

# Interview with nurses from Baragwanath Hospital

**Q:** The problems occurring at Baragwanath have received extensive coverage in the local press. Can you comment on the problems?

**A:** Well, I think we all agree that Bara has a lot of problems. The main problem is overcrowding. A few years ago, we used to be able to predict which days would be quiet ones. We knew that at the beginning of the month, when people still have their pay in their pockets, we would be busy. Also Friday night would be busy as the start of the weekend. Now we can't predict; every day seems as busy as the one before.

We have been told to screen patients before they see the doctors. If they are not complicated problems, they should be told to go to the clinics in the location. But we find even if we do this, the patients are still many.



**Nurses are expected to perform many tasks and often work under extreme pressure**

A problem is always money. Sometimes people have a letter from a private doctor telling them to go to the hospital urgently but you find it is now two weeks later and their problem has got so bad that they need admission. We ask them why they didn't come at a stage when they could have been treated as an outpatient. They always say its because they did not have enough money then. People are always struggling for money.



**Patients often miss their transport home after waiting in long hospital queues**

At the casualty section there are usually many sick people waiting to be seen. Sometimes people wait many hours before they are treated by the doctor. The nurses try their level best to make sure that the urgent patients are seen first. Then you find that others who are not urgent but are still in pain, complain bitterly. They ask if they must be dying before they are seen. Sometimes patients come early and are only seen much later. Then the doctor shouts at them for coming with a non-urgent problem so late. The doctors don't always understand that we wait a long time. Moreover, the patients have transport problems. They can wait hours in the queue and then miss their transport home.

### **Q: How does the overcrowding affect your work?**

**A:** You find that we cannot give 100% nursing care because there are too many patients. Bed-letters and X-rays go missing. Well, it is difficult. There are often over 100 patients in a ward in which there are only 40 beds. The patients are everywhere! You can find very ill patients sleeping on the floor. During the day, those that can walk go outside for the space. Then when we come around to give them their medication, we can't find them.

We know that medication has to be given at specific time intervals but sometimes we are very busy and patients get their medication late.

Other duties have to be performed regularly such as the checking of vital signs, urine outputs, blood and urine observations on diabetic patients, and so on. Of course we have to do these things in spite of the number of patients, but it is difficult.

We are a teaching hospital and so we must also make time for the tuition of nurses.

One other big problem for us is the psychiatric patients. They must be given their own wards. You know some are dangerous and have actually assaulted other patients and even doctors and nurses. They also wander all over the hospital and when we need to give them their medication, they are nowhere to be found. This is a very bad situation for us.

### **Q: Is anything being done to alleviate or correct these problems?**

**A:** These problems have been around for many years and they are only getting worse. Well, you can't stop people getting sick and needing the hospital but if we were more, it would help us cope.

We are told that nursing posts have been frozen, meantime we are very short-staffed as it is. You will find about 9 nurses during the day looking after 100 patients. We must change dressings, give medication, do regular observations and bed-pan parades for all these patients and we are too few.



**At night there are fewer nurses on duty to do the same work as the day staff**

The paraplegic patients are suffering too. They must be turned regularly, say every 2 hours, but they complain that they have not been turned the whole morning. This is a big problem, especially at night.

At night we really feel the staff shortage because there are usually only four of us on duty to do the same work as the day staff. There is a relief team to help us at night but we are still not enough. The number of patients has increased but the staff has remained the same. We are all feeling the strain.

**Q: Do you find that the strain affects the way you relate to your patients and colleagues?**

**A:** Well of course we try to maintain a good relationship with everyone but you must remember that everyone is coming to us with their complaints. Sometimes we get complaints from the patients, their relatives and the doctors all at once. To be honest, sometimes we find ourselves shouting at sick patients and also at other nurses because we are working under stressful conditions. At times we can't help ourselves. Some doctors don't understand the pressure on us. They can also shout if things are not done on time or if patients can't be found. But often it is not our fault.

There are not enough doctors and they are also working under a lot of stress. Part of our job during intakes is to translate for the doctors into the vernacular. Then we must measure the urine, take the temperature and do a blood sugar measurement. When we are under-staffed it is difficult to do this quickly and the patients are the ones who suffer, because they just have to wait until we are ready. It is true, we can get very irritable and it is hard to control tempers when you are so tired.

**Q: Does your work affect your families at all?**

**A:** Well, we are nurses to our families as well so when we leave the hospital our other nursing job begins! Just as our job can make us rude to our patients, sometimes we come home irritable and take out our frustrations on our families. They just have to understand us.

I have to get up very early in the morning (before it is light) to prepare for the day. Sometimes my husband helps me to make the breakfast but at other times I must do this all myself. There are always problems with transport and I often get to work late. When I come back from work I am tired but I must still cook and clean up. My children complain that they don't see me enough. I have to ask my older child to check homework and clean the younger kids before they go to bed.

**A:** I also have problems with transport and I must also drop my baby at the childminder before I set off to the hospital. This means I have to leave my home at

5.30 am to get to work at 7 am. I must still prepare my other children and my husband before this. When I knock off, it's the same problem.

**A:** Single parents have a lot of problems. My child gets the same transport as I do in the mornings. She must wait an hour outside the school before it opens.

**A:** We are all complaining about our pay. It seems that even if we get an increase, our money remains the same after deductions. It is not easy to support a family on our pay.



Nurses, like most women, work a double shift: at work and at home

**Q:** Are nurses discussing ways to deal with these problems?

**A:** Many nurses are looking for jobs in private hospitals and clinics. They say that they are paid better and there is no overcrowding. The private hospitals don't help with housing subsidies so some nurses are staying for this reason only.

**A:** Many nurses are joining HWA (Health Workers Association). They feel if they complain individually, they will be victimised but if they are many, they have greater protection.

Of course, many nurses were involved in the strikes at Bara and some things did change as a result. This has encouraged more nurses to join organisations because they see that this can help.

**NOW AVAILABLE**

**TOWARDS A NATIONAL  
HEALTH SERVICE**

**Proceedings of the 1987 NAMDA Annual Conference**

*Featuring papers by:*

**SHULA MARKS  
JERRY COOVADIA  
DAVID SANDERS  
LESLIE SWARTZ  
CEDRIC DE BEER**

This publication brings together the 18 papers presented at the conference, hailed in the press as "historic" and "the most successful" in the history of NAMDA. The papers highlight the problems of the existing health system, with the actualities of repression and fragmentation as they impact on health and health care, as well as an attempt to point the way to some solutions.

A section on the effects of health under repression is also included, with data on detainees, and the effects of repression on children.

**TOWARDS A NATIONAL HEALTH SERVICE** is necessary reading for all those involved in, and concerned about health and health care.

Copies can be obtained at R15 per copy by sending cheque or postal order to:

**NAMDA PUBLICATIONS  
P.O. BOX 17160  
CONGELLA  
4013**