



## A PROFESSION IN PERIL? REVITALISING NURSING IN SOUTH AFRICA SAHR KWIK SKWIZ SERIES

### This KWIK SKWIZ:



summarises Chapter 9 of the 2014/15 South African Health Review.

- Nurses in South Africa, as elsewhere, make up the largest single group of health service providers and their role in promoting health and providing essential health services is undisputed. The country has three categories of nurses: professional (registered) nurses with four years of training; enrolled nurses with two years of training; and nursing assistants or auxiliaries with one year of training.
- Despite this, South Africa's nursing profession is in peril, characterised by shortages, declining interest in the profession, lack of a caring ethos, and an apparent disjuncture between the needs of nurses and those of communities served. Among the critical issues that need to be addressed by health policy-makers and practitioners in order to revitalise the nursing profession are: nursing education reforms; enhancing the participation of nurses in policy-making; casualisation of the nursing profession; ethics; quality of care; and the work experiences of nursing managers at primary health care clinics.
- Statistics from the South African Nursing Council (SANC) illustrate that the existing outputs of nursing education institutions do not match the health and service demands for nurses and midwives. Existing SANC information also shows a decrease in the production of nurses with specialist qualifications, particularly clinical specialisations. The new health sector reform policies will further increase the demand for professional nurses with specialised skills.
- A major crisis is looming unless issues of curriculum quality and relevance, nurse educator quality, educational resources, and governance of nursing education are addressed. Nursing education reforms must be implemented without further delay. There must be high-level investment in preparing nurses for and in practice through appropriate training that emphasises ethical value systems and social accountability, adequate staffing in different healthcare settings, and enabling work environments.
- The nursing practice environment is fraught with resource, administrative and quality of care problems, compounded by workforce concerns – suitability of new entrants, admission and selection of nursing students, training, competence and work ethos. The practice environment is also influenced directly by agency work and moonlighting, which in turn contribute to poor staying power, low energy levels, abuse of leave, sub-optimal nursing care, split loyalties and accountability, and erosion of professionalism.

- Revitalising the nursing profession requires concerted efforts by government and the office of the Chief Nursing Officer, the Democratic Nursing Organisation of South Africa (DENOSA) and management to supply, improve and modernise resources for a positive work environment. Although nursing agencies play an important role in providing temporary staff to health services, governance of these agencies by both the Health Department and the SANC must be improved.
- South Africa's Ministry of Health has underscored the essential role of nurses in the implementation and success of proposed health sector reforms. A policy analysis study was done to examine the dynamics, strengths and weaknesses of nurses' participation in four national health workforce policies: the 2008 Nursing Strategy; revision of the Scope of Practice for nurses; the new Framework for Nursing Qualifications; and the Occupation-Specific Dispensation (OSD) remuneration policy. The study found that although the policy space has widened since the advent of democracy in South Africa, nurses' participation in policy-making is both contested and complex.
- There is a disjuncture between nursing leadership and front-line nurses in their levels of awareness of the four policies. Unsurprisingly, the OSD remuneration policy was the most well-known by all categories of nurses. Their reasons for lack of policy awareness ranged from inadequate feedback from those who are involved to deliberate exclusion from the policy table. Overall, most participants regarded nurses' involvement in policy-making as insufficient, and in some instances where they have been included, their views were disregarded.
- There is also limited consensus on which nursing group legitimately represents nursing issues in the policy arena. The tension between public and private sector nurses and between university and college educators is captured in nurses' views that those nurses with power and status are more likely to influence policy. Notwithstanding consensus on the importance and inclusion of frontline nurses in policy-making, study respondents acknowledged the practical difficulties of

involving thousands of front-line nurses in broader health policy development, and of overcoming the barriers to their active participation in fora which include their managers.

- The appointment of the Chief Nursing Officer in 2014 is encouraging. A revised Strategic Plan for Nurse Education, Training and Practice is in place in South Africa. The existence of SANC and a strong regulatory framework are positive aspects, as is the presence of a strong national nursing association, hence there is a good foundation to provide stewardship in the critical areas of policy implementation, improving nurses' practice environment, and nurse education. However, the weaknesses in the policy capacity of the main institutions responsible for the leadership and governance of nursing in South Africa must be addressed if health sector reforms are to be realised.

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