



anasa news flash #8

NURSING AGENCIES IN THE SPOTLIGHT

The Nature and Health System Consequences of Casualization, Nursing Agencies and Moonlighting in South Africa. December 2010

Summary of this report with the emphasis on nursing agencies and its consequences on the industry.

A few months ago agencies were requested to participate in a survey on the above mentioned study. The principal investigator was Laetitia Rispel of the Centre for Health Policy, School of Public Health, University of the Witwatersrand, Johannesburg. This study was funded by Atlantic Philanthropies and approved by the Human Research Ethics Committee of the University of the Witwatersrand. ANASA wishes to express appreciation to all the agencies that took the time and effort to participate in this important study, not only to examine the characteristics, patterns and health system consequences of agency nursing and moonlighting but the overall challenges facing the nursing profession in South Africa. Eight out of nine provinces responded to the provincial survey (89%) and 100% response rate was obtained from the private sector. An overall of 90% rate was observed in the nurses' response rate. Notwithstanding the reliance on nurses' self-reported information that is subjected to socially desirable bias, this study is reported as one of the first representative, large scale studies on casualization, agency nursing and moonlighting among nurses in South Africa, and indeed in sub-Saharan Africa.

Methods

A national survey of provincial health departments and the private health sector was done to determine the drives of agency nursing utilisation in both sectors and to explore policies on and management of nursing agencies and moonlighting in the two sectors.

The growth of nursing agencies as a form of casualization has been driven by i.e. overall nursing shortages especially in specialist areas such as ICU and theatre, an increase in patient care demand and individual nurses need for extra income. Although nursing agencies play an important role in dealing with nursing shortages, there are several reported disadvantages of nursing agencies which will be discussed later. Although the disadvantages were agreed upon in both the public and private

health sectors, there is no sharing of similar experiences or good practices among provinces or between the public and private sectors, thus exacerbating the challenges experienced.

In South Africa the public sector also faces a major challenge to produce, recruit and retain scarce categories of health professionals. It was found that there exists an absolute shortage of nurses in South Africa, with a deficit of approximately 19000 nurses in 2008 and a vacancy fill rate of 56% for professional nurses and midwives. Practices such as moonlighting and an increased use of nursing agencies are the result, and have impacted negatively on service delivery. There has been very little, if any, attention on or exploration of casualization of nursing labour in South Africa or its consequences for health system performance. (Casualization is defined as “the employment of workers on short term contracts, without the rights and benefits associated with the standard contract of employment, namely permanent jobs”) It is reported that more than half of the nursing agencies are concentrated in the urban provinces of Gauteng and the Western Cape and ANASA is mentioned as having a presence in six out of nine provinces.

The agency nursing workforce plays an important role in dealing with nursing shortages and there are advantages, but there are several reported disadvantages in utilising nursing agencies.

The perceived advantages of nursing agencies:

- Filling nursing gaps in specialized areas;
- the provision of otherwise unavailable staff;
- flexibility in terms of staffing units;
- employment opportunities for personnel;
- experience gained by individual nurses and employment opportunities for auxiliary nurses;
- quick agency payment (weekly and there are agencies that pay immediately after the shift)

Reported disadvantages of agencies, both for the health system as well as for individual nurses:

- Unreliable/ irregular income;
- Employees compare wages received from the agency to departmental salaries;
- tax implications not considered;
- conflicting schedules between primary and secondary jobs;
- burn out and exhaustion as a result of working excessive hours therefore
- prone to medico-legal incidents;
- use of sick leave to work for the agency;
- high agency rates;
- inadequate training, skills and experience of agency nurses;
- perceived lack of staff commitment, loyalty, consistency and reliability;
- tension between permanent and agency staff;
- time taken to orientate agency staff;
- lack of minimum benefits e.g. supplied uniforms, minimum orientation;
- lack of continuity and quality of patient care;
- lack of ‘control’;

- perceived negative impact on permanent staff;
- unethical business practices in some instances and abuse of the system;
- lack of staff availability from agencies;
- lack of screening prior to placements;
- lack of enforcement of contractual obligations;
- possible corruption and collusion between agencies, managers and nurses;
- potential abuse of the system when provincial government staff work through the agency;
- lack of agency staffs' knowledge of institutions' procedures, policies and protocols;
- high cost of agencies;

Recommendations and Improved governance of nursing agencies

The study findings present complex problems for policy makers to which there are no simple solutions but there are short-, medium- and long term recommendation that may reduce the negative consequences of agency nursing and moonlighting for the health system. For the purpose of this summary, only the solutions affecting nursing agencies will be highlighted such as improved management of nursing agencies, improved regulations and governance, improved communication between the agency and the health care institutions, clearly defined requirements and expectations between health care institution and the agencies and the need for an overall quality assurance system.

The study recommend that there be clarity regarding the governance structure for nursing agencies in South Africa, as neither the Department of Health, nor the Nursing Council, nor the Department of Labour is monitoring nursing agencies for compliance with existing legislation or with quality standards. Although the agency nursing workforce plays an important role in dealing with nursing shortages, there are several reported disadvantages of nursing agencies.

As health establishments nursing agencies currently fall under the jurisdiction of the national DOH in terms of the National Health Act. As temporary staff placement services (labour brokers) agencies are required to register with the Department of Labour. This situation means that there is accountability and governance vacuum and existing legislation may need to be revised to ensure that there is no confusion regarding reporting and accountability requirements.

Conclusion

In conclusion, ANASA is of the opinion that it is imperative for agencies to take cognizance of the highly negative and disturbing perceptions portrayed by the government, the private sector, as well as nurses working for agencies and the dire consequences this might hold in store for the industry. Although there are agencies that comply with high standards, there are poor and unethical businesses, the latter contributing to the agency nurses' plight and ultimately the demise of the industry through legal non-compliance and bad business governance. Issues like incorrect tax deduction, the incorrect leave and sick leave allocation (or no sick leave at all) and excessive working hours often mentioned by respondents are indicative of serious abuse of the agency nurse and

contribute to the perception that nursing agencies are business orientated and the nurse merely a tool in achieving the ultimate goal, with good service delivery a minor detail.

Marie Jacobs October 2011