



A framework to facilitate the promotion of women nurses of colour to leadership positions in hospitals

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ARTICLE INFO

Keywords:

Nurses
Promotion
Employment equity
Race
Class
Gender

ABSTRACT

Despite the implementation of the Employment Equity Act in 1998, African and Coloured women are under-represented in leadership positions in private healthcare in South Africa. African nurses are well presented in leadership positions in public healthcare in most provinces except the Western Cape where Coloured nurses have improved leadership representation. This study aimed to develop a framework to facilitate the appointment of women nurses of colour (African and Coloured nurses for the purpose of this study) to leadership positions in hospitals. A concurrent mixed method design was employed comprising a survey and interpretive phenomenology. The study was conducted in public and private hospitals in the Western Cape and Gauteng provinces. Six hundred and eighty-eight professional nurses consented to participate and $n = 573$ (83%) completed the survey. Five interviews were conducted with nurse leaders in SA and another 40 with persons who had participated in the selection processes of nurses to leadership positions. The quantitative findings revealed caution to admit that the Employment Equity Act contributed to the promotion of African, Coloured and Indian nurses, a divide between nursing management and nurses on ward level, inferior viewing of African and the superior viewing of White nurses. Qualitative findings suggested efforts to consider the Employment Equity Act, racial discrimination, and questionable promotion practices. Meta-inferences were drawn from the qualitative and quantitative findings. A framework was developed from these meta-inferences that focused on credible promotion practices, diversity training, succession-planning and healthy managerial structures.

1. Introduction

The framework presented in this article is the end-product of the PhD study completed by the 1st author concerning representation of African and Coloured nurses in managerial positions in South Africa as illustrated in employment equity reports (Van der Heever & van der Merwe, 2018). The Employment Equity Act (EEA), Act 55, was introduced by the South African government in 1998 to redress labour market inequities created by apartheid and focuses on previous disadvantaged groups, i.e. females, Black people (Africans, Coloureds and Indians) and the disabled. According to the EEA institutions should develop employment equity plans to attain the redress (Republic of South Africa, 1998). The 2015 provincial equity reports of the *public health sector* show that African females are well presented in managerial positions in public health institutions in all provinces of the Republic of South Africa (RSA) except the Western Cape (WC). The reports further reflect that Coloured females are well presented in senior managerial positions in the *public health sector of the WC*, but that mostly White

females occupy top managerial positions in this province. African females are under-represented in top, senior and mid-managerial positions in the WC.

The 2015 national equity reports of the *private health sector* reflect over-representation of firstly White and then Indian females in managerial positions yet under-representation of African and Coloured females.

The 2011 census data of the RSA shows that Africans have a demographic dominance in all provinces except the WC where they are the second largest group. Coloureds have a demographic dominance in the WC but has minority status in the other provinces. Indians and Whites are minority groups in all provinces. Indians as a group however, have the highest numbers the Kwa-Zulu Natal province (Statistics South Africa, 2012).

It therefore appears that despite their minority status White females occupy most top positions in private healthcare nationally and the public health sector of the WC. Indians, notwithstanding their minority status, are also progressive in the private healthcare nationally (RSA,

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2015).

Promotion directives of the public health sector specify that promotion to middle management is dependent on 9 years' experience in nursing of which 4 years should be experience on managerial level. A postgraduate qualification in nursing management is only a requirement for advancement to senior management, i.e. the head of nursing at a hospital (RSA, 2007). Promotion of nurses in private health to mid- and senior management, is dependent on extensive experience in nursing management – preferably in the private health sector. A postgraduate qualification in nursing management is regarded as an advantage but not a requirement for advancement in private healthcare in South Africa (Dorse, 2015; Coustas, 2015). It therefore appears that experience and not so much qualifications is a determinant to advancement. Equally, Section 20, subsection 5 of the EEA affirms that not appointing a qualified person due to a lack of experience relates to unfair discrimination (RSA, 1998).

Discriminatory practices based on racial hierarchies were historically evident in South African (SA) nursing. SA nursing was initially managed by White male medical doctors and White female nurses benefitted due to their affiliation with White males (Marks, 1994: 8-9) and later became the custodians of the nursing profession (Schultheiss, 2010: 155). African nurses were viewed as inferior and were legally not allowed to supervise White nurses. These measures contributed to institutional racism (Marks, 1994: 1-2). Despite the abolishment of apartheid in 1994 institutionalised racism seem to persist in post-apartheid SA and is evident in terms of income and positions held in the workforce. African females are the most disadvantaged due to being female and ethnicity (Ndinda and Okeke-Uzodike, 2012), being disadvantaged by prejudice of White male managers and that they entered the corporate sector rather late, post 1994, and lacks the necessary managerial exposure and experience (Msomi, 2006).

Institutional racism however, also operate through selection panels that are not diverse as it paves the way for indirect discrimination where there is an aversion to discriminate in favour of marginalised racial groups (De la Rey & Duncan, 2003).

Irrespective of institutional racism, promotion is also influenced by ethical appointment practices. The report of the Public Service Commission of South African, abbreviated PSC, shows irregularities with appointment and promotion processes in government departments. At times, records-keeping pertaining to selection processes were absent or incomplete suggesting the possibility that documents were conveniently misplaced to conceal misconduct (PSC, 2016).

In addition to ethical promotion practices, the attainment of diversity and equal opportunity require managerial commitment. Alfred and Chlup (2010) and Steyn (2010) argue that a suitable framework could provide a structured platform consisting of directives and/or guidelines to enhance understanding and the management of diversity. It was therefore considered suitable that the findings of the study were used to develop a written framework to facilitate the appointment of women nurses of colour to leadership positions in hospitals.

Theoretical framework. The study is supported by the Theory of Intersectionality and the Standpoint Theory. The Theory of Intersectionality concerns the underlying and overlapping influences of power contained in interactions pertaining to race, class and gender in individual lives, social practices, institutional arrangements and cultural differences. It endeavours to demonstrate how each category of inequality, that is prejudice pertaining to race, gender (domination of male over female) and class (poor women, social positioning), impacts individuals to be more vulnerable, marginalised (isolated from power) and subordinate (Levine-Rasky, 2011; Davis, 2008). The central concepts included in the theory i.e. race, class and gender were therefore contained in the data collection and analysis processes. The standpoint theory equally, concerns the notion that individuals who have been oppressed are privileged in the sense that they have experienced oppression and are therefore able to provide a more objective view of such (Harding, 2004; Wylie, 2003). Subsequently the target population for

the survey included nurses of all races employed in the public and private sectors in an effort to hear their voices. Furthermore, people involved in the promotion systems for nurses e.g. successful and unsuccessful candidates were interviewed to gain understanding of such systems.

2. Definitions of concepts

2.1. Black people

Statistics SA (2012) considers all Black people as one, whereas the Department of Labour, in the Employment Equity Act, Act 55, stipulates Africans, Coloureds and Indians (RSA, 1998). Therefore, except when referring to the data of Stats SA, the classification of the Department of Labour is used in the article.

2.2. Class

Denotes to the division of people in terms of resources and power (Acker, 2005).

2.3. Gender

The World Health Organisation (2011), defines gender as the socially constructed attributes of women and men in relation to norms, roles and relationships of and between groups of women and men. Gender in the context of the Theory of Intersectionality refers the systematic marginalization of women by men (Levine-Rasky, 2011) whereas women in terms of the Standpoint Theory are often deprived and therefore have a clear understanding of being disadvantaged (Foucault, 2014).

2.4. Problem statement

Irrespective of the abolishment of apartheid and the implementation of the EEA African nurses are under-represented in managerial positions in the WC public and private health nationally (RSA, 2015). Coloured nurses seemed to achieve upward mobility in the public sector of the WC but less so in private health nationally. The history of nursing in SA (Marks, 1994:3-10) reveal that aspects that relate to race, class and gender could influence the appointment of nurses to leadership positions. However, irregularities with appointment processes (PSC, 2016) and the racial compilation of selection panels (De la Rey & Duncan, 2003) could also influence the outcome of promotion processes.

2.5. Goal of the article

The goal of the article is to report a framework to facilitate the appointment of women nurses of colour to leadership positions in hospitals.

3. Methods

3.1. Design

A concurrent mixed method design was employed comprising of a survey and interpretive phenomenological study. The views of nurses eligible for promotion to managerial positions (professional nurses) were surveyed to gain information on whether the implementation of the EEA contributed to improved promotion of nurses and whether promotional processes are influenced by issues related to the intersection of race, class and gender.

Interpretive phenomenology, originating from the work of Martin Heidegger, was used to gain an understanding of selection practices of nurses to managerial positions as experienced by those involved in such processes.

3.2. Population and sampling

The study was purposefully conducted in the Western Cape and Gauteng provinces of South Africa as the two provinces host the largest public and private hospitals. Two large public sector hospitals (central hospitals) and six private hospitals were purposefully included as it was presumed that promotional opportunities would occur more frequently at these hospitals and that professional nurses employed at these hospitals would have observed or experienced promotion processes.

The quantitative part: A third of professional nurses employed at the participating hospitals was selected by means of systematic random sampling. Six hundred and eighty-eight professional nurses consented to participate and $n = 573$ (83%) completed the survey. The qualitative part: Forty-five interviews were conducted with people who have participated in the selection processes of nurses to managerial positions i.e. successful and unsuccessful candidates, human resource officials and nurse managers who chair selection panels or participate as panel members.

In addition, 5 interviews were conducted with nurse leaders who hold executive positions in nursing in SA to gain understanding from an executive managerial viewpoint.

3.3. Instrumentation

The survey tool comprised demographic information such as race, qualifications, gender and location, twelve Likert scale questions exploring adherence by the hospital management to the directives of the EEA, fairness of promotion processes and questions pertaining to the intersecting influence of race, class and gender. Nine close-ended questions were included concerning diverse forms of discrimination. Each question had an accompanying open-ended question that allowed the participant the opportunity to explain their answers more completely. Two additional open-ended questions were included regarding competency and preparedness for promotion.

3.3.1. Face and content validity

In order to enhance adherence to detail and accuracy, the questionnaire has been developed with the assistance of an expert in industrial psychology employed at Stellenbosch University. Since the instrument explores concepts that relate to aspects of political science (EEA, race, class and gender) the instrument was also reviewed by a well-known expert in political sciences at Stellenbosch University. In addition, since the real content regarding racism is vast and not restricted to what can be found in text books (Terre Blanche, Durrheim, & Painter, 2006:149) and as advised by these authors the content area of the phenomenon under study, the EEA, race, class and gender, were explained to the reader on the first page of the questionnaire.

3.3.2. Reliability

The self-report questionnaire was pre-tested by ten professional nurses (PN) employed at a large district hospital in the Cape Metropolitan Area to verify the directness of questions (Hilton, 2015). The results of the pilot test revealed minor grammatical issues that were addressed prior data collection.

The interrelatedness of the individual options contained in the Likert scale questions, except question 8, reflected a Cronbach Alpha ranging from 0.7 to 0.9. The Cronbach Alpha of question 8 (concerns racial stereotyping) was 0.6, thus less than the ideal score of > 0.7 (LoBiondo-Wood and Haber, 2010). However, the open-ended question accompanying this question received 94 comments confirming racial stereotyping portraying African nurses less competent than White nurses.

3.4. Trustworthiness

The interviewer (1st author) used the technique of reflection for

interviewing purposes which necessitated that messages be summarised and reflected back to the participant. This act of reflection on the side of the interviewer gave participants the opportunity to reflect their initial message, assessing correct interpretation by the interviewer (Boeree, 2006), contributing to member-checking as the interviewee was given an opportunity to rectify interpretations or conclusions made by the interviewer. In addition, to enable other researchers to use the findings in the context of their studies (Shenton, 2004), the research report provides a description of the research process, stating clearly why various decisions were made while conducting the study e.g. the inclusion of hospitals according to expense and capacity.

3.5. Ethical considerations

Data collection commenced once ethical approval and institutional permissions were granted. Anonymity was maintained by keeping the questionnaires nameless and transcripts were coded e.g. hospital 1, unsuccessful candidate. Confidentiality was enhanced in that data (questionnaires, transcripts and the recordings) can only be accessed by the 1st and 2nd author. Furthermore, electronic data i.e. transcripts and recordings are encrypted with codes to further ensure confidentiality. The questionnaires are kept in a safe for the period of 5 years after which it will be destroyed.

3.6. Data collection

Data collection was completed by the 1st author over a period of 08 months. Potential participants for the survey were recruited on ward level during time periods regarded appropriate by ward managers. Nurse managers provided names of successful and unsuccessful candidates, human resource officials and members of selection panels who have participated in the selection processes. These people were then contacted via email or telephonically for recruitment purposes and arrangements pertaining to the interviews.

Nurse leaders in SA were contacted via email for recruitment purposes. All interviews were conducted at a time, date and venue suitable to the participants. Interviews lasted between 60 and 90 min.

3.7. Data analysis

Quantitative data was analysed using statistical software, i.e. SPSS (Statistical Program for Social Sciences) software, version 24. The responses to each question were compared with concepts fundamental to the study framework i.e. race (African, Coloured, Indians and White), class (managers versus followers) and gender (male versus female).

The responses to the open-ended questions were analysed using the steps proposed by Terre Blanche et al., (2006) i.e. familiarisation and immersion, inducing themes, coding, elaboration and interpretation and checking. The transcripts were analysed using the steps proposed by Ajjawi and Higgs (2007) that emphasize the hermeneutic circle, meaning focusing on the essential message of the interviewee and that these be viewed individually, against all transcripts together, the literature supporting the message/experience and the initial understanding of the 1st and 2nd author in order to enhance understanding of the phenomenon.

3.8. Developing meta-inferences

Meta-inferences were created from the qualitative and quantitative inferences using the process described by Venkatesh, Brown, and Bala (2013). Accordingly an abductive process was applied through reading quantitative and qualitative inferences related to one aspect and then sensing the combined meaning thereof, ultimately forming the meta-inference (Table 1).

Table 1

Meta-inferences pertaining to race, class, gender & issues not related to these.

Meta-inferences pertaining to race**Theme 1: Race and promotion in the context of the EEA**

- General views existed that the EEA contributed to improved racial relationships.
- There was however, also resentment that the EEA failed women nurses of colour in the public and private sector and that the linkage between race and promotion contributed to the deterioration of racial relationships.

Theme 2: Race and promotion success

- The promotion successes of women nurses of colour seem to be related to the demographic profile of the province:
- Coloured nurses are seem to be successful in the public sector in the WC and to a lesser extent in the private sector.
- African nurses are seem to be marginalised in both the private and public sector in the WC.
- White nurses are most convinced of the success of previously disadvantaged groups and thus race as a determinant in promotion.

Theme 3. Considering race in promotion

Race is considered in the process of promotion but racial groups view such consideration differently – effectively according to the eye of the beholder. Promotion according to racial lines does not guarantee acceptance.

- African nurses are promoted more often in Gauteng (private and public sector) than the WC.
- However, although they are promoted in Gauteng private sector, African nurses are not well accepted due to a preference for White nurses in managerial positions.

Theme 4. Competencies and race

African nurses (and Coloured nurses to a lesser extent) are considered to be less competent as compared to White nurses

- White nurses are valued irrespective of competencies.

Theme 5. Racial discrimination

Racial discrimination in the work place has an explicit, implicit and disconcerting presence for all race groups – leading to feelings of not being considered, not respected, and humiliation:

- For the White nurses the implementation of the EEA mirrored and lead to racial discrimination.
- For the African nurses missed opportunities irrespective of the EEA are real, coupled with feeling not being respected for who they are and what they can do and being subjected to humiliating practices.
- For the Coloured nurses – hoping to find their place...

Theme 6. Confidence, language and race

The use of a second or third language and being previously disadvantaged negatively influences language and self-expression comfort:

- Women of colour may consider their English language proficiency a stumbling block in the promotional interview, and they may also lack self-confidence.
- African nurse managers tend to illustrate more acceptance and empathy in this context.

Theme 7. Tribalism and promoting own kind

The so-called favouring of members of own kind (with preferences based on tribal connections, own gender and /or own race) is real and playing an important part in promotional processes.

Theme 8. The availability of suitable women of colour

The successful appointment of women of colour is also dependent on the boldness (will and ability) of nurse managers to develop women of colour as part of sound business principles.

- The willingness of the African nurse managers to develop qualified candidates might explain why they do not experience a shortage
- Preference for experience versus potential: Those who are sceptical about developing the qualified candidate and prefer an experienced candidate seems to be those who struggle to find suitable candidates of colour
- The feedback given to the unsuccessful candidates of colour appears to be rather insignificant suggesting that the real reasons might be withheld.

Meta-inferences pertaining to class**Theme 1. Hierarchical relationships and the EEA**

An improvement in hierarchical relationships due to the implementation of EEA is questionable and hampered by:

- The negative influence of autocratic leadership practices
- The possibility that relationships might have influenced decision making regarding promotion and the granting of study leave.

Theme 2. The credibility of the promotion process

The credibility of the promotion systems is questionable in both sectors and provinces and seem to contain elements that might enhance and not curb bias. These include:

Table 1 (continued)

- The perceived presence of influence and questionable selection practices.
- A unilateral approach to the evaluation of CVs and selection panels that are not diverse.
- Suggestions that the successful candidate was identified beforehand.

Theme 3. The role of class in promotion

Class in the eye of the beholder relates to eloquent speaking, a professional image and sound conduct that contribute to the overall chances of a candidate and the image of the institution.

- Candidates should therefore be assisted in the attainment and management thereof.

Theme 4. Assessing competencies in the promotion process

Assessment of competencies by means of an interview alone seems to be inadequate. Qualifications should carry more weight and the assessment of competencies to be more in-depth.

The noble intentions of the interview may be diminished by influence (both sectors) and by being White (private sector).

Theme 5. Career development

Managerial structures need to prioritise/emphasize the importance of succession planning and qualifications and subsequently rule out:

- System elements such as staff shortages
- Hierarchical issues/influence that could limit the engagement of staff in developmental activities.

Theme 6. Feelings of empowerment and leadership development

Succession planning, continuous professional development and practical empowerment strategies (orientation and mentoring pertaining to leadership) are of great concern. Managerial structures need to actively engage in empowerment strategies that

- Should be inclusive of all races
- Recognize PNs who acquired formal postgraduate qualifications

Theme 7. Discrimination due to age

The work environment houses a range of generations with their own unique concerns.

The presence of traditional stances of granting more respect to older people, the expectation that the young obey older people and the assumption that older people are less resilient seemed real in the hospital environment.

Theme 8. Discrimination due to marital status, disability, not having dependents, being pregnant and sick leave

Being fair and balancing diverse personal needs in the work environment is a complex matter with discriminatory nuances.

- Managers are seen to be intolerant towards leave for personal needs and to those who have special needs due to physical circumstances.
- The intolerance is seemingly driven by staffing needs for caregiving purposes and therefore tend to translate in discriminatory actions in order to manage those staffing needs.

Meta-inferences pertaining to gender**Theme 1. Gender relationships and the EEA**

An improvement in gender relationships is debatable as different promotion patterns are observed across sectors and provinces:

- The apparent forced promotion of males could have worsened gendered relationships in the WC
- Improved promotion of males in Gauteng could have contributed to better relationships
- A shortage of males in management in the private sector could have implicated relationship building

Theme 2. Sexuality

Bias against and bias for gay colleagues is a concern

- Bias pertaining to gay people seem to exist in the hospital environment in traditional African communities.
- Male managers perceived to be gay are seen to be pro the promotion of fellow-gay colleagues.
- The presence of hetero-negativity and a perceived ineptness/indifference of management to deal with it reflects a need in managerial structures to be aware of the variety of discriminatory practices that could exist and to be pro-active in managing such.

Theme 3. Efforts of males to dominate

Males value power and knows how to obtain and use it. They engage in efforts that speak/point to domination/manipulation such as:

- Shifting of workload to female
- Efforts to enhance the appointment of other males
- Efforts of White male doctors to marginalise the female of colour

(continued on next page)

Table 1 (continued)

<p>Meta-inferences pertaining to issues not related to the framework such as personal obstacles</p> <p>Theme 1. Personal obstacles to career development</p> <p>Career advancement lags behind due to intrapersonal (such as anxiety, self-confidence) and extra-personal (such as family, financial, work load and staffing) stressors.</p>

4. The findings (meta-inferences – illustrated in Table 1)

The integrated findings i.e. the meta-inferences are presented in themes based on the concepts central to the underlying framework of the study i.e. race, class, gender as well as meta-inferences not directly related to the framework (Table 1). Meta-inferences pertaining to race show that despite an overall view that the EEA contributed to improved racial relationships there was also resentment that the EEA failed women nurses of colour and that the linkage between race and promotion led to worsened racial relationships. The demographic profile of a province also seem to influence promotion successes as Coloured nurses appear to be more successful in the WC (mostly the public sector and to a lesser extent in the private sector) whereas African nurses are more progressive in Gauteng (mostly the public sector and to a lesser extent in the private sector). However, although African nurses enjoy more career successes in Gauteng they are not well accepted in traditionally Afrikaans speaking hospitals due to a preference for White nurse leaders. African nurses were also viewed as less competent than White nurses and were subjected to humiliating practices. Coloured nurses were, at times, also viewed as less competent than White nurses. Women nurses of colour were viewed as lacking confidence and proficiency in English; that these lead to reduced successes with promotion. In addition, promotion tend to reflect those similar to the dominant group, whether it be a tribe, race or gender e.g. Zulus promoting other Zulus, Whites promoting other Whites. African nurses also seem to experience increase successes with promotion if the nurse manager is also African in that African nurse managers are willing to develop nurses with qualifications who require experience more than White nurse managers who seemingly prefer nurses with managerial experience of which African nurses seem to fall short of.

Meta-inferences pertaining to class. Class transpired through apparent autocratic managerial structures that tend to use influence to marginalise those with less power e.g. the use of influence in promotion processes, discriminatory practices pertaining to career development opportunities and who are exposed to leadership development. The rights of workers also seemed to be oppressed in terms of granting leave, marital status, age, having dependents or not. Discriminatory practices were presumably enhanced through questionable promotion processes such as unilateral screening of résumés and selection panels that are not diverse. The value of professional attire, conduct and eloquent English were perceived as valuable and subsequently candidates should be supported in the attainment thereof.

Meta-inferences pertaining to gender. It appeared debatable that the implementation of the EEA contributed to improved gender relationships since apparent force promotion of males in the public sector (WC) created conflict whereas improved promotion of males in Gauteng had led to improved relationships. Bias for and against gay colleagues suggested notions of promoting one's own kind; gay colleagues wanting to promote those similar to themselves and that managerial structures appeared inept to deal with such.

Meta-inferences not related to the framework suggested that upward mobility of some nurses were hampered by personal issues such as anxiousness and finances.

Developing the framework: the framework (Fig. 1) was developed via the process proposed by Meleis (2007). Accordingly, propositions flowing from the central concepts contained in the meta-inferences were organised as it relate to the objectives of the study. Thereafter a

process of continuous reflection was applied and entailed the questioning of implicit and explicit assumptions meaning the views of the 1st author and 2nd author, the findings and the theoretical underpinnings. This process of continuous reflection was applied as to ensure the authenticity of the propositions that flowed from the meta-inferences and how the propositions were supported by literature. These propositions formed the focus areas of the framework (displayed in Fig. 1). Furthermore, the last step of the process of framework development requires that the authors explained their interpretation of the findings as well as why and how findings were utilized (Meleis, 2007). Table 2 presents evidence from the findings that guided the decision to use the four focus areas reflected in the framework (Fig. 1) i.e. credibility of appointment processes, diversity training and inclusivity enhancement, preparing for success and succession, creating healthy managerial structures. E.g. since the findings demonstrated the existence of questionable appointment practices, enhancing the credibility of appointing processes became one of the focus areas of the framework.

5. Discussion of the framework

The commendations of the framework (Fig. 1) focus on the valuing of diversity and inclusivity, enhancing healthy managerial structures, facilitating success through succession planning and the credible appointment processes.

5.1. Comfort with appointment process credibility

The findings reflected questionable promotion practices that influenced the credibility of promotion processes. Recommendations are therefore proposed as based on the findings.

5.1.1. Bias

Bias is subtle and tends to transpire when observing people who are different from oneself and viewing one's own kind more favourable (Macan, 2009). Bias could influence the objectivity with which résumés and applications are screened (The Association of Universities for Research in Astronomy – AURA, s.a.). The unilateral screening of résumés should therefore be avoided and bias should be managed through selection panels that are diverse in terms of race and gender. Panel members ought to be knowledgeable about the influence of unconscious bias and such issues should be discussed prior the interview (AURA, s.a; Harvard University, s.a.).

5.1.2. Validity of the interview

Huffcutt confirms (2011) that panel members tend to be influenced by the performance of a candidate in an interview with regard to social skills, verbal expression and the attractiveness of a candidate more than the job-related criteria. It is therefore advised that a structured interview be followed and that panel members be trained regarding issues that can limit the validity and credibility of the interview process (Arnold et al., 2010). Arnold et al. (2010) recommend a structured interview and the use of multiple interviewers; yet the same individuals, across all candidates; the use of scenarios, competency-based, knowledge and biographical questions; and that responses be rated applying set criteria and rating scales.

The credibility of appointments was also apparently violated by the use of influence. Influence pertains to promotions that are not based on merit and qualifications but on nepotism – that managers promote relatives, friends, people close to them, and cronyism – that the former ignore candidates' qualifications and focus on friendship (Abun, 2014). The use of influence should be curbed through the establishment of clear policies that specify the various forms influence embody and reflect appropriate action of managing such cases including the type of punishment for infringement of the policies (Abun, 2014). Sections 195 and 196 of The Constitution of South Africa also emphasize that public service administration be imbedded in ethical principles and without

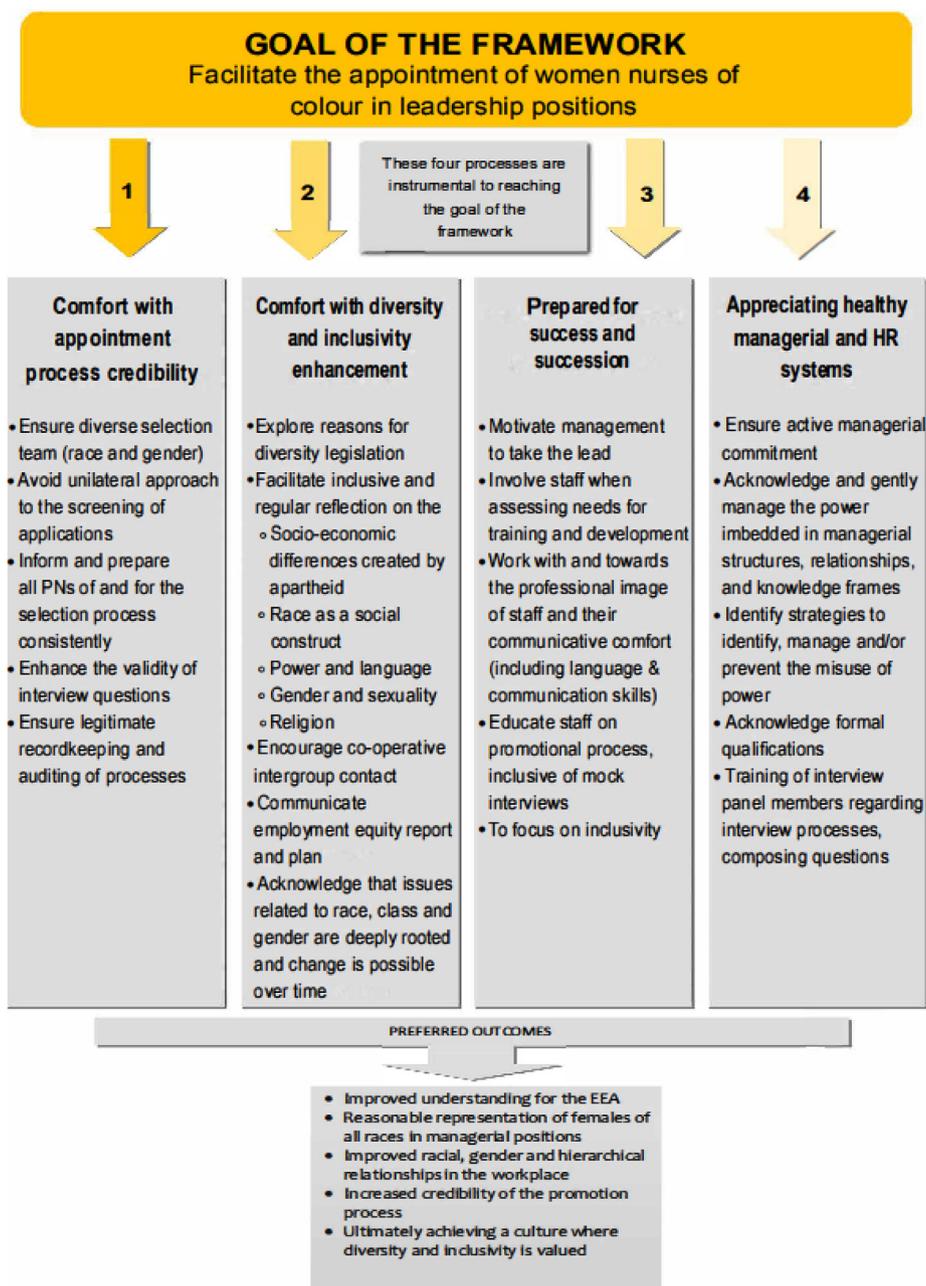


Fig. 1. A framework to facilitate the appointment of women nurses of colour to leadership positions.

bias. Furthermore, that recruitment and appointment processes be fair, ethically sound and aimed at redressing the inequities of the past (RSA, 1996). Accordingly, managerial structures, whether public or private, should familiarise themselves with these constitutional goals and the attainment and maintenance thereof.

5.2. *Comfort with diversity training and inclusivity enhancement*

Findings of the study revealed the presence of overt racism (biases of White male doctors, i.e. stakeholders, and staff towards African nurses), stereotyping of the abilities of women nurses of colour and racial intolerance. At times the appointment of women nurses of colour was either delayed or totally withheld due to fear of possible racist reactions thus the implementation of the EEA was not really valued. Therefore barriers seemingly exist that limit the implementation of the EEA. Section 15 of the EEA states that employers should identify and eliminate employment barriers, design measures to enhance diversity in

the workplace and implement appropriate training measures (RSA, 1998).

Booyesen and Nkomo (2010) ascribe the slow progress of diversity in the workplace to a lack of cultural awareness programmes, the absence of an organizational culture that values diversity and ongoing racial bias. Diversity training is considered valuable as it combats bias of groups different to one’s own in-group (Guillaume, Dawson, Otaye-Ebede, Woods, & West, 2015; Keil, 2005).

It is therefore proposed that:

- Institutions invest in diversity training
- Employees be educated about the reasons that lead to inequality such as apartheid policies and in particular the schooling system during the apartheid era i.e. where there was a hierarchy of privileges pertaining to schooling
- Edification include the EEA to create understanding for the need to implement employment equity measures

Table 2
Support for focus areas of the framework.

<p>Focus area – Comfort with appointment process credibility</p> <p>Evidence from the findings</p> <ul style="list-style-type: none"> ● The presence of unsound managerial practices such as the use of influence, leaking of interview questions ● People in lower positions question the credibility of the promotion systems ● Unilateral approach to screening CVs ● Unequal selection panels ● Awkward questions in the interview ● Superficial interview for some and in-depth interview for others. <p>Focus area – Comfort with diversity training and inclusivity enhancement</p> <p>Evidence from the findings</p> <ul style="list-style-type: none"> ● The discrete presence of racial hierarchies (class pertaining to race) ● The implementation of the EEA was often viewed with anger ● People seem not to appreciate the noble intentions of this act ● Overt racism displayed towards the African female ● Race-based bias regarding competencies of the female of colour ● Disrespect among the race groups ● At times, male dominance. <p>Focus area – Prepared for success and succession</p> <p>Evidence from the findings</p> <ul style="list-style-type: none"> ● Interview data suggested the presence of succession planning ● The responses to the open-ended questions revealed ignorance about succession planning and the promotion system ● That succession planning and CPD might be deliberately withheld from some staff members ● Multiple requests for development ● Inability to function optimal during the interview e.g. eloquent English, demeanour. <p>Focus area – Appreciating healthy managerial systems</p> <p>Evidence from the findings</p> <ul style="list-style-type: none"> ● The distinct impact of managerial influences upon promotion, granting of study leave ● Race-based exposure to managerial activities ● Discriminatory practices relating to the rights of workers e.g. obstructive attitudes relating to requests for leave ● Tendency to ignore formal qualifications and to rely on experience ● Autocratic managerial practices ● Organizational issues such as staffing hampering professional development. 	<p>other than that of the hegemonic culture. The vision, mission and set values of institutions should reflect appreciation of diversity (Booyesen & Nkomo, 2010; Diversity Best Practices, s.a.). Organizational cultural change can be enhanced through the following propositions:</p> <ul style="list-style-type: none"> ● The provision of in-service training that relates to cultural differences and identities, enhancing positive attitudes among different groups ● The promotion of supportive intergroup contact ● Enhancing professional development and succession planning for all ● The responsibilities of managers should include an appreciation of diversity ● To involve the representatives of the various race and cultural groups in decision-making ● Address issues of stereotyping and be sensitive to religious practices of all (Booyesen & Nkomo, 2014) <p>5.3. Prepared for success and succession</p> <p>The findings of the study revealed concerns about the image of institutions since managers portray the image of an institution and therefore need to be presentable and eloquent. In addition, at times, members of interview panels tend to be influenced by verbal expression and attractiveness. The latter is supported by Huffcutt (2011). Keil (2005) however, warns that selection teams be cautious not to be influenced by aspects such as perfect and eloquent English. The author also acknowledges the sensitivity that surrounds the image of an institution. It is therefore advised that:</p> <ul style="list-style-type: none"> ● Institutions that value issues such as eloquent speaking, whether it be English, Afrikaans or another language, take the lead and assist with grooming aspects relating to their employees ● Employees be educated regarding professional behaviour relevant to the image of the institution e.g. dress code, communication skills both written and verbal ● Edification of staff also include promotion processes such as advertising of vacancies, requirements of different positions, application process, compilation of a résumé and preparation for a selection interview ● Managers at all levels be informed and educated about their role in succession planning ● The above-mentioned be included in succession-planning programmes ● Institutions should also consider granting more respect for ethnic languages such as Zulu and Xhosa (Keil, 2005) <p>Various responses reflected a need for managerial exposure and training and mentoring to avoid ignorance of promotion systems. Some responses reflected that opportunities for development contain elements of racial discrimination. Booyesen (2007) acknowledges that African, Coloured and Indian workers are not fully integrated in companies as they are not given real responsibilities due to stereotyping and that talent management of previously “disadvantaged groups” lags behind. The lack of exposure and development therefore contributes to the slow progress towards attaining diversity. It is therefore proposed that:</p> <ul style="list-style-type: none"> ● Issues pertaining to succession-planning be actively communicated to employees ● In-service training should reflect the job-specific needs of staff whether these be clinical or managerial ● Training should be accompanied by opportunities to practise the newly gained knowledge. ● Mentorship relating to clinical, administrative, research and educational duties be provided to emerging nurse leaders (Registered Nurse Association of Ontario, 2013)
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- Training pertaining to diversity also focus on other forms of bias such as age, gender, sexuality, religion and disability (Harvard University, s.a.).
- Selection and recruitment teams be trained specifically to be appreciative of diversity and that the recruitment teams themselves be diverse (Keil, 2005)
- Meaningful engagement with White males in employment equity matters to strengthen their commitment (Booyesen & Nkomo, 2010)
- Institutions to enhance diversity by identifying, acknowledging and discussing their strengths and weaknesses relating to diversity in an open discussion (Torres & Groves, 2008)

In addition to diversity training, companies should invest in inclusive practices and an organizational culture that values diversity (Booyesen & Nkomo, 2010).

Inclusive practices encompass that diversity efforts should not be the responsibility of human resources alone but be role modelled and actively supported by senior management. Therefore, the culture within the organisation, regarding diversity, should be continuously assessed to establish whether there has been progress in certain areas and if not, why not. Moreover, deliberation regarding diversity matters should occur on a regular basis. These discussions should jointly include human resource officials, staff responsible for professional development, senior management and the workforce. Subsequently employees should be knowledgeable about diversity issues and capable of engaging in dialogue to voice their concerns pertaining to diversity (Torres & Groves, 2008).

Organizational cultural change is advised since managerial structures should consider the diverse interest of the workforce and renegotiate and reconceptualise the institutional culture to reflect perspectives

- Ongoing coaching be part of the training processes such as on-the-job assistance (Basavanthappa, 2011)
- Management to ensure that the team responsible for succession-planning be racially diverse and competent to deal with diversity to enhance inclusivity and prevent race-based biases (Keil, 2005)

Since succession planning is instrumental in the sustainment of a diverse workforce companies should invest in long term equity goals such as capacity building that ensures a competent workforce (Booyesen & Nkomo, 2010). The Skills Development Act of 1998 (RSA, 1998) acknowledges the injustices in the education system during the apartheid era and how these contributed to a lack of skills among previously disadvantaged groups. Directives of the act are geared towards the development of previously disadvantaged groups; to ultimately improve their prospects in the work environment. Accordingly the workplace should be an active learning environment containing opportunities for development that will enhance work experiences and employability of these groups. It is therefore proposed that:

- Institutions invest in fast-tracked training and development of previously disadvantaged groups equipping them with competencies to improve performance
- Employment equity efforts be accompanied by skills development as the simultaneity of these two issues simplifies diversity management initiatives (Booyesen & Nkomo, 2010)

5.4. Appreciating healthy managerial systems

Findings of the study revealed the use of improper influence to advance certain candidates and the allocation of study leave preferentially. Improper influence may stem from family ties, friendship, social and political affiliation, tribalism, gender, bribes and sexuality. Singh, Kumra, and Vinnicombe (2002) found that influential relationships and ingratiation tend to influence advancement of employees and not so much job performance per se. The Diversity Best Practice guidelines of Diversity Primer (2009) state that the attainment of diversity is linked to ethical behaviour and the commitment of management to diversity. The guidelines advise that the ethics management portfolio be merged with that of diversity and inclusion and that the person appointed in the position reports directly to senior management. Since the person holding this position reports directly to senior management it may automatically result in improved commitment.

The Registered Nurses Association of Ontario (RNAO) encourages transformational leadership practices. These leadership practices entail role modelling of professional behaviour and that leaders engage in personal reflections relating to their value systems and display integrity (RNAO, 2013). The RNAO (2013) argues that leadership's display of ethical behaviour ultimately enhances the creation of positive work environments.

Furthermore, findings of the current study created stances that a high workload, financial constraints and staff shortages curb the execution of succession-planning and continuous professional development. Workload and staffing issues may influence managers to be less receptive to requests for leave pertaining to personal circumstances. Globally staff shortages and a high workload tend to prevent engagement in succession planning and continuous professional development (Ross, Barr, & Stevens, 2013; Brekelmans, Poell, & van Wijk, 2012). Considering the findings in the literature pertaining to the endorsement of ethical principles (previous paragraph) and staffing issues that limit engagement in professional development, it is recommended that:

- Individual nurse leaders use ethical frameworks to assist with clarification and decision making (RNAO, 2013)
- Staff members be educated as to what constitutes unsound promotion processes and how to deal with and report such processes
- Forums be established where nurses can discuss ethical concerns

(Storch, Rodney, Pauly, Brown, & Starzomski, 2002)

- Whistle blowing channels be established for the reporting of misconduct that protects the person reporting as well as the organization (Mansbach, Kushnir, Ziedenberg, & Bachner, 2014)
- Nursing administration addresses workload issues
- The management team be educated regarding the link between healthy work environments, patient outcomes and nurse staffing (RNAO, 2013)
- Staff shortages receive the necessary attention and that the rights of employees be protected
- Favourable conditions in terms of time and money, be in place to enhance the actuality of workplace learning (Brekelmans et al., 2012)

6. Conclusion

Power imbedded in race appeared profound and contributed to the marginalization of women nurses of colour signifying race intersecting with gender. Women nurses of colour were also viewed inferior while White nurses were viewed as more competent and the chosen ones for managerial positions reflecting race intersecting with class. The power contained in managerial structures transpired in the marginalization of those with less power such as questionable promotion practices and oppression of the rights of workers, these reflecting patriarchal systems. The study in itself provided nurses an opportunity to explain experiences related to promotion in view of the EEA and meaningful engagement with those who could have been marginalised. Hopefully the framework will enhance the experiences of all nurses regarding promotions and increase awareness of the noble intentions of the EEA.

Author's contribution

MM van der Heever conducted the research and had written the article. AS van der Merwe was the supervisor involved in the study. She reviewed the article and provided advice regarding the completion thereof.

Conflict of interest

None.

Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.ijans.2019.04.003>.

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