

NURSING: AN ESSENTIAL EXPRESSION OF HUMAN ENDEAVOUR

INAUGURAL LECTURE THE HELEN AND MORRIS MAUERBERGER CHAIR OF NURSING

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OPSOMMING

Verpleging het uit 'n maatskaplike behoefte aan sorg vir siekes ontstaan. Verskeie groepe en individue het deur die eeue heen 'n verreikende invloed op die ontwikkeling van verpleging gehad en dit uitgebou tot die profesie wat ons vandag ken.

In die moderne wêreld oefen veral ontwikkeling in tegnologie 'n groot invloed uit — vergelyk byvoorbeeld die toekomstige rol van rekenariseringsopgesondeheidsdienste en verpleging. Die tegnologie het 'n groot bydrae gelewer tot die bevordering van gesondeheidsorg en die mens, en nie tegnologie nie, is self vir dehumanisering van gesondeheidsdiens te blameer.

Dit is die taak van verpleegonderwys om die balans tussen menslikheid en die wetenskap te handhaaf. Toewyding is noodsaaklik in verpleging en die student se toewyding moet volle geleentheid kry om te groei en te verdiep deur betekenisvolle en relevante verpleegonderwys.

The author would like to pay tribute to the Mauerberger family who through their generous support have made a long-held dream of the nursing profession come true — namely the creation of a Chair of Nursing at the University of Cape Town. At the present moment probably only the nursing profession is fully conscious of the far-reaching significance of their generosity, but in the years to come our whole society will reap the benefit of their vision. The author is fully aware of the great privilege and honour of being the first incumbent of the Helen and Morris Mauerberger Chair of Nursing at UCT; nursing colleagues throughout South Africa share her gratitude and appreciate the interest shown by the Mauerberger Foundation in the profession.

HISTORICAL JOURNEY

To put nursing into some sort of perspective a brief historical journey is called for. History allegedly helps us to understand the present and even forecast the future through an awareness of past errors. Much depends on one's source materials and it is very often a purely subjective approach that is presented in certain records and journals which in turn will influence the writings of the present-day reviewer of past events. So can one really produce a totally objective study of nursing and nurses in past centuries?

Just who are our nursing ancestors? Tribal matriarch? Temple attendants of the Hippocratic era? Some might feel justified in going back as recently as the early Christian Deaconesses, those contemporaries of St Paul with their emphasis on true Christian charity. Prior to Christ's teaching of *Love thy God; and thy neighbour as thyself* and the meaning behind the parable of *The Good Samaritan* nursing as a mothering and healing

sort of concept certainly existed. From early primitive times skills were handed on from mother to daughter, but the *caring* was only given to one's own tribe. Christ's teaching changed all that. Every man became my neighbour, so, regardless of race, colour or religion the man or woman in need of care became my concern. This ancient concept has become an intrinsic part of today's nursing ethics. So a new dimension into caring began emerging.

It must be remembered that nursing as a human expression developed out of the social need for care of the sick. In early Christian times pilgrims from all parts of Europe and the British Isles would embark on long and dangerous journeys of pilgrimage to visit the Holy Land. Along the routes hospices were erected for the comfort and safety of the sick pilgrim. They were staffed by dedicated men and women, members of the monastic orders, undertaking this Christian work for the *Greater glory of God (Ad majorem Dei gloria)*. What were the sort of illnesses they dealt

with? Mostly fevers such as typhoid, cholera, dysentery, pneumonia, and typhus. During the Crusades a new thread was introduced in the tapestry of nursing ancestors. Some of the crusading knights incorporated into their orders *nursing* members to care for the fighting men on their long journeys and after battles. Some nurse researchers look on this as introducing the strict discipline associated with nursing practice. The fact remains that special persons with special nursing skills were considered essential to a successful military campaign.

With the rise of the Catholic Sisterhoods (and post-Reformation, the Anglican and Lutheran Sisterhoods) more and more women were able to express their love of their neighbour and concern for his welfare by the establishment of many great hospitals all over Europe and the British Isles. St Vincent de Paul and his Sisters of Charity introduced a new dimension into this care of the sick. Instead of staffing hospitals in 17th century Paris he sent his sisters, the famous Sisters of Charity (nurses who for the first time had been given a basic training) into the slums to help, care for and support those in dire need.

In the 1840s in Germany we now meet Pastor Fliedner and his wife at Kaiserwerth. He had the vision to realise that the sick had to be cared for by young women of refinement and intelligence and not by illiterate and slovenly women. This had regrettably been the trend in many towns in Europe and Britain and that is why nursing was looked on as no more than a domestic chore, requiring only a sort of domestic servant to keep an eye on the sick person. Dickens described this sort of person in his characters Betsy Prigg and Sairey Gamp — dreadful women, immoral, unprincipled and totally untrustworthy. The Fliedners helped to change this image by their training system and attracted to their school young women who saw the care of the sick as a privilege and a way of demonstrating their own Christian belief.

Miss Nightingale, in her search for an acceptable method of training, spent some time with the

Fliedners. She had also been attracted by the type of nurse-training given to the Catholic nun and spent a short time with the Sisters of Charity in Paris. Some of their methods were incorporated into her final solution of totally reforming nursing and laying the foundations for the future growth and development of nursing into the profession we have today.

There are many other personalities one could refer to in this historical journey as being milestones in the fascinating story of this ever-growing human endeavour we call nursing. In the South African context one must mention Sister Henrietta Stockdale.

This exceptional woman came to our country in the 1870s and was sent to the Diamond Fields in Kimberley and it was in this fast-growing centre that the foundations of professional nursing in South Africa were laid. Sister Henrietta developed a training programme which prepared young women for the heavy responsibilities of organising nursing services in the Colony and later, in neighbouring countries. Sister Henrietta was given every support and encouragement by Dr. John Eddie MacKenzie who, realising the importance of sound education as a basis for good nursing, gave lectures to the nurses. It was because of Dr. MacKenzie's encouragement that Sister Henrietta tried to get nursing education under the wing of the superintendent-general of education in the Cape Colony — in the same way as teacher-training was administered — but to no avail. Perhaps now, with the recommendations of the Van Wyk de Vries Report on tertiary education being accepted those visions of Sister Henrietta of ninety years ago will at last bear fruit.

GROWTH AND NURSING

Cardinal Newman once said that the sure sign of life was growth and growing cannot take place without change . . . change is certainly taking place at an ever-accelerating rate, especially in the field of medicine. Tied up closely with this change is modern technology — without technology and what it has made possible, medicine would still be at the stage it was before the industrial

revolution. But the influence of technology has in many instances led to much confusion, almost, in the case of nurses, to an identity crisis! Is our profession fast developing into an amalgum of informed medical technicians and nursing assistants?

In a recent article in the press reference was made to the New Age of IT — information technology. We are apparently doubling our knowledge about every five years — and this includes medical science. What a great responsibility members of a medical faculty have for up-dating the medical curriculum or attempting to make it relevant to the needs of medical students who will be in practice in 1990! According to Alvin Silverstein microchip and microcomputer is medicine's biggest ally. It is now apparently within the realms of possibility for *insurgent* organic chips to instruct cells to carry out repairs on damaged tissues. To most of us today this really does sound far-fetched and even over-reaches science-fiction at its most improbable. But is it? The young students of today will be ward sisters and tutors in five years time and will find microchips as part of their ward facilities.

Nurses find themselves very much in the centre of the technological drive. Their constant concern is the possible de-humanising effect on their patients. Technology of itself cannot *humanise* treatment but it is what we as human beings do or do not do about human relations which will give the right or wrong balance.

How many of you have experienced the totally impersonal and detached attitude of doctors and other staff when they do their ward round? Students have expressed their concern at the apparent lack of interest of certain staff towards the patient as a human being, with feelings of fear and anxieties over his or her illness. Long and earnest discussions will take place at the foot of the bed over the clinical problem before them. Furrowed brows, solemn voices and an incomprehensible vocabulary — but no attempt at reassuring the patient, or treating him as a rational being.

Their interest apparently begins and ends with the *swelling*, the *lump*, the heart sounds, the X-ray shadow.

Technology has not de-humanised the patient but you and I have in the way in which too often our work at the bedside is primarily procedure or task-centred rather than patient-centred. Just consider for a moment what technology has done for the improvement of health care. To mention just a few obvious areas — immunisation, vaccines, pharmaceutical advances, anaesthetics, surgical aids (created by our bio-engineers). Conversely, let us reverse technological advances. To get an idea of what happens we only have to look at those areas on our own planet where technology has not yet exerted an influence. Two-thirds of the world population lives in an undeveloped agrarian society. We invariably find a short life-span and high infant mortality linked with poverty, ignorance as well as crippling and chronic disease.

Are we becoming mesmerised by the predictions of writers such as Orwell and Kafka and seeing ourselves as helpless cogs in a vast computerised machine? Why are we afraid of the influence of technology? After all, machines are made for man, not man for machine. But man must know his true destiny and have faith in himself as something more than a mere biochemical equation. If not, then surely he will become no more or less than an IBM card on which certain data has been punched out.

THE ROLE OF NURSING EDUCATION

Where does nursing fit into this picture?

We fit in very well, because we have every intention of maintaining the balance between humanism and science that is essential to the concept of health care. This is the grass-root approach of all nursing educational ideas.

Margaret Mead has said: *We must educate people in what nobody knew yesterday and prepare people in our schools for what no one knows yet but some people must know tomorrow.* An awesome task for all who call themselves educators. Nursing education is on the

threshold of far-reaching changes and the publication of the Van Wyk de Vries Report has high-lighted this. It would seem that at long last the nursing education system in South Africa is to be placed on a solid foundation within the system of tertiary education so that

- professional nursing education can become truly comprehensive
- those nursing education centres that are able to undertake advanced nursing courses are enabled to do so
- nursing education centres with the necessary facilities and personnel can co-operate for educational purposes with other tertiary education institutions, especially universities.

It is obvious that planned development of nursing education is essential. To be truly effective panicky or hastily contrived solutions must be avoided. Informed sources in the United States of America are stating that 85% of nursing functions will take place outside hospitals in the future and authorities in Great Britain estimate this figure to be as high as 95%. In other words, 5-15% of our traditional nursing structures will remain. The rest will be focused on the community. Are we in South Africa preparing for this shunt in emphasis from hospital-based to community care?

Which brings me to the next point of *why have nursing education on a University campus?* As long ago as 1935, that is 47 years ago, a Sister Tutor Diploma for registered nurses was introduced at the University of Cape Town and over the years women of great distinction have benefited from studying at this University. More recently a degree course was offered, together with degree courses for our colleagues in Occupational Therapy, Physiotherapy and Logopaedics. Although certain cutting and snide remarks were initially made about these *Mickey-Mouse* degrees, graduates in these health care disciplines are already making an invaluable contribution in improving the quality of care which is the right of every citizen. These graduates will inevitably become the future planners, researchers and writers for their re-

spective professions and thus become worthy partners of their medical colleagues. We see members of our professions as very much part of a University setting at undergraduate and post-graduate level. The interaction between our professions and the medical profession will ultimately enrich all, because all of us are striving for excellence in our service role to our community. After all, is that not what a University is also concerned with? Identifying community needs and trying to find answers?

What is it that the nurse must give in nursing to express her humanism in its highest possible form and which nurse educators and administrators must allow to mature in their student nurses?

COMMITMENT

All nurses are agreed that concern for another is fundamental to the whole discipline of nursing. The giving of oneself, the love, the understanding, the wanting to give. Is this not the very foundation of nursing? The word commitment immediately comes to mind, and if a nurse is truly committed, she will feel part of everything that nursing brings to her. Its problems, its inspiring moments, its frustrations, its future. Commitment, of course, advocates a particular nurse-patient relationship. It implies that the nurse is perceptive enough and sensitive enough to empathise with the patient, yet free enough of neurotic anxiety to be able to give to the relationship more than she can expect to receive from its other member.⁽¹⁾ A tall order? Hundreds of nurses throughout the country are doing just that at this very moment.

There are many definitions of nursing in the nursing literature but one that the author finds acceptable was written by a great American nurse, Annie Goodrich, in 1946 and it is as relevant today as it was 36 years ago.

Nursing is that expression of social activity that seeks under qualified instruction and direction to interpret through action the findings of the medical and social sciences in relation to bodily ills, their care, cure and prevention, including all factors, personal and environmental, that

bear upon the achievement of the desired objective, a healthy citizenry.

But let us get back to the individual who decides to make nursing her chosen career. It is always a source of wonder and gratitude that every year hundreds of our finest young school-leavers express the wish to *train as nurses*. This in spite of many more glamorous occupations and careers now available — with shorter working hours, better pay and no night-duty. These young people bring to us their youth, their enthusiasm and best of all their ideals, which constantly rejuvenates the profession of nursing. Trained staff have a very real obligation to their students to ensure that their education is meaningful and relevant. Regrettably nursing students are still regarded in many instances as part of the service personnel and practical experience in wards and other departments become repetitive and unstimulating. Students complain of being treated as *pairs of hands*. Quite obviously a very fine balance is required. Students

must not be mere passive observers with no opportunity to develop their professional responsibilities in the context of the best in human endeavour. Conversely however, their clinical experience must be carefully planned and based on sound educational principles.

Nursing is concerned and shall always be concerned with people — the interaction is almost endless. Nurse/patient, nurse/nurse, nurse/doctor, nurse/paramedical, nurse/hospital chaplain, nurse/social worker, nurse/pharmacist, nurse/patient's family and friends, nurse/ward domestic staff, nurse/the public. In all these relationships the nurse has an opportunity to cultivate the God-given gift of concern for human suffering under the many guises of pain, loneliness, frustration and failure. It teaches her to speak that word of comfort, give of her time and give of her prayer without selfishly seeking a tangible reward. She must never debase herself by becoming an ego-centric humanist, but always see

herself as part of the family of children of the Creator.

The author is sure that the majority of nurses subscribe to the following words of the poet Edwin Markham. They signify the whole point and purpose of how nurses can raise their work from a mere routine job to something fine, uplifting and soul enriching.

There is a destiny that makes us brothers

None goes his way alone

All that we send into the lives of others

comes back into our own

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BOOK REVIEW

BOEKRESENSIE

LEARNING TO USE THE PROCESS OF NURSING

Roper, N; Logan, W.W and Tierney, A.J.
Churchill Livingstone. Edinburgh. 1981

'n Boek waarin die praktiese toepassing van die verpleegproses toegelig word. Die verpleegproses self word selgs kortliks bespreek. Daarom kan hierdie boek hoofsaaklik beskou word as 'n toepassing van die elemente van die verpleegproses wat in ander bronne uitengesit word.

Die verpleegproses word prakties toegepas in 'n wye reeks situasies wat onder andere die volgende insluit:
— akute siek pasiënte, soos in ongevalle-afdeling of intensiewe-sorg eenheid
— pre- en postoperatiewe pasiënte
— pasiënte wat tuis en in die gemeenskap verpleeg word.

Die verpleegproses word ook op pasiëntonderrig en gesondheidsvoorligting toegepas.

Die integrasie van moderne tendense in gesondheid word weerspieël in die wyse waarop doelwitstelling in die beplanningsfase gebruik word. Die invloed van deurlopende evaluering op verandering van strategie word ook geïllustreer.

Die kriteria wat deurgaans vir waardebeplanning gegee word moet egter nie gesien word as die alpha en omega

nie aangesien daar byvoorbeeld nie voorsiening gemaak word vir data oor emosionele faktore nie. Die verpleegster behoort in hierdie opsig haar eie kriteria op te stel.

Hierdie is nogtans 'n boek van groot praktiese waarde wat elke verpleegkundige behoort te lees en te gebruik.

H.E. Stols

GEMEENSKAPSVERPLEEGKUNDE 'N HANDLEIDING

Marie E Vlok,

Juta en Kie Bpk. Johannesburg, Kaapstad. 1981

Hierdie boek omvat 'n wye veld van aspekte in die verskillende areas waarin gemeenskapsverpleegkundiges onderrig word. Aspekte soos skoolverpleging, beroeps-gesondheid, bejaardes, gesinspatologie, sosiale patologie, beheer van oordraagbare en nie-oordraagbare siektes en so meer, word behandel.

Die boek is 'n waardevolle bydrae tot Afrikaanse verpleegkundige handboeke waaraan daar 'n groot behoefte bestaan.

Dit kan veral vir gemeenskapsverpleegkundiges van groot waarde wees en in basiese sowel as na-basiese kursusse.

J.M. Dreyer