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Nurses' views on promotion and the influence of race, class and gender in relation to the Employment Equity Act

Authors:
Mariana M. van der Heever[1]
Anita S. van der Merwe[1]
Talitha Crowley[1]

Affiliations:
[1]Department of Nursing and Midwifery, Stellenbosch University, Cape Town, South Africa

Corresponding author:
Mariana van der Heever,
mmvdheever@sun.ac.za

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Orientation: Regardless of the implementation of the Employment Equity Act (EEA), No. 55 of 1998 and the abolishment of apartheid in 1994, African and mixed-race females are under-represented in managerial positions in the public sector of the Western Cape (WC) in South Africa and nationally in the private health sector.

Research purpose: The purpose was to explore the views of nurses about promotion to managerial positions in view of the Employment Equity Act (EEA) and the possible influence of race, class and gender.

Motivation for the study: South Africa has a history of racial hierarchies and gender inequities. It was therefore important to explore the influence of the EEA and race, class and gender on the promotion of nurses in the post-apartheid context.

Research approach/design and method: A cross-sectional descriptive survey design was completed. Six hundred and eighty-eight (n = 688) nurses consented to participate and 573 (83%) questionnaires were returned.

Main findings: Race as a social construct surfaced in the superior viewing of white and the inferior viewing of African nurses. Mixed-race and white nurses seemed disgruntled with the EEA because of the benefits it holds for African nurses. African nurses seemed angered by their under-representation in managerial positions in the private and public sectors in the WC. White nurses seemed convinced that African, mixed-race and Indian nurses experience upward mobility. Mixed-race nurses (public sector WC) showed concerns about the career successes of males in a female-dominated profession.

Practical/managerial implications: Managerial structures should be required to invest in diversity training, create awareness of the noble intentions of the EEA and communicate the relevance of employment equity plans.

Contribution/value-add: The findings provided evidence that reflected a need for diversity training and the creation of awareness about the longstanding influence of racial and gender hierarchies.

Keywords: Employment equity; nurses; promotion; race; class; gender.

Introduction

This article forms part of a larger PhD study that focused on the promotion of female nurses in public and private sector hospitals in South Africa, and reports on a subsection of the larger study, that is, the views of nurses on the influence of the Employment Equity Act (EEA), No. 55 of 1998 of South Africa on the promotion to managerial positions and the embedded realities of race, class and gender. The EEA was promulgated in 1998 by the South African government to redress the labour market inequities created by apartheid and to minimise discrimination on the basis of race, gender, disability and Human immunodeficiency virus (HIV) status. According to the EEA, unfair discrimination does not apply to the exclusion of a candidate who does not meet the minimum inherent requirements of a job. At the same time, Section 20, subsection 5 (Republic of South Africa, 1998) affirms that unfair discrimination similarly relates to not appointing a qualified person because of a lack of experience. Furthermore, employers have to develop employment equity plans to attain an equitable account of all designated groups in the workplace. These plans should promote employment opportunities for designated groups that were previously disadvantaged, that is, females, African people (this included African people, mixed-race people and Indian people) and people with disabilities (Steyn, 2010; Burger & Jephta, 2006). The 2015

equity reports reflect that despite the implementation of the EEA in 1998, progress has only been achieved with the promotion of Indian and white females to managerial positions, and not African and mixed-race females (Republic of South Africa, 2015). For the purpose of this study, African and mixed-race female nurses are referred to as 'female nurses of colour'.

The study was carried out in the Western Cape (WC) and Gauteng provinces of South Africa because of representing different geographic and equity data. Geographically mixed-race people dominate in the WC as the population consists of 32.9% African people, 48.8% mixed-race people, 1% Indian people and 15.7% white people (Statistics South Africa, 2012). In contrast, Gauteng has a different profile. The population of Gauteng comprises 77.4% African people, 3.5% mixed-race people, 2.9% Indian people and 15.6% white people (Statistics South Africa, 2012), reflecting an African majority.

In considering equity data, the 2012 equity report of the public health sector in the WC (Republic of South Africa, 2012) indicated mostly white females occupying senior managerial positions. Mid-managerial positions were held mostly by mixed-race people, followed by white and lastly African females. The 2015 equity report of the public health sector in the WC (Republic of South Africa, 2015) shows minimal improvement in terms of equity, as white females still occupied more senior management positions than African and mixed-race females. Mid-managerial positions are still mostly occupied by mixed-race people, followed by white and lastly African females. Considering the demographic dominance firstly of mixed-race people and then African people in the WC, these groups' representation in managerial positions in the public health sector seems less prominent than that of white people.

The 2014 equity report of the public health sector in Gauteng reflects mostly African females in senior and mid-managerial positions, followed by white females and a lower representation of mixed-race people compared with Indian females (Republic of South Africa, 2014). The spread of African females is more representative considering the demographic dominance of the group in Gauteng.

Equity reports of private health care: The 2015 national equity reports of the private health sector do not reflect a breakdown according to province (Republic of South Africa, 2015). The reports show strong representation of white people (118) and Indian people (23) compared with that of mixed-race people (9) and African people (11) in senior managerial positions. The dominance of white people (564) in mid-managerial positions is also strong compared with African people (98), mixed-race people (67) and Indian people (94).

Literature

The findings of South African studies (Mputa, Heinechen & Vorster, 2016; Msomi, 2006) show that compliance to equity legislation seems to be slow in white male-dominated companies. The slow pace of achieving diversity in the workplace is further confirmed by a report of the Commission of Employment Equity in South Africa (2016) and Oosthuizen and Naidoo (2010). Research completed in the United Kingdom (Crofts, 2013; Taylor, 2007) and Canada (Yap & Konrad, 2009) confirmed slow progress with the creation of diversity in managerial positions despite the implementation of employment equity legislation.

Qualifications and advancement

Advancement to middle management (deputy nurse manager) in South African public sector hospitals can only be achieved should the applicant have a minimum of 9 years' experience in nursing of which 4 years should be at managerial level. Advancement to senior management (the head of nursing at a hospital) can only be achieved should the applicant have an additional postgraduate qualification (diploma) in nursing management (Republic of South Africa, 2007). In the private health sector, the postgraduate diploma in nursing management is an advantage but not a requirement for advancement to middle management (deputy nurse manager) and senior manager positions (nursing service manager). However, extensive experience in nursing management – preferably in the private health sector – is valued (Dorse, 2015; Coustas, 2015).

The statistical data of the South African Nursing Council (SANC, the legislative body representing South African nurses) on how many nurses are in possession of postgraduate qualifications in nursing management do not show a breakdown according to race (Hattingh, 2017). Ultimately, it appears that the minimum qualifications weighted against years of experience required for advancement in both the public and private sectors indicate that experience instead of qualifications might be the deciding factor for advancement.

Racial discrimination

South Africa has a history of legalised racial discrimination (apartheid) that benefited white people and disadvantaged African people (Ndinda & Okeke-Uzodike, 2012). Mixed-race people and Indian people were disadvantaged to a lesser extent than African people. During apartheid, white people were assigned improved privileges in terms of schooling, jobs, remuneration and social services. Mixed-race people and Indian people were assigned fewer of these privileges and African people fewest (Horwitz & Jain, 2011). Apartheid also surfaced in the history of nursing in South Africa. Nursing in South Africa was initially managed by white male medical doctors. White female nurses seem to have benefited because of their affiliation with white males (Marks, 1994) and later became the custodians of the nursing profession (Schultheiss, 2010). African nurses, however, were viewed as inferior as they were legally not allowed to oversee white nurses, ultimately enhancing institutional racism (Marks, 1990). Ndinda and Okeke-Uzodike (2012) aver that despite the abolishment of apartheid in 1994, institutionalised racism seems to persist in post-apartheid South Africa and is evident

in terms of income and positions held in the workforce. The authors state that African females are the most disadvantaged because of being female and views relating to their ethnic background. African females are disadvantaged by the legacy of apartheid, meaning prejudice of white male managers and that they entered the corporate sector rather late, post 1994, lacking the necessary managerial exposure and experience (Msomi, 2006). In addition, managerial positions in the private health sector in South Africa seem to be dominated by white people, whereas African people seem to fare better in the public health sector (Republic of South Africa, 2015). If one considers the low presentation of African nurses in managerial positions in private health care as reflected in the national equity reports (Republic of South Africa, 2015), one can deduce that the domination of white people in private health care could benefit white nurses in terms of upward mobility and disadvantage the African nurses.

The Theory of Intersectionality

This study is supported by the theory of intersectionality. This theory was developed by Kimberlé Crenshaw (Crenshaw, 1989), and explains unfair discrimination as a consequence of the creation of prejudice by mutually reinforcing vectors of race, gender, class and sexuality. The simultaneity of these reinforcing vectors of race, gender, class and sexuality in everyday lives and social practices is considered to influence the identities of African females, their experiences and their constant struggles for empowerment, ultimately causing them to be marginalised and subordinate (Nash, 2008). As the study did not focus on sexuality, sexuality is not included in the following discussion.

Race and gender

The theory describes the twofold burden of race and gender as females in general are discriminated against; yet females of colour experience discrimination because of being female and their ethnic background (Jean-Marie, Williams & Sherman, 2009; Yap & Konrad, 2009). In workplace structures where white male managers are in control, females of colour tend to experience more difficulty with upward mobility than white females, reflecting elements of patriarchy and race intersecting with gender (Fryberg, 2010). The white female in the workplace seems to benefit as a result of the positive notions associated with whiteness and not being subjected to racial oppression (Ndinda & Okeke-Uzodike, 2012).

Gender and class

Organisational structures tend to reflect men's masculine power and practices and then reproduce these. Therefore, the concept of male supremacy in workplace structures seems to hold and the tendency to ascribe females an inferior stance compared with males, eventually demonstrates how gender intersects with class (Collinson, 2007). The situation tends to be worse for females of colour as they tend to experience more marginalisation because of race intersecting with class and gender (Ndinda & Okeke-Uzodike, 2012; Nash, 2008).

Race and class

Race relates to the systematic subordination or privileges that are assigned to a group based on the evaluation of their biological attributes (Haslanger, 2000). Class intersects with race and is visible in the superior views that society tends to hold of white people compared to the inferior views of those who are not white (Flecher, 2013). The Department of Labour in South Africa distinguishes four race groups: African, mixed-race, Indian and white people (Republic of South Africa, 2015). South Africa has a history of racial hierarchies where white people were regarded as being superior to other races, followed by mixed-race people and Indians, while African people were viewed as being inferior to these race groups (Horwitz & Jain, 2011). Historically, white people were regarded as superior to other races and race was viewed as a system of global oppression against people of other races in the interests of capitalism (Fletcher, 2013; Marks, 1994).

It is therefore deduced that regardless of the implementation of the EEA in 1998 and the abolishment of apartheid in 1994, African and mixed-race females are not well represented in managerial positions in the public sector of the WC and nationally in the private health sector of South Africa. The minimum requirements for advancement to managerial positions in both sectors reflect a preference for managerial experience rather than formal qualifications. It is consequently surmised that because of the history of apartheid, racial hierarchies and institutionalised racism may persist and curb the upward mobility of African and mixed-race females.

Research purpose

The purpose of this article was to report the views of nurses on promotion to managerial positions in light of the implementation of the EEA and the influence of race, class and gender.

Research design

Research approach

A post-positivist worldview was adopted as it does not view research to be subjective or objective. The post-positivist worldview also values multiplicity of inputs such as the multiple realities obtained via the survey pertaining to the views of participants regarding the influence of the EEA and race, class and gender on promotion (Ryan, 2006).

Method

A cross-sectional descriptive design was used as it allowed investigation of a small group of concepts (Creswell, 2009) – as for the purposes of this study, the influence of the EEA, race, class and gender on the promotion of nurses to leadership positions – and a large group of participants (Kelle, 2006). The large group of participants was useful as it enabled heterogeneity of the final sample, meaning participants from the private and public health sectors and two provinces of South Africa. Furthermore, qualitative data were derived from the open-ended questions and thematic

analysis of such data assisted with the identification of patterns of data that enhance interpretation (Terre Blanche, Durheim & Painter, 2006).

Participants

The population concerned comprised professional nurses (PNs) employed in both the public and private sector hospitals of the WC and Gauteng provinces. The study used multi-staged sampling. The two provinces were purposefully selected as they host the largest public and private hospitals in South Africa. Thereafter one central hospital (a public sector hospital with more than 1200 beds) and three private hospitals (bed occupancy ranged between 330 and 150 each) were purposefully selected in each province. It was assumed that because of the size of the hospitals, promotion and appointments to managerial positions would occur more regularly and nurses employed at the hospitals would have observed or experienced promotional processes. Sample size was calculated on the basis of logistical criteria such as time, costs and the availability of participants. A bio-statistician calculated the sample size to ensure a proportionate and representative sample of each hospital and sector. Accordingly, one-third (n = 825) of the total population (N=2476 PNs) was selected by means of systematic random sampling. A total of 688 participants consented to participate and 573 (83%) questionnaires were returned.

Measuring instrument

Instrumentation comprised a questionnaire with two sections. Section A relates to demographic information such as race, qualifications, gender and location. Section B contains the actual questions concerning the concepts under study, for example, the EEA, race, class and gender. Question 1 reflects a rating scale question where participants have to rate the possible influence of the implementation of the EEA on race, gender and hierarchical relationships in the workplace as well as advancement of nurses from previously disadvantaged groups. Ratings vary from -3 (worsened) to 0 (stayed the same) and then +3 (improved).

Questions 2 and 3 are Likert scale questions, for example, participants have to reflect on promotional opportunities in the workplace, namely, whether increased concerns arise when promotional opportunities become available, and whether decision-making is influenced by race, class, gender and the EEA. Options were coded as follows: not at all (1), slightly (2), moderately (3) and absolutely (4). Furthermore, each question has a sub-question, that is, an open-ended question that allows participants to relate experiences not addressed in the initial question.

An existing questionnaire that addressed the intersection of race, class, gender and equity legislation on promotion could not be found. The first and second authors therefore developed the structured questionnaire over time and with careful consideration of the implied conceptual realities. Terre Blanche et al. (2006) are of the opinion that establishing content validity of an abstract construct such as subtle racism is not easy as the real content is vast and not restricted to what can be found in textbooks. Therefore, as advised by Terre Blanche et al. (2006), care was taken to explain and include the content area of the phenomenon under study. Concepts such as the EEA, race, class and gender were therefore explained to the reader on the first page of the questionnaire.

Face and content validity

As this study is based on the theory of intersectionality, the concepts contained in the theory are reflected in the objectives of the study and the questionnaire. Besides, to enhance precision regarding content, the questionnaire was developed with the assistance of an expert in industrial psychology employed at Stellenbosch University who restructured various questions to enhance both face and content validity. To further ensure content validity, the instrument was reviewed by a well-known expert in political sciences at Stellenbosch University.

Reliability

The interrelatedness of the individual options contained in the Likert and rating scale questions was found sufficient as the Cronbach alpha of question 1 was 0.90, question 2 was 0.77 and question 3 was 0.80.

Pilot test

The questionnaire was pre-tested by 10 PNs employed at a large district hospital in the Cape Metropolitan Area to verify possible inaccuracies such as vague instructions and language, as advised by Brink, van der Walt and van Rensburg (2012). Following the pilot test, minor adjustments were made to the questionnaire, for example, words were changed to enhance meaning. The data obtained via the pilot test were not included in the results of the actual study because the questionnaire had yet to be finalised.

Research procedure and ethical considerations

Data collection was completed by the first author over an 8-month period. The following process was followed at each hospital. The first author reported her presence to the unit manager or person in command of a shift and requested their input as to a suitable time and date to recruit the individual participants. In cases where the ward was not that busy, the unit manager or shift leader allowed the first author to approach participants. Participants who consented to participate were handed an envelope that contained two consent forms and the questionnaire. Once the consent forms were signed, the researcher retained a copy and handed the original copy to the participant. The researcher collected the questionnaires on the next shift of a participant.

Written consent was obtained from each participant after which each was handed a leaflet that further explained the context of the study, voluntary participation and their right

to withdraw from the study at any stage. Questionnaires were kept anonymous, not reflecting identifying details of the institution or the participant. Data are kept in a locked safe for 5 years, after which they will be destroyed.

Statistical analysis

Data were analysed with the assistance of a bio-statistician using Statistical Package for Social Sciences (SPSS) software, version 24. Descriptive statistics were used to organise the data (visual presentation through frequency tables).

As the study is supported by the theory of intersectionality, the responses to each question were compared to race, class and gender. The Kruskal–Wallis test was used to compare the responses for three or more groups, such as the African, mixed-race, Indian, and white racial groups. The scores (continuous variables) were therefore rank-ordered and the mean rank for each group was compared (Pallant, 2013). The Mann–Whitney *U* test was used to compare the responses of two independent groups such as gender (male and female) and position/class (managers and followers, i.e., the PNs) with a continuous variable (Pallant, 2013), that is, the scores of the possible responses, for example, 1, 2, 3, -1, -2, -3 and 0.

Data from the open-ended questions were analysed using the approach described by Terre Blanche et al. (2006), comprising the following steps: familiarisation and immersion, inducing themes, coding, elaboration and interpretation and checking. During this process the researcher endeavoured to set aside her preconceived notions about the topic and focused on the meaning of the text.

Ethical consideration

The study received ethical clearance from Stellenbosch University (ethical clearance number: S1505122) and institutional permission was granted by the individual public hospitals and private hospital groups.

Results

The results (Tables 1 and 2) confirm the female dominance among nurses (*n* = 516, 91.2%) and African dominance (*n* = 266, 47.2%) among the South African race groups. Most participants were from the public sector (*n* = 304, 53.1%) and were PNs (*n* = 461, 85.5%). Although Gauteng had a larger private health care component (*n* = 146, 52.3%), the WC had a larger public health care component (*n* = 170, 57.8%). A large number had undergraduate (*n* = 400, 77.5%) and postgraduate nursing (*n* = 198, 67.3%) diplomas.

The mean age of the participants was 44 with a standard deviation (SD) of 10.5, indicating a good spread of generations as some were as young as 24 while others were 67 years old. The average years working at an institution were 12 (SD 10.7), ranging from rather low (3 months) periods of employment to being employed at one institution for a lengthy period of time (43 years).

TABLE 1: Demographic data.

Variable	Frequency (*n*)	Percentage (%)
Gender (*n* = 566)		
Male	50	8.8
Female	516	91.2
Race (*n* = 561)		
African people	266	47.2
Mixed-race people	185	33
Indian people	12	2.1
White people	98	17.4
Other	2	0.4
Health sector (*n* = 573)		
Public	304	53.1
Private	269	46.9
Health sector: WC (*n* = 294)		
Public	170	57.8
Private	124	42.2
Health sector: Gauteng (*n* = 279)		
Public	133	47.7
Private	146	52.3
Current position (*n* = 539)		
Professional nurse	461	85.5
Operational manager	77	14.3
Assistant nursing manager	1	0.2
Basic nursing qualification (*n* = 561)		
Bachelor's degree	115	20.5
Diploma	446	79.5
Highest academic qualification		
Undergraduate (*n* = 516):		
Degree	116	22.5
Diploma	400	77.5
Postgraduate qualification (*n* = 294):		
BaCur (postgraduate degree)	65	22.1
Postgraduate diploma	198	67.3
Honours degree	21	7.1
Master's degree	9	3.1
PhD	1	0.3

BaCur, Baccalaureus Curationis; PhD, postgraduate doctoral degree.

TABLE 2: Breakdown of postgraduate qualifications per race (*n* = 294).

African people		Mixed-race people		Indian people		White people	
n	%	*n*	%	*n*	%	*n*	%
83	42.1	74	37.6	3	1.5	36	18.3
46	70.8	8	12.3	None	-	11	16.9
10	47.6	9	43.0	None	-	2	9.5
6	66.7	None	-	None	-	3	33.3
None	-	None	-	None	-	1	100.0

The influence of the EEA on racial, gender and hierarchical relationships and promotion in the workplace (results displayed in Figure 1 and Table 3).

Figure 1 illustrates that overall the application of the EEA contributed to improved racial, gender and hierarchical relationships in the workplace and increased promotion of nurses from previously disadvantaged groups. The improvements were generally rated 1 and 2, reflecting a rather cautious stance towards admitting that improvement had taken place. Equally, a large number of participants perceived that racial, gender and hierarchical relationships, and the promotion of previously disadvantaged groups, have stayed the same.

Statistically significant differences existed in the views for all the options contained in this question across categories of race (means and SDs are displayed in Table 3). The mixed-race group was least convinced that the EEA contributed to improved racial relationships in the workplace, whereas the African group had a more positive stance. The mixed-race group also seemed to be most sceptical that the application of the EEA improved gender relationships, whereas the Indian group was more likely to concur. Although African, mixed-race and Indian nurses were more optimistic that the application of the EEA contributed to improved hierarchical relationships in the workplace, white nurses were less convinced. Similarly, compared with managers, the PNs were less likely to concur that the application of the EEA contributed to improved hierarchical relationships. Regarding whether the application of the EEA enhanced the promotion of African, mixed-race and Indian nurses, mixed-race and African nurses were less convinced, whereas white nurses were more convinced and in agreement. No statistically significant differences were found between the views of males and females for all the options contained in this question.

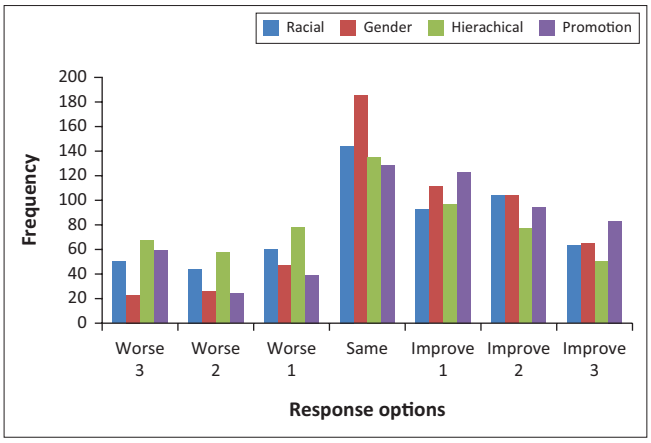

FIGURE 1: The influence of the EEA on racial, gender and hierarchical relationships and promotion in the workplace.

Concerns that arise when new promotional opportunities become available – that decision-making be influenced by race, class, gender and the EEA (results displayed in Figure 2 and Table 4).

Figure 2 illustrates that when promotional opportunities become available, there are fewer concerns that class and gender will play a role. However, the majority indicated that concerns about the influence of race and the EEA increased considerably with new promotional opportunities.

TABLE 3: Statistical significant differences as they relate to Question 1.

Question 1: In the facility where you are employed, has the application of the EEA improved or worsened…	Variable	Category	Mean	SD	Sig.
Q1.1 …racial relationships?	Race	African people	0.63	1.63	0.000
		Mixed-race people	-0.12	1.90	-
		Indian people	0.17	1.53	-
		White people	0.36	1.55	-
	Current position	PN	0.33	1.70	0.628
		Man.	0.42	1.75	-
	Gender	Male	0.55	1.40	0.421
		Female	0.34	1.76	-
Q1.2 …gender relationships?	Race	African people	0.88	1.48	0.000
		Mixed-race people	0.32	1.64	-
		Indian people	1.33	1.50	-
		White people	0.42	1.10	-
	Current position	PN	0.62	1.48	0.807
		Man.	0.55	1.48	-
	Gender	Male	0.61	1.35	0.705
		Female	0.63	1.50	-
Q1.3 …hierarchical relationships (class) between managers and followers?	Race	African people	0.15	1.95	0.033
		Mixed-race people	0.15	1.72	-
		Indian people	1.00	1.20	-
		White people	-0.13	1.32	-
	Current position	PN	-0.07	1.75	0.024
		Man.	0.38	1.72	-
	Gender	Male	0.24	1.54	0.249
		Female	-0.01	1.78	-
Q1.4 …the promotion of African, mixed-race and Indian nurses in leadership positions?	Race	African people	0.46	1.89	0.001
		Mixed-race people	0.33	1.83	-
		Indian people	1.00	1.50	-
		White people	1.21	1.21	-
	Current position	PN	0.47	1.79	0.079
		Man.	0.84	1.62	-
	Gender	Male	0.44	1.54	0.563
		Female	0.56	1.79	-

Q, Question; SD, standard deviation; Sig., significant; PN, professional nurse; Man., manager.

The race groups hold statistically significant divergent views regarding all the options contained in the question (means and SDs are displayed in Table 4). The mixed-race and white groups seemed to be most concerned that race could influence decision-making regarding promotion, whereas the African group seem to be less concerned, yet rather divided (the larger SD). Likewise, the Indian and white groups were more certain and in agreement that class would have a lesser influence on decision-making when promotional opportunities became available. The mixed-race and African groups were also less concerned about the possible influence of class, yet more divided (the larger SDs). On the contrary, the mixed-race group, followed by the African group were more concerned that gender would influence decision-making when promotional opportunities become available compared with the Indian and white groups. Furthermore, the mixed-race and white groups were most convinced that the EEA plays a role in decision-making regarding promotion, followed by the African and Indian groups.

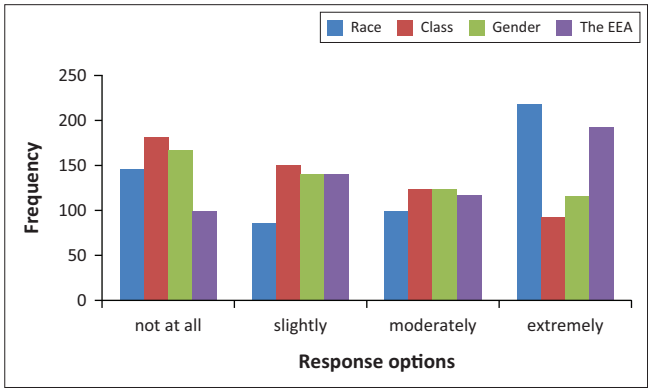

FIGURE 2: Reflect increased concerns in promotional opportunities.

No statistically significant differences were found between the views of males and females (gender) and those of managers and PNs (class) across all the options contained in this question (Table 4).

The extent that the Employment Equity Act is implemented in a facility; the presence, training, encouragement and successes of African, mixed-race and Indian nurses with promotion (results are displayed in Figure 3 and Table 5).

Figure 3 illustrates that although African, mixed-race and Indian nurses were encouraged to apply for promotion, their success in being promoted was generally viewed to be moderate. Furthermore, the overall view was that African,

TABLE 4: Summary of results pertaining to Question 2.

Question 2: Do you experience that, when promotional opportunities become available, there are increased concerns about whether … will play a role in the appointment?	Variable	Category	Mean	SD	Sig.
Q2.1 …race (n = 538)	Race	African people	2.38	1.27	0.000
		Mixed-race people	3.11	1.09	-
		Indian people	1.94	0.83	-
		White people	2.91	1.17	-
	Current position	PN	2.72	1.23	0.826
		Man.	2.76	1.26	-
	Gender	Male	2.69	1.30	0.996
		Female	2.71	1.23	-
Q2.2 …class (n = 537)	Race	African people	2.33	1.08	0.001
		Mixed-race people	2.32	1.10	-
		Indian people	1.73	0.78	-
		White people	1.86	0.97	-
	Current position	PN	2.23	1.08	0.542
		Man.	2.32	1.09	-
	Gender	Male	2.06	0.99	0.287
		Female	2.25	1.09	-
Q2.3 …gender (n = 536)	Race	African people	2.29	1.04	0.000
		Mixed-race people	2.74	1.15	-
		Indian people	1.45	0.68	-
		White people	1.91	1.04	-
	Current position	PN	2.32	1.11	0.094
		Man.	2.58	1.20	-
	Gender	Male	2.25	1.06	0.573
		Female	2.35	1.13	-
Q2.4 …the EEA (n = 538)	Race	African people	2.52	1.08	0.000
		Mixed-race people	3.04	1.07	-
		Indian people	2.33	1.23	-
		White people	2.82	1.16	-
	Current position	PN	2.70	1.12	0.106
		Man.	2.93	1.11	-
	Gender	Male	2.54	1.18	0.222
		Female	2.76	1.10	-

Q, question; SD, standard deviation; Sig., significant; PN, professional nurse; Man., manager.

mixed-race and Indian nurses were encouraged to apply for promotion and that they received training that enabled them to be promoted. One can therefore infer that the participating facilities considered the implementation of the EEA.

However, irrespective of the positive views indicated by the frequencies, the race groups again differed statistically significantly across all the options contained in the question (the means and SDs are displayed in Table 5). Although white nurses were most convinced that African, mixed-race and Indian nurses are promoted to leadership positions, these nurses themselves were less convinced. White nurses again seemed to be most certain that African, mixed-race and Indian nurses are encouraged to apply for promotion, while these nurses were less in agreement. White nurses were also quite convinced that African, mixed-race and Indian nurses are successful when applying for promotion, while these nurses themselves were less so. African nurses were, however, less convinced than nurses from the other race groups that African, mixed-race and Indian nurses received training that enabled them to be promoted. Male nurses too were less convinced about the provision of training.

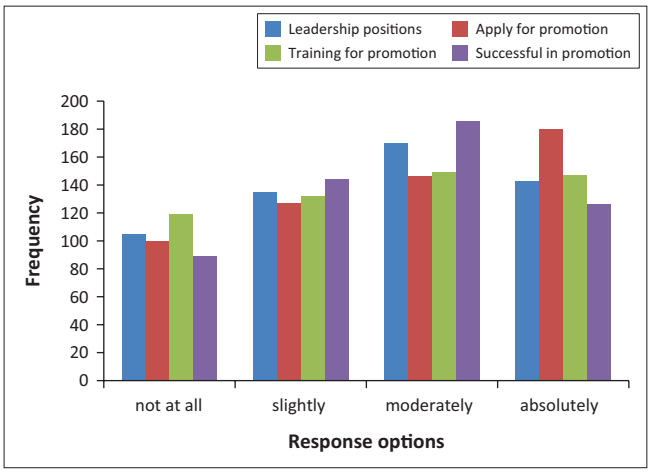

FIGURE 3: The extent to which the EEA is implemented in a facility.

No statistically significant differences were found among the views of managers and PNs.

Findings from the open-ended responses

Five themes emerged from the responses to the open-ended questions: *race, gender, class, nepotism and bribery, and staff development and promotion.*

TABLE 5: Statistical significant differences as they relate to Question 3.

Question 3: Indicate the extent to which you think the EEA is implemented in the facility where you are employed	Variable	Category	Mean	SD	Sig.
Q3.1 Promotions into leadership positions reflect the presence of…nurses.	Race	African people	2.43	1.11	0.000
		Mixed-race people	2.73	0.97	-
		Indian people	2.67	1.07	-
		White people	3.07	0.93	-
	Current position	PN	2.62	1.06	0.174
		Man.	2.81	1.00	-
	Gender	Male	2.61	0.86	0.666
		Female	2.65	1.08	-
Q3.2 …nurses are encouraged to apply for promotion.	Race	African people	2.58	1.13	0.000
		Mixed-race people	2.74	1.03	-
		Indian people	2.50	1.17	-
		White people	3.27	0.97	-
	Current position	PN	2.76	1.09	0.906
		Man.	2.78	1.06	-
	Gender	Male	2.59	1.08	0.280
		Female	2.76	1.09	-
Q3.3 …nurses receive training that will enable them to be promoted.	Race	African people	2.43	1.07	0.000
		Mixed-race people	2.56	1.09	-
		Indian people	2.92	1.17	-
		White people	3.07	1.03	-
	Current position	PN	2.59	1.10	0.336
		Man.	2.73	1.06	-
	Gender	Male	2.27	1.03	0.029
		Female	2.63	1.10	-
Q3.4 …nurses are successful when applying for promotion.	Race	African people	2.52	1.02	0.000
		Mixed-race people	2.55	0.99	-
		Indian people	2.82	0.87	-
		White people	3.16	0.86	-
	Current position	PN	2.63	0.99	0.238
		Man.	2.77	1.05	-
	Gender	Male	2.54	0.85	0.323
		Female	2.66	1.02	-

Q, question; SD, standard deviation; Sig., significant; PN, professional nurse; Man., manager.

Race

Mixed-race participants seemed almost anxious about the role of race in promotions and that they might not be valued in the implementation of the EEA:

> 'Yes if you not black enough you won't get the post [*and*] equity favours the Africans only unfortunately.' (WC, female, public sector)

African participants, however, commented on the dominance of mixed-race people in managerial positions:

> 'Mixed-race nurses have better opportunities than Africans. Most mixed-races are into leadership positions except Africans.' (WC, female, public sector)

African participants also appeared to be disgruntled by their low presentation in managerial positions:

> 'There is not a single unit manager that is black at my hospital and this disgusts me. I'll just say "slightly" on all the above, because otherwise I'll just get more upset about this – it is almost as if we don't get recognised.' (WC, female, private sector)

White participants too seemed concerned about the role of race:

> 'It is often voiced by some of my colleagues that with the new legislation if whites apply for promotion, that it will be overlooked for blacks or other previously disadvantaged groups as there is an active drive in the group to align themselves with EEA initiatives. Concerns are also raised that the company will favour colour as opposed to qualifications or experience.' (WC, female, private sector)

The comments from white and mixed-race participants signify a solicitousness for one's own career and not the broader ethical purpose of the EEA. Considering the dominance of white people in managerial positions in the private sector, one can deduce that white nurses might not be knowledgeable of their firm representation in managerial positions as is reflected in the equity reports.

Participants in Gauteng's private and public sectors referred to the role of race, but in a less anxious manner. African nurses reflected on their dominance in the public sector:

> 'Really difficult to comment accurately on racial issues, as the majority of the employees are Africans – 99.9%.' (Gauteng, male, public sector)

Another opinion of white nurses on increased employment of mixed-race nurses was that:

> 'More black and mixed-race nurses are employed.' (Gauteng, female, private sector).

Gender

Concerns were also raised about the promotion of males, that at times, males were appointed irrespective of poor performance in the interview:

> '…most men usually fail dismally during the interview but still selected even if a man got 48% marks.' (WC, female, public sector).

Other participants had differing views; some averred that males were not treated fairly in terms of promotion, while others indicated that they were favoured:

> 'Profession is dominated by females from African background. Men are being overlooked and discriminated against [*and*] because males are few and are given first preference.' (Gauteng, male, public sector)

Similarly, comments also reflected favouritism of males:

> 'Males also get higher salaries [*and*] Africans take preference above others of colour and men above women.' (Gauteng, female, private sector)

Those in the private sector commented on female domination in managerial posts:

> 'There are more women in management roles.' (WC, male, private sector)

Yet, those employed in the public sector in Gauteng observed more respect being demonstrated towards male nurses, signifying the possibility of patriarchal behaviour surfacing at work:

> 'Male nurses are respected more than female nurses and are given leadership positions'. (Gauteng, female, public sector)

Class

Race as a social construct appeared in the view of African people as inferior and superior view of white people in the WC:

> 'Because I am an African, I am not considered as a person who may hold high position. Because of my race and clan.' (WC, female, public sector)
>
> 'White nurses are still regarded as more competent' (WC, female, private sector).

Class also surfaced in hierarchical structures, signifying the presence of autocratic leadership practices; participative decision-making was seemingly not practised consistently:

> 'Poor hierarchical relations between managers and followers, for example if you request leave for your relative one is questioned; deny mostly one's requests. Off duties just changed without notification. Autocratic [*and*] only abuse of power – using one or position of authority to improper benefit or discriminate against another person.' (WC, female, public sector)

Equally, hierarchical relationships were seemingly unsound and managerial interest in the careers of nurses was lacking:

> 'No relationship between managers and nurses. No succession plan in leadership positions'. (Gauteng, female, public sector)

Nepotism and bribery

At times, bribery, good relationships and affiliation with social clubs seemingly influenced promotion practices:

> 'Sometimes people are hand-picked to apply and are given tips on which areas to read in preparation for interviews. And this is

followed by a reward, because those will get their promotion irrespective of how bad they performed.' (Gauteng, male, public sector)

Money talks:

'… give me this, and I will give you that.' (Gauteng, male, public sector)

'They preferred to give promotional posts to nurses they know socially'. (Gauteng, male, public sector)

Staff development and promotion

A postgraduate diploma in nursing management is not a requirement for promotion to senior managerial positions in the private sector, but necessary for senior managerial positions in the public sector (see qualifications and advancement). Participants averred that it was difficult to obtain study leave and that lacking a qualification could have implications for successful promotion:

'It is difficult to receive assistance, for example study leave to do nursing administration even on a part-time basis, which makes applying for promotion even more difficult due to lack of qualification.' (WC, female, public sector)

'Most people apply to further their studies without being successful.' (Gauteng, female, private sector).

Another comment suggested discrimination in terms of who was granted study leave:

'Most of the study opportunities are given to whites in our department – they get 95% chance; whereas our Africans get 5%.' (WC, female, private sector).

Discussion

The purpose of this article was to report the views of nurses about the influence that the EEA and race, class and gender have on promotion.

The results showed a cautious stance towards conceding that the implementation of the EEA benefited female nurses of colour. Mixed-race nurses were sceptical that the EEA contributed to their being promoted and were most concerned that the EEA could influence promotional outcomes. Qualitative data also reflected that the mixed-race group might not value the EEA as the implementation of the Act could enhance the promotion of African nurses. Oosthuizen and Naidoo (2010) confirm disgruntlement among some mixed-race people with the EEA as the Act, according to them, mostly benefits African staff.

The equity reports (Republic of South Africa, 2015) reflect that mixed-race nurses dominate in mid-managerial positions in the WC, while white nurses are more successful with senior appointments in both the public sector of the WC and in the private health sector nationally. African nurses dominate in the public sector in Gauteng (Republic of South Africa, 2014), but have yet to find their feet in the private sector (Republic of South Africa, 2015).

The fact that senior managerial positions tend to evade mixed-race nurses in the private health sector and the WC, despite their demographic dominance in the province, might explain their discontent with the Act. Taylor, Mwaba and Roman (2014) and Amberger (2007) report that mixed-race people in post-apartheid South Africa tend to view race as an issue, being marginalised to some extent.

White nurses, however, seemed more convinced about the successful promotion of female nurses of colour: that female nurses of colour occupy managerial positions and are encouraged to apply for promotion. Female nurses of colour concurred less on these issues. The Witt-Kiefer report (2011) showed that white people tend to hold views that people of African descent indeed experience upward mobility in the health sector, whereas those of African descent were not in agreement.

White nurses were also less in agreement than the other groups that the EEA contributed to improved hierarchical relationships and expressed concerns that equity takes precedence over the competency profile of a candidate. Oosthuizen and Naidoo (2010) showed that white people view the EEA as benefiting African people; that at times, a person of colour who is successful lacks the required experience for the position. Other research findings (Mputa, Heinechen & Vorster, 2016; Level Playing Field Institute, 2008) confirmed the notion among white employees that managers tend to favour people of colour in an effort to meet equity targets. Mputa et al. (2016) refer to feelings of being disadvantaged by the EEA among white South Africans because the Act focuses on the advancement of previously disadvantaged groups. Steyn (2010) relates an element of angst among white Afrikaners about potentially losing the power or advantage created by apartheid.

Conversely, the disgruntlement of African nurses with their perceived lack of upward mobility in the private health sector and the public sector in the WC could be explained by the 2015 equity reports that show under-representation of the group in these spheres despite the implementation of the EEA in 1998 (Republic of South Africa, 2015). Mixed-race and white participants in these sectors seemed to be disgruntled and concerned about the EEA and the advantages it holds for African nurses. Seekings (2007) and Oosthuizen and Naidoo (2010) aver that race remains an issue in post-apartheid South Africa. Steyn (2010) also reports a scramble for power among white South Africans in order not to lose any advantage already attained. It therefore appears that African nurses have a difficult road towards achieving promotion in post-apartheid South Africa.

The frequency distributions suggested that gender has little influence on decision-making regarding promotion. However, mixed-race nurses were most concerned about this. The responses to the open-ended questions of the public sector in the WC indicated purposeful efforts to appoint males, whereas the responses of nurses in the Gauteng private sector implied that males might be favoured in terms of

promotions and salaries. The equity reports of the WC public sector (Republic of SA, 2015) show a 1:3.2 male-to-female ratio in mid- and junior managerial levels, whereas the equity report of Gauteng (Republic of SA, 2014) reflects 1: 3.4 (mid-managerial level) and 1:4.5 (junior managerial levels) male-to-female ratios. The website of the South African Nursing Council (SANC) (the legislative body that governs nursing practice in South Africa and maintains statistics of registration of all South African PNs) reflects a 1:8 male-to-female nurse ratio. The divide between the ratios of SANC and those of the equity reports signifies that although males are few, they are also in command. Therefore, despite nursing being a female-dominated profession (SANC, 2016), males tend to experience more upward mobility in the WC than Gauteng. These ratios might explain the discontent of the mixed-race people. Research findings of Simpson (2004) confirm that the careers of males tend to flourish in female-dominated professions such as nursing. Males in their study seemed to have benefited from the minority status in the female-dominated profession and the belief that males are worthy leaders. Furthermore, Muench, Sindelar, Busch and Buerhaus (2015) and Brown (2009) found in their studies that male nurses were better remunerated than female nurses.

Irrespective of the influence of gender, the racial hierarchies created by apartheid (Horwitz & Jain, 2011) seem to persist, as reflected in the inferior viewing of African nurses and superior viewing of white nurses in the current study. Talbot and Durrheim (2012) confirm the existence of racial stereotyping in post-apartheid South Africa. Booysen and Nkomo (2010) and Bendick and Nunes (2012) ascribe the slow progress with diversity in the workplace to the persistence of these racial stereotypes. Tropp and Molina (2012) found that people tend to view individuals from their own race group more favourably than those from other race groups. Nguyen-Phuong-Mai (2017) also reports discriminatory acts exhibited by dominant groups in organisations as efforts to protect their own power and privileges. The latter might explain the responses reflecting racial discrimination in terms of developmental opportunities.

Class also surfaced in institutional hierarchies (managers vs. followers) where those with less power were seemingly marginalised through autocratic managerial practices. Although managers hold views that the EEA contributed to improved hierarchical relationships, the PNs (followers) were less convinced. Wetzel (2014) writes that PNs (lower class) tend to find themselves in bureaucratic systems that are controlled by managers with decision-making power who could be intimidating because resistance could have an impact on their careers. The PNs have yet to become managers, whereas the managers are the privileged ones (and could be blind to these privileges) who do not have to be concerned about promotional prospects (Pratto & Stewart, 2012). Therefore, one can deduce why the managers would view the EEA to have contributed to improved hierarchical relationships.

Furthermore, on the point of class and the power contained in it, research conducted by the Public Service Commission of South Africa (2016) and Pauw (2017) confirmed irregularities with promotion and appointments that might explain the comments reflecting nepotism and bribery. The Commission found that at times documentation regarding recruitment and promotion was absent and in some cases lacked evidence of the selection committee members and/or the selection process, deducing that this evidence could have been purposefully misplaced.

Conclusion

Although African nurses seemed to be marginalised in the WC public and private sector, mixed-race nurses experience marginalisation in the private sector. The progress that African nurses experience in the public sector, Gauteng, and mixed-race nurses, WC, seems to relate to their demographic dominance in the respective provinces. The superior viewing of white females and their dominance in senior managerial positions in public and private sectors is rather prominent regardless of their being a minority group, signifying the persistence of advantages attained through apartheid. The dominance of racial hierarchies in terms of upward mobility is therefore a reality with female nurses of colour receiving the shorter end of the stick. The apparent superior viewing of male nurses and their progress with upward mobility, although a minority, displays class intersecting with gender. It therefore appears that institutions have to reassess their efforts to do justice to the noble intentions of the EEA.

Practical implications

As the results indicate the persistence of racial hierarchies in terms of positions held in the workplace and the inferior viewing of mixed-race people, management should actively seek ways to enhance inclusivity. These should include diversity training, a racially diverse recruitment team and enhancing the transformational managerial skills of managers to minimise discontent among followers and increase unity among race groups.

Limitations of the study

The study was carried out in the hospital environment and therefore excluded day clinics, primary health care settings and nursing schools. It is assumed that the views of nurses working in these areas might be different.

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Competing interests

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Author's contributions

M.M.v.d.H. wrote the article and conducted the research under the supervision of the A.S.v.d.M. A.S.v.d.M. was the supervisor involved in the study. She reviewed the article and provided advice regarding the completion thereof. T.C. provided guidance with the presentation of the results and the section on statistical analysis. She also reviewed the article.

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Data availability statement

A lot of data have been generated in the larger study. The data is the intellectual property of Stellenbosch University and not for sharing.

Disclaimer

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the official policy or position of any affiliated agency of the authors.

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