



FOREIGN NURSES 'TRICKLE IN' – EIGHT TIMES SLOWER THAN LOCALS LEAVING

Only 78 foreign-qualified nurses were registered to practise in South Africa last year, mainly because of poor compliance with application requirements and an inability by war-torn/ dysfunctional African governments to verify professional qualifications.

These were among the reasons provided by Linda Hlaisi, manager of the South African Nursing Council's (SANC) Foreign Workforce section, for the congealing trickle of badly needed foreign-qualified nurses into this country. She was responding principally to complaints by frustrated nurse applicants holding official foreign refugee status.

By contrast, the annual exodus of South African trained nurses seems to be, even on the most conservative estimate, at least 8 times that of the foreign-qualified 'influx'.

South Africa does not recruit health care workers from a United Nations list of 'developing countries' but makes an exception for legal refugees from war-torn countries, provided they meet professional requirements. The numbers of foreign-qualified nurses registered to practise in this country by the SANC has dropped steadily from 137 in 2004 to 104 in 2005 to just 78 last year. The implications that this slowing trickle of SANC-endorsed foreign-qualified nurses has for health care delivery, especially in severely understaffed rural facilities, are especially serious given the failure of local nursing colleges to meet existing needs.

By contrast, the annual exodus of South African trained nurses seems to be, even on the most conservative

estimate, at least 8 times that of the foreign-qualified 'influx'. The nursing council's own database shows that between January and April last year (just 4 months) there were 639 applications by locally trained nurses to have their training record and certification sent to a foreign country. The database is currently being updated and the annual potential exodus will probably triple once all the 2006 figures are in.

While this does not mean that all these nurses will leave the country, it is an indicator of intention and the only known 'outflow' measurement tool available.

What we have

As of 4 January this year (2007), there were 196 914 nurses of all professional categories registered with the SANC. Of these, 101 295 are registered nurses, 39 305 are enrolled nurses and 56 314 are auxiliaries.

From interviews with the Nursing Council's Information Technology and Foreign Workforce departments, *Izindaba* estimates that the registration of foreign-qualified nurses represents less than a quarter of all the foreigners who apply annually. Hlaisi said that since she started her job in January 2005 she had recorded 388 foreign-qualified nurses who were either successfully registered or 'in process'. She was unable to state the percentage of applicants who had met all the local requirements and been registered with the council.

Successful foreign nurse enrolments or registrations are deleted from the council's list after 3 years. They can only be extended via a recommendation by the National Department of Health, whose endorsements foreign nurse refugees say council routinely ignores.

Professor Sheila Clow, an associate professor in the University of Cape Town's Division of Nursing and Midwifery and the Western Cape chairperson of the Midwives Society, said the public health care sector in her province was 'well over 2 000 nurses short'.

'If you extrapolate that to the country, it's enormous, particularly in the underserved rural areas'.

With 1 896 nurses currently being trained per annum in South Africa and 2 745 suffering from AIDS annually (Shisana *et al.*, p. 108 this issue), the crisis is deeply alarming.

She expressed some sympathy for the SANC's problems in registering foreign-qualified nurses.

'They have access to the international benchmarking list and some African countries don't even appear on it, so how can they realistically make a judgement on their qualification levels?'

The situation had deteriorated to such an extent that 'we're short at entry level and we're losing at the top end'.

Staff shortage warnings 'ignored'

Clow said the government had been warned of a looming staffing crisis 'for some years now'.

The situation had deteriorated to such an extent that 'we're short at entry level and we're losing at the top end'.

'We also don't appear to have a coherent plan of re-skilling and up-skilling those currently in the system to develop their careers – they're too short-staffed to release people. We're so busy crisis managing now that we don't see that in 3 - 4 years' time we'll have a crisis of nursing leadership,' she added.



Pat Mayers, a senior lecturer in Nursing and Midwifery at UCT, said that the Western Cape was training and producing just over a third of the province's public service nursing requirements.

'We're hopelessly under – it's got progressively worse since the amalgamation of training facilities and the offering of voluntary service packages (an affirmative action tool introduced in 1994),' she said.

The problem was aggravated by the introduction of the 4-year professional nursing qualification which meant that the first 'batch' of current nursing students with advanced skills would only come on stream in 2008.

Mayers' students include several from Malawi and Botswana, some of whom have been waiting over 18 months for limited nursing registration. 'We send them home well qualified with some practical experience. I'm sure the SANC can speed up the registration process for locals and foreigners alike because everyone is desperate for staff and/or experience,' she added.

Clow doubted that compulsory community service for nurses would make much difference 'because nurses have always been close to the people anyway, unlike doctors'.

Mayers said there appeared to be a lingering 'sense of protectionism – that foreigners will take our jobs in the health care sector. That might have been appropriate a decade or so ago, but it is wholly inappropriate now,' she added.

Clow said media criticism of the way some nurses treated patients was directly related to the excessive loads they were being forced to carry. 'If you treat nursing and education like a factory production line, it cannot solve the problem – how do we imbue them with the good relations to create good, caring nurses?' she asked.

Community service won't impact much

Clow doubted that compulsory community service for nurses would make much difference 'because nurses have always been close to the people anyway, unlike doctors'. She believes that community service will mainly impact in addressing staffing imbalances between provinces.

Yet hundreds of apparently qualified refugees continue to queue up for painfully slow registration at the SANC. Refugees from several African countries with full legal refugee status and applying to have their foreign nursing qualifications recognised in this country, reached the end of their tether in October last year. They formed a 200-strong Refugee Nurses Network (RNN) that has petitioned 15 influential bodies, from the Presidency to the Human Rights Commission, claiming they have 'jumped through all the hoops' only to be hobbled at the final 'verification' hurdle.

Also unhappy with the Nursing Council are private nursing hospitals that are being forced to recruit overseas because of nursing shortages here but are facing long delays in local authorisation and accreditation. This results in loss of interest by foreign prospects and can cost human resource managers up to half their original recruits.

Last year Medi-Clinic waited over 9 weeks after allegedly being reassured by the council that its processing of their 60 Indian nursing prospects would take just 1 week. Hlaisi said Medi-Clinic had provided the required documents 'only in dribs and drabs'. She said the council gave all applicants 'very clear guidelines' of requirements for successful registration. Delays nearly always came down to the applicant failing to provide enough data for proper verification of their original foreign qualification.

This was particularly difficult where African countries were war-torn or

government institutions shaky. 'I might look like I'm not doing anything, but I'm bound by a situation where people cannot give what I need to register them. I feel so bad that I think I must go and look for another job. It's bad to be seen as not doing enough. It's terrible. I can register these people overnight but it will cost me my job,' she complained.

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No consistency, say refugees

The RNN claims that the council has spent over a year 'allegedly communicating' with the Democratic Republic of the Congo but says their nursing schools and council have told them they had no record of any such attempts. They claim that the 10 Congolese nurses previously registered to nurse in South Africa were allowed to work based on identical procedures and information furnished. They believe the 50 now awaiting registration are being 'purposely blocked'.

'There is a South African embassy in the Congo and a Congolese embassy in South Africa, why not use them to solve the verification problem? We are experiencing an attitude of xenophobia,' charged Charl Nganza, the president of the RNN. Hlaisi responded that the RNN itself had admitted that requesting verification from the Congolese government could 'put their lives at risk'.

She said the RNN, represented by several top human rights bodies, had agreed at a meeting in November 2006 to draft a safer, more efficient verification procedure which it had 'yet to bring to us'. Hlaisi said she had no Congolese nursing qualification literature with which to compare the SA Nursing Council's own nursing



qualification requirements. 'I'm sure we can come up with a way forward, once the RNN brings us their draft,' she added.

The petition circulated by the RNN claims there are more than 200 Congolese nurses waiting registration. 'We didn't choose to be refugees,' it adds.

Another hurdle for foreign-qualified applicants seems to be the council's insistence on recognising only the internationally recognised Test on English as a Foreign Language (Toefl) for fluency in English if the applicants' training was not in English. This is only available overseas and local institutions

such as the Language Laboratory and others are not deemed acceptable.

Council chief responds

Hasina Subedar, Chief Executive Officer of the nursing council, told *Izindaba* that the Congolese issue was 'complex and sensitive' and declined to discuss 'individual applications with the media'.

'Please don't jump to the wrong conclusions about the SANC based on very emotional and desperate applicants,' she said. Three top human rights bodies were monitoring matters and helping the refugees to 'come up with a proposal. Please allow us the

time and space to come up with a solution,' she added.

Asked why foreigners were not simply allowed to write the exam appropriate to their level of claimed expertise, she said it 'may be one of the options we're looking at', but declined to expand.

She said she did not think 'we can use foreigners to solve local problems'.

Subedar added that foreign applicants from the more developed Western countries were in a minority, 'so we're sitting with a bit of a problem' as South Africa had agreed not to recruit health care workers from developing countries.

Chris Bateman

A REFUGEE NURSE'S STORY...

Highly qualified Congolese refugee, Majiku Wamajiku, quit after working for two months without pay in Baragwanath Hospital's Neurosurgery ICU in April last year.

In spite of a letter confirming that he met the requirements for registration as a nurse and subsequently sitting for and passing the examination on ethos and professional practice, the SANC refused to register him.

Wamajiku met all council requirements (except for the English fluency initially, and currently verification of original qualification).

He had his letter of support from the health department's foreign workforce programme, but because his council registration remained 'imminent' pending verification of his Lumbumbashi University nursing diploma, he was unable to provide the Baragwanath paymaster with a registration number.

Now employed as a private caregiver in Bryanston, Wamajiku's ambitions of taking a local advanced ICU nursing course are on permanent hold until Council verifies his Congolese diploma.

'I had to borrow and beg for taxi money to commute to work at Bara until I found this job,' he told *Izindaba*.

This poor guy can't even advance his education, let alone work where he's most needed,' she said angrily.

Highly commended

His employer, Mrs Joanne Saner, describes him as a 'top grade' nurse who has given thoroughly professional care to first her late uncle who died of cancer, and now to her father who needed high care after a fall.

She met Wamajiku two years ago through a now defunct private nursing agency.

'When you try and get council to explain, they cite a piece of paper they gave him when he wrote his exam. First they lost it, then another was sent and now, for some reason the signatures don't match. This poor guy can't even advance his education, let alone work where he's most needed,' she said angrily.

The hoops foreign-qualified nurses need to jump through include providing certified copies of original documents, a letter of intent, a CV, a letter of support from the National department of Health Foreign Workforce Management Programme, a certified copy of their passport, an evaluation certificate from the South African Qualification Authority of the applicants' qualification, certified copies of professional qualification certificates, a valid licence to practise from the regulatory body of their country of origin, and proof of payment for the non-refundable fee of R375 per qualification.

If they manage all this, a panel of evaluators matches their qualification to equivalent local qualifications. If this succeeds, they then write the Nursing Act exam, which, if they pass, enables them to apply for registration of their qualification.

Only at this stage do they fill in a verification form for authentication by their home nursing council.

This costs an additional R364.

Chris Bateman