

NATIONAL STRATEGIC DIRECTION FOR NURSING AND MIDWIFERY EDUCATION AND PRACTICE

A ROAD MAP FOR STRENGTHENING NURSING AND MIDWIFERY IN SOUTH AFRICA (2020/21-2025/26)



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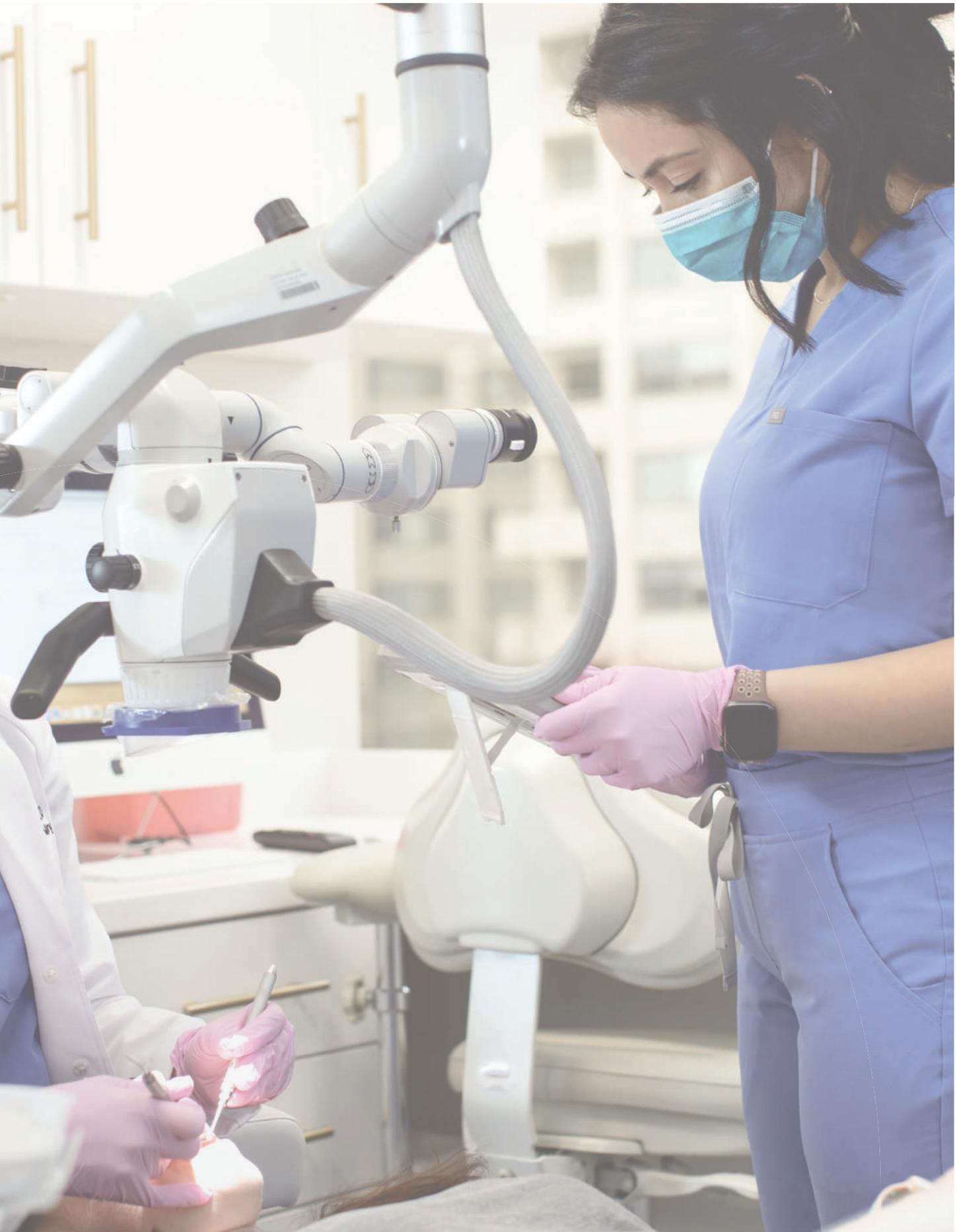
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Foreword by the Minister of Health



The finalisation of this *National Strategic Direction for Nursing Education and Practice: A Road Map for Strengthening Nursing and Midwifery in South Africa (2020/21–2025/26)* coincided with the declaration of 2020 as the International Year of the Nurse and Midwife, and the launch of the first ever report on the *State of the World Nursing 2020* by the World Health Organization. The global focus on nursing and midwifery and the role of the profession in accelerating progress towards the achievement of the health-related Sustainable Development Goals (SDGs), the realization of universal health coverage and, recently, being at the forefront of managing the COVID-19 pandemic has highlighted the urgent need for dedicated attention to the plight of this professional workforce.

The *National Strategic Direction for Nursing Education and Practice* is informed by the *State of the World Nursing Report 2020* as well as the *2030 Human Resources for Health Strategy*. It is a guiding framework for governments, policy makers, the profession and other stakeholders on actions needed to strengthen nursing.

The strategy seeks to institutionalise gains made in the integration of all nursing education institutions into the post-school education system; ensure the provision of adequate numbers of relevant categories of nurses required for optimal nursing capabilities; engender a culture of clinical governance; and enable an organisational culture conducive to safe patient care.

I am confident that the implementation of the strategy will contribute significantly towards ensuring that all South Africans, especially vulnerable and underserved people and communities, have access to quality and affordable health care.

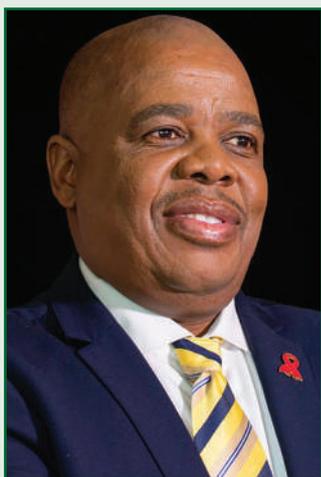
A handwritten signature in black ink, appearing to read 'ZL MKHIZE', written in a cursive style.

Dr ZL MKHIZE
MINISTER OF HEALTH





STATEMENT BY THE DIRECTOR- GENERAL



The *National Strategic Direction for Nursing and Midwifery Education and Practice* is underpinned by the *2030 Human Resources for Health Strategy: Investing in the Health Workforce for Universal Health*. The strategy harnesses nursing education and practice in support of universal health coverage (UHC) and the vision of the *National Development Plan (NDP): 2030* for “a health system that works for everyone and produces positive health outcomes”. The strategy seeks to optimise nursing workforce planning, embrace digital technologies for education and clinical practice, as well as advance socially accountable education programmes and systems, leadership and governance towards better nursing services.

The National Department of Health would like to express its appreciation to all those who became involved at various stages of the development of this strategy. We thank, in particular, the Ministerial task team (MTT) for shaping the strategic direction through conducting an extensive review of the previous strategy and identifying gaps and outstanding challenges that must still be addressed. Ms Nomvula Marawa is acknowledged for her technical support to the MTT. The strategic leadership of the Deputy-Director-General: Health Systems Integration and Human Resources for Health (HRH), Dr Gail Andrews, is also acknowledged.

The team in the Nursing Services Cluster led by the Chief Nursing Officer, Dr Nonhlanhla Makhanya, (and comprising of Ms Veronica Taschl, Dr Kobie Marais, Dr Vhothusa Matahela, and Ms Lucy Chisale) is acknowledged for drafting the strategy and conducting validation engagements. The support provided by the Director for Health Workforce Policy and Planning, Ms Gcinile Buthelezi, towards ensuring alignment of this work with the broader 2030 HRH Strategy is appreciated. Representatives of the various nursing sectors (public and private) are recognized for their willingness to share their expertise, experience and information towards content validation of the strategy despite increased demand for their services imposed by the impact of the COVID-19 epidemic on the health system.

For technical support in the finalisation of this strategy, we are indebted to the International Labour Organisation (ILO), the Organization for Economic Co-operation and Development (OECD) and the World Health Organization for their joint efforts on the “Working for Health Programme” in collaboration with the WHO Country Office.

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Dr SSS Buthelezi
DIRECTOR-GENERAL

ACRONYMS AND ABBREVIATIONS

AI	Artificial Intelligence	NEI	Nursing Education Institutions
APPG	All-Party Parliamentary Group on Global Health	NDP	National Development Plan
CETU	Clinical Education and Training Unit	NGO	Non-Government Organisation
CHE	Council on Higher Education	NHC	National Health Council
CPD	Continuing Professional Development	NHI	National Health Insurance
DHET	Department of Higher Education and Training	NLRD	National Learner's Records Database
DPSA	Department of Public Service and Administration	NQF	National Qualifications Framework
HEMIS	Higher Education Management Information System	NSC	National Senior Certificate
HEQCIS	Higher Education Quality Committee Information System	OHSC	Office of Health Standards Compliance
HEQSF	Higher Education Qualification Sub-Framework	PDoH	Provincial Department of Health
HRH	Human Resources for Health	PERSAL	Personnel Salary Administration System
HWSETA	Health and Welfare Sector Training Authority	PGD	Postgraduate Diploma
ICN	International Council of Nurses	PHC	Primary Health Care
ICT	Information and Communication Technology	PMDS	Performance Management and Development System
LMS	Learner Management System	PPE	Positive Practice Environment
M&E	Monitoring and Evaluation	PPP	Public-Private Partnership
MTT	Ministerial Task Team	RSA	Republic of South Africa
NDoH	National Department of Health	SANC	South African Nursing Council
NSFAS	National Student Financial Aid Scheme	SAQA	South African Qualifications Authority
NEPI	Nursing Education Partnership Initiative	SDGs	Sustainable Development Goals
		SOP	Standard Operating Procedure
		SOWN	State of the World Nursing
		UHC	Universal Health Coverage
		WHO	World Health Organization
		WIL	Work Integrated Learning

GLOSSARY

Commodification: A profit-focused activity of shifting health care financing and the provision and consumption of health care environments and spaces from socially valued services to business enterprises or commodities for financial motives and interests, which may be harmful to the ethics of patient care and the therapeutic relationships between health professionals and their patients (Benatar, 2013).

Digital health: Also known as e-health or m-health, digital health involves the use of a broad array of digital and information technologies, practices and data sciences to deliver and streamline provision of health care services. These include telemedicine/telehealth, electronic health records, clinical decision and diagnostic support systems, electronic prescribing systems, mobile health applications, computerised physician order entry, web-based health services, wearable health equipment and devices, big data, artificial intelligence and machine learning (Fadahunsi et al., 2019).

Distance learning: Also known as distributed learning, this is “the delivery of education where student and tutor are not co-located and may be in different time zones. eLearning technology is used to deliver predefined structured curricula fully, using eLearning technology or in a combination of eLearning and face-to-face learning (WHO, 2015).

Decent work: Involves opportunities for work that are productive and deliver a fair income, security in the workplace and social protection for families, better prospects for personal development and social integration, freedom for people to express their concerns, organise and participate in the decisions that affect their lives and equality of opportunity and treatment for all women and men (International Labour Organization, n.d.).

eLearning: “[A]n approach to teaching and learning, representing all or part of the educational model applied, that is based on the use of electronic media and devices as tools for improving access to training, communication and interaction, and that facilitates the adoption of new ways of understanding and developing learning.” May be undertaken remotely or in-person, or a combination of the two (WHO, 2015).

Health equity: “[T]he absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other means of stratification” (WHO, n.d.-b).

Health outcomes: “[C]hanges in health status that are usually due to an intervention and can be applied for individuals as well as populations. It requires data about the state of health” (National Department of Health [NDoH], 2017).

Human resources for health (HRH): Also known as the health workforce – human resources for health are “all people engaged in actions whose primary intent is to enhance health” (WHO, 2006).

Institutionalisation: A process by which institutional knowledge (such as social norms, rules and behaviours, guidelines, procedures etc.) becomes entrenched within the fabric of the institution and that together with associated activities and resources, provide stability and durability within the institution (Koon et al., 2020).

Governance: Ensuring strategic policy frameworks exist and are combined with effective oversight, coalition building, regulation, attention to systems design and accountability (WHO, 2007) as well as the roles and responsibilities of and relationships among health policy actors (Brinkerhoff & Bossert, 2013).

Leadership: The creation of a vision and strategic direction for the organisation; communication of that vision to the staff and customers of the organisation; and inspiring, motivating and aligning people and organisation to achieve the vision (Brinkerhoff & Bossert, 2013).

Management: All activities and tasks are undertaken by one or more persons for planning and controlling the activities of others to achieve an objective or complete an activity that could not be achieved by others acting independently (Koontz, 1980).

Midwife: Refer to definition of a nurse here below. Midwifery is a category of nursing in South Africa. All midwives are nurses and registered or enrolled with the South African Nursing Council, in terms of the Nursing Act (Act 33 Of 2005).

National Health Insurance (NHI): “[A] [South African] health financing system that is designed to pool funds to provide access to quality affordable personal health services for all South Africans based on their health needs, irrespective of their socio-economic status” (NDoH, 2017).

Nurse: is a person who is registered in a category of nursing under section 31(1) of the Nursing Act (Act 33 of 2005), in order to practice the profession of nursing or midwifery, whilst a midwife is a person who is registered as a midwife (one of the categories of nurses) in terms of the same section of the Nursing Act. When this strategy refers to a nurse, it will include a midwife.

Nursing Education Institution: is a university, nursing college or nursing school which is accredited by the South African Nursing Council in terms of the Nursing Act (Act 33 of 2005) to offer nursing programmes.

Positive practice environments: Settings that support excellence and decent work. They strive to ensure the health, safety and personal wellbeing of staff, support quality patient care and improve the motivation, productivity, and performance of individuals and organisations (International Council of Nurses et al., n.d.).

Primary health care (PHC): “Addresses the main health problems in the community of providing promotive, preventative, curative and rehabilitative services” (NDoH, 2017).

Priority-setting in health care: “[T]he task of determining the priority to be assigned to a service, a service development or an individual patient at a given point in time in healthcare where health needs are greater than the resources available. Priority-setting also involves allocation of resources to effective healthcare interventions such as high-cost medicines, prevention, or primary care; or even about complex policy interventions such as introducing pay-for-performance schemes for remunerating providers” (NDoH, 2017).

Social accountability: The processes of constructive and on-going engagement between education institutions, the health services, and communities of a shared geographical area to ensure education and clinical training processes and placements produce graduates with the relevant competencies for addressing the priority health needs and service expectations of the different communities that the institutions serve (WHO, 2006).

Sustainable Development Goals (SDGs): The 17 interlinked goals (and 169 goal targets) forming part of the United Nations’ Agenda 2030 for economic, social and environmental sustainability to be achieved by 2030 (United Nations, n.d.).

Universal health coverage (UHC): “The World Health Organisation [sic] (WHO) defines UHC as ensuring that all people can use promotive, preventative, curative, rehabilitative and palliative services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship. This definition of UHC embodies three related objectives: (1) equity in access to health services – those who need the services should get them, not only those who can pay for them; (2) that the quality of health services is good enough to improve the health of those receiving health services; and (3) financial risk protection ensuring that the cost of using care does not put the people at risk of financial hardship. UHC brings the hope of better health and protection from poverty for hundreds of millions of people especially those in the most vulnerable situations” (NDoH, 2017).

EXECUTIVE SUMMARY

The *National Strategic Direction for Nursing Education and Practice: A Road Map for Strengthening Nursing and Midwifery in South Africa (2020/21–2025/26)* replaces the *Strategic Plan for Nurse Education, Training and Practice (2012/13–2016/17)*. The milestones and overall achievements of the latter – especially on nursing education and training issues – are highlighted and further detailed in Annexure B.

The 2020/21–2025/26 strategy draws from various strategic frameworks including the International Council of Nurses (ICN) and World Health Organization (WHO) frameworks for nursing and midwifery, documents and reports such as the Lancet Global Health Commission’s 2018 report on *High-quality Health Systems in the Sustainable Development Goals Era: Time for a Revolution*; the *Presidential Health Summit 2018 Compact: Strengthening the South African Health System Towards an Integrated and Unified Health System* (published 2019); the *2030 Human Resources for Health Strategy: Investing in the Health Workforce for Universal Health* March 2020; the *National Development Plan (NDP) Implementation Plan (2019–2024)*; and the *Medium Term Strategic Framework 2019–2024*. These were analysed, cross-referenced and synthesised into a coherent sectoral strategic framework to direct nursing contributions towards universal health coverage (UHC). Additionally, consultations were held with stakeholders to validate the strategy for content and fitness for purpose and obtain consensus on the strategic thrusts. This strategy proposes interventions in several areas affecting the country’s nursing workforce by inter alia providing a framework for organising and coordinating nursing workforce contribution to the goals of UHC against the backdrop of the *2030 Human Resources for Health Strategy: Investing in Health Workforce for Universal Health Coverage*, the NDP implementation framework and the key messages emanating from the *State of the World’s Nursing 2020* report (WHO, 20 20b).

This strategy’s overall direction for nursing education and training builds off the gains made by the previous *Strategic Plan for Nurse Education, Training and Practice (2012/13–2016/17)*, notably the integration of public nursing colleges into the higher education system, the development of new nursing competency-based curricula aligned with population health needs, and the need to redesign and advance sustainable models to support an efficient education system for nurses. Under the previous strategy, and through collaboration between the National Department of Health (NDoH) and the Department of Higher Education and Training (DHET), all public nursing colleges were re-organised into a single college per province with multi-campus in districts. This has enabled provinces to better respond to a broad range of national requirements and to adapt nationally developed, competency-based curricula for local contexts while improving access to public nursing colleges by local communities.

The transformation of the nursing education landscape in line with the requirements of the higher education system and the current and forecasted needs of the health system applies to all nursing education institutions (NEIs), whether public or private. Accordingly, with effect from 2019, the first nursing professional qualifications aligned with the Higher Education Qualification Sub-Framework (HEQSF) were registered in the National Qualifications Framework (NQF). In line with requirements of the HEQSF, the nursing qualifications leading to professional registration in any of the categories prescribed in the *Nursing Act No. 33 of 2005* (The Republic of South Africa, 2005b) are being offered progressively with effect from January 2020 by those NEIs who have complied with accreditation criteria and requirements.

Whereas the gains of the previous strategy revolved primarily around nursing education, this strategy provides five broad strategic goals identified as key in strengthening nursing education and practice contributions towards the achievement of the goals of UHC.

- i. Support effective nursing workforce planning to ensure alignment with current and future needs.
- ii. Optimise investment and institutionalisation of digital technology in nursing education and practice.
- iii. Develop an equity-oriented, socially accountable and competency-based nursing education and training system.
- iv. Ensure effective leadership, management and governance.
- v. Build an enabled, productive, motivated and empowered nursing workforce within an effective and responsive health system in different settings.

Achievement of these five strategic goals will strengthen the nursing workforce's ethos and capacity for driving the implementation of South Africa's public health system and effectively meeting the health needs of the population. The anticipated outcomes of achieving the strategic goals are:

- adequate numbers and relevant categories of nurses necessary for the health system to manage the forecasting, production, posting, retention and continued professional development (CPD);
- digital health technologies such as information systems and eLearning support evidence-based decision making as well as practice-based and inter-disciplinary learning with increased access to education and efficiency in nursing training and practice;
- transformative and sustainable models for an efficient nursing education system enabling navigation between different NQF levels;
- strengthened nursing capabilities in all areas of competencies including clinical care, leadership and management, ethics and professionalism, and quality of care; and
- an enabling organisational culture for a productive, motivated and empowered nursing workforce.

Unquestionably, improving the numbers, distribution, skills mix, leadership and digital health technologies capacities of the nursing health workforce especially in underserved urban, rural, remote and high disease burden communities can expand the limits of health equity by improving access of these communities to quality services across the health care continuum. Additionally, clearly articulated and equity-minded nursing education pathways (framed by the NQF) can expand access to ongoing education for greater numbers of nurses from diverse communities reflecting the diversity of the populations the professions serve.

The strategy concludes with key strategic interventions for how to address the five strategic goals. This is followed by five implementation plans with specific activities, stakeholders and timeframes, and provides a roadmap for addressing and monitoring progress towards achieving the strategic goals.

1. CONTEXT

1.1 Nursing workforce planning

Within the global ambition of achieving universal health coverage (UHC), South Africa intends to achieve UHC nationally through the implementation of the National Health Insurance (NHI) policy. The NHI will strive to provide all people with health services – regardless of financial status – and improve the quality of and equitable access to health care (National Department of Health [NDoH], 2017). Nurses are expected to be at the forefront of the implementation of NHI just as they have been in the re-engineering of primary health care (rPHC) and many other health care reforms.

Carrying out most direct patient care globally, nurses are instrumental in improving the performance of the health sector and related health outcomes. This is particularly true in South Africa where they make up 56% of the health workforce and are essential in expanding access to health care services in rural and remote populations across the continuum of care.

There is enormous diversity in the education, experience and responsibilities of nurses globally, making it difficult to generalise about the nursing experience. However, some clear trends have emerged which indicate that there are many common concerns affecting nurses which may hinder the performance of duties. Their concerns include:

- pressure due to staff shortages and poor or missing equipment;
- gender discrimination and sexual harassment in the workplace;
- the invisibility of nurses and the underestimation of the nursing contribution; and
- migration of nurses from poorer to richer countries, internally from rural to urban areas, from public to private, as well as to disease-specific non-governmental organisations (NGOs) providing services to the public sector.

Nursing education and practice needs to develop globally, regionally and nationally to cope with these and related challenges.

A report by the All-Party Parliamentary Group on Global Health (APPG) in the United Kingdom argued that nurse leaders alone cannot bring about changes needed in nursing; politicians, non-nursing health leaders and others must work with them to create radical changes in how nurses are perceived and what they can do (2016). There have been several such interventions, as international organisations have joined forces and initiatives to promote the expansion of nursing and its role towards the achievement of UHC. For example, the launch of the three-year global Nursing Now campaign by the World Health Organization (WHO) and the International Council of Nurses (ICN) is a call to raise the profile of nursing, to highlight the need for more well-trained nurses, invest in their recruitment and retention and remove barriers to the development of advanced practice nurses who are proving highly effective in expanding health care coverage. Similarly, the WHO report on the *State of the World's Nursing 2020* (2020b) is framed in the context of achieving UHC and is a guide for countries to harness nursing towards achieving Sustainable Development Goals (SDGs).

Despite these positive global steps towards uplifting the nursing profession, the health care system and health workforce in Africa face different challenges. In Africa – the continent with the lowest proportion of health workers to the population – there is a need to train thousands more nurses with practical skills and personal resilience to deal with as wide a range of health issues and threats as possible. Africa also needs specialty trained nurses to tackle the high disease burden and provide greater access to specialist care for vulnerable populations including maternal and child health, physical and social trauma associated with violence, gender-based violence, child abuse, and unintentional injuries such as road traffic accidents. The required focus of nurse specialty differs from requirements in high-income countries like the United States of America, which has the highest proportion of health workers and focuses more on developing specialists, frequently for tertiary settings, and extending the role and scope of practice.

Additionally, like most countries in the region, South Africa faces both absolute shortages in terms of numbers of nurses and relative shortages due to skills imbalances. This is largely the result of the commodification of health and nursing education, giving rise to the overproduction of nurses who lack the skills mix required to meet the health sector demand.

Aggravating this issue further is the fact that, due to uncompetitive salaries between government and placement agencies, South Africa has struggled over the last decade to attract and retain clinical specialist nurse cadres with the required skills mix to respond to the burden of disease (Maluka & Mayeza, 2019). For example, with the expansion of the private health sector over the last two decades, the proportion of nurses working in the private sector doubled to 42% in 2014. Over half (56–58%) of the nursing workforce serves 84% of the population in public sector services with these nurses serving six times more patients than private-sector nurses (Valiani, 2019). The result is an overburdened, under-skilled and under-appreciated South African nursing body.

Under the NHI, health-seeking behaviour is anticipated to increase, leading to an even greater demand for health workers – particularly in rural, remote and underserved communities – and most of this demand will be borne by nurses. The growth rate of nursing and the ratio of nurses to population is low, increasingly only marginally from 41 nurses per 10 000 people in 1998 to 49 nurses per 10 000 people in 2018 (Valiani, 2019). Although inequitably distributed across the urban-rural divide, nurses are more available to rural public sector services (19% of total nursing population) compared to other medical staff (total 12% of medical staff not including nurses).

The low growth rate and inequitable private-public sector and geographical distribution of nurses, together with the high disease burden and increased demand for care, challenges the nursing workforce's ethos and capacities for driving the implementation of the country's nurse-led health system and effectively meeting the health needs of population. There is thus an increased need for all categories of nurses (Smith et al., 2018) who are mandated to address current and forecasted population health needs across different geographic settings. A health crisis – for example the recent COVID-19 pandemic – is expected to compound the existing burdens even further. The full impact of the pandemic on the South African nursing workforce, however, still needs to be determined.

Human resources for health (HRH) planning and cost estimation are essential to a well-functioning health system in which health care needs are aligned with the supply of appropriate services and human resources. Criticism has been levelled against the government for the absence of tangible and consistent HRH planning in South Africa. Highlighted is the lack of a single high-quality, integrated data source that enables data-driven and evidence-based HRH planning. The result is sub-standard policies, variable management and poor HRH investments (Smith et al., 2018).

There is a compelling need to harness health workforce data to support the necessary training, qualification, employment and retention of relevant categories of nurses with the correct skills mix required to meet the needs of the South African health care system and ultimately match supply and demand and align workforce flow.

1.2 Digital health technology in nursing.

The landscape of nursing practice and education is set to become more diverse and consumer-centric whilst health care remains safe, effective, equitable and timely. Information and digital health technologies are becoming a staple component of the health system and will continue to proliferate and expand to new settings. Thus, nurses must be equipped during education to use them effectively in practice.

Technology cannot, however, replace the cognitive and emotional expertise of nurses in areas such as coordination, integration and facilitation of care to promote healing and improved wellness of patients and communities. However, nurses can maximise the provision of their professional expertise to patients and communities by using technology to support critical areas of health care management and service delivery.

Ongoing technological innovations mean that nurses need to adapt their practice to match the changing technological, societal and health care requirements. This may include redesigning their practice and embracing changes such as using technology to both provide the complex data necessary to better understand their patients and communities as well as to form part of the routine activities of nursing.

1.2.1 Digital technology and nursing education and training.

Considering South Africa's adoption of digital health technologies in health care, nurses are expected to know how to use ICT as part of their routine work. Some skills they are required to have include record keeping (e.g., staffing, access codes, data capturing, tracking clients and electronic prescriptions), communication (e.g., electronic transfer of patient files, inter-departmental communication, patient education and health establishment websites) and decision-making (e.g., analysis of data, validation of entry figures, identification of trends in the care provided and sharing of information to high-level decision-makers). However, *A Summary of the Provincial Reports on the State of Readiness of Nursing Colleges to Offer the National Qualifications in Nursing* (NDoH, n.d.) reports that not all nursing colleges have access to the internet and/or computer laboratory facilities suggesting that some graduates enter the workplace without systematic training in essential digital competencies.

The WHO (2020a) identifies the manifold potential of digital health workforce education and training as playing a pivotal role in strengthening health workforce capacity. Among the many benefits listed include strengthening education and training capacity by addressing faculty development and shortage of health professional educators; increasing student enrolment; standardised teaching and curricula; improving resource efficiency; fostering peer learning; enhancing competencies and skill development; optimising health worker roles; supporting equitable access to education (removing geographical, physical and social barriers); and, critically, preparing health workers for the future of digital health. As technology and education continues to develop, these learning models will inevitably become a mainstay of the digital era and have already been shown to provide many educational benefits. For example, early uses of text messaging and social media have demonstrated a positive impact on student learning in primary and specialty care (UNECA, GBC Health & Aliko Dangote Foundation, 2018), could be highly effective for online continuing professional development (CPD) and have the potential for expansion. Additionally, it has been shown that eLearning can usefully complement traditional methods, will enhance student-centred teaching and learning, can make teaching and learning more flexible, and lead to increased student agency and lifelong learning skills.

It is therefore critical that nursing education and training embraces and invests in digital health technology to prepare nurses for the realities of work in the digitised health system.

1.3 Nursing education and training.

Up until implementation of the *Strategic Plan for Nurse Education, Training and Practice (2012/13–2016/17)*, reforms in nursing education in South Africa were influenced by the ordinances from the provincial health departments and, to a lesser extent, higher education. However, the repositioning of all nursing education institutions (NEIs) within higher education and the development of new competency-based nursing curricula under the previous strategic plan significantly improves nursing capacity for implementing the rPHC approach and for progress towards achieving UHC.

A regulatory framework for the repositioning of NEIs and implementing reforms in nursing education and training was provided for by the various sections of the *Nursing Act No. 33 of 2005* (Republic of South Africa [RSA], 2005b). Chief amongst these were creation of new categories of nurses, making it mandatory for the South African Nursing Council (SANC) to redefine the competency framework for nursing. This included updating the scopes of practice and related regulations, determining educational requirements leading to registration in any of the new categories prescribed in the act, and ensuring that qualifications obtained are commensurate with the prescribed scopes of practice. The result is a broader selection of nursing programmes producing varying levels and categories of nurses. This improves access to nursing education by increasing the levels and points of entry, refines development pathways and ultimately facilitates production of a wider range of nurse cadres who are equipped at varying levels to meet population health needs.

As part of this endeavour, the minister of higher education and training designated public nursing colleges to offer the Higher Education Qualification Sub-Framework (HEQSF) aligned nursing programmes. Including higher certificates, diplomas and degrees in nursing. A collaborative approach for the accreditation process has been established by both the SANC and Council on Higher Education (CHE), thus streamlining the accreditation process for higher education programmes that lead to professional registration. As of the end of September 2020, eight of the 10 nursing colleges were accredited by SANC and CHE to offer the Diploma in Nursing and registered with the South African Qualifications Authority (SAQA).

These programmes are progressively offered with effect from 2020. Improving equity of access to nursing education and of educational outcomes of students from underserved and under-represented populations underlies the NDoH's policy implementation guideline for the standardised recruitment, selection and admission of students into these new nursing programmes (2019c). Guidelines were also developed to assist compliant clinical facilities with establishing and maintaining well-resourced clinical education and training units (CETU) within the clinical training platforms along the continuum of care.

Table 1 below depicts how the provisions of the National Qualifications Framework (NQF) Act No. 26 of 2010 (RSA, 2010) have been applied to the nursing occupational field by defining pathways for access, mobility and progression in education and training career paths. Efforts should be made to ensure harmonisation of old and new categories of nursing through articulation pathways.

Table 1: The New HEQSF-aligned Nursing Qualifications

Nursing Categories	Qualification Type	NQF Level	Duration
Registered Auxiliary Nurse	Higher certificate	5	1 year
Registered General Nurse	Diploma in Nursing	6	3 years
Registered Midwife	Advanced diploma	7	1 year
Registered Professional Nurse and Midwife	Bachelor's degree	8	4 years
Nurse Specialist/ Midwife Specialist	Postgraduate diploma	8	1 year
Advanced Specialist Nurse	Master's degree	9	1 year
Doctorate in Nursing	PhD	10	3 years

Higher Certificate in Nursing

This is an entry-level nursing qualification for students who meet requirements for a higher certificate in their National Senior Certificate (NSC). The purpose of this programme is to produce a registered auxiliary nurse who will deliver basic nursing care in a variety of settings.

There is no advanced certificate at NQF Level 6. This qualification articulates with a Diploma in Nursing at NQF Level 6, leading to registration as a general nurse.

Diploma in Nursing

This is an entry-level nursing qualification for those students who meet requirements for a diploma in their NSC. It produces a registered general nurse.

This qualification articulates with an Advanced Diploma at NQF Level 7 (midwifery) leading to professional registration as a midwife. A nurse can progress to a postgraduate diploma (PGD) at NQF Level 8; a clinical master's degree at NQF Level 9 and, ultimately, to a doctorate at NQF Level 10.

Advanced Diploma in Midwifery

The one-year programme leading to registration as a midwife aims to produce competent, independent midwives who will provide a wide range of midwifery services.

This programme may be accessed by nurses who have completed a qualification in general nursing.

Bachelor's Degree in Nursing

This is an entry-level nursing qualification for those students who meet requirements for a bachelor's degree in their NSC.

A nurse holding a bachelor's degree in Nursing at NQF Level 8 can progress to a clinical or research master's degree provided they hold a PGD in nursing or midwifery and subsequently to doctorate level. Without a PGD, the nurse can only progress to research category master's and doctoral degrees.

Postgraduate Diploma (nurse or midwife specialist)

A nurse who holds a PGD in nursing or midwifery at NQF Level 8 can progress to a clinical or research masters' degree and subsequently to a doctorate in line with prescribed minimum entry requirements.

Master's and Doctoral Degree

The master's and doctoral nursing and midwifery programmes may involve research in either a clinical or professional field. There are no determined professional registrations with the SANC for these programmes. The council will, however, consider keeping a database of graduates from these programmes.

2. THE RATIONALE

The National Strategic Direction for Nursing Education and Practice: A Road Map for Strengthening Nursing and Midwifery in South Africa (2020/21-2025/26) is underpinned by the need to:

- provide a framework for organising and coordinating nursing workforce contribution towards the goals of UHC against the backdrop of the *2030 Human Resources for Health Strategy*.
- build on gains made in the implementation of the recommendations of the previous strategic plan that was mostly focused on nursing education; and
- enable a focus on the implementation of core HRH relevant to the nursing sector with targets and measurable outputs.

3. THE APPROACH

The strategy aims to intervene in a variety of areas affecting the country's nursing workforce and is backed by the broader *2030 Human Resources for Health Strategy*, the NDP implementation framework and the key messages emanating from the *State of the World's Nursing* report (WHO, 2020b). It also builds on gains made in the implementation of previous strategic plans and enables a focus on implementation with targets and measurable outputs. The development of the strategy followed an extensive consultative process which included experts in the various nursing disciplines, management and leadership, academics, educational institutions, organised labour and professional societies and forums within the sector. Strategy development covered the content and focus of the strategy, validation of the strategic thrusts and consensus on the implementation plans. The strategy is built around five goals.

- i. Support effective nursing workforce planning to ensure alignment with current and future needs.
- ii. Optimise investment and institutionalisation of digital technology in nursing education and practice.
- iii. Develop an equity-oriented, socially accountable and competency-based nursing education and training system.
- iv. Ensure effective leadership, management and governance.
- v. Build an enabled, productive, motivated and empowered nursing workforce within an effective and responsive health system in different settings.

3.1 Goal 1: Support effective nursing workforce planning to ensure alignment with current and future needs

3.1.1 Strategic context

In South Africa, nurses are essential in the expansion of access to health care services across the continuum of care to rural and remote populations. Evidence suggests that nurses are instrumental in improving the performance of the health sector and in achieving improved health outcomes. Yet, South Africa faces both an absolute shortage in terms of numbers of nurses and a relative shortage due to skills imbalances. The commodification of nursing education has been identified as a factor giving rise to misalignment between the production rate and the skills mix aligned to health sector demand. South Africa has struggled over the last decade to attract and retain clinical specialist nurse cadres with the required skills mix to respond to the burden of disease. There is a need to harness health workforce data to match supply and demand and align workforce flow.

3.1.2 Strategic thrust

Ensure the provision of adequate numbers and relevant categories of nurses necessary for the health system to manage the forecasting, production, posting, retention and continued professional development required to meet the needs of the health care system.

3.1.3 Strategic interventions

- i. Strengthen strategic nursing workforce planning capability, methodologies and processes at national, provincial, district and health establishment levels.
- ii. Determine the skills mix and staffing norms required for current and future nursing clinical practice.
- iii. Apply strategic health workforce modelling and planning to optimise investments in nursing HRH.
- iv. Ensure accurate data collection, validation, reporting and accounting on the status of the nursing workforce to inform HRH planning.

3.2 Goal 2: Optimise investment and institutionalisation of digital technology in nursing education and clinical practice

3.2.1 Strategic context

Nursing education and practice is taking place in the era of progressive technological advancement. Its promotion is integral to safe, efficient and evidence-based care and educational approaches.

3.2.1.1 Nursing clinical practice

Technology is transforming health care and bringing more procedures and treatments within the competence of nurses (Crisp, 2018). In clinical practice, technology can be harnessed for clinical decision support, to conduct and receive provider-to-client telemedicine and provider-to-provider training and consultation, enable remote care, improve primary health care service delivery and empower patients.

There is a need to embrace the efficiencies of technology in improving patient care when taking into consideration the highly digitised health system in South Africa. As nurses remain the foremost providers and coordinators of clinical care despite the changing context, technology and health needs of populations, it is essential to equip them to leverage this technology. Doing so will enable nurses to provide safer, more ethical and more efficient clinical care.

Despite the health care benefits brought about by digital health technologies such as artificial intelligence, the human elements of nursing cannot be replaced. Nurses bring a unique contribution to the health care services which include an intimate hands-on approach to care, person-centred and humanitarian values, and professional knowledge. For example, technology will never be able to determine the need for and offer the

human emotional connection that nurses can. As such, nurses become even more important in the application of essential human elements of care such as the healing powers of listening, empathy, responsiveness and human connectedness, as well as the ability to extend compassion and rapport with patients, families, and communities.

The irreplaceability of nurses even in this changing technological landscape further underscores the importance of leveraging digital health technology in nursing practice: With support from relevant technologies, nurses will be able to maximise delivery of their unique contribution to health care.

There is therefore a need to invest in nurse practitioner skills so that nurses can appropriately respond to emerging technologies. The skills set includes being able to use technology to facilitate mobility, communication and relationships, and having expertise in knowledge information, acquisition and distribution. Nurses should be equipped to use such digital tools, guided by their level of digital literacy, access to technological equipment and internet infrastructure, including broadband where available. A determination should also be made in terms of what elements of artificial intelligence, diagnostic monitoring tools and robotics can be integrated into routine health care delivery to enable nurses to deal with complex issues without relegating the essence of nursing practice.

South Africa will and does face challenges when it comes to integration of health-related technology. These include nursing leadership challenges of balancing the human element with technology, balancing the cost and benefits of technological innovations, training a technology-enabled nursing workforce, and assuring ongoing competency. In the same vein, it should be noted that to successfully implement and adopt the new directions of health and health care brought about by technological changes, the health care workforce must be an effective one with the right skills and composition to bring about the expected impact of new technologies on health outcomes and be responsive to ongoing evidence of actual impact (WEF, 2019). Hence effective workforce planning (Goal 1), as well as adequate digital skills component of nurse training and education (below) remains critical.

Despite the difficulties inherent in such an endeavour, investment in the digital skills of nurses should be a priority. Investing in the digital skills of health care workers is a critical component of health workforce investment – a driver of economic growth across a population.

3.2.1.2 Nursing education and training

As part of accreditation to offer HEQSF aligned programmes, the CHE has prescribed a new requirement for accreditation regarding learner and academic management and administration; all NEIs are required to use learner management systems (LMS) to capture student data. This is a change from previous systems which used Microsoft Excel. The new LMS allows capturing of student data while ensuring access security and integrity of information and certification. In this regard each NEI is expected to have a formal LMS in place, which must be developed in such a way that it can be used to track all student related data in terms of certification, the issuing of annual reports to the DHET as well as submission of accurate data on the Higher Education Management Information System (HEMIS) for universities and public nursing colleges; and the Higher Education Quality Committee Information System (HEQCIS) for private nursing colleges. Information from these platforms get incorporated into the National Learner Record Database (NLRD). The LMS must also have administrative features that ensure the reliability and integrity of student records and other management systems. This data system focuses on student registration information, learner enrolments, assessment outcomes (achievements), pass rates, throughput rates and identification of at-risk students (student monitoring).

The COVID-19 pandemic necessitated replacement of conventional education and training approaches with virtual modes of teaching to ensure continuity of academic programmes during highly restricted lockdown periods (Mhlanga & Moloji 2020). Successful implementation of distributed learning will require that students acquire a certain level of digital literacy as part of their education and that the curriculum design makes use of relevant digital and telehealth learning for the requisite competencies with support and supervision for clinical training. However, inequities in access to the internet and technology remain a challenge to be overcome and institutional and infrastructural resources need to be in place to bridge this digital divide.

As such, NEIs should be equipped to leverage digital content, technologies and practices to engage and interact with students, expand theory and clinical platforms, as well as gauge progress towards meeting programme expectations such as student attraction and enrolment, retention, throughput and graduation rates as well

as intention to practise in rural, remote and underserved areas before education and practice locations after education. Additionally, such digital systems create the opportunity for linking multiple LMSs into a seamless system that informs and relays accurate student data directly to stakeholders such as provinces for clinical coordination and nursing workforce planning.

3.2.2 Strategic thrust

- i. Incorporate opportunities arising from digital health technologies to provide comprehensive information for evidence-based decision making and improving efficiency in nursing education training and practice.
- ii. Invest in competency-based, practice-oriented and inter-disciplinary learning, and utilise digital technology and eLearning to enhance and improve accessibility and digital skills.

3.2.3 Strategic interventions

- i. Incorporate opportunities arising from digital health technology to advance nurse-led models of care for improved clinical practice.
- ii. Develop an enhanced digital health technical capacity and a skilled workforce for digital technology support and implementation by capacitating nurses and nurse managers on the implementation of digital health in health care establishments.
- iii. Leverage eLearning and use of ICT to extend access to education digital technologies as key delivery modes for nursing education and training.

3.3 Goal 3: Develop an equity-oriented, socially accountable and competency-based nursing education and training system

3.3.1 Strategic context

South African nursing education institutions require the establishment of a framework for public-private collaboration in advancing nursing education. Stakeholders from both sectors should be brought together with donors and investors to create a rational plan for the expansion of education in the country, in line with effective and need-based demand and they should be accountable to the communities and institutions they serve. Most importantly, higher-level stakeholder discussion around the type of qualifications to be offered by different types of NEIs is required, along with tactics for expanding access to nursing education for people from communities located near and served by NEIs.

3.3.2 Strategic thrust

- i. Ensure sustainability through the institutionalisation of high quality, transformative educational models.
- ii. Redesign and advance sustainable models for an efficient nursing education system which enables navigation between different NQF levels.

3.3.3 Strategic interventions

- i. Monitor and evaluate the implementation of new nursing programmes
- ii. Leverage funding streams (inter-sectoral, inter-professional and interprovincial) to promote access to and optimise nursing education resources.
- iii. Ensure harmonisation of old and new categories of nursing through articulation pathways.
- iv. Support the establishment of well-coordinated and functional clinical training platforms.
- v. Advocate for the strengthening of functional and transformed health workforce education and training governance structures and mechanisms, with clear links between needs and training outputs.
- vi. Functional service-education partnership framework between public and private sectors with clear lines of accountability.

3.4 Goal 4: Ensure effective leadership, management and governance

3.4.1 Strategic context

Building nurse resilience to respond to diverse health needs and supporting the vital role of the nursing workforce in provision of clinical care requires functional, coordinated governance systems. Currently, the situation is compromised by the under-resourced and ineffectively managed public sector. Significantly, efforts by the government to mobilise additional financing and human resources to improve quality of care in South Africa are being systematically undermined by claims of medical negligence in both the public and private sectors. By mid-2017, contingent liabilities for alleged medical negligence in the public sector reached more than R55 billion, excluding legal expenses, which is a significant portion of the health budget. There is a need to develop a clinical governance framework that helps managers and health practitioners improve the quality of their services and safeguard standards of care by creating an environment in which excellence in clinical care will flourish. There is also a need to strengthen the facilitative leadership abilities of nurses that create and sustain enabling work environments and ensure accountability to populations of service and provision of accessible quality care and support.

3.4.2 Strategic thrust

Strengthen nursing capabilities in all areas of competencies including clinical care, leadership and management, ethics and professionalism, and quality of care to harness nursing contribution towards improved quality of care.

3.4.3 Strategic interventions

- i. Institutionalise functional governance structures with empowered, competent, accountable and capacitated nurse leaders and managers at national, provincial and district levels.
- ii. Facilitate the implementation of quality improvement initiatives in the provision of clinical care across all levels of care.
- iii. Facilitate the advancement of positive practice environments (PPE) towards quality workplaces and quality patient care.
- iv. Provide leadership in defining the role of nursing in clinical governance.

3.5 Goal 5: Build an enabled, productive, motivated nursing workforce within an effective and responsive health system in different settings

3.5.1 Strategic context

In the health sector, the nurse is the key person responsible for the provision of safe and effective patient care. Nurses are the most constant and stable factor for both the patient and their family and are the only health care professionals who stay by the patient's bedside 24 hours a day, seven days a week. Tasked with creating a relationship with patients (and assessing patients' desires, fears, abilities and challenges), nurses know their patients better than any other professional in the team of health care providers.

Currently, there are no mechanisms for identifying system characteristics that undermine the provision of safe patient care such as patient factors, nurses' characteristics and working conditions including nurse-to-patient ratios and resource-task imbalances (Khademi et al., 2015). Research shows that assigning increasing numbers of patients and assigning nurses without the correct skills mix, compromises the ability of nurses to provide safe and quality care (Maruotti et al., 2019). Poor working conditions, low morale and inadequate training place considerable restraint on the performance and productivity of employed nurses, driving attrition and absenteeism.

However, most instances of litigation focus on the nurses professional and personal responsibilities with limited to no attention paid to the entrenched resource-task imbalances of the system within which health care occurs. The effect of these factors on the South African nursing health workforces' performance and morale is unclear, making it difficult to effect meaningful systemic, organisational and performance changes.

Studies show that solutions to improve nursing performance and productivity need to be health worker-driven, and that wages are not always a greater determinant of health worker retention than working conditions, accommodation and supportive supervision (Al Zamel, et al., 2020). Additionally, nurse-led models of care which provide patients with continuity of care, are associated with improved patient satisfaction, quality of life, clinical outcomes and more streamlined access to other health professionals and services (Khair & Chaplin, 2017). Strengthening systems for CPD can also improve work performance and provide helpful tracking data that governments can use to plan and manage their health workforce.

3.5.2 Strategic thrust

- i. Create an organisational culture that strives to ensure the health, safety and personal wellbeing of staff, support quality patient care and improve the motivation, productivity and performance of individuals and organisations.
- ii. Build an enabled productive motivated and empowered nursing workforce.

3.5.3 Strategic interventions

- i. Ensure competence, capacity and role clarity in nursing line function managers on human, material and financial management.
- ii. Develop enabling policies which promotes workplace settings that supports excellence and decent work.
- iii. Establish leadership and management through teamwork, an enabling working environment and a fit-for-purpose organisational culture.
- iv. Expand nurse-led models of care to meet population health needs, improve access to primary health care and support the integration of health and social care.
- v. Invest in comparable models to improve the remuneration and conditions under which nurses provide services in health establishments.
- vi. Implement institutional policies for increasing the roles of women in leadership, addressing gender discrimination, as well as preventing sexual harassment and the violation of workers' dignity and rights.

4. CONCLUSION

The *National Strategic Direction for Nursing Education and Practice: A Road Map for Strengthening Nursing and Midwifery in South Africa (2020/21–2025/26)* provides a unique opportunity to strengthen the nursing workforce's ethos and capacity for driving the implementation of the NDP goal of effectively meeting the health needs of populations.

The strategy acknowledges and advance strategies to addresses the substantial challenges facing the South African nursing workforce. It creates a platform for building off the successes of the previous strategy to support the necessary training, qualification, employment and retention of relevant categories of nurses with the correct skills mix required to meet the needs of the South African health care system.

Annexure A. Goal 1: Implementation plan

Support effective nursing workforce planning to ensure alignment with current and future needs.			
Goal 1			
Strategic thrust			
Strategic interventions	Strategy activity	Responsibility	Time frame
Strengthen strategic nursing workforce planning capability, methodologies and processes at national, provincial, district and health establishment levels.	Quantify the total number of nurse specialists and nurse managers in the profession. Identify and quantify the number and levels of nurses per province demographically.	National and provincial public and private nursing practice directors	2025
Determine the skills mix and staffing norms required for current and future nursing clinical practice.	Develop staffing norms for nursing practice in South Africa, prioritising midwifery and critical care units.	National and provincial public and private nursing practice directors	2025
Apply strategic health workforce modelling and planning to optimise investments in nursing human resources for health (HRH).	Monitor and evaluate provincial plans for retention and replacement of nurses.	National and provincial public and private nursing practice directors	2025
Ensure accurate data collection, validation, reporting and accounting on the status of the nursing workforce to inform HRH planning.	Develop guidelines on the datasets required for evidence-based decision making.	National and provincial public and private nursing practice directors	2025

Goal 2: Implementation plan

Goal 2		
Optimise investment and institutionalisation of digital technology in nursing education and practice.		
Strategic thrust	Strategy activity	Responsibility
Strategic interventions	Strategy activity	Time frame
<p>Incorporate opportunities arising from digital health technologies to provide comprehensive information for evidence-based decision making and improving efficiency in nursing education training and practice.</p> <p>Invest in competency-based, practice-oriented and inter-disciplinary learning, and utilise digital technology and eLearning to enhance and improve accessibility and digital skills.</p>	<p>Invest in nurse led research aimed to develop nurse-led models of care.</p>	<p>National and provincial departments of health</p> <p>2025</p>
	<p>Identify elements of emerging technologies that can be prioritised and integrated into routine health care delivery towards improved health outcomes in line with scope of practice.</p> <p>Incorporate digital health into the undergraduate and postgraduate nursing curricula.</p>	
<p>Develop an enhanced digital health technical capacity and a skilled workforce for digital technology support and implementation by capacitating nurses and nurse managers on the implementation of digital health in health care establishments.</p>	<p>Develop context-specific capacity development programmes for nurses and nurse managers on the implementation of digital health in health care establishments (in the delivery of care, its management, and administration)</p>	<p>National and provincial departments of health</p> <p>2025</p>
	<p>Prioritise to implement digital programmes and tools.</p> <p>Strengthen digital literacy among nurses</p>	

Goal 2: Implementation plan continued

Goal 2	Optimise investment and institutionalisation of digital technology in nursing education and practice.		
Strategic thrust	<p>Incorporate opportunities arising from digital health technologies to provide comprehensive information for evidence-based decision making and improving efficiency in nursing education training and practice.</p> <p>Invest in competency-based, practice-oriented and inter-disciplinary learning, and utilise digital technology and eLearning to enhance and improve accessibility and digital skills.</p>		
Strategic interventions	Strategy activity	Responsibility	Time frame
<p>Leverage eLearning and use of information and communication technology (ICT) to extend access to education digital technologies as key delivery modes for nursing education and training.</p>	<p>Develop suitable eLearning programmes.</p>	<p>National and provincial public and private nursing education directors</p>	<p>2025</p>
	<p>Develop guidelines for standardisation of online curricula.</p>		
	<p>Provide sufficient eLearning platforms for all education programmes and continuing professional development (CPD).</p>		
	<p>Develop a digital transformation vision and strategic plans for the implementation of educational policies on technology in nursing education institutions (NEIs) across the country.</p> <p>Expand the fiscal capacity to enable the adequate provision of funding to move some aspects of education online and promote the adoption of the fourth industrial revolution.</p>		

Goal 3: Implementation plan

Goal 3		Responsibility	Time frame
Develop an equity-oriented, socially accountable and competency-based nursing education and training system.			
Ensure sustainability through the institutionalisation of high quality, transformative educational models.			
Redesign and advance sustainable models for an efficient nursing education system which enables navigation between different National Qualification Framework (NQF) levels.			
Strategic thrust	Strategy activity	Responsibility	Time frame
Monitor and evaluate the implementation of new nursing programmes	Develop monitoring and evaluation tools	NDoH	2025
	Monitor and evaluate the standardised quarterly reporting datasets.		
	Implement a standardised student recruitment and selection in terms of ensure equity between urban-rural and public-private sector.		
	Ensure that curricula are population-centred and imbue the required values peculiar to the nursing profession.		
	Facilitate the development of nurse educators (faculty) with appropriate compensation to ensure a socially accountable nursing workforce.		
	Ensure appropriate opportunities for continuing professional development (CPD) for educators.		
	Facilitate the review of OSD for nurse educators teaching speciality programmes		
	Monitor and evaluate the implementation of the student bursary system according to the National Policy on Nursing Education and Training and ensure alignment with the National Student Financial Aid Scheme (NSFAS) of the Higher Education Policy.		
	Facilitate the equitable availability of funding sources for nursing colleges.		
	Explore other streams for funding		
Leverage funding streams (inter-sectoral, inter-professional and interprovincial) to promote access to optimise nursing education resources.	National and provincial departments of health	2025	

Goal 3: Implementation plan continued

Goal 3		Develop an equity-oriented, socially accountable and competency-based nursing education and training system.	
Strategic thrust		Ensure sustainability through the institutionalisation of high quality, transformative educational models.	
Strategic thrust		Redesign and advance sustainable models for an efficient nursing education system which enables navigation between different National Qualification Framework (NQF) levels.	
Strategic interventions	Strategy activity	Responsibility	Time frame
Ensure harmonisation of old and new categories of nursing through articulation pathways.	Develop guidelines for articulation pathways.	National and provincial departments of health	2025
Support the establishment of well-coordinated and functional clinical training platforms.	Monitor and evaluate the implementation of CETU guidelines.	NDoH, Provincial departments of health	2025
	Coordinate a joint training plan between NEIs and provincial departments of health		
Functional service-education partnership framework between public and private sectors with clear lines of accountability.	Increase student admission and retention rates.	NDOH and NEIs	2025
	Standardise generic functional organisational structures of public nursing colleges.		
	Establish a functional service education partnership framework for implementation of the new nursing programmes (public-private partnership).		

Goal 4: Implementation plan

Goal 4			
Ensure effective leadership, management and governance.			
Strengthen nursing capabilities in all areas of competencies including clinical care, leadership and management, ethics and professionalism, and quality of care to harness nursing contribution towards improved quality of care.			
Strategic thrust	Strategy activity	Responsibility	Time frame
<p>Strategic interventions</p> <p>Institutionalise functional governance structures with empowered, competent, accountable and capacitated nurse leaders and managers at national, provincial and district levels.</p> <p>Facilitate the implementation of quality improvement initiatives in the provision of clinical care across all levels of care.</p>	<p>Standardise generic functional organisational structures for nursing in public health establishments.</p>	National and provincial departments of health	2025
	<p>Develop nursing practice standards in collaboration with SANC.</p> <p>Establish standards of care that respects and promote patients' rights in collaboration with the Office of Health Standards Compliance (OHSC).</p> <p>Facilitate the implementation of nursing practice standards.</p> <p>Participate in the implementation of quality improvement plans.</p> <p>Ensure implementation of the continuing professional development (CPD) of all nurses.</p> <p>Facilitate the implementation of national frameworks for PPE.</p> <p>Hold an Annual Nursing Indaba.</p>	National and provincial departments of health	2025
<p>Facilitate the advancement of Positive Practice Environments (PPE) towards quality workplaces and quality patient care.</p>		Provincial departments of health	2025
<p>Provide leadership to involve nurses in the management of clinical governance.</p>	<p>Monitor and evaluate the implementation of clinical governance mechanisms for improved quality of care</p>	Provincial departments of health	2025

Goal 5: Implementation plan

Goal 5				
Build an enabled, productive, motivated and empowered nursing workforce within an effective and responsive health system in different settings.				
<p>Create an organisational culture that strives to ensure the health, safety and personal wellbeing of staff, support quality patient care and improve the motivation, productivity and performance of individuals and organisations.</p> <p>Build an enabled productive motivated and empowered nursing workforce.</p>				
Strategic thrust	Strategic activity	Responsibility	Time frame	
<p>Ensure competence, capacity and role clarity in nursing line function managers on human, material and financial management.</p> <p>Develop enabling policies which promotes workplace settings that supports excellence and decent work.</p> <p>Establish leadership and management through teamwork, an enabling working environment and a fit-for-purpose organisational culture.</p> <p>Expand nurse-led models of care to meet population health needs, improve access to primary health care and support the integration of health and social care.</p> <p>Invest in comparable models to improve the remuneration and conditions under which nurses provide services in health establishments.</p>	<p>Develop and implement institutional policies.</p>	<p>Provincial departments of health</p>	<p>2025</p>	
	<p>Develop and implement a leadership behaviour charter.</p>			<p>National and provincial departments</p>
	<p>Develop generic and professional ethics and standards guidelines.</p>	<p>2025</p>		
	<p>Develop implementation tools for policies.</p>	<p>Provincial departments of health</p>	<p>2025</p>	
	<p>Establish a young nurse leader development plan.</p>	<p>National and provincial departments of health</p>	<p>2025</p>	
	<p>Develop and implement guidelines on appropriate nurse led models.</p>	<p>National and provincial departments of health</p>	<p>2025</p>	
<p>Establish a technical working group to support HRH and the Department of Public Service and Administration (DPSA) to invest in nursing resourcing.</p>				
<p>Facilitate implementation of career pathing for nurses</p> <p>Review living and working conditions of nurses.</p> <p>Revise Performance Management and Development System (PMDS).</p>				

Goal 5: Implementation plan continued

Goal 5			
Build an enabled, productive, motivated and empowered nursing workforce within an effective and responsive health system in different settings.			
Create an organisational culture that strives to ensure the health, safety and personal wellbeing of staff, support quality patient care and improve the motivation, productivity and performance of individuals and organisations.			
Build an enabled productive motivated and empowered nursing workforce.			
Strategic thrust	Strategic activity	Responsibility	Time frame
Implement institutional policies for increasing the roles of women in leadership, addressing gender discrimination, as well as preventing sexual harassment and the violation of workers' dignity and rights.	Establish mechanisms that will lead to the creation and maintenance of safe and enabling working environments for the nurses to discharge their duties in a professional manner.	Provincial departments of health	2025
	Develop policies for the safety and security of nurses, and patients.		
	Implement Occupational Health and Safety policies and practices for all nurses.		
	Develop and implement codes of conduct for all nurses.		
	Monitor and evaluate absenteeism in relation to wellness and morale.		

Annexure B. Critical milestones towards declaration of nursing colleges as Higher Education Nursing colleges

- 2015** NDoH conducted an audit of capacity of college-based nurse educators to offer the new HEQSF-aligned nursing programmes to inform the national nurse educators' capacity development framework.
- 2016** DHET conducted a feasibility study on a proposed strategy towards migrating nursing colleges from a provincial to a national competency.
- 2016** In July, the minister of higher education published a notice in the *Government Gazette* stipulating December 2019 as the last date of intake of all legacy programmes including nursing programmes
- 2017** A pilot study to demonstrate the capacity of public nursing colleges to offer new nursing programmes that are aligned with the HEQSF whilst remaining under NDoH was finalised.
- 2017** Three core nursing and midwifery curricula were developed and finalised (Diploma in Nursing, Advanced Diploma in Midwifery and Bachelor's Degree in Nursing).
- 2018** The Higher Education Quality Committee (HEQC) approved the submission of programmes from public nursing colleges for accreditation; and submission date for the Diploma in Nursing was the 31 August 2018.
- 2018** The three core curricula were adapted and contextualized to province-specific needs. These courses will commence in a phased-in approach with effect from 2020. These were submitted for accreditation at CHE and SANC in 2018.
- 2018** The *National Policy on Nursing Education and Training*, which is a guiding instrument for all NEIs intending to offer any of HEQSF aligned programmes leading to registration in any of the prescribed categories was approved.
- 2018** *Circular1/2018: Circular to guide provinces on the utilisation of public health establishments for clinical placement by NEIs* was published by NDoH.
- 2018** A national report and detailed provincial reports on the state of readiness of all public colleges to offer HEQSF aligned nursing programmes was approved.
- 2018** All nursing colleges were established as single provincial government operated nursing college with multi-campus in districts or sub-districts. This enabled provinces to better respond to a broad range of national requirements, while improving access to public nursing colleges by local communities.
- 2019** Minister of higher education issues a government notice designating all recognised public nursing colleges listed in the schedule, to offer Certificates, Diplomas, and Degrees in nursing, which are accredited and registered in the NQF .
- 2019** *Guidelines for Nursing Clinical Education and Training Units in South Africa* approved.
- 2019** *Policy implementation guidelines stipulating the Procedure: Standardised recruitment, selection and admission of students into new nursing programmes* developed.
- 2020** Public nursing colleges who have met accreditation requirements, commenced offering HEQSF aligned nursing programmes.



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