

**AN EVALUATION OF PERCEPTIONS ON THE  
PREPAREDNESS OF PROFESSIONAL NURSES IN  
TERMS OF THE HUMAN RESOURCE  
DEVELOPMENT STRATEGY FOR THE  
TRANSFORMING HEALTH CARE SYSTEM IN  
KWAZULU-NATAL PROVINCE**

**BY**

**ZANELE ELAINE GUMEDE**

**1999**

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**BY**

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**Submitted in fulfilment of the requirements of**

**M.A. CURATIONIS**

**NURSING SCIENCE DEPARTMENT**

**AT THE**

**UNIVERSITY OF ZULULAND**

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**DATE SUBMITTED : DECEMBER 1999**

## DECLARATION

I, ZANELE ELAINE GUMEDE declare that *An evaluation of perceptions on the preparedness of professional nurses in terms of the human resource development strategy for the transforming health care system in kwaZulu-Natal province* is my own work and all sources used or quoted have been indicated and acknowledged by means of complete references.

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**Z.E. GUMEDE**

## **DEDICATION**

**This work is dedicated to the following:**

- (i) My colleagues in the nursing profession who provide nursing care to patients / clients.
- (ii) My children Ayanda and Zamokuhle.
- (iii) My partner Francis Bondi for his endless support and encouragement.
- (iv) My mother Zuzile for her support and encouragement through all my studies.
- (v) My sisters Thoko and Dululu.
- (vi) My nephews Thobani and Ndumiso.
- (vii) My late brother Mandla and sister Nelly for being a part of my life.

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- ▶ My family for their support and willing assistance in the completion of this study.

## ABSTRACT

This is a study which aimed at evaluating perceptions on the preparedness of professional nurses in terms of the human resource development strategy for the transforming health care system in KwaZulu-Natal Province. The main concern was that the current professional (registered) nurses were not adequately prepared to participate effectively in a primary health care focused system.

A descriptive survey was conducted in three (3) hospitals representing the urban, rural and metropolitan institutions in KwaZulu-Natal. Two sets of interview schedules were designed for the professional nurses and deputy directors (nursing service managers) in charge of institutions. A questionnaire was designed for the regional deputy directors of the three health regions where the study was conducted. The total sample comprised one hundred (100) professional nurses, three (3) Nursing Service Managers and three (3) Regional Deputy Directors.

The study revealed that professional nurses were not all aware of the transformation in the health care system. It also revealed that professional nurses were not adequately prepared (trained) to participate effectively in the transforming health care system. The study further revealed that reorientation programmes are undertaken to enable professional nurses to adapt to the transformation but these are not widely available and are poorly coordinated.

Based on the findings of the study, it is recommended that reorientation programmes should be undertaken on a wider scale to orientate staff on the transformation of the health care system and primary health care skills. Health service managers should also be reorientated on management skills to enable them to manage transforming health care services. A Transformation Adaptation Model has been developed to facilitate preparedness for the transformation.

## OPSOMMING

Hierdie ondersoek stel dit ten doel om die mate waarin professionele verpleegsters toegerus is, ooreenkomstig die ontwikkelingstrategie vir menslike hulpbronne, vir die transformasie van die gesondheidsorgstelsel in die provinsie KwaZulu-Natal, te evalueer. Die ondersoek is geloods na aanleiding van die vermoede dat die huidige professionele (geregistreerde) verpleegsters nie na behore voorberei is om doeltreffend deel te word van 'n primêre gesondheidsorgstelsel nie.

'n Deskriptiewe opname is uitgevoer in drie (3) hospitale verteenwoordigend van stedelike, plattelandse en metropolitaanse inrigtings in KwaZulu-Natal. Twee stelle onderhoudsvraelyste is ontwerp vir professionele verpleegsters en verpleegbestuurders wat aan die hoof staan van inrigtings. 'n Afsonderlike vraelys is opgestel vir die drie streekadjunkdirekteure van die drie gesondheidsstreekte waarin die ondersoek gedoen is. 'n Totaal van een honderd professionele verpleegsters, drie verpleegbestuurders en drie streeksadjunkdirekteure is by die ondersoek betrek.

Die ondersoek het aan die lig gebring dat nie alle professionele verpleegsters bewus is van die proses van transformasie binne die gesondheidsorgstelsel nie. Die ondersoek het verder getoon dat professionele verpleegsters nie behoorlik voorberei (opgelei) is om doeltreffend deel te neem aan die transformasie van die gesondheidsorgstelsel nie. Dit het ook aangedui dat daar wel heroriëntasieprogramme aangebied word ten einde personeel te heroriënteer met betrekking tot primêre gesondheidsorg en die transformasie van die gesondheidsorgstelsel. Hierdie programme is egter nie vir almal toeganklik of goed gekoördineer nie.

Op grond van die bevindings van die studie, word aanbeveel dat heroriëntasieprogramme op 'n groter skaal aangebied word ten einde personeel te heroriënteer met betrekking tot die gesondheidsorgstelsel en die vaardighede wat vereis word vir primêre gesondheidsorg. Gesondheidsorgbestuurders moet ook verdere opleiding ondergaan in bestuursvaardighede om hulle in staat te stel om die transformerende gesondheidsdienste effektief te bestuur. 'n Transformasie-aanpassingsmodel is ontwikkel met die doel om te verseker dat gesondheidsorgpersoneel voldoende voorbereid is vir die transformasie.

## TABLE OF CONTENTS

	Page
TITLE OF STUDY .....	(i)
DECLARATION .....	(ii)
DEDICATION .....	(iii)
ACKNOWLEDGEMENTS .....	(iv)
ABSTRACT .....	(vi)
OPSOMMING .....	(vii)
TABLE OF CONTENTS .....	(ix)
LIST OF TABLES .....	(xix)
LIST OF FIGURES .....	(xx)
LIST OF ANNEXURES .....	(xxii)

### CHAPTER 1: OUTLINE OF THE STUDY

1.1 INTRODUCTION .....	1
1.2 BACKGROUND INFORMATION AND STATEMENT OF THE PROBLEM .....	1
1.3 MOTIVATION FOR THE STUDY .....	3
1.4 ASSUMPTION .....	4
1.5 OBJECTIVES .....	4
1.6 RESEARCH METHODOLOGY .....	5
1.6.1 Research design .....	5

	Page
1.6.2 Area of study . . . . .	5
1.6.3 Population and sampling . . . . .	5
1.6.4 Instrument . . . . .	5
1.6.5 Data collection . . . . .	6
1.6.6 Ethical consideration . . . . .	6
1.7 SIGNIFICANCE OF THE STUDY . . . . .	6
1.8 DEFINITION OF KEY CONCEPTS . . . . .	7
1.8.1 Professional (registered) Nurse . . . . .	7
1.8.2 Nursing Service Manager . . . . .	7
1.8.3 Primary Health Care . . . . .	8
1.8.4 National Health System . . . . .	8
1.8.5 Human Resource Development . . . . .	8
1.8.6 Comprehensive Health Care . . . . .	8
1.8.7 Transformation . . . . .	9
1.9 REPORT . . . . .	9

**CHAPTER 2: DEVELOPMENT OF THE NATIONAL HEALTH SYSTEM IN SOUTH AFRICA AND HUMAN RESOURCE DEVELOPMENT TO PROVIDE HEALTH CARE IN A CHANGING HEALTH CARE SYSTEM**

	Page
<b>2.1 DEVELOPMENT OF THE NATIONAL HEALTH CARE SYSTEM IN SOUTH AFRICA</b> . . . . .	11
2.1.1 1928 - 1948 . . . . .	11
2.1.2 1949 - 1969 . . . . .	13
2.1.3 1970 - 1979 . . . . .	13
2.1.4 1980 - 1991 . . . . .	15
2.1.5 Development of National Health Care in other countries . . . . .	15
2.1.5.1 Health Care in Botswana . . . . .	19
2.1.6 The National Health Plan 1994 . . . . .	20
2.1.7 The District Health System . . . . .	26
<b>2.2 HUMAN RESOURCE DEVELOPMENT TO PROVIDE CARE IN A CHANGING HEALTH CARE SYSTEM IN SOUTH AFRICA</b> . . . . .	27
2.2.1 Human Resource Training and Development . . . . .	27
2.2.2 Human Resource Development of Professional Nurses . . . . .	29
2.2.2.1 Change to a primary health care oriented curricula in other developing countries: Botswana . . . . .	31
2.2.2.2 Change in the curricula of professional nurses in South Africa . . . . .	32
2.2.3 Human Resource Development for the transforming health care system . . . . .	34
2.2.4 The National Qualification framework . . . . .	43
2.2.5 Managing change . . . . .	45
<b>2.3 CONCLUSION</b> . . . . .	47

**CHAPTER 3: THEORETICAL FRAMEWORK**

	Page
3.1 INTRODUCTION .....	48
3.2 DEVELOPMENT OF ROY'S ADAPTATION MODEL .....	48
3.3 BASIC ASSUMPTIONS OF THE ROY ADAPTATION MODEL ..	48
3.4 ELEMENTS OF ROY'S ADAPTATION MODEL .....	50
3.4.1 The person .....	50
3.4.1.1 Adaptation .....	50
3.4.1.2 Coping .....	52
3.4.2 The environment .....	54
3.4.3 The person and environment .....	55
3.4.4 Health .....	56
3.4.5 Nursing .....	56
3.4.6 Roy's adaptation model and the nursing process .....	57
3.4.6.1 Assessment of behaviour or first level assessment .....	57
3.4.6.2 Assessment of influencing factor or second level assessment .....	57
3.4.6.3 Nursing diagnosis .....	58
3.4.6.4 Goal setting .....	59
3.4.6.5 Intervention or selection of approaches .....	59
3.4.6.6 Evaluation .....	59
3.5 CONCLUSION .....	60

**CHAPTER 4: RESEARCH METHODOLOGY**

	Page
4.1 INTRODUCTION .....	61
4.2 RESEARCH DESIGN .....	61
4.3 DELIMITATION OF THE STUDY .....	62
4.4 ETHICAL CONSIDERATIONS .....	62
4.4.1 Permission for the study .....	62
4.4.2 Informed consent .....	63
4.4.3 Anonymity and confidentiality .....	63
4.5 POPULATION .....	63
4.6 SAMPLE AND SAMPLING METHOD .....	64
4.7 THE RESEARCH INSTRUMENT .....	64
4.7.1 Designing the instruments .....	65
4.7.1.1 Interview schedule .....	65
4.7.1.2 Questionnaire .....	65
4.7.2 Types of Questions .....	66
4.7.2.1 Interview Schedule for professional nurses .....	66
4.7.2.2 Interview Schedule for Nursing Service Managers in charge of institutions .....	67
4.7.2.3 Questionnaire for Regional Deputy Directors .....	68
4.7.3 Pilot study .....	69
4.7.4 Data collection .....	69
4.8 CONCLUSION .....	70

**CHAPTER 5: DATA ANALYSIS AND INTERPRETATION**

	Page
5.1 INTRODUCTION . . . . .	71
5.2 SECTION 1 PROFESSIONAL NURSES WORKING IN THE HOSPITAL / CLINIC . . . . .	71
Item 1 Awareness of the National Health Transformation Plan . . . . .	71
Item 1.1 Reasons for not being aware of the National Health Transformation Plan . . . . .	73
Item 2 Adequacy of preparation (training) of professional nurses for the transforming health care system . . . . .	74
Item 2.1 Reasons for believing that they were adequately prepared for transformation . . . . .	75
Item 2.2 Reasons for not being adequately prepared for transformation . . . . .	76
Item 3 Exposure to reorientation / retraining programmes . . . . .	78
Item 3.1 Reorientation / retraining programmes exposed to . . . . .	79
Item 3.2 Reasons for not being exposed to reorientation / retraining programmes . . . . .	80
Item 4 Willing to suggest strategies to be used for professional nurses to adapt to transformation . . . . .	82
Item 4.1 Strategies that could be used for preparing professional nurses to adapt to the transformation . . . . .	83
Item 5 Professional nurses with specific needs to be addressed by Human Resource Section / Department . . . . .	84
Item 5.1 Specific needs to be addressed by the Human Resource Section / Department . . . . .	85

	Page
5.3 SECTION II NURSING SERVICE MANAGERS IN CHARGE OF HOSPITAL / CLINIC .....	86
Item 1 Adequacy of preparation (training) of nursing service managers to manage a transforming nursing service to provide comprehensive Primary Health Care .....	86
Item 1.1 Reasons for being adequately prepared to manage a transforming nursing service .....	87
Item 1.2 Reasons for not being adequately prepared to manage a transforming nursing service .....	88
Item 2 Exposure to reorientation / retraining programmes in preparation for new role .....	88
Item 2.1 Reorientation / retraining programmes exposed to .....	89
Item 3 Willing to suggest strategies for preparing nursing service managers to adapt to transformation .....	90
Item 3.1 Strategies that could be used for preparing nursing service managers to adapt to the transformation .....	91
Item 4 Nursing Service Managers with specific needs to be addressed by Human Resource Department .....	91
Item 4.1 Specific needs to be addressed by the Human Resource Department .....	91
Item 5 Adequacy of preparation (training) of professional nurses in the institutions to function in the transforming health care system .....	92
Item 5.1 Reasons for the perception that professional nurses were adequately prepared to function in the transforming health care system .....	93
Item 5.2 Reasons for the perception that professional nurses were not adequately prepared for the transforming health care system ...	93

	Page
Item 6 Strategies initiated / implemented by Nursing Service Managers to ensure adaptation of professional nurses to transformation . . . . .	94
Item 6.1 List of strategies initiated / implemented to ensure adaptation of professional nurses . . . . .	96
Item 6.2 Explanation for not initiating / implementing strategies to ensure adaptation of professional nurses . . . . .	96
Item 7 How to evaluate effectiveness of strategies . . . . .	
Item 8 Strategies initiated / implemented by the Department of Health / Nursing in the region / province to enable professional nurses to adapt to transformation . . . . .	97
Item 8.1 List of strategies initiated / implemented by the Department of Health / Nursing in the region / province . . . . .	97
5.4 SECTION III REGIONAL DEPUTY DIRECTORS . . . . .	98
Item 1 Adequacy of preparation (training) of professional nurses in the regions to function effectively in the transforming health care system . . . . .	98
Item 1.1 Reasons for the perception that professional nurses were adequately prepared for transformation . . . . .	100
Item 1.2 Reasons for professional nurses not being adequately prepared for transformation . . . . .	100
Item 2 Strategies initiated / implemented by the health region to ensure that the professional nurses can adapt to the transformation . . . . .	101
Item 2.1 List of strategies initiated by the health regions to ensure that professional nurses can adapt to transformation . . . . .	101

	Page
Item 3 How to evaluate effectiveness of strategies . . . . .	102
5.5 CONCLUSION . . . . .	103

**CHAPTER 6: SUMMARY ON FINDINGS, CONCLUSIONS,  
LIMITATIONS AND RECOMMENDATIONS**

	Page
6.1 INTRODUCTION .....	104
6.2 SUMMARY .....	104
6.3 METHODOLOGY .....	104
6.3.1 Research design .....	104
6.3.2 Research instrument and sampling .....	104
6.3.3 Permission for conducting the study .....	105
6.3.4 Data analysis .....	105
6.4 CONCLUSIONS .....	105
6.4.1 Assumption .....	105
6.4.2 Objective .....	106
6.5 LIMITATION OF THE STUDY .....	108
6.6 RECOMMENDATIONS .....	109
6.7 FUTURE RESEARCH .....	110
6.8 PRESENTATION OF THE PROPOSED MODEL .....	110
6.8.1 National and Provincial Health Departments .....	112
6.8.2 Regional level .....	112
6.8.3 Institutional level .....	113
6.8.4 Existing health care professionals without Primary Health Care . . .	113
BIBLIOGRAPHY .....	115

	<b>LIST OF TABLES</b>	<b>PAGE</b>
TABLE 2.1	SIX LEVELS OF HEALTH SERVICES . . . . .	17
TABLE 3.1	THE PERSON AS AN ADAPTIVE SYSTEM . . . . .	50
TABLE 5.1	REASONS FOR PROFESSIONAL NURSES NOT BEING PREPARED (TRAINED) FOR THE TRANSFORMING HEALTH CARE SYSTEM . . . . .	76
TABLE 5.2	SUMMARY OF WHAT THE NURSING SERVICE MANAGERS THINK ABOUT TRANSFORMATION . . . . .	98

<b>LIST OF FIGURES</b>	<b>PAGE</b>
FIGURE 2.1 THE RELATIVE IMPORTANCE OF DIFFERENT FUNCTIONS AT DIFFERENT LEVELS OF THE HEALTH SYSTEM . . . . .	24
FIGURE 5.1 NUMBER OF PROFESSIONAL NURSES AWARE OF THE NATIONAL HEALTH TRANSFORMATION PLAN . . . . .	72
FIGURE 5.2 PREPAREDNESS OF PROFESSIONAL NURSES FOR THE TRANSFORMING HEALTH CARE SYSTEM . . . . .	74
FIGURE 5.3 REASONS FOR PROFESSIONAL NURSES BELIEVING THAT THEY WERE ADEQUATELY PREPARED TO FUNCTION IN THE TRANSFORMING HEALTH CARE SYSTEM . . . . .	75
FIGURE 5.4 NUMBER OF PROFESSIONAL NURSES EXPOSED TO REORIENTATION RETRAINING PROGRAMMES . . . . .	78
FIGURE 5.5 PROFESSIONAL NURSES WILLING TO SUGGEST STRATEGIES TO BE USED FOR PROFESSIONAL NURSES TO ADAPT TO THE TRANSFORMATION . . . . .	82
FIGURE 5.6 PROFESSIONAL NURSES WITH SPECIFIC NEEDS TO BE ADDRESSED BY THE HUMAN RESOURCES SECTION / DEPARTMENT . . . . .	84

	PAGE
FIGURE 5.7 ADEQUACY OF PREPARATION (TRAINING) OF PROFESSIONAL NURSES IN THE INSTITUTIONS TO FUNCTION EFFECTIVELY IN THE TRANSFORMING HEALTH CARE SYSTEM .....	92
FIGURE 5.8 COMPARISON OF PERCEPTIONS OF REGIONAL DEPUTY DIRECTORS, NURSING SERVICE MANAGERS AND PROFESSIONAL NURSES ON THE PREPAREDNESS OF PROFESSIONAL NURSES TO FUNCTION IN THE TRANSFORMING HEALTH CARE SYSTEM .....	99
FIGURE 6.1 TRANSFORMATION - ADAPTATION MODEL (TAM) .....	111

ANNEXURES	PAGE
ANNEXURE A PERMISSION LETTER .....	121
ANNEXURE B LETTER TO REGIONAL DEPUTY DIRECTORS .....	122
ANNEXURE C GUIDELINES FOR PROFESSIONAL NURSES, NURSING SERVICE MANAGERS AND REGIONAL DEPUTY DIRECTORS PARTICIPATING IN THE STUDY .....	123
ANNEXURE D INTERVIEW GUIDE FOR PROFESSIONAL NURSES .....	124
ANNEXURE E INTERVIEW GUIDE FOR NURSING SERVICE MANAGERS .....	127
ANNEXURE F QUESTIONNAIRE FOR REGIONAL DEPUTY DIRECTORS .....	132
ANNEXURE G PROPOSED HEALTH REGIONS OF KWAZULU-NATAL PROVINCE .....	134
ANNEXURE H KWAZULU-NATAL HEALTH REGIONS AND DISTRICTS .....	135

## **CHAPTER 1**

### **OUTLINE OF THE STUDY**

#### **1.1 INTRODUCTION**

The South African health care system has over the years been a highly fragmented, inefficient and inequitable system resulting largely from previous policies. This complex situation resulted in inequality of service and focused largely on curative aspects of health care. Human resource for health services was also developed along the same inequitable lines as the health care system. It was also characterised by a fragmented education and training system with a lot of discrimination (African National Congress, 1994:(a):1).

Our health care system has currently transformed to a National Health System which is primary health care oriented. This has serious implications for nurses who have not been prepared to provide health care in a primary health care oriented setting.

The researcher conducted an investigation into perceptions on the preparedness of the professional nurses for the transforming health care system in South Africa.

#### **1.2 BACKGROUND INFORMATION AND STATEMENT OF THE PROBLEM**

Health reform in South Africa has been a slow process, sometimes hindered by the past policy of apartheid and separate development. The reform programme of the 1970s resulted in the promulgation of the Health Act No 63 of 1977. This was an attempt to bring reform in health care from a basically curative system to a comprehensive one.

The South African government, like other countries, formulated a National Health Plan in 1986. This was based on the Alma Ata principle of comprehensive primary health care adopted in 1978, which stated that at least the following should be included in primary health care:

- ▶ education concerning prevailing health problems and the methods of preventing and controlling them
- ▶ promotion of food supply and proper nutrition
- ▶ an adequate supply of safe water and basic sanitation
- ▶ maternal and child health care including family planning
- ▶ immunization against the major infectious diseases
- ▶ prevention and control of locally endemic diseases
- ▶ appropriate treatment of common diseases and injuries
- ▶ provision of essential drugs

After the first democratic elections of South Africa in 1994 the African National Congress, on recognising the need for total transformation of the health care system in the country, initiated the process of developing an overall national health plan based on the comprehensive primary health care approach.

It was evident that in spite of the 1986 National Health Plan the health services were still fragmented, ineffective and inequitable to the majority of the population of South Africans. The comprehensive health service was provided by the then

homelands system which emphasised divide and rule according to race. The Comprehensive Primary Health Care approach is the underlying philosophy for the restructuring of the South African Health system (African National Congress, 1994(a):19).

For the provision of health care in the changing South Africa to be effective, it should be accompanied by transformation within the nursing profession, since nurses are the backbone for providing comprehensive primary health care. Human resource development for health care in South Africa has developed in an *ad hoc* and fragmented manner, singling each discipline and professional group e.g. nurses, doctors, etc.

The basic approach in programmes for education and training of professional (registered) nurses has been traditionally curative, hospital-based and dominated by the medical model. Although a paradigm shift is in progress towards a more community oriented approach, it is a very slow process.

The question is, "Are the majority of professional (registered) nurses adequately prepared for the Comprehensive Primary Health Care?"

### **1.3 MOTIVATION FOR THE STUDY**

The researcher was motivated to do a study to evaluate perceptions on the preparedness of current professional nurses for the comprehensive primary health care approach as indicated and defined in the White Paper towards a transformed health service gazetted in April 1997. According to this document, Human resources development in South Africa should be intersectoral and should also facilitate working of a broader health team as well as empower members of the community to handle and monitor health services within their areas.

Since the researcher has been involved in the actual training of professional (registered) nurses for 7 years, she has a view that the 4-year Comprehensive Basic Nursing programme, even though it has a component of community health nursing, does not prepare a nurse that would adapt to the transforming health service. For effective reorientation of existing professional nurses to occur, they should give direction as to how reorientation and retraining towards a community based District Health System should be done.

It is the belief of the researcher that the existing human resource development programmes designed to develop health professionals who will be practising within the transforming health care system should be evaluated. The evaluation should be done against the needs stipulated by professional nurses themselves. The researcher therefore did a quantitative descriptive survey whereby the respondents expressed their opinions, feelings, needs and suggestions on appropriate programmes for retraining.

#### **1.4 ASSUMPTIONS**

Based on the above statement of the problem and motivation for the study, it is assumed that current professional (registered) nurses have not been adequately prepared to participate effectively in the transforming health care system of South Africa as stated in the White Paper entitled "Towards a transforming health service" (1997).

#### **1.5 OBJECTIVES**

The objectives of the study are:

1.5.1 To evaluate perceptions on the preparedness of professional (registered) nurses to participate effectively in the transforming health care system, which is comprehensive primary health care focused.

1.5.2 To identify any re-orientation and re-education needs to improve effectiveness of performance of professional nurses in the primary health care focused services.

## **1.6 RESEARCH METHODOLOGY**

### **1.6.1 Research design**

A simple descriptive survey was conducted.

### **1.6.2 Area of study**

The area of study was delimited to KwaZulu-Natal Province.

### **1.6.3 Population and sampling**

The target population comprised of professional nurses working in the hospitals and clinics, nursing service managers-in-charge of the institutions and Deputy Regional Directors. The health regions were purposely selected to ensure inclusion of urban, rural and metropolitan institutions.

### **1.6.4 Instrument**

The researcher prepared interview schedules for the professional nurses working in the hospitals and clinics and nursing service managers-in-charge of the institutions.

A questionnaire was prepared for the Regional Deputy Directors because it was not possible to secure an appointment for a face-to-face interview due to their busy schedules.

The interview schedules and the questionnaire had questions that needed the respondents to express their own opinions and feelings about their preparedness to adapt to the transforming health care system. The respondents were also asked to give input on how to effectively re-orientate and retrain professional nurses so that they can adapt to the transformation.

#### **1.6.5 Data Collection**

The researcher conducted personal interviews at the various institutions and clinics using the prepared schedules. Questionnaires were mailed to Deputy Regional Directors (refer page 69 of the report).

#### **1.6.6 Ethical consideration**

Permission was obtained from Head Office of the KwaZulu-Natal Department of Health to use its institutions (hospitals and clinics) and its employees as respondents, to carry out the study.

Permission was also obtained from the respondents who voluntarily formed part of the study. Anonymity of participants was assured (refer pages 62-63 of the report).

### **1.7 SIGNIFICANCE OF THE STUDY**

The study was an attempt to facilitate the planning and implementation of the human resource development strategies to re-orientate and retrain professional (registered) nurses to ensure their preparedness to adapt to the changing health system in KwaZulu-Natal Province. The other provinces in South Africa could also benefit from the result of the study.

## **1.8 DEFINITION OF KEY CONCEPTS**

### **1.8.1 Professional (Registered) Nurse**

A person registered as a nurse under Section 16 (iii) of the Nursing Act 50 of 1978 as amended, which states: "If the Council is satisfied that the qualification and the other documents submitted in support of the application satisfy the requirements of this Act, it shall, upon payment of the prescribed fee, register or enrol the applicant, as the case may be, and issue a registration or enrolment certificate, as the case may be, authorising the applicant, subject to the provisions of this Act and to any other legal provisions, to practise within the Republic, the profession in respect of which he has applied for registration or enrolment".

In this study professional nurses are registered nurses working in the hospital or clinic who have studied the 4-year diploma or degree course in General Nursing, Psychiatry, Community Health Nursing and Midwifery, leading to registration as a nurse. It also includes those professional nurses who have obtained diplomas with single qualifications in general nursing, psychiatric nursing and midwifery.

### **1.8.2 Nursing Service Manager**

A Nursing Service Manager and Senior Nursing Service Manager is now called Assistant Director. A Chief Nursing Service Manager is a Deputy Director of Nursing Services according to the 1997 dispensation.

In this study, Nursing Service Manager refers to a professional nurse who has been allocated, appointed or promoted to a chargeship or supervisory position to manage and coordinate the work of groups of nursing personnel including professional nurses as well as other categories of health care workers. She can be

an Assistant Director or Deputy Director of Nursing Services depending on the size of the institution that she is in charge of.

### **1.8.3 Primary Health Care**

Essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community.

### **1.8.4 National Health System**

The organisation of a country's health service (including services provided by central government, provincial government, local government, non-governmental organisations / community based organisations and private sector).

### **1.8.5 Human Resource Development**

It is the integrated use of training and development, organisation development and career development to improve individual, groups, and organisational effectiveness. In the context of this study human resource development refers to training of professional nurses.

### **1.8.6 Comprehensive Health Care**

The fullest possible range of health care including primary health care, preventive, promotive, curative and rehabilitative care by a health care facility or authority.

### **1.8.7 Transformation**

It is considerable change in form, appearance or character. In the context of this study transformation refers to change of the health care system towards a National Health System.

## **1.9 REPORT**

A research report with recommendations will be written. It will be arranged into the following chapters:

### **Chapter 1**

This chapter consists of introduction, background of the problem and problem statement, motivation for the study, assumptions, objectives, research methodology, significance of the study, definition of key concepts.

### **Chapter 2**

The literature review of the study is presented. It deals with development of the national health system in South Africa and human resource development of professional nurses to provide health care in a changing health system.

### **Chapter 3**

The theoretical framework of Sr Callista Roy's Adaptation Model is discussed in relation to the study.

### **Chapter 4**

This chapter provides the research methodology, research design, sample and sampling procedures and data collection.

**Chapter 5**

The analysis of the data and interpretation is presented.

**Chapter 6**

This chapter presents the findings, conclusions, limitations and recommendations.

## **CHAPTER 2**

# **DEVELOPMENT OF THE NATIONAL HEALTH SYSTEM IN SOUTH AFRICA AND HUMAN RESOURCE TO PROVIDE HEALTH CARE IN A CHANGING HEALTH CARE SYSTEM**

## **INTRODUCTION**

Health Care in South Africa in the twentieth century is characterised by the spreading and legitimation of modern western medicine and the dominance of the medical profession in health matters. These trends further strengthen the already existing predisposition towards institutional care.

### **2.1 DEVELOPMENT OF THE NATIONAL HEALTH CARE SYSTEM IN SOUTH AFRICA**

#### **2.1.1 1928-1948**

Segregation on the basis of race and colour in South African health care was continued and confirmed as being a structured feature *inter alia* by the rejection of proposals of the Loram Committee in 1928 with regard to the training of black doctors. The Gluckman Report in the 1940s with its strong pleas for a non-racial National Health Service for South Africa was also rejected. The Loram Committee confirmed the poor standard of health care provided for blacks in rural areas. Subsequently it advocated for a state subsidised training programme for black health workers and a community-based system of health care, mainly the establishment of clinics in black communities.

The Gluckman Report of 1944 presented the findings of the National Health Services commission which was to investigate, report and make recommendations

in connection with the provision of an organized National Health Service and the necessary administrative, legislative and financial measures required for this purpose. The commission's philosophy was that health services should be planned in such a way that each person would have access to the best possible care according to need. The Gluckman Commission's findings were that the existing health services were disjointed, haphazard, provincial based and parochial. It also pointed out the problem of shortages of both health personnel and facilities. It narrowed down these shortages to services for blacks in both urban and rural areas. The commission also discovered that there was an inordinate emphasis on cure or curative services and institutional care. There was not enough attention on either the prevention of disease or community based care (Dennill, King, Lock and Swanepoel, 1995:62).

The Gluckman commission also found that health services were not equally available and accessible to all sectors of the population as the doctors in private practice established themselves where the wealthy lived and not where the ill lived. The commission recommended the establishment of a National Health Service for South Africa as a remedy to the identified shortcomings and problems in the country's health care system. The recommendations of the Gluckman commission were never implemented by the National Party who were the government of the day.

The reason for failure to implement the Gluckman Commission's proposals was that they could not possibly have been implemented. There was simply no way that a society built on division, oppression, and exploitation could accommodate a health service premised on the needs of all, above the needs of the privileged elite.

Racial fragmentation of South African health care expanded in various areas, especially after 1948. Apartheid in the field of health care existed long before

1948 in the form of separated health authorities and separate hospitals, wards, clinics and consulting rooms for whites and non-whites. The black nurses were also not allowed to nurse white patients and could not supervise white nurses.

### 2.1.2 1949-1969

Racial fragmentation acquired a new gloss after 1948 when, through legislation of the Nationalist government, it was legitimised and declared official policy. It was implemented in the guise of the homeland policy. De Beer (1988:70) characterised this period as the era of Grand Apartheid. Apartheid had a profound influence on health care, an influence which is still strongly felt in spite of the transformation in the health care system.

This era saw the introduction of the homeland policy and the creation of ten additional departments of health. The homelands soon became problem societies in which over-population, unemployment, poverty, illiteracy, low wages, overcrowding, inadequate sanitation, famine and the accompanying social ills of alcoholism, promiscuity and crime were rife. The homelands, in comparison with the rest of South Africa, became windows displaying massive discrepancies and backlogs in respect of health care. They were reservoirs of poor health and disease, poor living conditions and poverty related diseases.

The mission hospitals were also nationalised and transferred to the homeland governments. This was but a single step in the consolidation of the homelands and of the development of the Grand Apartheid dispensation.

### 2.1.3 1970-1979

In the 1970s the homelands policy was fully entrenched. Local and national economic events brought about health reforms in South Africa. During this period the country was also characterised by intense economic and political problems.

Against this background the Health Act 63 of 1977 was formulated in an attempt to bring about fundamental reform in South African health care aimed at changing its course (Dennill *et al*, 1995:30). It was indicated that the same fundamental problems in South African health care which had in the past been pointed out repeatedly, especially by the Gluckman Commission, had to be addressed anew. The areas of importance were the uncoordinated division of responsibility and functions among the different health authorities at the national, provincial and local government, as well as the lack of a uniform national health policy and the predominant emphasis on curative services at the expense of preventive and promotive health.

In September 1978 an International Conference on Primary Health Care was held at Alma-Ata in USSR where the need was expressed for urgent action by all governments, all health and development workers and the community to protect and promote the health for all the people of the world, and a declaration to that effect was made (WHO report 1978:2).

The conference declared that the health status of hundreds of millions of people in the world was unacceptable, health resources were inadequate and inequitably distributed. The conference then called for an approach to health and health care to close the gap between the "haves" and "have-nots", achieve more equitable distribution of health resources and attain a level of health for all citizens of the world that will permit them to lead a socially and economically productive life. It was at this conference that the internationally accepted goal of the World Health Organisation, i.e. "Health for all by the year 2000" was adopted. The Primary Health Care approach was identified as the key to attaining an acceptable level of health throughout the world (WHO report, 1978:2).

#### 2.1.4 1980-1991

The 1980s was likewise a decade loaded with important developments in health care in South Africa. The Browne Commission of Inquiry was appointed in 1980 to rationalise health services, promote more effective services and place the costs of the services on a sound firm basis (Dennill *et al*, 1995:75). Eight interim reports were published before the final report in 1986. Numerous well-known shortcomings in South African health care, which were identified repeatedly in the past, were once again pointed out and emphasised by the commission. These were as follows:

- the excessive fragmentation of control over health services and a lack of central policy direction which led to mis-allocation of resources, wasteful duplication of services and inadequate communication between lower and higher tiers of health administration.
- under-emphasis of preventive and primary health care and over-emphasis of expensive secondary and tertiary health services which are in many respects inappropriate to the needs of South African population and stimulate the mal-utilisation and overcrowding of expensive facilities.
- shortcomings in state health services especially in respect of psychiatric, geriatric, dental and rehabilitative services, while health education is under-developed, uncoordinated and poorly staffed.
- large shortage of health personnel, especially non-white health personnel in general, but specifically also of medical specialists in certain categories, including preventive medicine and community health care. Shortage of supplementary health personnel, radiographers, orthotists and trained nurses was also highlighted.

The commission opted for modification of the existing system. By the time the final report was published many of its recommendations had seeped through the interim reports into the official policy and organisational framework. Three priorities emerged from the recommendations of the Browne Commission, certain facets of which have featured later in South African health care.

- The formulation of a national health policy as a broad framework for health provision and based on the national health service plan of 1980.
- Granting priority to preventive and primary health service with special emphasis on health education, environmental and community health and family planning.
- Privatisation and deregulation of health care specifically by means of privatising public hospital facilities, contracting out certain support services in public hospitals, establishment of private hospitals and applying business principles in health care.

The National Health Service Facilities Plan of 1980 was introduced to coordinate health care provision nationally and to expand primary health care by means of a network of community health centres. It also encouraged self care and community responsibility in illness and health.

A further major step in the development of racial apartheid in South African health care came in 1983. The Constitution Act No 110 of 1983 was promulgated which granted greater political self-determination to the Coloured and Indian population groups on a racial differentiation basis. This "own affairs" dispensation was in the form of a tricameral government with separate representative houses for Whites, Coloureds and Indians. Blacks were excluded as their political development was under "general affairs" to be realised through the homelands.

In 1986 the national plan was drawn which was to ensure that structural unity is brought about in the organisation of health services. The basic principles of this plan were clearly set out in the form of a series of national health objectives and priorities.

The division of South African health services into six levels is fundamental to the National Health Plan. It was a continuation of the National Health Service Facilities Plan of 1980 but now accepted as to incorporate the 1983 constitutional dispensation. The six levels were identified as illustrated in Table 2.1.

**Table 2.1 Six levels of health services**

<b>Levels</b>	<b>Functions</b>	<b>Responsibilities</b>
I	Provision of basic subsistence needs, safe drinking water and wide environmental health.	Sewerage and refuse removal, nutrition supplementation, infrastructure and basic housing.
II	Health Education	Minimum educational level, training and education, guidance.
III	Primary Health Care	Self-care, community nursing services, community health centre, community service organisations
IV	Hospitalisation	Community Hospital
V	Hospitalisation	Regional Hospital
VI	Hospitalisation	Academic Hospital

The emphasis on Primary Health Care was taken a step further in 1989 when the National Health Policy Council accepted the resolution that the only way to provide affordable health to all the inhabitants of South Africa is by means of partnership between the state and the private sector based on the National Health Service Plan (Department of National Health and Population Development 1992:1).

The National Policy for Health (Act 116 of 1990) emphasised that the state and local authorities should provide a comprehensive health service, taking into consideration the available financing resources, natural resources and manpower. The government's intention to provide primary health care to all the people was made clear in the National Health Service Delivery Plan of May 1991. The plan stated that during 1990-1995 an affordable way of comprehensive health service should be established to effectively provide for the priority needs of the entire population and contribute to the progressive improvement of the health status and quality of life for all the people of the Republic of South Africa.

The plan also recommended that there should be reorganisation of health services to regional and local level with the local authorities taking responsibility for most primary health care services. It also recommended the introduction of community oriented training of health personnel.

Participants in the Maputo Conference on "Health and Welfare in Transition" in 1990 expressed an understanding that political changes and turmoil in South Africa were likely to produce demands for a health care service more in keeping with the principles of social justice. Dr HM Coovadia (Professor of Paediatric Immunology at the University of Natal, Durban, South Africa) suggested that for these demands to be met a new health policy would have to include a single ministry of health, replacing the 14 different health departments with central planning, decentralised functioning of the ministry of health, including the participation of grassroots organisations (Lubanga 1991:22).

#### **2.1.5 Development of National Health Care Systems in other countries**

WHO had continued to call on all countries to cooperate in a spirit of partnership and service to ensure primary health care for all people since the attainment of health by people in any one country directly concerns and benefits every other country, especially the neighbouring countries.

The differences in national health systems are to a large extent the result of political and ideological decisions which are made by or on behalf of societies. The move towards change is often precipitated by a number of forces. Some of the influential forces are those generating rising costs of health services which are particularly difficult to meet during periods of stagnation or even recession (Curtis and Taket 1996:106).

The evolution of health services has followed very different patterns in various countries, reflecting the diversity of historical conditions prevailing in each country.

Other countries had already shifted towards the primary health care approach even before the Alma Ata Declaration of 1978.

#### 2.1.5.1 Health Care in Botswana

Botswana's health service before 1966 independence was predominantly curative and urban-based. After independence Primary Health Care (PHC) was adopted as the main strategy for health care using the comprehensive approach (Dennill *et al.*, 1995:46). Health Care was taken by the Government to be part of overall socio-economic development, as stated in Government Paper No 2 of 1973 on Rural Development (Botswana National Health Policy 1995:3). Community participation was to be a major resource in planning, implementing and evaluating health strategies aimed at improving the health status of the people, particularly those in rural areas (Selelô-Kuppe, 1993:149).

Botswana has made remarkable progress since independence. Health services have been developed and 89% of the population have access to health services, with 85% living within 15 km radius of a health facility (Selelô-Kuppe, 1993:149).

The philosophy of Botswana National Health Policy of 1995 states that the health care system of Botswana shall be based on the principles of Primary Health Care as contained in the Alma Ata declaration of 1978 (Botswana National Health Policy, 1995:7). This was to emphasise the current health care situation in that country, which is aimed at enabling the people of Botswana to attain health for all.

The Minister of Health, in his foreword, explained that the Government is by far the main provider of health care in Botswana through the hospitals run by the Ministry of Health and the Christian missions, the clinics, health posts and mobile stops run by local authorities (Botswana National Health Policy, 1995:1). The Ministry directly administers those hospitals operated by Government, and clinics and health posts are directly administered by the councils in whose areas they are situated. These components are to cooperate as far as they can and function as a coherent system (Botswana National Health Policy, 1995:11). The District, City or Town Councils, in consultation with the Ministry, are responsible for planning, evaluating and providing basic health services for persons resident in their respective areas in accordance with Government policy and any guidelines from time to time issued by the Ministry (Botswana National Health Policy, 1995:11).

#### **2.1.6 The National Health Plan 1994**

The African National Congress (ANC), on recognising the need for total transformation, initiated the process of developing an overall national health plan based on the Primary Health Care Approach (ANC 1994(a):7). It was evident that in spite of the 1986 National Health Plan the health services were still fragmented, ineffective, inefficient and inequitable to the majority of the population of South Africans.

According to the 1994 National Health Plan, the Primary Health Care Approach is the underlying philosophy for the restructuring of the health care system (ANC

1994(a):19). The aim of the restructuring is to reduce inequalities in access to health services, especially in rural areas and deprived communities. It ensures full community participation and empowerment in the planning, provision, control and monitoring of services. The emphasis is also on the intersectoral collaboration and cost effective care, as well as integration of preventive, promotive, curative and rehabilitative services.

The national health plan is linked with the Reconstruction and Development perspective, as an integral part of the socio-economic development plan of South Africa. According to the Reconstruction and Development Programme, the reconstruction in the health sector involves the complete transformation of the entire health service delivery system (ANC, 1994(a):43).

The Department of Health states that its mission is "to provide leadership and guidance to the National Health System in its effort to promote and monitor the health of all people in South Africa, and to provide caring and effective services through a primary health care approach (Department of Health, 1997:13). According to the White Paper on transformation of the health care system "Towards a national health system" the goals and objectives of the Department of Health are as follows:

- (a) To unify fragmented health services at all levels into a comprehensive and integrated National Health System.
- (b) To promote equity, accessibility and utilisation of health services.
- (c) To extend the availability and ensure the appropriateness of health services.
- (d) To develop health promotion activities.

- (e) To develop the human resources available to the health sector.
- (f) To foster community participation across the health sector.
- (g) To improve health sector planning and the monitoring of health status and services (Department of Health, 1997:15-16).

A single National Health System which is comprehensive, equitable and integrated, is created under a single governmental structure dealing with health, based on guidelines, priorities and standards (ANC, 1994(a):19). The restructuring of the health sector has the following aims:

- (a) To unify the fragmented health services at all levels into a comprehensive and integrated National Health System.
- (b) To reduce disparities and inequities in health service delivery and increase access to improved and integrated services, based on primary health care principles.
- (c) To give priority to maternal, child and women's health (MCWH); and
- (g) To mobilise all partners, including the private sector, NGOs and communities in support of an integrated National Health System (Department of Health, 1997:14).

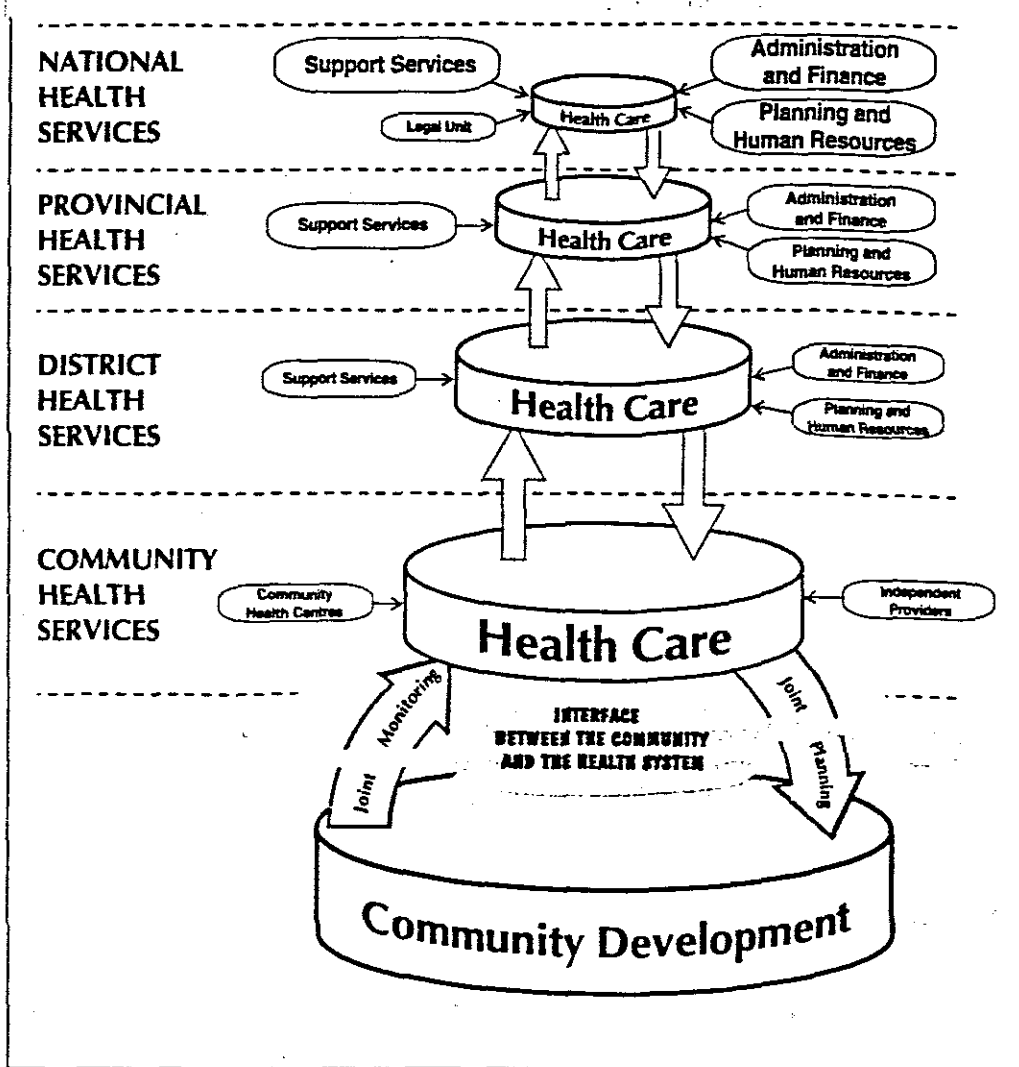
This system coordinates all aspects of both public and private health care delivery and is accountable to people of South Africa through democratic structures. These changes are primary health care based and aimed at decentralising services to emphasise community care and to bring the service into line with international thinking and practices (ANC, 1994(a):59).

The primary health care approach is centred on the individual, the family and the community. The support they receive for treating and preventing disease, and for protecting, maintaining and improving their health is integrated across health and health-related sectors (ANC, 1994(a):59).

Restructuring the organisation of the health services requires that distinct functions be assigned to the national department, the provinces and the districts / municipalities (Department of Health, 1997:17). The provision of health care in the National Health System is coordinated among community, district, provincial and national levels with clinics, health centres and independent practitioners being the main point for first contact. Health regions exist as interim structures to facilitate the development and demarcation of health districts.

Health care as a function at all levels of the health care system receives support from a variety of services (see Figure 2.1).

Figure 2.1 The relative importance of different functions at different levels of the health system



(Adopted from a National Health Plan for South Africa, 1994:60)

Key responsibilities in different levels are:

- **Community level**

- Community health centres - these provide comprehensive services including promotive, preventive, curative and rehabilitative care.
- Clinics and Health Posts - these provide a comprehensive range of preventive, promotive, curative and rehabilitative services but at a less specialised level than community health centres.

- **District Level (Health Districts)**

- Community hospitals (District or non-specialist hospitals).
- General practitioner - services including basic anaesthesia and surgery are provided; specialist service may be provided under exceptional circumstances.

- **Provincial level (Provincial Health Authority)**

- Responsible for health of all the people of that province - support and supervision of district authority.
- Specialist hospitals coordinated by the Provincial Health Authority.
- Academic hospital - form an integral part of the referral network of the province and the country.

- **National level**

- The single comprehensive, equitable and integrated National Health System planned and coordinated at the central government level.

### 2.1.7 District Health System

The World Health Organisation defines a district Health System as follows:

A District Health System based on Primary Health Care is a more or less self-contained segment of the National Health System. It comprises first and foremost a well-defined population, living within a clearly delineated administrative and geographical area, whether urban or rural. It includes all institutions and individuals providing health care in the district, whether governmental, social security, non-governmental, private or traditional. A District Health System therefore consists of a large variety of interrelated elements that contribute to health in homes, schools, work places, and communities, through the health and other related sectors. It includes self-care and all health care workers and facilities, up to and including the hospital at the first referral level and the appropriate laboratory, other diagnostic and logistic support services (Department of Health, 1996(c):6-7).

The health district, because of its size and closeness to the people it serves, has the potential to allow for structured and meaningful community participation at all levels of its management system. It should coincide with similar areas of service delivery of other sectors, to enhance intersectoral collaboration.

The goals for transforming health care at this level include the following:

- There will be a unitary national health service based on a District Health System that allows for everybody to improve their health.
- There will be a single health service and health management team for each health district.

- The health team will be responsible for providing comprehensive health services throughout the district up to and including district hospital level.
- The Provincial Health Authority will be responsible for monitoring, evaluating and supporting district health services.
- Services rendered by private (independent) and traditional practitioners, non-governmental organisations, and provincially aided hospital services will be seen as integral to the health district (Department of Health, 1996(c):8).

The Health District is not a separate, completely autonomous unit, it forms an integral part of the National Health System.

## **2.2 HUMAN RESOURCE DEVELOPMENT TO PROVIDE CARE IN A CHANGING HEALTH CARE SYSTEM IN SOUTH AFRICA**

The transformation of the health care system in South Africa poses a challenge to nurses who have to participate in the transformation but have not been sufficiently prepared to function in that changing system which is primary health care oriented.

Human Resource for health care in South Africa, as in other countries, has developed in an *ad hoc* and fragmented manner. The apartheid policies did not only bring about inequality in health care provision but also in the development of human resource, which was along race, gender and class lines.

### **2.2.1 Human Resource Training and Development**

Human Resource training and development is a means of making employees more valuable to the organisation by extending their skills and knowledge, modify their attitudes to the job and adjusting their patterns of behaviour in the organisation.

Training refers to the use of specific means to inculcate specific learning and techniques that can be identified and continually improved. It is a deliberate effort to teach specific skills, knowledge or attitudes to serve a specific purpose. The purpose of training is to enable the trainee to apply knowledge, skills and attitudes in order to achieve the objectives of the organisation and it should result in the trainees being able to do a specific job effectively, either directly or soon after training.

Development is the process whereby a person or any organisation, through learning and maturation, becomes increasingly complex, more elaborate and differentiated and thereby able to adapt to the changing environment.

Human resource development takes several forms, that is development of the employee both as an individual and as an employee, development of the employee by the employer or by self-training, education, career development, staff development, professional development or management development. Human resource development programmes take many forms such as workshops, seminars, tuition reimbursement programmes, apprenticeships, on the job instructions, conferences, etc.

The goal of human resource development is to achieve the highest quality of work life for the employee and to produce the highest quality of products and service possible in the environment and context of the organisation in which development is occurring (Pace, Smith and Mills, 1993:2).

There are seven (7) basic assumptions that undergird the effective development of human resources and provide the philosophical perspective that impels the contribution that human resource development makes to people's lives:

- Assumption 1 : Work of the individual.
  - Assumption 2 : Employees as resources.
  - Assumption 3 : Quality work environment.
  - Assumption 4 : Employee satisfaction.
  - Assumption 5 : Continuous learning need.
  - Assumption 6 : Change opportunities preparation.
  - Assumption 7 : Broad scope of human resource development concerns.
- (Pace, Smith and Mills 1993:8).

The training and development of employees is not a one-time effort. Individuals do not come to the organisation with all the knowledge and skills that they need to fulfil every demand initially placed upon them. Talents and skills of employees need to be refined and adapted and new skills acquired. For the organisation to have a future it must prepare its employees for that future. Assumption 5 states that for effective development of human resource there is a continuous learning need. The employer has to ensure that continuous learning takes place to prepare the employer for the future.

Assumption 6 "Change opportunities preparation" explains that changing conditions, environment and resource demands necessitate the continual preparation of the human being to assume different positions (Pace *et al*, 1993:9).

### **2.2.2 Human Resource Development of Professional Nurses in South Africa**

Nurses compose more than 67,8% of the health professionals in South Africa and form the backbone of the health system. This clearly indicates the need for nurses to be well prepared in their training for their roles, so as to be competent, safe and knowledgeable, to respond appropriately to the health needs of the people they serve.

In 1928 the Loram Commission recommended training of health personnel to serve the African population in particular. This meant that they would not be able to provide health care in any other setting as they were specifically trained to render care to a particular disadvantaged population group.

The Gluckman Commission also noted that availability of personnel is the absolute limiting factor for the provision of a national health service, so it recommended that a deliberate, goal-directed human resource policy be drafted to address the historical inequalities.

The basic programmes for education and training of professional nurses have been traditionally dominated by the medical model which is curative and hospital-based. There was also discrimination against non-white nurses in a variety of ways. Their training facilities were grossly inferior compared to their white counterparts. Despite passing the same examinations and with common membership of the South African Nurses' Association in terms of the 1944 Nurses Act, they were paid far lower salaries than the white nurses. They had no access to facilities like nurses old age, convalescent and holiday homes provided by the Association on the basis of nurses' subscriptions which were the same for all racial groups (Marks 1994:136). The South African Nursing Association did not give the Black nurses the same value for money as offered to White nurses.

The Black nurses were exposed to differential training in the 1950s and certain subjects like dietetics which were regarded as irrelevant to the needs of the "tribal" African were left out of the syllabus on grounds of the different needs and mentalities of different racial groups and the incapacity of black nurses to cope with the training demands of the South African Council (Marks 1994:155).

The training of non-white nurses was preparing them to nurse their non-white communities as they could not nurse white patients. In the 1950s the apartheid

ideology dictated that coloured nurses should be trained to look after coloured patients and Indian nurses should take care of Indian needs (Marks 1994:170).

2.2.2.1 Change to a primary health care oriented curricula in other developing countries: Botswana

Botswana's health service was also curative and urban-based before the 1966 independence. The Government adopted the primary health care approach as the main strategy for health care after independence. The nursing profession was recognised as a critical manpower resource for the success of Botswana's new health policy.

The education of nurses in Botswana was traditionally hospital-oriented. The new health policy required nurses to take health care to the people wherever they may be, and also to work with other health personnel (Selelô-Kuppe, 1993:152). A change was then necessary in nursing education to prepare nurses for their new roles in the transforming health care system. The nursing education system also had to look at re-educating the older practitioners for practice in the new health system.

According to the philosophy of Botswana National Health Policy of 1995, training and research in matters relating to health shall be encouraged, together with the participation therein of health services, social services, professional health personnel and the community at large. Government shall take the primary responsibility for training health workers for the nation, especially at basic level. Other employees will be encouraged to participate in specialist training to satisfy their special needs. Both the government and private employers shall provide continuing education to their health workers aimed at helping them maintain their basic skills (Botswana National Health Policy, 1995:8).

#### 2.2.2.2 Change in the curricula of professional nurses' education in South Africa

In the 1980s much lip service was paid to primary health care, especially in the rural and black urban areas. From 1981 the scarcity of doctors in African areas was recognised and the law changed to allow nurses to carry out procedures traditionally part of the medical domain (Section 38A of the Nursing Act (No 50 of 1978) in Nursing Amendment Act (No 71 of 1981).

(i) The diploma in clinical assessment, diagnosis, treatment and care was introduced in 1982 as a post-basic course to prepare professional nurses to provide care in a primary health care setting if the doctor is unavailable, as is usually the case (Marks 1994:198).

#### (ii) Introduction of the 4-year course

In 1983, in line with the international developments, colleges of nursing became part of the tertiary education system for the first time. In 1986 their association or affiliation with the university departments became obligatory. The passing of the South African Nursing Council (SANC) Regulation (R245 of 1985) made it compulsory for all institutions involved in basic professional nurses preparation to reorganise their basic nursing programmes.

The introduction of the 4-year integration course was aimed at producing the more autonomous nurse needed for primary health care and high level of training needed for increasingly demanding jobs (Marks, 1994:200). Granger and Uys (1994:123) also state that the introduction of the comprehensive entrance programme was brought about by the recognition that the primary health care approach needs a comprehensively trained generalist.

The product of the new programme was to be a generalist who would have qualified in general nursing, midwifery, psychiatric and community health nursing after the 4 years of training. Prior to that the nurses could enter the profession by obtaining a single registration in general nursing, psychiatric nursing or midwifery, then add other qualifications as post-basic courses.

This transformation was aimed at bringing the fragmented approach of preparing nurses to an end. According to Loudon (1984) the graduates of the new programme would have varied and comprehensive knowledge, enabling them to function in any health care setting. In Gwele's study (1994) six out of 13 panel members who participated in the third round of the Delphi (a technique used to obtain judgments from a panel of experts) maintained that four registrations awarded by the South African Nursing Council at the end of the students' four-year programme were sufficient proof that the objective of producing nurses capable of rendering comprehensive health care was attained (Gwele, 1994:123). This view was that of the educators and not from the products of the programme, which might have given a different opinion as to the achievement of the objective.

The six participants asserted that because the curricula offered at the nursing colleges is approved by SANC, which also carried out periodic inspections of nursing colleges, the four registrations were sufficient proof that this objective was attained. On the negative note, three respondents expressed concern about the inadequacy of the preparation of comprehensive basic nursing programme students in midwifery and psychiatric nursing. This explained why the course had not been comprehensive enough to produce the product that was initially anticipated.

It is not clear if the 4-year integrated course in its current form is the most efficient form of nursing training to produce the professional nurse who will

be able to function in the changing health care system of our country, which is primary health care oriented.

According to Dennill (1999:5) a comprehensive community health nursing component was integrated into the 4-year basic diploma course and into the various baccalaureate programmes with the aim of training, emphasising health and not disease. It was aimed at ensuring that training is more comprehensive and community-based. It has been argued that, to be effective primary health care nurse practitioners, nurses need more training in the community and less in the hospital or college. A number of questions also remained unanswered in Gwele's study, such as how congruent is the concept of community health care in a college system that is still part of the large academic hospital (Gwele, 1994:280).

Strasser (1999:7) also highlighted in her discussion on current problems in nurse training that the basic training of nurses is hospital-centred and urban-based. She also stated that what the students learn in class may not match what they see in practice and their educators may be out of touch with practice having only taught and not practised for many years (Strasser, 1999:7). According to Strachan (1999:8) part of the problem in nursing today is that basic nursing training is inadequate, its weaknesses are that it is too hospital-based, geared mainly to urban situations, it is too theoretical and the curriculum does not match the clinical skills that a nurse requires in a primary health care setting. The Human Resource Development Committee also noted that nurses have been trained in academic hospitals which were not primary health care oriented.

### **2.2.3 Human Resource Development for the Transforming Health Care System**

With the changing role and function of the South African professional nurses, their needs should be identified so that programmes or strategies to enable them to cope

with the change are developed and implemented. Casio (1995:247) states that change suggests a dual responsibility: the organisation is responsible for providing an atmosphere that will support and encourage change, and the individual is responsible for deriving maximum benefit from the learning opportunity provided.

According to the Reconstruction and Development Programme (RDP) document, one of the important parts of the RDP in the health sector will be the complete transformation of health worker training. This involves, among others, reviewing all training programmes and developing new (and often short) training programmes to reorientate existing personnel (African National Congress, 1994(b):51). The RDP's vision and objectives on developing human resources are stated as follows:

- (1) Human resources, unlike other resources, think for themselves. People are, and must remain the architects of the RDP as it unfolds in the years to come. The provision of opportunities for people to develop themselves in order to improve the quality of their own lives and the standard of living of their own communities is a central objective of the RDP, alongside ensuring that basic needs are met, the society is democratised and the economy grows.
- (2) The opportunities that must be provided include a massive expansion and qualitative improvement in the education and training system, artistic and cultural expression, and sport and recreation.
- (3) Human resource development must address the development of human capabilities, abilities, knowledge and know-how to meet the people's ever-growing needs for goods and services, to improve their standard of living and quality of life. It is a process in which the citizens of a nation acquire and develop the knowledge and skill necessary for occupational tasks and for other social, cultural, intellectual and political roles that are part and parcel of a vibrant democratic society (African National Congress, 1994(b):59-60).

On the matter of human resource development the National Health Plan states that the transformation of the health care system to one based on a Primary Health Care approach will require reorientation of existing personnel and also changes in basic training to enable personnel to play a more effective role in promoting, maintaining and restoring health (African National Congress, 1994(a):79).

Developing human resource for health is discussed in chapter 4 of the White Paper on Transformation of the Health System in South Africa "Towards a National Health System" gazetted in 1997. The White Paper states that human resource development is a critical factor in the implementation of health and social development. The principles of Education and Training are stated as follows:

- Principle 1 Education and training programmes should be aimed at recruiting and developing personnel who are competent to respond appropriately to the health needs of the people they serve.
- Principle 2 Particular emphasis should be placed on training personnel for the provision of effective primary health care.
- Principle 3 New policies and strategies for human resource development should address priority education and training needs (Department of Health, 1997:60).

As far as the principle on training of personnel for the provision of effective primary health care is concerned, the following four implementation strategies are cited in the White Paper (1997:62-63):

(1) Primary health care oriented curricula

Primary Health Care oriented curricula should be restructured to reflect community needs more accurately and teaching should place greater emphasis

on community and outcome-based programmes. Provision should also be made for the development of educational programmes on the rational use of generic drugs. The curricula should include training on research, especially the analysis of data collected in terms of the National Health Information System for South Africa.

(2) Primary health care orientation of existing personnel

As far as Primary Health Care orientation of existing personnel is concerned, the White Paper states clearly that existing health personnel should be exposed to appropriate reorientation programmes with ongoing evaluation and monitoring.

(3) Emphasis on generalist training as opposed to specialist training

Training offered by academic health services complexes, should reflect the emphasis on generalist as opposed to specialist training. An expert task group should be established to evaluate postgraduate education in view of this emphasis.

(4) School of Public Health.

The concept of the school without walls is supported by the Department of Health when it comes to National Schools of Public Health. It is expected that such schools without walls will use the resources of all academic institutions, service and research organisations and complement other public initiatives in the country.

The Health Act of 1998, Chapter 8, under development and provision of human resources in the National Health System states that:

- (1) The National Health department shall provide guidelines for and monitor the development, management, provision, distribution and utilisation of human resources within the health system.
- (2) The provincial departments, district health authorities, municipalities and health establishments shall develop and implement measures to ensure that
  - (a) adequate numbers of persons employed as health care providers or in administrative and management capacities are trained to meet the human resource needs of the health system;
  - (b) every employee shall have a job description;
  - (b) the training of health care providers will ensure interprovincial transferability and portability of skills; and
  - (d) the skills and capacity of health care providers are appropriately upgraded or reoriented to meet changing circumstances (Department of Health, 1998:51-52).

The need to reorientate existing health care personnel for the transforming health care system cannot be over-emphasised as it is critical for effective transformation.

The White Paper on Transformation of Health Services also states that existing hospital management staff will be trained to improve their management skills (Department of Health, 1997:156). It further highlights that if substantive health reform is to be sustained the skills of managers at all levels should be developed. Development of management skills in the following areas should be accelerated:

- (a) management by objectives
- (b) participative and change management
- (c) leadership development
- (d) community participation
- (e) financial and fiscal management
- (d) strategic and operational planning
- (e) programme management and evaluation
- (f) policy development and implementation
- (g) policy analysis
- (h) monitoring and evaluation

(Department of Health, 1997:69)

The Committee for Health also recommended reorientation and training of current health managers from the bureaucratic rule based approach towards a participative and primary health care focus (Department of Health, 1994:93). According to the Policy document issued by the Department of Health in January 1996 on "Restructuring the National Health System for Universal Primary Health Care", most public primary health care facilities are managed by professional nurses with fairly limited training in the range of skills needed to manage complex organisations (Department of Health, 1996(c):33). It further went on to propose two basic forms of management training which are aimed at providing appropriate skills to undertake the tasks involved:

- Extensive in-service training for nurses and other staff currently holding management positions within the Primary Health Care system as well as for new managers recruited to the district health authority structures.
- Full-time training programmes will be implemented in order to train new managers for the districts and health facilities (Department of Health, 1996(c):33).

The Mission of the Department of Health is to provide leadership and guidance to the National Health System in its efforts to promote and monitor the health of all South Africans, and provide caring and effective services through the primary health care approach (Department of Health, 1997:203). The National goals, objectives and indicators on human resource development for the year 2000 are indicated on the White Paper "towards a National Health System" as follows:

Problem statement: There is a need to improve the distribution of health personnel and provide training programmes and reorientation towards integrated health services, especially primary health care.

Goal: To provide appropriate human resources for policy, planning, management and service delivery.

#### Objectives

- Train 25% of district health managers by December 1996, and 50% by June 1997 in the PHC approach, and provide career opportunities for existing personnel.
- Increase the number of health personnel in PHC facilities and the number trained in public health, epidemiology and research.

#### Indicators

- Percentage of district health personnel trained
- Number of personnel in public PHC services
- Number of personnel trained in public health, epidemiology and research (Department of Health, 1997:214).

Dr Ntsaluba, Director-General of the Department of Health, in his opening address "Welcome and Strategic Direction from the Department of Health" at the workshop on Management Training for the Public Sector in South Africa, held in June 1999 at Boulevard Hotel Pretoria stated that the Department of Health had covered a lot of ground in implementing the new perspective in terms of the Department's transformation agenda, albeit kicking and screaming in certain quarters. He further stated that he thought the Department of Health's strategic approach of having a primary health care driven system to be firmly in place, and that a lot of ground had been covered in terms of trying to improve access within that strategy (Department of Health, 1999:2). He also highlighted that there was a lot of unfinished business, such as nurses who are not properly trained in their new roles (Department of Health, 1999:2). Strasser (1999:7) maintains that nurse educators and service providers are now recognising that nurses are not adequately or appropriately trained to meet the needs of primary services.

Strachan (1999:8) states that there are many in-service programmes run by the universities and provincial health departments which are aimed at making up for the inadequacies of the basic nursing training but they are poorly coordinated. The committee for health recommended that the Human Resource Development Unit should establish a centralised coordinating committee for all health care training and education programmes (Department of Health, 1994:107). This would ensure that programmes are standardised. The White Paper on Transformation of Health Services also states that a large number of health personnel education programmes offered by a variety of institutions should be coordinated and, if necessary, rationalised (Department of Health, 1997:61).

According to Dennill *et al.* (1995:45) a shift has occurred in basic professional education for nurses to a more community-oriented approach, but it has not been sufficient to prepare nurses adequately for primary health care.

The National Human Resource Development Policy for South Africa (Department of Health, 1996:14) states that particular emphasis should be placed on training personnel for effective primary health care through primary health care oriented curricula which is community needs based.

Community-based education is a means of achieving educational relevance to community needs. It consists of learning activities that use the community extensively as a learning environment in which not only students but also teachers, members of the community and representatives of other sectors are actively engaged throughout the educational experience (WHO, 1987:8).

Problem-based learning is a process whereby a student learns by utilising a problem as a stimulus to discover the information needed to understand the problem and hasten its solution (WHO, 1987:49). The curricula for preparing health care personnel to function effectively in the transforming health care system should be community-based and problem-based to facilitate the correlation of theory and practice within the context of the social and environmental problems experienced by the community (Gumbi, 1996:12).

According to the National Human Resource Development policy (Department of Health, 1996:12) the education and training programmes must be appropriate for the provision of comprehensive integrated practice within a multidisciplinary team philosophy. Community-based education and problem-based learning is appropriate for multidisciplinary learning as community health problems are so complex that they need teamwork. Multidisciplinary learning can also be extended to multi-professional learning where students being prepared for nursing, medicine, physiotherapy or any other health related profession can learn common subjects and be exposed together to activities in the community setting (Mfenyane, 1997:6).

The National Human Resource Development Policy for South Africa (1996:24) recommended that the existing nursing programmes should be reviewed in terms of cost effectiveness and appropriateness and the move towards competency based education in line with the National Qualifications Framework. This will ensure upgrading and improvement of skills in response to changing health needs.

#### **2.2.4. The National Qualifications Framework**

A National Commission on Higher Education was established in 1995 to look at higher education and make appropriate policy recommendations. The National Commission on higher education (NCHE) proposed that higher education should consist of all the programmes leading to qualifications that represent a level of learning which is higher than the present matriculation or higher than the Further Education Certificate in the National Qualifications Framework.

The National Qualifications Framework is a system which will integrate education and training into a single, coherent and unified approach and which will ensure quality. It promotes an outcomes-based approach to education and training.

Nurses as stakeholders have also made an input to the Commission with regard to education and training of nurses at colleges and universities. The recommendations of the Commission will have an impact on the future education and training of professional nurses and also put nursing education on the same level as other professions under higher education.

Gwele (1995) recommended to the Minister of Health, Dr Zuma, that nursing education be looked at within the context of higher education. Within the constitution nursing education is placed within tertiary education at technikons and universities.

Some of the objectives of the National Qualifications Framework are to:

- (a) accelerate the redress of past unfair discrimination in education, training and employment opportunities and thereby:
  - contribute to the full personal development of each learner and the social and economic development of the nation at large (Hallendorff 1999:8).

The framework has three (3) bands

- General Education and Training (formal schooling or adult basic education and training)
- Further Education and Training (secondary schools or post secondary education and training)
- Higher Education and Training (tertiary and other institutions)

The 4-year programme is regarded as higher education and will therefore be included in the Higher Education and Training Band level 5.

The training curricula should enable maximum flexibility for movement across and within different parts of the health system (ANC 1994(a):80). The National Qualifications Framework will unify qualifications in education and training based on set standards and set assessment procedures that are nationally applicable. It will allow for articulation between currently divided sectors and institutions.

The National Qualifications Framework provides a model that focuses on the development of staff, in order to work efficiently and effectively. The benefits to the staff are:

- (a) to carry on learning throughout their careers
- (b) support to cope with changes and future challenges
- (c) to improve productivity
- (d) to achieve personal objectives in line with the employers' policy
- (e) recognition of capabilities displayed.

The benefits will be achieved by staff if the principles underpinning the National Qualifications Framework are well understood and complied with, such as

- (a) all stakeholders need to participate in the planning and coordination of standards and qualifications
- (b) the system should be flexible to meet the needs of individual learners and organisations
- (c) the outcome of learning must be expressed within a nationally agreed framework of standards that are also internationally acceptable

Organizations that are in need of transformation, quality training, educational and development and are dependent on their staff to deliver excellent products and services, will see the benefits of changing to the new system.

### 2.2.5 Managing change

The primary health care approach calls for a major change in attitude both towards the concept of health and in understanding of appropriate actions to improve the unacceptably low health status of many groups in society (Green, 1997:43).

Booyens (1999:492) states that it is important to ensure that communication takes place and participation is achieved between all the departments that are involved

in the change process right from the start. According to Engelbrecht (1999:12), one of the lessons that were learnt from the Free State experience when partnerships were built in district health system development, was that communication of stakeholders is crucial. She states that change agents should not assume that communication reaches staff at all levels. She further explains that the level of understanding should be monitored and staff should have an opportunity to discuss fears and anxieties (Engelbrecht, 1999:12).

According to Marriner-Tomey (1996:421) adjustment to change is stressful. Booyens (1999:146) states that sources of stress in nursing could be:

- stress resulting from the organisational environment
- task assignment for which the nurse feels herself inadequately prepared or experienced
- significant change in the nature of a person's work.

The health personnel might experience stress if they perceive themselves not adequately prepared to function in the transforming health care system and also from the transformation itself if insufficient information is provided with regard to their new roles. Engelbrecht (1999:12) states that the intensity and stresses due to the structural transformation should not be underestimated.

Gumbi (1999:18) stated that managers, as change agents, should provide a supportive environment, a milieu that encourages people to be creative and innovative. The manager should assess the training needs of her staff, determine helping roles, and establish and maintain a helping relationship. Bushy (1992:197) maintains that the continuing education of staff is a critical element in bringing about change within an institution. The continuing educators and staff

development educators will need to be futuristic planners and support that change. Futuristic planning implies an ability to respond to the domino effects of change which might be modifying a long-standing infrastructure (in our case the old health care system) and management practices (Bushy, 1992:197) quoting Green 1987).

It is important for managers to ensure that appropriate reorientation programmes are developed and implemented to enable the health personnel to adapt and cope with the transformation.

### **2.3 CONCLUSION**

The transformation of the Health Care System in South Africa to address the discrepancies caused by the previous governments and their apartheid policies are long overdue. The human resource for health also had to transform so as to adapt effectively to the changes within their environment. Professional nurses, as part of the health personnel, need to be well prepared to participate effectively in the changing system and thus their education and training had to be reviewed to be in line with the needs of the present health care system. The rationale here is that they are the forerunners of Primary Health Care.

## **CHAPTER 3**

### **THEORETICAL FRAMEWORK**

#### **3.1 INTRODUCTION**

The researcher's interest in the use of theory is to identify a theory that would clearly explain the phenomena which is being investigated.

Theories are used to make scientific findings meaningful and generaliseable. The researcher has adopted Sr Callista Roy's Adaptation Model which meets the characteristics of a theory to explain the nature of the relationships among the phenomena being studied.

#### **3.2 DEVELOPMENT OF ROY'S ADAPTATION MODEL**

The Roy Model was developed in 1964 when Sr Callista Roy was challenged to develop a conceptual model for nursing at the University of California (Fawcett, 1989:309).

She developed her model from her own personal and professional background. It was also through her commitment to a philosophical belief in the innate capabilities, purpose and worth of the human person that she developed the Adaptation Model. Her clinical experience in paediatric nursing provided expertise in the human body and spirit.

#### **3.3 BASIC ASSUMPTIONS OF THE ROY ADAPTATION MODEL**

According to Roy, her conceptual model is based on scientific and philosophical assumptions reflecting "holism, mutuality, control processes, activity, creativity, purpose and value (Fawcett, 1989:309).

Riehl and Roy (1980:180-182) identify eight assumptions on which the model is based. These are:

- Assumption 1            The person is a bio-psycho-social being.
  
- Assumption 1            The person is in constant interaction with a changing environment.
  
- Assumption 3            To cope with a changing world the person uses both innate and acquired mechanisms, which are biologic, psychologic, and social in origin.
  
- Assumption 4            Health and illness are one inevitable dimension of the person's life.
  
- Assumption 5            To respond positively to environmental changes the person must adapt.
  
- Assumption 6            The person's adaptation is a function of the stimulus he is exposed to and his adaptation level.
  
- Assumption 7            The person's adaptation level is such that it comprises a zone indicating the range of stimulation that will lead to a positive response.
  
- Assumption 8            The person is conceptualized as having four modes of adaptation: physiologic needs, self-concept, role function and interdependence relations.

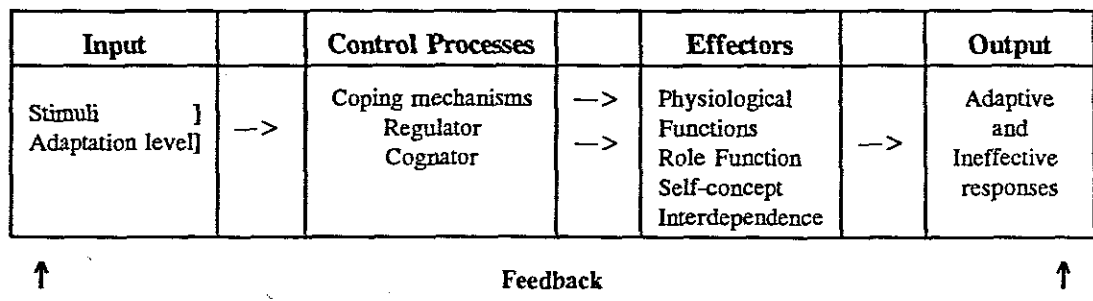
### 3.4 ELEMENTS OF ROY'S ADAPTATION MODEL

The Roy Adaptation Model has five elements, which are the person, environment, the person and environment, health and nursing.

#### 3.4.1 The person

Roy maintains that the recipient of nursing care may be the individual, the family, a group, a community or society. The recipient is considered an adaptive system (Fawcett, 1989:311). Figure 3.1 presents the person as an adaptive system.

Figure 3.1 The person as an adaptive system



(Adapted from Fawcett, 1989:316)

In the context of this study the person is viewed as an individual professional nurse or group of professional nurses in the organisation. Organised groups of personnel such as professional nurses are viewed as the adaptive system in constant interaction with a changing environment (Henry, Arndt, Di Vincenti and Marriner-Tomey, 1989:90).

##### 3.4.1.1 Adaptation

Adaptation refers to the person's response to the environment. It is aimed at maintaining and promoting achievement of goals. It is a dynamic rather than a static state of equilibrium. The dynamism occurs because stimuli in the

environment are continually changing and acting as mediating forces to determine the person's adaptive level.

Adaptive behaviour is possible when the person can:

- keep securing adequate information about the environment,
- maintain satisfactory internal conditions for action and for processing information,
- maintain his autonomy or freedom of movement.

(Kunene, 1995:48)

The nurse managers can adopt the following strategies to accomplish adaptive behaviour among the professional nurses:

- Create an environment in which the professional nurses feel at ease so that they can talk freely about the transformation of the health care system and how it affects them, challenge one another so as to come up with healthy adaptive responses and also explore issues related to the transformation and their changing role.
- Share information with professional nurses about the changing health care system that is the external and internal environment of the organization, so that they are aware of the challenges facing them (Booyens, 1998:149).

Adaptative responses reflect the person's ability to cope with stressors in the internal and external environment. There are many variables that contribute to stress in nursing, such as —

- stress resulting from the organisational environment
- stress developing from such conditions as task assignments for which the nurse feels herself inadequately prepared
- when the institution is undergoing a major reorganisation like the transformation of the health care system to a primary health care oriented approach (Booyens, 1998:146).

Kenton (1994:12-19) suggests that it is not the external effects of stressors but the way one responds to them which is important. Some people handle stress better than others.

The nurse manager can lessen the stress levels of the professional nurses by providing them with sufficient up-to-date information about the developments in the health care services. They should also be given information about their changing roles in the changing health care system. The professional nurses should also be given the necessary support to handle their stress so that the adaptive response to the transformation is positive.

#### 3.4.1.2 Coping

The concept of coping is significant in Roy's Adaptation Model. Murphy (1962), cited by Roy and Roberts (1981:56), defines coping as "any attempt to master a new situation that can be potentially threatening, frustrating, challenging or gratifying". This definition has relevance to the study as we all are aware that professional nurses are committed to rendering quality patient care but feel threatened by transformation, especially when they feel that they are not adequately prepared for that change. This stressful situation then leads to frustration which the nurses have to handle so as to adapt effectively. Professional nurses are quite aware of the fact that nursing is not static and they have to continually adapt to changing situations.

The nurse managers are challenged to devise coping mechanisms that will enable professional nurses to adapt and master the transformation of the health care system. Reorientation of professional nurses to primary health care can enable them to cope with the transformation.

Fawcett (1989:312) cites Roy (1984) who states that the adaptive system has two major internal control processes called the regulator and the cognator subsystems. These subsystems are viewed as innate or acquired coping mechanisms used by the adaptive system to respond to changing internal and external environmental stimuli.

The regulator subsystem receives input from the external environment and from changes in the person's internal state. The changes are processed through neural-chemical endocrine channels to produce responses. The cognator subsystem also receives input from external and internal stimuli that involve psychological, social, physical and physiological factors including regulator subsystem outputs. These stimuli are then processed through cognitive / emotive pathways.

The internal and external stimuli trigger perceptual / information processing, learning, judgement and emotion. Regulator and cognator activity is manifested through coping behaviour in four adaptive (effector) modes. The four adaptive modes of the Roy's Adaptation Model are:

- the physiological mode
- the self-concept mode
- the role function mode
- the interdependence mode.

The four adaptive modes are predicated on the person's need for physiological integrity, psychic integrity and social integrity, as illustrated on Table 3.1.

**Table 3.1: Adaptive modes and needs**

Adaptive Mode	Need
1. Physiological mode	Physiological integrity
2. Self-concept mode	Psychic integrity
3. Role function mode	Social integrity
4. Interdependence mode	Social integrity

The professional nurses' response to the transformation of the health care system was also channelled through the adaptive modes depending on the needs of the individual.

### 3.4.2 The Environment

Roy defines the environment as all conditions, circumstances and influences surrounding and affecting the development and behaviour of persons or groups.

Assumption 2 states that the person is in constant interaction with a changing environment. The significant factors that act as internal and external environment for the person are culture, family, growth and development.

The professional nurses are in a situation where the health care system is transforming and their adaptive behaviours should promote achievement of the goals of the organisation. The nurse manager has to minimise internal and external influences that have a negative influence on the professional nurses and can block the goal achievement of transformation (Henry *et al*, 1989:78).

The internal and external environments are sources of inputs into the adaptive system. In Roy's Adaptation Model the inputs take the form of stimuli. Three types of stimuli are identified, namely:

- **Focal stimuli** - those most immediately confronting the person and to which the person must make adaptive response.
- **Contextual stimuli** - those contributing to the behaviour, caused or precipitated by the focal stimulus.
- **Residual stimuli** - factors that may be affecting behaviour but whose effects are not validated, such as beliefs, attitudes, traits and cultural determinants.

The nurse manager has to minimise the stimuli that can influence the professional nurse to adopt ineffective behaviour towards the transformation. She has to be proactive, and identify and handle stimuli that can influence the professional nurses to respond negatively. She must create a supportive milieu, reorientate professional nurses to primary health care so that they are able to adapt to the focal stimuli which is transformation.

### 3.4.3 Person and Environment

The changing environment stimulates the person to make adaptive responses. The transformation of the health care system challenges professional nurses to make new responses so as to adapt to the change.

The person's ability to respond positively or to adapt depends on the degree of change taking place and the state of the person coping with change. Adaptation level is determined by the pooled effect of focal, contextual and residual stimuli.

The adaptation level sets up a zone of adaptation such that any stimuli falling within it will lead to a positive or adaptive response by the person and any stimuli falling outside the zone will lead to a negative or ineffective response (Fawcett, 1989:315).

Adaptive responses are those that promote the integrity of the person in terms of the goals of the human system, survival growth, reproduction and mastery. Ineffective responses are those that do not contribute to these goals. The nurse manager has to create an environment where the professional nurses will be able to respond positively or adapt to the changing health care system. The person has the ability to make new responses depending on the degree of change and the state of the person coping with the change. Nurses will be able to adapt if they are taught the necessary skills of the primary health care approach.

The professional nurses can be stimulated through focal stimuli to adapt to the changing health care system thus achieving growth and mastery.

#### **3.4.4 Health**

Health is defined by Roy as a state and process of being and becoming an integrated and whole person.

Roy's definition of health is based on the notion that adaptation is a process of promoting integrity which implies soundness or unimpaired conditions that can lead to completeness or unity. She maintained that health is a reflection of adaptation.

#### **3.4.5 Nursing**

Nursing is defined as a theoretical system of knowledge which prescribes a process of analysis and action related to the case of the ill or potentially ill person. According to Roy, a nurse is needed when unusual stress or weakened coping mechanisms make the person's usual attempts to cope ineffective (Fawcett, 1989:316).

Nursing focuses on the person as a total being who responds to internal and external environmental stimuli. The goal of nursing is to promote adaptation by the use of the nursing process in each of the adaptive modes, thus contributing to health, quality of life, and dying with dignity. Nursing aims at increasing the person's adaptive responses and to decrease ineffective responses.

The nurse manager must be able to use her knowledge to increase the professional nurses' adaptive responses to the changing health system and decrease ineffective responses that might affect the goals of the transformation.

#### **3.4.6 Roy's adaptation model and the nursing process**

The Roy Adaptation Model describes the nursing activities in steps of the nursing process which are assessment of behaviour, assessment of influencing factors (stimuli), nursing diagnosis, goal setting, selection of intervention approaches and evaluation.

##### **3.4.6.1 Assessment of behaviours or first level assessment**

It involves collection of data regarding the ill or potentially ill person's internal and external behaviours. Behaviour of particular interest to the nurse is the person's response to environmental changes that require further adaptive responses.

Assessment can be done through direct observation of behaviour, objective measurement of behaviour using appropriate tools and interviewing (Fawcett, 1989:317). The person is to actively participate in the judgement about effectiveness of behaviour. The behaviour of particular interest to the researcher in the study is the response of the professional nurses to the transformation of the health care system. The nurses are the best judges of whether or not their behaviour is effective in coping with the transformation. The research then will

determine in collaboration with the professional nurses whether their behaviour is adaptive or ineffective.

#### 3.4.6.2 Assessment of influencing factor or second level assessment

This involves assessment of factors that influence the behaviour of concern to the nurse and the person. Ineffective behaviours are of interest because the nurse wants to change these to adaptive behaviours and adaptive behaviours are of interest because the nurse wants to maintain and enhance them.

In this study the researcher has interest in both adaptive and ineffective behaviours of professional nurses. For the primary health care oriented approach to be effectively implemented the nurses should adapt to the change so ineffective behaviour will affect achievement of that goal. It is important to identify factors that influence that ineffective behaviour so that they can be addressed, thus encouraging adaptive behaviour. The influencing factors and the professional nurses' perception of the situation are discussed with them until an agreement is reached.

In situations where all behaviours are adaptive it may be necessary to carry out a second level assessment to identify potential threats to that adaptation.

#### 3.4.6.3 Nursing diagnosis

It is the interpretation of the assessment data that has been compiled. Roy described three methods that could be used to make a nursing diagnosis, namely:

- (a) Utilisation of a typology of diagnosis developed by Roy and related to the four adaptive modes.

- (b) Diagnosis made by stating the observed behaviour along with the most influencing stimuli.
- (c) Summarising the behaviour in one or more modes related to the same stimuli.

The nursing diagnosis may be used for both adaptive and ineffective behaviours.

#### 3.4.6.4 Goal setting

The goal of nursing care is established from behaviour description of the person's situation developed through first and second level assessments and nursing diagnosis. The researcher will also set goals for her intervention from the assessments and nursing diagnosis information.

#### 3.4.6.5 Intervention or selection of approaches

This involves management of stimuli that were identified as influencing factors to achieve the stated goals for nursing care.

The researcher will make recommendations for the approach to be adopted to manage influencing factors identified that may be contributing to ineffective behaviour.

#### 3.4.6.6 Evaluation

This refers to the evaluation of the effectiveness of nursing intervention. The criterion for the effectiveness of a nursing intervention is whether the desired goal was attained; whether the person exhibited adaptive behaviour after the nursing intervention was performed.

### **3.5 CONCLUSION**

Roy's adaptation model relates to adaptation to a constantly changing environment which is relevant to the study, as in our country changes are presently brought about by the democratically elected government of 1994 to different sectors, including the health sector. The rationale for using Roy's model in the study has been highlighted. The importance of effective adaptive responses of professional nurses to cope with the transformation and its frustrating and threatening situation has been emphasised.

## **CHAPTER 4**

### **RESEARCH METHODOLOGY**

#### **4.1 INTRODUCTION**

In this chapter the methodology used in the evaluation of the preparedness of professional (registered) nurses in terms of the human resource development strategy for the transforming health care system in KwaZulu-Natal province is presented. The discussion includes the research design, the population, sample and sampling methods as well as instruments used for data collection.

#### **4.2 RESEARCH DESIGN**

Research design refers to the researcher's overall plan for obtaining answers to the research questions and for testing the research hypotheses.

A descriptive survey design was undertaken. A simple descriptive survey is intended to describe a phenomenon. Descriptive studies can be used to investigate people's behaviours and attitudes.

The design was selected because it was appropriate to the purpose of the study which was to evaluate the preparedness of the professional nurses for the transforming health care system. The researcher used this design because it would enable the respondents to express their feelings, opinions and needs in respect of the phenomenon under study.

In descriptive surveys the researcher collects information on people's actions, knowledge, intentions, opinions, attitudes and values (Polit and Hungler 1996:148).

### **4.3 DELIMITATION OF THE STUDY**

The study was limited to hospitals and clinics in KwaZulu-Natal province. KwaZulu-Natal is one of the nine provinces in South Africa (see Annexure G).

The researcher intended to ensure inclusion of urban, rural and metropolitan institutions in her study. The health regions were purposely selected, for example, Health Region E to represent rural, Health Region F - Metropolitan and Health Region H - urban health care services.

The institutions in the three regions were listed, allocated numbers and pieces of paper put into a bowl from which one institution in each health region was randomly picked for inclusion in the study. Three institutions were finally included in the study.

The clinics that were part of the study were those attached to the three institutions included in the study.

### **4.4 ETHICAL CONSIDERATIONS**

#### **4.4.1 Permission for the study**

Permission to conduct the research project was sought from the Head Office of KwaZulu-Natal Department of Health to use its employees as respondents and its institutions, that is hospitals and clinics.

The proposal giving an outline of the study and samples of interview schedules and questionnaires accompanied the letter of request for permission.

Permission was also sought from the Medical Superintendents of the three hospitals to conduct research in their institutions.

#### **4.4.2 Informed consent**

Informed consent was obtained from the respondents after explanation of the purpose of the study. Polit and Hungler (1991:36) explain informed consent as ensuring that subjects have adequate information regarding the research, are capable of comprehending the information, have the power of free choice enabling them to voluntarily consent to participate in the research or decline participation.

#### **4.4.3 Anonymity and confidentiality**

Anonymity was maintained by not writing the respondent's name on the interview schedule or disclose persons interviewed. The names of institutions would not be highlighted in the report of the study thus there would be no way of linking response to them or their institutions.

### **4.5 POPULATION**

The target population for this study was professional (registered) nurses working in the hospitals and clinics included in the study.

The target population also included the three Nursing Service Managers in charge of the three institutions and the Deputy Regional Directors of Health regions E, F and H. The Nursing Service Managers and the Deputy Regional Directors were purposely included because of their decision-making responsibility and ultimate accountability for the standards of health care provided.

The Deputy Regional Directors are specifically allocated the task of the implementation of the District Health System in their respective health regions, thus they were purposely included in the study.

#### **4.6 SAMPLE AND SAMPLING METHOD**

A systematic disproportionate sample was selected. The rationale for the disproportionate sample was the varying numbers of the professional nurses in the institutions under study.

The allocation roster of professional nurses formed the sampling frame. For the systematic sampling every 5th professional nurse on the list who was available and willing to participate was selected until the required number of subjects was obtained.

The number of subjects included in the study was one hundred (100) professional nurses, that is Metropolitan institution forty-five (45) professional nurses, Urban institution thirty-five (35) professional nurses and rural institution twenty (20) professional nurses. The number of professional nurses from the three institutions was decided upon on the basis of the size of the respective institutions.

#### **4.7 THE RESEARCH INSTRUMENT**

Interview schedules and questionnaires were used for data collection. Interview schedules are a carefully developed set of questions used by the interviewer when securing information from respondents on a face-to-face basis. These had both open-ended and closed questions. A questionnaire is a document containing a series of questions that must be responded to by participants in the sample.

Use of interview schedules in the study was based on the following advantages:

- Personal interviews are regarded as the most useful method of collecting survey data because of the depth and quality of the information they yield (Polit and Hungler 1987:157).

- Personal interviews usually result in a high number of "returns" - relatively few people refuse to be interviewed in person.

Use of questionnaires in this study was based on the advantage of administering the tool to subjects not readily accessible to face-to-face interview.

#### **4.7.1 Designing the instruments**

##### **4.7.1.1 Interview schedule**

The researcher prepared different interview schedules for the professional nurses and the Nursing Service Managers to be interviewed.

The rationale for separate interview schedules was the different roles played by the professional nurse and the nursing service manager who is also a professional nurse but at a higher level of responsibility.

##### **4.7.1.2 Questionnaire**

The researcher prepared a questionnaire for the Regional Deputy Directors. A short letter was included at the beginning of the questionnaire to give a brief explanation of the research and its purpose, assure anonymity and confidentiality, and give directions for completion of the questionnaire.

The rationale for using a questionnaire with the Regional Deputy Director was the difficulty of securing an appointment for a face-to-face interview because of their busy schedules.

#### 4.7.2 Types of questions

Formulation of the questions on the interview schedules and questionnaire was guided by the objectives of the study, observation, informal discussions and available literature on the development of the National Health System and human resource development of professional nurses.

##### 4.7.2.1 Interview schedule for professional nurses

The interview schedule had five (5) questions.

##### (a) Awareness of the Transformation Plan of the Department of Health

This question was included to determine if professional nurses were aware of the transformation of the health care system.

##### (b) Preparedness of professional nurses to function effectively in the transforming health care system

The purpose of including this question was to allow respondents to express their feelings and opinions about their preparedness.

##### (c) Reorientation or retraining programmes that they have been exposed to in preparation for them to adapt to the transformation

This question was included to determine if there were any strategies used to assist them to adapt.

##### (d) Strategies that could be used to enable them to adapt to the transformation

This was to obtain input from the professional nurses on strategies that could be used to improve on any strategies already implemented to prepare them to adapt, or input on strategies that could be initiated.

(e) Specific needs to be addressed by Human Resource Development

The professional nurses were to express any specific need which they wanted to be addressed by the Human Resource section to assist them to adapt. The purpose of this question was to identify learning needs so that relevant programmes could be initiated to enable professional nurses to adapt in the transforming health care system.

4.7.2.2 Interview schedule for Nursing Service Managers-in-charge of institutions

Section 1

This section had questions that were directed to the nurse manager.

(a) Preparation of manager to manage a nursing service which is transforming

This question was included to determine if the person accountable for quality patient care was adequately prepared for the change.

(b) Reorientation or retraining programmes that they have been exposed to in preparation for their changing roles

The purpose of this question was to establish if there was any training to ensure that managers adapt.

(c) Strategies to be used for preparing managers to adapt to the transformation

This question was asked so as to get input on strategies that could be used.

Section 2

This section had questions about professional nurses.

(a) Preparation (training) of professional nurses to function in the transforming health care system

This question was included to obtain the opinion of the manager as supervisor of professional nurses.

(b) Strategies initiated by managers to ensure that professional nurses adapt to the transformation.

The question was included to establish if there were any programmes initiated to assist professional nurses to adapt.

(c) Evaluation of effectiveness of strategies to prepare professional nurses

This was included to identify means of evaluating the effectiveness of strategies and re-planning, if necessary.

(d) Strategies that could be initiated

Inclusion of this question was based on the need for effective preparation of professional nurses to ensure effective quality patient care.

#### 4.7.2.3 Questionnaire for Regional Deputy Directors

The questionnaire had the following questions:

(a) Preparedness (training) of professional nurses to function in the transforming health care system

This question was included to obtain the opinion of the person responsible for the implementation of the transformation.

(b) Strategies initiated by the region to ensure that professional nurses can adapt to the transformation

The question was to establish if the region was doing anything to prepare professional nurses to adapt.

(d) Evaluation of effectiveness of strategies

The purpose was to establish if any evaluation was done.

**4.7.3 Pilot study**

The interview schedules were pretested on ten (10) subjects in February 1998. The subjects were from a hospital which was not part of the main study. The aim of the pilot study was to test the instrument, identify problems and make improvements where necessary before the actual study was conducted. The interview schedule for the Nursing Service Manager was also tested on the person in charge of the institution.

The questionnaire was also pretested on one of the Regional Deputy Directors not included in the main study. The researcher was able to restructure the questions that were not clear on the interview schedules and questionnaire.

**4.7.4 Data collection**

During the period of June to August 1998 the professional nurses were interviewed by the researcher to obtain information on their preparedness for the transformation of health care system and strategies used to assist them to adapt to the transformation.

A semi-structured interview approach was used because it made allowance for further probing. The interview session took approximately 15-20 minutes with each respondent. Permission was obtained to make notes during the interview.

The Nursing Service Managers-in-charge of the institutions were also interviewed during the period that the researcher had visited the respective institutions. The questionnaires were mailed to the Regional Deputy Directors.

#### **4.8 CONCLUSIONS**

This chapter dealt with the research methodology. A descriptive survey was used. Subjects were selected by using a disproportionate systematic sample design, except for the Nursing Service Manager and the Regional Deputy Directors who were purposively selected. Interview schedules and questionnaires were used for data collection and they contained both open-ended and closed-ended questions. The researcher carried out interviews personally and mailed the questionnaires. Data analysis and interpretation are presented in the next chapter.

## **CHAPTER 5**

### **DATA ANALYSIS AND INTERPRETATION**

#### **5.1 INTRODUCTION**

In this study quantitative data analysis was done. For quantitative analysis, interview data of professional nurses, nursing service managers and regional deputy directors was organised. In this chapter the quantified data is presented in the form of tables and graphs.

Participants in this group comprise the Nursing Service Managers and Regional Deputy Directors who will be referred to as Nursing Service Manager A, B and C respectively and Regional Deputy Directors A, B and C respectively.

Section I of the data analysis deals with the responses from professional nurses.

Section II of the data analysis deals with the responses from Nursing Service Managers in charge of institutions.

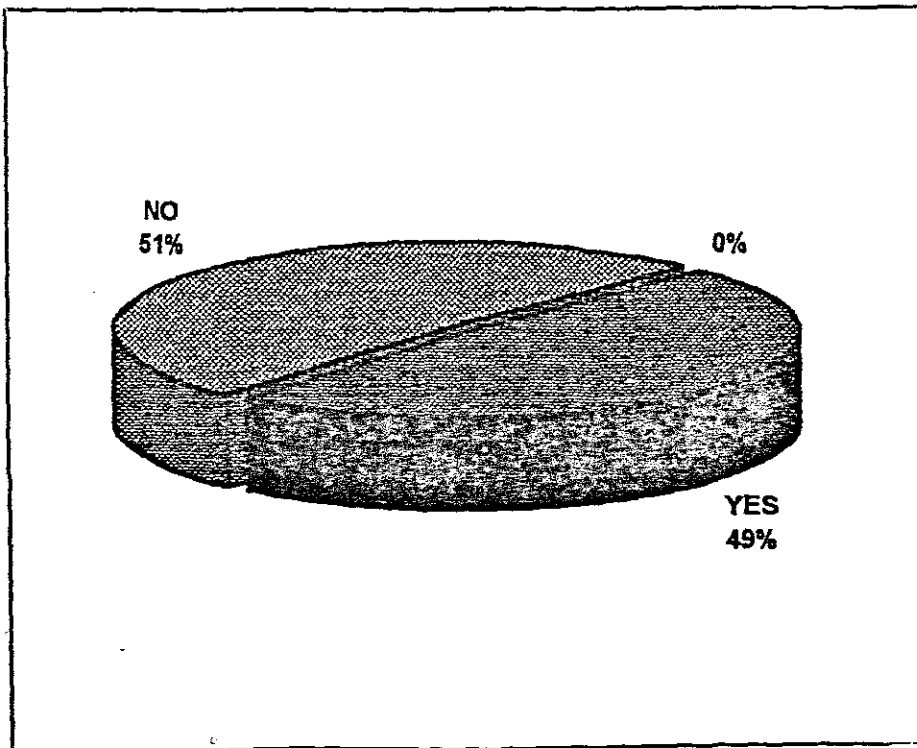
Section III of the data analysis deals with the responses from Deputy Regional Directors.

#### **5.2 SECTION I**

Professional nurses working in the hospital / clinic: (n = 100)

**Item I: Awareness of the National Health Transformation Plan**

**Figure 5.1** Number of professional nurses aware of the National Health Transformation Plan



According to Figure 5.1 analysis showed that 49% (49) of professional nurses were aware of the National Health Transformation Plan of the Department of Health. The National Health Plan was the first document that was released by the African National Congress which actually indicated the future direction of a transformed health system. The figure of 51% (51) professional nurses not aware of these important documents could result in nurses not participating with commitment to the transformation within the Department of Health. However, it must be noted that the margin between those who are aware and those who are not aware is fine.

**Item 1.1: Reasons for not being aware of the National Health Transformation Plan**

The 51% (51) of the professional nurses that were not aware of the National Health Transformation plan stated that they were never formally informed either by their supervisors or through circulars from management, Head Office, or in-service education programmes.

Booyens (1999:488) emphasises that involvement in the planning process for change is important, especially when people's commitment is essential for the successful implementation of change. She further states that it is important to ensure that communication takes place and participation is achieved between all the departments that are involved in the change process right from the start (Booyens, 1999:490).

According to Engelbrecht (1999:12), the lessons that were learnt from the Free State experience, when partnerships were built into the district health system development, was that communication between stakeholders is crucial. She explains that change agents in such transformation should not assume that communication reaches staff at all levels.

Assumption 6 of Roy's Adaptation model states that the person's adaptation is a function of the stimulus he is exposed to and his adaptation level. The focal stimuli in this situation is the transformation to which the professional nurses have to adapt.

**Item 2: Adequacy of preparation (training) of professional nurses for the transforming health care system**

**Figure 5.2 Preparedness of professional nurses for the transforming health care system**

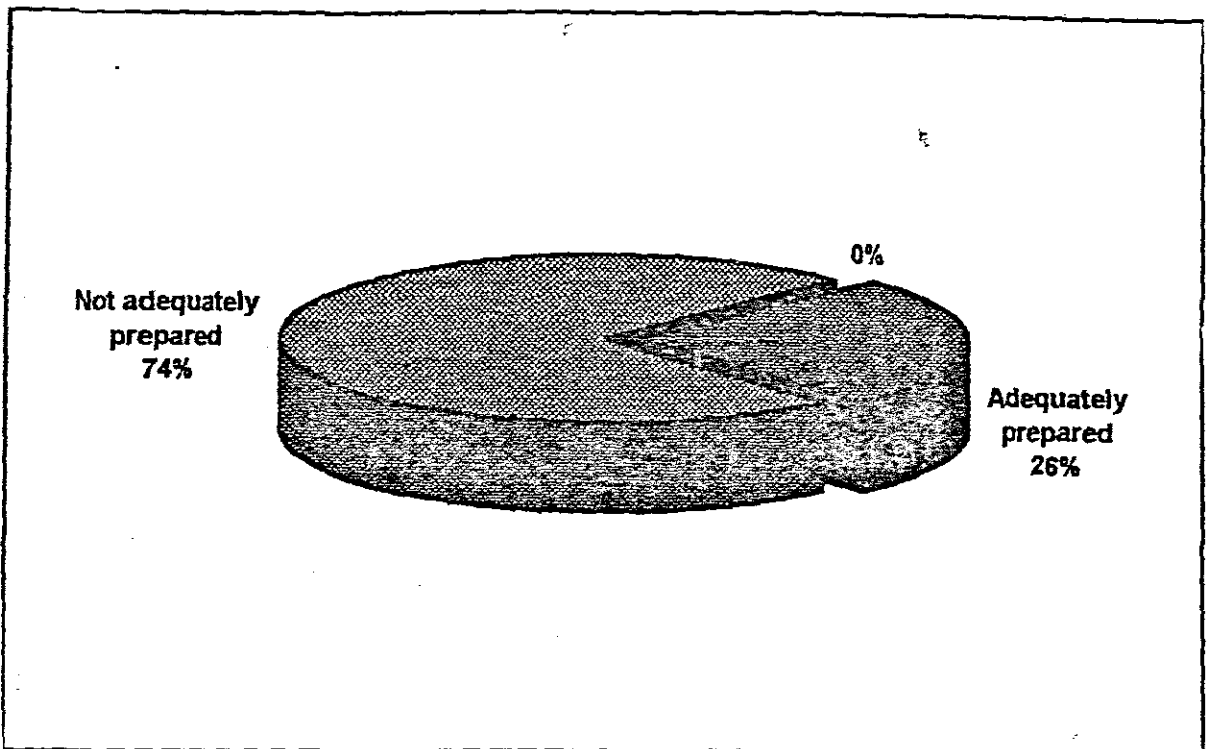
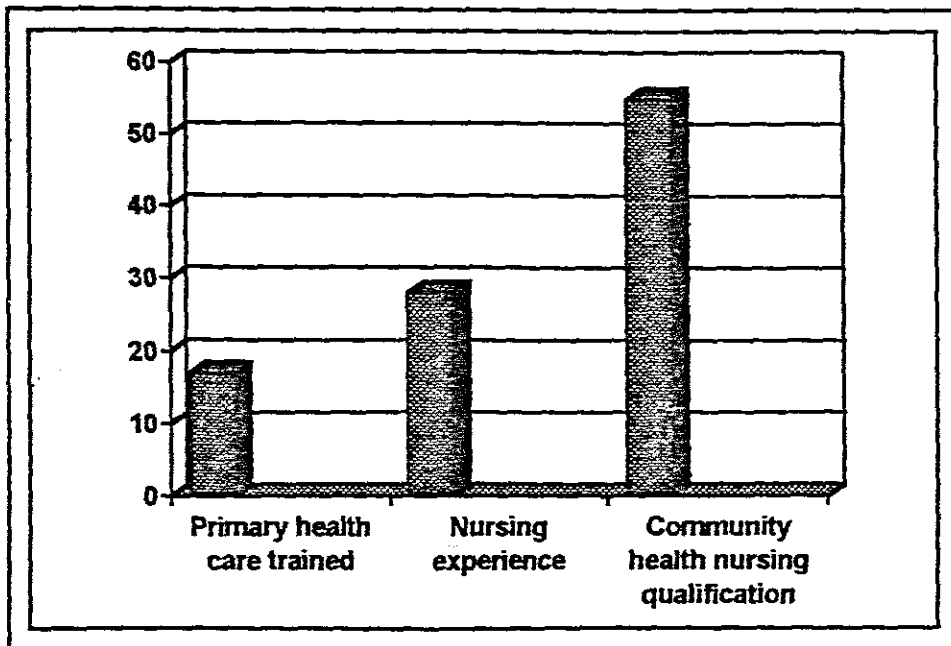


Figure 5.2 indicates that only 26% (26) of professional nurses believed that they were adequately prepared to function effectively in the transforming health care system which is primary health care oriented. The majority of professional nurses, 74% (74) indicated that they were not adequately prepared.

**Item 2.1: Reasons for believing they were adequately prepared for transformation**

**Figure 5.3 Reasons for professional nurses believing that they were adequately prepared to function in the transforming health care system**



1. Primary health care trained
2. Nursing experience
3. Community healthy nursing qualification

Figure 5.3 indicates the reasons that were given by the 26% (26) professional nurses who said they were prepared to function effectively in the transforming health care system.

17% (5) said they were Primary Health Care trained.

28% (7) said they had nursing experience.

55% (14) said they had community health nursing qualifications.

Looking at the curricula that these professional nurses underwent, it could be questionable whether they were indeed prepared for the transformation.

#### **Item 2.2      Reasons for not being adequately prepared for transformation**

**Table 5.1:      Reasons for not being prepared for the transforming health care system**

<b>Reasons</b>	<b>Frequency</b>	<b>Percentage</b>
1. Basic training received - not primary health care oriented	58	78%
2. Practicals done when studying Community Health Nursing were not enough to prepare them	16	22%
<b>TOTAL</b>	74	100%

Table 5.1 indicates that 78% (58) professional nurses stated that they were not prepared to function effectively in the transforming health care system which is primary health care oriented, because their training was not primary health care oriented. They said that their training was more medically oriented dealing with disease and medical problems and was hospital oriented. The table also indicates that 22% (16) of the respondents explained that they were not adequately prepared

because, although they studied community health nursing, the practicals were not enough to prepare them to work in a primary health care setting.

The introduction of the 4-year integrated course was aimed at producing the more autonomous nurse needed for primary health care and high level of training needed for increasingly demanding jobs (Marks, 1994:200). Granger and Uys (1994:123) also state that the introduction of the comprehensive entrance programme was brought about by the recognition that the primary health care approach needs a comprehensively trained generalist.

The White Paper on Transformation of the Health Care System "Towards a National Health System" (1997:63) states that training offered by academic health services should emphasise generalist training as opposed to specialist training.

The respondents, some of whom are the products of the 4-year integrated course, felt that they were not adequately prepared to function effectively in the transforming health care oriented setting.

Dennill (1999:5) maintains that the integration of comprehensive community health nursing component into the 4-year basic diploma course and to the various baccalaureate programmes in this country was aimed at training emphasising health and not disease. This was aimed at making training community-based and more comprehensive.

The 22% (16) respondents also stated that the community exposure, that is the practical aspect when studying community health nursing, was not adequate to prepare them to function effectively in the transforming health care system. It has been argued that primary health care training should be done more in the community and less in the hospital (Marks, 1994:200). Edelstein (1988) also expressed concerns regarding nursing education with too little time spent in

a Primary Health Care setting and lack of reference to a district health system in training.

In Gwele's study, the question of how congruent the concept of community health care is in a college system, remained unanswered (Gwele, 1994:280). The Human Resource Development Committee for Health also noted that nurses had been trained in academic hospitals which are not Primary Health Care oriented. Strasser (1997:7) also highlighted in her discussion on current problems in nurse training, that the basic training of nurses was hospital centred and urban-based. This literature therefore tallies with the expressions of the majority of professional nurses that they were not adequately prepared to function effectively in a transforming health care system.

**Item 3: Exposure to reorientation on retraining programmes**

This item was included to establish if the existing personnel were exposed to any reorientation programmes to prepare them for their changing role. The Reconstruction and Development Programme states that a programme of retraining and reorienting existing health workers to a Primary Health Care Approach should be developed (ANC, 1994(b):50).

**Figure 5.4** Number of professional nurses exposed to reorientation / retraining programmes

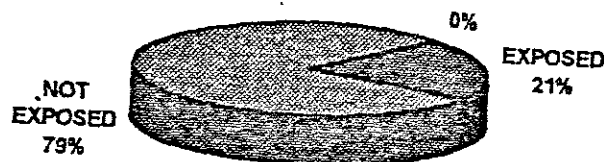


Figure 5.4 indicates that only 21% (21) of the professional nurses had been exposed to some form of reorientation and the majority 79% (79) had not been exposed.

Green (1997:43) states that the primary health care approach calls for a major change in attitude both towards the concept of health and in our understanding of appropriate actions to improve the unacceptably low health status of many groups in society.

The human resource development aspect of the National Health Health Plan states that although South Africa has a large number of highly skilled health workers, much of their training has been inappropriate (ANC, 1994(a):78). It also states that the transformation of the Health Care System to one based on the Primary Health Care approach will require reorientation of existing personnel to enable them to play their roles. The Reconstruction and Development Programme document also states that there should be development of new training programmes to reorientate existing personnel in the health sector (ANC, 1994(b):51). The White Paper on Transformation of the Health System also states clearly that there should be primary health care orientation of existing personnel. The Health Act of 1998, Chapter 8 on Human Resource Development states that the skills and capacity of health care providers should be appropriately upgraded or reorientated to meet changing circumstances (Department of Health, 1998:52).

**Item 3.1      The reorientation / retraining programmes that the professional nurses were exposed to**

The 21% (21) professional nurses who said that they had been exposed to reorientation, listed the following programmes:

- Drug prescribing
- Sexually-transmitted disease management

- Home-based care
- District Health System
- Tuberculosis management
- HIV / AIDS counselling

From the list of programmes given by the respondents there was no specific mention of reorientation to Primary Health Care. The White Paper "Towards a National Health System" published by the Department of Health in 1997 states that particular emphasis should be placed on training personnel for the provision of effective primary health care. An understanding of, and emphasis on, primary health care should be instilled in all existing health personnel through appropriate reorientation programmes (Department of Health, 1997:63).

The professional nurses also listed the District Health System as one of the programmes that they were exposed to for reorientation. The 21% (21) of professional nurses exposed to the District Health System were those who were members of the District Management team. They were reorientated by the Centre for Health and Social Studies (CHESS).

The aspects covered in the reorientation programmes are an indication that some of the concerns about bridging the gap of knowledge that the professional nurses obtained from their basic nursing education in relation to tuberculosis management, district health system, counselling skills and drug prescribing were addressed.

### **Item 3.2      Reasons for not being exposed to reorientation / retraining programmes**

The 79% (79) of professional nurses who said that they were not exposed to reorientation / retraining programmes gave the following reasons:

- they were informed late of training opportunities
- senior professional nurses preferred to attend themselves
- there were no programmes offered at all

According to Roy's Adaptation Model the changing environment stimulates the person to make adaptive responses (Fawcett, 1989:315). Cascio (1995:247) states that the changes suggest a dual responsibility: the organisation is responsible for providing an atmosphere that will support and encourage change, and the individual is responsible for deriving maximum benefit from the learning opportunity provided. For professional nurses to effectively adapt to the changing health care system reorientation programmes have to be adopted to create an environment that will stimulate them to develop adaptive responses.

Dennill (1999:6) states that for the nurse to succeed in the primary health care oriented setting she needs an enabling environment in which to function and access to fast track modular learning according to her determined needs and the specific needs of the community she serves.

The professional nurses have to be given the necessary knowledge and skills through reorientation courses, to enable them to develop adaptive behaviour that will ensure effectiveness in the changing health care system. The changing environment continues to demand that the human resource planners should not sit back and relax as programmes designed quickly become obsolete and no longer relevant. The basic nursing education and training for professional nurses is no longer relevant for a primary health care oriented setting, so there is a need to quickly shift gears through reorientation programmes so as to achieve the organisational goal (Gundlack, 1994:120).

Strachan (1999:8) states that there are many in-service programmes run by universities and provincial health departments which are aimed at making up for

the inadequacies of the basic nursing training, but they are poorly coordinated. The committee for health recommended that the Human Resource Development Unit should establish a centralised coordinating committee for all health care training and education programmes. This would also ensure that programmes are standardised. The White Paper on transformation of health services also states that the large number of health personnel education programmes offered by a variety of institutions should be coordinated and if necessary, rationalised (Department of Health, 1997:61).

McCoy, as quoted by Strachan (1999:8), maintains that while there is a lot of training going on and many workshops, what is learnt is not being successfully translated into the clinic environment. Cascio (1995:247) states that the individual is also responsible for deriving maximum benefits from the learning opportunity provided.

**Item 4: Willing to suggest strategies to be used for professional nurses to adapt to the transformation**

**Figure 5.5 Professional nurses willing to suggest strategies to be used for professional nurses to adapt to the transformation**

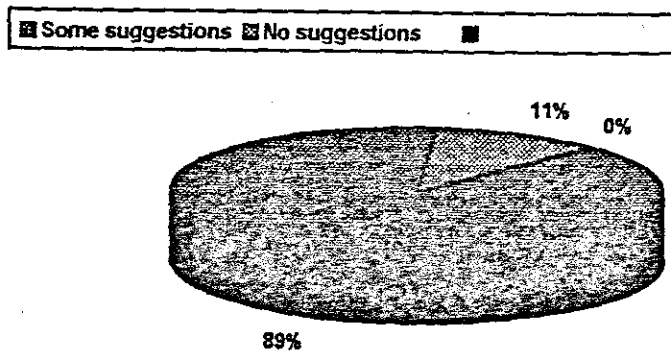


Figure 5.5 indicates that only 11% (11) of the professional nurses were not able to suggest strategies for professional nurses to adapt to the transformation. 89% (89) had some suggestions of strategies that could be used successfully.

**Item 4.1 Strategies that could be used for preparing professional nurses to adapt to the transformation**

The 89% (89) professional nurses who had some suggestions were asked to list the strategies that could be used to enable nurses to adapt to the transforming health care systems. They indicated the following:

- short courses on Primary Health Care on a rotational basis
- reorientation programmes - workshops or seminars
- in-service education on the following issues
  - . Management of change
  - . Pharmacology
- involvement of professional nurses on issues affecting them
- consultation forums
- basic nursing education and training to be Primary Health Care oriented
- lectures / Workshops on transformation of the Health Care System

The professional nurses were concerned that they were not formally informed about the transformation of the health care system. They indicated that they need to be reorientated on transformation so that they get a clear picture of what is happening and know what is expected of them in their new roles.

In line with the National Human Resource Development Policy (Department of Health, 1997:14), which states that particular emphasis should be placed on training personnel for effective primary health care, the professional nurses also emphasised the need for reorientation programmes on primary health care to

prepare them to effectively function in the transforming health care system.

**Item 5 Professional nurses with specific needs to be addressed by the Human Resources Section Department**

**Figure 5.6 Professional Nurses with specific needs to be addressed by the Human Resource Section / Department**

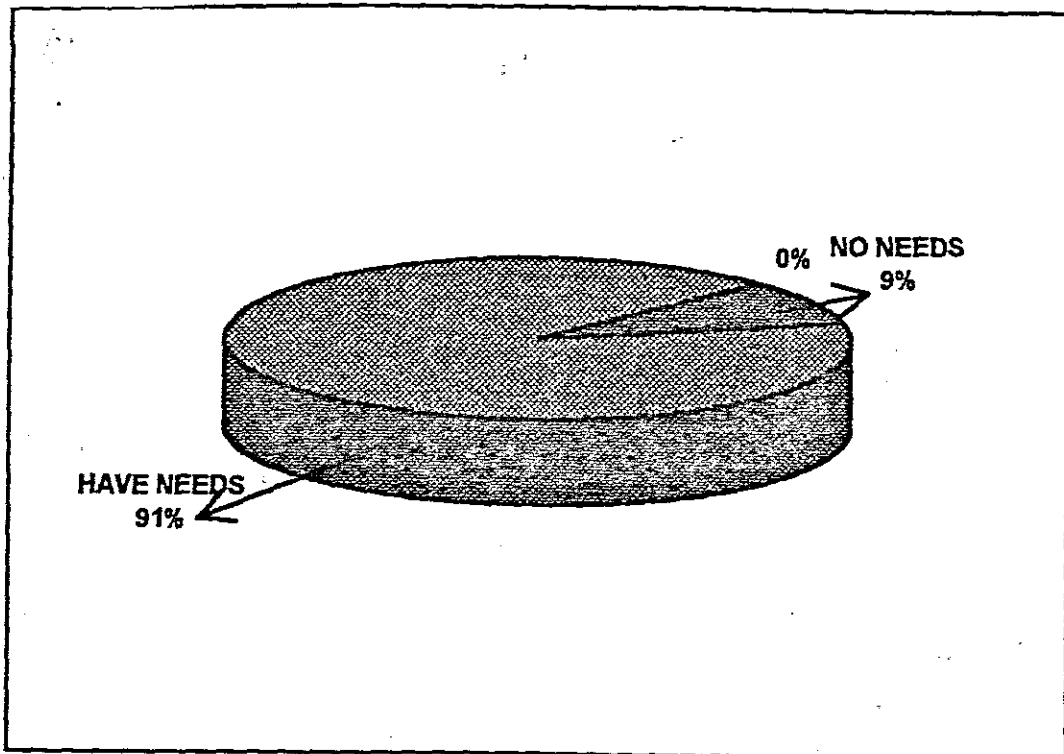


Figure 5.6 indicates that 91 % (91) of the professional nurses had specific needs to be addressed by the human resource department. The nurse managers need to

create an environment where professional nurses are able to express their needs, fears and anxieties about the transformation so that they are assisted to develop adaptive behaviour.

**Item 5.1: Specific needs to be addressed by the Human Resource section / department**

The 91% (91) professional nurses that said they have specific needs listed them as follows:

- Workshop on Transformation of the Health Care System
- Preparation for role in the transforming health care system
- Management skills
- Primary Health Care training
- Stress Coping Mechanisms

The needs are in line with some of the strategies suggested to enable professional nurses to adapt to the transforming health care system.

The professional nurses also indicated a need to be taught stress coping mechanisms. Marriner-Tomey (1996:421) stated that adjustment to change is stressful. Engelbrecht (1999:12) explains that the intensity and stresses due to the structural transformation should not be under-estimated. He further states that staff often react to change in the workplace as they would to a period of great loss. Booyens (1999:146) says that sources of stress in nursing could be:

- stress resulting from the organisational environment
- task assignment which the nurse feels herself inadequately prepared or experienced

- unclear or insufficient information regarding what is expected of a task assignment
- significant change in the nature of a person's work.

These sources of stress are relevant to the study as they are threats to the professional nurses who feel challenged by the transformation. The nurse managers have to ensure that they address the needs of the professional nurses through reorientation programmes to prevent ineffective behaviour which might affect the process and also to assist them to cope with the change. The White Paper states that skills of managers at all levels should be developed if substantive health reform is to be sustained (Department of Health, 1997:156).

### **5.3 SECTION II - NURSING MANAGERS IN CHARGE OF HOSPITAL / CLINIC N = 3**

The rationale for separation of the analysis of professional nurses and nurse managers is that the latter have a responsibility to facilitate the professional nurses' ability to function effectively in the transforming health care system. For purposes of this analysis the three Nursing Service Managers (Deputy or Assistant Directors) will be referred to as Nursing Service Manager A, B and C respectively.

**Item 1: Adequacy of preparation of Nursing Service Managers to manage a transforming nursing service to provide comprehensive Primary Health Care**

This item was included to establish the preparedness of the Nursing Managers as persons-in-charge of the nursing services that are transforming. As leaders, supervisors and people that give direction to professional nurses should be well prepared to manage services that are transforming to a primary health care

approach. The success of transformation of the health care system is also highly dependent on good management.

Nursing Services Managers A and B said that they were adequately prepared to manage a transforming nursing service that is primary health care oriented while Nursing Service Manager C said that she was not adequately prepared.

The Committee for Health noted that there was a lack of highly motivated and trained managers with a Primary Health Care orientation, as well as a lack of development programmes. The lack of management expertise has been quoted as the single most important obstacle to the implementation of Primary Health Care internationally (Department of Health, 1994:104).

According to research findings locally, managers were trained using a rigid, bureaucratic management approach which was not primary health care focused (Department of Health, 1994:93). The policy document on "Restructuring the National Health System for Universal Primary Health Care" by the Department of Health (1996(c):33) states that most public primary health care facilities are managed by professional nurses with fairly limited training in the range of skills needed to manage complex organisations.

**Item 1.1: Reasons for being adequately prepared to manage a transforming nursing service**

Nursing Service Managers A and B who said they were adequately prepared to manage a transforming nursing service were asked to elaborate on their preparedness. Nursing Service Manager A explained that she had experience in rural hospitals where comprehensive primary health care was practised with regard to all levels of care.

Nursing Service Manager B stated that she had experience in teaching primary health care students for 2 years. These responses indicate that these Nursing Service Managers have not been specifically prepared (trained) to manage a primary health care oriented health care service, but apparently believe that they will use their experience.

**Item 1.2: Reasons for not being adequately prepared to manage a transforming nursing service**

Nursing Service Manager C explained that she was not adequately prepared to manage a primary oriented nursing service because she was still expecting more support from the Human Resource Development Section. The White Paper on Transformation of Health Services states that if substantive health reform is to be sustained, the skills of managers should be developed (Department of Health, 1997:156).

**Item 2: Exposure to reorientation or retraining programmes in preparation for new role**

All the Nursing Service Managers - A, B and C - said that they had been exposed to reorientation programmes to prepare them for their new roles. The Committee for Health stated that if the change in the health care system is to be effectively implemented and managed, the programme needs to be put in place in the short to medium term (Department of Health, 1994:89). The Committee further recommends reorientation and training of current health managers from the bureaucratic rule based approach towards a participative and primary health care focus (Department of Health, 1994:93). The policy document issued on restructuring the National Health System for universal primary health care (Department of Health, 1996(c):33) recommended a form of management training to enable managers to develop the range of skills needed to manage complex organisations: extensive in-service training for nurses and staff currently holding

management positions within the primary health care system as well as for new managers recruited to the district health authority structures was also emphasised.

The objective of the National Department of Health was to train 25% of district health managers by December 1996 and 50% by June 1997 in the primary health care approach, and provide career opportunities for existing personnel (Department of Health, 1997:203). According to Dr Ntsaluba, Director-General of the Department of Health, in his opening address "Welcome and Strategic Direction from the Department of Health" at a workshop on management training, the department of health strategic approach of having a primary health care-driven system is firmly in place but there is a lot of unfinished business, such as nurses who are not properly trained in their new roles (Department of Health, 1999:2).

**Item 2:1 Reorientation / Retraining programmes that the Nursing Service Managers were exposed to**

Nursing Service Manager A explained that she was on the good governance programme.

Nursing Service Manager B stated that she had orientation in the district health service programme.

Nursing Service Manager C had orientation in the district health system and the National Qualifications Framework.

The White Paper "Towards a National Health System" states that the development of management skills in the following areas should be accelerated:

- management by objectives
- participative and change management

- leadership development
- community participation
- financial and fiscal management
- strategic and operational planning
- programme management and evaluation
- policy development and implementation
- policy analysis
- monitoring and evaluation

(Department of Health, 1997:69).

None of these were specifically mentioned by any of the Nursing Service Managers.

Ntoane (1995:42) states that the changes that are taking place demand from nurses skills that have not been taught, things that years ago nurses thought could only happen elsewhere. The policy document on Restructuring the National Health System for Universal Primary Health Care (1996(c):33) states that extensive training will be needed for nurses as well as for new managers recruited to the district health authority structures.

**Item 3: Willingness to suggest strategies for preparing nursing service managers for transformation**

All three Nursing Service Managers A, B and C were keen to suggest further strategies that would strengthen their preparedness to adapt to their new roles. \*

**Item 3.1 Strategies that could be used for preparing Nursing Service Managers to adapt to the transformation**

The strategies suggested by the three Nursing Service Managers were as follows:

- Nursing Service Manager A: Accreditation process, good governance and strategic planning.
- Nursing Service Manager B: Orientation of chief professional nurses before being promoted to Nursing Service Manager posts.
- Nursing Service Manager C: Financial Management System

The strategies suggested by these managers are relevant because they address some of the areas which are identified by the White Paper on transformation of the health system as management skills, which need to be developed for managers to effectively adapt to the transformation.

**Item 4: Nursing Service Managers with specific needs to be addressed by the Human Resource Department**

Nursing Service Manager C had specific needs to be addressed by the Human Resource Department.

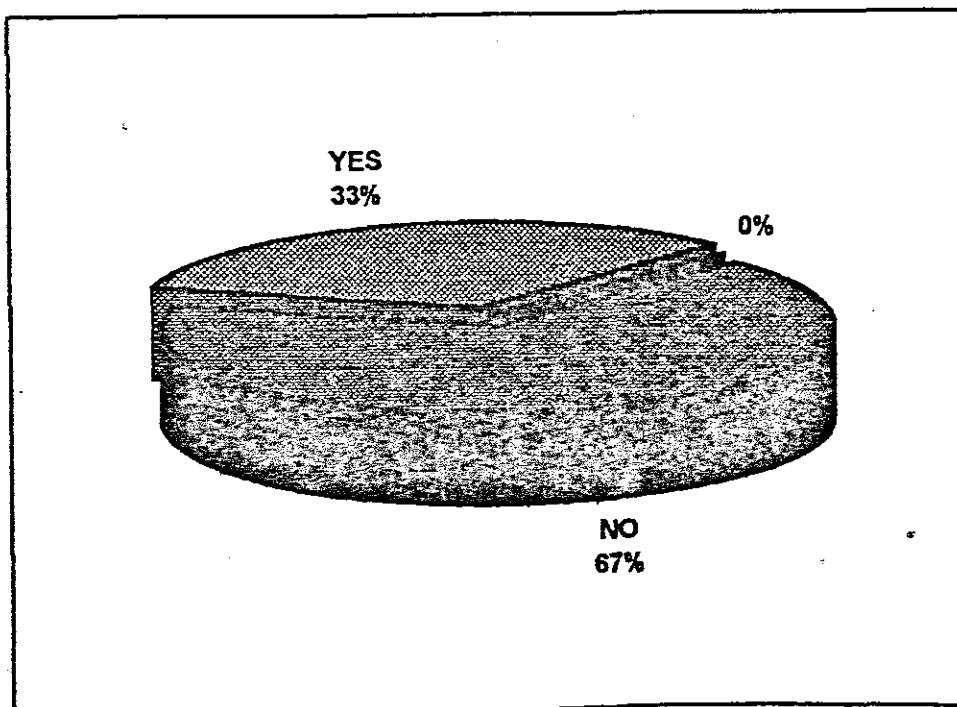
**Item 4.1 Specific needs to be addressed by the Human resource Department**

Nursing Service Manager C, who had specific needs to be addressed, explained that she needed to undergo the middle management course to develop the relevant management skills as the person in charge of the institution.

**Item 5 Adequacy of preparation (training) of professional nurses with institutions to function effectively in the transforming health care system**

This item was included to obtain the perception of the Nursing Service Managers as persons in charge of the health services where the professional nurses are employed. The Nursing Service Managers are responsible for ensuring that the nursing personnel in their institutions are adequately prepared to provide quality patient care in any health care setting. Inclusion of this item was based on this assumption, and the Nursing Service Managers, as supervisors, would be able to give a more comprehensive picture of the situation.

**Figure 5.7: Adequacy of preparation (training) of professional nurses in the institutions to function effectively in the transforming health care system**



According to Figure 5.7 66,7% (2) Nursing Service Managers A and C stated that professional nurses in their institutions were not adequately prepared (trained) to function effectively in the transforming health care system which is primary health care oriented. It was only 33,3% (1), Nursing Service manager B, who said that professional nurses in her institution were adequately prepared for the transforming health care system.

**Item 5.1: Reasons for the perception that professional nurses were adequately prepared for the transforming health care system**

Nursing Service Manager B stated that the professional nurses in her institution were prepared to function in the transforming health care system because they had attended various courses including:

- District Health System Programme
- Health Service Management
- AIDS Awareness and Counselling
- Parasitic Control

**Item 5.2: Reasons for the perception that professional nurses were not adequately prepared for the transforming health care system**

Nursing Service Managers A and C who said that the professional nurses in their institutions were not adequately prepared to function in the changing health care system were asked to give reasons. Nursing Service Manager A explained that professional nurses in her institution still required in-service education and skills relevant to Primary Health Care.

Nursing Service Manager C stated professional nurses in her institution needed to be empowered in terms of transcultural nursing and required information on

transformation. This is in line with what was expressed by 74% (74) of the professional nurses (Item 2 Section I) who felt that they were not adequately prepared (trained) for the transformation. They mentioned that their training was not Primary Health Care oriented thus they lacked Primary Health Care skills. Strachan (1999:8) states that part of the problem in nursing today is that basic nursing education is inadequate. Its weaknesses are that it is too hospital-based, geared mainly to urban situations, it is too theoretical and the curriculum does not match the clinical skills that a nurse requires in a primary health care setting.

**Item 6: Strategies initiated / implemented by Nursing Service Managers to ensure adaptation of professional nurses to transformation**

This item was included to establish if the nursing service managers had assessed the training needs of professional nurses to enable them to adapt to the transforming health care system which is primary health care oriented. The Nursing Service Managers have to ensure that the nursing personnel have the appropriate skills to provide nursing care of high quality in any health care setting. She has a responsibility to identify the development needs / learning needs of her nursing personnel, then initiate and facilitate the necessary programmes to bridge those gaps or use available programmes. This could be addressed through in-service education or continuing education programmes.

The three Nursing Service Managers stated that they had initiated and implemented some strategies to enable professional nurses to adapt to the transformation. This was in contrast to the responses of the 79% (79) of professional nurses (Item 3 Section I) who stated that they had not been exposed to any form of reorientation to enable them to adapt to the transforming health care system. Strachan (1999:8) states that there are programmes aimed at making up for the inadequacies of the basic nursing training but they are poorly coordinated.

**Item 6.1: List of strategies that were initiated / implemented to ensure adaptation to transformation**

The three Nursing Service Managers were asked to elaborate on the strategies that they had initiated / implemented to ensure that professional nurses could adapt to the transforming health care system.

- Nursing Service Manager A stated that she had involved her professional nurses in programmes of good governance and strategic planning.
- Nursing Service Manager B explained that she conducted meetings and sessions on the District Health System.
- Nursing Service Manager C stated that she had sent nurses to workshops and symposia on programmes organised by the Department of Health.

It was only Nursing Service Manager A who gave examples of strategies initiated and implemented by her. Nursing Service Managers B and C gave examples of strategies initiated by the Department or other persons. The Nursing Service Managers have to ensure that the professional nurses in their institutions are provided with the necessary knowledge or skills to be able to adapt to that change.

The National Human Resource Development Policy for South Africa states that continuing education of health personnel should be provided to health care workers through in-service training and sustained support to ensure effective primary health care. The problem statement on Human Resource Development for the year 2000 in the White Paper "Towards a National Health System" asserts that there is a need to provide training programmes and reorientation towards integrated health services, especially primary health care (Department of Health, 1997:214). Gumbi (1999:18) states that managers as change agents should provide a

supportive environment, a milieu that encourages people to be creative and innovative. Bushy (1992:197) maintains that continuing education of staff is a critical element in bringing about change within an institution.

**Item 7: Evaluation of effectiveness of strategies to ensure that professional nurses can adapt to the transforming health care system**

This item was included to ascertain if the Nursing Service Managers are planning to or are involved in the evaluation of the effectiveness of the strategies that they had developed to enable professional nurses to adapt to the primary health care orientation setting.

The White Paper "Towards a National Health System" states that primary health care orientation programmes of existing personnel should have monitoring components with ongoing evaluation (Department of Health, 1997:63).

Nursing Service Manager A explained that she would compare attendance statistics and progress reports for staff.

Nursing Service Manager B stated that she would assess the performance of professional nurses.

Nursing Service Manager C explained that she would evaluate:

- the extent of complaints from the public
- reduction of the performance gap
- reduction of interpersonal / intergroup conflict

The researcher is of the opinion that evaluation of the effectiveness of strategies could also be done by asking for comments from professional nurses who are being reoriented. Comments could also be obtained from other health care workers such as doctors. Questionnaires could be used to get feedback from the community with regard to the effectiveness of professional nurses in addressing their needs, not only through complaints.

**Item 8: Strategies initiated / implemented by the Department of Health / Nursing in the health region / province to enable professional nurses to adapt to the transformation**

This item was included to establish if the Nursing Service Managers were aware of any strategies by the Department of Health / Nursing in the province or health regions to assist and support the nursing personnel to adapt to the transformation.

**Item 8.1: List of strategies initiated / implemented by the Department of Health / Nursing in the region / province**

Nursing Service Manager A stated that there were in-service education programmes for all categories of staff. Nursing Service Manager B explained that there were regular workshops on district management.

Nursing Service Manager C stated that human resource development coordinators were paying full attention to the training needs of nurses within the region and district.

**Table 5.2: Summary of what the Nursing Service Managers think about their preparedness for transformation**

Views on preparedness for transformation	Yes		No	
	F	%	F	%
n = 3				
Managers prepared for it	2	66	1	33,3
Managers exposed to retraining	3	100	0	0
Managers perceive professional nurses adequately prepared for it	1	33,3	2	66

#### 5.4 SECTION III: REGIONAL DEPUTY DIRECTORS (n = 3)

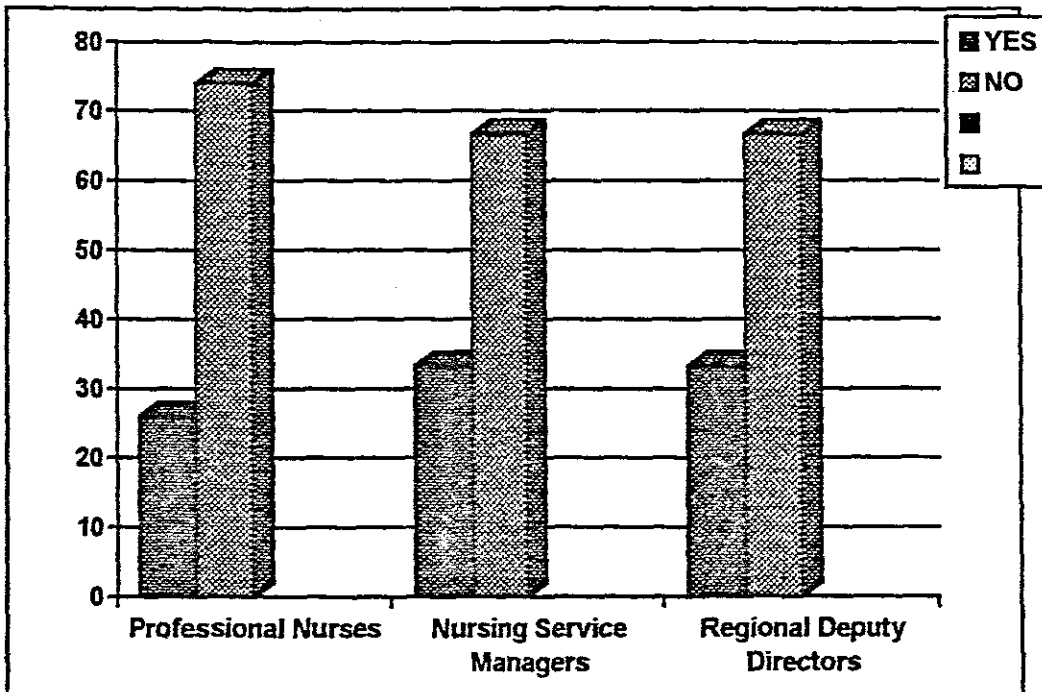
For purposes of this analysis the three Regional Deputy Directors will be referred to as Regional Deputy Director A, B and C respectively.

**Item I: Adequacy of preparation (training) of professional nurses in the health region to function effectively in the transforming health care system**

Regional Deputy Director C said that professional nurses in her region were prepared (trained) to function effectively in the transforming health care system which is primary health care oriented. 66,7% (2) of the Regional Deputy Directors, B and A, said the professional nurses in their regions were not prepared. This is in line with the views of Nursing Service Managers A and C who said professional nurses were not adequately trained in their institutions and the perception of 74% (74) of the professional nurses who said that they were not adequately prepared to function effectively in the transforming health care system, as illustrated in Figure 5.8.

Strasser (1999:7) states that nurse educators and service providers are now recognising that nurses are not adequately or appropriately trained to meet the needs of primary health care services.

**Figure 5.8 Comparison of perceptions of Regional Deputy Directors, Nursing Service Managers and Professional Nurses on the adequacy of preparedness (training) of professional nurses to function in the transforming health care system**



**Item 1.1: Reasons for the perception that professional nurses were adequately prepared to function in the transforming health care system**

Regional Deputy Director C, who said that professional nurses were adequately prepared in her health region, explained that they were exposed to district health management courses and workshops done by CHESS. These programmes were only offered to professional nurses involved in the district health management.

**Item 1.2: Reasons for the perception that professional nurses were not adequately prepared for the transforming health care system**

Regional Deputy Directors B and A, who said that the professional nurses in their health regions were not adequately prepared for the transforming health care system, gave the following reasons.

- Regional Deputy Director B explained that only professional nurses who were attending district health system programmes had knowledge of the transformation process of the health care system.
- Regional Deputy Director A stated that the general nurse was trained in the medical model and not the comprehensive primary health care approach. There was no integration of content, even though the 4-year course covered community health nursing science.

Regional Deputy Director A is in agreement with the 78% (58) of professional nurses who stated that they were not prepared for the transformation because their basic training was not primary health care oriented, but based on the medical model. Nursing Service Manager A also explained that the professional nurses in her institution were not adequately prepared because they lacked primary health care skills.

Regional Deputy Director A stated that there was no integration, even though the 4-year course covered community health nursing. Dennill (1999:5) explains that a comprehensive community health nursing component was integrated into the 4-year basic diploma course with the aim of training to emphasise health and not disease.

**Item 2: Strategies initiated by the health region to ensure that professional nurses can adapt to the transformation**

This item was included to establish if the Regional Deputy Directors had assessed the training needs of the professional nurses to ensure the success of the primary health care oriented system. Strategies should then have been initiated to address those needs.

All three (3) Regional Deputy Directors agreed that strategies had been initiated to address the training needs of the professional nurses in their health regions.

These strategies were aimed at creating an enabling environment for the professional nurses to adapt to the transforming health care system.

**Item 2.1: List of strategies initiated / implemented by the Health Region to ensure that professional nurses can adapt to the transformation**

All the Regional Deputy Directors were asked to indicate the programmes initiated. They stated the following courses:

Regional Deputy Director A - District Health System

Regional Deputy Director B - material on transformation - District Health System

Regional Deputy Director C - District Health System

The Regional Deputy Directors are aware that for effective implementation of the District Health System, professional nurses need to be empowered with knowledge of Primary Health Care. According to chapter 8 of the Health Act of 1998 the skills and capacity of health care provided will be appropriately upgraded or reorientated to meet the changing circumstances. The district health authorities and municipality will develop and implement measures to ensure that health personnel are trained and reorientated. They will also ensure that their management capacities are developed (Department of Health, 1998:51).

**Item 3: Evaluation of effectiveness of strategies initiated / implemented to enable professional nurses to adapt to the transformation**

The National Human Resource Development policy for South Africa on Primary Health Care Orientation for Existing Personnel states that ongoing education should be implemented. Evaluation is important to establish the effectiveness of the strategies.

Regional Deputy Director C explained that she would use a questionnaire to survey staff.

Regional Deputy Director B stated that she would monitor attitudes of staff.

Regional Deputy Director A explained that she would look at outcomes and indicators.

Effectiveness of the strategies could also be evaluated through consumer satisfaction with the primary health care service provided, once the training needs to bridge the gap of skills and knowledge had been addressed.

The Regional Deputy Directors could also evaluate the effectiveness of their strategies through professional nurses' competence in the provision of primary health care in the health region.

## 5.5 CONCLUSION

This chapter deals with data analysis, presentation and interpretation. Analysis of data revealed that professional nurses were not adequately prepared to function in the transforming health care system which is primary health care oriented. Although differences of opinions were noted on certain aspects, there were also areas of agreement between professional nurses, Nursing Service Managers and Regional Deputy Directors.

In chapter 6 a summary, conclusions drawn from these findings, limitations and recommendations will be presented.

## **CHAPTER 6**

### **SUMMARY, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS**

#### **6.1 INTRODUCTION**

In this chapter a brief overview of the project will be presented. Prominence will be given to significant findings, conclusions, limitations and recommendations.

#### **6.2 SUMMARY**

The study aimed at evaluating the preparedness of professional nurses in terms of the human resources development strategy for the transforming health care system. The main concern was that the current professional (registered) nurses were not adequately prepared to participate effectively in a primary health care focused system.

The literature reviewed showed that basic training for professional nurses was more medically oriented and hospital based. This was also the case in other countries.

#### **6.3 METHODOLOGY**

##### **6.3.1 Research design**

A descriptive survey was conducted in three hospitals, that is rural, urban and metropolitan.

##### **6.3.2 Research instrument and sampling**

The desired information was obtained through interviewing. A structured interview schedule was used to obtain information from professional nurses and

nursing service managers. A questionnaire was sent to deputy regional directors of the three health regions where the three respective hospitals are situated.

A sample of one hundred (100) professional (registered) nurses obtained through systematic sampling, three (3) nursing service managers in charge of the three institutions and the three (3) regional deputy directors were interviewed. The interview schedules and questionnaire were structured into questions related to the preparedness of professional nurses, reorientation programmes, strategies that could be used and evaluation of strategies.

### **6.3.3 Permission for conducting the study**

This was obtained from the Head Office of the Department of Health in KwaZulu-Natal province and the Medical Superintendents of the three (3) institutions.

The respondents were given an explanation to obtain their informed consent and the option to participate.

### **6.3.4 Data analysis**

Data was collected and analysed manually by the researcher; both the information collected by means of an interview schedule and that collected by means of a questionnaire.

## **6.4 CONCLUSIONS**

### **6.4.1 Assumption**

It is assumed that current professional (registered) nurses have not been adequately prepared to participate effectively in the transforming health care system of South

Africa as stated in the white Paper (1995) entitled "Towards a Transforming Health Service".

#### 6.4.2 Objectives were:

- To evaluate the preparedness of professional (registered) nurses to participate effectively in the transforming health care system which is comprehensive primary health care-focused.
- To make recommendations based on findings.

The findings in this study indicated the following:

Professional (registered) nurses are not all aware of the National Health Plan of the Department of Health. 51 % (51) of the professional nurses explained that they were never informed by their supervisors or management and therefore were not aware of the change in the health care system.

Professional (registered) nurses are not adequately prepared (trained) to participate effectively in the transforming health care system which is comprehensive, primary health care-focused. This is based on the following findings:

- 74% (74) of the professional nurses felt they were not adequately prepared to function effectively in the changing health care system.
- 66,7% (2) of the nursing service managers felt that the professional nurses in their institutions were not adequately prepared for the transforming health care system which is primary health care oriented. They still need skills in Primary Health Care.

- 66,7% (2) of the deputy regional directors were of the opinion that professional nurses in their health regions were not adequately prepared to function effectively in the transforming health care system which is primary health care oriented. They stated that their training was based on the medical model. According to this finding there is consensus amongst professional nurses, nursing service managers and regional deputy directors that professional nurses are not adequately prepared to function in the transforming health care system based on the Primary Health Care model.

Strasser (1999:7) states that nurse educators and service providers are now recognising that nurses are not adequately or appropriately trained to meet the needs of primary health services care.

The Human Resource Development Committee for Health also noted that nurses have been trained in academic hospitals which are not Primary Health Care oriented, thus they are not appropriately trained for Primary Health Care services. The National Health Plan also states that the health workers are highly skilled but their training has been inappropriate (ANC, 1994b:79).

The assumption that current professional (registered) nurses have not been adequately prepared to participate in the transforming health care system was confirmed by the above findings.

Reorientation / retraining programmes are being undertaken to enable professional nurses to adapt to the transformation but only those involved in the District Health System management are exposed to this. 79% (79) of the professional nurses have not been exposed to any reorientation programmes. Only 21% (21) of the professional nurses have undergone such programmes.

It is stated in the National Health Plan that reorientation of existing personnel will be required because of the transformation of the health care system to one based on the Primary Health Care approach. The Reconstruction and Development Programme also stresses that there must be a programme of retraining and reorienting of existing health workers to the Primary Health Care approach (ANC,1994(b):50).

The White Paper "Towards a National Health System" published by the Department of Health in 1997 also states that an understanding of and emphasis on primary health care should be instilled in all existing health care personnel through appropriate reorientation programmes.

Strasser (1999:7) states that in-service training programmes have been developed and many of them are highly effective in providing the knowledge and skills not produced by basic training. The problem is that these programmes are often not standardised or widely available.

Strachan (1999:8) concurs with Strasser (1999) that in-service training programmes are available, run by universities and provincial health departments but are poorly coordinated.

The conclusion is that in-service training programmes are not widely available because of poor coordination. McCoy, as quoted by Strachan (1999:8), also states that while there is a lot of training going on and many workshops, what is learnt is not being successfully translated into the clinical environment.

## **6.5 LIMITATION OF THE STUDY**

This study was done in only three hospitals in the KwaZulu-Natal province whereas all the hospitals and clinics are currently transforming to adapt to the

changing health care system. The study then only involved three nursing service managers and three regional deputy directors which makes it difficult to generalise.

## **6.6 RECOMMENDATIONS**

In accordance with the findings and conclusions of this study, the research makes the following recommendations:

- 6.6.1 In-service education programmes should be undertaken through transformation units at institutional levels to orientate all the staff with regard to the National Health Plan of South Africa.
- 6.6.2 Communication channels as it relates to nurses should be improved, particularly at institutional level.
- 6.6.3 Current professional nurses should be exposed to reorientation courses so as to develop Primary Health Care skills. The courses should be offered at institutional / regional level for at least 3 months, to bridge the knowledge gap by catering for large numbers than can be accommodated in a 1-year course.
- 6.6.4 The Primary Health Care tutors, primary health care trained nurses, regional deputy directors and nursing service managers should come together to devise a strategy for preparing existing professional nurses in various institutions to ensure coordinated planning. This is aimed at using already trained Primary Health Care nurses to train other professional nurses so that they develop the necessary Primary Health Care skills.

6.6.5 Nursing service managers should also be trained in management skills to enable them to effectively manage a primary health care service.

6.6.6 The revision of basic nursing education curriculum and conversion to one that is Primary Health Care based, should be given urgent attention.

6.6.7 These recommendations shall apply equally to all health care personnel, not only to nurses *per se*.

## **6.7 FUTURE RESEARCH**

It is recommended that this study be replicated on a larger scale to determine the extent of the problem. Evaluation of the effectiveness of existing reorientation programmes should also be undertaken.

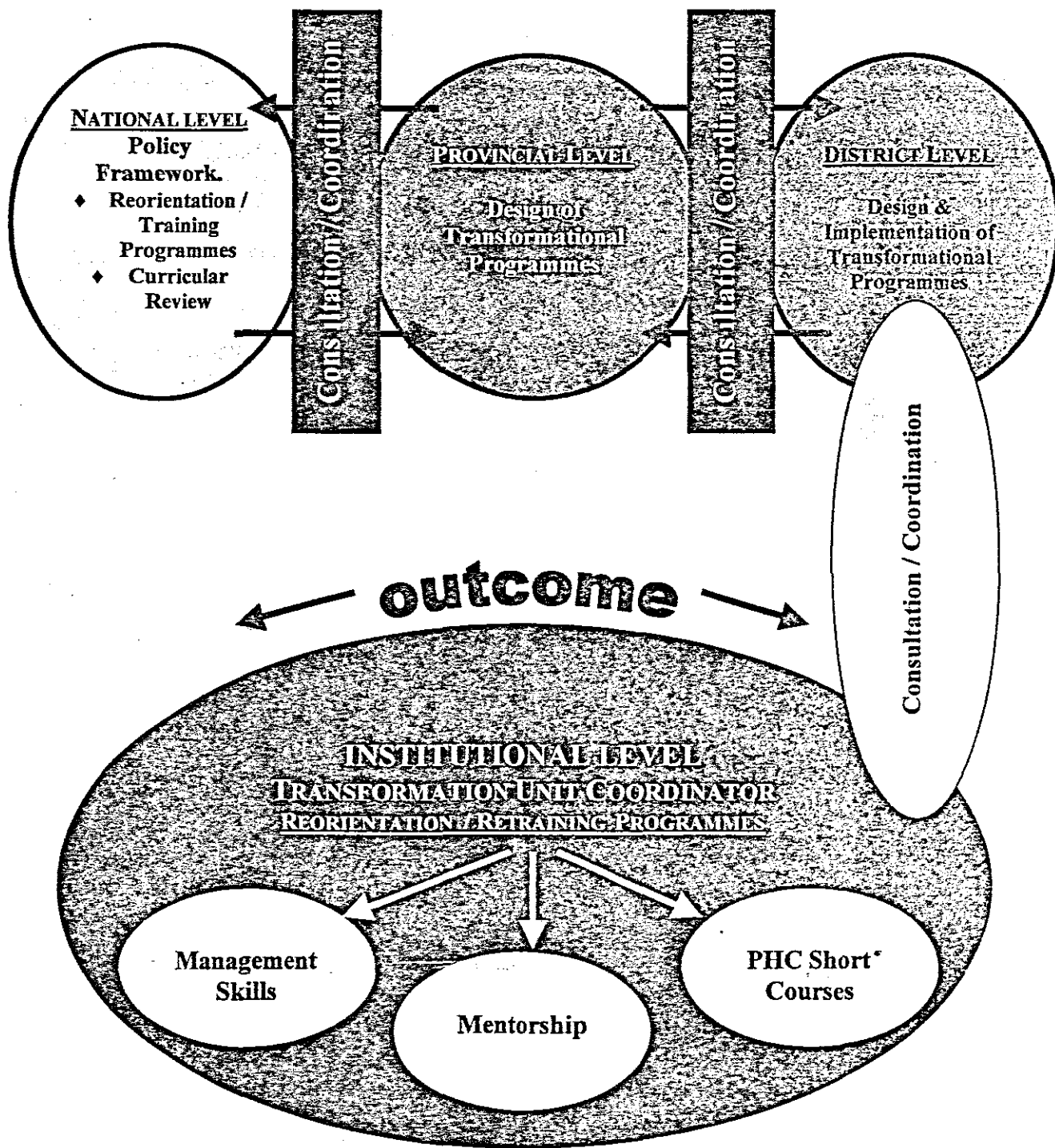
## **6.8 PRESENTATION OF THE PROPOSED MODEL**

The researcher presents a model that could be used as a guide to ensure effective reorientation and retraining of existing professional nurses and other health care personnel to facilitate their adaptation to the transforming health care system which is primary health care focused.

This model will be presented to the Human Resource Development and Primary Health Care experts to further refine it, thus ensuring its appropriateness. The principles of Roy's adaptation model have been taken into consideration.

**Figure 6.1.**

**TRANSFORMATION ADAPTATION MODEL (TAM) TO FACILITATE PREPAREDNESS FOR PRIMARY HEALTH CARE (PHC) FOCUSED SERVICES.**



A brief description of the model presented in Figure 6.1 follows:

### **6.8.1 National and Provincial Health Departments**

The White Paper "Towards a National Health System" gazetted in 1997 provides the National Human Resource Development Policy which states that particular emphasis should be placed on training personnel for the provision of effective primary health care. Existing health personnel should be exposed to appropriate reorientation programmes with ongoing evaluation and monitoring. Curricula for basic education of health care professionals should be reviewed to become Primary Health Care oriented. Based on this policy framework the Provincial Health Department designs its reorientation and retraining programmes of transformation towards Primary Health Care focused services. Continuous consultation with all stakeholders and coordination at all levels of the health care system cannot be over-emphasised.

### **6.8.2 District level**

Strachan (1999:8) states that there are many in-service programmes run by the universities and provincial health departments which are aimed at making up for the inadequacies of the basic nursing training. However, these are poorly coordinated. The White Paper on Transformation of Health Services also states that a large number of health personnel education programmes offered by a variety of institutions should be coordinated and if necessary rationalised (Department of Health, 1997:61).

The district manager should coordinate the reorientation / retraining programmes in her district to ensure standardisation and accessibility of the programmes for all institutions. She should involve the Deputy or Assistant Directors of nursing services, Primary Health Care tutors and Primary Health Care trained professionals in the district, to develop relevant programmes.

Existing health care managers also need to be retrained in management skills that will enable them to effectively manage a Primary Health Care focused service. This should be coordinated by the district to ensure that all the managers are exposed to that training.

### **6.8.3 Institutional level**

It is essential that in each institution there should be a transformation unit headed by a Transformation Unit Coordinator to coordinate the transformation and reorientation programmes. The deputy directors in the nursing services, in conjunction with the district manager, should identify with the existing health care professionals their education and training needs to ensure effective adaptation to the transforming health care system. The nursing service manager should also use available resources in her institution, particularly the professionals who are already Primary Health Care trained, to prepare reorientation / retraining programmes for her existing health care professionals. This will enable the latter to cope with the changing circumstances of the health care service.

### **6.8.4 Existing health care professionals without Primary Health Care skills**

Reorientation programmes will be provided at institutional and district levels after identification of education and training needs have been done with the health care professionals themselves to ensure relevance of programmes. The programmes will include Primary Health Care awareness, management skills retraining, in-service education and mentorship as well as short courses in Primary Health Care (3 months).

After exposure to reorientation / retraining the health care professionals should display effective adaptive behaviour indicating that learning has occurred and they have acquired the Primary Health Care skills. Their adaptive behaviour should

enable them to participate effectively in the provision of an effective Primary Health Care service. They should also participate actively in developing other health care professionals in Primary Health Care skills. Strategies should be developed at institutional and district level for ongoing evaluation and monitoring of the effectiveness of the reorientation / retraining programmes. This is aimed at providing an effective, transformed, well-coordinated Primary Health Care service.

## BIBLIOGRAPHY

AFRICAN NATIONAL CONGRESS, 1994(a). *A National Health Plan for South Africa*. Maseru Bahr Mapping and Printing.

AFRICAN NATIONAL CONGRESS, 1994(b). *The Reconstruction and Development Programme*. Cape Town: ABC Printers.

BOOYENS, S.W. 1999. *Dimensions of Nursing Management*. Kenwyn: Juta and Co.

BOTSWANA NATIONAL HEALTH POLICY. 1995. Gabarone: *Government Printer*.

BRINK, H.I. 1996. *Fundamentals of Research methodology for Health Care Professionals*. Cape Town: Juta and Company.

BUSHY, A. 1992. Managing change strategies for continuing education. *Journal of Continuing Education in Nursing*, Vol. 23, No 5. 197-199.

CASCIO, W.F. 1995. *Managing Human Resources. Productivity, quality of worklife profits*. New York: McGraw-Hill Inc.

CURTIS, S. and TAKET, A. 1996. *Health and Societies - changing perspectives*. London: Arnold.

DE BEER, C. 1988. *Picking up the pieces. The present and future consequences of the fragmentation of South Africa health care structures*. Owen C.P.(ed.) 1988:69-78.

DENNILL, K. 1999. *Overview of nursing in South Africa*. Heather Systems Trust update, Issue No 46:5-6.

DENNILL, K., KING LOCK, M. and SWANEPOEL, T. 1995. *Aspects of Primary Health Care*. Halfway House: Southern Book Publishers.

DEPARTMENT OF NATIONAL HEALTH AND POPULATION DEVELOPMENT. 1992. *Strategy for Primary Health Care in South Africa*. Pretoria: *Government Printer*.

DEPARTMENT OF HEALTH, RSA. 1994. *Report on the Human Resource Committee for Health*. Pretoria.

DEPARTMENT OF HEALTH, RSA. 1995. *Report of Workshop on Human Resources Development*. 30-31 May 1995. Boulevard Hotel: Pretoria.

DEPARTMENT OF HEALTH, RSA. 1996(a). *National Human Resources Development Policy for South Africa*. Pretoria: *Government Printer*.

DEPARTMENT OF HEALTH, RSA. 1996(b). *The Human Resource Audit for Health Care Personnel in South Africa*. (Draft) Pretoria.

DEPARTMENT OF HEALTH, RSA. 1996(c). *Restructuring the National Health System for the Universal primary Health Care*. Pretoria: *Government printer*.

DEPARTMENT OF HEALTH, RSA. 1997. *White Paper for the transformation of health systems in South Africa*. "Towards a National Health System". *Government Gazette* - Volume 382. Pretoria: 16 April 1997 No 17910. General Notice No 667 of 1997.

ENGELBRECHT, B. 1999 *Case study of the Free State experience*. Health Systems Trust Issue No 45:10-12.

FAWCETT, J. 1989. *Analysis and Evaluation of Conceptual Models of Nursing*. Philadelphia: F.A. Davis company.

GEORGE, J.B. 1985. *Nursing Theories: the base for professional nursing practice*. London: Prentice-Hall International.

GERBER, P.D., NEL, P.S. and VAN DYK, P.S. 1995. *Human Resource Development Management*. Halfway House: Southern Book Publishers (Pty) Ltd.

GRAINGER, L.D. and UYS, L.R. 1994. Continuing Education in South Africa. *The Journal for Continuing Education in Nursing*. Vol. 25, No 3:123-126.

GREEN, A. 1997. *An introduction to Health Planning in developing countries*. New York: Oxford University Press.

GUMBI, R.V. 1999. *Paper on Human Resource Management*. Workshop on Management Training for the public health sector in South Africa. 10-11 June 1999. Boulevard Hotel: Pretoria.

GUMBI, R.V. 1996. *Human Resource Development within the Primary Health care ideology*. Pretoria: Department of Health.

GUNDLACK, A.M. 1994. Adapting to change. Reconsidering staff development organization, design and purpose. *The Journal of Continuing Education in Nursing*, Vol. 25, No 3:120-122.

GWELE, N.S. 1994. *The process of change in Nursing Education in South Africa*. PHD Thesis (unpublished) (Nursing) Durban: University of Natal.

HALLENDORFF, E. 1999. Overview of the National Qualification Framework. South Africa *The learning network*.

HENRY, B., ARNDT, C. DIVICENTI, M., and MARRINER TOMEY, A. 1989. *Dimensions of Nursing Administration Theory-research, education, practice*. Boston: Blackwell Scientific Publication.

HUBER, D. 1996. *Leadership and Nursing Care Management*. London: W.B. Saunders Company.

KENTON, L. 1994. Make stress work for you. *Femina Health for Life Supplement* June:12-19.

KUNENE, P. 1995. *Strikes by Nursing personnel. A challenge for Nurse Managers in KwaZulu-Natal province*. M. Cur Dissertation (unpublished) Durban-Umlazi Campus - University of Zululand.

LUBANGA, N. 1990. Health care after liberation. Public Health in post-apartheid Southern Africa. *Policy Advisory Centre Bulletin*. Vol. No 1:21-24.

MARKS, S. 1994. *Divided Sisterhood Race, class and gender in South African Nursing profession*. Johannesburg: University Press.

MARRINER-TOMEY, A. 1996. *A guide to Nursing Management and leadership*. London: Mosby Company.

MFENYANE, F. 1997. *Key principles in community and problem-based education*. Address given at National Nursing Education Workshops. Boulevard Hotel, 26-27 August 1997. Pretoria.

NTOANE, M.C. 1995. *Primary Health Care: Challenge for Nurse Managers and Educators*. Workshops on strategies for nurse training in Rural Areas, 8-10 December 1995. Stellenbosch.

NTSALUBA, A. 1999. *Welcome and strategic direction from the Department of Health*. Workshop on Management Training for the Public Health Sector in South Africa. 10-11 June 1999. Pretoria: Boulevard Hotel.

NZIMANDE, P.N. 1996. *The Preventive and Promotive Health Digest in the changing Africa*. Durban: Albert's Publishers.

PACE, R.W., SMITH, P.C. and MILLS, S.E. 1993. *Human Resource Development. The Field*. Englewood Cliffs. N.J. Prentice-Hall.

POGGENPOEL, M. and MULLER, M. 1996. Challenges facing the South African Nursing Profession. *Nursing News* Volume 5:8-11.

POGGENPOEL, M. 1998. *Managing change*. *Nursing RSA*, 7 (9):28-31.

POLIT, D.F. and HUNGLER, B.P. 1993. *Essentials of Nursing Research Methods. Appraisal and Utilization*. Philadelphia, J.B. Lippincott.

POLIT, D.F. and HUNGLER, B.P. 1987. *Nursing Research Principles and Methods*. Philadelphia: J.B. Lippincott.

ROY, C. and ROBERTS, S. 1981. *Theory construction in Nursing: An adaptation model*. Englewood Cliffs: Prentice-Hall.

RIEHL, J.P. and ROY, C. 1980. *Conceptual models for nursing process*. London: Prentice-Hall International.

SELELÔ-KUPÉ, S. 1993. *An uneasy walk to Quality: A history of the evolution of Black Nursing Education in the Republic of Botswana. 1922-1980.* Michigan: W.K. Kellogg Foundation.

SHEEHAN, J. 1990. Investigating change in a Nursing Context. *Journal of Advanced Nursing*, 15:819-824.

SOUTH AFRICAN NATIONAL HEALTH ACT (1998) (Draft). Pretoria: Government Printer

STRACHAN, K. 1999. *What are some of the problems in Nursing today?* Health Systems Trust update. Issue No 46:809.

STRASSER, S. 1999. *Transforming Nursing Education towards Primary Health Care.* Health Systems Trust update. Issue No 46:6-8.

VAN RENSBURG, H.C.J., FOURIE, A. and PRETORIUS, E. 1992. *Health care in South Africa.* Pretoria: Academica.

WEBBER, J. 1995. *Report on Workshop on Strategies for Nurse Training in Rural Areas.* 8-10 December 1995. Durban: University of Natal.

WHO 1985. Technical Report Series 717. *Health manpower requirements of health for all by the year 2000 through Primary Health Care.* Geneva: WHO.

WHO 1991. *Formulating Strategies for Health for all by the year 2000.* Geneva: WHO.

WHO 1987. *Community-based education of health personnel.* Technical Report Series. Geneva: WHO.

WHO 1986. *Targets for Health for all - Targets in support of the European Region.* Geneva: WHO.

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EXTENSION: 2052

18 November 1997

Ms Z.E. Gumede  
P.O. Box 14561  
MADADENI  
2951

REQUEST TO CONDUCT RESEARCH

1. Your letter of 6.11.97 refers.
2. Please be advised that authority is hereby granted for you to conduct a research project entitled "An evaluation of the preparedness of Professional (registered) nurses in terms of the human resource development strategy for the transforming Health Care System in KwaZulu Natal Province in the Hospitals & Clinics (as listed), provided that
  - (a) research proposal has been passed by a recognised Ethics Committee of a tertiary Institution.
  - (b) prior approval is obtained from the Head of the Institution concerned.
  - (c) confidentiality is maintained.
  - (d) the Department is acknowledged.
  - (e) the Department receives a copy of the report on completion.



DIRECTOR NURSING SERVICES

**ANNEXURE B**

**RESEARCH TOPIC**

**AN EVALUATION OF THE PREPAREDNESS OF  
PROFESSIONAL NURSES IN TERMS OF THE  
HUMAN RESOURCE DEVELOPMENT STRATEGY  
FOR THE TRANSFORMING HEALTH CARE  
SYSTEM IN KWAZULU-NATAL PROVINCE**

Dear Colleague

**REQUEST FOR COMPLETION OF A QUESTIONNAIRE FOR RESEARCH  
PURPOSES**

Kindly complete the attached questionnaire. Information is requested solely for research purposes. Please do not write your name.

Please answer all questions. Your own views and opinions are important.

Thank you for your cooperation.

**Z.E. GUMEDE**

**ANNEXURE C**

**GUIDELINES FOR PROFESSIONAL NURSES, NURSING  
SERVICE MANAGERS AND REGIONAL DEPUTY  
DIRECTORS PARTICIPATING IN THE STUDY**

The South African Health Care System is being transformed to a comprehensive Primary Health Care Approach. For the transformation to be effective it should be accompanied by transformation within the nursing profession.

The objectives of the study are:

1. To evaluate the preparedness of professional nurses to participate effectively in the transforming health care system which is Comprehensive Primary Health Care focused.
2. To make recommendations based on finding.

**Your input will be treated with confidentiality.**

**ANNEXURE D**

**INTERVIEW GUIDE FOR PROFESSIONAL NURSES**

1. Are you aware of the National Health Transformation Plan of the Department of Health?

Yes  No

1.1 If "No" to No. 1, explain your reasons for not being aware of the National Transformation Plan.

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2. Have you been adequately prepared (trained) to function effectively in the transforming health care system?

Yes  No

2.1 If "Yes" to No. 2, please give reasons.

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2.2 If "No" to No. 2, give reasons

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3. Are there any reorientation or retraining programmes that you have been exposed to in preparation for your role in the transforming health care system?

Yes  No

3.1 If "Yes" to No. 3, list these programmes.

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3.2 If "No" to No.3, explain

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4. Would you like to suggest any strategies to be used for preparing professional nurses to adapt to the transformation?

Yes  No

4.1 If "Yes" to No.4, list these strategies.

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5. Do you as a professional nurse have specific needs that you would like the Human Resources Section / Department to help you with?

Yes  No

5.1 If "Yes" to No.5, list your needs.

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ANNEXURE E

**INTERVIEW GUIDE FOR NURSING SERVICE MANAGERS**

1. Have you been adequately prepared (trained) to manage a Nursing Service which is transforming to provide Comprehensive Primary Health Care?

Yes  No

1.1 If "Yes" to No.1, give reasons.

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1.2 If "No" to No. 1, explain

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2. Are there any reorientation or retraining programmes that you as a manager have been exposed to in preparation for your role in the transforming health care system?

Yes  No

2.1 If "Yes" to No.2, list these programmes.

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2.2 If "No" to No. 2, explain

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3. Would you like to suggest any strategies to be used for preparing nurse managers to adapt to the transformation?

Yes  No

3.1 If 'Yes" to No. 3, list the strategies.

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4. Do you as a manager have specific needs that you would like the Human Resource Section / Department to help you with?

Yes  No

4.1 If "Yes" to No. 4, list your needs.

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Professional nurses of your nursing service have to provide nursing care within the transforming health care system.

5. Are professional nurses in your institution adequately prepared (trained) to function in the transforming health care system?

Yes  No

5.1 If "Yes" to No. 5, give reasons.

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5.2 If "No" to No. 5, give your reasons.

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6. Are there any strategies that you as a manager have initiated / implemented to ensure that professional nurses can adapt to the transforming health care system?

Yes  No

6.1 If "Yes" to No. 6, list the strategies.

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6.2 If "No to No. 6, explain.

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7. How do you plan to evaluate the effectiveness of these strategies.

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8. Are there any strategies that the Department of Health / nursing in your region / province has initiated and implemented to enable professional nurses to adapt to transformation?

Yes  No

8.1 If "Yes" to No. 8, list the strategies.

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ANNEXURE F

**QUESTIONNAIRE FOR REGIONAL  
DEPUTY DIRECTOR OF HEALTH REGION**

1. Are professional nurses in your region adequately prepared (trained) to function effectively in the transforming health system?

Yes  No

- 1.1 If "Yes" to No. 1, elaborate

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- 1.2 If "No" to No. 1, give reasons

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2. Has your department initiated / implemented any strategies to ensure that professional nurses can adapt to the transforming health care system"

Yes  No

2.1 if "Yes" to No. 2, list these strategies.

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2.2 If "No" to No. 3, give reasons.

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3. How do you intend to evaluate the effectiveness of these strategies?

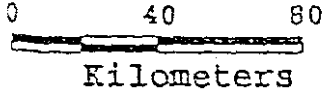
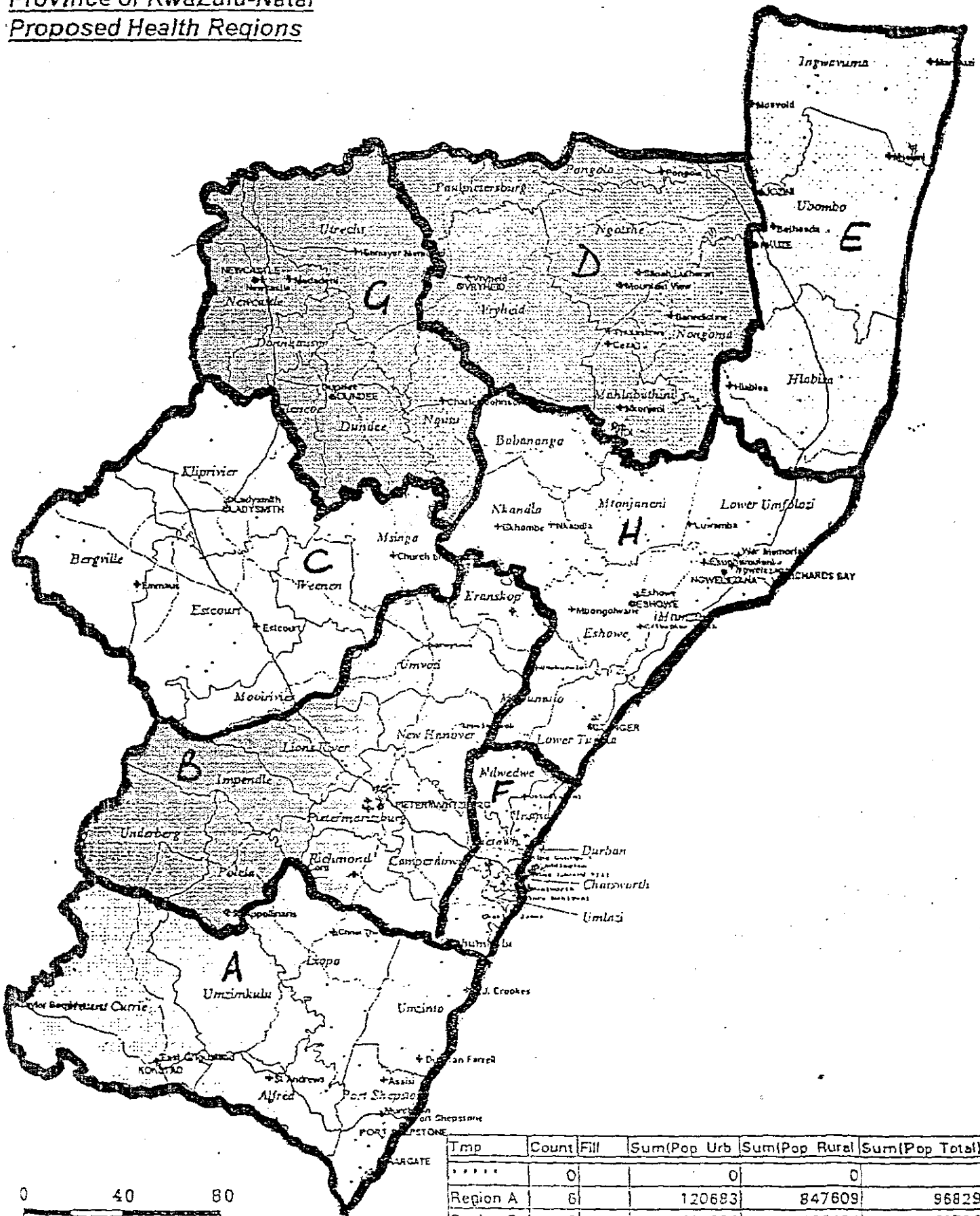
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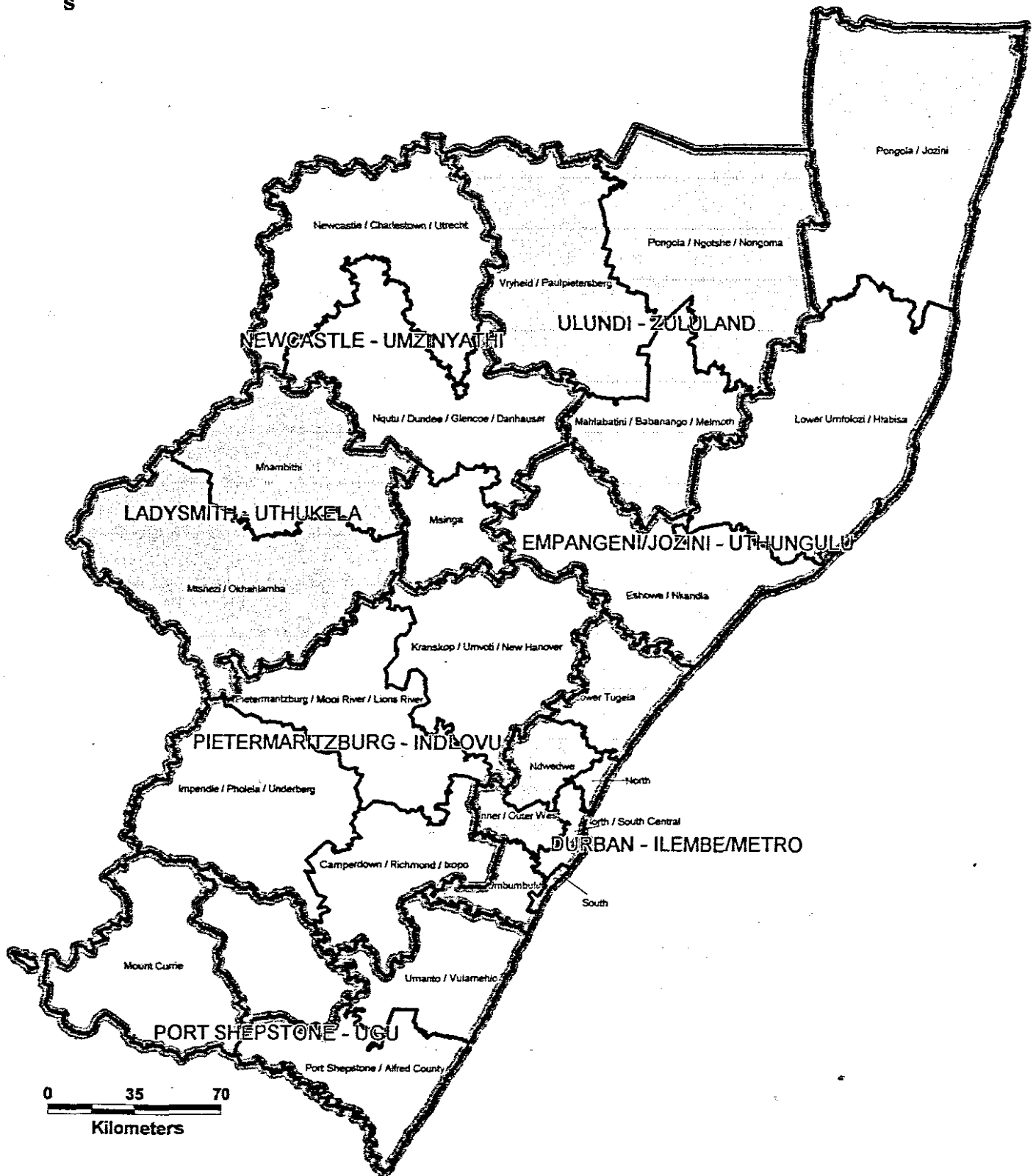
Province of KwaZulu-Natal  
Proposed Health Regions



Temp	Count	Fill	Sum(Pop Urb)	Sum(Pop Rural)	Sum(Pop Total)
.....	0		0	0	0
Region A	6		120683	847609	968292
Region B	10		434898	862404	1297302
Region C	6		148821	585107	733928
Region D	6		63085	553915	617000
Region E	3		8587	478557	487144
Region F	7		1958723	744903	2703626
Region G	6		316465	415105	731570
Region H	8		169673	998093	1166766

Province of KwaZulu-Natal, 1971. Proposed Health Regions, 1971. Prepared by the Department of Health, Natal. The boundaries shown are those of the Province of KwaZulu-Natal as they existed on 1 July 1971. The boundaries of the proposed health regions are shown by a thick line. The boundaries of the proposed health regions are shown by a thick line.

# KWAZULU-NATAL HEALTH REGIONS & DISTRICTS



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 PIETERMARITZBURG

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**AREA**

- HEALTH DISTRICTS
- HEALTH REGIONS