

Growing our own timber: The future of nursing research in South Africa



*'It is not necessary to be clairvoyant to know the future; it is only necessary to clearly interpret what has already happened and then project forward the likely consequences of those happenings.'*¹

Chaos theory talks about the dissolution of old patterns and the development of new and innovative ones. The nursing profession in South Africa needs to begin to recognise new trends and modalities that are emerging in health care in this country. Change theory also informs us that even an unsettled time is also an era of opportunity. This is our time of opportunity!²

Nursing educators have a major responsibility in this arena of chaos and inevitable change. We need to be aware of and responsive to new trends and changes in the health care milieu. Nurse educators and the students we prepare should be a portal through which this information is communicated to nurses in the field, who often do not have sufficient resources or time to keep abreast of new developments.²

Nursing research is an integral part of the scientific enterprise of improving a nation's health.² The growing body of nursing research provides a scientific basis for health behaviours, symptom management and improvement of patients' and families' experiences with illness, treatment and disease prevention. Research is conducted to improve patient outcomes and promote the health and well-being of communities, especially of the most vulnerable populations.³ So why is it that of the nation's 98 490 registered nurses,⁴ the majority do not implement, read, conduct or participate in nursing research?

Nursing research within the critical care nursing arena in South Africa has not received significant funding from the government or corporate sectors. It has become common knowledge that this is mainly due to the cost dimensions of the practice of critical care and the fact that tertiary health care does not have a place in the government's primary health care approach. The challenges associated with advancing research in nursing are complex and varied. Although schools of nursing are focused on the scholarship and science of nursing as top priorities, and graduate degrees in nursing have become more common, doctoral-prepared nursing professionals are not being produced in large enough numbers to meet the growing needs of nursing education and nursing research. There are also high expectations of nurses who select academic careers.

Such individuals need to have a strong commitment to teaching, research and service as well as a willingness to learn to balance the three roles. In addition, there is a need for enhanced mentorship for new researchers to strengthen skills and capacity to conduct meaningful nursing research.³

In a previous editorial in *SAJCC*, Fouché⁵ highlighted the nursing crisis as 'fighting a losing battle'. Since that editorial, another major factor in the shortage of nurses has been brought to the fore, namely the 'ageing out' phenomenon. In a retrospective cohort analysis of employment trends and ages of registered nurses conducted in 2000, 'Implications of an aging registered nurse workforce', Buerhaus *et al.*⁶ have highlighted several serious implications for nursing by 2020. They predict that the total number of registered nurses will decrease; the number of new graduates will have to escalate significantly to replace those leaving the workforce; the older registered nurses currently functioning in the workforce will probably decrease their commitment and hours of work; and registered nurses will gradually withdraw from the workplace. Since one of the major strategies for countering this shortage of nurses is increasing the number of graduates from the schools of nursing, the shortage of academically prepared nurse educators is again highlighted as a critical issue.

Health Minister Manto Tshabalala-Msimang recently announced several measures to increase the number of nurses.⁷ Addressing a one-day conference of retired nurses in Boksburg, the Minister said the National Health Council and MECs for Health should increase the number of nurses in training. 'Some of the measures that should be taken in this regard include reintroducing the training of enrolled nurses in the current nursing colleges. This category of nurse should bring a lot of relief to professional nurses who are currently overstretched,' said the Minister. Furthermore, the Minister's spokesperson Sibani Mngadi said 'the training of this "lower category" of nurses would certainly increase the number of nurses, to support the provision of health services in the country'.

This may be of some benefit, but it is a band-aid covering up a septic and oozing wound. Low and sub-inflation salaries, long working hours, hazardous conditions and not being valued top the list of problems

that professional nurses have had to endure. Enrolled nurses are governed by a different scope of practice, as set out by the South African Nursing Council, and may not perform as 'quick fix' registered nurses. Furthermore, as part of the Department of Health's recruitment strategy, the Minister was to meet South African nurses working in Britain to discuss the possibility of their returning to South Africa to work in the public sector.

How are these strategies going to affect the scientific basis of nursing research? How will this impact on nursing education? Will nurses have time and the knowledge base to conduct research?

The millennium has already brought about significant change and extraordinary challenges and opportunities to the nursing profession as well as to the academic institutions responsible for preparing the next generation of nurses and nurse educators. This issue of

the *Southern African Journal of Critical Care* is one portal of opportunity and is dedicated to the profession of nursing.

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