

A universal truth: Are we heading for no health care?

Nelouise Geyer, PhD, RN, RM, ANSA
CEO Nursing Education Association

© Medpharm

Prof Nurs Today 2016;20(4):23-26

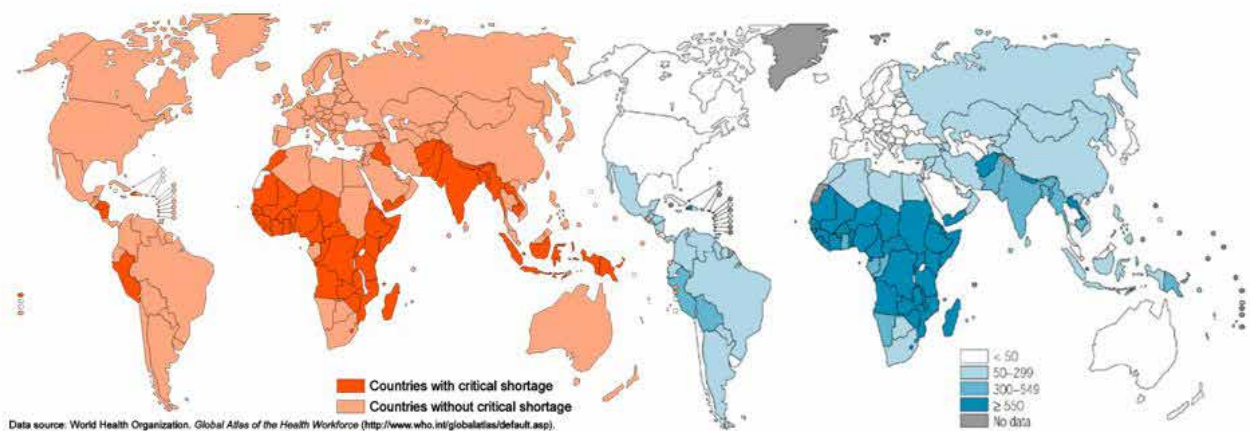
Health workers



health outcomes

- Countries with a critical shortage of HRH (<2.28 physicians, nurses and midwives / 1000 population)

- The HRH crisis countries are making slow progress towards the health-related MDGs (e.g. maternal mortality ratio / 100,000 births)



41 Health Workforce Migration: A Roundtrip, June 2014, Madrid



Figure 1. Availability of health workers and health outcomes

Introduction

It is a universal truth that there will be no health care if there are not enough human resources in the healthcare sector, as the title of the World Health Organization (WHO) report of the Third Global Forum on Human Resources for Health states: *"A Universal Truth: No Health Without a Workforce"*.¹ It effectively summarises the global and South African challenge related to human resources in health. While the WHO does not regard South Africa as one of the countries with exceptionally low staffing ratios, most of us are aware

that we do not have enough nurses to ensure safe and quality health care (see Figure 1). The shortage does not only apply to the public sector, but also to the private sector healthcare services.

Primary challenge

The primary challenge in determining the extent of the shortage of nurses and midwives in the country, is that South Africa does not have norms and standards according to which the shortage can be accurately quantified. Moreover,

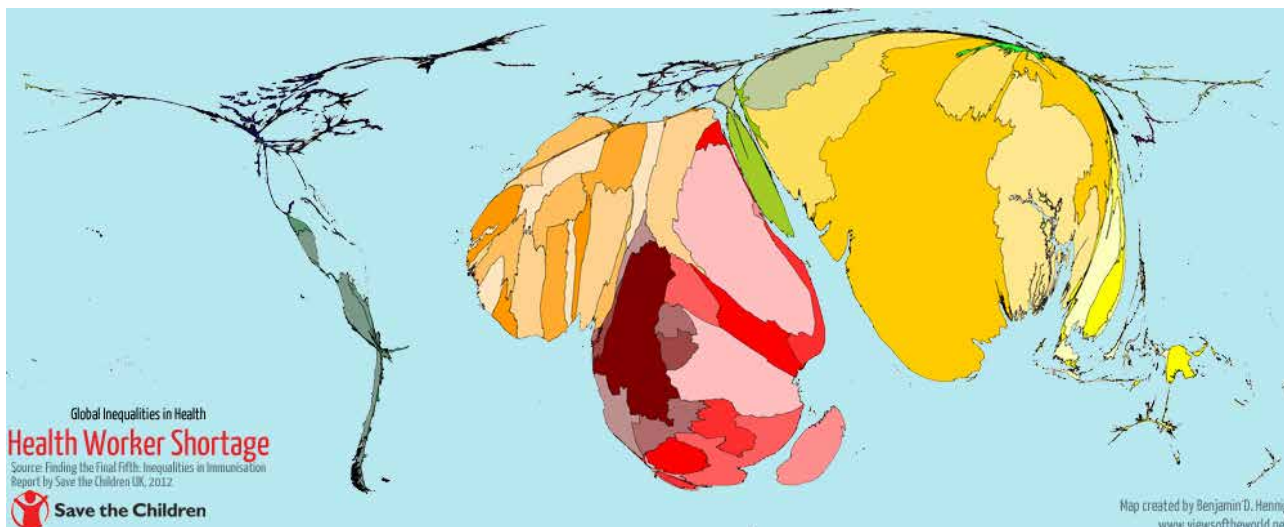


Figure 2. Inequality of health worker shortage (<http://www.viewsoftheworld.net/?p=2258>)

the statistics of the SA Nursing Council provide for a total number of nurses and midwives on the registers but do not give an indication of how many of those nurses are employed at institutions providing primary or curative patient care. The distribution of health worker shortages is depicted in Figure 2.

Urgency to increase the production of nurses and midwives

Even though South Africa is not classified as a country with serious shortages in the healthcare, there is an urgency to increase the production of nurses and midwives in this country to address the increasingly complex burden of disease, and the accompanying policy framework, in order to adequately address the healthcare needs of the population.

Policy changes

South Africa has seen significant legislative and policy changes during the last two decades to address the burden of disease in the country. The increase in policy review during the last two years places a massive demand not only on the number of nurse/midwife practitioners required, but also the need to develop new competencies to fulfil these demands as seen in the *Human Resources for Health (HRH) Strategy* in which South Africa's health service is identified as being nurse driven. New policies influencing these demands include the re-engineered primary healthcare sector as found in the *National Health Insurance (NHI) White Paper*, the HIV counselling and testing (HCT) campaign requiring all healthcare professionals to invite clients to undergo HIV testing; task shifting, for example NIM-ART, allowing nurses and midwives to initiate and manage antiretroviral therapy formerly only done by medical practitioners. Added to this more recently, are the HIV Prevention, Care and Treatment targets as outlined in the 90-90-90 strategy as well as the Sustainable Development Goals (SDGs).

Nursing competence

Parallel to these developments, are specific changes proposed for nursing and midwifery to produce practitioners competent to meet the diverse and changing needs of the country. Legislative changes in nursing comprise the adjusted scope of practice (still outstanding, years after consultation), and revised education and training programmes to equip nurses/midwives with the required competence to manage the disease burden of the country. Many of these changes are incorporated in the *Nursing Education, Training and Practice Strategy 2012/13–2016/17*.²

Alignment with Higher Education criteria

Nursing education and training has to be aligned with the legislative changes for education. The National Qualifications Framework (NQF) Act determines the boundaries for quality councils in education, positioning nursing education and training in the higher education band. Except for universities offering basic nursing programmes, nursing education and training has found itself outside the mainstream of education for many years – these institutions includes the public nursing colleges which are responsible for producing 80% of professional nurses/midwives. For most of the nursing education institutions transitioning from their current situation to the higher education band, major changes are required in order to comply with the Council of Higher Education (CHE) accreditation requirements and the implementation of nursing education programmes at a time where there is an increasing demand for appropriately qualified professional nurses and midwives. One of these major changes is the political decision that must be taken to move public nursing colleges from the Department of Health to the Department of Higher Education – by December 2019 structures and accredited (new) programmes must be ready and available for study at the relevant educational facilities.

All signs indicate that this deadline may not be met in time – this will result in a gap in the production of professional nurses/midwives. By December 2019 the last intakes for the legacy (current) programmes must take place and persons in the system will be allowed a period to complete their programmes. This period usually allows the minimum time to complete the programme plus one or two additional years as regulated by the SA Nursing Council, following which the registers and rolls will no longer allow the intake of any new registrations. The enrolled programmes were already terminated in 2015³ and only the Bridging, four-year and post basic programmes are still being offered.^{4,5} From January 2020, none of the current programmes shall be offered any longer. As a country, we cannot afford such a gap.

Dire need for specialist nurses

Many of the policies highlighted earlier require specialist nurses and all confirm the sense of urgency to increase the number of professional nurses/midwives and nurse specialists to ensure an equitable distribution of nursing/midwifery staff with a view to creating a public health system that provides safe, quality health care. Basic education in nursing/midwifery to become a registered professional nurse must be completed before specialist training can be undertaken – thus the urgency to produce more professional nurses. Speeding up the progress of nurse education and training must be prioritised.

Quality of education and training

In addressing this urgency to produce more nurses/midwives, education must not only increase the quantity of practitioners, but also address issues of quality and relevance in order to address population health needs as indicated in the World Health Organization (WHO) report on transforming and upscaling health professional education and training.⁶ The education and training programmes should also be aimed at strengthening health systems.⁷ To this effect the scope of practice for nurses/midwives has been revised and publicly consulted but has not yet been promulgated.

Quality of care provision and patient safety

Quality patient care and safety are non-negotiable in health care⁸ and international studies recognise the link 'between the educational background of nurses/midwives and the quality and safety of patient care'. Appropriate preparation of nurses/midwives is important to ensure high quality and safety of patient care. There is sufficient proof that well prepared and competent nurses/midwives improve the outcomes of healthcare provision with studies indicating that in hospitals with higher proportions of nurses/midwives educated at the baccalaureate level or higher,

surgical patients experienced lower mortality and failure-to-rescue rates,⁹ supporting the dire need to increase specialist nurse training.

Effect of nursing shortages

One of the more easily definable shortages, is the shortage of nurses specialised in intensive care nursing where it is expected that patients in ICU would be cared for on a one-on-one ratio by specialist nurses. This is not happening. At Competition Commission Tribunal hearings, it has been highlighted that ICUs are carrying higher patient loads as it is perceived that patients receive better care there. According to the World Health Organization¹⁰ one in every 10 patients admitted to a hospital in developing countries experiences an adverse event during their stay in hospital. The reasons for this are obviously multifactorial with both national and international studies highlighting other factors related to poor quality and unsafe care. These include burnout of nurses; higher patient load (implying more acute patients per staff member); burdening nurses with non-nursing tasks; poor management of hospitals,^{11,12,13,14} poor management of human resources,¹⁵ staff perceptions¹⁶ and organisational patient safety culture.¹⁷

Conclusion

In conclusion, there is sufficient proof that enough nurses and midwives with the required competence is essential for the provision of safe, quality patient care. Professionals all have a responsibility to continue advocacy for quality and safe care which includes an appeal to authorities to speed up the preparation of professional and specialist nurses/midwives as we move into a new dispensation in education. This requires speeding up two important components. Firstly, the outstanding regulations to the Nursing Act, namely the scope of practice and post basic specialist education regulations as well as the proposed amendments to the Nursing Act that we have been advised are required to enable nurse prescribing for nurses in primary healthcare and palliative care settings. Secondly, it also speaks to the urgency of aligning nursing education with the higher education frameworks and, in particular, of incorporating the public nursing colleges into the higher education system. These public nursing colleges are currently responsible for the production of 80% of the professional nurses in the country.

References

1. World Health Organization (WHO). 2013. Transforming and scaling up health professionals' education and training. World Health Organization Guidelines 2013. WHO: Geneva. Accessible at www.who.int/iris/bitstream/10665/93635/1/9789241506502_eng.pdf
2. Department of Health, 2013. Nursing Education, Training and Practice Strategy 2012/13 – 2016/1. Government Printer: Pretoria. Accessible at <http://www.sanc.co.za/archive/archive2013/>

NursingStrategy2013.html

3. South African Nursing Council. 2014, Circular 13/2014. Legacy nursing education and training programmes that will no longer be offered after 30 June 2015. Accessible at <http://www.sanc.co.za/archive/archive2014/newsc1413.htm>
4. South African Nursing Council. 2014, Circular 12/2014 Extension to offer Supplementary and Post Basic (Additional) Qualifications including Bridging Course for Enrolled Nurses leading to Registration as a General Nurse or Psychiatric Nurse. Accessible at <http://www.sanc.co.za/archive/archive2014/newsc1412.htm>
5. South African Nursing Council. 2014, Circular 11/2014 Extension of Offering the Education and Training Programme Leading to Registration as a Nurse (General, Psychiatric and Community) and Midwife (Government Notice No. R.425 of 22 February 1985 as amended). Accessible at <http://www.sanc.co.za/archive/archive2014/newsc1411.htm>
6. World Health Organization (WHO). 2013. Transforming and scaling up health professionals' education and training. World Health Organization Guidelines 2013. WHO: Geneva. Accessible at www.who.int/iris/bitstream/10665/93635/1/9789241506502_eng.pdf
7. Frenk J, Chen L, et al. 2010. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet*, Dec 4, 2010;376:1923-1928. Published on line at www.thelancet.com (DOI:10.1016/S0140-6736(10)61854-5) on Nov 29.
8. World Health Organization (WHO), 2011, A brief synopsis on patient safety, viewed 04 February 2015, from http://www.euro.who.int/__data/assets/pdf_file/0015/111507/E93833.pdf?ua=1
9. Aiken LH, Clarke SP, Cheung RB, et al. 2003, Educational levels of hospital nurses and surgical patient mortality, *Journal of the American Medical Association* 290(12),1617-1623. <http://dx.doi.org/10.1001/jama.290.12.1617>
10. World Health Organization (WHO), 2012, 10 Facts on patient safety, viewed 03 February 2012, from www.who.int/features/factfiles/patient_safety/en/index.html
11. Aiken, L.H., Clarke, S.P., Cheung, R.B., Sloane, D.M. & Silber, J.H., 2003, 'Educational levels of hospital nurses and surgical patient mortality', *Journal of the American Medical Association* 290(12), 1617-1623. <http://dx.doi.org/10.1001/jama.290.12.1617>
12. Coetzee, S.K., Klopper, H.C., Ellis, S.M. & Aiken, L.H., 2013, 'A tale of two systems – nurses' practice environment, well-being, perceived quality of care and patient safety in private and public hospitals in South Africa: A questionnaire survey', *International Journal of Nursing Studies* 50(2), 162-173. <http://dx.doi.org/10.1016/j.ijnurstu.2012.11.002>
13. Aiken, L.H., Clarke, S.P., Sloane, D.M., Sochalski, J.A., Busse, R., Clarke, H. et al., 2001, 'Nurses' reports on hospital care in five countries', *Health Affairs* 20(3), 43-53. <http://dx.doi.org/10.1377/hlthaff.20.3.43>
14. Klopper HC, Coetzee SK, Pretorius R, Bester P. 2012, Practice environment, job satisfaction and burnout of critical care nurses in South Africa, *Journal of Nursing Management* 20(5), 685-695. <http://dx.doi.org/10.1111/j.1365-2834.2011.01350.x>
15. Aiken LH, Clarke SP, Sloane DM, et al. 2001, Nurses' reports on hospital care in five countries, *Health Affairs* 20(3),43-53. <http://dx.doi.org/10.1377/hlthaff.20.3.43>
16. Swart RP, Pretorius R, Klopper H. 2015, Educational background of nurses and their perceptions of the quality and safety of patient care, *Curationis* 38(1), Art. #1126, 8 pages. <http://dx.doi.org/10.4102/curationis.v38i1.1126>
17. Blignaut AJ. 2012, The relationship between the qualifications of professional nurses and their perception of safety and quality of care in medical and surgical units in South Africa, Master's dissertation, School of Nursing Science, NorthWest University.