

NURSES AS AGENTS OF CHANGE

Promoting safe care and safe practice in South Africa



Nurses are in a potentially powerful position to be agents of change within their profession and within their country. Nurses are well educated; they are the largest group of workers within the health sector so have the advantage of numbers; they are generally well organised with a national nurses association; and they have a good relationship with the community.

The Commonwealth Nurses Federation in partnership with the Democratic Nursing Organisation of South Africa (DENOSA) conducted a two day workshop for thirty three nurses in Pretoria South Africa 25-26 June 2012 on patient and nurse safety. Workshop participants were nursing leaders across South Africa responsible for ongoing education and were committed to replicating the workshop in their own districts. The workshop was funded through a grant from the Commonwealth Foundation.

The rationale for the workshop is that when nurses are given the opportunity to update knowledge and reflect on what they, as individuals and as professionals, can do to raise the standards of the profession and improve quality of care they become agents of change amongst their peers and within their own workplaces.

Four local leaders, Mr David Makhombe, Ms Judy Mahlelehlele, Ms Thembeke Gwagwa, and Ms Madithapo Masemola, addressed the key themes of the workshop: a safe patient, a safe workplace, a safe profession, and a safe nurse. The workshop was structured as a mix between formal presentations, group work, problem solving, and self reflection.

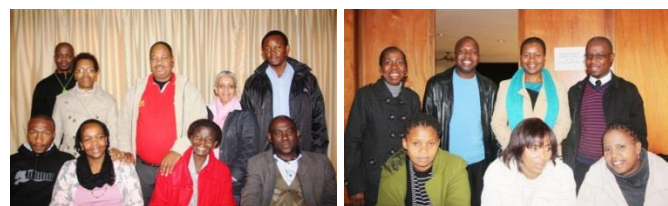


Mr Makhombe said that, in his view as a patient, the most important issues were dignity, privacy, confidentiality, and respect. He emphasised the importance of nursing care being consistent regardless of whether it was provided in the public or private sector. He used the analogy of the service provided to business class passengers on an aeroplane and the vastly difference service provided to economy class passengers; stressing that this was not how nursing care should be provided; that care should be based on need, not on capacity to pay.

Following reflection, discussion, and voting, participants decided that the most critical factors for patient safety were:

- Adequate resources - functional, high quality, efficient, and effective;
- A safe environment - clean, free of hazards or danger, well ventilated, free from infection, with safe disposal of sharps and waste;
- Safe staffing - adequate in number, well trained, well paid, motivated, competent, knowledgeable, and with a positive attitude;
- Patients who had a sense of belonging – through feeling welcome and through the provision of respect, confidentiality, privacy, dignity, and safe care;
- Good identification of nurses and patients in the care environment, the provision of an information desk, and directional signs;
- A secure environment - access control, metal detectors, and security guards.

Participants were randomly assigned to groups for group work and problem solving exercises.



Ms Judy Mahlelehlele discussed with participants their role in promoting a safe workplace and their rights and responsibilities. Ms Mahlelehlele provided information to participants about the provisions in the South African Health and Safety Act and encouraged participants to be familiar with the legislation which outlined their rights and responsibilities.



Participants decided that the key hazards in their workplaces were infection, injury, and violence. They considered the contributing factors and what action needed to be taken to make workplaces safer for health workers and safer for the people to whom they were providing care. Contributing factors were identified as:

- staff shortages;
- inadequate protection (lack of security staff and unsafe environments);
- lack of resources and equipment (back injuries, needle-stick injuries);
- excessive workloads (burnout, stress, poor judgement);
- lack of skills development;
- lack of management support;
- poor staff compliance; and
- no effective safety committees.

Using prepared scenarios, participants' problem solved potentially unsafe situations in the workplace and how they could be managed.



Ms Thembeke Gwaga, General Secretary of DENOSA, gave an inspiring talk outlining the critical factors in achieving a safe nursing profession in South Africa. Ms Gwaga said that a safe profession is one in which the members delivered safe quality care; where care is well-planned and outcomes oriented; where a caring management environment is fostered and maintained; and where the members receive recognition and respect.

Ms Gwaga explained to participants that a safe profession was comprised of safe practitioners who:

- acknowledged the right of patients to receive safe and high quality nursing care;
- provided patient centred and focused nursing care;
- provided respectful care to patients and clients;
- kept themselves abreast with new developments in nursing practice; and
- strove continuously for safe care and safe practice.

To be safe however, the environment in which members of a profession work, also needed to be safe, which meant the provision of:

- competent staff who adhere to proper work standards and ethics;
- adequate break times for nurses to prevent tiredness;
- adequate staffing (nurse to patient ratios) and equipment;
- good ergonomics - seating, lighting etc;
- safe delegation; and
- written and up-to-date standards, protocols, policies, procedures.

Ms Gwaga concluded by reminding participants that a patient is only safe when the nurse is safe; and a nurse is only safe when the profession is safe.



Ms Madithapo Masemola said that intertwined in the promotion of safe patient care is the critical issue of nurse safety. The key characteristics of a safe nurse were that they:

- acknowledged their own strengths and weaknesses;
- kept abreast of new developments;
- exercised the right to choice;
- provided patient centred nursing care;
- acknowledged patients' rights and took responsibility for their own actions; and
- respected life.

The factors that contributed to an unsafe nurse included:

- Poor staffing levels leading to burnout; stress and tension; and depression and anxiety;
- Long shifts which lead to needle stick injuries; musculoskeletal injuries; medico legal hazards; and infections; and
- Workplace violence such as verbal and physical abuse by patients, relatives, and colleagues.

Ms Masemola concluded by reminding participants that a safe nurse equals quality nursing services leading to a safe patient which leads to healthy communities.

