REASONS WHY NURSES' NAMES WERE REMOVED FROM THE SOUTH AFRICAN NURSING COUNCIL'S REGISTERS OR ROLLS

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ABSTRACT

South Africa experiences a shortage of nurses. The removal of names from the South African Nursing Council's (SANC's) register implies that these persons cannot practise as nurses in South Africa in terms of the Nursing Act (no 33 of 2005). The objectives of the study were to find out why nurses' names were removed from the SANC's registers/rolls during 2008, and under what conditions they would be willing to re-enter the nursing profession. A quantitative descriptive research design was adopted. From November 2008 until January 2009 postal questionnaires were completed by 51 nurses whose names had been removed from the SANC's registers/rolls, comprising the sample for this study.

The major reasons why nurses' names had been removed from these registers/rolls included that they had died, retired, no longer worked as nurses or did not pay their annual SANC registration fees. Some respondents continued paying their annual SANC fees for many years without working as nurses.

Recruitment efforts directed at nurses whose names had been removed from the SANC registers/rolls might be unsuccessful, as 49.0% of these respondents were older than 60, and might not consider re-entering the nursing profession. However, part-time positions in selected healthcare services, requiring no shifts, might enable some of these non-practising nurses to re-enter the profession.

KEYWORDS: auxiliary nurses, enrolled nurses, non-practising nurses, registered nurses, retention of nurses, South African Nursing Council

INTRODUCTION AND BACKGROUND INFORMATION

A number of international studies confirm that the ratio of nurses to patients influences patient-related outcomes. Lankshear et al.'s (2005:164) review of 22 international studies

indicates that lower ratios of patients to nurses were associated with improved patient outcomes. Similarly, Aiken et al.'s (2002:1987) evaluations of 168 acute care hospitals in Pennsylvania, United States of America (USA), revealed greater risks to patients with increased ratios of patients to nurses. Reportedly, surgical patients in Pennsylvania experienced higher risk-adjusted 30-day mortality and 'failure to rescue' rates with higher patient to nurse ratios: "Each additional patient per nurse was associated with a 7% increase in the likelihood of dying within 30 days of admission and 7% increase in the odds of failure to rescue" (Aiken et al., 2002:1988). Providing one hour's additional nursing care per patient per day in acute care settings decreased the patients' odds of suffering from pneumonia by 8.9% (Cho et al., 2003:71). "Conversely each additional patient assigned to a nurse was associated with an overall increase in risk of 17% for medical complications; 7% for hospital acquired pneumonia; 53% for respiratory failure. Mortality decreased by nearly 2% for each additional nurse hour per day, though additional hours did not seem to impact reliably on length of hospital stay" (Kane et al. in Shuldham et al., 2009:988).

The global shortage of healthcare workers, especially nurses and midwives, has led to crises in many sub-Saharan African (SSA) countries (Awases et al., 2004:1). According to the World Health Organization (WHO 2007:2), 36 SSA countries are experiencing extreme shortages of healthcare workers. This is particularly significant, because SSA has 11% of the world's population, but 25% of the global disease burden. Some SSA governments have created new healthcare cadres to perform some nursing and midwifery functions. However, as the limited numbers of nurses and midwives are expected to train these new cadres of healthcare workers, the roles and functions of nurses and midwives are being expanded, imposing greater workloads on the remaining nurses and midwives (Seboni, 2009:1035).

South Africa is reportedly one of the few countries globally where the mortality rate of children under five continues to rise. This may be due to a shortage of nurses. The vacant posts for nurses in the South African public healthcare sector increased from 31.5% in 2006 to 40.3% in 2008 (Jordaan, 2008:9). Out of the 107 978 (SANC, 2009a:1) nurses registered with the SANC during 2008, 15.2% (n=16 450) were at least 60 years old, implying that they had retired or could retire. This situation is aggravated by the fact that 1 180 nurses requested verifications of their qualifications (SANC, 2009b:1) to apply for nursing positions in other countries during 2008. During the same year, 2 371 students completed the four-year training programme to become registered nurses (SANC, 2011:1), implying that the increased number of registered nurses might only be 1 191 (2 371 – 1 180) or 50.2% of the newly registered nurses. Although not all 1 180 nurses emigrated during 2008, their intentions to emigrate had been put into effect, making them likely to emigrate at some stage. The emigration of South African nurses will continue as South African nurses are recruited by other countries, where they can earn better salaries, enjoy job-related benefits unavailable in South Africa,

work in well-resourced healthcare facilities, raise their families in countries with low crime rates, and avoid the challenges of coping with large numbers of HIV/AIDS patients in understaffed, resource-limited public healthcare facilities in South Africa (Oosthuizen & Ehlers, 2007:15). More than 900 South African nurses indicated that their work environments were stressful, requiring them to cope with increased numbers of patients and decreased numbers of nurses and a lack of equipment without support from management (Hall, 2004:28). "The demand for nurses in developed, prosperous countries will always exceed supply as nurses take on advanced roles, as their population ages, and technology and healthcare advances" (Hancock, 2008:260).

South African nurses have to renew their registration annually with the SANC, and pay the prescribed fees, in terms of the Nursing Act (no 33 of 2005). The SANC issues an annual practising certificate to paid-up persons, entitling "... the person to whom it has been issued to practise in the capacities shown and for the period stated…" (SANC, 2011). Persons may request that their names be removed from the SANC's register, or names may be removed as a result of disciplinary actions against specific persons, or for non-payment of the annual SANC fees. Irrespective of the reason for removal of names from the SANC's register/rolls, such persons may not practise as nurses.

PROBLEM STATEMENT AND OBJECTIVES OF THE STUDY

South Africa is experiencing a shortage of nurses. The number of nurses' names removed from the SANC's registers/rolls on an annual basis, aggravates this shortage as these persons may no longer practise as nurses. Knowledge about reasons why nurses' names were removed from the SANC register could help to reduce the number of nurses abandoning the profession and increase the number of nurses re-entering the profession. This could help to increase the number of practising nurses in South Africa. "Consideration of the factors that influence turnover is essential for creating a working environment that retains the nurse" (Shader et al., 2001:210).

The objectives of the study were to identify reasons why nurses' names were removed from the SANC's registers/rolls during 2008, and the conditions under which they would re-enter the nursing profession. This knowledge could help to reduce the number of nurses abandoning, and increase the number of nurses re-entering, the nursing profession.

DEFINITIONS OF KEY TERMS

Enrolled auxiliary nurses, previously known as 'assistant' nurses, successfully completed one year's training and are listed on the SANC's roll as such.

Enrolled nurse refers to a person who has completed a two-year programme, passed the SANC examinations and is listed in the 'enrolled nurse' category of the SANC.

Non-practising nurse implies any category of nurse who is not working as nurse, irrespective of the reason(s).

The term 'registered nurse' in South Africa refers to professional nurses listed on the register of the SANC, irrespective of the course(s) completed to achieve this status.

RESEARCH METHOD

A quantitative descriptive method was adopted. Questionnaires were posted to nurses whose names had been removed from the SANC's registers/rolls during 2008.

Population and sample

The population comprised all nurses who did not renew their registration with the SANC during 2008, but this number is not indicated on the SANC website. At the researcher's request, the SANC supplied name and address labels of 250 computerised randomly selected nurses whose names had been removed from the SANC's registers/rolls during 2008. Although 250 questionnaires were posted, only 51 (20.4%) questionnaires could be used for data analysis, and these comprised the sample for this study (n=51).

Research instrument

The questionnaire's closed-ended items were obtained from a literature review. The first section (seven items) attempted to obtain biographic information such as the nurses' ages, gender, marital status, income and qualifications.

Twelve items addressed nurses' professional experience, reasons for leaving the profession and conditions under which they would consider re-entering the profession. Sixteen options were provided for nurses to indicate in which field of healthcare they would prefer to work should they re-enter the profession. An open-ended option "Other, please specify..." was also included. The last open-ended item requested comments from the respondents about the reasons why their names had been removed from the SANC's registers/rolls.

Reliability and validity

The instrument's items were judged to have face validity by two nurse researchers. Most items of the questionnaire had been used in previous surveys (Ehlers 2003a; 2003b)

by the same researcher, and posed no challenges for respondents. The adequacy of the content covered by the questionnaire's items was judged by four nursing colleagues to be appropriate for investigating reasons why nurses' names had been removed from the SANC's register, and conditions under which they would consider re-entering the profession. Content validity was further explored by comparing findings obtained in response to different items. For example, the respondents' ages were compared with the number of years they had been registered with the SANC.

Reliability refers to the consistency with which an instrument measures specific attributes (Burns & Grove, 2005:809). This specific questionnaire had been pre-tested and used in similar studies. Consequently the reliability of the instrument was deemed acceptable, and no pre-test was conducted during the current study.

Data collection

During November 2008 questionnaires were posted to 250 nurses whose names had been removed from the SANC register during 2008. Questionnaires with reminders were posted again to these 250 nurses during January 2009.

As many as 50 (20.0%) of these nurses' relatives informed the researcher that the nurses were unable to complete questionnaires as they had died, been admitted to frail care centres or emigrated. Considering that out of the 107 978 (SANC, 2009a) nurses registered with the SANC during 2008, 45 985 (42.6%) were at least 50 years old, this situation could have been predicted. Although the SANC statistics only reflect persons with addresses in South Africa, this experience indicates that an unknown number of registered nurses with South African addresses, might no longer live or work in South Africa.

Seventy (28.0%) of the questionnaires were returned marked "address unknown" while 19 (7.6%) of the returned questionnaires contained only demographic information and could not be used for the data analysis. Only 51 (20.4%) out of the 250 posted questionnaires could be used for data analysis, comprising the sample for this study.

Data analysis

The data analysis was done by the MS Excel computer program. Descriptive statistical methods were used to summarise and describe the data.

Ethical considerations

The research proposal was approved by the Research and Ethics Committee of the Department of Health Studies, University of South Africa. A copy of this approval was submitted to the SANC together with the request for name and address labels of persons whose names had been removed from the registers/rolls during 2008.

Only postal questionnaires were used. Completion and return of the questionnaire was deemed to be an agreement by the respondent to participate in the study. A stamped, self-addressed envelope was enclosed with every questionnaire. A cover letter was also enclosed with every questionnaire, explaining the purpose and nature of the survey. The researcher's phone numbers were supplied in case any respondent wished to discuss any issue, or to request a report of the research findings.

RESULTS

The data from the 51 usable questionnaires were entered into the MS Excel program to calculate descriptive statistics. Although 51 questionnaires' responses were analysed, some respondents did not answer all questions, explaining why the number of respondents might differ for specific items.

Biographic data

Out of the 51 respondents, only 8.2% (n=4) were males and 91.8% (n=47) were females. The respondents had stopped working as nurses between 1975 and 2008. The respondents' ages ranged from 22 to 76. The average age was 56.1 years, with a standard deviation of 13.2, implying that 66.6% of the respondents' ages fell within the 42.9–69.3 age group. Only 22.4% (n=11) were 49 years old or younger. The age distribution indicates that of the respondents:

- 30.6% (n=15) were 66 or older;
- 18.4% (n=9) were 60–65 years old;
- 49.0% (n=24) were at least 60 years old;
- 28.6% (n=14) were 50–59 years old; and
- 22.4% (n=11) were 49 or younger.

Out of the 49 respondents who indicated their marital status 44.9% (n=22) were married, 28.6% (n=14) had never been married, 16.3% (n=8) were widowed and 10.2% (n=5) were divorced. These figures imply that more than half (55.1%; n=27) of the respondents were not married at the time of completing the questionnaires.

Out of 49 nurses only one did not depend on her own income. The number of dependents ranged from nought to seven.

The sample comprised 37 registered nurses as well as six enrolled and six auxiliary nurses while two respondents failed to indicate the relevant nursing categories. This finding was verified by responses to another question about the nursing category of each respondent. The respondents (n=49) indicated their pre-retirement positions as being auxiliary nurses 12.2% (n=6); enrolled nurses 12.2% (n=6) and professional nurses 75.5% (n=37).

Table 1: Non-practising nurses' qualifications (n=49)

Qualification	Number	%
Enrolled auxiliary nurse	6	12.2
Enrolled nurse	6	12.2
General registered nurse	4	8.2
General registered nurse and midwife	10	20.4
General registered nurse/midwife + others	23	46.9
Total	49	99.9

As many as 62.2% (n=23) of the 37 registered nurses had acquired qualifications in addition to being registered nurses and midwives. Only 10.2% (n=5) nurses had obtained degrees: two bachelor's degrees, two honours bachelor's degrees and one had a bachelor's degree and a law degree as their highest qualifications. Another 8.2% (n=4) of the respondents had acquired teacher's diplomas, one (2.0%) was a qualified preacher and one (2.0%) had obtained a police diploma in the United Kingdom. This respondent was a registered general nurse, midwife, community health nurse and psychiatric nurse, but reportedly worked in the United Kingdom as a police officer.

As many as 64.7% (n=33) of the responding nurses worked full time until they discontinued practising as nurses. Merely 35.3% (n=18) had worked part time, ranging from 10 to 36 hours per week, but only 25.0% worked fewer than 20 hours per week.

Out of the 37 professional nurses, four were reportedly chief professional nurses and eight were senior professional nurses. Only 43 respondents indicated the number of years that they had worked as nurses, ranging from less than one to more than 40 years, as indicated in Table 2. As many as 25.6% (n=11) had more than 31 years' service and another 25.6% (n=11) reported their years of experience as ranging from 21 to 30 years. Thus 51.2% (n=22) of these respondents had at least 21 years' nursing experience.

Table 2: Years of nursing experience (n=43)

Years of nursing experience	Number	%
Up to 5	6	14.0
6–10	8	18.6
11–15	4	9.3
16–20	3	7.0
21–25	9	21.0
26–30	2	4.7
31–35	5	11.6
36 or more	6	14.0
Total	43	100.2

Reasons for removal of names from the SANC's registers/rolls

The answers, in response to the open-ended question enquiring about the most important reason for having their names removed from the SANC registers/rolls in 2008, comprised mostly single words. The reasons were grouped as indicated in Table 3.

Out of 50 respondents, 42.0% (n=21) indicated that their names had been removed from the SANC's registers/rolls because they had retired or stopped working, and 6.0% (n=3) did so because they considered the SANC's fees to be too high to maintain their annual registrations/enrolments. These three respondents were older than 70. The 4.0% (n=8) of the respondents who indicated that they had left the nursing profession because of poor health, failed to indicated the nature of their illnesses. No one mentioned dissatisfaction with the salary or working hours as reasons for abandoning the nursing profession. George et al. (2013:7) investigated the migration of South African health workers and reported a similar finding by stating: "… we found no indications that low salaries were correlated with HWs [health workers'] decisions to move".

Table 3: Reasons why nurses' names were removed from the SANC's registers/rolls (n=50)

Reason	Number	%
Retirement/stopped working	21	42
Removed – not requested	9	18
SANC fees became too high	6	12

Changed careers	4	8
Poor health	4	8
Moved to other place/no post	3	6
Emigration	1	2
Pursued further studies	1	2
Started own business	1	2
TOTAL	50	100

Conditions under which respondents would consider re-entering the nursing profession

Only 47.1% (n=24) of the respondents indicated that they would consider re-entering the nursing profession. The number of weekly hours they would be willing to work ranged from six to 48, but 50.0% (n=12) of them were willing to work at least 20 hours per week.

Their preferred areas of employment, upon re-entering the nursing profession, would be:

- family planning services (4.3%; n=1)
- administrative positions (8.3%; n=2)
- geriatric units (8.3%; n=2)
- intensive care units (12.5%; n=3)
- nursing education (12.5%; n=3)
- outpatient and/or casualty departments (20.8%; n=5)
- various hospital departments (33.3%; n=8).

Only 23 answered the question about their preferred shifts, and 60.9% (n=14) indicated that they would not work weekend shifts, while 17.4% (n=4) were willing to work shifts from 07:00 till 16:00. Only 8.7% (n=2) would prefer to work during the mornings and 4.7% (n=1) would prefer to work night duty.

DISCUSSION OF FINDINGS

As 49.0% (n=24) of the respondents were 60 years of age or older, they might have retired. This finding could indicate that nurses whose names had been removed from the SANC's register might not consider re-entering the nursing profession due to advanced age. Of the respondents aged 50–59, 28.6% (n=14) might have been able to provide

nursing services for a few more years. Recruitment efforts could be directed at the 22.4% (n=11) of the respondents who were 49 years of age or younger.

One respondent stopped working as a nurse in 1975 and continued paying the annual subscriptions to the SANC until 2007, for 32 years. It could not be ascertained from the respondents' answers why nurses maintained their SANC registrations after they had discontinued practising as nurses.

However, this could indicate that future nurse shortages might not be addressed by recruiting non-practising nurses, as was done during the global shortage of nurses during the 1980s. This is the case because more and more 'baby-boomers' (born between 1946 and 1964) will reach their retirement ages from 2005–2020 (Minnick, 2000:211), making their professional re-entry unlikely.

Most respondents were female and more than half were single when they completed the questionnaires. Although 49.0% (n=24) of the non-practising nurses were the only persons dependent on their incomes, up to seven persons depended on some respondents' incomes.

As many as 62.2% (n=23) of the non-practising registered nurses who had acquired qualifications in addition to general nursing and midwifery, might have been able to render significant contributions to the healthcare services in South Africa. These additional qualifications included psychiatric nursing, orthopaedic nursing, community health nursing, nursing education and nursing administration.

Full-time employed nurses in South Africa work approximately 40 hours per week. Those respondents who worked part time reportedly worked from 10 to 36 hours per week. With adequate planning it could be possible to offer part-time positions to nurses, from 10 hours per week, in specific healthcare services in South Africa. The four chief professional and eight senior professional nurses might be able to continue rendering services, even if for a limited number of hours per week.

As portrayed in Table 2, 51.2% (n=22) of the non-practising nurses who participated in this study had accumulated at least 21 years' nursing experience. South Africa's healthcare system could benefit if these experienced nurses could continue to render services, even if on a part-time basis in specific roles. Peterson (2001:5) maintains that "... very little research has been done about the impact of the ageing workforce and potential accommodations that may need to be made in order to retain the experienced nurse".

Reasons for removal of names from the SANC's registers/rolls

As many as 42.0% (n=21) of the respondents' names had been removed from the SANC's registers/rolls because they had stopped working as nurses. Only 8.0% (n=4) of the respondents indicated that they had left the nursing profession because of poor health, but failed to indicated the nature of their illnesses. Out of these 6.0% (n=3) of the respondents (who were older than 70 years of age) considered the SANC's fees to be too high to maintain their registrations/enrolments. It appears to be unlikely that 56.0% (n=28) of these non-practising nurses who responded to this open-ended question could be recruited to re-enter the nursing profession.

Conditions under which nurses would consider re-entering the nursing profession

Fewer than half (47.1%; n=24) of 51 respondents might consider re-entering the nursing profession, working 6-48 hours per week, but 50.0% (n=12) of them were willing to work at least 20 hours per week in various healthcare situations. Although working shifts was not indicated as a major reason for leaving the nursing profession, it would be an important consideration for returning to the nursing profession. Similar results were reported by a Swedish study (Sjögren et al., 2005:751), indicating that working conditions and working schedules were dominant reasons influencing Swedish nurses' potential re-entry to the nursing profession.

Research results indicate that there are limits to the implementation of flexible working hours for nurses. "In some areas there is evidence that the implementation of flexible working hours may be producing an inflexible workforce as older nurses are required to compensate for the flexible working patterns of their colleagues... there is a need for creative solutions to address implementation of flexible working hours for all nurses to ensure that workforce policy addresses the need to retain nurses in the workforce in a fair and equitable way" (Harris et al., 2010:418).

In South Africa, older nurses could be employed on a part-time basis in casualty/outpatient departments, family planning clinics, HIV/AIDS counselling and testing services, antenatal and postnatal care clinics, well baby clinics, school health services, and termination of pregnancy services, without demanding shift work.

Jobs pursued other than nursing

Only 23.5% (n=12) of the respondents pursued jobs other than nursing, being an attorney, clinical psychologist, doctor's receptionist, administrator, domestic worker, HIV counsellor, policewoman, potter and caterer. Out of these 12 respondents, 75.0% (n=9) indicated that the pay and the hours were better in their other jobs, than in nursing.

No respondent indicated that the major reason for leaving the nursing profession was pay and/or hours. This finding might indicate that once nurses become engaged in other jobs offering better pay and/or hours than nursing, recruiting them to re-enter the nursing profession might pose challenges. None of these 12 respondents with other jobs would consider re-entering the nursing profession.

CONCLUSION

Approximately half of the respondents had reached retirement age. Although the respondents' names had been removed from the SANC register during 2008, they had discontinued practising as nurses some years prior to 2008, posing challenges for drawing conclusions about these respondents' reasons for leaving the nursing profession, except that the majority did so because they had retired. Professional re-entry might be an unrealistic expectation from the majority of these elderly respondents, as they stopped working as nurses for years or even decades prior to discontinuing their SANC registrations. One respondent stopped working in 1975 and only had her name removed from the SANC register during 2008, implying that she remained registered on the SANC records for 33 years without working as a registered nurse.

All respondents who had embarked on different careers would not consider re-entering the nursing profession. The reasons for preferring other jobs included better remuneration and working hours. Although hours of work and remuneration were not mentioned as reasons for abandoning the nursing profession, those with other jobs would not consider re-entering the profession because of these two concerns.

Most respondents who might consider re-entering the nursing profession would be unwilling to work irregular hours and shifts. Part-time nursing positions with regular hours might attract some non-practising nurses to re-enter the profession.

RECOMMENDATIONS

Future studies should limit the ages of potential respondents to those younger than 59 years of age. In this way persons who had retired could be excluded from future studies. Individual interviews should be conducted with nurses whose names had been removed from the SANC register to obtain in-depth information about the reasons for such actions and about the conditions under which these nurses would consider re-entering the nursing profession.

Concerted efforts should be made by South Africa's healthcare services to identify areas in which retired nurses could function effectively on a part-time basis, without working shifts. Continued research about these possibilities should be conducted as the South

African nurses' average age continues to increase. Family planning services, voluntary counselling and testing (VCT) services, outpatient departments, ante- and postnatal clinic services, immunisation and well baby clinic services, as well as termination of pregnancy services, could be offered by retired nurses working a few hours per week on a regular basis.

Future research should endeavour to investigate diverse aspects of job satisfaction which might influence nurses to abandon the profession in South Africa. Lu et al. (2005:224) warned that: "The lack of a comprehensive model of job satisfaction in nursing is a major shortcoming without which effective management interventions cannot be developed or tested". South African nurses and healthcare managers should recognise that "... caring is not a lost art in nursing but caring might be affected by the context, culture, age of patients and nurses, and the type of institutional care" (Ehlers, 2008:803).

LIMITATIONS OF THE STUDY

Only self-completion questionnaires were used to collect data. Structured interviews might have yielded better returns. This was impossible as the respondents' telephone numbers were unavailable.

In-depth individual interviews might also have produced valuable additional qualitative data, indicating nurses' personal reasons for leaving the nursing profession and conditions under which they might be willing to return to the professionally active ranks.

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