



FOREIGN FUNDING BOOST FOR NURSING EXPERTISE



Cock-a-hoop: from left, Professor Thembisile Khanyile, head of the University of the Western Cape's Faculty of Community and Health Sciences, Dr Liz Maree, head of Tshwane University's Adelaide Tambo School of Nursing Science, Professor Anita van der Merwe, head of the Free State University's Faculty of Health Sciences and Dr Elizabeth Yako, head of Fort Hare's Faculty of Health Sciences.

Picture: Chris Bateman

The dire lack of top clinical nursing leadership and expertise corroding health care service delivery at all levels will this year be addressed in dramatic fashion via an unprecedented injection of R70 million by Atlantic Philanthropies (AP).

The New York-based NGO, founded to 'bring about lasting change in the lives of disadvantaged and vulnerable people' 2 years ago challenged South Africa's top nursing academics on how best to achieve their mission statement here.

Out of that think-tank, focussed on the country's massive burden of disease and struggling public health system, emerged a scheme for plugging vastly enhanced nursing education, training and scholarships directly into the greatest needs. Using the framework expertise of local civil society resource protagonist, Inyathelo (The South African Institute for Advancement), AP chose the nursing faculties of Tshwane, Fort Hare, Free State and Western Cape universities.

The 5-year visions of these universities (from current baselines) stood out in the fierce inter-campus competition that followed the floating of the awards and won them between R16 and R17 million each. Makhosazana Xaba, AP's local CEO, touting the project as 'the turning point for nurses in South Africa', said additional seed grants of R1 million each would go to North West University, Stellenbosch University and the University of KwaZulu-Natal. The grants represent the biggest yet single commitment of funds for nursing academia in South Africa from a single private funder.

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from fellowships to boost specialisation and postgraduate output, to hands-on clinical training and mobile clinics for primary health care, cancer, palliative care and management of lifestyle diseases. Each university has a unique focus, based on its existing strengths and local needs.

UWC's 'shared platform' to be probed

For example, at the University of the Western Cape, the locus of the controversial 'shared platform of learning' (Cape Peninsula Technikon, Stellenbosch and Cape Town campuses), research capacity and postgraduate output will be priorities.

Professor Thembisile Khanyile, head of UWC's faculty of Community and Health Sciences, wants to add 20 handpicked Master's students and 2 PhD students to her current cohort of 24 Master's and 9 PhD students. She hopes that by 2014 at least 16 of the Master's students and both PhD hopefuls will have qualified, halving the average qualification time of the current crop. The first 10 Master's Fellows will begin studies in 2010 and the next 10 in 2012.

Khanyile said shortage of money lengthened many of the current postgraduates' qualification time.

UWC's existing nursing programmes are 10 times larger than any other campus in the SADC region. It will use some of the funding to evaluate the efficacy of the 'shared learning platform' that sees lecturers from other campuses travelling to UWC – and measure the clinical difference graduates make at the coalface.

Urgent retention strategies needed

Asked how she intended preventing the substantial investment 'going to waste' once students graduated and perhaps chose the private sector or an overseas job, Khanyile said she and





her colleagues were brainstorming. 'We're going to have to think hard to find mechanisms to keep them here for at least the first 2 years of their postgraduate training and help improve clinical services – luckily at the input end we have a pool to choose from because many have to work back their 4-year undergraduate provincial bursaries.'

National health minister Barbara Hogan said she believed the programme would actually encourage nurses abroad to return home, attract the best candidates for the profession and enable South Africa to compete internationally.

Khanyile, asked to name what she saw as the greatest current problem in nursing, responded: 'They don't want to remain in the wards to teach the junior nurses – that is the gap we're trying to address.' She said the problem was as much the lack of nursing leadership as 'appropriate distribution where the need is the greatest'.

Extending health care access

Dr Lize Maree, head of the department at the Adelaide Tambo School of Nursing Science, Tshwane University of Technology, said the funds would enable mobile clinics to offer primary health care, cancer and palliative care and the management of lifestyle diseases and early childhood development in Shoshanguve's Extensions 12 and 13. This extended access to specialised primary, secondary

and tertiary nursing care would make 'an exciting difference'.

The School of Nursing at the University of the Free State will establish a unique 'Virtual Health Teaching and Learning Facility' for hands-on clinical training, using community volunteers to play the roles of people with specific illnesses and disorders. A new unit for continued professional and research capacity development was planned while a Master's degree in nursing education would be introduced, along with the 'transformation' of a portfolio of programmes at undergraduate, post-basic and postgraduate levels.

Professor Anita van der Merwe, head of department in the School of Health Sciences there, said she wanted her nurses to become 'change agents' in the communities they served. 'We want to prepare a different nurse for a different future,' she said.

The department of nursing sciences at the University of Fort Hare will bring in new doctoral and research Master's programmes, enhance current staff capacity and boost the number of students enrolled in postgraduate studies. It is adding R40 million of its own to build a Centre of Nursing Excellence, 'designed to develop cutting-edge postgraduate programmes'.

Dr Elizabeth Yako, head of Fort Hare's Faculty of Health Sciences, described the funding as 'quite an

opportunity for us, being so rural and the poorest province in the country'.

South Africa's annual growth rates of nurses completing the 4-year comprehensive programme between 1997 and 2006 stands at 4% for universities and -5% for colleges. South African Nursing Council (SANC) registers rose by 14% between 1996 and 2006 (an estimated 82% of who were considered active). The latest available figures for age distribution from the SANC (2006) showed that the highest percentage of nurses (16.6%) were aged between 45 and 49, followed closely by those aged between 40 and 44 (16.2%). Just 8.9% were aged from below 25 to 29.

According to a study on the Department of Labour's job vacancy database (health care professions) conducted between 2004 and 2007, midwifery and nursing professionals accounted for 43.6% of all vacancies and medical practitioners 35.9%. Vacancy rates in the public health sector overall stood at 31.5% in 2006 and 36.3% in 2007.

The WHO in 2004 estimated a nurse-to-population ratio in South Africa of 4.08 per 1 000 and a doctor population ratio of 0.77 per 1 000 people.

While the new AP initiative will hardly impact on the overall shortages, it will go a long way to upgrade a core of skills so desperately needed for mentoring at the delivery coalface.

Chris Bateman