



Transformation in Nursing Education

This chapter examines progress made in the transformation of nursing education with respect to relevant changes that are currently taking place in South Africa and within the framework of the Department of Health's White Paper for the Transformation of the Health System in South Africa. The chapter outlines basic nursing education and training programmes available in South Africa immediately prior to 1994, and addresses transformation targets envisaged by the role players involved with transforming nursing education.

The content presented is derived from a variety of official discussion documents, publications, reports and submissions from various stakeholders, among them the South African Nursing Council and the Democratic Nurses Organisation of South Africa (DENOSA).

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Introduction

Health care in South Africa is in a state of flux. The change in emphasis from hospital-centred care to primary health care and the establishment of the district health system are both affecting the way in which health care is delivered. Nurses, frequently viewed as the backbone of the health system, will both be affected by and required to participate in effecting this change. Nursing education therefore must be adapted to prepare nurses for the environment in which they will work. In addition, new philosophies in nursing education which emphasise the student as active rather than passive in the learning process are permeating educational institutions.

This chapter considers the structure of nursing education prior to 1994, and presents some of the changes that are envisaged. These include the organisation of teaching institutions, the philosophy of teaching and learning, and the content of the nursing curriculum among others. The difficulties encountered with the transformation of nursing education and the progress made thus far, are discussed.

The Role of the South African Nursing Council in Nursing Education

The government of South Africa through the Nursing Act No. 50 of 1978 as amended, has delegated the responsibility for the promotion and maintenance of standards in nursing education to the South African Nursing Council (SANC). This statutory body is thus faced with the responsibility to monitor the process of nursing education as it takes place through various programmes, in the various institutions, ensuring that the public receives quality, safe and ethically sound nursing care within the ambit of the Constitution, Act No. 108 of 1996. In undertaking this transformation the SANC has to take into consideration the provisions of the South African Qualifications Authority Act No 58 of 1995 pertaining to accreditation, certification and the maintenance of national standards in education and training.

Nursing Education Programmes Immediately Prior to 1994

Nursing education in South Africa dates back to 1899. Since this time, several programmes have evolved and been modified in response to needs and pressures. These programmes are divided into two main categories namely, pre-registration and post-registration. The following programmes were recognised by the SANC immediately prior to 1994:

Pre-registration Programmes

- ◆ A comprehensive four year Diploma or Degree qualification in General, Psychiatric and Community Health Nursing and Midwifery in accordance with SANC Regulation No. R425 of 22 February 1985 as amended
- ◆ A two year Diploma in General Nursing (often referred to as the bridging programme) leading to registration as a general or psychiatric nurse in accordance with the SANC Regulation No. R683 of April 14, 1989 as amended
- ◆ A two year certificate programme leading to a qualification as an enrolled nurse (SANC Regulations No. R1664 as amended and R2175)
- ◆ A certificate programme leading to a qualification as an enrolled auxiliary nurse, the duration of which varies depending on the institution.

Post-registration programmes

- ◆ Post-basic degree programmes leading to specialisation in Nursing Education, Nursing Administration and Community Health Nursing in combinations of two or three qualifications
- ◆ Post-basic Diplomas which lead to a variety of single diploma qualifications in the above fields or any of the disciplines in the comprehensive four year programme
- ◆ Supplementary Basic Diplomas
- ◆ Post-basic certificates (short courses)
- ◆ Honours and Masters degrees, both of which may be taken following any of the basic degree programmes.

Although all post-registration programmes are controlled by the same SANC regulations, flexibility exists in terms of the format and structure of the programmes depending on the policies of the various institutions i.e. universities, nursing colleges, technicons and hospital-based nursing schools. Given that pre-registration programmes are more uniform and therefore likely to give a clearer indication of the transformational progress than their post-registration counterparts, this chapter addresses transformation as it exists in the pre-registration four year comprehensive programme.

Flaws in the pre-1994 System

Various factors have impeded personal development and upward career movement in the nursing profession, particularly in the sub-professional categories. Among these factors is the system's failure to acknowledge the additive nature of cognitive development resulting in non-recognition of prior learning. This oversight led to unnecessary duplication of learning content as learners progressed from one basic programme to another with each programme existing in isolation, even in those cases where the learning content was the same. A typical example has been the biological sciences where, for instance, the anatomy studied during the registered nurses programme has been routinely repeated during the midwifery course. Similarly, enrolled nurses wishing to study for the professional nurses qualification underwent some theory repetition as well as some of the manual skills training. Although the four year comprehensive programme has to a certain extent eliminated repetition of learning content among the four constituent disciplines, some nurse educators still find it difficult to come to terms with the recognition of prior learning, a practice to which they themselves were not exposed.

The bridging course for enrolled nurses through SANC Regulation No. R683, introduced in 1989, resulted in some formal acknowledgement of prior learning but even then only implicitly. The bridging course makes it possible for the two year trained enrolled nurse to proceed to the professional level within a period of two years instead of the prescribed three.

Another weakness in the system of nursing education has been the dual status of the student as both learner and employee. Historically the provincial Departments of Health have been responsible for the provision of both nursing education and health services, thus simultaneously serving as both patron and employer to the nurse learner. In most nursing education institutions the learner forms part of the work force on which patient care is dependent, thus compromising the learning needs of the student. This situation coupled with the unrelenting pressure from workers' unions for students to be given full recognition

of their employee status contributes negatively to the effectiveness of nursing education programmes.

The failure of nursing education institutions to provide part-time programmes at basic levels, has also contributed to limited career movement for those who, because of work and family commitments, cannot afford to take up full-time studies.

What is Being Envisaged?

A number of Acts guide the current process of transformation:

- a The Constitution of the Republic of South Africa, 1996, which assigns all tertiary education to the jurisdiction of the Ministry of Education under a single co-ordinated higher education system
- b The Higher Education Act No. 101 of 1997, governing higher education institutions and programmes
- c The South African Qualifications Authority (SAQA) Act No. 58 of 1995 aimed at the development of a National Qualifications Framework (NQF) and serving the purpose of setting criteria for registration of programmes and qualifications in South Africa
- d The Nursing Act No. 50 of 1978 as amended, providing for the control of nursing education and training by the SANC.

To facilitate effective discussion around the issues pertaining to transformation in nursing education, the SANC in collaboration with the Health Systems Trust and the Department of Health held a National Nursing Summit in August 1999. Several objectives were identified of which the following are pertinent to the subject of this chapter:

- ◆ “To review nursing education and training, including curricula
- ◆ To focus on competency based education, in accordance with the principles of primary health care philosophy
- ◆ To improve the quality of health care within primary health care delivery
- ◆ To promote multi-disciplinary research”¹

Certain measures were identified as being crucial to the process of transformation. These include:

- ◆ Recognition of prior learning
- ◆ Curricula that allow for multiple exit levels from degree and diploma programmes
- ◆ Changes in teaching approaches to ensure development of critical thinking through a problem-based approach to learning
- ◆ Re-orientation of nursing curricula from being content-based to outcome-based
- ◆ A shift of focus to primary health and community-based care.

Overall the emphasis is on the implementation of learner-centred as opposed to teacher-centred approaches where the teacher takes on the role of a facilitator within the learning environment.

Location of Nursing Education and Training

Under the provisions of the Higher Education Act No. 101 of 1997, nursing education qualifies as “higher education” giving it the same status as education in other professions. Higher education “means all learning programmes leading to qualifications higher than grade 12 or its equivalent in terms of the National Qualifications Framework as contemplated in the South African Qualifications Authority (SAQA) Act No. 58 of 1995, and includes tertiary education as contemplated in Schedule 4 of the Constitution”.² The relocation of nursing education from the patronage of the Health Department to the main stream of education under the Ministry of Education provided for by the Higher Education Act is perceived as the most significant achievement to take place in the transformation of nursing education in South Africa. If successfully completed this move will fulfil the nursing profession’s longstanding quest for equal status with other professions. Significantly, this move will probably result in the students’ loss of employee status with the provincial Departments of Health, and consequently the loss of a readily available labour force for health departments.

The consultative exercise by the Reddy Task Team, (appointed by the Department of Education), involving stakeholder discussions on the process of this relocation was a step towards this objective. The purpose of these consultations has been to enable nursing colleges to make informed decisions regarding their future locus of control. Three options were suggested to the colleges namely, to become autonomous, to integrate into a university, or integrate into a technicon. Although the Reddy Task Team created a stage for discussions with the various stakeholders on this matter, the discussions were limited by time constraints. As a result many crucial questions remain unanswered in the minds of those who would be affected. Should colleges integrate with another institution, there is concern at the individual level among college academics regarding their job security and possible loss of status for those already higher up their career ladders. At an institutional level, fears have been expressed regarding the maintenance of colleges’ autonomy and the possible threat of failure of a complete merge between the institutions concerned.

Further the universities and technicons have indicated concern about the administrative protocols that may need to be put into place to accommodate increases in the numbers of students and employees, and the resultant financial burdens. On the positive side however, the assumption is that those universities and technicons that integrate with nursing colleges will benefit from an increase of student numbers while the colleges will gain in status and in the strength of their programmes.

Those colleges that wish to remain autonomous, and choose not to integrate with another institution, may find themselves faced with increased financial burdens when they have to fend for themselves.

Notwithstanding these concerns, observations show that the majority of university nursing departments and certainly the technicons, have welcomed the idea of absorbing the nursing colleges into their structure. The situation is not so clear in the case of the colleges themselves. It has been established that the report by the Reddy Task Team has been submitted, and that the discussions to finalise the matter are taking place between the Department of Health and the Department of Education. With the discussions still under way it is not yet clear which of the three location models will be adopted, nor when their implementation will take place. The most daunting challenge is to find the most cost-effective way to a smooth transition from the current system of nursing education to one that wholly embraces tertiary

education and the supernumerary status of nurse learners within a collaborative environment.

The Proposed Unified Nursing Education System

As a function of their higher education status, nursing education programmes are obliged to comply with SAQA's requirement of exit points. An exit point is an identified level in an academic programme at which a learner has acquired specific competencies for which a qualification may be awarded. An exit point therefore allows the learner to exit the programme with certain marketable skills for general use or use in a specific profession. After exiting, such a learner qualifies to re-enter the programme to complete the rest of it.

To comply with this requirement, and based on the assertion that "all nurses should be equipped to practice nursing independently as members of the health team"⁵ the South African Interim Nursing Council in 1997 proposed the establishment of a comprehensive four year unified system of nursing education with two possible exit points, thus providing for the creation of "only one category of nurse, that is a professional nurse."⁵ On successful completion of the second year of this programme the individual would be expected to have acquired knowledge and skills in nursing "to function as the executor of care plans and or programmes" and would qualify for registration as a generic nurse. The second and final exit point would occur at the end of the four year programme qualifying the individual as a comprehensive generalist nurse who in addition to the generic skills would "function as the designer, executor, co-ordinator and evaluator of care plans/programmes".⁵ In comparison with the current enrolled nurses' programme, completion of two years on the proposed unified programme would qualify the individual for professional nurse status. This proposal therefore assumes that all individuals entering the four year comprehensive programme would have the potential to cope with the academic demands of the comprehensive programme.

This proposal was endorsed by the National Summit on Nursing. Subsequent to this endorsement, the SANC issued Circular 18/99 announcing its resolution to phase out the bridging course for enrolled nurses, the two year enrolled nurses course and the enrolled auxilliary nursing course, confirming its intention to create only one category of nurses. However, a month later on January 13, 2000, the SANC released Circular 1/2000 stating that despite the previous circular the two year and one year basic courses for enrolled nurses and nursing auxiliaries respectively, would still remain in force until the necessary consultations had taken place. In this latter circular no reference was made to the bridging course which is also continuing.

The proposal to create only one category of nurses is highly controversial. Those in support of it are advocating for equal status for all nurses, asserting that maintenance of sub-professional nurse education programmes perpetuates the injustices of the past. On the other hand its antagonists are concerned about the cost-effectiveness and the practicality of such a move, questioning its feasibility especially in view of the limited resources in health care.

The Department of Health appears to hold the latter view. At the workshop on Restructuring of Academic Health Service Complexes held on 19 April 2000, the Department distanced itself in no uncertain terms from the move to phase out the sub-professional categories of nurses. However, some provincial Health Departments, prompted by the initial SANC circular, altered their policies on the intake of candidates to the programmes in question with the intention to either phase them out or to accelerate the bridging process.

Although fully embraced by the nursing profession, the unified education system has not been implemented nor vigorously pursued outside of the Nursing Summit Forum. Further, the SANC has been somewhat reticent regarding implementation. Observations suggest that the unified nursing education system has been put on hold.

The Existing Four Year Comprehensive Programme

Having been established under the provisions of the SANC Regulation R425, February 22, 1985⁴ as amended, the existing four year comprehensive programme is not a newcomer to the nursing education scene. However, its reform would contribute significantly to the transformation of nursing education. The programme provides for simultaneous qualifications in general, psychiatric and community health care nursing and midwifery. The driving force behind this programme has been the profession's compelling ideal of a generalist who can function efficiently in all the four disciplines.

However, since it is rare for any one individual to be required to practice in all four areas of care simultaneously, logic suggests that the current four year comprehensive programme approach is not as cost-effective as it is often alleged to be. For example, in South Africa, due to cultural factors, many male graduates show reluctance to engage in midwifery practice on completion of the programme, thus rendering the midwifery qualification redundant. Also, observations show that people tend to have preferences for one area of practice above another. Perhaps of particular importance is the shortage of nurses in other crucial areas such as primary health care who do not have the appropriate skills to undertake the responsibility.

While it may be argued that the broad grounding at the basic level allows for a choice of specialisation at a later stage, the benefits derived from the "jack of all trades" approach, which offers no option for flexibility and personal choice, are questionable. Weighed against the issues at the very heart of the current transformational processes such as cost-effectiveness, the individual's right of choice, the drive for the primary health care approach, and the need for flexibility of educational programmes as described in the National Qualifications Framework principles,⁵ the four year comprehensive programme as it currently exists proves to be counter-productive. A possible alternative could be restructuring of the four year comprehensive programme to effect more flexibility in terms of the individual's right of choice based on preference rather than obligation. Such a move would provide for greater depth in the chosen but fewer areas of study.

Transformation in Curricular Approaches

Any major changes in health care must be underpinned by relevant education and training. Accordingly, nursing education institutions are increasingly challenged to develop programmes to produce the type of nurse practitioner capable of matching the education requirements dictated by the National Health Policy SAQA directives, and simultaneously meeting the increasing demands for affordable health care. To accommodate these needs, SANC has advocated for the development of "teaching and learning strategies that enhance learner-centred education and training, and the acquisition of core competencies and learning outcomes with particular focus on the health care needs/problems of individuals, families and communities as the main method of acquiring knowledge. This to be provided through an integrated learning programme that supports the Primary Health Care (PHC) approach."⁶ Consequently, nursing curricula throughout the country are undergoing extensive revision

to orientate them towards outcome-based education (OBE), community-based education (CBE), and learner-centred problem-based learning (PBL), with emphasis on primary health care. To boost this process, workshops have been held by various structures with the aim of creating collaborative awareness and determining strategies. The objective for nursing education to focus on the PHC approach is in direct response to current health policy. Community-based education is intended to re-direct curricular activities to health needs identified by communities, thus narrowing the gap between the learning content and the realities of health care practice.

OBE is seen as an attempt by the present government to address the legacy of apartheid education. OBE is intended to produce a workforce for participation in an increasingly competitive global economy.^{7,8} As an approach it is meant to encourage skills development by focusing on what learners can do with their knowledge as opposed to the input-based model characteristic of the apartheid schooling. However, OBE is condemned by critics for its singular emphasis on procedural knowledge (outcomes), arguing that procedural knowledge without propositional knowledge potentially treats learners as uncritical participants in the learning situation.

The SANC has identified PBL as a technique of choice in the enhancement of the primary health care learning and teaching.⁶ Mangan,⁹ and Biley & Smith¹⁰ describe PBL as an appropriate pedagogical technique for the development of nurses who can explore options, are articulate and have the capacity for developing strategies based on reflective decision-making. The development of critical thinking skills is universally acknowledged as the hub of most nursing education programmes. It is believed that by strengthening critical thinking and reflective skills, learners and registered practitioners can influence change and cope with diversity in a more creative way.

This effort is however thwarted by the observation that “despite the best efforts of nurse teachers to promote critical skills acquisition, these skills are exercised only to a disappointing degree in clinical nursing practice.”¹¹ Greenwood cautions that while teaching or facilitating the acquisition of critical thinking skills is one thing, ensuring their intelligent exercise is clearly another. For nursing education to achieve the ideal of the development of critical thinking, much more effort is needed than simple lip service. “If critical thinking skills are to be exercised in clinical areas, at least some (probably most) components of such skills must be constructed in clinical areas. This implies that nurse teachers should get into action with nursing students, both pre- and post-registration, to encourage the development and use of critical thinking skills. More importantly, however, clinically based mentors and preceptors, because they are students’ primary role models, should encourage students, where appropriate, to analyse and respond flexibly to individual patients’ problems.”¹¹

This brings into question the benefits derived from the SANC’s prescribed requirement of four thousand hours minimum clinical experience for nurse learners on the comprehensive programme. Assuming that the requirement for prescribed hours is being complied with, a question of importance arises concerning the availability of the clinically-based role models referred to by Greenwood, and the level to which the learners are prepared to participate consciously in the development of critical thinking skills. There is a lack of convincing evidence to prove that the programme indeed achieves its goals for critical thinking skills development.

Clinical Experience for Nurse Learners

The need for the four thousand hours clinical experience prescribed by the SANC for the comprehensive programme is a factor that is increasingly being questioned. Based on the argument that prescribing hours for clinical practice does not guarantee competencies, a resolution was taken at the National Summit on Nursing proposing that the number of hours attached to each discipline in the four year programme, (as per guidelines for SANC Regulation No. R425, 22 February 1985, as amended), “should not be specified, rather competence/outcomes and measures to control the attainment thereof should be specified.”¹² Although this statement appears valid, equally true is the observation that competencies cannot be developed in the absence of calculated measures to guide learners. In the absence of an alternative measure visibly in place to ensure achievement of desirable programme outcomes, the system of a specified number of hours in clinical practice *if properly utilised*, turns out to be one reliable approach to the achievement particularly of dispositional knowledge skills.

Recognition of Prior Learning (RPL)

SAQA describes recognition of prior learning as “the comparison of previous learning and experience of the learner howsoever obtained against the learning outcomes required for a specific qualification, and the acceptance for purposes of qualification that which meets the requirements.”² Literature suggests that RPL is a process whereby a prospective candidate obtains formal recognition for the knowledge and skills acquired from forms of learning other than formal study. These may include work experience, work-based training, working with experts in a specific field, life experiences, and other activities that may be classified as informal study. RPL therefore, is about what the person knows and what s/he can perform.¹⁵ The major purpose is to enable “non-traditional” learners to achieve upward and lateral career mobility through recognition of other forms of education, without compromising the quality of the programme to which the candidate seeks admission.

In nursing education, the RPL principle is seen as a means of creating access opportunities for registered nurses (with a basic qualification in general, psychiatric and community health nursing and midwifery or a combination of any two of these), enrolled nurses, and enrolled auxiliary nurses to study for higher level qualifications. In consideration of this principle the SANC resolved to allow the present sub-professional categories of nurses to gain access into the 4 year comprehensive programme, thus short-circuiting the longer processes provided for in relevant SANC regulations for those who wish to upgrade to the levels of registered nurses. Furthermore the Council resolved to do away with the previous requirement of a Grade 12 certificate or its equivalent as the only qualification for entry into this basic comprehensive programme. Instead, it advocated that relevant knowledge and skills should be considered. Further, it undertook to consider partial registrations for all single courses passed within the four year comprehensive programme, where candidates fail to qualify for all four disciplines or part thereof. These reforms gave the sub-categories of nurses opportunities “to register as:

- a General nurse only, or
- b General nurse and midwife, or
- c General nurse and community health nurse, or
- d General nurse and psychiatric nurse, or

e A combination of (a) and any one of (b), (c) and (d)."¹⁴

While the RPL principle is welcomed as the single most profitable factor to revolutionise nursing education in South Africa, its worth lies in its successful implementation. Taking into account that there are various informal settings in which knowledge and skills acquisition can take place, and the differences in the degree to which individuals can utilise such learning opportunities, the task for any higher education institution to validate in a credible and fair manner the candidate's knowledge and skills acquired from previous learning is quite formidable. To facilitate the assessment, the candidate seeking recognition is expected to be actively and purposefully engaged in providing authentic evidence of the possessed prerequisite knowledge or skill. In a country where most learners have been socialised into perceiving the teacher as the custodian of all knowledge and regarding themselves as passive absorbers of that knowledge, and within the framework of rigidly structured programmes, the expectation that candidates will facilitate the process becomes a huge challenge in itself. An added factor is the cultural emphasis on "modesty" which would view any act of self-marketing on the part of the learner as arrogance and therefore discouraged.

For nursing education the problem is compounded by the large numbers of candidates from diverse working backgrounds who due to historical factors, inequalities in terms of e.g. resources, employment environment etc., may have different assessment needs. Since RPL underscores the importance of visible evidence of the current knowledge, skills and attitudes and the non-importance of experience based on time or duration, the development of individualised assessment protocols becomes crucial to its implementation. For this to take place nurse educators have to be able to match up to the demands of these procedures.

What has been achieved?

To determine progress in curricular approaches a small survey was conducted on the 17 university nursing departments that offer the comprehensive four year programme. Responses were received from 12 of these.

The aim of the survey was to obtain information regarding progress made on the six issues identified by SANC for transformation in nursing education as outlined in Circular 15/99 of SANC. The target issues on which the information was required included RPL, OBE, PBL, CBE, PHC, and research. Respondents were required to indicate in each case:

- a Whether their universities had adopted the given principle
- b Whether the given principle was being implemented by the university and/or the college/s associated with it
- c If implemented, the degree to which the implementation had progressed i.e. whether at discussion level; included in the curriculum; or fully implemented.

The following table illustrates the progress that has been made by university nursing departments in adopting SANC education principles.

Table 1: Extent to which university nursing departments have implemented SANC education principles

	1	2	3	4	5	6	7	8	9	10	11	12
OBE:discussed								✓	✓	✓	✓	✓
Curriculum	✓	✓	✓	✓	✓	✓	✓					
CBE: discussed											✓	✓
Curriculum	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
PHC: discussed											✓	✓
Curriculum	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
PBL: discussed										✓	✓	✓
Curriculum	✓	✓	✓	✓	✓	✓	✓	✓	✓			
RPL: discussed							✓	✓				
Curriculum	✓	✓	✓	✓	✓	✓						
Research: discussed										✓	✓	✓
Curriculum	✓	✓	✓	✓	✓	✓	✓	✓	✓			

Note: Discussed = the principle is still in the discussion phase in the university

Curriculum = the principle has been included in the curriculum of nursing students

In the case of the nursing colleges, seven universities indicated that research was fully implemented at their colleges of association. At one other college research implementation was at discussion level. Six university departments indicated their colleges had implemented the PHC principle while five departments indicated implementation of CBE by their affiliated colleges. OBE was acknowledged in the case of colleges associated with four university departments. For the RPL and PBL acknowledgment of implementation by colleges was confirmed only in the case of three nursing departments.

Although some nursing departments did not return the questionnaire it is evident that the six principles identified by SANC as transformational targets, have been adopted by the majority of the nursing departments at universities. Because of the mentor relationship between the universities and the colleges it is assumed that the colleges associated with the twelve universities would have been influenced to adopt the identified principles for their transformation process. Since the number of technicians offering nursing programmes is very small compared to the number made up by the colleges and the universities, it is reasonable to assume the findings from this survey are representative of the general picture of progress achieved by nursing education institutions in transforming curricular approaches.

Conclusions

The purpose of this chapter was to examine progress made in the transformation of nursing education with respect to relevant changes that are currently taking place in the health and education systems of the country. To determine this progress six issues pertaining to nursing education were identified and examined and the following conclusions were reached:

- ◆ The move to relocate nursing education institutions to the main stream of education with options for them to integrate either into the universities or technicons, or to become autonomous has not been effected;
- ◆ The proposed unified system of nursing education aimed at the creation of a more organised system of nursing education is still on hold, as is a related proposal to create a single category of nurses namely, the professional nurse;
- ◆ The existing four year comprehensive programme, designed to produce generalist nurses appears counter-productive and therefore needs reviewing as a matter of urgency;
- ◆ The proposal not to specify clinical experience hours for nurse learners but instead to focus on competence/outcomes and to specify measures to control the attainment thereof has not gone further than the proposal stage and no reliable scientific measure has been developed to facilitate the implementation of this proposal. Being the least implemented with only two universities that have managed its full implementation, RPL appears to be the most challenging task facing nursing education in its reform;
- ◆ The majority of university nursing departments has adopted the six principles suggested by the SANC for reform in curricular approaches.

Recommendations

Although there is general acceptance of the relocation of nursing education to the main stream of education, the fact that approximately five years have gone by without this matter being finalised is a source of concern to all involved parties. It is desirable that the matter be brought to finality by the two authorities concerned as a matter of urgency. Due to uncertainty and fears, the effects on both individuals and institutions should be given attention. To take care of the anxieties it may be necessary for more information to be made available to all interested parties. It is also suggested that collaboration between universities and technicons be encouraged to promote cost effectiveness in taking up the responsibilities of integrating the colleges. To mobilise progress the report by the task team needs to be released as soon as possible.

Since nursing education stands to benefit tremendously from reforming its current system to the proposed unified system it is imperative that the apparent conflict between SAQA's requirement of exit points and the concept of a single category of nurse being proposed by the SANC be reconciled. The fact that there always will be those individuals who, for various reasons are not able to complete the four year programme but would have acquired the necessary skills for which they can earn a qualification, points to the difficulty of eliminating the sub-professional category of nurses. Also, since the proposal suggests that individuals exiting at the two proposed exit levels will both qualify as professional nurses, the current distinction between a professional and a sub-professional nurse will need to be reviewed. Traditionally, more demands for professional independence were made on the professional nurse as opposed to the enrolled nurse with an academic preparation of two years. For this reason the creation of a single category of nurses and its implications on the

status of the nursing profession need to be more fully considered.

The question of whether there should be other discipline options available in the four year comprehensive programme is an important one. Abundant evidence is available indicating the shortage of nurses with skills in primary health care, especially to service clinics in the rural areas e.g. in the Northern Province where the 1999 figures suggested a total of 2.4% of the total nurse body.¹⁵ In view of this need, introduction of other option tracks within the four year comprehensive programme must be considered. These could include PHC, Integrated Management of Childhood Illnesses, and care of the elderly whose needs seem to be on the increase. Since there appears to be an overproduction of midwives, the non-optional status of the comprehensive programme components needs to be reviewed.

Taking into account the identified lack of clinically-based role models and preceptors to develop nurse learners with critical thinking skills, the need for clinically based mentors and preceptors needs to be officially recognised and supported by all management levels in nursing education institutions. The provision of preceptors must be consciously provided for and not left to chance. Because learners need to participate consciously in their development of critical thinking skills, nurse educators must be appropriately prepared for this task and be assisted to build learners' receptivity to the learning environment.

Since learning theories attest to the value of repeated exposure in the acquisition of proficiency and expertise, the existing system of prescribed hours for clinical experience must be sharpened to serve the purpose until a more suitable and practical alternative is found. For this to happen a scientifically guided, evidence-based investigation will have to be undertaken as a matter of urgency. In doing so it must be borne in mind that dispositional knowledge competencies are not always measurable.

To ease the burden in determining credits for RPL it is imperative that nursing curricula be constructed in a manner that ensures a singular point of departure for all categories of nurse learners at the basic level. Since the proposed unified nursing education system seems to provide for this need, this proposal will need to be further developed. In addition sound evaluation strategies for assessing the prior learning of candidates need to be given attention.

