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A reputation chain analysis of the nursing profession in the Western Cape Province

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by Emerantia Cupido

A reputation chain analysis of the nursing profession in the Western Cape Province

Emerantia Cupido

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Dedication

A promise made and kept and a dream finally realised.

I wish to first and foremost praise God for His amazing grace and favour on my life. I dedicate this dissertation to my late mother, Emily Buffel, who encouraged me to apply for the Master's programme and who passed on the day before I received confirmation that I was accepted, and to my incredibly loving father, Randolph Buffel, for all his encouragement and unwavering support. I would not have been able to accomplish this without you.

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To all those students who were affected by the #FeesMustFall campaign, never give up, because if you can dream it, you can achieve it.

Declaration

1. I understand what plagiarism is and am aware of the university's policy in this regard.

2. I declare that this dissertation is my own original work. Where other people's work has been used (either from a printed source, Internet or any other source), this has been properly acknowledged and referenced, in accordance with departmental requirements.

3. I have not used work previously produced by another student or any other person to hand in as my own.

4. I have not allowed, and will not allow, anyone to copy my work with the intention of passing it off as his or her own work.

Contents

List of Figures

List of Tables

Abstract

Reputation management involves more than just image, identity and brand management. There is a definitive link between stakeholders within an organisation and its reputation, since those stakeholders can make or break the reputation of any organisation in any industry in all corners of the globe.

The goal of this study is to analyse the reputation of the nursing profession by applying Davies, Chun, Da Silva and Roper's (2003) corporate reputation chain (CRC) model. The study concentrated on the motive for students wanting to enter the nursing profession within the public health sector in the Western Cape region in South Africa, the context of the nursing profession and its (negative) reputation, as defined by Chun et al. (2003), as well as the recruitment and retention of nurses.

South Africa has unveiled plans for new clinics and hospitals across the country to meet the health needs of all citizens who use public health facilities. These hospitals and clinics need to be fully staffed. However, great care needs to be taken in selecting staff to work at these facilities. That selection process should begin by scrutinising the type of person who enters the profession.

A qualitative exploratory design was adopted in this study, which used an electronic (closed and open-ended) survey with 27 statements/questions. The sample population for the survey consisted of 249 fourth-year students enrolled in the R425 Diploma in Nursing programme at the Western Cape College of Nursing.

The objectives of the study were met, in that it succeeded in determining the motivation for students choosing nursing. The results showed that, although most of the respondents were positive about the profession, a significant proportion of them would have preferred other careers. There was also a definite disparity between students' perception of how the public views nurses and their own personal views of the profession.

The research findings created the basis for the Nursing Reputation Management Framework and recommendations that may be applied in practice and have a positive impact on the nursing profession's reputation as well as the recruitment and retention of nurses in South Africa.

Changing the negative reputation of nursing should rest in the hands of the profession itself. Nurses can therefore use these findings to rebrand themselves in a meaningful way that will have positive

outcomes for their patients. Nurses need to change their own image and identity in order to change the negative perceptions/images of others, in particular that of the media and patients.

1 Background and orientation

1.1 Introduction

It has been difficult for authorities to change the reputation of public sector nursing, especially given a lack of human resources, ineffective resource planning and inadequate training. The reputation of the nursing profession has been tarnished, as is evident from the constant complaints from patients about nurses' attitudes and the care they provide.

Repairing the reputation of nursing is a pressing issue, both for the sake of patient care, as well as making the profession attractive to prospective candidates (South African National Department of Health, 2013).

Epping-Jordan, Pruitt, Bengoa and Wagner (2004: 299) have stated that "healthcare leaders around the world face a seemingly daunting task in managing the quality of health services for chronic conditions. Non-communicable conditions and mental disorders accounted for 47% of the global burden of disease in 2002. This disease burden is projected to increase to 60% by the year 2020; heart disease, stroke, depression, and cancer will be the largest contributors. In the next 50 years the numbers of people requiring daily care will more than double in the Caribbean and Latin America, and more than triple in sub-Saharan Africa."

As a result, more patients will need services in the public sector, which will lead to more face–to-face contact with nurses. What this comes down to is that the risk for reputation damage is even greater.

Reputation is crucial in any industry, whether profit–oriented, like the private sector, or client–oriented, like the public sector. All are affected when their reputation is brought into question.

This study focuses on how the reputation of nursing in the public sector has affected the recruitment, retention and training of staff within this profession.

The calibre of nurses entering the profession reflects in the way these nurses (especially the younger generation) deal with patients.

The public's perception of the nursing profession is often completely different to the image that nurses hope they project. The general view of nursing has not necessarily come from nurses

themselves, but from how others, like the public and other health professionals, portray them (Fletcher, 2007: 209). What these parties say about nursing does not bode well for the field.

The public's perception seems to be interwoven with that of nurses themselves. How others see nurses has become ingrained in how they see themselves as professionals and, in turn, influences their behaviour in a work setting. Fletcher (2007: 210) argues that the "public image appears to be intimately intertwined with nurse image. This creates the boundaries that confine and construct the image of nursing. As a profession, nurses do not have a positive self-image nor do they think highly of themselves."

The tarnished reputation that the nursing profession has acquired over the last few decades is a recurring problem globally. As a result, it has become increasingly difficult to retain or recruit nurses into the profession. It is a multifaceted problem, which has an adverse effect on the following:
   (i)   the public/patients' experience of nursing care;
   (ii)   how the public sector nurse is viewed in comparison to the private sector nurse, including the facilities available to either;
   (iii)   the recruitment of student nurses and the retention of professional nurses, and
   (iv)   the expectations of public sector nurses and their ability to deliver.

In South Africa specifically, nurses at government clinical facilities have often borne the brunt of negative publicity. The public have often complained that nurses at these facilities are incompetent, rude and unhelpful.

In addition to these external factors, nurses' perception of themselves fuels the negative reputation of the profession. As Fletcher (2007: 207) has stated: "Perhaps it is not our public image that we need to change, but the way we think about ourselves. Changing how nurses think about themselves changes the self-image of each individual nurse, which may facilitate making effective and lasting changes in the image of nursing. The self-image of the nurse, to a large extent drives the social valuing of nursing. If enough nurses can change how they think about themselves to enhance their self-image, the image and achievements of the entire profession can improve."

While extensive research has been done on the public image of nursing, not enough has been done on how nurses can personally improve the reputation of the profession. An extensive search of various databases, which includes Google Scholar, University of Pretoria library databases, Google Web, Google News, CSIR, Proquest Dissertations & Theses Full Text: Health & Medicine, Applied Social Sciences Index and Abstracts, UPeTD, PubMed, Ebscohost and Medline, suggests that not

enough research has been done to ascertain whether nurses themselves can influence the reputation of their profession.

1.2   General working conditions

Working conditions also have an impact on the image that a nurse has of her/his workplace and of her/himself. The electronic journal *Healthecareers.com* (2010) has reported on the various working conditions in which nurses may find themselves. These conditions may depend on a variety of factors, including the type of nurse (specialisation) and the resources available at the health facility.

For example, a nurse's job description in a mental health hospital may vary from nurses in other facilities. A nurse's duties in a mental health facility may include feeding patients, helping them to bathe or to control their bodily functions. "Working conditions in this particular setting includes constant movement, lifting heavy objects or handling the full body weight of the patient. They [nurses] are also more prone to abuse from violent or out of control patients and more exposed to injury" (Healthecareers.com, 2010).

Nurses in other disciplines or specialties are confronted with further risk factors, including working with HIV/Aids patients, where they are often exposed to the possibility of infections. Other risk factors include working in high-crime areas and being exposed to violent crime victims and the threat of violence, or being exposed to radiation, chemicals or personal injury caused by contaminants, needles or equipment (Healthecareers, 2010).

Nurses who do not work in a clinical setting may have no direct contact with patients or equipment, and these tend to be case managers, forensic nurses or policy advisors, et cetera. These nurses usually work administratively and their hours are more regular.

The largest quantity of nurses work approximately 45 hours a week (usually 12-hour shifts at a time) in a clinical/medical setting and deal with patients directly. Shifts are usually done on a rotation basis (mornings and evenings), or eight to 14-hour shifts over three consecutive days, followed by two to three days off (Healthecareers: 2010).

Healthecareers (2010) points out that nurses in nursing care or emergency rooms may frequently have to work night, holiday and weekend shifts, or may have to be on call. Shifts are largely spent walking or standing, which can result in back pain, knee injuries, and other related problems. Lifting, stretching and bending can also lead to injuries, if not done with care.

- 5 -

The differences between the recruitment and retention of public and private sector nurses will be discussed in later chapters, along with the essence of job satisfaction and the brand of the nursing profession itself. Against this backdrop, the study examines the corporate reputation chain model offered by Davies, Chun, Da Silva and Roper (2003).

1.3 Problem statement

In 2011, the current South African National Minister of Health, Dr Aaron Motsoaledi, highlighted the challenges facing nursing in South Africa, including low staff morale in the public sector and poor hospital management. As part of the Green Paper on National Health Insurance, Motsoaledi announced a new R1.24 billion human resources policy to "revitalise nursing colleges" and allow more nurses to be trained.

In an interview published in October 2011 in the *Mail & Guardian* newspaper, Motsoaledi stated that "the shortage of healthcare professionals extended beyond South Africa and there are currently four million vacancies globally … further evidence indicates that the training and production of certain key health worker categories have stagnated or reversed over the years. The weak management skills in the public service aggravate the situation even further."

The Green Paper was widely welcomed, but several civil society organisations found the document wanting. The Helen Suzman Foundation criticised the Green Paper for "[being] characterised by statements and claims which are not supported by evidence or appropriate references." The foundation also took issue with the document for lacking "much of the detail required to provide a more engaged response to the policy proposals. A primary concern is that the apparent lack of a comprehensive, evidence-based plan could result in further deterioration of the health system. It is imperative that clear and reliable evidence is provided to demonstrate that the policy proposals of the Green Paper will improve the ability of South Africans to access health care (Helen Suzman Foundation, 2013)."

Child (Mail & Guardian, October 2011) has pointed out that the Green Paper on National Health Insurance mentioned the disparity between the number of staff in the public and private sectors, but did not address how to change it.

Five years after the Green Paper was published, the problems in the health sector remained largely unimproved. In June 2016, Dr Wilmot James, Shadow Minister of Health for the opposition Democratic Alliance party, visited the Joubert Park Clinic in Hillbrow, Gauteng. In a subsequent

article (Politicsweb, 2016), James highlighted the various duties carried out by nurses, "despite the many challenges they face every day".

"much like the Philippines, South Africa has an excellent and deserved global reputation for the quality of nursing (and physician) education and training. But we face a crisis in nurse education and training today. Unless reversed, it will result in the further decline of our reputation and in how we serve our people. We have a total of 270,437 nurses registered in South Africa today, not a bad figure comparatively at all. But we are short of 44,780 professional nurses and only 3,595 have enrolled according to the South African Nursing Council (SANC), for the nursing degree course. At this rate, the shortage will worsen …

"Research shows that having a critical mass of professional nurses in hospitals reduces the risks of patients dying by 8% and significantly cuts the incidence of urinary tract infections, gastro-intestinal bleeding, hospital acquired pneumonia, shock, cardiac arrests and brings about a 3%-12% reduction in adverse outcomes …

"For individuals using the public sector, the problems are worse. Half of our 270,437 nurses are in the public sector caring for 84% of the population while the other half are in the private sector providing for the remaining 16%. It is also true that 62% of nurses work in the urban environments of Gauteng, KwaZulu-Natal and the Western Cape, while 38% are distributed among the remaining six largely rural provinces. Nurses and doctors do not like working in rural areas. Incentive payment does not make much of a difference. Other countries struggle with the same thing. It compromises access to health care and we have to do something bold to remedy the problem. But then a further calamity of blockages to accelerated training of auxiliary nurses and enrolled nurses. Professional nurses are the cavalry of health care and auxiliary and enrolled nurses the foot soldiers. Not only is there a shortage of personnel that take 1-2 years to train in the sea of female unemployment, we have stopped the education and training itself because the state bodies responsible are dysfunctional and cannot get their act together …

"We cannot staff up the existing system, never mind staff up against emerging demographic and health burden trends. Human resources are at the heart of any health system and what is the point of having grand plans without the trained people to run things."

In light of his findings, James recommended that parliament investigate nursing in South Africa: "The DA calls for a Parliamentary Enquiry into the state of nursing in SA with a view to receiving practical recommendations on how: the SANC [South African Nursing Council] can be set right, protected from political interference, with its board appointed independently and made accountable to

Parliament; new nursing qualifications can be expeditiously introduced; private sector training can be incentivised through subsidies to train more auxiliary and enrolled nurses, which has been its forte; bursaries can be expanded for the training of degree and specialised nurses, written off by smart placements in demanding, especially rural, areas; and supported by the National Planning Commission, superior health workforce planning can be done for a sustainable pipeline of nurses for a South Africa devoted to universal access to healthcare."

The shortage of nurses in South Africa has been attributed to various factors, including: nurses being drawn overseas by better working conditions and not enough nurses being trained (Oosthuizen, 2005:117).

South Africa's National Health Department has proposed a range of solutions to tackle the nursing crisis, including employing 400 retired nurses and focusing on primary healthcare in municipalities, rather than hospitals. Other proposals include plans for new state clinics and hospitals across the country. However, in order for these plans to have the desired impact, hospitals and clinics need to be fully staffed.

It is thus essential to investigate why students choose nursing as a career, since the quality of recruits has a ripple effect on the quality of services at state health facilities and, ultimately, on the professional reputation of nursing.

1.4   Context of the research problem

Reputation is a complex concept and affects multiple stakeholders in almost every field. Bracey (2017) has noted the essential role that reputation plays in sustaining a business. He argues that in the past businesses largely relied on word of mouth to establish their reputation. However, the age of technology has raised the stakes.

"The trust and confidence of the consumer can have a direct and profound effect on a company's bottom line," Bracey wrote in an article published on Businessmagazine.com. "Recently, the importance of reputation has become increasingly apparent, as companies such as BP and Toyota have had to cultivate their responses to crises in order to maintain the reputation and standing of their companies to the world."

The worst environmental disaster in American history took place several years ago when a BP deep water oil well exploded off the Gulf of Mexico, approximately 40 miles from the Louisiana coastline, spewing millions of gallons of oil and killing 11 people.

The oil spill continued for 87 days amid tremendous public criticism of BP, as birds, fish and shrimp died and oil washed ashore, staining beaches and almost shutting down the tourism and fishing industry in that area.

According to Sherwell and Lawler (2015), BP's chief executive at the time, Tony Hayward, had become the "most hated man in America" after he had made a stunningly ill-judged comment, among other public relations "gaffes", during a visit to the Gulf to try to placate locals when he apologised for the "massive disruption" to their lives, but then added: "There's no one who wants this over more than I do. I'd like my life back." Even though Hayward had quickly apologised for his choice of words, the damage to his reputation was done. Hayward was subsequently replaced.

More recently, Ford South Africa has been making headlines after the crisis involving some of its Kuga model cars. As many as 4,500 Kuga Ecoboost 1.6 litre models that were manufactured between December 2012 and February 2014 have been recalled after more than 40 cases of engine fires were reported by customers, possibly resulting in one death.

According to Theron-Wepener (2017), in an article in *Industry News*, the Ford Kuga crisis has certainly hurt Ford's reputation. "Ford South Africa has been attacked viciously in the media and radio stations have been inundated with calls from angry customers, some of whom have resorted to legal action against the company. Ford South Africa has clearly made some elementary mistakes in managing the crisis." The Ford fiasco has highlighted what a critical asset a strong corporate reputation is. "This is why a company's reputation has become a top priority … a member of the executive should have been assigned responsibility for the company's reputation. If this is done properly, managing a crisis is always easier as goodwill would already have been built over time," Theron-Wepener advised.

Bracey has argued that, given the spread and influence of social media and various other forms of communication, businesses "must be conscientious of their reputations on a constant basis and be responsive to any crisis that may have an impact on their reputation. While an intangible concept, having a good reputation can benefit a business in a multitude of ways including: consumer preference; support for an organization in times of crisis or controversy; and the future value of an organization in the marketplace."

Bracey uses the example of the health food industry to illustrate the influence of reputation on a business, arguing that "companies have begun to distinguish their products through food labelling,

and are noticing that consumers are willing to pay a premium price for labels that are considered to have more of a prestigious reputation than others".

For many organisations, their reputation is intricately linked with their survival, according to Harrison (2017). These organisations regard their "good name" as their greatest asset, Harrison writes in an article published online by Cutting Edge PR. Furthermore, "although reputation is an intangible concept, research universally shows that a good reputation demonstrably increases corporate worth and provides sustained competitive advantage. A business can achieve its objectives more easily if it has a good reputation among its stakeholders, especially key stakeholders such as its largest customers, opinion leaders in the business community, suppliers and current and potential employees."

Knowledge-based organisations work especially hard to build their reputation, Harrison writes. These organisations include those in the legal, medical and financial sectors, as well as universities. The nursing field equally requires strategic communication solutions, such as those offered by Hadjistoyanova (2016):

- Identify goals

  The plan needs to speak to the priorities that are crucial to the sector's success.
- Deconstruct goals into behaviours

  Goals need to be broken down into specific behaviours that will support these goals.
- Create additional communication objectives

  The objectives must be as specific as possible, taking various factors like capacity, budget and resources into account.
- Ensure stakeholders understand the plan

  The clearer and shorter the plan, the easier it will be to gain buy-in from your stakeholders. Therefore, it is important to omit information that may cause unnecessary confusion.
- Reassess the plan regularly

  Identify specific factors (client satisfaction and complaints etcetera.) that would signal the need for a review and any revision of the plan.

1.5   Goal and objectives

Goal

To analyse the reputation of the nursing profession by applying Davies, Chun, Da Silva and Roper's (2003) corporate reputation chain (CRC) model.

Objectives

- To investigate the motivation for students entering the nursing profession.

- To investigate students' view of nursing in relation to the reputation of the profession.

- To investigate student nurses' view in relation to future recruitment and retention within the profession.

- To make recommendations to role players in the recruitment, selection, training, retention and professional development of nurses around managing the reputation of the profession.

1.6 Importance of study

From a theoretical perspective, the study aims to make the following contributions to the body of knowledge on the motivation of student nurses: How students' motivation influences the reputation of the profession. As far as could be determined, this will be the first study that examines student nurses' motivation for pursuing a career in the public nursing sector in the Western Cape, South Africa. The study aims to make contributions to the public nursing sector by using findings to make recommendations around how the reputation of the profession can be managed through the recruitment of newcomers.

Reputation management in the nursing sector is a never-ending cycle that starts with the recruitment of the student nurse (stakeholder) into the profession. Hopefully, this research will be able to make recommendations to improve the recruitment, and thereby the reputation, of nurses nationally.

1.7 Limitations of the study

During the collection of the data, the following factors were noted. These factors may have contributed to the low percentage of respondents.

- The #FeesMustFall campaign: Across South Africa at the majority of universities and universities of technology etcetera, students had come together under the banner of the Fees Must Fall campaign, which demanded the scrapping of tuition fees, as well

as that the management of the various universities and government address the following issues: that resources be made available so that students could be funded for an "Afrocentric curriculum for undergraduate degrees, the adoption of insourcing and historical debt from 1992 onwards must be scrapped. The students have also called on rape and patriarchy to be addressed in universities (Pather, 2016)."

- The campaign was marked by violence, destruction of property and intimidation of students, especially in the Western Cape and at the Cape Peninsula University of Technology (CPUT), where students of the Western Cape College of Nursing were studying. As a result of the protests, classes were suspended in October 2016 at various CPUT campuses and students were encouraged to go home for safety reasons. Students in the medical faculties, e.g. nurses and doctors in their final year of study, were encouraged to write exams and complete outstanding hours off-campus.

- After continued violence and intimidation of students, a notice of an interdict was posted on the CPUT website on Sunday 13 November 2016. It stated the following: "Below is an urgent interim Interdict Order, with annexures 'A"', 'B' and 'C', granted by AJ Magona at the High Court this afternoon inter alia interdicting and restraining unlawful conduct, including violence, incitement, intimidation, damage to property and vehicles, and disruption of assessments/ examinations. You are urged to carefully read the Order to familiarise yourself with its contents. You are reminded to cooperate and not to participate in any unlawful conduct, failing which the Order will be given effect to."

- Due to the fact that most of the students had gone home, the majority of them did not have access to their computers during this time and therefore could not access their e-mails. This may have limited participation in the survey. The survey had been sent to students electronically three times (the survey was followed up with e-mail reminders with a link to the survey) during an allotted two-week period in October 2016. The date had been agreed to by management, with the fear that the researcher would not have another opportunity to carry out the survey, in light of the #FeesMustFall campaign.

- Students were also informed of the electronic survey on the Western Cape College of Nursing Facebook page, where they receive notices about what is happening on their campus.

- The survey was restricted to 249 students at the Western Cape College of Nursing's various campuses (CPUT-registered students). The survey in particular looked at final-year students in the R425 Nursing Diploma programme. Even though they were CPUT students, the nursing programme they were studying resided with the Western Cape College of Nursing, which is accredited by the South African Nursing Council (SANC). Therefore, only these students could thus participate in the survey.

- Further time constraints stemmed from the various forms of permission required in order to proceed ethically with the survey. The University of Pretoria's Research

Ethics Committee granted ethical permission and after the initial application was submitted to the Faculty of Economics and Management: Division of Communication Management, it took approximately six months to obtain permission from other institutions. Only once this approval had been granted could further permission be requested from the National Health Research Database, which then forwarded the application to the Western Cape Provincial Health Research Committee, who then granted access to the premises of the Western Cape College of Nursing. Once this was granted, the researcher also had to apply to gain access to students in the Nursing R425 programme.

- Arrangements were made with the management of the Western Cape College of Nursing to create minimal disruption to students' academic programme. A date in October 2016 was set to start and complete the data collection.

Summary

Chapter one described the background to the study, which included the context of the research problem, goals and objectives, the importance of the study, as well as the limitations. Chapter two focuses on the conceptual framework of the study.

2   Meta-*theoretical and conceptual framework of study*

2.1   Meta-theoretical assumptions

Saunders, Lewis and Thornhill (2009: 110) have stated that ontology is concerned with the nature of reality, the way researchers think the world functions and "the commitment held to particular views". In other words, this pertains to the beliefs or assumptions that the researcher has about how the world works and how committed the researcher is to that particular view. Ontology further branches into either an objectivist (which is not relevant to this study) or a subjectivist view. Identifying ontology at the start of the research process is important since this determines the choice of research design that the researcher will apply.

The researcher in this study adopted the subjectivist view that "social phenomena are created from the perceptions and consequent actions of social actors" (Saunders et al., 2009: 111). In order for the researcher to understand the perceptions of the subjects of this study, it is also important to understand what motivates their actions. The social actors in the study are the nursing students, whose actions and perceptions hold grave implications for the reputation of their profession. The survey questions for the study therefore needed to be relevant to the objectives of the study in mind.

2.2   Worldview

Fisher (2008: 1) has argued that we all have a particular way of looking at the world as we try to make sense of life. He defines a worldview as "our assumptions about what makes up our world and influences us in ways we may not always be conscious of". In any given society, for example, where we were born geographically, morals and values as well as race and religion, all have an influence on how we see the world and those around us.

LeBaron and Nike (1997: 3) have described worldviews as "beliefs and assumptions by which an individual makes sense of experiences that are hidden deep within the language and traditions of the surrounding society". According to LeBaron and Nike (1997: 4), these worldviews are the shared values and assumptions on which the customs, norms and institutions of any particular society rest. Thus, how we see ourselves and others is influenced by our worldview.

According to Miller (1999: 30), nursing has experienced revolutionary conversations since the 1950s, reflecting the changing worldviews of the various eras. She states that early nursing theories reflect

the positivistic philosophy of science. Positivism sees the world as real and the researchers separated from their data, minimising bias. According to Miller (1999: 30), "it is possible to gain true knowledge of reality through the processes of theory development and testing". Furthermore, through the positivist approach nurses would be able to build up a body of knowledge that was both needed for patient care and academic credibility.

Miller (1999: 31-32) has expanded on her argument by stating that naturalistic scientific theories in the 1960s explained the physiology and pathology of the body. Psycho-social theories instructed nurses to support and encourage patients, but "many of us turned to our faith to help us, and for most nurses that was the Christian faith".

2.3   Paradigm

Our worldviews are intrinsically biased, and the same applies to a researcher. A paradigm can be considered the researcher's own looking glass through which she/he approaches a study. A paradigm is the way in which the world is viewed by the researcher, which in turn influences how the study will be approached. Saunders et al. (2009: 106) define a paradigm as "the basic belief system or world view that guides the investigation, not only in choices of method but in ontologically and epistemologically fundamental ways".

A qualitative exploratory design (electronic survey) was adopted in this study, which aimed to gather information about the motivation/reason why students choose the profession of nursing. The data collected in the research will afford an opportunity to the researcher to contribute to the body of knowledge in terms of the data analysis of these findings.

2.3.1 Qualitative

Saunders et al (2009: 480) have stated that qualitative design "refers to all non-numeric data or data that have not been quantified and can be a product of all research strategies. It can range from a short list of responses to open-ended questions in an online questionnaire to more complex data".

Creswell (2007: 37) has stated that "qualitative research begins with assumptions, a worldview, the possible use of a theoretical lens, and the study of research problems inquiring into the meaning individuals or groups ascribe to a social or human problem. To study this problem, qualitative researchers use an emerging qualitative approach to inquiry, the collection of data in a natural setting sensitive to the people and places under

study, and data analysis that is inductive and establishes patterns and themes. The final written report or presentation includes the voices of participants, the reflexivity of the researcher, and a description and interpretation of the problem and it extends the literature or signals a call for action."

What can be gathered from this definition is that qualitative researchers gather data from participants' personal views in a natural environment using inductive reasoning to analyse the data. A qualitative exploratory approach was used for this study after a problem within the nursing profession's reputation was identified. The researcher, having worked in the communications department in the public health sector and dealt directly with nursing recruitment, realised that there was a great need for further investigation into why the reputation of nurses has deteriorated, as well as the connection between new recruits and their motivation for entering the profession. It became relevant to direct questions to respondents within their natural environment in order to study this problem.

2.3.2 Exploratory

An exploratory study provides a researcher with the opportunity to ask questions about any situation that may be perplexing or needs a new perspective. Saunders et al (2009: 139) have stated that "an exploratory study is a valuable means of finding out what is happening, to seek new insights, to ask questions and to assess phenomena in a new light". The three researchers add that a survey is often used in business and among managers because of the ease of the collection process. Surveys can be conducted with large or small samples and are also highly economical.

For the sake of efficiency, an electronic survey was recommended, so as to be able to reach all participants (nursing students) at their various campuses spread out across the Western Cape province and to ensure that the collection process was done accurately.

2.3.3 Empirical

Empirical research provides an opportunity to study or observe a phenomenon that may be of interest to corporations or organisations and could result in positive outcomes, whether financial or reputational. The Pennsylvania University Library defines empirical research as "based on observed and measured phenomena and derives knowledge from actual experience rather than from theory or belief". This study will be based on data collected specifically for this purpose because the recruitment and retention of nurses has been a burning issue worldwide.

This study was also prompted by observations made by the researcher, who has been closely involved in the recruitment of nurses in the communications directorate of the Western Cape Department of Health.

2.3.4 Applied study

Applied study is specific to workplace scenarios, where managers are able to research and find solutions to specific phenomena. "At this end is research that is of direct and immediate relevance to managers, addresses issues that they may see as important, and is presented in ways that they can understand and act on." (Saunders et al, 2009: 8)

This study aims to make recommendations for the workplace, not only for the nursing fraternity in the Western Cape, but also nationally.

2.4   Grand theory

Grand theories are complex and broad in space, according to Masters (2011: 52). She states that "[grand theories] focus on broad and general areas and concepts, dealing with non-specific and relatively abstract concepts".

Grand theories attempt to give an overall explanation of the world as we see it, as well as everything that is happening around us. Within this grand theory, there are two very different perspectives or strands through which corporate communication can be approached. For the purposes of this study, the researcher has selected communications theory and management theory, of which the former is of import in making and applying decisions around corporate reputation.

According to Cornelissen (2004: 17), two dominant strands are recognised as forming the theoretical foundation of corporate communications:

a) theoretical perspectives informed by communications theory; and
b) theoretical perspectives informed by management theory.

> "Both these theoretical strands subsume a huge variety of academic research that
> employs very different theoretical frameworks and focuses by and large on different
> areas of the corporate communications field. The rhetorical and critical perspectives
> on corporate communications, the dominant theoretical perspectives within the
> communications strand, for their part, primarily focus on the rhetorical strategies and

symbolism within messages issued by an organization, and the effects that these rhetorics and symbolism have on individuals and society as a whole.

Rhetorical analysis, dwelling upon communications theory, thus concerns itself principally with the phenomenon, process and effects of communications as rhetorical scholars believe that symbolic behaviour is the essence of how relationships between organizations and stakeholders or publics are created and influenced."

Some of these theories will be discussed briefly below as they pertain specifically to this study.

2.4.1 Communication rhetoric

Communication, in its most basic form, is about sending and receiving a message in a language that all parties involved can understand, while rhetoric is the study of how language is used to create meaning.

The San Diego State University's Department of Rhetoric and Writing Studies defines rhetoric as "the study and uses of written, spoken and visual language. It investigates how language is used to organize and maintain social groups, construct meanings and identities, coordinate behaviour, mediate power, produce change, and create knowledge."

According to an entry on the university's website: "rhetoric began 2500 years ago as the study of the forms of communication and argument essential to public, political and legal life in Ancient Greece. It has since evolved a rich and diverse body of research, texts, and pedagogies."

In this study, crisis is seen as a rhetorical construct, which is a specific form of communication where the urgency of a problem exceeds routine and conventional processes.

"It is perhaps ironic, and sobering, that our field benefits from myriad organizational misfortunes ranging from those brought on by the unethical actions of a few organizational members to those produced by natural disasters. Unfortunately, there seems to be no shortage of poor judgment, bad luck, or blatant misconduct. Fortunately, the work of practitioners and researchers can help organizations and stakeholders affected by these crises. The future development of crisis communication seems promising when we reflect on how much we have learned over a relatively brief period (Coombs & Holladay, 2010: 15)."

A crisis can be defined as a "major occurrence with a potentially negative outcome affecting an organisation, company, or industry, as well as the public, products, services or good name. It interrupts normal business transactions and can sometimes threaten the existence of the organisation", according to Fearn-Banks (2009: 8).

Coombs and Holladay (2010: 19) have defined a crisis as "the perception of an unpredictable event that threatens important expectations of stakeholders and can seriously impact on an organisation's performance and generate negative outcomes". Coombs and Holladay stress that this definition should not only be restricted to the potential harm that a crisis may have on an organisation, but should include how it may harm stakeholders, which "has to rate as the most negative outcome". The latter definition encompasses any type of harm to stakeholders, including physical, financial and psychological.

The reputation of the nursing profession could be considered to be in crisis, given the persistent negative publicity it has received over several years.

2.4.1.1 Corporate apologia

Apologia is a rhetorical concept that explores the use of communication for self-defence. It is usually prompted when a person is accused of wrongdoing. In that case, one of four communications strategies can be used, according to Coombs and Holladay (2010: 30).

a) Denial: denying any wrongdoing
b) Bolstering: remind people of the good things the person has done
c) Differentiation: remove the action from its negative context
d) Transcendence: place the action in a new, broader context that is more favourable

2.4.1.2 Image restoration theory/ image repair theory

Image restoration theory (IRT) was developed by William Benoit in 1995. It begins with an attack that threatens a reputation, or what Benoit calls image. Benoit's theory has two components:
a) An offensive act
b) An accusation that assigns responsibility for the act

According to Benoit and Pang, cited in Coombs and Holladay (2010: 31), the "offensive act can be a threat to a reputation". In the case of this study, the negative acts perpetuated by nurses can be

seen as threats to the reputation of the profession. "It becomes a threat when an individual or organisation is accused of being responsible for an offensive act. IRT was not developed specifically for crisis communication, but is applicable because a crisis is a reputational threat. The most important recommendations of IRT are the emphasis on apology and accepting responsibility for crises.

2.4.1.3 Rhetoric of renewal

The rhetoric of renewal places a different emphasis to the other theories mentioned above. The focus is on helping the victims and how the future will be better for the organisation and its stakeholders (Coombs and Holladay, 2010: 32).

The message and mediums employed during a "crisis" will be based on which kind of rhetoric an organisation decides to use. This brings the researcher to the various disciplines that have contributed to the field of communications as a whole and from which that message will be constructed.

2.5   Academic disciplines

There has been a marked increase in the value of research into corporate communications over the past few decades. Research on the management of communications between an organisation and its stakeholders was mostly scattered among scientific disciplines until well after the 1950s. Most of the research covered areas like social psychology, sociology, and even economics and industrial relations.

According to Cornelissen (2004: 17): "more recently theoretical strands and research activities that previously were disparate have been woven together and integrated into a single theoretical discipline of corporate communications. This theoretical discipline, which in large parts of the world, particularly the US, is still labelled as 'public relations', has started to bring together a considerable amount of research and, as the nexus for these researches, added them up to a coherent whole. In doing so, the corporate communications field has increasingly started to grant itself credibility and independent status as a field of theoretical inquiry (instead of being defined as a subset of mass communications theory, for instance) and is now seen by many as 'maturing' in its theoretical scope." Carlsson (2007: 223) argues alternatively that research on media and mass communication has been unstable for the past 50 years. "New disciplines like Media and Communication research find themselves in something of a dilemma. On the one hand, they seek to develop a discipline that

merits national and international recognition; on the other, they want to remain open and non-doctrinaire in their relations with neighbouring disciplines."

2.6 Subfields within theoretical disciplines

Within the field of communications, Johnson (2017) states that public relations "is both a professional practice and a subfield of communication with its own research and theory base. Public relations is relatively young as an academic field, however, having developed identifiable theory in only about the last 25 years. The field of public relations is developing into a theoretically based area of applied communication that has the potential to inform several areas of communication/mass communication and to offer theoretic and conceptual tools useful in health, risk, and political communication, among others."

Johnson (2017) has observed in an online article titled "Corporate Communication versus Public Relations" that there are many common elements between the two referenced forms of communication. "Both necessitate that you excel in fundamental communication skills — speaking, writing, and an educated and innate ability to know what critical information needs to go to the people who need it, when they need it. There are some subtle and not-so-subtle differences, however, that may determine the path you choose."

Johnson (2017) points out that corporate communications "encompasses all communication activities that an organization undertakes, both within and outside the organization", while public relations entails "working closely with management in identifying, building and nurturing relationships between the company and various publics". She reiterates that the main function of public relations is often referred to as "media relations". Johson adds: "Controlling the messages that the public hears is also important, particularly if your organization faces a crisis and erroneous information or rumours could cause panic or tarnish the company's image."

The researcher has noted that corporate communications and public relations are inextricably intertwined and that in the applied fields there is often no difference between the two. Practitioners frequently have to carry out tasks that encompass both public relations and corporate communications, often because a company or organisation, either through a lack of resources or understanding, does not make a distinction between these disciplines.

2.7 Inter-disciplinary focus

No singular discipline can profess to have started or been academically founded on its own. According to Petrausch (2011: 2): "Interdisciplinary study typically bridges multiple disciplines and involved data collection and analysis from more than one research tradition." He states as example the field of mass communication and media studies, which has its roots in other fields, such as political science, sociology, psychology, and rhetoric and speech.

2.8 Theories from specific theoretical disciplines

Communication theory, which dates back about 2500 years, was formally known as Classical Rhetoric in Greece, when philosophers like Plato, Aristotle and the sophists were speech teachers.

2.8.1 Attribution theory

In the mid-1970s, Weiner developed a social psychology theoretical framework that tried to understand people's behaviour by compiling information to reach a reasonable explanation or conclusion.

According to Weiner (1985: 548) "Attribution theory is concerned with how individuals interpret events and how this relates to their thinking and behaviour. Attribution theory assumes that people try to determine why people do what they do. A person seeking to understand why another person did something may attribute one or more causes to that behaviour. Blaming other people and avoiding personal recrimination are very real self-serving attributions. We will also make attributions to defend what we perceive as attacks. We will point to injustice in an unfair world. We will even tend to blame victims (of us and of others) for their fate as we seek to distance ourselves from thoughts of suffering the same plight."

2.8.2 Social marketing theory

Social and welfare organisations use social marketing theory to help promote or discourage various behaviours. This theory looks at how socially valuable information can be promoted and it is more administrative in nature since it tries to create a framework that can be used to design, implement and evaluate information campaigns. The target audience is identified based on what the information they may require, which is then packaged and distributed in a way that is accessible to the targeted audience.

According to Andreasen (1994: 108): "Social marketing is the adaptation of commercial marketing technologies to programs designed to influence the voluntary behaviour of target audiences to improve their personal welfare and that of the society of which they are a part."

Social marketing theory could be a useful tool in creating a framework for a change management campaign, if there is a culture, for example in nursing, that is based on blaming others (social psychology theoretical framework).

2.8.3 Cognitive learning theory

Cognitive processes are key to cognitive learning theory. Ormrod (2011: 180) has stated that learners build meaning into what they already know: "Cognitive psychology is a large body of research that addresses a variety of mental phenomena that underlie human behaviour: perception, memory reasoning … therefore prior knowledge and belief play a key role in the learning process".

Cognitive learning theorists reiterate the value of what goes on inside the learner. "The key to learning and changing is the individual's cognition (perception, thought, memory, and ways of processing and structuring information)," according to Braungart *et al*. (2007: 60).

Cognitive learning theory is relevant to this study since repairing the reputation of the nursing profession will require changing the behaviour of stakeholders, in this instance nurses working with patients on a daily basis.

2.8.4 Social learning theory

How we have been socialised in our communities determines how we react, grow or learn in life. Social learning theory is largely the brainchild of Bandura, who concluded that this form of learning includes "consideration of the personal characteristics of the learner, behaviour patterns, and the environment" (Braungart *et al*., 2007: 67).

Social learning theory suggests that the learner is central to this process and therefore it is important to identify what "learners perceive and how they are interpreting and responding to social situations" (Braungart *et al*., 2007: 67).

Social learning is thus the process by which people learn through observation. Bandura (1971: 3) states that in a social learning setting "new patterns of behaviour can be acquired through direct experience or by observing the behaviour of others".

2.8.5 Psychodynamic learning theory

Some of the constructs of the psychodynamic learning theory are based on the work of neurologist Sigmund Freud, regarded as the founder of psychoanalysis (Braungart *et al.*, 2007: 70). Freud theorised that the most primitive source of motivation comes from the "id" and is based on basic instincts, impulses and desires we are born with. Thus, psychodynamic learning is "largely a theory of motivation stressing emotions rather than cognition or responses, the psychodynamic perspective emphasizes the importance of conscious and unconscious forces in guiding behaviour, personality conflicts, and the enduring effects of childhood experiences." Braungart *et al.* emphasise that: "Individuals may or may not be aware of their motivations and why they feel, think and act as they do."

Furthermore, psychodynamic learning attempts to "get inside the mind of the individual so that one can make sense of their relationships, experiences and how they see the world" (McLeod, 2007).

2.8.6 Humanistic learning theory

The humanistic perspective is largely a motivational theory. According to Braugart *et al.* (2007: 74), motivation is mostly derived from "each person's needs, subjective feelings about the self, and the desire to grow".

Humanistic learning theory emphasises the personal growth of the individual and her or his development potential in all aspects, including emotionally, psychologically, creatively and socially (Johnson, 2014: 4). The theory is based on the principle that "all humans have a natural tendency to grow, learn and to develop fully".

The abovementioned learning theories (cognitive, social, psychodynamic and humanistic) determine the strategy that will be used to change behaviour and need to be taken into consideration when creating a framework to improve an organisation's reputation.

The various models within the communications field (cited below in a pictorial representation of the communication process) also need to be taken into consideration when devising a framework such

as the one mentioned above. These models help to simplify concepts and make them easier for stakeholders to understand and visually conceptualise the communication process.

2.9 Models from specific theoretical disciplines

2.9.1 Communication models

2.9.1.1 The service profit chain

Many researchers in the communications field have stated that there is a causal link between employee and customer satisfaction. According to Davies *et al.* (2003: 13): "…many see employee satisfaction as making a critical contribution to customer satisfaction". The service profit chain creates a link "… between what managers do inside the organisation in developing internal service quality (workplace design, job design, rewards and recognition) are argued to drive employee satisfaction. Satisfied employees are retained longer and are more productive. This in turn drives an external view of satisfaction, in other words customers get served better."
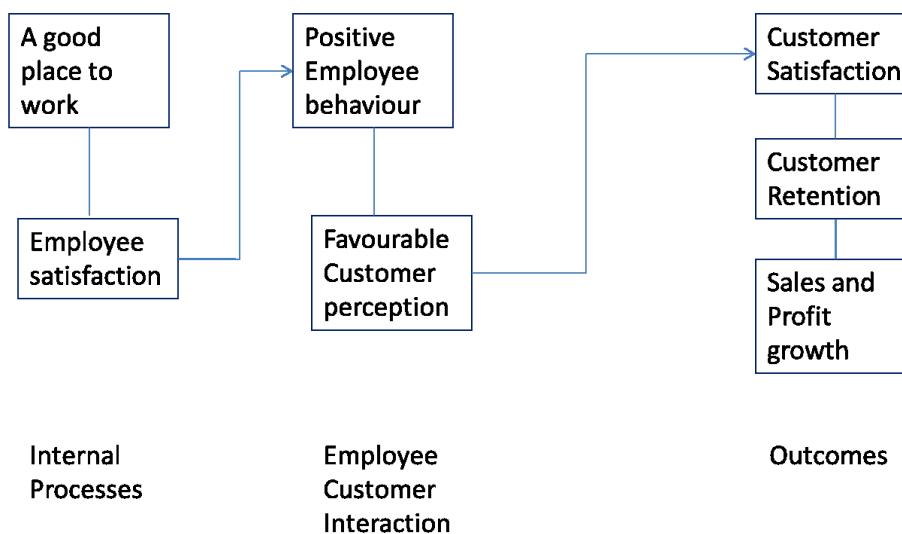
Figure 1: The chain effect in a service business
Source: Adapted from Heskett, Jones, Lovemore, Sasser and Schlesinger (1994)

2.9.1.2 The business excellence model

Employee and customer satisfaction have a ripple effect on business performance. Davies *et al.* (2003: 14) have argued that the business excellence model highlights the association between these three elements.
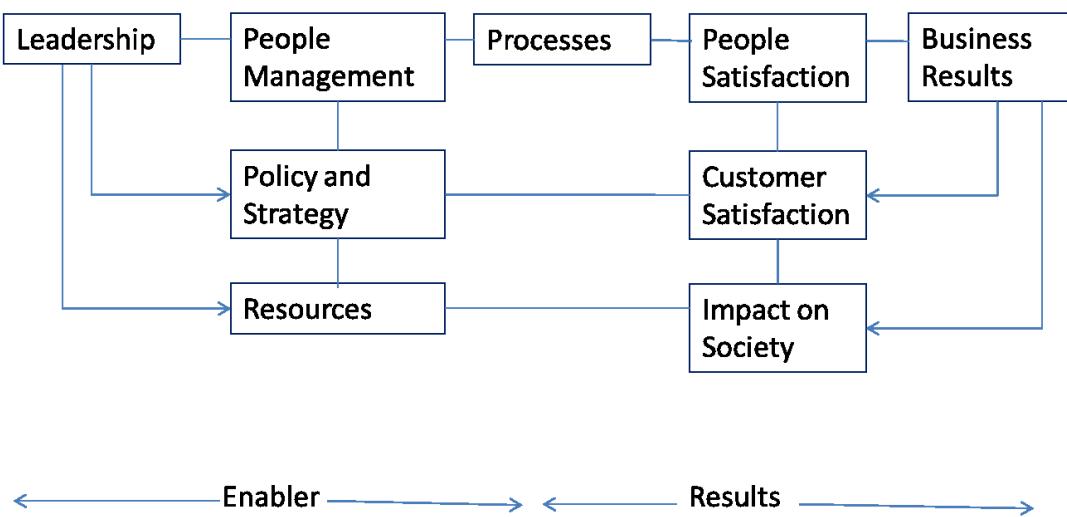
Figure 2: Business excellence model
Source: Davies *et al*. (2003:14)

According to Davies *et al*. (2003: 21), in a customer-oriented business, the pressure for change comes from the market, sensed by customer-facing employees, who, perhaps unconsciously, are constantly evolving new ways of serving their customers. Employees pass these market pressures on to management, who need to identify how to make a profitable business from the market feedback.

Nurses who constantly work with patients need to find new ways of interacting with their clients in order to provide a satisfactory package of care. If nurses are unable to communicate their feedback and management cannot provide solutions, the organisation cannot show service growth.

2.9.1.3 The operational model

Gray and Balmer (1998: 695) have stated that the concepts of "corporate reputation and corporate identity represent a relatively new and supplemental lens through which top management can address the strategic issues facing their firm." They propose an operational model that speaks to the fundamental components of the process. The operational model includes "corporate identity, communication, and, of course image and reputation. It traces the inter-relationships amongst these components and indicates that feedback and correction are essential to the efficacy of the process" (Gray and Balmer, 1998: 695).
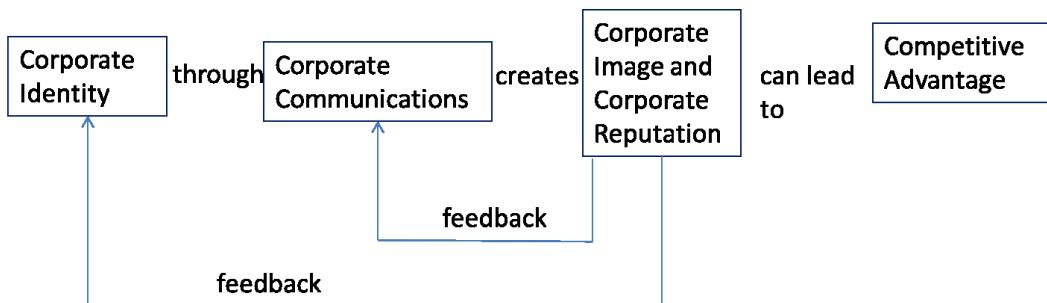
Figure 3: **Operational model for managing corporate reputation and image**
Source: Gray and Balmer (1998)

According to Gray and Balmer (1998: 696), image and reputation "are in the eye of the beholder. Corporate image is the mental picture of the company held by its audiences — what comes to mind when one sees or hears the corporate name or logo. Corporate reputation is a similar concept. It connotes the estimation of the company by its constituents. Is it held in high or low repute or somewhere in between?"

Gray and Balmer reiterate that it is easier to create corporate image than to build corporate reputation. "A strong image can be built through a co-ordinated image-building campaign that encompasses a formal communication system — name, logo, signage, corporate advertising, and public relations. A favourable reputation, on the other hand, requires … a meritorious identity that can only be moulded through consistent performance, usually over many years. A co-ordinated communication programme can, however, reinforce and promote a positive reputation" (Gary and Balmer, 1998:696).

2.9.1.4 The communication and reputation framework

Van Riel and Fombrun (2007: 59) have advanced that the "analysis of reputation owes much to marketing; contributions to reputation studies are coming from far afield. Researchers and practitioners benefit from insights developed in psychology, economics, strategic management, organization science, and accountancy. Across disciplines, one can discern implications for how corporate communication influences reputation building."

Van Riel and Fombrun developed a framework for thinking strategically about the link between a company's objectives, corporate communication, financial performance and reputation. The framework describes two cycles that should complement each other.

According to the two authors, the first cycle (business) "is based on standard development of corporate strategies from which flow an array of business activities which, in so far as they are successfully implemented, build financial performance". Their second parallel cycle (communication) was developed for effective implementation and "develops and executes an appropriate communication system for building reputation. If successfully carried out, corporate communication induces stakeholder identification and stimulates supportive behaviours from the organization's stakeholders (Van Riel and Fombrun, 2007: 60)."
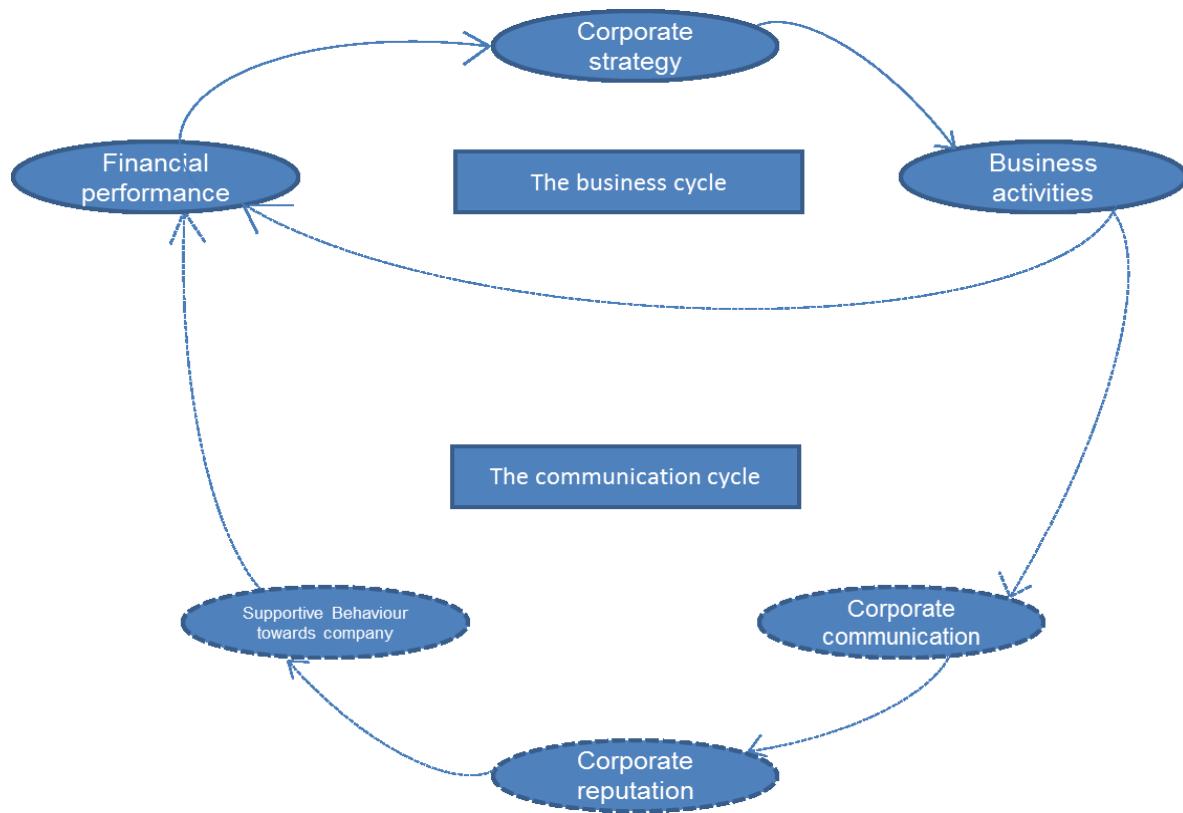
Figure 4:   Linking communication and reputation to the business.
Source: Van Riel and Fombrun (2007: 60)

2.9.1.5 The reputation quotient

The Reputation Quotient resulted from a collaboration between the Reputation Institute and market research firm Harris Interactive. It is a tool that uses six categories with 20 individual factors to establish how stakeholders view the reputation of an organisation.

The six categories are emotional appeal, products and services, vision and leadership, workplace environment, financial performance and social responsibility.

To measure the Reputation Quotient, surveys are conducted based on questions that cover the 20 factors in the six categories. As has been mentioned before, it is crucial that stakeholders maintain a positive view of a reputation, since this kind of support can make or break a business. Fombrun and Foss (2001) have credited the Reputation Quotient of Harris-Fombrun with equipping organisations with understanding their reputation among stakeholders.
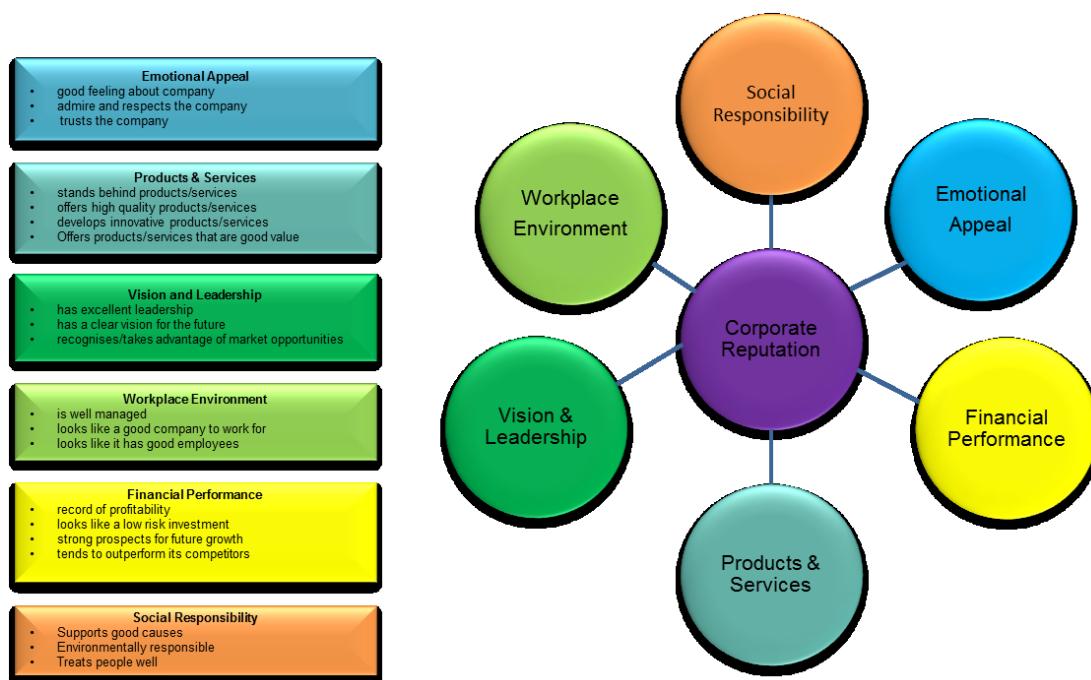
Figure 5:   The Reputation Quotient

Source: https://www.reputationinstitute.com/reptrak-framework.aspx

There is a distinct golden thread running through all of the models mentioned above: the link between how stakeholders (employees and customers) and performance ultimately influence an organisation's reputation. These links in the corporate reputation chain also include the essential relationship between corporate identity, image and reputation. The corporate reputation chain of Davies, Chun, Da Silva and Roper (2003) has deliberately not been mentioned as one of the models here, since it will be discussed extensively in Chapters four and five.

Summary

Chapter two outlined some of the theories and models within the discipline of communications. Chapter three discusses the research design, including data collection, sample population, data analysed, quality and rigour, validity and ethical considerations of the study.

3   Description of inquiry and broad research design

This chapter details the data and characteristics of the population or phenomenon being studied. It is therefore a description of what the researcher has observed and recorded.

Before those topics are addressed, it is vital to stress the researcher's concurrence with Leedy (1989: 142) that a questionnaire "is a totally impersonal probe", meaning that this form of data collection is free from personal bias.

In this study, an electronic survey was chosen to remove the researcher as much as possible from the data collection process. The survey was distributed to all the fourth-year students enrolled in the R425 programme at the Western Cape College of Nursing. The data collection programme removed all respondents' personal data, creating a measure of environmental control (Burns and Grove, 2005: 232). The researcher was not able to influence the results or the respondents, since the survey was sent via e-mail and no prior interaction took place. All these factors helped to ensure that no personal bias on the part of the researcher influenced the results of the survey.

3.1   Means of data collection

Fourth-year nursing students were asked to complete the electronic survey to ascertain their perception of the sector's reputation and to establish why they have chosen this field. The Western Cape College of Nursing is a Further Education and Training (FET) institution and provides the largest number of nursing recruits in the province. The students directly receive bursaries from the Western Cape Government Health Department in order to compel them to work in public sector health facilities.

These students are based at various campuses throughout the Western Cape and an electronic survey was the most efficient means of reaching them all simultaneously. The survey ensured the anonymity of respondents, since the SurveyMonkey software programme used to create the survey removed all IP and e-mail addresses, student numbers and names. Therefore, the researcher could not possibly correlate an e-mail address/name/student with a survey.

The deciding denominator for an electronic survey for this study was that this particular amended survey was originally developed for use in a study that had been conducted for the *Nursing Times* publication in 1984 (Meiring, 2010: 18). The survey had been used again in 1999 to compare the results obtained in 1984. The questions were piloted and used again in two unpublished studies carried out by Van Tonder in 2006 and Meiring in 2010 in South Africa. Having reviewed literature,

the aforementioned seem to be the only such studies in South Africa, and both used the same questionnaire. The fact that these questions had been used in four previous studies underscores the validity of the survey.

The reputation chain in this study is applied to the nursing profession, following feedback provided by the students, to make recommendations for improving the reputation of the profession.

3.1.1 Cross-sectional

The study was cross-sectional, since it only collected data once over a short period of time. The time frame for the questionnaire was two weeks. Reminders were sent to those who had not responded to the initial e-mail. The reminders were automatically set up via the software programme.

3.1.2 Primary data

Primary data is the collection of new data or, as Saunders *et al*. (2009) have emphasised, "data collected specifically for the research project undertaken". The data collected was intended for the objectives of this study and aimed to make recommendations based on the findings of said data.

3.2   Sampling

Maree (2007: 147) has described a sample as a "subset of the population consisting of a predetermined number". The sample population for the survey consisted of fourth-year nursing students at the Western Cape College of Nursing, who had received bursaries from the Western Cape Government Department of Health. The majority of these students end up working in the public health sector.

Given that there are usually approximately 200 students per year, it was decided to focus on a specific course.

The researcher approached the Directorate: Nursing Services (Western Cape Health Department) and the Western Cape College of Nursing to obtain permission to distribute the survey to its fourth-year students.

3.2.1 Survey

The data was collected by means of an electronic survey. The survey was given to the respondents via an electronic link to be filled in once. The link was sent to them via e-mail. The link was made available within a two-week period and then the survey was closed. It is possible that the respondents could have been influenced by the way the survey was designed, the way the questions were set out, or the time it took to complete the survey.

The survey used both closed and open-ended questions. Most of the questions were closed and quick to answer. The survey took approximately 10 minutes to complete.

The survey was distributed by the researcher via a link that was created by the survey programme and sent to their e-mail addresses. The Western Cape College of Nursing management was approached, after all permissions were granted nationally and provincially, to provide the list of student e-mail addresses and a set time was given in which to send out the survey. As a result, the survey was distributed simultaneously to students, who would have access to their e-mails at computer labs on campus.

3.2.2 Data analysis

According to Nutty (2008: 301), there are many advantages to using information technology to evaluate data. He quotes Watt (2002), who believed that web-based questionnaires "can bypass many of the bottlenecks in the evaluation system (example data entry and administration)". The same was true in this research.

Once the survey cut-off date was reached, the data was automatically captured (using SPSS and CSV software) by the Survey Monkey programme that the researcher used for the survey. The data was collated in a Microsoft Excel spreadsheet and was then checked by the researcher as well as a statistician to ensure accuracy. The preparation of the data for analysis was cross checked between the programme and the spreadsheets.

The data was analysed using simple frequency distributions (actual number of responses) as well as relative frequency distributions (calculation of data in percentages). These were displayed in table and bar graph format.

It was suggested that the researcher use the Qualtrics software programme, but unfortunately this was not possible since the researcher was unable to gain access to the programme. The researcher therefore opted to use SurveyMonkey to create the survey and capture the data.

The internet has become a powerful resource for conducting surveys among populations who regularly use the World Wide Web (Allen and Roberts, 2010), particularly those with a higher level of education and access to the internet (Barrios, Villarroya, Borrego, Ollé,.2011). "This [internet access] enables participants to easily respond from diverse geographical locations, is time efficient, allows direct import into data analysis software, enables a quick turnaround time and improves data quality (Nurse Education Today, 2013: 1322–1328)."

According to Allen and Roberts (2010) and Fan and Yan (2010): "commercially available web-based survey software offers a number of advantages over developing systems internally. They are usually quick to set up, relative low in cost and provide a high level of data security. Currently, there are over 300 web-survey commercial software products available, with SurveyMonkey being a market leader." Therefore, a web-based survey seemed the most attractive option for the purposes of this study.

The SurveyMonkey software programme created a recipient list with a tracking response function to remind respondents who had not yet completed the survey to do so within the allotted time frame. The software programme's survey response collector used a web link that was embedded in the e-mail of the respondents, which they clicked on to open the survey.

The survey and data collection process was pilot-tested to see whether the respondents would be able to receive e-mails and whether they could access it easily. No difficulties were encountered in the process of distributing the survey.

3.3   Assessing and demonstrating the quality and rigour of the proposed research design

3.3.1 Reliability

Reliability refers to whether the data collection instrument/analysis will consistently produce the same results (Easterly-Smith *et al.*, 2008: 109, cited in Saunders *et al.*, 2009: 156).

There may be various threats to reliability in a study and it is up to the researcher to ensure that these threats are minimised.

In this study, the researcher was in consultation with the management of the Western Cape College of Nursing to ascertain an optimal time to send out the survey via e-mail to the students in order to minimise error.

Subject/participant bias was also a concern since there was the risk that participants may answer questions in a way that they think the researcher would want to hear. In creating anonymity with the questionnaires, it enabled the respondents to feel more at ease when answering the questions.

The caution by Saunders *et al*. (2009: 156) to "ensure that your data are telling you what you think they are telling you" was another important point for the researcher to bear in mind during the data analysis process. An added incentive to use SurveyMonkey was the accuracy of the data, which removed researcher error out of the equation.

3.3.2 Validity

Saunders *et al*. (2009: 26) view validity as the "soundness [and] the effectiveness of the measuring instrument".

Threats to validity include the subjective judgement of the researcher, which includes whether the instrument is calculating what is required and whether the population being measured is illustrative of the behaviour that the researcher hopes to assess.

For this study, the survey questions were used to measure specific phenomena and whether this was done successfully was addressed. In terms of this survey, the validity of the content was determined by checking it against the specific objectives of the study and by ensuring that the results covered all the aspects described in the problem statement.

Testing may have an impact on the study (Saunders *et al*., 2009: 157) since the participants may have felt that the results of the survey may disadvantage them in some way. Factors such as the #FeesMustFall campaign and the negative incidents surrounding this campaign may have influenced the participants' responses and thus the results of the study.

The number of respondents who did not take part in the study is an extremely important factor and poses a threat to the validity of the study.

The return rate of 14% is not a positive indication of the validity of the results. However, research done by The Rand Corporation (2016) found that e-mail generally achieves a lower response rate than postal mail surveys.

Below is a statistical depiction of that review, with the lowest percentage being 6% and the highest 68%. The #FeesMustFall campaign had a large impact on the response rate in this study.

Table 1: Studies Comparing Response Rates for E-mail and Mail Response Modes

Studies Comparing Response Rates for E-Mail and Mail Response Modes

Study	Total Sample Size	Response Rate E-Mail Study Arm	Response Rate Mail Study Arm	Population
Tse et al. (1995)	400	6%	27%	University staff
Tse (1998)	500	7%	52%	University staff
Schuldt and Totten (1994)	418	19%	57%	MIS and marketing faculty
Kittleson (1995)	153	28%	78%	Health educators
Jones and Pitt (1999)	200	34%	72%	University staff
Mehta and Sivadas (1995)	262	40%	45%	BBS newsgroup users
Couper et al. (1999)	8,000	43%	71%	Federal employees
Schaefer and Dillman (1998)	904	53%[a]	58%	Washington State University faculty
Parker (1992)	140	68%	38%	AT&T employees

Source: The Rand Corporation

Low response rates are common in research conducted over the past decade (Saunders, Chang and Jiang, 2006: 356) and have varied between 10 and 40%.

3.3.3 Research ethics

The ethical considerations in this study are the following:
- The researcher disclosed fully the intent of the study, its methods and what the study will be used for, in order to obtain informed consent from participants.
- Every participant in the study was made aware that any information that she or he provided would be confidential.
- If participants so wished, the findings of the study would be made available to them.
- Every participant had the right to privacy and was treated with the utmost respect.
- The participants were allowed to withdraw from the study at any time if they so wished and were not pressured into remaining in the study or participating.
- All participants took part in the study voluntarily.

- The researcher has acknowledged all sources of data obtained for the purposes of this study.

According to Leedy (1989: 96), ethics also includes the integrity of the researcher: "It concerns the personal behaviour of the researcher. Researchers are trustees of integrity and truth, and, as such, need to be scrupulously aware of the ethics of their own conduct."

Thus, the researcher's work and conduct during the study must be ethical. The researcher must also ensure that no harm is done to any of the participants.

The researcher obtained permission from various ethical committees, both nationally, provincially and at the Western Cape College of Nursing, in order to ensure that all ethical requirements were met.

The ethics committees of the University of Pretoria, the Western Cape Provincial Health Research Committee, and the Western Cape College of Nursing were approached for approval of this study and to gain access to the facilities and the participants for an application to register on the National Health Research Database.

Summary

Chapter three focused on the methodological steps taken to address the research problem. The description of all the research steps enabled the researcher to create a base context for important keywords to follow in Chapter four.

4   Keywords

Pertinent literature from healthcare, nursing education and communication was thoroughly reviewed. The literature review was specific, in the sense that it looked at the keywords below and looked at information in the last 20 to 30 years to keep the study as relevant as possible. Combinations of the terms "nursing students", "reputation", "reputation chain", "stakeholder", "professional nursing", "image", "perception", "private nurses", "public nursing", "healthcare", "nursing demands", "selection", "retention", "recruitment", "motivation", "the media", et cetera, were searched in the following databases: Google Scholar, University of Pretoria library databases, Google Web, Google News, CSIR, Proquest Dissertations & Theses Full Text: Health & Medicine, Applied Social Sciences Index and Abstracts, UPeTD, PubMed, Ebscohost, Medline.

Various articles obtained from journals, particularly on the internet, e.g. using Google Scholar, UPeTD, Pubmed, and Google Books, were not relevant to this study and were thus not included. Of the 105 articles found, 32 were discarded outright, and 73 were deemed to speak directly to the keywords, and therefore used for the study. These articles were read and re-read to ensure that they speak to the topic at hand, and then put into the key categories below.

4.1   Nursing recruitment and motivation

In any industry, a worker may leave his/her job for various reasons, including remuneration, a lack of advancement prospects, or the work environment may cause an employee to feel unsafe, bullied or the job itself may be unsatisfactory. Fletcher (2001: 324) and Oosthuizen (2005: 117) have found that nurses change jobs because they are dissatisfied with their job environment.

Whatever the reasons for employees switching jobs, this kind of behaviour often boils down to motivation. Mullins (1999) has argued that "external forces and the degree to which workers are willing and able to overcome them in order to attain desired goals are measures of motivation" (Joshua-Amadi, 2002: 18). Mullins (2010: 253) suggests that the study of motivation deals with the underlying question: "Why do people do what they do?". He describes motivation as the "direction and persistence of action".

Various competing theories attempt to explain the nature of motivation (Mullins, 2010: 259). Mullins has theorised that motivation "is often most acute for younger people starting on their career, for people at mid-career positions or for those who find limited opportunities for promotion or further advancement".

Mullins has reiterated that different theories of motivation are important to the manager, especially since there is no single answer to the complex question around motivating people to work well.

In their book *Corporate Reputation and Competitiveness*, Davies, Chun, Da Silva and Roper (2003) focus on the most important requirements for an organisation to manage external perceptions (Vrsnik, 2014: 114). Davies *et al.* (2003) stress that the "interface between [the] employee and the customer is the core unit or relationship that influences the course of corporate reputation. Closing the gaps and harmonizing the internal employee perceptions with the external customer views of the corporation drives financial performance."

The inference to be drawn pertaining to this study is that nursing students start out in the profession as stakeholders in the environment and their motivation can ultimately affect their work, identity and directly have an impact on the reputation of nursing as a whole.

4.2   Recruitment and selection

Collings and Wood (2009: 151) have defined recruitment as "the identification and selection of individuals from a pool of applicants". The goal is to attract competent applicants and the process ends when the appointment is made.

Selection, according to Swanepoel, Erasmus, and Schenk (2008: 279), is the "process of determining which individuals will most likely make the best employees to match particular job requirements of the organisation taking into account individual differences, the job or role as such, and also the organisation more generally, including its internal and external environment."

The Public Service Commission (PSC) in South Africa has created a recruitment and selection toolkit. The toolkit was compiled after an investigation found that there was a clear need to create guidelines for recruitment and selection at departmental level. The guidelines are intended to provide practical criteria for recruitment and selection.

What is relevant to this study is the challenge that human resources departments face, as they may not have a large pool of appropriate stakeholders from which to choose from during the recruitment and selection process.

4.3 Implications of recruitment for the profession

Joshua-Amadi (2002: 18) believes that supplying a well-motivated workforce that is appropriately trained, educated and experienced to deliver a first-class health service should be a high priority for any present government.

If nursing is a priority, it would result in: 1) excellent service for all patients, 2) justify an increase in health spending and 3) restore fragile public confidence in the healthcare system. Stakeholder relations would improve if these new priorities were set (Joshua-Amadi, 2002).

As has already been highlighted, nursing shortages occur throughout the world. In South Africa in particular, where nursing schools and nursing programmes were closed down; it would be extremely difficult to source that workforce, especially one that is motivated to enter the profession for the right reasons.

4.4 Nursing students

The World Health Organisation (WHO, 2001: 77) has emphasised that "the performance of health care systems depends ultimately on the knowledge, skills and motivation of the people responsible for delivering healthcare".

Fitzpatrick and Whall (2005: 197) have described a nurse as an "intervener whose role is either to reduce the client's involvement with certain stressors or to mitigate his or her perceived suffering through implementation of appropriate interventions". A nurse is a person who "tends to, comforts and encourages the sick".

The Online Medical Dictionary (2007: 544) describes a student nurse "as an individual, who is enrolled in a school of nursing for a formal educational programme that leads to a degree in nursing. It elaborates to define a student as a person engaged in study, one who is devoted to learning, a learner, a pupil, and scholar, especially, one who attends school, or who seeks knowledge from professional teachers or from books, as in a student from an academy, a college or a university."

According to The Nursing Act No. 33 of 2005 a nursing student is "a person undergoing education and training at an approved nursing school, who is registered with the South African Nursing Council under section 23 of the Act".

A nursing student is therefore, for the purposes of this thesis, a person registered as a first to fourth-year student in pursuit of the R425 Nursing Diploma at the Western Cape College of Nursing, which will lead to registration as a professional nurse (general, psychiatric, community health, and midwifery).

4.5   Selection criteria

Bennet and Wakeford (2012: 6) have defined the term selection as a tool used by recruiters to determine who will be accepted for training as a student nurse at a healthcare facility.
Ali (2008: 128) has suggested that if an institution wishes to remain an institution of choice that is seen as accountable, it is important to have a nursing programme whose admission criteria ensure that the end product (the nurse) has the knowledge and skills needed for the profession.

Jafta (2013: 84) has advocated for the admission criteria of nursing institutions to be "revised and modified in a manner that will enhance nursing educators' selection of students who will successfully complete the nursing programme". He suggests that revising admission criteria would help reduce the misuse of human and material resources.

Wilson, Roberts, Flynn, and Griffin (2012: 377) have reiterated that it is not enough to have the academic qualities in order to qualify for the medical field. Personal qualities, such as empathy and good communication skills, should be considered as very important characteristics to select students.

Every university has its own set of admission criteria, which may vary from institution to institution, or from course to course.

The University of Pretoria's website states that the "statutory minimum requirement for degree studies is a National Senior Certificate (NSC) certified by Umalusi, with an achievement rating of 4 (50-59%) in four recognised NSC 20 credit subjects from the designated subject list":

- Accounting
- Agricultural Science
- Business Studies (previously Business Economics)
- Consumer Studies (previously Home Economics)
- Dramatic Arts
- Economics
- Engineering Graphics and Design (previously Technical Drawing)

- Geography
- History
- Information Technology
- Languages *
- Life Sciences (previously Biology)
- Mathematical Literacy
- Mathematics
- Music
- Physical Science (previously Natural Sciences)
- Religion Studies
- Visual Arts

Given the languages of instruction at the University of Pretoria, prospective students are advised that they should have either English or Afrikaans as a Home Language or First Additional Language. Applicants who do not obtain the NSC pass required for Baccalaureus degree studies, will not be considered for these programmes. A Grade 12 certificate with university exemption is required for applicants who graduated before 2008. Provisional admission may be granted based on an applicant's final Grade 11 year mark. However, the final Grade 12 results remain the determining factor for admission.

To qualify for nursing at the Western Cape College of Nursing, a prospective student needs to meet the following criteria:

Matriculation before 2008
1. Senior certificate or equivalent with at least five subjects on higher and/or standard grade (subjects passed at lower or functional grades are not acceptable);
2. A pass in Biology (at least an E on the higher grade or a D on the standard grade) with Mathematics and/or Physical Science, and
3. Higher grade passes in two of the eleven official languages, one of which must be either English or Afrikaans. One of the languages must be a first language.

Matriculation from 2008
1. Higher language English
2. Mathematics or Mathematical literacy
3. Life Sciences and/or Physical Science
4. Life Orientation

Students are required to attend an evaluation session, which may include literacy, numeracy or psychometric evaluation. Details of such sessions are supplied on application (CPUT, 2014).

As mentioned before, academic qualification is not enough to be successful as a nurse. Scholars have also identified several other factors that determine a successful career. These are discussed below:

4.6   Interest in other subjects

Andrew and Vialle (1998: 1) have reported that student nurses do not seem interested in other subjects, such as Chemistry, Physics, Biology, Psychology and Physiology, which are all pertinent to nursing. Therefore, due to a lack of interest in these subjects, they have experienced problems in these aspects of their nursing programme.

Therefore, the importance of students' learning background in science in high school cannot be overstated. The value that students attach to the subject within the nursing curriculum will determine their interest in the programme as a whole (Andrew and Vialle, 1998: 1).

Jafta (2013: 2) has observed that students are interested in nursing as a career but lack interest in the other subjects that constitute the course. They do not view nursing as a scientific course that includes subjects like biology, science and mathematics.

4.7   Physically demanding

Nursing can be a physically demanding profession, because the daily routine involves continuously pushing and pulling trollies and beds, lifting patients in or out of wheelchairs and onto or out of beds, or picking up heavy equipment, et cetera.

Apart from physical strength, nurses also need observation skills, for example sight, sound and smell. Good observation skills allow the nurse to perform duties like measuring blood pressure and listening to chest or bowel sounds during physical examinations. The ability to distinguish between various colours and smells when dealing with patients that are non-verbal is a crucial part of providing initial diagnostics in nursing (Jafta, 2013: 86).

4.8   Psychologically demanding

Nursing has an all-encompassing job description that demands not just knowledge and physical strength, but also mental stability. In a clinical environment specifically, nurses often work with patients who are afraid and do not want to be in that setting. Therefore, nurses need to be able to work under various conditions, whether stressful or pleasant, and treat patients in a dignified and tactful manner.

Nurses must also be able to communicate effectively with colleagues, patients, and their families. A modicum of respect must always be maintained and nurses must not discriminate against people from differing cultures, ethnic and/or religious backgrounds. He or she must exhibit a passion for the work, as well as be seen to be accountable, sincere and empathetic to patients. In order to do this effectively, nurses should also be "mentally sound, watchful, vigilant and well orientated with surroundings, place, people, and time and maintain optimal mental wellbeing" (Jafta, 2013: 86).

4.9   Understanding who enters nursing schools

According to Eley and Rogers-Clark (2009: 7), applicants have reported various reasons for entering the nursing profession. These reaons include "caring for people, vocation, rewarding career, stepping stone to another career, family history of working in health, career security, previous work or socialisation experiences, job satisfaction, and interest in medicine or biology".

In the past, there were not that many options open to students when choosing a career, especially in apartheid-era South Africa, where job reservation restricted many blacks, coloureds and Asians professionally. Today, the types of careers to choose from are endless. There are so many new professions and the pool of good candidates is slim. Therefore, it is important to understand why applicants decide on nursing as a career.

4.10   Nursing and reputation

A company's reputation is an influential factor in an applicant's evaluation of whether he or she will fit in an organisation states Arnold, Coombs,Wilkinson, Loan-Clarke, Park and Preston (2003: 3). They found that "applicants' general assessment of the reputation of the organization influenced their perceptions of the specific attributes of a post, even after they had been interviewed for it**."**

Reputation has been described as the "affective or emotional reaction of customers, investors, employees and the general public to the organization's name ... [Reputation] is the collection of personal judgements and evaluations of the organization concerning, for example, its credibility, reliability, responsibility and trustworthiness ... [It] is of particular concern to people seeking employment in knowledge-based institutions, such as hospitals and universities, because the services they provide are largely intangible (Fombrun, 1996)."

The importance of corporate reputation to the recruitment and retention of staff in commercial firms has been well documented (Gatewood *et al.*, 1993; Cable and Graham, 2000; Turban, 2001 cited in Arnold *et al.*, 2003:3). However, relatively little attention has been given to the impact that corporate reputation has on public sector organisations.

4.11   Public perception and image

In the public healthcare sector, nurses are the products of the hospitals in which they work, and happen to be at the coalface of society every day. They deal with patients more often than any other professional in the industry and the experience is continuously measured by the treatment patients receive from nurses.

A nurse, in most instances, is defined as a woman who is trained to take care of the sick and "someone that assists patients under the direct supervision of medical officers" (Horton, Tschudin & Forget, 2007: 7). A nurse is largely regarded as someone who cannot work autonomously and is therefore considered inferior in the broader medical context.

Horton *et al* (2007), cited in Williams (2015: 24), have argued "that an organisations members will hold values that tend to be on average, synonymous with those of their nation's culture".

In April 2016, the website Parent24.com posted seven negative and seven positive comments from mothers who had given birth at public hospitals in South Africa, after an overwhelming response to their article "Giving birth at a government hospital: what to expect".

Here are some of the negative comments below, with the names of the mothers removed from the quotes:

- "I had a very bad experience with the birth of my first child and almost died as the medical staff was not willing to listen to me. I am pregnant again and am at the same

hospital and only my belief in the Almighty is helping me through. I have to believe there is good out there or i [sic] will go crazy with fear."

- "I have 4 kids and in my experience government hospital staff are rude. At one maternity hospital I gave birth there was only one toilet for everybody to use and no showers. There was a shower for nursing staff though. And when one of the patients who just gave birth used it she got the scolding of her life."

- "Gave birth in a government hospital, Mamelodi hospital and the service was bullsh#t, most of the nurses are rude. Never will I give birth in a public hospital if it happens I have another child."

- "After the horrible experience with a rude nurse, I am never having another kid unless I can afford private. Other than that, no thanks! I almost died with the umbilical cord left inside me on purpose. No remorse, nothing just a bitter nurse telling me all the horrible things."

- "I caught my first born on bathroom floor in Vereeniging government hospital in 2003. No doctors, nurses very rude. Now I have medical aid, thank God!"

The negative comments overshadowed the positive comments (not included above), which described nurses as professional, caring and compassionate.

McCartney (2011: 1) wrote an article for *The Telegraph* titled: "Nurses: the angels who fell from grace?" The article indicates how nurses in the past were favoured above many other professionals and held in high esteem. The article acknowledges that "the [British] public's sympathy with nurses has been strong in the past. They have mostly accepted that nurses are overworked, poorly paid and taken for granted."

The article above stands out among most of the literature reviewed, in that it praises nurses and their past reputation as "angels", in complete contrast to decades of criticism for negligence, laziness, et cetera. The article does, however, give one patient's account of a nurse's "dirty nails" and "what you did last night talk over patients", but does not really provide a bigger picture of other complaints in other hospitals or across the country. The article itself does not delve very deeply into its topic and ends off with the conclusion that nurses' behaviour "is not always beyond reproach" (McCartney,

2011: 3). The article, which was written in 2011, is symptomatic of the problems that the reputation of the nursing profession faces today.

According to Law and Arthur (2003: 24), the choices that high school students make when they enter the profession is based on the perceptions that they have of nursing as a career. These perceptions/motivations may have a huge impact on the reputation of the nursing profession.

1.12   Media portrayal

Kalisch, Begeny and Neumann (2007) have argued that a detrimental image of nursing has widespread negative consequences, which can be felt from consumers of health services to policymakers who control the budgets that support those services. "Since the media do not portray nurses as instrumental health care providers and have failed to mirror the changing role of the nurse, the public lacks awareness of the many vital services that nurses currently do provide. (Kalisch *et al*., 2007)."

Not enough studies have been done on how nursing is portrayed in the South African media. The Woodhull study on nursing and the media notes an under-representation of American nurses in the United States in print media and a "literature search for studies on the portrayal of nurses in South African newspapers showed no results" (Oosthuizen, 2012: 50).

Oosthuizen (2012: 49) wrote an article in the Africa Journal of Nursing and Midwifery where she deduced that positive images of nursing in the media in South Africa were mostly overshadowed by negative reporting. This portrayal is in direct contrast to articles that have been published in specifically America and other countries. "Articles that portrayed nurses as overworked, uncaring, lazy, ruthless, incompetent and suffering from burnout appeared regularly during this period. (Oosthuizen, 2012: 49)."

Oosthuizen's (2012:50) problem statement reiterates that there are many adverse issues that could impede the nurses' image and role as being the backbone of the primary healthcare system (PHC) in the country. "Newspaper reports referring to nurses and nursing affect the visibility and public image of the nursing profession. The problem investigated in this study was how South African newspapers portrayed issues related to nurses and nursing from 2005 to 2009."

Elsewhere in the world, there has been more extensive research on how nurses are portrayed in the media. Buerhaus (2000) conducted a survey that shed new light on perceptions of nurses. He found

that where there has been reporting on nurses assisting during disasters like Hurricane Katrina in the United States, this has had a positive spin-off for nursing, and that more reporting needs to be done on such instances to improve the reputation of the profession.

Donelan, Buerhaus, DesRoches, Dittus and Dutwin (2008: 143) have also reported on data from two surveys, namely the National Survey of Registered Nurses in 2006 and the 2007 Survey of the American Public, which infers that in general the media, which included television, news articles and advertisements, was helpful to the image of nursing in the United States. Stories about patient safety and disaster situations garnered respect for nurses in that country.

Even though Donelan *et al*. found that nurses have enjoyed favourable media coverage in the United States, the amount of registered nurses in the health sector in that country has not increased. "If the profession is so well thought of and so highly recommended, why are there persistent concerns that not enough people are becoming registered nurses to avoid or at least slow down the development of future shortages? (Donelan *et al*., 2008: 143)"

Woods (2008) has brought to light another dilemma. Nursing has increasingly become a convenient job, rather than a vocation: "As the unemployment rates go up, more people would look at the nursing profession as a good job that seems almost recession proof and offers security."

The phenomena highlighted by Woods and Donelan *et al*. illustrate the complexity of formulating a communications solution to address the reputation crisis facing the nursing profession.

4.13   The reputation chain

According to Ural (2007: 1), companies need to make reputation management a strategic part of their corporate culture and value system. "Companies must spread the message of reputation management throughout the organization and make employees cognizant of how each and every one of them affects reputation on a daily basis."

Davies, Chun, Da Silva and Roper (2003: 58) have stated that in a reputation paradigm various factors need to be considered, which include multiple stakeholders. Davies *et al*. have expanded the definition of stakeholders beyond customers or clients: "An organisation's stakeholders are any individuals or groups who may benefit from or be harmed by the actions of the organisation."

In a service-oriented business, the recruitment and retention of qualified staff is vital (Davies *et al*., 2003: 59). Workers tend to change jobs several times in their lifetime, therefore employees base their future on the reputation of the employer (Davies *et al*., 2003).

Entire communities may depend upon an organisation.Therefore, the community has a vested interest in the business and can be "categorised into those who will be closely and immediately affected by the organisation and those where the effects may be indirect, longer term, or non-existent" (Davies *et al.*, 2003).

4.14   Stakeholder and reputation

Davies *et al.* (2003: 61) have singled out two essential related elements to reputation, namely how the two main stakeholders (the employees and customers) view the organisation, as well as how the company identifies or sees itself. There are "likely to be gaps between what the company thinks the customer wants it to be and what the company is perceived to be". Therefore, the corporate reputation of a company is the sum of all the experiences of the stakeholders, their impressions, beliefs, feelings and knowledge, and is thus not created by one type of contact alone (Davies *et al.*, 2003: 62-63).

Each stakeholder, according to Davies *et al.* (2003: 60) may have different "expectations, satisfiers and perspectives". Davies *et al.* offer the example of an employee who may be looking for a trustworthy employer, a customer who seeks a reliable company, investors seeking a credible company and communities looking for a responsible company. The conclusion is that the management of corporate reputation is not solely based on how companies manage any one of their stakeholders' perception of reputation: "It is about how the perspective that has been evolving in this field can be usefully applied to managing the business as a whole" (Davies *et al.*, 2003: 61).

The Stakeholder Perspective
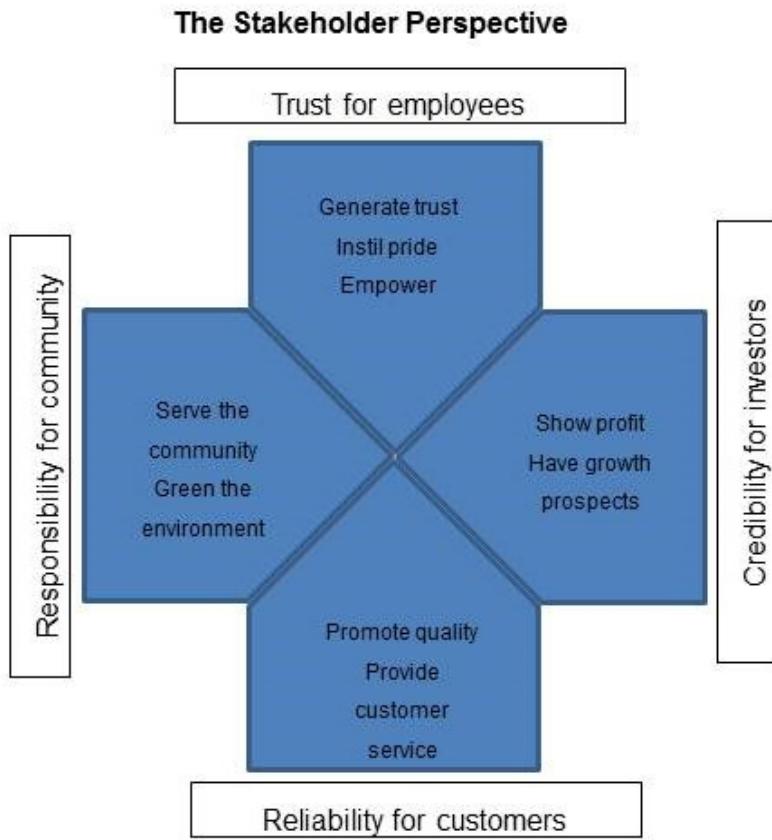
Figure 6: The stakeholder perspective
Source: Davies *et al*., 2003

If there is a causal link between external stakeholders and internal identity, "then the external image of the company can be managed by managing internal identity". Davies *et al*. (2003: 75) view reputation management as the idea that identity influences image, in that the perception that an employee holds of her or his organisation will influence that of the customer or client. "Equally central to our thinking about reputation management in organisations is the notion of harmonization. Superior reputations exist when those aspects of reputation that satisfy customer facing employees also satisfy customers."

Brady *et al*. (2007: 7) have reiterated Davies *et al*.'s (2003) concept of stakeholder responsibility by stating that an organisation's reputation is influenced by its performance, policies and people, "but ultimately it is the stakeholders who decide what the reputation of the organisation actually is".

Brady *et al*. (2007: 9) have defined a stakeholder as anyone directly affected by an organisation. Organisations may have as many as 40 stakeholder groups, but most have up to 15. Organisations with a large number of stakeholders need to identify reputation as a value at risk and manage it

accordingly. "While it is true you can't please all of the stakeholders all of the time, your reputation is likely to be better among those to whom you give preference rather than among those you ignore" (Brady *et al.*, 2007).

The link between stakeholders and reputation management has been further reinforced by Chun (2005: 91), who states that "corporate reputation affects the way in which stakeholders behave towards an organisation, influencing, for example, employee retention, customer satisfaction and customer loyalty." According to Chun, a favourable reputation encourages shareholders to invest in a company, "attracts good staff, retains customers and correlates with superior overall returns".

Summary

In Chapter four, keywords relevant to the study were discussed, providing further context and laying the groundwork for Chapter five, which is an attempt to contextualise these keywords in relation to the CRC model, which was briefly mentioned above.

5   The complexity of reputation

Kitchen and Watson (2010) have put great stock in reputation as a phenomenon that "was, is, and always will be of immense importance to organisations, whether commercial, governmental or not-for-profit. To reach their goals, stay competitive and prosper, good reputation paves the organisational path to acceptance and approval by stakeholders." Reputation should be viewed as an individual entity, but is a "collective representation" of perceptions, identities and images. Furthermore: "It involves relationships with all stakeholders and it is gained, maintained, enhanced or detracted from, over time."

5.1   Concepts

5.1.1 Reputation

Van Riel and Fombrun (2007: 43) have defined reputation as the "overall assessment of organizations by their stakeholders. They are aggregate perceptions by stakeholders of an organization's ability to fulfil their expectations, whether these stakeholders are interested in buying the company's products, working for the company, or investing in the company's shares."

Gontsi and Wilson (2001: 29) have described corporate reputation as the stakeholder's overall evaluation of a company over time. "This evaluation is based on the stakeholder's direct experiences with the company, any other form of communication and symbolism that provides information about the firm's actions and/or a comparison with the actions of other leading rivals."

Watson (2010: 340) has suggested that reputation is a "collective representation of images and perceptions — the sum of predictable behaviours, relationships, and two way communications undertaken by an organisation as judged affectively and cognitively by its stakeholders over a period of time."

This study examines the reputation of the nursing profession as a whole. In other words, we are looking at nurses (image, identity and brand) as stakeholders that make up their reputation chain.

5.1.2 Image

Image, according to Van Riel and Fombrun (2007: 40), is "more commonly used to describe the specific configuration of perceptions that take root in the minds of observers. These images can be described as the features of the company that stakeholders come to perceive."

Dutton and Dukerich (1991: 520) have stated that "organisational behaviour literature views organisation image as perceptions of organisation members towards their organisation, including the way they believe others see their organisation".

According to Gray and Smeltzer (1995: 73), "strategists characterise corporate image as the impression of the overall corporation".

Dowling (1996) has referred to image as "a set of meanings by which an object is known and through which people describe, remember and relate to it. That it is the net result of the interaction of a person's beliefs, ideas, feelings and impressions about an object."

The image of nursing could be twofold: The public's (external stakeholder) image of a nurse may, for example, be someone in a white uniform who is caring or someone in a white uniform who is not as knowledgeable as a doctor, while nurses' image (internal stakeholder) of themselves may be of caring individuals, neat in their uniforms, professional and knowledgeable in their field. Image is therefore relatable to the beliefs and feelings that each of these stakeholders has.

5.1.3 Identity

Professional identity has become an increasingly important concept in nursing (Page and Lawrence, 1992: 48). Fagermoen (1997: 435) has strongly associated identity with nurses' self-esteem, defining professional identity as "the values and beliefs held by the nurse that guides her/his thinking, actions and interactions with the patient".

Identity, according to Dowling (2001), is defined as "the symbols and nomenclature used by an organisation to identify it to people. It helps people find or recognise an organisation." Examples of identity are the highly recognisable logos and slogans of companies like Nike, Disney and McDonalds, to name but a few.

Hatch and Schultz (2000) view corporate identity as "the idea of the organisation and how it is presented to different audiences, in this case primarily external stakeholders."

Identity can be seen as how an organisation presents itself to different stakeholders. Identity in the nursing sector is also twofold:

1) How management presents identity, for example through newsletters and annual reports. In the South African nursing context, we are not just referring to management at a facility/institution/organisation but, where the reputation of nursing is concerned, professional bodies like the South African Nursing Council (SANC), the Allied Nursing Association of South Africa (ANASA) or the Democratic Nursing Organisation of South Africa (DENOSA), among many others committed to the upliftment and professionalisation of the healthcare industry in South Africa.

2) How nurses see their own identity (their knowledge, skills, norms, values and culture of the nursing profession); for example, what occupational level they have obtained in their profession (professional nurse or auxiliary nurses and the skills they have developed at that particular level.)

5.1.4 Brand

A brand is more than just a name or a symbol. Your name was given to you when you were born and you carry it with you for the rest of your life. It encompasses who you are physically, psychologically and mentally, and when people recall your name, they envision the whole picture of who you are.

A brand, according to Newman (1957: 96), "can be viewed as a composite image of everything people associate with it. These impressions determine how a prospective buyer feels about it and influence his selection. Brand images may have several dimensions: functional, economic, social and psychological."

According to Kapferer (2008: 10): "a brand is a set of mental associations, held by the consumer, which add to the perceived value of a product or service".

Dominiak (2004: 295) has stated that brands are comprised of words and symbols that are designed to communicate the value of a product or service. She raises the question of whether branding can

provide nursing with a tool to communicate its value to the public, as the consumers of its services. She reiterates that nursing has over the years had many identifying symbols that have included the following: the Florence Nightingale lamp, the nursing cap, the white uniform and the nursing cape.

"If one considers nursing as the product, the Nightingale lamp, or other symbols, should serve to create expectations about what nursing is or what a nurse does. However, these symbols have failed to clearly communicate to those outside of the profession what should be expected from nursing and what differentiates nursing and nurses from other healthcare professions. Furthermore, because there are multiple images associated with the profession today, there is no clear symbol of, or message about, nursing, leading to confusion as to its role within healthcare. As a result of this lack of any meaningful nursing brand, there is an opportunity to exploit the branding process to create a series of positive images for nursing." (Dominiak, 2004: 295)

5.1.5 Reputation management

According to Cornelissen (2004: 9), the current belief in management circles is that the future of any company and its survival depends "on how it is viewed by key stakeholders such as shareholders and investors, customers and consumers, employees and members of the community in which the company resides".

Cornelissen (2004: 23) has identified reputation management as a "management function that offers a framework and vocabulary for the effective coordination of all means of communications with the overall purpose of establishing and maintaining favourable reputations with stakeholder groups upon which the organization is dependent."

Reputation management can then be considered a long-term strategy for measuring, auditing and managing an organisation's reputation as an asset. Goldstein (2010: 14) states that the basic components of reputation management are identification of organisational stakeholders, measurement and evaluation, and a strategic reputation management plan.

Organisations need to identify their stakeholders before embarking on a reputation management programme (Goldstein, 2010: 15).

Any reputation management programme/plan must include evaluation and measurement before and after the process (Goldstein, 2010: 16). Goldstein considers measurement and the identification of

stakeholders among the first steps to formulating a reputation management strategy, which must include how stakeholders feel about an organisation. He reiterates that step two should be auditing both internal and external stakeholders, and mentions Doorley and Garcia's Comprehensive Reputation Management model. The final step is measurement at the end of the programme, the "so-called evaluative research", which is "absolutely crucial".

In the nursing sector, there are various stakeholders to consider. These stakeholders include nurses themselves, clients (external stakeholders), the facility/institution/organisation management, as well as the different professional bodies that form part of the nursing profession. It is incumbent on all of these stakeholders, either at a national or provincial level, to come together to create a programme/strategy/plan that will include all of the links in the reputation chain, taking into account all of the stakeholders as well as all the factors that make up the concept of reputation.

5.1.6 The stakeholder

Various authors have mentioned the growing importance of including stakeholders when creating a strategy for the management of an organisation's reputation.

Conelissen (2004: 27) has explained that "stakeholders include groups that have primarily an economic or contractual relationship with the organization such as employees' unions, distributors, suppliers, shareholders and customers, as well as groups whose relationship is more diffuse and also primarily societal or moral in nature, such as the media, special interest groups, non-governmental organizations (NGOs), community members and the government. A breaking point for the stakeholder concept is that organizations have increasingly become aware of the need for an 'inclusive' and 'balanced' stakeholder management approach that involves actively communicating with and being involved with all stakeholder groups upon which the organization is dependent and not just with shareholders or customers. Such awareness stems from high profile cases where undue attention to certain stakeholder groups led to crisis and severe damage for the organizations concerned."

Identifying stakeholders and the various roles that they play in the reputation chain is key to creating a comprehensive framework to improve the reputation of the nursing profession. In nursing, one would need to concentrate on the following stakeholders:

- management (nursing organisations, clinical facility managers, organisation heads like CEOs of hospitals or heads of departments);

- employees (nurses of all categories);
- the public (the patients and surrounding communities served by health facilities).

5.1.7 Reputation chain

Corporate reputation can be seen as a chain made up of various links, which include corporate image and corporate identity or brand. Corporate reputation ties all of these links to comprise a framework that an organisation may use to enhance its reputation. Ultimately, it is the stakeholder who owns and creates the reputation. Managing corporate reputation is therefore all about managing the stakeholder's perceptions.

Davies, Chun, Silva, Roper and Stuart (2003: 75) have devised a conceptual model of the corporate reputation chain, based on their definition of identity, image and corporate reputation, which holds that the corporate reputation of an organisation can be managed by creating and presenting a favourable identity and image to employees and customers.

Davies *et al*. (2003) have made a significant contribution to the literature by making the various definitions of identity, image and reputation clear, and ultimately linking these concepts to staff and customer satisfaction.
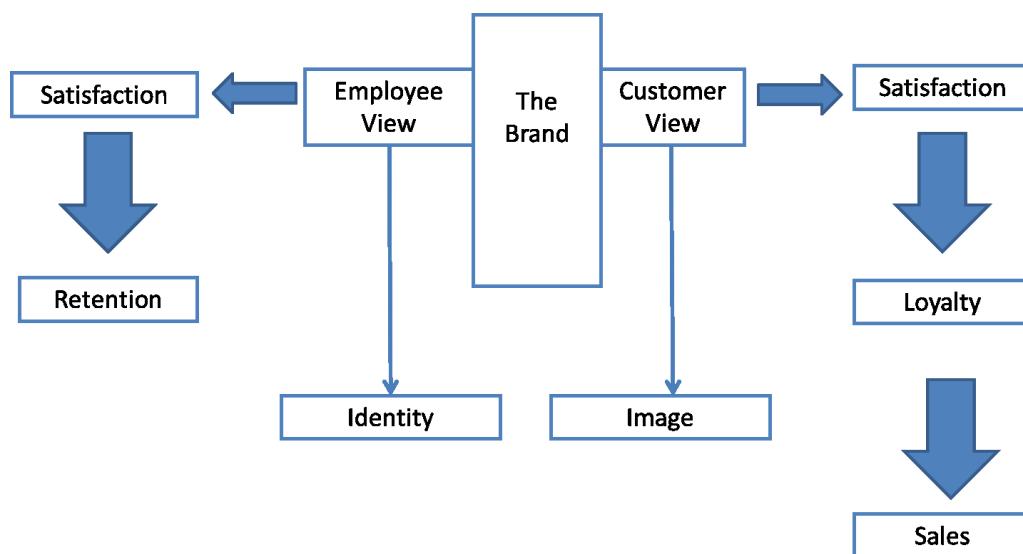
Figure 7:   **The corporate reputation chain (CRC) model**
Source: Davies *et al*. (2003: 76)

According to Cahill, Batista and Kawalek (2004: 2), the approach developed by Davies *et al.* (2003) relies less on the creativity of an advertising agency or marketing team. Their model is based on the outcomes of a longitudinal study of 15 organisations, involving more than 6,000 interviews. "The chain suggests that reputation can be enhanced through the emotional attachment that stakeholders have with an organisation," Cahill *et al.* concluded.

Cahill *et al.* (2004: 2) substantiate the widely held view that the two most important stakeholders in the CRC model are customers and customer-facing employees. They reiterate that "at the heart of the chain is the brand providing the emotional attachment that those stakeholders have with the organisation. Image is taken to mean the view of the organisation held by external customers and identity is taken to mean the internal stakeholder, that is customer-contact employees' view of the organisation. It follows that the identity of the organisation to a customer-contact employee should be compatible with the organisational image recognised by customers, for reputation to improve. Image and identity must be harmonised and reflected in the organisation's brand" (Cahill *et al.*, 2004: 2).

Applying the model devised by Davies *et al.* (2003) in a nursing context, identity and image management is concerned with making employees appear service-orientated, the media critical and citizens/patients conscious customers in the public service area.

Thus, the brand should be viewed as a nursing management strategic policy that enhances the wellbeing and healthcare of customers/patients. The customers'/patients' degree of satisfaction with the services provided by nurses should be explicitly directed by a customer-contact strategy/model (how nurses should treat their patients). The reputation chain, in effect, should have a bearing on customer satisfaction, which in turn enhances the reputation of the nursing profession. The identity of nursing management, for example organisations like DENOSA or SANC, to employees (nurses) should be compatible with the nursing management image recognised by others, like patients, other medical fraternities et cetera, for reputation to improve. Techniques/models thus need to be developed for this symbiosis to occur.

Taking the above proposals into consideration, a theoretical framework can now be considered. Hamel (1996: 82) and Cahill *et al.* (2004: 4) have suggested that strategies be driven by employees who have direct contact with customers. Cahill believes that involving nurses in strategy formulation will enable management to offer better services to patients and thereby improve the reputation of the profession.

5.2   Constructs

According to Chun (2005: 105): "The constructs of corporate identity, image and reputation are often referred to in the literature, but with varying views as to the meanings of each." She emphasises what she sees as the most useful approach to defining each construct: "corporate reputation as an umbrella construct, referring to the cumulative impressions of internal and external stakeholders". Chun proposes that the constructs be distinguished in the following way: "managing reputation can then be seen to refer to the overall activity in an organization, image as to the external view and identity as to the internal view, which may require different foci in terms of both academic discipline and commercial function."

Chun (2005: 105) makes a reputational link between the various constructs:

> "it is now possible to assess many of the claims made about the interrelationships between reputation and other variables, which will link to financial performance in the long term. In summary, I believe it is useful to see corporate reputation as the summary view of the perceptions held by all relevant stakeholders of an organization, that is, what customers, employees, suppliers, managers, creditors, media and communities believe the organization stands for, and the associations they make with it. Image and identity can be usefully seen as the main components" (Chun 2005: 105).

5.2.1 Images of nursing

Kitson (1996: 1647) comments that although nursing is regarded positively and most patients want more assistance from nurses, the outcome of the interaction between the nursing fraternity and the patient does not always lead to a favourable patient experience. She continues saying that part of the problem may be due to the fact that images that the public and other professions have of nurses are still so unclear. "This ambiguity can be traced back to the beginning of professional nursing and I believe it is something which continues to thwart our ability to deliver on a number of broader health policy issues" (Kitson, 1996:1647).

In any society, the nature and quality of a service depends on the needs of the relevant population. Hein (2001: 71) has observed that the "public opinion of the nurse will continue to have an effect on how the nursing profession provides a service to the public. She observes that due to the fact that the consumer of these services, the general public, and the future role of nursing will be determined

by what the public's demand and use of these services are. The images will also affect the decisions of politicians and policy makers when allocating health care resources. Last, but certainly not least, the public image of nurses will affect recruitment into the profession."

According to Cunningham (1996: 46), the image that a specific profession has can have a huge impact on who decides to go into that profession. If the profession looks glamorous, then it would attract more candidates.

Marcinowicz, Owlasiuk, Slusarska, Zarzycka and Pawlikowska (2016) conducted a focus group study of Polish nursing students and uncovered several reasons why students choose to go into the nursing profession. The reasons include: "desire to help others, family tradition, desire to work abroad, failure to get into another course, pure chance, and low admission requirements (relative to medical studies)." The authors concluded: "The participants' views of the nursing profession were based on their own personal experiences or images of nurses at work. Often these observations were superficial, concerning only selected fragments of nursing work. The participants also identified reasons for there being low regard for the nursing profession."

The reasons alluded to above were of particular interest to the objectives of this dissertation.

5.2.2 Nursing: globally and in South Africa

The International Council of Nurses (ICN) defines nursing as the following on its website:
"Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles."

Pinkney-Atkinson (2009: 3) wrote an editorial about the nursing shortages in South Africa and cited Buerhaus, Staiger and Auerbach (2000: 280), offering that there is no clear answer to the difficult question facing the profession. However, the source of the problem is evident: "There is clearly a misdistribution of nurses." The article explains that approximately 60% of nurses work in the public sector, assisting approximately 85% of the country's population. Furthermore, there is a possibility of undersupply in many provinces, while there is no confirmation about the exact categories of nurses needed in the various provinces.

Oosthuizen (2012: 55) has attributed nursing shortages to the closure of a number of nursing schools in South Africa. Oosthuizen cites Cullinan (2009), who blamed the situation on "the ill-conceived decision to close a number of nursing colleges to save money during Thabo Mbeki's presidency and migration". As a result, the rate of skilled professional nurses has dropped from 149 to 110 per 100 000 people between 1998 to 2007.

The researcher has noted a lack of literature that clearly states where and in which categories these nursing shortages occur in South Africa.

Similar shortages are found worldwide. Australia's nursing workforce has increased in recent years, but continues to suffer from supply gaps, and that trend is expected to worsen. "From 2010 yearly demand is expected to be 10 000 new nurse graduates with a shortfall of 4000 (Eley *et al*., 2009: 6)."

Janiszewski Goodin (2003: 335-336) reported varying degrees of nursing shortages in different parts of the United States of America (USA), including certain specialty areas.

> "It remains largely undisputed that there is a national shortage of Registered Nurses (RNs). Furthermore, this trend is anticipated to worsen within the next decade. Considering the impact this prolonged shortage will have on the USA health care system, nursing and other health-related organizations has even brought their concerns to lawmakers in the central government for immediate consideration."

The shortage, according to Janiszewski Goodin, is unprecedented. She states that solutions to decrease the deficit of the declining workforce have been proposed (Buerhaus *et al*., 2000, cited in Janiszewski, Goodin, 2003: 336)

5.2.3 Public health sector

Various levels of healthcare are available in South Africa. These services vary from what is offered free of charge by the state, for example basic primary healthcare, to highly specialised, technologically advanced health services offered in both the public and private sector.

The public sector in South Africa is severely burdened and under-resourced in various provinces, due to various contributing factors (Brand South Africa, 2002). While government spends about 40% of the national budget on health, the public health sector has to deliver services to approximately 80% of the population.

Brand South Africa states that a different scenario plays itself out in the private sector, which is largely run commercially and whose clientele consists mostly of middle- and high-income earners who tend to be members of medical schemes. The private sector also draws most of the country's health professionals.

Brand South Africa concludes that this two-layered system is unequal and is exacerbated by public health challenges, "including the burden of diseases such as HIV and tuberculosis (TB), and a shortage of key medical personnel".

Harrison (2009: 27) has pointed out that the South African health system is nurse care oriented and cautions against benchmarking internationally. "Nevertheless, it is of concern that both public provision of doctors and nurses fall well below the threshold of 230 per 100,000 regarded by the World Health Organisation as necessary to achieve the health-related Millennium Development Goals (World Development Report, 2006)."

Harrison adds that there is an estimated 23 doctors and 181 professionals for every 100,000 South Africans without medical aid. "These shortages are illustrated by an assessment of staffing in all public healthcare facilities in six districts in 2006, using an adapted version of the WHO's 'Workload Indicator of Staff Needs' (WISN) tool."

Harrison quoted Daviaud and Chopra (2008:46) stating that the WHO indicator found that the country only has 7% of the required supply of doctors. The indicator found that 94% of nursing vacancies were filled, but "there was considerable variation across facilities and districts. The adequacy of provision of enrolled nurses and nursing assistants was worse, at 60% and 17% respectively."

Adding to this already overburdened system, not just in resources but also staffing, is the problem of trying to fill those posts. The reputation that the nursing profession has acquired over the last few decades is a recurring problem throughout the world and has added extensively to the retaining of or recruiting nurses. It is a multifaceted problem that includes the reputation of nurses having an adverse effect on (1) the way the public/patients deal with or experience nursing care, (2) how the health sector nurse is viewed in comparison to the private sector nurse, (3) the recruitment of student nurses and the retention of professional nurses, and (4) the expectations and delivery of public sector nurses.

5.2.4 Clinical environment

Morteza, Mahvash and Eesa (2012: 81) have examined the relationship between the image of nursing and resource allocation, job performance, workload, burnout, salaries et cetera within the clinical environment.

An internet-based literature study was done between 1980-2011 and these findings showed that the image of nursing was a complex concept and that "an in-depth understanding of the nursing image concept would assist nurses to eliminate negative stereotypes and build a more professional image for the nurse and the profession" (Morteza *et al.*, 2012: 81).

The study reiterated that image is closely linked to the retention and recruitment of nurses, "because it is associated with the decision to enter nursing, remain in it and/or suggesting it to others and a career choice" (Morteza *et al.*, 2012: 81).

Despite the importance of image, Morteza *et al.* concluded that the concept had not been adequately investigated and consequently initiated an analysis. The analysis was done in terms of "attributes, antecedents, consequences, and implications by using the Rodgers evolutionary concept analysis approach" (Rodgers, 2000, cited in Morteza *et al.*, 2012: 81).

Morteza *et al.*'s findings recapped the four dimensions to the nursing image: "public perception of nursing, nurses' individual and collective image of nursing, nurses' perception of the public's image of nursing and image of nursing in media or media image of nursing".

In a clinical setting, the perception of nursing holds direct consequences for the allocation of resources, meaning that bursaries for further studies, nursing conferences and learning opportunities et cetera may be curtailed as a result of budgetary concerns.

Such concerns indirectly affect the shift of power within a clinical environment, "for building political power in an organisation, nurses should reflect a positive image, not only in dress and posture, but also in their professional behaviours. Improvement of the professional image can increase nurses' power in the clinical and academic arena (Roberts & Vasquez, 2004, cited in Morteza *et al.*, 2012: 85)."

Nurses often feel that they are powerless to change the working environment, "… the unrealistic image of nursing causes a sense of powerlessness and inferiority, frustration and hopelessness as well as work stress and job dissatisfaction. These all add up to the negative perception of nurses about their clinical environment, their status as employees and their self-worth within an organisation or clinical environment (Takase *et al.*, 2001, cited in Morteza *et al.*, 2012: 86)."

Oosthuizen (2012: 56-57) also drew attention to the despondency that nurses experience in the public sector: "Nurses spoke about an overwhelming feeling of hopelessness in the face of the sheer size of the challenge confronting them." An earlier study by Win (2007: 7) had alluded to high levels of stress and burnout endured by nurses in the Free State, "leading to deterioration in the quality of healthcare and staff shortages" (Oosthuizen, 2012: 57).

The recommendations made by Oosthuizen are valid because it is important not only for nurses to improve the reputation of the profession, but that government needs to make profound changes to the working conditions of nurses in clinical environments. "Addressing the issues and challenges that impact on the nursing profession cannot be the responsibility of the nursing profession alone. The government must address the appalling and inexcusable conditions in public hospitals in order to create positive environments for nurses and other healthcare professionals to provide quality care" (Oosthuizen, 2012:60).

5.2.5 Public versus private nurses: job satisfaction

According to Mullins (2010: 282), "attempting to understand the nature of job satisfaction and its effects on work performance is not easy". He reiterates that job satisfaction is a complex and multifaceted concept, which does not always have the same meaning for different groups. He adds that job satisfaction "is usually linked with motivation, but the nature of this relationship is not clear".

In Ramasodi's view (2010: 1), "satisfaction with one's job can affect not only motivation at work but also career decisions, relationship with others and personal health. Those who are working in a profession that is extremely demanding and sometimes unpredictable can be susceptible to feelings of uncertainty and reduced job satisfaction. Job satisfaction is also an essential part of ensuring high quality care. Dissatisfied healthcare providers give poor quality, less efficient care."

Pillay (2009) conducted a national study on the job satisfaction of private and public nurses in South Africa, which indicated disproportionate levels of satisfaction between the two sectors.
Pillay opined that "the general dissatisfaction of public-sector nurses with their careers and the career opportunities available to them is a further measure of demoralization of nurses and offers some substantiation of the disaffection associated with working in the public sector."
Pillay raised the alarm about the "decreasing attractiveness of nursing". He cautioned that attraction, retention and motivation difficulties "may in the long run offset the gains of attempts to improve efficiency within the health delivery system".

Pillay's data, although marginal, indicated that private-sector nurses were also unhappy about the lack of career options in South Africa. Pillay's findings, however, are not supported by Barrows and Wesson [2000: 54], who found private-sector employees significantly more satisfied with their career opportunities than their public-sector counterparts, which may partly explain why public sector nurses leave the profession or the country.

5.2.6 Public sector nursing

The World Health Organisation (WHO) defines nursing as the following:

> "Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. It includes the promotion of health, the prevention of illness, and the care of ill, disabled and dying people."

The Institute of Internal Auditors (2011: 3) defines the public sector as a sector that "consists of governments and all publicly controlled or publicly funded agencies, enterprises, and other entities that deliver public programs, goods, or services".

5.2.7 Motivation

Apart from looking at the prestige of a position, what is perceived to be a good working environment with decent benefits also determines whether someone is interested in a profession.

Pillay (2009: 7-15) executed a mailing survey of 1,000 professional nurses, which was taken from the South African Nursing Council register, with a population of 99,534 professional nurses, which gave a good overview of public and private nursing staff dissatisfaction in all nine provinces, including respondent characteristics, reliability and descriptive statistics, as well as the various levels of satisfaction among the different categories of nurses. One of the findings from Pillay's study revealed that there are differences in job satisfaction between private and public sector nurses. The main differences between these two sectors related to working conditions in the various clinical facilities: safety, resources, workload and work schedule, management, pay and autonomy. The biggest difference in satisfaction levels was around perceived safety in the workplace — personal safety, work load, risk of infection, risk of injury and the physical work environment (Pillay 2009). Pillay also looked at available resources, equipment, availability of equipment, time and staffing.

Pillay's study highlighted stark differences in the private and public sectors, with the private sector nurses having more time, resources and better facilities to provide optimal care. The researcher agrees with Pillay that job satisfaction in the private sector is rated higher than in the public sector and underscores why so many public sector nurses look for opportunities in the private sector. Fewer patients mean less stress, better healthcare provision and a facility with high-class equipment and well-stocked medication also reassures nurses that they will be providing the best service.

In order to accomplish a specific task in a work environment, one needs to be motivated. In 2010, Kamanzi used a quantitative, exploratory and descriptive research design to investigate the motivation levels among nurses at Butare University Teaching Hospital in Rwanda. The study revealed that factors like "nurses workload, salaries, benefits, bonuses, autonomy in the workplace, nurse-physician relationships, nursing leadership styles, reward systems, opportunities for growth and development, recognition and appreciation for good work have been reported to contribute to nurses levels of motivation."

Kamanzi (2011: 120) reaffirmed the worldwide trend that nurses "leave their public sector positions for better paid jobs in the private sector, which offers better benefits for permanently employed nurses". Between 2007 and 2010, when the study was conducted, 172 nurses were working at the Butare University Teaching Hospital in Rwanda. Over the four-year period 41 nurses (19.2%) had left the hospital, without being replaced.

The study provided factors that nurses believed could promote their motivation at the hospital and these factors were incorporated into the recommendations made to improve motivation. These were separated into two categories: recommendations for the institution, e.g. improving working conditions, clearly defined policies for administration, and further research.

Even though Kamanzi's study was confined to one hospital and did not provide any insight into the reputation or perceptions of nurses or nursing staff, it gave a generalist view of nurses in a particular country, and these findings can be connected to other studies that do tie motivation, work load, retention and dissatisfaction to perceptions of the nursing profession.

Various studies have underpinned the importantance of looking at all factors of image and status when trying to recruit and retain nurses, and what the implications may be for the advancement and reputation of nursing as a profession.

Another study done in 1999 in the United Kingdom, entitled "Career desirability: Young people's perceptions of nursing as a career", found that "most young people based their decision on interest

and enjoyment or having a desire to help people" (Hemsley and Foskett, 1999). The researchers suggested that a possible future income was not a determining factor in students' decision to choose or reject nursing as a profession.

Boughn (2001) used the grounded theory method to investigate nursing students' expectations around their salary. Nursing students (12 male and 16 female) were interviewed and the findings revealed that more males indicated that they chose nursing because they expected good wages.

However, both study groups demonstrated comparable commitment to caring for others as their major motivation and that it is paramount for students to have clear and realistic images of nursing when recruiting into the profession.

Law (2003: 25) discussed the findings of a study where open-ended questions were asked pertaining to the reasons for choosing nursing, and the most frequently cited reason was job opportunity/security. Students also cited their desire to work with people and capitalise on their interest in science.

The study cited by Law consisted of a descriptive survey design, which included 1,246 Grade 6 students from Hong Kong. Law found that the perceived cost of training was the greatest barrier to careers in the health professions. "From these studies, it was found that perceived high salary and job opportunities were positive attitudes that would significantly influence students' career choice. On the other hand, high educational cost of university baccalaureate nursing programs compared with hospital based nursing programs could be a negative belief held by students towards nursing."

According to Jirwe and Rudman (2012: 1615), a shortage of nurses has been reported globally and diverse reasons have been given for this phenomenon, e.g. "a decrease in the recruitment of new people into the nursing profession (Borkowski *et al*., 2007), an increase in the ageing nursing population (Miers *et al*., 2007; Roberts & Ward-Smith, 2010), and professional turnover (Duffield *et al*., 2004; Hayes *et al*., 2006)."

Jirwe has noted a growing interest in the motives for entering and exiting the profession, as a result of the global nursing shortage. According to Beck (2000): "Several qualitative and quantitative studies have been conducted; however, they involve selected samples, e.g. single universities (Lai *et al*., 2008) or limited geographical areas (Rognstad, 2002). There is a lack of literature concerning large representative national studies exploring nursing students' career choices on a larger scale (Jirwe, 2012:1616)."

All of these factors mentioned above have a bearing on the image, identity and brand of nursing, and how attractive these would be to prospective students. In the interests of this study, the public sector nurse has particular relevance since the students who participated in the survey have received bursaries from the Western Cape Government Department of Health and will be required to work in the public sector.

Summary

Chapter five unpacked the various concepts and constructs that makes reputation management so complex and tied in the nursing profession and how it's reputation chain is inexplicably linked to the profession's image, identity, branding, stakeholders, recruitment and retention et cetera. The following chapter gives a statistical breakdown of the survey questions.

6 The findings

6.1 Introduction

Raw data was analysed by means of descriptive statistics utilising Microsoft Excel 2010, CSV and SPSS statistical software.

The analysis took into account the 27 questions asked in the survey; 249 emails with the electronic survey were sent out to nursing students and 35 were collected electronically — a return rate of 14,05%.

The sample comprised of 35 returned surveys, although not all the respondents completed the questions.

The data collected is summarised and discussed in the order in which the questions were asked.

The first question was included purely to ensure that the respondents were willing to give their consent to continue with the electronic survey.

6.2 Responses per question

6.2.1 Do you give your consent to continue with this survey
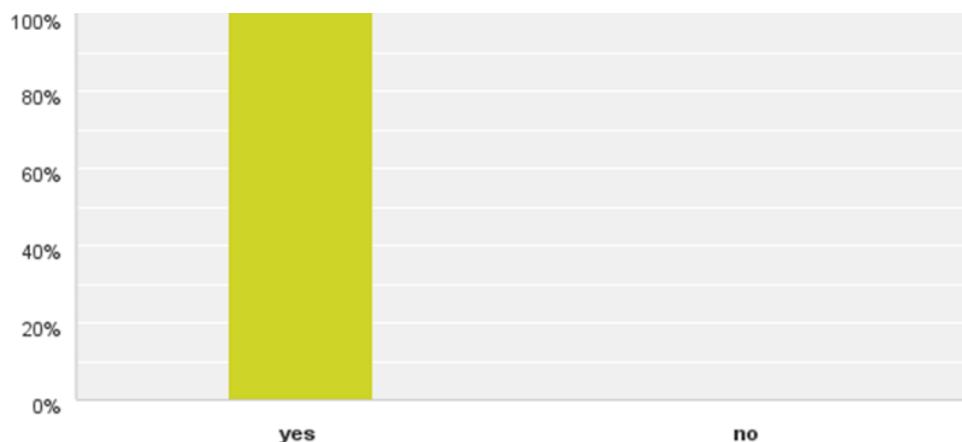
Figure 8: Do you give your consent to continue with this survey (n-35)

Table 2: Do you give your consent to continue with this survey (n-35)

Do you give your consent to continue with this survey?		
Answer Options	Response Percent	Response Count
yes	100.0%	35
no	0.0%	0
answered question		35
skipped question		0

The question of consent was included as the first question to ascertain how many respondents were willing to fill in the survey. The respondents would not have been able to continue with the survey if they did not respond yes.

Of the 35 that responded (100%) of n-35 agreed to continue with the survey. Refer to Fig. 8 and Table 2.

6.2.2 You are motivated to become a nurse
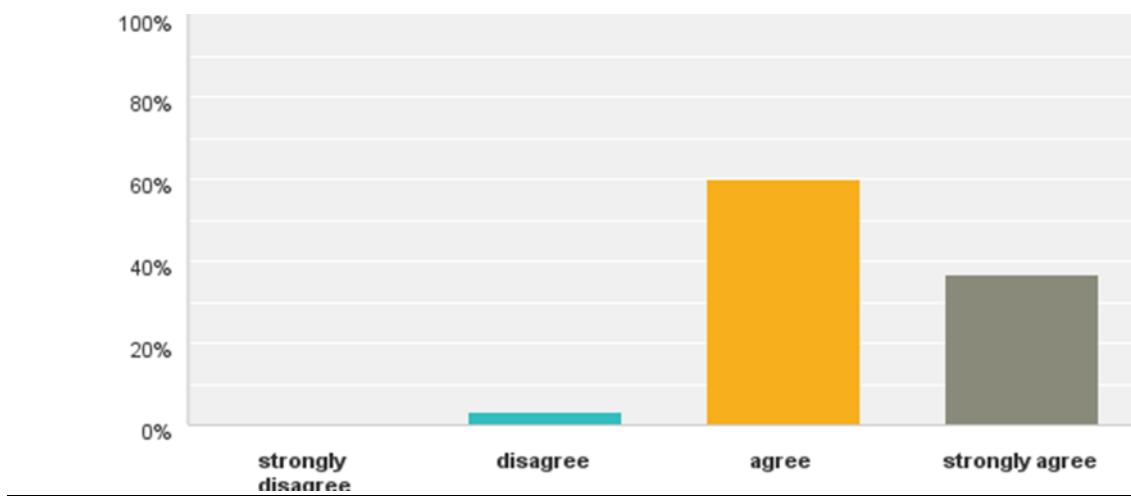
Figure 9: **You are motivated to become a nurse (n-35)**

Table 3: **You are motivated to become a nurse (n-35)**

You are motivated to become a nurse		
Answer Options	Response Percent	Response Count
strongly disagree	0.0%	0
disagree	3.3%	1
agree	60.0%	18
strongly agree	36.7%	11
answered question		30
skipped question		5

The majority of the respondents agreed with the statement "You are motivated to become a nurse", with a response rate of 29 (96.7%) of n=35 who agree/strongly agree with this statement and 1 (3.3%) who disagreed with this statement. Five out of the 35 respondents (14.3%) did not answer this question.

The respondents thus supported the view that they are motivated to become a nurse.

6.2.3 You think nurses are caring and understanding
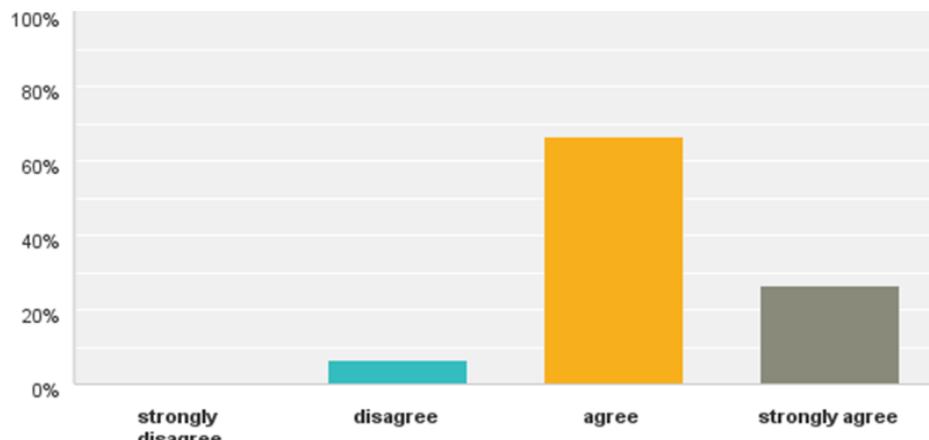
Figure 10:   You think nurses are caring and understanding (n-35)

Table 4:   You think nurses are caring and understanding (n-35)

You think nurses are caring and understanding		
Answer Options	Response Percent	Response Count
strongly disagree	0.0%	0
disagree	6.7%	2
agree	66.7%	20
strongly agree	26.7%	8
answered question		**30**
skipped question		**5**

The majority of the respondents agreed with the statement "You think nurses are caring and understanding," with a response rate of 28 (93. 4%) of n=35 who agree/strongly agree with this statement and 2 (6.7%) who disagreed. Five out of the 35 respondents (14.3%) did not answer this question.

The respondents thus supported the view that nurses are caring and understanding.

6.2.4 Nurses treat their work as a profession in its own right, not secondary to a doctor's.
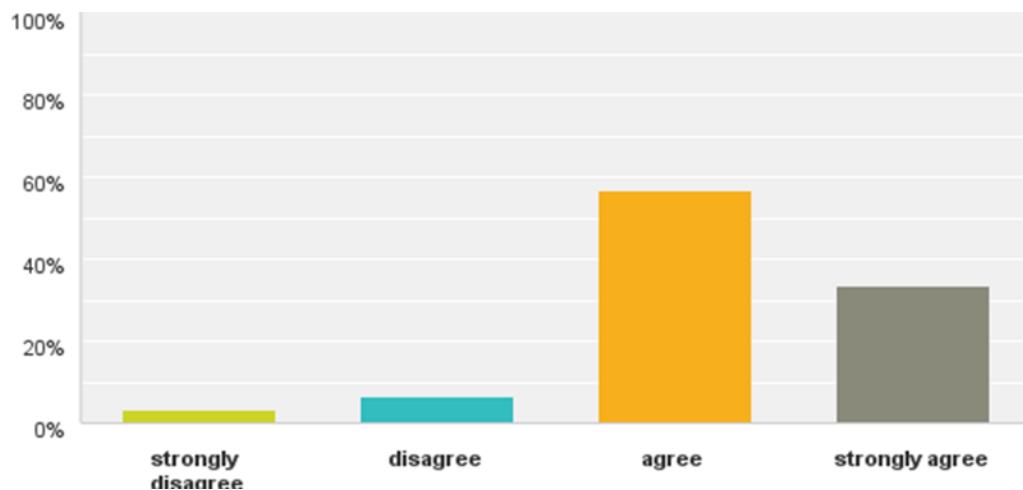
Figure 11:   Nurses treat their work as a profession in its own right, not secondary to a doctor's. (n-35)

Table 5:   Nurses treat their work as a profession in its own right, not secondary to a doctor's. (n-35)

Nurses treat their work as a profession in its own right, not secondary to a doctor's.		
Answer Options	**Response Percent**	**Response Count**
strongly disagree	3.3%	1
disagree	6.7%	2
agree	56.7%	17
strongly agree	33.3%	10
answered question		30
skipped question		5

The majority of the respondents agreed with the statement "Nurses treat their work as a profession in its own right, not secondary to a doctor's," with a response rate of 27 (90%) of n=35 who agree/strongly agree with this statement and 3 (10%) who disagreed/strongly disagreed. Five out of the 35 respondents (14.3) did not answer this question.

The respondents thus supported the view that nurses treat their work as a profession in its own right, not secondary to a doctor's.

6.2.5 Nurses are equally concerned with patient's emotional and physical needs
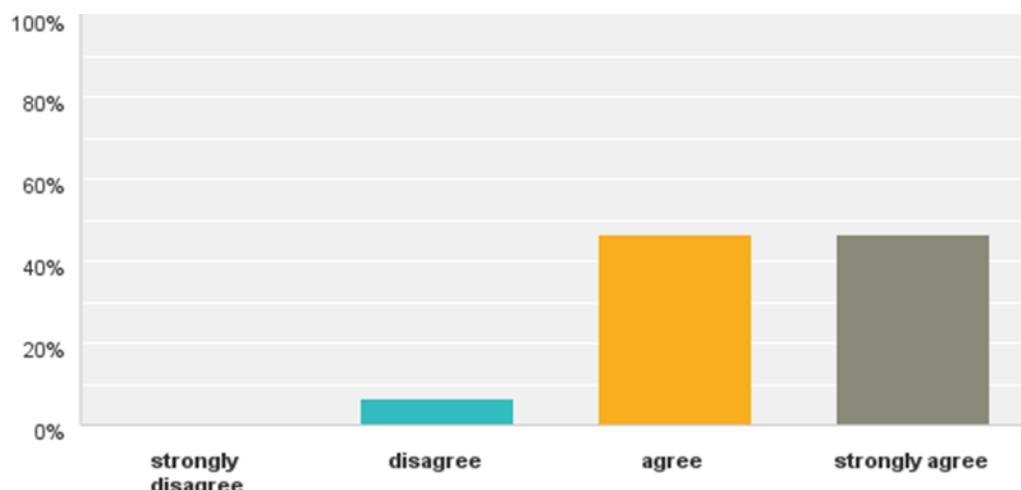
Figure 12: **Nurses are equally concerned with patient's emotional and physical needs. (n-35)**

Table 6: **Nurses are equally concerned with patient's emotional and physical needs. (n-35)**

Nurses are equally concerned with patient's emotional and physical needs		
Answer Options	Response Percent	Response Count
strongly disagree	0.0%	0
disagree	6.7%	2
agree	46.7%	14
strongly agree	46.7%	14
answered question		30
skipped question		5

The majority of the respondents agreed with the statement "Nurses are equally concerned with patient's emotional and physical needs," with a response rate of 28 (93.4%) of n=35 who agree/strongly agree with this statement and 2 (6.7%) who disagreed. Five out of the 35 respondents (14.3%) did not answer this question.

The respondents thus supported the view that nurses are equally concerned with patient's emotional and physical needs.

6.2.6 Nurses are well educated
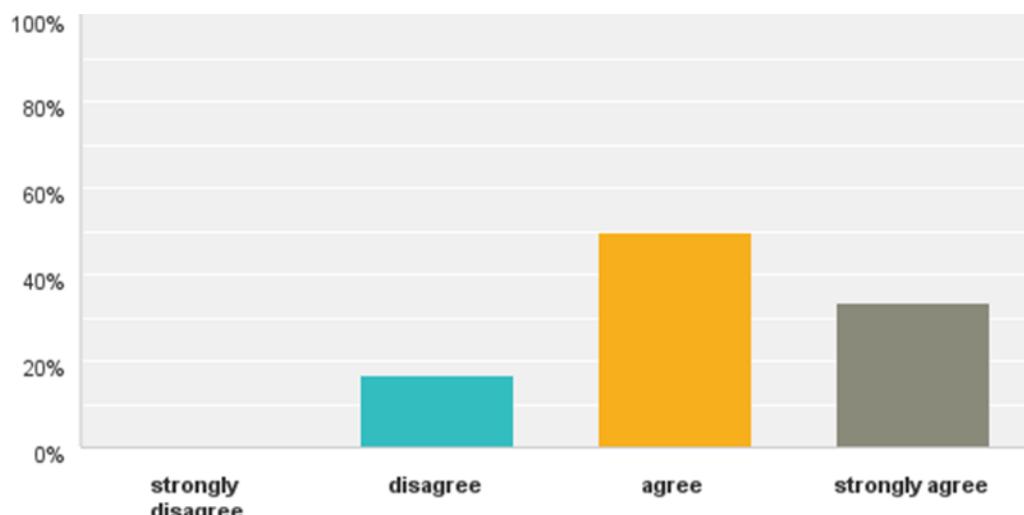
Figure 13:   Nurses are well educated. (n-35)

Table 7:   Nurses are well educated. (n-35)

Nurses are well educated		
Answer Options	Response Percent	Response Count
strongly disagree	0.0%	0
disagree	16.7%	5
agree	50.0%	15
strongly agree	33.3%	10
answered question		30
skipped question		5

The majority of the respondents agreed with the statement "Nurses are well educated," with a response rate of 25 (83.3%) of n=35 who agree/strongly agree with this statement and 5 (16.7%) who disagree. Five out of the 35 respondents (14.3%) did not answer this question.

The respondents thus supported the view that nurses are well educated, although an increased percentage compared to some of the questions disagreed.

6.2.7 The nursing training you receive is adequate
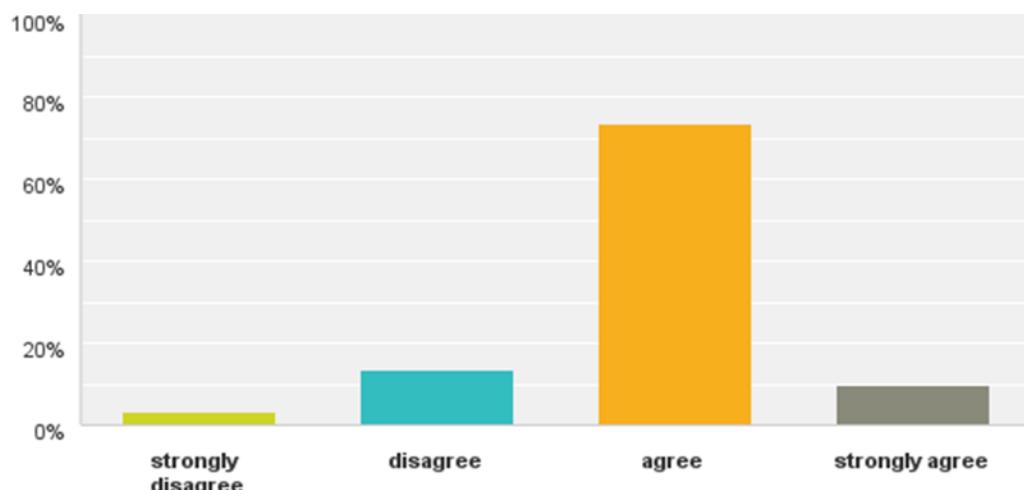
Figure 14: The nursing training you receive is adequate (n-35)

Table 8: The nursing training you receive is adequate (n-35)

The nursing training you receive is adequate		
Answer Options	Response Percent	Response Count
strongly disagree	3.3%	1
disagree	13.3%	4
agree	73.3%	22
strongly agree	10.0%	3
answered question		30
skipped question		5

The majority of the respondents agreed with the statement "The nursing training you receive is adequate," with a response rate of 25 (83.3%) of n=35 who agree/strongly agree with this statement and 5 (16.6%) who disagreed/strongly disagreed. Five out of the 35 respondents (14.3%) did not answer this question.

The respondents thus supported the view that the nursing training they receive is adequate, although a markedly increased percentage disagreed.

- 76 -

6.2.8 You are taught about professionalism in the nursing profession
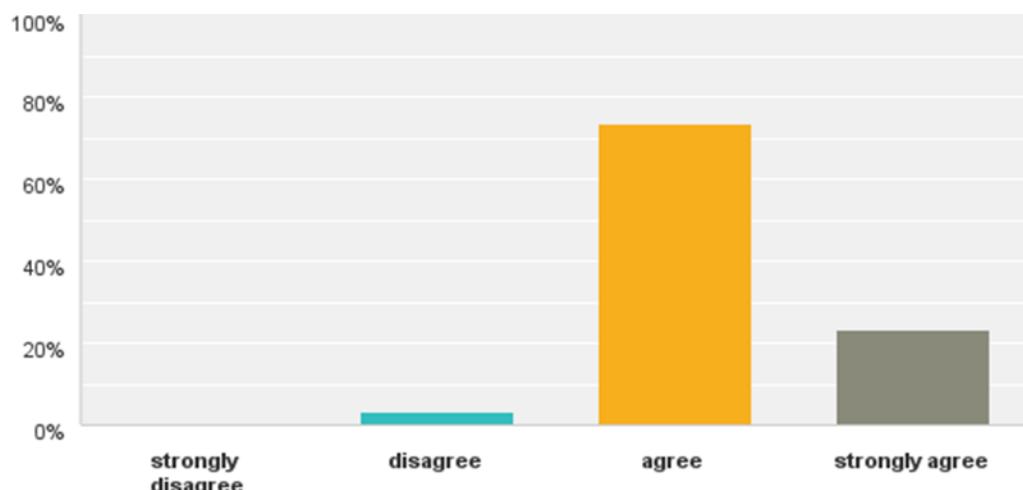
Figure 15: You are taught about professionalism in the nursing profession (n-35)

Table 9: You are taught about professionalism in the nursing profession (n-35)

You are taught about professionalism in the nursing profession		
Answer Options	Response Percent	Response Count
strongly disagree	0.0%	0
disagree	3.3%	1
agree	73.3%	22
strongly agree	23.3%	7
answered question		**30**
skipped question		**5**

The majority of the respondents agreed with the statement "You are taught about professionalism in the nursing profession," with a response rate of 29 (96.6%) of n=35 who agree/strongly agree with this statement and 1 (3.3%) who disagreed. Five out of the 35 respondents (14.3%) did not answer this question.

The respondents thus supported the view that they are taught about professionalism in the nursing profession.

6.2.9 Nurses have a lot of social status attached to their jobs
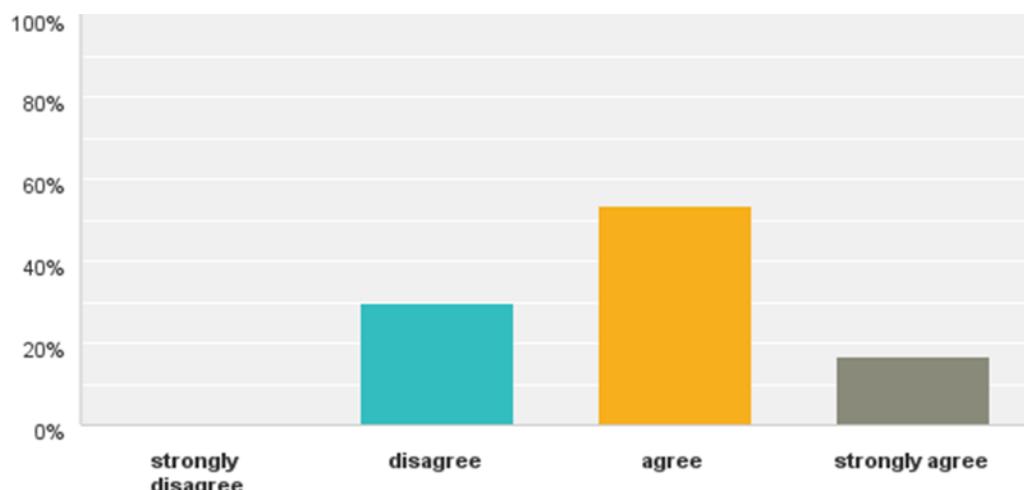
Figure 16: Nurses have a lot of social status attached to their jobs (n-35)

Table 10: Nurses have a lot of social status attached to their jobs (n-35)

Nurses have a lot of social status attached to their jobs		
Answer Options	Response Percent	Response Count
strongly disagree	0.0%	0
disagree	30.0%	9
agree	53.3%	16
strongly agree	16.7%	5
answered question		30
skipped question		5

The majority of the respondents agreed with the statement "Nurses have a lot of social status attached to their jobs," with a response rate of 21 (70%) of n=35 who agree/strongly agree with this statement and 9 (30.0%) who disagreed. Five out of the 35 respondents (14.3%) did not answer this question.

The respondents thus supported the view that nurses have a lot of social status attached to their jobs, although a noticeably increased percentage disagreed.

6.2.10 Nurses earn a good salary
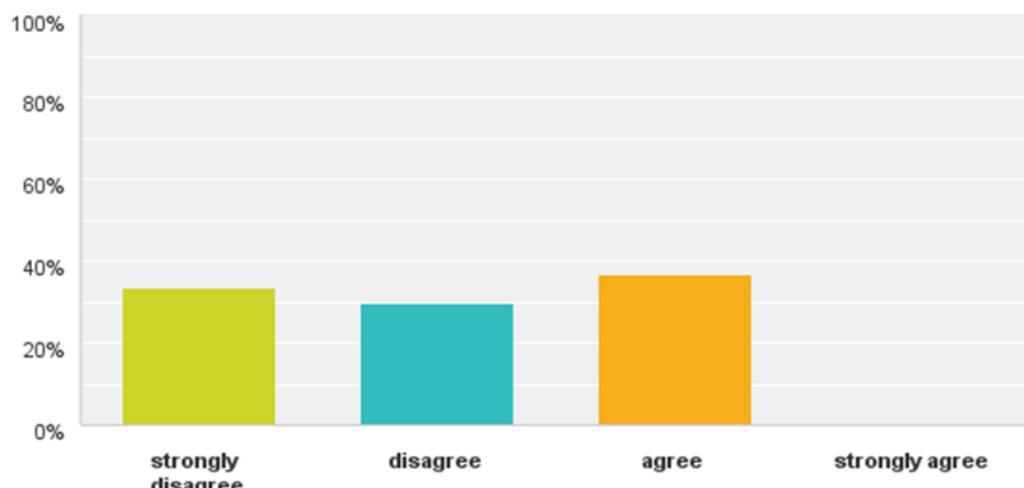
Figure 17: Nurses earn a good salary (n-35)

Table 11: Nurses earn a good salary (n-35)

Nurses earn a good salary		
Answer Options	Response Percent	Response Count
strongly disagree	33.3%	10
disagree	30.0%	9
agree	36.7%	11
strongly agree	0.0%	0
answered question		**30**
skipped question		**5**

The majority of the respondents disagree/strongly disagree with the statement "Nurses earn a good salary," with a response rate of 19 (63.3%) of n=35 and 11 (36.7%) who agree. Five out of the 35 respondents (14.3%) did not answer this question.

The respondents thus did not support the view that nurses earn a good salary, although a noticeably increased percentage agreed.

6.2.11 Nurses are better in doing their job if they are women
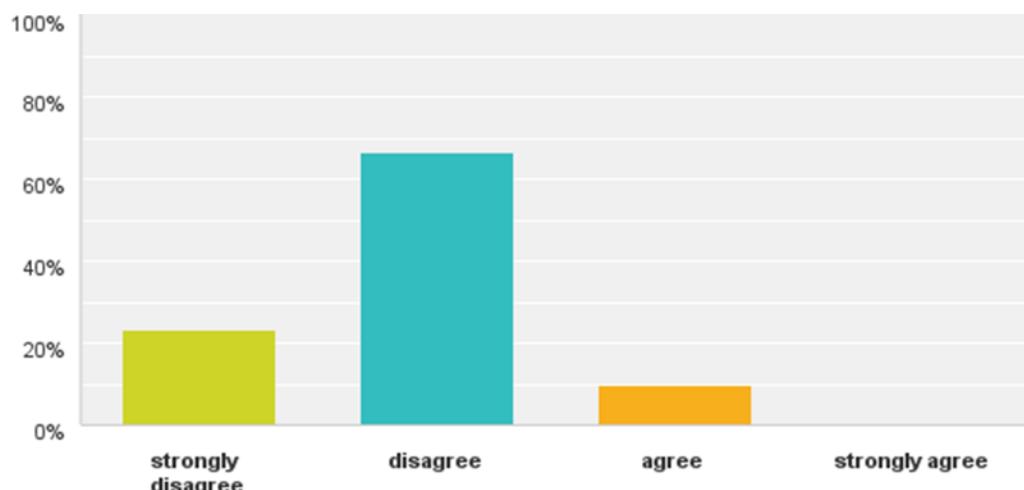
Figure 18:   Nurses are better in doing their job if they are women (n-35)

Table 12:   Nurses are better in doing their job if they are women (n-35)

Nurses are better in doing their job if they are women		
Answer Options	Response Percent	Response Count
strongly disagree	23.3%	7
disagree	66.7%	20
agree	10.0%	3
strongly agree	0.0%	0
answered question		30
skipped question		5

The majority of the respondents disagree/strongly disagree with the statement "Nurses are better in doing their job if they are women", with a response rate of 27 (90%) of n=35 and 3 (10%) who agree. Five out of the 35 respondents (14.3%) did not answer this question.

The respondents thus did not support the view that women are more competent nurses than men.

6.2.12 Nurses are very authoritarian
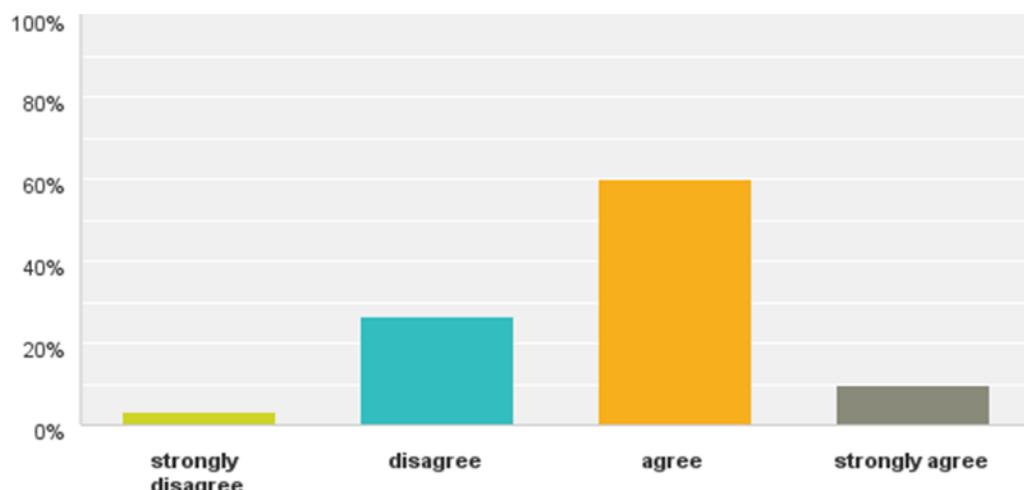
Figure 19: Nurses are very authoritarian (n-35)

Table 13: Nurses are very authoritarian (n-35)

Nurses are very authoritarian		
Answer Options	Response Percent	Response Count
strongly disagree	3.3%	1
disagree	26.7%	8
agree	60.0%	18
strongly agree	10.0%	3
answered question		**30**
skipped question		**5**

The majority of the respondents agreed with the statement "Nurses are very authoritarian," with a response rate of 21 (70%) of n=35 who agree/strongly agree with this statement and 9 (30.0%) who disagreed. Five out of the 35 respondents (14.3%) did not answer this question.

The respondents thus supported the view that they think nurses are very authoritarian, although a noticeably increased percentage disagreed.

6.2.13 Nurses are well respected in the community
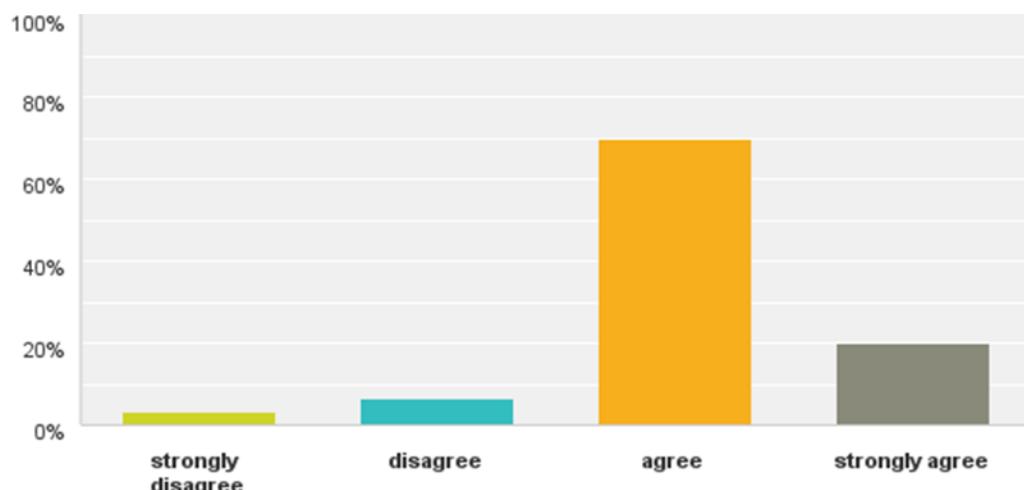
Figure 20: Nurses are well respected in the community (n-35)

Table 14: Nurses are well respected in the community (n-35)

Nurses are well respected in the community		
Answer Options	Response Percent	Response Count
strongly disagree	3.3%	1
disagree	6.7%	2
agree	70.0%	21
strongly agree	20.0%	6
answered question		**30**
skipped question		**5**

The majority of the respondents agreed with the statement "Nurses are well respected in the community," with a response rate of 27 (90%) of n=35 who agree/strongly agree with this statement and 3 (10%) who disagreed with this statement. Five out of the 35 respondents (14.3%) did not answer this question.

The respondents thus supported the view that nurses are well respected in the community; a small percentage disagreed.

6.3.14 Nurses know what the patients perceptions of nursing are
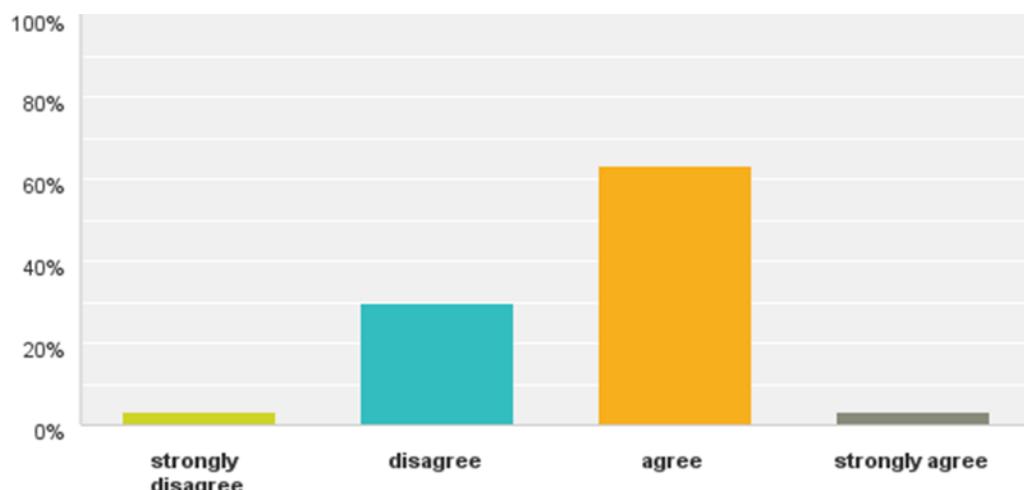
Figure 21: Nurses know what the patients perception of nursing are (n-35)

Table 15: Nurses know what the patients perception of nursing are (n-35)

Nurses know what the patients perceptions of Nursing are		
Answer Options	Response Percent	Response Count
strongly disagree	3.3%	1
disagree	30.0%	9
agree	63.3%	19
strongly agree	3.3%	1
answered question		**30**
skipped question		**5**

The majority of the respondents agreed with the statement "Nurses know what patients' perception of nursing are," with a response rate of 20 (66.6%) of n=35 who agree/strongly agree with this statement and 10 (33.3%) who disagreed. Five out of the 35 respondents (14.3%) did not answer this question.

The respondents thus supported the view that nurses know what patients' perception of nursing is; an increased percentage disagreed.

6.2.15 Nurses are not doing anything to change the negative perception of nursing as a profession
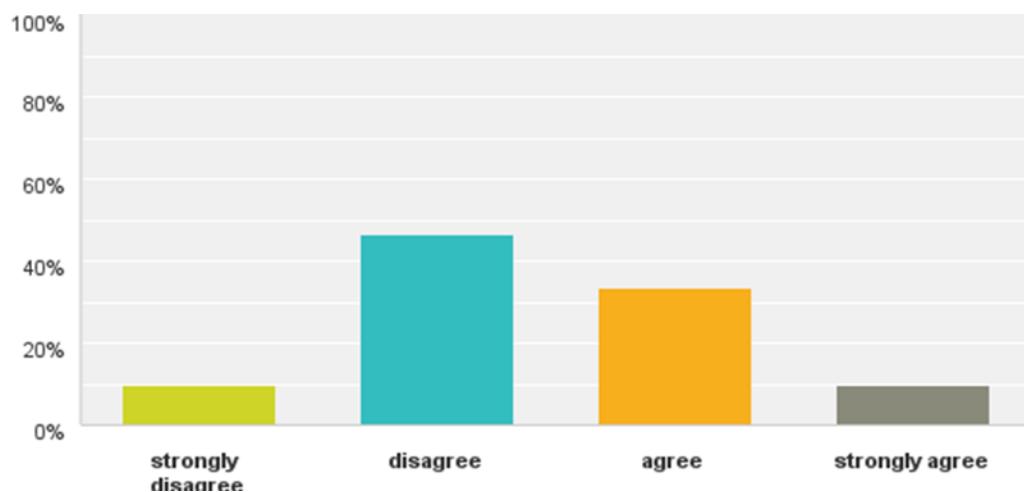
Figure 22: **Nurses are not doing anything to change the negative perception of nursing as a profession (n-35)**

Table 16: **Nurses are not doing anything to change the negative perception of nursing as a profession (n-35)**

Nurses are not doing anything to change the negative perception of nursing as a profession		
Answer Options	Response Percent	Response Count
strongly disagree	10.0%	3
disagree	46.7%	14
agree	33.3%	10
strongly agree	10.0%	3
answered question		30
skipped question		5

The majority of the respondents disagree/strongly disagree with the statement "Nurses are not doing anything to change the negative perception of nursing as a profession," with a response rate of 17 (56.7%) of n=35 and 13 (44.3%) who agree. Five out of the 35 respondents (14.3%) did not answer this question.

The respondents thus did not support the view that nurses are not doing anything to change the negative perception of the profession, although the margin between agree/disagree is strikingly narrow.

6.2.16 Nurses waste a lot of time being busy doing nothing
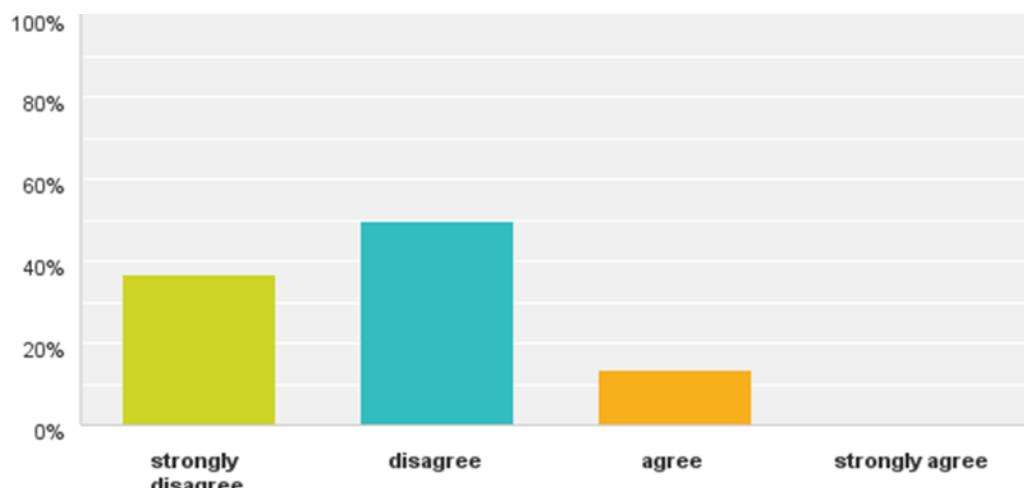
Figure 23:   Nurses waste a lot of time being busy doing nothing (n-35)

Table 17:   Nurses waste a lot of time being busy doing nothing (n-35)

Nurses waste a lot of time being busy doing nothing		
Answer Options	Response Percent	Response Count
strongly disagree	36.7%	11
disagree	50.0%	15
agree	13.3%	4
strongly agree	0.0%	0
answered question		30
skipped question		5

The majority of the respondents disagree/strongly disagree with the statement "Nurses waste a lot of time busy doing nothing," with a response rate of 26 (86.7%) of n=35 and 4 (13.3%) who agree with this statement. Five out of the 35 respondents (14.3%) did not answer this question.

The respondents thus did not support the view that nurses waste a lot of time doing nothing.

6.2.17 Nurses are more concerned with their social life than their work
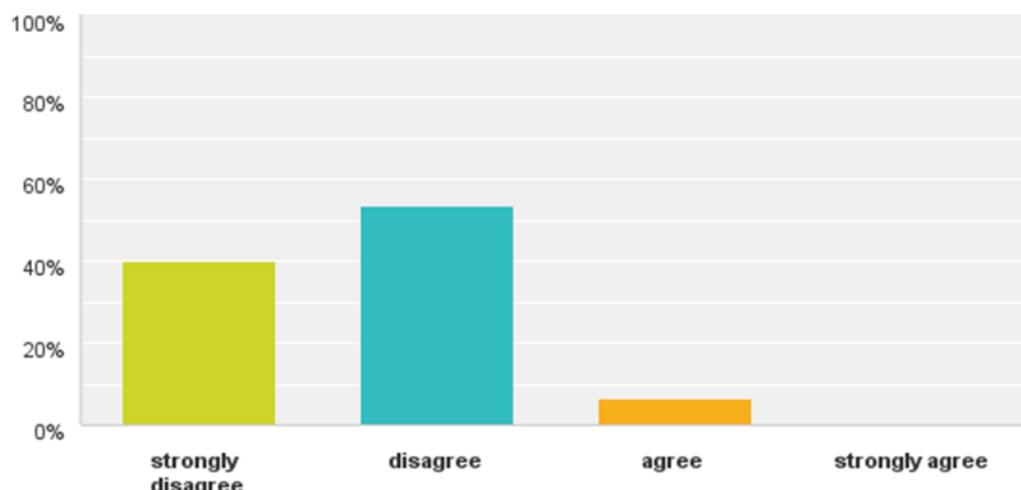
Figure 24: Nurses are more concerned with their social life than their work (n-35)

Table 18: Nurses are more concerned with their social life than their work (n-35)

Nurses are more concerned with their social life than their work		
Answer Options	Response Percent	Response Count
strongly disagree	40.0%	12
disagree	53.3%	16
agree	6.7%	2
strongly agree	0.0%	0
answered question		30
skipped question		5

The majority of the respondents disagree/strongly disagree with the statement "Nurses are more concerned with their social life than their work," with a response rate of 28 (93.3%) of n=35 and 2 (6.7%) who agree. Five out of the 35 respondents (14.3%) did not answer this question.

The respondents thus did not support the view that nurses are more concerned with their social life than their work.

6.2.18 Nurses and nursing are central to caring
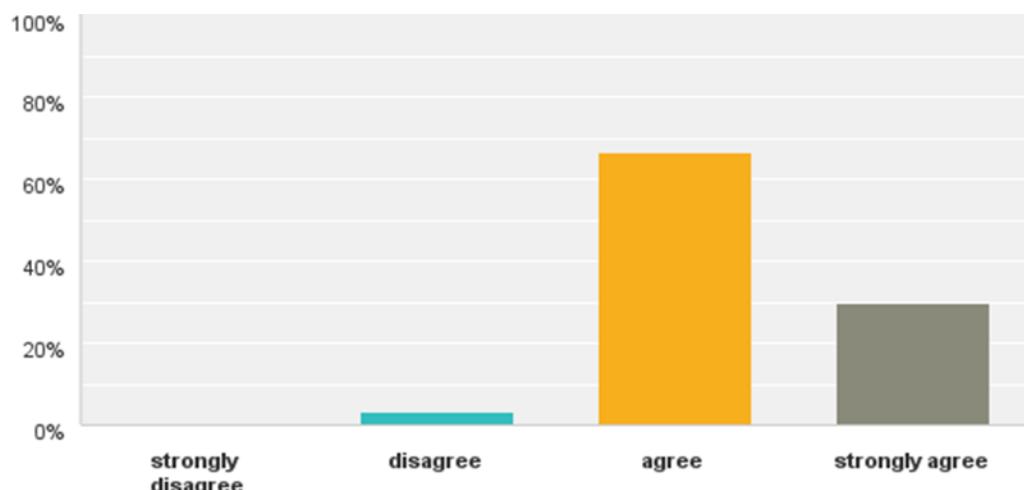
Figure 25: Nurses and nursing are central to caring (n-35)

Table 19: Nurses and nursing are central to caring (n-35)

Nurses and nursing are central to caring		
Answer Options	**Response Percent**	**Response Count**
strongly disagree	0.0%	0
disagree	3.3%	1
agree	66.7%	20
strongly agree	30.0%	9
answered question		30
skipped question		5

The majority of the respondents agree with the statement "Nurses and nursing are central to caring," with a response rate of 29 (96.7%) of n=35 who agree/strongly agree with this statement and 1 (3.3%) who disagreed. Five out of the 35 respondents (14.3%) did not answer this question.

The respondents thus supported the view that nurses and nursing are central to caring.

6.2.19 Nursing is a calling, not a job
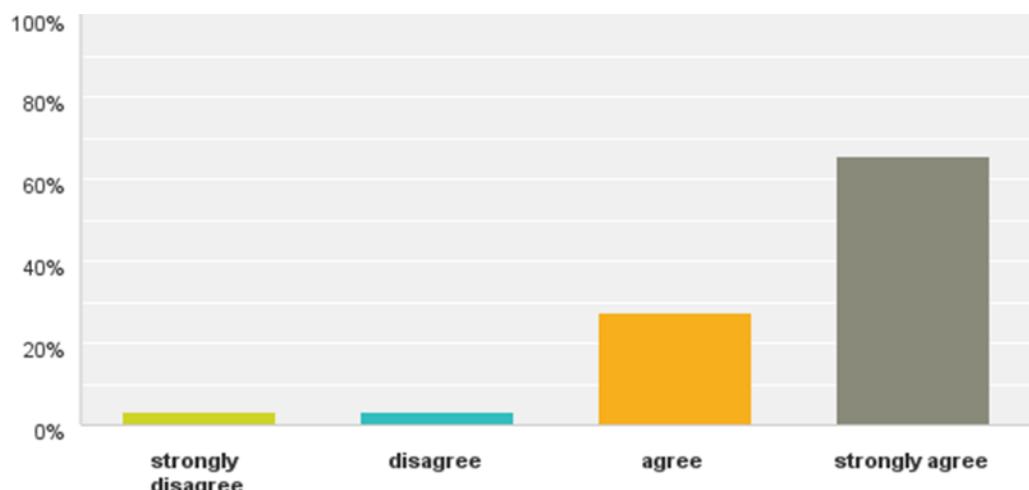
Figure 26: Nursing is a calling, not a job (n-35)

Table 20: Nursing is a calling, not a job (n-35)

Nursing is a calling, not a job		
Answer Options	**Response Percent**	**Response Count**
strongly disagree	3.4%	1
disagree	3.4%	1
agree	27.6%	8
strongly agree	65.5%	19
answered question		29
skipped question		6

The majority of the respondents agree with the statement "Nursing is a calling, not a job," with a response rate of 27 (93.1%) of n=35 who agree/strongly agree with this statement and 2 (6.8%) who disagreed. Six out of the 35 respondents (17.14%) did not answer this question.

The respondents thus supported the view that nursing is a calling, not a job.

6.2.20 Nurses love their profession
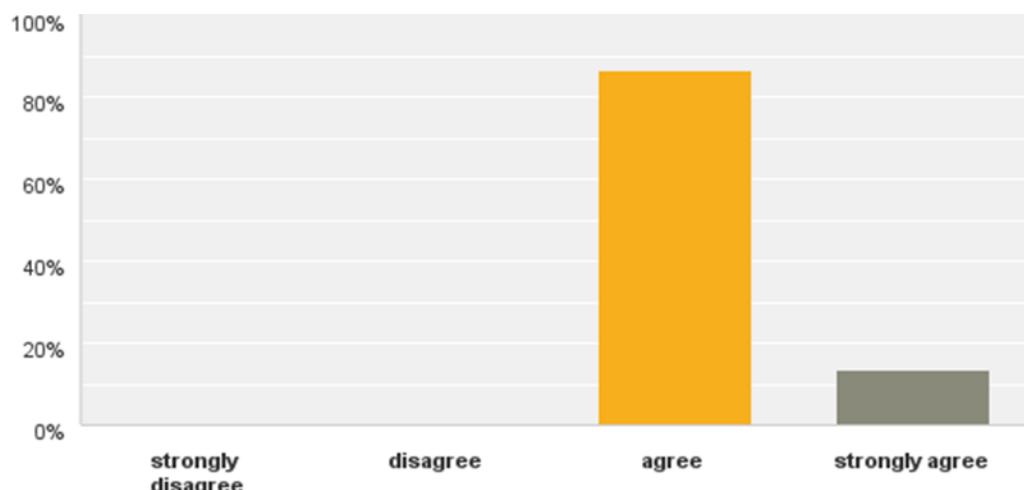
Figure 27: Nurses love their profession (n-35)

Table 21: Nurses love their profession (n-35)

Nurses love their profession		
Answer Options	**Response Percent**	**Response Count**
strongly disagree	0.0%	0
disagree	0.0%	0
agree	86.7%	26
strongly agree	13.3%	4
answered question		**30**
skipped question		**5**

The majority of the respondents agree with the statement "Nurses love their profession," with a response rate of 30 (100%) of n=35 who agree/strongly agree. Five out of the 35 respondents (14.3%) did not answer this question.

The respondents thus supported the view that nurses love their profession.

6.2.21 Why did you decide to study nursing?

Table 22:   Why did you decide to study nursing? (n-35)

Why did you decide to study nursing?	
Answer Options	**Response Count**
	29
answered question	29
skipped question	6

Table 23:   Why did you decide to study nursing? (n-35)

Number	Response Text
1	Because of the love I have for caring people and improve their health condition
2	Like working with people
3	Because I want to make change in SA
4	I love doing what I also wanted to do make a difference in all aspects of people's lives which are caring and treat them.
5	When I was younger I wanted to work with people and help them and care for them and nursing is the best choice to do what I want.
6	I had the opportunity to go to Cuba to study medicine but I was denied so I choose to come and do nursing.
7	It was a dream and a passion
8	I wanted to do an occupation in the medical field since a young age.
9	wanted to help people in the community and I like taking care of people no matter their status in life
10	I want to care for and help people

11	I have a great passion for caring for those who are unwell. It pains me to see individuals who are sick, I am focussed on helping as best as I can.
12	Job security
13	Love serving people especially those in need of help
14	It was a calling
15	The main reason was to care for and help heal sick people. To inform the patients and the community of healthy life styles and how to prevent illness.
16	passion for medicine and care for patients
17	I always felt I had a calling to care for others
18	I love people and am caring and knew that this job would furfull me.
19	Passion
20	Worked during my school holidays at the hospital where my mother worked. During one night shift in casualty she and the doctor on call saved a man's life doing CPR and that convinced me that I want to save peoples lives.
21	Because of my passion to help the sick and its a steady job
22	to help people
23	I always wanted to become a nurse and serve the community.
24	Applied for a bursary through DCS. Nursing came up first.
25	Nursing and teaching was the only options really available to coloured women back then. wanted to enter a caring profession

26	could obtain a Degree and pursue further studies could become a Master in my clinical field
27	To help others.
28	I like people and I could get a bursary
29	For the love of the profession.

29 respondents out of 35 (82.85%) completed this question.

Table 23.1: **Keywords: Why did you decide to study nursing? (n-35)**

Answers	Respondents	Percentage	Keywords
1, 2, 3, 4, 5, 9, 10, 11, 13, 15, 16, 18, 19, 20, 22, 23, 27, 29:	18	62.06	Caring, People, Improve, Make a difference, Passion
14, 17:	2	6.89	Nursing is a calling
7	1	3.44	Dream job
6,8	2	6.89	Different profession
12, 21, 25	3	10.34	Job security
24, 26, 28	3	10.34	Bursary

The majority of the respondents answered the question "Why did you decide to study nursing?" with a response rate of 21 (72.39%) of n=35, whose opinion is that they decided to study nursing because they consider the profession to be about people, making a difference, a calling and a dream job, 6 (20.68%) decided to study nursing for job security and because of a bursary, and 2 (6.89%) wanted a different profession.

Six out of the 35 respondents (17.14%) did not answer this question. The respondents predominantly saw nursing as a caring profession, but other responses included job security and a bursary or not the chosen profession at all.

6.2.22 Is nursing your career of choice, or would you have liked to have studied something else?

Table 24: Is nursing your career of choice, or would you have liked to have studied something else? (n-35)

Is nursing your career of choice, or would you have liked to have studied something else?	
Answer Options	Response Count
	29
answered question	29
skipped question	6

Table 24.1: Is nursing your career of choice, or would you have liked to have studied something else? (n-35)

Number	Response Text
1	I cannot change nursing for anything (First Choice career)
2	Career of choice
3	Yes
4	Career of choice
5	Nursing is my career I love what I'm doing and no I don't want to study something else.
6	no nursing was not but because I can study further in nursing I accepted it
7	absolutely yes
8	Nursing was my second choice. I wanted to become doctor.
9	yes it is my career of choice
10	It is my career of choice
11	I would have liked to have studied Radiology.
12	No
13	Career of choice
14	Yes. No I would not.
15	No, I would have loved to become a clinical psychologist.
16	rather have studied something else
17	Its my choice of career

18	Career of choice
19	No
20	Nursing is my first choice. I would like to do education too.
21	Its my career of choice
22	yes
23	Yes
24	In hindsight ,yes.
25	It is my career of choice although I would have wanted to be a teacher also.
26	Nursing is my choice
27	Career of choice.
28	I like nursing, but would have liked to do something more specialised
29	yes

29 respondents out of 35 (82.85%) completed this question.

Table 24.2: Keyword: Is nursing your career of choice, or would you have liked to have studied something else? (n-35)

Answers	Respondents	Percentage	Keywords
1,2,3,4,5,7,9,10,13,14,17,18,20,21,22,23,24,25,26,27,29	21	72.41%	Career of Choice
6,8,11,12,15,16,19,,28	8	27.58%	Other

The majority of the respondents answered the question "Is nursing your career of choice, or would you have liked to have studied something else"" with a response rate of 21 (72.41%) of n=35, whose opinion is that nursing is their career of choice, and 8 (27.58%) would have preferred another profession, like radiology, medical doctor, clinical psychology, and others do not provide an alternative career.

Six out of the 35 respondents (17.14%) did not answer this question.

6.2.23 What do you recommend can nurses do to improve the negative perceptions of nursing?

Table 25: What do you recommend can nurses do to improve the negative perceptions of nursing? (n-35)

What do you recommend can nurses do to improve the negative perceptions of nursing?	
Answer Options	Response Count
	29
answered question	29
skipped question	6

Table 25.1: What do you recommend can nurses do to improve the negative perceptions of nursing? (N-35)

Number	Response Text
1	By doing more of caring and helping people than anything else
2	Be more compassionate
3	Communication very important
4	try to do their utmost best and give their 100 percent commitment to their jobs and profession
5	They can treat everyone with respect and dignity.
6	People have a negative attitude towards nurses because the treatment they sometimes get from nurses. So solution would be for nurses to act in a manner in which we are learnt in nursing school.
7	we can be role models to our peers
8	Maintaining a high level of professionalism and treat all their patients with dignity and respect.
9	Stop being rude to people/patients.
10	Do your best in your work to prove the contrary
11	I think it would be beneficial if nurses communicated respectfully, promptly and openly with patients. Many a time a perception is formed when there is a lack of communication. One should also remember that actions speak louder than words. Doing something has more of an impact on negative perception than saying you will

	do it. Therefore going the extra mile should form part of being a nurse.
12	Start to embrace the values of being a nurse and don't treat it as just another pay cheque
13	Communicate with their patients more frequently especially their progress
14	Be more compassionate as well as passionate about what they do. Treat patients with respect.
15	Is to be true to their Oath. Do the best and more for their patients. Show more empathy. Treat nursing as a calling and not a profession.
16	nothing, the community and government must realize the work nurses do
17	Change start with each individual. I haven't come across a lot of negative perceptions t
18	Be dedicated and caring
19	Show more care and affection
20	Be professional at all times. Put the needs of patients first, then their needs.
21	Change of attitude (especially in government institutions)
22	love themselves
23	They should be caring and mindful of peoples/patients feelings. They should not offend but rather offer assistance at all times.
24	Professionalism, nurse ethics and respect for seniors. Wear uniform and insignia with pride.
25	The high burden of patients gives nurses too little time and with all the red tape and top management nurses feel at the bottom of the food chain but yet they are the ones who have to deal with rude and drunk and violent patients. Nurses have become hard, we need time to refocus and try to speak kinder. The younger nurses are much lazier, their training needs to be tough like when we were at college. To change the perception means each nurse must change herself and her behaviour.

26	Be sure that you are a role model and reprimand those who is stepping out of line Improve instructing in Professional practice and ethics
27	Communicate more with the patient and their family.
28	Be more friendly and take more time with patients
29	Be more proactive.

Table 25.2: Keywords: What do you recommend can nurses do to improve the negative perceptions of nursing? (n-35).

Answers	Respondents	Percentage	Keywords
1, 2, 5,8, 14, 18, 19, 20, 23, 24, 25, 28,	12	41.37%	Caring and helping people, compassion, respect and dignity, professional manner
3,11, 13,27	4	13.79%	Communication
4, 29	2	6.89%	Do their best, commitment, pro-active
6, 7, 21,26	4	13.79%	Negative attitude, act in a manner taught, role models (change of attitude)
9, 10, 17,	3	10.34%	Stop being rude to patients, act in a manner that shows contrary
12, 15,	2	6.89%	Don't treat your job as another pay check

| 16, 22, | 2 | 6.89% | Nothing, love themselves |

The majority of the respondents answered the question "What do you recommend can nurses do to improve the negative perceptions of nursing?" with a response rate of 29 (82.85%) of n=35, of which 12 (41.37%) recommended concepts like caring, helping people, compassion, respect and dignity and a professional manner. Four (13.79%) respondents respectively recommended communication and four (13.79%) change of attitude; three (10.34%) stated that nurses should not act in a manner that is contrary to what is believed and stop being rude to patients; two (6.89%) recommended that nurses not treat their jobs as a pay cheque and the final two (6.89%) stated that nurses shouldn't do anything or love themselves.

Six out of the 35 respondents (17.14%) did not answer this question. The respondents' answers were categorised mainly by the keywords that they used.

6.2.24 How old are you?
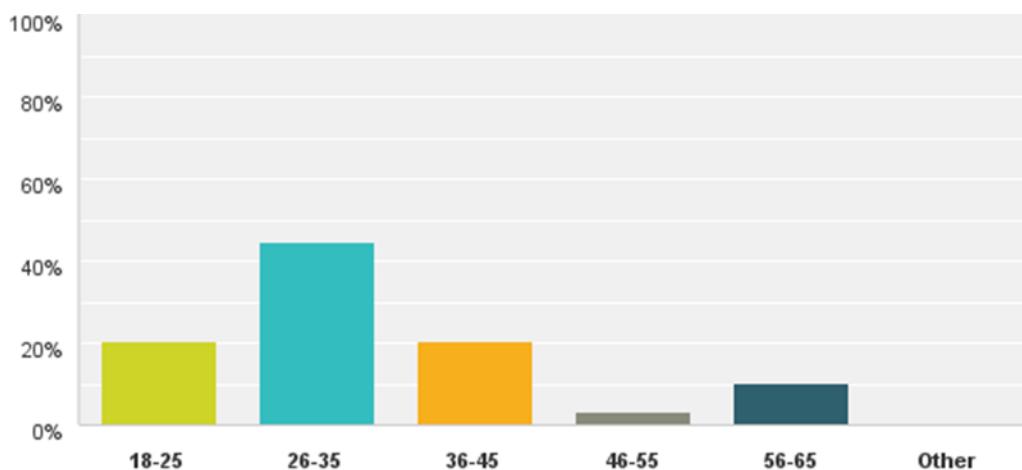
Figure 28: How old are you? (n-35)

Table 26: How old are you? (n-35)

How old are you?		
Answer Options	**Response Percent**	**Response Count**
18-25	20.7%	6
26-35	44.8%	13
36-45	20.7%	6
46-55	3.4%	1
56-65	10.3%	3
Other	0.0%	0
	answered question	29
	skipped question	6

The majority of the respondents 13 (44.8%) were between the ages of 26-35. Six (20.7%) respondents were between the ages of 18-25, and six (20.7) between the ages of 36-45, following three (10.3%) between the ages of 56-65 and one (3.4%) between the ages of 46-55. The majority of the respondents were between the ages of 18-45, with some older who could possibly have had a change of career and decided to study nursing later in life.

Six out of the 35 respondents (17.14%) did not answer this question.

6.2.25 Gender
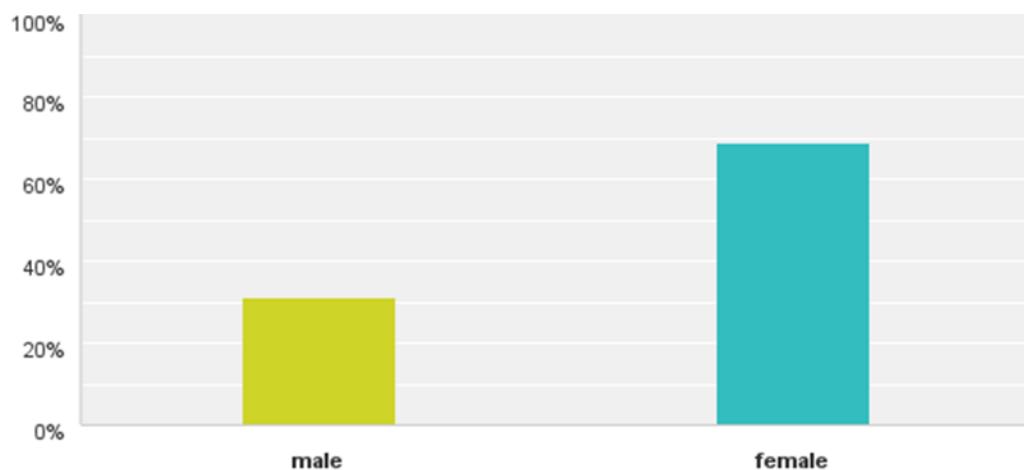
Figure 29:   Gender (n-35)

Table 27:   Gender (n-35)

Gender?		
Answer Options	Response Percent	Response Count
male	31.0%	9
female	69.0%	20
answered question		**29**
skipped question		**6**

The majority of the respondents were female 20 (69%) with 9 (31.0%) males. Six out of the 35 respondents (17.14%) did not answer this question.

6.2.26 Do you think that the nursing training that you receive is adequate?

Table 28:   Do you think that the nursing training that you receive is adequate? (n-35)

Do you think that the nursing training that you receive is adequate?	
Answer Options	**Response Count**
	29
answered question	29
skipped question	6

Table 28.1: Do you think that the nursing training that you receive is adequate? (n-35)

Number	Response Text
1	South African nurses are rated highly in the world which means South African nurses get the best training possible.
2	Yes
3	Yes
4	yes, could have studied longer but need money now for everyday livings
5	No not really.
6	sometimes
7	yes
8	Not always
9	yes
10	yes
11	Yes
12	Yes
13	Yes
14	Yes
15	Yes and no in a sense that due to service delivery needs, it is not always possible to go on training.
16	yes
17	Yes, however we ought to be thought more admin and managerial skills
18	Yes it is a continuous process

19	Yes
20	Yes I do.
21	Yes, i do
22	yes
23	Yes
24	Adequate in the sense that one has the baseline, yes. We lack a lot of practical skills.
25	Yes but the on-going training at work is not always what you need. Managers decide who will go on training and budget constraints mean you cannot do the courses you want to do.
26	yes
27	Yes, but supplementary training is available.
28	Yes, but there is not much on Conflict resolution
29	No

Table 28.2: Keywords: Do you think that the nursing training that you receive is adequate? (n-35)

Answers	Respondents	Percentage	Keywords
2,3,4,7,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,25,26,27,28,	23	79.3%	Yes
5,29	2	6.89%	No
1,6,8,24	4	13.79%	Other

The majority of the respondents answered the question "Do you think that the nursing training that you receive is adequate?" with a response rate of 29 (82.85%) of n=35, of which 23 (79.3%) stated that the training was adequate. Four (13.79%) respondents used words like "sometimes" or "inadequate" and two (6.89%) said that their training was not adequate.

Six out of the 35 respondents (17.14%) did not answer this question. The respondent's answers were categorised by the keywords they used.

6.2.27 Do they teach you about professionalism within the working environment?

Table 29: Do they teach you about professionalism within the working environment? (n-35)

Do they teach you about professionalism within the working environment?	
Answer Options	Response Count
	29
answered question	29
skipped question	6

Table 29.1: Do they teach you about professionalism within the working environment? (n-35)

Number	Response Text
1	Yes
2	Yes
3	Yes
4	yes absolutely
5	Yes
6	yes always
7	yes they do
8	Yes they do
9	yes
10	yes
11	Yes
12	Yes
13	Yes
14	Yes
15	Yes, it is done extensively.
16	yes
17	Its limited, but yes
18	Yes
19	Yes

20	Not as much as expected.
21	Yes
22	yes
23	Yes
24	Yes - nursing ethics training too little.
25	In the old days yes and matrons normally also teach this on the job.
26	yes
27	Yes
28	yes
29	Yes

The majority of the respondents answered the question "Do they teach you about professionalism within the working environment?" with a response rate of 29 (82.85%) of n=35, of which 28 (96.55%) stated that professionalism is taught within the working environment and one (3.44%) said that it was not.

Six out of the 35 respondents (17.14%) did not answer this question. The respondents' answers were categorised by either a "yes" or "no" answer.

Summary

The results of the responses were analysed and the findings depicted in the graphs and tables in this chapter. All the data from the survey was used. The next chapter will contain a discussion of the results and the recommendations of the study.

7 Summary of results and recommendations

7.1 Introduction

This final chapter is a discussion of the results, grouped together according to the various questions related to the reputation of the nursing profession, by means of the CRC application. The questions are categorised into the following themes: how nurses see themselves, education and training, patients' perception of nurses, age and gender, as well as motivation.

7.2 Summary, discussion, conclusion and recommendation of findings relating to items constituting the reputation of nursing

7.2.1 How nurses see themselves

Objective two of the study was to investigate student nurses' view of the nursing profession.

Caring is an essential part of the nursing profession, and is widely acknowledged as playing a vital part in patients' healthcare experience. According to Bucco (2015: 11), "the patient's perceptions of nurse caring behaviours has a significant impact on the patient/nurse relationship outcomes. Those patients that report a positive experience state a sense of emotional and spiritual wellbeing and it quickens their recovery period and sense of comfort and support. But those patients that do not have a good patient experience have feelings of 'anger, lack of control, despair, and helplessness' etc. These patients according to patient satisfaction literature are the best judge of nurses' caring behaviours."

According to Kazimiera Andersson, Willman, Sjöström-Strand, and Borglin (2015: 14), "the most comprehensive feature of the nurses' collective understanding of caring was their recognition and acknowledgment of the person behind the patient, i.e. person-centeredness. However, caring was described as being part of an intricate interplay in the care context, which has impacted on all the described conceptions of caring. Greater emphasis on the care context, i.e. the environment in which caring takes place, are warranted as this could mitigate the possibility that essential care is left unaddressed, thus contributing to better quality of care and safer patient care."

In light of the above, the findings of the study were encouraging, in relation to the caring aspect of nursing. The respondents largely agree with the statement that nurses are caring and understanding, which, together with a knowledge and skills base, lies at the heart of nursing. While that is encouraging, it is concerning to note those who do not agree with this sentiment, since these respondents are future nurses who will be dealing with patients every day. Caring needs to form part of their everyday interaction with patients. The same can be said for the statement that nurses are equally concerned with patients' emotional and physical needs, which ties in directly with the question of whether nurses are caring and understanding.

What is of particular significance in this study is that the generally positive experiences of the participants are in contrast to the negative portrayals of nurses in the media. Most of the respondents (93.4%) agreed that nurses are equally concerned with patients' emotional and physical needs. The remaining majority are cause for concern, since it appears they do not value patients' emotional needs.

Only a small percentage of participants disagreed with the above statements, which may be reflective of what the media and the public are saying about nursing.

It can thus be concluded that emphasis must still be placed on the caring aspect of nursing to ensure that one message is communicated and understood by all future nurses.

The statements below address the issues of nursing identity and branding and align with objective three, which was to investigate student nurses' view in relation to future recruitment and retention.

Nurses treat their work as a profession in its own right, not secondary to a doctor's; nurses are authoritarian. The fact that most students replied positively to these statements signals an opportunity to rebrand nursing.

Rebranding the profession would instil a sense of pride among nurses and go a long way in creating a strategy for recruitment and retention campaigns.

Robert Dingwall (2016: 22) has stated that nurses are "partners with and not ancillary to the medical members of the team. Nursing is a professional skill in its own right, requiring a specific professional preparation."

Defining the identity and brand of nursing also needs to reach down to school level, so that learners who are considering the profession gain a better understanding of the role of nursing as not just a job, but as a career in itself.

It is important to note that respondents were overwhelmingly positive, which once again contradicts what the literature says — that there is not yet a clear brand and identity where nursing is concerned.

7.2.2 Education and training

Objective four of the study was to make recommendations for role players in the recruitment, selection, training, retention and professional development of nurses in relation to the reputation management of the profession.

The participants largely agreed that their education and training at tertiary level as well as within the work environment is more than adequate to meet their professional needs. This result in itself is surprising since the majority of patients' complaints relate to nurses' lack of professionalism. The conclusion that can be drawn from this is, even though the student nurses think that the training specifically concerning nursing professionalism they receive is adequate, is not seen as adequate in the eyes of the patients that they are dealing with.

Here, once again, is a disconnect between the image that nurses have of their profession and the experiences of the stakeholders they serve.

Larson (2006: 51) has stated that "a professional image means more than personal appearance". She mentions effective communication skills and a professional attitude as playing a large role in nursing. Furthermore, Larson defines communication as being able to interact productively with patients. She does not, however, state what constitutes a professional attitude.

In keeping with objective four, it is recommended that the curriculum within the various institutions be revisited and that an actual subject be created that tests students' professionalism, so that it becomes second nature. Measuring students' professionalism will assist authorities greatly during the recruitment and retention process. It cannot be stressed enough how important this kind of assessment is for the profession, since it would eliminate many of the complaints stemming from patient/nurse interactions.

7.2.3 Nurses' view on the reputation of the profession

Objective two sought to investigate how student nurses view the reputation of the profession.

In the comments section of the survey, respondents were asked to recommend what nurses can do to improve the negative perceptions of nursing. Nearly 83% responded with the following keyword breakdown: 41.37% responded with concepts like caring, helping people, compassion, respect and dignity and professional manner; 13.79% stated that communication is important, while 13.79% mentioned a change of attitude; 10.34% stated nurses have to stop being rude to patients/act better; 6.89% mentioned not treating the job as a pay cheque; 6.89% said nurses shouldn't do anything, or should love themselves.

Alarmingly, a third of the respondents were unaware of clients' perception of their profession. It is worrying that so many are not aware of the impact of a negative reputation on their profession and how this relates to the interaction between stakeholders. These students will be, or have been working in a clinical setting during their practical hours, appear unaware of how their clients feel about their profession.

Coupled with this lack of awareness, an alarming percentage of respondents (almost 45%) agreed that nurses are not doing anything to change the perception of nursing, but they vehemently agree that nurses are not wasting their time at work, or that their personal life is more important than their work.

It seems that these respondents are oblivious to what is going on around them, where their patients' perception of their profession is concerned, and therefore they need to be made aware of this in order to understand and better treat the patient.

According to Bucco (2015: 11), "the patient's perceptions of nurse caring behaviours has a significant impact on the patient/nurse relationship outcomes. Those patients that report a positive experience state a sense of emotional and spiritual wellbeing and it quickens their recovery period and sense of comfort and support. But those patients that do not have a good patient experience have feelings of 'anger, lack of control, despair, and helplessness' etc. These patients according to patient satisfaction literature are the best judge of nurses' caring behaviours."

7.2.4 Age and gender

The majority of the respondents were between the ages of 18 and 45, with the bulk between 26 and 45, possibly suggesting that some students have had a change of career and decided to study later in life. Nearly 70% of respondents were female and 31% were male, which makes the males less than a third of the respondent population.

Objectives two and three of this study meant to investigate the students' view of nursing as well as future recruitment and retention.

Interestingly, despite the age and gender distribution of the research sample, 90% of the respondents disagreed that women are more competent nurses than men. These findings are in direct contrast to the generally held view that nursing is more suited to women.

According to Ozdemir, Akansel and Tunk (2008: 153), "research has failed to question gender differences between opinions of female and male nursing students on where men should be in the nursing career and what they will add to the nursing profession. Many female dominant positions, including nursing, have failed to attract male recruits. This can be attributed to in part of issues such as status and pay, but it is also as a result of the gender role stereotyping of the profession."

What can be concluded from the respondents' answers is that more males need to be recruited, since they seem to agree that men are doing the nursing profession proud. The recommendation is that a recruitment and retention marketing plan needs to actively seek out males at schools as part of a "catch them early" plan.

7.3 Summary of findings relating to motivation

7.3.1 Motivation

Objective one meant to investigate the motivation behind students entering the nursing profession.

Social status, respect in the community and love for the profession could be seen as high motivators for considering nursing as a career and is confirmed by the response rate. Even though 62.06% of the respondents stated that they chose the profession because of its caring nature, because it was about people, because they wanted to make a difference, and because they were passionate about the profession, only 6.89% considered nursing a calling and, alarmingly, only 3.44% saw nursing as a dream job. Out of these respondents, 6.89% would have chosen a different profession and 10.34% chose nursing for job security and 10.34% because a bursary was offered.

According to Brianna Flavin (2015), there seems to be no shortage of articles that encourage people to pursue a nursing career. She states that this content "often shines a spotlight on earning potential, career stability, promising job opportunities and killer benefits packages. However, "some people make career decisions for emotional and circumstantial reasons as well as the cold hard facts. The nursing field employs a wide variety of people with different priorities, perspectives and preferences. One nurse's motivation for putting on scrubs may be completely different than another's."

Table 24.1 reveals that 27.58% of the respondents would have preferred to study something like radiology, medicine or clinical psychology. For whatever reason, they were unable to pursue those careers and nursing was considered an alternative within the medical field.

It does not bode well for the nursing profession, if 27.58% of the respondents going out into the working world would rather be pursuing other jobs or interests. These students will be surrounded by other medical professions on a daily basis. They will be forced to work with people in professions they saw themselves in. It is possible that these students perceive nursing as lower than those professions, which could determine their performances as nurses.

Here lies the crux of this study: a great number of those who are entering the profession are simply doing so because it was available. Not because nursing is what they really want to do, which is what would ideally determine future professional behaviour.

7.4 Conclusion and recommendations

The conclusions reached in this study include the following:

1. Even though nursing is portrayed negatively in the media, the respondents have a positive outlook about their profession, albeit not a resoundingly positive one.

2. A very disturbing finding is that a large percentage of the respondents do not consider nursing their career of choice and would have preferred to study another medical field.

3. The economic situation in our country that most of the population has to deal with on a daily basis must be considered as one of the determining factors why nursing is chosen as a profession.

4. Even though nursing is predominantly considered a female profession, it is clear from the responses that males have made headway in the profession and are considered extremely good candidates to promote it.

5. The divide between how nurses see themselves and the public image of nurses needs to be closed, so that the patient's experience is improved, thus improving the professional image of nursing.

The researcher developed a nursing reputation management framework, found below, which could be used to create a reputation management plan.

NURSING MANAGEMENT:
inclusive of Nursing organisations, facility managers, organisation heads and communication

Get input from

Public

Nurses

Stakeholders: what is their identity, brand, image of nursing?

Evaluation of inputs

Formulation
what the brand, image, and identity} reputation should be

Formulating messaging/communication including communication mix/campaigns/plans

Communication Output to stakeholders

Measurement of Stakeholder Feedback

Internal and external: Is the output taking place/Is it reaching its target audience

Evaluation
Is the plan/campaign successful/ showing results/favourable outcomes

Figure 30: Nursing Reputation Management Framework

This framework includes what was previously mentioned as all stakeholders within nursing in the South African context, which include managers (nursing organisations, facility managers, organisation heads, as well as communication units), the public (patients and communities), and nurses (employees).

Even though this can be considered a top-down approach, it is inclusive of stakeholders, and their input and feedback is a crucial aspect of the whole process.

The framework takes into account the various links of the Davies *et al*. (2003) corporate reputation chain, which has been discussed in this study and pertains to identity, branding and image.

Inputs from stakeholders would need to be gathered to gain a more holistic perspective of what image, identity and brand means to them.

Once these inputs have been collected, an evaluation will need to take place in order to formulate what the desired brand, image and identity = nursing should be. The eventual strategy would not only include the plan/campaign and messaging, but also how/which communication platforms will be used and when (timeframe).

Measurement of the methods of communication distribution to the various stakeholders has to take place during and after the period to check whether the output is taking place and if it is reaching its target audience.

Evaluation of the plan/campaign/programme has to be done afterwards to ascertain whether it has been successful and showing favourable/unfavourable results and whether a re-evaluation of said plan is necessary.

6. An international approach to the recruitment and retention of nursing staff also needs to be investigated further to determine what has worked in other countries and how it could assist South Africa to improve recruitment of much-needed nursing staff.

The following recommendations are based on the findings, keywords and conclusions of this study.

- The research findings of this study could be used for further studies to find ways to improve the image of nursing and to encourage others, especially males, to make the nursing profession their career of choice.

- A possible study to determine how school-going students younger than 18 perceive nursing, which could assist in creating a campaign that is geared towards a younger generation in the South African context. Every opportunity must be given to expose

learners to the nursing profession, paying particular attention to gender in order to de-stigmatise the profession.

- Changing the negative perceptions of nursing should lie in the hands of the profession itself. Nurses can therefore use these findings to rebrand themselves in a meaningful way that will produce positive outcomes for their patients. Nurses' own perceptions need to change in order to turn perceptions around in the media and among patients.

- Nursing curricula must be revised to include how to act professionally in all aspects of their profession.

- National campaigns must be created to improve the image of nursing as a career and a rebranding of the profession needs to be created at all levels, incorporating internal as well as external communication.

7.5 Summary

The goal of this study was to analyse the reputation of the nursing profession by applying the Davies *et al*. (2003) corporate reputation chain model, in light of the objectives of the research, which proposed: to investigate the motivation behind students entering the nursing profession, to investigate students' view of the nursing profession, to investigate students' view of future recruitment and retention within the nursing profession and to make recommendations for role players in the recruitment, selection, training, retention and professional development of nurses.

A qualitative exploratory design was used to gather information about R425 students at the Western Cape College of Nursing.

The objectives of the study were met, in that the study succeeded in determining why students chose nursing, after incorporating the analysis of the CRC model. The results showed that at least a third of the nursing students were not aware of what the public image and reputation of nursing is. The findings also revealed that most students were positive about the profession, although there is a wide divide that needs to be closed in order to improve the reputation of nursing.
The very same nursing students who are positive about the profession would have preferred other careers if the opportunity arose, and chose nursing because they either received bursaries, could not get into the field of their choice or saw the career as financially stable.

These findings created the basis for the recommendations, which may be applied in practice and, if implemented, may have a positive impact on the recruitment and retention of nursing personnel, as well as the reputation of nursing as a profession in South Africa.

It is thus imperative, if we want to change the nursing landscape, that we look at all the links in the reputation chain and how each one is connected to image, identity, brand and stakeholders. All of these are vital to fostering a positive reputation of the nursing profession and nurturing a positive experience for all its stakeholders.

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APPENDIX A

Data collection instrument and consent

129

Survey: A reputation chain analysis of the nursing profession in the Western Cape.
Screen shots of the electronic survey as sent to (249) fourth year nursing students via email
between 17th October 2016 – 31st October 2016

- A survey was created using the survey programme called Survey Monkey.
- This programme allows for complete confidentiality as well as anonymity.
- When the student participates in the survey, the survey collects the information and sends it to the researcher via a collection programme built into the system. This system removes any identifying marker of all respondents e.g. IP address, names, surnames, email address etc.
- The participant must give consent twice by firstly clicking on the initial page which says that there is a survey before introducing the actual survey. Once they have agreed on the initial page and the actual survey opens up that provides the information about the survey, they have to give consent again, before they can continue with the survey.
- The participant is allowed to exit the survey at any time and therefore under no obligation to continue with the survey if they choose not to.
- Once they have completed the survey, a short "thank you" for their participation ends their session.

The following pages are screen shots of the electronic survey that the students participate in.

A reputation chain analysis of the nursing profession in the Western Cape Province.

We're running a survey and would love your input. Please let us know what you think below. Thanks for participating!

Do you give your consent to continue with this survey?

◯ yes

◯ no

Please do not forward this email as its survey link is unique to you.
Unsubscribe from this list

131

Consent and Confidentiality

Dear nursing students

Thank you for your willingness to complete the survey. The purpose of the survey is to determine your motivation for entering the nursing profession.

The survey should not take more than 15 minutes to complete. This is an anonymous and confidential survey. You cannot be identified and the answers you provide will be used for research purposes only.

Please answer all the questions. There are no right or wrong answers.
If at any time you do not wish to participate further, you are free to exit the survey.

We are interested in understanding your motivation for studying nursing as a profession, in order to provide possible recommendations on how to improve negative perceptions of the nursing profession. Your answers will assist greatly in this regard.

* 1. Do you give your consent to continue with this survey?

○ yes

○ no

Next

Survey: A reputation chain analysis of the nursing profession in the Western Cape.
Screen shots of the electronic survey as sent to (249) fourth year nursing students via email
between 17th October 2016 – 31st October 2016

A personal Perception of Nursing

Exit

Please complete this survey by clicking on your choice of answer.

2. **You are motivated to become a nurse**

○ strongly disagree
○ disagree
○ agree
○ strongly agree

3. **You think nurses are caring and understanding**

○ strongly disagree
○ disagree
○ agree
○ strongly agree

4. **Nurses treat their work as a profession in its own right, not secondary to a doctor's.**

○ strongly disagree
○ disagree
○ agree
○ strongly agree

Survey: A reputation chain analysis of the nursing profession in the Western Cape.

Screen shots of the electronic survey as sent to (249) fourth year nursing students via email between 17th October 2016 – 31st October 2016

5. Nurses are equally concerned with patient's emotional and physical needs

○ strongly disagree
○ disagree
○ agree
○ strongly agree

6. Nurses are well educated

○ strongly disagree
○ disagree
○ agree
○ strongly agree

7. The nursing training you receive is adequate

○ strongly disagree
○ disagree
○ agree
○ strongly agree

8. You are taught about professionalism in the nursing profession

○ strongly disagree
○ disagree
○ agree
○ strongly agree

Survey: A reputation chain analysis of the nursing profession in the Western Cape.
Screen shots of the electronic survey as sent to (249) fourth year nursing students via email
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9. Nurses have a lot of social status attached to their jobs

○ strongly disagree

○ disagree

○ agree

○ strongly agree

10. Nurses earn a good salary

○ strongly disagree

○ disagree

○ agree

○ strongly agree

11. Nurses are better in doing their job if they are women

○ strongly disagree

○ disagree

○ agree

○ strongly agree

12. Nurses are very authoritarian

○ strongly disagree

○ disagree

○ agree

○ strongly agree

135

3. **Nurses are well respected in the community**

○ strongly disagree

○ disagree

○ agree

○ strongly agree

4. **Nurses know what the patients perceptions of Nursing are**

○ strongly disagree

○ disagree

○ agree

○ strongly agree

5. **Nurses are not doing anything to change the negative perception of nursing as a profession**

○ strongly disagree

○ disagree

○ agree

○ strongly agree

6. **Nurses waste a lot of time being busy doing nothing**

○ strongly disagree

○ disagree

○ agree

○ strongly agree

136

Survey: A reputation chain analysis of the nursing profession in the Western Cape.
Screen shots of the electronic survey as sent to (249) fourth year nursing students via email
between 17th October 2016 – 31st October 2016

17. **Nurses are more concerned with their social life than their work**

○ strongly disagree
○ disagree
○ agree
○ strongly agree

18. **Nurses and nursing are central to caring**

○ strongly disagree
○ disagree
○ agree
○ strongly agree

19. **Nursing is a calling, not a job**

○ strongly disagree
○ disagree
○ agree
○ strongly agree

20. **Nurses love their profession**

○ strongly disagree
○ disagree
○ agree
○ strongly agree

previous   Next

137

Survey: A reputation chain analysis of the nursing profession in the Western Cape.
Screen shots of the electronic survey as sent to (249) fourth year nursing students via email
between 17th October 2016 – 31st October 2016

Motivation

Exit

Please provide as much information as possible when answering the following questions.

21. **Why did you decide to study nursing?**

22. **Is nursing your career of choice, or would you have liked to have studied something else?**

23. **What do you recommend can nurses do to improve the negative perceptions of nursing?**

24. **How old are you?**
- ○ 18-25
- ○ 26-35
- ○ 36-45
- ○ 46-55
- ○ 56-65
- ○ Other

138

○ 46-55
○ 56-65
○ Other

25. Gender?

○ male
○ female

26. Do you think that the nursing training that you receive is adequate?

27. Do they teach you about professionalism within the working environment?

previous   done

139

Dear respondent

Thank you for your willingness to complete the survey. The purpose of the survey is to determine your motivation for entering the nursing profession. The survey should not take more than 15 minutes to complete. This is an anonymous and confidential survey. You cannot be identified and the answers you provide will be used for research purposes only.

Please answer all the questions. There are no right or wrong answers. We are interested in understanding your motivation for studying nursing as a profession, in order to provide possible recommendations on how to improve negative perceptions of the nursing profession. Your answers will assist greatly in this regard.

Please complete this survey by clicking on your choice of answers

For office use only

A Personal Perception of Nursing **Please indicate the perceptions of nursing that best reflect how you perceive the nursing profession and nurses to be.**	Strongly disagree	Disagree	Agree	Strongly agree
1. You are motivated to become a nurse	1	2	3	4
2. You think nurses are caring and understanding	1	2	3	4
3. Nurses treat their work as a profession in its own right, not secondary to a doctor's	1	2	3	4
4. Nurses are equally concerned with patient's physical and emotional needs	1	2	3	4
5. Nurses are well educated	1	2	3	4
6. The nursing training you receive is adequate	1	2	3	4
7. You are taught about professionalism in the nursing profession	1	2	3	4
8. Nurses have a lot of social status attached to their job	1	2	3	4
9. Nurses earn a good salary	1	2	3	4

140

10. Nurses are better in doing their job if they are woman	1	2	3	4
11. Nurses are very authoritarian	1	2	3	4
12. Nurses are well respected in the community	1	2	3	4
13. Nurses know what the patients perceptions of nursing are	1	2	3	4
14. Nurses are not doing anything to improve the negative perception of nursing as a profession	1	2	3	4
15. Nurses waste a lot of time being busy doing nothing	1	2	3	4
16. Nurses are more concerned with their social life than their work	1	2	3	4
17. Nurses and nursing are central to caring	1	2	3	4
18. Nursing is a calling not just a job	1	2	3	4
19. Nurses love their profession	1	2	3	4

B: Please provide as much information as possible when answering the following questions below

1. Why did you decide to study nursing?

2. Is nursing your career of choice or would you have liked to study something else?

141

3. What do you recommend can nurses do to improve the negative perceptions of nursing?

C: Demographic Information

1. How old are you?

19-25	1
56-65	5

26-35	2
Other	6

36-45	3

46-55	4

2. Gender?

Male	1

female	2

1. Do you think the nursing training that you receive is adequate?

2. Do they teach you about professionalism within the working environment?

142

by Emerantia Cupido

A reputation chain analysis of the nursing profession in the Western Cape Province
February 2017