

**Title:** Are nurses in South Africa prescribing medicines judiciously?

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**Context and setting:** In 1996, healthcare in South Africa was shifted from hospitals to Primary Health Care clinics which were closer to rural communities. Due to shortage of doctors, nurses were given added responsibilities, including prescribing medicines.

**Why the idea was necessary:** Because nurses have traditionally been trained to dispense rather than to prescribe medicines, there was a need to study their preparation and ability to prescribe.

**What was done:** South African Nursing Council Guidelines, and curricula of two Universities and two Nursing Colleges in the Eastern Cape Province of South Africa were scrutinized for coverage of prescribing in the training of nurses. The common clinical conditions for which nurses prescribed at an urban Health Centre were identified, and using systematic sampling, 120 nurse prescription records for the period January to June 2007 were scrutinized for adherence to standard prescription writing. 65 Nurse practitioners at five Health Centres within a 40-km radius of Mthatha, Eastern Cape, were asked to complete a questionnaire on their training for, and their current experiences of, prescribing (45 questionnaires returned: 69% response rate).

**Evaluation of results and impact:** Neither the South African Nursing Council Guidelines, nor the pre-service nurse training curricula/syllabi specified prescribing as a core learning module; and 85% of nurse practitioners had not received training focused on prescribing at College / University. 67% of the nurse practitioners had been prescribing independently for 6 – 10 years, they all had access to, and prescribed according to PHC Standard Treatment Guidelines, and 75% had received in-service training on prescribing. As a result, the nurses were prescribing judiciously and confidently. 68% of the prescriptions were for symptomatic treatment of ‘minor ailments’ (e.g. headache, diarrhoea, respiratory tract infections), and 79% were consistent with the patients’ presenting complaints and the prescriber’s assessment. More than 75% of the prescriptions contained all the patient information required for good prescribing (e.g. name, age, working diagnosis, dosage, route, frequency, and duration of medication), and more than half (58%) had one or two drugs only. Injections were seldom prescribed (11% of prescriptions), the nurse practitioners correctly ranked factors one needs to consider when selecting a drug to prescribe (effectiveness > safety > convenience for patient > quality > cost > patient preference), and all prescribed drugs were listed in the Primary Health Care Standard Treatment Guidelines and Essential Drugs List. A somewhat negative aspect was the respondents’ perception that their prescribing was influenced by patient pressure ‘sometimes’ (64%) or ‘most times’ (36%). The potential significance of these findings is limited by the small number of nurse practitioners surveyed, and the limited geographical area covered. The next step will therefore be to extend this study to the entire Eastern Cape Province of South Africa and to gather data which will inform policies on consolidation of current judicious prescribing by the nurses; and on paying

focused attention on the training of University and Nursing College students in South Africa on prescribing.