ASSESSING TRAINING AND SUPPORT TO SOUTH AFRICAN NURSES AND OTHER HEALTHCARE PROFESSIONALS

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Introduction

With debate raging around the National Health Insurance and the likely overhaul of the structure of healthcare in South Africa, it is worth reflecting on the status of the healthcare system and the professionals who sustain it. Alongside adequate supplies of health care tools and medicines, medical professions are the single largest determinant of the health of the healthcare system. The quality of training and job retention for medical professionals are a barometer of whether the system will fail or perform optimally. Financial resources alone are not sufficient to do the trick; human capital is a key success factor. Having the right staff that is highly motivated is essential to building a well-oiled public health care sector.

And yet healthcare professionals, and nurses in particular, face an operational environment that is woefully ill-equipped for the proposed changes. Healthcare training and education systems are still recovering from a major restructuring, in which specialist nurse training academies were closed in favor of the institutionalization of nursing degrees within universities.

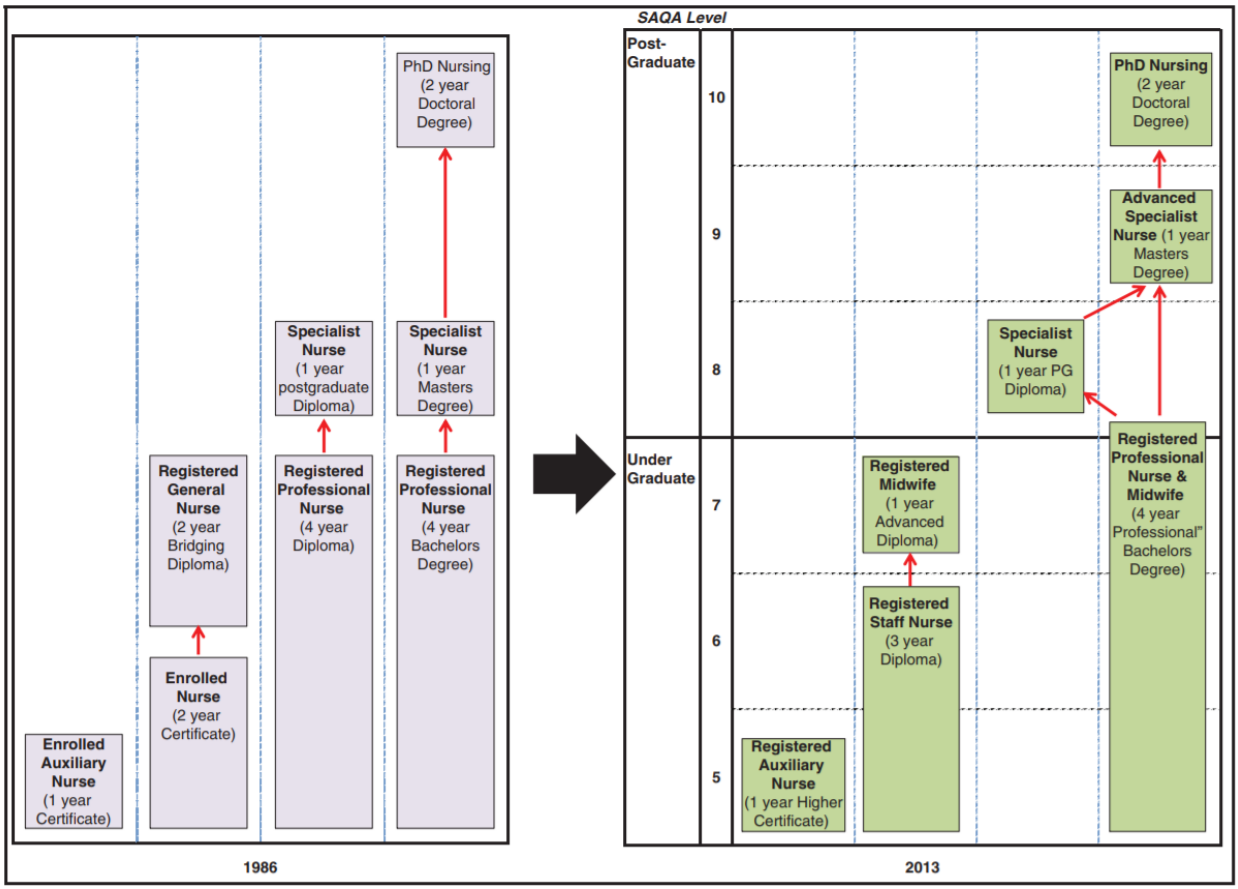
Bottlenecks in the system abound: the public hospital system remains understaffed, and the environment in which nurses and other professionals must work is stifling and restricts the scope for the provision of best quality health care. The resulting strain of that environment is worsened by the lack of adequate support measures, and high levels of turnover at hospitals, as nurses seek opportunities elsewhere or exit the profession altogether. These on-the-job strains mix with other factors such as high levels of indebtedness among nurses and low morale undermine the vitality of the system.

Training of nurses

The training and registration of nurses in South Africa is broadly overseen by the South African Nursing Council (SANC), a statutory body established under the Nursing Act of 1944, and reaffirmed under the subsequent Nursing Act of 2005. The SANC sets standards for various grades of nurses, both by accrediting nursing education institutes and registering trained nurses. The SANC, along with the Department of Higher Education, empowers a range of educational institutes to train nurses, and along with the Department of Health, sets the broad approach to nurse training.

The training system for nurses has seen a number of major reforms, starting in 2008 and applied most prominently from 2013. Of the changes to the education system, three shifts are particularly important. Two of those changes involve adjustments to the grading system, which defines three categories of nurses: professional nurse, staff nurse, and auxiliary nurse. The grading system of nurses is long-established and is meant to allow for greater flexibility in meeting the needs of the health care system. The reforms maintained the three grades of nurse qualifications but adjusted the study time for mid-tier nurses and the way in which careers paths intersect, as can be seen in Figure 1 below.

Figure 1: Nursing qualifications regimes



Source: Blaauw, et al. 2014. "Nursing education reform in South Africa: lessons from a policy analysis study". Global Health Action.

The two major changes were, firstly, an extension of training time for staff nurses from two years to three years and, secondly, the requirement that professional nurses hold bachelor degrees.

The latter change mirrors other changes to the structure of nursing education, in which specialist training colleges were increasingly incorporated into full universities or TVET colleges, as a degree or diploma course within the broader higher education system. Previously, the education of nurses was predominately undertaken by specialist training institutions run at hospitals. These institutes were technically linked to the formal higher education system in 1986, when each training college was required to be officially affiliated with a university nursing department, but remained the primary means of achieving nursing qualifications.[1] With the development of the new National Qualifications Framework (NQF), nursing education fell under broader higher education standards, and began the reforms to the updated set of qualifications that were realized in 2008 (although many delays and a constantly shifting timeline make it hard to set the reforms to a single year).

As with teaching, nursing reforms were meant to provide for a greater professionalization of nursing. Proponents of the changes argued that more stringent education requirements would improve the quality of nursing and, by adding university prestige to the profession, would encourage students to take on nursing degrees. Centralising training in the university system would further reduce the need for standalone institutions, offering a streamlined training system, and a refutation of the old system of nursing education that was developed under apartheid.

Critics on the other hand, note that the changes in fact created more serious barriers to training as a nurse - with the problem particularly serious for professional nurses. The need for longer training periods (three years, rather than two), coupled with the need to pay expensive university tuition, offered new barriers for entry-level staff nurse positions. The centralization of training at universities also undermined training in more rural areas, resulting in an imbalance that meant that, in 2014, 1,234 professional nurses graduating in Gauteng and the Western Cape, compared to only 501 in Limpopo, North West and Northern Cape.[2] The moving of staff and auxiliary nursing education from specialist training college to the technical and vocational education system also exposed the profession to the deep crisis in vocational education, and forced students to cope with technical training institutes that were often ill prepared for the task of training nurses.

The reforms also implemented a much more rigid system, in which nurses who trained on the staff nurse track have limited possibility for promotion to a full professional nurse. This is a consequence of the elimination of the previous two-year bridging course, by which staff nurses could be promoted to professional status. While some credits may be claimed from previous training, it is likely that a staff nurse seeking career advancement would have to undertake the full four-year education for a professional nurse. With the gap between the two qualifications now reduced to one-year, the reforms can be viewed as discouraging training as a staff nurse, while at the same time making training as a professional nurse more costly and difficult.

[1] Blaauw, et al. 2014. “Nursing education reform in South Africa: lessons from a policy analysis study”. Global Health Action.

[2] Rispel, L. & Bruce, J. 2015. "A profession in peril? Revitalising nursing in South Africa". SAHR 2014/15.

This systemic rigidity is particularly notable in the case of midwifery training, which is treated as a specialization within nursing, rather than a separate stream of training. This is in contrast with many parts of the world, where midwives can receive direct training that does not require previous training as a nurse. Such an approach would help to support the need for midwives in society, particularly in more rural areas. It will also eliminate the false trade-off of proceeding through the nursing track or taking a midwife route.

Complaints on the content of reforms centered on the nature of reforms. Institutional problems at the SANC, described by one Gauteng Department of Health manager as "a dysfunctional body"[3] - were deepened by the addition of complex lines of reporting to the Department of Health. The two-year staff nursing degree, for example, was primarily changed to a three-year diploma because two-year qualifications do not have a place under the Higher Education Qualifications Framework (HEQF). Evidence of lack of institutional alignment was also glaring with the growing need for one-year practical on-the-job training, something that has been occasionally rendered impossible by hiring freezes imposed during times of fiscal austerity. Even outside of the hiring freezes, there are often inadequate posts to meet training needs, undermining the broader development of new nurses.[4]

The construction of these elaborate barriers to nursing education undermines the development of a skilled cadreship of nurses and makes this career path unattractive for many. In 2010, the National Department of Health estimated a shortage of 44,780 professional nurses in the public healthcare system.[5] In that same year, only 3,595 new professional nurses registered with the SANC.[6] This problem is more serious still when one considers the reality that nursing is an aging profession, with 43,7% of professional nurses being over 50 years of age.

There is no clearly correct approach to the education of nurses, but what is clear is that there have been inadequate supporting policies to assist in the smooth implementation of the reforms. In particular, there seems to be little recognition for the need to manage the barriers to nursing that may arise from extending education times, formalized training in universities, and the more limited scope for retraining via bridging courses. On balance, there is need to carefully consider the value of formalized classroom education against the value of on-the-job training, with more effort needed to better reward nurses who have practical experience. Doing so may offer a means to balance the need for rigorous training with the need to quickly get new nurses into healthcare environment where they can gain practical experience and can immediately begin assisting with the administration of healthcare.

[3] Blaauw, et al. 2014. "Nursing education reform in South Africa: lessons from a policy analysis study". Global Health Action.
[4] Rispel, L. 2015. "Transforming nursing policy, practice and management in South Africa". Global Health Action. 2015; 8.
[5] Rispel, L. & Bruce, J. 2015. "A profession in peril? Revitalising nursing in South Africa". SAHR 2014/15.
[6] Ibid

Conditions of work

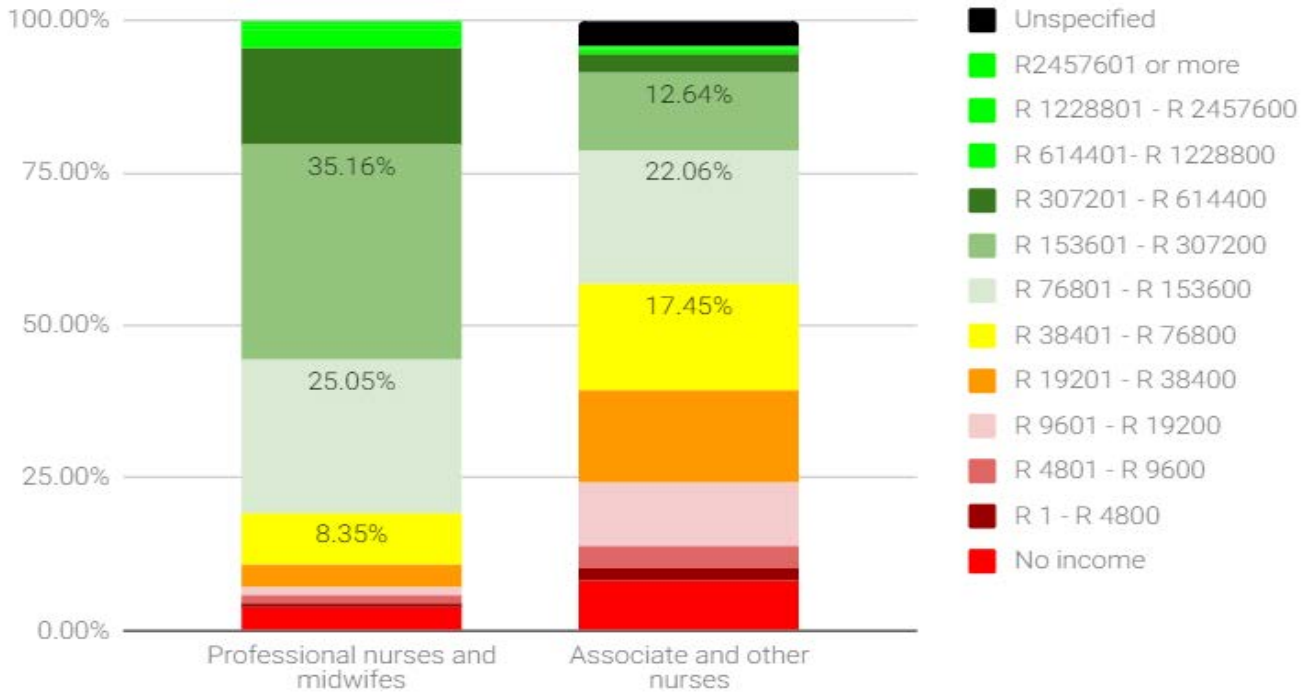
Even if the education system were equipped to meet the training needs of the nursing profession, challenges remain in creating a conducive workplace environment, one that both attracts and retains nurses, and that empowers them to perform to the best of their capabilities. The public health care system is generally regarded as a difficult place to work in, and as such it becomes difficult to attract the best talent. Improving conditions of work is thus crucial to bolstering the nursing profession in South Africa.

Literature on workplace conditions for nurses identifies a range of factors that impact workplace conditions, including: increased and unwieldy patient loads, the psychological burden of critical care for HIV/Aids, the burden of shift work, long working hours, poor physical infrastructure and inadequate supplies, and a shortage of staff.[7] Additional issues, such as poor pay and conflict with management, may also play a role. These can be summarized into three key areas: contract conditions for nurses, the poor state of public hospitals, and a lack of counselling and support measures.

The conditions of work for nurses vary considerably, with different levels of nurses receiving substantially different compensation structures, and with the private and public sector offering very different contractual conditions of work. Accounting for all nurses, both private and public, the pay distribution of professional and associate nurses can be seen in Figure 2 below. The overall picture is relatively promising, notably for professional nurses, who are generally decently paid. The pay gap between associate and professional nurses remains very large, stressing again the importance of building career progression into associate nurse positions, and empowering them to achieve promotions and advances towards more professional levels.

[7] Manyisa, Z. & van Aswegen, E. 2017. "Factors affecting working conditions in public hospitals: A literature review". International Journal of Africa Nursing Sciences Volume 6, 2017, Pages 28-38

Figure 2: Distribution of pay for nurses, 2011

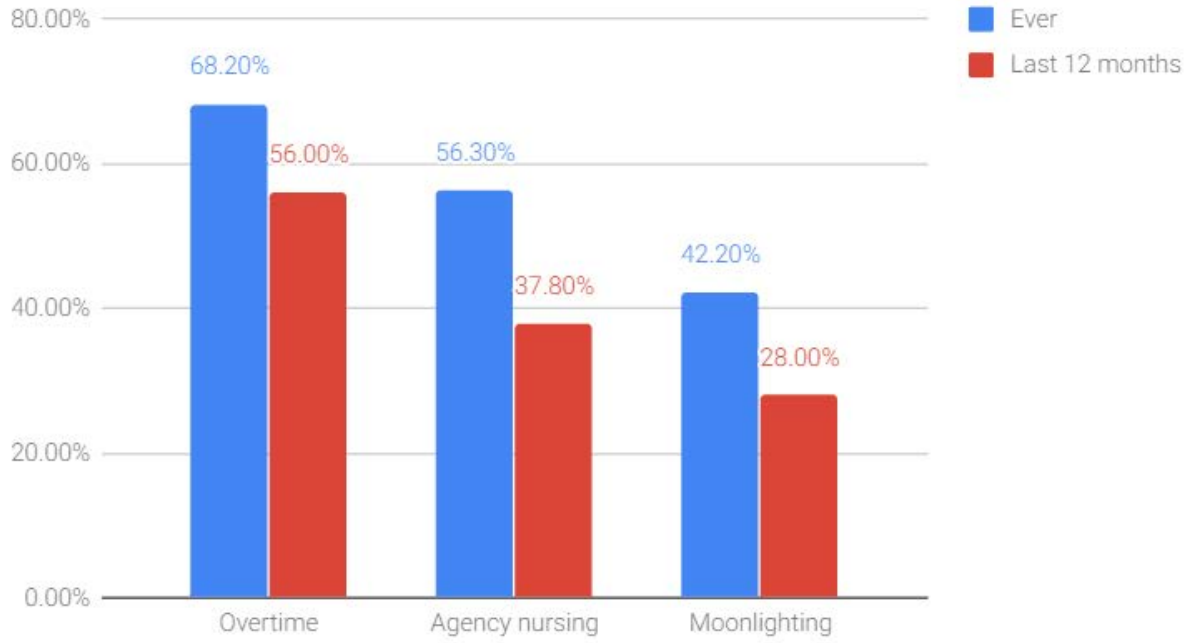


Source: Author calculations, based on Census 2011

The average compensation for the 141,686 public sector nurses employed in the 2016/2017 financial year was R332,524, with compensation growing at an average annual rate of 2,1% since 2009/10.[8] Despite this, the distribution of pay and, in particular, the gap down to associate nurses, results in a number of indicators of strain on public sector nurses. This is most evident in the high debt levels for the profession, and evidence of multiple nurses undertaking a number of coping strategies, such as moonlighting and taking on contract work, as can be seen in Figure 2 below.

[8] National Treasury. 2017. "2017 Medium Term budget policy statement: compensation data", http://www.treasury.gov.za/documents/MTBPS/2017/mtbps/Annexure%20B.pdf

Figure 3: Nurse's coping strategies



Source: Rispel, L. & Bruce, J. 2015. "A profession in peril? Revitalising nursing in South Africa". SAHR 2014/15.

These coping strategies, together with already very long working hours, take a physical and psychological toll. Many nurses do not enjoy what some consider as normal family life or social relationships due to abnormal working hours. Excessive hours are also a serious health and safety concern, with studies of physicians indicating that those who work shifts longer than 24 hours make 36% more serious medical errors, suffer from more needle injuries (with rates as high as 61% of those who work over twenty hours), and their outside-work risk - such as motor vehicle accidents or suffering from musculoskeletal disorders - increases substantially.[9]

Unfortunately, excessive work hours are virtually unavoidable when the public healthcare system remains understaffed - forcing healthcare workers to make a choice between working excessive hours or leaving patients without care. All of this is symptomatic of a dysfunctional public health system. Quite simply, the state of the workplace can only be as good as the state of the employer. The most serious challenge to the system is the way problems can perpetuate themselves - with challenges leading to a downward spiral.

Media reports note that nurses are leaving the country at rapid rates, seeking opportunities elsewhere, where the pay is better and the conditions easier.[10]

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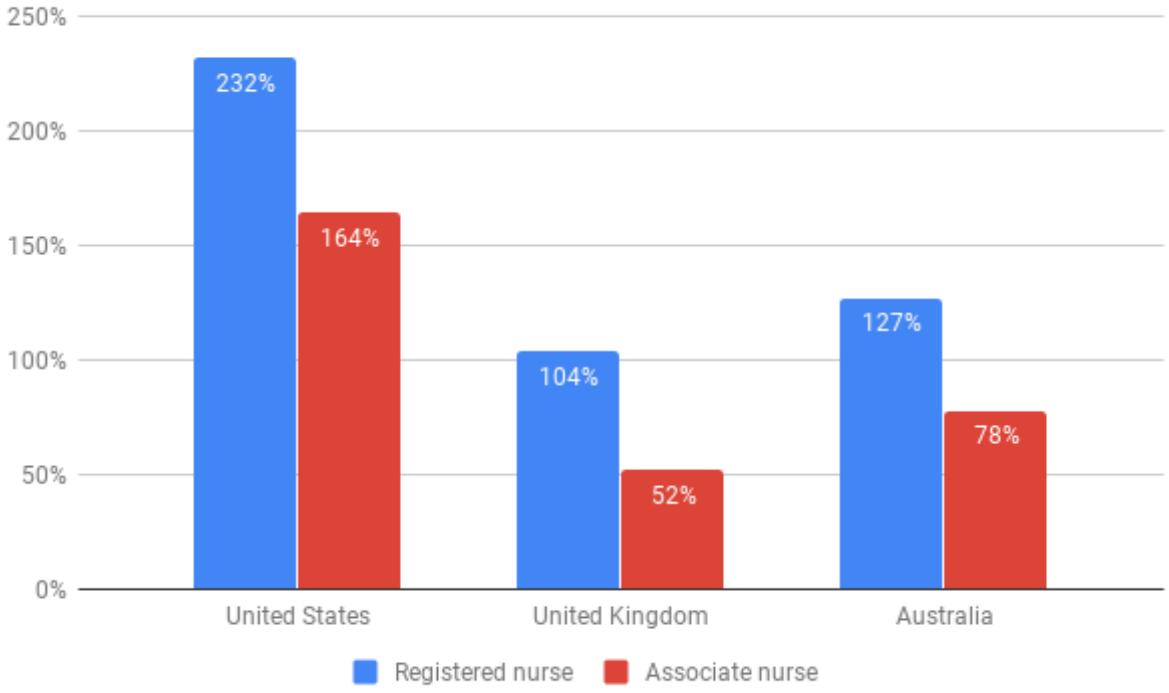
[10] IOL, 2 Feb 2016, "Nurses leaving SA in droves", https://www.iol.co.za/news/south-africa/gauteng/nurses-leaving-sa-in-droves-1978572

A 2015 survey of nurses found that over 35% of nursing professionals responded that they were 'very likely' to emigrate, with emigration was seen as desirable because of a number of major living condition issues (such as corruption, safety, and the future of children) and workplace conditions (notably perceptions of a lack of respect from government, as well as poor infrastructure and supplies, and an unsafe workplace environment).[11] As can be seen in Figure 4 below, developed countries also offer more generous pay packages for nurses. An outward flow of nurses will only leave those who remain under more serious pressure.

Figure 4: Average expected pay increase for South African emigrant nurses, 2009



Source: Egerdahl, K. 2009. "Economic job factors affecting nurse emigration from South Africa: a crosscountry comparative analysis of working conditions among nurses".

Finally, all these issues are made more serious by a lack of support services to help nurses cope with their day-to-day strains. In the case of a country that is still grappling with the HIV/Aids epidemic and endemic violence, this can mean constant exposure to suffering and death. The strain this place on nurses and all healthcare professionals is a serious issue and is even more so when constant exposure without support can result in unhealthy coping measures, such as disconnecting from patients and becoming numb to their needs. Building an environment in which nurses can serve the care role with which they are charged requires first caring for nurses and providing them the counselling and support they so desperately need.

[11] Labonte, R. 2015. "Health worker migration from South Africa: causes, consequences and policy responses". *Human Resources for Health* (2015) 13:92

The way forward

There are no easy solutions to the impasse in nursing, nor is there one program of action that on its own can drive the profession forward. Improving nursing in South Africa will require both a focused set of interventions to reinforce nurse education, a possible rethinking of some of the grading and systems applied to nursing qualifications and addressing the broader crisis in public healthcare. There is a need for greater public awareness of the plight of the nursing profession in South Africa, especially for nurses in the public health care system. It is important that the public knows the tough conditions of work under which the country's nurses labour, the low pay, and the various barriers to career progression.

First, it is important that the system shows duty of care to those who are burdened with caring for the nation, and that it rewards its workers fairly. There is a need for the culture of work to improve, and this also means greater consideration to the qualification of the hospital leadership. Closer attention should be paid by government to the reward system and other forms of motivation that can be introduced to make the profession attractive as well as to support the existing column of nurses within.

A second urgent priority is the need to bridge qualification required to allow staff nurses to be promoted to the role of professional nurses. This can closely follow the bridge diploma model of the previous qualification structure. Doing so would allow the shortage of professional nurses to be met by a large group of experienced, knowledgeable staff nurses. Such a change may be a challenge for a system trying to promote the need for a bachelor's degree, but ultimately does not undermine the quality of the education system; it better equips the new regime to meet the needs of growing demand for nurses.

Third, there should be ongoing efforts to improve the pay and benefit structure offered to staff nurses. The current package should be reviewed. This, of course, should be done at the expense of professional nurses, but rather needs to be seen as a way to build a clearer and more attractive career path for staff nurses. Decent pay for staff nurses would attract individuals to the job and allow for on-the-ground experience. Bridging courses could then provide a long-term path to advancement to a professional nurse and offering a good mechanism to retain talented nurses and close gaps among professional nurses.

Fourth, there should be widespread efforts to revitalize the quality of public healthcare. This is no small feat; and this could easily be the topic of a separate paper. This is a priority both for improving the conditions of healthcare professionals, and to meet the needs of other government initiatives such as the NHI. Reforms will need to start, firstly, with rebuilding the procurement system at hospitals, building greater accountability, and also better empowering local officials to purchase the medicines and equipment they need. This would need to be accompanied by major reforms to provincial government - a tier of government that should oversee procurement for public hospitals. Such measures could be complemented by the appointment of a special support team from the National Treasury to directly oversee procurement in problem areas, and with a view to expedite the processes.

Fifth, appropriate funding would need to be identified, based on the demands of a restructured procurement system and larger spending programs, such as major infrastructure upgrades. Infrastructure designs will need to focus on both patient care and the provision of good support facilities to healthcare professionals, such as the revitalization of accommodation in more rural hospitals. Ongoing efforts to improve specialization in public hospitals – in which key departments or treatments are spread around a number of hospitals – could continue as a way to better distribute resources. They would need to be supported by new transport linkages that assist sick patients in reaching specialist treatment centers.

Finally, there is a need to consider whether provincial governments are appropriate to oversee the public healthcare system. All the reforms proposed here need to be frontloaded before the rollout of the NHI, which might otherwise force ill-equipped hospitals to compete for funding with far better equipped private healthcare providers.

While efforts to improve the on-the-ground wellbeing of nurses will remain essential, tackling the bigger question of public healthcare is the only way to truly build a workplace that supports nurses in ways that empower them to fully support patients. Doing so will remain extremely challenging, but without bold reforms nurses will remain saddled with deficiencies in the public healthcare system – a crushing burden to carry.