



POLICY

BRIEF

February 2016

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Social accountability and nursing education in South Africa: A ‘vacuum of uncertainty’ or window of opportunity?

Introduction

South Africa is about to embark on profound reforms in nursing education. Professional nurses will need a bachelor’s degree to practise, and from June 2015, the category of enrolled nurses with two years’ training was replaced with staff nurses who will have to be trained at higher education institutions. These changes occur as nursing faces challenges to match professional competencies with population and patient health needs, improve quality, increase numbers and retain graduates.

An overhaul of nursing education which supports universal health coverage, is likely to yield improved quality and social accountability of graduates. Social accountability is a core component of a WHO toolkit which assists health education institutions to focus their efforts on addressing the priority health concerns of the community, region or nation they serve.

In South Africa, nursing education takes place in a fragmented environment that includes 20 public universities and 12 public-sector colleges, private hospital nursing colleges, private nursing schools, and a defence force nursing college. The quality of nursing education differs across these institutions. There has been little focus on social accountability and nursing education.

This study used the WHO’s six building blocks for transformative education to explore views on nursing education in South Africa and enhance debate on appropriate reforms and make recommendations for policy implementation.

Highlights

- SA is grappling with getting the basics right for transformative nursing education. Governance, curricula, nurse educator preparedness and student recruitment require urgent attention.
- The SANC’s continued postponement of the phasing out of enrolled nurses is contributing to ‘implementation inertia’. This is delaying the curriculum reform appropriate for SA’s population and health system needs.
- Nurses need to demand greater accountability from the SANC and the Department of Health – and why this has not happened requires further research.
- Strategic leadership from the SANC and Department of Health will enable increased numbers of competent nurses to contribute to improving the performance of the health system.
- Detailed staffing norms will assist with achieving equitable access to healthcare providers.
- International experience shows that investment in nurse educators must accompany any major transformation in nursing education.
- Between the SANC and nursing education institutions, there is now a window of opportunity to ensure that the curriculum is responsive to community needs, students are technically competent, and have the ethos and values of socially accountable graduates.

Source: This policy brief was based on an article: “[Social accountability and nursing education in South Africa.](http://dx.doi.org/10.3402/gha.v8.27879)” *Global Health Action* 2015, 8: 27879 – <http://dx.doi.org/10.3402/gha.v8.27879>. **Authors:** Susan Armstrong^{1,2} and Laetitia Rispel¹. ¹Centre for Health Policy & Medical Research Council Health Policy Research Group, School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, South Africa; ²Department of Nursing Education, School of Therapeutic Sciences, Faculty of Health Sciences, University of the Witwatersrand, South Africa.

Acknowledgements: The authors thank the Research on the State of Nursing (RESON) advisory committee members for their support and guidance, and the key informants for their valuable insights. This study was funded by The Atlantic Philanthropies. The views expressed are those of the authors and not the funder. References are available on request.

Methods

The researchers selected 44 participants for their knowledge and expertise in nursing education. Interviews covered achievements or progress by nurses or in nursing; challenges facing nurses and nursing; perceptions of changes over the preceding 10 year-period; and recommendations for change. The interviews were analysed using WHO's six building block themes.

Results

In terms of **health workforce planning**, key informants commented that there were no national staffing norms which 'makes it difficult when opening new services' (Box 1).

Box 1: We are just working with what different people are saying and doing but we haven't come up with proper staffing norms and standards for our own country and our own facilities...both in the private and public sectors. Private nursing executive, Gauteng

The theme **governance, policy and funding** revealed deep dissatisfaction with the sub-optimal leadership of the South African Nursing Council (SANC). This authority was believed to be 'dysfunctional' and at the root of many nursing problems such as not being able to increase new numbers or start new centres because of delays in finalising the new Regulations. The SANC is the regulatory body responsible for setting standards and accrediting nursing education institutions.

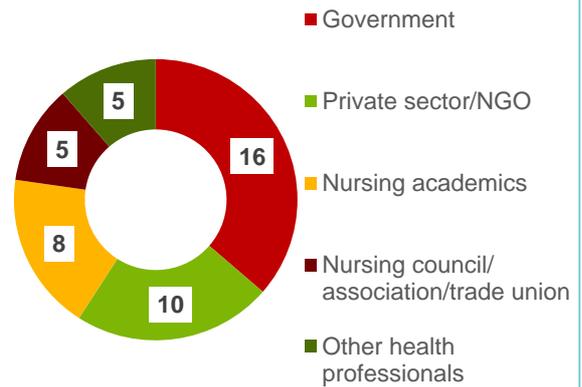
Delays in the revised scopes of practice and related training Regulations were seen as stifling efforts to improve or expand the nursing curricula. The National Department of Health was criticised for lack of planning. Provincial health departments were also slated for contributing to fragmentation (Box 2). Interviewees felt nursing was not a government or funding priority.

Box 2: The political people [in the provinces] don't talk to one another about health because they own the colleges. They [provinces] and higher education [Ministry] are not talking to one another. So it's a major vacuum of uncertainty and everybody is now getting despondent...Nursing academic, Free State

Conclusions

This was one of the first studies to use the WHO building blocks on transformative education and to explore the concept of social accountability in nursing education. For South African nursing to embrace social accountability, it needs to pay attention to governance, curricula, nurse educator preparedness and student recruitment. Ironically, the delays in implementation of the proposed nursing reforms provide a window of opportunity to incorporate social accountability principles to address some of these issues. This requires leadership and stewardship from the SANC, the Department of Health and the nursing fraternity.

Participants by category



Some perceived that **curricula, faculty and education** were unresponsive to the changes in disease burden and there was discord between government's emphasis on primary health care and nurse training. Skills gaps among newly trained nurses included inadequate social skills, lack of initiative and inability to apply theoretical knowledge to patient care. A critical aspect was the lack of supervision and mentoring of students (See Box 3). A shortage of quality nursing educators was also a significant challenge.

Box 3: The practical training is nearly non-existent and the supervision during training is scary and this is why they [nursing students] are not learning. They haven't got role models...good teachers in the wards and they are not learning how to do the job. Provincial government manager, Gauteng

A lack of resources was believed to impact on **career and retention**. This included teaching infrastructure, student accommodation and teaching equipment, as well as resource constraints in health facilities which provide clinical training.

Key informants were vocal about the problems of **student selection** and suitability of applicants. Nearly a third of key informants felt the values and ethos of current nursing students were worse than those of older generation nurses. They were seen as less caring towards patients and less committed to staying in nursing.