

Nursing crisis tsunami about to hit

Changes in qualifications, ageing practitioners and National Health Insurance (NHI) on the horizon could mean we are looking at a healthcare future with increased services and improved technology, but no nurses.



Photo: Life Healthcare

Dr Sharon Vasuthevan, president of the Nursing Education Association warns that a “nursing crisis tsunami” was about to hit, adding that whenever a change in nursing qualifications was introduced, it had resulted in less nurses being produced.

At present South Africa has only one nurse for every 202 patients. The 70,562 enrolled nurses and 63,368 enrolled nursing auxiliary groupings would not grow - because training for them was discontinued in June 2015. This left 59,673 professional nurses holding a four-year diploma or degree, 35,113 general nurses (two-year diploma) and 33,656 specialised nurses.

“That’s not a very large group for the services we wish to offer, and a big portion of the general nurses who came through the bridging programme have their own limitations.

“What distresses me the most is that 48% of our nurses are over 50,” she says. “We also don’t want nurses in our system who say they were born before technology came in, so they can’t do this or that.”

A winning approach to staff excellence balanced labour costs, quality of care and clinical staff satisfaction.

Addressing staffing

Nursing managers should be able to access periodic trend assessments on all key care metrics and, if they really wanted to serve patients, they needed real-time staffing systems with the right mix of skills. Flexible staffing was an elusive concept and cancellation policies with agencies were a nursing unit manager's worst nightmare.

"We don't have the luxury of a whole pool of nurses available to staff our units and the Labour Relations Act speaks to equal pay for equal work - and this includes agency staff," she says, expressing frustration that hospitals were not following clear nurse-hiring guidelines, saying it had been a life-long bugbear of hers.

"They often use enrolled nurses instead of qualified nurses, very few with experience. It puts patients at risk as they circulate throughout our hospitals. We need a kind of Uber-type patient feedback to rate our agency nurses, rather than subjecting our patients to nurses who are not quite where we want them to be."

Technological support

She calls for more clinical decision-making support for nurses, saying there were also too many unnecessary layers between management and front-line staff. Staff safety, poor transport support and overwork from long shifts all increased patient risk while using the most qualified nursing staff for administration was counter-productive. Technology should be used to improve remote patient monitoring, drawing blood, explaining procedures, better medication management, leaving nurses free for clinical interventions only.

However, no innovation should be introduced without consulting the nursing staff. "Nothing for nurses without nurses," she says, illustrating how vital front-line staff were in enabling efficient, workable changes. She describes the nurse of the future as "a superhero supported by technology".

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