Nurses' Knowledge and Perceptions of the New Nursing Qualification Framework at a Public Hospital in Gauteng

Lebogang Asnath Boshielo
https://orcid.org/0009-0006-1865-9147
Tshwane University of Technology
Pretoria, South Africa
bosh.lebo@gmail.com

Yolanda Havenga
https://orcid.org/0000-0002-9649-4185
Tshwane University of Technology
Pretoria, South Africa
havengay@tut.ac.za

Mogale Ludwick Pilusa
https://orcid.org/0000-0002-8541-2762
Tshwane University of Technology
Pretoria, South Africa
pilusaml@tut.ac.za

Abstract

Background: A significant change in the landscape of the nursing qualification framework was implemented in 2019. There have been concerns and anxiety by the nursing fraternity about the change process from the legacy programmes to the new curriculum framework and qualifications for nursing. Anecdotal evidence indicated misconceptions about the new nursing qualification framework and nurses voicing their concerns about how it would affect their career progression.

Purpose: Therefore, the study aims to explore and describe nurses' knowledge and perceptions about the nursing qualification framework to support change and facilitate smooth progression between legacy and new nursing qualifications.

Methods: The study was conducted at a tertiary hospital in the public sector in a suburban area in Gauteng. The research design was qualitative and descriptive. A purposive sampling method was used. Data saturation was reached with 15 participants. The self-report method was used for data collection using semi-structured individual interviews, and data were analysed using qualitative content analysis. The research process was guided by ethical principles and measures to ensure trustworthiness.

Findings: Two significant themes emerged from the collected data. The results indicated that the participants showed limited knowledge of the National

UNISA university of south africa PRESS
African Journal of Nursing and Midwifery
Volume 26 | Number 2 | 2024 | #17552 | 18 pages
https://doi.org/10.25159/2520-5293/17552
ISSN 2520-5293 (Online)

Qualification Framework, which are the new nursing programmes being introduced and the recognition of prior learning. Overall, the participants perceived implementing the new nursing qualification framework negatively.
Conclusions: To successfully implement the new qualifications, ongoing communication that addresses the scope of practice, financial implications, ensuring adequate support for professional development and facilitating collegiality amongst different nursing categories will be required.

Keywords: attitude; curriculum; knowledge; legacy programme; nursing education; practice; qualification framework

Introduction

Globally, the nursing curricula must be responsive to changes in the political, social, and economic environments and health trends (Alaban, Buran-Omar and Abduraji 2023, 1039; Molise, Bothma and van Jaarsveldt 2023, 1). The increasingly global nature of nursing and the global challenges facing the profession require the curricula to be agile, ensuring it remains fit for purpose. Managing global emergencies and disasters, environmental health and digital literacy are some of the 21st century skills nurses should have. Furthermore, local health trends and needs inform the nuances of a nursing curriculum that is guided by accreditation criteria and practice standards (Ho, Cheng, McKenna and Cheung 2024, 1, 2).

To remain relevant, the South African nursing education landscape has undergone significant transformation in the past 20 years (Crowley and Daniels 2023, 1). This transformation process gained momentum after the democratisation of the country in 1994 (Bezuidenhout, Human and Lekhuleni 2014, 1). This transformation in nursing is aligned with the transformation of the higher education system, future human resource needs, population health needs, global professionalisation trends and changes in nursing practice (Blaauw, Ditlopo and Rispel 2014, 1; Republic of South Africa, National Department of Health [NDoH] 2020, 10; Alaban et al. 2023, 1038).

In 2019, the first nursing education programmes, aligned with the Higher Education Sub-Framework (HEQSF), commenced, and they were registered on the National Qualifications Framework (NQF) (Republic of South Africa, NDoH 2020, 9). The legacy nursing programmes are being phased out with the last intake in 2019 (Department of Higher Education and Training, 2016). New nursing programmes are being accredited, and several new programmes have completed their candidacy phase. The nursing programmes leading to professional registration in any of the categories prescribed in the Nursing Act No. 33 of 2005 were offered with effect from 2019 by the Nursing Education Institutions (NEIs), which have complied with the accreditation criteria of both the Council of Higher Education (CHE) and the South African Nursing Council (SANC) (NDoH 2020, 9).

The new programmes include the Higher Certificate in Nursing (SANC 2013a), the Diploma in Nursing (SANC 2013b), the Advanced Diploma in Midwifery (SANC 2019), the Bachelor of Nursing Degree (SANC, 2013) and the Post Graduate Diploma in Nursing (SANC, 2020). These programmes' new competency-based curricula improve nursing capacity to implement the re-engineering of the primary healthcare approach and to achieve universal health coverage. The new programmes provide a broader selection of nursing programmes and categories of nurses and have increased points of entry, potentially increasing the number of trained nurses. In addition, nursing colleges have been designated to offer HEQSF-aligned nursing programmes (NDoH 2020, 19).

The implications of introducing the new nursing qualifications have required that the NEIs redesign their nursing programmes. The redesigning included updating the programme and module content and revising teaching methodologies and assessment criteria to meet the standards set by SANC. These criteria and standards are outlined in the respective qualification frameworks, implying that while higher education institutions (HEIs) have a certain degree of academic freedom to tailor their programmes to their specific mission, vision and contexts, they must still be aligned with the requirements set out by SANC. In the past, this transition for nursing students and nurses qualified in legacy programmes has been a challenge, with delays in establishing vertical articulation pathways from legacy to HEQSF-aligned nursing programmes (CHE 2022), updating NEI facilities and adapting students, nurse educators and clinical practice nurses to the new nursing education framework.

Purpose of the Study

Therefore, this study aims to explore and describe nurses' knowledge and perceptions about the nursing qualification framework to support change and facilitate progression between legacy and new nursing qualifications.

Methods

The methodology for this study includes the research design, context, population and sampling, data collection and data analysis.

Research Design

A descriptive qualitative research design was used. This design is holistic and aims to understand the whole phenomenon. It was chosen because the study aimed to explore nurses' knowledge and perceptions regarding the new nursing qualification framework in a hospital in Gauteng.

Study Setting

The study was conducted at a tertiary public hospital in Gauteng. The hospital has a bed capacity of 1 113 and has four medical wards, three surgical and two trauma units, antenatal, postnatal and labour wards, four paediatrics, neonatal critical care, adult critical care units and two high care units. It also offers several outpatient services. The hospital serves approximately 2 million people with communicable diseases, non-communicable diseases, trauma and accidents.

Population and Sampling

The study's population was 828 nurses from all categories working at the specific hospital in Gauteng. These categories included 371 professional nurses, 212 enrolled nurses and 245 enrolled nursing auxiliaries. The sampling method was purposive. The inclusion criteria were enrolled nursing auxiliary nurses, enrolled nurses and professional nurses permanently employed by the hospital and registered as nurses with SANC for a minimum of one year. The exclusion criteria were nurses in the hospital who worked as nursing educators and nursing students. The participants were approached in different hospital units and informed about the study. Data were gathered from 15 participants who consented to participate in the study. The sample size was determined by data saturation when no new information was found after the 15th interview. The participants included 12 professional nurses, two enrolled nurses and one nursing auxiliary.

Data Collection

Before potential participants were approached, ethical approval was obtained from the Tshwane University of Technology (TUT) Research Ethics Committee. Thereafter, the Ethics division of the Gauteng Department of Health's approval was obtained and gatekeeper permission from the Chief Executive Officer (CEO) of the specific hospital was obtained. The managers of the different units were approached, and access to engage staff during their breaks was obtained. The participants were informed about all aspects of the study, including their rights as participants, by means of an information leaflet. The nurses who agreed to participate, signed informed consent forms voluntarily. The interviews took place in the hospital wards but in a private room, providing minimal disturbance during times when nurses were not engaged in their nursing duties. Data were collected during August 2022.

Data Collection Instrument

The data collection instrument was a semi-structured interview schedule developed by the researcher and guided by the objectives of the study. Individual interviews took approximately 20–30 minutes with each participant.

Measures

The interview schedule comprised two sections: Section A was the demographic information, and Section B elicited responses regarding the questions related to knowledge and perception of the new nursing qualification framework. An open central question, followed by probing questions, was asked. The central question was: "What do you know about the new nursing qualification framework?" The interview schedule was piloted with two nurses before the data collection. The information was not included in the coding of the transcripts, despite no changes being required to the questions. The interviews were audio-recorded with the consent of the participants, and field notes were kept. Confidentiality was maintained by coding data, with data managed securely and privately stored and destroyed after three years.

Data Analysis

Data were analysed using qualitative content analysis involving eight steps. After transcribing all 15 audio recordings, the researcher read all transcripts and noted initial ideas. One transcription was selected, and thoughts were annotated in the margins. The topics were listed and clustered into significant, unique and other categories. Codes were abbreviated and assigned to relevant text segments, then refined into descriptive categories. An independent researcher co-coded the data and agreed with the researcher on categories and sub-categories.

Trustworthiness

The criteria for trustworthiness were established (Polit and Beck 2021, 154). Credibility was enhanced by prolonged engagement with the participants, using an interview schedule, peer review and participant triangulation. Dependability was ensured through systematic data collection, coding and archival, allowing dependability checks over time. Confirmability, ensuring data accuracy was supported by a literature review, document archival for future audit purposes and independent coding. Transferability was achieved by providing comprehensive descriptions and purposive sampling. Authenticity was ensured through prolonged engagement, audio recording and verbatim quotes.

Findings

The demographic data, themes, categories and sub-categories are described.

Demographic Data

Fifteen nurses participated in the study. Table 1 outlines the participants' demographic data regarding the nursing categories, years of experience in nursing and qualifications.

Table 1: Demographic data of the participants

Demographic category	Frequency	Percentage
Nursing categories		
Professional nurses	12	80%
Enrolled nurses	2	13%
Enrolled nursing auxiliary	1	7%
Years of experience in nursing		
2–5 years	2	13%
6–10 years	3	20%
10 –20 years	7	47%
>20 years	3	20%
Qualifications		
Certificate in auxiliary nursing	1	7%
Certificate in enrolled nursing	1	7%
Four-year Diploma/Bachelor's degrees	3	20%
Post-basic programmes or Postgraduate Degrees	10	66%

The majority of the participants were professional nurses (12; 80%), had 10 or more years of experience in nursing (10; 67%) and held postgraduate diplomas or postgraduate degrees (10; 66%).

Themes, Categories and Sub-categories

Figure 1 outlines the themes, categories and sub-categories derived from the study's findings. The findings are then described, and verbatim quotes are included. The verbatim quotes were not edited.

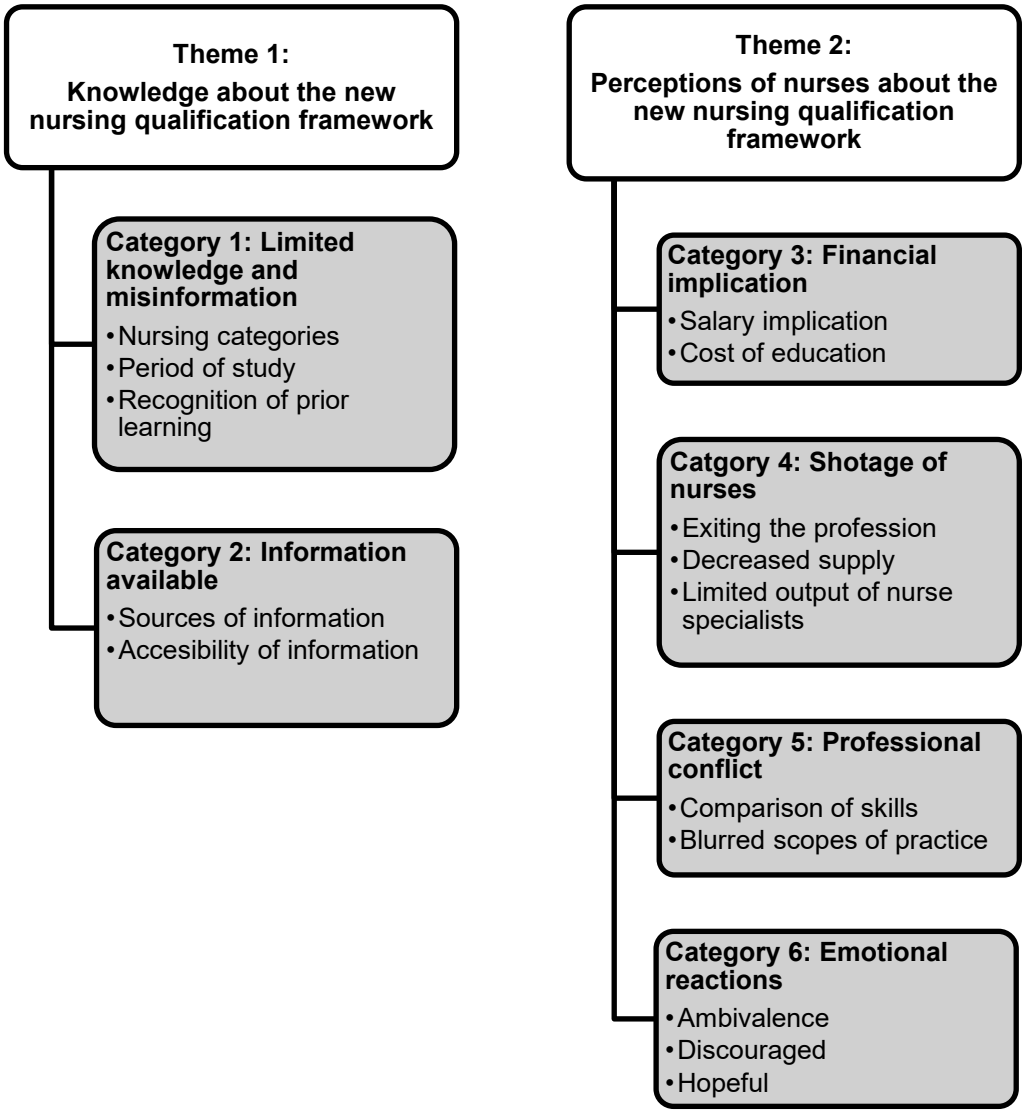

Figure 1: Themes, Category and Sub-category

Theme 1: Knowledge about the New Nursing Qualification Framework

The categories that emerged from Theme 1 were limited and misinformation about the new nursing programme and information about the new nursing qualification framework and programmes, each with three and two sub-categories, respectively.

Category 1: Limited Knowledge and Misinformation about the New Nursing Programme

The study revealed that the participants needed to be more informed about the nursing curriculum framework. Some participants were unaware of the nursing framework and

articulation based on the NQF. The knowledge limitations were related to the nursing categories, period of study and the recognition of prior learning (RPL).

Nursing Categories

The participants had limited information about the new nursing categories. Despite some participants knowing nursing programmes aligned with the new NQF, many needed help understanding what these programmes entailed. Some nurses also believed that SANC was phasing out the auxiliary nursing programme. The participants also had limited knowledge about the articulation of the nursing programmes. The following are some of their narrations:

> I do not exactly know how many they are. However, what I can tell you is that I know for sure that there will be this three-year entrance, and then there will be enrolled nurses and auxiliary nurses. Are there auxiliary nurses? Let me think… I am sure that they are doing away with auxiliary nurses. I am not sure (Participant 11).

> We have the R.171, which is its staff nurse; it is a three-year diploma. However, you qualify as a staff nurse, though the bars are less. You only have a red carpet or a plain epaulette. The R.174 is a degree that comes with midwifery (Participant 11).

Most participants needed to gain knowledge of the structure of a Bachelor of Nursing Science. Some nurses said:

> Okay, so I heard it is a diploma, not a degree anymore. It is four years. So, you have to be getting a general nurse, and then you get a badge for midwifery and a little community insight in between. However, you are not qualified for it (Participant 4).

> I think they will get this new qualification that you get to become a general nurse. I do not think they will consider them as diplomas, as they say, like meeting with the local community and mental health or psychiatric nursing. I think you will just have that entry-level of general nurse (Participant 9).

Period of Study

The study revealed that participants need to be more informed about the study period for the new programmes, especially for speciality courses. Some nurses believed the new qualification framework would expand the years it takes to complete a course compared to the legacy qualifications. The following quotes illustrate these views:

> Well, I think it is complex. I mean, looking at the duration of years…I feel like the frame is longer now. This participant further explained that it would take them more years to complete, unlike the legacy programmes. “The disadvantage of that is that now the duration is a bit longer and some of us have not yet obtained, you know, the specialities and looking at some of my colleagues, now have for them to do four-year diploma and next thing they have to do three years speciality, then it is more like approximately seven years or eight years of them studying” (Participant 15).

Recognition of Prior Learning

The study revealed that the participants needed to learn how the recognition of prior learning (RPL) would work with the new nursing programmes. The participants had some knowledge about the RPL, primarily related to the RPL of the bridging programmes that are now being phased out. The following quote supports this finding:

> RPL. Yes, I get it like, usually, when especially the enrolled nurses and the enrolled nursing assistants….. maybe those students from outside who do not know anything about nursing, they are coming from the system, they give them a chance to study those subjects for that period, like, and then if they pass certain subjects, they will be credited for next year when they start the programme. I am not sure if I am so something like that (Participant 13).

Category 2: Information Available

The study revealed that more needs to be done to educate nurses on the newly implemented changes and that a gap needs to be bridged to educate nurses on where to access the correct information. The nurses explained the sources of information they used and the accessibility to information.

Sources of Information

The participants knew that information was available on the SANC website and cited one of the nursing colleges in Gauteng as a source of information, as illustrated by the following quote:

> A South African Nursing Council website. You can probably phone even institutions like … nursing colleges. I believe they can give one a sufficient answer about the procedure and what it did not mean." The participant further commented, "I have attended one of the meetings in which they gave out an update on the new curriculum and the framework requirements, so basically, I have learned through one of the meetings I have attended (Participant 7).

Accessibility to Information

The study revealed that the participants need more knowledge on the appropriate and accurate ways of accessing the new nursing qualification framework information. Many participants cited Google as a place to access information. There was a need for a simpler explanation of the implementation of the new nursing programmes. The following are their narration:

> I am thinking SANC; maybe they can provide more clarity and more information. Also, when they advertise, I think if they can be brought up as to what exactly is going on, in simpler terms, people will be able to follow, especially those who are interested in anything and those who want style opportunities. So that is just for basic purposes. And then they will; further, I think the SANC can elaborate clarities on magazines, every social media platform and everywhere (Participant 9).

Theme 2: Perceptions of Nurses about the Nursing Qualification Framework

The study revealed both positive and negative perceptions of implementing new programmes. Four categories emerged: financial implications, increased shortage of nurses, professional conflict and emotional reactions.

Category 3 Financial Implications

The study revealed that the participants believe the new nursing qualification framework is going to waste time and money and offer no benefits for the time invested. Some nurses were optimistic they could get better salaries with the new qualifications.

Salary Implications

The participants explained that they were discouraged by the fact that additional years of study would do little for their salary increases. The following participants explained:

> I do not understand, and I just do not get how you would want to upgrade your qualification and now not upgrade the salary point site of it (Participant 15).

> It is a qualification of that salary level. And then if you do a degree, you have to have certain marks that match with the degree also with the salary, so that it is clear to everyone and it is fair (Participant 6).

Cost of Education

The participants expressed a concern with the cost of nursing education programmes demotivating them to further their studies as explained by the following participant:

> And the other question, is that the motivation? Would it be worth it for some people to pursue these courses? Because you might have an issue where people are not interested in the person pursuing these courses, looking at the cost, part of it is also expensive to go through some of these courses (Participant 5).

Category 4: Shortage of Nurses

Three sub-categories emerged from this category: nurses exiting the profession, decreased supply of nurses and limited production of nurse specialists.

Nurses Exiting the Profession

The study revealed that the participants believe that studying these new programmes does not benefit the nurses. They would instead study other courses with more financial benefits than nursing. Here is one of the narratives:

> I do not see most people on board wanting to become nurses. I have realised most people were somehow influenced or drawn into the nursing practices or profession because they saw a lady next door and a mother next door, a professional nurse, looking at the epaulettes, the bars and all those things" (Participant 7).

Decreased Supply of Nurses

The participants were concerned that implementing the new qualification framework would lead to a decreased supply of nurses, as expressed by the following participants:

> So now, many people are not going to go to nursing colleges to study, which is going to lead to a shortage of nurses because, in fact, the nursing colleges, we all know that they are producing many nurses, but now, people will not go to study in the nursing colleges (Participant 2).

> They will probably have a shortage of nurses because they are not… I do not think they are going to train more nurses like before. You have already phased out this problem of shortage of nurses, but it will be worse (Participant 6).

Limited Production of Nurse Specialists

The study revealed that participants feel that they will be stuck at the same level of nursing expertise for a prolonged period and that there will be fewer specialised nurses in the health sector. The following participant expressed this view:

> Because those who do not qualify will be stuck in that position forever. I mean, and then the people who are going to school, there will be a limited amount of people who will be getting speciality 'akere' [you know], any speciality. We all know what each and every one of us will need. People with specialities. So if a limited number of people are going for speciality, then there will be a shortage of specialised nurses in our health department (Participant 13).

Category 5: Professional Conflict

The participants shared some reservations about the introduction of the new curriculum. They believe that implementing the scope of practice would be challenging as there are blurred differences between registered and professional nurses in practical settings. They also believe that nurses would be prone to comparing their skills to evaluate which curriculum produced better nurses.

Comparison of Skills

The participants believe that changes in qualifications have increased their tendency to compare their knowledge and skills. The following participants explained this view:

> It will make us look upon each other. Is it like, where did you train? And then, where did you train from? Which institution? …Well, like, we will want to learn more about what you learned as colleagues (Participant 9).

Blurred Scopes of Practice

This study revealed that nurses believed the new nursing qualification framework might present challenges when comparing their legacy framework to the NQF-aligned qualifications. They also believed it would make them look down on each other as the

new professional nurse only has one bar compared to the professional nurse who graduated with three bars (legacy programme). The following quote supported this finding:

> I do not know how they will feel after completing with a plain epaulette. That is another thing. Because they also qualified, they had everything now. I do not know. I think it will increase their self-esteem, but then get used to it (Participant 14).

Category 6: Emotional Reactions

While the majority of the participants (13; 86%) spoke unfavourably about implementing the new nursing qualification framework, there was also ambivalence and a sense of hopefulness. The participants shared that they were worried about career progression. Some participants had mixed emotions and felt that they would be stuck in the same position.

Discouraged

The nurses were demotivated and uncertain about their future due to the developments and new processes related to phasing in the NQF-aligned programmes due to clinical and theoretical gaps they identified. The participants shared how discouraged they felt due to the implementation and how they felt stuck:

> There is nothing that one can do currently. One needs to do a post-grad. So, I think that is where the problem is. We are stuck. We are stuck (Participant 7).

> I think there will be stagnation of people progressing to either qualifications or grades or something like that. Because of those that do not qualify will be stuck on that position forever… (Participant 13).

Ambivalence

The participants shared mixed emotions about the implementation of the new nursing qualification. Some participants shared that only time will tell whether the change was necessary and whether it would bring change in the nursing fraternity:

> Well, I think it is a good thing. I think it is a good thing in looking at in terms of, well, let me not contradict myself, but then I just want to say looking at the duration… (Participant 15).

Hopefulness

The findings revealed that some participants believed implementing the new curriculum framework could have a positive impact. They believed that the new framework would provide nurses with better knowledge as the coursework would be manageable and may allow a person to focus on one thing at a time. The following is a narrative supporting these perceptions:

> One side, I feel it is very good because, with all the specialisations that we had, as students, we could not focus on one or two things at a time. So, we had to learn fast and move on. But I think it is also bad in a way because you do not get the overall impression of all the parts that you can go in specialising (Participant 3).

Discussion

Engaging in the curriculum change process in this context has been challenged, evidenced by the gap in knowledge and misinformation among nurses about the implementation of the new nursing qualification framework. The nurses perceived limited accessibility to information to contribute to the knowledge gap. Regarding nurses' perceptions about nursing qualifications, there were concerns about financial implications, increased shortage of nurses, professional conflict and emotional reactions. The findings indicated that improved education and communication about the new nursing qualifications were required. The participants had limited information about the new nursing curriculum framework, its articulation, nursing categories, period of study, entrance requirements and routes for access. The nurses obtained information from various sources, including meetings, the SANC website and Google searches. However, the information from these sources was perceived as incomplete and the nurses did not completely understand the information. Adequate information sharing will enable the nurses to make informed decisions about their professional development trajectory (Feringa, de Swardt and Havenga 2020, 8). According to Kurt Lewin's Change Theory (Burnes 2020), stakeholders must be engaged throughout the unfreezing, change and refreezing stages to facilitate the change process and minimise resistance to change. In order to fully participate in the discourse around nursing curricula, ongoing information sharing and channels of engagement must be implemented. To be part of and take up the changes in the nursing qualification framework, policymakers, educators, and nurses in practice must be engaged in identifying and highlighting the gaps in the current curriculum and evaluating the outcomes of the new curriculum.

The participants also expressed concerns about the cost-effectiveness of the new programmes and the time involved, with some participants viewing the new programmes as a potential waste of time and money without tangible benefits. Crowley and Daniels (2023, 6) also reported this concern, indicating that students enrolled in the new programmes did not anticipate the time and costs associated with class attendance and clinical placement when enrolling in Post Graduate Diplomas. These views about cost and benefit can potentially influence the uptake of nursing as a profession or further studies in nursing, further exacerbating the existing shortage of nurses.

The Hospital Association of South Africa and the South African NDoH (2020, 5) indicate that the current gap of 26 000–62 000 nurses will increase by 2030 to 131 000–166 000 nurses. This shortfall is driven primarily by population growth and an increased attrition rate (mainly due to retiring nurses), overtaking the supply of new nurses

entering the profession. A similar concern was expressed by the participants in this study, who were of the view that implementing the new qualification framework would exacerbate the shortage of nurses by decreasing the supply of nurses and limiting the production of nurse specialists. Framed within the NQF, clearly articulated and equity-minded nursing education has the potential to expand access to ongoing education that can increase the number of nurses to serve the diverse population in South Africa (NDoH 2020, 10). However, challenges with the coordinated implementation of this nursing framework will further exacerbate the existing shortage of nurses. The participants' concerns about nursing shortages were predicted by Matlakala (2016,10) when she stated that the phasing in and out of programmes was likely to lead to a gap in the production of nurses and that the increased production of lower categories of nurses would impact the training and supply of specialist nurses. Similar to the participants of this study's views, Crowley and Daniels (2023, 4) indicated that the training of specialist nurses was impacted by challenges with the timely accreditation of Post Graduate Diploma from 2022, leading to a 2-year-plus gap in the training of nurse specialists in South Africa. These challenges include complexities with articulation, programme design, accreditation and implementation of the new nursing programmes (Crowley and Daniels 2023, 2,6).

The findings further indicate that participants believed introducing the new curriculum could lead to professional conflict, particularly concerning the scope of practice and skill comparisons. Matlakala (2016, 7) indicated a concern that there was no clear differentiation in the scope of practice between the professional nurse qualified in the legacy programme (Nursing Act, 1973 [Regulation 425]) and the professional nurse in the new programme (SANC, 2013 [Regulation 174]). The limited knowledge of the new programmes and scope of practice may lead not only to professional conflict due to the limited role clarity but may also compromise patient care and the legal position of the nurse (Feringa et al. 2020, 8). The lack of role clarity further leads to the inappropriate or underutilisation of nurses (Martin and Weeres 2016, 108). Nursing managers should be aware of the importance of clarifying the roles, responsibilities and functions of each professional category to promote quality patient care (Orgamidez and Almeida 2020, 380). Some participants had mixed feelings about the changes. While acknowledging potential benefits and being hopeful, they also expressed scepticism about the actual impact. These mixed feelings were similar to a study by Feringa et al. (2020, 4) about nurses, knowledge, attitude and practice related to their scope of practice in Botswana, where emotions ranged from insecurity and anxiety to adjustment and pride in their current roles.

Limitations

The study had limitations that impacted the scope and generalisability of its findings. Firstly, the limited participation of enrolled nurses and nursing assistants meant that the perspectives primarily reflected those of professional nurses. The study's contextual nature, conducted exclusively at a single tertiary hospital in Pretoria, using a non-

probability purposive sampling method, restricted the ability to generalise the findings to other healthcare settings across South Africa. These limitations suggest the need to be cautious when applying the study's findings beyond the context in which it was conducted.

Recommendations

The following recommendations aim to enhance nursing practice, education and research in response to the evolving nursing qualification framework.

In terms of nursing practice and nursing education, it is recommended that SANC, NDoH, NEIs, Nursing Associations and employers enhance information dissemination about nursing programmes, articulation routes, entry requirements, and routes of entry and scopes of practice through various communication sources. The nurses should actively engage in familiarising themselves with the nursing qualification framework and scopes of practice through reliable sources of information to ensure effective implementation and compliance. Healthcare organisations and nursing education institutions can assist with the dissemination of reliable information on programmes, the articulation routes for nurses and scopes of practice in an applied manner. In nursing research, evaluation of the new curricula to prepare nurses for the global workforce and local needs should be implemented, including all stakeholders to participate in the change management process.

Conclusion

Introducing the new nursing curriculum framework has seen early-stage implementation challenges, which require co-ordinated management to minimise disruption to the education process and optimally address current and projected nursing workforce shortages. Ensuring adequate knowledge about the nursing programmes and scopes of practice is critical in supporting this transition period from the legacy to the new nursing curriculum landscape. To implement the new qualifications successfully, ongoing clear communication, addressing the financial implications, ensuring adequate support for professional development and facilitating collegiality amongst different nursing categories will be required. Ultimately, the goal should be to support the new nursing qualification framework that supports the training of nurses in South Africa and, ultimately, high-quality nursing care.

Author Contributions

LB: Proposal development, data collection, data analysis, manuscript drafting and review.

YH: Supervision, manuscript drafting and review.

MP: Supervision and manuscript review.

Availability of Data and Material

The anonymised dataset used and analysed during the current study is available from the corresponding author upon reasonable request.

Acknowledgement

We acknowledge the hospital and staff who participated in the study.

Ethical Approval

Before potential participants were approached, ethical approval was obtained from the TUT Research Ethics Committee (#FCRE 2021/07/005 [SCI] [FCPS02]). Gatekeeper permission was obtained.

References

Alaban, A.G., A. P. Buran-Omar, and S. T. Abduraji. 2023. "Acceptability of the proposed Competency-Based Curriculum and Instruction Model to Further Improve the Quality of Nursing Education." International Journal of Instruction, 16 (2): 1037–1058. https://doi.org/10.29333/iji.2023.16255a

Bezuidenhout, M., S. Human, and M. Lekhuleni. 2014. "The New Nursing Qualifications Framework." Trends in Nursing, 1 (1): 1–12. https://doi.org/10.14804/2-1-32

Blaauw, D., P. Ditlopo, and L. C. Rispel. 2014. "Nursing Education Reform in South Africa – Lessons from a Policy Analysis Study." Global Health Action 7 (1): 26401. https://doi.org/10.3402/gha.v7.26401

Burnes, B. 2020. "The Origins of Lewin's Three-Step Model of Change." The Journal of Applied Behavioural Sciences, 56 (1): 32–59.

Council on Higher Education (CHE). 2022. "Communiqué 10 of 2022: Alignment of Legacy Nursing Qualifications to the Higher Education Qualifications Sub-Framework (HEQSF)." Council on Higher Education. https://www.che.ac.za/documents/communique-10-2022.

Department of Higher Education and Training. 2016. "Higher Education Act, 1997 (Act 101 of 1997) notice of last enrolment date for first time entering students into non-HEQSF aligned programmes. (Gazette No. 40123, Notice R801)." Government Printer. https://www.gov.za/documents/higher-education-act.

Feringa, M. M., H. C. De Swardt, and Y. Havenga. 2020. "Registered Nurses' Knowledge, Attitude and Practice Regarding Their Scope of Practice in Botswana." Health SA Gesondheid 25 (1415). https://doi.org/10.4102/hsag.v25i0.1415

Geldsetzer, P. 2020. “Knowledge and Perceptions of COVID-19 among the General Public in the United States and the United Kingdom: A Cross-Sectional Online Survey.” Annals of Internal Medicine 173 (2): 157–160. https://doi.org/10.7326/m20-0912

Ho, K. H. M., H. Y. Cheng, McKenna, and D. S. K. Cheung. 2024. “Nursing and Midwifery in a Changing World: Addressing Planetary Health and Digital Literacy through a Global Curriculum.” Nursing Open 11 (1): e2075. https://doi.org/10.1002/nop2.2075

Hospital Association of South Africa, and South African National Department of Health. 2020. Review of Future of Nursing Workforce Planning. HASA and NDOH.

Martin, D. and A. Weeres. 2016. “Building Nursing Role Clarity on a Foundation of Knowledge and Knowledge Application.” Healthcare Management Forum 29 (3): 107–10. https://doi.org/10.1177/0840470416633237

Matlakala, M. C. 2016. “Transforming Nursing Education: Benefit or Peril for the Profession.” Inaugural lecture. ISA. https://uir.unisa.ac.za/handle/10500/22558

Office for Human Research Protections. 1979. “The Belmont Report.” U.S. Department of Health and Human Services. April 18, 1979. https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-belmont-report/index.html.

National Department of Health. 2020. Review of National Strategic Direction for Nursing and Midwifery Education Practice: A Roadmap for Strengthening Nursing and Midwifery in South Africa (2020/21 – 2025/26). National Department of Health. https://www.health.gov.za/wp-content/uploads/2022/02/Nursing-Midwife-National-Strategic-Direction-2020-2021-to-2025-2026-Com.pdf

Orgambídez, A., and A. Helena. 2020. “Social Support, Role Clarity and Job Satisfaction: A Successful Combination for Nurses.” International Nursing Review 67 (3). https://doi.org/10.1111/inr.12591

Polit, D. F., and C. T. Beck. 2021. Essentials of Nursing Research: Appraising Evidence for Nursing Practice. 11th ed. Philadelphia, PA: Wolters Kluwer.

South Africa. 1997. Higher Education Act 101 of 1997: Notice the last enrolment date for first-time students entering non-HEQSF aligned programmes (Gazette No. 40123, Notice R801). Government Printer. https://www.gov.za/documents/higher-education-act

South Africa. 2005. Nursing Act 33 of 2005. Government printer.

South African Nursing Council (SANC). 1985. Regulations Relating to the Approval of and the Minimum Requirements for the Education and Training of a Nurse (General, Psychiatric, and Community) and Midwife Leading to Registration (Government Notice No. R. 425). Government Printer. https://www.sanc.co.za/r-425/

South African Nursing Council (SANC). 2013a. Regulations relating to the approval of and the minimum requirements for the education and training of a learner leading to registration in the Category Auxiliary Nurse (Government Notice No. R. 169). Government Printer. https://www.sanc.co.za/wp-content/upoads/2020/06/R169.pdf

South African Nursing Council (SANC). 2013b. Regulations relating to the approval of and the minimum requirements for the education and training of a learner leading to registration in the Category Staff Nurse (Government Notice No. R. 171). Government Printer. https://www.sanc.co.za/wp-content/uploads/2020/06/R171-Reg-csn.pdf

South African Nursing Council (SANC). 2013c. Regulations relating to the approval of and the minimum requirements for the education and training of a learner leading to registration in the Categories Professional Nurse and Midwife (Government Notice No. R. 174). Government Printer. https://www.sanc.co.za/wp-content/upoads/2020/06/R174-Reg-cpn.pdf

South African Nursing Council (SANC). 2019. Regulations relating to the approval of and the minimum requirements for the education and training of a learner leading to registration in the Category Midwife (Government Notice No. R. 1497). Government Printer. https://www.sanc.co.za/wp-content/uploads/2021/11/Regulations-leading-to-registration-in-the-category-Midwife-compressed.pdf

South African Nursing Council (SANC). 2020. Regulations relating to the approval of and the minimum requirements for the education and training of a student leading to registration as a Nurse Specialist and Midwife (Government Notice No. R. 635). Government Printer. Regulations-leading-to-registration-as-Nurse-Specialist-OR-Midwife-Specialist-compressed-x2.pdf