
NEW NURSING REGULATIONS – IMPLICATIONS FOR SERVICE

HASA CONFERENCE
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Dr Sue Armstrong



BACKGROUND

- National Dept of Health developed a Strategy for Nursing – currently looking at implementation
 - One of groups looking at Nursing Resources including nursing norms
 - Current system only caters for nurse/ population norms not useful at institutional level & or for assessing “distribution” issues
 - Group looking at activity based norms and plans to extrapolate for provinces
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ACTIONS OF WORKING GROUP THUS FAR

- Started with acute care hospitals. Now expanding to community health centres.
 - Drew up lists of all tasks and activities occurring in the following units: medical, surgical, paediatric, trauma, theatre, intensive care, maternity.
 - Invited hands-on practitioners to 2 different workshops in Gauteng (one for registered nurses and one for enrolled nurses).
 - Reps from 8 GDH hospitals (120-140 nurses) and private hospitals (drawn from Netcare, Life and Mediclinic)
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PROCESS FOLLOWED

- Groups asked to indicate on the task sheets, which category or categories of nurses, or non-nurses, are currently undertaking each task. The lists were then collected
 - Presentation then made on the proposed scope of practice of the new categories of nurses identified in the “Draft Charter of Nursing Practice” and now alluded to in the Nursing Act, 2005
 - The groups were then again given task sheets and asked to indicate only one category per task. “Which is the lowest category who can safely and competently do this task?”
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THE GOOD NEWS

- Currently, many levels of nurses (and others) are all doing the same tasks – despite existing scopes of practice – so rationalizing function should be easy.
- High degree of agreement between RN's and EN's
- The professional nurse should become more the team leader and supervisor than the actual physical caregiver in many instances
- Nurses ready to give many non-nursing tasks away to clerks, technicians and others



GOOD NEWS



- Nurses believe that the analysis and interpretation of data, tests, results and personnel management is the role of the professional nurse
- These findings are in line with the intention of the new draft Scopes of Practice in the Draft Charter
- Task shifting has already occurred (downwards).

MORE GOOD NEWS



- Should be able to up-skill existing Enrolled Nurses to be competent staff nurses relatively quickly
- Will be able to train twice as many staff nurses in same time as RN's therefore reduce shortage of “warm bodies” in nursing in half the time and at half the cost
- Will know by the end of project exactly how many nurses of which category is needed by each institution / service / province / country

THE BAD NEWS



- There has been a limited or negative growth in learners on enrolled training programmes
- 40% of current RNs on the register are due to retire within the next 15 years
- AIDS epidemic having a serious impact on nursing staffing and planning
- RPL guidelines mean that existing E/N's will have to be registered at NEI even if upgrades run as in-service
- There is a possibility staff nurse course may be three years instead of two

THE BAD NEWS



- May run in to serious recruitment problems due to higher education requirements for both courses
 - E/N's already thinking new responsibilities = improved salary packages
 - Need a career path for Staff Nurses including specialized courses
 - Will not make existing problems like poor communication and deficits in care go away
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CALL TO ACTION

- An urgent re-statement of skill mixes required to determine the real shortages/vacancies, and real training needs that will ensure competent safe practitioners at the appropriate levels
- Need to look carefully at role of RN and make sure appropriately trained and supported
- Ensure unit managers understand roles especially issues of “stable” and “uncomplicated” patients



CONCLUSION



Whose responsibility?

- Government
- Politicians
- Profession
- Employers
- Unions
- Community

