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Abstract

The policy and transformation choices facing the nursing profession are considerable and complex. This chapter focuses on two responses of the nursing profession to the far-reaching challenges posed by the transformation process.

The first part of this chapter examines the supply of nurses as recorded in the South African Nursing Council register and roll of nurses. It points to a low level of training for all categories of nurses which, combined with a high attrition rate, raises serious concerns about the ability of the nursing profession to cope with increasing health needs and challenges of the South Africans.

The second part focuses on scope of practice of the nursing profession and the proposed changes to the practice of nursing. These changes if passed into legislation, will lead to revising the curriculum that will better prepare the various categories of nurses and also offer nurses improved career path options.

The chapter calls for guidelines for planning and managing the human resources requirements for nursing and greater involvement of the private sector in the production of nurses.

nursing profession

production of nurses and proposed scope of practice

Introduction

The health care delivery system has undergone significant changes over the last decade, which were informed by the political environment and new health challenges that faced the country.

The availability of sufficient and competent health professionals with appropriate skills is central to the success of the transformation process of the health care system in South Africa (SA).

The 1997 White Paper for the Transformation of the Health System in South Africa¹ established a number of important principles to guide human resource planning, production and management. This policy document identified the following critical areas for the nursing profession:

- Evaluate the appropriateness of the existing scopes of practice to the context of health care delivery in SA.
- Identify the categories of nurses required to deliver a cost-effective and a high standard of health care.
- Align the scopes of practice of different categories of nurses in accordance with the health care delivery needs.
- Evaluate the education and training of nurses in terms of appropriateness, cost benefit, core competencies and standards for practice.
- Promote and maintain a caring ethos within the nursing profession.
- Ensure that national health priorities are addressed in all nursing education programmes.
- Create a cadre of competent and skilled nurses who are lifelong learners and critical thinkers.

- Promote the ability of every nurse to evaluate and assure quality in his / her practice.

Both the Health Sector Strategic Framework 1999-2004² and the Strategic Priorities for the National Health System 2004-2009³ include human resource development as a priority area for the health system. Furthermore, the Human Resource for Health (HRH) Task Team Report of 2000 suggested a review of the scope of practice of health professionals especially that of nursing.⁴

This chapter focuses on two responses of the nursing profession to the far-reaching challenges posed by the health system transformation process. The first part of this chapter examines the production and distribution of nurses especially as recorded in the South African Nursing Council (SANC) register and roll of nurses. The second part focuses on the scope of practice of the nursing profession and the proposed changes to the practice of nursing to be promulgated in a new legislative framework for the nursing profession.

Register and Roll of the South African Nursing Council

The nursing profession in SA is regulated through the Nursing Act No. 50 of 1978⁵ (Nursing Act), which provides for the registration of professional nurses and the enrolment of nurses and nursing auxiliaries.

The SANC, in terms of the Nursing Act, keeps a register of professional nurses and roll of nurses and nursing auxiliaries eligible to practise in SA. The information provided in this

Table 1: Growth in the South African Nursing Council Register and Roll of Nurses, 1996-2004

| Categories of Nurses | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | Variance Between 1996 to 2004 |
|-------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|-------------------------------|
| Professional Nurses / Midwives | 87 783 | 90 007 | 91 011 | 92 390 | 93 303 | 94 552 | 94 948 | 96 715 | 98 490 | +10 707 |
| Enrolled Nurses / Enrolled Midwives | 33 170 | 33 005 | 32 744 | 32 925 | 32 399 | 32 120 | 32 495 | 33 575 | 35 266 | +2096 |
| Enrolled Nursing Auxiliaries | 51 567 | 51 538 | 49 948 | 47 578 | 45 943 | 45 666 | 45 426 | 47 431 | 50 703 | -864 |
| TOTAL | 172 520 | 174 550 | 173 703 | 172 893 | 171 645 | 172 938 | 172 869 | 177 721 | 184 459 | +11 939 |

Source: South African Nursing Council Register

chapter is derived from the register and the roll between 1996 and 2004.

According to the SANC register in 2004 there were 98 740 professional nurses, 35 266 enrolled nurses and 50 703 enrolled nursing auxiliaries who were classified as eligible to practise in SA (Table 1). Table 1 indicates that between 1996 and 2004, the total number of nurses on the registers increased by 11 939 (6.9%). During this period professional nurses increased by 10 707 (12.2%); enrolled nurses by 2 096 (6.3%) and enrolled nursing auxiliaries declined by 864 (-1.6%).

The increase in the number of professional nurses is partly attributed to the introduction of a bridging programme that allows nurses in the enrolled nurse category to 'upgrade' to the professional nurse category. This same factor could explain the low growth of the enrolled nurse category. Although there has been a constant production of new enrolled nurses, there has been a simultaneous loss of existing enrolled nurses to the professional nurse category. The number of enrolled nursing auxiliaries that are upgrading their qualifications through further training may have contributed negatively to the growth in that category.

These trends in the numbers of nurses registered are of serious concern as they have not even kept up with population growth. During this period the population of SA increased from approximately 40.5 million to 46.4 million which is a growth of over 14%.⁶

In addition, during this period the demands on nurses have increased considerably. There has been greater reliance by the public health service on the nursing profession. This is largely due to the increased emphasis placed on primary health care which is based on nurses being the main service provider. This has been compounded by the increased

usage of the public sector health services as a result of easier accessibility (e.g. free maternal and child health) and by increased morbidity largely due to the HIV epidemic. This has resulted in an increased workload for nurses.

It is also important to note that although there has been an overall increase in the number of professional nurses on the SANC register, not all of the professional nurses are actively working as professional nurses in the SA health care system. Professional nurses often retain their registration if they are working abroad, retired from employment or not employed as nurses.

The HRH Task Team Report of the DoH in 2000⁴ proposed that there should be a ratio of at least 1 professional nurse to 2 enrolled nurses. Table 1 reflects a decline instead of an increase in the ratio of enrolled nurses to professional nurses. In order for SA to attain the recommended ratio, the number of enrolled nurses would have to increase nearly six-fold.

Production of professional nurses

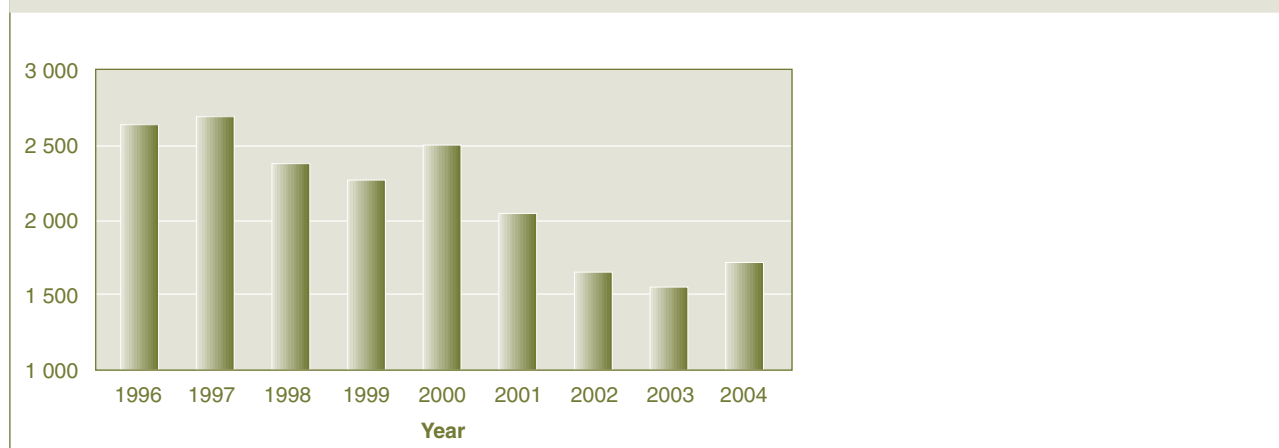
The production of professional nurses from 1996 to 2004 is shown in Table 2 and Figure 1. During this period a total of 19 400 professional nurses were trained and registered with the SANC. Of major concern is the trend of declining numbers trained per annum. This is especially worrying given that there has been an increased demand locally for nurses whilst at the same time there has been a major exodus of professional nurses to work abroad.

The qualification for the registration of a professional nurse (PN) is a four-year course, which can be at a diploma or a degree level.

Table 2: Training of professional nurses in nursing colleges and universities: four-year comprehensive course, 1996-2004

| | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | TOTAL |
|---------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|
| Eastern Cape | 197 | 357 | 369 | 304 | 308 | 245 | 248 | 287 | 354 | 2 669 |
| Free State | 277 | 337 | 257 | 200 | 216 | 200 | 214 | 111 | 79 | 1 891 |
| Gauteng | 1001 | 914 | 738 | 683 | 608 | 680 | 483 | 362 | 368 | 5 837 |
| KwaZulu-Natal | 421 | 380 | 339 | 387 | 488 | 312 | 253 | 305 | 441 | 3 326 |
| Limpopo | 115 | 152 | 129 | 134 | 161 | 165 | 119 | 131 | 114 | 1 220 |
| Mpumalanga | 27 | 31 | 41 | 43 | 73 | 65 | 47 | 73 | 95 | 495 |
| Northern Cape | 25 | 23 | 38 | 35 | 7 | 16 | 25 | 21 | 19 | 209 |
| North West | 188 | 212 | 215 | 137 | 266 | 159 | 130 | 100 | 70 | 1 477 |
| Western Cape | 378 | 276 | 245 | 339 | 367 | 199 | 133 | 163 | 176 | 2 276 |
| Total | 2 629 | 2 682 | 2 371 | 2 262 | 2 494 | 2 041 | 1 652 | 1 553 | 1 716 | 19 400 |

Source: South African Nursing Council Register

Figure 1: Number of professional nurses trained per year by nursing colleges and universities

Source: South African Nursing Council Register

Production of professional nurses: nursing colleges

Public sector nursing colleges, most of which are funded by the provincial Departments of Health (DoH) trained the majority (81.6%) of all the professional nurses completing the 4-year training course. From 1996 to 2004, 15 824 PNs were registered after completing the 4-year comprehensive diploma course in nursing.

Production of professional nurses: universities

The training of professional nurses at universities is a four year degree course that also leads to the registration of a professional nurse in general nursing, midwifery, mental and community health with the SANC. The number of professional nurses that completed training from 1994 to 2004 was 3 576 (Table 3). There was an overall increase in the number of nurses graduating annually from universities from 360 in 1996 to 428 nurses in 2004, an increase of 19%. Over this period, universities trained 18.4% of all PNs who completed the 4 year course.

The training programmes for nurses at universities have a more academic and research focus and it is imperative for the profession to ensure that there are sufficient numbers of nurses trained to follow an academic career. In Mpumalanga and the Northern Cape, there are no universities and all their professional nurses are trained at nursing colleges. In

Limpopo there has been a significant increase in graduates since 2002 whilst in the Free State the output of nursing university graduates has declined.

Overall the numbers of PNs being produced by universities is relatively small compared to the need facing the health sector in SA.

Production of professional nurses: bridging course

Since 1989, the SANC has permitted enrolled nurses and nursing auxiliaries to qualify as professional nurses through a two-year bridging programme (Table 4). Between 1996 and 2004, 14 864 PNs were registered as general nurses after completing the two year Bridging Course. There was a general upward trend in the number of PNs graduating through the bridging course, from 1 169 in 1996 to 2 103 in 2004.

| | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | Total |
|---------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|--------------|
| Eastern Cape | 41 | 44 | 40 | 35 | 22 | 59 | 73 | 83 | 74 | 471 |
| Free State | 63 | 102 | 80 | 59 | 60 | 75 | 46 | 47 | 34 | 566 |
| Gauteng | 114 | 120 | 106 | 89 | 63 | 82 | 95 | 89 | 93 | 851 |
| KwaZulu-Natal | 60 | 26 | 44 | 51 | 56 | 46 | 39 | 41 | 83 | 446 |
| Limpopo | 1 | 21 | 6 | 8 | 9 | 11 | 47 | 59 | 54 | 216 |
| Mpumalanga | | | | | | | | | | 0 |
| Northern Cape | | | | | | | | | | 0 |
| North West | 25 | 25 | 38 | 35 | 154 | 76 | 48 | 54 | 35 | 490 |
| Western Cape | 56 | 49 | 67 | 74 | 44 | 59 | 52 | 80 | 55 | 536 |
| Total | 360 | 387 | 381 | 351 | 408 | 408 | 400 | 453 | 428 | 3 576 |

Source: South African Nursing Council Register

Table 4: Bridging courses: training of enrolled nurses and enrolled nursing auxiliaries as professional nurses, 1996-2004

| | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | Total |
|---------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|
| Eastern Cape | 77 | 56 | 91 | 141 | 176 | 293 | 187 | 322 | 293 | 1 636 |
| Free State | 46 | 122 | 117 | 140 | 100 | 141 | 101 | 81 | 61 | 909 |
| Gauteng | 371 | 76 | 349 | 299 | 382 | 178 | 215 | 307 | 286 | 2 463 |
| KwaZulu-Natal | 271 | 324 | 403 | 534 | 561 | 268 | 546 | 646 | 715 | 4 268 |
| Limpopo | 216 | 196 | 252 | 297 | 347 | 352 | 254 | 216 | 333 | 2 463 |
| Mpmlanga | 72 | 126 | 200 | 251 | 218 | 177 | 245 | 142 | 256 | 1 687 |
| Northern Cape | 15 | 26 | 19 | 30 | 30 | 38 | 39 | 22 | 51 | 270 |
| North West | 17 | 33 | 25 | 113 | 144 | 204 | 55 | 81 | 25 | 697 |
| Western Cape | 84 | 74 | 83 | 34 | 33 | 19 | 37 | 24 | 83 | 471 |
| Total | 1 169 | 1 033 | 1 539 | 1 839 | 1 991 | 1 670 | 1 679 | 1 841 | 2 103 | 14 864 |

Source South African Nursing Council Register

While this bridging course programme assists with the advancement of the careers of enrolled nurses and nursing auxiliaries, it does have an impact on the number of enrolled nurses and nursing auxiliaries. As part of the human resource strategy for health, it is important to ensure that there are sufficient numbers of new enrolled nurses and nursing auxiliaries to replace those that are advancing their careers.

It is also important to note that professional nurses who have completed the bridging programme are eligible to register to practice as general nurses^a only. This qualification however, limits their ability to practise in primary health care settings where nurses are required to practise comprehensively.^b

Overall production of professional nurses

During the period under review (1996-2004) a total of 34 264 professional nurses were produced. Of these 15 784 were newly trained at colleges (46.2%), 3 576 at universities (10.4%), whilst 14 864 came from the bridging courses (43.4%). But the number of trained professional nurses has been erratic with significant changes between years. In 2004, the number of nurses trained increased back to just above the 1996 level (Figure 2).

Table 5: Overall numbers of professional nurses produced, 1996-2004

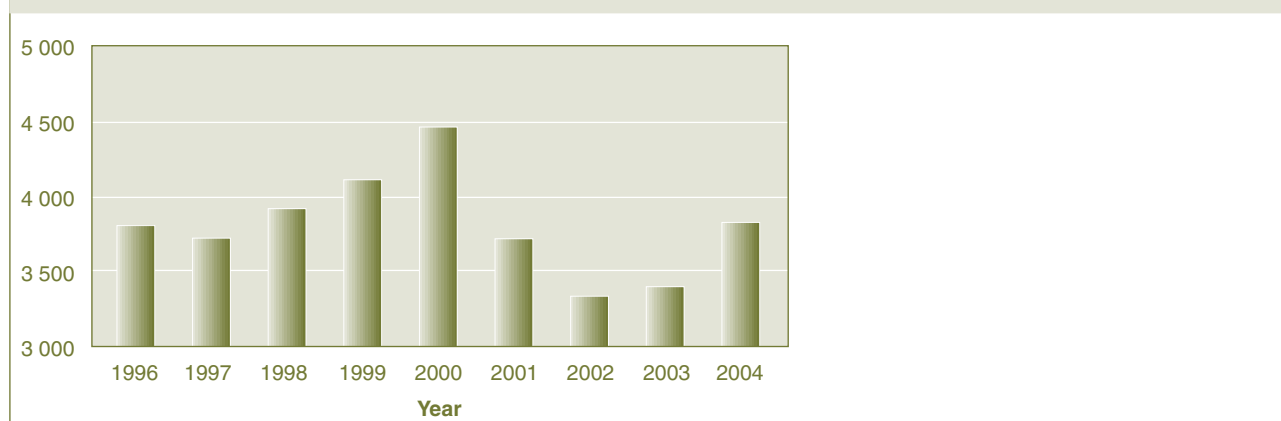
| Year | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | Total | Percentage |
|------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|------------|
| Nursing Colleges | 2 269 | 2 295 | 1 990 | 1 911 | 2 086 | 1 633 | 1 252 | 1 100 | 1 288 | 15 824 | 46.2 |
| Universities | 360 | 387 | 381 | 351 | 408 | 408 | 400 | 453 | 428 | 3 576 | 10.4 |
| Bridging Course | 1 169 | 1 033 | 1 539 | 1 839 | 1 991 | 1 670 | 1 679 | 1 841 | 2 103 | 14 864 | 43.4 |
| Total | 3 798 | 3 715 | 3 910 | 4 101 | 4 485 | 3 711 | 3 331 | 3 394 | 3 819 | 34 264 | 100 |

Source South African Nursing Council Register

^a General nursing enables a person to have capacity and authority to practise competently primary, secondary and tertiary health care in all settings and branches of nursing (International Council of Nurses 1986).

^b Comprehensive nursing is professional nursing interventions that integrate and apply the scientific process of the full range of nursing (i.e. in the areas of general, obstetric and mental health) that promote and maintain the health status of health care users in all contexts of health care delivery (SANC).

Figure 2: Total number of professional nurses trained 1996-2004



Source: South African Nursing Council Register

Whilst 34 264 professional nurses were trained, during the same period the growth in the number of nurses on the SANC register was only 10 707. This represents 31.5% of those produced. This indicates an attrition rate of 68.5%, which is explained by nurses leaving the profession through a combination of reaching retirement age, morbidity and mortality, moving to other jobs and leaving the country. Such an attrition rate represents a tremendous loss to the health system in SA. If it persists the production of nurses will have to be increased at least three fold to keep up with the requirements of the health system.

Production of enrolled nurses

The entry requirement for the enrolled nursing 2-year certificate programme is grade 10. The SANC has accredited both public and private training providers to train these nurses. The statistics for enrolled nurses completing training is divided into private and public sectors to assist in analysing the production trends.

Production of enrolled nurses: private sector

Table 6 shows that there has been a very large increase in the training of enrolled nurses (ENs) in the private sector. However, there is a huge disparity and variation in the production of ENs between the nine provinces. Gauteng and KwaZulu-Natal produced 3 430 and 4 657 ENs respectively, representing over 90% of all privately trained enrolled nurses. In the Eastern Cape and Northern Cape there were no private sector trained ENs and only 8 ENs were trained in the North West. All three of these provinces are predominantly 'rural provinces' where the health system is more dependent on nurses than in the more urban provinces.

Production of enrolled nurses: public sector

The overall training of enrolled nurses in the public sector has increased from 70 nurses in 1996 to 1 438 nurses in 2004. (Table 7). However, there are big differences between the nine provinces. The Eastern Cape did not train any ENs, the Northern Cape trained for one year (16 in 1998) and the North West stopped training in 2000, compounding the absence of private sector training in these provinces.

Overall production of enrolled nurses

A total of 19 513 new ENs were entered onto the SANC roll during the period 1996 to 2004 whilst 14 864 ENs^c completed the bridging programme to become professional nurses. This gives an overall increase of 4 643 ENs. However, during this period the overall numbers on the roll increased by only 2 096, giving an attrition rate of 2 553 ENs. This attrition is probably consistent with the numbers leaving active service because of old age, ill health and death.

^c It is assumed for the purposes of calculation that all the 14 864 professional nurses who completed the 2 year bridging course were enrolled nurses and not auxiliary nurses.

Table 6: Training of enrolled nurses: private nursing education institutions

| | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | Total |
|---------------|------|------|------|------|------|------|-------|-------|-------|-------|
| Eastern Cape | | | | | | | | | | 0 |
| Free State | | | | | | 9 | 7 | 24 | 52 | 92 |
| Gauteng | 23 | 70 | 168 | 235 | 252 | 328 | 538 | 689 | 1 127 | 3 430 |
| KwaZulu-Natal | 10 | 104 | 233 | 280 | 420 | 478 | 769 | 946 | 1 417 | 4 657 |
| Limpopo | | 4 | 9 | 7 | 15 | 12 | | 2 | 7 | 56 |
| Mpumalanga | | 10 | 8 | 4 | 10 | 2 | 19 | 17 | 25 | 95 |
| Northern Cape | | | | | | | | | | 0 |
| North West | | | | | | | 8 | | | 8 |
| Western Cape | | | | | 5 | 45 | 102 | 128 | 207 | 487 |
| Total | 33 | 188 | 418 | 526 | 702 | 874 | 1 443 | 1 806 | 2 835 | 8 825 |

Source: South African Nursing Council Register

Table 7: Training of enrolled nurses: public nursing education institutions

| | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | Total |
|---------------|------|------|-------|-------|-------|-------|-------|-------|-------|--------|
| Eastern Cape | | | | | | | | | | 0 |
| Free State | 1 | 35 | 28 | 32 | 34 | 29 | 35 | 26 | 32 | 252 |
| Gauteng | 8 | 323 | 447 | 496 | 122 | 94 | 377 | 497 | 338 | 2 702 |
| KwaZulu-Natal | 25 | 246 | 233 | 571 | 232 | 410 | 438 | 500 | 755 | 3 410 |
| Limpopo | 15 | 98 | 221 | 401 | 448 | 232 | 223 | 213 | 165 | 2 016 |
| Mpumalanga | | 116 | 266 | 331 | 294 | 263 | 195 | 79 | 67 | 1 611 |
| Northern Cape | | | 16 | | | | | | | 16 |
| North West | 1 | 10 | 37 | 140 | 24 | | | | | 212 |
| Western Cape | 20 | 53 | 54 | 71 | 63 | 30 | 60 | 37 | 81 | 469 |
| Total | 70 | 881 | 1 302 | 2 042 | 1 217 | 1 058 | 1 328 | 1 352 | 1 438 | 10 688 |

Source: South African Nursing Council Register

Production of enrolled nursing auxiliaries

The entry requirement for the one year certificate programme to become an enrolled nursing auxiliary (ENA) is grade 10. The SANC has accredited both public and private training providers.

Production of enrolled nursing auxiliaries: private sector

The number of ENAs trained by the private sector rose from 439 for the year 1996 to 6 074 for 2004. (Table 8). Similar to the enrolled nurses, the vast majority of the training is in two provinces with 68% of the training taking place in Gauteng and 20.5% in KwaZulu-Natal.

Production of enrolled nursing auxiliaries: public sector

The training of nursing auxiliaries in the public sector is shown in Table 9. It has been erratic and fluctuated from a high of 1 442 in 1997 down to 271 in 2000. However the total number of ENAs trained increased steadily since the low of 2000. There are nonetheless considerable variations both between provinces and within provinces over time. There were declining numbers in Limpopo, Mpumalanga and Eastern Cape from 1999 to 2003. Such variations raise questions on the criteria used to determine the number of ENAs to be trained.

Table 8: Training of nursing auxiliaries: private nursing education institutions

| | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | Total |
|---------------|------|------|------|------|-------|-------|-------|-------|-------|--------|
| Eastern Cape | | 18 | 9 | 1 | 6 | 16 | 64 | 16 | 46 | 176 |
| Free State | 11 | 10 | 18 | 7 | 9 | 3 | | 30 | 5 | 93 |
| Gauteng | 324 | 414 | 325 | 451 | 928 | 1 088 | 1 648 | 2 414 | 4 431 | 12 023 |
| KwaZulu-Natal | 41 | 54 | 100 | 95 | 194 | 297 | 665 | 1 127 | 1 062 | 3 635 |
| Limpopo | | 10 | 9 | | | 107 | 60 | 116 | 186 | 488 |
| Mpumalanga | 7 | 21 | 12 | 8 | 10 | 25 | 15 | 26 | 8 | 132 |
| Northern Cape | | | | | | | | | | 0 |
| North West | | | 1 | | | | | | | 1 |
| Western Cape | 56 | 48 | 57 | 68 | 91 | 105 | 201 | 139 | 336 | 1 101 |
| Total | 439 | 575 | 531 | 630 | 1 238 | 1 641 | 2 653 | 3 868 | 6 074 | 17 649 |

Source: South African Nursing Council Register

Table 9: Training of nursing auxiliaries: public nursing education institutions

| | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | Total |
|---------------|------|-------|------|------|------|------|------|------|------|-------|
| Eastern Cape | 27 | 73 | 49 | 28 | 10 | 5 | 1 | | 35 | 228 |
| Free State | 77 | 129 | 106 | 41 | 3 | 35 | 121 | 58 | 128 | 698 |
| Gauteng | 127 | 84 | 27 | 9 | 36 | 36 | 45 | 81 | 61 | 506 |
| KwaZulu-Natal | 137 | 434 | 150 | 238 | 140 | 56 | 114 | 97 | 109 | 1 475 |
| Limpopo | 33 | 115 | 354 | 59 | 16 | 3 | 5 | 15 | 150 | 750 |
| Mpumalanga | 53 | 333 | 193 | 103 | 15 | 5 | 1 | 14 | | 717 |
| Northern Cape | 19 | 5 | 1 | | | | | 42 | 60 | 127 |
| North West | 36 | 148 | 50 | 69 | 33 | 55 | 75 | 152 | 20 | 638 |
| Western Cape | 103 | 121 | 62 | 39 | 18 | 78 | 63 | 63 | 61 | 608 |
| Total | 612 | 1 442 | 992 | 586 | 271 | 273 | 425 | 522 | 624 | 5 747 |

Source: South African Nursing Council Register

Overall production of enrolled nurses auxiliaries

Between 1996 and 2004, 23 396 nursing auxiliaries were produced with the public sector contributing 24.6% and the private sector 75.4%. However, over the same period there has been an overall loss of 864 in the total number of nursing auxiliaries on the SANC roll. This effectively means that although 23 396 nursing auxiliaries were produced between 1996 and 2004, this number did not contribute to the increase in the number of nursing auxiliaries on the SANC roll.

It is not clear from the numbers what the reasons are for this very large attrition. It may be that there are better opportunities in other jobs; it may be that the HIV epidemic is affecting this category more than others or it may be because of the lack of distinction in the role and responsibilities assumed by new categories of health workers, such as community health workers, and that of nursing auxiliaries.

Scope of nursing practice

Review of the current scope of practice

As shown in Table 10, there are currently in SA, three basic categories of nurses; namely professional nurses and midwives, enrolled nurses and midwives and enrolled nursing auxiliaries.

The practice of each category and the minimum requirements for registration and enrolment are prescribed in the Regulations of the Nursing Act.

The Regulations that prescribe the scope practice of the different categories of nurses were last reviewed in 1984.⁷ Since 1984 the education and training programmes for nurses have undergone significant changes. For example, the introduction of the 4 year comprehensive training course in February 1985⁸ was the most fundamental change. The primary intention of the comprehensive training for professional nurses was to ensure that they can practice comprehensively. However, the scope of practice was not revised to reflect this change in the practice of professional nurses.

The HRH Task Team Report⁴ and the White Paper for Transformation of Health¹ specifically mentions the need to review the scope of practice of the different categories of nurses. For instance, while the scope of practice for an enrolled nurse is restrictive and limiting; in reality enrolled nurses are expected to assume responsibilities that are far

beyond their scope of practice in most health care settings.

The existing scope of practice has placed constraints on the capacity of nurses to deliver health care in the South African health care system. Some of these constraints include a lack of a clear distinction of practice for the different categories of nurses; a lack of clearly stated broad parameters and a lack of definition of the minimum competencies required for the scope of practice for each category of nurses. Overall, the current nursing scope of practice is not aligned to the current health policies and the health care system.

These constraints and challenges have motivated the SANC to review and align the scopes of practice with the national health care policies and delivery requirements.

Draft revised scope of practice for the nursing profession

In 2003 the SANC drafted a revised scope of practice for each category of nurse.

The new categories of nurses and the scope for each category were based on the provisions contained in the Nursing Bill which is scheduled to be considered by Parliament. The proposed scope of practice will only be enforced after the passing of the Nursing Bill and once regulations prescribing the scope of practice are written and passed as part of the new legislative framework for the nursing profession.

The assumptions underlying this draft scope of practice

The draft scope of practice was based on the following assumptions:

- General nursing education and training forms the basis of midwifery education and training and therefore, it is difficult to distinguish at which point the practitioner is applying nursing or midwifery skills. It is for this reason that the assumption is made that the term 'nursing' can be applied to both nursing and midwifery in SA, unless where the practice applies specifically to that of midwifery.
- SA requires nurses that are comprehensively trained to provide nursing care in various contexts (e.g. Primary health care, institutional / hospitals, midwifery and mental health settings) and in both rural and urban settings.

- A comprehensive training does not imply or focus on attaining separate qualifications but rather on the ability to integrate knowledge and skills for the provision of comprehensive nursing care.
- The existing categories of nurses (i.e. professional nurses, enrolled nurses and nursing auxiliaries) are necessary for providing health care within the current health care delivery system.
- Each category of nurse will be an independent practitioner in accordance with their scope of practice and the level of training and competence attained.
- This draft scope of practice focuses on outlining the practice of the three basic categories of nurses.
- Education and training of nurses is informed by the scope of practice and the competencies required for nursing practice.
- Where the scope of practice for current categories of nurses is expanded beyond that of the current levels of practice of a particular category of nurse, training to upgrade the skills and competencies will be required.

The revised scope of practice makes provision for four categories of nurses which are aligned with names proposed in the Nursing Bill. The categories are:

- Professional Nurse (Registered Nurse)^d
- Professional Midwife (Registered Midwife)
- Staff Nurse (Enrolled Nurse)
- Nursing Auxiliary (Enrolled Nursing Auxiliary).

Each of these categories is defined in Table 10

Scope of practice proposed for the different categories of nurses

In order to address the difficulty experienced in differentiating the practice of each category of nurse, the SANC has attempted to clearly describe the practice of the three basic categories of nurses, excluding midwives. The intention of this distinction is to assist the public in identifying what they can expect from each category of nurse as well as to enable the nurse and managers of health facilities to be clear about the nurse's scope of practice.

^d The current equivalent category is in brackets next to the revised name.

Table 10: Definitions of the Different Categories of Nurses

| Professional Nurse | Professional Midwife | Staff Nurse | Nursing Auxiliary |
|---|--|---|---|
| <p>A professional nurse is a person who:</p> <ul style="list-style-type: none"> ✧ is educated and competent to practise comprehensive nursing; ✧ assumes responsibility and accountability for independent decision making in such practice; and ✧ is registered and licensed as a professional nurse under the Nursing Act. | <p>A professional midwife is a person who:</p> <ul style="list-style-type: none"> ✧ is educated and competent to practise midwifery; ✧ assumes accountability and responsibility for independent decision making in such practice; and ✧ is registered and licensed as a midwife in terms of the Nursing Act. | <p>A staff nurse is a person who:</p> <ul style="list-style-type: none"> ✧ is educated and competent to practise basic nursing; ✧ assumes responsibility and accountability for independent decision making in such practice; and ✧ is registered and licensed as a staff nurse under the Nursing Act. | <p>An nursing auxiliary is a person who:</p> <ul style="list-style-type: none"> ✧ is educated and competent to practise elementary nursing; ✧ assumes responsibility and accountability for independent decision making in such practice; and ✧ is registered and licensed as a nursing auxiliary under the Nursing Act. |

Source: South African Nursing Council Draft Scope of Practice 31 March 2005

Table 11: Scope of Practice of Different categories of Nurses

| Professional Nurse | Staff Nurse | Nursing Auxiliary |
|--|---|--|
| <p>The scope of the professional nurse is to provide comprehensive nursing and the primary responsibilities entail:</p> <ul style="list-style-type: none"> ✧ The provision of comprehensive nursing treatment and care of persons in all health care settings; ✧ Taking responsibility and accountability for the management of nursing care of individuals, groups and communities; ✧ Providing emergency care; ✧ Ensuring safe implementation of nursing care; ✧ Taking responsibility and accountability for the care of persons who have unstable and complicated health conditions; ✧ Ensuring that nursing care is only delegated to competent practitioners. | <p>The scope of the staff nurse is to provide basic nursing care and the primary responsibilities entail:</p> <ul style="list-style-type: none"> ✧ The provision of basic nursing care and treatment of persons with stable and uncomplicated health conditions in all settings; ✧ Providing basic emergency care; ✧ Assessing and developing a plan of nursing care for persons with stable and uncomplicated health conditions; ✧ Taking responsibility for the nursing care of persons whose health condition is stable and uncomplicated in a unit of an overall health facility or service; ✧ A staff nurse may not take responsibility and accountability for managing overall nursing care in a health facility or service; ✧ A staff nurse may provide nursing care and treatment to persons who have complicated health problems or are in an unstable condition under the supervision of a professional nurse. | <p>The scope of the nursing auxiliary is to provide elementary nursing care and the primary responsibilities entail:</p> <ul style="list-style-type: none"> ✧ Providing assistance and support to a person for the activities of daily living and self care; ✧ Providing nursing care as prescribed or directed by a professional nurse or staff nurse; ✧ Providing nursing care in accordance with a standardised plan of care; ✧ Rendering basic first aid. |

Source: South African Nursing Council Draft Scope of Practice 31 March 2005

Conclusion

The overall production of nurses in SA over the past nine years is of major concern and is not even keeping up with the increase in population growth let alone providing the health system with additional nurses to cope with new demands and the effects of the HIV epidemic.

The statistics indicate that a large number of new PNs 34 264 were produced between 1996 and 2004. However, the growth in the number of professional nurses on the SANC register for the same period was 10 707, representing 31.5 % of the professional nurses produced during this period. Conversely, 27 133 (68.5%) of the professional nurses produced were lost from the system without monitoring as to why and where they have gone. Given the need for nurses in the SA health system, these losses represent an unsustainable situation and will significantly affect the implementation of Primary Health Care, which is dependent on the professional nurse.

The private sector has played a large role in the production of enrolled nurses and auxiliaries over the past nine years but most of their production (90%) has been in the two provinces of Gauteng and KwaZulu-Natal. Public sector production of these two categories has been more widespread but in some provinces, namely the Eastern Cape, Northern Cape, Free State and North West there was minimal or no training of new enrolled nurses in the past nine years.

Currently there is some confusion about the roles and scope of practice of the different categories of nurses. In order to clarify these roles and scopes of practice in the health system, the SANC has drawn up a draft definitions and scope of practice document for the four categories of nurses. This is based on the categories in a new Nursing Bill that is anticipated to become legislation in 2005/06.

Recommendations

Guidelines for planning and managing the human resource requirements for nursing is required to ensure that there is an adequate supply of nurses.

The low growth rate of nurses, particularly in the professional nurse category, needs to be monitored and managed if the key national health policies of PHC and DHS development are to be effectively implemented.

The production of more ENs, who are considered as the mid-level workers for the nursing profession, requires special attention as this category of nurse could provide the critical support for the delivery of health care services.

Currently the public sector is carrying the bulk of the responsibility for producing professional nurses. An improved public-private partnership for sharing this production could assist in distributing the responsibility more equitably.

There should be finalisation and implementation of the revised scope of practice of the various categories of nurses. For this to happen, the Nursing Bill and the prescribed regulations need to be finalised. It is recommended that all stakeholders take interest in these processes and contribute to a sound scope of practice for the South African Nurse.

There needs to be a clear career path for the nursing profession with a clearly defined pathway for each category of nurse. The revised scope of practice will provide the basis for the development of new education and training requirements for each category of nurse by the SANC and new qualifications by the Standard Generating Body for Nursing. The new education and training requirements and qualifications will in turn assist in creating a clear career path for each category of nurse.

The implementation of the new revised scope of practice will require the SANC and all relevant parties (including the departments of health, private sector health care providers, training institutions and tertiary education institutions, the Health and Welfare SETA) to actively contribute to the process.

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voice of

"On a busy night in casualty, we can see 300 patients," he adds. "All these patients will have to be seen by two professional nurses, two staff nurses, two nursing assistants and two or three doctors."

"The shortage of staff makes everything bad. This is the cause of all the problems of working conditions of nurses."

Cele says that on such nights, "You just hope that none of the staff are off sick because then it becomes very difficult".

There is a high absenteeism rate because of stress or exhaustion, sometimes caused because many nurses are also moonlighting at private hospitals to earn more money.

He works an 11-hour day, either from 7am to 6pm or, if on night shift, from 6pm to 7am.

"We don't get paid for overtime but are supposed to get time off. But taking time off is often difficult because of the staff shortages," says Cele.

Cele has two years training and seven years experience, and takes home R2 700 a month.

Health Journalist, Health-e

a Nurse

Staff Nurse Sibonelo Cele

of Mahatma Gandhi Hospital, north of Durban, KwaZulu-Natal

"The nursing colleges have doubled their enrolment. But this is not the solution because nurses still want more money, so they will keep on leaving."

"A lot of nurses are leaving, really a lot. But I only know of one who ever came back," says Cele, who is also a shop steward for the Democratic Nurses Organisation of SA (DENOSA).

Cele is currently working in the male medical ward which is supposed to have 35 patients, but almost always has around 40.

"If I am busy with one patient on the one side, it is not possible to see what is happening with patients on the other side of the ward."

Nurses prioritise the very sick, and these are often AIDS patients who take much of the nurses' time.

"Most of the people with AIDS symptoms have sores in their throat so it is hard for them to take their medicine. You might have to crush five TB tablets for a patient only to have them vomit it up again. So then you must crush more. This takes time, so instead of taking an hour to give 35 patients their medication in a ward, it can take three hours."

Cele is dedicated to his profession, but says that nurses "make a lot of sacrifices" while doing their job.

"At night, nurses sometimes have about 15 patients each to take care of. This means that some of the patients will be neglected."