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RESEARCH ARTICLE

CHANGING NURSING QUALIFICATIONS: A DEBATE FOR NURSING WORKFORCE SUPPLY

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ABSTRACT

The primary role of nursing education in any country is to produce a critical mass of nursing workforce; and the scaling up of educational programmes as part of nursing education transformation is essential to produce high quality nurses in the profession. However, there is no assumption that changing qualifications will automatically have a profound effect on the shortage of nurses. The aim of this debate is to highlight the impression of the new nursing qualifications on the production and supply of nurses. The debate focused on a reflective examination of the current position of the implementation of new nursing education programmes in South Africa. The reflection included the new nursing qualifications with a period from 2015. The focus was limited to first entry programmes. It is evident that in the near future the profession will experience a shortage with the supply of nurses.

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INTRODUCTION

Researchers on policy analysis agree that transformation of nursing education is an important strategy for improving health workforce performance (Blaauw *et al.*, 2014). The significance of the workforce for the functioning of the health systems and health outcomes was exemplified in a publication entitled "A Universal truth: no health without a workforce" (Global Health Workforce Alliance, 2013). Nursing education in South Africa is not immune to the transformation agenda of the new democratic dispensation. The alignment of nursing education programmes is a response to changes in higher education (South Africa, 2012 and 2008). Similarly, the revision of the nursing qualifications is part of on-going transformation in nursing education (Breier *et al.*, 2009). The training for entrance nurses has for nearly three decades been for the commonly referred to as the legacy nursing qualifications. These are 4 years Degree or diploma for Professional nurse, 2 years Certificate for Enrolled nurse, 1 year Certificate for Enrolled Auxiliary Nurse and 2 years Bridging Diploma for enrolled nurses leading to registration as a Professional nurse (Blaauw *et al.*, 2014). The offering of the legacy qualifications ended in June 2015. In 2013, South Africa introduced the regulations for the new nursing academic qualifications, specifically a 4 years Bachelor degree for Professional nurses, 3 years Diploma for Staff nurses, 1 year Higher certificate for Auxiliary nurses (Nursing Strategy, 2013).

The programmes aligned to these qualifications commenced in 2015. The Nursing Education Institutions (NEIs) namely, university nursing departments, nursing colleges and nursing schools certified to train the mentioned legacy qualifications were given time to do the last intake of students who would actually benefit from the teach out period of legacy programmes by 2020 and 2023 (South African Nursing Council (SANC), 2010). The legislation gave effect to the relocation of nursing education from the Department of Health to the Department of Higher Education and Training (DHET) (South Africa, 2008; SANC, 2010). Being under the DHET means that the public and private nursing colleges must register as Higher Education Institutions in order to have their offerings on a higher qualification band (South African Qualifications Authority, 2012). This process requires the establishment of the Public Nursing Colleges Act, policies and guidelines to gain status as a college sector (SANC, 2015). While some nurse professionals, educators and scholars view this on-going process as beneficial to the profession, others do not share the same view. In a policy analysis study on Nursing Qualifications Framework, the authors stated, "the policy capacity of key institutions requires urgent strengthening if the important nursing education reforms are to be realised". (Blaauw *et al.*, 2014). In another study looking at revitalising nursing in South Africa, the authors questioned if the nursing profession is in peril (Rispel and Bruce, 2014). This paper joins this debate by focusing on the implementation of the new nurse training programmes. The debate is that as one reflects on the current position of the nursing profession, changing the qualifications will bring forth opportunities to nursing

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education; as well as concerns for the nursing workforce supply. Some elements related to the implementation of nursing qualification programmes, such as approval of training institutions and programmes, training and production of nurses, changing nursing qualifications, higher education matters, and retention of nurses in practice are of concern to the supply of nurses. When reflecting on the nursing workforce status, one of the major challenges generally facing the profession is the shortage of nurses. The World Health Organisation (WHO) recommends that there should be 200 nurses for every 100 000 people in a country (WHO, 2015). In South Africa, there are 500 nurses per 100 000 people; which exceeds the WHO's standards. The World Health Statistics (2011) indicate the ratio of nurses to the population in South Africa was 4.08 (184459) per 100 000 in 2010. The health department estimated that the country was short of over 44,700 nurses (Cullinan, 2015). In 2016, there were approximately 280,000 nurses in South Africa. The shortage of nurses is a real, multifactorial issue and is experienced around the globe (Global Health Workforce Alliance, 2013). South Africa experiences maldistribution of nurses with shortages in rural areas and has insufficient nurses to meet public health needs (Wade and Khan, 2007; Wildschut and Mqolozana, 2008). Statistics indicate that 167 587 of the 270 437 nurses registered with the nursing council are working in metropolitan areas (SANC, 2014). The problem with the nursing shortage can be overcome by the production and supply of nurses (Global Health Workforce Alliance, 2015).

The implementation of nursing qualification programmes

The Nursing Strategy came into effect with a vision to articulate how nursing education and training, practice, resources, social positioning, regulation and leadership fit together to support South Africa's health system (Department of Health, 2008). This debate is along with the basic view that the wide spread restructuring of nursing programmes is an opportunity to make curricula more congruent with the scope of practice of nurses (Subedar *et al.*, 2005). Of course, the new qualifications programmes are part of nursing education transformation. However, it is not sufficient to look at them from a transformative viewpoint alone, as there are challenges and dilemmas that come with the policy and processes of implementation of such (Blaauw *et al.*, 2014; Nursing Strategy, 2013). In an effort to reflect on this issue from a different position, I looked at the implementation of new nursing programmes and qualifications from the profession's position. With the restructuring of nursing programmes, NEIs who wish to offer new qualifications must comply with the regulations of three different bodies in order to offer the new nursing programmes (SANC, 2013). The pace of implementation of these new qualifications is slow, due to approval processes. The concern is that in the near future the profession may experience a challenge with the training and production of nurses because of the implementation process for the new qualifications. Therefore, there will be insufficient supply of nurses as the legacy programmes phase out and new qualifications commencement delays.

Approval of training institutions and programmes

The approval process (SANC, 2013; Council on Higher Education 2004, 2013) of NEIs and programmes is noticeably slow. The desired programmes and curricula require internal and external institutional approval. Moreover, new institutions

need approval as NEIs as well as their curricula and learning programmes before commencing training. This is an area of concern, because anecdotal reports indicate that most of the nursing schools and colleges have no programmes or curricula approved. Therefore, there has been no intake of students for the new nursing programmes. One of the requirements for approval of NEIs and programmes is the availability of nurse educators. However, there is currently constrained teaching staff at both public and private NEIs. Instead of getting newly qualified nurse educators, NEIs seem to be hiring retirees on contracts. This may affect the implementation of the new programmes. The shortage of nurse educators is actually a global phenomenon. The causes of nurse educator shortage are known in South Africa. Such are the slow decision making on the position of nursing colleges (SANC, 2010), and compensation that is not competitive with practice settings, where there is attraction of the Occupation Specific Dispensation (OSD) and rural allowance. Again, there seem to be an insufficiently qualified nurse educator cohort to teach the new nursing programmes.

The reality is that with no approval of NEIs and programmes, there will be no cohort of students registered for the new nursing programmes. Therefore, there will be no training and production at undergraduate level, and consequently no supply of nurses. Discontinuing the old programmes may lead to a gap in production of nurses amidst the shortage, especially for the lower categories. Unless the old and new programmes are offered concurrently. Offering the programmes together brings about concerns with the risk of overwork for the already constrained educators. This factor may increase the existing shortage of nurses in the country.

Training and production of nurses

Nurses constitute a large number of health workforce in the country. According to the National Department of Health workforce planning model (2008) the health system is described as a "nurse-based health system". There are over 200 NEIs, which include universities and universities of technology-based nursing departments, public and private nursing schools and colleges; who are training around 3,500 new nurses a year (Cullinan, 2015). The public and private nursing schools and colleges produce lower categories of nurses (enrolled and auxiliary nurses) who are trained for 1-2 years. These nurses form the bulk of workforce for bedside nursing. However, there were 32 000 vacant enrolled nurses' posts in 2010; and a shortage of 20 815 nurses in 2015. The worst shortage was revealed in 2011; and that required increasing the number of lower category levels of nurses (Health Systems Trust (HST), 2012). Nonetheless, with the introduction of new qualifications, programmes for training the enrolled and auxiliary nurses have stopped in 2015. NEIs continue to have dilemma of recruiting nursing students for the new qualifications whilst waiting for approval of curricula and new learning programmes from the regulatory bodies.

Changing nursing qualifications

Changing nursing qualifications brings forth a changed scope of practice; which is an opportunity for 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 (WHO, 2013). The new qualifications also bring about opportunities

for lifelong learning and academic progression that will move graduate nurses to advanced degrees more efficiently and with suitable timelines. One of the scholars indicates that 'nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression' (Holmes, 2011). However, there is no assumption that changing qualifications will automatically have a profound effect on the supply of nurses. There is a looming nursing shortage whilst the NEIs attempt to get the new training programmes implemented. This brings a need to revisit the role of nursing education in realising a transformed health care system. The role can be significant if the regulatory body is willing to revisit the current nursing education models.

Higher education matters

One of the objectives in the nursing strategy was to establish a national, uniform policy for student status and funding support (Nursing Strategy, 2013). Issues of access to higher education are a concern in relation to the relocation of nursing education to DHET. The main concern is the smooth transition of NEIs to higher education. Whilst introducing new qualifications, the profession ought to reconsider support for the students, in line with the latest #fees-must-fall, #free-education movements and successful institution of grants and bursaries. There should be clarity on the purposes and roles of grants, and assurance that 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).

Retainment of nurses in practice

The looming crisis in the nursing profession is the persisting shortage of nurses; which is further complicated by a marked attrition from the nursing profession. In a study conducted in South Africa on career aspirations of baccalaureate nurses, student nurses' intention was to leave the profession after training because the nurse training received was used as a stepping stone to other courses for which they could not gain access (Randa *et al.*, 2014). The observation is that, most nursing undergraduates do not take up higher degrees once they have entered the working force. Instead, they change to other professions. Additionally, professional nurses are absorbed by the corporate world, with others leaving the profession to work in non-nursing health organisations such as medical laboratories and medical supply companies (Rambur *et al.*, 2003). With the introduction of new higher certificate qualification for auxiliary nurse (Nursing Strategy, 2013), a concern is that the prediction of an increased production of lower category of nurses may have an impact on the training and supply of specialist nurses as the certificate nurse will take a long time to reach a specialist level. This may as well encourage nurses to leave the profession.

Conclusion

This debate is not unique among nursing professions. The current concern is slow progress with implementation of the new programmes. The nursing regulatory body needs to accelerate the implementation of new qualifications with a foresight to the nursing workforce supply. The relevant stakeholders need to engage in a robust dialogue on this subject and come up with rational solutions for the looming crisis in the profession.

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