

Pursuing a corporate understanding of service-learning in nursing education: A case study

H. Julie

School of Nursing

University of the Western Cape

Bellville, South Africa

e-mail: hjulie@uwc.ac.za

Abstract

A corporate definition of service-learning (SL) could help to mainstream SL in higher education institutions (HEIs). Concepts like 'service-learning', 'community engagement' and 'community service' tend to be used interchangeably. It is thus imperative to start from a common understanding of these related concepts. Therefore, this article discusses the development of a definition of SL for a school of nursing. The democratic process of the nominal group technique (NGT) allowed the academics to discuss conflicting points openly during the consensus-seeking process. The thematic analysis, based on frequency scores, identified 'equal tri-partnership'; 'teaching and learning process'; 'reflective practitioners'; 'community needs'; 'community development'; 'shared values'; and 'community engagement' as the essential concepts to be included in the definition of SL. It can be concluded that the final SL concept list was formulated due to the academics' willingness to examine their individual practice theories with the purpose of developing a shared understanding of these concepts.

Keywords: corporate understanding, service-learning definition, service-learning institutionalisation

INTRODUCTION AND THEORETICAL GROUNDING

A national service-learning (SL) policy is essential for setting strategic priorities and for coordinating action and resources. However, conceptual confusion in higher education institutions (HEIs) is an impediment to the implementation of the SL policy because concepts 'like service-learning' (SL), 'community engagement' (CE) and 'community service' are used interchangeably (Bender 2008, 82). Findings from a baseline survey conducted during the introductory phase of the nursing service-learning programme in 2010 (Julie and Adejumo In press), and the comment that 'community support has been confused with community engagement' in the Institutional Operating Plan (UWC 2009, 5), suggest that conceptual confusion is prevalent. Scholars in the fields of community engagement and organisational change contend that the SL policy implementation in higher education is more likely to be successful when there is a strong institutional commitment (Furco 2002, 3; Julie, Daniels and Khanyile 2007; Lazarus et al 2007), the policy implementation is well conceptualised (Hall 2010, 24), and the practice model is consistent with

available best practice evidence and international standards (Butin 2003, 1674).

The theoretical grounding of this study included concepts in organisational change theory. Organisational change scholars posit that organisational problems, such as the conceptual confusion described above, signal that the organisational change process did not pay sufficient attention to the human factor (Self, Armenakis and Schraeder 2007). Hence, authors like Herold, Fedor, Caldwell and Liu (2008, 943) and Lamm and Gordon (2010, 426) advocate that change agents involved with the implementation of SL should regard the individual's response to the change initiative as key. Wright and Pandey (2010, 77) thus propagate that the organisational change process should focus on psychological empowerment activities for the individuals who will cultivate within them 'ownership-taking behaviours for the proposed change'. It is therefore crucial that the change agents desiring to implement SL as a teaching methodology, gain insight into the change processes (Lamm and Gordon 2010, 426) of the individuals and the communities of practice in the school of nursing. This insight at the operational level will ensure that the organisational change agents get 'buy-in' from the nursing fraternity, thus countering the natural tendency to resist change (Oreg 2003).

This insight resonates with the tenets of the emergent approach to organisational change because the organisation, which in the current study was the school of nursing, focused on issues of 'change readiness and facilitating change' (Todnem By 2005, 375) of the academics who would be centrally involved in the implementation of the new SL teaching methodology. The emergent approach also advocates that the change process be driven from the bottom up instead of top down (Todnem By 2005, 374).

Proponents of SL in South Africa (Bender 2008; Hall 2010; Smith-Tolken 2010) indicate that a corporate definition of SL is a pre-requisite for mainstreaming SL in HEIs. Hall (2010, 24) asserts that a 'lack of progress in implementing community engagement relates to a lack of conceptual clarity, and reflects a need for a better theorised understanding of community engagement'.

However, very little is available in the literature about how tensions between the espoused theory and the theories in practice in organisations influence the implementation of SL at programme level. Choi and Ruona (2011, 62) remark that individuals develop their own mind maps about the organisation's theories in use, which may differ significantly from the organisation's espoused theory. However, convergence of diverse theories in use can be facilitated through organisational inquiry aimed at initiating new organisational practices. Organisational change agents should also take note that successful organisational change is dependent on organisational learning that 'emphasises individuals' meaning making within and through the context of the innovation' (Butin 2003, 1680).

The researcher therefore used organisational learning as a management strategy in order to facilitate meaning making of SL as a teaching methodology and to bring the school of nursing in alignment with the institutional vision and mission

regarding SL (UWC 2009, 35–36). The institution under study advocates SL as a teaching methodology and embraces the ‘transformational potential of knowledge that emerges from this engagement’ (UWC 2009, 6). Therefore, in the current study, organisational change was regarded as the process of implementing SL as a teaching methodology, as one aspect of the institution’s corporate strategies as an engaged institution (Frantz, Rhoda and De Jongh 2013, 51; UWC 2009, 35). It thus became imperative that the school of nursing ensured that the SL theories in use at the school were aligned with those expressed in its institutional operating plan. A logical point of departure was to develop a common SL language for the school of nursing that was based on a shared understanding of the various concepts commonly used in SL discourse.

Therefore, the study is positioned in the emergent approach to organisational change, because it accentuates institutional collaboration, teamwork, shared responsibility and SL capacitating between the Community Engagement Unit (CEU) and academics of the school of nursing, whilst interrogating the SL theories operating in the school. Armenakis and Bedeian’s (1999, 302) model to facilitate the adoption and institutionalisation of desired change was relevant for the study. They advocate that the change message should include discrepancy (we need to change); self-efficacy (we have the capability to change successfully); personal valence (it is in our best interest to change); principal support (those affected are behind the change); and appropriateness (the desired change is right for the focal organisation).

RATIONALE FOR THE RESEARCH

Currently, there is confusion in the understanding of SL in the school of nursing and this will affect the implementation of SL as a teaching methodology in the undergraduate nursing programme. Exploring and challenging the underlying theoretical framework of the academics would assist in facilitating the changes required towards the buy-in and implementation of SL. Therefore, a common understanding of SL became an imperative for the school. The research question posed was: What are the main concepts that should be included in the definition of SL for the school of nursing?

The aim of the research reported on in this article was to develop a definition of SL for the school of nursing. The premise was that the development of a shared understanding SL is influenced by the espoused theory and theories in practice of the diverse group of academics. The study had two objectives: firstly, to explore the participants’ understanding of SL to differentiate it from other forms of community engagement; and, secondly, the study wanted to identify the main concepts that should be included in a definition of SL for the school of nursing.

METHODOLOGY

Social constructivist or interpretative research adopts the position that people's knowledge of reality is a social construction and therefore attempts to understand phenomena by exploring the meanings assigned to them (Creswell 2009, 8). The specific context in which the nursing academics work therefore needed to be examined to understand the meanings and the interpretations of the SL policy implementation in the context of the nursing school. Therefore, a participatory and democratic research method, like the nominal group technique (NGT), was indicative to facilitate open discussion of conflicting points during the consensus-seeking process of the NGT.

The study was conducted in a school of nursing at an HEI in the Western Cape, South Africa. The target population comprised of representatives of the CEU of the research institution and the academic coordinators of the nursing teaching teams of the nursing sub-disciplines, such as nursing education, general nursing, community nursing, psychiatric nursing and midwifery across the four year-levels of the nursing undergraduate programme. Purposive sampling was used to select nine key informants for the NGT who were strategically positioned within the school and the HEI to play a pivotal role in institutionalising SL as a teaching methodology in the nursing programme. The rationale was to enlist the CEU and to recruit from the school of nursing 'quality enthusiasts' (Lamm and Gordon 2010, 428) who were convinced about the merits of the policy implementation, and would therefore champion the implementation of the SL methodology in their respective communities of practice in the four-year nursing degree programme.

NGT as data collection method

Although part of a larger process where participatory change management strategies were used (survey, workshops and focus groups), the focus of the article is on one aspect of this process, namely the NGT. The collective experience and insights of key participants were harnessed to move them beyond the status quo of diverse understanding and implementation of the national SL policy (HEQC 2006, 19), towards developing a contextualised, synergistic understanding of SL for a school of nursing. A three-and-a-half-hour NGT session was held on 9 November 2012 at the school of nursing.

The NGT is a weighted ranking method that allows a group to generate and prioritise issues within a highly structured process that gives all participants an equal voice (Burrows et al 2011, 2–3). The technique is widely used in practice development, education and health (Jones 2004, 22). The NGT was chosen for its intrinsic value as a means of developing a community of practice for SL, whilst simultaneously illuminating the underlying theoretical perspectives of the academics during the exploration of the research question: What is the meaning of SL for nursing academics in a school of nursing?

The NGT process that was followed required the researcher to obtain informed consent from the participants and to explain the process to be followed. Two research

assistants were responsible for taking notes and making a video recording of the proceedings. The NGT process was moderated by a doctoral student who was neutral and had experience in using the NGT process. The two representatives from the CEU and the researcher acted in the capacity of SL experts. The typical steps of the NGT (Burrows et al 2011, 3; O'Neil and Jackson 1983, 130–131) were followed except for the introductory step that was augmented.

Introductory session

This step of the NGT was augmented with a didactic presentation by the researcher for specific reasons. Firstly, to address the service-learning practice gap identified (Julie and Adejumo In press), thus circumventing 'collective ignorance' (Jones and Hunter 1995, 378) during the NGT. Secondly, it had to facilitate SL meaning making for the academics of the nursing school because meaning making is associated with behavioural support for change (Lamm and Gordon 2010, 426). Meaning making was facilitated during the ensuing discussion when the participants interrogated the diverse understandings of the concepts commonly used in SL discourse. Thirdly, it was done because the academics needed to develop an awareness of the need to change, by benchmarking their current understanding of SL with the national SL practice standards.

Since it is acknowledged that academics play a pivotal role in change processes (Wright and Pandey 2010,75), the researcher took the organisational context of the nursing programme in which SL as a teaching methodology was to be implemented into account (Julie and Adejumo In press; Julie, Daniels and Adonis 2005; Julie et al 2007). The researcher therefore established a common theoretical basis that would enable the academics to participate in the NGT from a scholarly perspective. Hence, the didactic input provided a synoptic overview of the SL policy; best practice guidelines; the pedagogical principles; and the audit criteria for SL. During the subsequent discussion, academics were challenged to benchmark their current understanding and practices of SL across the different disciplines within the undergraduate nursing programme against the standard of the Higher Education Quality Committee (HEQC) presented at the start of the session.

Silent generation of ideas

The NGT moderator reiterated the purpose and the process of the NGT before proceeding with the second step, which involved participants writing down silently as many concepts as possible which they thought should be included in an SL definition for the nursing school. This carried across the message that it was in their best interest to engage with the changes (Armenakis and Bedeian 1999, 302).

Creating the master concept list

The moderator created a master list by inviting each participant to share one concept in a round-robin fashion until all the contributions were listed on a flip-chart. Thus,

the playing fields were levelled because all the participants were given an equal opportunity to contribute to the list (O'Neil and Jackson 1983, 131). This step was also linked to the notion of 'principal support' (Armenakis and Bedeian 1999, 302) because the academics, as leaders of their respective communities of practice in the nursing school, were recruited to champion the organisational change process related to the implementation of SL as a teaching methodology in the school of nursing.

Item clarification and merging of concepts

During this step, the moderator ensured that all participants had the same understanding of every concept listed by first asking the contributors to clarify their personal understanding of the concept to the group, before opening up the concept for wider debate to clarify any ambiguity or misconceptions and to remove any duplicate concepts. Academics could thus interrogate the diverse understandings of the concepts commonly used in community engagement and SL discourse. The master concept list consisting of 48 items was re-organised and condensed into seven thematic concepts (see Table 1) based on the group's shared understanding.

The conceptual understanding was benchmarked against the scholarly understanding captured in a South African Higher Education Community Engagement Forum (SAHECEF) working document, which was included in the participants' NGT information packages (Bender and Carvalho-Malekane 2012). This step was geared towards establishing the appropriateness of the concept pool for the SL definition (Armenakis and Bedeian 1999, 302). The process also enabled the researcher to diagnose any discrepancies between the espoused SL theory and theories in practice as expressed during the discussions. A preliminary vote followed and participants were instructed to choose from the concept list the five concepts they regarded as essential to be incorporated into the definition of SL for the nursing school. A 5-point Likert scale was used to score each concept where 1 indicated the least important and 5 the most important. Table 1 provides an overview of the final Likert scale ranking of the seven concepts by the nine participants.

Discussion and subsequent action

The participants were given the opportunity to re-score after the moderator had posted the initial scoring and before the final list was posted at the closing of the NGT. The researcher formulated the SL definition from the final concept list with input from the moderator and circulated it to the participants for comment.

Table 1: Final ranking of concepts by the NGT participants

| Concept | Likert scale scores of participants for each concept | | | | | | | | | Ranking |
|---------|--|---|---|---|---|---|---|---|---|---------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| A | 1 | – | 2 | – | – | 1 | 3 | – | 1 | 8 |
| B | 4 | – | – | 1 | 2 | 2 | 4 | 4 | – | 17 |
| C | 5 | 2 | 3 | 4 | 3 | – | 5 | 5 | 2 | 29 |
| D | – | 1 | – | – | 5 | 4 | – | 2 | 3 | 15 |
| E | – | 5 | 4 | 2 | – | 5 | – | – | – | 16 |
| F | 3 | 3 | 1 | 3 | 4 | 3 | 1 | 3 | 4 | 25 |
| G | 2 | 4 | 5 | 5 | 1 | – | 2 | 1 | 5 | 25 |

A = Community engagement
 B = Community needs
 C = Equal tri-partnership
 D = Shared value
 E = Community development
 F = Teaching and learning process
 G = Reflective practitioners

Trustworthiness

Cresswell (2009, 191–192) proposes six strategies to enhance internal validity, namely: triangulation, member checks, long-term observation, peer examination, participatory or collaborative modes of research, and researcher bias. During the current study, all these strategies were used, except long-term observation.

A literature review was undertaken to clarify the different concepts prior to the NGT and during the analysis phase of the study, ensuring triangulation of primary and secondary sources. Member checks were done throughout the NGT process and when circulating the transcribed NGT. Researcher bias was disclosed by stating the researcher's theoretical orientation and her interest in the study at the beginning. The following strategies were used to ensure external validity: clarifying the investigator's position, an audit trail and triangulation. Thick descriptions of information were provided (Creswell 2009, 191) to facilitate the process of assessing the potential for transferability and appropriateness for readers.

DISCUSSION

The results are discussed by grouping the steps of the NGT.

Introductory and item clarification sessions

The following extract illustrates the importance of framing issues of meaning making in 'legitimate and familiar designs' (Dacin, Goodstein and Scott 2002, 47). The framing in the familiar design enabled academics to voice their confusion about the relatedness of credit bearing and SL embeddedness.

The issue of the credit bearing, for me it is a concern. How do you make SL credit bearing because my understanding is it should be embedded in the curriculum. So, it being credit bearing seems to say that it will be separate and be a course ... embedding is very important because you cannot separate, especially in our discipline, theory and practice. If you want to educate your graduate applicants, the first thing would be that they must be able to understand the theory and then they must be able to apply it practically. So, hence, SL should be embedded. What percentage for the practice and how much is for the theory? (A1).

The assumption is that this self-awareness will logically propel the academics to the issue of self-efficacy. In other words, the expectation was that academics would engage in some introspection in terms of whether they had the capabilities to implement SL as a teaching methodology successfully as individuals and also in their communities of practice (Armenakis and Bedeian 1999, 302).

The process that was employed to modify the underlying theoretical roots expressed by the academics, that was conflicting with SL theory, is relevant. Extracts of academics' SL theory in practice are used to illustrate how these academics' tacit pedagogical knowledge was mirrored back to them as their SL mental models.

What we do in Community Health Nursing: our students are taken to community projects [where] they do community development, participation ... [they do] primary health care theoretically and then they must go into the communities, into their various projects and actually go apply the theory. What we do at the end of their placement, they must do a presentation so that we can see did they actually apply what has been taught in class, [and] did they actually apply it in the community projects. That is how we did it, so ours was embedded; the guideline says specifically to have an embedding component (A2).

The above extract illustrates that an individual's readiness for change is connected to that person's mental models which operate as 'knowledge development drivers and filters' (Blackman and Henderson 2005, 54). These authors further assert that institutionalised experience and shared assumptions are foundational requirements for organisational change (Blackman and Henderson 2005, 42). Therefore, these individually constructed mental models, reflecting the academics' underlying theories in practice, need to be transformed to a shared understanding of the larger vision of an 'engaged university' (UWC 2009, 35). However, care was taken to use empowering strategies that built on existing strengths of the theories in practice.

To embed SL because it is in fact what you are doing. You now just [need to] put it into a theoretical framework and place some of the quality assurance aspects into it (CEU1).

There is thus evidence of critical reflection because participants were challenged to benchmark their current practice against national SL standards (HEQC 2006) because legitimacy of change is associated with constitutive rules or guidelines

(Dacin et al 2002, 48). The researcher tried to prevent the ceremonial integration of the SL teaching methodology in the school of nursing (Lamm and Gordon 2010, 428).

To come in line with what I have given you in terms of the criteria, although we do all this brilliant work, with regard to those criteria, can we call it service-learning? The challenge, and what brings us here, is how do we define *service-learning*, not just community engagement or community projects, but SL per se ... and align it to those prerequisites of reflection, equity, partnerships [etc.] ... In other words, it [service-learning] emphasises that the academic credit is based not only *on community service per se but on the academic learning that occurs as a result of the community service*. Therefore, the purpose is to promote and develop social responsiveness amongst our students ... [in fulfilment of] the role of higher education in social and economic development through the community programmes (R).

The researcher thus reiterated that SL fits in with the HEI's mission of teaching and learning (UWC 2009, 28).

The next section provides a summary of the conceptual framework that culminated in the formulation of a definition of SL for the school of nursing.

The conceptual framework and the SL definition for the school of nursing

After the current practices and understanding of SL as a particular form of community engagement had been explored, the next step was to develop an SL definition for the nursing school. The intention was to consolidate the shared mental models developed during the didactic session by engaging the nursing academics in this vision-building exercise for the school. Figure 1 reflects the final concept list, regarded as the conceptual framework for the SL definition, as compiled through group consensus.



Figure 1: SL conceptual framework

The conceptual framework indicates that the academics put a high premium on equal partnerships (ranked first with a score of 29); regarded reflective practitioners and the teaching and learning process as equally important (ranked 25th); and they had a

strong community focus. This conceptual framework reflects a political perspective of SL according to Butin (2003, 1680) because it has a strong community and participatory focus. It has transformational potential because it addresses the power differentials through equal tri-partnerships and shows that the community should be the primary beneficiary of the SL programme in the school of nursing (Butin 2003, 1681; Erasmus 2009, 23). The technical and cultural perspectives, which focus primarily on programme implementation issues and on how students learn to engage with ‘different others’, were not foregrounded in the above framework.

The following definition of SL was thus compiled by the researcher and validated by the participants based on the mutually developed conceptual framework in the box below.

School of nursing SL definition

Service-learning is defined as a type of community engagement and regarded as a teaching and learning process, which aims to develop reflective nursing practitioners who address community development needs within an equal partnership between the university, community and service providers who share the same values.

CONCLUSION

The aim of the research reported on in the article was to develop a definition of SL for a school of nursing. This aim was achieved through application of the NGT process with academics and representatives from the community engagement unit. The nursing academics were willing to examine their individual theories in practice with the intention of developing congruence with the nursing school’s espoused theory of SL. This diverse group of nursing academics participated in a consensus-building exercise that culminated in a definition of SL. The shared understanding of community engagement and SL that evolved reflected that the participants propagated a political perspective of SL for the nursing school.

ACKNOWLEDGEMENT

The author would like to acknowledge the National Research Foundation for funding the doctoral study, and her colleagues from the school of nursing and the community engagement unit who participated in the study.

REFERENCES

- Armenakis, A. A. and G. Bedeian. 1999. Organizational change: A review of theory and research in the 1990s. *Journal of Management* 25(3): 293–315.
- Bender, G. 2008. Exploring conceptual models for community engagement at higher education institutions in South Africa. *Perspectives in Education* 16(1): 81–95.

- Bender, G. and W. Carvallo-Malekane. 2012. SAHECEF Working Group: Research the conceptualisation and clarification of concepts related to community engagement at South African universities.
- Blackman, D. and S. Henderson. 2005. Why learning organisations do not transform. *The Learning Organization* 12(1): 42–56.
- Burrows, T., N. Findlay, C. Killen, S. E. Dempsey, S. Hunter, P. Chiarelli and S. Snodgrass. 2011. Using nominal group technique to develop a consensus derived model for peer review of teaching across a multi-school faculty. *Journal of University Teaching and Learning Practice* 8(2): 1–9.
- Butin, D.W. 2003. Of what use is it? Multiple conceptualizations of service-learning within education. *Teachers College Record* 105(9): 1674–1692.
- Choi, M. and W. E. Ruona. 2011. Individual readiness for organizational change and its implications for human resource and organization development. *Human Resource Development Review* 10(1): 46–73.
- Creswell, J.W. 2009. *Research design: Qualitative, quantitative and mixed methods approaches*. Third edition. Thousand Oaks, CA: Sage.
- Dacin, M. T., J. Goodstein and W. R. Scott. 2002. Institutional theory and institutional change: Introduction to the special research forum source. *The Academy of Management Journal* 45(1): 43–56. <http://www.jstor.org/stable/3069284> (accessed 23 July 2013).
- Devos, G., M. Buelens and D. Bouckenoghe. 2008. Contributions of context, content, and process to understanding openness to organizational change: Two experimental simulation studies. *Journal of Social Psychology* 147(6): 607–629.
- Erasmus, M. A. 2009. Embedding service learning in South African higher education through good practices and quality management. In *Service-learning in higher education: Paradigms and challenges*, ed. M. Moore and P. Lan Lin, 43–63. Indianapolis, IN: University of Indianapolis Press.
- Frantz, J. M., A. J. Rhoda and J. de Jongh. 2013. Using appreciative inquiry to develop a research capacity development programme. *South African Journal of Higher Education* 27(1): 48–59.
- Furco, A. 2002. *Assessment rubric for the institutionalization of service-learning in higher education*. Boston, MA: Campus Compact.
- Gordon, M. and P. Hamer. 2004. The nominal group technique: A useful consensus methodology in physiotherapy research. *New Zealand Journal of Physiotherapy* 32(3): 126–131.
- Hall, L. 2010. *Community engagement in South African higher education*. Kagisano No. 6. Johannesburg: Council on Higher Education.
- HEQC *see* Higher Education Quality Committee.
- Herold, D. M., D. B. Fedor, S. Caldwell and Y. Liu. 2008. The effects of transformational and change leadership on employees' commitment to a change: A multilevel study. *Journal of Applied Psychology* 93(2): 346–357.
- Higher Education Quality Committee/JET Education Services South Africa. 2006. *A good practice guide and self-evaluation instruments for managing the quality of service-learning*. Pretoria: Council on Higher Education.
- Jones, J. and D. Hunter. 1995. Consensus methods for medical and health services research. *British Medical Journal* 311: 376–380.
- Jones, S. C. 2004. Using the nominal group technique to select the most appropriate topics for postgraduate research students' seminars. *Journal of University Teaching and Learning Practice* 1(1): 1–10.

Learning Practice 1(1): 4.

- Julie, H. and O. Adejumo. In press. Cracking the nut of service-learning in nursing at a higher educational institution. *Curationis*.
- Julie, H., F. Daniels and T. Adonis. 2005. Service-learning in nursing: Integrating student learning and community-based service experiences through reflective practice. *Health SA Gesondheid* 10(4): 41–54.
- Julie, H., F. Daniels and T. Khanyile. 2007. Service-learning: A creative way of teaching nursing. *Journal of Community and Health Sciences* 2(1): 48–55.
- Lamm, E. and J. R. Gordon. 2010. Empowerment, predisposition to resist change, and support for organizational change. *Journal of Leadership and Organizational Studies* 17(4): 426–437.
- Lazarus, J., M. Erasmus, D. Hendricks, J. Nduna and J. Slammat. 2007. Embedding service learning in South African higher education: The catalytic role of the CHESP initiative. *Education as Change* 11(3): 91–108.
- Oliver, C. 1997. Sustainable competitive advantage: Combining institutional and resource-based views. *Strategic Management Journal* 18(9): 697–713.
- O’Neil, M. and L. Jackson. 1983. Nominal group technique: A process for initiating curriculum development in higher education. *Studies in Higher Education* 8(2): 129–138.
- Oreg, S. 2003. Resistance to change: Developing an individual differences measure. *Journal of Applied Psychology* 88(4): 680–693.
- Self, D. R., A. A. Armenakis and M. Schraeder. 2007. Organizational change content, process, and context: A simultaneous analysis of employee reactions. *Journal of Change Management* 7(2): 211–229.
- Todnem By, R. 2005. Organisational change management: A critical review. *Journal of Change Management* 5(4): 369–380.
- University of the Western Cape. 2009. *Institutional operational plans*. Bellville: UWC.
- Wright, B. E. and S. K. Pandey. 2010. Transformational leadership in the public sector: Does structure matter? *Journal of Public Administration Research and Theory* 20(1): 75–89.