

CORRESPONDENCE

TO THE EDITOR

THE NATIONAL TRAUMA RESEARCH PROGRAMME OF THE MEDICAL RESEARCH COUNCIL

I am writing to inform you of the unique employment situation of three registered nurses. Two colleagues and I are employed by the Medical Research Council as research supporters for the National Trauma Research Programme.

Trauma has a very disruptive effect on the South African society, economy and health services. It is the main cause of loss of economically productive years. Yet no comprehensive trauma data are available. National information is only obtainable for motor vehicle accidents from the NRSC and statistics on work-related injuries from NOSA.

For this reason the National Trauma Research Programme (NTRP) was launched as an ongoing long term project to structure a national database providing updated information regarding trauma in South Africa and TBVC states. Another aim of the programme is the stimulation and co-ordination of clinical trauma research on a national basis.

Although the programme was started in 1987 with the appointment of Dr J W van der Spuy as head, the actual data collection started in July 1989. The first two years were spent examining existing data on trauma. In 1989 the programme expanded with the appointment of the second person to work in the programme. Mrs E Kellerman was appointed as secretary of the programme. In June 1989 the first registered nurse, Mrs A M le Roux was appointed. She was joined by Ms N Abrahams and myself in July. We were responsible for the execution of the data collection of the NTRP. The staff of the NTRP was increased further by the appointment of Dr B de Wet as senior researcher in April 1990.

In July 1989 the data collection was initiated at the eight provincial hospitals in the Cape Peninsula where acute trauma is treated. Information was obtained for one week in summer and one in winter at all these hospitals. Later 26 day hospitals were included, with data capture again being one week at each day hospital. Some day hospitals were done in winter and some in summer, because of the time involved in repeating the data capture at each hospital. Eleven of the 13 private hospitals in the Cape were also included. Data capture at these hospitals was done for a period of a month because of the small amount of injury-related admissions. Five hospitals were done in summer and six in winter.

The database was extended to include 99 private practitioners, of which 49 were general practitioners, 30 dentists and 20 specialists of various surgical disciplines. Furthermore co-operation was established with the military

hospital in Wynberg and two months data was obtained for trauma treated at this hospital.

Information on mortality due to trauma was extracted from the records at the State mortuary, also for a winter and a summer month. Data were also obtained for the a mobile emergency service that operated over weekends in Guguletu - one of the black townships.

As a result of our efforts information is now available for some 8 436 patients involved in trauma between July 1989 and May 1991. For the first time in South Africa data are available for the whole spectrum of trauma-related injuries.

This information is currently in the process of being analysed and publication will start from July 1991. Other projects are in the planning stages and it is hoped to extend the survey into the rural areas surrounding the Cape metropolitan area.

You will surely receive more information on our findings and our progress.

Malinda Strydom
National Trauma Research Programme

July issue Curationis: EDITORIAL

I feel I must comment briefly on your editorial in the July 1991 *Curationis*. Yes, nursing should be a research based profession and nurses must be encouraged to undertake more research. Therein lies the problem!

There seems to be some sort of mystique regarding nursing research. There seems to be some idea that if one does not get involved in research that one is regarded as "not up to scratch". Not everyone is cut out to be a researcher and may well have other talents that should be encouraged.

I personally have been willing to do research, but, being inexperienced, found the lack of guidance, support and encouragement most off putting. There was plenty of fault finding. Truly, if one tells a person how inadequate they are often enough, they do become inadequate. I would appeal to those nurse researchers leading the field, spare some of your time and caring for those that need your expert guidance and support.

"Retired"
Nurse Research

CURATIONIS (Research Journal)

It is a matter of great concern that in a recent survey amongst 14 professionals, nurses have the lowest job satisfaction (Kaplan et al 1991). I hope that the S.A. Nursing Association and the employing authorities will urgently address this issue and find out what is wrong with our profession.

We can and should walk tall but that appears not to be happening.

Thank you for publishing this article which is of the utmost relevance to the profession.

Yours sincerely

H. Brookes

**July issue Curationis:
"JOB INVOLVEMENT AND JOB SATISFACTION OF SOUTH AFRICAN NURSES COMPARED WITH OTHER PROFESSIONS.
R.A. Kaplan, A.B. Boschhoff, A.M. Kellerman."**

This was an article which immediately attracted my attention as it deals with a subject I feel very strongly about.

I found the article most interesting and yet, at the same time, frustrating. Frustrating, because clearly, something must be done to further investigate why nurses have such a low level of job satisfaction and job involvement. Many of us in the nursing profession have been aware of this for years but, nothing is done. It is doubtful if the employers of nurses and top level management in the profession ever read research that is done let alone take cognisance of it.

I firmly believe that the route of the problem lies within the profession itself. May I dare to be very contraversal and say that nurses today no longer really care about each other. The prevailing attitude seems to be one of "I'm all right Jack, blow you"!

I am a senior nurse, well qualified too. I am nearing retirement and yes, I confess, although I have a high degree of job involvement in my own little sphere, there is little involvement in the wider setting. At times, I feel I am invisible so meagre is my involvement! The top level management is invariably too busy to see one or listen to one's problems. There is little encouragement or support. I certainly am one of those nurses with very little job satisfaction.

In the words of the authors of the article, there findings are indeed alarming and have serious implications for the profession. One can only wholeheartedly agree with them that "specific casual agents, circumstances and events at the root of nurses' dissatisfaction needs to be identified and re-dressed a matter of urgency".

"Disillusioned Flo"

FIGUUR 3

'N MODEL VIR WETENSKAPSBEOEFENING IN DIE VERPLEEGKUNDE

