

NURSING IS THE CONCERN OF ALL CITIZENS*

Charlotte Searle

INTRODUCTION

Today we remember, and give thanks for the work of Sister Henrietta Stockdale of the Anglican Sisterhood of St Michael and All Angels.

Her work has meaning for all the members of all the health professions in Southern Africa and indeed for all citizens in this region. What is this priceless heritage that Henrietta Stockdale bequeathed us? Why is it necessary to speak to prominent citizens about it? Do we as citizens of this part of Africa have an obligation now and in the future to think about the role played by Henrietta Stockdale in laying the foundations of professional nursing in South Africa, and in the development of health services in this country?

Sr Henrietta Stockdale of the Order of St Michael and All Angels

Henrietta Stockdale, the daughter of an Anglican clergyman in Nottinghamshire, England, grew up in a cultured atmosphere enriched by a deep awareness of one's duty to the church, the cause of its missions and the alleviation of suffering.

She came to South Africa in 1874, as an associate of the Bloemfontein Mission of the Anglican Church. She came to serve in the fields of education and nursing. For this purpose she had received a classical education from her father, the Vicar, and had undergone some training as a nurse.

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Prof.C. Searle, BA (SocSc) (Unisa), MA (UP), DPhil (UP), RN, RM, CHN, NEduc, NAdmin. Head, Department of Nursing, University of South Africa.

OPSOMMING

Suster Henrietta het op 'n besondere wyse die ondersteuning van die besigheids, politieke, mediese en godsdienstige leiers van haar tyd verkry. Hieronder sou die verpleegberoep in Suid-Afrika vandag nie so 'n ryk erfenis gehad het nie.

Die erfenis wat Sr. Henrietta nagelaat het is statutêre erkenning van die verpleegberoep, 'n stelsel van verpleegonderrig gebaseer op die behoeftes van die land, 'n gevestigde filosofie van diens en die beginsel van verantwoordbaarheid.

Vandag maak die verpleegkundige 'n grootse hydrae tot die gesondheid en welvaart van die land. Hieroor het elke gemeenskapsleier die plig om die beroep moreel en finansiële te ondersteun om effektiewe gesondheidsorg aan elke lid van die gemeenskap te verseker.

By June 1877 she professed as a Sister of the Order of St Michael and All Angels in Bloemfontein. She was the first person in South Africa to profess as a religious Sister and did so in the first order that was established as a purely South African one.

She arrived in South Africa during a difficult period of its history. The country was a pastoral one. The discovery of diamonds led to political intrigue, and an influx of fortune seekers from all over the world.

The almost total lack of education facilities for women north of the Orange River, as well as the lack of organised health services and the need for mission work amongst the non-white people of the area created an urgent demand for women of high intellect imbued with moral courage, compassion, initiative and great determination to do something about the education of women and the nursing of the sick. This work was undertaken by the Order.

The desperate need for health care on the diamond fields of Kimberley started Sister Henrietta on her life's work in nursing and in the development of health care facilities.

The heritage she left

It was the concern of prominent businessmen and leading doctors about the almost total lack of health facilities and of nursing care on the diggings that brought Sr Henrietta

and her co-workers to Kimberley.

A rare partnership developed between this remarkable woman and the great business, political, medical and religious leaders of the day. Henrietta realised, and had no hesitation in proclaiming in forceful terms that health care was the cornerstone of economic progress. It was not only a charitable service, it was a service that would lead to economic development.

She somehow convinced the community leaders that development in health care was not possible if they themselves were not committed to the ideal of the community's duty towards the provision of health care facilities, and its obligation to support the nursing profession to carry out its allotted task. Cecil Rhodes, Dr Jamieson, Governors Southey and Lock, Dr Guybon Atherstone, Dr Arnold Hirst Watkins and all the leading doctors of the day in the Cape Colony, as well as members of the Legislative Assembly on both sides of the House, became her staunch supporters. This was a manifestation of her gifts as an innovator and an organiser.

The diplomacy with which she won over the leaders of the land, and their unstinted support for the work she did, gave us our heritage. She could not have done it alone. The challenges were too great for one person to meet. If the community leaders had not been convinced of the importance of the various causes she espoused they would not have supported her.

The splendid vision of a dedicated nurse, and the unstinting support of wise medical practitioners and of community leaders who understood the problems and were themselves committed to the development of the country and its health services gave the South African nursing profession a priceless heritage, and made South Africa a world leader in some aspects of nursing as far back as 1891. This heritage will be discussed under four headings.

Statutory recognition of the nursing profession

In 1891, the Colony of the Cape of Good Hope became the first country in the world to register nurses and midwives as professional practitioners. International professional registration is now considered to be the *hallmark* of the practitioner in a health profession. Such registration was known as state registration, and with it came such additional world *firsts* as:

- the statutory recognition of nursing schools
- a legally recognised system of education and training of nurses
- national examination and certification of nurses
- statutory provision for disciplinary control of the nursing profession
- the entrenchment of the concept of professional accountability.

A system of nursing education based on the needs of the country

The system of nursing education and training which Sr Henrietta introduced was modelled on the British system. Early in the course of such training, however, she recognised the need to adapt the system to the needs of this country. Two concepts emerged from this pragmatic approach to nursing education. These also may be regarded as *firsts*, for to date no evidence has been uncovered that such concepts existed anywhere else in the world at that time. These concepts were:

- it is not only practical with regard to the country's need; but is also valid educationally that smaller

training schools for nurses be affiliated effectively (within a well defined system of education and training) to large schools, so as to extend the scope of experience available to the learner. Evidence supporting this approach has only recently come to light, but these days this is a well-entrenched concept that enables even small communities to participate in the education of nurses; and that

- nursing education should be part of the advanced system of education of the country, enjoying the same status as that of teacher training and receiving its support from the financial resources of the state. At that time no other nurse leader in the world appeared to be thinking along these lines. This approach was adopted only much later in other countries.

The nurses of South Africa recognised the importance of these concepts and for close on a century struggled towards their practical realisation. World wars, economic depressions, and bureaucratic approaches delayed the implementation of this ideal. It is with pride and a deep sense of gratitude that we can now report that this ideal has been realised.

A philosophy of service

One of the most cherished aspects of the heritage bequeathed by Sr Henrietta is the deep and abiding philosophy of nursing that enriches the professional life of the nurse, and is the supreme gift that the nurses of this country bring to all its people, irrespective of race, colour, creed or socio-economic status. This philosophy has its roots deeply embedded in the beliefs that:

- nurses are nation builders concerned about the health needs of every citizen from before birth to death at an advanced age
- the nursing profession and the community must work closely together to achieve the best results in the health care situation
- the nursing and the medical profession must support each other loyally at all times towards the wellbeing of those they jointly serve

- nurses must be committed to the wellbeing of society and must practise their profession within the parameters of the high ethical values that characterised the practise of the Foundress of professional nursing in South Africa
- trustworthiness, competence and self-reliance as well as co-operation with the medical profession and with community leaders are essential ingredients for success
- strength and progress for the profession flows from membership in a professional association which is committed to the welfare of the nurse whilst at all times considering the well-being of the community served by the nursing profession. It is for this reason, as well as for ethical reasons that the nursing profession has outlawed strikes as a method for obtaining particular aims of the profession. The profession cannot countenance a situation where the patient is used as the bargaining counter to obtain social and economic improvements for the profession.

The nurses in South Africa have proved time and again that they can achieve more for nurses by behaving as true professionals and stating their case with courage, determination, reason, responsibility and dignity

- every human life has worth and is entitled to the best care that the nurse is able to give with due regard to her personal beliefs, dignity and needs. This was the essence of the nursing care provided by Henrietta Stockdale, and is still the essence of nursing care in South Africa. It is the essence of the care to which each member of this audience is entitled.

The principle of accountability

Registration as a professional nurse incorporates the principle of accountability, but the philosophy of nursing in South Africa has taken this concept beyond something which flows from the law governing registration.

The principle of accountability has become the essence of professionalism in nursing. Accountability

to the public and to one's peers lie at the core of this concept. We pride ourselves on the fact that the majority of nurses in this country are deeply aware of the significance of this concept.

THE GROWTH OF THE PROFESSION IN THE R S A

At the beginning of the twentieth century there were less than 100 professional nurses in the two colonies, and the two republics. From this small number the needs of Rhodesia, Basutoland, Bechuanaland and Swaziland also had to be met. In 1899 there were only about 3 000 beds in this region. At present the nursing force in the Republic of South Africa totals:

- 60 941 registered nurses (White 30 605, Asiatic 1 172; Black 24 142; and Coloured 5 022)
- 19 986 enrolled nurses (White 3 055; Asiatic 473; Black 13 551; and Coloured 2 907)
- 37 571 enrolled nursing assistants (White 8 483; Asiatic 400; Black 21 991; and Coloured 6 697)
- 16 179 student nurses (White 5 571; Asiatic 537; Black 8 164 and Coloured 1 907)
- 4 805 pupil nurses (White 1 083; Asiatic 55; Black 2 858; and Coloured 809)
- 4 077 pupil nursing assistants (White 1 428; Asiatic 57; Black 1 868 and Coloured 724)

This represents a nursing force of 143 559 persons of whom 50 225 are White, 2 694 are Asiatic, 72 574 are Black and 18 066 are Coloured.

During 1983, this nursing force provided the nursing services for some 140 000 hospital beds. It coped with some 4 000 000 patients representing 14 000 000 patient days of care. In addition some 2 000 foreign persons from 55 countries received professional nursing care during that year. Some 300 000 babies were delivered and nursing assistance was provided for more than 1 400 000 surgical operations.

During this period community health nurses in the local authority services and in the rural services provided an extensive network of preventive and promotive health care services including community psychiatric care, family planning, school health and genetic nursing services. Hundreds of nurses provided occupational health services in industry and commerce. Thousands worked in the consulting rooms of doctors, and at the same time an education and training service for some 25 000 student, pupil and assistant nurses was maintained.

IF NURSING STANDARDS ARE WEAKENED THE HEALTH CARE SYSTEM IS AFFECTED

Nurses presently provide a very extensive service to the 24 000 000 citizens of this country. If it is removed from society the health care system will collapse. The consequences to the community would be disastrous. The livelihood of thousands of other health professionals would be seriously affected. The health care industry at private and at governmental patient care level, as well as the health care supplies level would collapse. These factors alone would lead to widespread unemployment.

The health of the community as a whole would be lowered with morbidity and mortality rates rising. The health of the work force in industry and commerce would be affected with an inevitable loss of productivity and a consequent decline in the national health of this country.

Nursing is an indispensable service to a modern society. In South Africa nurses have been so busy with the provision of care for an evergrowing population that they have not had the time to tell the country's leaders just what their contribution is to the development of South Africa. The time has come to proclaim it loud and clear.

Through two world wars and two local wars, through numerous epidemics, major economic depres-

sions, times of affluence and of unemployment, political strife, shortages of personnel and finance, the nurses of this country have been true to the ideals of Henrietta Stockdale. They have been true to their profession, and the community. Whilst some of their members may have weakened and fallen by the wayside, the profession as a whole has fulfilled its role with courage, devotion and dignity. It has never let the people of South Africa down.

THE NURSING PROFESSION CONTRIBUTES WIDELY

The profession shares in the policy-making about health care delivery, it has its own statutory controlling bodies, the South African Nursing Council and the South African Nursing Association. It has developed an excellent collegial relationship with other members of the health team, and it has enlisted the support of the universities to help it to prepare its leaders, its educators, its managers, clinical specialists, community health service organisers, researchers and writers, as well as those who are able to become community leaders in the general sense.

The profession points with pride to the fact that the mayor of Durban is a well-qualified nurse and that there have been several nurses who have been mayors in some of the smaller country towns. If the Aldermen of Greater London can elect a nurse as the Lord Mayor of that region, if a nurse can take her seat through meritorious service in the House of Lords and if a nurse can be the political head of a service in the Reagan Administration, if Finland can have a nurse as a Minister of Health, why are nurses in South Africa so slow in coming forward for public office?

It appears that the leaders of the profession have been so busy developing the profession to meet the health needs of the community that they have not had time to think about service at other levels. It is time they did so.

NURSES IN SOUTH AFRICA OUTLAW STRIKES

It is not generally known that the nurses in this country have outlawed *strikes* to achieve their own social and economic advancement. Nurses in this country do not believe that it is ethically right to use the life of the patient as a bargaining counter for their own economic or social advancement. There are other ways to attain these objectives as the profession has proved.

THE COMMUNITY LEADERS MUST BE KEPT INFORMED

Every citizen has a stake in the nursing profession. Every community leader no matter what sphere he operates in, has a duty, a right and a personal need to ensure that the nursing profession grows from strength to strength, that it is equipped to fulfil its role, that it delivers safe, ethical, good quality and compassionate nursing care to all who need it.

To educate a nurse for basic registration is expensive. In South Africa, the taxpayer, except in a few isolated instances, foots this bill. All employers also have to finance inservice education, and many contribute to the cost of advanced nursing education. It is the right of community leaders to know that this money is well spent and that nurses are adequately prepared for the responsible duties they have to perform. It is the right of the community to expect competent nursing care, but it is the duty of the community to send its able, morally responsible, and motivated young people into nursing.

It is also the duty of the community to support the institutions that provide nursing education, not only with its taxes but also with its goodwill and its financial donations for scholarships for advanced study, and research and for the social development of the young nurses who are caught up in a transcultural situation in which they have to adapt rapidly to both the social and technological demands of health care in the Space Age, and the customs, mores and ethics of a profession that has its roots in an age-old western civilisation.

THE TRIAD — DOCTOR- NURSE-PHARMACIST

Doctors, pharmacists and nurses form the core triad in the health care team. The doctor and the nurse are the two associates in the health team that are most closely involved with the patient. It is imperative that there be mutual trust and full co-operation between them, at both the face-to-face level and the inter-professional level. The doctor has the right to expect that his closest associate will provide competent ethical care to the patient.

Equally so the nurse has the right to expect the same from the doctor. Both parties must work together closely and supportively to ensure that the patient who is the patient of the doctor, but also of the nurse, gets the quality care to which he is entitled.

THE POPULATION EXPLO- SION — THE CONCERN OF THE COMMUNITY

Whilst each citizen has a duty to take a keen interest in nursing because, not only his community, but he and his family are bound at some time or other to need quality nursing care, there is another cogent reason why community leaders have to take an interest in the development of nursing — and to do so now!

This country is experiencing an unprecedented population explosion. According to the predictions of the Scientific Committee of the President's Council, the population which at present is estimated at 24 000 000 will at the lowest estimate reach 42 000 000 a mere sixteen years from now. Forty one percent (41%) of this population will be under the age of 14 years. What this means in terms of jobs, of health care, education and development of the social infrastructure beggars description.

According to the present ratio of health personnel to population this country will need an additional 9 000 doctors, 3 000 pharmacists and 29 000 nurses of whom more than 12 000 and preferably more will have to be Black nurses by the year 2000. This number should be

far in excess of this as the ratio of Black nurses to the Black population is most unsatisfactory. At least seventy percent (70%) of the Black population will be in urban areas with low job opportunities, overcrowding, inadequate social infrastructures and high fertility rates. The socio-economic circumstances of a large section of the Black community will be marginal.

The community health nurse will be the main provider of preventive and promotive health care and of early treatment of ill-health. Health teams consisting of a minimal number of doctors and an optimal number of other health professionals will be needed to provide both urban and rural health services. Nurse/midwives will constitute the majority of the members of such health teams.

To enable these needs to be met, three urgent things must be done — and here community leaders have an important role to play, namely:

- there must be an immediate increase in the training of the number of Black nurses. Facilities will have to be created for this. This primarily means extra financial allocation. The right type of recruits to nursing must also be found. The necessary teaching and managerial personnel also needs to be produced
- the community must make a concerted effort to support family planning and to reduce the extra-ordinary high fertility rate in the black community which is standing at 5,2
- all citizens, particularly fathers of families must understand their personal responsibility to maintain their health and that of their families. This is the essence of *the human right to health*.

Without community involvement and determined leadership by its leaders, the health services of this country will be in a parlous state and the nursing profession will not be able to cope.

THE NURSING PROFESSION PREPARES FOR THE TASK AHEAD

To meet its commitments in providing a comprehensive health service in South Africa, the S A Nursing Council, supported fully by the Ministers of Health and Education, are phasing out the present system of nursing education and training and placing this squarely in the system of post-secondary formal education. Autonomous nursing colleges associated with universities will provide a system of comprehensive basic professional education for the nurse and midwife and will provide further formal education at higher and at advanced levels.

Thirteen universities in South Africa will continue to prepare a cadre of nurses at baccalaureate, honours, masters and doctoral level.

The phasing out process started on 1 January 1984, and must be completed by 31 December 1990. Already five articles of agreement between nursing colleges and universities have been signed. By 1 January 1986 all nursing colleges in South Africa will be associated with universities.

At the same time the education and training has been revised and the nurse will qualify in all the major disciplines in a period of not less than four years.

At last the vision of Sr Henrietta has been realised, and nursing colleges have been placed on the same level as that of the major teacher training colleges in South Africa.

THE CHALLENGE TO THE NURSING PROFESSION

The challenge to the nursing profession is a major one. There are many facets to it, such as:

- there is a need to break down the resistance to change amongst its own members and amongst members of the medical profession
- the sheer volume of the health care that must be provided to an

ever-growing population within a part Third World economy will place a severe strain on the profession's manpower resources

- the magnitude of the educational and management tasks which confront the profession in preparing the work force and managing the services that will range from academic hospitals with multi-million rand budgets and thousands of workers to outposts manned by one nurse that operate on minimal financial support, will require very capable and skilled nurse managers and nurse educators
- the drive to get the individual and groups of citizens to participate in the provision of their own health care will have to be ceaseless
- the difficulty of making each population group aware that nursing is culture related and that each ethnic group should produce its quota of nursing recruits will require rare diplomacy
- the financial stringency of the times that will slow down the development of services and preparation of personnel will hamstring the work of the profession at every level
- the challenge of helping the young neophyte in nursing to become inwardly strong, responsible for herself and her actions, deliberately self-reliant, courageous and with professional competence, integrity and compassion, the key strands in her professional life, is one of the most challenging tasks facing the profession
- the need for persuading community leaders to ensure that young people who come into nursing can measure up to the high demands that will be made on them, and to give support to the socialisation programmes that are aimed at making nurses responsible citizens with a deep sense of commitment to society and its health services.

NURSING NEEDS THE SUPPORT OF COMMUNITY LEADERS

Community leaders from all spheres of activity supported Sr Henrietta Stockdale in her task of developing a South African nursing profession. They helped to give nursing a secure status in this country and internationally. They have enabled nurses to state the case for nursing at the highest centres of power in this country. They gave strength to the embryo profession, and gave it the impetus to grow into a profession that has served South Africa with distinction.

The nursing profession looks to the present generation of leaders in medicine, education, business and civic affairs to give the profession the moral support it needs and to assist in the preparation of its leaders by means of scholarships and research grants.

Above all, it calls on the medical profession to continue to give it the loyal support that it has enjoyed for a century, so that together the doctor, the nurse, and the community leader may ensure that the health of the people of South Africa will be nurtured and tended with competence and compassion — within the ideals generated on the Diamond Fields of Kimberley by Henrietta Stockdale of the Order of St Michael and All Angels, who saw that a partnership between doctor, nurse and community is essential for the effective health care of the nation.

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