

# Understanding faculty development as capacity development: A case study from South Africa

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**Background.** Faculty-development programmes for health professions educators focus on capacity building, which may not recognise the pre-existing skills and knowledge of participants. A shift to capacity development that recognises the individual and collective skills and knowledge of faculty is needed.

**Objectives.** To explore the contribution an African faculty-development programme made to the professional and personal development of faculty and teaching in the programme. Also, to investigate the contribution the programme made to the wider health professions education community of practice in Africa.

**Methods.** A qualitative, exploratory design was used, with a convenience sample of 15 faculty members of the sub-Saharan Africa-Foundation for Advancement of International Medical Education and Research (FAIMER) Regional Institute (SAFRI) faculty development programme. Each participant's SAFRI journey was explored through an in-depth interview, and data were thematically analysed. Ethical approval was obtained for the study.

**Results.** A model of faculty development for individual and collective capacity development was derived from five emergent themes: (i) personal and professional development; (ii) collaborative practice; (iii) networking; (iv) research and scholarship; and (v) support.

**Conclusions.** Faculty-development initiatives may result in capacity development, which extends beyond individual participants to include a wider community of practice. This expanded understanding is best articulated by the African term *ubuntu* (I am because you are).

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There is a global shortage and misdistribution of health professionals, which has major consequences for the future quality of healthcare, with an estimated 1 billion individuals not having access to trained healthcare professionals.<sup>[1]</sup> This is especially true for poorer countries; in sub-Saharan Africa this crisis is worsened by the inability to retain and maintain the services of such professionals.<sup>[2]</sup>

An effective response to this challenge requires urgent interventions to address the shortage of healthcare professionals.<sup>[1]</sup> There have been several policy documents that have used the terms capacity building and capacity development to describe these interventions to achieve the increase and growth of healthcare, leading to improvement.<sup>[3,4]</sup> An essential component of the capacity-building and capacity-development interventions is faculty-development programmes.<sup>[3,4]</sup>

In the current literature on faculty development, capacity, capacity building and capacity development have been interchangeably used.<sup>[4,5]</sup> An understanding of these concepts is essential if they are to meaningfully inform faculty-development programmes. While capacity broadly refers to the increase in skills and knowledge required for individuals and organisations to perform more effectively, Morgan<sup>[6]</sup> proposed that there are fundamental differences between the terms capacity building and capacity development. The former is a broad term that considers equipping an individual, institution, region or country with the attitudes, values and behaviours needed to bring about change and progress.<sup>[6]</sup> However, this

process of increasing capacity often focuses on the individual and ignores the importance of the collective ability of individuals in capacity building.<sup>[6]</sup> Capacity development highlights the collective process of interactions in a wider system to address problems and bring about transformational change within a specific context.<sup>[6]</sup> Capacity building may be viewed as a goal, while capacity development serves as a means to an end.<sup>[6]</sup>

Faculty-development programmes focusing on capacity development of healthcare professionals and educators are key to providing initiatives geared towards addressing the shortage of such professionals and improving healthcare.<sup>[7]</sup> Traditional faculty-development programmes largely emphasise the individual development of health professions educators through new teaching skills or assessment techniques, improved planning or implementation of curricula, new ways of thinking about the student-teacher relationship, and an increased commitment to educational scholarship and leadership.<sup>[3,8-10]</sup> Some aspects are often missing from these faculty-development programmes, e.g. those necessary to ensure socially accountable curricula that relate to the need to train faculty in community-based education, community engagement, equity and aspects of social responsiveness.<sup>[3]</sup> These traditional programmes place a strong emphasis on the individual educator without simultaneously addressing the development of a wider community of healthcare professionals who can make a meaningful long-term contribution to health professions education (HPE) and healthcare. This wider development is essential if faculty-development

programmes are to be socially accountable.<sup>[3]</sup> Therefore, this study aimed to explore the contribution an African faculty-development programme had on the professional and personal development of faculty teaching in the programme and the wider HPE community of practice in Africa.

## Methods

### Study design

A qualitative exploratory design was used.

### Population and sampling

The study population was conveniently sampled from faculty members of the sub-Saharan Africa-Foundation for Advancement of International Medical Education and Research (FAIMER) Regional Institute (SAFRI) programme who were teaching at the on-site session of the programme. The population was appropriate, as all faculty members had completed the FAIMER or SAFRI fellowship programme and were actively involved in HPE activities. The final sample consisted of 15 faculty members (79% of possible participants).

### Design of the intervention

FAIMER has expanded the reach of their faculty-development programme by establishing regional institutes in Asia (3 in India and 1 in China), Latin America (1 in Brazil and 1 in Chile), and 1 in Africa (SAFRI operating from South Africa (SA)). The SAFRI fellowship is a longitudinal faculty-development programme implemented over 18 months. Steinert *et al.*<sup>[11]</sup> indicated that longitudinal programmes produce sustainable outcomes, which cover a host of skills that transcend beyond teaching effectiveness to include academic leadership and scholarship. The SAFRI programme includes three residential sessions, a distance-learning component and design and implementation of an education innovation project, which is outlined in detail by Frantz *et al.*<sup>[12]</sup>

### Study procedure

Ethical approval was obtained from the University of the Western Cape and the University of Cape Town (ref. no. 11/3/15). Faculty members were contacted electronically to inform them about the purpose of the study and to invite them to participate. Interviews were conducted at a time and location convenient for participants by independent research assistants trained and competent in the collection of qualitative data. Interviewers checked that participants understood the purpose and nature of the study and obtained permission to audio-record interviews.

Each participant's SAFRI journey was explored through an in-depth interview initiated by two broad questions: 'How would you describe your personal and professional growth since the fellowship?' and 'How have you shared your knowledge and skills gained from the fellowship?'

### Data analysis

We conducted a thematic analysis according to the guidelines proposed by Braun and Clarke.<sup>[13]</sup> Audio data were transcribed and read by the research team for the development of initial codes. Two researchers (MM and DBM-E) analysed and coded all the transcripts. The initial codes were cross-checked by both these researchers for consistency of analysis and then checked by the remaining authors. Discrepancies in coding were resolved through discussions, resulting in consensus. The coding frame was then

cross-checked by the full research team and further refined until all authors were in agreement. Data were organised into themes and managed using Microsoft Excel version 10 (Microsoft, USA). The analysis and emergent conceptual model were developed by MM and DBM-E and refined through reflexive discussion with the research team. The final stage involved testing the conceptual model using the original data and themes to check for theoretical saturation of constructs and trustworthiness. No new themes emerged at this final stage.

## Results

### Demographics of participants

The study sample consisted of 15 participants representing a wide range of professions, including nursing, dentistry, medicine and physiotherapy. The majority were South Africans at local universities who were training health professionals. They had an average of 15 years of discipline-specific teaching and research experience and 13 years of HPE-specific teaching and research experience.

### Emerging themes

Five core themes emerged from the data: (i) personal and professional development; (ii) collaborative practice; (iii) networking; (iv) research and scholarship; and (v) support. A conceptual framework was developed from the five core themes, contributing to an overarching theme of the influences of the programme on self and others (Fig. 1). Developments within self were described as personal or professional capabilities of participants. Influences on others referred to the empowerment of participants to contribute in three areas: (i) their local place of employment, i.e. university or health professions school; (ii) the SAFRI community; and (iii) the broader HPE community.

### Personal and professional development

Personal and professional development of individuals reflected enhanced insight and self-awareness. Participants reported an increase in job satisfaction through increased empowerment and confidence:

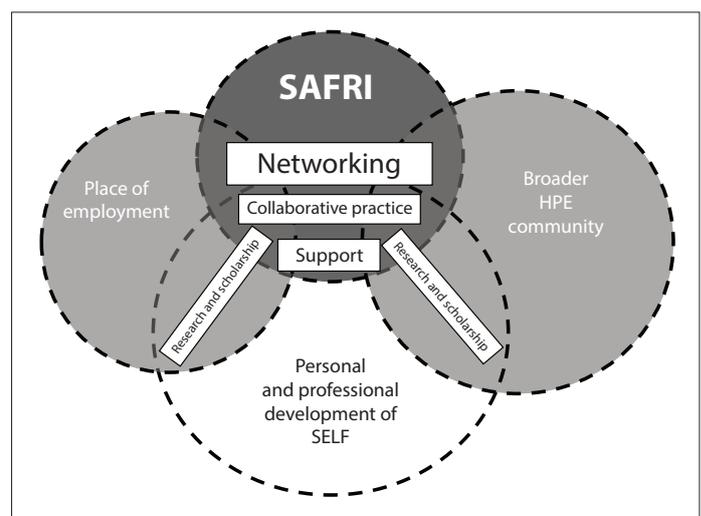


Fig. 1. Conceptual framework of capacity development in the SAFRI programme. (SAFRI = sub-Saharan Africa-Foundation for Advancement of International Medical Education and Research (FAIMER) Regional Institute; HPE = health professions education.)

'I could be very confrontative ... I was introduced to appreciative leadership and I really changed my attitude, which led to better relationships where I worked.' (Participant 5)

Participants articulated that skills enhancement in leadership and communication resulted in greater credibility, evidenced through promotion and career development:

'So I think there has been a huge change ... I was able to get promotion. I applied and because I had tools how to market my expertise and how to frame it, I was able to successfully have an interview, and even there I think people were amazed to see the transformation in me as a person, how I presented myself during the interview, and I got promotion after 25 years at the institution.' (Participant 15)

### Collaborative practice

Collaborative practice outcomes were presented by participants at both an individual (self) and wider (other) level. Collaborative practice was articulated through participants' abilities to contribute to initiatives impacting on others:

'That's your growth within that community ... as you interact with others their input and their feedback to you enhance your own growth and you grow and develop greater and greater levels of competence until you become somebody who is more of an expert than you were when you entered.' (Participant 4)

'As a result of the [SAFRI] project some of those students remained with me and I have mentored some of the undergraduate students. One of the students has now launched an online free course for all medical students in SA; that would not have happened if I didn't mentor him.' (Participant 18)

'I have decided that I am going to make a difference, so I do a lot of faculty development and my life's outlook is to develop others. Therefore, whether it is a student or whether it's a fellow staff member, it's about developing others and that is what I got out ... personally and professionally.' (Participant 9)

### Networking

Networking between programme participants and the SAFRI faculty was identified as providing critical personal support and engagement within a community of practice for both reference and assistance:

'You know that somebody ... will help you and that's both professional and personal. You can put out a personal request for help, as well as a professional request for help, and it is always non-judgemental, it's always not competitive, but that is not always the case in an institution or any other countries ...' (Participant 18)

'... if you have ... a critical mass ... of people who think alike and can really influence practice in the institutions where they are working. Working together and also getting the community of practice going in terms of joint research projects – that's very valuable.' (Participant 5)

### Research and scholarship

Educational research and scholarship through active participation in a SAFRI education research project were identified as valuable key outcomes for participants. This influenced individual skills and knowledge development, but also influenced fellows' engagement in advancing scholarly educational activities within their home institutions:

'I published my very first article during that first year ... basically my PhD had been launched. And life also gets in the way, so it did still take longer than I planned, but at least my proposal was finished and in the end I did finish my PhD.' (Participant 5)

'... professionally around the confidence supervising students through their research ... having had experienced having a fellow on SAFRI has also given me that confidence around supervising our students, mostly Master's students, who are doing rural health focus back at the office ... it has really given me a lot of practice.' (Participant 1)

### Support

The term support was used by several participants to express the widely acknowledged value of an individual's responsibility to use personal learning for the development of others:

'What we do when we improve things, we also set standards for the other universities. Whenever we had our faculty development workshops we opened it to other universities – so in a way we spread the message to the other universities to say, yes, there is something that we need to do in terms of improving our way of doing business.' (Participant 14)

'... share my experience with the novices ... and that is a very nice feeling, but also nice to know that you can help other people. But, as happened this morning, I also learnt from ... our first-year fellows certain things that they do and I just realised that it is actually further than ... why didn't I do that? So I am going to implement that in my own research. So contributing is a give-and-take thing, it's not really from one side.' (Participant 17)

### Discussion

The study contributes to our current understanding of faculty development by highlighting that the SAFRI faculty-development programme is a process of active engagement with support and knowledge sharing to build the personal and professional capabilities of individuals and the entire group. This process can be interpreted from a capacity-development perspective, which includes the individual (personal and professional capabilities) and the collective.<sup>[6]</sup> The essential processes through which individuals are empowered include collaborative practice, networking, research and scholarship, and support.

Morgan<sup>[6]</sup> interprets capacity development as a process of engagement within a wider system, including individual and collective action to create public value that positively contributes to the system. Therefore, capacity development enabled SAFRI faculty members to enhance their contributions and responsibilities to their local environment, while simultaneously contributing to organisations outside their local environment or resident institutions. This notion of a wider community responsibility is best expressed by the African term *ubuntu* (I am because you are). *Ubuntu* describes the belief in a universal bond of sharing that acts to connect all of humanity by emphasising the essential elements of empathy, sharing and co-operation in the combined efforts of individuals to address common problems.<sup>[14,15]</sup>

Our work is the first study to provide some early insights into the mechanisms by which the SAFRI faculty-development initiative facilitates individual capacity building, while also contributing to capacity development in the broader HPE community of practice in Africa. Our data identified five key mechanisms – each making a unique contribution to the process: (i) personal and professional development; (ii) collaborative

practice; (iii) networking; (iv) research and scholarship; and (v) support. Conceptually, these mechanisms are expressed in the engagement between individuals and their respective communities of practice within SAFRI, their places of employment and the broader HPE community. This is diagrammatically represented in Fig. 1. The use of dashed lines in the model is intended to reflect the permeability and capacity for bi-directional exchange within and between the individual and the broader communities of practice.

An important feature of the conceptual model is the bi-directional interplay of the process, leading to individual capacity building and collective capacity development. Personal growth contributed towards professional development, such as gaining promotion at work, which was likely to further impact on the personal development of the respective individual. Ongoing professional growth also had a positive effect on the institutional environment of faculty members, as they contributed through knowledge creation and sharing, teaching and collaborative practices with other individuals, institutions and communities. This process of capacity development, with a shift of focus on the development of others, is essential for sustaining and improving healthcare services and HPE. The World Health Organization<sup>[16]</sup> recently endorsed the mandate to intentionally and sustainably address the process of large-scale upskilling of health professions educators to improve HPE, and ultimately the health of communities in Africa. Further systematic research is needed to gain a more detailed understanding of how the mechanisms for simultaneous capacity building and capacity development identified in this article are affected in educational practice.

## Study limitations

Although this study has shed light on the capacity development of the HPE faculty, it is not without limitations. The small sample size mandates further work in the broader SAFRI community of practice in Africa to explore other mechanisms of bi-directional capacity building (self) and capacity development (others), which may not have been identified in this study. The researchers also realise that the participants were drawn from a focused intervention, and selection bias holds important implications for the generalisability of the findings.

## Conclusions

There is an urgent need, especially in developing-world regions, to offer more faculty development programmes for health professions educators. Such initiatives should facilitate personal capacity development and enable capacity building beyond the self to include the broader community of practice. This is especially important in the context of resource constraints, where most educators will never have the opportunity to engage in

programmes catering for limited numbers of participants. The findings of this article suggest that faculty-development initiatives that facilitate individual capacity development and collective capacity building promote personal and professional development, collaborative practice, networking, support, and HPE research and scholarship. This conceptual model of faculty development may serve as a useful starting point for further exploring the work that needs to be done.

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**Conflicts of interest.** Although 3 of the authors are part of the SAFRI programme, data were analysed independently by the other authors and checked by SAFRI participants.

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