



**NURSING**  
**CONFERENCE REPORT** **2012**  
**25-26 JULY**

SOUTHERN SUN ELANGENI HOTEL  
DURBAN

khanyanjalo  
c o n s u l t i n g



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# BACKGROUND



Khanyanjalo Consulting hosted a conference for nurse leader, on 25th & 26th July 2012 at the Southern Sun Elangeni Hotel in Durban, KwaZulu Natal Province in South Africa. The conference attracted two hundred and five (205) nurse leaders from the length and breadth of the country, that is, academia from universities and colleges of nursing, public health specialists, nurse managers, quality managers, infection control managers from hospitals, District Health Offices, Community Health Centres, Municipality Health Care units and organized labour.

The conference was convened during the historic year when the Nation is beginning to realise the goals of the long and healthy lifestyles for all South Africans through the implementation of the first phase of the National Health Insurance. The conference upheld the notion of unity in diversity as it brought under one roof Nursing Education and Nursing practice brain power, moving away from the previous silo approach of addressing nursing issues separately as “Nurse Educators” - “Nurse Managers.” It is in the same vein that theme “Enhancing the quality of Nursing Education and Nursing Practice” was chosen as the main focus to drive the proceedings and deliberations of the conference, building on the momentum that was started at the National Nursing Summit for 2011.

## CONFERENCE OBJECTIVES

- To explore health policy and legislative issues as they impact on the quality of nursing education and nursing practice.
- To examine the responsiveness of nursing education programmes to the health needs of society.
- To share and discuss quality innovations to close the theory-practice gap.
- To reflect on professional practice standards, nursing ethics, culture, values and human rights as they influence quality of health care.
- To contribute to the improvement of quality care through research-based nursing innovations
- To reflect on the role of leadership in maintaining quality of the institutions” management practices.

# PLENARY

## CHAIRS



**PROF MAGDA MULDER**

Head of School of Nursing ,  
*University of the Free State*

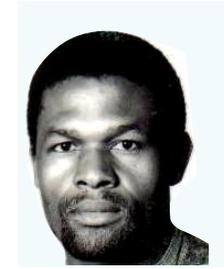


**PROF SUSAN WRIGHT**

Head of School Adelaide Tambo  
School of Nursing Science  
*Tshwane University of Technology.*

# SPEAKERS

## BIOGRAPHIES



# PROF RACHEL V. GUMBI

**Acting Chief Executive Officer – Prince Mshiyeni Memorial Hospital** D Litt et. Phil (UNISA) M cur  
(University of Liverpool-UK) Bcur (UNISA) DNE university of Natal; RN RM



Professor Gumbi is currently employed as an Acting Chief Executive Officer Prince Mshiyeni Memorial Hospital (Umlazi), after serving as Rector and Vice Chancellor of the University of Zululand from May 2003 to January 2010, responsible for the management and administration of the University. She worked at King Edward VIII Hospital in the wards and college, University of Zululand as a lecturer and senior lecturer, as Professor and Head of the Departments of Health Education and Nursing Science at the University of Transkei. Professor Gumbi was also employed as Chief Director: Health Resources Planning in the Department of Health, National Ministry from 1996-2003. She served on the following Boards: Oliver Tambo Fellowship and Medical Education for South African Blacks (MESAB), Health Personnel Education (Kellogg) Medical Research Council, Public Service Transformation Forum, Health Systems Trust etc.

Professor Gumbi was the President of the South African Nursing Council from August 1995 to June 2003. She was the first black from 1944 to hold this position. She was chairperson of the WHO Global Advisory Group for Nursing and Midwifery from 2001 to 2009. Honorary Professor – UNISA 1998 to date. Professor Gumbi has had a number of awards Nationally & Internationally. She is still active in Research activities & community empowerment.

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## Gearing up for the implementation of the National Health Insurance in South Africa

**PROF RACHEL V. GUMBI**

**Acting Chief Executive Officer – Prince Mshiyeni Memorial Hospital** D Litt et. Phil (UNISA) M cur  
(University of Liverpool-UK) Bcur (UNISA) DNE university of Natal; RN RM

South Africa has moved one step closer to National Health Insurance Scheme, with Finance Minister Pravin Gordhan announcing a sizeable Health care budget for 2012/2013, aimed at improving hospitals and strengthening public health ahead of the scheme's introduction. The National Health Insurance is a financing system that will ensure that all citizens of South Africa are provided with essential health care, regardless of their employment status and the ability to make a direct contribution to the NHI fund This paper will :

- Outline mechanisms for ensuring quality of health care under the NHI
- Reflect on the management of health facilities and health districts
- Reflect on other quality improvement issues
- Discuss the plans for infrastructure development
- Reflect on human resources planning, development and management
- Reflect on information management and systems support
- Reflect on the need for the national health insurance fund
- Outline the responsibilities of management teams in hospitals and nursing education institutions
- Outline the role of the office of health standards compliance,
- Respond to frequently asked questions on the national health insurance

# DR NOKUTHULA SIBIYA

Head of Nursing Department Durban University of Technology D Tech,  
M Tech(DUT), B Cur Hons, B Cur E et. A, (UNIZULU)



Dr Nokuthula Sibiyi joined the Durban University of Technology (DUT) in August 2003 as a lecturer in the Department of Nursing. She is currently the Head of Nursing Department since 2011. As Head of Department, Dr Sibiyi's priority is to provide leadership and direction in Nursing Department towards attainment of DUT's strategic goals in teaching and learning, research and community engagement. Dr Sibiyi is an active researcher who is involved in post graduate research supervision as well as collaborative research in cervical cancer. Her areas of research include primary health care and women's health issues. She serves on a number of committees in the Faculty of Health Sciences at DUT. She also serves on the Board of the Forum of University Nursing Deans in South Africa (FUNDISA).

"A model for integration of Primary  
Health Care Services in  
South Africa : The KwaZulu-Natal  
case study"

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## ABSTRACT

# A model for integration of Primary Health Care Services in South Africa : The KwaZulu-Natal case study

**DR NOKUTHULA SIBIYA**

*Head of Nursing Department Durban University of Technology D Tech,  
M Tech(DUT), B Cur Hons, B Cur E et. A, (UNIZULU)*

The vehicle for providing health care services in South Africa is the Primary Health Care approach through the District Health System. The concept of PHC as determined at Alma Ata is essential care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their participation and at a cost that the community and the country can afford, to maintain at every stage of development, in the spirit of self-reliance and self determination (WHO, 1978).

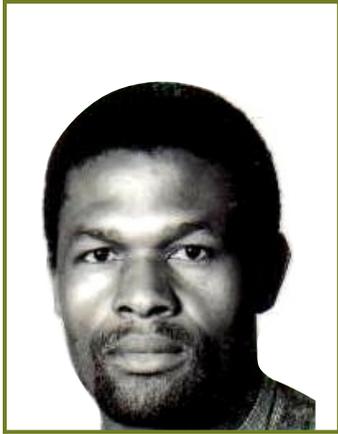
- Outline the conceptualization of IPHC
- Delineate the concept of comprehensive services at a PHC facility level
- Outline the National Policy framework that guided the introduction of IPHC

The Policy on integration of health services at Primary Health Care level in South Africa was enacted in 1996. The main aim of the policy was to increase access and utilization rate of PHC services. The problem, however, with the policy arose in the implementation of integrated PHC (IPHC) as there was no agreed upon understanding of what this phenomenon meant in the South African context. A qualitative cross sectional study was conducted in 2008 in KwaZulu-Natal with an aim of analysing the Integrated Primary Health Care (IPHC) approach

- Reflect on challenges in implementation of IPHC.
- Share knowledge on the current government strategy of PHC

# PROF THOKOZANI P. MHLONGO

**HOD: Nursing Science Department (UNIZULU) DLitt et Phil (UNISA)**  
MBA (University of Hull, UK) MA (University of Iowa) Bcur; DNE & DNA (UNIZULU)



Professor Thokozani Mhlongo is a registered nurse, educator and manager, with more than twenty (20) years of experience in nursing and education. His experience includes the following:

- (a) Nursing Education,
- (b) Nursing Management,
- (c) Business Administration,
- (d) Academic Research and Publication,
- (e) Lecturing and conducting research at university level.

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## Cultural competency in South Africa The Nursing education perspective

**PROF THOKOZANI P. MHLONGO**

**HOD: Nursing Science Department (UNIZULU) DLitt et Phil (UNISA)**  
 MBA (University of Hull, UK) MA (University of Iowa) Bcur; DNE & DNA (UNIZULU)

The overall aim of this presentation is to discuss/suggest the development of nursing education that is culturally appropriate to the South African context. Garity (2000) defined cultural competence as having sensitivity towards different cultural groups. It is clearly necessary to produce nursing professionals that are cultural competent – and are sensitive to cultural diversity. The South African Constitution (1996) enshrines multiculturalism as a national resource to be protected and promoted in all spheres of public life, including education. Cultural competence pedagogy is particularly inadequate in nursing, and this is the discourse that is primarily addressed in this paper.

It is argued that the South African Nursing programs which prepare nurses have for the most part assumed a 'one-size fits all' approach in the education and training they provide nursing students, largely ignoring the historical and cultural experiences and the world views of Indigenous peoples which differ significantly from the mainstream Western cultural framework. This presentation, therefore, will discuss how cultural competency content can be incorporated in our South African nursing education. The objectives of this presentation are to:

- Define the concept of "cultural competency"
- Discuss the significance of cultural competency to South African nursing education.
- Describe models of cultural competency which could be used in nursing education.
- Discuss how the cultural competency nursing education can be introduced.
- Discuss the implications of this information for South African nursing.

The paper concludes by highlighting the flexibility of the cultural competency model. The capacity of the framework to be adapted in the different university structures and systems of South Africa, as well in other countries worldwide.

“ **Nursing education, cultural competence, transcultural nursing, South Africa** ”

# MR TENDANI MABUDA

**Registrar & Chief Executive Officer South African Nursing Council (SANC)**

*MA (cur) Health studies (UNISA) BA (cur) Nursing education and Nursing Administration*

*(UNISA) Diploma in General(community, psychiatry) and Midwifery Nursing Science - Venda Nursing College in association with UNISA*



Mr Mabuda is currently the Registrar and CEO at the South African Nursing Council. He was previously employed by the Western Cape Provincial Government : Department of Health : as a Director of Nursing Services. Prior to joining Western Cape Provincial government, he served at the following hospitals, holding various positions in Nursing Management Manager Nursing Services Tshilidzini Hospital Deputy Manager Nursing Services - George Masebe Hospital.

Nurse educator -Limpopo College of Nursing, Nurse educator/lecturer Siloam Nursing School Registered Nurse Siloam Hospital Mr. Mabuda is a holder of number of certificates including Executive Leadership Management Program offered by the consortium of universities of Western Cape ( UWC, UCT, CPUT,US ), Financial management - University of Pretoria

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## ABSTRACT

# The Changing landscape of Nursing Education and Training in South Africa

**MR TENDANI MABUDA**

**Registrar & Chief Executive Officer South African Nursing Council (SANC)**

*MA (cur) Health studies (UNISA) BA (cur) Nursing education and Nursing Administration*

*(UNISA) Diploma in General( community, psychiatry) and Midwifery Nursing Science - Venda Nursing College in association with UNISA*

The 18 years of democracy of South Africa has been characterized by major transformation of health care system. The government and the ruling party have introduced number of legislative and policy framework to ensure equal access to health care services in the country. Some of the legislative framework impacts directly to nursing education and practice , such as the Nursing Act,2005(Act no 33 of 2005), Higher Education Act ,1997(Act no 101 of 1997) National Qualifications Framework , 2008( Act no 67 of 2008),South African Qualifications Authority, National Health Act,2003(Act no 61of 2003) and policies such as Reconstruction and Development Program,

District Health System and Nursing Strategy of South Africa(2008) to just mention few. In the 18 years of democracy nursing curricula has not been adequately reviewed commensurate with the changing disease burden such as HIV/AIDS , TB ,Drug and alcohol abuse and to prepare a nurse practitioner who will be able to meet the challenges of Millennium Development Goals ,and the ever changing medical technology while aligning and positioning nursing within appropriate National Qualifications Framework of the country.

“

*The 18 years of democracy of South Africa has been characterized by **major transformation of health care system.** ”*

## DR MUZIMKHULU ZUNGU

**Head of unit : TB HIV in the workplace National Institute of Occupational Health National Health Laboratory Service Johannesburg.** MBCHB Medicine (University of Cape Town) NMed Community Health; DOHM Occupational Health (University of Pretoria) FCPHM Public Health Medicine (CMSA)



Dr Zungu is a Public Health Medicine specialist, and the Head of Unit of TB HIV in the workplace at the National Institute of Occupational Health. He has worked in project management, health management, communicable disease control, occupational health services, clinical management of diseases, management and strategic development, teaching undergraduate and post graduate students as well as civil servants.

Specific workplace interventions include HIV/TB in the workplace for the NIOH/NHLS, and workplace occupational health services as well as EAP planning and provision for government departments and the private sector.

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## ABSTRACT

# TB Infections amongst Health care workers in South Africa : A challenge facing the country's Human Resources for Health

**DR MUZIMKHULU ZUNGU**

**Head of unit : TB HIV in the workplace National Institute of Occupational Health National Health Laboratory Service  
Johannesburg.** MBCHB Medicine (University of Cape Town) NMed Community Health; DOHM Occupational Health  
(University of Pretoria) FCPHM Public Health Medicine (CMSA)

Healthcare workers in South African healthcare facilities work in environments with a high density of tuberculosis patients due to the dual burden of tuberculosis and human immunodeficiency virus in the population, thus predisposing them to contracting tuberculosis. Despite the knowledge of the high tuberculosis incidence and the likelihood of tuberculosis transmission to both health care workers and patients, and the availability of basic infection control measures in our healthcare facilities, there is still inadequate implementation of infection control measures in healthcare facilities.

This paper seeks to review the knowledge base, instruments for tuberculosis control, the implementation of these tools and the knowledge gaps within the healthcare system in South Africa. A comprehensive review of scholarly literature was conducted based on Internet search engines. The review revealed the availability of adequate knowledge and tools for the control of tuberculosis in healthcare facilities, but inadequate implementation of infection control measures.

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*Occupationally acquired tuberculosis,  
healthcare workers, infection control,  
healthcare settings* ”

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# DR LUNGILE NDLOVU

**Managing Director : Khanyanjalo Consulting.**

*DPhil Nursing Management (UNIZULU) Mcur (University of Natal : Howard College) Bcur Hons (UNIZULU) Bcur (UNISA) DNA (UNIZULU) PHC RN RM*



Dr. Ndlovu is a founder member and the Managing Director of Khanyanjalo consulting. She served in the Department of Health for twenty one years. She completed her training as a General Nurse and Midwife in 1986, and in the same year joining the Department as a junior professional nurse, moving quickly from novice to expert along the various ranks of nursing. She worked as a Deputy Director-Nursing services (Chief Matron) at a regional hospital, a Chief Executive Officer in District and Regional hospitals in KwaZulu-Natal, turning hospitals around in their physical outlook, systems and processes, as well as the general ethos and attitudes of staff within a short period. In 2006 she represented the country at the regional World Health Organization conference (WHO-AFRO) on "Strengthening the role of hospitals in Africa, held in Congo-Brazzaville.

In 2007 Dr. Ndlovu left the Public service to venture into private business, hence the birth of Khanyanjalo Consulting. She has since then been involved with the Provincial Health Departments, doing training and consultancy work in many areas. This includes conducting quality audits, designing and implementing successful quality improvement strategies for Nursing Services in various Health Districts.

Dr. Ndlovu projects an image of the highest personal and professional integrity, and she is a mentor and a role model to a number of professionals and managers.

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## ABSTRACT

# A Paradigm shift in Performance Management : South African Model

**DR LUNGILE NDLOVU**

**Managing Director : Khanyanjalo Consulting.**

*DPhil Nursing Management (UNIZULU) Mcur (University of Natal : Howard College) Bcur Hons (UNIZULU) Bcur (UNISA) DNA (UNIZULU) PHC RN RM*

The establishment of the Department of Performance Monitoring and Evaluation on 1 January 2010 was a clear demonstration of Government's commitment to ensure that performance of departments makes meaningful impact in the lives of all South Africans. To this end, the office of Minister Collins Chabane at the Presidency has developed and published indicators clustered into about ten themes, against which the performance of the country will be measured. The assessments will include the institutions performance against the strategic plan, as well as the quality of the institutions management practices. This paper seeks to :

- Outline the objective of performance management
- Reflect on the challenge of managing performance in the Public Sector
- Outline the principles of setting the scene for performance management
- Reflect on the process of performance management
- Share experiences of Performance management in the Public sector
- Identify mechanisms for implementation

# DR. EUNICE SEEKOE

**Head of Department Nursing Sciences University of Fort Hare**

*PhD (UJ), MBA (UFS), M. Soc. Science (UFS), B. Cur (UNISA)*



Eunice commonly known as Pinky Seekoe is a nurse by profession and has extensive experience as an academic, clinician and held management positions in Health care organizations. She has experience in conducting research and leading research projects independently. She has written and published in national and internationally accredited journals. She supervised post-graduate students and has served as an external examiner in this regard. She has the experience and the capacity to fund-raises for different types of projects including research. She traveled internationally (UK, Australia, USA, Egypt, Korea and Europe) and presented papers at conferences. She belongs to different professional journals internationally and nationally as a professional reviewer.

She belongs to an editorial board of an accredited international journal in the UK. She is experienced in curriculum development, implementation and evaluation. She is skilled and qualified in different spheres of management in health sciences including financial, project management and fund-raising.

- Director of the resource committee of STTI
- Chairperson of the leadership succession committee of STTI (Sigma Theta Tau International; Africa Honour Society of Nursing).
- Chair CHBC programme: Free State Provincial co-ordinating committee of Health.
- Representative and chair of Disciplinary and Appeals Committee of Ann Lastky Nursing College

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## ABSTRACT

# Enhancing the quality of clinical teaching and learning in South Africa

**DR. EUNICE SEEKOE**

**Head of Department Nursing Sciences University of Fort Hare**

*PhD (UJ), MBA (UFS), M. Soc. Science (UFS), B. Cur (UNISA)*

The heart and soul of nursing education is the clinical practicum, where nursing knowledge is shaped into professional practice. It is in this vein that Infante (1987, p. 176) states: "A clinically active nurse teacher cannot only change the way nursing is taught, but can ultimately change the way nursing is practiced." Commitment to clinical teaching is upheld also by Cox and Ewan (1985, p. 102) who maintain that "a basic tenet of clinical instruction is an enthusiastic teacher, a patient with an illness and a small group of enthusiastic students. This paper will address:

- The purpose of clinical teaching
- Theoretical framework guiding clinical teaching and learning
- Stakeholders involved in clinical teaching and learning
- The process of clinical teaching and learning
- The related dynamics
- The outcome

# DR PHUMELELE J. KUNENE

**Managing Director at Thembanani Training and Development Institute**

*DPhil in Nursing Management , Mcur Bcur. Hons(UNIZULU) Bcur UNISA*



Dr Phumelele Kunene is currently a Managing Director and founder of Thembanani Training and Development Institute. Dr Kunene's involvement in teaching started in 1988 when she joined the University of Zululand as a Junior lecturer in the Department of Nursing Science, at the same time moving quickly until she became a Senior Lecturer, participating in many academic activities, including curriculum development for General Nursing, Ethos and Professional Practice.

She actively participated as a co-founder member of the Nursing Science Department and Open Learning Academy of Nursing Institute at Durban-Umlazi Campus. Dr. Kunene served as an External Examiner for University of the North, University of the North West, Ngwelezane College of Nursing and Mangosuthu Technikon.

She presented a number of scientific papers in South Africa and abroad and has a number of publications. She retired from full time employment in 1999 and is still actively involved in Nursing education and Nursing Practice issues.

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## ABSTRACT

# The complementary roles of nursing education and nursing service and the impact of these on the quality of nursing practice

**DR PHUMELELE J. KUNENE**

**Managing Director at Thembanani Training and Development Institute**

*DPhil in Nursing Management , Mcur, Bcur. Hons(UNIZULU) Bcur UNISA*

Quality nursing education is key to quality nursing practice. It is where the 'future' nurse practitioner is nurtured through acquisition of knowledge, skills and values designed to make her an asset rather than a liability to provision of quality nursing practice and the nursing profession itself. Concerns exist within and external to the profession that quality nursing is dangerously 'slipping through our fingers', to the detriment of the image of the profession and harm to customers of nursing practice.

Instead of pointing fingers, the paper will give both nurse educators and nurse managers an opportunity to examine their complementary roles and factors that weaken instead of facilitating these roles. Ownership by both parties, of strategies identified to strengthen these roles will be an important outcome of this paper. This paper will address the following:

- The profile of the nurse-learner
- The difference in focus of nurse educators and nurse managers and clinical staff and how each perceives her/his scope of responsibility for the quality of the product of the nursing education system.
- Factors that facilitate or inhibit each from taking their responsibility will be analyzed.

- The stages of skills acquisition in clinical nursing and the importance of coaching and mentoring throughout all these stages, reinforced and improved through life-long learning.
- Theory load versus clinical practice load for both nurse educator and learner and how each contributes to quality of nursing practice.
- Factors that constitute dilemmas for the nurse learner in the clinical environment.
- Role of continuous self-assessment and assessment by those responsible for and affected by the nursing education system will be emphasized.

# DR THEMBEKILE MASANGO

**Senior Lecturer- Nursing Education University of South Africa**

*D Phil (UNIZULU) Mcur (UNIZULU) Bcur. Hons (UNIZULU) Bcur (UNISA)*



Dr. Masango's career in Nursing Education started at the Nursing Science Department of the University of Zululand, as a junior lecturer with a lot of passion in teaching Ethos & Professional Practice both at undergraduate and post graduate levels. She moved quickly along the various ranks as a lecturer until she became a senior lecturer, supervising research both at undergraduate and post graduate levels, and at the same time in charge of the international linkage programme at the University of Zululand.

Dr. Masango was an external moderator for the KwaZulu-Natal College of Nursing. She has a passion on the strategic health programmes, that is TB & HIV / AIDS and as such was employed by the University Research Co-operation, as a Co-ordinator for TB / HIV & AIDS in KwaZulu-Natal. She has presented a number of scientific papers within the country and at an international level Dr Masango's interests is in Nursing Education, research, work integrated planning, Nursing Ethos and Professional practice

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## ABSTRACT

# Attrition of Nursing students : Based on Nurse Educator's experiences.

**DR THEMBEKILE MASANGO**

**Managing Director at Thembani Training and Development Institute**  
*DPhil in Nursing Management , Mcur Bcur. Hons(UNIZULU) Bcur UNISA*

Attrition of student nurses is a major concern not only for the nursing profession but also the government. Attrition negatively impacts on the needed supply of professional nurses to perform administrative and teaching duties. The South African Nursing Council does identify the shortage of nurses in South Africa. It asserts that the overall production of nurses does not keep up with the increase in population and this affects among other things the implementation of Primary Health Care.

The Democratic Nursing Organizations also asserts that there is shortage, stating that South Africa is not producing /training sufficient nurses to deal with the health needs of the country. Other organizations allude to the shortage of health personnel generally and nurses specifically.

For instance the Department of Labour master list of scarce and critical skills list a shortage of 10,250 professional nurses and 4,120 primary health care nurses, thus advocating a total need of 14,370 nurses. According to the nurse educator's experience, there is recurrent relation between attrition and the shortage of nursing workforce. This paper presentation therefore discusses some of the underlying issues that may contribute towards attrition of student nurses and propose measure to address it. Key words: attrition, student nurse, commitment, nurse educator, Professional nurse and South Africa.

# ADELE VAN DER WALT

**Head of the Medical Law Firm Waterkloof-Pretoria**  
(B.Proc. LLB ) University Of Pretoria)



Adele Van der Walt heads a corporate law firm specializing in medical law and more specifically in medical negligence cases on behalf of patients. The firm operates from Pretoria, Waterkloof Ridge and represents patients throughout South Africa and abroad. As a specialist medical law practitioner Adele has represented clients on a national base in actions against State hospitals, private hospitals and medical practitioners in both the High Court and the Constitutional Court.

Adele has addressed many interest groups in the health care fraternity on all aspects of medical law. Various articles have been published by her over a number of years and she partakes in Radio and TV programs in this field on a regular basis.

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# Professional negligence in South Africa : The Nurse-Doctor perspective

**ADELE VAN DER WALT**

**Head of the Medical Law Firm Waterkloof-Pretoria**

*(B.Proc. LLB ) University Of Pretoria)*

Practicing as a health care professional is based upon a relationship of mutual trust between patients and health care practitioners. The term "Profession" means 'A disciplined group of individuals who adhere to high ethical standards and uphold themselves to, and are accepted by the public as possessing special knowledge and skills in a widely recognized, organized body of learning derived from education and training at a high level, and who are prepared to exercise this knowledge and these skills in the interest of others. It is implied that the labour and skill used will be of a specific standard. If professionals fail to do this, and their patients' lives are put at risk professionals are liable for damages.

The Professional bodies may also institute an inquiry into any complaint, charge or allegation of unprofessional conduct against any practitioner , agency etc. In the absence of a complaint, charge or allegation, these bodies may institute an inquiry into any alleged unprofessional conduct that comes to its notice. This paper seeks to:

- ❑ Clarify the concept of professional negligence
- ❑ Reflect on professional liability and vicarious liability.
- ❑ Outline the evolution of medical malpractice law in South Africa.
- ❑ Outline the magnitude and different forms/types of professional negligence in health care
- ❑ Explain the elements of professional negligence .
- ❑ Outline the principles of handling the patients and relatives in the process of litigation
- ❑ Reflect on the quantum of the case

# PROF FHUMULANI MAVIS MULAUDZI

**Associate Professor and Head of Department University of Pretoria**

*DLitt et. Phil (UNISA), M Cur (UNISA), Bcur HONS (UNISA) Bcur (UNISA). RN, RM*



Fhumulani Mavis Mulaudzi is the head of the Department of Nursing science at the University of Pretoria. She completed her doctoral studies at the University of South Africa in 2004 and has held teaching positions at the University of South Africa, University of North West and University of Pretoria. Based on her contribution in nursing scholarship, she is also one of the founder members of the fellows of Academy of nursing In South Africa(ANSA).

Prof Mulaudzi is a preeminent international scholar in the field of Indigenous Knowledge Systems (IKS) and Healing as it is applied to nursing science. She has chosen IKS as her research focus and has contributed significantly to the advancement of IKS in health care. She is known among her peers as an advocate and a pioneer of Indigenous knowledge, She is currently advocating for mainstreaming of the healing traditions in the nursing curriculum .She has also been instrumental in assisting in the development of the international Bamboo Bridge community, an international community of nurses dedicated to the development of

integrative nursing practice, scholarship, and community programs based on a philosophical foundation of cultural diplomacy. Her International work on healing traditions was also acknowledged by the World Health Organization in 2009. She received an award as a runner-up for the distinguished women in Science (Indigenous Knowledge System 2011) for her outstanding contribution to building South Africa's scientific and research knowledge base. She is the vice chairperson of the Forum for University Nursing Deans in South Africa (FUNDISA) She is a member of the CSIR ethics committee.

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**PROF FHUMULANI MAVIS MULAUDZI****Associate Professor and Head of Department University of Pretoria***DLitt et. Phil (UNISA), M Cur (UNISA), Bcur HONS (UNISA) Bcur (UNISA). RN, RM*

Nursing remains one of the noblest professions in which ethical principles such as respect for autonomy, justice, beneficence, fidelity and veracity take precedence. Nurses have always provided nursing care to all patients regardless of race, creed, nationality, social and economic standing. Nurses embody the virtues of humanity, compassion, trust and honesty. However, lately the nursing profession faces many challenges including lack of or poor quality of care in our hospitals and clinics as a result of narrow socio-political constructs. At fault is the fact that theories and concepts at the core of nursing leadership, practice, education and research emanate from

This on-going 'intellectual colonisation' drastically retards innovative thinking requisite to redress the past with philosophies that define professional nursing. This paper aims to promote the African philosophy of Ubuntu and its trademark values of caring and how these can be infused into the fundamentals of modern day nursing to rekindle the caring ethos traditionally synonymous with the profession. Ubuntu appeals for intellectual dynamism and visionary leadership to explore windows of opportunities to implement nursing policies and programs that will better reflect the needs and wishes of the communities we serve.

# RECOMMENDATIONS ON KEY ISSUES.

A task team inclusive of nurse leaders from academia and practice, under the stewardship of Professor Rachel Gumbi (Acting Chief Executive Officer at Prince Mshiyeni Memorial Hospital, former Vice Rector at the University of Zululand, member of the South African Nursing Council) was put together and mandated to summarize and pave the way forward on key conference issues. Outlined below are the key recommendations :

## 1. DISSEMINATION OF INFORMATION.

The conference felt strongly about the need to disseminate information pertinent to the deliberations impacting on both nursing education and nursing practice to the following stakeholders:

- Policy makers : National, Provincial & Local, community and relevant partners
- Regulatory bodies
- Nurse Managers
- Nursing Educators
- Organised labour
- International bodies e.g. Sigma Theta Tau, ICN

## 2. MODELS PRESENTED

Seven models were presented through various conference papers. The implementation, as well as monitoring and evaluation of these models in practice is critical.

- Model of integrated PHC
- PHC re-engineering Model
- Transcultural Nursing
- Constructivist Model
- Clinical Training Model
- Performance management model
- Eclectic Model-5 Rs: respect, receptivity/empathy, responsibility for others, reconciliatory and role modelling.

## 3. ANNUAL NURSES CONFERENCE

To enhance the momentum, the task team recommended that nurse leaders from the two streams of nursing education and nursing practice come together to deliberate on nursing issues annually, and the organizers of the conference (Khanyanjalo consulting) were congratulated for demonstrating the international standards in conferencing, and encouraged to maintain the same high standards of professionalism going forward. Whilst it will be important to progressively look at new nursing issues, the Annual conference will also serve as a monitoring tool on issues already agreed upon and will further provide a platform for Continuing Professional Development (CPD).

NB. To incorporate the annual nurses conference in the annual (WSPS) workplace skills plans of institutions.

# RECOMMENDATIONS ON KEY ISSUES.

## 4. PARADIGM SHIFT

The conference recommended a paradigm shift in a number of areas related to nursing education and nursing practice. This paradigm shift reflected an achievement of a number of objectives of the conference as outlined in paragraph two (2) above. It was agreed that:

- ❑ The nursing curriculum will be reviewed in a manner that is responsive to the needs of the country and the national core standards.
- ❑ Teaching and learning will shift from didactic to interactive approaches
- ❑ Nursing education will change teaching methods from traditional to:
  - Problem based learning
  - Cased based teaching
  - Community based education
  - Reflective thinking
  - Align nursing practice and education to national core standard requirements

## 6. Role modeling

- The need for role modeling in both nursing education and nursing practice

## 5. COLLABORATION BETWEEN NURSING SERVICE AND NURSING EDUCATION INSTITUTIONS

Delegates felt strongly that the relationship between nursing service and Nursing Education Institutions need to improve significantly, as both streams are responsible for teaching and learning. It was recommended that the two streams should begin to work together through the following forums, and the list is not exhaustive :

- ❑ Advisory Board meetings
- ❑ Regular meetings
- ❑ Best practice guideline
- ❑ Evidence based practice
- ❑ Action research
- ❑ National core standards

## 7. Sharing best practices

The need to share best practices in both nursing education and nursing practice, including sharing teaching materials.

# ANNEXURE

## ANNEXURE

Some of the comments and questions raised during commissions

### 1.The Nursing Directorate

During the Nursing Summit, we were promised that Nursing Directorates will be started in other provinces that do not have them. When will this be implemented?

### 2.Attrition of Nursing Students

At CPUT the Extended Curriculum Programme is applied. Students write the National Benchmark Test. Depending on the results – they complete the first year over 2 years i.e. ECP is over 2 years – in order to provide them with a solid baseline/ foundation.

3.Regarding Occupational Health, there is a risk of needle stick injury especially in the taking of blood, which is task shifted to enrolled nurses because there is a shortage of registered nurses to take a large number of blood specimen in our ARV Clinic at PHC level. There are no Phlebotomists available. How can the NHLS assist in training of EN's or Phlebotomists to be available over in PHC?

### 4.When are we going to have Neonatal Diploma training in KZN?

If you need to do the course, you need to go to Johannesburg. Nurses who did advanced midwifery and neonatal nursing want to work in maternity wards, not neonatal wards, There is sometimes a problem in understanding what post basic is needed in neonatal ICU, High care nursery and kangaroo mother care. We do need neonatal diploma in KZN.

5.There is a need for community development and for thus to be optimized. There should be community involvement and community engagement. How do we differentiate these to concepts? How can the community be fully engaged?

6.Concern: In order to attract and retain professional nurses in deep rural areas, a request is made to the department to ensure that allocation of rural allowance is not in accordance with the district offices (node) whereabouts, but should be in terms of sub districts whereabouts i.e. clinics and hospitals.

### 7.Enhancing clinical teaching and learning in S.A. –

a.What process do we follow to get people to be our standardized patient? Are they going to demand payments from the Nursing Education Institutions?

b. Preceptors/ Mentor – does preceptors need to be in each and every ward, or just one open clinical area?

### 8.

Attrition of students : Establishment of gatherings : Are they done in the focus of close group meeting or whoever feels like attending? What about confidentiality after the gathering? Who chairs these meetings – is it students themselves?

9.Attrition of students – Accommodation of students at nurses homes are very limited and as a result, most of them have to seek their own place to stay and more often, conditions there are trying. Is this not contributing to Attrition?

10.Access to Training : Nursing is said to be the back bone of the Department, but Department of Health does not put its hand where its mouth is.

a.As Nursing Manager, you are expected to be part of Senior Management in Institutions. We sign on SCM Document e.g. Bid Awarding, but we are not trained on SCM and Finance. It is the Finance Manager and CEO who always attend these courses.

b.Department offer Masters in Public Health Management to CEO's. What about Nurse Managers who have such big span of control in the Institution? (Nurse = back bone)

c.Labour Relation issues are at the order of the day in the Nursing component

# ANNEXURE

– Nurse Managers are to deal with these, but no training is given, such that they shy away in dealing with discipline – resulting to poor performance and lack of discipline in our noble profession.

11.The Department of Health is currently embarking on MMC. How are the nurses performing MMC covered in terms of the law/scope of practice since they are fully utilized due to shortage of Doctors?

12.Nurses do not want to write incident reports/ statements after an adverse event has occurred in the unit. They feel threatened. It takes a long while to get this incident report written and submitted. What are we supposed to do? Is it correct to involve unions?

13.It was mentioned that cultural competency has been neglected. What are the proposals to address this gap?

14.Question directed to the SANC: How long does it take to register an additional qualification, e.g. PHC course certificates? There are nurses who wait for more than a year or two for their certificates. It makes it difficult to recruit CNP's because these nurses do not have PHC certificates in their hands, yet they completed the course.

15.In trying to achieve departmental goals/ objectives, I have trained a number of nurses in MMC. How can this be addressed in the of scope of practice and taking in consideration the delicate organ of the male?

16.PHC Re-engineering: Pharmacy Assistants are not provided for in the PHC component as part of the team. It is quite important to have these personnel as the number of clients collecting ART in

Primary Health Care Clinics are getting more and yet not all of them needs to be assessed by the nurse every month. How can this aspect of PHC personnel be motivated for?

17.Infection Prevention and Control is one of the six priorities of quality care. At KZN, we have a number of qualified IPC nurses which have Master Degrees in Infection Control, but the qualification is not recognized by the Nursing Council (SANC) - As a result, these nurses are leaving the profession. How can these nurses be retained?

18.The scope of Nursing states that the patient is cared for until immediately after deceased. We are faced with drawing policies related to this. Nurses are saying they are not accompanying a deceased to the mortuary. Mortuary staff says that they are not taking the registers to the wards for the nurses to sign. The scope is not clear on this. Has training changed on this? When do we stop our nursing of clients, in the ward or the mortuary?

19.Community service

Placements for Community Service. Professional nurses in the KZN province remains a challenge. A person who originally comes from Newcastle, for example, is rostered to do her/ his community service in Port Shepstone, and moreover, only the people of colour i.e. Coloured, Indians. Whites are never placed in rural areas to do their community service. Why is that?

20.Clinical accompaniment:

a.There are a lot of private schools in our country and they are producing a large number of nurses. When their students are allocated to our institutions, there is little or no clinical accompaniment. How are these private schools monitored by the South African Nursing Council?

## ANNEXURE

### 21. Distinguishing devices for Nurses

In the SANC website, there is no information on distinguishing devices that are approved by the Council. Nurses are wearing the devices that are not approved. Are they allowed to do that?

### 22. Concerns around the Performance management systems

a) The whole system seems to be mystified by many factors, especially at high levels. That is, elements around political affiliation, line connection and selection committees that are crocheted/manipulated at times. The outcome is that a person sits on a management post and at the end inefficiency sets in. There is a need for change from everybody, right from the highest level of the pyramid down to lowest levels.

b) Most supervisors do not initiate the process of performance management. Supervisors expect supervisees to submit performance management documentation to them and there is no continuous communication and feedback as the presenter was emphasizing. Sometimes there is no focus on specific outcomes and outputs of the Health Department as the presenter stated.



**m:** +27(0)83 488 1589  
**t:** 031 702 6025  
**e:** [marketing@khanyanjaloconsulting.co.za](mailto:marketing@khanyanjaloconsulting.co.za)  
**fax:** 031 702 6021  
**Addr:** P. O Box 809, Durban, 4000  
**Physical Address:**  
4/10 School Road, Office F 107,  
Park Row (North Building) Pinetown, 3610