

TRANSFORMING NURSING EDUCATION: BENEFIT OR PERIL FOR THE PROFESSION

INTRODUCTION

The primary role of nursing education in any country is to produce a critical mass of nursing workforce. Researchers on health workforce agree that transformation of nursing education is an important strategy for improving health workforce supply (Blaauw, Ditlopo & Rispel, 2014). In 2013, the significance of the workforce for the functioning of the health systems and health outcomes was exemplified in a publication by the Global Health Workforce Alliance and the World Health Organisation entitled “*A Universal truth: No health without a workforce*”.

Nursing education in South Africa is not immune to the transformation agenda of the new democratic dispensation. While this on-going process is viewed by some nurse professionals, educators and scholars as beneficial to the profession, others do not share the same views. In a policy analysis study on the development of the new Nursing Qualifications Framework, Blaauw, Ditlopo and Rispel (2014) stated that “*the policy capacity of key institutions requires urgent strengthening if the important nursing education reforms are to be realised*”. In 2014, Rispel and Bruce when looking at revitalising nursing in South Africa questioned if the nursing profession was in peril.

My paper joins this debate by focusing on the impact of the policies related to the new qualifications on the nursing profession. I believe that as one ponders on the current process of nursing education transformation, there is a concern that changing the qualifications will benefit or imperil the profession.

CONTEXT OF NURSING EDUCATION TRANSFORMATION IN SOUTH AFRICA

Composition of the nursing profession

The nursing profession in South Africa is made up of three categories of nurses, namely,

- Professional Nurses (PN) trained over a period of 3 or 4 years.
- Enrolled Nurses (EN) trained over a period 2 years.
- Enrolled Nursing Assistants (ENA) trained over a period 1 year.

According to the World Health Statistics, in 2010, the ratio of nurses to the population in South Africa, was 4.08 (184459) per 100 000 in 2010 (WHO, 2011). The 2016 statistics indicate that there are approximately 280,000 nurses in South Africa (SANC, 2015).

Regulation of the nursing profession

The nursing profession like everywhere else is regulated by a statutory body, which in South Africa is the South African Nursing Council (SANC). This regulatory body was not exempted from the transformation agenda of the democratic dispensation. Some key changes that occurred post 1994 in the regulation of the nursing profession include the:

- repeal of the previous homelands nursing acts
- re-incorporation of the former self-governing states and homelands nursing regulatory bodies into the South African Nursing Council; which at first became an Interim Nursing Council under the Nursing Amendment Act No 45 of 1995. And later was replaced by the first democratic Council in 1998 under another amendment act, the Nursing Amendment Act No 19 of 1997
- repeal of the Nursing Act No 50 of 1978 and its amendments; and its replacement with the Nursing Act No 33 of 2005

It is important to note that there were several amendment acts to date. The Nursing Act No 33 of 2005 led to the establishment of the new SANC which was inaugurated in 2013.

In short, the objects and functions of the Council are amongst others to promote provisioning of nursing services; set and control standards and quality of nursing education; provide for and review the scope of practice of different categories of nurses and related nursing education training programmes (SANC, 2015). Furthermore, its function is to manage accreditation of Nursing Education Institutions (NEIs).

With regard to the education of nurses, the SANC is accredited by the South African Qualifications Authority (SAQA) as an Education and Training Quality Assurance Body (ETQA) for the nursing qualifications (SAQA Act No. 58 of 1995, section 5). As an ETQA, the SANC provides directives and regulations for new nursing programmes/qualifications and endorses new curricula (SANC, Circular no.8/2014). The SAQA Act 58 of 1995 had previously established Standard Generating Bodies (SGBs) across the education landscape. Nursing SGBs were during 2001-2004 tasked with situational analysis of the current nursing education system and developing unit standards for nursing programmes in South Africa. The SGBs were discontinued when the NQF Act 67 of 2008 replaced the SAQA Act 58 of 1995.

Supply of the nursing workforce

It is known that nurses constitute the large number of health workforce in the country. The Department of Health describes the national health system as a “*nurse-*

based health system” (The National Department of Health workforce planning model, 2008). The supply of the nursing workforce is ensured by public and private NEIs.

South Africa has over 200 NEIs, which include universities and universities of technology-based nursing departments, public and private nursing schools and colleges, all addressed as Nursing Education Institutions (NEIs). The NEIs are training around 3,500 new nurses a year (Cullinan, 2015). According to the SANC (Circular 13/2014), the production of lower category nurses has increased since 2011. These lower categories of nurses are mainly produced by the private sector (Subedar, Gray, Govender, Gengiah & Singh, 2005). However, there is no evidence of private sector involvement in the production of PNs as they are not accredited to offer their training programme.

Shortage of nurses

One of the major challenges facing the nursing profession is the shortage of nurses. In 2010, the health department estimated that the country was short of over 44,700 nurses (Cullinan, 2015). The shortage of nurses is real and experienced, not only in South Africa, but also around the globe. It is projected that there will be a shortfall of 10.1 million skilled health professionals including nurses, midwives and physicians by 2030 (GHWA, 2015).

It is not easy to obtain a clear picture of the number of practicing nurses in South Africa. This is mainly because the SANC registers include non-practicing nurses who choose to remain on the register, such as retirees. South Africa still suffers from the maldistribution of nurses, with shortages in under-served and rural areas, and still has insufficient nurses to meet public health needs (George, Quinlan & Reardon, 2009; Wadee & Khan, 2007). We continue to experience both the shortage and scarcity of skills; relatively, and absolutely.

Relative scarcity: This is related to the geographical location and distribution where the shortage is as a result of maldistribution. There are more nurses in urban areas, and as such there are no posts. Posts are available in the rural areas but nurses choose not to go there. Statistics from the SANC suggest that 167 587 of the 270 437+ nurses registered with the council are working in metropolitan areas. Gauteng, for example, has the highest number of nurses at 70 024, while the Northern Cape has the least at 3 831 (SANC, 2014). Hence the obvious challenges experienced in the nurse practice environments.

Absolute scarcity: This relates to replacement demand. We continue to experience the difficulty of recruiting and retaining nursing staff. The DoH indicates that there were 32 000 vacant enrolled nurses' posts in 2010; and a shortage of 20 815 nurses in 2015. The Health System Trust (HST) revealed

the worst shortage in 2011; and that required increasing the number of lower category levels of nurses (HST, 2012). In the US, replacing the large number of RNs due to retirement required a rapid expansion in output from both the 2 year programs and baccalaureate programs (Buerhaus, Staiger, & Auerbach, 2004). Nonetheless, with the transformation of nursing education and the introduction of new qualifications, programmes for training the lower category of nurses have been halted and are being phased out in South Africa.

Critical skills scarcity: This relates to specialist skills. There is a continued scarcity at post graduate levels. It was indicated that there were 7 619 health professions vacancies with 40.88% advertised. Of the advertised vacancies, 96.84% were for nurses and amongst them only 1.51 were nurse educators, nurse managers and researchers (HST, 2011). According to Holmes (2011), 'nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression'.

However, it is also observed that most nursing undergraduates do not go back to college or university to obtain postgraduate degrees once they have entered the working force. Instead, they change to other professions. In a study conducted in South Africa on career aspirations of baccalaureate nurses, Randa, Mokoena, Matlakala and Tladi (2014) found that student nurses' intention is to leave the profession after training because the nurse training received was used as a stepping stone to access other courses for which they could not gain access to.

The looming crisis in the nursing profession seems to be the persisting shortage of nurses; as it is further complicated by the introduction of the new nursing qualifications, an aging nurse workforce and migration of nurses. Rambuur, Palumbo, McIntosh and Mongeon (2003) have confirmed that South African Trained professional nurses were being absorbed by the corporate world; for example, nurses leave the profession to work in non-nursing health organisations such as medical laboratories and medical supply companies. Additionally, with the introduction of new certificate qualification, the prediction of an increased production of lower categories of nurses may have an impact on the training and supply of specialist nurses.

NEW NURSING QUALIFICATIONS

It has taken over 20 years to revise the commonly referred to as legacy nursing qualifications. These are namely:

- 4 years Degree or diploma for Professional nurse (R.425 of 22 February 1985)
- 2 years Certificate for Enrolled nurse (R.2175 of 19 November 1993)
- 1 year Certificate for Enrolled Auxiliary Nurse (R.2176 of 19 November 1993)

- 2 years Bridging Diploma for enrolled nurses leading to registration as a General nurse (R.683)

Of course the new qualifications are part of transformation. The Nursing Strategy for South Africa (2008) came into effect with a vision to articulate how nursing education and training, practice, resources, social positioning, regulation and leadership fit together to support the South Africa's health system. However, this was not realised as the strategy was not taken forward. The Strategic Plan for Nursing Education, Training and Practice (2013) was released with regulations for the new nursing qualifications for public comment in 2011; and it came into effect in 2013. The new qualifications are as follows:

- 4 years Bachelor degree for Professional nurse (R.174 of 8 March 2013)
- 3 years Diploma for Staff nurse (R.171 of 8 March 2013)
- 1 year Diploma for Midwifery (R.254 of 14 February 1975)
- 1 year Higher certificate for Auxiliary nurses (R.169 of 8 March 2013)

According to SANC Circular No.3 /2010, the implementation date for these new qualifications was June 2015, and the NEIs were given time to have their last intake of (legacy programmes) students then. These students would benefit from the teach out period (SANC Circular No.3 /2010) of five years for the four year programmes, three years for the two year programmes and two years for the 1 year programmes. However, the NEIs still need accreditation, some of which is accreditation of curricula. New institutions need accreditation as institutions as well as their curricula and learning programmes before commencing training. This is where the problem lies, because none of the schools and colleges have an accredited programme, curriculum or space. Therefore there has been no intake of students and new schools have not been accredited as yet.

The legislation gave effect to the relocation of nursing education to the Department of Higher Education and Training (DHET). Being under the DHET means that the Public and private nursing colleges must be registered as Higher Education Institutions in order to have their offerings on a higher qualification band (SANC, Circular No.3/2010). This process requires the establishment of the Public Nursing Colleges Act, policies and guidelines to gain status as a college sector (Higher Education Act No. 101 of 1995 as amended). It is worth noting that up to June 2013, the public nursing colleges were operating under the guidance of the university-based nursing departments. Under these arrangements, the university-based nursing departments provided oversight and mentoring of the quality and standards of the nursing college programmes. However, these agreements are no longer effective since the legacy qualifications terminated (SANC, Circular No.13/2014).

The end date of enrolment for the lower category legacy qualifications was 30 June 2015 with teach out period of two years as prescribed by the SAQA (SANC, Circular

No.13/2014). In 2014, the SANC resolved to extend the intake for the PN legacy programme (R.425) to 2018, with the last qualification to be awarded in 2023 (SANC, Circular 8-9-10/2013). The continuation of the R.425 programme is based on phasing in of the new PN category (R.174). Each NEI is expected to develop curriculum using various circulars that provide guideline for R.174 training (SANC, Circular 8/2013).

The SANC resolved that the prospective NEIs who wish to offer new qualifications (R.174; R.169 and R.171) must comply with the regulations of three different bodies. First, the NEI must apply for accreditation to SANC and submit the programmes in order to get endorsement. Secondly, the NEI submits the programme with the SANC endorsement to CHE for accreditation. After approval with CHE, the documents are submitted to the DHET to obtain a registration certificate and number. Moreover, the desired programmes should get institutional internal approval.

THE IMPACT OF THE NEW QUALIFICATIONS ON THE NURSING PROFESSION

It is not easy to look at transformation of nursing education from the new qualifications viewpoint alone, as there are challenges and dilemmas that come with the nature, processes and implementation of nursing programmes. In an effort to look at this glitch from a distinct angle, I would like to delve into the issue of the implementation of the new nursing qualifications from the profession's position.

There are both opportunities and challenges for the introduction of the new qualification.

OPPORTUNITIES

The key issue is that the wide spread restructuring of nursing programmes is an opportunity to

- make curricula more congruent with knowledge, expertise and skills needs of a changing society and economy
- achieve the requirement for nurses to be highly trained and well educated critical thinkers
- enable nurses to make complex clinical decisions in practice

In order for the nursing profession to thrive, the following concerns must be addressed:

- the scope of practice
- the pace of the accreditation process of NEIs and programmes
- uncertainty about the new qualifications versus the legacy qualifications

The scope of practice

The need to scale up educational programmes for the production of more health professionals in order to address patient and population health priorities is well-defined. It is also essential to produce high quality nurses relevant for the current health care delivery. Transforming Nursing education is an opportunity in this regard, as there will be advanced ways to prepare nursing graduates to work collaboratively and effectively with other health professionals in a complex and evolving health care system; and a variety of settings (McNelis & Ironside, 2009). Transformation also brings about opportunities for lifelong learning and academic progression that will move graduate nurses to advanced degrees more efficiently and with suitable timelines.

However, there is no assumption that changing qualifications will automatically have a profound effect on the profession. There is a looming nursing shortage as we struggle to get the nurse training processes aligned. This brings a need to revisit the role of nursing education in realising a transformed health care system. The role can be significant if we are willing to revisit our current nursing education models.

A concern is that there is no clear differentiation in the scope of practice for the two professional nurse programmes (R.425 and R.174).

The pace of the accreditation process of NEIs and programmes

The new training Regulation indicates that the last intake of students was 2015. However, the highest producers of the legacy programmes are Public Nursing Colleges; which are currently under the control of Provincial Departments of Health and are governed by various provincial ordinances or Nursing College Acts. The private NEIs are still to be accredited to train the new staff nurse qualifications, and for those accredited, the new curricula are yet to be approved. Some are delayed by the fact that the provinces have to give permission to open nursing schools.

There is currently a shortage of nurse educators in South Africa. The shortage of nurse educators is actually a global phenomenon. It is difficult to obtain the exact number of nurse educators in the NEIs as the number on the SANC register includes those with a qualification but not working in the NEIs. Currently, instead of getting newly qualified nurse educators, NEIs seem to be poaching and head hunting from each other, or otherwise hiring retirees on contracts.

The causes of nurse educator shortage are well known, such as the lack of decision making on the position of nursing colleges (Kotze et al, 2013), compensation that is not competitive with practice settings; where there is attraction of the Occupation Specific Dispensation (OSD) and rural allowance, an aging workforce, and an insufficiently qualified nurse educators cohort to teach in the new academic

programs. The nurse educators who do not meet the requirements to teach in higher education environment are already leaving nursing education for nursing practice; or other destinations out of nursing including migration.

The reality is that with no accreditation of NEIs and programmes, there will be limited or no students trained. Therefore, there will be no production at undergraduate level; and consequently no supply of nurses. Phasing out the legacy qualification will lead to a gap year without supply of nurses amidst the shortage, unless the old and new programmes are run parallel. However, the challenge is the capacity of the NEIs to run two parallel programmes amidst the shortage of teaching staff. Nurse educators are already a scarce skill. The question is, will there be a benefit from running the two programmes? Lest the risk of overwork and no cost benefits.

Uncertainty about the new qualifications versus the legacy qualifications

With specific reference to the programmes leading to training as a professional nurse, it is evident that in the near future the implementation process will have an impact on the profession. The Universities and Universities of Technology NEIs may have to run the two programmes (R.425 which is the old programme & R.174 which is new) concurrently as the implementation date of R.174 was 2015; and the last intake of R.425 is 2018. This would be with a view to avoid a gap year in student intake during teach out of R.425.

Conversely, if the R.174 training is commenced after 2018, it will be like starting the production of new qualification nurses on a negative slate. The profession may experience a challenge with the supply of nurses as it is likely that there will be a gap in production of nurses. This will in turn increase the existing shortage of nurses in the country.

CHALLENGES

Disparities of institutional nature continue to influence nursing education in South Africa. Nursing education is still offered at both colleges and universities, under both DoH and DHET. The relocation of nursing education to higher education has not been fully realised, as the public colleges are still waiting for the Public Nursing College Act. It is also not clear if there will be two Acts governing nursing education and training; or if the proposed Public Nursing College Act will be an amendment of the existing Act. It seems there will be a continued differentiation in the shape of nursing education especially with the introduction of the Public Nursing College Act.

NEIs have to accept a specified number of qualified applications from entry level and post basic nursing programs because of insufficient economic, human and material resources. Again the practice environment is very alienating.

The current setbacks are slow progress and limited planning for implementation of the new programmes. There seems to be no apt transitional arrangements for the new and old qualifications respectively. Essentially, there is no evidence of targets for new qualifications and how to reach them. There is not enough evidence that the nurses will meet the current demands of the country. In my opinion, it is not good enough to want to change the qualifications if we cannot get clearly outlined processes, accreditation of institutions and programmes, recruitment of students and staff to teach. At the slow rate at which things are going, it may be late to implement the new qualifications as change is happening faster than expected.

If successfully completed, the relocation of nursing education to Higher Education will probably result in the students' loss of employee status with the provincial Departments of Health, and consequently the loss of available stipends. It is not clear if there are plans for provision of student assistance in terms of funding to access the transformed nursing education and training.

Therefore, there is no assumption that changing the qualifications will automatically have a profound effect on the looming crisis in the profession as related to the prevailing dilemma. This brings me back to my initial concern of whether introducing new qualifications in nursing will be a benefit or peril for the profession.

IMPLICATIONS

Policy: We need to begin conversations about ways to promote the conservation of the profession. This calls for policy direction, as this seems to be the politics of nursing education transformation. Essentially, there is a lack of direction from the SANC and DoH regarding the exact positioning of nursing education, and this may mean going back to the drawing boards to check the benefits or peril of differentiated nursing education landscapes in terms of training institutions and categories of nurses.

The profession: There seem to be a thin line between the idealism of nursing education transformation and the realities in the profession. The will to transform nursing education by changing the qualifications is in my opinion an opportunity for the profession to advance. However, the SANC needs to uphold the responsibility towards social positioning of the profession. It should focus on the critical analysis of radical, social, economic, future trends, and legislation to bring about social change with the implementation of the new qualifications.

Higher education: Issues of access should be considered. There should be means to assist the smooth transition of NEIs to higher education. One of the objectives in the strategic plan was to establish a national, uniform policy for student status and funding support. Whilst introducing new qualifications, we ought to reconsider support for the students (bursary versus DoH-salary; #fees-must-fall; #free-

education). There should be clarity on the purposes and roles of grants; and assurance that the nursing education and training for the new qualifications will be cost effective for the country.

Otherwise, this may have an impact on the enrolment plans of the NEIs in terms of the required intake and outputs (production and supply of nurses) and academic progression.

Nursing practice: There is a need to revisit the WHO's Global Strategy on Human Resources for Health (HRH) Workforce 2030 (ICN 2014). The SANC must have conversations with healthcare institutions, including the DoH, DHET and NEIs to foster adherence to the requirements for determining targets (National Human Resources Plan for Health, 2011).

CONCLUSION

In conclusion, whilst the agenda on transformation of nursing education is not unique; changing qualifications is not a new item for discussion. The reality is that the SANC needs to compete with itself by restructuring programmes to make nursing practice congruent with the needs of a changing society. The introduction of new nursing qualifications seems to have been hurried as the implementation processes are not harmonized. A complex reality concerning the new nursing qualifications brings about both opportunities and challenges for the profession.

RESOURCES

Blaauw D, Ditlopo P & Rispel LC. 2014. Nursing education reform in South Africa-lessons learnt from a policy analysis study. *Global Health Action* 7:10.3402/gha.v7.26401.

Breier M, Wildschut A, Mgqolozana T. Cape Town: HSRC Press; 2009. *Nursing in a new era. The profession and education of nurses in South Africa.*

Buchan J & Aiken L. 200). Solving nursing shortages: a common priority, *Journal of Clinical Nursing*, Vol. 17 No. 24), 3262-3268.

Global Health Workforce Alliance (2015). Synthesis paper of the thematic working groups. Towards a global strategy on human resources for health. Available at: www.who.int/hrh/documents/synthesis_paper_them2015/en/). Accessed 10 February 2016.

Holmes, A. 2011. Transforming education. *Nursing Mngement* 42, 4 pages 34-38.

Rambur, B Pulambo, MV & McIntosh B, & Mongeon J. 2003. A statewide analysis of RNs' intention to leave their position. *Nursing Outlook*, 51, 182-88.

Rispel L, Schneider H. Professionalization of South African nursing: who benefits? *Int J Health Serv.* 1991;21:109–26.[[PubMed](#)]

Robert Wood Johnson Foundation (RWJF). 2013: The case for academic progression.www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf407597.

International Council of Nurses. 2014. Nurses A Force for Change: A Vital Resource for Health. International Nurses Day toolkit. Available at: www.icn.ch/publications/2014-nurses-a-force-forchange-a-vital-resource-for-health/. Accessed 10 February 2016.

Nursing Strategy. 2013. The National Strategic Plan for Nurse Education, Training and Practice 2012/13 - 2016/17.

South African Nursing Council. 2004 – 2016. Under the provisions of the •Nursing Act, 2005 (Act No. 33 of 2005).

South African Nursing Council. 2013. Regulations Relating to the Accreditation of Institutions as Nursing Education Institutions. Government Notice No. R. 173. 8 March 2013.

Subedar H, Gray A, Govender M, Gengiah T & Singh J. 2005. The nursing profession: production of nurses and proposed scope of practice. In *South African Health Review*. Cape Town: Health System Trust; 88–101.

SANC standpoint on Public Nursing Colleges transition into Higher Education: Legislative Framework.

- Constitution of the Republic of South Africa Act (No. 108 of 1996)
- Higher Education Act (No.101 of 1997)
- Higher Education Amendment Act (No. 39 of 2008)
- National Qualifications Act (No.67 of 2008)
- Nursing Act, 2005 (Act No. 33 of 2005)
- Health Act (No. 63 of 2003)

Wade H & Khan F. 2007. Human resources for health: health care delivery. In *South African Health Review*. Durban: Health System Trust; 141.

Wildschut A & Mqolozana T. 2008. Shortage of nurses in South Africa: Relative or absolute. Case study report compiled for the DoL study: A multiple source identification and verification of scarce and critical skills in the South African labour market. Department of Labour South Africa, HSRC/DoL.

World Health Organization. 2006. The world health report 2006: working together for health. Geneva: World Health Organization.

UNFPA: Kenya's Health Workforce Training Capacity: A Situation Analysis. Kenya Health Workforce Project; 2010.