



Moonlighting, agency nursing and overtime among South African nurses

Introduction

South Africa's public sector faces major challenges in producing, recruiting and retaining scarce categories of health professionals including nurses who are in the majority. Reasons for the nursing crisis include inadequate production; high vacancy rates and increased utilisation of temporary agency nurses; international migration; insufficient staff in rural areas; and an ageing workforce, low staff morale and inadequate performance fuelled by reports of moonlighting with reported negative consequences for health care delivery.

Moonlighting is defined as additional paid work while holding a primary paid job. Evidence on nurse moonlighting in South Africa is scant. Agency nursing is typically temporary employment through an employment service provider which is an intermediary between the nurse employee and the employer (public or private health authority). There is limited information on agency nursing in South Africa and sub-Saharan Africa.

Regarding overtime, regulations in South Africa stipulate the maximum working hours and minimum rest periods for formal sector employees. Overtime affects nursing performance, can impact negatively on patient care, and together with moonlighting and agency nursing, provides an additional source of income.

This study was the first large cross-sectional survey on the extent of agency nursing, moonlighting and overtime in South Africa and in sub-Saharan Africa. It aimed to fill knowledge gaps and provide evidence to inform policies on nursing casualisation, nursing agencies and moonlighting in South Africa.

Highlights

- This first large survey on the extent of moonlighting, agency nursing and overtime in sub-Saharan Africa shows these practices are widespread in the SA healthcare system.
- Over two-thirds of nurses had done overtime, agency nursing or moonlighting in the previous year, and nearly 20% had done all three. This means that they work excessive hours which could impact negatively on patient care.
- Overtime was the most prevalent practice (56%) followed by agency nursing (37.8%) and moonlighting (28%).
- The heavy reliance of critical care (intensive care) units on agency nurses, and the high rate of moonlighting among critical care nurses reflect the demand for skilled nursing care in the public and private health sectors.
- Policy implications of this study include better management of moonlighting and regulation of commercial nursing agencies.

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Methods

A survey was done in a total of 80 hospitals in the Eastern Cape (mainly rural), Free State (mixed rural and urban), Gauteng (urban) and the Western Cape (mainly urban) provinces. On the 24-hour survey day, 3784 nurses working in critical care, emergency, operating theatre, maternity and general medical or surgical wards voluntarily completed a questionnaire. The questions focused on the occurrence of, and reasons for agency nursing, moonlighting and overtime in the preceding 12 months.

Key Findings

The majority of participants were South African (98.0%), female (92.7%) and employed in government (52.8%). Their average age was 41.5 years. The majority (69.2%) had done overtime, moonlighting or agency nursing in the year before the study, with 18.5% having done all three.

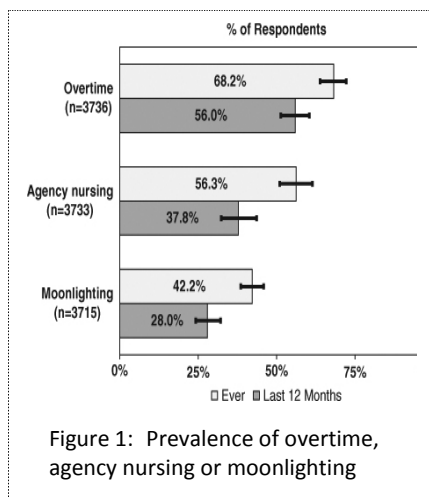


Figure 1: Prevalence of overtime, agency nursing or moonlighting

Moonlighting

Twenty-eight percent of nurses had done moonlighting in the past 12 months. More private sector nurses engaged in moonlighting (40.6%) than provincial government nurses (24.2%).

More private sector nurses engaged in moonlighting (40.6%) than provincial government nurses (24.2%), with critical care nurses reporting higher moonlighting rates (38.2% in paediatrics; 59.0% in adult critical care), followed by maternity units (31.9%). Private sector nurses and those with children were about 1½ times more likely to moonlight.

Gauteng had the highest moonlighting rates (37.1%), followed by Free State (30.3%), Western Cape (28.7%) and Eastern Cape (11.1%).

While the majority of nurses cited non-financial reasons such as taking care of patients, learning new skills and relationships with co-workers as reasons for moonlighting, over 70% of nurses agreed that more money was a factor.

Agency nursing

Nearly 40% of nurses had worked through a commercial nursing agency in the previous 12 months. The agency nursing rate was higher among private sector nurses (58.4%) than government nurses, and was highest in Gauteng (53.6%), followed by the Western Cape (37.9%), Free State (33.1%) and Eastern Cape (11.9%). Nurses working in adult critical care reported the highest rates of agency nursing (72.4%).

Overtime

Over half of the respondents had done overtime in the previous year. Free State nurses reported the highest overtime rates (69.2%), followed by the Western Cape (60.2%), Gauteng (58.1%) and Eastern Cape (44.2%). Nurses in the private sector, professional nurses and theatre nurses reported the most overtime. Slightly more females reported doing overtime than males.

Conclusion

This is the first large survey on the prevalence of agency nursing, moonlighting and overtime in South Africa which reveals that these practices are widespread in the SA healthcare system.

It is concerning that 69% of nurses had done overtime, moonlighting or agency nursing in the previous year. This implies that these nurses work excessive hours which can impact negatively on patient care. Improved staff scheduling and performance management of all staff, including nurses, need to be addressed as part of the implementation of comprehensive health workforce strategies.

Since geographical area was statistically significant, researchers note that moonlighting may contribute to mal-distribution, as rural or poor areas offer little opportunity for moonlighting.

Critical care units rely heavily on agency nurses, and the high rate of moonlighting among critical care nurses reflects the high demand for skilled nursing care in both public and private sectors. The excessive theatre staff overtime rates lead to exhaustion and burn-out, impacting negatively on patient care and staff performance.

The study has led the SA government to identify the management of moonlighting and the regulation of commercial nursing agencies as important policy priorities as reflected in the five-year Human Resources for Health strategy for the health sector. This study paves the way for open dialogue and debate on moonlighting in the South African health system and its implications for ethical and accountable nursing practice.