

Nursing in a new era

by Mignonne Breier
Angelique Wildschut &
Thando Mqgolozana

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Introduction

Nurses are widely seen as the backbone of South Africa's health system and provide most of the health services in the public sector. Yet there are disturbing signs that nursing is in trouble, with many nurses leaving the public sector, the profession or the country and the education system failing to produce the nurses we need most.

This research brief examines the shifts in training and employment patterns for nurses between 1997 and 2007, a period when the health system was attempting to reduce the inequalities in access to care inherited from apartheid and shift from a hospital-based to primary-healthcare orientation. It was also a time when the HIV/AIDS pandemic and an associated escalation of tuberculosis were placing enormous strain on the public sector. The pressure was exacerbated as the proportion of the population funded by private health insurance declined to below 15% and more people became reliant on public health facilities.

During this period, the number of nurses being trained rose steeply – more than twice as many in 2007 as in 1997. However, as patient queues lengthened, the number of nurses working in the public sector declined, with many moving to the private sector. The public sector's role in the training of nurses also declined, while the private sector's role increased dramatically.

Serious concerns have been raised about the number of nurses registered to practise in South Africa and why so many of them seem to drop out of the profession. Another issue is whether the skills being taught to many nurses are as relevant as they could be to the nation's health needs.

Methodology

For the monograph on which this research brief is based (Breier, Wildschut and Mqgolozana, in press) the authors reviewed professional literature, news reports, policy documents and secondary research; collected and analysed statistics about the profession and its education system; and interviewed stakeholders, students and academics. Many of the statistics in

this paper are drawn from data provided by the South African Nursing Council (SANC). The research is part of the Education, Science and Skills Development Programme's Professions Project, which explores how professions and education for them are responding to the needs and challenges of a transforming South Africa.

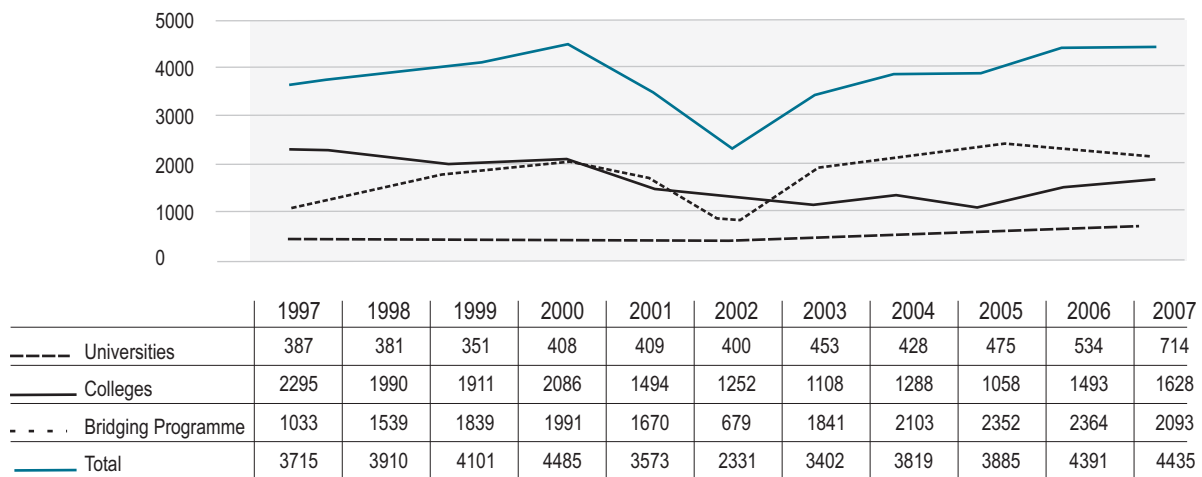
Findings

Education and employment statistics

The production of professional nurses (PNs), enrolled nurses (ENs) and enrolled nurse auxiliaries (ENAs) more than doubled between 1997 and 2007 and applications for training far outweighed available places. However, the profession itself did not grow in proportion. There were only 17% more nurses on SANC's registers over the period (numbers rose from 174 550 to 203 948) compared with a 129% growth in annual nursing output (up from 5 768 to 13 236).

Most of the growth in output was in ENs and ENAs. As Figure 1 (see overleaf) shows, the output of professional nurses through four-year college and university courses actually fell – from 2 682 in 1997 to 2 342 in 2007. And, although the number of PNs produced through bridging programmes more than doubled (from 1 033 to 2 093 over the period), the figures do not indicate a significant growth in new qualified nurses. Bridging programmes enable ENs to upgrade their qualification, they do not bring in new recruits. Furthermore, they train only for general nursing and do not include the much-in-demand midwifery, community and psychiatric training that is included in the four-year college and university courses. Proportionally, professional nurse output from colleges declined from 62% to 37% of the total, while university output rose from 10% to 16% and bridging output from 28% to 47%. In the bridging programme, the total trained in the public sector fell slightly between 1998 and 2007 (from 1 381 to 1 261), while those who trained in the private sector rose more than five-fold, from only 158 to 832.

Output of sub-professional nurses (ENs and ENAs combined)

Figure 1. Output of professional nurses from four-year and bridging programmes, 1997-2007

more than tripled between 1997 and 2007, with most of the increase in the private sector after 2000 (see Figure 2 on opposite page). Private sector output increased more than ten-fold while public sector output increased only 28% and dropped substantially in 2000 and 2001.

Reasons for the trends

The relative rise in training by the private sector is largely attributed to the supply gaps and entrepreneurial opportunities that arose as cuts in provincial health budgets led to a decline in public-hospital training of new nurses. Small privately run colleges mushroomed, often run by the former principals of public colleges closed by government restructuring. They and private hospitals with specific and unsatisfied staffing needs now produce the bulk of ENs and ENAs. Meanwhile, the demand for professional nurses also remains unsatisfied. While the nursing bachelor's degree is being promoted as the four-year qualification of choice, too few school leavers qualify for university entrance each year and many students drop out. Colleges that offered the four-year Diploma in Nursing were merged or closed. Private-sector bridging programmes go some way to satisfying the demand for professional nurses. However, no private training school has been able to meet the requirements to offer a four-year degree or diploma. The growth in private-sector training has occurred despite concerns that many private schools charge high fees for relatively low-cost training and some cannot always guarantee their students the necessary clinical experience (1 000 hours a year).

A shortage of nurses

World Health Organisation figures (WHO, 2007) show that South Africa's nurse to population ratio is favourable

compared to its neighbours. At 4.1 nurses per 1 000 population in 2004, South Africa ranks third in sub-Saharan Africa, behind Tanzania (9.4) and Swaziland (4.2), but ahead of such countries as Mozambique (0.21), Uganda (0.55) and Zimbabwe (0.72). However, South Africa has far fewer nurses for its population than the developed countries that have recruited them: England (12.1), US (9.4), Australia (9.1), New Zealand (8.2) and Canada (10.0).

Stakeholders argue that South Africa has a shortage of nurses but disagree about how many and what kind of nurses are needed. The official employment statistics offer little help: vacancy lists do not distinguish between frozen and unfilled posts and there is no clarity as to the appropriate ratio between professional and sub-professional nurses. Academic researchers have identified a desired PN:EN/ENA ratio of 1:3. In 2007, the ratio was 1.04:1. However, many health workers and experts have argued for more professional nurses with the four-year comprehensive training and, ideally, community health specialisation, in order to support the primary healthcare system and facilitate the administration of anti-retrovirals.

Concerns about the overall shortage of nurses are compounded by StatsSA figures, available for 2001 and 2005, indicating professional migration to the private sector. Population growth and a decline in private health-insurance coverage substantially increased demand for public health services in this period. At the same time, the number of nurses in the public sector fell by 2% while the number in the private sector increased by 7%. In 2001, 62.7% were employed in the public sector. By 2005 the figure had dropped to 60.4%.

The figures for professional nurses are particularly low. Of the 99 534 professional nurses on SANC's register in 2005, only 44% were in the public sector, according to the Health Systems Trust (2007).

Nurses leaving the profession

SANC has reported that the number of nurses being trained far outstrips the increase in those registered with it. Between 1997 and 2006, a total of 38 742 professional nurses were produced. Between 1998 and 2007 (the corresponding years for registration) the register grew by only 12 781, or 34% of the nurses produced. This represents an attrition rate of 66%. The attrition rates for ENs and ENAs over similar periods were each 72%.

It has been suggested that the losses are the result of a combination of factors. Nursing is an aging profession (less than 10% of nurses are under 30) and many might have retired, fallen ill or died. Others might have moved to other jobs and many will have left the country. Salaries are a major source of unhappiness, despite substantial increases recently for some categories of nurses. HIV/AIDS might be a factor through infection or that of family members, or through the stress of treating AIDS patients.

Nurses at the lower levels who trained in the less reputable institutions might not be getting jobs. Others might be using

their qualifications as stepping stones to other training or to other jobs.

Student perceptions

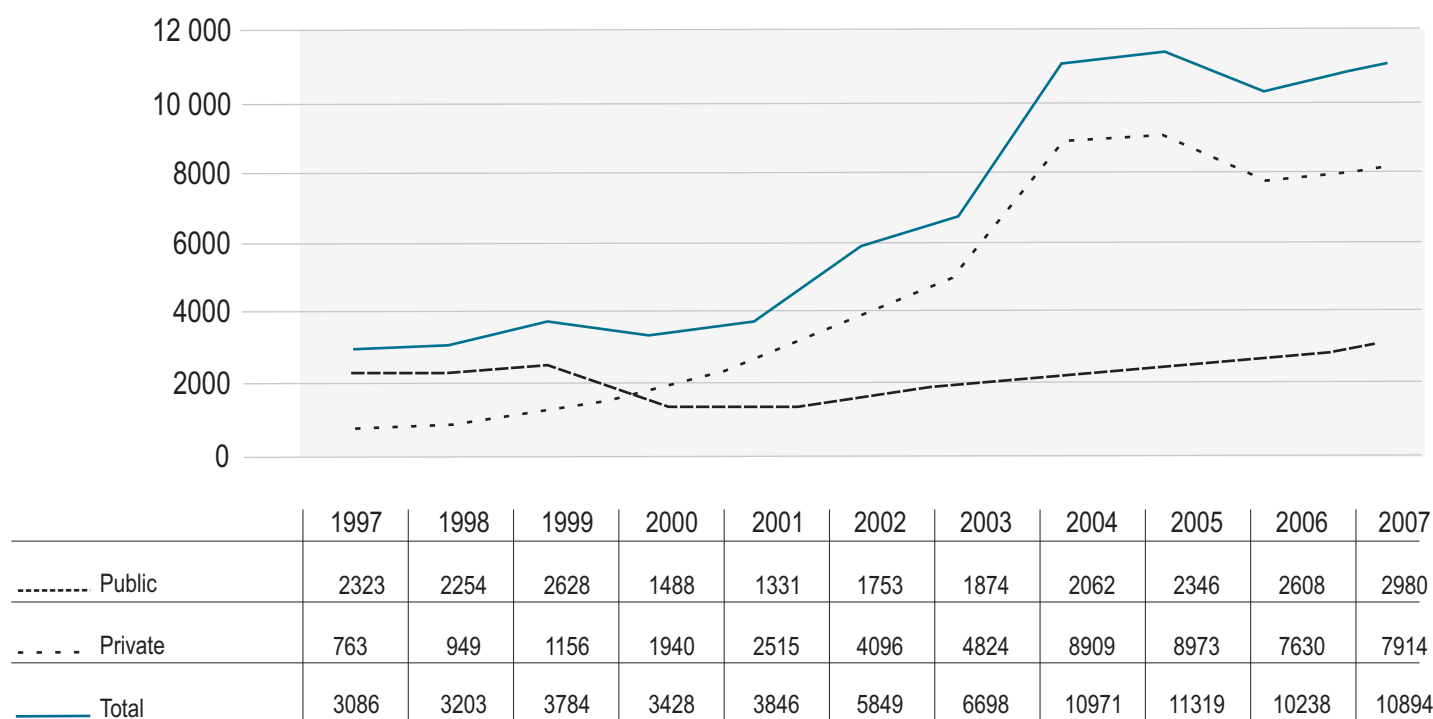
Our interviews with students on the four-year programmes revealed that many did not really want to become nurses but had been attracted to the course by the salaries available while studying or the bursaries offered.

For some students the degree was a stepping stone into medicine or another health profession to which they had not been able to gain more direct access because of stringent entrance criteria. Many said they wanted to emigrate.

Students and academics complained about the conditions for vocational training in public-sector facilities – a lack of staff and equipment, the difficulties of working in wards packed with HIV/AIDS and TB patients. Many complained about the salaries on offer in the public sector.

Student nurses training in the private sector were also not entirely happy and were eyeing emigration, although they seemed proud of the equipment and standards of accommodation in their hospitals. They complained about the low salaries for qualified nurses, the high fees they paid while also providing labour in the wards, the doctors' treatment of them, and patients' "unreasonable" demands.

Figure 2. Output of sub-professional (ENA and EN) nurses from public and private training institutions, 1997-2007



Nursing in a new era

Recommendations

The nursing profession in South Africa needs support and attention. It is recommended that:

- The present nurse workforce should be audited, province by province, to determine the numbers and categories of nurses in employment in relation to provincial and national needs. Vacancy figures need to be validated to determine what new posts might be needed. The public sector's role in training nurses in each province should be determined and nurse education should be re-prioritised in public-hospital budgets.
- The low output of comprehensively trained professional nurses indicates the need for an urgent reassessment of the restructuring that led to the merger and closure of colleges offering four-year PN programmes, which would probably lead to the reopening of nursing colleges. The policy emphasis on the degree as the four-year qualification of choice should also be reassessed. It is recognised that highly educated nurses with degrees are needed to lead the profession and universities need to produce more of them. However, such recognition should not stem the training of skilled professionals, who may be deterred from university education because they see it as too theoretical or do not meet academic admission criteria.
- Given the growing private-sector commitment to training nurses, more and greater public-private partnerships should be considered.
- More research is needed to track the progress of nursing students through their training and what they do after they qualify. Research also needs to look at why there has been such slow growth in the university sector at a time when college output is dropping. Also, the value of training at private nursing colleges needs to be more comprehensively assessed.

References

Breier M, Wildschut A and Mgqolozana T, *Nursing in a New Era: The profession and education of nurses in South Africa*. Cape Town: HSRC Press. To be published in 2009.

Health Systems Trust, *South African Health Review 2007*.

South African Nursing Council, *Growth in the Registers and Rolls, 1998-2007*.

Statistics South Africa, *Labour Force Surveys, 2001 and 2005*.

World Health Organisation, *World Health Statistics 2007*.

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