

## NURSING AND ITS PROBLEMS\*

J. G. BURGER, *President, Cape Western Branch of the M.A.S.A., 1970 - 1971*

Ladies and Gentlemen — all of us gathered here tonight are aware of the factors that placed not only Groote Schuur Hospital but also the Republic of South Africa on the world map. Honour and recognition have been given where it was due, but not enough stress was laid on the exceedingly important part played by the nursing staff by their devotion and dedication during the tedious months of after-care following these important operations. It needs to be emphasized that the quantity and quality of medical work that can be performed in any hospital is directly proportionate to the service rendered by the nursing staff. Without this important assistance no hospital could continue to operate.

We are also very much aware of the rapid strides that have been made in medical science during the past decade and this progress definitely affects our nursing pattern. It is impossible for one nurse to be trained in all the aspects required by the various branches of modern medicine. For example, it is not only unfair, but also unreasonable, to expect any nurse to be able to control all the complicated modern machines and to get full use out of them.

The cynical Dr Parkinson, author of the well-known book *Parkinson's Law*, on a recent visit to our country came forward with a wisecrack which appears to be very true of all professions, nursing included. He said that nobody ever works in a job for which he is perfectly qualified, because as soon as he is fully trained, he invariably is promoted to a position in which he is once more untrained; and this is particularly so in

the nursing profession. From the day the nurse starts as a student she is continually being moved to gain experience and she rarely gets the opportunity of putting it into practice before she is moved to some other department.

To understand the nursing problem fully, it is necessary to understand all the different categories of nurses in a hospital. There are two main groups, namely the trained nurses and the untrained, consisting mostly of student nurses, and it is very necessary to distinguish between these because their problems are of a different nature.

Of the trained staff the ward sister is the most important. Apart from perhaps the porter at the front door, she creates the image of the hospital to the public. The way in which she runs her ward and treats her patients will determine whether her hospital is a good or bad one. Whatever the doctors may do or the medical superintendent may say, the popularity of the hospital is determined by the ward sister. The friendliness of the porter and the ward sister can make or break the hospital.

The ward sister is as a rule an extremely busy person, and on her devolves the whole nursing organization. She organizes the housekeeper in the kitchen; she is responsible for the counting and sorting of the linen in the linen-room; she looks after the kit and cleanliness of the kit-room; the drugs in the drug cupboard have to be correctly recorded by her. She must instruct the student nurses and, in addition, the doctor expects her to know everything about each patient. Her tasks are involved and one must respect her for the way she tackles

\* Valedictory address.

her problems and the way she handles medical students. She has a large staff to deal with, in addition to seeing to the health and happiness of her patients. The whole ward is dependent on her capabilities. She might have two or more junior sisters who assist her in the management of the ward and for whose actions she is also responsible. Further, there may be from 12 to 15 student nurses, a few assistant nurses, a housekeeper, a ward secretary and a Coloured staff to manage. She must be continually on the look-out for doctors visiting her ward to do rounds and she must see that their instructions are written up and carried out to the letter. It is therefore essential for her to be well trained for her task, and for this purpose a postgraduate course has been instituted.

#### *The Married Nurse*

I am informed that 32% of registered nurses do not nurse. There may be many reasons for this, but one of them is certainly the problem of the married nurse with young children who would love to do nursing, but for obvious reasons is not able to. A creche where she can leave her young children is a help, and has proved to be a great success in Groote Schuur Hospital, where approximately 50 children are catered for. This enables 32 mothers to continue with their work, including 20 nurses.

#### *Non-Nursing Duties*

In her ward there are numerous non-nursing duties that are customarily performed by the trained nurse, such as administrative work, bookkeeping, answering the telephone, tending to linen, domestic chores, making of beds, dishing up of food and many similar duties which can be performed adequately by staff other than the trained nurse. Such staff should be provided. The present ward secretary and housekeeper should be trained to take more of the load off the sister, and on the other hand the sister should be taught and encouraged to make full use of these staff units in the ward.

So much for the ward sister; but you may well ask, what is the function of the matron?

The matron and her staff are responsible for the entire nursing administration of the hospital. She attends to the accommodation, training, leave, health, etc. of the whole nursing body. She is responsible to the Nursing Council for the proper registration of all her nurses and she has to see that they are properly fed, housed and clothed. She is responsible to the Chief Provincial Nursing Officer, her immediate superior, for the well-being of the nurses employed. It is also her task to recruit nurses and make out a monthly list to allocate each nurse to a definite post on the staff and to arrange their leave, which is an involved procedure when an establishment consists of over 1 200 nurses as in Groote Schuur Hospital.

#### *Shortage of Nurses*

It should be realized that this is part of a world-wide problem of staff shortage, but I am of the opinion that we are still drawing the same percentage of girls for nursing as ten years ago. In Groote Schuur Hospital we have three times as many nurses now as we had ten years ago, for about the same number of beds. However, one must remember that many more posts have been created since then and the more posts are created the bigger the shortage is likely to be. The modern intensive care units require the attention of 3 trained nurses for every patient. Despite these units there is no saving of nurses in the general wards, as one might expect, and these units may even be considered a contributory cause to the present acute shortage experienced. Another likely reason for the shortage of nurses is that whereas formerly a girl could become either a typist, a teacher or a nurse, there is now such a wide and interesting field of professions to choose from that she naturally selects one that suits her abilities and at the same time gives her lots of free time as well as a good salary.

In South African hospitals the shortage of nurses may involve White or Coloured, trained staff or students. Today, for instance, Groote Schuur Hospital has no vacancies for Coloured staff and we have more trained White staff than we had last year, but we do at times experience a shortage of White student nurses. This, however, is considered to be a seasonal problem,

as the posts are usually filled in January, with the numbers dropping sharply towards the end of the year. This is not a new problem, but has been experienced since the present college system of training came into existence 15 years ago. In how far our present college system is responsible for the student nurse shortage should be seriously investigated.

#### *Resignation of Student Nurses*

This also is not an occurrence peculiar to present times and through the years the percentage of resignations has remained more or less constant. There is one matter which tends to increase this trend, however, namely the stepping up of advertising and persuasion of girls to become nurses. One has to accept that only a certain percentage of the population will remain nurses, and those who do not have a strong vocation will resign for one reason or another, no matter what we do. The same problem is encountered among 1st-year university students, probably for the same reason.

Obviously this is no excuse for ignoring their complaints and these should be fairly considered and put right if they have any substance. The most frequent complaints can be counted on the fingers of one hand. They are: long irregular hours; unpopular working conditions; low salaries; unreasonable superiors; and over-strict discipline. A nurse should realize that patients have to be nursed for 24 hours a day and she must be made aware of this when she joins the profession. What are the facts behind the various complaints?

#### *Hours of Duty*

Nurses work for 45 hours weekly on day duty and 44 hours on night duty. When on night duty they are expected to work for 11 hours for four nights and they then get three consecutive nights off. For these arduous and irregular working-hours trained nurses are compensated by being granted 48-60 days' leave a year. Nurses object to working at various given times and would like to have set times off, like shop assistants, for instance. Of course, this is impossible and the reason for their irregular working-hours is explained and pointed out to them from the very start.

#### *Salaries*

As student nurses are recognized as a labour force they are paid while in training and receive a salary of R100-R140 per month. They are obliged to live in and to pay a nominal sum for their board, but uniforms, shoes and laundry are free. Trained staff are paid a salary which is equal to that of other para-medical personnel with three years' training. They start at R2 280 (R190 per month) which compares favourably with salaries of typists, teachers and para-medical personnel.

Further complaints require consideration. One is the accusation that the matriculation standard recently laid down by the Nursing Council for admission as a student nurse makes matters worse rather than better. There were, however, very sound reasons for this ruling as will be pointed out later. It may be sufficient to give a few statistics from Groote Schuur Hospital in this regard, as 1971 will be the first year when this new Nursing Council rule will be enforced. In 1970, out of 368 White student nurses, 93 (26%) had not matriculated, and out of 358 Coloured nurses, 306 (83%) had not matriculated.

These figures speak for themselves, but I must point out that these non-matriculated girls can still join for the 2-year auxiliary nurses' course, for which the standard is lower than that for the student nurses' course. We hope that we will be successful in persuading non-matriculated girls to take this course, although they will then have a lower salary, a lower status and can never qualify as sisters.

My colleagues and I have frequently discussed why it appears that the image and status of the nursing profession have been lowered. Whereas formerly it was an honour to be a nurse, today it appears to be the opposite. Whether the reason lies in the preoccupation of our girls with a university education or whether the modern girl is afraid of losing her identity among large numbers I cannot decide, but it creates food for thought. Whether this image can be re-created by instituting nursing degrees at universities or by having only matriculated students, is doubtful.

*The Remedies*

Complaints should always be dealt with sympathetically. One often hears, for instance, a plea for shifts to be worked, but this was tried at both Groote Schuur and Karl Bremer Hospitals and proved to be very unpopular. As regards salaries, one feels that nurses should be recompensed for night duty or weekend duty or when they work overtime. This matter is being considered, but creates many problems. Unless the salaries fit into the established structure of staff salaries it throws the whole country out of gear.

We are living in a permissive age and perhaps it is right that we fall into line with modern trends, but the public and patients expect old-fashioned nursing care and discipline. When they experience the results of permissivity they should not criticize the nurses or the administration too harshly. This is a world problem.

*Employment of Nurse Aides*

This is a very important category of nursing personnel but these girls have to be given the opportunity to learn and become thoroughly competent in one particular ward. The fact that they are not moved from ward to ward as student or auxiliary nurses are, makes them valuable for the continuity in a ward. There are problems, such as finding suitable girls and persuading the older staff to be patient while they are in training. A specialized trained sister can run a ward with a staff of nurse aides who have very little medical responsibility. The nurse aide may be called a work unit and may be the answer to the nursing shortage in future. It is therefore essential that trained nurses should be encouraged to specialize. We already have special courses in ophthalmology, psychiatry, orthopaedics, administration, and a course for ward sisters, among others.

*Nurses' College*

A student or auxiliary nurse spends 3 months a year of her training in the nurses' college where she is taught the theory of nursing. Through the years it was found that unless students have the matriculation standard they find it very difficult to pass the required examinations. It is not considered profitable nor economical to have girls fail three or four times as it takes a great deal of tutoring to get them to pass, and this may interfere with the ordinary running of the classes in the college. Some girls who are B.A. material, manage this course, although this does not make them better nurses, and they are usually destined to become teachers.

*Recruiting*

The nursing profession appeals to certain girls, and these girls will be nurses, whatever one says or does. To draw large numbers with highpowered advertising and persuasion may only lead to increased resignations later, but this is no reason not to advertise. Schools should be lectured to, and career guidance teachers should be kept interested and informed. At Groote Schuur Hospital, nurses visit all the schools in the vicinity and invite interested girls to visit the hospital. They are provided with an attractive brochure richly illustrated and a booklet called *What the Young Nurse Ought to Know*. Close contact is being kept with interested girls and they are encouraged to visit the hospital as often as and when they like, especially the babies' wards. From this you will realize that recruiting is highly organized in Groote Schuur Hospital and no doubt in other hospitals too. A film on nursing is also being shown at schools with reasonable results.

In conclusion, I would stress that in order to expand our hospitals we will have to save the nursing staff for nursing duties only and make use of technicians, maids and machines to perform the mechanical duties that are at present expected of nurses. And lastly I would like to say that Coloured girls make excellent nurses and we might come to a point where more use will be made of their capabilities.