



# The South African Nursing Association

## *Quo Vadis*

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### THE OBJECTS OF THE ASSOCIATION

The S.A. Nursing Association, as defined in Section 38 of the Nursing Act 1978 (No. 50 of 1978), as amended, represents the profession of nursing and midwifery in the Republic of South Africa. It is therefore a statutory body and has been one since 1944 when the first Nursing Act was promulgated.

Section 38 states that every person registered or enrolled in terms of the Act and who practices nursing for gain in the Republic of South Africa shall be a member of the South African Nursing Association. It does not say *may* be, or *can* be, but clearly states *shall* be. Whether nurses therefore like it or not they are members of the Association. Whether they are all *paid-up* members, and therefore members in good standing, is another matter.

The objects of the Association were entrenched in the first Nursing Act of 1944, and these objects still form the basis of the present constitution. They read as follows:

- to assist with the development of an adequate, efficient and effective nursing service for the Republic of South Africa.
- to raise the status, maintain the integrity and promote the interests of the profession of nursing and midwifery
- to consider and deal with any matter concerning or affecting the profession of nursing and midwifery
- to perform any acts necessary or incidental to the attainment of the above objects and to safeguard and further the interests of the Association and its members (26:(d)).

These aims are achieved through professional and educational development of its members, the identification of health needs of the community and through co-operation with authorities to meet these needs.

Through the years the Association had its headquarters in Pretoria, was governed by a Board and reached its members through local branches. On May 1982, a new era was introduced in the history of the South African Nursing Association

with re-organisation along the principles of decentralisation.

Harrison (6) stressed . . . *that a totally new approach, that would ensure direct involvement at grass-root level, had to be planned . . . to . . . guarantee the constant growth of the professional organisation.* She said that . . . *the ball was right back in the court of the average member where she . . . through her Regional Board, is going to manage the affairs of the association in her area.*

### OPSOMMING

Die aktiwiteite van die Suid-Afrikaanse Verpleegstersvereniging word evalueer aan die hand van die ses inhoudsgebiede van 'n professionele vereniging se rol soos beskryf deur Bergman.

In die kernarea is die Suid-Afrikaanse verpleegberoep besonder sterk. Omdat daar nogtans baie verpleegkundiges is wat 'n swak selfbeeld het is die beroep self 'n belangrike teikengroep vir die bevordering van die beeld van die beroep

Op onderwysgebied stel die nuwe verpleegonderwysbedeling groot nuwe uitdagings, veral vir voortgesette onderwys. Die Vereniging het 'n gevestigde onderwysafdeling wat aktiwiteite verrig soos die voorsiening van verpleegliteratuur, die administrasie van beurse en die professionele ontwikkelingsfonds.

Op die gebied van diens en praktyk word navorsing oor kwaliteitsversekering as 'n prioriteit vir die toekoms gesien.

Die Vereniging is aktief betrokke by die ontwikkeling van gesondheidsbeleid deur onder andere sy lidmaatskap aan die Gesondheidstrategievereniging en verteenwoordiging op verskeie sub-komitees onder die Adviserende Komitee vir Gesondheidsake.

Op die terrein van sosiaal-ekonomiese welsyn maak die Vereniging gereeld vertoë vir die verbetering van diensvoorwaardes van verpleegkundiges, hy het voorgestelde tariewe vir private verpleegkundiges opgestel en daar is verskeie staande voordele vir die lede.

Op navorsingsgebied was daar onlangs baie nuwe ontwikkelings, onder andere die totstandkoming van 'n navorsingsafdeling by Hoofkantoor.

Die ontwikkeling van maatskaplike beleid is die politieke aspek van die Vereniging se rol. In hierdie opsig handhaaf die Vereniging goeie verhoudings met ander gesondheidsberoepes, die Minister van Gesondheid en Welsyn en met die politici van die verskillende politieke partye. Die Vereniging monitor alle voorgestelde wetgewing en gee gereeld getuienis aan kommissies van ondersoek.

Daar is reeds baie bereik maar nog baie om te doen om die optimale ontwikkeling van die beroep te verseker. Hiervoor is veral goeie samewerking tussen al die lede van die Vereniging nodig.

After just over two years it appears that the re-organisation was a step in the right direction. The seven regional offices are all functioning and there are signs of increased involvement by members everywhere.

However, with some exceptions, the attendance at branch meetings is generally poor and the constant cry remains: *What does the association do?* (26 (e)).

## THE ACTIVITIES OF THE ASSOCIATION

Rebecca Bergman (1) identified six content areas that she sees to be generic to association roles:

- core area, dealing with intrinsic values
- education
- service and practice
- socio-economic welfare
- research
- policy development.

With Bergman's content areas as a framework, the activities of the South African Nursing Association in the recent past is analysed and evaluated.

### Core area

The core area is the area where nurses are helped to value themselves as practitioners and to develop a realistic, positive self-image. The sense of belonging to the profession is developed by a collegial giving and taking, by identification of professional roots through the study of local history and identification with professional symbols.

It is also, according to Bergman, the area where the desire to grow is stimulated and where nurses are inspired to fruitful and meaningful service to mankind.

The core area also deals with ethical issues.

### The position in South Africa

The profession in South Africa is particularly strong in this area.

- Our **nursing history** is well documented, first of all by Searle (19) for the period 1652 - 1960 and recently brought up to date by Mellich. An overview of the history of nursing education (13) and nursing service (14) for the period 1914 - 1971 was published by the Association in 1980.

Valuable historical reviews on a variety of subjects have also

been published such as on nursing amongst the Ovambo by Grobbelaar (5), nursing in Somerset Hospital by Koegelenberg (7), psychiatric nursing by Little (10), contributions made by the Anglican mission to nursing education in Zululand by Mashaba (11), the S.A. Nursing Association by Radloff (15), nursing education and the Black nurse by Samson (17), and of nursing education at the University of Pretoria by Wessels (30).

- Our **nursing philosophy** is clearly formulated in the South African Nursing Credo by Searle (20) which was written on request of the South African Nursing Association.
- The profession in South Africa also has a well-formulated **ethical code** and through the years the Association made policy statements on various ethical matters such as the nurse and trade unionism, student nurse status, euthanasia, and abortions. All these policy statements are at present under review and will be published after approval by the profession at a national congress to be held in 1985 (26 (b)).
- **Legal recognition** of the nursing profession and of the nurse as an independent practitioner dates back to 1891 and for the midwife to 1652 — a legal position subsequently reiterated on various occasions in Parliament (21).
- **Nursing as a science** has been accepted by academics at all the universities in South Africa and by the Human- en Medical Research Councils.

### Nurses' self-image

Despite the above the self-image of many nurses is low. The image of the profession is also low in some communities and it is usually the academic challenge of nursing which is being questioned (2).

Some nurses and some other members of the health team, and in many cases the public, do not see the nurse as an independent practitioner. They see her as an assistant to the physician (21) — this is also sadly evident in the image of the nurse portrayed in many television shows. The image of professionalism is also totally absent

among many nurses (24 and 18).

The self, professional and public images of the nurse and of the nursing profession are of crucial importance to the profession as a whole. The fact that in some instances this image is reflected negatively indicates that attention must be given to the core area of the Nursing Association's role.

One of the main problem areas appeared to be the lack of involvement of nurses within the professional group — of nurses not seeing themselves as part of a strong united professional body. The Central Board therefore called in the assistance of a professional communications firm to help enhance the image of both the professional association and of the profession as a whole.

### Target groups

The main target group which was identified is the **profession itself**. Here the channels of communication are through the Branches and through Nursing News. A manual for members was also compiled which sets out all the benefits members of the Association are entitled to and briefly describes the structure and activities of the Association. Every region has been asked to make a special effort to reach branches. Many branches and regions have launched a variety of projects to enhance group cohesion such as arranging fashion shows, holding *bring and braais*, cheese and wine functions, big walks, variety shows, image of the nurse exhibitions, entertaining the aged, art exhibitions, and many more.

It is only at regional and branch levels where members can be reached. Local needs must be identified and the true profession must be reflected.

Deliberate planned programmes must be implemented to, first of all, socialise all student nurses into professionalism (9:28) and to re-socialise those registered nurses lacking professionalism (4:10).

Branches can play an enormous part in welcoming students and new members into the branch using every possible opportunity to develop group cohesion, and acting as role-models.



Subsequent target groups that must be reached are:

- **Politicians** at central, provincial and local levels
- **employers**
- **parents**
- **teachers** and other members of the public.

## Education

The education area is concerned with the master plan for education in nursing such as how many nurses are needed and at what level of preparation.

The Association should also be a major force in continuing education. Here its role is primarily that of a catalyst and facilitator.

## New dimensions in nursing education

The S.A. Nursing Association and its predecessor, the South African Trained Nurses' Association, have through the years made repeated representations for a truly integrated comprehensive training course for the basic registration of nurses to meet the nation's needs. Representations were also made for a separation of the control of nursing education from the control of nursing service and to place nursing education within the sphere of influence of universities (22; 26 (c) (iv)).

In 1956 the first university course for the training of nurses for the register was introduced. This was subsequently followed by fourteen other universities establishing departments of nursing. The Association played a major role in the establishment of all these departments. The first chair of nursing, introduced at the University of Pretoria, was sponsored by the Association in commemoration of the 75th Anniversary of State Registration of nurses in South Africa (29). Although university training of nurses grew rapidly the position of the diploma schools remained unchanged.

After close on a century the struggle came to an end in 1982 when a completely new dispensation for nursing education materialised. First of all regulations were promulgated for the introduction of a new comprehensive training course for the register which in-

cludes general nursing, psychiatric nursing, community nursing and midwifery. The traditional basic courses leading to registration as a general nurse, a psychiatric nurse and a midwife will gradually be phased out.

The second part of this dispensation is the complete academising of professional nursing education. Colleges of nursing can now associate with the academic community of universities and are therefore given full status as post-secondary educational institutions. Nursing education will thus be separated from the control of nursing service (22).

## Future priorities in nursing education

With the new dispensation for basic nursing education having been accepted, we enter a new era and the profession is faced with new challenges such as:

- providing continuing education not only for tutors, but also for nursing service personnel to prepare them for the new educational needs. In this respect the professional societies must and are already playing a major role by arranging continuing education programmes at different levels or by joining forces with various authorities in arranging such programmes. SANA Regional boards have also arranged symposiums to clarify uncertainties among nurses. These programmes are all advertised in Nursing News
- the need for increased facilities, for the utilisation of facilities in the private sector, for more teaching personnel and for an increase in the number of student nurses, especially for those population groups other than White, to meet the future health needs of communities.

- These factors have already been brought to the attention of the authorities (26(c)(i) — (ii))
- the optimal utilisation of teaching personnel and of educational technology to meet needs within the present financial and manpower means of the country
  - providing continuing education for nursing personnel in general at formal and non-formal levels after careful study of nursing

needs resulting from changes in disease patterns, demographic changes, increased industrialisation, and so forth. Rationalisation of the present formal post-basic courses, especially those in the clinical fields, is also a priority

- a re-appraisal of the position and education of the sub-professional groups in nursing (26 (a) (ii)).

The Central Board of the Association has a major role in all the above activities. However, regional boards, through their branches, and professional societies must identify the local needs of their members and communities and must implement programmes to meet these needs.

## Other educational activities

Other educational activities of the Association include the following:

### Provision of nursing literature

- The C.A. Nothard library provides to members:
  - advice on literature
  - a wide range of nursing books
  - an extensive collection of nursing journals
  - an index of journal articles which is reviewed annually
  - photostat copies of articles, provided strictly in accordance with the Copyright Act, No. 98 of 1978.
- The publication section
  - publishes selected manuscripts donated by nurse authors as well as Association documents and statements
  - sells selected publications, amongst others, WHO publications
  - commissions writers to write on specific aspects where literature is limited, such Legal Aspects by S.A. Strauss and Aspects of Community Health by Searle and Brink.
  - channels any profits into the Charlotte Searle Nursing Education Fund (26 (a) (i)).
- The Charlotte Searle Nursing Education Fund
  - makes donations to all newly established departments of nursing science at Universities to develop the collection of nursing literature in their libraries

- has set money aside for all colleges of nursing associated with Universities whose libraries meet the criteria of a fully-fledged library (26 (a) (i)).

- The official professional publication

*Curationis* — *The S.A. Journal of Nursing*, is published quarterly. It is sent to a large number of nursing associations all over the world as an exchange journal.

The number of nurses subscribing in this journal is low and every endeavour should be made, at all levels, to increase the subscribers. One of the criticisms against the journal raised by nurses in the field is the limited number of articles of a practical clinical nature. Nurses in active clinical practice must therefore be encouraged to write this type of article for publication.

- Developing nurse authors

- Guidelines are available for authors who wish to publish in *Curationis*.

Writing competitions, sponsored by private companies are held annually. In 1982 the theme was *Nursing the aged* in 1983 *Communication in Nursing* and in 1984 *Nursing the Child*.

Winning articles are published in *Curationis* (26 (a) (i) (ii)).

### Bursaries

The Florence Nightingale Fund provides bursaries for post-basic and post-graduate studies. This fund is supported by donations from Association branches, from private companies and from bequeathments.

The Central Board also makes recommendations for bursaries from outside funds for which individuals apply. Further bursary funds are made available at regional and branch levels and by various professional societies.

Only active paid-up members of the Association benefit from these funds.

### The Professional Development Fund

This fund replaced the International Travel Fund and is used to cover travel costs to international congresses of board members at

regional and Central Board levels and of the professional officers of the S.A. Nursing Association. Part of this fund is also used for research. The fund consists of commission paid over to the Association by insurance companies for group insurance.

As the main aim of attending international congresses is to develop the profession as a whole, any person benefiting from this fund must submit a full report to the Association according to set criteria. These reports are available to members from the C.A. Nothard Library (26 (b) (i)).

### The Nursing Forum

The Nursing Forum of the S.A. Nursing Association is a joint meeting of the heads of departments of nursing science at universities and the chief nursing officers of the State, the provincial administrations and the S.A. Medical Services.

This Forum is held annually and issues influencing nursing education and service are debated.

### Service and Practice

The area of service and practice deals with setting standards for staffing, for facilities for the organisation of services and setting up quality assurance programmes.

### Staffing norms

In October 1982 new staffing norms for State, provincial and local authority services were accepted. These norms resulted to a large extent from various recommendations made by the Association over a number of years and from research done by the Sub-committee on Nursing.

It is hoped that these norms will gradually be implemented as funds become available.

### Quality assurance

The only guideline published by the Association on quality assurance is a workbook *Check the quality of care*. This is widely used by students in nursing administration. A policy statement on quality assurance has also been formulated by the Association. However, very little research has been done in this field and it should be seen as a priority for the future.

## The association's role in health policy

### The Health Strategy Association

The S.A. Nursing Association, together with other organisations in the health sector, availed itself of the opportunity to participate in a private sector research and action plan following the Prime Minister's call on the private sector to become more involved in the delivery of certain essential services including health services.

Together with other associations SANA was involved in research which was undertaken in respect of the provision of health services by the private sector (23). The report of the findings of this initial research was submitted to the health authorities (25).

One of the results of this exercise was that the following associations jointly established the Health Strategy Association: The Dental Association of S.A.; The Medical Association of S.A.; The Pharmaceutical Society of S.A.; The Pharmaceutical and Chemical Manufacturers Association; The Representative Association of Private hospitals; The Representative Association of Medical Schemes; The South African Nursing Association.

The main purpose of the Health Strategy Association is to plan and expand health services in the private sector. The S.A. Nursing Association became a full member of this body to ensure that the nurse's role as a professional partner in this group could be fully realised (23; 26 (e) (i)).

Each of the associations will undertake its own research in respect of problem areas within the profession concerned. Together and in consultation with the state authorities they will plan how a better health service can be provided for all.

Resulting from discussions at the Health Strategy Association the necessity for increasing the number of nurses involved in private practice in the community became evident and was recognised by the other members of this group. The result is that more and more nurses are establishing their own private practices, especially in the big cities.



Their services are being recognised for payment by an increasing number of medical aid and medical benefit schemes, provided that the nurses are members in good standing with SANA. To ensure their recognition and to encourage peer review and involvement in Association affairs a professional society for private practising nurses was formed. This young group is very active in identifying the problems encountered by these nurses, arranging continuing education courses and co-ordinating services.

### **Health Services under the Health Act**

The Health Services Advisory Council, established under the Health Act No. 63 of 1977 to advise the Government on policy regarding the planning and development of health services within the public sector, established a number of sub-committees (or expert committees) to advise it on different health issues.

The S.A. Nursing Association has official representation on a number of their sub-committees and is therefore directly involved in the policy making process for health services.

The quality of the contribution made by the Association at this level is entirely in the hands of the profession itself.

The representatives on these committees and the information submitted in memoranda can only reflect the results of research findings and information received from professional societies and branches of the Association submitted via the regions to the Central Board. Active involvement at branch and professional society level and the identification of specific local needs is therefore essential if the Association must truly speak for the profession as a whole.

The sub-committees on which the Association is represented are:

- on nursing (four representatives — one from each population group)
- on geriatrics
- on mother and child
- on health education and community development
- on psychiatry.

Apart from the above representation the Association is also officially represented on the National Civil Welfare Council and on the Medical Committees of Civil Defence in all four provinces and on the Consumer Council.

### **The Constitution of South Africa**

When it became clear that the new Constitution of South Africa would undoubtedly have major implications for the delivery of health services, the Central Board arranged a symposium in March 1984 to discuss these implications. The developments will be monitored closely.

What is obvious at this early stage is that, as *health* is classified as an *own affair* local government will become more and more involved. This presents a major challenge for nurses to not only help identify local community health needs but to involve themselves at local government level. Nurses must use their knowledge and their influence. They must know the local leaders, especially those interested in health matters, and they must ensure that funds and facilities are channelled in the right direction at this local level.

### **Socio-economic welfare**

The area of socio-economic welfare is the negotiating role of the Association to obtain rewards and conditions for nurses which are equitable to those in similar groups.

The Association is the official spokesman for nurses in South Africa. Clear lines of communication to the Department of Health and Welfare, the Commission for Administration and the Minister of Health, have been established through the years.

### **Conditions of service for nurses in the public sector**

In the beginning of each year the Association makes an input to government in a mutually accepted fashion. Through continuous efforts a complete new dispensation for nurses in the public services was accepted in October 1982. Although these conditions were extremely favourable there are still areas that need urgent attention and subsequent memoranda have pointed these out.

The main issues still at stake are the following:

- the entry salary for the registered nurse
- disparity in the salaries and in the recognition for previous service for certain grades between population groups
- recognition of qualifications including degrees
- maternity leave benefits
- the relative position of nursing service managers to other personnel with the same status in the public service
- the position of the nurse tutor
- the retirement age
- salaries of the nursing assistants
- the necessity to increase salaries on a regular basis to keep up with inflation
- the joint taxation of married couples.

### **Conditions of service for nurses in the private sector**

Although much time is spent in negotiations with the public sector, the Association is well aware that if conditions improve in that sector the private sector has no option but to follow.

Up to very recently the Association has not been very successful in dealing with the private sector as a group. Employers have had to be approached individually which presented many problems.

Recently, however, negotiating links have begun to develop with certain private hospital groups, with the mining industry and with some other industrial groups.

Individual problems of nurses in both the public and private sectors are dealt with by the regional officers of the Association.

### **The private practice nurse**

A schedule of proposed tariffs for services rendered by registered nurses and midwives was compiled after in depth research by the socio-economic committee (26 (a) (i)). This schedule is available on request and was submitted to the Representative Association of Medical Schemes. Some schemes are using it as a norm for payment but much will have to be done to secure the position of the nurse in private practice.

## Other socio-economic benefits for Association members

The standing benefits for members include group insurance schemes, professional indemnity insurance and a welfare fund. Details are available in the membership manual.

Recent privileges obtained for members include special discounts, lower interest rates on personal loans and hire purchase and special discounts on overseas group tours.

Discounts at local businesses are arranged at regional level.

Problem areas in the socio-economic area which have recently been identified and regarding which the Association has commenced negotiations include the concept *breadwinner* which discriminates against a married woman and the pension benefits for nurses in state subsidised institutions.

## The research area

Although nursing research in South Africa is still in its infancy valuable research has in the past been initiated or commissioned by the Association. Research must however be the true directive for nursing practice and the need for the Association to expand its activities in this area became of paramount importance. In 1982 the Central Board agreed that a national strategy for nursing research should be formulated to ensure co-ordination and optimal utilisation of the limited research resources, especially regarding manpower and funds.

Nurse leaders from the health services and from nursing education were invited to a national workshop/thinktank with the aim to formulate a strategy. This has to date resulted in the following:

- a research unit was established at the S.A. Nursing Association Head Office in Pretoria and a research assistant was employed
- a standing Research Committee of the Central Board was appointed
- a priority list for nursing research was compiled and this was circulated to all universities, colleges of nursing and to the Human Sciences and Medical Research Councils
- a national nursing research register was compiled which invited to donate to this fund as

individuals or as groups

- a national nursing research register was compiled which includes all completed and ongoing nursing research projects to date (26 (b) (i)). Volume 1 of the register was published in the beginning of 1984. The Register will be updated annually. It was also decided that at least two copies of all research projects will be obtained and kept in the C.A. Nothard Library. One copy will be available on loan (26 (b) (ii)).
- following representations by the Association the Head Committee on Sociology, Demography and Social Work of the Human Sciences Research Council (a committee dealing with research funds) was expanded to include nursing science and a nurse was appointed to this committee by the Committee of University Heads in 1983
- the Human Sciences Research Council agreed to undertake a research project sponsored by the Association on one of the main priorities identified namely *The role of the nurse administrator in personnel management*. Under the guidance of the SANA Research Committee this project is well under way
- the *thinktank* of 1982 also led to an annual Nursing Research Forum arranged in turn by the departments of nursing at South African universities where research projects are discussed and which acts as a catalyst for nursing research in general
- in most regions a research committee has been appointed to undertake and stimulate research in a variety of areas. Professional societies have also been motivated to start projects in their different fields
- to stimulate research an annual competition is run for nurses on diploma- and undergraduate level with prizes donated by Juta Publishers.

It is obvious that in the area of nursing research the Association is at present playing a very active role and that the profession as a whole is gradually becoming more and more research-minded.

## Policy development

The area of social policy development is the political aspect of the Association's activities. It implies establishing constructive relationships with political leaders and members of other professions and keeping to date on pending legislation and publishing considered, well-documented position papers on social and health issues.

Much is done by the Association in this area.

Constructive relationships exist between the Association and other professional health groups and this has been enhanced by the Association's membership to the Health Strategy Association mentioned above.

The Association is a member of LONASA (League of Nursing Associations of Southern Africa), an umbrella organisation concerned mainly with professional development of nurses in Southern Africa. Direct contact with our neighbouring States is therefore established.

There exists an open channel of communication between the Association and the Minister of Health and Welfare (and he is readily available for interviews at short notice) and through him with any other minister dealing with matters affecting the profession. Examples of reasons for recent direct communication with the Minister of Health and Welfare were the conditions of service for nurses, the implications for the nursing profession of the demographic report of the President's Council and the new dispensation in nursing education.

Links have been established with the members of the parliamentary Health Committees of the different political parties represented in parliament. They receive documents on important matters dealt with by the Association concerning nursing developments and national health needs and are interviewed at personal level.

The need for developing the same type of links with similar committees on the provincial councils seems obvious and is receiving attention. Similar links should also be established at local government level by either regional boards or branches.



Nurses are involved in the work of voluntary health organisations such as SANTA, the Cripple Care Association, the S.A. Red Cross, the National Cancer Association and many more.

They are members of city councils, school boards, of parent-teacher associations. This involvement is important and should be increased so that the contribution which the nursing profession can make is fully realised.

SANA has always monitored all pending legislation. During 1984 memoranda were submitted suggesting certain amendments to the following Bills before parliament:

- Occupational Medicine Bill, 1984
- The Medicines and Related Substances Control Bill 1984
- Drug dependence and Rehabilitation Matters Bill 1984 (26 (b) (ii)). Valuable comments were received from various professional societies.

Representations by the Association resulted in amendments to the Basic Conditions of Employment Act, No. 3 of 1983.

However, the implications of the still existing inclusion of nursing personnel and other supplementary hospital employees in private hospitals/institutions under this Act are carefully monitored to identify any problems which may arise.

The Association regularly submits memoranda and gives evidence to Commissions of Inquiry. Recent examples are:

- in 1980 a memorandum was submitted to the Commission of Inquiry into Health Services (The Brown-commission) and verbal evidence has subsequently been submitted by the President and Vice-president of SANA
- a memorandum and verbal evidence were submitted in July 1984 to the Committee of Enquiry onto Possible Further Facilities for Medical and Dental Training (26 (c) (ii))
- a memorandum was submitted to the Parliamentary Select Committee on Pensions in June 1984 (26 (c) (iii)).

## CONCLUSION

On analysing the activities of the Association one realises that we have reached so much but that

there is still so much to do in order to develop our profession optimally.

To cope with the future challenges we need to look at our organisation.

An ad-hoc committee was recently appointed to look at the Association's constitution and, if necessary, propose any changes that may be necessary for more effective management.

One example is the effectiveness of the present branch system. Any proposed changes will however be taken to a National Congress in 1985 for approval.

An investigation is also at present being undertaken with the view to developing a long-term plan for the Association.

This investigation includes the following aspects of the Association:

- the organisation and structure
- manpower and manpower development
- administrative procedures
- management information systems
- communication and public relations
- regional and branch activities
- accommodation.

In the words of Bergman (1), we will only be able to fulfil our objects if we have the tools in the Association to work with:

- a strong united association of all nurses
- a dedicated membership involved in association decision making and activities
- efficient management with well-defined short and long term goals
- good relationships and co-operation among ourselves and with other professions and groups.

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