



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



REPORT ON NURSING WORKFORCE SHORTAGE: THE NURSING CLUSTER PERSPECTIVE

1. EXECUTIVE SUMMARY

Several surveys conducted in South Africa have investigated the status of nursing employee availability. These surveys, carried out by different organisations, have revealed conflicting perspectives regarding the shortage of nursing employees in provinces. In summary, the surveys highlight the following key findings:

- 1.1 According to the South African Nursing Council (SANC) survey conducted in 2015, the regulatory body found that there was an oversupply of nursing assistants and enrolled nurses beyond the country's requirements.
- 1.2 A collaborative effort involving the national Department of Health, the private sector, and McKinsey and Company in 2020 found that there is an oversupply of enrolled nurses, who surpassed the demand for their services. Additionally, this survey contributes insights into the broader nursing shortage situation and specific categories within it.
- 1.3 The 2022 PERCEPT Survey outcomes indicate that the shortage of nursing employees exists across all categories, with nursing specialists facing the most substantial deficit.

This comprehensive report outlines the undertaken efforts to assess the nursing shortage within the nation and offers recommendations to mitigate this shortage effectively.

2. BACKGROUND

The primary objective of the Nursing Strategy¹, is to provide robust support for effective nursing workforce planning. This support is geared towards ensuring alignment with both current and anticipated future healthcare requirements. The overarching thrust of this goal is to guarantee the availability of a sufficient number and appropriate categories of nurses. These nurses are essential to facilitate various aspects of the health system, including forecasting, production, deployment, retention, and the ongoing professional development necessary to fulfil the demands of the healthcare sector.

The Nursing Cluster has made this goal a high priority within the broader aspiration of achieving universal health coverage (UHC). South Africa's aspiration for UHC is underscored by the implementation of the National Health Insurance (NHI) policy, as elucidated in the Nursing Strategy. Nevertheless, concerns arise from reports of nursing shortages in the media and observations made during the Nursing Cluster's visits to different provinces. These reports highlight significant challenges related to the provision of adequate staffing. These challenges are further compounded by fiscal constraints that negatively impact the capacity to replace or fill vacant nursing positions. Additionally, the initiation of new clinical programmes without a corresponding allocation of additional human resources amplifies the strain. An example of this is the establishment of clinical forensic outpatient units in district hospitals.

The introduction of clinical programmes without a commensurate augmentation in human resources has led to nursing managers reallocating employees from existing units to support these new endeavours. Consequently, this has resulted in a depletion of employees in the pre-existing units. This predicament escalates when nurses leave the healthcare system and the vacant positions in facilities are left unfilled due to budgetary constraints.

3. PROBLEM STATEMENT

The lack of a well-defined understanding or assessment of the nurse shortage within the country poses a significant challenge for the national Department of Health in effectively identifying and addressing the precise areas that require concentrated human resource efforts. This deficiency results in the unchecked expansion of student enrolment within nursing education institutions (NEIs), as such expansion occurs without the foundation of research-backed insights into the actual human resource necessities. For instance, the accurate identification of available nursing posts and an assessment of human resource requirements to cater to the population's needs remain absent. The absence of accurate data regarding the nurse supply and demand ratio holds the potential to undermine prudent planning for nurse education and subsequent deployment, ultimately affecting the successful

implementation of the NHI. The current situation raises uncertainty concerning the appropriate allocation of newly graduated nurses to areas where their services are most needed.

4. CONTEXT

4.1 Global context of nurse shortage

The World Health Organization's (WHO) Health Employment and Economic Growth Report² highlights a widespread shortage of health workers, including nurses, on a global scale. The report underscores the critical need for substantial investment in the health workforce to achieve universal health coverage and global health security. Tragically, the lack of health workforce is exacerbating disparities in healthcare access, leading to avoidable illnesses, disabilities, and fatalities. This crisis poses a significant threat to public health, economic progress, and overall development.

The urgency of the global nursing shortage is further underscored by the World Health Organization's State of the World Nursing Report³. This report reveals a glaring mismatch between the global nursing workforce and the objectives of universal health coverage and Sustainable Development Goals (SDGs). The report emphasises the importance of evaluating the skills composition within the nursing profession. It calls for a careful assessment of nurse levels and specialisations in relation to health system goals, along with the assurance of adequate training opportunities in accordance with health system requirements and capacity.

4.2 Nursing shortage in the South African context: The KwaZulu-Natal example

The quantification of the nurse shortage has thus far relied heavily on anecdotal evidence. Nevertheless, two significant incidents indirectly shed light on the oversupply of nurses in lower categories, that is, enrolled nursing auxiliaries and enrolled nurses-specifically within one province:

- In 2013, approximately 8 000 nurses in KwaZulu-Natal, trained by private nursing schools, approached the then-Premier, Dr Z Mkhize, demanding employment in the public sector. They argued that their clinical training had been conducted in the public service.
- In 2018, the KwaZulu-Natal Department of Health advertised 300 positions for enrolled nursing assistants and enrolled nurses in response to the Presidential Stimulus Package. Astonishingly, around 10 000 applicants sought these positions.

4.3 Vacant posts (PERSAL data)

The information in **Table 1** depicts the number of nurses in the public sector per category as sourced from PERSAL⁴ in June 2023.

Table 1: Nursing post data

Category	Posts filled	Vacant posts	Total posts
Auxiliary nurses	34 028	2 351	36 379
Enrolled nurses	29 281	2 717	31 998
Community service nurses	2 425	767	3 192

Category	Posts filled	Vacant posts	Total posts
Professional nurses general stream	48 096	4 315	52 411
Primary healthcare nurse specialists	10 191	1 900	12 091
Specialist nurses	15 318	2 790	18 108
Educators	969	323	1 292
Managers: Nursing practice	2 364	391	2 755
Managers: Nursing education	226	71	297

Source: Persal data: June 2023

In the auxiliary nurse category, there are currently 34 028 appointed nurses, with 2 351 vacant posts out of a total of 36 379 posts.

For enrolled nurses, there are currently 29 281 appointed nurses, with 2 717 vacant posts out of a total of 31 998 posts.

In the community service nurse category, there are currently 2 425 appointed nurses, with 767 vacant posts out of a total of 3 192 posts.

The professional nurses general stream category has 48 096 appointed nurses, with 4 315 vacant posts out of a total of 52 411 posts. This category includes nurses working in speciality units without speciality qualifications or awaiting qualification registration.

For primary healthcare nurse specialists, there are currently 10 191 appointed nurses, with 1 900 vacant posts out of a total of 12 091 posts. This category includes nurses grandfather-claused in 2007.

In the specialist nurse category, there are currently 15 318 appointed nurses, with 2 790 vacant posts out of a total of 18 108 posts. This category includes all post basic nursing qualifications except nursing education and health services management.

The nurse educator category has 969 appointed nurses, with 323 vacant posts out of a total of 1 292 posts. For manager: nursing practice, there are currently 2 364 appointed nurses, with 391 vacant posts out of a total of 2 755 posts. This category includes nurse managers from assistant manager and above in all levels of care.

Finally, the managers: nursing education category has 226 appointed nurses, with 71 vacant posts out of a total of 297 posts. This category includes managers from assistant manager and above.

4.4 Factors contributing to nurse shortage in South Africa

The nurse shortage crisis in South Africa can be traced back to a multitude of interconnected factors. Foremost among these is the escalating healthcare needs of a growing population, which, when combined with the daunting challenge of addressing the quadruple burden of disease, has exerted immense pressure on the healthcare system, pushing it to its very limits. Another significant contributor is the retirement of experienced nurses, a loss that is often not promptly offset due to the scarcity of replacements, particularly in specialised units. Moreover, the persistence of unfavorable working conditions, and the relatively modest salaries have significantly eroded nurse

retention rates. As a result, many nurses have been compelled to explore alternative career paths or even consider employment opportunities in more affluent, first-world nations.

5. DISCUSSION

5.1 Exploring employment of enrolled nurses and nursing assistants unemployment (cohort November 2013 - November 2014)

A survey conducted by the SANC⁵ revealed that with regards to age of the categories of enrolled nurses and enrolled nursing assistant the younger generation is highly affected by the high unemployment rate and this implies that the young nurses that are training for this programme are struggling with appointment post qualification and this can be attributed to non-availability of vacant posts in both public and private sectors. **Table 2** confirms the actual findings of the SANC survey.

Table 2: Age distribution of unemployed enrolled nursing and enrolled nursing auxiliary categories Cohort Nov 2013 - Nov 2014

Age in years	Unemployment per age group (%)
20-25	69.81
26-30	75.11
31-35	66.36
36-40	63.71
41-50	60.79
46-50	53.45
Average	63.69

Extracted from SANC survey 2015

Table 2 shows from the students that were trained in November 2013 to November 2014 about 63 per cent of that cohort were unemployed in 2015 with age group 26 to 30 being the most affected at 75 per cent. The SANC survey further revealed that unemployment was very high amongst the nursing auxiliary category compared to enrolled nurses with Mpumalanga, Limpopo, KwaZulu-Natal and Gauteng highly affected while Western Cape and the Free State were the least affected. With regards to enrolled nurses, KwaZulu-Natal and the Eastern Cape had the highest unemployment rate whilst Mpumalanga and the Western Cape had the lowest percentages as illustrated in **Table 3**.

Table 3: Percentage of unemployed enrolled nurses and enrolled nursing auxiliary (cohort Nov 2013 - Nov 2014)

Province	Unemployed enrolled (%)	Unemployed nursing assistants (%)
Eastern Cape	68.00	63.33
Free State	31.25	57.89
Gauteng	42,41	74.36
KwaZulu-Natal	73,40	87.36
Limpopo	50.00	87.50
Mpumalanga	12.50	93.33
North West	37.50	73,47
Western Cape	21.21	44.62
Average	57.09	75.63

Extracted from SANC survey 2015

Thus, it was based on these findings that the programmes leading to qualifications into the two categories were the first to be phased out by SANC in June 2015 (last examination in 2017), in preparation for the new nursing qualifications aligned to the Higher Education Qualifications Sub-Framework.

5.2 Future nursing workforce planning: A Hospital Association of South Africa (HASA) and national Department of Health collaborative approach

In March 2020, the national Department of Health with social partners embarked on an effort to assess the national healthcare system's nursing workforce to identify gaps and develop solutions to address them. The objective was to assess South Africa's health workforce needs to 2030 and build a high-level road map to close out any identified gaps.

Researchers explored the nursing shortage challenge by applying three case scenarios namely:

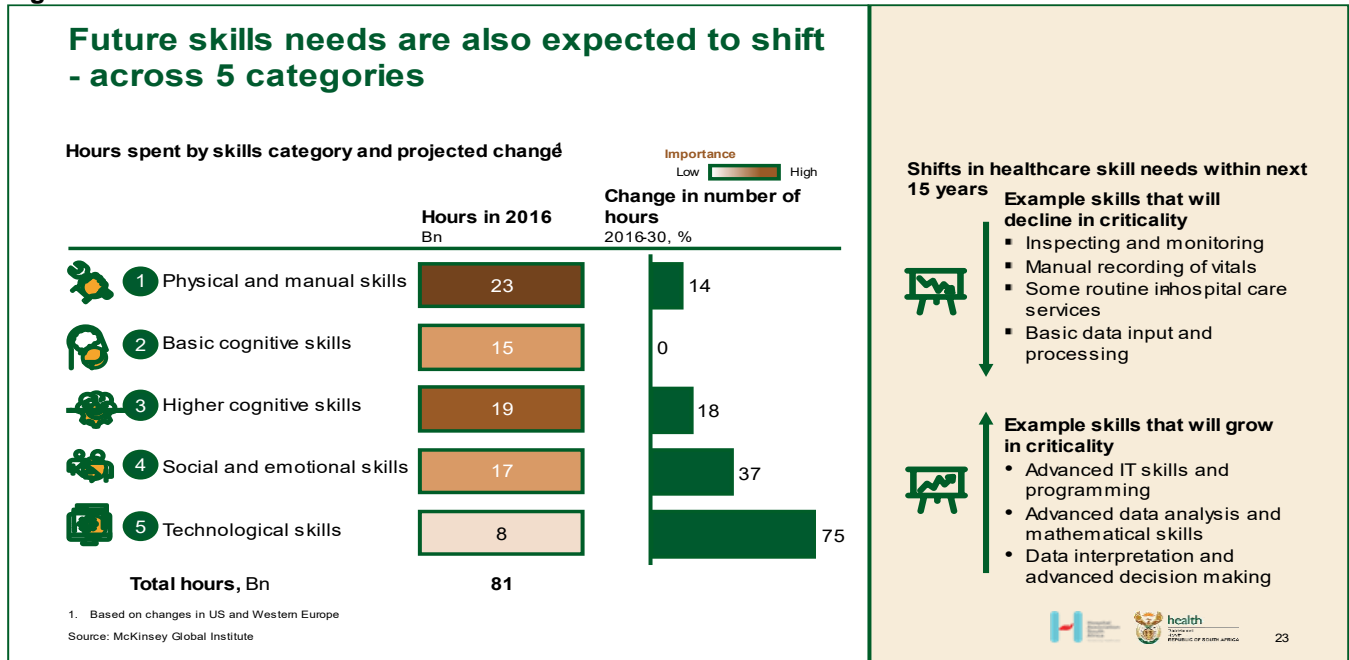
- Momentum case scenario (evaluating the increase in demand for nurses by 2030 based on overall population growth and changes in the nursing body).
- The future of work scenario (evaluating the impact of automation on nursing activities and the expected change in demand from the momentum case).
- Burden of disease scenario (building on the momentum case and projecting changes in demand as the population grows and the burden of disease shifts).

The findings of the Momentum case scenario revealed the following:

- The demand for nurses is expected to increase from 285 000 – 318 000 to 305 000 -340 000 in 2030.
- There will be an increase of 31 000 to 34 000 as the population grows and birth rate slows.
- Automation and shift in the disease burden is unlikely going to impact the demand for nurses significantly.

- The supply of nurses is expected to decrease to 174 000, driven primarily by the rate of retiring nurses that is outpacing the output of nurses from training facilities. This results in an overall gap of 131 000 to 166 000.
- The report revealed that in 2019 the current gap of all categories of nurses in South Africa ranged between 26 000 to 62 000 nurses. Nursing assistants (17 000 to 33 000) was the category that showed a huge gap, followed by professional nurses (18 000 to 29 000) whilst the enrolled nurses revealed an oversupply of 9 000.
- The findings of the future case scenario showed the future skills needed as illustrated in **Figure 1**.

Figure 1: Future skills needs

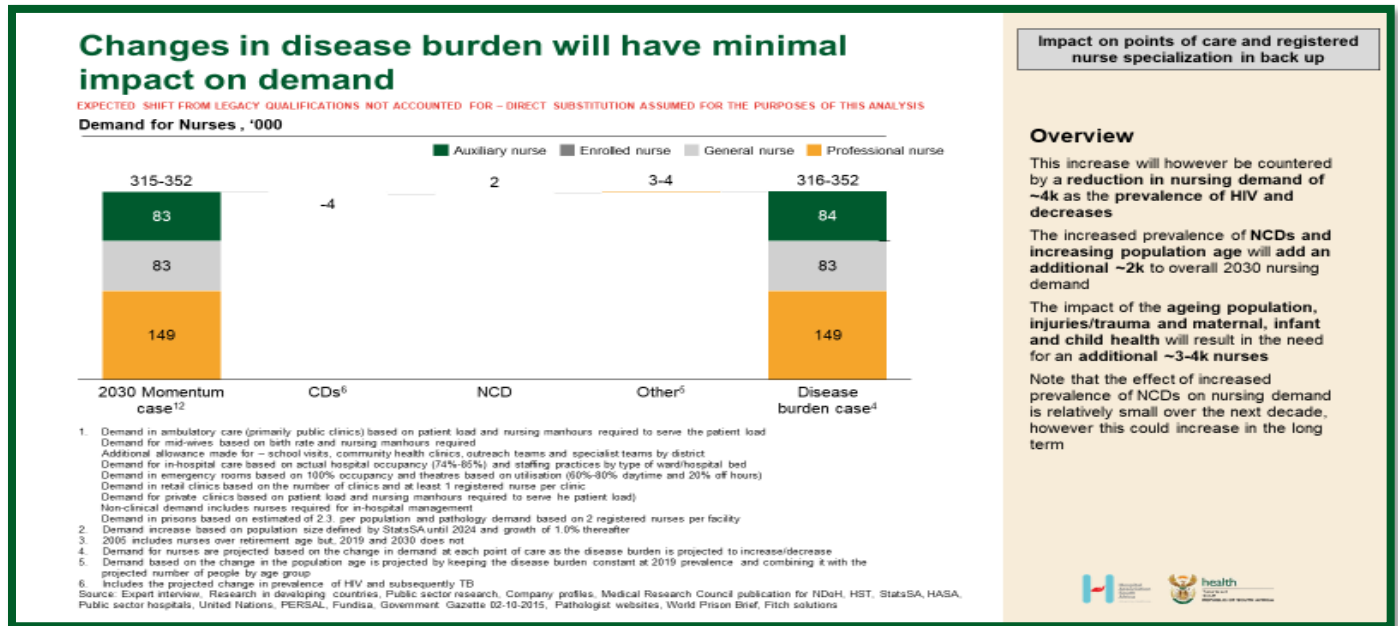


National Department of Health, HASA & McKinsey, 2020

The future of work is unlikely to cause much effect on the demand of nurses. This will depend on the acceleration of digitilisation in healthcare and the rate of adoption and may impact the scope of work and skill sets on the nurse of the future.

The burden of diseases scenario showed changes in communicable diseases, non-communicable diseases, maternal and new-born health, and injuries/trauma will not cause significant shifts on the demand of nurses as depicted in **Figure 2**.

Figure 2: Changes in disease burden



National Department of Health, HASA & McKinsey, 2020

In conclusion the available data suggest that the gap in the nursing workforce will increase to 131 000 to 166 000 by 2030 based on the following factors:

- The total demand for nurses is expected to increase from 285 000 – 318 000 to 305 000 – 340 000 by 2030.
- Population growth due to aging population and falling birth rate will increase demand by 31 000 to 34 000.
- Automation will likely decrease demand by 13 000 to 15 000.
- The shift in disease burden and ageing population will not have any major impact on the demand for nurses.
- The supply of nurses is expected to decrease to 174 000 because the number of retiring nurses is outpacing the number of nurses qualifying at training facilities.

5.3 Future nursing workforce requirements: The national Department of Health, The Presidency and public private growth initiative: A public-private collaborative approach

The national Department of Health, The Presidency and public private growth initiative collaboratively worked on future nursing workforce requirements for 2030. The project intended to:

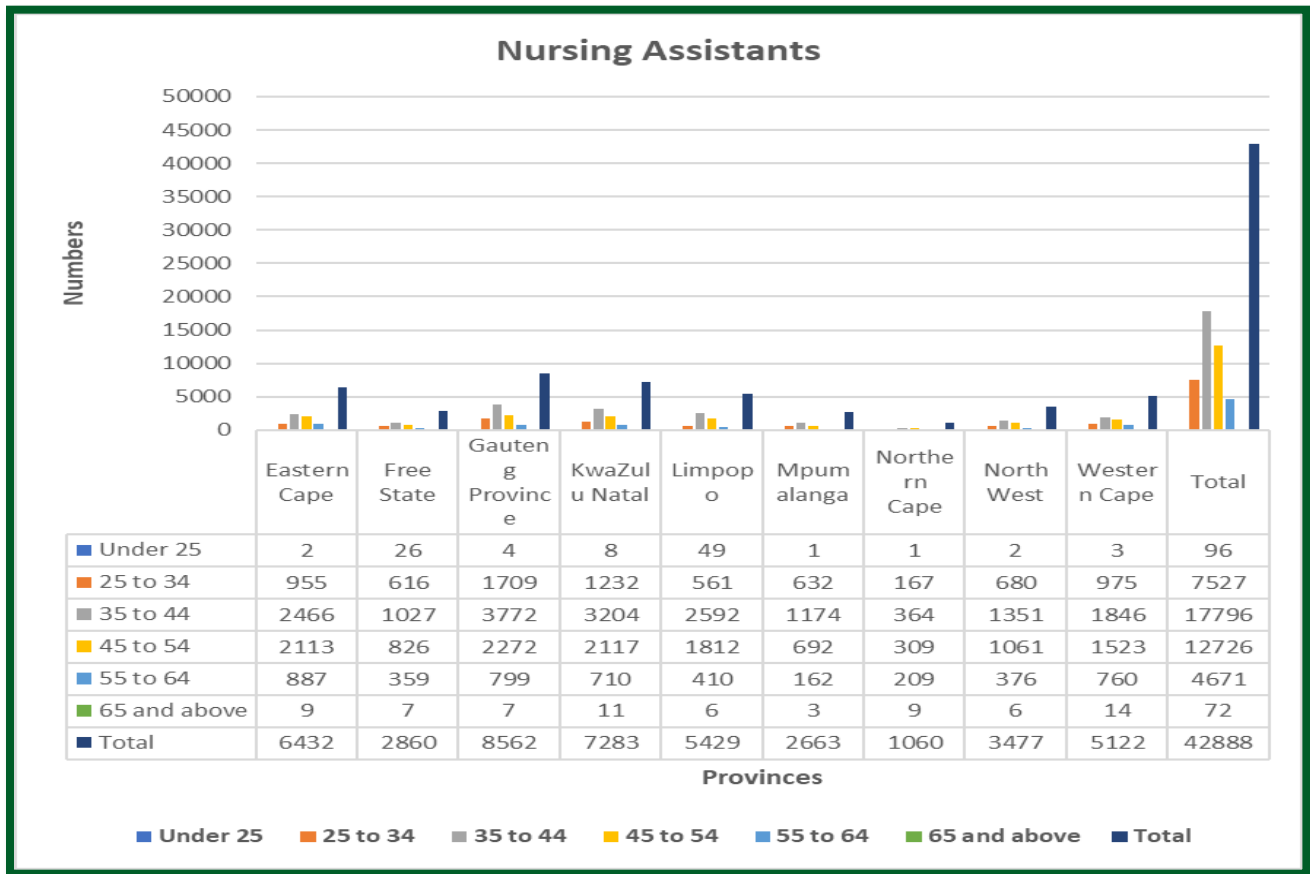
- Quantify the total number of nurses currently in the system, as well as the number needed in the future, according to categories, levels and demographics per province.
- Identify gaps per category - including for clinical specialist nurses.
- Project supply versus needs for future workforce planning (the gap).
- Provide costed solutions and a business plan on how to address the gap.

The project was funded by partners who appointed PERCEPT researchers as implementing agents.

5.4 The result of the future nursing workforce requirements - PERCEPT perspective

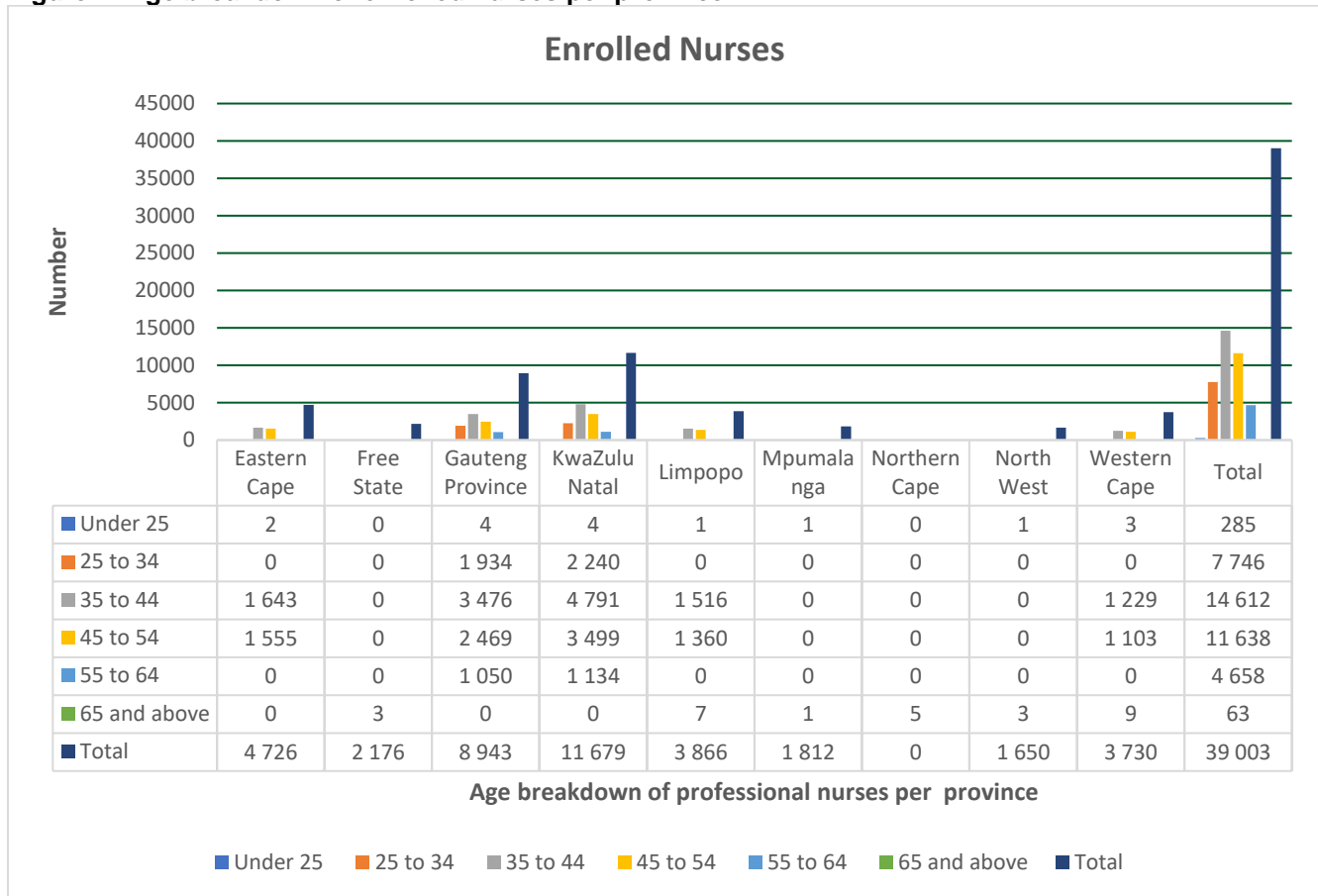
The nursing assistant category shows that most nurses are between age 35 to 44 and 45 to 64 respectively with the Free State, Gauteng and KwaZulu-Natal having the highest numbers. A total of 4 671 nursing assistant will be retiring within 10 years as illustrated in **Figure 3**:

Figure 3: Age breakdown of nursing assistants per province



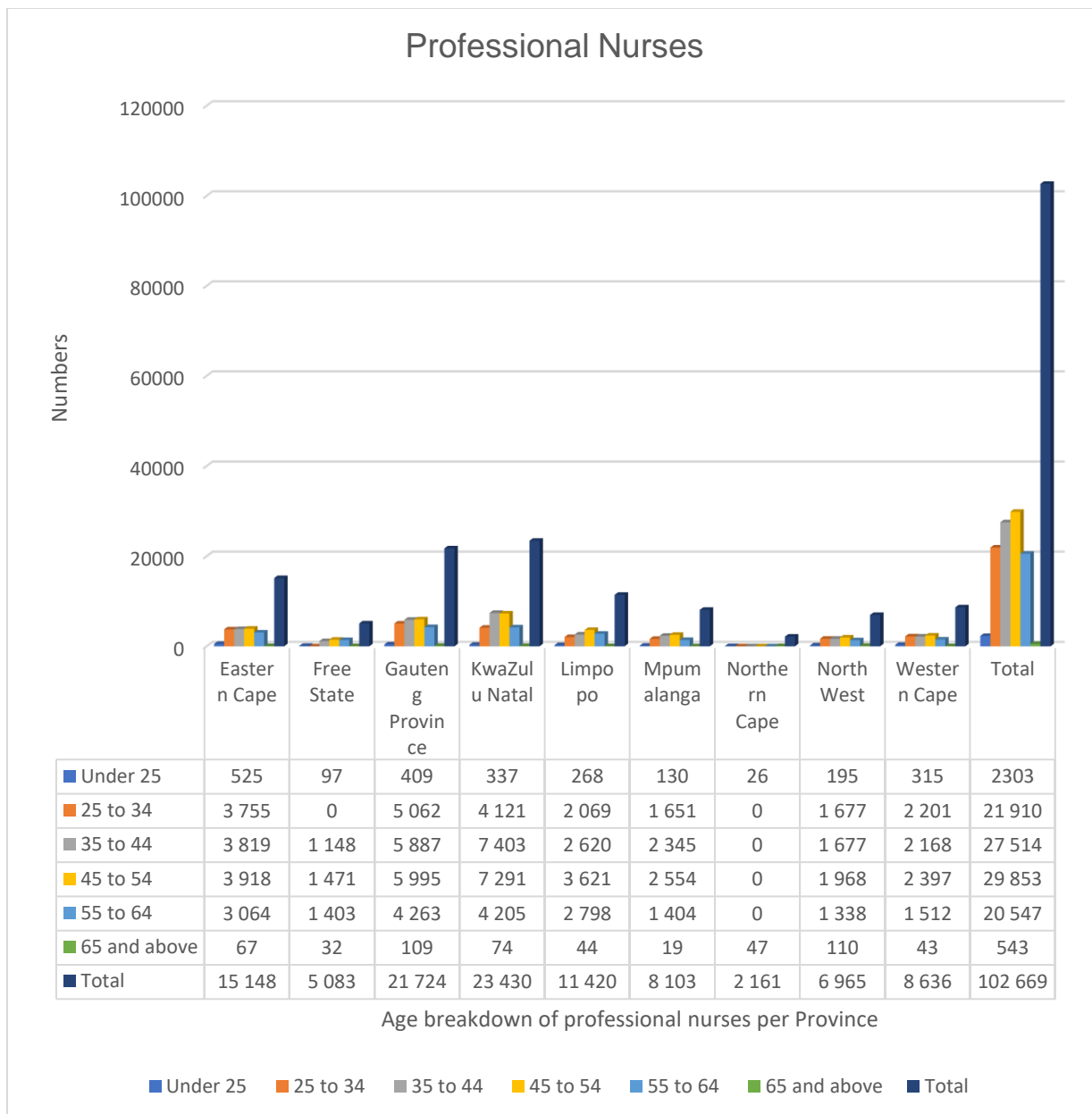
A similar picture is noted on the category of enrolled nurse where a huge number of nurses fall within the age range 35 to 44 and 45 to 54 with Gauteng and KwaZulu-Natal having the highest numbers. Even in this category a total of 4 658 nurses will be retiring within 10 years as indicated in **Figure 4**:

Figure 4: Age breakdown of enrolled nurses per province



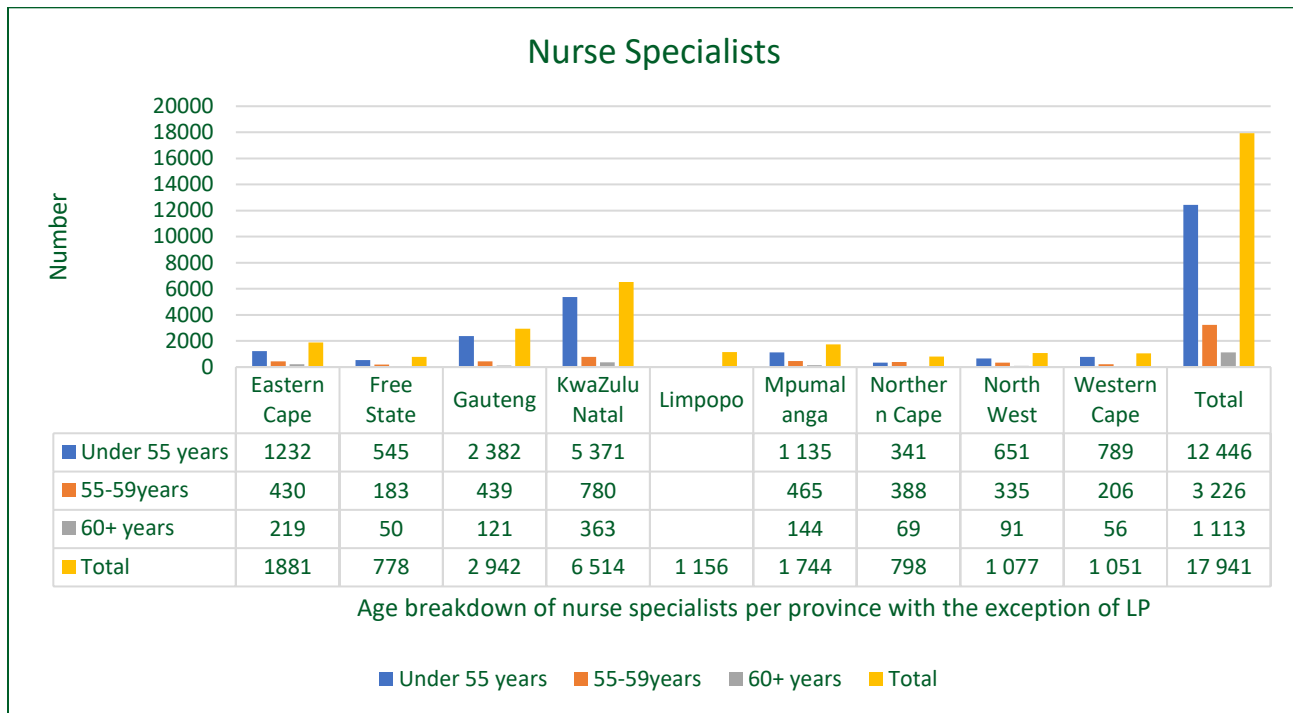
A total of 20 547 professionals will be retiring in ten years. This is the category that has an aging profession, filling of vacant posts when these professionals exit the system is very critical. Increasing supply on this category is critical to meet service delivery demand. The population within age groups 25 to 34 and 35 to 44 is the cohort that needs to be prioritised for bachelors, advanced diplomas and postgraduate diplomas to address future nursing workforce needs. **Figure 5** presents the age breakdown of professional nurses.

Figure 5: Age breakdown of professional nurses per province



The country has a total of 17 941 nurse specialists across the nine provinces. The majority of these nurse specialists are above the age of 55 and approaching retirement. This is a threat to service delivery. **Figure 6** presents the breakdown of nurse specialists per age group except for Limpopo, who only provided a total:

Figure 6: Age breakdown of nurse specialists per age group



5. RECOMMENDATIONS

Having reviewed surveys that have been done in relation to the nursing employee shortages, the following recommendations are made:

5.1 Nursing education and training

- Prioritise post-graduate training programmes in all provincial health departments.
- Consider the age group 25 to 44 for training in post-graduate programmes.
- Explore the National Tertiary Services Grant (NTSG) for the training of nurse specialists.
- Prioritise the existing enrolled nurses for diploma programmes.
- Fast-track the accreditation of NEIs for advanced midwifery and the advanced mental health nursing training programme.
- Explore the expansion of clinical placement across the public and private accredited clinical placement platforms.

5.2 Nursing practice

- Improve conditions of employment by granting study leave for nursing employees.
- Inform nursing education institutions of the skills demand at service delivery level.
- Advocate for the inclusion of nursing posts in annual recruitment plans.
- Include nursing programmes such as Clinical Education and Training Units (CETUs).
- Advocate for the filling of nursing specialist posts.
- Advocate for the filling of vacant nursing posts as and when the employees exit the system.

5.3 National Human Resources for Health

- Support provinces to explore the NTSG for training of nurse specialists to massify training of this category of nurses.
- Support provinces to fill vacant posts to combat the continuing shortage of nursing employees.

- Advocate for the inclusion of nursing projects when planning for new health programmes to ensure that the Nursing Strategy is implemented across all provincial health departments.
- Advocate for the ring-fencing of compensation of employee (COE) budgets, including programmes that are run through grants.
- Fast-track development of staffing norms for hospitals to ensure adequate evidence-based staffing at service delivery level.
- Explore retention strategies for nursing employees such as occupation-specific dispensation remuneration.

6. CONCLUSION

The shortage of employees is a reality in the clinical setting. All categories have a certain degree of shortage, but nurse specialists show a huge gap. The observed gap in nurse specialists can be attributed to the paucity of nurse specialist training during transition to new nursing qualifications and increased attrition post the COVID-19 pandemic. All stakeholders in the health sector need to play their roles in addressing employee shortages to ensure adequate employees for universal health coverage. The implementation of recommendations from the surveys and this report will contribute positively to addressing current and future nursing workforce shortages.

Sources:

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