

ORIGINAL RESEARCH

How ready are nursing colleges to be integrated into higher education? A scoping review of influential factors

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ABSTRACT

Background and aim: The integration of college-based nursing education into higher education has gained significant momentum worldwide. However, in countries where integration has not happened some nursing colleges continue to encounter challenges in their readiness for this process. The study aimed to identify and map the breadth of evidence available on the factors that influence the readiness of nursing colleges to transition into higher education.

Methods: Databases such as PubMed, CINAHL, Health Source Nursing Academic Edition, SCOPUS, Google scholar, and Educational Resources Information Centre were used. The review focused on literature published only in English from 1996 to 2021. Arksey and O'Malley's scoping review framework was used.

Results: The search identified 1,408 publications; 23 of these met the inclusion criteria and were selected for full-text review. The following themes emerged: regulations and policies, recognition of nursing education, nurse educator roles, and financial considerations.

Conclusions: The review's findings revealed a need for clear policy frameworks to guide higher education integration and regulatory processes for nursing colleges. Becoming part of higher education improves nursing's academic status, however, integration may give rise to challenges associated with the lack of educator involvement in policy development and integration plans, and unchanged funding arrangements. The repositioning of nursing colleges should take cognisance of lessons from other countries regarding integration readiness to ensure that change happens with minimal disruption and disharmony.

Key Words: Readiness, Integration, Higher education, Nursing education, Legislation, Regulation

1. BACKGROUND

Globally, countries such as Australia, Canada, the United States of America (USA), the United Kingdom (UK), Sweden, and Switzerland have advanced in transitioning and integrating nursing education into higher education.^[1] In Africa, countries such as Swaziland, Nigeria, and Lesotho have partially undergone the integration process^[2-4] with South Africa in the process of fully integrating its nursing colleges and schools into higher education.

Such integration entails a change in customary college-based activities and navigating a range of factors that might influence how these activities are synthesised and implemented to ensure that transformed nursing education institutions function effectively. An implicit question is how prepared or ready nursing colleges are to embrace this change. This review aimed to identify the breadth of evidence available regarding the readiness of nursing education, specifically public nursing colleges, to transition into higher education.

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In South Africa, nurse education and training in public colleges falls under the auspices of the Department of Health (DoH). Although public nursing colleges have been offering higher education programs (certificates and diplomas) for many years, it may be argued that they have done so outside of the higher education sector. University nursing schools, on the other hand, offer degrees and operate under the auspices of the Department of Higher Education and Training (DHET); for some aspects such as clinical placements, universities are controlled by the DoH. Incorporation into higher education is mandated by the Higher Education Act (as amended)^[5] to legitimise the higher education status of all college-based nursing programs. Nursing colleges’ readiness for integration can be described on two levels: that is, at a governance level, where there is a need to transition from the DoH to the DHET, and at a structural level so that the nursing qualifications that colleges award are aligned with the country’s Higher Education Qualifications Sub-Framework (HEQSF). Higher education refers to approved learning programs under the National Qualifications Framework Act, 67 of 2008. These programs include certificates, diplomas or degrees offered at nursing colleges/schools, aligned with the HEQSF.^[41]

Lessons from European and selected African countries suggest that caution should be exercised during the integration process.^[6,7] The European experience^[8,9] cautions against a reduction in the output of nurses because of the transitioning of nursing education into the higher education sector. In Swaziland, integration was implemented cautiously to minimise the drop in nurses’ competency levels as the university-based model purportedly moved students away from hospital training platforms.^[6] South Africa must take cognisance of such lessons and consider the evidence regarding the historical factors that might either hamper or facilitate nursing education’s integration into higher education. Furthermore, in South Africa, transition into higher education is a legislative requirement so that nursing education aligns with global trends and that the professional status of nurses is elevated.

2. METHOD

2.1 Study design

The scoping review was guided by the framework of Arksey and O’Malley,^[10] which comprises the following stages: (1) identifying the research question, (2) identifying relevant studies, (3) study selection, (4) charting the data and (5) collating, summarising and reporting the results. The framework was chosen because it is inclusive, flexible, iterative in nature, and does not adhere to strict methodological rules.^[10,11] The Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Reviews (PRISMA-ScR) flow diagram

was used to report the sorting of searched articles.^[12] See Figure 1.

2.2 Identifying the research question

The broad research question for the review was “What is known from the literature about the factors that influence the readiness of public nursing colleges to be integrated into higher education?”

2.3 Identifying relevant studies

The scoping review was conducted by searching multiple electronic databases in CINAHL, PubMed, Health Source Nursing Academic Edition, SCOPUS, Google scholar, and Educational Resources Information Center. The review focused on published and unpublished literature over 25 years from 1996 to 2021 to capture both historical and contemporary perspectives. The following Medical Subject Headings (MeSH) keywords were used: ‘readiness’; ‘integration’; ‘legislation’; ‘nursing’; ‘education’; ‘colleges’; ‘universities’; ‘policy’; ‘regulation’ and ‘accreditation’. Boolean operators such as nursing college OR school of nursing OR higher education; nursing college AND integration; school of nursing AND integration; nursing education AND integration; nursing college AND readiness; school of nursing AND readiness were used to search for published and unpublished material that met the inclusion criteria.

The study used the Population, Concept and Context (PCC) framework to identify the main concepts in the review question and to inform the search strategy (see Table 1).

Table 1. Population, concept and context framework

PCC Element	Description
Population	Staff/faculty and students in nursing colleges/schools
Concept	Readiness, integration, transition, change, shift, practices, factors, higher education.
Context	Higher education/university context, nursing colleges, nursing education.

2.4 Study selection

Studies were selected and included in the review if published between 1996 and 2021. The publication range was selected to acquire in-depth knowledge of the factors – historical and contemporary, that influence the readiness of public nursing colleges to transition into higher education over the past two and a half decades. The factors may be relevant for countries that are in the process of integrating nursing education or nursing colleges into higher education. Scholarly, peer-reviewed, full-text evidence-based studies and grey literature were included. Grey literature includes diverse written materials not published commercially, such as committee and

government reports, conference papers, ongoing research, policy documents, and similar sources.^[42] To meet the language criterion, only materials published in English were included in the selection process. Literature was excluded if it was: not in English, published before 1996, and if evidence was not related to the integration of nursing education or nursing colleges/schools into higher education.

Both authors searched for literature in the relevant databases, independently analysing text and words contained in the title and abstract, and the index terms used before exporting them to EndNote (to eliminate duplicates). The authors met at the

beginning, midpoint and final stages of the abstract review process to discuss the challenges or uncertainties related to study selection. This enabled revising and refining the search strategy where needed. An iterative process was used to ensure that the abstracts selected were relevant for full-text review. In case of disagreement, a third reviewer was consulted to make the final decision. The PRISMA flow diagram of studies selected is presented in Figure 1.

Figure 1 shows the literature search results using the PRISMA-Scoping Review flow diagram adapted from Tirado et al.^[12]

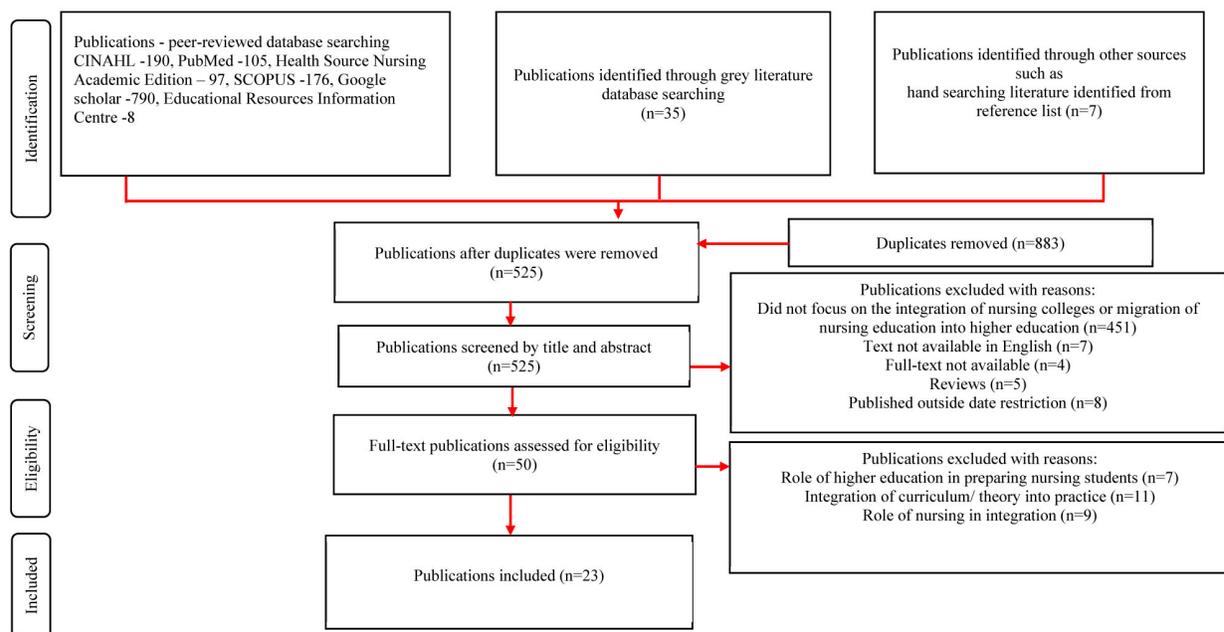


Figure 1. PRISMA flow diagram of studies selected

2.5 Charting of data

Data extracted from the literature were stored electronically in a secure web application, Research Electronic Data Capture (REDCap). Data were presented in Table 2.

Data were collated and summaries were provided for empirical studies (see Table 2).

The non-empirical (grey literature) following a full-text review is illustrated in Table 3.

The data extracted from grey literature included regulations and policies, reviews, strategies, reports, thesis, and editorials.

2.6 Summarising and reporting results

The literature search yielded 23 articles and documents for analysis. These documents comprised peer-reviewed studies (n = 8), regulations and policies (n = 6), reviews (n = 4), strategy (n = 1), reports (n = 3), and editorials (n = 1). The

documents were from the UK, South Africa, Switzerland, Sweden, the UAE, and Norway.

Data were analysed using qualitative content analysis and synthesised using a thematic and narrative approach. The factors that influenced the readiness of public nursing colleges to transition into higher education were categorised into four main themes: regulations and policies, recognition and status of nursing education, nurse educator roles, and financial considerations, presented and discussed below.

3. FINDINGS

Of the 23 publications reviewed, 35% (n = 8) were research-based, and 65% (n = 15) were grey literature, comprising regulations and policies, reviews, strategies, editorials, and reports. Most publications (n = 9) originated from the UK, followed by South Africa (n = 8), Sweden (n = 2), Swaziland (n = 1), Switzerland (n = 1), Norway (n = 1), and the UAE (n = 1).

Table 2. Summary of empirical studies following full-text review

Author(s), year, Country	Study aim/purpose	Study design	Population and sample features	Key results and conclusions
UK ^[13]	To assess the personal perceptions, views, and experiences of nurse educators (previously from nursing colleges) and university staff involved in the integration process concerning their roles.	Eclectic qualitative method.	65 nurse-midwife and nurse educators from nursing colleges and six university staff.	College nurse-midwife educators had role conflict, and perceived College nurse-midwife educators experienced loss of status and identity in a university environment due to lesser involvement in the clinical organization of learning.
UK ^[14]	To explore the views of staff in former colleges of nursing and midwifery involved in the integration process.	Qualitative case study	18 nurse educators	There were changes in college educators' role expectations and the division of labour as nursing colleges became integrated into higher education. Lack of clarity on how the higher education system worked in terms of structure and function. Difficulties in staff cohesion between college and university nurse educators. Nurse educators in colleges struggled to develop nursing programs aligned to higher education standards.
UK ^[15]	To discuss the opinions of key individuals involved in implementing the integration of nurse education into higher education in the UK and the reasons why nurse education moved to higher education.	Qualitative (descriptive)	70 individuals responsible for implementing the integration of nursing education into higher education (Regional Office Education Leads, Consortia Business Managers Consortia Chairs, Regional Education Development, Group Chairs, and higher education deans.	Dissatisfaction with the quality of nurse education in colleges, which lacked rigour compared to nursing education in universities. Perceptions of poor financial viability of nursing colleges as stand-alone institutions compared to universities hampered the integration process. Nurse educators views of integration were not considered, and they felt excluded from the integration process. Integration was viewed as a lucrative business opportunity by the universities.
United Arab Emirates (UAE) ^[16]	To analyse the process of change in nursing education in the Arab Gulf Region in the UAE	Illuminative approach to evaluation using a case study	68 faculty members 32 nursing students	College nurse educators were concerned with job security, teaching, lack of proper planning and leaving the clinical areas. Organizational and curriculum changes put pressure on nurse educators and other members working in the institution undergoing the integration process. Changes in the nurse educator role caused frustration with the integration process as they had to teach large groups of students in universities and abandon the clinical areas.
UK ^[8]	To explore the process of integration of schools of nursing into higher education in England from the perspectives of key individuals involved.	Qualitative Policy analysis	Thirty participants were involved in the integration process (Deans, Executive Workforce Planning Team, professional body representatives, and officers responsible for education at the Regional Offices of the Department of Health.	Good working relationships (trust) existed between nursing college educators and university educators. Integration happened simultaneously with a reduction in the number of nursing colleges, which made nurse educators anxious and unprepared for integration. Some nursing colleges found universities welcoming and increasingly appreciative of the integration process. Effective communication networks developed as a result of integration. Having equal status and places on university committees eased the transition process for the nurse educators. The nurse educators believed that the integration process was most effective when they were involved in decision making and felt they had some control over the process. Nursing college educators struggled with the integration process because of the change in the location, relationships, and structures they were used to. Lack of involvement of nurse educators in policy development and implementation hindered their readiness for integration. Sharing of experiences, lessons learned and best integration models by nursing colleges that transitioned successfully into higher education aided struggling nursing colleges in improving their preparedness.
Swaziland ^[6]	To explore the perceptions of students and nurse educators regarding integrating theory and practice in nursing education in a Higher Education Institution in Swaziland.	Non-experimental, exploratory-descriptive	167 nursing students and nurse educators	Nurse educators feared that the integration process might result in clinical teaching receiving little attention in universities compared to classroom teaching and research. They also perceived Higher Education Institutions (HEIs) as not valuing clinical teaching as much as they value research.
South Africa ^[17]	To explore the impact on nursing college finances if registered as higher education institutions.	Quantitative survey	Sample size not specified – only a range of the sample size stated. Student numbers varied from 676 to 4255, and qualifying student numbers ranged between 183 and 1933.	Integration into higher education will pose a challenge for nursing colleges as they have no control over their finances due to being governed by Provincial (DoHs). Nursing colleges are not on the same subsidy system as universities and do not receive funding for research outputs. Therefore they may struggle financially.
South Africa ^[18]	To explore stakeholders' perspectives on positioning public nursing colleges in higher education.	Qualitative (narrative)	Forty participants, including representatives from the DHET; professional associations; nurse educators; student leaders; nursing leaders; and nurses from healthcare settings.	There was no policy framework to guide the transitioning process. Poor collaborative planning by nursing colleges regarding the integration process. Unclear transitional arrangements to guide the individuals involved in the integration process. Positioning nursing education in higher education was perceived as aligning with global nursing education trends towards international recognition.

Table 3. Summary of grey literature following full-text review

Author, year, country	Nature of the document	Aim/ Purpose	Key results and conclusions
UK ^[19]	Editorial	To determine the implications of integration (nursing schools into higher education) for nursing research and education.	Integration of nursing colleges into the universities would impact the way nursing research is conducted because of the considerable differences between college and university educators in terms of their level of educational preparation, publications, and ability to raise research funds. The integration process required nurse educators to pursue a Master's or PhD qualification so that nursing becomes readily accepted into the academic community.
South Africa ^[5]	Higher Education Act (Act 101 of 1997) as amended	To provide for new institutional types. To provide for the conversion of public higher education institutions.	The Act provides for the declaration of nursing colleges as public higher education institutions after meeting specific criteria; therefore, nursing colleges can prepare and offer higher education programs.
South Africa ^[20]	The White Paper 3: A Program for the Transformation of Higher Education	To outline a comprehensive set of initiatives for transforming higher education through developing a coordinated system with new planning, governing, and funding arrangements.	Provides for the integration of nursing colleges into higher education. The White Paper provides for the possibility that nursing colleges can continue being administered, controlled and funded by their respective provincial health departments to ensure stability while their future location is being decided.
Sweden ^[21]	Evaluation report	To describe the change in Swedish nursing education from vocational training to higher education.	Vocational nursing education and training programs in Sweden transitioned into higher education in the 1990s. Despite the transition, several (ten) university colleges of nursing were not at a higher educational acceptable standards due to a shortage of researchers in nursing and an imbalance between theory and practice. The evaluation concluded that there was a need for nursing education to be based on research evidence and the nursing theory practice gap minimised.
UK ^[22]	Narrative report	To investigate the reasons for nursing education funding anomaly in the UK (England, Scotland, Northern Ireland and Wales) system by making reference to Australia.	Integration of nursing education into higher education positions nurse education at par with other health professions, including occupational therapy and physiotherapy, thus improving the status of nursing as a career. Funding for nursing education remained under the auspices of the Department of Health even after the integration of nursing education into higher education. This enabled stakeholders in nursing education to retain a considerable influence over the constitution of nursing courses and the direction of the profession as a whole. The integration process led to increased tuition costs in higher education institutions, which were almost four times that in schools of nursing compared to the pre-integration period. This was because the graduate with a higher education qualification had enhanced knowledge and skill in clinical practice.
UK ^[23]	Narrative review	To generate an international comparison of the factors that have promoted or hindered educational reform in Australia, Canada, the USA, and Germany.	In Australia, the transfer of nursing programs into higher education enabled nursing to have clear lines of accountability, new educational standards, less bureaucracy and enhanced professionalism. In Germany, nurse educators and leaders had little involvement in institutional governance due to competing requirements of developing new programs while focusing on attaining higher nursing qualifications. In Canada, the transferability of academic credits between nursing colleges and universities during the integration process and the accessibility and acceptability of these courses to nurses were considered challenging. Universities facing financial challenges benefited from increased student numbers through the incorporation of students from schools of nursing. For successful integration to occur, it is imperative to create a positive climate where stakeholders in nursing education can become more involved in policy development, implementation and change.
UK ^[24]	Evaluation of policy	To discuss conceptual and policy developments for external quality assurance for nurse and midwifery education in England.	The integration process was challenging for nursing colleges as they failed to present evidence of meeting the accreditation standards of the Higher Education Quality Council (HEQC) and satisfying external stakeholders in terms of quality. There needs to be a transparent and reliable means to judge the extent to which a standard has been met before an education institution is accredited to offer nursing and midwifery training.
Norway ^[25]	Short report	To describe nursing education in Norway and challenges regarding the undergraduate and newly graduated nurses' competencies.	Nurse educators lacked time to focus on the integration process as they were busy pursuing Master's degrees, which are required to teach higher education programs. There was a gap between theory and practice due to clinical teaching not being focused on in universities as much as it would be in nursing colleges. Overall, the gap between theory and practice might have been due to a comparatively shorter clinical experiential learning time for nursing students in universities and the fact that clinical situations are more complex and demanding than before.
Switzerland ^[26]	Policy review	To examine the nurse education reforms recently enacted in Switzerland, including integrating nursing programs into higher education institutions.	The high cost of remunerating educated nurses was seen as a barrier to integrating nursing programs into the higher education sector. The nursing profession struggles to attain professionalism, hence the need to strengthen the educational system by ensuring that it is offered in higher education. The authors concluded that the reforms resulted in tertiary-level nursing programs being situated in both the universities and in the higher professional schools. The reforms also increased rather than decreased the variation of the nursing programs offered and academic/professional degrees awarded.
Sweden ^[27]	Integrative review	To explore the Bologna process in Sweden in developing nursing education programs.	Integration of nursing education programs into the higher education system improved the profession's status by incorporating more qualified graduates into practice settings. The Bologna process as described aimed at harmonising and integrating nursing programs into higher education within and across countries in Europe thus promoting global employability. ^[40] In Sweden the Bologna process was implemented in 2007 and it resulted in the inclusion of clinical practice in most nursing courses thus improving the scientific knowledge base in nursing education
South Africa ^[28]	Circular No.3/2010	To communicate with Nursing Education Institutions, the National Department of Health, Provincial Departments of Health, and other nursing stakeholders in nursing education on the status of the legacy nursing qualifications that are recorded on the NQF and the implementation of the NQF-registered (new) nursing qualifications.	The nursing qualifications are to be aligned to the new National Qualifications Framework (NQF), which has 10-levels
UK ^[29]	Narrative review	To establish if reforms in higher education are potential conflict of interest or enhanced experience for nurse educators and students	The UK Department of Health policy required nursing education to be integrated into higher education. This was so that nursing education is positioned as a distinct academic discipline thus contributing to nursing's professional identity. In conclusion, the reforms such as integration of nursing education into higher education was a conflict of interest for the nurse educators and students versus the government's business model. This was because the government introduced a business model that viewed students a source of income while the Nursing and Midwifery Council aimed at establishing standards of education, training, conduct and performance to safeguard the health and wellbeing health care users.
South Africa ^[30]	Strategy (Strategic Plan for Nurse Education, Training and Practice 2012/13 – 2016/17)	To develop, reconstruct and revitalise the profession to ensure that nursing and midwifery practitioners are equipped to address the disease burden and population health needs within a revitalised healthcare system in South Africa.	Recommended that nursing education and training should be a national competence and be offered in higher education. The strategy supported the accreditation of nursing colleges to offer higher education programs because nursing departments/schools within universities can neither absorb nor produce the numbers currently being trained at nursing colleges.
South Africa ^[31]	National Policy on Nursing Education and Training	To provide a national framework for nursing education, ensuring alignment of nursing qualifications with higher education.	Nursing programs and nursing education providers must be accredited by the South African Nursing Council (SANC) and the Council on Higher Education (CHE) in line with applicable legislation before offering any programs on the HEQSF that lead to a nursing qualification; the same applies to private nursing education providers including their registration with the DHET. The policy illustrates articulation between qualifications thereby enabling nursing students to move more efficiently from one program to another over time.
South Africa ^[32]	Narrative review	To demonstrate the possible impact and consequences of change to policies and legislation on the provision of nurses through the failure of authorities to respond to the need for change.	Accreditation might take a long time, and some nursing colleges may struggle to meet the higher education requirements. Nursing colleges risk receiving less funding from Provincial (DoHs) due to competing interests with service delivery normally prioritised above nurse education. The capacity of public colleges to offer higher education programs needs to be strengthened through legislative and financial support, and the competencies of nurse educators upgraded to enable them to teach in higher education.

Following qualitative content analysis, four themes were identified for meaningful synthesis and presentation of the review findings. Themes from the charted literature addressed the regulatory and policy environment in which nursing education operates during transitioning, the recognition of nursing education and how its status would change in higher education – including the roles of nurse educators, and the changes required in funding nurse education.

3.1 Theme 1: Regulations and policies

It is evident from mostly grey literature that policies and regulatory mechanisms are central for effective transitioning into higher education. Data from three countries (South Africa, Norway, and UK) suggest that integrating institutions into the higher education sector is not a matter of choice but a matter of law of the country concerned. In Norway, the integration of nursing colleges into universities was a result of the Universities and University Colleges Act of 1994 and the prescripts of the Education Ministry that nurse education should be offered at higher education level).^[25,33] Therefore, nursing colleges were legally compelled to prepare for the transition into higher education.

The integration process in the UK began with the amalgamation of nursing schools, which was stimulated by the Project 2000 program.^[8] Additionally, the amalgamated schools were required to have a minimum number of students (1,000) similar to the numbers in higher education institutions (HEIs) rather than 300 previously required for validation purposes.^[8] Similarly, in South Africa, anecdotal evidence shows that integration also compelled nursing colleges/campuses to amalgamate across all nine provinces to centralise decision-making and enable students to transfer across nursing campuses. The implication of amalgamating nursing colleges was a decline in student intake per college campus and per program. This has further exacerbated the shortage of nurses in the practice environment.^[32]

Transitioning into higher education, globally, also raised concerns around the transferability of academic credits between colleges and universities, accessibility and acceptability as the nursing colleges that previously offered diplomas collaborated with universities to offer bachelor degrees.^[23] In South Africa, the policy and criteria for credit accumulation and transfer within the National Qualifications Framework make provision for the transferability of academic credits from the legacy nursing program to HEQSF-aligned programs.^[31,34] On the contrary, the National Policy on Nursing Education and Training of the Department of Health^[31] is silent on the transferability of credits between colleges and universities. This may be intentional since the transferability of program credits is within the purview of HEIs and informed

by applicable legislation.

The Higher Education Act 101 of 1,997 (as amended) in South Africa provides for the declaration of nursing colleges as public HEIs, thus enabling them to offer higher education programs^[5] independent of an existing university. Whilst there is no direct mandate for colleges to be integrated into existing universities, this Act nonetheless provides for colleges to be located within higher education. Although fewer insights were gleaned from published research, one study suggests that the absence of a policy framework to guide integration disrupts the preparedness of nursing colleges in South Africa.^[18] Another posits the lack of involvement of educators in policy development and implementation. Nurse educators need to participate in developing and implementing the policies that inform the integration process. This may improve their readiness and chances of successfully implementing integration processes as they become motivated and have a sense of ownership and commitment to the policy.^[8] A policy review in the UK concluded that the transitioning of nursing colleges into higher education could be delayed because some struggle to present evidence of compliance with the accreditation standards of the Higher Education Quality Council (HEQC) and fail to satisfy external stakeholders in terms of quality.^[24] Similar conclusions were drawn from findings of a feasibility study in a provincial nursing college in South Africa - unless there is change in college governance and funding, colleges will struggle with adherence to the quality standards in higher education.^[35]

3.2 Theme 2: Recognition and status of nursing education

In countries such as Australia, Sweden, and the UK the integration of nursing education into higher education enhanced professionalism and increased the academic status and professional identity of nursing.^[23,27,29] Nursing education became internationally recognised; integration enabled access to resources and professional development opportunities for nurse educators as they experienced equal status with their university counterparts.^[8] However, in Sweden, nursing education transformed from vocational training into higher education in the 1990s but was found lacking in research and integration of nursing theory into practice. Therefore there was a need to ensure that nursing education was anchored on research evidence and the need to minimise the nursing theory and practice gap.^[21] In the Western European region, Switzerland was one of the last countries to integrate nursing programs into higher education.^[26] The integration process was initiated by the federal government and the Swiss Professional Nursing Association during the Bologna process, leading to an improvement in the status and recognition of

nursing by the European Union.

In South Africa, nurse educators expressed the need to align themselves with global nursing education trends, which positively contributed to their readiness for change.^[18] This finding is similar to nurse educators in the UAE who perceive integration into higher education as increasing their academic status, access to resources, and professional development opportunities.^[29] Higher education integration in Australia was viewed as a win for nursing education as it enabled more precise lines of accountability, a loss of bureaucracy, and enhanced professionalism, thus making nurse educators more ready and receptive to the integration process.^[23]

Becoming part of higher education also means that nurse educators would have to attain higher degree qualifications, such as master's and doctoral degrees, to be ready to teach higher education programs.^[19] In this way, the status of the nursing profession would be enhanced, similar to other professions. In this regard, the CHE in South Africa requires faculty who teach in higher education to have relevant academic qualifications higher than (or equivalent to, where applicable) the exit level of the program, and at least 50% of the academic staff members teaching postgraduate programs to have appropriate academic qualifications.^[36] Obtaining higher education qualifications improves the profession's status by incorporating more qualified graduates into the practice settings.^[27]

On the other hand, the integration process might initially impede research output because college nurse educators traditionally focused more on teaching than on research and publications.^[19] This notion suggests that the shift of nursing colleges into higher education might undermine clinical nurse training at the expense of research, described in the theme below.^[6] In the UK, a lack of recognition of nursing college educators in a university environment due to differing levels of education made them less prepared for university integration. Nonetheless, the integration process was welcomed by some nursing colleges because they had developed good working relationships with nurse educators at universities, and there was comfort and ease in the transition.^[8]

3.3 Theme 3: Nurse educator roles

Nurse educator roles are directly influenced depending on the model of integration. Where colleges were subsumed into the structure of universities, nurse and midwife educators whose major component of work is clinical teaching felt anxious that this role would be eroded by the demands of their new roles in higher education.^[13] Prospects of a diminished clinical teaching presence made educators feel

less enthusiastic about their role in universities. A difference was noted between younger and older nurse educators; younger college nurse educators who had not served long in nursing education were identified as risk-takers who were more enthusiastic about integrating into their roles in higher education compared to older longer-serving educators who were more resistant to change.^[14]

The integration process for some college nurse educators was eased by having equal roles on university committees and involvement in decision-making.^[8] Their experience of equal roles made the nurse educators perceive the integration process as a smooth transition into higher education. As independent colleges within higher education, the integration process also imposed on college nurse educators a new culture that required them to adapt and redefine their roles in higher education, thus negatively impacting their readiness for integration.^[13] In general, nurse educators feel underprepared for their role in higher education and a great deal of adaptation to a new culture would be required. As South Africa undergoes the integration process, it is essential for nurse educators to effectively adapt and redefine their roles within the higher education environment.

3.4 Theme 4: Financial considerations

The financial considerations theme addresses two interrelated aspects: funding for nursing education and funding costs for nursing students in higher education.

3.4.1 Funding for nursing education

The integration of nursing colleges into higher in the UK saw nursing education being funded by the Department of Health, while in other countries such as Australia, it was funded by the Department of Employment, Education, Training, and Youth Affairs.^[22] Integration expenses would include costs associated with buildings, educational resources, and salaries. In Switzerland, the transition of nursing colleges into higher education was considered unnecessary by stakeholders as practising nurses with higher education qualifications would need to be paid higher salaries. The high cost of salaries for better-qualified nurses was thus a barrier to higher education integration.^[26]

In South Africa, integrating nursing colleges into higher education may pose a challenge for nursing colleges as their funds are controlled by the Provincial DoH.^[17] Because of competing health priorities, nursing colleges are at risk of not receiving adequate funds to ensure the availability of infrastructure and human resources for the integration process. However, in respect of governance, public nursing colleges would continue to be administered, controlled, and funded by the DoH.^[20] This may change whilst the policy around

declaring nursing colleges as a particular type of higher education institution is being developed. Similarly, funding for nursing education in the UK remained under the auspices of the Department of Health even after the integration process.^[22] As a result stakeholders in nursing education had considerable influence over nursing courses that were offered and the direction of the profession as a whole.

There are contrary stakeholder views that consider nursing colleges as not being financially lucrative compared to universities because universities can offer various programs that generate income through increasing enrolments and research outputs.^[15,17] In the early stages, stakeholders thus perceived the integration process as a financially viable option, which may have positively contributed to an improved readiness for integration.^[15,19]

3.4.2 Cost to students

The literature points to high costs of being educated at universities compared to those who study at colleges. In Germany, the higher cost of educating nurses was perceived by the Ministries of Health and Education as an economic factor that influenced decisions regarding the transition into higher education. The training costs for students in higher education could be prohibitive thus denying access to nursing studies of many deserving applicants. In addition, the high costs had the potential of increasing the wages of graduate nurses.^[26]

4. DISCUSSION

The review raised a multiplicity of factors that influence the integration process and hence, the readiness of nursing colleges to transition into higher education. Mostly, there is consensus about the importance of regulations, policies, and policy frameworks to set the standard, and to inform and guide the integration processes. However, inadequate nursing policy expertise, weak leadership, and lack of coordination can hinder policy development and implementation in nursing education, derailing integration processes.^[37] Lessons from the UK experience suggest that the implementation of policies regarding the integration process is more likely to be successful if the key stakeholders involved have the skills and motivation for effective change.^[8] It can be argued that gaps in policies, regulations, and frameworks weaken the support needed for a smooth integration process; the crux of the matter lies in the extent to which policies address critical changes in governance and funding. If these factors are addressed in a comprehensive and coordinated manner between the relevant ministries and regulatory bodies, the transition into higher education may occur with minimal challenges.

Furthermore, the review elucidated two distinct pathways for integration: one that involves direct incorporation of a

nursing school or college into an existing university, and another, which more broadly assigns higher education status to a college that meets higher education standards, independent of incorporation or cooperation with a university. Integration of nursing colleges into higher education is associated with increased anxiety among nurse educators, especially those that, structurally, were directly integrated into universities. There is particular concern about eroding the practice base of the profession as educators feel that they would lose their clinical skills, which form a significant part of their roles in nursing colleges.^[13] This impression was amplified by nurse educators who perceived the loss of clinical skills to be the result of higher education focusing more on theoretical teaching than on clinical teaching.^[8] Nonetheless, transitioning into higher education does not mean less focus on the clinical component of educating and training nurses; in response, nursing schools located within hospitals were converted into clinical training units to increase the number of sites for student training and accompaniment.^[39] Ultimately, there is a need to conduct workshops or information sessions on universities' structure and functioning to allay anxiety and uncertainty.^[14] In the same vein, more attention is needed in the preparation for the integration process for more senior, older nurse educators. This is mainly because senior nurse educators perceived the transition into higher education as disrupting their pre-established behaviour, posing a threat to their self-worth as educators, and negatively influencing their preparedness for the integration process.^[14]

One of the positive outcomes of the integration of nursing education into higher education was the perceived improvement in the status of the nursing profession, which made nursing education globally comparable.^[23] International comparability may improve nurses' chances of being highly employable, thus positively impacting their perception of the integration process.^[29] This outcome is possible and may serve as an important pull factor for nurse educators to support integration into higher education.

Finances and apportioning funding are important factors that influence the integration process. The income of university nursing schools is supplemented by student fees and research output while the public colleges in South Africa do not require student fees at levels as high as universities. Thus a real threat to viability exists because of funding disparities between universities and colleges despite equalizing their status as HEIs.^[17] In cases where the government is responsible for funding both nurse education and the provision of health services, they may prioritise healthcare service delivery instead of nursing education. The unintended consequence of this could be a lack of resources, which may negatively impact the quality of graduate nurses. One of the primary obstacles

revolves around securing sufficient funding to maintain and uphold high-quality standards within the college teaching and learning environment.^[35]

Nursing colleges accredited to offer higher education programs felt that the organizational and curriculum changes associated with the transition process placed pressure on nurse educators and other members working in the institution undergoing the change.^[16] The nurse educators thus perceived the integration process as challenging. MacNeil concurred with Mustapha's findings by adding that educators in nursing colleges struggled with developing nursing programs aligned to higher education standards, which contributed to delays in the accreditation process and, consequently, their preparedness for the transition into higher education.^[14, 16] It is thus imperative to review the accreditation frameworks and tools used by regulatory/professional bodies to prevent duplication and facilitate the accreditation process.^[38]

In some instances, the integration process may give rise to challenges associated with the transferability of academic credits between colleges and universities.^[23] This may create a negative perception of the integration process if the pathway of credits transfer is not well laid out. An unclear credit transfer process may make it difficult for students to transfer across programs and campuses and may be an administrative difficulty for nursing college staff.

Limitations

There is limited scientific, empirical literature on the integration of colleges of nursing into higher education in most European and African countries; hence the predominantly available information is related to the UK. This restricted discussions regarding integration across the globe. The review also considered studies written only in English, and there may be similar studies written in other languages. The re-

view only focused on public and not private nursing colleges, and the factors that influence the integration process may differ. Most of the studies were descriptive reviews, with very few being evaluative in nature, adding to the paucity of information on the readiness of nursing colleges to integrate into the higher education sector.

5. CONCLUSION

The discourse in higher education readiness of nursing education, and specifically the readiness of nursing colleges, highlights several influential factors. Clear and coordinated policy frameworks including sustainable funding models influence the success of higher education integration. Such frameworks and models should address mechanisms for nursing colleges to achieve and sustain adherence to higher education standards and the resources and skills required. Although nurse educators are generally positive about transitioning to higher education, the review highlights the need for nurse educators to be more involved in policy development that would enhance the implementation and success of integration plans. If educators' views are considered and their roles clarified, they are likely to be more committed, and on the front line of policy implementation. It is also important that the preemptive repositioning of nursing colleges take cognisance of the lessons from other countries regarding integration readiness to ensure that change happens with minimal disruption and disharmony.

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CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

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