

IMAGE OF NURSING: Will the new curriculum affect the future of nursing in South Africa?

Presentation at the 2016 FPNL Conference, Hilton Hotel, Sandton

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Prof Nurs Today 2016;20(3):40-41

The image of nursing rests on how we see nursing to be what it is, remembering that it encompasses the autonomous and collaborative care of individuals of all ages, families, groups and communities sick or well and in all settings. The fundamental responsibilities remain including promoting health, preventing illness, restoring health and alleviating suffering. We know that "Nurses are the heartbeat of health care" and continue to be the hospitality of the hospitals.

Positioning nursing

At the recent celebration of International Nurses' Day at Unisa, Prof Cornwell said "We do not only perform activities, but remain to be who we are". In answering the question whether the new curriculum will change the image of nursing, all are invited to continue to ponder over this question until we all reach a satisfactory answer. There are a few things that we need to examine before we can answer that million-dollar question. First and foremost we have to remind ourselves that the National Nursing Strategy provides the roadmap for the development of nursing in South Africa. Therefore, in line with the strategy, new nursing qualifications were developed in nursing education, bringing about a new nursing curriculum earmarked to equip student nurses with skills and competencies that will hopefully meet the health needs of South Africans in terms of primary health care (PHC).

Let's remind ourselves that the Nursing Strategy identified six major strategic objectives designed to improve the quality of nursing services and ultimately patient care:

- Nursing education and training
- Nursing practice
- Nursing leadership
- Resources for nursing
- Nursing regulation and
- Social positioning of nursing

Competence of nurses

The new curriculum will be designed so that it is competency based. Several studies have been conducted in the past describing the competencies or lack thereof of newly qualified nurses. Most researchers found that newly qualified nurses were regarded by their unit managers as being incompetent. However, before we lose hope, Brown and Crookes¹ assure us that this perspective is not a train smash! Indeed, newly qualified nurses cannot be expected to be 100% competent at the end of their preservice training programme.

Competency is acquired over time in practice. The researcher further maintains that "Nursing is a complex interplay of skills acquisition, competence development and increasing capability throughout the individual's professional life". This viewpoint had also previously been expressed by Benner² in her groundbreaking book, *From Novice to Expert*. In short, competence is acquired over time.

We all agree that when students complete their studies they should be able to provide nursing care that is in keeping with the needs of our people. What then are the necessary skills for newly qualified nurses? In our South African context, one would expect that new graduate nurses should be able to function within the scope of practice. On an international level, we as a country compare favourably with others. For example, in Australia, newly qualified nurses should have mastery in about 69 psychomotor skills which are categorised into 15 headings (see Table I for some of these headings).

Many of us recognise that we are on par with other countries in terms of expectations from a nursing curriculum. But is there a relationship to nursing theories that made most of us the best nurses, not just memorising them but acting them out in application of expected nursing practice? Think of Hildegard Peplau (Interpersonal Relations); Calista Roy

Table I. Examples of expected skills mastery for Australian nurses

Aseptic technique (with subset of 5 skills)
Assessment (with subset of 8 skills)
Medication administration (with subset of 8 skills)
Mental health skills (with subset of 2 skills)
Observations (with subset of 6 skills)
Personal hygiene and maintaining skin integrity (with subset of 5 skills)
Wound management (with subset of 4 skills)

(Adaptation Model); Virginia Henderson (Needs Theory) and Florence Nightingale (Environment) to mention just a few.

Will it change the image of nursing?

So coming back to our question Will the new curriculum affect the future of nursing in South Africa? There is no doubt that the new qualifications are intended to equip nurses with competencies that will meet the health needs of people in a changing society whose health needs can best be met by adopting the PHC approach. The South African health policy has indicated that nurses, being the biggest group of health professionals, should be the practitioners to provide PHC services to the communities. To this effect, in 2001 Geyer³ observed that enabling legislation would be required, amongst other things, to enable nurses in PHC practices to diagnose and prescribe medication. The relevant and enabling legislation has been passed and the new curriculum provides a platform for nurses of the future who will be skilled and legally enabled to provide effective care in the PHC system.

The new qualifications have taken into account all the challenges and shortcomings that were experienced in the previous nursing programmes, and made sure that previous challenges will not resurface. Future nurses will, for example, be equipped with skills to diagnose, treat, prescribe and dispense medications, which, although crucial for PHC, were not required skills in the previous curriculum.

Finally! The answer to our question. I declare that I am confident that the new curriculum will most definitely have a good impact on the future of nursing in this country. Yes, the new curriculum will have a positive impact on the future of nursing. However, there are certain things we all need to bear in mind. According to Whitehead and Holmes⁴ (2011):

- Firstly, the transition from being a student to a nurse practitioner is overwhelming and stressful. The transition is inevitable and uncontrollable. As a student one is always sheltered, but as a professional your responsibility and accountability increase and one is left to your own devices. This can be very unnerving for most of us. Very often this is equated to being incompetent. Yes,

confidence could be a factor, but competence, as we learnt earlier, is acquired over a sustained period of time. It is not an automatic thing once one has completed undergraduate or other training. Perhaps this explains the unrealistically high expectations of unit managers regarding newly qualified nurses and they see them as being incompetent!

- Support. Secondly, to facilitate a smooth transition from student to registered nurse, the newly qualified professional needs our support. Perhaps a preceptorship or mentorship programme. The current community service requirement could lend itself to such a programme.
- Back to the strategy! Social positioning of nursing: The nursing profession should be promoted as a career of choice for qualifying school leavers, therefore good and safe accommodation for nurse learners should be provided; the image of nursing needs to be restored by making sure that professionalism is upheld at all times.

Conclusion

The reality of nurse training is that newly qualified nurses do not always feel adequately prepared for their new role as practitioners. Therefore, the expectation that they will be 100% competent is unrealistic. After training they need our support to allow them to transition smoothly into their new roles of nurse practitioners. After all, competency at a new role requires time to develop. So, yes, with our continued support and facilitating enabling environments in our health facilities, nurses undergoing training under the new curriculum will meet the health needs of South Africans in a PHC context as per the objectives of the Nursing Strategy document.

Acknowledgements

Prof JD Mokoena: Department of Nursing: Sefako Makgatho University.

Ms TN Ngwenya: Senior Nurse Service Manager, Jubilee District Hospital.

All functionaries that I always interview on my rounds taking in the hospital.

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