

TRENDS IN NURSING IN SOUTH AFRICA AND THEIR IMPLICATIONS FOR NURSING EDUCATION

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OPSOMMING

Die klem in Suid-Afrikaanse gesondheidsorg moet verskuif vanaf die kuratiewe na voorkomende en bevorderende gesondheidsorg. Dit is waarop die besluit vir die nuwe omvattende basiese verpleegkursus berus het.

Met die nuwe kursus sal die student se rol verander daarin dat sy nie meer dieselfde lading in die kliniese area sal kan dra nie. Die geregistreerde verpleegkundige sal weer meer van die direkte pasiëntsorg moet doen. Terselfdertyd moet sy bewus wees van haar onderrigfunksie ten opsigte van toesig oor en leiding aan die student in die kliniese area. Dit is onrealisties om te glo dat die opgeleide personeel nie jaloers sal wees op die nuwe studente wat na kwalifikasie in al vier basiese rigtings registreer nie. Hulle moet egter verseker word dat hulle poste nie in gedrang is nie en dat hulle 'n belangrike rol in die oorgangstydperk het.

Die nuwe stelsel hou verskeie administratiewe en opvoedkundige implikasies in wat nog aandag moet kry. Die skrywer voorsien egter dat met die klem op omvattende gesondheidsorg en die uitbouing van hierdie beginsel in verpleegonderwys ons moontlik die WGO se doelwit van "Gesondheid vir Almal teen die jaar 2000" sal kan bereik.

Introduction

In South Africa there is a unique and difficult problem in that sparsely populated, outlying areas constitute a major load for health services. Varied cultures and degrees of tribalism and seemingly inaccessible terrain often deter or prohibit the extension of health services. Thus, with an ever increasing population (Black populations in dire need of preventive health education) and the influence of urbanisation and industrialisation, preventive and promotive services have seriously lapsed behind the more dramatic field of curative medicine, and may be considered a major reason for the unabating social breakdown in our community.

Therefore, the main emphasis in our health services needs to move over from the curative aspect to the more positive aspects of preventive and promotive health in the interests of human welfare, resources and the national economy. The decision, with this goal in mind, to formulate an extended, but comprehensive nurse training, with increased accent on the nurse's preventive and promotive health function, has encountered strong and varied reactions. It is, however,

a very necessary preparation for South Africa's future and will perhaps reduce the demand for curative services and a proportionate number of nurses in this field.

THE PRESENT SYSTEM VERSUS THE PROPOSED AMALGAMATED COURSE

Changes in the student role

The envisaged new course encompassing general, community health and psychiatric nursing and midwifery, of approximately four years duration, will produce a different type of nurse. Her training will differ substantially from that of present day students.

At present, it is perhaps fair to say, student nurses of all categories provide for the bulk of the clinical workforce. Recent moves to create part-time posts for married/non-practising nurses, in an attempt to place professional nurses back into ward work and prevent the emphasis on the administrative realm of the duty room, has to a large extent failed.

To afford all four disciplines their necessary time span during the four-year training it is clear that students on the new course may have fewer hours of clinical experience.

In addition, professional nurses have been quick to realise that they will now be obliged to revert to their more practically orientated role in providing patient care. At the same time it is mandatory that each is fully aware of, and responsible, for her teaching function so that the hours the student spends in the clinical situation represents valuable learning experiences.

Another important factor, which recent investigations into conditions of service for nurses have revealed, is that in many clinical situations students receive little or no supervision. They are delegated tasks unsuitable for their level of training and competency which frequently results in discontent. This contributes to lack of confidence due to *bad* experiences for which they were unprepared.

Supervision of and interest shown in the students by their trained colleagues encourages the former to be motivated and keen to acquire new skills and to progress in their training. This in turn fosters good interpersonal relationship and an atmosphere conducive to the rehabilitation of the patient. It also serves to inspire those just beginning their training when they are at their most impressionable.

The attitudes of professional nurses

In describing the subtly different role of students on the proposed new system of training, these students have been called supernumary, which has triggered mixed reactions from professional nurses — most of them negative. Perhaps supernumary is an undesirable term. Whilst the student will retain a certain observatory capacity during her time in the ward, the only way she can truly learn something is by actively participating and experiencing the situation.

There is no doubt that if the *Nursing Process* is to be successful, a team approach to patient care is essential. Therefore professional nurses must contribute in a more practical manner. At the same time, however, they must be reassured that students will be available to fulfil nursing tasks as at present. The emphasis must be on teaching and by example to the student, rather than on tasks to be accomplished as soon as possible as just another chore and not as an element of the patient's total care regimen.

Interpersonal relationships Will there be professional parity?

The fact that students graduating from the new course will automatically be qualified in all four basic disciplines, will probably spark off feelings of resentment by professional nurses trained under the old system.

In many instances, due to marriage, children and other commitments the older nurses have been unable to complete or undertake courses after registration. Certainly not in all four basic disciplines. Many feel that the nurses completing the new course will not be as proficient in these areas as they might be. Besides, post-registration experience and maturity are considered desirable and most helpful factors at present. It would be unrealistic to think that the professional nurses trained at least twenty or more years ago, who now hold senior positions, would not harbour feelings of professional jealousy or inadequacy towards these students.

This could affect future professional interpersonal relationships very seriously and hamper the progress of our profession, for the sake of trying to upgrade standards in the best intended way.

Therefore, the *oldies* must be reassured and that their posts are not in jeopardy and made to feel even more needed. In retrospect, experience can never be underestimated.

It is probably not intended that the new course will cover the disciplines in as much detail as may be accomplished in the present one-year diplomas. A strong advantage lies in the fact that a certain amount of repetition could be avoided in the new system (for example: in Anatomy, Physiology and the Social Sciences). Repetition is a drawback in the present system when a student undertakes the courses after basic registration.

Post-registration specialisation by nurses after their four year training, will ensure a more detailed knowledge, as is also the case at present. Experience is the most reliable and best learning/teaching tool. Thus the main aim of the new curriculum would be to train nurses with a varied and comprehensive body of knowledge, to better equip them for South Africa's health needs. They will be able to function in any environment.

If the transition is to be as smooth as possible, nurses trained under the old system have a very important part of play. Whilst they may not be officially qualified in all the basic disciplines, they have struggled to maintain health services until now in many and varied roles. They have helped our inadequate numbers of doctors to fulfil their roles by extending and developing their independent nursing functions.

ADMINISTRATIVE IMPLICATIONS

Student attraction: screening of applicants

Proposals that nursing colleges will be allied to a university infers two main considerations.

Firstly, as the university already has so many responsibilities towards its other faculties, it appears

that a maximum of two nurse intakes per year would be practical, also bearing in mind the setting and marking of examinations associated with the number of intakes each year.

Secondly, due to the comprehensive nature and extended duration of the proposed new course, organisation and financial coverage for each student will be much greater. Because the number of prospective students does not far exceed intake posts, screening of candidates is very inadequate and unlikely to be practised in the larger centres at present.

Hopefully, emphasis on the student as a major contributor to the clinical workforce will be displaced under the new training system and intakes, although large, will be more selective. This would be to try and ensure that fewer students drop out of training and that a maximum percentage complete the course and practice thereafter.

Conditions of service

Besides the need to improve and consolidate nursing services in South Africa, measures to improve and modernise conditions of service for students and trained staff alike are indicated. Already, as investigations into this aspect of health services have revealed, there is a strong, unfavourable undercurrent of dissatisfaction among nurses. Some nurse leaders have even gone as far as to suggest that unless improvements are realised in working conditions, besides the development of the new nursing curriculum, nurses may become an extinct phenomenon. Special attention must now be focused on hours of work, favourable rates for night duty, unsociable hours and overtime, living conditions and public transport.

Administrative costs — Private versus provincial/State

The possibility exists that the number of trained nurse posts may be limited or diluted with other nurse categories (nursing assistants, for example) in the future. This poses the question whether the administrative bodies concerned will

create more professional nurse posts to cover the workload previously supported by students to the tune of forty-four hours per week, on a significantly lower wage scale. For private training schools — whose main drawback for trained nurses is a competitive salary compared to that offered by provincial or state hospital services (married nurses do not qualify for the so-called perks offered by the latter institutions) — this extra cost could be prohibitive.

A limited number of trained nurse posts in both private and provincial/state establishments could have a negative influence on promotion prospects and make the competitive salaries and opportunities offered in commerce and industry seem even more attractive by comparison.

EDUCATIONAL IMPLICATIONS

Proposed educational requirements

It is hoped that the co-operation between nursing colleges and universities will significantly raise the profession in the public's esteem. An added benefit would be to raise nurses' morale country-wide (dispersing many ill-founded and inaccurate public suppositions about nurses' educational requirements and capacity). It should also encourage enrolment of prospective students, who may have been reluctant to do so for fear of diverging from their schoolfriends' aspirations of higher education or university.

There may be a move to simplify the categories of nurses presently practising in South Africa. For example by retaining the nursing assistant (but hopefully raising educational and practical requirements) but discontinuing the two-year enrolled nurse training. However, there must be no threat to those already trained under the present system.

It may be necessary for university entrance requirements to modify and raise our existing requirements for students undertaking the basic

diploma course. It must be ensured that students will be able to grasp and integrate scientific principles, of which the number is steadily increasing alongside strides in research and medical technology.

Course content and determination of priorities

The professional nurse of the future will require far more knowledge of the physical and social sciences than she did in the past. Correlation and integration of these principles learnt in the classroom situation will require very careful and trained supervision if they are to be correctly applied in the clinical environment.

More extensive preparation in Pharmacology, Biophysics, Nutrition, Physiology, Bacteriology, Sociology and so on will be necessary if the nurse is to be competent in the physical care and emotional support the patient will require and in assisting the doctor in duties he may delegate.

Already the quantity and use of drugs is exceeding the nurse's therapeutic knowledge. She cannot expect to render a high standard of care without a greatly increased knowledge of Pharmacology. This forms an exacting part of her independent and inter-dependent roles. The advent and increasing use of labour-saving electronic monitoring aids demands of the nurse a thorough practical knowledge of the principles underlying the functioning of this equipment if she is to be an effective member of the clinical team interpreting and evaluating her patient's progress.

These are but a few of the implications for the clinical situation. However, the nature of curative and preventive medicine across South Africa's provinces and the African states differs enormously and therefore each will set a different list of priorities for health care in hospitals and in the field. This could present a potential problem for the examining board and its criteria for curriculum planning.

It is generally accepted that no nurse training school should train

its students to meet its hospital's personal requirements. This would have serious repercussions when those nurses moved away, only to discover that they cannot function adequately. For example, infectious diseases, and nutritional disorders may be the most commonly encountered hazards in the African states, whilst in the European metropolitan centres, a different picture of degenerative heart disease and emphysema may present.

The choice will not be an easy one, but presumably the university nursing examining board must comprise a fair cross-section of training schools, so that the papers devised represent current world trends and the country's interests as a whole, excluding bias.

The South African Nursing Council

A greater or lesser role to play?

The current educational/examining, statutory and registering functions of the S.A. Nursing Council (S.A.N.C.) represents an immense load. The proposed decentralisation of examining boards should ease this responsibility greatly.

Presumably, nurse educators representing a cross-section of training schools would be selected to form the examining board under the auspices and inspection of the S.A.N.C. and the faculty for nursing education at the university concerned.

Thus the S.A.N.C. would be relieved of a major responsibility, but would still be required to participate in curriculum planning, course content and as examination moderator. The Council's statutory and registering functions would remain.

PLANNING FOR THE FUTURE?

The chief implications for nursing education primarily in the curative aspects of health care have been discussed. However, it is important to re-emphasise that the main changes envisaged for future health services in South Africa will have to be in community preventive and promotive health and our approach to it.

As mentioned above technological advances should continue to encourage and maintain higher levels of clinical practice, but an enormous amount of work still has to be done in providing adequate public health fields will only be carried ideal concept would be that public health and clinical medical practices merge to form a new pattern of comprehensive medical care.

The holistic concept envisages a dynamic and practical union between the public health specialist and medical scientist, but does not necessarily mean that education in

health fields I will only be carried on outside the hospital. So great is the demand on curative services and available hospital beds, that every nurse must be forced to consider her essential function as a health worker and all her educational goals should be orientated to this end.

More decentralised clinics (especially in the African states) and outpatient centres, would ensure early detection, diagnosis and possible outpatient treatment of many illnesses. This would greatly reduce the demand on hospital beds and in-

stitutional employment of nurses. The spiralling cost of medical care and the provision of medical aid schemes which proportionately increase the demand for medical care deserves mention. To conquer and reduce the cost burden imposed on these schemes, it is essential that the general standard of health of the community be improved.

With the emphasis on comprehensive health care and development of this concept through nursing education, we may yet realise the World Health Organisation's goal of "Health for all by the year 2000."

NAVORSING/RESEARCH

Die Navorsingskomitee van die SA Verpleegstersvereniging het twee prioriteite in verpleegnavorsing onder die aandag van die Departement van Samewerking en Ontwikkeling gebring. Die prioriteite was:

- Transkulturele onderwysprobleme in verpleging veral met betrekking tot die beskikbaarheid van fasiliteite, dosente en beursposte;
- tekort aan poste vir Swart opgeleide verpleegkundiges.

Uit 'n antwoord wat van die Departement ontvang is blyk dit dat verpleegkundiges wat oor die bogenoemde onderwerpe navorsing wil onderneem by die Departement om finansiële steun aansoek kan doen.

'n Komitee insake Ontwikkelingsnavorsing (KION) met die Afdeling: Navorsing, as uitvoerende arm, is by die Departement

ingestel met die doel en funksie om:

- navorsing oor die ontwikkeling van Swartes, die Swart volkere en die Nasionale state te koördineer.
- met Nasionale state, instansies gemoeid met die stedelike Swartmense, Staatsdepartemente, en so meer te skakel met die oog op identifisering van knelpunte;
- op hoogte te bly met bestaande gegewens oor spesifieke probleemvelde;
- agtergrondgegewens in te samel met die oog op die inisiëring, afgrensing en formulering van navorsingsprojekte;
- geskikte navorsers te identifiseer en hulle deur hul navorsingsinstansies te nader om die navorsing te onderneem;
- navorsingsversoeke te evalueer

met die oog op moontlike finansiering;

- navorsing wat finansiële ondersteun word te monitor en waar moontlik hulp te verleen;
- die navorsingsbevindinge na belanghebbende instansies insluitende kliënt (of opdraggewer — die gebruikmaker) deur te voer met die oog op implementering;
- die Minister in alle opsigte ten opsigte van ontwikkelingsnavorsing te adviseer.

Daar word klem gelê op navorsing wat 'n praktiese nuttigheids waarde het. Sulke navorsing vertrek van 'n gegewe situasie en kom met voorstelle ter verbetering van die situasie. Daar moet ook 'n gebruikmaker vir die navorsingsresultate geïdentifiseer word.

Voornemende navorsers kan navrae rig aan Die Direkteur-Generaal, Departement van Samewerking en ontwikkeling, Posbus 348, Pretoria 0001. Vir Aandag: Die Navorsingspromotor: Afdeling Navorsing.