



Knowledge of sociology of development applied to nursing practice by registered nurses in public training hospitals in Namibia

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Abstract

Background: Nurses trained at the University of Namibia are exposed to social studies on basis of the fact that their career or profession is also social of nature. It was found to be a necessity to derive knowledge from social sciences one of which is Sociology of Development. The nurses in their endeavors to care for their patients and attend to their clients act in the sphere of development taking place in the society which affects their own functions and behaviors as well as those of their patients.

Aim: The aim was to determine and describe how the nurses integrate and transfer knowledge from Sociology of development to their clinical practice.

Method: A quantitative design employed with the questionnaire as tool for collecting data. A statistical descriptive analysis testing the relationship between the personal/biographical data, as independent variables, and specific answers on issues of development as dependent variables was used. The responses were based on an ordinal scale of 1 – 5, with 1= not at all, and 5 = to a large extent, while the cross at 3 indicated that the specific item is practical.

Result: The results have indicated no statistical significant differences in most of these variables but with general trends on some of the cases like the extent to which registered nurses give assistance to women deprived of their rights, empowerment of women in the community and observation of women subjected to domestic violence. The average score between the two groups on the dependent variables have also reflected a trend of being less than 3 ($\bar{x} < 3.00$) on the five point scale.

Conclusion: The results indicated that registered nurses differ with regard to the extent to which they relate knowledge from Sociology of Development to nursing practice and their reflection of knowledge is in those three items below the expected average of being considered as making impacts.

Keywords: Integration; Knowledge; Nursing Practice; Reflection; Registered Nurses; Sociology of Development.

1. Introduction

In the training of student nurses at the University of Namibia different courses are offered. These courses are derived from different disciplines like medicine, nursing, social sciences generally, and studying themes from the biological and psychological fields. One of these is the Sociology of Development. The content of this course just like other sections is meant to be applied to and integrated with their nursing practice. De Laune and Ladner (2006) argue that nurses derive knowledge from various disciplinary fields. To this end sociology of development is offered to nurses with the purpose of them applying and relating it to development taking place in their practice.

Sociology of development is defined as the sociological study of social change that takes place in society or part of society, while sociology is defined as a systematic, objective, scientific study of human society and social interactions (Popenoe, Cunningham & Boulton, 1998). Development itself is a concept which is according to Pearsall (1999), denotes events of constituting a new stage in a changing situation.

The motivation for the study reported in this article addresses the issue of transferring knowledge from the place of learning (the university) to the place of work (nursing practice). Burns & Grove

(2005), hold that studies of such transfer can problematise the way a curriculum is implemented and thus advance knowledge of both practice and teaching.

The transfer of knowledge of sociology of development poses a challenge to nurse practitioners as it deals with development of the society where nursing field is only a part of a larger society. What nurses have acquired from the theoretical knowledge should reflect in their practice where they care for their patients, their clients and the communities they serve.

The 'wind of change' brought about by social development, in postcolonial Namibia, for example, has caused nurses who were used to delegate 'dirty work' to their subordinates to adapt to a new system of delegation (Abbot and Meerabeau, 2005), based on competences and experiences. As the health care facilities have developed, managers running these facilities are also responsible for managing issues related to nurses unlike in the past when nurses were their own bosses in the nursing divisions. In this process of development nurses become independent practitioners with knowledge to assess the needs, to devise plan of care, to monitor and evaluate the progress of their clients and patients rather than just taking orders from the medical practitioners.

Three theories can be applied to the nursing profession and influence different aspects of nursing practice. Nursing is continuously



undergoing change and development. Some aspects result in advantageous change of practice, leading to reshaping and remolding. These three theories which are dealt with in the curriculum known as development theories are: Modernization theory, Dependency and Interactionism including the study of Development and health.

Conceptual frameworks in studies serve as frame of reference for observation and data collection. Frameworks in this study provided for data analysis and they made it easier for the researcher to arrive at conclusions (Mouton, 1996).

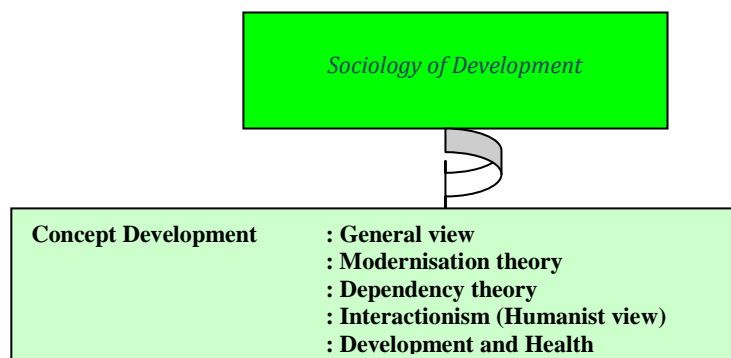


Fig. 1: Conceptual Framework for the study

Development is seen as a process of modernisation and the theory is therefore termed modernisation theory and is also known as the convergence theory according to McNall & McNall (1992) as described by Rostow. According to this theory, development is seen as a process of social change from traditional to modern state; a change that goes about achievement and which is psychological oriented (Webster 1990, Hoogvelt 1978). Zapf (2004) also defined modernization as mechanism of inclusion, value pluralism, differentiation and status upgrading (i.e. welfare development). Content taught can change behaviour that implies development in morals, culture or interactions. Introduction of content causes growth of knowledge and skills, progress to widening horizon of nurses and steers them away from experience that will have effects of closing them down.

In the Dependency theory, dependency and underdevelopment are terms which are dealt with together because it occurs simultaneously. Development or social change according to this perspective is seen as a process whereby group is developing at the expense of another while the latter is not developing or even seen as underdeveloped. The developing one becomes more and more rich, is being dominant, oppressive and exploitative, advanced and attract more benefits while the other country/society or group is becoming more and more poorer, less or non-advanced and become dependent on another state on an exploitative basis, therefore is known as dependency theory (Webster 1990).

Under this perspective/theory, nurses learn to understand the characteristics of huge imbalances and disparities with respect to access to resources and services (UNAM, 1995) analysis of any changes and differences between pre- and post - independence health care delivery system. By anticipating the dynamics of social change one will be able to identify the influences such development may have on practice in nursing and the whole care delivery system.

In the theory of Interactionism, development is seen as a process taking place in people's consciousness and that development is for people by the people. Seeing that development takes place when

people are aware of changes within their social environment, human beings are constantly confronted with the negotiations on what is happening in their society. Development is therefore a change in social reality and people know and understand the reality (Coetzee 1989).

The aspect of women and development is addressed in this perspective. Women in many aspects of life are considered to be disadvantaged and discriminated within their communities. As development is propagated in the community, governments for example the Government of the Republic of Namibia, has embarked upon a strategy to empower women in their communities and in work places or any other institution. They are forging forward with the issue of gender inequality and the disabled people. It is therefore the reason why they have come out with the establishment of the Ministry of Gender and Child Protection.

Development can be considered as the development of the self, whereby the nurse develops new socializing ways of knowing and the new skills of communicating with others and applying the skills to real life. It can lead to greater productivity, self-confidence and appreciation for ability to work with other people from diverse backgrounds (Drago-Severson 2004).

Sociology of development also deals with the relationship between development and health. There is a close relationship between the two. Where there is no development there cannot be health and where there is no health development is hampered.

The Government of Namibia has developed the wheel of development with different areas or institution where development needs to take place. For the purpose of integration, the researcher has adopted that wheel as the wheel of health. In this wheel of development, one will find that there is none of the components where health is not an aspect of concern. It facilitates upward movement of the communities as stated in the definitions on development earlier in this article under the meaning of development.

For clarity look at the figure here below:

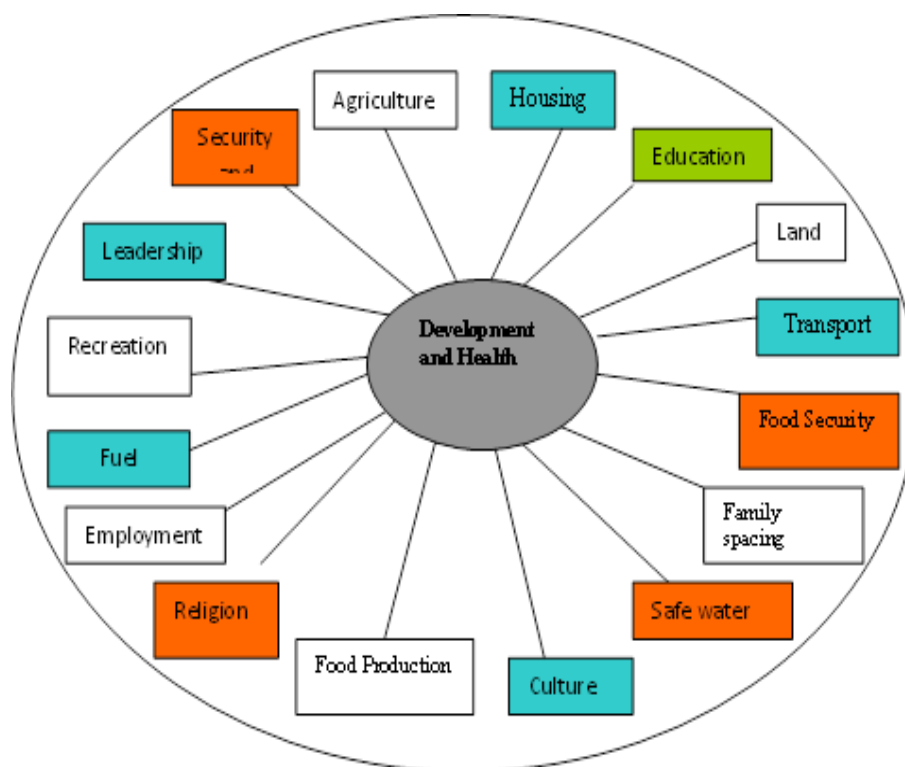


Fig. 2: Wheel of Development = Wheel of Health

The link between sociology of development and health as highlighted in the figure above and as presented in the three development theories already discussed as framework for this study, is a clear reflection of the practical reality. Modernization is a process of progress, with development and transformation in social structures, health included. Dependency theory indicates the negative side of development that leads to dependency, underdevelopment and poverty which have negative impact on health. Nevertheless capitalism has made it possible for many programs to be introduced and health care sectors to be improved. From the interactionism point of view, development goes with negotiation which is the essential part of health care delivery system. It touches on Basic Needs Approach (BNA) which is equivalent to the principles of Primary Health Care. In conclusion, health and development from whatever point of view or from whatever theory/perspective are interrelated and interdependent.

The purpose of this study was to determine and describe the application of Sociology of Development in nursing science practice by registered nurses. The objectives of this study were therefore the following:

- To determine and describe the application of Sociology of Development in nursing science practice by registered nurses who have completed a four years Diploma at UNAM.
- To identify the weaknesses and strengths in the application of such knowledge of Sociology of Development to nursing practice.

2. Methods

2.1. Design

A quantitative descriptive design was used to explore and describe the applications of Sociology of Development in Nursing Practice by registered that have completed a four year Diploma at the University of Namibia. The self-administered questionnaire was used as tool for collecting data. A statistical descriptive analysis testing the relationship between the personal/biographical data, as independent variables, and specific aspects on issues of development as dependent variables was used.

2.2. Population and sampling

It targeted the registered nurses who have completed their training where their curriculum contained Sociology of Development as a line of study. The researcher drew a sample of 100 from the accessible population of 280 registered nurses who were allocated to the clinical areas of the training hospitals in Khomas, Oshana and Oshikoto regions in Namibia. They function in different positions as managers, supervisors, in charge of units and ward/unit sisters. The sample was selected using probability sampling method by means of proportional stratification as a technique. The sampling frame was established where the sample units were selected. The sample size was determined to ensure a 95% confidence interval; therefore 100 were selected as follows:

Table1: Proportional Stratification Outline

Hospital	Number	Percentage distribution	Sample size required based on proportional distribution	Actual number sampled
Windhoek Central Hospital	60	21.4	21	20
Katutura Hospital	100	35.7	36	30
Oshakati Hospital	70	25	25	30
Onandjokwe Hospital	50	17.9	18	20
Total	280	100	100	100

2.3. Data collection

A questionnaire was formulated or constructed on two sections. One section contained biographical particulars i.e. age, sex, area

where trained, when the course was completed, area where the nurse was practicing and the time length in the present allocation as independent variables. The other section consisted of questions on the contents of the theories of development such as modernization, dependency and interactionism including development and health. The questions were formulated in such a way that the students' view of what they think they have learned and applied is captured.

The main questions were about the impact of modernization and capitalism; the extent of upgrading their knowledge regarding clinical practice in different nursing disciplines, after completion of their training; the influence of upgrading knowledge on their practical skills in nursing practice and the extent to which they were equipped with necessary skills to apply the knowledge they acquired from this course to the different aspects of nursing science practices. These were meant to determine utilization of the knowledge they constructed during their sociology of development coursework.

Spaces were provided for comments in the questions in section 2, for participants to air their view on those items they responded on. The participants were expected to tick their responses on an ordinal scale of 1 – 5, with 1= not at all, and 5 = to a large extent, while the cross at 3 indicated that the specific item is practical.

To begin with, a pilot test was conducted in which the researcher searched for items to be included in the ultimate survey questionnaire. By way of a small group of 10 participants the items were tested and thereafter a questionnaire was refined and finalized.

The questionnaires were self-administered - nurses were requested to fill in the responses in their own time at their working places and submit it at the due date which was stated in the attached consent letter.

After the questionnaires had been completed, the chief registered nurses of the four hospitals who were entrusted with the responsibility to distribute the questionnaire on the researcher's behalf collected them and sent them back.

2.4. Data analysis

Out of the 100 questionnaires distributed, only 61 were sent back completed. Questionnaires were then sorted to eliminate bad and poor responses from being included in the data analysis. Of the 61 returned, 3 were spoiled and 2 were invalid, then only 56 were sent to a statistician for computerization. The responses were analyzed as follows:

First the independent variables were analyzed. The participants were divided into two groups for each variable. A null and an alternative hypothesis were formulated to indicate the relationship between the variables of the two groups. Data from the second section were electronically processed/computed, categorized and analyzed using the SPSS (Statistical Program for Social Sciences) program (Sarantakos, 2005). This data analysis was done by means of multivariate descriptive statistics (Polit, 1997) and hypothesis testing using the independent and dependent variables (MANOVA) for investigating difference between two groups. Results were presented in figures and tables (See Table 2 – 3 of this article).

3. Results

The relationship between the variables relates to the different aspect of development as related to independent variables such as age, gender, place of training, practice, institution where practicing, as well as time of training and length of time in the practical situation after training was completed. Significance of findings was highlighted with analysis of each variable by examining whether $p < 0.05$ (Newton and Rudestam, 1999).

An example of tables capturing the data in the study is presented Table 2 and 3 below:

Table 2: Aspects of Development and Age

Age group VARIABLES	26-35 YEARS			36-48 YEARS			P
	N	\bar{x}	S	N	\bar{x}	S	
a. Impact/Influence of modernization on your nursing care	26	3.31	1.09	20	3.00	1.08	0.172
b. Influence of capitalism on your nursing practice concerning availability of resources	25	3.44	1.19	20	3.85	0.81	0.099
c. Sociology of development led to improvement of your nursing practice	24	3.83	0.87	21	3.67	0.91	0.267
d. After completion of your training to what extent did you upgrade your knowledge	26	3.50	1.07	21	3.33	1.02	0.295
e. Extent to which the upgrading of your knowledge influence your skills	25	3.68	1.07	17	3.76	0.75	0.389
f. Extent to which you are equipped with necessary skills to eradicate social problems	24	3.33	1.17	18	3.33	0.84	0.500
g. Are you able to disclose information about yourself	31	3.06	1.48	20	3.45	1.43	0.182
h. How should Sociology of Development be in future curriculum	27	2.70	1.46	19	2.58	1.35	0.385
i. Extent of changes that occurred on the aspects in health services over the past five years	21	3.33	0.97	20	3.50	0.61	0.258
j. Extent to which you set goals to achieve what you planned in your daily practice	31	3.61	1.15	22	3.59	0.91	0.471
k. Extent to which women are deprived of their rights	27	2.15	0.99	21	2.38	1.28	0.241
l. Extent to which you are involved to empower women in the community	29	2.41	1.59	22	2.82	1.47	0.179
m. Extent to which you are involved to assist female patients who are subjected to domestic violence at their homes	30	3.07	1.60	23	3.04	1.61	0.475

Table 3: Influence of Development Aspects According to Place/Region where Course was completed

Region where course completed VARIABLES	Northern Regions			Southern Regions			
	N	\bar{x}	S	N	\bar{x}	S	P
a. Impact/Influence of modernization on your nursing care	22	3.41	1.01	24	2.96	1.12	0.080
b. Influence of capitalism on your nursing practice concerning availability of resources	23	3.70	1.02	22	3.64	1.14	0.428
c. Sociology of development led to improvement of your nursing practice	22	4.00	0.76	23	3.48	0.95	0.024
d. After completion of your training to what extent did you upgrade your knowledge	24	3.63	0.77	23	3.22	1.24	0.91
e. Extent to which the upgrading of your knowledge influenced your skills	22	3.73	0.77	20	3.65	1.14	0.398
f. Extent to which you are equipped with necessary skills to eradicate social problems	24	3.46	0.72	18	3.17	1.34	0.185
g. Are you able to disclose information about yourself	26	3.15	1.49	25	3.24	1.42	0.417
h. Extent of changes that occurred in the aspects in health services over the past five years	21	3.48	0.60	20	3.30	0.98	0.245
i. Extent to which you set goals to achieve what you planned in your daily practice	27	3.56	0.97	26	3.62	1.13	0.419
j. Extent to which women are deprived of their rights	25	2.52	1.12	22	2.00	1.07	0.056
k. Extent to which you are involved to empower women in the community	24	3.08	1.35	27	2.19	1.57	0.017
l. Extent to which you are involved to assist women patients who are subjected to domestic violence at their homes	26	3.42	1.47	27	2.67	1.64	0.042

In addition to the statistically captured data, the researcher also collated the data from the comments. She combined similar comments given in response to each question. Statements with the same connotations were again combined, summarized and categorized according to items they represented on their discursive link to three development theories taught in the course. The researcher related the summary of the comments to the statistical data.

Areas where the participants indicated low responses on basis of the average scores of less than half ($\bar{x} < 3$) of the maximum 5 scores, of two groups according to independent variables (See Table 2, item h, k, and l), and on the basis of the p value whether below ($p < 0.05$) or above 0.05 ($p > 0.05$) (Refer to Table 3: item c, k and l), were focused on. The researcher linked these aspects with

what the participants have commented on in each of these items and extracted general trends as reflected in the below.

The results have indicated no statistical significant differences in most of the variables but with general trends on some of the cases like the extent to which registered nurses observe or assess women derived of their rights, empowerment of women in the community and observation of women subjected to domestic violence. The average score between the two groups on the dependent variables

have also reflected a trend of being less than 3 ($\bar{x} < 3.00$) on the five point scale. The selection of the findings is therefore based on either the obtainment of statistical significant differences, or findings that are below an average of 3 out of a maximum of five on an ordinal scale. These trends can be illustrated in the table here below (Table 4).

Table 4: Example of Some Trends Reflected in the Findings.

Dependent variable	Independent variable description	Statistical significant difference found	Independent variable	
			A mean average score of less than 3 out of a maximum of 5	Comments
Women rights	The differences between two age groups	None	Yes	Some participants in their comments indicated that men and women are nowadays equal with equal rights therefore such nurses will not observe the opposite.
Empowerment of women	The differences between two age groups	None	Yes	The nurses seem not to see their role in this regard therefore they do not participate in empowerment of those women.
Sociology of development lead to improvement of nursing practice	Differences between two groups based on region where training was completed	Yes (t-test, p= 0,024)	No	Here one assumes a point simply missed. If in most cases they responded that they improved, they were also in the position to indicate how sociology can influence nursing practice just as they apply it to nursing practice.
Empowerment of women	Differences between two groups based on region where training was completed	Yes (t-test, p= 0,017)	Yes, for one group	The nurses seem not to see their role in this regard therefore they do not participate in empowerment of women.
Assistance to women who are subjected to domestic violence	Differences between two groups based on region where training was completed	Yes (t-test p= 0,017)	Yes, for one group	Here one can assume that nurses do not see their role as protection of human rights. They fail to observe human right violation and they seem also not being able to assist them. One cannot act on what is not observed.

There are issues that the nurses have identified that hinder their integration of knowledge from sociology of development to nursing practice and are the challenges they are faced with. These aspects are listed here below:

Theory of Development	Areas identified
1. Modernization theory:	<ul style="list-style-type: none"> • Lack of opportunity for further study and in-service education. • Lack of promotion
2. Dependency theory:	<ul style="list-style-type: none"> • Lack of capital led to lack of medication and equipment. • Unequal distribution of facilities and equipment to render health care in practical areas. • Unequal treatment of nurses by their seniors. • Low and unfair remuneration for nurses and lack of incentives. • Exploitation of nurses by working long hours and weekends, due to shortage of nurses and too many patients and clients. • Lack of promotion and recognitions.

These are the aspects which the registered nurses have identified and are aware of that these are happening in the health care delivery setup and they relate that such aspects have been dealt with in the content they learnt in the Sociology of Development.

4. Discussion

In this study it has become clear that Sociology of Development is being applied in most cases. The results indicate what nurses do with the knowledge they gain from the study of Sociology and more especially Sociology of Development, which is an issue of concern in this specific investigation. Modernization theory examines aspects of progress, advancement, forward looking, transformation and change for the better (Webster, 1990; Popenoe et. al., 1998). Registered nurses stated that modern living is observable in the practical nursing situation. There is also information given by the participants that indicated that the study of Sociology of Development has positively changed their behaviours and practice. Besides the good points and positive achievements they have mentioned, there are also shortcomings of development and bad effects brought about by the modernization process. Even if modernization is taking place in nursing practice, not all aspects can be applied due to certain problems and obstacles.

The effects of modernization are counter acted by the process of capitalism which featured out as challenges in nursing practice and affects the relationship between different categories of nurses. Under capitalism nurses are faces with state of exploitation, oppression and domination of one group by another and a state of inequality including gender inequality that put nurses on unequal treatment with regard to remuneration, division of work and provi-

sion of benefits. Care and treatment of patients and clients is also affected and differ from the rich to the poor, between women and men, young and old.

The findings have reflected some weaknesses in the application of development in nursing practice and how the participants relate their practice to social development. The general trends reflected in the data are the significant statistical differences in some aspects and the average responses that are less than 3 on the five points of an ordinal scale. The three major items featuring in this case are the extent to which registered nurses (participants) observe deprivation of women's rights, empowerment of women in the community and assistance they give to women and children who are subjected to domestic violence. These trends are summarized in table 3 in this article.

The researcher discussed the findings of the study basing on two groups according to their biographical particulars as independent variables as related to the dependent variable as stated above. In most cases of aspects compared between the two groups, transfer of knowledge was agreed upon by the participants above the average ($\bar{x} > 3$) out of a possible maximum of 5 on an ordinal scale. Again, in most cases the p values were more than 0.05 ($p > 0.05$). As a result the null hypothesis on those aspects was supported by the findings while the alternative hypothesis was rejected. This indicated that nurses are aware of transfer of knowledge from Sociology of Development into nursing practice and relate what they observe in practice to Sociology of Development.

If one looks at the tables represented by table 2 of this article, participants have all scored above the average of 3 ($\bar{x} > 3$) on items taken from modernization and dependency theories, with almost all aspects having the p values of more than 0.05 ($p > 0.05$). Nevertheless, there are aspects which featured out that nurs-

es themselves lack the ability to relate what they learnt from Sociology of Development to nursing practice. These trends as it came out now and then in the tables of the study reported in this article.

In a table on age; table on years of training; table on the year when Sociology of Development was completed and the table about length of time the nurses were practicing in the current units, the items j and k have low average scores below three ($\bar{x} < 3$) for both groups (Refer to Table 2 for these items).

Regarding places or regions where course was completed, the average is below three ($\bar{x} < 3$) for both groups that were trained in the northern regions (Oshana and Oshikoto) and southern region (Khomas region) of Namibia, on item j and k; The extent of influence of Sociology of Development according to regions where the nurses were practicing, the average was ($\bar{x} < 3$) low on item j for both groups, and low on item (k) for those trained in the south (Khomas Region). The p values were found to be significant from the statistical analysis (Refer to the tables of the study) as follows: The p values were found to be lower than 0.05, ($p < 0.05$) regarding the following: places or regions where course was completed, item c ($p = 0.024$), k ($p = 0.017$), and l ($p = 0.042$); the regions where the nurses were practicing, item k ($p = 0.008$) and about length of time the nurses were practicing in the current units, item h ($p = 0.037$). Therefore for those items, there is a significant statistical difference between the two groups with regard to their convictions and agreements on how Sociology of Development can be related to nursing practice.

The researcher concluded that there are weaknesses on the side of the registered nurses in being aware of the process of transferring knowledge from Sociology of Development to nursing practice. Nurses are said to be "the eyes of the blind, the voice of the voiceless and the power of the powerless as well as the helping hand of those who cannot help themselves". It can be assumed that our nurses when in training, they take some information as only for the purpose of passing their examination and register as nurses to take up employment but they lack some competences for practical application of such knowledge.

In their comments, participants indicated the areas where they feel that Sociology of Development is not well articulated in their clinical practice as seen in table 4, and mentioned the causes of such failures. The participants were consciously aware that that the rights of people are not equally recognized, especially in the case of women and children. They also indicated that there are cases of discrimination, abuse and violation of their rights.

It has also become apparent that there are aspects of development which nurses see as not taking place as they expected it to be. They know that it was supposed to be done or to happen but it was not or poorly done. Such phenomena are due to certain hindrances within the health care system or lying in the relationship between them and other health workers. This is an indication that they have expectations derived from the course that this is what should happen to them or between them and other health workers of different categories or professions.

The researcher has also made an observation that nurses observe critically the failure and omissions of others more readily than identifying their own shortcomings. This can be concluded from the way how they commented on the questionnaire on issues where they feel that they are treated unfairly and unequally.

5. Conclusion

The findings have indicated that Sociology of Development is being applied in most cases. The results indicate what nurses do with the knowledge they gain from the study of Sociology and more especially Sociology of Development. Besides the positive points they have mentioned and observed, there are also bad effects brought about by of development and shortcomings in the application of the knowledge on Sociology of Development to nursing practice.

The statistical analysis reflected some weaknesses of registered nurses in the application of development in nursing practice and

how they relate their practice to social the application of some of the development aspects. Participants have also indicated the areas where Sociology of Development is not well reflected in their clinical practice with regard to the three development theories.

These major items featuring in this case are the extent to which registered nurses (participants) observe deprivation of women's rights, empowerment of women in the community and assistance they give to women and children who are subjected to domestic violence. These practical omissions need to be looked into and should be investigated further.

6. Recommendations

Strategies to address weaknesses reflected in the study should be implemented by UNAM, School of Nursing and Public Health and the Ministry of Health And Social Services.

Acknowledgements

I wish to thank the University of Namibia for granting the researcher opportunity to conduct a study and the Ministry of Health and Social Services for the approval to the researcher to conduct the study as well as registered nurses who participated in the study for their informed consents and valuable time they spent to complete the questionnaires. Special thanks to the nurse managers who assisted in distributing and collection of the questionnaires to and from the participants of their respective hospitals.

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