

The Criteria for Professionalism in Nursing in South Africa

Charlotte Searle

Professor and Head of the Department of Nursing,
University of South Africa



OPSOMMING

Daar bestaan heelwat verwarring oor die kriteria wat op professionele status toegepas word sowel as oor die korrekte gebruik van die woord "professie" of "beroep". Dit het onsekerheid by verpleegsters veroorsaak waarvoor daar sowel in Suid-Afrika as in ander lande geen grond bestaan nie.

Verpleging word alte dikwels volgens die tradisionele beeld van vroeëre professioneles beoordeel van wie beweer word dat almal aan universiteite studeer het. In werklikheid het talle van daardie hoogs gekwalifiseerde persone hulle opleiding by en volmag om te praktiseer van Gemagtigde Verenigings verkry.

Die bewering dat verpleging semi-professioneel is omdat verpleging 'n afhanklike funksie t.o.v. die geneeskunde het, is 'n bevooroordeelde opvatting aangesien geneeshere net soveel afhanklike funksies as die verpleegster het.

Uit die kriteria vir verpleging in Suid-Afrika blyk baie duidelik dat die verpleegberoep in die land op professionele erkenning geregtig is.

The professional status of nursing has been questioned in some countries by some sociologists, and health service administrators and even by some nurses. This arises from the fact that there is much confused thinking about the criteria by which professional status is measured as well as from the incorrect use of the word "profession".

Chief amongst the proponents of the concept that nursing (at least in the countries with which they are familiar) is not a

profession, but a semi-profession, are such authors as Buick-Constable (1969)² who maintains that nursing in New Zealand is semi-professional, Etzioni (1969)⁵ and Bernard and Thompson (1969)¹ in America who propound the same viewpoint about American nursing.

These statements and others like them have obviously caused uncertainty in the ranks of nurses. Nurses in

developing countries are exposed to this type of uncertainty that exists amongst their colleagues in the more economically developed countries, and health administrators and doctors accept such statements at face-value without analysing the facts in terms of the situation in the particular country.

Nurses should not allow themselves to be confused. Nurses must believe in what they are. Nurses in Southern Africa, and I believe in some other parts of the world, need not fear that their professional status is questionable. Admittedly there are some countries where nursing cannot be classified as professional according to the criteria recognised in Southern Africa.

Ward Darley, (1969)⁴ an American researcher, has made a careful analysis of nursing in America, and he maintains that American nursing is a profession. He says "the truly professional person is one, who, by virtue of intellectual capacity, education and moral outlook is capable of the exercise of intellectual and moral judgement at a high level of responsibility". He makes the very important point that judgement is based on broad knowledge, penetrating wisdom about the particular circumstances, and great moral certitude about one's actions. This is a daily feature of the practice of the nurse.

Similarly Charlotte Towle (1954)¹⁰ argues that nursing is a full profession.

In Britain nursing has frequently been described as an "established profession" and midwifery as a "monopolistic profession". In South Africa the statement is frequently heard from members of the medical profession, from sociologists and health service administrators that nursing and midwifery in South Africa are powerful monopolistic professions. Critics of the professionalism of nursing, including nurse critics, invariably base their arguments on a comparison of the relatively young profession of nursing with the early traditional professions of the law, the church and medicine.

Millerson (1964)⁷ rejects this approach and states that "the term professional ought to be applied freely to anyone able to demonstrate a high standard of competence, experience, achieved responsibility and good education". Carr-Saunders and Wilson (1964)³ list nursing in Britain in their standard work on the professions as a "skilled and dignified profession".

The traditional image

Nursing is being measured against the traditional image of the early professionals. This traditional image is provided by the "learned" professions, namely, the law, medicine and church ministry. The profile that is projected depicts these learned professionals as "gentlemen" and independent practitioners providing an important and essential public service. They have a university background and their competence is determined by examination and by licensure. Their integrity is ensured by a strict code of professional ethics.

Are the criteria for professionalism as applied to "the learned professions" strictly in accordance with the facts? I query the universality, or even the absolute validity of these criteria. It is a well documented fact in English and Western European literature and in public records that surgeons and even physicians and lawyers were latecomers to the universities.

Lawyers were not subjected to examinations in Britain until 1872, and medical practice was not regulated in Europe until 1858, though such control had been introduced by 1807 in that part of South Africa previously known as the Colony of the Cape of Good Hope. Prior to 1858, qualifications were not required for medical practice and only a few universities in Britain and Europe offered courses leading to medical doctorates. The majority of doctors in Great Britain obtained their qualifications via the professional associations. A great many had no qualifications but practised medicine and enjoyed the attendant status.

Although many clergy attended university and obtained a degree this was not a strict requirement. Before 1850 a priest, or a minister of the church was not required to submit himself to an educational test before ordination. Many clergymen to this day receive their education at theological seminaries that are not attached to universities.

The Law Society in Britain was established in 1825. Only after 1835 did the courts conduct the examinations for solicitors. After 1877 the Law Society undertook this task. Barristers were only asked to submit themselves for examination after 1853. At this stage this was still a voluntary examination. It was not until 1872 that it was made compulsory by the British Inns of Court which conducted the examination.⁸

To this day many members of the medical profession in Britain obtain their basic and their specialist qualifications from the Royal College of Surgeons (England) and the Royal College of Physicians (London) or from their Scottish or Irish counterparts. (M.R.C.S. Eng., and L.R.C.P. London). The Apothecaries' Society of London still awards a Licentiate in Medicine, Surgery and Midwifery, (L.M.S.S.A. London) and Apothecaries' Hall, Dublin awards a Licentiate (L.A.H. Dublin).

Some of the world's most outstanding medical practitioners and lawyers have obtained their professional qualifications and status from qualifying associations.

The concept of independent practice

The concept of a professional person being an independent practitioner has never applied to the clergy. The priest and the minister of religion have always been subject to control by the church or the presbytery and each has always been a "salaried officer", in that he was granted "the gift of living", i.e. either a benefactor or the congregation provided him with a livelihood. Whilst doctors and lawyers were traditionally independent practitioners this was not universally the case. Many were employed by the state e.g. for military purposes, or by commercial organizations such as the Dutch East India Company, and the British East India Company as early as the 16th century.

Today the practice of salaried employment for these professions is widespread. All churchmen work for a salary. The majority of doctors in a socialist society are salaried persons. Even in South Africa there are several thousand doctors who hold salaried, pensionable appointments. Even in such

capitalist societies as the USA, Canada, the EEC Countries, Japan and other eastern countries, thousands of doctors are employed on a salaried basis.

Many lawyers hold salaried positions in industry, commerce, universities, the armed forces and in public administrations. **Judges, the highest grade of legal officer, are salaried persons.**

How valid then are the criteria by which professionalism is judged? The criteria for professionalism as ascribed to the three "learned professions" have never been universally true, and are certainly not valid in the present systems of social organization.

Basis for regarding nursing as a semi-profession

The four main arguments generally used in American literature to assign a semi-professional status to nursing are:

- all nurses are not educated at universities and only those who have had this type of education can claim to be professionals. Persons who have obtained their education at hospital nursing schools, or at community colleges, are not professional but technical personnel, even though they have passed the examinations for registration by the state;
- very few nurses are self-employed and part of their function is dependent on another category of health professional;
- the percentage of nurses who have attained high intellectual status through research, and scholarly authorship is small;
- there is no clearly defined theory of nursing as a science. Nursing can only be classified as an applied science that utilizes the scientific findings of other sciences.

These arguments may be true in respect of American society but are not universally acceptable. These assumptions have done some harm to nursing in some developing countries and may ultimately have a deleterious effect on the production of nurses through ill-considered and unrealistic attempts to force nursing development into a strait-jacket that is tailored to clothe the definition of a profession in verbal raiment that has little texture.

Let us examine each of these points and refute the assumption that nursing, (at least in Southern Africa and in the English system of nursing from which nursing in Southern Africa derives) is not a profession as much as any of the age-old learned professions, or the newer professions that have emerged from the universities of the 20th century.

University education not a universal criterium for professionalism

The first argument that nursing is not a profession because all nurses are not educated at universities, may be true in some societies, but it certainly is not true in all societies, if comparisons are made with other "fully recognized professions". Some 120 qualifying associations that prepare professional personnel of high calibre and standing exist in Great Britain. They approve educational centres, prescribe curricula, conduct examinations, register successful candidates and exercise disciplinary control over their members, who are given a recognised professional status in their society both legally and by consensus of their members and of John Citizen. Among this group are such élite professionals as architects, surveyors, accountants, barristers (including judges), solicitors, actuaries, veterinary surgeons, engineers, many physicians, many surgeons, and obstetricians and a large number of other categories of highly qualified health service personnel.

No one can deny the recognized professional status, ethics and accountability of these highly qualified persons, yet their education was attained from Qualifying Associations and not from universities. Their status is in no way less than that of their counterparts who may have qualified at university. In the majority of cases the first teachers in these fields at the universities were drawn from the ranks of the persons holding the qualifications of the Qualifying Associations. In many cases the holders of degrees in these fields cannot be admitted to practice until they have also passed the qualifying examinations of the particular professional Qualifying Association.

Every university that offers a professional qualification must establish a link with a professional organization or institution which lies outside the university to provide the professional experience dimension or the professional expertise that will ensure recognition of its qualification. University education is not a critical criterium for professional status, recognition or accountability although it may be very desirable. If the person has passed the examinations for admission to a professional register and has produced proof by this means of his knowledge and competency, the arbitrary point of view as to where he received his education, provided it was approved and strictly controlled by the registering authority concerned, is not valid. The issue at stake is not the learning milieu. It is the personal integrity, the wealth of knowledge, the appropriateness thereof, the ability to integrate, internalise and utilise the required level of knowledge and skills and the social purpose of it all, that is the core of professional effectiveness.

The fallacy of independent practice as a criterium for professional recognition and status

It is also argued that few nurses and midwives practise as independent practitioners. The fundamental question to be asked is "what is independent practice?" If it means "setting up in the business of providing health care", i.e. being self-employed, then the issue is debatable. Many nurses and midwives work as private practitioners, own small private hospitals and homes for the aged or are shareholders in such institutions. So do doctors, dentists and other categories of health professionals.

To judge the validity of the claim to professional status on such slim grounds is absurd. Although lawyers, doctors and dentists amongst others, have long functioned as independent practitioners, two of the oldest categories of élite professionals have never functioned as "independent practitioners" in the sense of being self-employed. The priest or clergyman has always been the servant of the church. He was in salaried employment, even though such remuneration at times consisted of gifts in kind. With rare exceptions the judge in the ecclesiastical or the civil court has always been the salaried servant of the church in the former and of the King or the State in the latter.

With the advent of socialist principles of national organization on the one hand, and the growth of great commercial and industrial organizations on the other, and with the increasing complexity of the services provided by the state and local authorities, large numbers of professional persons are taking up salaried employment in such organizations to provide the specialised skills needed in such ventures. Doctors, dentists, lawyers, architects, engineers, veterinarians, accountants and a host of highly qualified professional experts are working as salaried personnel in such service. In all countries judges still are salaried persons because they act on

behalf of the state. In socialist and communist countries the professional, like any other worker, is a salaried person and not an independent practitioner. Yet their professional recognition is secure. It is likely that there will be no so-called "independent" practitioners in any of the professions by the year 2000 A D.

The core of the "independent practice" concept

There is, however, a very important aspect of the independent practice concept that is vitally important as a criterium for professional practice. The independent function, in the way modern professional persons view it, and in the light of its meaning in relation to the public good, is something quite different to earning one's living in private practice. The real meaning of "the independent function" refers to the sole right which a professional person has to decide whether he will, or will not, undertake a particular professional act, and how he will carry it out. Nobody else can decide this. The responsibility rests squarely on the professional person himself to decide this, for in the final analysis, it is he, and only he, who is held accountable for his professional acts and omissions. It is he, and only he, who will have to submit to

the disciplinary judgement and control by his peer-group within the professional control body, which in the case of nurses is the state registration authority.

In this context the independent function of the nurse and of the midwife is exactly the same as that of doctors, dentists and other categories of health professional. Even this level of "independent function" has certain limitations for in all professions the controlling authority has the right to limit the actions of the members of the profession in the interest of the community, and may consider any act to be prejudicial to the good name and standing of the profession and the welfare of the community. The professional is therefore less "free" or "independent" than other categories of citizens. His professional code of ethics is all-powerful and all-pervasive. The only freedom the professional has is "the freedom of choice to act" and to be willing to accept the consequences of his action.

Fallacy of the dependent dimension

The claim by some sociologists that nursing is semi-professional because nursing has a dependent function on medicine borders on a prejudiced assumption. The doctor's status as a professional is not generally questioned, yet he has as many dependent functions as has the nurse. The modern doctor cannot function unless he has a wide variety of supplementary health service personnel (paramedicals) to support him. In innumerable situations he cannot make a diagnosis or prescribe treatment if he is denied the assistance of such other health personnel as biophysicists, laboratory technicians and bio-engineers to name but a few. Has the doctor, since the dawn of time, not been utterly dependent on the nurse (or the mother in the family) for the care and treatment and observation of the patient in his absence, or for direct assistance with many aspects of work? This point can be applied to all professions.

The advocate (i.e. the barrister-at-law) is totally dependent for his briefing on the attorney (solicitor). The clergyman is dependent on his church council, the accountant, on the book-keeper. It must be reiterated that no professional person is totally independent in the practice of his profession. He has to practise within the broad legal framework of his country, and within the limitations imposed upon him by

John Citizen in the enabling legislation. He can only practise within the limits of the ethical code of his profession and within the terms of his registration. Because of the ethical constraints he is obligated, in the interests of those he serves, to refer to more knowledgeable members of the same profession, if his own knowledge, skill and registration limit his contribution to the care of the patient.

Fallacy of lack of theory of nursing as a science

Much is made of the allegation that there is no clearly defined theory of nursing as a science. But what is a theory? Webster's dictionary defines it as "that branch of an art or science consisting in a knowledge of its principles and methods rather than in its practice; pure as opposed to applied science".

There are a variety of critical analyses of the concept "nursing" that meet the above definition⁶. The conceptual framework within which the practitioners of nursing formulate the meaning of nursing and its theory and methodology are as well defined as that of medicine.

Fallacy that too few nurses write and do research to classify nursing as a profession

Much is also made of the fact that too small a percentage of nurses attain high intellectual status through writing and research. All women's professions show this tendency, because the woman professional invariably also has to fulfil the role of wife and mother in addition to her difficult professional role. Yet hundreds of nurses in the world are authors of note whose work has made a lasting impact on the health services and on the society they serve. In the research field they have been the reliable assistants who have made high quality clinical medical research possible.

Many also have made lasting contributions to historical, social and educational research. These groups recognised the vital role of the nursing profession in the overall development of the nation. They consequently required professional standards from a group which plays such a vital role in the life of the nation. As early then as 1891 the nursing profession in South Africa received both statutory recognition and social recognition as a profession. The basic principles underlying the education and training, examination, certification, registration, recognition of further study, the protection of the rights of the person registered, the protection of the public and the ethical code to be observed, were all either directly or indirectly contained in the provisions of Act No. 34 of 1891.

In 1944 when the Nursing Act was passed the Act referred to "the profession of a nurse or midwife". The South African Parliament was quite clear in its mind that nursing in this country, at least, is a profession.

Criteria for professional recognition in South Africa

The criteria by which a profession is recognized by the legislature, by other recognized professions such as medicine, dentistry, teaching, the law, social work and all the other professional groups in this country are the following¹⁰:

1. The specialized knowledge and skills pertaining to the profession of nursing are based on a broad foundation of theoretical knowledge. This theoretical knowledge is drawn from:
 - the sciences basic to medicine (the biological, physical, medical and social sciences);
 - the age-old accumulation of empirical knowledge about the instrumental and expressive functions of the

- nurse at any point along the continuum of health care;
- the legal and ethical foundations on which the practice of the profession rests;
 - the specialized function it fulfills in society.
2. The expertise known as nursing is based on a clearly defined and well-organized body of knowledge with a controlled system of education and training of the neophyte.
 3. The aspirant to professional status must prove his competence by submitting proof of the education he has undergone for the purpose and must successfully complete a professional examination. That part dealing with the practice of the profession and with the synthesis of all the knowledge which culminates in professional acts must be conducted by members of that profession. If the education has not been received at a university, the registration body itself conducts the examinations in each year.
 4. The professional integrity of the practitioner is regulated by the observance of an ethical code and by the norms of his peer-group, as well as the norms of society. The protection of society is a paramount feature in such norms and ethics.
 5. The designation registered (professional) nurse is a temporary one, i.e. it can be removed from the holder under certain circumstances. A nurse whose name is removed from the register for whatever reason, either for voluntary or disciplinary reasons, or for non-payment of registration fees, may not use the title registered nurse, neither may she practise nursing for gain in any capacity whatsoever. This would constitute a criminal offence.
 6. The service rendered by the professional nurse must relate to the welfare of the community. This must at all times take precedence when decisions in regard to the practice of the profession have to be made. (This does not mean that the public can exploit the professional practitioner). It must recognize the dignity and rights of others.
 7. A professional nurse is held accountable for her actions both to the community and to her peer-group (the other members of the profession). This of course also applies to other categories of nurses.
 8. The professional nursing group is an organized group in the community with a common goal.
 9. The members of the nursing profession show subconscious as well as conscious awareness of identity with other members of the group. They are an "in-group".
 10. There is a substantial level of uniformity in how the members of the group view the final objective of their role (e.g. nurse-clinicians, nurse-administrators, nurse-teachers, nurse-researchers, all have one final end in view for their service — better health care for the people of their country and for others over the borders of their country who might seek their care).
 11. The norms and ethics of the group are developed by the group.
 12. The profession is subjectively recognized by its own members and legally by Parliament because the public is willing to accept the occupation as a profession. Because of its importance to the community, the public granted it recognition and status but at the same time desired to control it. It recognized the status of the profession by vesting this control in the profession itself. The profession is also recognized by other professions.
 13. There is an obvious sentiment that the professional nurse belongs to an exclusive group which must meet the high standards of practice. Only those who have complied with the standards for admission are admitted to the group.
 14. The members of the profession have prescribed means of admitting new members to the profession. Once the member has been accepted into the group, she is expected to observe the norms and ethics of the group and to assume special responsibilities towards colleagues, clients, patients, and the public at large.
 15. As a return for this observance of the group norms, the member may obtain a protected title, wear certain insignia and use certain letters after her name; all this ensures a certain status.
 16. The recognition of the group as a profession by the community has resulted in the delegation of rights and privileges to the group; the use of the services of the group to the exclusion of others who wish to render the service; official recognition as a separate service group; requests for advice from the group; and awards of special status symbols, titles and honours.
 17. The profession has a strong professional association to organize and develop it; to act as the voice of the profession; to ensure professional standards; to regularize the approach to the problems of the practice of the profession; to act as a watchdog over all matters pertaining to the enabling legislation, regulations and administrative implementation that affect nursing and through it the public welfare. It has to advise on the systematising of education and training, the rationalisation of selection of recruits to the profession and must formulate the basis and guidelines for the development within the profession itself.
 18. The profession is controlled by the profession itself under delegated responsibility from Parliament by means of the South African Nursing Council in respect of the critical elements of professionalism, namely prescribing admission standards, education, prescribing syllabi, approving and inspecting nursing schools, examination of competence, registration and prescribing the regulations relating to professional practice, and disciplinary control.
- These then are the criteria by which the nursing profession has earned its professional recognition in South Africa. The origins of South African professionalism in midwifery date back to 1652 and to nursing to 1891. During the intervening years the nursing and midwifery professions have grown to full professional status. This is something that South African nurses must cherish as a priceless heritage.

REFERENCES

1. Bernard, J & Thompson, L. (1966): *Sociology – nurses and their patients in a modern society* Saint Louis: C.V. Mosby Co p.11
2. Buick-Constable, Byron (1969): *The professionalism spectre in International Nursing Review* V. 16: 2. pp 133-134
3. Carr-Saunders, A.M. & Wilson, P. A. (1964): *The professions* London: Frank & Cass pp 107-125
4. Darley, Ward (1961): *The professions and professional people in Nursing Forum* Winter issue p83
5. Etzioni, A (1969): *The semi-professions – nurses, teachers, social workers* New York: Free Press
6. Henderson, V & Nite, G (1978): *Principles and practice of nursing* New York: MacMillan Publishing Co 6th Edition pp. 15-46
7. Millerson, G (1964): *The qualifying associations* New York: Routledge & Kegan Paul p.212
8. Millerson, G (1964): *The qualifying associations* New York: Routledge & Kegan Paul pp. 224 & 239
9. Searle, C (1967): *Criteria for professionalism in Nursing in South Africa* Unpublished notes
10. Towle, Charlotte (1954): *The learner in education for the professions* Chicago: University of Chicago Press p.3