

CHALLENGES FACING THE SOUTH AFRICAN NURSING PROFESSION



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OPSOMMING

Die doel van hierdie artikel is om die resultate te beskryf van 'n studie wat onderneem is om uitdagings te identifiseer wat die Suid-Afrikaanse verpleegberoep in die gesig staar. Moontlike wyses waarop die uitdagings aangespreek kan word sal ook aandag geniet. Binne die veranderende politieke en sosio-ekonomiese konteks van Suid-Afrika het veral die verandering in gesondheids- en onderwysbeleid spesifieke uitdaging aan die verplegingsprofessie gerig. 'n Verkennende, beskrywende en kontekstuele ontwerp is in hierdie studie gebruik. Meervoudige bronne en metodes van data-insameling is gebruik. Guba se model vir vertrouenswaardigheid is toegepas. Resultate van hierdie studie toon aan dat die volgende uitdaging vir die georganiseerde en geregleerde beroep bestaan: om aktief betrokke te wees by huidige samesprekings betreffende verpleegonderwys; om die beeld van die verpleegberoep te verbeter; om standaarde vir kwaliteitsorg in verpleging te verbeter en te handhaaf; om waardes binne die verpleegberoep op te klaar; om relevant in die gesondheidsorgdiensleweringstelsel te bly en om buigsaam te wees binne die veranderende Suid-Afrikaanse konteks. Voorstelle is ook gemaak van moontlike wyses waarop die verpleegberoep hierdie uitdagings kan aanspreek.

INTRODUCTION

The purpose of this article is to describe the results of a study that was conducted to identify challenges facing the nursing profession in a post-apartheid South Africa. Possible ways in which the challenges can be met will also be addressed.

The April 1994 general election brought about a change in the nursing profession in South Africa. The African National Congress (ANC) won the general election by a 66% majority and Nelson Mandela became the first president of a democratically elected government. With the ANC victory, the fifty year reign of the National Party came to an end. Now the majority group of black South Africans are in power. The structure of the country changed from the Republic of South Africa with its four provinces - the Transvaal, Orange Free State, Natal and Cape Province and the independent TBVC countries, Transkei, Bophuthatswana, Venda and Ciskei - to one unified country. The new South Africa comprises of nine provinces: Northern Cape, North-West, Western Cape, Free State, Eastern Cape, Gauteng, Northern Transvaal, Mpumalanga and KwaZulu/Natal, with eleven official languages on national level.

For the first time in the history of South Africa, fundamental human rights are protected in the Constitution (Act No. 200 of 1993). These rights include equality, life, human dignity, freedom and security, privacy, religion, freedom of belief and opinion, freedom of expression, freedom to assemble, freedom to demonstrate and petition, freedom of association, freedom of movement, freedom of residence, administrative justice, economic activity, fair labour practice, property, healthy environment, right to own language and culture, education as well as a number of children's rights (Human Sciences Research Council, 1994). Within this Constitution, nursing education is placed within tertiary education at Technikons and Universities. The Reconstruction

and Development Programme (RDP) of the new Government of National Unity spells out its position regarding health care and education (ANC, 1994). The RDP is an integrated programme, based on the people, that makes provision for peace and security for all, nation building, it links reconstruction and development and reinforces democracy. The five key programmes of the RDP are: meeting basic needs, developing human resources, building the economy, democratising the state and implementing RDP (ANC, 1994).

The government's National Health Plan for South Africa (ANC, 1994) proposes a national health service, based on the principle that health is a basic human right. The government/state should accept responsibility and ownership for the delivery of a comprehensive health service to all citizens in the country with the focus on Primary Health Care (PHC). This implies less focus and money on curative (hospital-bound) services. A national health authority (Department of Health) will delegate health service delivery to all the provinces. On the ground level, provision is made for district health authorities. The expansion of private health services are opposed in contrast with the previous government's support of private health services. Greater say by the community regarding issues related to the delivery of health services on ground level is envisaged to ensure democratization.

Miss O H Muller (1994), the former deputy-director of the Sub-Directorate Health Professions, Department of Health, summarises the change in health care policy as follows: "PHC is a people-driven system, it belongs right down there and every person in the community has a say and the government people - the provincial governments -, consult with their communities. This is a complete turn-about and a lot of people are finding it difficult to change from a government-driven health system to a people-driven health system."

PROBLEM STATEMENT AND PURPOSE OF STUDY

The change in government, accompanied by the changes in health and education policies, pose specific challenges to the nursing profession regarding the organised nursing profession and the regulatory profession. It is thus important to identify the challenges and possible ways of meeting them.

For the nursing profession to be autonomous and self-regulatory, it needs to be well informed about all issues pertaining to health care, nursing education and nursing practice. Since 1993 many changes have taken place in health care policies and education policies in the country. In order to be able to make sound decisions about their own profession and to

ensure that they continue to play an important role in the health care delivery system, it is imperative that nurses are well informed about the options and challenges they are facing.

The following two research questions arise from the problem statement:

- What challenges are the nursing profession facing?
- What can be done to address these challenges?

Based on the research questions, the purpose of this study is to describe challenges the South African Nursing Profession is facing and to identify ways in which these challenges can be addressed.

RESEARCH DESIGN AND METHOD

An exploratory, descriptive and contextual design was utilised (Mouton & Marais, 1991:43-44, 51). Interviews were conducted, field notes were taken, a document analysis was completed and a literature review was carried out.

Sample

The sample consisted of key informants, documents pertaining to the nursing profession and current literature on South African Nursing. A purposive sampling method was used (Burns & Grove, 1987:218).

Four respondents were interviewed. They were included in the sample because of each one's knowledge about a specific dimension of the nursing profession. The first respondent is a nurse educator on tertiary level who is also actively involved in the transformation process. The second respondent is a leader in the organised profession, a nurse educator on tertiary level and she is also actively involved in the transformation process. The third respondent is involved in Management in the Department of National Health and is an expert in developing policy on health care delivery. The fourth respondent is an expert in the regulatory organisation of the nursing profession.

Trustworthiness

Trustworthiness in this research was ensured by applying Guba's model (in Krefting, 1991:214-222). The four criteria for trustworthiness were: truth value, applicability, consistency and neutrality. The truth value was ensured by using strategies of credibility and applicability by applying strategies of transferability. Consistency was ensured by using strategies of dependability and neutrality by using strategies of confirmability. Table 1 summarises the strategies that were utilised to ensure trustworthiness.

Table 1. Strategies to ensure trustworthiness

STRATEGY	CRITERIA	APPLICATION
Credibility	Prolonged and varied field experience.	Researcher advanced practitioner for 20 years. Two years involvement with study, four interviews, document analysis, literature review, field notes.
	Reflexivity.	Field notes taken.
	Triangulation.	Different data sources utilised: Key note informants, documents, literature. Different methods of data gathering: interviews, document analysis, field notes, literature review.
	Member-checking.	Follow up interviews, literature review, discussions with colleagues.
	Peer examination.	Four doctorally prepared nurses.
	Authority of researcher.	Field experience of research.
	Structural coherence.	Focused all the time on challenges for the nursing profession and ways of meeting them.

STRATEGY	CRITERIA	APPLICATION
Transferability.	Nominated sample.	Purposive - data sources regarding the South African Nursing Profession, 1994 and 1995.
Dependability.	Dense description.	Complete description of methodology.
	Dependability audit.	Panel of independent experts.
	Dense description of research method.	Research methodology fully described.
	Triangulation.	Different sources of data, different data gathering methods.
	Peer examination.	Independent panel of experts.
Confirmability.	Code-recode procedure.	Consensus discussion between researchers and independent panel of experts.
	Confirmability audit.	Independent panel of experts.
	Triangulation.	As discussed.
	Reflexivity.	As discussed.

Data collection

Data were collected by means of multiple data collection methods (Marshall and Rossman, 1989:101; Cresswell, 1994:150). Four semi-structured interviews were conducted with key informants (Marshall and Rossman, 1989:94) and the following questions were put to the interviewees: "What is currently happening in the nursing profession?" and "What do you think should receive attention?"

Respondents were allowed to answer the questions in whatever sequence they preferred and the researcher facilitated the interviews by creating an open, non-threatening atmosphere. These interviews were audiotaped and later transcribed. Field notes were made directly after the interviews as a verifying measure (Wilson, 1985:380-382). All available documents (Cresswell, 1994:150) regarding the nursing profession were collected for analysis. They included official documents of the South African Nursing Council; Minutes of the Forum of University Nursing Departments and a report written by Dr N S Gwele in July 1995, in which recommendations were made to the Minister of Health, Dr Zuma. A literature review (Cresswell, 1994:24) was conducted regarding current aspects related to health care policy and the nursing profession.

Data analysis

Kerlinger's (1986:477) method of content analysis was adopted as a basis for data analysis. The following steps were followed:

- Data (all the transcribed interviews, field notes, documents and literature) were coded by the researcher. Bracketing (placing preconceived ideas in brackets) and intuiting (focusing on challenges in the nursing profession and ways to address them) were used, while the researcher read through the data for the first time (Burns & Grove, 1989:80-81).
- The researcher identified major themes represented in the data. The major themes were then reflected as challenges which the South African nursing profession is facing and possible ways of addressing them.

DISCUSSION OF RESULTS

Results will be discussed regarding challenges which the nursing profession is facing and possible ways to meet them, with specific reference to the organised and regulatory profession in South Africa.

Challenges which the organised nursing professional is facing and possible ways of addressing them

Nurses constitute the largest component of health professionals (*South African Health Review 1995 - in Brief*). They are represented primarily by the South African Nursing Association and the Democratic Nursing Organisation of South Africa (Muller, 1996: 35-40). These two organisations are faced by the following challenges: to be actively involved in the current deliberations regarding nursing education; to improve the image of the nursing profession; to improve and maintain standards of quality care in nursing; and to clarify values within the nursing profession.

The challenge to be actively involved in the current deliberations regarding nursing education

The current deliberations on nursing education are addressing issues such as policy making, financing, placement of programmes, student nurses and developing outcome criteria/standards for nursing within the National Qualifications Framework.

Various discussions are currently taking place with regard to where nursing education should be placed. In a report by Dr N S Gwele in July 1995, she recommended to the Minister of Health, Dr Zuma, that nursing education should be looked at within the context of higher education. It is envisaged that the National Commission on Higher Education will appoint a Post-graduate, Professional and Technical Committee. It is important that the organised nursing profession is represented this committee.

The financing of nursing education is viewed as a constitutional issue which requires negotiation and deliberation at government level. The different options for financing and control of nursing education has been widely discussed but no real conclusion has been reached.

It is important that the organised nursing profession starts to develop the outcome criteria/standards for nursing within the National Qualifications Framework (South African Nursing Council, 1995). This is in line with government policy that there should be an integrated approach to education and training to meet the needs of the economy, the social needs of the country, as well as individual needs of citizens. The National Qualifications Framework emphasizes outcomes rather than processes and provides for a system of credits obtained inside or outside the formal education system, which can be credited towards a national qualification. This means that a nursing aide can, for example, build up credits to become a professional nurse if she adheres to the criteria/standards set for each level of nursing.

HEALTH SA GESONDHEID Vol. 1 No. 1 1996

The challenge to improve the image of the nursing profession

During the last few years the media portrayed the strikes undertaken by nurses to achieve their own rights regarding issues such as salaries and working conditions (Botes & Rossouw, 1995:19; Germishuizen, 1994). Patients were left to cope on their own and some even died. This contributed to the community losing faith and respect in the nursing profession.

The organised nursing profession needs to address the challenge of improving the image of the nursing profession (Müller, 1996: 35 - 40). Several measures need to be undertaken to ensure that patients' lives are not endangered by the actions of nurses. These include the facilitation of negotiation between employers and nurses involved to prevent strike action. If strike action cannot be avoided, the organised nursing profession should negotiate for skeleton nursing staff or volunteers to provide patient care.

The challenge of clarifying values in the nursing profession

This challenge is closely linked to the one previously discussed. Botes and Rossouw (1995:19) refer to the moral crisis in nursing in South Africa. Rights of certain members of the nursing profession were negated in the past with the result that these rights are emphasized today by the nurses themselves to such an extent that the rights of the patient are overlooked. Botes and Rossouw (1995:20-26) address the challenge to clarify values in nursing by suggesting the reconstruction of virtue ethics in nursing. These virtues are a prerequisite for nursing care, for the desired interpretation of rules and facilitates internal control over moral conduct. The authors propose that the following virtues be included in the reconstruction of ethics in nursing and facilitation of moral conduct: reflection, courage, dedication, responsibility, reliability and strive for excellence. Ways in which these virtues can be internalised include emphasizing them in nursing education and focusing on developing thinking skills in nursing education. Botes and Rossouw (1995:26) state: "Without thinking skills, quality nursing and decision-making on moral issues will not be possible. Reflection which requires thinking skills is fundamental to many other virtues in nursing." Criteria for the evaluation of the practitioner's readiness to enter professional practice can be developed on the basis of these virtues.

The challenge to improve and maintain standards of quality care in nursing

Research conducted in several provinces in South Africa indicated that nursing service managers are

HEALTH SA GESONDHEID Vol. 1 No. 1 1996

concerned about the lowering of standards of quality patient care. Factors contributing to this were stated as the political violence, transport problems and stay-away actions by health workers (Poggenpoel & Gmeiner, 1995:9). As already discussed, the organised nursing practice needs to facilitate the strive for excellence in nursing by supporting the reconstruction of virtue ethics.

Challenges facing the regulatory nursing profession and possible ways of addressing them

There is currently an Interim South African Nursing Council and the next election for a new democratically elected Council will be held in 1997. The Nursing Council in South Africa is faced by many changes. Only two major challenges are addressed in the discussion of the results, viz. the challenge to stay relevant in the health delivery system and the challenge to be flexible in the changing South African context.

The challenge to stay relevant (Müller, 1996: 60 - 65) in the health delivery system

Health care policies and education policies have been revised or are currently in the process of revision. A new National Health Plan for South Africa (ANC, 1994) was accepted and is in the process of implementation. The focus is on primary health care at grass roots level, health for all and community partnership within the health delivery system. As previously discussed, Gwele (1995) recommended that nursing education should be looked at within the context of higher education. Emphasis is also placed on community based programmes in nursing education. The Nursing Council needs to continue to analyse the educational standard critically as well as the content of the courses, the standard of educational organisations and the standard of the health delivery system where the students are trained to be congruent with the national health policy and the health needs of the nation (Müller, 1996: 60 - 65). To be relevant as a health profession, the challenge needs to be addressed to provide professional nurses who had education with a sound scientific basis and who are competent practitioners in the delivery of primary health care to meet the population's health needs.

The challenge to be flexible in the changing South African context

In this time of change and reconstruction the danger exists that the Nursing Council may be perceived as prescriptive. The standards and regulatory processes ought to be wide enough to make goal achievement (quality nursing care) possible and also to ensure flexibility to facilitate freedom for innovation, growth and change. Broad guidelines and regulations for education and practice should be set (Müller, 1996: 60-65).

CONCLUSION

Post-apartheid South Africa with its new policies, especially regarding national education and health service delivery, poses challenges to the South African nursing profession. In this study an attempt has been made to identify some of the challenges which the nursing profession is facing, as well as possible ways of meeting them.

Miss O Muller (1994) addressed the challenges posed by the changing South African context by stating: "I think South Africa will be a far better place to live in if we can live with this, if we can address the problems as they come."

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