

# EMPLOYABILITY ATTRIBUTES FOR THE SOMATOLOGY PROFESSION

by

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## ABSTRACT/SUMMARY

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**Background:** Employers focus increasingly on employability attributes when recruiting graduates. Generic employability attributes are available to the somatology profession, but the researcher could not obtain evidence that profession-specific employability attributes exist for the somatology profession.

**Problem statement:** This lack of employability attributes specific for the somatology profession led to the research question: Which employability attributes are required for the somatology profession?

**Aim:** The aim of the study was to identify and rank (in order of importance) employability attributes for the somatology profession.

**Objectives:** The research study was guided by three objectives: Firstly, to review various perspectives on employability attributes in general, and specifically in career orientated higher education programmes similar to somatology. Secondly, to identify employability attributes for the somatology profession. The third objective was to analyse the views of different stakeholders on the importance (rank) of the identified employability attributes for the somatology profession.

**Methodology:** The underlying philosophy of the research study was framed within the pragmatic paradigm and the study was based upon a mixed methods research design. The research study adopted a typical sequential exploratory design which consisted of two chronological phases. This mixed methods design was applied in the research study where the first qualitative phase was conducted to identify and define employability attributes for the somatology profession according to the stakeholders (the qualitative phase). The data for this phase of the study was collected through focus group interviews with various stakeholders. The findings from this first phase were utilised to formulate a structured questionnaire for the

subsequent phase. During the second phase (the quantitative phase), the importance of the identified employability attributes for the somatology profession was evaluated based on the feedback received during a survey amongst a sample of stakeholders.

**Results and discussion:** Eight key themes were identified from the three focus group interviews namely (in alphabetical order): business skills, communication skills, creativity, interpersonal skills, personal development, problem solving, professionalism, and time management. The completed outcomes indicated that, according to participants, the more important (above 95%) employability attributes for the somatology profession were: professionalism and ethical behaviour (97%), consistency (96%), and pride (95%). After concluding both phases, the researcher proposed employability attributes for the somatology profession. The researcher proposed somatology profession-specific employability attributes by integrating the identified employability attributes from the qualitative phase and the ranked employability attributes of the quantitative phase. Furthermore, the researcher utilised literature and her personal experience as a somatologist and lecturer to inform the proposed table of somatology profession-specific attributes.

**Conclusion:** The outcomes of the research study are believed to benefit the somatology profession which include: the somatology graduate, the educator, and the employer. While possessing employability attributes does not guarantee employment for a graduate, somatology graduates who possess all of the proposed employability attributes may be able to function effectively within the profession, therefore enhancing their employability and future.

**Keywords:** Somatology, employability attributes, employment, educator, non-technical skills, graduate

## DECLARATION

I hereby declare that the work submitted here is the result of my own independent investigation. Where help was sought, it was acknowledged. I further declare that this work is submitted for the first time at this university/faculty towards a M.Tech. degree in somatology and that it has never been submitted to any other university/faculty for the purpose of obtaining a degree.



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## ABBREVIATIONS AND ACRONYMS

CCFO	Critical Cross Field Outcome
CHE	Council of Higher Education
DHET	Department of Higher Education and Training
HEI	Higher Education Institution
HEQC	Higher Education Quality Committee
HEQFS	Higher Education Qualification Sub Framework
HESA	Higher Education South Africa
NQF	National Qualifications Framework
SAAHSP	South African Association of Health and Skincare Professionals
SAQA	South African Qualifications Authority
WIL	Work Integrated Learning

## OPERATIONAL TERMINOLOGY

The definitions of terminology utilised in the research study are clarified in the section below:

**Somatologist:** Is an individual who obtained a minimum qualification of National Diploma in Somatology and practices as a therapist who assists others in improving their general health, wellbeing and aesthetic appearance through provision of relevant advice, treatments and products (Durban University of Technology, 2012: online).

**Somatology profession:** Is a body of people engaged in a particular profession, specifically somatology (Oxford Dictionary, 2016: online).

**Employability attributes:** Are non-technical skills, knowledge and abilities of graduates that are applicable to a variety of contexts (Barrie, 2004: 262) and enhance an individual's ability to function in employment (Yorke, 2005: 7). Employability attributes can either be generic/transferable for any industry or context specific for a specific industry (Barrie, 2006: 215-218).

**Generic (employability) attributes:** Are non-technical skills, knowledge and abilities that support a study in any discipline and which can be transferred to a variety of contexts/industries (Bennett, Dunne & Carré, 2000: 1-6).

**Profession-specific employability attributes:** Are employability attributes that are interpreted in the context of a specific discipline; therefore, implying that the employability attributes may be somewhat different in different contexts/industries (Barrie, 2006: 215-218).

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# CHAPTER 1

## OVERVIEW OF THE RESEARCH STUDY

*The hardest work in the world is being out of work.*

*Whitney Young*



## 1.1 INTRODUCTION

A degree in itself is no longer a guarantee to obtain employment. Thus, the question, “What can guarantee a somatologist employment in the profession?” is valid. Recent debates and research papers indicate that employers increasingly focus on non-technical knowledge, skills, and abilities (known as employability attributes; Section 1.2) when recruiting graduates (Pollard, Hirsh, Williams, Buzzeo, Marvell, Tassinari, Bertram & Fletcher, 2015: 11, 12; Rich, 2015: online). Therefore, the possession of employability attributes might increase the possibility of employment (Pollard *et al.*, 2015: 11, 12; Yorke, 2005: 8).

Can it therefore be assumed that, if applied to the somatology profession, a somatology graduate who possesses employability attributes, in addition to a somatology qualification, may experience an increased possibility of employment within the profession? If so, it is heartening to know that government and higher education institutions (HEIs) in South Africa already focus on equipping graduates with generic employability attributes (CUT, 2015: online; SAQA, 2012a: 4, 5). However, current circumstances within the somatology profession contradict this statement, indicating that the assumption cannot be made (Global Spa and Wellness, 2015: online; SASA, 2012: online).

The somatology profession is currently experiencing a need for somatology graduates (Global Spa and Wellness, 2015: online; SASA, 2012: online), while many somatology graduates are not necessarily employed within their qualified profession (Abbot, 2014: online; Business4Beauty, 2015: online). Indicating that unemployment of somatologists within the profession is not necessarily due to a lack of job opportunities in the profession. Numerous other factors may be the cause, but against the backdrop of employability attributes, the researcher is of the opinion that there is a possible misalignment of the employability attributes that the somatology graduates possess and the employability attributes that the employers seek. Pollard *et al.* (2015: 85) refer to this trend amongst employers as mix-and-match recruitment. Although most employers prefer to recruit graduates with a qualification, they recruit graduates according to the employability attributes that the organisation

may benefit from and not necessarily the relevant qualification required for the position (Pollard *et al.*, 2015: 85).

Therefore, as employability attributes may improve employability, alignment of the employability attributes with the relevant profession's needs may improve employability of graduates within that specific profession. This research study will assist with this alignment for the somatology profession by investigating the employability attributes that the profession would like somatology graduates to acquire. Employability attributes and the somatology profession will be elaborated upon in the next section (also refer to Sections 2.2 and 2.4).

## **1.2 BACKGROUND ON EMPLOYABILITY ATTRIBUTES**

Employability attributes can be defined as the non-technical skills, knowledge, and abilities of graduates that are applicable to a variety of contexts (Barrie, 2004: 262). These attributes are attractive to employers and make a graduate worth employing (Rich, 2015: online). Employability attributes are both discipline-dependant and transferable. Hence, a graduate with employability attributes is capable of functioning effectively within the qualification discipline, as well as being able to apply some of the same skills, knowledge, and abilities within other disciplines or contexts (Yorke, 2005: 7).

The development of employability attributes is a lifelong learning process and does not only pertain to students and graduates, but is important to all individuals seeking employment or who are already employed (Yorke, 2005: 3,4). Employability attributes should therefore be continuously developed throughout an individual's working life. Employability attribute development is promoted by various role players, namely (Gibson, 2002: 135; Rich, 2015: online), students/graduates themselves, role models, society, employers (including the industry), and HEIs. These role players are discussed in Section 2.2. The current research study focuses on the National Diploma somatology programmes, at HEIs, as registered with the South African Qualifications Authority (SAQA), qualification number 65344 (SAQA, 2012b: online). Information pertaining to somatology education providers is presented in Section 2.3.

Somatology education providers in South Africa have generic documents available to support the development of employability attributes, namely, the National Qualifications Framework's (NQF) level descriptors, SAQA's Critical Cross Field Outcomes (CCFOs) (SAQA, 2006: online), and each HEI's own set of attributes (Section 2.4). However, documentation on profession-specific employability attributes for the somatology profession is deficient. Internationally, profession-specific employability attribute documents exist for professions similar to somatology, namely for beauticians. The national generic documents and international beauty profession-specific documents regarding employability attributes are explained in Section 2.4.

A lack of specification of employability attribute documents for a profession often leave the documented employability attributes open to interpretation. Variation in interpretations of generic employability attributes are said to negatively influence the implementation of employability attributes and could result in unsuccessful implementation (Barrie, 2006: 218). Therefore it is important to establish a clear agreement between all relevant stakeholders on the specification of employability attributes and interpretation thereof for a specific profession (Ithaca Group, 2011: online). Prior to establishing such an agreement, the researcher identified somatology stakeholders based on the Freeman Theory, as elaborated on in Section 3.2.

Unsuccessful implementation and misalignment (Section 1.1) of generic employability attributes in somatology programmes may result in shortcomings amongst somatology graduates. Somatologists' employability attribute shortcomings were evident from secondary results of studies within the somatology field, as discussed in Section 4.2. As mentioned in Section 1.1, employability attribute shortcomings amongst somatology graduates may negatively influence their employment within the profession. Details on the somatology profession and employment in the profession follow.

### 1.3 THE SOMATOLOGY PROFESSION

The term “somatology” can be described as the study of the body from a holistic point of view (Oxford Dictionary, 2013: online). The somatology profession originated from the beauty and cosmetology industry (DHET, 1996: 156). As the beauty industry evolved in South Africa, a shift occurred from focusing on external beauty to a more holistic view of the overall well-being and health of an individual. This shift resulted in the need for new terminology to refer to the broadened industry, from where the origin of the term “somatology”. Preceding 1996, the somatology profession was referred to as beauty technology. The name “somatology” was established by Universities of Technology (former Technikons) to clarify the somatologist’s holistic scope of practice, relating to health and well-being. This new term initiated the move away from the traditional view of associating beauty with the profession. Currently, somatology is a multi-disciplined career in which a graduate (somatologist) addresses a variety of body and skin conditions in a health-related and holistic manner (Campbell, 2012: 9). Similarities exist between the somatology profession and the (international termed) cosmetology, aesthetics, and beauty professions (Vosloo, 2009: 5).

A somatologist can practice in a variety of areas. These areas of practice include but are not limited to owning, managing or working in a spa, salon or health hydro, as well as practicing in designated areas on cruise ships, at game lodges, or in wellness centres. Somatologists can also be employed in marketing or training positions for cosmetic companies and retail outlets (University of Johannesburg, 2011: online). Additionally, many somatologists practice in partnership with other health care professionals such as dermatologists and plastic surgeons (Durban University of Technology, 2012: online). Somatologists employed in different practices may need different employability attributes (Boyd, 2012: 53), therefore the current research study aims to identify employability attributes for the profession in general.

A somatology graduate should be capable of performing services and retailing products. The services include various treatments ranging from aesthetic to therapeutic (Durban University of Technology, 2012: online; University of Johannesburg, 2011: online). Aesthetic treatments focus more on the physical

appearance of the client and may include waxes, manicures, pedicures, and makeup treatments. Therapeutic treatments refer to the health and wellness of the client's body. These include massages, facials, slimming treatments, skin preparation prior to surgery, scar revision post-surgery, aromatherapy, reflexology, manual lymph drainage, and various spa treatments such as hydrotherapies (Durban University of Technology, 2012: online; University of Johannesburg, 2011: online). Obtainment of additional stand-alone diplomas to specialise in therapeutic treatments, such as aromatherapy and reflexology, enable somatologists to treat and assist individuals with certain medical conditions (Campbell, 2012: 12; Richter, 2013: 1). Somatologists who focus on aesthetic treatments may need different employability attributes than somatologists who focus on therapeutic treatments. Therefore, the niche area of a somatologist will determine somatology-specific employability attributes required to effectively function in employment.

For somatology graduates to be employable it is not only expected of them to be able to perform effective services, but also to have employability attributes such as critical thinking, professionalism, and self-management skills (Campbell, 2012: 12; Richter, 2013: 1). The qualitative phase of this research study aims to propose employability attributes for the somatology profession.

#### **1.4 MOTIVATION FOR THE STUDY**

As a somatologist in the higher education environment, the researcher acknowledges the important role employability attributes play in the successful employment of graduates. The somatology programme (where the researcher is employed) has an advisory board that meets bi-annually to provide feedback on graduates and work integrated learning (WIL) placements, as well as provide strategic advice to the programme. Members of this board mentioned the shortcoming of certain attributes, such as time management, that often do not form part of generic attributes (Advisory Board of Somatology, 2010a; Advisory Board of Somatology, 2010b). Furthermore, employers often contact the researcher to enquire about a prospective employee's attainment of certain attributes. Similarly, the attributes that are enquired about often do not form part of the generic attributes.

As a result, the researcher identified the need for profession-specific employability attributes to be integrated into somatology programmes.

The researcher performed a literature search (Section 1.7.4, Section 3.3.1) on employability attributes specifically for the somatology profession. The researcher found studies within the somatology field of study that were not related to employability attributes but with unintended findings that indicated a need for certain employability attributes, such as professionalism, amongst somatology graduates (Section 4.2) (Rammanhor, 2014: 90, 94) or a need for graduates to be industry-ready (Campbell, 2012: 85, 86). These studies further confirmed the need for somatology profession-specific employability attributes. Furthermore, the literature search revealed that generic attribute documents are available to somatology programmes (Section 2.4), yet no evidence could be obtained on profession-specific employability attributes for the somatology profession.

## **1.5 PROBLEM STATEMENT**

Upon reviewing the literature on employability attributes and the somatology profession, the researcher found information on generic employability attributes but not profession-specific employability attributes for the somatology profession (Section 2.4). Generic attributes are not sufficient and a need exists for somatology profession-specific employability attributes (Section 1.4). In light of this gap identified in the literature, this research study aims to answer the following research question: “Which employability attributes are required for the somatology profession?”.

In order to answer the research question, the following secondary research questions were identified:

- a. What are the perspectives on employability attributes in general, and specifically, in career-orientated higher education programmes similar to somatology?
- b. Which employability attributes are required by the somatology profession according to the somatology stakeholders?

- c. What are the views of different stakeholders on the importance (rank) of the identified attributes for the somatology profession?

## **1.6 THE AIM OF THE STUDY**

The aim of the research study was to identify and rank (according to importance) the employability attributes for the somatology profession.

### **1.6.1 Objectives**

The research study was guided by the following objectives:

Firstly, to review various perspectives on employability attributes in general, and specifically in career-orientated higher education programmes similar to somatology.

Secondly, to identify employability attributes for the somatology profession by somatology stakeholders.

Thirdly, to obtain the views of different stakeholders on the importance (rank) of the identified employability attributes for the somatology profession.

## **1.7 AN OVERVIEW OF THE METHODOLOGY**

### **1.7.1 Research paradigm**

The underlying philosophy of the research study was framed within the pragmatic paradigm. This paradigm presents a practical and outcomes-based method of investigation (Johnson & Onwuegbuzie, 2004: 18). The pragmatic paradigm focuses on real-life problems with an emphasis on creating knowledge through joint actions (Mertens, 2014: 36). The researcher selected this paradigm because it was likely to offer paths for her to explore and analyse the views of stakeholders in the field of somatology. Additionally, this paradigm is considered a philosophical partner for mixed methods research, as pragmatism recognises the utility and strengths of both

quantitative and qualitative methods (Denscombe, 2014: 134; Johnson & Onwuegbuzie, 2004: 16, 17; Mertens, 2014: 38).

### **1.7.2 Research design and methodology**

The research study was based upon a mixed methods research design. Qualitative and quantitative methods complemented each other in this research study so as to result in a more holistic approach toward solving the research problem (Section 1.5) (De Vos, Strydom, Delport & Fouche, 2012: 439; Johnson & Onwuegbuzie, 2004: 23). The mixing of methods is supported by the pragmatic viewpoint that these methods are complementary (Denscombe, 2014: 134; Mertens, 2014: 38; Tashakkori & Teddlie, 2010: 20, 21).

The research study adopted a typical sequential exploratory design which consisted of two chronological phases (Figure 1.1). This design is characterised by the results from an initial (qualitative) phase, which assisted in developing or conducting the second (quantitative) phase (De Vos *et al.*, 2012: 441; Tashakkori & Teddlie, 2010: 28, 29, 30). This mixed methods design was applied in the research study whereby the qualitative phase was conducted to identify and/or define employability attributes for the somatology profession according to the identified stakeholders. The data for this phase of the study was collected through focus group interviews with identified stakeholders. The findings from the qualitative (first) phase were utilised to formulate a structured questionnaire for the quantitative (second) phase. During the quantitative phase, the importance of the identified employability attributes was ranked by the stakeholders who participated in the survey. Figure 1.1 illustrates the two phases of the research study and the chapters in which the phases are described.



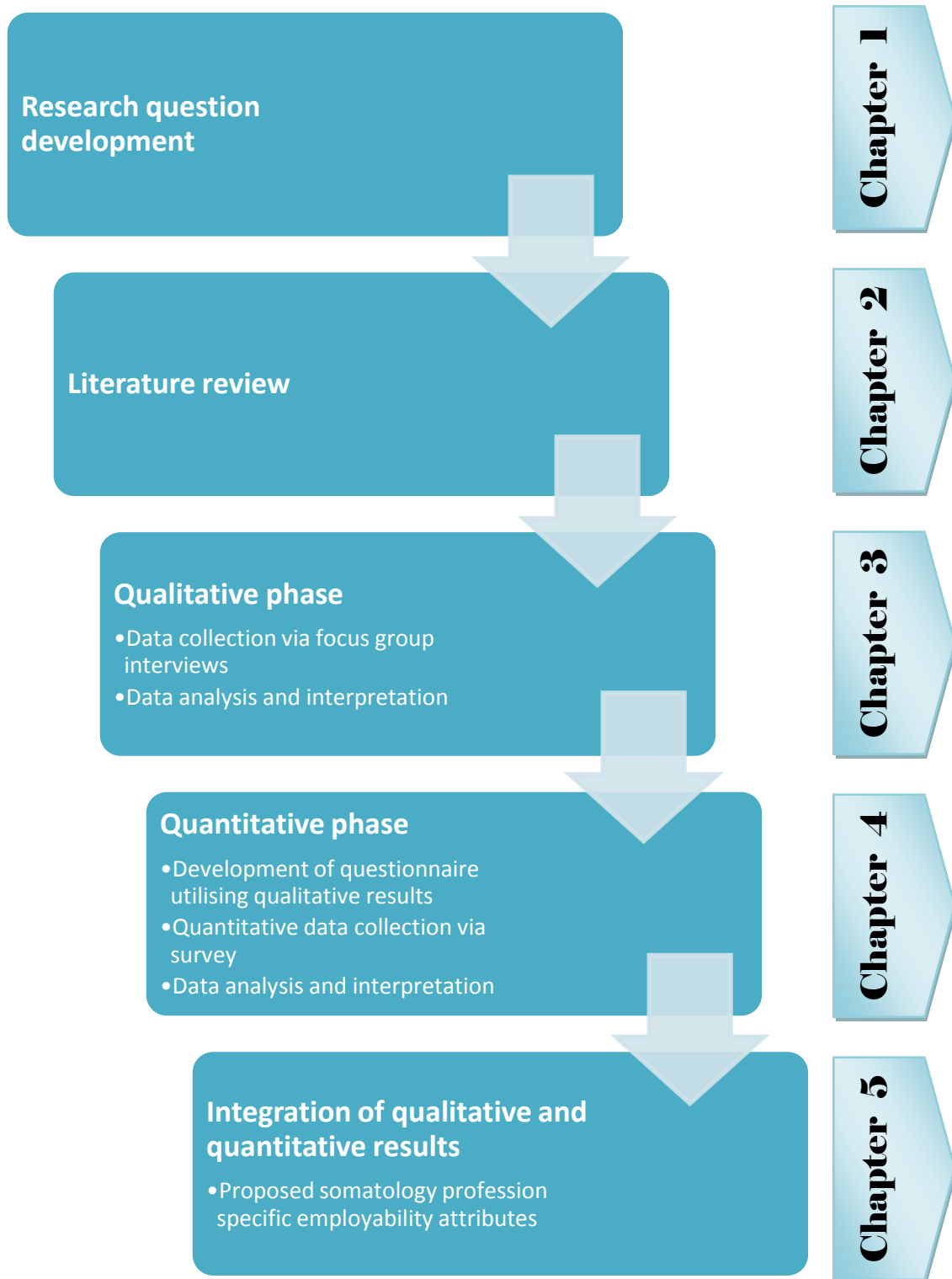


Figure 1.1: Phases of the research study (Source: compiled by the researcher)

### **1.7.3 Sample design**

The researcher utilised non-probability, purposive sampling to select participants for the qualitative (Sections 3.3.6 to 3.3.8) and quantitative (Sections 4.3.4 and 4.3.5) phase of the research study. The gatekeeper recruitment method, as described by Blanche, Durrheim and Painter (2006: 136, 384), assisted the researcher in recruiting participants. The participants for both the qualitative (focus group interviews) and quantitative (survey) phases were from the same somatology stakeholder groups, namely, beneficiaries, providers and regulators (Section 3.2). The beneficiary group included qualified somatologists, employers, technology providers, and clients of somatologists. The providers consisted of somatology educators and the regulators of South African Association of Health and Skincare Professionals (SAAHSP) representatives.

### **1.7.4 Search strategy**

The researcher performed a literature search utilising the following search engines: Google Scholar, iSEEK, ERIC, YIPPY, ScienceDirect, refseek, and ProQuest. The searches were carried out between 2012 and 2016. Language and date range search limits were applied and excluded publications that were not in English and that were prior to 2000. The Central University of Technology's library and information centre was also contacted to assist with the literature search. The researcher performed a manual search based upon reference lists from published studies and review articles.

Keywords that were utilised in the searches were categorised into two groups, namely, somatology-related keywords and employability-related keywords. While somatology is a name only utilised in the South African context, evidence of many similarities between somatology and the more familiar terms, cosmetology, aesthetics and beauty therapy, does exist (DHET, 1996: 156). Therefore, somatology-related keywords included the following: somatology, cosmetology, aesthetics, and beauty therapy. The terminology employability attribute has numerous synonyms (Barrie, 2006: 215; Hager & Holland, 2007: 2); these were included as keywords. The employability-related keywords included: employability

attributes, generic attributes, employability skills, generic outcomes, core skills, generic skills, graduate outcomes, and graduate attributes. The two groups of key words were utilised in two separate searches, but also in combined searches. The combined searches consisted of somatology-related keywords that were combined with employability attribute-related keywords. Wildcards and truncation were also used together with keywords in the searches.

Search results on employability-related attributes alone included a large amount of information on general employability attributes (Sections 1.2 and 2.2). Several results were obtained on somatology-related keywords (excluding the specific keyword „somatology“), while limited information was found on the keyword “somatology”. Relevant information obtained from the somatology and somatology-related keywords is utilised in Sections 1.3, 2.3, 3.4.2.1, 4.2 and 4.4.2. The combined searches of somatology-related and employability-related keywords led to limited results. The relevant information is utilised in Sections 2.4, 4.4.2 and 5.3. None of the results from the combined searches included employability attributes specifically for the somatology profession. Results only included generic attributes utilised by somatology education providers (CPUT, 2015: online; CUT, 2015: online; DUT, 2012: online; TUT, 2012: online) and employability attributes for beauty therapy (ISC, 2012: online; SQA, 2015: online). Therefore, the need for somatology profession-specific employability attributes was clear and the gap in literature was confirmed (Section 1.4 and 1.5). Additionally, the authenticity of this research study was evident.

## **1.8 THE INTEGRITY OF THE STUDY**

Aspects pertaining to the integrity of the research study such as research ethics, validity and trustworthiness are discussed below.

### **1.8.1 Ethical considerations**

Due to the absence of an institutional ethical committee, ethical clearance was obtained from the Ethics Board of the Faculty of Education at the University of the Free State prior to the research study (Ethical clearance number UFS-EDU-2013-

033) (Appendix A). Ethical clearance was obtained for both phases of the research study.

### **1.8.2 Financial implications**

No participant was financially remunerated nor charged to partake in the research study.

### **1.8.3 Withdrawal criteria**

Participants partook voluntarily in the research study and had the right to withdraw from the study at any stage with no negative implications for them, irrespective of the reason/s for withdrawal. No participants however withdrew from the research study.

### **1.8.4 Participant information and informed consent**

Participants in both phases of the research study were informed about the following aspects of the study: the purpose, the financial implications, the right to withdraw, and the expectations. Details regarding the information sheet and informed consent obtainment for the qualitative (Section 3.3.2) and quantitative (Section 4.3.6) phases are described in Chapters three and four.

### **1.8.5 Confidentiality and anonymity**

The confidentiality of the research study enjoyed high importance. Although the participants of the focus group interviews (the qualitative phase) were known to the researcher (focus group interviewer) and each other, identities were protected by means of pseudonyms and by omitting any information from field notes and transcriptions that could identify participants. Focus group interview participants were known by the two supervisors of the research study. While no other parties involved in the research study had access to this information. Unmarked survey questionnaires (the quantitative phase) ensured that participation in the survey remained anonymous (De Vos *et al*, 2012: 119, 120). Once a participant completed the questionnaire, it was automatically saved on the database of the electronic

survey programme without linking the completed questionnaire to the participant's email address or name. Therefore no person or employers/institutions were identified or were identifiable in the research study. Recordings, field notes, and transcripts will be kept for five years in a locked filing system and email/other correspondence with gatekeepers and participants were deleted.

### **1.8.6 Trustworthiness**

Trustworthiness refers to the truth value of the knowledge gathered during the research process (De Vos *et al.*, 2012: 419, 421; Patton & Cochran, 2002: 7; Siegle, 2002: online). Each phase of the research process can influence the trustworthiness of the findings. The researcher utilised credibility, reliability, validity, and objectivity to ensure the trustworthiness of the research study.

Credibility relates to the degree to which the results, as well as the methods to obtain them, can be trusted. Member checking is a method that improves credibility (Patton & Cochran, 2002: 3, 4; Rossouw, 2003: 178). Member checking took place by the researcher and observers who validated the data collection process prior to the focus group interviews and the data obtained during the focus group interview of the qualitative phase (Section 3.3.9).

Reliability relates to the consistency of the research results and pertains to both phases of the research study (Sections 3.3.9 and 4.3.7) (Shenton, 2004: 71, 72). To ensure reliability, the research design and implementation, as well as the data collection and analysis, should be described in detail to enable a future researcher to repeat the research study and obtain similar results. Furthermore, the process of inquiry should be reflected upon (Morrow, 2005: 252, 253, 255; Shenton, 2004: 71, 72). Reliability was ensured by pilot testing the data collection tools and by providing a detailed description on the research study's processes.

Validity refers to the extent that threats to internal validity have been controlled, as well as the validity of the research instruments and measurements utilised during the research process (Malakoff, 2012: online; Rasila, 2007: online). Validity of the data collection tool of the quantitative phase was attended to by means of a pilot study. Additionally, the data captured from the completed questionnaires were cross-

checked against the electronic survey program's report to further ensure validity (Section 4.3.7).

Objectivity is utilised to prevent results from being biased. The methodological procedures, for instance data collection instruments and randomisation, assist with the objectivity of the research study. Objectivity also relates to the distance between the researcher and the participant so as to lessen bias (Malakoff, 2012: online). Objectivity was incorporated into the research study by utilising methodological procedures based on literature and evidence obtained during the research study. Additionally, the researcher maintained distance throughout the study (Section 4.3.7).

## **1.9 DEMARCATION OF THE STUDY**

The research study is a social study, scientifically framed within the field of higher education in general and the somatology field in particular. The somatology profession falls within the Classification of Education Subject Matter (CESM) category 0921 (CHE, 2008: 117), thus it is a combination of the service and health sectors. Several private training institutions and Universities of Technology in South Africa present qualifications in somatology.

Demographically, the research study was based at a University of Technology in South Africa.

## **1.10 THE SIGNIFICANCE OF THE STUDY**

The research study is significant in terms of identifying employability attributes that somatologists need so as to be employable within the context of the current somatology profession. Knowledge of such employability attributes is likely to enhance a somatology graduate's career planning skills (Bridgestock, 2009: 35). Somatology profession-specific employability attributes may therefore assist graduates (and employees) to manage their career planning and management process which has become increasingly important in the competitive and ever-

changing world of work. The endeavour to attain somatology profession-specific employability attributes will help graduates to prepare for an uncertain future (Clarke, 2008: 271) and to become suitable for employment.

Moreover, the research study adds to the somatology profession by delivering much-needed research that expands the understanding of somatology employment and employability attributes for the profession within the South African context. This is significant given the current need for specific somatology graduates within the profession (Section 1.1) and the increased focus of the government (Bridgestock, 2009: 31) on the development of employability attributes.

Furthermore, the research study may assist HEIs (presenting somatology qualifications) to turn their graduates into sought-after employees. HEIs can aspire to foster the proposed employability attributes in students so as to attend to industry needs and in turn become reputable, high quality training institutions (Cole & Tibby, 2013: 4, 5).

## **1.11 THE ARRANGEMENT OF THE DISSERTATION**

This research study will be presented according to the following outline:

### **1.11.1 Chapter 1: Overview of the research study**

This chapter provides the background by outlining the problem and research question, as well as the aligned aim and objectives. The research design and other methodology aspects are introduced in this chapter. Lastly, this chapter provides the layout of the subsequent chapters.

### **1.11.2 Chapter 2: Literature review on the employability of somatologists**

In Chapter two, the literature pertaining to employability attributes and somatology education is discussed. This literature review provides the background to the concepts the research study is based upon. Moreover, the available/generic

employability attributes utilised in the somatology profession and international profession-specific employability attributes for beauty professions are compared.

### **1.11.3 Chapter 3: Identifying employability attributes**

A brief review of literature regarding the somatology stakeholders supports this chapter. In this chapter, the views of stakeholders within the field of somatology with regard to specific employability attributes for the profession are investigated by means of qualitative data collection (phase 1) and analysis.

### **1.11.4 Chapter 4: Ranking employability attributes**

This chapter commences with a literature review on employability attribute shortages in South Africa and within the somatology profession. Quantitative (phase 2) data collection and analysis assisted the researcher in exploring the different views of stakeholders on the importance of the identified somatology profession-specific employability attributes.

### **1.11.5 Chapter 5: Conclusions and recommendations**

In Chapter five, recommendations are proposed for the somatology profession, conclusions are drawn from the preceding research activities, and possible limitations of the research study are noted. Supporting literature is integrated into the recommendations, conclusions, and limitations.



# CHAPTER 2

## LITERATURE REVIEW ON THE EMPLOYABILITY OF SOMATOLOGISTS

*Employment is nature's physician, and is essential to human happiness.*

*Galen*

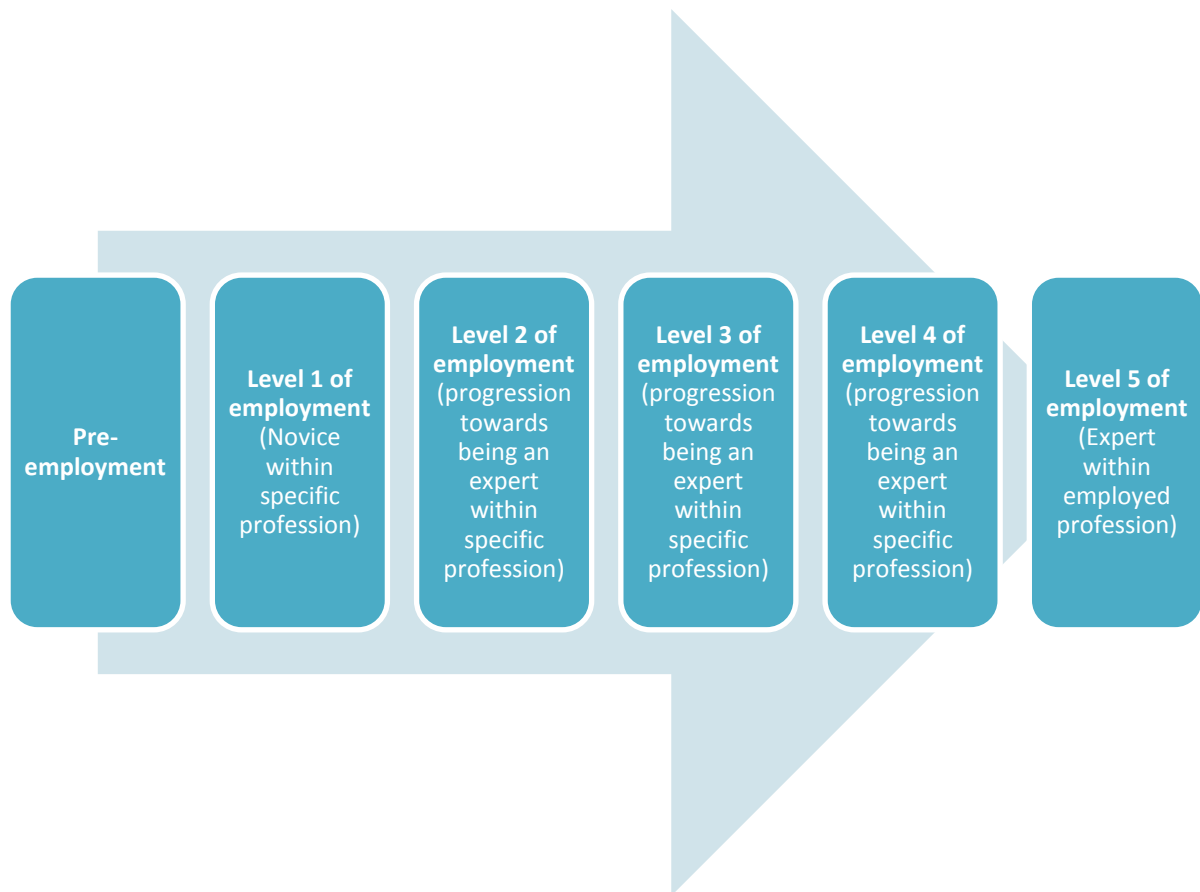
## 2.1 INTRODUCTION

What employability attributes should be developed in graduates? By whom? And how? These questions beg more complex answers than it may seem as individuals usually acquire employability attributes by means of different methods during a lifelong learning process (Hager & Holland, 2007: 3, 10). Although HEIs are expected to deliver graduates who possess employability attributes, employability attribute development is not the sole responsibility of such institutions (Cole & Tibby, 2013: 6, 14). Employability attribute development pervades in higher education and continues to develop during employment (Yorke & Knight, 2006: 3, 4, 9). Therefore, various role players are involved in this process and should take mutual responsibility to assist with the development in different stages of the individual's life. Now that the „whom“ is clear, the „how“ and „what“ need to be answered. To find the answers to these, it is important that role players agree on how to develop employability attributes and what attributes should be developed (Yorke & Knight, 2006: 9).

This chapter will examine the literature pertaining to employability attribute development and role players within the process to provide background on the „whom“ and „how“ (Section 2.2) questions. Furthermore, literature regarding somatology education (Section 2.3) and available employability attribute documents (generic and profession specific for professions similar to somatology) (Section 2.4) will be reviewed to assist with attaining the second objective and answering the „what“ question (Chapter 3).

## 2.2 DEVELOPING EMPLOYABILITY ATTRIBUTES

Acquisition of employability attributes is developmental in nature (Hager & Holland, 2007: 3) as evident from the definition of employability attributes explained in Section 1.2. The Ithaca Group (2011: online) suggests that employability development takes place at six different levels, starting at a „pre-employment“ level and continuing with five levels applicable to the work environment, as illustrated in Figure 2.1.



*Figure 2.1: Developmental model of employability attributes (adapted from Ithaca Group, 2011: online)*

The pre-employment level includes the development of employability attributes during an individual's studies at an HEI, although some employability attributes such as emotional intelligence and self-awareness start to develop before higher education studies (Ithaca Group, 2011: online). HEIs focus on developing employability attributes to address the employability of graduates. Therefore, such institutions play a significant role at the pre-employment level (Hager & Holland, 2007: 9, 10; York & Knight, 2006: 5). This research study focuses on the development of employability at the pre-employment level, more specifically employability attribute development at HEIs.

After graduation from HEIs, employability attribute development continues during employment. Employability attributes are best developed in a work context as they are context-dependant and because employment provides an opportunity to reinforce the application of employability attributes (Crebert, Bates, Bell, Patrick & Cragolini, 2004: 147, 148). Therefore, most of the employability attribute

development takes place during employment, as indicated by levels 1 to 5 (Section 2.2: Figure 2.1). Employees will be at different developmental levels depending on their acquisition of knowledge and experience (employability attributes) within a specific context or profession. Progression and the rate thereof, through these five levels, depend on factors such as the motivation of the employee and support from the employer. As employees develop employability attributes and progress through the five levels (from novice to expert), they depend less on the knowledge obtained during higher education, and rely more on the employability attributes acquired (Crebert *et al.*, 2004: 147, 148, 149; Yorke, 2005: 3, 5).

To assist with the employability attribute development and fostering at pre-employment and employment levels 1 to 5, a range of approaches are utilised by different role players. Examples of such approaches are teaching, learning and assessment activities such as those utilised by HEI's simulations to develop problem solving skills at pre-employment level (Pegg, Waldock, Hendy-Isaac & Lawton, 2012: 8-9), while a buddy system/mentoring is utilised by employers to develop problem solving skills during levels 1 to 5 (Crebert *et al.*, 2004: 148, 149).

The following groups may be classified as the role players that promote employability at the different development levels (Gibson, 2002: 134, 137; The University of Sydney, 2014: online): individuals themselves (students/graduates), role models, employers of graduates (including industry), and HEIs. The involvement of each of the role players in the employability attribute development process is explained in the following sections.

### **2.2.1 The individual**

An individual who strives to become employed and maintains employment should develop employability attributes to enhance his/her employability. The individual's employability attribute development commences at the pre-employment level as a student and continues as an employed graduate from level one to level five of employment (Cole & Tibby, 2013: 9) (Section 2.2: Figure 2.1).

Students need to take responsibility for developing employability attributes as they are the primary beneficiaries of this development. Although HEIs are expected to

provide students with the opportunities to learn and develop employability attributes, students are responsible for participating and engaging with such opportunities. Therefore, the success of HEIs employability development opportunities is dependent on the students' attitude and motivation. Additionally, HEIs should assist students to recognise the importance and understand the application of employability attributes to ensure that they have a positive attitude and are motivated to develop the relevant employability attributes (Crebert *et al.*, 2004: 147, 148). Student activities that may promote the development of employability attributes include: continuous commitment to developing these attributes, taking ownership of the learning process through direct and active participation, and consciously reflecting on the development of these attributes (Cleary, Flynn & Thomasson, 2006: 47, 48). An example of the application of these student activities is when a student compiles a reflective report on WIL to reflect on the employability attributes developed.

Following graduation, individuals should continue to focus on the development of employability attributes by utilising the same development activities as those applied by students while studying at HEIs (Cleary *et al.*, 2006: 47, 48). Employed graduates should be able to identify and participate in employability attribute development opportunities provided by employers. An employed graduate should, for example, consciously reflect on his/her development of employability attributes to identify shortages and then choose to attend the relevant training opportunities provided by the employer (Smith & Comyn, 2004: 326, 327, 329).

### **2.2.2 Role models**

Role models can play a significant role in employability attribute development and career decisions as they possess the ability to influence or provide an example for others to imitate. Individuals are attracted to role models who can assist them to further develop themselves. Employability attributes such as a sense of identity is an example of the development that role models can promote (Bosma, Hessels, Schutjrens, Van Praagg & Verheul, 2012: 410, 412; Gibson, 2002: 134, 135).

Two methods exist by which role models promote employability attributes, namely, learning by example and learning through support. Both methods of learning take place at all of the developmental levels (Section 2.2: Figure 2.1). Learning by

example refers to an individual observing and imitating the behaviour or skills of the role model in a social context, either at HEIs or in the workplace. This learning is not necessarily a conscious process by either party and role models in this instance do not experience a benefit from the employability development that took place. Learning through support implies that the individual develops employability attributes by receiving practical support and advice from the role model, known as a mentor, within the working environment. Mentors are not always appointed in this role and may include educators at HEIs and managers or peers in the workplace (Bosma *et al.*, 2012: 410, 412; Gibson, 2002: 136, 137). Possible benefits that mentors may experience from their involvement in employability attribute development pertains more to mentors appointed in the workplace with incentives.

### **2.2.3 The employer and the workplace**

The workplace is a vital environment for employability attributes development (Ithaca Group, 2011: online). This is not only because of the opportunity to apply attributes within their context, but also because of the workplace benefits from the increased employability attributes of employees (Cole & Tibby, 2013: 4, 6; York & Knight, 2006: 3, 4). Various organisational operations within the workplace assist employees with the development of employability attributes at developmental levels one to five of employment.

Most of these organisational operations are primarily used to enable the appropriate performance of employment responsibilities, but have the secondary benefit of promoting the development of employability attributes, such as teamwork. Examples of formal processes that promote employability attributes are induction, a buddy system or mentoring, and regular staff meetings (Smith & Comyn, 2003: 6, 7). Induction consists of booklets, training sessions and discussions during which employability attributes are either explicitly addressed or assumed to result from these sessions. During inductions, employers can also set out the employability attribute expectations from employees. A buddy system or mentoring refers to a process where a co-worker or manager is partnered with a novice employee to assist him/her, while developing employability attributes such as problem solving skills. Staff meetings provide an opportunity for the sharing of concerns or problems experienced by employees. Discussions from these meetings may then result in the

development of employability attributes such as problem solving and communication skills (Smith & Comyn, 2004: 325, 326).

### 2.2.4 Higher education institutions

HEIs should attend to the labour market through the delivery of graduates to address the needs of the relevant labour markets and benefit the economy. In many Western countries, employers who recruit graduates have shifted their focus from higher education qualifications to a holistic view that includes skills, qualities and attributes, together with qualifications. This shift of focus initiated the efforts by HEIs to identify the employability attributes that the relevant employers (labour markets) expect from graduates for employment (Harvey, 2000: 3, 4; York, 2005: 4, 5, 6). The identified employability attributes are referred to as graduate attributes (attributes that the institution's graduates should possess) and are then developed by the institution, as illustrated in Figure 2.2.

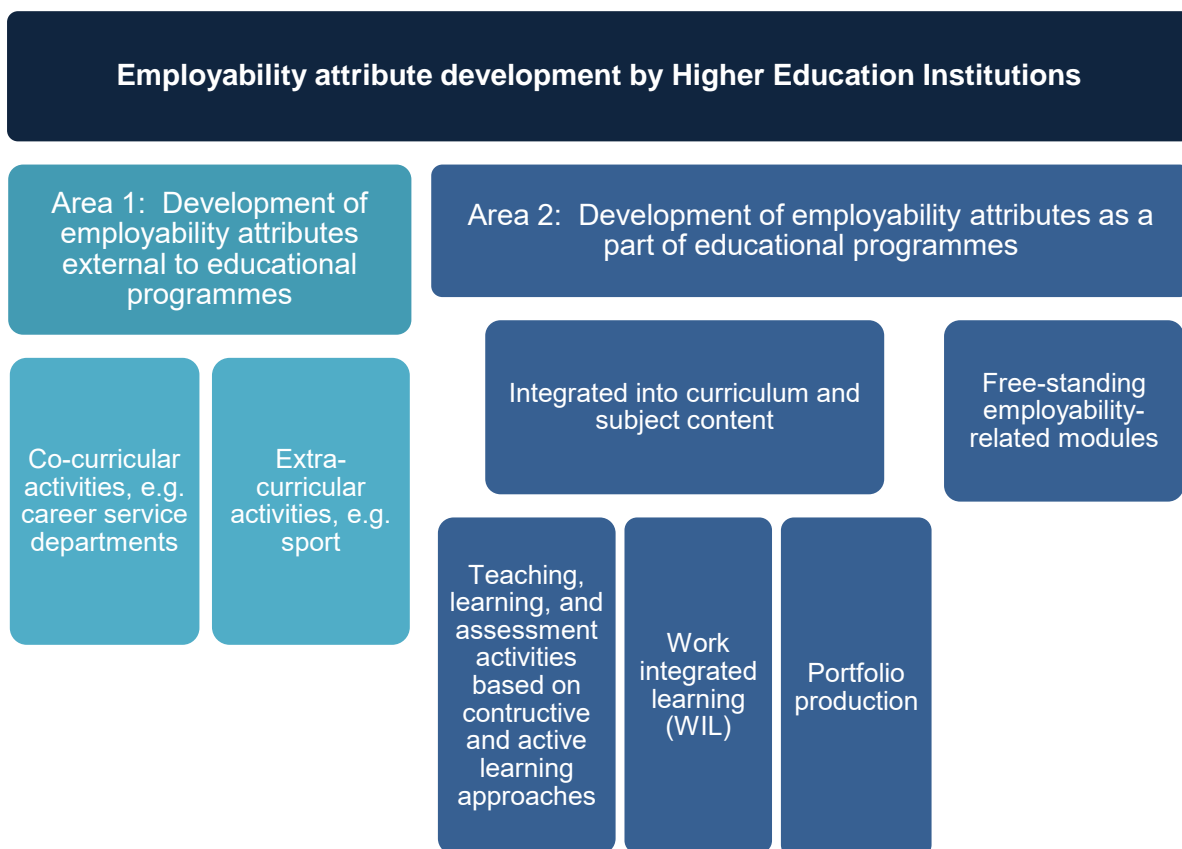


Figure 2.2: *Employability attribute development by Higher Education Institutions*  
(Source: compiled by the researcher)

The development of employability attributes is supported by a variety of higher education activities. These can be categorised into two broad areas (Figure 2.2). The first area is external to educational programmes and includes co-curricular activities such as career development workshops presented by career service departments and extra-curricular activities such as sport to foster teamwork. The second area and focus area of the current research study refers to employability development as part of a specific educational programme (Harvey *et al.*, 2002: 4; York & Knight, 2006: 7).

There exist two different approaches of attending to employability attribute development as part of an educational programme (Figure 2.2). Firstly, employability attributes can be integrated into the curriculum and subject content so as to develop such attributes simultaneously during students' acquisition of theoretical knowledge and practical skills (Wibrow, 2011: online). An example of this approach is when a student participates in a facial treatment simulation; the student will improve his/her practical skills regarding facial treatments and simultaneously improve his/her communication skills when communicating with his/her client. Secondly, employability attributes may be presented as separate subjects known as free-standing employability-related modules. An example of a free-standing module is when the employability attribute: communication skills are developed as a result of completing the theoretical subject called communication skills. It is recommended that employability attributes should either be integrated into the curriculum and subject content or a combination of the two approaches should be utilized to effectively develop employability attributes within the context of the profession (Wibrow, 2011: online; York & Knight, 2006: 4, 5, 10).

Teaching, learning and assessment methods (Figure 2.2) based on constructivism and active learning approaches are suggested to support the development process of employability attributes (Cleary *et al.*, 2006: 50). Constructivism encourages exploration, provides feedback, and allows for reflection, motivation and engagement. Active learning encourages student engagement, thus they take responsibility and reflect on their own development against objectives. Simulation is an example of a teaching and assessment activity, based on active learning, which promotes employability attributes such as communication, problem solving, initiative and enterprise (Cleary *et al.*, 2006: 50). Assessment opportunities do not only assist



with the development of employability attributes, but can be strategically utilised to motivate and engage students. Therefore, assessment opportunities may be utilised to incentivise the effective development of employability attributes (Pegg, Waldock, Hendy-Isaac & Lawton, 2012: 30, 34, 35). In addition to teaching, learning and assessment activities, HEIs utilise work experience opportunities and portfolio production to assist with the development of employability attributes such as problem solving and communication skills, within programmes (Figure 2.2).

Structured work integrated learning (WIL) contextualise learning and should be integrated into curricula where possible. An example of WIL integration into curricula is the placement of students in the workplace for a certain period of time as part of their educational programme. Such placement assists students to obtain an improved understanding of employability attributes and the application thereof within the workplace. Problem based learning may also form part of WIL (Wibrow, 2011: online). Some employability attributes are easier to learn in practice such as problem solving skills, and employers are ideally positioned to provide opportunities for students to practise these attributes in a work environment. It is important that the work experience is pedagogically supported by including the reflection and articulation of learning to maximise learning for employability and the academic content. In this way, students will rapidly identify the importance of employability attributes within the workplace (Pegg *et al.*, 2012: 35, 44; Wibrow, 2011: online).

It is important that HEIs promote portfolio production to record evidence on employability attribute development through teaching, learning, assessment and WIL activities. Therefore the benefits of compiling a portfolio are two-fold. Firstly, the portfolio may assist students in monitoring their employability attribute development. Secondly, if the portfolio includes specific content and feedback from lecturers, it may serve as evidence of the graduate's abilities and may be presented to potential employers (York & Knight, 2006: 21). An example is where a portfolio of evidence (that includes employability attribute development) is compiled by a student as part of WIL assessment activities.

## **2.3 SOMATOLOGY EDUCATION PROVIDERS**

The current research study focuses on the employability attributes of somatologists. Therefore, an overview of somatology training and education will be provided (in relation to the development of employability attributes).

In South Africa, somatology programmes are currently presented by public and private HEIs as either a two-year or three-year programme. Private HEIs present a somatology diploma that consists of two or three years" full-time study. Universities of Technology are public HEIs and offer somatology as a three-year full time diploma course. This National Diploma: Somatology is at level 6 of the National Qualification Framework (NQF) and carries 360 SAQA credits. This diploma is currently being aligned with the HEQSF and the restructured Diploma: Somatology will be presented in the near future. Further education in the somatology field of study is exclusively presented by public HEIs, which enables somatologists to obtain a master"s degree or a doctorate (Campbell, 2012: 9, Rammanhor, 2014: 1). The National Diploma: Somatology, as registered with the South African Qualifications Authority (SAQA), qualification number 65344 (SAQA, 2012b: online), was used as the frame of reference regarding employability attributes.

## **2.4 DOCUMENTS TO SUPPORT EMPLOYABILITY ATTRIBUTES**

Several documents exist that include employability attributes. These documents are produced by government authorities, professional boards, and HEIs. The researcher obtained two international profession-specific employability attribute documents for the beauty therapy profession, which is similar to the somatology profession (Section 1.3). These two documents were provided by the governments of Scotland and of Australia presenting some of the more defined profession-specific employability attributes (Table 2.1) (ISC, 2012: online; SQA, 2015: online). The Scottish document is aimed at beauty therapy introductory courses and includes curriculum integration, teaching, learning and assessment guidance. The Australian document is suggested for a beauty therapy diploma qualification. In contrast to the Scottish

document, it contains less detail with regard to teaching and assessment (ISC, 2012: online; SQA, 2015: online).

The researcher compared the two profession-specific employability attribute documents of Scotland and Australia with two generic employability attribute documents utilised by the South African somatology profession (refer to operational terms), which are described later in this section (Table 2.1). The two South African generic employability attribute documents included in the comparison are SAQA's list of CCFOs and a HEIs (University of Technology) list of graduate attributes. The comparison sets out all the suggested attributes included in the four documents in alphabetical order.

From the comparison, two observations are clear. Firstly, similarities between the documents exist. All of the documents include verbal communication and teamwork as employability attributes in general and for the beauty profession. While problem solving and non-verbal communication are not included in all four documents, these attributes are present in the two national documents (CCFOs and Institutional) and the Australian document. Therefore, the national employability attribute (generic) documents contain similar attributes to the beauty profession-specific documents, indicating that generic employability attributes are not necessarily generic and may be regarded as profession-specific attributes. The research study will attempt to identify profession-specific employability attributes for the somatology profession (Sections 1.5.1 and 1.6.1), in addition to the generic employability attributes currently available. However, the researcher acknowledges that the possibility exists for overlapping to occur between profession-specific employability attributes and generic employability attributes.

Secondly, differences between the documents are evident. The Scottish document contains five employability attributes not included in any of the other documents, namely, appropriate appearance, awareness of salon procedures, client care, a positive attitude, and respect and consideration of others (SQA, 2015: online). These employability attributes indicate a focus on professionalism, emotional intelligence, and the importance of the client within the beauty industry (Milady, 2012: 36, 49). Retail skills as an attribute is only included in the Australian document and is not generic (relevant to all industries) but more relevant to professions such

as the beauty industry (Gerson, 2013: 684, 694). The CCFO's document is the only one that includes the following two attributes: evaluate information and understand the world as a set of related systems (SAQA, 2006: online). The institutional document includes six employability attributes that are not included in the other documents, namely, citizenship and global leadership, community engagement, entrepreneurship, numeracy, sustainable development, technical and conceptual competence, and technologically literate. Several beauty profession-specific employability attributes are not included in the generic documents. This indicates that although the somatology profession in South Africa has generic employability attributes available that it can draw from, these generic documents may exclude several employability attributes valuable to the specific profession. Hence, the research study intends to propose a document aligned with the international beauty profession-specific employability attribute documents for the somatology profession within the South African context.

Table 2.1: Comparing employability attributes of different documents

Note: Information obtained from CUT, 2015: online<sub>4</sub>; ISC, 2012: online<sub>2</sub>; SAQA, 2006: online<sub>3</sub>; and SQA, 2015: online<sub>1</sub>

Employability attributes	Scottish document <sub>1</sub>	Australian document <sub>2</sub>	Critical Cross Field Outcomes <sub>3</sub>	An example of institutional <sub>4</sub>
Appropriate appearance	X			
Awareness of salon procedures	X			
Citizenship and global leadership				X
Client care	X			
Community engagement				X
Confidence to seek feedback	X			
Continuous learning	X	X		
Entrepreneurship				X

Employability attributes	Scottish document <sub>1</sub>	Australian document <sub>2</sub>	Critical Cross Field Outcomes <sub>3</sub>	An example of institutional <sub>4</sub>
Evaluate information			X	
Implementation and knowledge of health, safety and hygienic practices	X	X		
Initiative/enterprise		X		X
Non-verbal communication		X	X	X
Numeracy				X
Planning/organising (incl. timekeeping)	X	X		
Positive attitude	X			
Innovation and problem solving		X	X	X
Respect and consideration of others	X			
Retail skills		X		
Self-management	X	X		
Sustainable development				X
Teamwork	X	X	X	X
Technical and conceptual competence				X
Technologically literate				X
Understand world as set of related systems			X	
Verbal communication	X	X	X	X

**The Scottish document** is aimed at beauty therapy introductory courses, namely, “Skills for work: Beauty Higher”, after which a student can be employed or progress to a beauty therapy certificate or diploma course. Beauty therapists who have successfully completed this course will be able to perform basic facial treatments, manicures, pedicures, and make-up applications. Twelve employability attributes for beauty therapists (Table 2.1 – red attributes), as well as skills and attitudes (attributes) that are valued by employers and are essential for self-employment are

included in this document. The document is part of a detailed course guidance document with suggested activities to support beauty therapy students and educators in developing employability attributes (SQA, 2015: online). Detail on the integration of each employability attribute in the beauty therapy modules, as well as assessment methods of the attributes are provided in the document. It is suggested that the assessment of attributes takes place during practical assessments by means of the assessor completing a checklist to evaluate the student's acquired employability attributes. Additionally, students are expected to complete the checklist after practical assessments to reflect on their own progress. Furthermore, the document emphasises WIL as a development opportunity of employability attributes, specifically learning through practical experience and learning by reflecting on experience. Other development opportunities are highlighted within each module's specifications (SQA, 2015: online).

**The Australian document** is for beauty therapists in general and reflects the role of individuals who are competent in a broad range of beauty therapy treatments and services. These treatments and services may include facial massage, body massage, hair removal, cosmetic tattooing, spa treatments, lash and brow treatments, nail technology services, make-up, aromatherapy, providing advice on beauty treatments and services, selling retail skin care and cosmetic products, and coordinating a work team (Table 2.1 – green attributes). Such a skilled beauty therapist (similar to a somatologist in South Africa) can practice in salons, spas, and the wider beauty industry. The document provides eight employability attributes together with a detailed description of industry requirements for each attribute. It is suggested that learning and assessment strategies be based upon qualification requirements. The document contains limited guidance on the integration of the employability attributes within the qualification's curriculum (ISC, 2012: online).

In the South African higher education landscape, profession-specific employability attributes for the somatology profession could not be identified in any of the literature searches. Although employability attributes defined by the government authorities and HEIs (Table 2.1) (CUT, 2015: online; SAQA, 2006: online) are available for all qualifications in South Africa (including the somatology profession), these attributes are generic in nature. From the comparison made earlier (Table 2.1), it was clear that generic employability attribute documents and profession-specific employability

attributes do have similarities, but also many differences (also refer to operational terms). Therefore, employability attributes for the somatology profession exist, although these generic attributes may be inadequate for the specific profession, indicating the gap that motivated the current research study.

**SAQA formulated the critical cross-field outcomes** (CCFOs) to be included in all educational programmes in South Africa (Table 2.1 – orange attributes) (SAQA, 2006: online). The CCFOs are applied across the education sector, although the meaning and application thereof should be context and discipline specific. The integration of CCFOs into learning programmes can be achieved through embedding these in the programme's curriculum (SAQA, 2006: online) to benefit the employability of graduates in such programmes (Griesel & Parker, 2009: 1, 3, 4). The CCFOs were utilised to construct the focus group interview schedule of the research study's first phase (Appendix C).

In addition to the CCFOs, **HEIs** proposed a description of the type of graduate the institution aims to develop (Table 2.1 – purple attributes) (e.g. CUT, 2015: online; The University of Johannesburg, 2011: online). Some of the national understandings, such as the CCFOs, are often included in these descriptions. However, each institution also emphasises attributes that could be regarded as unique to the particular institution (Bosanquet, Winchester-Seeto & Rowe, 2010: 105; CUT, 2015: online).

Most of the attributes included in the South African generic employability attribute documents are described broadly rather than detailed for specific professions. Government authorities and HEIs that define these generic attributes suggest that the attributes be applied within each programme in a context-specific manner, as programme/qualification-specific employability attributes do not exist (SAQA, 2012a: 4, 5). Such application of employability attributes is complex as each profession requires a distinctive set of attributes which are applied differently (Rich, 2015: online). Therefore, it will be valuable to define attributes in an industry-specific manner (as the current study aims to do) and to establish a clear agreement of the application thereof between all role players.

## 2.5 CONCLUSION

The objective of this chapter was to provide an outline of the concepts pertaining to employability attributes and the relevance thereof to the somatology profession in South Africa. The specific literature consulted reflected that employability attributes are increasingly becoming significant in the obtainment of employment, as is the case within the somatology profession. Employability attribute documents for beauty therapy (an international profession similar to the somatology profession) do exist, yet there are no specific employability attributes for the somatology profession.

This research attempts to bridge the identified gap in the specific literature on this topic by identifying employability attributes for the profession which may benefit employment. In Chapter three, identifying employability attributes, the first phase of the study, will be explained.



# CHAPTER 3

## IDENTIFYING EMPLOYABILITY ATTRIBUTES

***Without investment there will not be growth, and without growth there will not be employment.***

*Muhtar Kent*

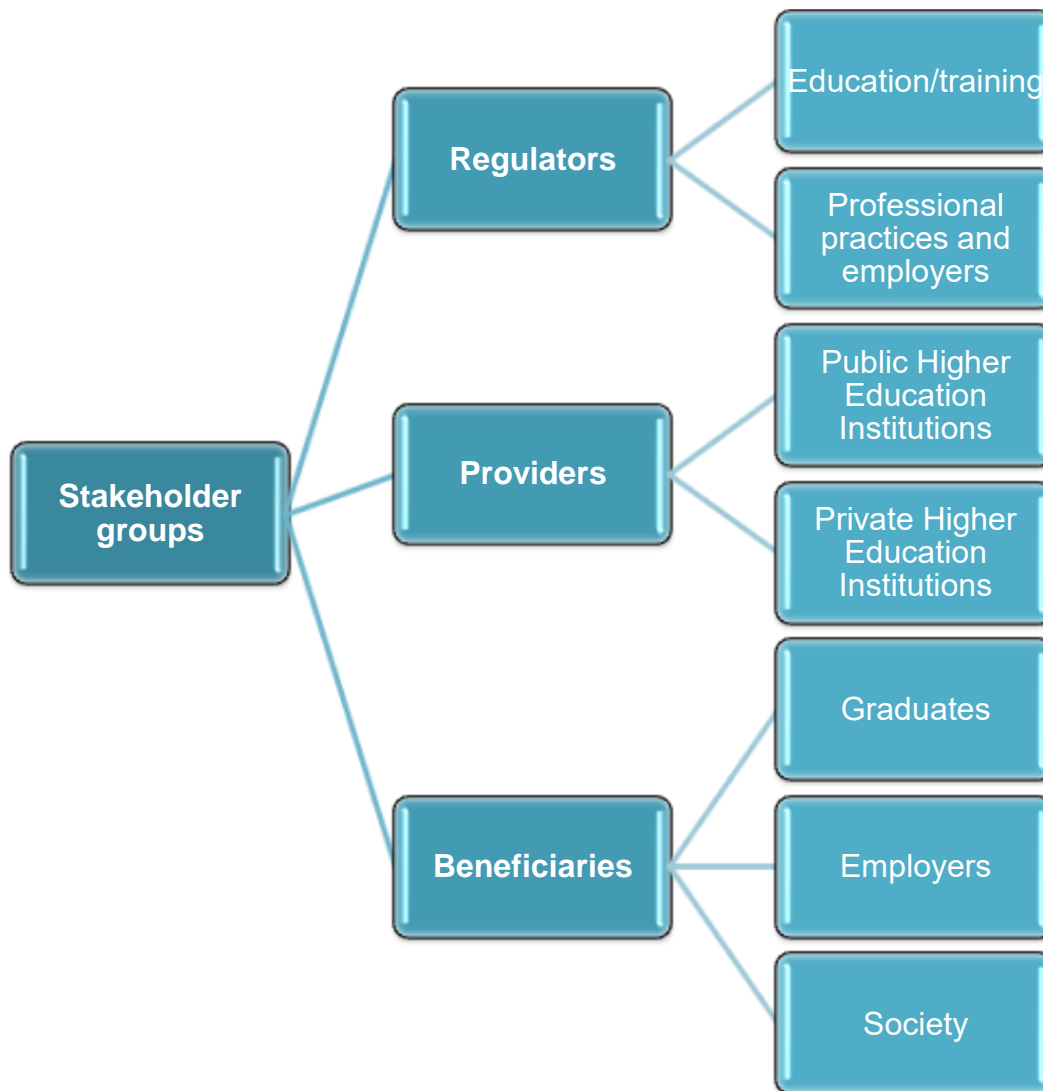
### 3.1 INTRODUCTION

Who are the stakeholders involved in the somatology profession? These stakeholders had to be identified as part of the research as they had to take „centre stage“ in the study. The stakeholders of a profession play an important role in discovering employability attributes for that specific profession (Mainardes, Alves & Raposo, 2010: 76, 77). As part of identifying the somatology stakeholders, the researcher examined literature pertaining to stakeholders of professions presented at HEIs. This literature will be discussed in Section 3.2.

Chapter two included supportive literature on employability attributes and somatology education providers which informed the study, while guiding the researcher in executing the research study. Chapter three focuses on the initial, qualitative phase and contains the methodology and findings from the focus group interviews conducted amongst the somatology stakeholders. Key findings will be summarised and conclusions presented in relation to the second objective – to identify employability attributes for the somatology profession.

### 3.2 SOMATOLOGY STAKEHOLDERS

The researcher based the somatology stakeholder identification on the Freeman stakeholder theory. This theory was chosen as it is often utilised by researchers in higher education when identifying stakeholders (Leisyte, Westerheijden, Epping, Faber & Weert, 2014: 2, 3, 4; Mainardes *et al.*, 2010: 76, 77). The theory refers to an organisation’s stakeholders as any individual/s either impacted upon by the organisation or able to impact on the achievements of the organisation (Freeman & McVea, 2001: online). The organisation being investigated in the current research study is the somatology profession. Based on Freeman’s theory, stakeholders can be classified into three groups, namely, regulators, providers, and beneficiaries (Figure 3.1). These three groups are classified according to their relation with regard to the organisation, in this instance the somatology profession (Freeman & McVea, 2001: online; Jongbloed, Enders & Salerno, 2008: 308, 309, 320).



*Figure 3.1: Stakeholder groups according to the Freeman stakeholder theory  
(Source: compiled by the researcher)*

Regulators refer to government organisations comprising of ministers and government departments, at both middle and country level. These stakeholders' role is to control the organisation (Freeman & McVea, 2001: online). Regulators either regulate the profession indirectly by regulating the specific profession's education/training programmes or regulate the profession directly by regulating practices and employers within the specific profession (Figure 3.1). HEIs in South Africa are regulated by the Department of Higher Education and Training (DHET), various other authorities such as the Council of Higher Education (CHE), the Higher Education Quality Committee (HEQC), the South African Qualifications Authority (SAQA), and professional accreditation bodies like the Allied Health Professions Council of South Africa (Higher Education Act 101 of 1997, 2003: online). The government expects higher education to contribute to the economy by providing

graduates equipped with employability attributes. This expectation resulted in the various generic attribute documents, i.e. CCFOs, that exist within the South African higher education milieu (SAQA, 2006: online; SAQA, 2012a: online). Individuals from the regulators group were not included in the current research as their views on employability are reflected in generic employability attribute documents, as discussed in Section 2.4. As no professional accreditation body for somatology exists in South Africa, members from the non-statutory body, the South African Association of Health and Skincare Professionals (SAAHSP), were included as participants of the research study (Section 3.3.6; Figure 3.2).

According to the Freeman stakeholder theory, the provider group consist of HEIs (Freeman & McVea, 2001: online). The role of providers is to provide professionals to be employed in the profession. Therefore, providers educate students and equip them with the relevant employability attributes. HEIs in South Africa comprise of public and private HEIs (Figure 3.1). Public HEIs have been established and are funded by the government through the DHET. These HEIs include universities, universities of technology, and comprehensive universities. Private HEIs may present the same qualifications. These institutions are owned by private organisations/individuals and are usually privately funded or sponsored (CHE, 2015: online). Public HEIs (universities of technology) and private HEIs present the somatology programme, as explained in Section 2.3. Although each HEI may compile its own set of generic graduate attributes for all of its programmes, profession-specific employability attributes may be more relevant and may improve facilitation of such attributes within specific programmes. Individuals from the providers group were included in the current study as lecturers, from both public and private institutions (Section 3.3.6: Figure 3.2).

According to Freeman and McVea (2001: online), beneficiaries refer to individuals or groups who benefit from the organisation such as graduates, employers, and society (Figure 3.1). Their role is linked to the benefits received from the organisation. The graduates are provided with employment possibilities within the profession and, if the graduates possess the relevant employability attributes, they may be more attractive to employers, thus more employable. Employers need employable graduates, somatologists equipped with employability attributes, in order to benefit the employer's business if employed. Society may include clients and suppliers. Clients

rely on somatologists with employability attributes to ensure that they receive quality services and products. Suppliers require somatologists with relevant employability attributes to utilise and market/sell their products, and to provide quality services with their equipment (Mainardes *et al.*, 2010: 76, 78, 85). The somatology profession's beneficiaries include somatology graduates; salons, spas and other employers (Section 1.3); and somatologists' clients and suppliers. The following beneficiaries were included in the research study: somatologists (graduates), employers, clients and technology providers (suppliers) (Section 3.3.6: Figure 3.2).

### **3.3 METHODOLOGY AND PROCEDURES**

#### **3.3.1 Study design**

The first phase of this mixed method research study (Section 1.7.2.) was based on a qualitative, exploratory study design. Qualitative, exploratory research is a useful research design when there is limited existing research on the subject matter (Patton & Cochran, 2002: 4, 5; Penwarden, 2014: online; Van Wyk, 2014: 2, 7). This study design aims to create an understanding in the form of words rather than numbers (Patton & Cochran, 2002: 2-5; Siegle, 2002: online). Qualitative research was a useful research design to explore the views of stakeholders from the somatology profession. The researcher could obtain literature on generic employability attributes but not profession-specific employability attributes for the somatology profession (Sections 1.5 and 2.4). Therefore, an explorative research design assisted the researcher to generate primary data on the specific subject and to review secondary data. The researcher applied the study design by means of focus group interviews. Stakeholders' views were explored on specific employability attributes for the somatology profession and relevant generic employability attributes (CCFOs) for the somatology profession (Section 3.3.4).

#### **3.3.2 Focus group interviews**

A focus group interview is a method of data collection which involves in-depth group interviews focusing on a specific topic and where the participants are a purposive sample of a specific population. The participants are recruited based on the

assumption that they would have something to say about the topic, possess similar socio-characteristics, and would be comfortable talking to the facilitator and each other. One distinct feature of focus group interviews is the group dynamics. Data generated via social interaction of the group is often deeper and richer than data obtained from one-on-one interviews (De Vos *et al.*, 2012: 341, 360; Rabiee, 2004: 655, 656; Wilkinson, 2004: 177). Focus group interviewing was utilised in this research to explore the views of different stakeholders in the somatology profession on employability attributes for this profession.

Three to six different focus group interviews are considered adequate to reach data or theoretical saturation, with each group meeting once or more (Onwuegbuzie, Dickinson, Leech & Zoran, 2009: 4; Rabiee, 2004: 655, 656). In this study, three focus group interviews were conducted with participants representing the majority of stakeholder groups at each focus group interview. Each focus group interview took place once. The focus group interviews were conducted at a time and place convenient for all the involved parties (researcher, participants and observer). The information letter (Appendix B) that was emailed to each participant explained the research study and included the topic of the focus group interviews. The participants were not expected to prepare in any particular way for the focus group interview, as indicated on the information letter.

To ensure interpretive and context-related information, the researcher herself served as facilitator of the focus group interviews. Blanche *et al.* (2006: 396) support this practice. The researcher prepared by observing a similar focus group interview conducted at the university where the study was conducted. Additionally, the researcher studied focus group interview guidelines on facilitation in literature sources, namely, Liamputtong (2011: 71-86) and UBC Leap (2013: online). As facilitator, the researcher captured the focus group interviews by means of audio recordings, as well as field notes. Two audio recordings were made of each focus group interview. The second audio recording served as a backup.

All three focus groups had 30 minutes to socialise prior to the actual focus group interview so as to put the participants at ease. This was followed by a brief introduction. Information was provided about the purpose of the study as well as instructions for the focus group interview process. Following the introduction and

information session, written consent was obtained from each participant by means of signing an informed consent form. The form also included two questions with regard to the participants' demographic information. Once informed consent was obtained, the audio recorders were switched on and the actual focus group interviews were initiated by the facilitator according to the focus group interview schedule (Appendix C). The focus group interviews were conducted in English, but participants were allowed to respond in their preferred language (English or Afrikaans).

During the focus group interviews, the facilitator (researcher) regularly summarised the main points and sought verification and/or clarification by means of feedback from participants. The summaries and feedback ensured correct interpretation and trustworthiness (Section 3.3.9) of the data collected. Upon conclusion of the focus group interviews, the researcher expressed her gratitude to the participants.

### **3.3.3 Observers**

An assistant or observer is suggested to assist the facilitator during and after focus group interviews (Onwuegbuzie *et al.*, 2009: 4). The researcher purposively selected observers who were familiar with the profession and focus group interviews. Colleagues within the higher education and research environment, who attended previous focus group interviews, were selected as observers. Local expertise was available to serve as observers. A different observer assisted the researcher during each of the three focus group interviews. Utilising local experts avoided any cost implications in this regard. No evidence could be obtained from the literature consulted pertaining to the possible advantages or disadvantages with regard to utilising different observers.

Observers may provide assistance to the facilitator by recording the sessions, creating an encouraging environment, taking field notes, providing verification of data, and helping with the analysis or interpretation of findings (Onwuegbuzie *et al.*, 2009: 4). However, in this research study, the observers only assisted with the validation of the data collection process. The researcher verbally communicated her expectations to each observer prior to the focus group interviews.

### 3.3.4 Interview schedule

The focus group interviews were semi-structured and an interview schedule was compiled prior to conduction of these interviews. The focus group interview schedule (Appendix C) was compiled by the researcher and reviewed by her supervisors. Literature on the SAQA CCFOs and preliminary institutional employability documents supported the question and prompts of the schedule (Section 2.4). The interview schedule assisted the researcher in guiding the interview. The CCFOs was included as it is prescribed by government and cannot be ignored (SAQA, 2006: online). However, during the interviews the participants had the opportunity identified employability attributes for the somatology profession and only if a CCFO was not considered during the interview the facilitator prompted it to obtain the view of participants thereof. Additionally the participants validated the importance of all the CCFOs for the profession and placed these into the relevant context. However, the participants were prompted to identify other attributes besides the CCFOs. The standardised leading question and prompts increased data trustworthiness (Section 3.3.9) (Woods, 2011: online).

The interview schedule consisted of one leading question, together with various probing questions and prompts. The leading question and probing questions were aimed at exploring the views of different stakeholders on profession-specific employability attributes for the somatology profession. The leading question was: “What is your opinion of the quality of somatologists nowadays?” The possible prompts that were included in the interview schedule assisted with the collection of relevant and desired data. The following probing questions flowed from the leading question:

- “What do you expect of a somatologist?”
- “What skills or attitudes are lacking in current somatologists?”
- “What should a somatologist be able to do?”
- “What should a somatologist be good at?”
- “What abilities do you think are important for a somatologist to have?”



### 3.3.5 Pilot study

A pilot study serves to validate the proposed research study design and methods (Blanche *et al.*, 2006: 298, 299). The pilot study of the qualitative phase served specifically to validate the data collection instrument: the focus group interview schedule.

The validation of the interview schedule was performed by both the research supervisors. The supervisors reviewed the interview schedule's leading question, probing questions and prompts. Feedback to the researcher, by means of a formal discussion, included adapting the leading question into a more thought-provoking question. Additional prompts with regard to possible employability attributes were also added. These prompts were to ascertain that all angles of the topic would be considered by the group, whilst also assisting the facilitator to maintain continuous flow of the discussion. Once the researcher adapted the interview schedule (Appendix C) as suggested, confirmation of the validity of the interview schedule was obtained from both the supervisors.

### 3.3.6 Participants

The target population for the focus group interviews were different somatology stakeholder groups related to the profession (Section 3.2). The variety of somatology stakeholders ensured that inter-subjective information on employability attributes was obtained (Blanche *et al.*, 2006: 388; De Vos *et al.*, 2012: 361). The researcher identified stakeholders to participate in the research study according to the Freeman theory, as discussed in Section 3.2. These stakeholder groups identified from the somatology profession are illustrated in Figure 3.2.

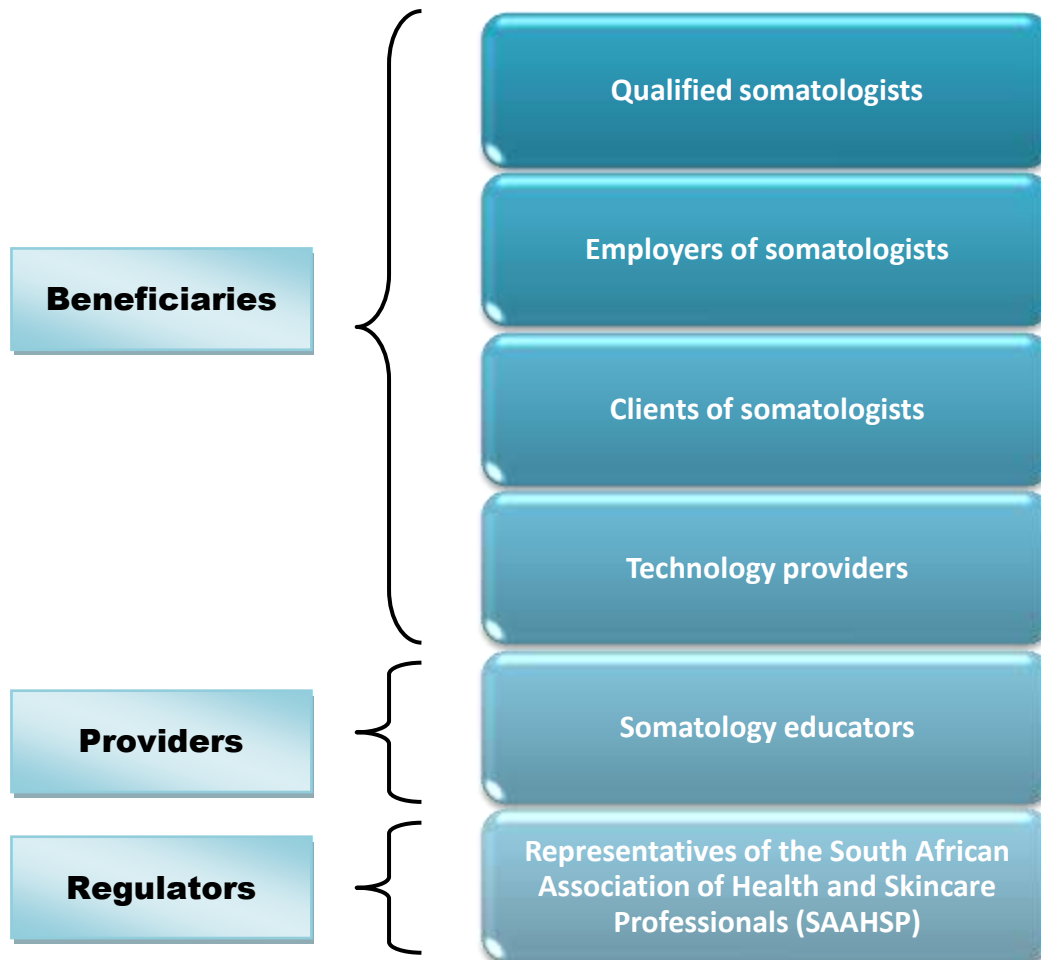
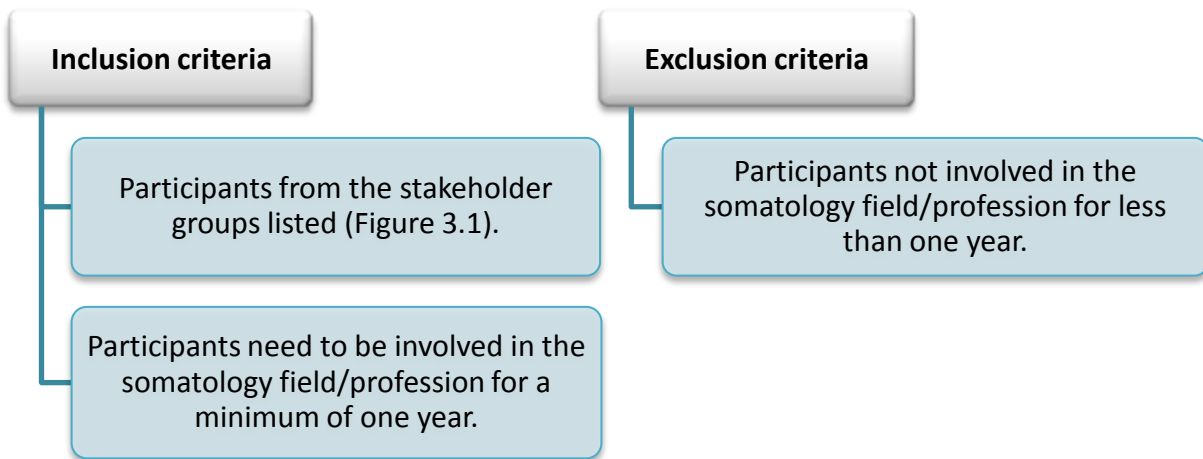


Figure 3.2: Somatology stakeholder groups identified as potential participants  
(Source: compiled by the researcher)

### 3.3.7 Selection of participants

The research study utilised non-probability, purposive sampling in order to select participants for the qualitative phase. This sampling is suggested for explorative research studies (Onwuegbuzie & Collins, 2007: 284). In addition, this sampling is for studies where participants must have knowledge on a specific subject or where some participants are difficult to find (Rossouw, 2003: 113). Therefore, non-probability, purposive sampling enabled the researcher to collect applicable information from the participants, given their knowledge in the somatology field. Furthermore, this sampling ensured the practicality of selecting participants from a variety of contact lists of which some were difficult to obtain, e.g. clients' contact lists. The participants had to comply with the inclusion and exclusion criteria as set out in Figure 3.3.



*Figure 3.3: Inclusion and exclusion criteria for focus group interview participants  
(Source: compiled by the researcher)*

The researcher adopted the gatekeeper recruitment method, as Blanche *et al.*, (2006: 136, 384) suggest, to assist with the recruitment of participants whom were difficult to reach. Gatekeepers were purposively selected from the researcher's personal contacts who are involved in the somatology profession. The gatekeepers consisted of individuals within the various categories of stakeholders, namely, two lecturers, a laboratory assistant, and graduates from two universities of technology; a day spa manager; and a representative of a product range company. The researcher telephonically briefed the gatekeepers about their role in the selection process and the criteria for participants.

The gatekeepers requested participation, based on goodwill, from participants while ensuring that volunteering participants met the inclusion criteria (Figure 3.3). The gatekeepers provided the contact details of potential participants to the researcher, either telephonically or via email. The researcher contacted potential participants via an email that consisted of an invitation (Appendix B) and a request to participate. Additionally, the email included a detailed information letter to assist potential participants to make an informed decision on participating in the research study. Participants who were willing to partake in the study responded to the invitation by means of a confirmation email to the researcher. A formal invitation, with a venue, date and time was sent to participants who confirmed that they would take part.

### **3.3.8 Sample size**

For focus group interviews, a minimum sample size of six to 12 participants is suggested (Onwuegbuzie & Collins, 2007: 287, 288, 289). The sample size of a minimum of six participants is considered adequate to yield diversity in information collected, while a too large group (e.g. 24 participants) may create an uncomfortable environment for participants to share their views (Moreland, Levine & Wingert, 2013: 13,14; Onwuegbuzie *et al.*, 2009: 3).

The gatekeepers identified a total of 61 potential participants for this study. The researcher invited all of the potential participants (via email) and 38(n) confirmed their willingness to participate. Thirteen participants were recruited for two of the three focus group interviews, while 12 participants were recruited for the third focus group interview. The participants were recruited to represent all six stakeholder groups (Section 3.3.6: Figure 3.2) at each focus group interview.

### **3.3.9 Trustworthiness**

The researcher incorporated credibility and reliability (Section 1.8.6) to ensure trustworthiness of this phase of the research study (De Vos *et al.*, 2012: 419, 420; Patton & Cochran, 2002: 7; Siegle, 2002: online). Member checking ensured credibility and took place by means of confirmation obtained from participants during each interview to ensure that the field notes were a true reflection of the participants' views. Further checking of data took place by evaluating audio recordings against the field notes of the focus group interviews. Additionally, the observers validated the data collection process. Reliability was assured in this phase by testing the data collection tool by means of supervisor validation and by providing a detailed description on the methodology and data analysis processes.

### **3.3.10 Saturation**

Theoretical saturation is a phase within qualitative data analysis. This saturation refers to when the researcher has continued sampling and analysing data until no new data appears and all concepts in the theory are well-conceptualised.

Descriptive saturation is when the researcher finds no new descriptive codes or themes emerging from the analysis of data, while theoretical saturation is when the researcher should not only ensure analysis describes data but explains how the various codes and themes interconnect (Charmaz, 2006: 96, 97, 98; Keen, 2013: 4, 5; Rebar, Gersch, Macnee & McCabe, 2011: 52). In the current study, the researcher specified the number of focus group interviews prior to the data collection/analysis process and did not perform continued sampling. After the third focus group interview, the researcher did not discover any new themes from the data collected. Therefore, descriptive and theoretical saturation was reached within the selected three focus group interviews conducted. Following the third focus group interview's data analysis, no new themes emerged and all themes were conceptualised.

### **3.3.11 Analysis of the findings**

The analysis of the qualitative findings collected from the focus group interviews was based on thematic analysis principles (Braun & Clarke, 2006: 15) performed by the researcher. The thematic analysis of the findings was conducted according to the five steps captured in Figure 3.4, while the process did not necessarily follow a sequence from one step to the other. The process rather involved a constant moving back and forth through the different steps (Braun & Clarke, 2006: 21, 22, 23).

The first step of data analysis commenced with the audio recordings that were transcribed by a typist. All the recorded material was transcribed orthographically from the recordings. In the transcription process, repetitions, hesitations and false starts were transcribed, while any background noise was omitted. The transcriptions were verified by the researcher against the audio recordings and field notes gathered. The researcher familiarised herself with the collected data early in the data collection process by acting as the facilitator of the focus group interviews. Verifying of transcriptions and reading transcriptions multiple times further familiarised the researcher with the data. Simultaneously, notes were made on transcriptions of initial ideas or patterns that emerged. Each of the CCFO (Section 2.4) and preliminary institutional employability attribute-related prompts included (as checklist) in the interview schedule was used as initial, broad themes. These themes were then refined or deleted during the rest of the analysis process.



*Figure 3.4: Steps of thematic data analysis for the qualitative phase (adapted from Braun & Clarke, 2006: 21, 22, 23)*

During the second step of the data analysis process, initial codes were generated systemically across the transcriptions and notes made during the previous step of the analysis process. Codes categorised semantic features of the data with regard to the somatology profession-specific employability attributes. The researcher thus reasoned out the participants' expressions through their language within the context of the current study. Coding was done manually by the researcher herself, writing notes in a column provided next to the transcriptions to indicate potential patterns. The data was analysed and each set of relevant data was coded (once or more than once). An elaborated list of data codes was collated into a table according to colour codes, indicating potential themes. The visual representation of coloured and tabulated codes was incorporated to assist the researcher with identifying the somatology profession-specific employability attributes (Appendix D).

Upon completion of the list of data codes, the researcher re-focused analysis at a broader level of themes. Codes were arranged together into groups that in combination may form an overarching theme. A draft list of possible themes was reviewed against the coded data extracts and the entire set of data during the third step of analysis. The supervisors played an active role in the review process to ensure the trustworthiness of the identified codes and themes. Arrangement of codes and themes were verified, while complex themes were divided into sub-themes to simplify the thematic map. Data within each theme had to fit meaningfully within the theme. A summarised list of themes was the result of this step of analysis, reflecting the views of stakeholders with regard to somatology profession-specific employability attributes.

Step four entailed the defining of themes through the analysis of each theme and the aspects of data that the theme captured. The themes were defined in relation with the study's context and the name of each theme was reconsidered. The themes were based on the CCFOs of SAQA, preliminary institutional employability attributes, and additional employability attributes as suggested by participants. The outcome of the fourth step of data analysis was a list of themes that assisted the researcher in compiling a questionnaire for the subsequent phase of the research study. The final step of the focus group interviews' data analysis consisted of reporting on the findings within the finalised thematic table (Section 3.4.2.1: Figure 3.5).

## **3.4 FINDINGS AND DISCUSSION**

The subsequent section will reflect the findings that originated from the thematic data analysis of the focus group interviews. The findings will be divided into two categories, namely, demographics and employability attributes.

### **3.4.1 Demographics**

A total of three focus group interviews were conducted. Two of these focus group interviews took place in Bloemfontein, Free State, while the other was held in a stakeholder-rich setting situated in Randburg, Gauteng. Table 3.1 captures the demographic information with regard to the stakeholder groups for each of the focus group interview's participants. It is important to note that while a participant might have practised in various areas of the somatology profession, the researcher invited each participant to partake in a specific capacity of a specific stakeholder group. The table reflects the participants with regard to these stakeholder groups.

Twelve of the 13 invited participants partook in each of the first two focus group interviews and all stakeholder groups were represented. One participant was absent from the first focus group interview without notifying the researcher. One participant was also absent during the second focus group interview as she was hospitalised prior to the focus group interview. Only five participants participated in the third focus group interview, after a total of 12 confirmed their participation. Absenteeism was either due to unforeseen circumstances or a no-show. The stakeholder groups represented at the third focus group interview were: somatology educators, employers, technology providers, and qualified somatologists.



Table 3.1: Demographic information of focus group interview participants (n=29)

STAKEHOLDER GROUPS	NUMBER OF PARTICIPANTS		
	Focus group interview 1	Focus group interview 2	Focus group interview 3
<b>Beneficiaries</b>			
Qualified somatologists	4	4	1
Employers of somatologists	2	2	1
Clients of somatologists	2	2	0
Technology providers	1	1	2
<b>Providers</b>			
Somatology educators	2	2	1
<b>Regulators</b>			
Representatives of the South African Association of Health and Skincare Professionals (SAAHSP)	1	1	0
<b>Total number of participants</b>	<b>12</b>	<b>12</b>	<b>5</b>

### 3.4.2 Employability attributes

The aim of the qualitative phase of the research study was to identify profession-specific employability attributes for the somatology profession. Direct phrases from participants were used to inform the findings. A specific coding system was utilised when the concepts/phrases of a specific participant was used. The coding system was utilised in the following manner: F and a number between one and three represented the focus group interview that the participant attended, followed by the stakeholder group's letter (below), and a unique number provided to each individual by the researcher. The participants were coded according to the specific stakeholder group they were recruited for. The stakeholder groups were coded as follows:

E: Employers

L: Somatology educators

S: Qualified somatologists, including previous somatology graduates

- C: Clients of somatologists
- T: Technology providers
- R: SAAHSP representatives

Therefore a client who participated in the first focus group interview was referenced as: F1C2. Additional symbols included in the extracts of the findings were:

- [ ] Phrases included in square brackets were not part of the transcript dialogue but added by the researcher to add meaning to the extract.
- ... Ellipses showed omission of unnecessary words, while not interfering with the meaning.

Where extracts were translated, such extracts were quoted in the original language, followed by “Translation:” and the English translated extract. To indicate that a theme or attribute was prompted by the facilitator during the focus group interview, “(prompted)” supersedes the extract.

#### 3.4.2.1 Discussion of findings from the focus group interviews

Figure 3.5 encapsulates the eight themes and the sub-themes identified in the three focus group interviews (combined). The themes are reflected in alphabetical order with no specific reference to importance. All the sub-themes were not discussed in each focus group interview. Therefore, each sub-theme contains superscript numbers indicating from which focus group interview the sub-theme was identified. The information in brackets refers to the participants’ specific „terms” utilised with regard to the sub-theme.

THEMES	SUB-THEMES
a. Business skills	<ul style="list-style-type: none"> <li>• <b>Management</b><sup>1 2 3</sup> (incl. budgeting, costing and profit calculations)</li> <li>• <b>Entrepreneurial skills</b><sup>1 2 3</sup></li> <li>• <b>Selling</b><sup>1 2 3</sup> (incl. self-confidence and attending to client's needs)</li> <li>• <b>Marketing</b><sup>1 2 3</sup></li> </ul>
b. Communication skills	<ul style="list-style-type: none"> <li>• <b>Verbal communication</b><sup>1 2 3</sup></li> <li>• <b>Non-verbal communication</b><sup>1 2 3</sup></li> <li>• <b>Written communication</b><sup>1 2 3</sup></li> <li>• <b>Listening</b><sup>2 3</sup></li> </ul>
c. Creativity	<ul style="list-style-type: none"> <li>• <b>Individuality</b><sup>2</sup></li> <li>• <b>Uniqueness</b><sup>2</sup></li> <li>• <b>Broad-mindedness</b><sup>1</sup></li> </ul>
d. Interpersonal skills	<ul style="list-style-type: none"> <li>• <b>Emotional intelligence</b><sup>1 2 3</sup> (incl. handling conflict, be reserved, deal with emotional matters, group/team work, mentoring)</li> <li>• <b>Personal attributes</b><sup>1 2 3</sup> (incl. motivated/dedicated, passionate, self-confident, individuality, adaptability, proud, mature, attention to detail, attentive, initiative, friendly, positive, consistent, respectful, approachable)</li> <li>• <b>Sense of identity</b><sup>1 2 3</sup> (incl. awareness of own abilities)</li> </ul>
e. Personal development	<ul style="list-style-type: none"> <li>• <b>Casual research</b><sup>1 2 3</sup></li> <li>• <b>Regular further training</b><sup>3</sup></li> </ul>
f. Problem solving	<ul style="list-style-type: none"> <li>• <b>Critical thinking</b><sup>1 2 3</sup></li> </ul>
g. Professionalism	<ul style="list-style-type: none"> <li>• <b>Confidentiality</b><sup>3</sup></li> <li>• <b>Professional image</b><sup>2</sup></li> <li>• <b>Client care</b><sup>2</sup></li> <li>• <b>Presentation of self</b><sup>2</sup></li> <li>• <b>Ethical behaviour</b><sup>1 2 3</sup></li> </ul>
h. Time management	<ul style="list-style-type: none"> <li>• <b>Punctuality</b><sup>1 2</sup></li> <li>• <b>Planning skills</b><sup>3</sup></li> </ul>

*Figure 3.5: Key themes and sub-themes identified from all the focus group interviews (1 Sub-theme from focus group interview one; 2 Sub-theme from focus group interview two; 3 Sub-theme from focus group interview three) (Source: compiled by the researcher)*

a. *Business skills*

The business skills attribute includes management, entrepreneurial skills, selling, and marketing. Business skills may be important to all somatologists within different working environments. These skills will assist the somatologist to join a successful business, manage a successful business, or own a successful business (D'Angelo, 2009: 2).

Management training should include staff management, cash control, planning, marketing and selling skills according to participants. An employer emphasised the need for management skills. Management and entrepreneurial skills were suggested to be included in the development of business skills during focus group interview one. Other participants were of the opinion that somatologists need limited knowledge with regard to management and entrepreneurial skills, unless the somatologists are performing managerial tasks. Comments with regard to management and entrepreneurial skills were:

*...run her [somatologist] own business. She has to know what goes on and how... F2L2*

*...they [somatology training providers] should incorporate business and the running of a business... F3T4*

*You know this is why I say developing business skills. It's not just okay I [a somatologist] want to call my business this and I want to be here. It's those in-depth skills on how to manage and open a business, do costing, what is important and I think you only really know how to do it when you've been in a position too to do it, so it is very difficult... F1E1*

Profit calculations and costing were considered to be important skills pertaining to management. Budgeting was closely associated with management. A participant disclosed:

*...it's very difficult costing and business...and how to work out treatment costs and things like that... F1E1*

The importance of managing financial aspects related to the somatologist, for example costing, profit margin, retailing and marketing of self and products, is

supported by literature (Milady, 2012: 987-1004, 1017, 1018). The sub-themes management and entrepreneurial skills pertain more to somatologists who practice as salon managers and/or owners. These two attributes may assist somatologists in these positions to open and/or operate successful and profitable businesses (Reaich, 2012: online).

Marketing and selling skills were suggested to be integrated into all practical modules of somatology programmes to enable graduates to effectively apply marketing and retail skills. Inability to sell was indicated as hindering a somatologist to effectively function within the profession. The imperative role that selling plays in the somatologist's scope of practice was emphasised. The need for selling skills was highlighted as being especially crucial for somatologists who intend to be employed on cruise ships. Sufficient product knowledge was stated as a precursor of selling skills. Improved selling was indicated to emerge from a passion for the somatology profession. Self-confidence and attending to a client's needs emphasised selling. However, forceful selling was not recommended. Marketing was linked to selling, as well as management. The participants reflected on selling and marketing as follows:

*I do believe retail skills are being neglected in the health and skin care industry. F2R2*

*It's [selling] very important, I think it lacks currently because the somatologists cannot sell or do any retail whatsoever, when they first come in to a salon. And that is actually where the money is. You work so much less hard for your money if you can retail properly. F1T2*

*Yes, and if you [a somatologist] work on ships, you have to sell. F1R1*

*So maybe somewhere within the marketing curriculum within their [somatologists] learning they need to have something small to be able to have a practical knowledge on how to sell a product. F1S5*

Selling not only results in financial benefit by means of profit from products/services but also increases client retention by attending to clients' needs. The benefits of being able to sell for a somatologist are thus two-fold (Gerson, 2013: 684, 694). The above-mentioned benefits will also result from marketing skills, as marketing improves selling.

## *b. Communication skills*

Participants mentioned that it is important for somatologists to possess communication skills. Communication skills can be defined as sharing information through various mediums, e.g. words, voice inflections, facial expressions and body language (Gerson, 2013: 52). In general, for most client-based professions, effective communication is the basis of all lasting relationships with clients and co-workers. Communication skills as an employability attribute assist somatologists in coping with daily tasks as they are directly involved with people when providing products and services to clients and working with peers (Australian government, 2013: online; Reaich, 2012: online).

Verbal and non-verbal communication was highlighted with regard to communication skills. Emphasis was placed on how a client can read a somatologist's body language and a somatologist should have the ability to read a client's non-verbal cues. Milady (2012: 49, 67) and Reaich (2012: online) indicate that understanding non-verbal cues improves the quality of relationships with clients and colleagues. The participants stated that somatologists should be able to determine the type of communication method best suited to each type of treatment. This is evident from the following quotes:

*It's subjects like communication, I think it touches on telephone etiquette and things like that but I don't think it gives you [a somatologist] enough to be able to really use the skills that you know. F1E1*

*Something that I picked up, I think it is a lack of communication skills because they [somatologists] didn't learn how to communicate and read verbal and non-verbal languages from the clients. F1S2*

*So it's so important the body language [of a somatologist]... being open and receiving... F3E4*

Other factors that were focused on during the discussions included suitable times for conversation, the importance of professional jargon in certain situations, and staying focused on clients. The discussions included:

*... [somatologist] need to use industry terminology. F2R2*

*... make the conversation about her [client]. F2T3*

The facilitator also asked about written communication during the focus group interviews and the participants confirmed the importance thereof. The participants expressed their apprehension about poor grammar and language usage, especially when it comes to electronic communication such as cell phone messages. The influence that communication skills have on professionalism was emphasised, with specific reference to poor grammar and spelling. As they noted:

*It creates an image of who you [a somatologist] are and creates an image of what the business is... Why do you want to go to someone who can't even read and write properly? ... It reflects very badly on you as a person and on your company as well. (Prompted) F1S5*

*And again, I think when they [somatologists]... sms and e-mail with spelling errors and no capital letters, it reflects badly on the professional side... F1S2*

The participants were of the opinion that listening to clients is an essential attribute for somatologists. Listening is identified as the best relationship builder (Milady, 2012: 49, 66; Reaich, 2012: online). Clients often unburden themselves during treatments and a somatologist who listens effectively will add to the emotional well-being of the client, thus providing a more holistic treatment (Cressy, 2004: 5). The following is a quote with regard to listening:

*...we [somatologists] talk and talk and where we actually supposed to listen. F3L4*

Communication skills are beneficial with regard to customer service, as they ensure client satisfaction. Moreover, communication skills are especially useful when meeting new clients and conducting client consultations. Consultations are performed by means of questioning and observation, followed by informing clients about products and possible treatments. The offer of more complex treatments includes negotiation and persuasion. Somatologists also need to respond to clients' concerns and questions when performing treatments. Appropriate recommendations for home care and future treatment plans are to be discussed after the completion of treatments (Australian government, 2013: online; Reaich, 2012: online). Similarly, effective communication with colleagues and managers is beneficial so as to maintain a professional work environment (Taylor, 2004: 45-48). All professionals

need to build relationships with peers based on trust, clarity and loyalty in order to have a successful career.

### c. Creativity

Most of the participants (focus group 1 and 2) supported the importance of creativity. Discussions linked creativity to individuality, uniqueness and broad-mindedness. Some of the participants were of the opinion that creativity can lead to modifying treatments for the individual so that they are unique. One participant voiced her apprehension about changing treatments within franchise salons. The supporting dialogues were:

*I think that part is also dependent upon the service itself and the type of salon you work for...  
F2S5*

*I feel creativity is important because it gives you a bit of an edge above other therapists, that little bit extra effort is what attracts the client and makes them come back. If she sees you do something different then she feels more special. F2S8*

A technology provider suggested that somatologists are single-minded and cannot think “out of the box”. Following the statement, the facilitator confirmed with the participant (F1T1) that the attribute which she was referring to was creativity. Thereafter a client shared her point of view on the need for creativity:

*I don't know how much creativity can be brought to the table... But it will be nice. F1C1*

A salon owner, who agreed that creativity is important to the somatology profession, was however concerned that too much creativity might have a negative impact on the profitability of treatments. She argued:

*...the other thing is creativity mustn't cost you something. F1E1*

Participants from the first and second focus group interviews were of the opinion that a somatologist who possesses creativity is able to alter treatments to maintain a client's interest, which in turn may improve client retention. In contrast, participants from the third focus group interview argued that clients are more comfortable with a



familiar routine and consistency. Although creativity is generally related to artistic talents, the attribute is more complex and depends on the context it is applied to. Therefore, creativity may not only assist a somatologist in providing make-up treatments, but also can assist with problem solving (Gerson, 2013: 25, 26).

#### *d. Interpersonal skills*

Interpersonal skills with specific reference to somatologists' relationships with clients and peers were regarded as important to the somatology profession. The participants suggested that somatologists should have open communication channels. Respect towards clients and the manner in which to address clients is said to play a role in the interpersonal skills of the somatologist. Somatology is a relationship-based profession (Rouleau, 2015: online). Literature suggests that a somatologist with the employability attribute of interpersonal skills will not take offensive words or actions personally, thereby effectively handling conflict (Taylor, 2004: 45, 46). Furthermore, such a somatologist will be able to deal with all kinds of personality types (Gerson, 2013: 60, 61).

Several discussions came up with regard to emotional intelligence. One participant shared an experience where two somatologists lacked emotional intelligence and were unable to handle conflict with a client. She described the experience as "horrific". In contrast, another participant appreciated the presence of emotional intelligence from the perspective of a client. Emotional intelligence and interpersonal skills originated from conversations on friendliness and conflict handling. Attention was called to the manner in which somatologists deal with clients' complaints and the ability of somatologists to avoid taking out their frustrations on clients. Conversation topics relevant to emotional intelligence included the ability of somatologists to not become personally involved with clients and to keep their personal matters confidential. Somatologists' expertise in dealing with the emotional matters of clients was said to be lacking, as well as the ability of somatologists to be reserved. Below are excerpts from the originating conversations:

*...actually keep their [somatologists] personal disagreements to themselves so it doesn't really reflect on the client themselves. F1C1*

*...need to see different personality types... F1R1*

*...everyone has to work together and consider each other. F1S4*

*...maak nie saak hoe jy voel nie. Jy moet altyd jouself net regruk... Translation: ...no matter how you [a somatologist] feel, you should always pull yourself together... F2E3*

Emotional intelligence can be defined as being in control of one's own and other's emotions (Taylor, 2004: 45, 46). During the focus group interviews, the discussions with regard to this attribute referred to controlling your mood and emotions, and not becoming personally involved with clients. Gerson (2013: 63, 64) summarises the emotional intelligence of somatologists in two aspects: respect of professional boundaries and management of one's attitude. Thus somatologists who possess emotional intelligence will not engage in conversations about their personal life or provide advice to clients on personal matters, and will remain content at all times.

Emotional labour was touched upon in focus group interviews in relation to emotional intelligence and how to handle clients' emotional matters. Some authors argue that emotional labour is an additional service that is provided by somatologists along with treatments to clients (Toerien & Kritzinger, 2007: online). Emotional labour is described as treating the client's soul as part of providing a holistic treatment that aims to provide the client with an overall sense of wellbeing. This type of labour is linked to communications skills and interpersonal skills. Emotional intelligence – where a somatologist needs to repress his/her own emotions (also referred to as self-mastery) to focus on the client's emotions – is also part of emotional labour. Other somatology practices related to emotional labour are offering stress relief; trust issues with regard to confidentiality; fostering a sense of desire for self-nurture in the client; and improved self-confidence (Sharma & Black, 2001: 913; Straughan, 2010: 656, 657, 658). From the findings of the focus group interviews, the importance of emotional labour as an employability attribute for the somatology profession was evident. It must, however, be integrated with other employability attributes such as emotional intelligence, confidentiality and ethics; similar to what Straughan (2010: 656) mentions.

Emotional intelligence and interpersonal skills are linked to other employability attributes, such as communication skills and professionalism (Milady, 2012: 49-67;

Reaich, 2012: online). The importance of a somatologist's relationships with clients and peers was previously mentioned under communication skills (Section 3.4.2.1.b). Clients return to somatologists who possess good interpersonal skills, therefore improving his/her client retention. Emotional intelligence is, according to Gerson (2013: 35), an indicator of maturity, which was also highlighted as an important attribute during the first focus group interview. Simultaneously, it is also related to professionalism (Reaich, 2012: online), which is another employability attribute identified as important to the somatology profession.

Besides fostering relationships with peers and clients, teamwork and personal attributes were also topics of discussion related to interpersonal skills. Emphasis was placed on labour relationships within salons with specific reference to employee-employer relationships and teamwork, and the benefits thereof. Furthermore, somatologists need to be approachable so as to encourage clients to express any possible discontent. Relationships with peers, teamwork, mentoring others, and dealing with conflict formed part of interpersonal skills. Participants had the following to say:

*...if you want a successful business, yes. You're going to need your team to work together.*  
F2L3

*...control your [somatologist in managerial position] staff with attitude problems and staff problems...* F3T4

*...how do you [somatologist] handle objections?* F3T4

Teamwork does not only require communication skills to share knowledge, to assist peers, and to support sustainable work practices. Teamwork also requires knowledge of the responsibilities of all team members and accepted workplace practices (Australian government, 2013: online; Taylor, 2004: 47).

A number of personal attributes relating to personality traits, such as motivated/dedicated, passion for the profession, self-confident, individualism, adaptability, pride, maturity, attention to detail, taking initiative, friendliness, positivity, being consistent, and respect for others, were discussed. The opinion of one of the participants (F2L2) was that many somatology students focus so much on studying

that they lose that initial motivation and reason for becoming a somatologist. It is necessary for somatologists to be dedicated and passionate about the profession in order to be successful. Self-confidence plays a role in the quality of services that are provided by somatologists. Individuality of somatology treatments where somatologists pay attention to detail will result in improved client satisfaction. Several of the personal attributes were linked to the identified sub-themes, for instance self-confidence and passion, which have a positive effect on selling. Here follows some extracts from the conversations on personal attributes:

*...you [somatologist] have to love what you're doing... you have to be proud of what you do.  
F2L2*

*Consistency...your [somatologist] 7 o' clock morning appointment and the client 7 o' clock  
tonight must have the same quality of treatment. F2R2*

*...it's the little things that they don't pay attention to... F2L2*

*...just stay positive. F3L4*

*There's a lack of confidence... F3L4*

Adaptability was discussed in relation to the ability to perform a treatment in different environments with different available resources. As the multi-faceted somatology profession encompasses a large variety of employment options and roles (Rammanhor, 2014: 4), adaptability will enable somatologists to be able to utilise the employability skills in his/her possession and seize different roles and employment options within or outside of the profession (Taylor, 2004: 47). Thus, adaptability for somatologists, and other professions, is also essential as a generic employability attribute (Yorke, 2005: 8, 9). Participants from focus group interviews were of the opinion that personal attributes will contribute towards the professionalism and success of somatologists. Reaich (2012: online) and Taylor (2004: 45, 46) support this opinion.

Participants stated that it is important for somatologists to know their abilities and also where they need to develop further. At the same time, they referred to a sense of identity and personal development (refer to the next theme: Section 3.42.1.e).

Participants regarded a sense of identity as important to a somatologist. Participants pointed out the following:

*...they [somatologists] should get familiar with their... skills. F1E1*

*...om jouself te ontwikkel en jouself te vind net op 'n ander level. Translation: ...to develop yourself [somatologist] and to discover yourself at another level. F2E3*

Somatologists who possess a sense of identity will be able to build on their success and learn from their mistakes. Therefore, a sense of identity is part of identifying personal areas that should be developed. This relates to the employability attribute of personal development. Some authors utilise the term “self-management” to refer to a sense of identity and personal development (Australian government, 2013: online). The current study describes these two employability attributes separately to illustrate the related sub-themes clearly.

#### *e. Personal development*

According to the participants, it is important for somatologists to continuously develop themselves by staying informed about new developments within the rapidly evolving profession. Discussions proposed that casual research, such as reading profession-related magazines, may assist somatologists in staying abreast of developments within the profession. Casual research refers to conducting informal research for business or personal gain and not for academic or qualification purposes (Business Dictionary, 2016: online). A SAAHSP representative had the following to say about further training:

*...everybody would like to keep abreast of all the treatments. Because it's stimulating to your knowledge you want to know, you want to be able to provide your client with the best information or if it's your passion, that's what you want. And I found as well that not attending the latest things, you feel that you lacking in the end. You then feel okay but I don't really want to speak up about something because you do not have that knowledge that you're supposed to or that people expect you to have and I think it's very, very important: to stay abreast with the latest things. F1R1*

Detailed product training that includes information on ingredients and the effects thereof will permit somatologists to prescribe suitable products to clients. Therefore, somatologists need to improve their selling techniques so as to meet the requirements of clients. The current explosion in media and technology results in clients being informed and curious about new trends in the somatology profession. Knowledgeable clients increase the pressure on somatologists to stay abreast of current developments in the profession. The managers or owners were said to not only be responsible for regularly sending their employees for training but also for remaining up-to-date with technology themselves. The participants stated that being up to date with new technology can improve selling and quality standards in salons. Extracts from the conversation can be found below:

*..because some of the people own the salons and they don't even know anything about it [the somatology profession]. F2S5*

*... personeel op kursusse stuur om seker te maak hulle bly op die ball met alles wat nou huidiglik aangaan... Translation: ...will send personnel [somatologists] to training to ensure that they stay up to date with everything that is currently going on. F2L2*

A somatologist needs to attend regular training sessions, especially retail training. Salon owners and other employers are responsible to ensure that somatologists partake in personal development activities. Attending refresher training sessions is said to also be beneficial to somatologists. The participants made several suggestions about how to stay abreast of new trends and information in the profession. Some of the suggestions were:

*You have to research into the industry all the time. F3T4*

*So I'll just read up by myself and next time I see her, I've done some research... F3E4*

Somatologists are required to take responsibility for maintaining and sharing their knowledge of new products, treatments, technology, and environmentally-friendly practices in order to maximise business profitability (Australian government, 2013: online). If a somatologist stops learning after graduation, limitations will not only be placed on his/her technical skills, but also on his/her skills, such as behaviour and problem solving. Therefore, a lack of continuous development might have a ripple

effect on the somatologist's effectiveness in the workplace. Some countries emphasise the development of technology within the beauty industry and suggest that technological abilities should be an employability attribute on its own (Australian government, 2013: online). A lack of technology proficiency amongst somatologists may result in financial and public confidence losses (Campbell, 2012: 11).

#### *f. Problem solving*

Participants confirmed the necessity of problem solving and critical thinking as employability attributes. The participants affirmed the following:

*...they [somatologists] couldn't adjust the treatment accordingly, with your condition that you have. So definitely. F1R1*

*...they have to learn how to solve that problem. F1L1*

Within the somatology profession, problem solving is utilised to evaluate clients' needs and decide how to attend to these needs (Rouleau, 2015: online). Problem solving is also utilised by somatologists during treatments by applying their knowledge of anatomy and physiology, for instance, to anticipate and diminish problems. These clients are advised about the various options and/or referred to alternative practitioners, such as medical professionals (Australian government, 2013: online). The employability attribute, problem solving, may thus improve client satisfaction, resulting in client retention. Solving problems and generating ideas are enhanced by a creative mind, which is an unlimited source of solutions (Gerson, 2013: 26).

A discussion emphasised the importance of problem solving when utilising client card information for sales. An employer explained the need to evaluate information as a part of critical thinking. Extracts from the discussions follow:

*I think it comes back to consultation cards, because that is the key here. You've written down, he said: "Yes, I do have indigestion; yes, I have a sore neck" ... they told you what they have. You just use them. F3E4*

*How to listen to your client and how to evaluate the information that you need. F3E5*

Somatologists are required to apply a level of integrated and critical thinking (Campbell, 2012: 11). Somatologists provide complex treatments and make decisions regarding the use of products and equipment, and the length of treatments. These decisions should be guided by the workplace and client expectations, as well as client requirements. Critical thinking (also known as initiative and enterprise in some other countries) can assist somatologists to identify and provide the most appropriate products and services to meet the needs of clients. These needs include both current and possible future needs of clients. Moreover, these needs should be attended to within the boundaries of any contraindications. During a treatment, the somatologist also needs to recognise changes in the client's condition and take corrective action (Australian government, 2013: online). A somatologist stated:

*I feel it is very important. I mean, now, as a client you don't want to go to someone and then the next thing there is a reaction on your skin and they don't know what to do next... that shows how professional you are. (prompted) F2S5*

The focus groups participants linked problem solving and critical thinking to professionalism.

#### *g. Professionalism*

Confidentiality and gossip were raised numerous times with regard to unprofessionalism. Somatologists learn a lot about clients and should handle all information and issues with the utmost confidentiality. The confidentiality practices of the somatologist were indicated to be similar to the nature of medical confidentiality practice. Responses related to confidentiality and gossip follow:

*They [somatologists] gossip so that's a no... F1S2*

*...gossiping is not good it doesn't matter who you [somatologist] gossip about, even if it's just someone from another salon... F2S5*

*...discuss other people...it's not professional. F3T4*



Professionalism was mentioned, with specific reference to communication skills. The participants expressed the need for professionalism in relation to addressing clients in a professional manner. Furthermore, professionalism was associated with language use and other aspects such as a professional image, client care, and salon atmosphere. The relationship between a somatologist and a client should be kept formal and conversation topics should remain professional. The manner in which a somatologist presents himself or herself and communicates should set an example to clients and peers, as well as reflect the professionalism of the services he/she provides. Professionalism should be maintained while retaining a relaxing ambience in salons. The responsibility of a manager or owner to ensure that the somatologists remain professional was stressed. Professionalism was also mentioned during discussions about somatologists who offer inferior services, and the importance of remaining calm during difficult situations. Participants stated:

*So whenever that person walks in, you will sort it out later, you can't let the client know about this. F3L4*

*...would it be gossiping, their [somatologists] attitude with clients, poor work, poor after services whatever she delivers, at the end of the day that name's going to catch up to you somewhere in the professional industry. F2T3*

Reaich (2012: online) explains that professionalism as an attribute of the somatologist results in client confidence and trust in the professional somatologist to perform quality services and provide quality products. Milady (2012: 36) indicates that professionalism can directly result in the improved success of a somatologist. Campbell (2012: 13) states that professionalism and high standards are expected by clients and the profession, which may be attained by means of high quality training.

Lastly, participants also linked professionalism to ethical behaviour. Ethical behaviour was referred to during conversations about unprofessional practices, such as dangerous treatments being performed by under qualified somatologists.

*...one month facial course and she's doing micro needling! F3E5*

Ethical behaviour, such as hygienic practices and confidentiality, is suggested to be supported by referral to legislation and profession guidelines (Australian government,

2013: online), which owing to the lack of a somatology governing body in South Africa may not be possible (Vosloo, 2009: 106, 107).

#### *h. Time management*

Attention to time was highlighted as important for somatologists as part of maintaining client satisfaction. From the discussion on professionalism, punctuality was identified as an employability attribute important to the somatology profession. A somatologist responded from a client's point of view on punctuality as part of professional practice:

*...being professional, on time. F1S2*

During the focus group interviews, time management was related to business skills, planning skills, and client bookings. Effectively utilising the time set aside for bookings and to maximise benefits for the clients will foster a sense of value for money, which in turn will aid in increasing client satisfaction. Bookings should include adequate time between clients to prevent unforeseen circumstances that may result in falling behind schedule. An overfull schedule may have a negative impact on the quality of services provided by somatologists. Participants reflected on time management and planning as follows:

*...they [somatologists] book themselves so full in a day that they lack on the service that they give. F2L2*

*Dis nie lekker om na 'n skoonheidsplek toe te gaan en jou afspraak is 11:00 en dan half 12 word jy eers gehelp nie. Translation: It is not nice to go to a beauty salon and while your appointment is 11:00, you are only helped at 11:30. F2C3*

*How much time is it going to take... and your space... cubicles going to be occupied... F3T4*  
*...an overflow of clients booked into rooms... F3T5*

The somatologist should be able to manage time in order to perform the maximum amount of treatments per day; they should also allow adequate time per treatment to ensure the best possible results. This indicates the effective planning and organising of information, time and resources to deliver safe and efficient treatments (Australian

government, 2013: online). Effective time management will in turn result in an organised approach that will maintain client satisfaction and assist in reaching monetary goals (Gerson, 2013: 30, 31). A somatologist who possesses time management skills as an attribute will be punctual.

### **3.5 LIMITATIONS**

During the second focus group interview, some of the participants responded in Afrikaans. These responses had to be translated into English, which meant there was the possibility of losing some significance. The researcher, who acted as the facilitator, translated these responses herself in order to preserve the meaning of the translations within the context of the specific focus group interview. The transcriptions were not language edited by the language editor.

### **3.6 CONCLUSION**

A total of eight employability attributes for the somatology profession were identified from this phase of the study. These resulted from three focus group interviews with 29 participants, representing all of the stakeholder groups in the somatology profession. The eight somatology profession-specific employability attributes were: business skills, communication skills, creativity, interpersonal skills, personal development, problem solving, professionalism, and time management (Section 3.4.2.1).

The somatology profession-specific employability attributes were utilised to compile the questionnaire for the quantitative phase of the research study. During the quantitative phase of the research study (Chapter 4), the importance of the identified employability attributes will be ranked by the stakeholders in the somatology profession.

# CHAPTER 4

## RANKING EMPLOYABILITY ATTRIBUTES

*When you are young, work to learn, not to earn.*

*Robert Kiyosaki*

## 4.1 INTRODUCTION

Which employability attribute shortcomings exist in South Africa in general and in the somatology profession in particular? HEIs have accepted their role in developing employability attributes as part of their vocational role (Green, Hammer & Star, 2009: 18, 19). However, due to the speed at which HEIs responded to the government's employability attribute policies, the implementation initiatives of HEIs have remained erratic (Barrie, 2005: 3, 4; Barrie, 2006: 215, 216). HEIs face numerous challenges that influence the effective development of employability attributes amongst students. Therefore, despite HEIs efforts to implement employability attributes, shortcomings regarding employability attributes may exist (Green *et al.*, 2009: 18, 19). Investigating employability attribute shortcomings experienced in the profession may provide ideas about which employability attributes are required by the profession.

The research was conducted to identify and rank employability attributes for the somatology profession in an attempt to address the gap in literature identified by the researcher, as explained in Section 1.4. The quantitative phase of the study assisted the researcher in attaining the third objective of the research, namely, to obtain the views of different stakeholders on the importance of the identified employability attributes for the somatology profession. Chapter four provides insight into the methods of the quantitative phase. Furthermore, the chapter presents the results from the survey conducted amongst somatology stakeholders during this phase.

## 4.2 EMPLOYABILITY ATTRIBUTE SHORTCOMINGS

South Africa is a country battling with a high unemployment rate – estimated at 25,5% in the third quarter of 2015 (Statistics South Africa, 2015: online). Statistics South Africa (2015: online) states that one of the reasons for this high rate of unemployment is that employers expect graduates to have skills and experience related to industry. These skills and experiences are in many instances inadequate in graduates according to employers expectations (Statistics South Africa, 2015: online). To address this issue, the HEQC recommends that HEIs should focus on

developing graduates" skills and qualities, while ensuring understanding of the subject matter (CHE, 2004: 5). This action will ensure that higher education answers the economic needs of the country by contributing to the employability skills development of graduates (Harvey, 2000: 4, 5).

SAQA and Higher Education South Africa (HESA) initiated a research study to investigate the expectations of employers in the South African labour market. Griesel and Parker conducted this study in South Africa during 2009. The outcomes of the research informed HEIs on the general employability attributes employers can expect from graduates, and which of those attributes are deficient. According to Griesel and Parker (2009: 1), a continuous misunderstanding between higher education and the labour markets exists regarding expectations from each other. Adequate articulation between higher education and the labour market will prevent such misunderstanding and will enable HEIs to meet the labour market"s needs with regard to employability attributes.

Besides Griesel and Parker"s (2009) study, various other studies have investigated the shortcomings of employability attributes amongst South African graduates in the health or service sectors (Coetzee & Beukes, 2010: 439; Kraak & Press, 2015: 1; Kruss, 2004: 673; Wakelin-Theron, 2014: 1). The following employability attribute shortcomings were evident in these studies: communication skills (with specific reference to English proficiency and the ability to demonstrate understanding); understanding of the world of work and application of knowledge; intellectual ability (more specifically the ability to produce knowledge and the desire to continue learning); problem solving skills (especially in differing contexts); a sense of identity; team work (including working within different cultural contexts); and general flexibility and job-specific functional skills. Most of the participants who partook in the studies mentioned above represented the service and health sectors within South Africa (Coetzee & Beukes, 2010: 439; Griesel & Parker, 2009: 12; Kraak & Press, 2015: 1; Kruss, 2004: 673; Wakelin-Theron, 2014: 1). The somatology profession practices in both the service and health sectors (Section 1.8) by providing aesthetic services (service) and therapeutic services (health). Therefore, the outcome of the studies may also relate to the somatology profession.

Rammanhor (2014: 90, 94) conducted research that investigated the profession's perspective on the sufficiency of the content of current somatology programmes presented at universities of technology in South Africa. In addition to the study's results, employability attribute shortcomings amongst somatology graduates were coincidentally revealed. The following employability attribute shortcomings were revealed as unintended findings of the study: retail (selling) skills, basic research skills, business/entrepreneurial skills, professionalism, and communication skills (Rammanhor, 2014: 90, 94). The quantitative phase will provide a list of ranked employability attributes, from the eight identified profession-specific employability attributes (Section 3.4.2.1), to benefit the somatology profession.

## **4.3 METHODOLOGY AND PROCEDURES**

### **4.3.1 Study design**

The second phase of this mixed method research study (Section 1.7.2.) was based on a quantitative, non-experimental study design. A quantitative approach is one in which the researcher uses mainly post-positivist epistemologies to develop knowledge. This research design utilises strategies of enquiries such as surveys or experiments, and collects data with pre-determined instruments that result in statistical data (Creswell, 2003: 18). Surveying was the strategy of inquiry applied in this phase of the research.

Survey research is a versatile manner of collecting data in a social research study (Rossouw, 2003: 127, 128). Furthermore, survey-based research provides an irreplaceable way of ascertaining attitudes, opinions and perceptions, thus making it ideal for this research study (Rossouw, 2003: 129). The survey method of data collection might have provided the following advantages to the study: participants enjoy a high degree of freedom in completing the questionnaires; information could be obtained from a large number of participants; the possible influence of a fieldworker is eliminated; and participants could complete the questionnaires at a convenient time (De Vos *et al.*, 2012: 187).

Quantitative research approaches assist with the verification and measuring of information numerically (Creswell, 2003: 19). The study thus utilised a structured questionnaire to validate and rank the previously identified somatology profession-specific employability attributes.

### **4.3.2 Questionnaire**

Based on the literature study, as well as findings from the qualitative phase (refer to Section 3.4.2.1), a questionnaire was constructed by the researcher as a tool to collect information.

The questionnaire was aimed at obtaining the views on the importance of the “identified” employability attributes for the somatology profession. The questionnaire (Appendix F) consisted of two sections: Section A (demographic data) and Section B (employability attributes).

In Section B, the respondents were requested to indicate the level of importance of the employability attributes using a 5-point Likert scale. The Likert scale’s categories included the following options: strongly agree, agree, neutral, disagree, and strongly disagree. The statements in Section B were guided by a leading statement: “A somatologist is a professional who possesses a combination of skills, knowledge and abilities to address a variety of skin and body conditions. As an individual, rank the importance of the following skills, knowledge and abilities to the somatology profession”. The attributes which had to be ranked followed this statement and were identified from the data obtained during the first phase of the research study. The eight somatology profession-specific attributes from the qualitative phase were used to compile the outline of the questionnaire. Terminology and phrases from the focus group interview transcriptions were used to add further detail to the questionnaire. The questionnaire was quality assured by the statistician and both supervisors, as well as validated by means of a pilot study.

The questionnaire was developed in an electronic format on an internet survey program and database. The internet database ensured safekeeping of data during and after the collection process. Additionally, the internet program assisted with maintaining participants’ anonymity (De Vos *et al.*, 2012: 119, 120). The



questionnaires stored on the database were automatically numbered and did not include any names of the participants, thus they were not identifiable.

### **4.3.3 Pilot study**

A pilot study is used to verify the validity of questions in a questionnaire (Blanche *et al.*, 2006: 298,299). A pilot study was conducted by the researcher prior to the survey to ensure the validity of the questionnaire as a data collection tool. A sample of six participants, one from each of the six stakeholder groups, participated in the pilot study. The participants of the pilot study were excluded from the main study as their opinion may have been corrupted after the pilot study. In the same way, the results from the pilot study were excluded from the findings of the research study.

Following the pilot study, the layout of questions on each page was modified to improve readability on a computer screen. Statements from Section B, which contained two options, were divided into separate questions to eliminate confusion. The questionnaire was revised by a language editor to ensure clarity of questions. The final, electronic questionnaire was tested by the researcher and supervisors online.

### **4.3.4 Participants**

The target population was the different stakeholder groups within the somatology profession. Six stakeholders were identified from the somatology profession during the first phase of the research study, as outlined in Figure 3.2 (Section 3.3.6).

### **4.3.5 Selection of participants**

The selection of participants for the quantitative phase was based on the same principle as the selection of participants for the qualitative phase of the research study (Section 3.3.7). The quantitative phase of the research study also utilised non-probability, purposive sampling to select participants. The sampling method is ideal for studies where participants must have knowledge on a specific subject or where some participants are difficult to locate (Rossouw, 2003: 113). Non-probability,

purposive sampling enabled the researcher to collect applicable information from the participants, given their knowledge within the somatology field, and ensured practicality of selection as described in Chapter three. Participants had to comply with the inclusion criteria as set out in Chapter three (Section 3.3.7: Figure 3.3).

Similar to the qualitative phase, the gatekeeper recruitment method was utilised to recruit participants (Blanche *et al.*, 2006: 136, 384). Gatekeepers were carefully selected (Section 3.3.7) during the qualitative phase of the study and consisted of individuals from the various stakeholder categories. The same gatekeepers assisted the researcher with recruitment for both the qualitative and quantitative phase. Gatekeepers requested participation, based on goodwill, from possible participants, while ensuring that volunteering participants met the inclusion criteria (Section 3.3.7: Figure 3.3). The gatekeepers provided the contact details of potential participants to the researcher. A total of 120 potential participants were recruited by the gatekeepers, while 65 (n=65) confirmed their willingness to participate in the survey.

#### **4.3.6 Data collection**

The researcher sent potential participants an invitation to participate via email (Appendix E). The invitation email included a link to the electronic questionnaire. Agreeing participants responded to the invitation by following the link to the electronic questionnaire (Appendix F). Once the participants followed the link, they were directed to the questionnaire's cover page (Appendix G), which included all aspects pertaining to their participation in this study (information letter – Appendix G) and the informed consent form. Volunteering participants were requested to provide informed consent by clicking on the "I AGREE" button at the end of the cover page, which was a redirection point for the questionnaire. Therefore, questionnaires were only accessible once the participant clicked on the "I AGREE" button. Agreement to participate and informed consent took place as prescribed by the *Electronic Communications and Transactions Act 2002* (SA) s25.

Participants were allowed two weeks to complete the questionnaires. The researcher followed precautionary measures to avoid a low-response rate, namely, the questionnaire was not sent during a major holiday period; the questionnaire was electronic to ensure effortless completion; completed questionnaires were

automatically returned; and, following the due date, reminders were sent on a bi-weekly basis. Three reminders were sent during the data collection process, after which the questionnaire was made unavailable and the data was downloaded from the electronic program.

*Table 4.1: Questionnaire responses (n=65)*

DESCRIPTION OF RESPONSES	NUMBER OF RESPONSES	INCLUDED IN THE STUDY
Questionnaires completed in full	58	Yes
Incomplete questionnaires	3	Yes
Incomplete questionnaires	4	No
<b>Total responses included in the study = 61</b>		

A total of 65 questionnaire responses were received (Table 4.1). Fifty-eight questionnaires were completed in full. Three questionnaires were incomplete, but usable and the statistician advised that these three questionnaires be included in the analysis. Four questionnaires were returned incomplete with no questions answered. The 61 questionnaires utilised in the research represented the six somatology stakeholders groups, although not an identical number of participants from each stakeholder group.

#### **4.3.7 Validity and reliability**

Validity and reliability of quantitative research refers to the extent to which threats to internal validity have been controlled, as well as the validity of the instruments and measurements utilised during the research process (Malakoff, 2012: online; Rasila, 2007: online). The researcher utilised the following methods in this regard: internal validity, external validity, reliability, and objectivity.

Internal validity was ensured by selecting an appropriate research design and investigating possible threats to the internal validity that had to be avoided as far as possible. An example of such a threat was instrumental bias. To prevent instrumental bias, the questionnaire was compiled from findings obtained from focus group interviews and piloted prior to utilising the instrument to obtain data. The data

captured on the Excel sheets (Section 4.3.8) were cross-checked against the electronic program's report on completed questionnaires prior to statistical analysis. This was to ensure validity of the data obtained from the survey.

External validity was applied by ensuring that the appropriate sampling method was utilised. Literature supported the sampling method and inclusion/exclusion criteria of the research study (Section 3.3.7).

Reliability was obtained by testing the questionnaire by means of a pilot study. Participants from the pilot study included all stakeholder groups. The results were not included in the outcomes of the actual study. The supervisors of the research study reviewed the questionnaire to ensure clarity and applicability of questions, thus further ensuring reliability of the questionnaire.

Objectivity was maintained throughout the methodology, data collection, and data analysis. Literature supported the methodology process. The questionnaire was based on evidence obtained from the qualitative phase. The researcher focused only on factual evidence and an appropriate distance was maintained between the researcher and participants to reduce possible bias.

#### **4.3.8 Data analysis**

The researcher, with the assistance of a statistician, analysed the data obtained from the completed questionnaires. Data entry from the questionnaires was captured electronically in a grid format in Microsoft Excel (De Vos *et al.*, 2012: 253, 256) by the researcher. Further analysis was performed by the statistician using SAS Version 9.2. Descriptive statistics were calculated for categorical data.

Descriptive statistics are ideal for describing numerical data in a way that will assist the researcher in organising, summarising and interpreting the data. Means and standard deviations were calculated for numerical data (De Vos *et al.*, 2012: 254, 275). The statistics provided the researcher with insight into the views of the different stakeholders on the importance of somatology profession-specific employability attributes.

## 4.4 RESULTS AND DISCUSSION

This section presents the data collected from the questionnaires which were completed by the stakeholders from the somatology profession. Interpretation of data is presented in the form of graphs and tabulations, and discussed in relation to the objectives of the research study. The results and discussions are divided into two sections, similar to the questionnaire categories, namely, demographic data and employability attributes.

### 4.4.1 Demographic information

The demographic data pertaining to the research study consisted of information relating to the stakeholder group the participants belonged to and the number of years the participants have been involved in the somatology profession.

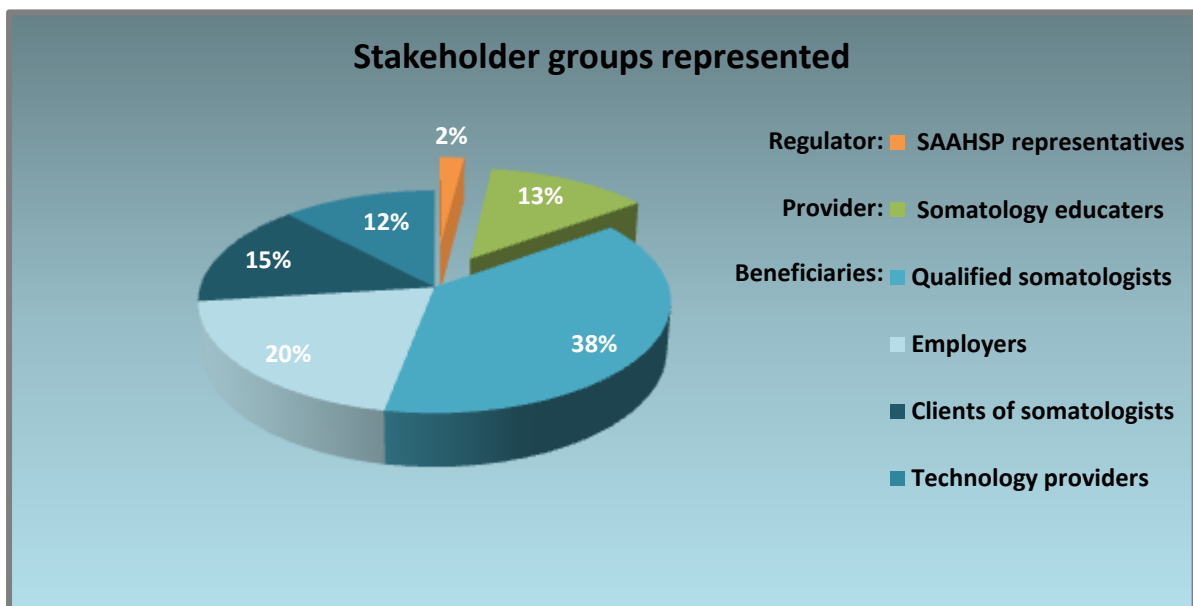


Figure 4.1: Stakeholder groups represented by the participants (n=61)

From Figure 4.1, it is evident that most of the participants were from the beneficiaries group and included qualified somatologists (38%), employers (20%), clients of somatologists (15%), and technology providers (12%). However, participants represented all stakeholder groups within the somatology profession (Section 3.2).

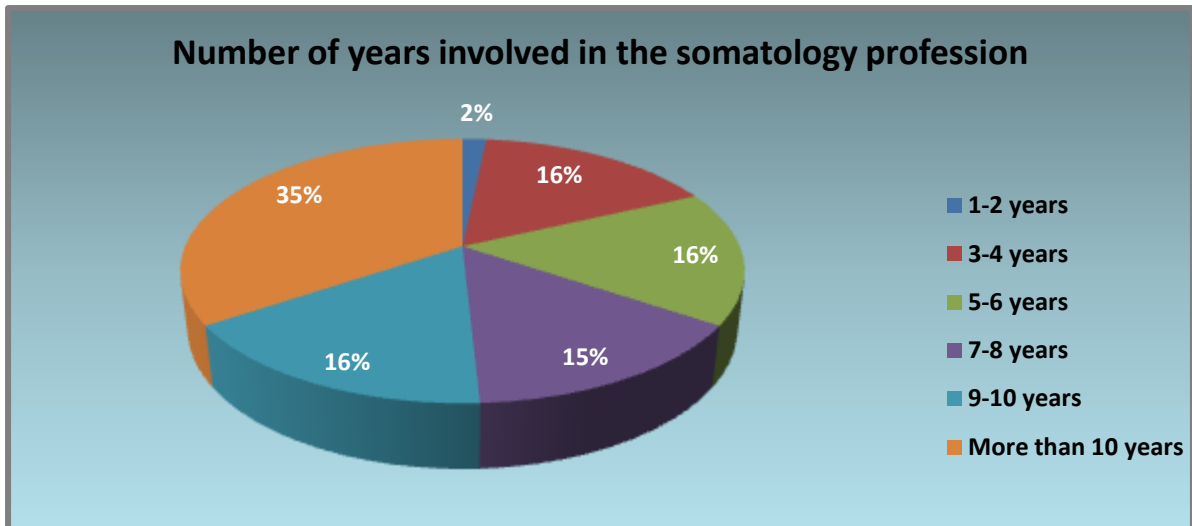


Figure 4.2: Number of years that the participants were involved in the somatology profession (n=61)

Figure 4.2 reflects the number of years that the participants (n=61) have been involved in the somatology profession. A total of 47% of the participants have been involved in the somatology profession for more than five years and 35% of the participants for longer than ten years. Only 2% of the participants were involved in the somatology profession between one and two years. The number of years that a stakeholder has been involved in a profession may reflect the knowledge and/or experience the individual may have regarding the profession (Schmitt, 2009: 145, 146).

#### 4.4.2 Employability attributes

Section B of the questionnaire (Appendix F) was aimed at ranking employability attributes for the somatology profession. The section commenced with an introductory statement (Section 4.3.2) to guide participants on how to provide their views (rank) on the importance of the following 21 statements (employability attributes) for the somatology profession.

The 21 statements (questions 3 to 24 of the questionnaire) contained the eight profession-specific employability attributes explained within the somatology context, of which the importance to the somatology profession was to be ranked. Ranking options were strongly agree, agree, neutral, disagree, or strongly disagree.

Therefore, the data range is reflected between one and five; one representing disagree and five representing strongly agree. The ranked employability attributes are discussed in alphabetical order. The results are reflected as a percentage of the number of participants in two categories: agree, which includes strongly agree and agree answers; and disagree, which includes strongly disagree and disagree answers. Neutral answers are not reflected in the discussion section. Moreover, the mean and standard deviation of each employability attribute's ranking will be provided in brackets. The „mean“ refers to the average value that the employability attribute scored on the ranking process and the „standard deviation“ indicates on average how much each ranking deviates from the relevant mean.

From the results it is evident that the means for the ranking of all the employability attributes are high (above 4), while the standard deviation values are low (below 0). The high distribution of the means indicates that all employability attributes investigated were considered important to the somatology profession. The low standard deviation values are indicative of the agreement of the participants' views with regard to the importance of the employability attributes for the somatology profession. Therefore it was evident that all employability attributes scrutinised in the questionnaire were ranked important to the somatology profession, with 85% or higher agreement amongst participants.

#### *a. Adaptability*

Adaptability were ranked (question 11) as Figure 4.3 reflects (n=59). Adaptability to alter treatments according to the client's needs was ranked more important, with 98% of participants agreeing and none disagreeing (mean 4.69 and std. dev. 0.5). Adaptability was also discussed with regard to the personal attributes of a somatologist in Chapter three (Section 3.4.2.1).

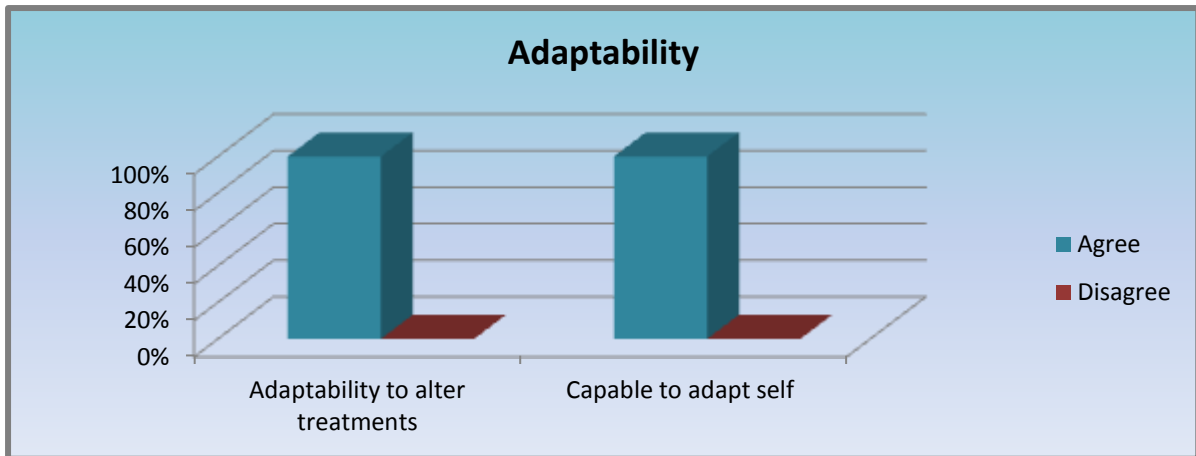


Figure 4.3: The importance of adaptability to alter treatments and self for the somatology profession (n=59)

Somatologists provide complex treatments such as facial treatments, and are required to provide treatments and products to suit each client's specific needs. Therefore, a somatologist must be adaptable to provide the most appropriate products and/or treatments to meet the identified and future needs of clients, within the boundaries of any contraindications which may be present. A somatologist also needs to recognise changes in the client's condition during the provision of treatments and should be adaptable so as to be able to take corrective action (Australian government, 2013: online).

As discussed in Section 1.3, a somatologist can be employed in a variety of organisations and positions, of which each has its own requirements. A somatologist who is able to adapt to the needs of different positions within the profession may be employable in a larger sector of the profession, resulting in more employment options (Oxbridge Academy, 2015: online).

*b. Business-orientated and entrepreneurial skills*

From Figure 4.4 (question 6) it is evident that business-orientated skills to manage financial aspects and entrepreneurial skills to open and run a business are important. A total of 91% of the participants agreed upon the importance of business-oriented skills (mean 4.49 and std. dev. 0.65; n=61). The same percentage (91%) of the participants agreed upon the importance of entrepreneurial skills (mean 4.5 and std. dev. 0.65; n=60). No participants disagreed when it came to these two attributes.



Business-orientated skills and entrepreneurial skills for the somatology profession were also discussed in Chapter three (Section 3.4.2.a).

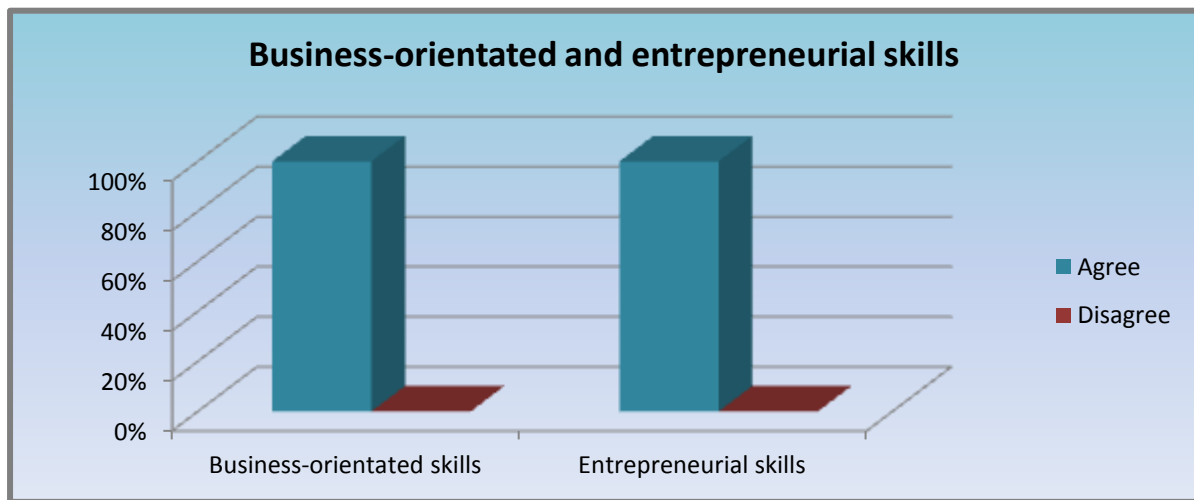


Figure 4.4: The importance of business-orientated and entrepreneurial skills for the somatology profession as ranked by stakeholders (n=61 for question 6 and n=60 for question 6.1)

Business-orientated skills and entrepreneurial skills are important to somatologists, especially if appointed in managerial positions. The effective management of the financial aspects of a business assist a somatologist in improving the profitability of the business owned or employed at. Additionally, entrepreneurial skills will assist somatologists in private practices to open/own their own successful business (D'Angelo, 2009: 2; Milady, 2012: 987, 1017, 1028).

### c. Communication skills

Figure 4.5 illustrates the results obtained (question three) with regard to the importance of communication skills (n=61). The highest ranked communication skills were the following: listening skills to clearly understand clients' needs (98%); skills to convey and receive information effectively (98%); and skills to communicate with clarity to prevent miscommunication (97%). All the participants agreed on the importance of these three attributes (mean 4.85 and std. dev. 0.36). The attributes that ranked lower were: written communication - using appropriate grammar and spelling (89%); interpretation of other body language signals (86%); and interpretation of hand gestures (84%).

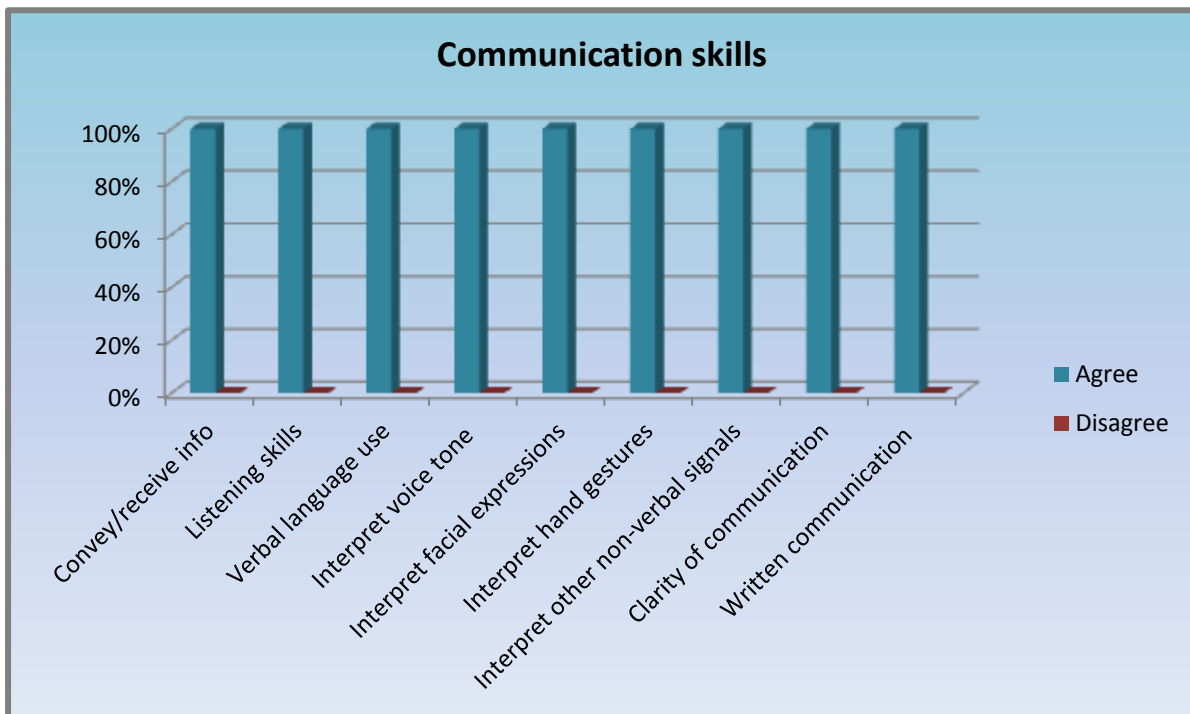


Figure 4.5: Somatology stakeholders' views on the importance of communication skills for the profession (n=61)

Listening will encourage clients to be more open to share information that may be personal, which in turn allows the somatologist to clearly understand the client's needs and prevent miscommunication. Communication skills and listening skills have a positive impact on the selling skills of a somatologist (Cressy, 2004: 5; Reaich, 2012: online). Communication skills to convey and receive information effectively assist a somatologist in dealing with a variety of clients. Furthermore, these skills are critical for the success of somatology practices (SQA, 2015: online). These skills include communicating with clarity to prevent miscommunication as they assist somatologists in conveying the necessary information, such as home care advice, to clients in a comprehensible manner. Listening skills and receiving information during client consultations provide the somatologist with the necessary information to evaluate in order to provide the client with the required treatments and products (Cressy, 2004: 5; SQA, 2015: online).

Written communication and the interpretation of body language signals and hand gestures were ranked lower in relation to the other communication skills. A possible reason for the lower ranking of these communication skills may be due to the nature

of somatologists daily functioning which includes mainly verbal communication with clients (SQA, 2015: online).

*d. Confidence in self*

The importance of confidence in self scored (n=58) 98% participant agreement (mean 4.69 and std. dev. 0.5), as is evident in Figure 4.6 (question 21). No participants disagreed on the importance thereof. Confidence in self is related to an increase in selling (Reaich, 2012: online). In addition, Confidence in self also empowers individuals to reach goals and build client trust (Poremski, Whitley & Latimer. 2016: 20). Confidence in self as an employability attribute for the somatology profession was discussed in Chapter three (Section 3.4.2.1).



*Figure 4.6: The importance of the somatology profession-specific employability attribute: confidence in self (n=58)*

*e. Consistency in service standards*

Figure 4.7 illustrates the importance of consistency in service standards (question 14). The consistency in service standards to maintain quality that continuously meets clients' expectations (n=59) resulted in 98% participants agreeing with the attribute and none disagreeing (mean 4.8 and std. dev. 0.45).



Figure 4.7: Ranking of consistency of somatologist's service standards (n=59)

Consistency is a powerful way to obtain client satisfaction, if integrated into the business effectively. In order for consistency to result in client satisfaction it should include three components, namely, customer-journey consistency, emotional consistency, and communication consistency. Customer-journey consistency refers to maintaining quality service in all areas and elements of a business to all clients. Such consistency becomes more difficult within larger businesses, but may be maintained by policies, rules and other supporting mechanisms. Emotional consistency reflects on positive client-experience emotions including trust, which in turn fosters loyalty and client satisfaction. Communication consistency means that promises made must be kept and these delivered promises must be highlighted by the means of communication (Pulido, Stone & Strevel, 2014: online).

Somatologists that provide treatments that are of a consistently high quality not only maintain good standards but also gain and honour the trust of clients (BACP, 2010: online). Consistency thus relates to client satisfaction, which results in long-term client retention (Gregory, 2009: online). Salon rules and regulations will increase the consistency of service standards amongst somatologists in a salon (Hiscock & Lovett, 2004: 15, 16).

#### *f. Creativity and individuality*

Figure 4.8 illustrates the results (question 8) on the importance of creativity (n=60). Individuality in order to add a unique personal touch to all services was ranked

higher, with 95% of participants agreeing (mean 4.5 and std. dev. 0.72). Creativity with regard to adjusting treatments obtained 90% participant agreement on the importance thereof.

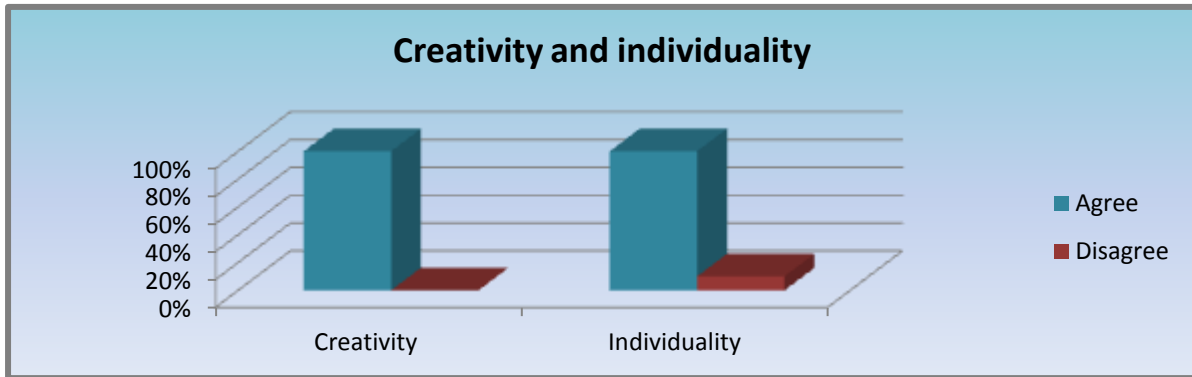


Figure 4.8: The importance of creativity and individuality for the somatology profession (n=60)

In the competitive somatology profession, it is important to be creative and provide treatments with added individuality. Individuality will add uniqueness to the treatments, which in turn may result in the somatologist being in high demand (Cestar College, 2013: online).

*g. Detail-orientated*

Figure 4.9 (question 9) illustrates the importance of being detail-orientated, in other words, taking note of small specifics that are important to the client (n=59). A total of 93% of participants agreed on this attribute, while no participants disagreed (mean 4.58 and std. dev. 0.62). A somatologist who is meticulous and detail-orientated will attend to client's needs, which may result in client satisfaction and maintaining a good client base (Sokanu, 2015: online).

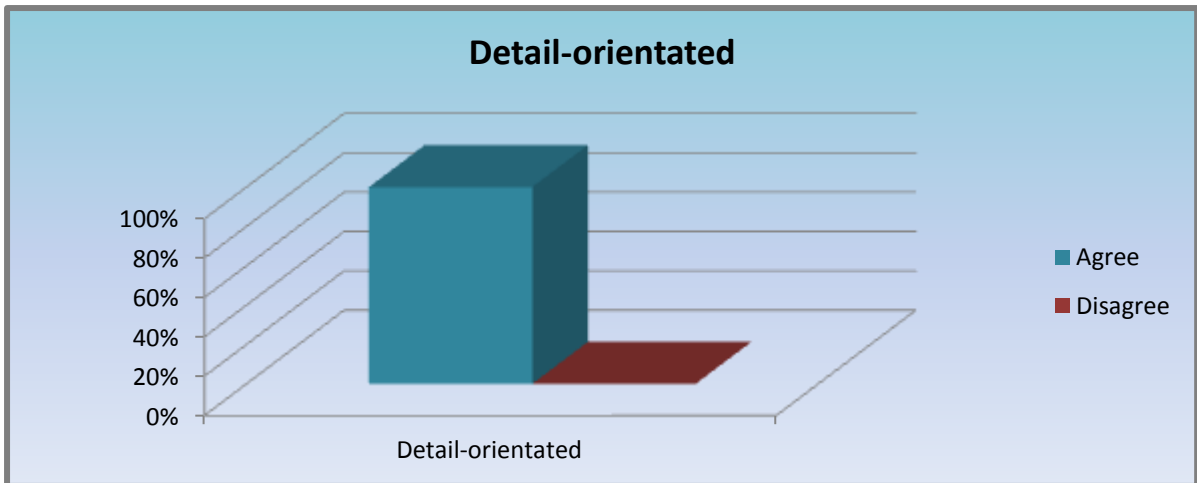


Figure 4.9: The importance of somatologists being focused on client detail (n=59)

#### *h. Emotional intelligence*

The importance of emotional intelligence was explored (in question 15) and the results are reflected in Figure 4.10 (n=59). The three highest-ranked aspects of emotional intelligence are to control your own anger to avoid aggressive behaviour (96% agreement, mean 4.78 and std. dev. 0.49); dealing with disputes between colleagues and/or clients in a balanced and effective way (98% agreement, mean 4.69 and std. dev. 0.5); and emotional intelligence in order to manage the emotions of the self and others (100% agreement, mean 4.68 and std. dev. 0.47). No participants disagreed on the importance of these three aspects of emotional intelligence, which were also discussed in Chapter three (Section 3.4.2.1).

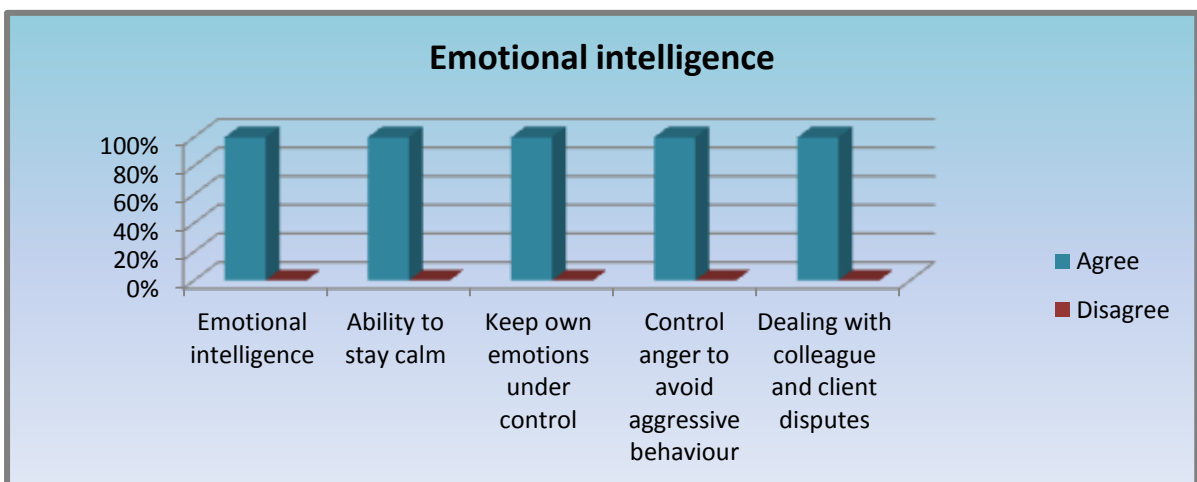
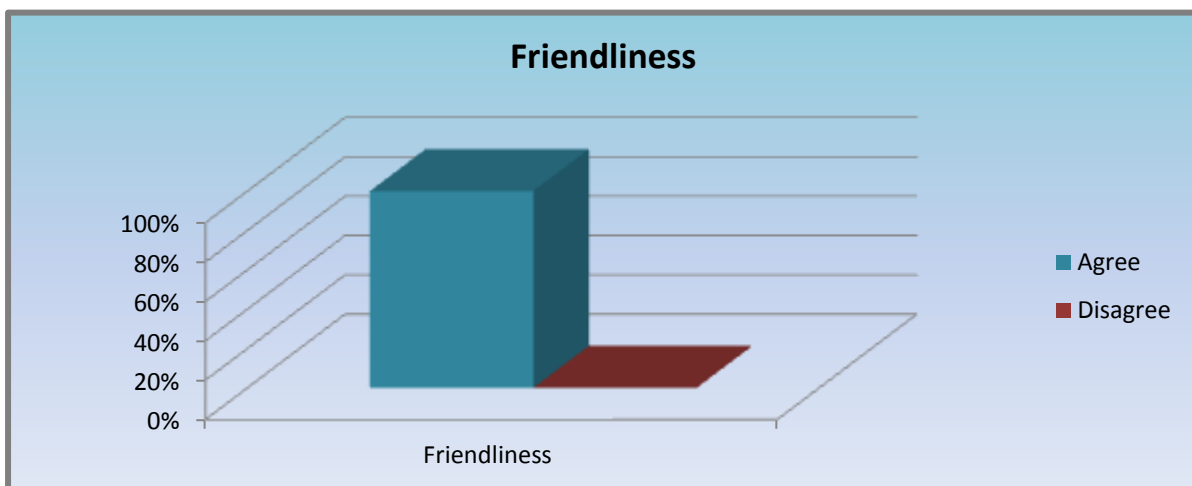


Figure 4.10: The importance of emotional intelligence as an employability attribute for somatologists (n=59)

Somatologists who control their anger so as to avoid aggressive behaviour and effectively deal with client disputes will foster client retention despite possible client dissatisfaction. Therefore, anger management and dealing with conflict will assist the somatologist in maintaining his/her client base. Additionally, avoiding aggressive behaviour towards colleagues and effectively handling conflict with colleagues may improve team work within the business (see following section) and the job satisfaction of the somatologist. A salon with a relaxing atmosphere and managed emotions will enable somatologists to focus on the client's emotions during the provision of treatments. Clients may therefore receive improved benefits and an overall sense of wellbeing from such an emotionally stable environment (Sharma & Black, 2001: 913; Toerien & Kritzinger, 2007: online).

*i. Friendliness*

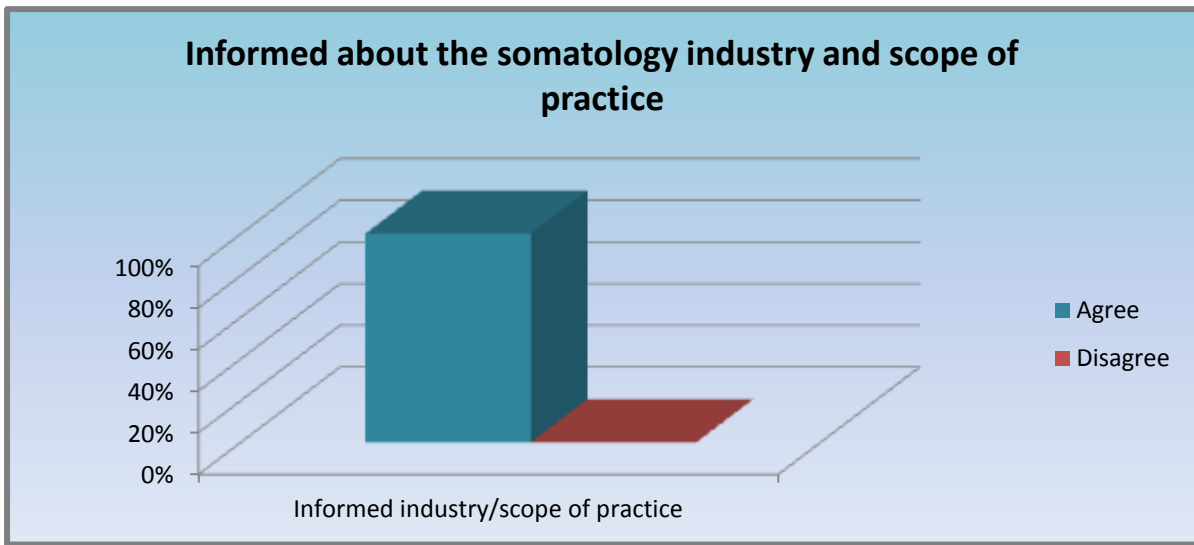
Friendliness to foster social relations (question 19) and the importance thereof is illustrated in Figure 4.11 (n=59). Friendliness received 100% participant agreement (mean 4.37 and std. dev. 0.45). A somatologist needs to be friendly to create a welcoming and warm atmosphere for his/her clients (Hiscock & Lovett, 2004: 115).



*Figure 4.11: Ranking of friendliness as a somatology profession-specific employability attribute (n=59)*

*j. Informed about the somatology industry and scope of practice*

Figure 4.12 reflects on (question 13) being informed about the industry and scope of practice (mean 4.58 and std. dev. 0.59). A total of 94% (n=59) of the participants agreed on the importance of being informed about the industry and scope of practice, while none of the participants disagreed.



*Figure 4.12: The importance of a somatologist being informed about the profession (n=59)*

The somatology industry is dynamic and new trends emerge all the time, resulting in changes in products and technology. The somatologist has a responsibility to stay informed about new trends in the industry that may influence his/her scope of practise. An informed somatologist will be able to identify acceptable new treatments for somatology practices and provide clients with a variety of treatments and products to meet their needs. Therefore, an informed somatologist will be able to provide cutting edge technology to clients within the guidelines of the somatology scope of practice (Hiscock & Lovett, 2004: 41, 42).

*k. Initiative to handle work-related challenges*

Figure 4.13 illustrates the importance of initiative to handle work-related challenges (n=58). The ranked importance of initiative (question 22) had 100% participant agreement (mean 4.6 and std. dev. 0.58). Somatologists need adaptability to alter



treatments and select appropriate products that meet the current and future needs of clients, while considering any contraindications and possible contraindications (Section 4.4.2.1.i). In this process, a somatologist needs initiative to take corrective action on changes or unforeseen events (Australian government, 2013: online).

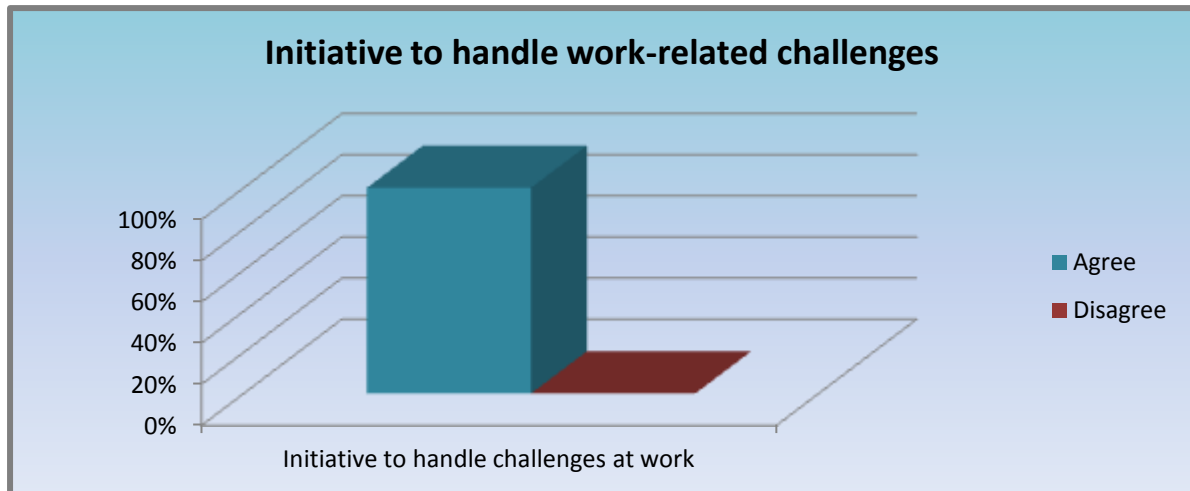


Figure 4.13: The importance of a somatologist demonstrating initiative to handle work-related challenges (n=58)

### 1. Interpersonal skills

Figure 4.14 (question 18) indicates the ranking of interpersonal skills. The higher ranked aspect was to interact with a variety of personalities are the most important interpersonal skill. A total of 96% (n=59) of the participants agreed on the importance thereof and none disagreed (mean 4.59 and std. dev. 0.56). The aspects of interpersonal skills as an employability attribute for the somatology profession were also discussed in Chapter three (Section 3.4.2.1).

A somatologist should be capable of adapting to the different personality of each client so as to effectively interact with the clients and maintain client satisfaction. Flexibility also plays a role. It is not only important for a somatologist to be able to interact with clients with different personalities, but also colleagues with different personalities. The ability to work with colleagues with different personalities may have a positive influence on team work in the salon (Taylor, 2004: 46, 47).

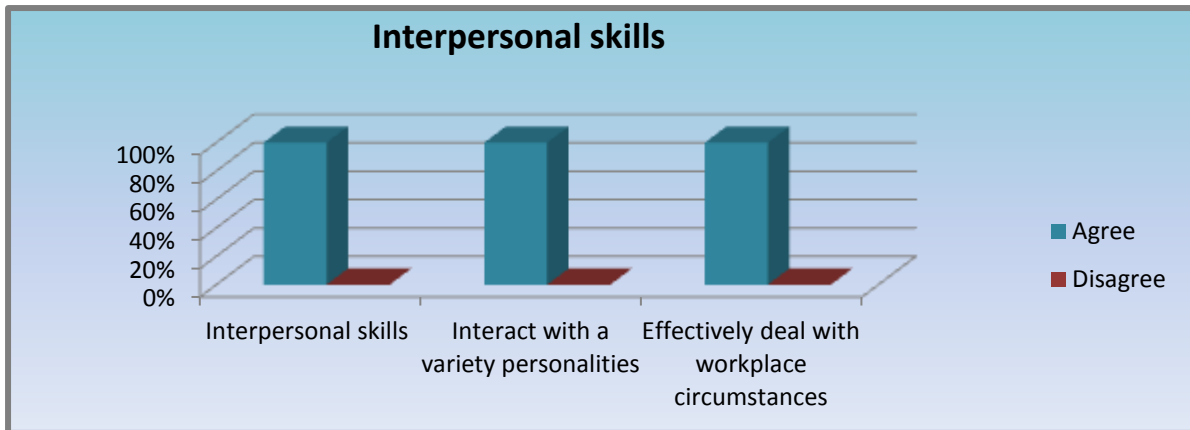


Figure 4.14: The importance of interpersonal skills to ensure effective interaction of a somatologist with others (n=59)

m. Lifelong learning

Figure 4.15 reveals the aspects with regard to the desire to experience lifelong learning (question 17) and the ranking thereof (n=59). A need to stay abreast of new trends was regarded as the most important aspect with 96% participant agreement and no disagreement (mean 4.76 and std. dev. 0.5).

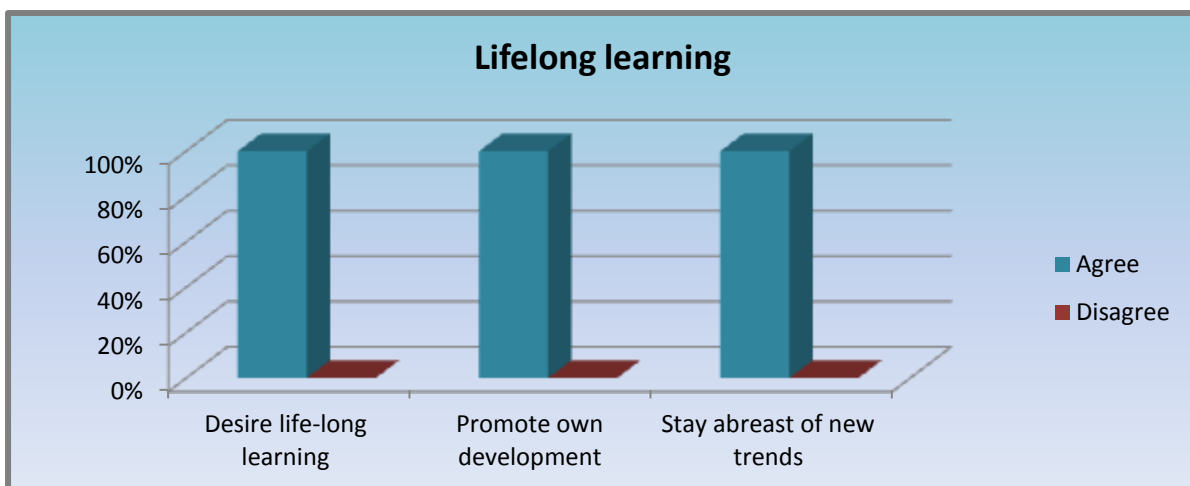
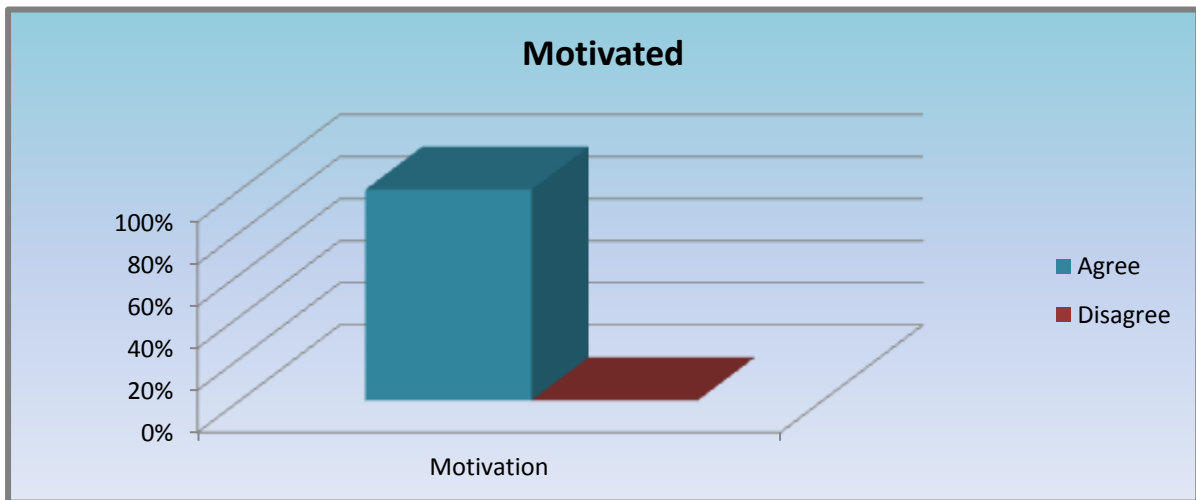


Figure 4.15: Ranking on the importance of somatologists' desire to experience lifelong learning (n=59)

The rapidly developing technology in the somatology profession and more knowledgeable clients result in an increased need for somatologists to stay abreast and informed with regard to new trends in the profession. An informed somatologist will foster client trust, satisfaction and retention (Simms, 2003: 372, 373).

*n. Motivated to excel in the workplace*

Being motivated to excel in the workplace was scrutinised (question 23) and Figure 4.16 contains the outcomes on the attribute (n=58). The outcome was 98% participant agreement and no disagreement (mean 4.71 and std. dev. 0.5). Motivation of self and others within the workplace drives the desire to reach goals. Thus, motivation within the somatology profession and other workplaces relate to performance and success (Employee-Motivation-Skills.com, 2013: online).



*Figure 4.16: Ranking of being motivated to excel in the work place as a somatology profession-specific employability attribute (n=58)*

*o. Positive attitude to improve client experience*

Figure 4.17 illustrates (question 24) the importance of a positive attitude (n=58). The participants indicated that creating a positive atmosphere in the workplace is the most important aspect with regard to a positive attitude. This attribute received 100% participant agreement (mean 4.74 and std. dev. 0.44).

The attitude of an individual has a ripple effect on the persons around himself/herself. A positive attitude will lead to a positive atmosphere within the workplace. In turn, a positive atmosphere may result in improved worker productivity, teamwork, innovation, creativity and turnover (Joseph, 2015: online).

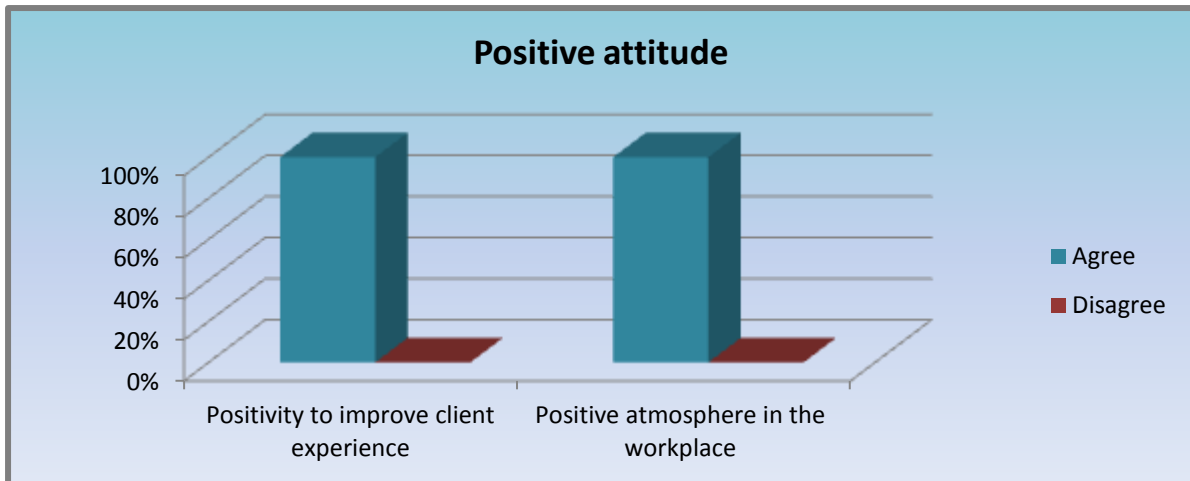


Figure 4.17: The importance of somatologists possessing a positive attitude to improve client experience as employability attribute (n=58)

p. *Pride*

The outcome of (question 17) the ranking of pride in oneself to maintain work standards is illustrated in Figure 4.18 (n=58). The importance of pride received 98% participant agreement and no disagreement (mean 4.76 and std. dev. 0.47). A somatologist who is proud of himself/herself not only ensures quality work but also an image that instils trust in clients and colleagues (Simms, 2003: 3). Client trust may in turn improve relationships, increase sales, improve client retention, and finally, improve the success of the somatology practice (Gregory, 2009: online).

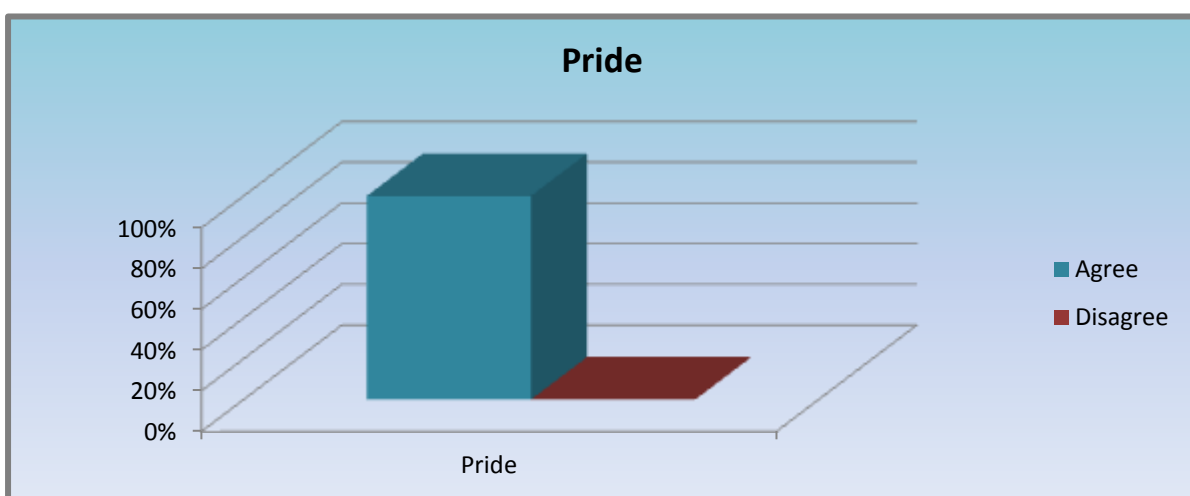
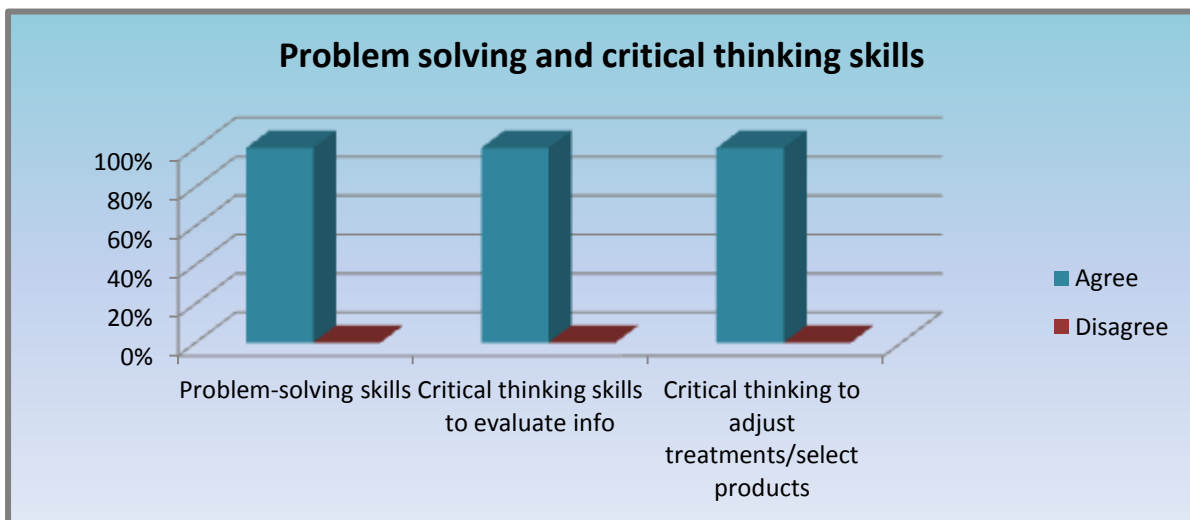


Figure 4.18: Ranking of the importance of a somatologist being proud of maintaining work standards (n=58)

*q. Problem solving and critical thinking skills*

The results of the ranking of problem solving and critical thinking (question 4) are reflected in Figure 4.19 (n=61). The higher-ranked attribute pertaining to problem solving and critical thinking was critical thinking to evaluate each client to adjust treatments and select products accordingly. A total of 98% of the participants agreed that critical thinking to adjust treatments and select products should be an employability attribute for the somatology profession (mean 4.8 and std. dev. 0.44).



*Figure 4.19: Ranking of the importance of problem solving and critical thinking skills for the somatology profession (n=61)*

Prior to providing a treatment, especially a specialised treatment such as a chemical peel, a somatologist should conduct an in-depth consultation with the client. The consultation should involve a detailed analysis of requirements with regard to the client's needs, taking into account a range of factors such as the client's health, lifestyle, available salon resources, and ethical rules and regulations. The obtained information should be analysed and the somatologist should evaluate (through critical thinking) the information to plan an appropriate treatment. Therefore, critical thinking is utilised to adjust the basic treatment to suit the client's needs and to select suitable products (Campbell, 2012: 21; SQA, 2015: online).

*r. Professionalism and ethical behaviour*

The results on the importance of professionalism and ethical behaviour (question 12) are enclosed in Figure 4.20 (n=59). Figure 4.19 shows that performing treatments in a professional manner (98%), and looking presentable and professional (98%) are the more important factors. All the participants agreed on the importance of both of these attributes (mean 4.9 and std. dev. 0.3). Professionalism and ethical behaviour as employability attributes for the somatology profession were also discussed in Chapter three (Section 3.4.2.1).



*Figure 4.20: Ranking of professionalism and ethical behaviour as important employability attributes for the somatology profession (n=59)*

Performing somatology treatments in a professional manner will not only result in client satisfaction but also instil client trust and confidence in the somatologist’s abilities. As a somatologist enters the intimate space of a client during the provision of treatments, it is important for the somatologist to base the relationship with the client on trust and confidence to ensure relaxation and maximum benefits to the client (Hiscock & Stoddart, 2004: 31, 235).

Looking presentable not only refers to the somatologist’s make-up or uniform but to the entire image of the somatologist, such as facial expressions and attitude (Hiscock & Stoddart, 2004: 12). The effort that a somatologist puts into looking presentable is a reflection on his/her work pride. Clients have a tendency to judge a somatologist’s professionalism on how presentable he/she is. While an individual

look is acceptable, it is important for a somatologist to look presentable in order to promote professionalism and to market his/her services (Simms, 2003: 16).

s. *Selling and marketing skills*

The importance of selling and marketing skills (question 7) is illustrated in Figure 4.21 (n=60). Confidence in products to improve selling was ranked higher, with 98% of participants agreeing and no participants disagreeing (mean 4.78 and std. dev. 0.45).



Figure 4.21: *Selling and marketing skills as employability attributes for the somatology profession (n=60)*

A somatologist should have confidence in the product that he/she is selling and should be convinced that it is the best retail product to provide to clients. Confidence in a product can also be explained as a combination of passion for and belief in that product. Such confidence will provide a firm, positive grounding for selling to the somatologist and will increase the likelihood of clients purchasing the suggested products (Langley, 2007: 21; Reaich, 2012: online).

t. *Sense of identity*

Figure 4.22 (question 16) illustrates the ranking of attributes relating to a sense of identity (n=59). Awareness of one's own capabilities was ranked higher, with 94% of participants agreeing on the importance of the attribute and none disagreeing (mean 4.58 and std. dev. 0.59).

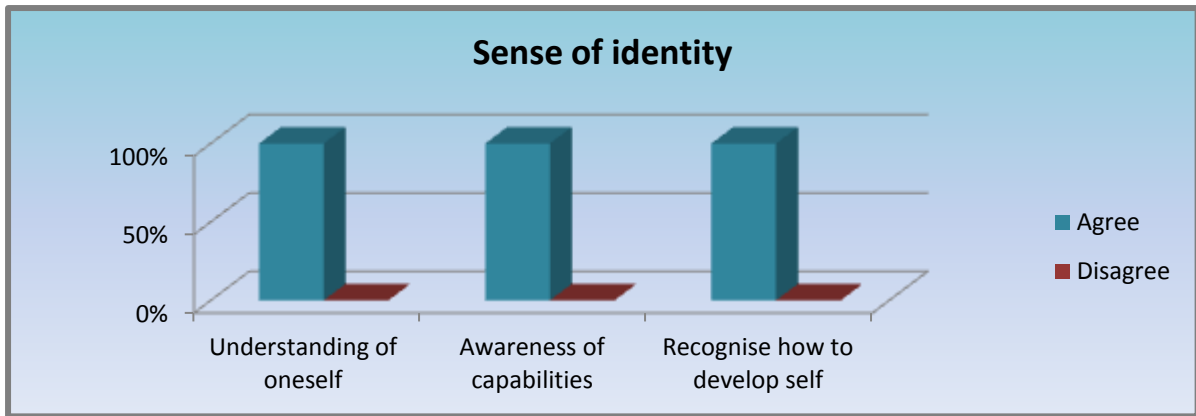


Figure 4.22: The importance of a somatologist possessing an understanding of himself/herself to foster a sense of identity (n=59)

Self-awareness, such as being aware of one's own capabilities and weaknesses, positively influences the somatologist's self-development and personal job success. Moreover, self-awareness contributes to effective team work as teams with self-aware somatologists make better decisions, are more coordinated, and effectively manage conflict (Rubin & Dierdorff, 2015: online).

#### u. Teaching ability

Figure 4.23 (question 10) illustrates the importance of the aspect of the ability to teach (n=59). The higher-ranked aspects were to educate clients to be knowledgeable about their lifestyle and product choices – 94% participants agreed (mean 4.63 and std. dev. 0.58); also to educate clients on treatment options available – 96% participants were in agreement (mean 4.69 and std. dev. 0.53). None of the participants disagreed on the importance of these two aspects.

Somatologists who educate clients on healthy lifestyle, diet, and treatments can assist clients in living a healthy life (Cressy, 2004: 227). Somatologists who educate clients on the treatments and products available and the benefits thereof will motivate clients to experience such products and treatments. Additionally, sharing knowledge that may benefit the client will lead to a client realising that the somatologist does not only aim to sell products and services but also to improve the client's well-being in a holistic manner. Therefore, educating clients may result in the positive promotion and increased sales of products and services (Nordmann, 2007: 38, 39).



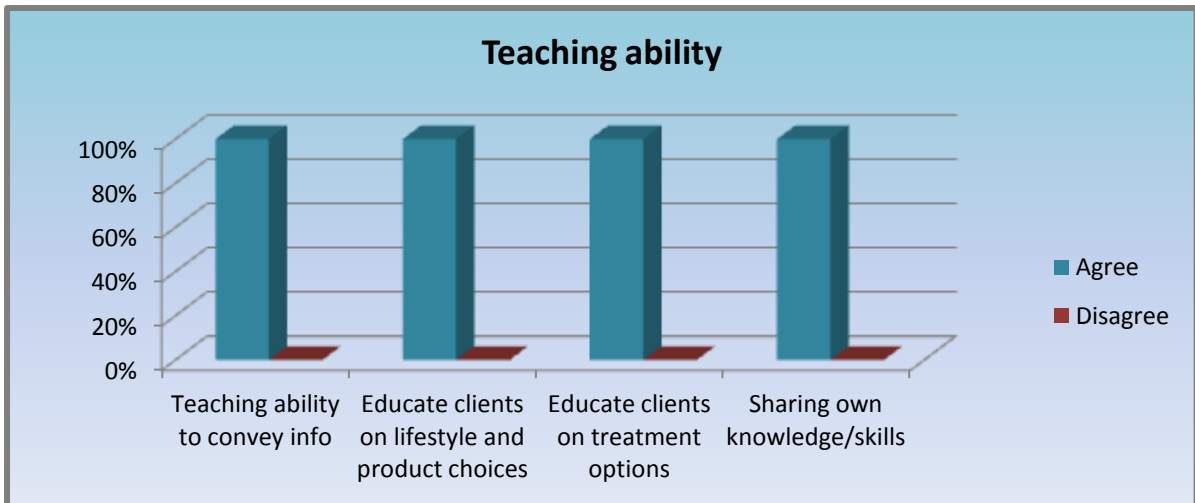


Figure 4.23: Somatology stakeholders' ranking of teaching ability as a profession-specific employability attribute (n=59)

v. Time management and punctuality

Figure 4.24 (question 5) represents the ranking of time management and punctuality (n=61). Punctuality in starting treatments at the booked time (96%) was ranked as being most important, with all the participants agreeing on the importance thereof (mean 4.8 and std. dev. 0.4).

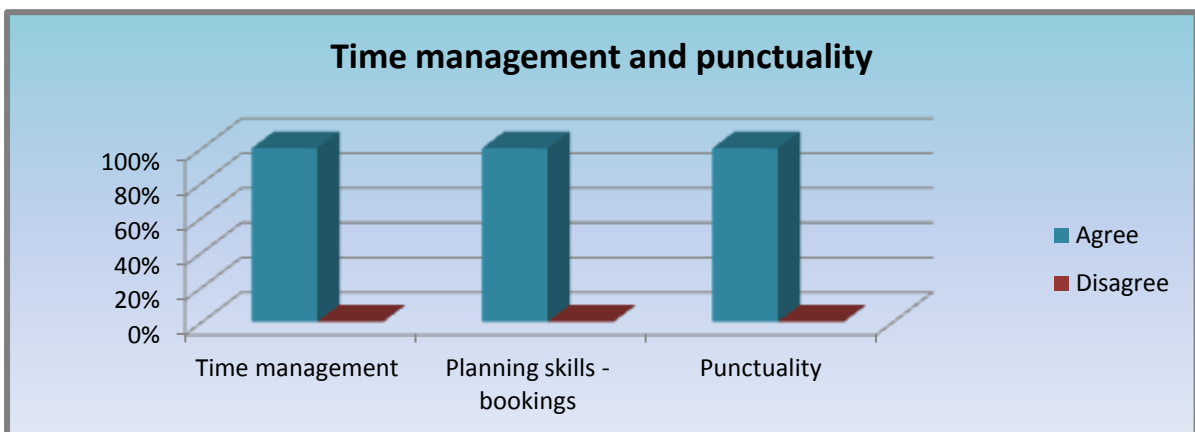


Figure 4.24: Time management and punctuality as employability attributes for the somatology profession (n=61)

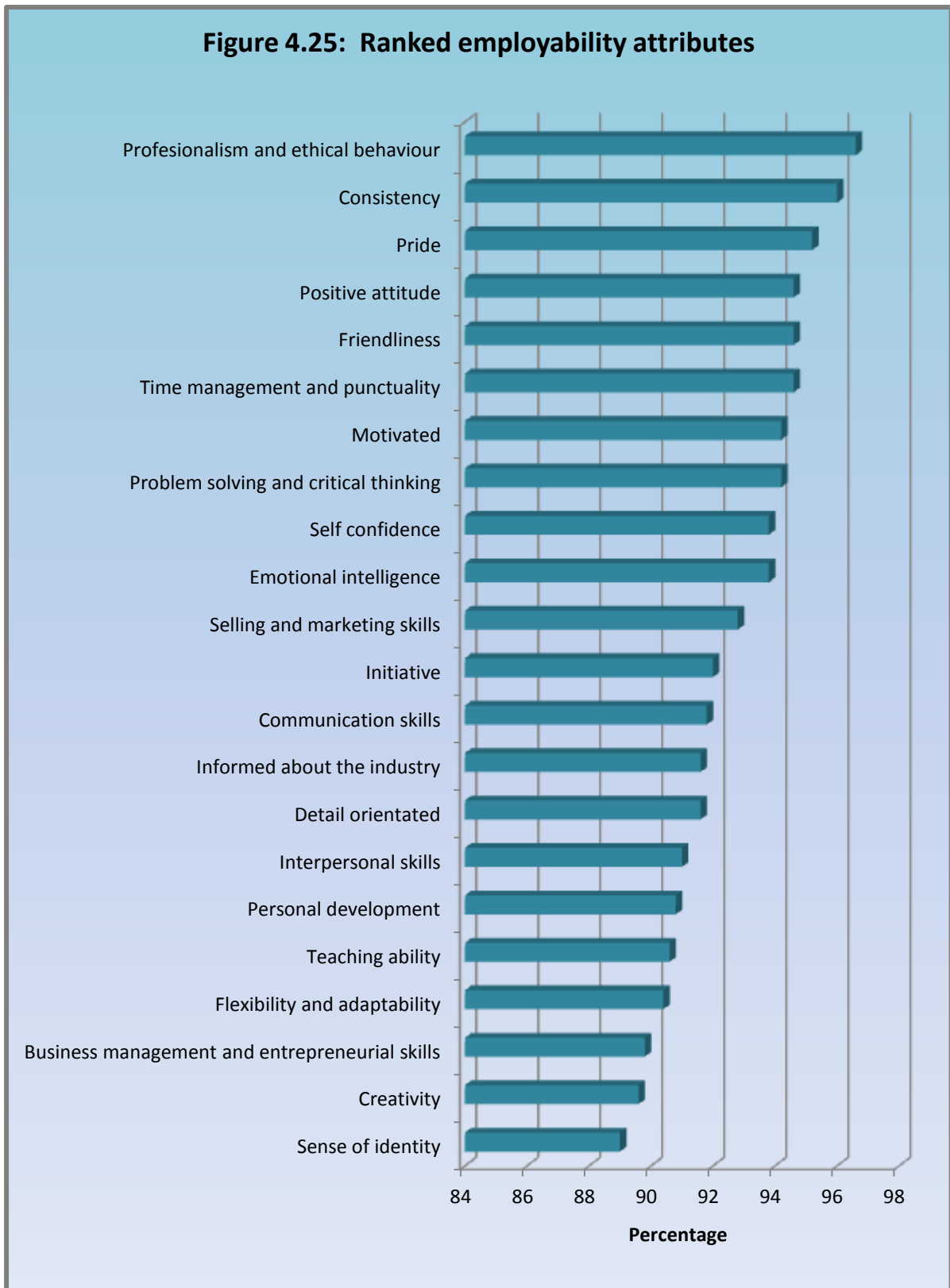
In order to be successful in a private practice, a somatologist must, among other factors, possess a range of business and commercial skills with organisational and time management skills. Examples of such skills are being punctual and effectively using a booking system. Bookings and punctuality are an important part of customer

service and lead to client satisfaction. Salon policies, communication and team work may assist a somatologist to be punctual despite unforeseen events, for instance clients being late for appointments (Beauty Resource, 2014: online; Hiscock & Stoddart, 2004: 21, 22).

#### 4.4.2.1 Ranking of somatology profession-specific employability attributes

The ranked importance of employability attributes are reflected as a mean (average score) out of a maximum of five; five being most important (strongly agree) and one (strongly disagree) reflecting least important. The means indicate the importance of each employability attribute as an entity thus including the subcategories ranked in Section 4.4.2.a-v. For clarity purposes, the results are also described as percentages. Figure 4.25 illustrates the importance ranking of all employability attributes investigated by means of the research questionnaire.

All of the employability attribute rankings were above 89%. The lowest ranked employability attribute was 89% and the highest was 97%. Some of the employability attributes' rankings overlapped. Therefore, two employability attributes may have obtained the same percentage – indicating that such attributes are equally important. The following employability attributes were ranked above 95% on the importance thereof for the somatology profession: professionalism and ethical behaviour with 97% (mean 4.83 and std. dev. 0.29), consistency with 96% (mean 4.8 and std. dev. 0.45), and pride 95% (mean 4.76 and std. dev. 0.47). These three employability attributes are not exclusive to the somatology profession; they are also relevant to other professions. Examples are professionals in the health profession, such as psychologists (e.g. Fassin, 2005: 273, 274; HCPC, 2014: 3, 4; Potgieter & Coetzee, 2013: 3, 4, 5).



*Figure 4.25: Ranking of somatology profession-specific employability attributes*

Professionalism and ethical behaviour are said to be a meta-skill comprising of situational awareness and contextual judgement, which allows the individual to draw upon other skills such as communication and technical and practical skills

appropriate for the specific situation (HCPC, 2014: 2, 3). The definition of professionalism is influenced by the following factors: the specific type of profession and/or business, expectations of others (e.g. clients), ethical behaviour, and regulations (Section 4.4.2.1.q). Employers and regulators, such as legal governing bodies, have a responsibility in supporting professionalism and ethical behaviour (HCPC, 2014: 2, 3). In the South African context, regulators for the somatology profession are limited (Vosloo, 2009: 106), which may result in unethical and unprofessional behaviour. This limitation may be the reason why the stakeholders emphasised professionalism as an attribute – there is a need for the regulation of professional and ethical practices in somatology businesses in South Africa.

Consistency (Section 4.4.2.1.c) is a powerful way to obtain client satisfaction and should include the following: maintaining quality service in all areas, positive client-experience emotions such as trust, and keeping promises made (Pulido, Stone & Strevel, 2014: online). Somatologists that provide such consistency not only maintain good standards and professionalism that satisfies clients, but also improve and maintain client trust (BACP, 2010: online). Therefore, consistency may result in long-term client retention (Gregory, 2009: online). Similar to professionalism, the added importance of the consistency of service standards may be as result of the need for regulation of the somatology profession in South Africa.

The Oxford Dictionary (2015: online) defines “pride” as a feeling of satisfaction from one’s own or peers’ achievements. Pride can be fostered within an employee when the employer acknowledges such an employee’s efforts to provide quality service (Section 4.4.2.1.o). The acknowledgement will not only improve pride but will also motivate employees to improve performance (Stuurman & Ford, 2011: online). While the participants viewed the three higher ranked employability attributes as important attributes to somatologists, the employer/business also plays an important role to foster these attributes. Employers/businesses may foster the higher ranked employability attributes by utilising policies and supporting mechanisms.

From the questionnaire results, it is evident that the higher ranked employability attributes as well as most of the other attributes focus on clients and their needs (Sections 4.4.2 and 3.4.2.1). The holistic nature of the somatology profession supports this statement as somatologists aim to improve the overall well-being of

clients. Somatologists focus on providing clients with the best products, services, and experiences to meet the clients' needs and expectations. Besides improving the client's overall well-being, meeting the needs and expectations of clients also results in client satisfaction (Oxbridge Academy, 2015: online; Simms, 2003: 16). Client satisfaction is measured by the number of returning clients, indicating that client satisfaction results in client retention. Most businesses utilise client satisfaction as a key performance indicator of success (Business Dictionary, 2015: online).

The higher ranked (above 95%) somatology profession-specific employability attributes identified by the participants have another common characteristic, these attributes all result in client trust (Sections 3.4.2.1 and 4.4.2.2). Client trust improves relationships with clients, which in turn improves client loyalty and retention. Furthermore, client trust may improve ease of closing sales, thus increasing sales of treatments and products (Gregory, 2009: online).

The employability attributes that were ranked below 90% were business management and entrepreneurial skills, with 90% (mean 4.49 and std. dev. 0.52); creativity, with 90% (mean 4.48 and std. dev. 0.63); and a sense of identity, with 89% (mean 4.45 and std. dev. 0.55). Although these three employability attributes were ranked lower, the attributes were still ranked high (above 89%) and are considered important to the somatology profession (Figure 4.25). The value of these three employability attributes were discussed previously (Sections 4.4.2 and 3.4.2.1).

The results from this phase of the study compare well with the two international employability documents available and the South African CCFOs (Sections 2.6 and 3.4.2.1), but not so well with the institutional document. The ranked employability attributes for the somatology profession are present (terminology may differ from document to document) in all four of the employability attribute documents discussed in Section 2.6. However, terminology utilised to refer to similar attributes may differ between some of the documents. The good comparison with international documents may be due to the similarities that exist between the somatology profession and beauty therapy industry. The ranked employability attributes differ from the employability attributes presented in the institutional document as the document contains the following attributes that were not included in the

questionnaire or the results: citizenship and global leadership, community engagement, numerate, sustainable development and technologically literate.

#### **4.5 LIMITATIONS**

The questionnaire did not provide the opportunity for the participants to identify employability attributes that were not included in the questionnaire but viewed relevant to the somatology profession by the participants. This limitation may have restricted the amount of data obtained from the questionnaire. However, the focus group interviews provided an opportunity for the identification of employability attributes for the profession.

#### **4.6 CONCLUSION**

Chapter four reflected on the third objective: to obtain the views of somatology stakeholders on the importance of the identified employability attributes for the profession. This objective was achieved in the qualitative phase where the somatology profession-specific employability attributes were ranked according to importance for the profession. Literature supports the importance of all of the employability attributes investigated for the somatology profession. Similarly, the participants ranked all the employability attributes as important to the profession with percentages ranging between 89% and 97% (Section 4.4.2.1). The participants in the research study ranked professionalism and ethical behaviour, consistency, and pride as the more important employability attributes for the profession. These employability attributes and most of the other employability attributes highlight the holistic focus of the somatology profession.

# CHAPTER 5

## CONCLUSIONS AND RECOMMENDATIONS

***When you reach the top, keep ascending; otherwise you start descending.***

*Lincoln Patz*

## 5.1 INTRODUCTION

Will the need for skilled somatologists decrease? Or, will somatology employers need to shift to a mix-and-match recruiting method, as a last resort? The researcher identified the need for somatology profession-specific employability attributes and endeavoured to identify these attributes (Section 1.4). In addition to filling the gap in literature, the researcher hopes that these profession-specific employability attributes will assist with the current need in the profession for specific somatology graduates (Section 1.1). The research was completed and somatology profession-specific employability attributes were proposed (Section 5.3). So, is this where it all ends? No. Although the aim to identify somatology profession-specific employability attributes was met, all the questions are not answered yet.

Chapter five presents an overview of key findings and the contextual meaning thereof in relation to the primary objectives of the research study. Furthermore, recommendations flowing from and limitations identified during the study are provided prior to the closing remarks.

## 5.2 OVERVIEW OF FINDINGS

The aim of the research study was to identify and rank employability attributes specific to the somatology profession in an effort to benefit the profession. Three objectives guided the researcher to achieve this aim. The key findings relating to each objective will be discussed in the section below.

### 5.2.1 Objective one

The first objective of the research study was to review the perspectives on employability attributes, in general, and in career-orientated higher education programmes similar to somatology, specifically. In Chapter two, the researcher attended to this objective by presenting the literature that pertains to employability attributes and somatology education.



Development of employability attributes is a lifelong initiative that takes place at six different levels, of which one level is higher education (Section 2.2). Further development of employability attributes takes place during employment. Emphasis was placed on the employability development initiatives of higher education and elaborated upon (Section 2.3.3) as the current study was framed within this milieu (Section 1.7). Internationally, profession-specific employability attribute documents are available for professions similar to the somatology profession, such as beauty therapy and aesthetics (Australia government, 2013: online; SQA, 2015: online). In South Africa, only generic employability attribute documents are available and no somatology profession-specific employability attributes could be traced. Therefore, the need for somatology profession-specific employability attributes in South Africa was evident from the literature review.

### **5.2.2 Objective two**

The second objective of the research study was to identify the employability attributes for the somatology profession. Somatology profession-specific employability attributes were identified by means of focus group interviews conducted with somatology stakeholder groups. In Chapter three, the researcher presented the qualitative phase of the research study which included three focus group interviews (Sections 3.1 to 3.6).

The focus group interviews were semi-structured and explored the views of different stakeholder groups on the employability attributes for the somatology profession. Eight key themes were identified from the three focus group interviews, namely (in alphabetical order), business skills, communications skills, creativity, interpersonal skills, personal development, problem solving, professionalism, and time management (Section 3.4.2.1: Figure 3.5). The relevance of each identified employability attribute for the somatology profession was supported with evidence from the literature (Section 3.4.2.1).

### 5.2.3 Objective three

The third objective of the research study was to obtain the views of different stakeholders on the importance of the identified employability attributes for the somatology profession. The views were utilised to rank the employability attributes. The ranking of the employability attributes for the somatology profession took place by means of a questionnaire (Appendix F) based on a five-point Likert scale. The questionnaire was informed by the results from the focus group interviews (qualitative phase) and the identified employability attributes were included to be ranked by the participants.

According to the participants, the more important (above 95%) employability attributes (Section 4.4.2.1: Figure 4.25) for the somatology profession were professionalism and ethical behaviour (97%), consistency (96%), and pride (95%). These employability attributes were placed within the context of the somatology profession and supported by literature evidence (Sections 3.4.2.1 and 4.4.2). The employability attributes that were ranked below 90% were business management and entrepreneurial skills (90%), creativity (90%), and a sense of identity (89%). Although these three employability attributes were ranked lower, they were still considered important to the somatology profession as all of the employability attributes had means above four, indicating a ranking between agree and strongly agree for each attribute (Section 4.4.2.1: Figure 4.25).

After the researcher attained the aim and objectives, she summarised the findings and results from both phases of the research study (Sections 3.4.2.1 and 4.4.2) by compiling a set of employability attributes for the somatology profession (Section 5.3: Figure 5.1). These profession-specific employability attributes are presented and described in the following section.

### 5.3 PROPOSED SOMATOLOGY PROFESSION-SPECIFIC EMPLOYABILITY ATTRIBUTES

The proposed employability attributes (Figure 5.1) was assembled by integrating the identified employability attributes from the qualitative phase and the ranked employability attributes of the quantitative phase. Furthermore, the researcher utilised literature and her personal experience as a somatologist and lecturer to assemble the proposed somatology profession-specific attributes. This proposed employability attributes include the following (in alphabetical order): entrepreneurial skills, self-management, selling skills, professionalism, and problem solving skills.

Entrepreneurial skills (Sections 3.4.2.1.a and 4.4.2.1.a) may benefit somatologists who own their own salon, as well as somatologists who are employed at a salon. Somatologists who possess entrepreneurial skills may have increased success in their businesses despite poor economic climates and other challenges. Furthermore, this attribute could assist the somatologist in effectively managing/utilising available resources, such as space or time, to maximise income (Reaich, 2012: online). Entrepreneurial skills incorporate the following aspects: marketing (Sections 3.4.2.1.a and 4.4.2.1.a), creativity/initiative (Sections 3.4.2.1.c, 4.4.2.1.d and 4.4.2.1.j), and planning (Sections 3.4.2.1.a, 3.4.2.1.h, 4.4.2.1.a and 4.4.2.1.v) which includes budgeting, profit calculations, and bookings/time management. The attribute business skills and entrepreneurial skills were one of the lower ranked attributes (Section 4.4.2.1: Figure 4.25), while some of the aspects that are included in the somatology profession specific attribute: entrepreneurial skills, were ranked higher (above 90%) such as selling and marketing skills.

A somatologist with „self-management“ as an employability attribute will have the ability to identify his/her own needs or desired area of specialisation and could attend training to develop himself/herself in such areas. Additionally, self-management may assist a somatologist to stay abreast of new developments or technology within the profession (SQA, 2015: online) (Sections 3.4.2.1.e and 4.4.2.1.m). Self-management includes the following aspects: personal development (Sections 3.4.2.1.e and 4.4.2.1.m), casual research (Sections 3.4.2.1.e and 4.4.2.1.m), sense of identity (Sections 3.4.2.1.d and 4.4.2.1.t), and regular further training (Sections

3.4.2.1.e and 4.4.2.1.m). Some of the aspects that are included under self management were ranked above 90% such as personal development.

Selling skills (Sections 3.4.2.1.a and 4.4.2.1.s) can possibly assist the somatologist to attend to a client's expectations by selling treatments or products to the client that he/she desires. Additionally the somatologist may support the well-being of the client by selling products and/or treatments to improve the client's conditions (Ashraf, Bandiera & Jack, 2014: 12; Muteti, 2015: 40). The two above-mentioned points may improve client satisfaction and retention, which may result in an increase in the somatologist's income (Gerson, 2013: 684, 685; Lapoule & Mellet, 2014: 250, 251; Reaich, 2012: online). Selling and marketing skills have been ranked as one of the more important attributes for the somatology profession (above 90 %), as evident in Figure 4.25 (Section 4.4.2.1).

Professionalism (Sections 3.4.2.1.g and 4.4.2.1.q) reflects on the salon's image and also assists somatologists to work in harmony with their colleagues. A somatologist who possesses professionalism may resolve challenges or conflict with clients or colleagues without resorting to aggressive behaviour (Taylor, 2004: 45, 47). Moreover, professionalism could assist somatologists to provide treatments to clients while considering each client's expectations, safety, and confidentiality, which will result in client trust, satisfaction, and retention (Gerson, 2013: 62, 63). The employability attribute „professionalism" includes the following aspects: communications skills (verbal and non-verbal) (Sections 3.4.2.1.b and 4.4.2.1.b), interpersonal skills (Sections 3.4.2.1.d, 4.4.2.1.c, 4.4.2.1.e, 4.4.2.1.g, 4.4.2.1.h, 4.4.2.1.k, 4.4.2.1.i, 4.4.2.1.n, 4.4.2.1.o, 4.4.2.1.r and 4.4.2.1.u), teamwork (Sections 3.4.2.1.d and 4.4.2.1.k), emotional intelligence (Sections 3.4.2.1.d and 4.4.2.1.f), confidentiality (Sections 3.4.2.1.g), professional image (Sections 3.4.2.1.g), client care (Sections 3.4.2.1.g), presentation of self (Sections 3.4.2.1.g), ethical behaviour (Sections 3.4.2.1.g and 4.4.2.1.q), punctuality (Sections 3.4.2.1.h and 4.4.2.1.v), and responsible citizenship (includes certain aspects of community engagement and sustainable development). Professionalism and ethical behaviour was ranked as the most important attribute for the somatology profession as indicated in Figure 4.25 (Section 4.4.2.1).

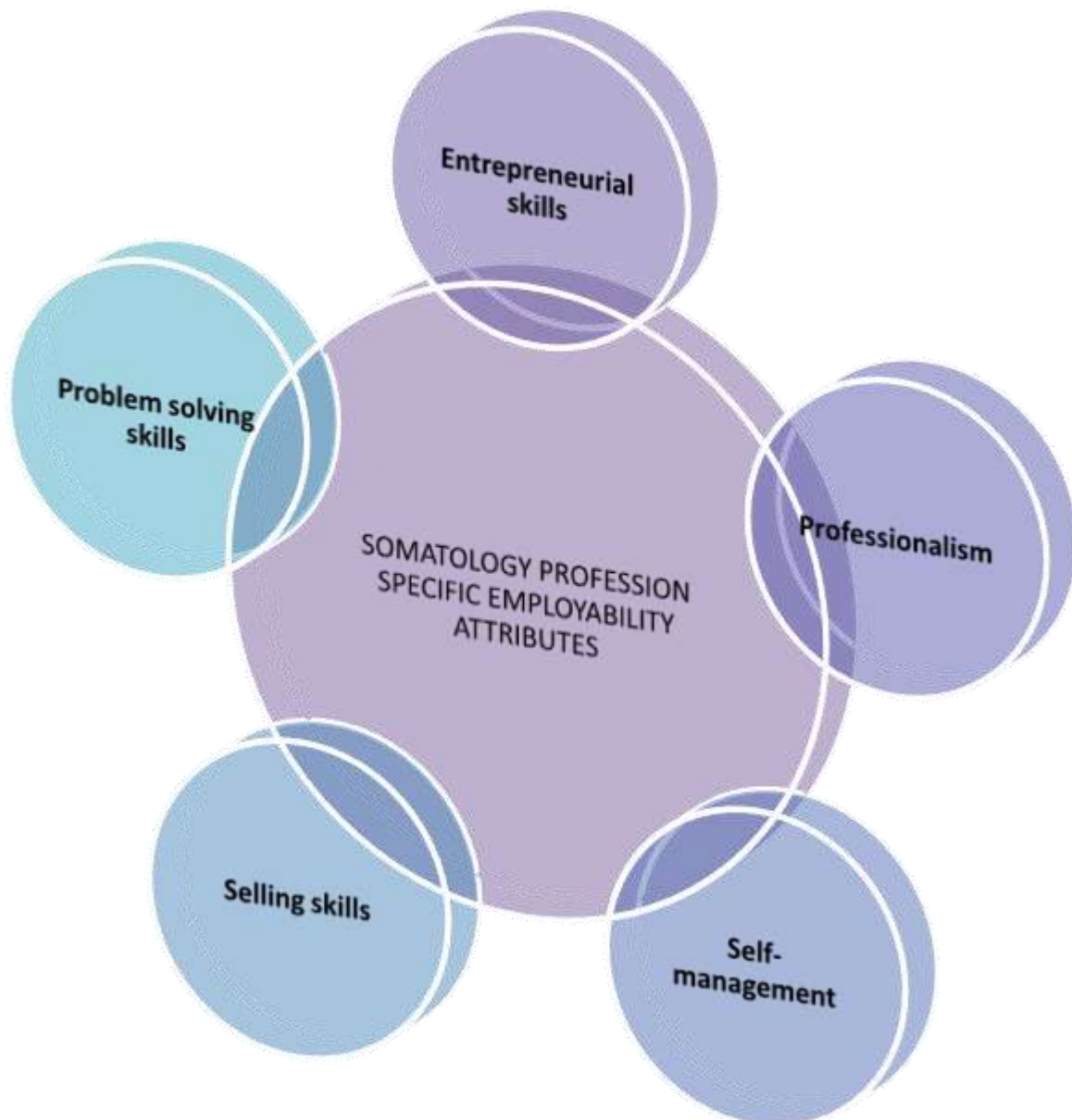
Responsible citizenship as an employability attribute was not identified by the participants of the research study but was added by the researcher (Section 3.4.2.1: Figure 3.5 and Section 4.4.2.1: Figure 4.25). This attribute can assist somatologists in becoming leaders and making meaningful contributions to society through certain aspects of community engagement and sustainable development (Biswas, 2014: 9, 10).

The somatologist needs to evaluate the different clients' information by means of problem solving skills to adapt treatments to the clients' specific needs/conditions (Sections 3.4.2.1.f and 4.4.2.1.p) (Rouleau, 2015: online). Additionally, problem solving skills may assist the somatologist to successfully function daily within the salon environment, for instance to handle challenges (Majors, 2015: 3, 4). Problem solving as employability attribute include aspects relating to critical thinking (Sections 3.4.2.1.f and 4.4.2.1.p). The employability attribute problem solving and critical thinking were ranked higher than 90% and under the top 10 employability attributes for the profession (Section 4.4.2.1: Figure 4.25).

Several of the somatology profession-specific employability attributes are inter-related. Problem solving skills are linked with selling skills and entrepreneurial skills. Utilising problem solving skills to identify products and/or services to be sold to clients result in improved selling. Moreover, problem solving is needed to manage resources and supports marketing initiatives (Muteti, 2015: 4). Thus, problem solving may in turn improve entrepreneurial skills. Additionally, selling skills and entrepreneurial skills are linked as selling skills may form part of entrepreneurial strategies (Ashraf *et al*, 2014: 17).

Problem solving skills and self-management are both linked to professionalism. Problem solving skills may assist the somatologist to manage complex situations while maintaining professional (Carvalho & Santiago, 2016: 144), for example, to manage contra-actions during a treatment. As knowledge is a prerequisite of performing specialised work and maintain professional conduct, knowledge acquired as result of a somatologist's self-management may improve such a somatologist's professionalism (Carvalho & Santiago, 2016: 144), ; Whitaker, 2015: 96). Additionally, self-management is linked to selling skills. The employability attribute:

self-management may result in identifying and attending sales training which in turn may improve selling skills (Lapoule & Mellet, 2014: 248).



*Figure 5.1: Proposed somatology profession-specific employability attributes*

The proposed somatology profession-specific employability attributes include all of the attributes mentioned in the two international documents and the CCFOs (Section 2.4: Table 2.1). The titles/terminology of some of the proposed attributes may differ from the available documents' attributes due to the proposed terminology being more familiar within the South African context. For instance, in the Australian document, the attribute „creativity“ (included under entrepreneurial skills) was referred to as “initiative”. However, within the South African context, „creativity“ is utilised to refer to the same attribute as evident in the institutional document (CUT, 2015: online).

Similarities between the beauty profession's specific employability attributes and the proposed attributes for the profession may be indicative of the similarities in the scope of practices and necessary skills needed by the two professions. Additionally, the similarity between the CCFOs and the proposed employability attributes indicate that the proposed employability attributes compliant with the South African government initiatives (SAQA, 2006: online). The benefit of this compliance is that somatology programmes can utilise a specific set of employability attributes: the proposed employability attributes from this study while covering the CCFOs. Implementation of a single set of employability attributes may prevent possible misinterpretation/confusion and may simplify the implementation of employability attributes within the somatology programme.

While similarities exist between the proposed somatology profession-specific employability attributes and the example on a HEI's document of attributes, differences are present. Three attributes included in the institutional document are not entirely covered by the somatology profession-specific employability attributes, namely, community engagement, sustainable development, and numeracy.

Community engagement as an employability attribute for the somatology profession was considered during the focus group interviews. However, participants were of the opinion that the attribute „community service“ pertains more to students than to graduates practising in the profession. The researcher did not include community engagement in its entity as a profession-specific employability attribute as she considers it to be a “nice-to-have” attribute but not a necessity for a somatologist to effectively function within the profession. Although community engagement related aspects such as wellness improvement and educational development of the community are included as part of „responsible citizenship“ (under professionalism).

The controversy about the true meaning of „sustainable development“ (conservation management or economic development), the fact that some argue that complete sustainable development is impossible in an industrialised world economy (Kates, Parris & Leiserowitz, 2005: 8, 9, 12), and the fact that the attribute is not a necessity for a somatologist to effectively function within the profession, all resulted in the partial inclusion of the attribute on the proposed employability attributes. While sustainable development altogether does not appear as a proposed employability



attribute, some aspects relating to the attributes are included as „responsible citizenship“ under professionalism. Examples of these aspects are utilising environmental friendly products and renewable energy sources, eco-efficiency and socio-efficiency.

Numeracy as an attribute included in the institutional document (CUT, 2015: online) is not completely covered by the proposed profession-specific employability attributes. This attribute was considered during focus group interviews, although the participants were of opinion that only certain aspects thereof are applicable to the somatology profession, i.e. skills to calculate profit margin. Therefore, while numeracy does not appear as a proposed employability attribute, it is included as part of business management skills as the numeracy aspects relevant to the somatology profession are all related to business management skills.

Employability attributes do not guarantee employment. However, the attributes may result in somatology graduates being more attractive to employers and thus they will be more likely to gain employment. Additionally, possessing the somatology profession’s specific employability attributes may lead to graduates being successful in their chosen profession, which may benefit the graduates themselves, the somatology profession, the community, and the South African economy. Students that take ownership of developing employability attributes will result in graduates that are confident and informed about the profession’s practices. The proposed employability attributes include generic transferable (CCFOs) skills that may benefit the graduate regardless of the employment area. The researcher therefore suggests that the proposed employability attributes (Figure 5.1.) form an integral part of somatology programmes in South African HEIs.

## **5.4 RECOMMENDATIONS FROM THE STUDY**

Based on the findings and results of the research study, the following recommendations could be made:

- The current status quo should be investigated to determine what somatology profession-specific employability attributes are already included in somatology



curriculums and what somatology profession-specific employability attributes should be added to the curriculum.

- The implementation of the proposed somatology profession-specific employability attributes into the curriculum should be piloted by a somatology programme to investigate the influence thereof on the employability of somatology graduates.
- If the mentioned „implementation“ pilot study proves to have been successful, the proposed somatology profession-specific employability attributes should be included in all Diploma: Somatology programme curriculums so as to benefit the somatology profession.
- Employers should be informed about the lifelong learning perspectives of employability attributes. Furthermore, employers of somatologists should utilise the proposed somatology profession-specific employability attributes to assist with the development and improvement of the employability attributes of their employees.

## 5.5 LIMITATIONS OF THE STUDY

The terminology „employability attribute“ is a fairly new term especially within the somatology profession and this could have resulted in a limitation of the study. Stakeholders who participated in the research may have been unfamiliar with the term or have had different interpretations of the meaning thereof. This unfamiliarity and different interpretations by the stakeholders may have interfered with the feedback obtained from the participants during the focus group interviews and in the questionnaire.

A second limitation of the study was that CCFOs and preliminary institutional employability documents were utilised as the point of departure for the study. However, the researcher acknowledges that there are more documents available, such as CESM gradueness statements (CHE, 2012 online) and NQF level descriptors (SAQA, 2006: online) that could have informed the study's outcome.

## 5.6 FUTURE RESEARCH

The following research is suggested for future projects:

- To investigate a suitable method of embedding employability attributes within the somatology curriculum (Yorke & Knight, 2006: 2-22). Action research can be performed at a HEI's somatology programme to measure the effectiveness of different methods of embedding employability attributes in a somatology programme.
- To investigate the assessment methods to evaluate the facilitated somatology profession-specific employability attributes (Cole & Tibby, 2013: 4-18). Exploratory research can be performed at HEI's somatology programmes after embedding and facilitating the profession-specific employability attributes to compile a suggested list of assessment methods and the recording of the results thereof.
- To investigate the required employability attributes for somatologists in different specialisation areas of the profession (Section 1.2). Exploratory research can be utilised to explore the views of stakeholders involved in the different specialisation practices on employability attributes required in such practices.

## 5.7 CLOSING REMARKS

The research question was answered by attaining the objectives of the study. After the gap in the literature was confirmed, participants in this study identified business skills, communications skills, creativity, interpersonal skills, personal development, problem solving, professionalism, and time management as employability attributes for the somatology profession. These identified profession-specific employability attributes were then ranked according to their importance, as the researcher aimed to reduce the number of attributes in an attempt to simplify future implementation into curricula. However, this attempt did not provide the desired answer since the participants viewed all of the employability attributes as important to the profession.

The question thus remained unanswered: How should the somatology profession-specific employability attributes be integrated into the somatology curriculum?

However, the researcher utilised the findings and results of the study, together with literature and personal experience, to compile the proposed employability attributes for the somatology profession, as the outcome of the research. By compiling the proposed somatology profession-specific employability attributes, the researcher filled the gap identified in literature (Section 1.4 and 1.5). Nevertheless, the process of implementation of the employability attributes is uncertain and it will need to be investigated in order for HEIs to successfully equip somatology students with the proposed attributes.

The proposed somatology profession-specific employability attributes (Section 5.3: Figure 5.1) include (in alphabetical order): Entrepreneurial skills, self-management, selling skills, professionalism, and problem solving skills. It compares well to literature on available employability attributes (Section 2.4). The proposed employability attributes integrate all of the attributes mentioned in the Scottish and Australian employability attribute documents (Table 2.1), as well as the NQF level descriptors and the CCFOs (Section 2.4: Table 2.1). Therefore an overlapping occurred between the somatology profession-specific employability attributes and generic employability attributes as expected by the researcher. This overlapping may be beneficial due to the fact that the proposed employability attributes integrate the CCFOs as prescribed by SAQA (2006) and the NQF level six descriptors is that these proposed attributes adhere to government expectations. It is important to note that while the somatology profession-specific employability attributes may appear generic, these attributes need to be viewed within the context of the somatology profession as highlighted in this dissertation. Therefore the implementation thereof should take place within the relevant context. The somatology profession-specific employability attributes have the potential to provide various benefits to the stakeholders of the somatology profession, namely, the somatology graduate, the employer, and the educator (Section 2.2 and 3.2).

Examples of potential benefits for somatology stakeholders that the profession-specific employability attributes may bring about are that the graduates may refer to the outcomes of the study to assist with personal development plans. The employers

who assist employees in this endeavour may utilise the outcomes as a development guide. The educators may include the proposed somatology profession-specific employability attributes in the presented somatology programmes.

Answering the research question was the first step in assisting graduates to be „employer-ready“. Employment will set the stage for their further personal development. Will such an employer-ready graduate thus experience an increased possibility of employment in the profession? The researcher cannot guarantee an increased possibility of being employed, but like Rich (2015: online) states, the focus should not be on employment but on employability and its attributes. Instead, the question should be: What is the value that the employer-ready graduate can offer the somatology employer? Employability is therefore about something significant, which we tend to forget: **Employability is all about having a rewarding future!**

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## APPENDIX A



Faculty of Education  
Ethics Office

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University of the Free State  
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T: +27(0)51 401 9922  
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[BarclayA@ufs.ac.za](mailto:BarclayA@ufs.ac.za)

30 July 2013

### ETHICAL CLEARANCE APPLICATION:

#### *ESSENTIAL GRADUATE ATTRIBUTES FOR SOMATOLOGY UNDERGRADUATE STUDENTS*

Dear Ms Jonker

With reference to your application for ethical clearance with the Faculty of Education, I am pleased to inform you on behalf of the Ethics Board of the faculty that you have been granted ethical clearance for your research.

Your ethical clearance number, to be used in all correspondence, is:

**UFS-EDU-2013-033**

This ethical clearance number is valid for research conducted for one year from issuance. Should you require more time to complete this research, please apply for an extension in writing.

We request that any changes that may take place during the course of your research project be submitted in writing to the ethics office to ensure we are kept up to date with your progress and any ethical implications that may arise.

Thank you for submitting this proposal for ethical clearance and we wish you every success with your research.

Yours sincerely,



Andrew Barclay  
Faculty Ethics Officer



## APPENDIX B

### Invitation and information letter for focus group participants

Dear \_\_\_\_\_

I, Juanita Jonker, am conducting research on identifying employability attributes for the somatology profession. This research will provide information that can be directly related to the somatology students. The aim of the study is to identify employability attributes for the somatology profession so as to enhance the employability of graduates. I am kindly inviting you to partake in my research study by participating in a focus group interview.

As a participant, you would be requested to answer structured questions during the focus group interview. No preparation is needed prior to the focus group interviews. You will be expected to answer questions with regard to employability attributes (skills) that are applicable to the somatology industry. The questions will be in lay terms in order for all participants to understand what information is requested. Suitable probes and prompts will follow on each of the questions in order to ensure that the correct as well as an adequate amount of information is collected during the interviews. These group interviews will be voice recorded in order to verify information captured in the notes taken by the researcher during these interviews. These interviews are expected to be 60 minutes in duration. During the focus group interviews, questions will be asked in English, while participants may answer in their preferred language (Afrikaans or English).

No risks have been identified, and participant identity and feedback will be treated as highly confidential. Participation is voluntary, and refusal to participate will involve no penalty or loss of benefits. Participants who agreed upon participation may still withdraw at any time during the duration of the study without any negative results. Potential benefits of your participation are increased knowledge in this field of study resulting from feedback received from the researcher. Participants partaking in this research study will not be remunerated nor will they be liable for any costs.

- The outcomes of this study will enable higher education institutions to equip somatology students with industry related and needed skills which will in turn

improve somatology graduates" employability and quality. The outcomes will be communicated to all participants by means of the dissertation. The dissertation will be available in the Central University of Technology, Free State"s library at the completion of the study. The outcomes of this research study may also be published in journals or presented at congresses at any stage after completion of the study. Confidentiality will be assured and no names/identities will be revealed in any publications or reports. Signing the informed consent form during the focus group interview will permit the researcher to publish the results of this study.

**Please respond to this email before the end of the week to indicate if you are willing to participate in this study. If you agree to participate, the researcher will communicate a place, date, and time with you to indicate when the focus group interview will take place.**

Kind regards



**Ms Juanita Jonker**

Junior Lecturer

Department of Life Sciences

Faculty of Health and Enviromental Sciences

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Private Bag X20539, Bloemfontein, 9300, South Africa

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## APPENDIX C

### Focus group interview schedule

#### FOCUS GROUP INTERVIEW SCHEDULE

**Facilitator:** Juanita Jonker

**Independent observer:**

---

**Welcome:** Introduce facilitator and observer

**The topic is:** *"Employability attributes for the somatology profession."*

Thank you for your willingness to participate in this study. You have been selected to participate in this focus group interview because you are a stakeholder in the somatology profession with at least 1 year experience in this field.

The purpose of this focus group interview is to identify employability attributes required by the somatology profession, according to you as the somatology stakeholders. The information collected during the focus group interviews will be utilised to propose employability attributes for the somatology profession in order for higher education institutions to include the suggested attributes in their somatology programmes. The outcomes of the study will be communicated to all participants by means of the dissertation. The dissertation will be available in the Central University of Technology, Free State's library at the completion of the study.

The duration of this focus group interview will be approximately 1 hour.

**Obtain written consent to participate.**

#### **Guidelines:**

- Kindly take note that the session will be audio recorded.
- It would be appreciated if only one person speaks at a time.
- State your name when you speak in order to distinguish between voices in the recordings.

- Confidentiality is assured and no names/identities will be revealed in any publications or reports.
- It is important to hear everyone's opinions. There are no right or wrong answers – only different points of view, which are all valuable.
- It is important to hear all sides of an issue – both positive and negative. You do not need to agree with others, but please listen respectfully while others share their views.
- Please turn off your cellular phone during the interview.
- My role as facilitator is only to guide the discussion. You as participants must talk to each other.
- The focus group interviews will be conducted in English. Answers must preferably be in English, although participants may answer in another language if needed. Answers will be translated into English during transcription of the audio recordings.

**Are there any other ground rules that you want added to this list?**

### **Interview questions:**

**Q1: WHAT IS YOUR OPINION OF THE QUALITY OF SOMATOLOGISTS NOWADAYS?**

**PROBING QUESTIONS FLOWING FROM Q1:**

- **What do you expect of a somatologist?**
- **What skills or attitudes are lacking in current somatologists?**
- **What should a somatologist be able to do?**
- **What should a somatologist be good at?**
- **What abilities do you think are important for a somatologist to have?**

**PROBE TO ENSURE ALL POSSIBLE EMPLOYABILITY ATTRIBUTES WERE DISCUSSED** *(Use boxes as checklist in order to keep track of topics):*

**What do you think about the importance of:**

- Problem solving/critical thinking** (e.g. deciding on what setting to use for an effective laser hair removal treatment)
- Creative thinking** (e.g. adapting a facial treatment plan for a client with acne, with products and machines available in the salon)
- Group work** (e.g. two therapists effectively providing two treatments on a client at once, such as a facial and pedicure)
- Community engagement** (e.g. providing services to the community without receiving financial benefits)
- Selling skills** (e.g. retailing facial products to a client to use at home)
- Time management** (e.g. if the client is late, the therapist can provide a treatment in the remaining time and still be on time for the next client)
- Planning skills** (e.g. being able to book treatments one after the other, performing quality treatments, and still being on time for the next client.)
- Verbal communication skills** (e.g. having a chat with clients during a treatment, while keeping the chat professional)
- Written communication skills** (e.g. sending professional letters to clients about a new treatments available)
- Non-verbal communication skills** (e.g. maintaining a positive body image when having a bad day)
- Skills to use science or new technology** (e.g. providing safe and effective treatments with new machines)
- Mathematical skills** (e.g. calculating the cost of a treatment to determine profit margin)
- Language skills** (e.g. using proper language on posters with no spelling

errors)

- Ethical skills** (e.g. not discussing clients with each other)
- Professionalism** (e.g. not discussing personal problems with clients)

**ADDITIONAL PROBES FOR CERTAIN SITUATIONS/ANSWERS:**

- **Probe if an answer is unclear/incomplete:** "Elaborate on what you mean by..."
- **Probe if an answer is unclear:** "Please provide a real life situation as example of..."
- **Probe if participant provides an insufficient number of answers:** "Does that conclude your answer?"
- **Probe if participants provide inadequate/incorrect answers:** "Would you like me to rephrase the question?"
- **Probe if participant spend too much time on one question:** "Thank you. Let us continue..."

**Conclusion:**

- Summarise with confirmation
- Review the purpose and ask if anything has been missed
- Provide contact details of researcher to participants
- Thanks and dismissal

## APPENDIX D

### Transcript extract with example of thematic coding

Transcription	Initial coding	Draft themes
<p><b>F3T1:</b> Uhm, presently I believe the quality or the professionalism is of a very poor quality; very, very poor quality. They come out of college, they know very little. Particularly when you bring them to training for example with a brand. Now you have a brand and you start talking terminology to these girls whom are supposedly qualified. They've gone through two years, they've got a CIDESCO and whatever; and a lot of them have absolutely no idea of what you talking about. And for me it's quite shocking because if you've done three years and we talk about you know uhm, just the structure of the skin and some of them don't know, you know. And then obviously this is completely a generalisation as well, because you do get some somatologists that are very dedicated. They come from their schooling or academic and they come out top notch, but it's very, very few and far in between.</p> <p><b>F3E1:</b> I agree and also as a new salon owner. I am actually looking at filling a position, a</p>	<p>Professionalism</p> <p>Terminology</p> <p>Theoretical knowledge</p> <p>Dedication</p> <p>Passion</p> <p>Uninformed of industry and awareness of own capability</p> <p>Poor salaries</p>	<p>Professionalism</p> <p>Informed of industry and/or Professionalism</p> <p>Personal attributes</p> <p>Personal attributes</p>



very important position, very important. My manager is leaving and I don't know where to start because I've interviewed a few people and it's like they have a lack of passion, or something like that. Maybe it's that the girls don't understand how serious the course is and how important it is and how advanced it actually is, and I don't really think they have an idea of what they are capable of doing. It's a lot bigger than them, actually. If they were guided maybe in the right way, then their passion will be there and they will want to be there and study more and harder. You know often it happens that the top students start their own business; they start their own salons so again the industry becomes saturated. So everybody's trying to get a piece of the pie. When that good therapist could join up with that good salon, but again are they being paid for what they are worth? But that's what I think is maybe a dilemma that there's a stigma of not good salaries. But if you are good and you put in the effort you'll make it! So you know.

Informed of industry

Sense of identity

## APPENDIX E

### Survey invitation for survey participants

**Subject:** Participate in a survey on employability attributes for the somatology profession

Dear stakeholder

I, Juanita Jonker, hereby invite you to participate in a survey on employability attributes for the somatology profession.

Your anonymous answers will be utilised to assist the researcher to **identify specific employability attributes** needed in the somatology industry (the aim of this research study). This research will provide information that can be related directly to somatology students. As a participant you will be requested to complete an electronic questionnaire by following the link below. You will be expected to complete the questionnaire within **two weeks** from receipt of this invitation. Completion of the questionnaire will take approximately **fifteen minutes**. Participation is **voluntary**, and refusal to participate will involve no penalty or loss of benefits.

**Thank you** in advance for your participation.

[\\*E-SURV LINK\\*](#)

Kind regards



**Ms Juanita Jonker**

Junior Lecturer

Department of Life Sciences

Faculty of Health and Environmental Sciences

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[jjonker@cut.ac.za](mailto:jjonker@cut.ac.za)

## APPENDIX F

### Questionnaire for survey

#### QUESTIONNAIRE: Ranking of employability attributes

This questionnaire is divided into two sections and contains a total of 24 questions to respond to. Mark your answer by double-clicking on your choice's corresponding circle. It will take approximately 15 minutes to complete the questionnaire. Should you experience difficulty, please do not hesitate to contact the researcher ([jjonker@cut.ac.za](mailto:jjonker@cut.ac.za)).

Thank you again for participating. Your opinion is valued.

#### SECTION A: DEMOGRAPHICS

1. To which of the following stakeholder groups, with regard to the somatology industry, do you belong? (Select the most appropriate option)

- a. Somatology educators (e.g. lecturers)
- b. Employers (e.g. salon owners)
- c. Technology providers (e.g. product suppliers)
- d. Qualified somatologists
- e. Clients of a somatologist
- f. SAAHSP representatives (e.g. CIDESCO examiners)

2. Indicate the total amount of years that you have been involved with the somatology industry.

- a. 1-2 years
- b. 3-4 years
- c. 5-6 years
- d. 7-8 years
- e. 9-10 years
- f. More than 10 years

## SECTION B: EMPLOYABILITY ATTRIBUTES

A somatologist is a professional who possesses a combination of skills, knowledge, and abilities to address a variety of skin and body conditions. As an individual, rank the importance of the following skills, knowledge, and abilities to the somatology profession.

*Coding: Strongly agree (SA), Agree (A), Neutral (N), Disagree (D), Strongly disagree (SD)*

	SA	A	N	D	SD
3. Communication skills to convey and receive information effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.1. Good listening skills to clearly understand clients' needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.2. Speak by using appropriate vocabulary and language to suit the listener's level of knowledge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.3. Non-verbal communication					
a. Recognise and interpret voice tone or pitch.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Recognise and interpret facial expressions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Recognise and interpret hand gestures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Recognise and interpret other body language signals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.4. Communicate with clarity to prevent miscommunication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.5. Written communication: using appropriate grammar and spelling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Problem solving skills to work through details of a problem to reach a solution.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.1. Critical thinking skills to evaluate information attained from client.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.2. Critical thinking to evaluate each client to adjust treatments and products accordingly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Time management to use one's own time effectively and productively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- |       |  |                       |                       |                       |                       |                       |
|-------|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 5.1.  | Planning skills to manage bookings of clients.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5.2.  | Punctuality to start and finish treatments in allocated time.                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6.    | Business-orientated to manage financial aspects.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6.1.  | Entrepreneurial skills to open and run a business.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7.    | Selling skills to sell products and treatments to clients.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7.1.  | Confidence in products to improve sales.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7.2.  | Marketing skills to attract prospective clients.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8.    | Creativity with regard to adjusting treatments.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8.1   | Individuality in order to add a unique personal touch to all services.                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9.    | Detail orientated – takes note of small details that are important to the client.                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10.   | Teaching ability to convey information in a way that others can understand.                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10.1  | Educate clientele to be knowledgeable about their lifestyle and product choices.                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10.2  | Educate clientele on treatment options available.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10.3  | Training other somatologists by sharing own knowledge and skills.                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11.   | Adaptability to alter treatments according to the client's needs.                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11.1. | Capable of adapting self to fit different employment placements.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12.   | Professionalism to maintain service standards.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12.1. | Perform treatments in a professional manner.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12.2. | Look presentable and professional.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12.3. | Adhere to industry values to ensure ethical behaviour.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13.   | Informed about industry and scope of practice.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14.   | Consistency in service standards to maintain quality that continuously meet clients' expectations. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

15. Emotional intelligence in order to manage emotions of self and others.
- 15.1. Ability to stay calm during challenging situations.
- 15.2. Keep own emotions under control in order to maintain professional behaviour.
- 15.3. Control own anger to avoid aggressive behaviour.
- 15.4. Dealing with disputes between colleagues and/or clients in a balanced and effective way.
16. An understanding of self to foster a sense of identity.
- 16.1. Awareness of own capabilities.
- 16.2. Recognise how to develop self.
17. Desire to experience lifelong learning.
- 17.1. Aspiration to promote one's own development.
- 17.2. A need to stay abreast of new trends.
18. Interpersonal skills to ensure effective interaction with others.
- 18.1. Life skills to interact with a variety of personalities.
- 18.2. Effectively deal with all circumstances within the workplace.
19. Friendliness in order to foster social relations.
20. Pride in self to maintain work standards.
21. Confidence in self.
22. Initiative to handle work-related challenges.
23. Motivated to excel in the workplace.
24. Positive attitude to improve client experience.
- 24.1. Positive attitude to create a positive atmosphere in the workplace.

Thank you for participating in this questionnaire.

**FINISH**

## APPENDIX G

### Questionnaire cover page that includes information letter and informed consent

Dear survey participant

I, Juanita Jonker, hereby invite you to participate in the study with the title: **Employability attributes for the somatology profession.**

As a participant, you are **requested** to answer the structured questions on this electronic questionnaire with regard to the importance of applicable employability attributes (skills) to the somatology field of study and applicable descriptors thereof. There are no correct or incorrect answers, but your opinion is important. Participation is **anonymous** as questionnaires are not marked.

Volunteering participants are requested to **provide informed consent** by clicking on the "**I AGREE**" button at the end of this cover page, which is a redirection point to the questionnaire. Therefore, questionnaires are only accessible once the participant clicks on the "I AGREE" button. Agreeing to participate and providing informed consent takes place as prescribed by the *Electronic Communications and Transactions Act 2002 (SA) s25*.

**No risks** have been identified, and participant identity and feedback will be treated as confidential. Participation is **voluntary**, and refusal to participate will involve no penalty or loss of benefits. If you agree to participate you may still withdraw at any time during the duration of the study, without any negative results. A potential **benefit** of your participation is increased knowledge in this field of study resulting from feedback received from the researcher. Participants partaking in this research study will **not be remunerated** nor will they be liable for any costs.

The **outcomes** of this study will enable higher education institutions to equip somatology students with industry-related and necessary skills which may in turn improve somatology graduates' employability and quality. The dissertation, with the outcomes, will be made available after completion of the research study. This research study, including the outcomes, may also be **published** in journals or

presented at congresses at any stage after completion of the study. You give permission to the researcher to **publish** the results of this study by clicking on the “**I AGREE**” button at the end of this electronic questionnaire.

**Researcher details:**

**Name:** Juanita Jonker  
**Employer:** Central University of Technology (CUT)  
**Work address:** 20 President Brand Street  
Bloemfontein  
9301  
**Work telephone number:** 051 507 3985  
**Fax number:** 051 507 3448  
**Home address:** 9 General Conroy Street  
Dan Pienaar  
Bloemfontein  
9301  
**Cellphone number:** 072 176 1364

I declare that I have read and understand the research study, including the above information. I also understand what my participation in the study entails and I voluntarily agree to partake.

**I AGREE**



## Instructions:

- **Thank you** for your willingness to participate in this study by completing this questionnaire.
- The questionnaire will take approximately **15 minutes** to complete.
- While responding to the questions, please reflect your honest opinion as accurately as possible.
- You have two weeks to complete and submit this questionnaire. I will send you weekly reminders if I do not receive your response.
- Click on the “**FINISH**” button at the end of this questionnaire to **submit** your completed survey to the researcher.
- Your information will remain **confidential**.

## **APPENDIX H**

### **Declaration from the language editor**

26 July 2016

To whom it may concern

This is to confirm that the thesis of Juanita Jonker was edited by a professional language practitioner. The dissertation was edited using the Track Changes facility, thus giving the author the choice to accept or reject the changes made by the language editor. Although the utmost care was taken in editing the dissertation, the final responsibility rests with the author.

Giselle Linström-Fulton