HEALTH AND DISEASE

NURSES.

MARCH 75 – NOV. 78.

HANSARD. 5. Q. columns. 344.-5.
4 March 1975.

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Registered nurses

*9 Dr. A. L. BORAINE asked the Minister of Health:

(a) How many registered nurses were there in each race group as at 30 June 1974 and (b) how many persons in each race group were registered as student nurses at that date

The MINISTER OF HEALTH:

Since records are not kept of the registration of nurses as at 30 June, I shall give the figures as at 31 December 1974:

(a)	Whites	23 528
	Asians	399
	Coloureds	2 791
	Bantu	14 014
(b)	Whites	4 317
	Asians	204
	Coloureds	675
	Bantu	4 070

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Nursing shortage: bid to get trainees

Daily Disp. 29/4/75

EAST LONDON — The shortage of nurses was again the main subject discussed at the Frere Hospital Board meeting here yesterday.

After much discussion it was decided to ask Province to prepare a draft booklet for distribution to schoolgirls about to leave school.

Mrs M. Fuller said possibly the reason for young girls not becoming student nurses was that the educational qualifications required were too high.

It was pointed out, however, that student nurses could be employed after having passed their Junior Certificate examinations.

Dr C. J. Blumenthal said all patients really needed in hospital was a young nurse who would take care of them properly. "The last person you want nursing you is a gold medallist."

Another point raised was that whereas nurses now received a night allowance, this was not paid to student nurses and some of the young students had expressed their disappointment when they were not given this allowance.

The board decided that student nurses should also be paid a night allowance, even though doing night duty was part of their training.

It was said nurses received fair wages and taking all the "perks" into consideration, they were being well looked after.

The low boarding fees paid by nurses who lived at the nurses' home and the amenities offered to them were also mentioned.

The board also agreed to pay for the cost of printing invitations for the nurses' graduation ceremony to be held in the Guild Theatre on May 29. — DDR.

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HANSARD 12

Q. 845

29 April 1975.

~~1.102~~

2 (95)

Nurses' training colleges in Bantu homelands

*22. Dr. A. L. BORAINE asked the Minister of Bantu Administration and Development:

(1) (a) How many nurses' training colleges are there for Bantu students in the Bantu homelands and (b) where are they situated;

(2) how many nurses qualified at each college in 1974.

The DEPUTY MINISTER OF BANTU DEVELOPMENT:

(1) (a) 4.

(b) Groothoek Hospital—Lebowa.
Garankuwa Hospital—Bophuthatswana.
Maroka Hospital—Qwaqwa.
Edendale Hospital—kwaZulu.

(2) The information required in respect of each college is unfortunately not readily available. There are, however, 16 510 Bantu nurses and midwives in the Homelands in the Republic.

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Nursing staff position now much better

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STAR 13/5/75

Pretoria Bureau

The nursing staff position had improved so much that only three hospitals in the Transvaal — the Johannesburg, South Rand and Far East Rand hospitals — now had a limited number of beds not in use, the administrator, Mr Sybrand van Niekerk, said today.

A few years ago the shortage of nurses was so serious that several hundred beds could not be used on the Witwatersrand, he said.

Mr van Niekerk, delivering his State of the Province address at the opening of the Provincial Council session, said tuition was now being provided for infants confined to their beds in the Johannesburg Children's Hospital, the H F Verwoerd Hospital, in Pretoria, the Paardekraal Hospital, in Krugersdorp, and the Klerksdorp Hospital.

The Provincial administration was computerising a large sector of its administrative functions and was using its computer facility to provide tuition in computer science at schools.

COMPUTERS

Motor vehicle licensing, road traffic and drivers' licences were being computerised to ease the growing load of administrative work, and the Central Traffic Data Bank would be made available around the clock via telephone lines to the SA Police.

The computer facility would be made available to the Department of Hospital Services as well, and would be developed in detail by the Johannesburg Hospital — the control hospital for this purpose.

The provincial library service was also being computerised. Already

'Joint say'

The Prime Minister had said then that there were spheres where purely Coloured interest dominated and other spheres where purely White interests dominated. But then there were also spheres where the interests of both Col-

Black-White wage gap must close

Nat. Mercury 27/5/75 — Industrialist

Industrial Reporter

IT IS a matter of extreme urgency that the wage gap, between White and Black, should be closed, according to Mr. F. G. Beard, the South African industrialist.

Mr. Beard, who was speaking during a Durban seminar arranged by Professor R. Tusenius, of the Graduate School of Business at the University of Stellenbosch, said the wage gap would never be closed unless Blacks were trained to do skilled work and paid the rate for the job.

He said that the White-African wage ratio had improved since 1970 from 6.3:1 to 5:1, for those in Government employ, but in real terms there was now a gap of R329 instead of the R229 in 1970.

"The Government apparently feels that as long as African wages rise percentage - wise more than that of the Whites everything in the garden is lovely," he said.

Mr. Beard said it was unlikely that Black workers would be prepared to wait for the end of the century to get equal pay for equal work.

He said salaries for Black teachers, doctors and nurses should be made equal by 1980.

Mr. Beard said he could not agree that wage increases should come by reducing profitability.

TRAINING

"If the Black workers are properly trained to do skilled or semi - skilled work and are paid accordingly, they would certainly earn their keep — profits should soar, not decrease.

"The wage gap has to be narrowed appreciably as a matter of urgency if we and our children are to continue to live peacefully in South Africa."

Dealing with company profits, Mr. Beard said that "long - haired idealists who preach the anti-social nature of profits and who were trying to foist socialistic, or should I say Communistic, ideas on us should either be dealt with under the Suppression of Communism Act or deported to Russia."

Last year South African companies had a particularly good year. Greater volumes and more units of every kind were sold. "Small wonder that the profits soared — they would have done so had there been no inflation."

Dealing with the training of Blacks, Mr. Beard felt that the Government should carry the full cost of training. The private sector had moved slowly on in-factory training because of all the red tape involved. He suggested that an auditor's certificate could replace the costly inspections by a civil servant.

Narrow pay gap – nurses

6/6/75

Mercury Reporter

PIETERMARITZBURG. COLOURED and Indian nurses here yesterday openly rejected racial discrimination in the nursing professions.

Resolutions calling for an end to discrimination between Black and White nurses were passed at the ninth congress of Coloured and Indian members of the South African Nursing Association.

More than 20 delegates from all over the country attended the congress and every resolution calling for a narrowing in the gap in conditions between Blacks and Whites was passed unanimously.

Resolutions passed at the congress included one calling for the immediate removal of Whites holding senior positions in non-White hospitals.

They called for these posts to be filled by non-Whites.

The congress also called for pressure on the authorities for more senior posts "from senior sister and upwards" to be created for Coloured and Indian nurses.

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(95)

Clinics plan appeal on Black staff

STAR 11/6/75

The South African Association of Private Hospitals is to ask the provincial authorities to lift the ban on Black theatre nurses in White hospitals.

On Monday the association discussed the recent notice from the Director of Hospital Services, Dr H Grové, in which he warned private hospitals that their registration would be cancelled, or not renewed, unless they complied with the ruling.

Mr M H Finger, chairman of the association, said today that several private hospitals would be in difficulties if they had to dismiss their Black nurses.

"If we could get White staff we would use them, but there is a worldwide shortage of nurses. At the same time, Black nurses, who are fully trained and registered with the Nursing Council, are queuing at nursing homes looking for jobs," he said.

Dr Grove pointed out in his circular that the regulations laid down that no private hospital could be registered unless he was satisfied that the staff was "adequate and suitable."

Insofar as the nursing of White patients was concerned, only White nursing staff were considered "adequate and suitable" to nurse White patients.

Doctors row over ruling on nurses

STAR 13/6/75

(95)

Two doctor MPCs clashed last night over a Transvaal Department of Hospital Services instruction that Black sisters were not to nurse White patients in private nursing homes.

Dr Selma Browde (Prog, Houghton) attacked the department for ordering Black nurses out of operating theatres in private White nursing homes, and said this "obnoxious" measure was both an insult to the trained nurses concerned and an example of prejudice on purely racial grounds.

DR SELMA BROWDE

WRONG METHOD

She thought a reason for the department's regulation could be to ensure sufficient nurses for Black hospitals. If this was so, then it was a case of noble motive giving rise to a wrong method.

The way to ensure an adequate supply of Black nurses in Black hospitals was to create working conditions, including pay rates, which would not cause them to seek work in White hospitals.

Dr Browde delivered the last part of her speech in Afrikaans because, she said, 1975 marked the centenary celebrations of the Afrikaans language.

After expressing his and the other Nationalists' appreciation of her stout language effort, Dr S D Latsky (Nat, Alberton) waded into Dr Browde with an emotional attack on her comments on the Black nurses.

There was a shortage of Black nurses, he said, and Dr Browde wanted to take nurses away from the Black hospitals to nurse Whites. They would be paid Black salaries, he said, and the White nursing homes would make White profits.

Dr Browde interjected angrily to say that Dr Latsky was twisting her speech. She was made to withdraw this remark as unparliamentary.

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Hospital spending up R11-m

ARGUS 19/6/75

THE Cape Provincial Administration had increased its capital expenditure on hospitals by R11-million in the past 10 years in spite of financial problems, the Administrator of the Cape, Dr L. A. P. A. Munnik, said last night at the annual graduation ceremony of the Carinus Nursing College.

Addressing a capacity audience at the City Hall, where 158 nurses from nine Peninsula hospitals graduated, Dr Munnik said much had been done to improve hospital facilities in the past decade.

In 1964 there were 10 397 beds in provincial hospitals, compared with 13 990 in 1974. In 1964 308 813 inpatients and 2 058 877 outpatients had been treated, compared with 469 703 inpatients and 5 776 970 outpatients in 1974.

Dr Munnik said the nurses' graduation was an important step in the expansion of Cape Provincial hospitals, which already had 18 000 nurses.

'The need for highly trained and dedicated nurse is constant, and the nurse, who undertakes further study not only ensures a rewarding future for herself, but serves her country as surely as if she were in the armed forces,' he said.

ENROLLED

The nursing curriculum was undergoing great changes to enable students to meet the challenges of the next decade, he added. The Provincial Administration provided many opportunities for nurses to study further, and it was imperative that they should keep in step with the great changes taking place in the world of medicine.

One hundred and twenty students qualified as registerd general nurses and 38 as enrolled nurses. Cape Provincial Administration bursaries were awarded to Miss A. C. Monro and Miss S. E. Melvin both of Groote Schuur, and Miss A. M. A. Colussi of Rondebosch Hospital.

Miss Monro also received a gold medal and Miss Melvin and Miss Colussi silver medals, in recognition of their outstanding results in the SA Nursing Council examinations.

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Nurses want Blacks on national board

RDM 24/6/75

Own Correspondent

DURBAN. — Natal nurses are calling for direct Black representation on their national board, a country-wide standard for working hours and permission for marriage during training.

These are some of the resolutions being proposed by the Natal branches of the South African Nursing Association (Sana) to the national conference to be held in Bloemfontein from July 14 to 18.

The Durban District and Coastal Branch has called for the chairman of the Coloured, Indian and African advisory committees to have full membership on the board of SANA. These committees are now represented by Whites.

White nurses should take the initiative and enable Blacks to gain experience of Executive responsibility, the branch claims.

The Natal Inland Branch has called for employing authorities to allow students and pupil nurses to marry during training.

It would create more settled working conditions and obviate the loss of nurses who abandon their training to marry.

In Maritzburg, student nurses have called for standard minimum working hours throughout the country. The group has called for a 44-hour minimum.

(95)

Race plea by nurses

24/6/75

N. Mercury Reporter

NATAL nurses are calling for direct Black representation on their national board, a countrywide standard for working hours and permission to marry during training.

These are some of the proposals by Natal branches of the South African Nursing Association (Sana) to the national conference being held in Bloemfontein from July 14 to 18.

The Durban district and coastal branch has called for the chairmen of the Coloured, Indian and African advisory committees to have full membership, ex officio, on the board of Sana.

At present the Nursing Act only permits these committees to be represented by White nurses.

INITIATIVE

The branch says: "Our president has testified to the competence of our Black colleagues at international level and White nurses should take the initiative and thus enable them to gain experience of executive responsibility."

The Natal inland branch has called for employing authorities to allow students and pupil nurses to get married during training.

There would, says the branch, then be "less need for nurses to stay out to all hours seeing their boyfriends."

It would also create more settled working conditions and obviate the waste of nurses abandoning their training half way to get married.

Greys Student Nurses Group would like to see standard minimum working hours throughout the country.

At present students at Greys Hospital are working a 48 hour week, another Natal hospital is working 42 hours and at some Transvaal hospitals it is as low as 40 hours.

The group has called for a 44-hour minimum.

Sackings worry Black nurses

STAR 25/6/75

(95)

Black theatre nurses who have been given notice to leave White private hospitals are worried about their future.

Some Johannesburg clinics have been given a directive by the director of hospital services, Dr H A Grove, to replace Black theatre nurses with Whites or their licences will be withdrawn.

An estimated 50 Black nurses are looking for jobs.

Most of them probably will apply to Baragwanath Hospital where the majority of them were trained.

One of the nurses, who asked to remain unnamed, said most of her colleagues were not keen to return to Baragwanath because of long spells of night shift—three months a year—the pay and general working conditions.

TALKS

Representatives of the South African Association of Private Hospitals plan to meet Dr Grove to discuss the situation.

The association's chairman, Mr M H Finger, said today that he did not know how many nurses had been affected by the new ruling. He added that none of the hospitals in his association had employed Black nurses.

He did not know that representatives of the clinics which employed Black nurses had been to Pretoria to discuss the situation.

● In 1972 Black nurses were banned from nursing Whites in wards. Theatres were not specified in that directive.

Black nurses sacked

RDM 25/6/75

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Staff Reporter

AT LEAST 50 trained Black nurses have been sacked from private nursing homes and hospitals in Johannesburg, Mr Dave Epstein, MPC, United Party spokesman on hospitals, said yesterday.

The sacking followed an ultimatum about a month ago by the Director of Hospital Services, Dr H. Grové, when he warned private hospitals that their registration would be cancelled or not renewed unless they stopped employing Black theatre sisters.

Dr Grové said in his circular the regulations stipulated no private hospital could be registered unless he was satisfied the staff "was adequate and suitable."

Only White nursing staff were considered "adequate and suitable" to nurse White patients, the circular said.

The chairman of the South African Association of Private Nursing Hospitals, Mr M. H. Finger, last night refused to comment on the sackings, saying he had just returned from overseas.

It is understood that five hospitals in Johannesburg had to sack Black sisters working in theatres on Monday.

They are: The Brenthurst Clinic, Rand Clinic, Park Lane Clinic, Kenridge Hospital and the Lady Dudley Nursing Home.

No official spokesman for these hospitals would comment last night.

A doctor working in one of their theatres, said doctors and nurses were furious at the sackings.

(95)

Claim on sackings called 'a thumbsuck'

Sunday Express 29/6/86

Express Reporter

A CLAIM that at least 50 Black nurses were to be sacked by private nursing homes and hospitals in Johannesburg was a "thumb-suck," a spokesman for the SA Association of Private Hospitals alleged yesterday.

The claim was made this week by Mr Dave Epstein, the United Party's hospital affairs spokesman in the Transvaal Provincial Council.

He said the information had been given to him by "a very high authority".

But Mr M. Finger, chairman of the SA Association of Private Hospitals, told the Express he knew nothing about Black nurses being sacked.

"Mr Epstein must have a very large thumb to have sucked out that information."

Private nursing homes and hospitals would not comment when the Express spoke to them this week.

But Black hospitals are ready to welcome the sacked nurses with open arms.

Dr D. J. M. Swart of the Tembisa Hospital said there was a place for theatre nurses at the hospital.

"Tell them to make application," he said.

Dr J. Beukes said Baragawanath Hospital had a number of vacancies in its 19 theatres. Lower salaries at Baragawanath were compensated for by a good pension fund and subsidised board and lodging, he said.

An adamant Mr Epstein said the sackings would aggravate the already critical position with regard to trained nurses.

"Apart from anything else, it is extremely inhumane to to deprive a trained African nurse of the right to use her skill to the best of her ability.

"The recruiting of nurses from abroad is impossible. The pool has been absorbed. So when the 2 000-bed academic hospital opens in Johannesburg in a few year's time, I don't know where the staff is going to come from. The number of White nurses being trained at present is inadequate," Mr Epstein said.

(95)

STAR 2/7/75

Black nurses meet

Pretoria Bureau

South Africa's biggest congress of Black nurses will be opened by Chief Lucas Mangope, Chief Minister of the Bophuthatswana, whose wife was a nurse, at Thabong, Welkom, on Monday.

The conference will commemorate the centenary of professional nursing in South Africa.

Delegates are expected from all parts of the country, including the homelands.

RESOLUTIONS

More than 80 resolutions are down for discussion. They range from demands for improved working conditions to equal pay for equal work for nurses of all races, clarification of the income tax system, the upgrading of training for nursing assistants, and sex education at school.

Other resolutions call for exemption from influx control regulations and from the Natal Code Laws which state that an African woman will remain a perpetual minor.

UNIVERSITIES

The Pretoria branch of the association will move that the doors of White universities be open to Blacks until enough universities have been established for training Black students and that consideration be given to the formation of a federal association because of "the growth of homelands and all that growth entails to safeguard the interests of nurses."

About 400 delegates and observers are expected to attend from 41 branches of the association.

Degree courses for nurses

Cape Times 9/7/85

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Cape Times Correspondent

WELKOM. — For the first time in the history of South Africa Unisa is to offer degree courses for Black nurses.

This announcement was made by Professor Charlotte Searle, head of the Department of Health at Unisa at the ninth annual congress of the South African Nursing Council (African branch) which was attended by 400 delegates representing 41 branches in South Africa.

Describing this as a breakthrough Professor Searle said this was one way of reaching nurses even at distant places for them to attain higher standards of qualification in their profession.

Courses that will be offered are: BA (curatironis) nursing, MA and DLitt et Phil., which she said would start next year.

"This is a breakthrough of the century for the educational expansion of the Black nurses with the aim of producing research workers and writers who are more professionally competent."

She said that Unisa would also offer diplomas in nursing to meet the requirement of those nurses who are unable to take up degree courses.

"We would like to produce from among the nurses managers, educationists and health experts at all levels."

STAR 11/7/75

Black nurses: 'equal pay'

(95)

Own Correspondent

BLOEMFONTEIN — Black nurses have demanded the same salary as White nurses. And they have given a warning at their national congress, which ended here today, that there is growing resentment in hospitals where White nurses worked side by side with Black, Coloured and Indian nurses and received higher pay.

One delegate blamed White nurses for this resentment which caused friction in the wards. She said the Whites did not want to accept Black nurses as equals.

Another delegate said people of the same profession should identify with each other and share problems.

Several Black nurses said their recent pay increases were not adequate to keep pace with inflation and this inflation had not differentiated between races.

It was said that all nurses were professionally equal because they had to sit for the same examinations and received the same training.

We're told to sleep out—nurses

(95)

RDM 23/7/75

Staff Reporter

ABOUT 30 student midwives at the Natalspruit Hospital claim they have been told to vacate the nurses' quarters they use for accommodation and make use of a nearby township hostel.

Two of the nurses told the Rand Daily Mail yesterday that they were told by the hospital's chief matron, a Mrs Wolmarans, last week that they have been given until the end of this month to stop using the nurses' quarters to live in.

They added this was a verbal notice given to all student midwives.

One of the students said nurses were very unhappy about the prospect of having to stay in a township hostel when White doctors and their families lived in what was supposed to be a Black hospital.

No official reason had been given to the students. They had drawn up a petition, objecting, they said.

Among their complaints was that they would have to walk long distances if they were forced to sleep out and feared for their safety going to and from the hospital.

Approached about the complaints, the matron, Mrs Wolmarans denied telling the nurses they had been given until the end of the month to find alternative accommodation in the hostel.

"Whoever told you this was talking rubbish. We know nothing about this and there's no truth in the whole thing."

Mrs Wolmarans also denied that a meeting had been, or would be held to discuss the problem.

Nurses hit out

STAR 17/7/75

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BLOEMFONTEIN — Nurses yesterday objected strongly to a proposal that doctors' assistants should take over some of their work.

The proposal was made at a conference in Johannesburg on Monday by Dr Jonathan Gluckman, president of the South African Medical Association.

He said it was inevitable and urgent that use be made of partially trained people, the so-called barefoot doctors.

But yesterday in Bloemfontein 350 nurses at the annual congress of the South African Nurses Association protested sharply at the suggestion that certain basic tasks could be taken over by doctors' assistants.

The nurses said they had carried out these tasks with great success to relieve doctors, especially in the homelands where there was a staff shortage.

The association chairman, Professor Searle Charlotte, said the proposal implied that trained nurses were not skilled enough to help doctors successfully.

From the outset African nurses would be affected by the introduction of doctors' assistants, said the chairman.—Sapa.

(95)

STAR 23/7/75

Black nurses — 'Transvaal is verkramp'

The Transvaal's ban on Black nurses working in private hospitals has come under fire from Mr Dave Epstein, United Party MPC for Hillbrow.

Mr Epstein says in a Press statement that the issue demonstrates the Transvaal has the most verkrampte provincial council in South Africa.

Mr Epstein, the UP's Provincial Council spokesman on hospital affairs, says a survey he has conducted shows Natal to be the most progressive province over the role Black State registered nurses have to play in White hospitals.

He says that if there is a shortage of White nurses at Natal hospitals, Black staff can be employed on two conditions: They do not exceed 50 percent of the nursing staff; and are under direct White supervision for 24 hours a day.

"These exceptions have been allowed although the Executive Committee prefers that each race group be nursed by members of the same race group and will not permit the training of and non-White nurse category on White patients."

Daily Dispatch 29/7/75

Frere bid for blacks to nurse white sick

EAST LONDON — The Frere Hospital will apply to the Provincial Administration for qualified black nurses to look after the chronic sick white patients at the Frere Hospital under white supervision.

The chairman of the Hospital Board, Mr D. Lazarus, said at present the chronic sick patients were put into general wards, and using beds that acute cases could be using.

He said the white nurses at present nursing chronic sick patients could be used for more urgent cases, and the nursing shortage would be slightly eased

"A problem that may occur, is that patients won't want black nurses attending to them," the Medical Superintendent, Dr F. L. S. Visser, said.

Mr Lazarus said, "If the patients knew that the nurses were qualified and working under white supervision, that problem would not arise. They would prefer to be cared for by qualified blacks rather than unqualified whites, and thus enable the white nurses to attend to more desperate cases." — DDR

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Blacks thought inferior at Frere claim nurses

Daily Dispatch 30/7/75

EAST LONDON — Black nurses at Frere Hospital are furious about an article which appeared in the Daily Dispatch yesterday. They feel insulted about the suggestion that black qualified nurses are to look after chronic sick white patients in order to relieve white nurses to do more urgent cases.

They say this idea is a result of the shortage of the white nursing staff at the hospital, which had caused some wards to close down.

A senior sister at the hospital, who did not want her name published, said the statement was typical of the medical superintendent, Dr F.L.C. Visser.

"He never consults us, he has never addressed us and we learn of changes in the press.

"Dr Visser has no right to categorise us and regard us as inferior. Chronic nursing is none other than bedside nursing. To call for qualified nurses to do that is the limit, because that is what black auxiliary nurses are trained to do," she added.

Another nurse said: "what is the use of asking black qualified nurses to look after the chronic sick patients because when they eventually leave the hospital they are looked after by illiterate domestic servants."

What worried most of the nurses was to learn that although they were qualified as their white counterparts and wrote the same examinations, they would work under "white supervision".

"Why must we be supervised by white sisters who may have only two years experience, when a black sister who has ten years experience can do the job better. When a patient is sick he is treated by a nurse as a patient and not as a black or white patient," another said.

According to the article, the chairman of the Hospital Board, Mr D. Lazarus, said whites could be used for more urgent cases.

"No matter how qualified we are, we are regarded as inferior because of our colour," the nurse said.

One nurse said this came as a shock and was quite ironical because a hospital official had mentioned there was a possibility of black tutors lecturing to white nurses.

The nurses said they would gladly do the job if it were given to them without the conditions.

"The fact of the matter is that black domestic auxiliary nurses are nursing white patients at Frere Hospital and of the many statements made in the press, this has been left out," one nurse said.

Earlier three anonymous callers telephoned the Daily Dispatch querying the story and expressing disgust at it. Two claimed to be nurses who would not give their names and a third said she was Nancy Green who was later found to be unknown at Frere Hospital.

Mr Lazarus commenting on this, said the matter had been discussed in committee and should not have been published.

"I am duty bound to keep quiet," he said.

Dr Visser could not be contacted for comment. —DDR

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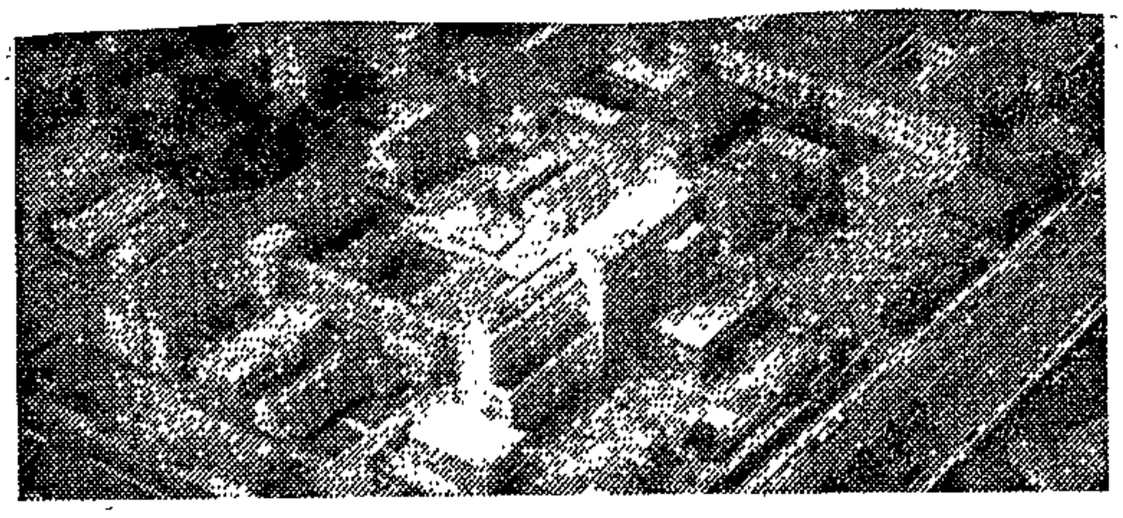

Frere nursing plea rejected

Daily Dispatch 7/8/75

CAPE TOWN — The use of black nurses in white wards at East London's Frere Hospital was "against government policy" and therefore could not be considered, the Provincial Council was told here yesterday.

Saying this, the Nationalist MEC responsible for Hospital Services, Mr P. J. Loubser, rejected an appeal by East London MPC, Mr J. Hunt, for black nurses to be used in some wards of the hospital.

Mr Hunt, who is a member of the board of Frere Hospital, said that at present only emergency operations could be conducted there because of the shortage of theatre staff. Some wards were not in use because of a shortage of nurses.

In these circumstances, Mr Hunt asked the provincial authorities to consider the use of black nurses in some white wards and then leave it to the patient to decide which ward he wanted to use.

He suggested that black nurses be allowed in two operating theatres, one general ward, one female ward, one orthopaedic ward and one maternity ward.

With the choice of ward left to the patient, Mr Hunt asked if there could be any objection to this system.

Mr Loubser: "Do you think we have a surplus of nurses in East London?"

Mr Hunt: "But there is a surplus in East London."

The Administrator, Dr L. A. P. A. Munnik: "How are they going to open Mdantsane Hospital then?"

Mr Hunt: "We haven't been able to employ all the nurses in East London."

He suggested that increased training of nurses was necessary to cater for the needs of East London.

At present skilled black nurses were working in orthopaedic wards and in theatre for black patients.

There were five operating theatres at Frere Hospital — Four for whites and one for blacks, but black nurses could only work in one theatre and as a result only emergency operations could be carried out.

"It is our duty to solve the problem. Our duty is to fill the posts. If we cannot fill the posts, we have got to find a solution," Mr Hunt added.

Earlier, Mr Hunt pleaded for consideration to be given to the use of the wards for chronic sick patients, that had been closed. Because there was only one home for chronic sick in East London, a critical shortage had resulted.

The problem with this possible solution was that black nurses would have to be employed to care for the chronic sick.

Replying to Mr Hunt, Mr Loubser said the Hospitals Department would look into the position of the chronic sick in East London, but in regard to the employment of black nurses in Frere Hospital for white patients this request could not be considered.

He said the nursing situation at Frere Hospital had improved through various steps taken by the department. These included increased salaries, overtime, unpopular hour incentives — such as for night duty — and higher grades for nurses doing clinical duty.

Part-time posts for retired nurses had been instituted and courses had been held for retired nurses to familiarise them with the new techniques and to help them regain confidence.

All these steps had resulted in an improvement in the nursing situation, Mr Loubser said.

Mr Loubser and Mr Hunt both paid tribute to the staff at the hospital for the work they had done under difficult circumstances. — PC.

Shortage of Cape nurses

ARGUS 7/8/75

THE shortage of nurses and the urgency of family planning were the main topics in the third reading debate on the Hospitals vote in the Cape Provincial Council yesterday and Mr P. J. Loubser, MEC in charge of hospital services, said they were both vitally important.

He said the nursing situation had improved greatly this year. This was probably a result of the increased salaries and overtime rates which had made the profession more attractive.

However, there was little to attract male nurses and this aspect of the problem would have to be investigated.

Creches provided at hospitals had enabled the Hospitals Department to make better use of retired nurses on a part-time basis, and regular refresher courses for retired nurses had helped to ensure that women who married would be able to return to their profession when their family duties made this possible.

In addition regular courses and seminars were held to keep working nurses up to date on the latest developments in medicine.

WHITE POSTS

Mr Loubser rejected suggestions that African nurses should be used in White posts to ease the shortage of nurses. This was against provincial policy and these nurses were likely to be needed to care for their own people soon.

He was referring to a suggestion by Mr J. C. V. Hunt (UP, East London City) that Black nurses should be allowed to work in certain White wards and that patients should be invited to choose between waiting for a bed or being treated by Black nurses.

Reacting to comments on the family planning advice service offered by his department, Mr Loubser said good progress was being made but that success could only be achieved with the co-operation of every person in the Cape.

The Coloured population of the Cape was growing at the rate of 3.7 percent a year while the White population of the country was growing at the rate of only two percent. This did not mean that the White population should not practise family planning but it did indicate that something should be done.

Plea for non-White hostel

THE conditions under which non-White nurses had to live outside the hospitals was a matter of grave concern to the Teaching Hospitals Board, said Mr F. M. Botha, MPC for Groote Schuur.

He was speaking during the committee stage of the Hospital Services and Public Health vote in the Provincial Council yesterday afternoon.

Mr Botha appealed for the provision of accommodation for non-White nurses and said the Tafelberg Hostel in what used to be District Six was ideal for the purpose as it was close to the Groote Schuur Hospital and the Peninsula Maternity Hospital.

Permission had already been obtained from the Department of Community Development to use the building as a non-conforming building — to house non-Whites in a White area.

Initial estimates showed that renovations to the building would cost about R140 000. The proposed

NURSES WIN BATTLE

Natal Mercury 21/8/75

African Affairs Reporter

THE FREE official transport for nurses at Umlazi's Polyclinic, withdrawn by White KwaZulu Government officials last week, has been restored on instruction of Mr. Eric Hastie, KwaZulu's Director for Community Affairs.

Mr. Hastie said yesterday he would visit the clinic on August 28, accompanied by Mr. Walter Kanye, KwaZulu's Councillor for Community Affairs, to investigate the situation.

He confirmed that there had been some abuse of the free official transport by nurses and warned that this would not be tolerated.

The official who ordered the withdrawal of the free transport said last week that nurses earned enough to provide their own transport.

Nurses claimed that those employed by the KwaZulu Government elsewhere were taken home after dark in official vehicles.

Nurses should 'bridge gap'

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Mercury Reporter 23/8/75

NURSES should be trained to diagnose and treat minor ailments to bridge the gap until more Black doctors qualified, a graduation ceremony at King Edward VIII Hospital in Durban was told yesterday.

Prof. C. L. S. Nyembezi, an editor of Zulu schoolbooks, was addressing a ceremony at which 109 midwives, 14 general nurses and 43 enrolled nurses graduated.

He said: "We are looking forward to the day when Black matrons will be in full charge of Black hospitals. Black nurses should be given the experience to enable them to take over the most senior posts."

Of the shortage of Black doctors, he said the "dice had been loaded for years" against them. For years they had been unable to receive medical training in South Africa.

When the Witwatersrand University opened its doors to Black students they had acquitted themselves well. Now that Blacks could only receive medical training in Durban not enough Africans were being admitted.

"Wits is quite willing to reopen to Black students and it should be allowed to do so," said Prof. Nyembezi.

Patients at Baragwanath Hospital were used to train other racial groups but Africans were not allowed to do their training there.

"But to help ease the shortage I suggest a special category of nurse who can diagnose and treat simple conditions. For rural clinics this should be a male nurse because most people prefer to consult a man," he said.

Special awards and prizes were given to the hospital's top 12 nurses.

They were:

Natal Provincial Administration gold medal, Miss N. V. Mcanyana; Durban City Council gold watch for most outstanding nurse, Miss E. Sivuku; runner-up, Miss V. Feketshane and most outstanding student-enrolled nurse Miss D. Simelane.

Joint Medical Staff Committee prizes: Miss D. J. Sibiya, Miss P J. Bakane, Miss R. Machaea.

King Edward VIII Hospital Prize, Miss E. Kobeli.

Chief Matron's Prize, Mrs. E. T. Khumalo; Theatre Matron's Prize, Miss H. N. Somdizela; The Good Conduct Cup, Miss E. T. Sivuku; Midwifery Tutor's Prize, Miss G. W. Zungu.

The nursing staff presented Miss V. L. Borgen, the deputy chief nursing officer, NPA, and former chief matron of the hospital with a long service medal.

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Coloureds get nurse

MERCURY 26/8/75

Mercury Reporter

NEWCASTLE — The Town Council of Newcastle has created a post of Coloured public health nurse to look after some of the health needs of the soaring Coloured population in the town.

The council was told that about 2 000 Coloureds lived in the Lennoxton and Fairleigh areas. Living conditions were generally unsatisfactory and health and sanitary conditions left much to be desired.

A large number of the Coloureds lived a long way from the Indian clinic, and therefore did not make use of its services.

"It has also been established that Indian nurses are not acceptable to the Coloured population.

"As a result, infants are not being vaccinated against smallpox or immunised against other infectious diseases to the extent they should be, and mothers are not receiving ante or post-natal advice and care.

"The family planning clinic is also not as well attended as it could be," the executive management committee reported to the council.

The council is busy planning the Coloured area, and provision has been made in the estimates for the establishment of a clinic.

Increased traffic to Northern Natal's boom town has resulted in the council recommending that the Province again be approached with the request to consider building a second carriageway alongside Allen Street extension, adjoining Arbor Park at the south entrance.

The council noted that building plans approved from August 1 last year to June this year amounted to R15 470 346.

The council has accepted a R9 300 tender for electrical installations in 24 flats for Indian municipal staff.

(1) 262
(2) 86
(3) 95

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ARGUS 1/10/75

Coloured nurses pass specialised course

EIGHT Coloured nurses and midwives yesterday became the first people in South Africa to pass an intensive six-month course on the care of newborn babies.

AT Groote Schuur Hospital on April 1 this year and according to Miss D. H. Monk, co-ordinator of the course, only a few similar courses are available in the United States and Britain.

The post-graduate course is highly specialised and chiefly concerned with the care of premature infants. In 1973, Sister E. R. Wilson was sent to the University College Hospital in London where she completed a similar course with a view to it being introduced in this country. Sister Wilson was clinical instructress for the eight students in the pilot project.

The students, who heard their results yesterday, are: D. P. Jemane from the Kimberley Hospital (passed with honours), D. Carolusen (St Monica's Maternity Home), C. W. A. Jethro (Lotus River Day Hospital), F. A. Joseph (Caledon Hospital), M. S. Louw (Tygerberg Hospital), J. M. Segers (Stellenbosch Hospital); H. K. Riddles (Worcester Hospital) and A. M. Walters from the Red Cross Childrens Hospital.

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Mixed nursing, but bathing...

(1) 95 (2) 328 (3) 369 Daily Disp. 17/10/75

EAST LONDON — There was no harm in mixed nursing in hospitals — but mixed bathing was another matter.

This was said at a report-back meeting here last night by the MPC for East London City, Mr J. Hunt.

Mr Hunt told the 70 people present that although mixed nursing was not United Party policy, people should be given the chance to choose whether or not they wanted to be nursed by black nurses.

"There is a great shortage of nurses in our hospitals," he said. "And there is no differentiation in training, examinations and qualifications. I can see no harm whatsoever in allowing black nurses into white wards.

"By all means, have white wards as well, but allow the individual to choose."

Mixed bathing was also not United Party policy, Mr Hunt said, "and I don't believe in it.

"Many people make the mistake of thinking that non-white people are dying to use our facilities. They're not. They are completely happy with their own beaches. But perhaps the Coloured people are more fairly treated than blacks.

"I challenge anyone, not only the Nats, but the UP as well, to wade waist-deep into one of their beaches. You can't even do that," he said. "And the toilet facilities are absolutely shocking."

Some beaches had been set aside for blacks but the East London City Council had not applied for funds.

Mr Hunt said people most concerned had not objected to the proposed coastal expressway. They were the guigney ratepayers.

"The only people who have objected are some of the people in Bunkers Hill. And they are only indirectly concerned.

The MP for East London City, Mr H. G. H. Bell, told the meeting that the attendance only served to emphasise the apathy of East Londoners.

People should take an interest in politics for the sake of their children, he said.

United Party policy on the Liquor Amendment Act was that hoteliers should be able to choose for themselves whether to apply for permission to accommodate blacks.

The Progressive Party's attitude had been that all hotels should be open to blacks unless they applied for white-only permits.

"This is enforced integration," Mr Bell said.

Asked about coalition between the United Party and the Nats, Mr Bell said he doubted this would happen because of the fundamental policy differences.

Until one or the other changed, there could be no merger, he said. —DDR

Cape Times 22/10/75

Black nurses' pay gap

(95)

Cape Times Correspondent

JOHANNESBURG. — Current salary rates for nurses show that African sisters earn half what their White counterparts earn and nurse-midwives 58 percent of the earnings of Whites.

From employment offered in the latest Nursing Journal, it appears that the wage-gap in the nursing profession is increasing.

Neither the State's Public Service Commission, nor the Transvaal Department of Health Service will release details of nursing salaries, or the differentials applying to race groups.

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RAND DAILY MAIL Wednesday October 22 1975

Wage gap widens in nursing profession

By CLIVE EMDON
Labour Correspondent

A COMPARISON of salary rates shows that African nursing sisters earn half that of their White counterparts and nurse-midwives 58 per cent of White salaries.

Jobs advertised in the latest Nursing Journal indicate the wage gap in the nursing profession is increasing.

Neither the Public Service Commission nor the Transvaal Department of Health Services will release details of nursing salaries, or the differentials applying to race groups.

From numerous jobs advertised in the Nursing Journal, the following monthly wage rates were found to apply:

- Nurse-midwives: Whites R200-R305; Coloureds/Asians R175-R262,50; Africans R145-R225.
- Sisters: Whites R290-R380; Africans R145-R225.
- Public Health nurses: Whites R320-R445; Coloureds/Asians R250-R350; Africans R195-R287,50.
- Senior sisters: Whites R320-R445; Africans starting rate R195.
- Sister tutors: Whites R320 (starting rate); Africans R195.
- Senior sister tutors: Whites R445; Africans R287,50.

For nurse-midwives the differentials show African nurses earn 58-61 per cent of White salaries and Coloured/Asian nurses 70-72 per cent. For public health nurses the differential is 60-64 per cent. and 78 per cent respectively.

African sisters earn 50-59 per cent of White sisters' salaries, and for the more senior posts, between 60 and 64 per cent.

Almost all the jobs advertised in the Nursing Journal were for posts in municipal or provincial hospitals.

Dr H. A. Grové, Transvaal Director of Hospital Services, said he was precluded from releasing details of nursing salary scales to the public.

The Deputy-Secretary of the Public Service Commission, Mr P. J. Colyn, after referring the request by the Rand Daily Mail for details of salaries to the commission, said the request had been turned down.

Shortage of nurses has led to empty beds

Sun. Times 16/11/75

(95)

Sunday Times Reporter

A RECURRING shortage of nursing staff in Bloemfontein — described this week as "seasonal" by the Director of Hospital Services in the Free State, Dr J. Kruger — means that "non-emergency" patients have to wait for a bed at the National Hospital despite beds being empty.

A similar situation developed in January when there was a bitter dispute between doctors and the Provincial Administration after doctors had contended that the medical faculty of the University of the Free State received preference for beds.

This week Dr Kruger said it was not true that patients sent to the National Hospital by ambulance had been sent home again in the same ambulance. He said there was a seasonal shortage of senior nursing staff, as in most other hospitals, but it was not critical.

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More nurses for Natal

16/11/76 Natal Mercury

Mercury Reporter

PIETERMARITZBURG THE SERIOUS shortage of nurses in Natal has eased in several centres, with the applicants outnumbering available posts at some hospitals.

According to a report by Dr. W. K. Botha, Director of Hospital Services, tabled in the provincial council last night, nursing shortages continue at Wentworth, Estcourt, Ladysmith, Newcastle and Dundee hospitals.

At the Ladysmith Hospital, 30 percent of the White registered nursing posts were vacant in 1975, the period covered by the report.

But for the first time in several years, all the medical posts at Addington Hospital have been filled. At Grey's Hospital in Pietermaritzburg there are more applicants for nurse training that there are posts.

Dr. Botha said the changing of White nursing and administrative and tutorial posts to non-White posts was accelerated during the year.

There was an upsurge of interest by White and non-White nurses in psychiatric training and many have been seconded to State psychiatric hospitals.

Dr. Botha's report made no mention of the staff situation at the R. K. Khan Hospital in Durban, said in the last hospital services report — tabled November last year — to be seriously affected by the nursing shortage.

At King Edward VIII Hospital in Durban the number of outpatients in 1975 increased to 801 287 from 762 284 the year before. The corresponding number of patients admitted was 95 512 compared to 94 644.

The number of outpatients using the hospital has decreased by 300 a day following the rechannelling of patients to neighbourhood State and provincial clinics.

Mercury 10/11/75

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Natal hit by shortage of nurses

Mercury Reporter

PIETERMARITZBURG — Natal is facing a serious shortage of nurses, and the position in Durban is "chronic," according to the report of the Director of Hospital Services tabled in the Provincial Council last night.

The most seriously affected hospital was the R. K. Khan Hospital in Durban, where the new orthopaedic ward was not opened because of the shortage of trained nursing staff.

Wentworth Hospital, where work study officers carried out an investigation into nursing staff in an attempt to alleviate the situation, was also badly affected.

Of the 2 283 posts for White nurses in Natal, 1 919 are filled in a full-time capacity by Whites, while 95 Black nurses are doing "White" jobs in a permanent capacity.

There were only 45 White nurses employed part-time during 1974, and a total of 224 White nursing posts were vacant.

A total of 179 non-White nursing posts were vacant. There are 4 846 posts for non-White nurses in Natal.

Of the 797 medical posts in Natal, 95 were vacant. There were 39 vacancies of the 473 para-medical posts.

In his report, Dr. W. K. Botha, Director of Hospital Services for Natal, says the shortage is caused by lack of support by the local community and by brisk competition from the private sector.

"In some country hospitals the shortage becomes acute from time to time and staff have to be seconded from other hospitals.

"There are numbers of trained nurses in the local population, but few come forward to offer their services.

"Without the support of the local community, a hospital cannot provide an adequate service for the care of the sick.

"In Durban the situation is chronic—the competition for registered and enrolled White nurses is brisk. Naturally most nurses are attracted by regular daylight hours, offered by doctors and industries," the report says.

Indian and Coloured nurses are also in short supply, and in spite of training schemes at the R. K. Khan and Northdale hospitals, the expansion of services tends to outpace the production of trained nurses.

Shortages of nurses were reported from R. K. Khan Hospital, Wentworth Hospital, Newcastle Hospital, Ladysmith Hospital, Estcourt Hospital, Hillcrest Hospital, King Edward VIII, Northdale Hospital, Port Shepstone, Crookes Hospital, Stanger Hospital, Utrecht Hospital and Vryheid Hospital.

A report on Stanger Hospital, tabled as part of Dr. Botha's report called the position "critical."

"The non-White picture is bleak. The new local Bantu registration and housing regulations led, at the end of August, 1974, to the position where 50 percent of the non-White sisters, mostly the professional unmarried ones, would have to tender their resignations."

(95)

ELIZABETH PHILLIPS investigates the discrepancy between Black and White nurses salaries in South Africa.

Nurses and the wage gap

STAR 1/12/75

Black nurses still earn only about half as much as their White counterparts with the same qualifications despite several salary increases in the past few years.

When asked to comment about this discrepancy, the Minister of Health, Dr Schalk van der Merwe said: "At this stage I'm not prepared to answer that. Maybe in the New Year I'll give a full comment on the case."

Dr H A Grove, Director of Hospital Services in the Transvaal was also not prepared to comment on the wages issue. "I don't make the policy — I just execute it," was his comment.

Improvement

The South African Nurses' Association (SANA) continually makes representations for improvement in nurses' salaries to the Government and other nurse employers.

"I have said that I won't make any more statements," said Miss Doreen Radloff, director of SANA. "I'm not prepared to make any official staetment on nurses' salaries — Black or White."

Mr David Epstein, MPC, chairman of the United Party hospital group in the Provincial Council responded strongly to the question.

"There is a prejudice against Black nurses. The National Party does not believe in equal wages. The darker your skin the less you get paid.

"Government action gives one the impression that they haven't the slightest interest in bridging the wage gap.

"We'll have to pay for this, as we won't be able to man our hospitals properly," he warned.

"We've already reached a crisis in Bloemfontein. They had to close down certain White wards because of the shortage of nurses. This is the general picture throughout the country.

"More intensive pleas should be made to the Government to remedy this serious defect.

"Patients will suffer if there are not enough nurses," he concluded.

No survey is available on whether there is a current shortage of nurses. However, a large number of Black student nurses do not complete the course.

Natalspruit Non-European Hospital, near Alberton, has a nursing staff — including nursing assistants and matrons — of about 700. There are usually 800 patients. The hospital does not have a nursing shortage, according to Matron E Wolmarans.

Dropout

However, they did have a 35 to 40 percent dropout rate among student nurses, she confirmed. The reason was the high standard of training.

Black nurses are not allowed to nurse White patients in Provincial hospitals or private clinics.

In 1972 Dr Grove warned that private hospitals continuing to employ Black nurses in a professional capacity would be closed down.

Before this, private hospitals employed Black nurses, mainly to work in the theatres. They were not available to comment whether or not they would welcome the return of Black nursing staff.

However, Black nurses are allowed to "feed, bath, wash, dress and help exercise" old age Whites.

Though they are not allowed to administer any medication. Old age homes are under the auspices of the Department of Social Welfare.

Dr Grove explained the cause for the restrictions: "There is a good reason for not allowing Black nurses to carry out nursing duties in White hospitals. There is a dire shortage of Black nurses in Black hospitals. So they are needed for their own people."

Black temporary nurses may nurse White patients if they are hired privately.

Here they earn exactly half as much as White temporary nurses.

They earn R7 a day, starting at 8 am and finished at 5 pm, compared to R14 earned by White nurses for the same hours. For night duties, starting at 8 pm until 7 am they receive R8,50, compared to the White wage of R19.

Salary scales are based on the Provincial hospitals' rates, according to Mr Hilmar Christianson, chairman of the Association of Nursing Agencies, which fixes the nurses' wages for member agencies.

He gave the reason for this as: "We are not trying to change the system of the country. We are just taking the salaries that everyone else is paying. If the provincial hospitals raised their salaries we would also do so.

"The lengthier private cases are generally nursed by Blacks otherwise people would not be able to afford private nursing. If Black and White staff were paid the same, people would prefer to hire White staff," he said.

The provincial hospitals salary scales in the Transvaal, as appeared in the October 1975 issue of the South African Nursing Journal are:

BLACK:
Sister: R1 740/R2 100.
Senior sister and sister tutor: R2 340.
Senior sister tutor: R3 450.

WHITE:
Sister: R3 000/R3 660.
Senior sister and sister tutor: R3 840.
Senior sister tutor: R5 340.

Nurses 'to fight discrimination'

Cape Times 3/12/75

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Own Correspondent

GRAHAMSTOWN.—The president of the SA Nursing Association, Professor Charlotte Searle, said yesterday that the association would "wage a relentless fight" against discrimination in the permanent appointment and academic advancement of married women.

Professor Searle, who was speaking on "The Academic in the Nursing Profession" at the International Women's Year conference here, paid tribute to "the long line of distinguished women who not only served nursing with great success but made their impact on the social-engineering systems of their respective nations".

In South Africa they had struggled for a century to provide this country with a competent nursing service.

In a world where there was still a great deal of poverty both on the domestic and international level, health services were increasingly being incorporated in the social-engineering services aimed at improving man's total welfare.

Health care built bridges between nations, cultures and individuals and women were in the forefront of this thrust, Professor Searle said.

It was the particular task of the academic in nursing, who lived in a society which bucked discipline, to interpret to students, professional colleagues and to John Citizen that in the fight for life and for man's total well-being, disciplined forces were necessary. If the nursing profession lost its descipline it must decline.

When attainment by all peoples of the highest levels of health were realized women, who constituted about 99 percent of the nursing force in the world, would have their reward for their years of devotion, she said.

introduction

to university

university of cape town

16 · 27 February 1976

Non-White midwives/health visitors/ radiographers/sister-tutors

9. Mr. L. F. WOOD asked the Minister of Health:

How many (a) Bantu, (b) Indians and (c) Coloureds registered as (i) midwives, (ii) health visitors, (iii) radiographers and (iv) sister-tutors during 1975.

The MINISTER OF HEALTH:

Registrations during 1975.

(i) Midwives

(a) Bantu	1 039
(b) Indians	66
(c) Coloureds	200

(ii) Health Visitors

(a) Bantu	39
(b) Indians	8
(c) Coloureds	32

(iii) Radiographers: The S.A. Medical and Dental Council who is responsible for the registration of radiographers do not register persons according to racial groups. I am thus not in a position to answer this question.

(iv) Sister-Tutors

(a) Bantu	31
(b) Indian	—
(c) Coloureds	7

Hansard 3 col 170
11/2/76

(1) 95
(2) ~~97~~

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NURSES' NO TO BLACK GROUP

16/2/76 NM

African Affairs Reporter

NATAL African nurses have voted against forming their own association in spite of the South African Nursing Association urging them to do so.

They met in Durban at the weekend. Earlier an official from the association's head office in Pretoria, Miss D. Radloff, met the nurses to discuss the matter—but no decision was taken.

The Press was barred from attending this meeting and it is believed that Miss Radloff urged participants to keep it secret from White nurses as well.

Nurses married to journalists who attended the meeting at King Edward VIII Hospital at the weekend were also warned not to leak information to their husbands before the results of the meeting reached Pretoria.

There was, however, a unanimous vote against forming the association and a memorandum giving reasons for the rejection of the South African Nursing Association's proposal is to be sent to the association this week.

Natal nurses are, however, concerned that their Transvaal associates, who have the majority of members, have already agred to the association's proposals.

Hansard 11 col 784

6|4|76

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Registered nurses

644. Dr. A. L. BORAINE asked the Minister of Health:

(a) How many registered nurses were there in each race group as at 31 December 1975 and (b) how many persons in each race group were registered as student nurses at that date.

The MINISTER OF HEALTH:

	Whites	Coloureds	Asians	Bantu
(a)	25 099	3 142	418	16 291
(b)	5 090	956	283	5 238

SUN. TIMES (EXTR

'Discrimination' anger

AN ANGRY MOOD is brewing in the ranks of Black and Coloured medical staff in the Transvaal who this week revealed that they were not being paid a transport allowance which both White and Indian members of staff receive.

A Coloured nursing sister working at the Coronation Hospital, Kliptown, told me this week that she was terrified to speak out openly as she was "afraid of action being taken" against her.

She is a fully qualified nursing sister and has several years experience.

"It's so tragic that one has to complain behind the scenes when this whole problem could be solved openly. But we are scared that we could lose our jobs if we protest openly," she said.

She said that she had been informed that White and Indian doctors and nurses were being paid a transport allowance. Blacks and Coloureds were excluded, she added.

She said bitterly: "I cannot see why different standards should be applied when we all do the same work. It's a blatant case of prejudice which is inexcusible in a civilized society."

Meanwhile a Black nurse at Baragwanath Hospital, said that the position with Blacks was worse. She said that they were on the lowest pay scale and yet had to "shoulder heavy financial responsibility" just to get to work and back home.

She said: "I only earn R120 a month and it costs me about 70 cents a day just in transport. This means I pay at least R2 month, which is a big s out of my salary."

On her salary of R she also has to provide an ailing mother.

"But I consider mys lucky. I have other frie who are nurses and t have to come in f greater distances such Vereeniging and Na pruit every day and if are on shift work the really a problem. could lose our jobs if

that his wife, Armiena, had unlocked the room in which Majid Ackra was a temporary tenant and removed his bed and bedding.

Majid was not home at the time. He believed someone from outside must have taken the money after his bed and bedding were removed.

"We know nothing of the R500 Mr Ackra claims to have had in the room," Mr Mohamed told me.

Wednesday's incident was the latest tangle in the tussle between Majid Ackra and Mohamed Promotions over money Mohamed Promotions allegedly failed to pay Majid whom they brought out to South Africa under a loose agreement whereby they agreed to

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HANSARD No. 15 13/5/76

South African Nursing Council

(793). Dr. E. L. FISHER asked the Minister of Health:

How many (a) Whites, (b) Coloureds, (c) Asiatics and (d) Africans were registered by the South African Nursing Council as at 31 December 1975 as (i) general nurses only, (ii) general nurses with additional qualifications, (iii) midwives only, (iv) nurses in each type of specialist nursing, (v) enrolled auxiliary nurses and midwives, (vi) enrolled nursing assistants, (vii) student nurses and midwives and (viii) enrolled pupil nurses.

The MINISTER OF HEALTH:

	(a)	(b)	(c)	(d)
(i)	8 935	554	75	2 819
(ii)	14 295	2 225	329	11 504
(iii)	792	301	—	1 516
(iv)				
(a) Tutors	676	72	—	133
(b) Clinical Care, Administration and instruction	461	144	16	616
(c) Intensive Care Nursing	292	24	4	102
(d) Nursing Administration	496	14	—	62
(e) Paediatric Nursing	366	48	2	207
(f) Psychiatric Nurse Instructor	90	5	—	34
(g) Health Visiting and School Nursing	946	121	—	474
(h) Public Health Nursing (Health Visiting School, District and Occupational Health Care and Mothercraft)	147	65	11	106
(i) District Nursing	36	—	—	—
(j) Mothercraft	352	69	—	78
(k) Industrial Nursing	1	—	—	—
(l) Ophthalmic Nursing	35	2	—	121
(m) Operating Theatre Technique	928	66	1	426
(n) Orthopaedic Nursing	194	27	1	222
(o) Fever Nursing	317	99	—	4
(p) Tuberculosis Nursing	9	—	—	—
(q) Obstetric Analgesia and Resuscitation	475	6	—	91
(r) Psychiatric and Neurological Nursing	9	—	—	—
Total	5 830	762	35	2 676
(v)	2 143	1 810	283	11 882
(vi)	8 173	4 307	304	15 742
(vii) General	4 247	847	222	4 006
Psychiatric	189	43	16	226
Midwives	1 567	75	45	1 101
(viii)	1 227	1 042	161	3 625

Audio/visuals

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Budget

Has a budget already been prepared? If so, how much money has been allowed for:

95

BLACK NURSES FOR WHITES

By NIC VAN OUDTSHOORN

BLACK nursing sisters will be allowed to nurse White patients at private hospitals subject to certain conditions, the Minister of Health, Dr S. W. van der Merwe, told me in an exclusive interview yesterday.

The Minister also disclosed that this had already been allowed at certain State institutions where no White staff could be found, and where no objections were received from the patients.

The Minister said that in each case where Black nursing staff at White hospitals was involved the matter would be investigated and permission granted if:

- There was no trained White staff available.
- Patients did not have any objections.
- Equal salaries were paid to White and Black staff to avoid Blacks being employed simply to save money.
- There was a definite need for Black staff and the appointments were not made merely to antagonise the Government.

"Our policy is that Whites must nurse Whites where possible, but often a person's life is at stake in hospitals, and where there are no trained White nurses we will naturally be sympathetic to the use of trained Black nurses for Whites," he said.

DR VAN DER MERWE
Four conditions.

The first Black nursing sisters have already been appointed at the White St Joseph's Hospital in Port Elizabeth.

And that's official, but . . .

The Roman Catholic Bishop of Port Elizabeth, the Right Rev J. P. Murphy, told me that they were receiving the same salaries as White nurses and were doing the same work. No complaints had been received from any patients.

A spokesman for the Roman Catholic Bishops' Conference told me from Pretoria that the decision to appoint Black nurses at the hospital was in line with the decision to do away with racial discrimination at Catholic institutions.

It was recently decided in principle to open Catholic schools to all races and this was only another logical step which was in line with that decision he said.

Separate

The Administrator of the Cape, Dr L. A. P. A. Munnik, said yesterday that Black nursing staff would not be allowed to nurse White patients at any Cape provincial hospitals.

"Our policy is that there must be separate facilities for the different racial groups and that Whites must be nursed by Whites.

"There are many reasons for this, one of the most important being that to allow Black nurses in White hospitals would mean that the non-White hospitals would suffer staff shortages," he said.

95

NURSES' PAY DEAL HAS TEMPERATURES SOARING

S. Tribune 20/6/76

INDIAN nurses are getting a bad deal. And unless something is done quickly it could lead to a hospital staff crisis.

Temperatures rose at the South African Indian Council meeting this week when a list of discriminatory practices was disclosed by the Nursing Council.

The executive committee was unanimously urged to take up the issue with the Government as soon as possible.

A Nursing Council memorandum, prepared by Dr I. Kajee, disclosed that:

- The South African Nursing Council keeps a seperate register for Indian nurses.
- There is a salary gap of almost R1 000 at maximum for certain grades.
- All Indian nurses are regarded as temporary staff, subject to instant dismissal instead of being given notice as for White nurses.
- There are no university courses in nursing for Indian women.

Tabling the memorandum, Dr Kajee said that this was leading to a shortage of nurses among the Indian community.

It was vitally important that more women be attracted to the profession to fill the new Indian hospitals planned for Lenasia and Phoenix.

"There has always been a shortage of Indian nurses, because so few girls receive higher education and the traditional opposition to girls taking up jobs," he said.

"But even though this situation is changing, very few Indian girls are entering the profession because of the other disabilities they face.

"All the universities in South Africa now offer courses in nursing, with the exception of the University of Durban/Westville, and although 10 percent of the nurses in South Africa are at university none of them are Indians."

Dr Kajee also attacked the Natal Provincial Council for its double standard on the issue.

"Mr Frank Martin of the Natal Exco has appealed to private nursing homes to eliminate discrimination in salaries paid to nurses, but the provincial hospitals themselves adhere to these discriminatory practices."

95

'BLACK NURSE BARRIER WILL GO' — EPSTEIN

1/9/76 Mercury Correspondent nm

PRETORIA — South Africa's public hospitals would soon have to employ Black nurses in White wards as the only alternative to restricted services, Mr. David Epstein, the United Party's spokesman on hospitals in the Transvaal Provincial Council, said yesterday.

Commenting on a decision taken in principle by the Newcastle Hospital Board that Black nurses would inevitably have to be used in White wards, Mr. Epstein said:

"It's surprising, even in this country of racial prejudice, that opposition to the use of Black nurses to treat White patients has lasted so long."

If patients objected to being attended by Black nurses, they could declare this before being admitted, he said. The alternative would then be to find accommodation in another hospital.

(1) 80
(2) 95
(3) 332

Action against demo nurses

ARGUS 23/9/76

The Argus Bureau

PRETORIA. — The SA Nursing Council today commended nurses who had stayed at their posts during the riots, often at great personal risk and in spite of intimidation — and it has warned the few nurses who took part in demonstrations to expect disciplinary action.

In a statement the council, which is the highest nursing authority in South Africa and exercises control over the education and conduct of nurses, said nurses who had continued to work during the unrest had upheld the ethical code of the profession.

Members of the public, irrespective of political affiliations, should feel they were safe in the hands of a nurse.

CONCERN

The ethical code of nurses included that they should never take part in political demonstrations.

The council noted with deep concern that some nurses had apparently taken part in demonstrations and intimidatory action.

It had a statutory obligation to investigate allegations of unethical conduct. It warned all grades of nurses that it would not tolerate such conduct.

95

Black training bar 1/10/76

THERE are at present no facilities for the training of African girls as nurses in the Western Cape, an official of the Provincial Administration said yesterday. C.T

He said, however, that there were training facilities in Port Elizabeth, East London and Kimberley. African girls should apply to hospitals at these places.

The official was replying to a query of a Cape Times reader, who said that a matriculated African girl she knew, who was very eager to become a nurse, had had her application for admission as a student nurse turned down by both Groote Schuur and Tygerberg hospitals.

103/95

Transkei nurses aim for world recognition

CT 5/11/76

There will be no lack of nurses in the new Transkei, I was told by the country's chief nursing officer, Mrs Monica Mdledle.

"Our standards are the same as those in South Africa and our nurses write the same examinations."

There are many of our nurses in South Africa and elsewhere and we anticipate that many of them will return." Mrs Mdledle mentioned 50 trained psychiatric nurses who, she said, would probably look for work in Transkeian hospitals.

"Our own nurses staff the mission hospitals, which have now all been taken over, as well as the two state hospitals.

It remains only for the medical, dental and health act to be passed for Transkeian nurses to have their own register.

In spite of world refusal to accept the Transkei, Mrs Mdledle is hoping that the Transkeian nursing association will have direct representation in world nursing circles.

All health services are being provided for and we have something like 140 clinics and health centres operating."

Family planning services were making headway. "While Chiefs and headmen didn't accept this readily, there is now less resistance".

Mrs Mdledle nursed for only a short while before moving into tutoring which has been her field since. She is at present writing the final examinations for a B.Sc degree in nursing through the University of South Africa.

Mrs Mdledle attended an international nursing council meeting overseas in 1973, has studied nursing administration and community health nursing in the United States and gained further experience in the United Kingdom. She has been working on training schemes for nurses in the Transkei for the past year.

"I'm stickler for discipline and take no second best", was a view expressed by Mrs Jean Jolobe who is matron-in-chief of the 1 000-bed Umtata hospital.

"There is no lack of young girls wanting to go into nursing and training standards are high."

Mrs Jolobe, who holds a post formerly filled by a White matron, is the widow of the Rev James Jolobe who received a honorary doctorate in Literature from Fort Hare in 1974. He was the first Black moderator of the Presbyterian Church.

Health and hygiene in the country districts, said Mrs Jolobe, were being improved by a system in which women from the country areas were being given practical training in feeding, child care and nutritional cooking. "We teach them to use the facilities they have and when they see the benefits on their own child they are able to go back to the village and help other women do the same thing."

Both Mrs Mdledle and Mrs Jolobe are adamant that their country women return to breast feeding their babies. "I don't want to see a single bottle used if it can be avoided", said Mrs Mdledle.

GERTRUDE COOPER

95, ~~98~~

Nursing outlook

Science Editor

The nursing situation in the Transvaal is satisfactory, says the Director of Hospital Services, Dr Hennie Grove.

"We will not know until the beginning of next month what the total intake for the year is going to be but so far it has been good," he said.

Dr Grove said that only two hospitals in the Transvaal were causing concern because planned expansion depended partly on the number of nurses available.

They were Kempton Park Hospital and Sybrand van Niekerk Hospital in Carletonville.

95, ~~98~~

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Nursing quality slipping — nurses

21/1/77 Star

Science Editor

Several nurses have criticised the "downward slide" in the standard of nursing care in South Africa

Professor Charlotte Searle, president of the South African Nursing Council, agrees with the critics.

In the latest issue of the SA Nursing Journal, she writes: "From reports received it does appear that there is a deterioration in the standard of basic nursing care in some centres."

She advises nurses to launch a campaign to improve nursing services and to encourage patients to complain — not to the public but to the director or superintendent of the hospitals concerned

"There is no other way to improve the situation. Controlling authorities must clamp down on poor nursing if the sense of personal responsibility is lacking in nurses," Professor Searle writes.

Writing in the same journal, a nurse says intensive-care nursing is first class, but routine nursing is on the downward slide. Having an operation is a "real endurance test" for the patient.

At death's door

THE EXPERIENCES of nearly 2 000 doctors and nurses who between them were present at the deathbeds of about 50 000 people in the U.S. and India are the subject matter of a five-year survey entitled At The Hour Of Death, which is due to be published shortly.

The authors of the survey, Dr. Karlis Osis and Dr. Erlendur Haraldsson, conclude that the experience of dying is basically the same, regardless of culture, race, education, sex or what one believes in.

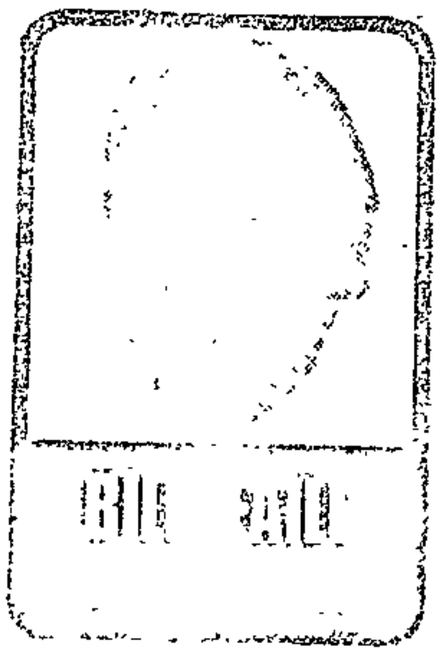
Far from being a mere submergence into unconsciousness, there were similarities in the vast majority of cases that indicated survival of death and a definite social structure to the afterlife.

The present study is a follow-up to one published in 1960 by Dr. Osis. Called Deathbed Observations By Physicians And Nurses, it was considered a classic in its field but was limited to the experiences of Americans.

"We wanted to see if dying people in another culture, with different religious beliefs, had similar experiences to those observed in the American study," said Osis in a recent interview.

The experiences reported from both sides of the world were similar and were made up of a number of distinct features.

In many cases the patients became happier just when the doctor was saying the end was nigh. They died with feelings of serenity and peace but the mood change was not due to medication, sedation, lack of oxygen to the brain or the nature of the illness.



Another characteristic was the appearance of visions, in which the dying saw dead relatives and friends coming to aid their passing into the next world.

The apparitions were invariably invisible to the others present at the deathbed and the doctors and nurses knew about them only because the patient talked about what he saw. That they might be real happenings rather than hallucinations resulting from wishful thinking was indicated by the fact that, usually much to their surprise, they were seen by people who did not expect to die but subsequently did die shortly afterwards.

A third feature was that the dying patient saw his immediate surroundings as if it was another place, a different reality. Usually it was a beautiful landscape.

"The hell - and - brimstone sort of place with devils carrying pitchforks simply didn't appear," said Dr. Osis in the interview.

One difference did show up between the Indians and the Americans — 18 percent of the former felt very upset.

"They had fearful visions and didn't want to go. It was as if soldiers came to take prisoners — a real fear reaction."

The general conclusion that the scientists drew was that their research did not clinch the answer to the problem of life after death. But it did show that the information from the dying was consistent with the idea of survival.

Up to now, they note, most of this information has come from mediums, psychically - gifted people. The new survey tends to confirm much of the picture gained through mediumship.

95 ~~154~~

The Natal Witness 2 JUN 1977

'racial' advert

LONDON — The Westminster County Court was told yesterday that Britain's Race Relations Act had been breached during 1976 in an advertisement placed by the British Nurses' Association for jobs in South Africa.

The advertisement offered jobs to State-registered nurses at the Florence Nightingale nursing home in Johannesburg.

While it did not say that applicants could be White, it stated that the hospital was for "white patients only."

Mr. Justice Little was asked by the Race Relations Board to grant an [illegible]

95
154

27/1/77

Race ad before court

LONDON — A "whites only" advertisement for nurses to work in a Johannesburg hospital has led to the first prosecution under the advertising section of Britain's stringent race laws.

The Race Relations Board is prosecuting the Associated Newspaper group together with the Nurses Association, a recruitment agency, over an advert published in Britain and Ireland last year announcing vacancies in Johannesburg

The advert offered free travel, food and accommodation and included the words, "all white patients only."

Outlining the prosecution case Mr A. Lester, QC, said the advert clearly discriminated against applicants who were not white and the only reason for inserting the words, "all white patients only" was to make it clear the Nurses' Association would channel applications from white nurses to the hospital.

The prosecution is a civil one in which the Race Relations board is asking only for a declaration that neither the newspaper group nor the Nurse's Association will repeat the advert.

Mr Lesher said the wording of the advert had been carefully chosen to avoid raising feelings over apartheid. — DPC.

95
~~98~~

Quick-thinking nurse saves 40

West Rand Bureau

A keen sense of smell and quick action of a nursing sister helped to save 40 patients and staff when fire destroyed a R250 000 section of the Sterkfontein Mental Hospital near Krugersdorp yesterday.

Sister Elsa Kreinz said she had smelt smoke about 5.30 pm and had asked a patient to see if a cigarette had been left burning in a wing of the building being renovated.

"When he was slow returning, I rushed there and saw smoke. I immediately snatched a fire extinguisher and tried to put out the flames but soon realised my efforts were hopeless.

"My next thought was to save the 32 patients in the rest of the complex."

With the help of other staff, she quickly and calmly, evacuated everyone without raising the alarm.

31/2/77 Star

Picture, Page 5.

Hansard 2 col 164 4/2/77 (95)

Salaries for Nurses in Provincial Hospitals

264. Dr. E. L. FISHER asked the Minister of the Interior:

What were the salary scales of (a) White, (b) Coloured, (c) Indian and (d) Bantu nurses employed in provincial hospitals at the end of 1976.

The MINISTER OF THE INTERIOR:

Pupil Female Nurse	1 680–2 250	1 350–1 740	840–1 170
Student Female Nurse	1 680–2 550	1 350–1 980	840–1 350
Pupil Male Nurse	1 680–2 850	1 350–2 220	900–1 620
Student Male Nurse	1 680–2 850	1 350–2 220	900–1 620
Female Nurse Assistant	1 320–3 000	1 080–2 340	720–1 740
Nursing Assistant	1 320–3 300	1 880–2 580	720–1 980
Senior Female Nursing Assistant	2 250–3 480	1 740–2 700	1 260–2 100
Staff Nurse	2 250–3 480	1 740–2 700	1 260–2 100
Senior Female Nursing Assistant	2 250–4 020	1 740–3 300	1 260–2 460
Male Staff Nurse	2 250–4 020	1 740–3 150	1 260–2 460
Senior Staff Nurse	2 850–4 020	2 220–3 150	1 620–2 460
Senior Male Staff Nurse	2 850–4 380	2 220–3 450	1 620–2 700
Sister/Male Nurse	3 000–4 380	2 340–3 450	1 740–2 700
Senior Sister/Charge Male Nurse/Matron	3 840–5 340	3 000–4 200	2 340–3 450
Head Male Nurse, Grade II/Senior Matron	5 340–6 300	4 200–4 920	3 450–4 050
Head Male Nurse, Grade I/Principal Matron	6 300–7 380	4 920–5 580	4 050–4 560
Head Matron/Senior Male Nurse	7 740–8 460	5 820–6 300	4 740–5 100

The above-mentioned figures reflect only the minimum and maximum notches of the relative salary scales. The key scales for the different groups are as follows:

Whites: R . . . × 90–1 200 × 120–1 800 × 150–3 300 × 180–5 100 × 240–6 300 × 360–9 900 × 450–12 600 × 600 . . .

Non-Whites: R . . . × 42–660 × 60–900 × 90–1 620 × 120–2 700 × 150–4 200 × 180–5 100 × 240–6 300 × 360–9 900 × 450–12 600 × 600 . . .

In addition to salaries, pensionable allowances at variable percentages are paid to the different groups with a view to narrowing the wage gap. These allowances came into operation on 1 July 1976.

FROM GERMAN PROGRAMME
UNIVERSITY OF CAPE TOWN
FACULTY OF ARTS

Memorandum

ADDRESS: until 1st December, 1976
Dr. Pierre PETIT,
French Department,
University of Cape Town,
Rondebosch, 7700,
South Africa.

2 encls.

536

Nurses all

PIETERMARITZBURG—
Edendale Hospital here
has had a 100 percent
pass rate for candidates
who wrote the South
African Nursing Council
final examination for re-
gistration as general
nurses in November.

Memorandum

Rondebosch, 7700,
South Africa.

9th August, 1976

Dr. Pierre PETIT,
French Department,
University of Cape Town,
Rondebosch, 7700,
South Africa.

Dear Pierre,

Thank you very much for your letter of 4th August. I am very sorry that I did not write to you before, but I have been very busy with my last publications and the preparation of my lecture course on French civilisation, preface by Marc Blanchet, Secretaire Generale de l'Ecole Normale Superieure, which has been organised by the Centre d'Etudes Supérieures de la Civilisation Française Contemporaine, Université de Bordeaux II, 1975: 629 pages, cartes, index, bibliography, illustrations, plus the lecture notes, tutorials and lectures given in the course, which is being carried out in the Department of French Studies of the Université de Bordeaux II.

Comment se lit un roman: "L'Immoralisme" de André Gide, Thèse, Université de Bordeaux II, 1975: 629 pages, index, bibliography, etc.

Méthodologie en civilisation française contemporaine, Thèse, Université de Bordeaux II, 1975: 629 pages, index, bibliography, etc.

Le métier d'écrivain: André Gide ou le don de soi, T.E.R., Université de Bordeaux II, 1975: 629 pages, index, bibliography, etc.

Were sending the Department a copy of my last publication, the proceedings of the colloquium held in Bordeaux in 1974 on the theme of the lecture course, but I have been informed by the Secretary of the Department that the Department has not received it. Perhaps you could find out what happened to it?

Our final assessment of the course, which has been carried out in the Department of French Studies in Southern Africa, No. 5, 1976 (Cape Town, 1976), has been published in the Revue d'Histoire de la Civilisation Française Contemporaine, Université de Bordeaux II, 1976 (to be published early 1977).

My application for the post of lecturer in French Studies in the Department of French Studies, Université de Bordeaux II, which is being given since 1973, this course which attracts 470 students, has proved to be an important addition to the Department. However, as compared with the six periods (lectures and tutorials) of the former elementary course, which was a qualifying course, it has meant a teaching load of 16 periods (lectures p.w., 5 tutorials p.w. and conversation classes p.w.) in 1975 and 1976. A subsidiary has been brought into action and additional teaching periods in the Laboratory have become part of the course. Additionally, this requires more teaching periods than the 16 periods per week, and more staff. In addition, extra lecturers are required for the tutorial classes, which must be qualified for the specific work of the intensive course. Moreover, intensive coaching necessary for really effective language teaching, one additional junior lecturer, one additional senior lecturer and one additional student demonstrator would be required as expected.

This year we had to run the course, which takes place at the end of the year, with temporary and part-time teachers and assistance. Nevertheless, we have kept the programme of the course, which is being carried out in the Department of French Studies, Université de Bordeaux II, which is being given since 1973, this course which attracts 470 students, has proved to be an important addition to the Department. However, as compared with the six periods (lectures and tutorials) of the former elementary course, which was a qualifying course, it has meant a teaching load of 16 periods (lectures p.w., 5 tutorials p.w. and conversation classes p.w.) in 1975 and 1976. A subsidiary has been brought into action and additional teaching periods in the Laboratory have become part of the course. Additionally, this requires more teaching periods than the 16 periods per week, and more staff. In addition, extra lecturers are required for the tutorial classes, which must be qualified for the specific work of the intensive course. Moreover, intensive coaching necessary for really effective language teaching, one additional junior lecturer, one additional senior lecturer and one additional student demonstrator would be required as expected.

Yours sincerely,

PROF. P. HORN.

P.S. Bower: création d'un Centre d'Etudes Supérieures de la Civilisation Française Contemporaine, Université de Bordeaux II, 1976 (Cape Town, 1976) will be published in which Smuts was to speak that attempt introduction to the subject and are warmly recommended to the France.

H.R. Bernard: Les Dictionnaires de la France

André Gide - L'Immoralisté

Thérèse Desqueyroux - François Mauriac

Benjamin Constant - Adolphe

/ONE

Hansard 3 Q cols 201-202 8/2/77

Registered non-White female medical staff

(8.) Mr. L. F. WOOD asked the Minister of Health:

(95)

How many (a) Bantu, (b) Indians and (c) Coloureds registered as (i) midwives, (ii) health visitors, (iii) radiographers and (iv) sister-tutors during 1976.

The MINISTER OF HEALTH:

		Registered during 1976 (Total)	New registrations
(i)	(a)	14 331	1 413
	(b)	476	149
	(c)	2 767	250
(ii)	(a)	723	143
	(b)	56	45
	(c)	224	38

(iii) The S.A. Medical and Dental Council who is responsible for the registration of radiographers does not register them according to population groups.

(iv)	(a)	173	40
	(b)	9	9
	(c)	65	10

hier, soos die Nederlandse taalkundige J. L. Pauwels aantoon, met 'n oorgeërfde verskynsel te make.

J. A. VERHAGE, „Deftige en gemeensame vorme in die sinsverband van ou Kaapse taal", *Tydskrif vir geesteswetenskappe*, jg. 5, nr. 3, 1965, pp. 307–323.

J. A. VERHAGE, „Die herkoms van die verbinding *as wat* na 'n komparatief en sy verbreiding in Afrikaans", *Tydskrif vir geesteswetenskappe*, jg. 7, nr. 1, 1967, pp. 328–342.

J. DU P. SCHOLTZ, *Taalhist. opstelle*, pp. 162–168.

J. L. PAUWELS, „De volgorde van verbogen verbale vormen in het Neder-

Nurses 'keep human' told

Nurses were urged last night not to let the scientific aspects of nursing make them lose sight of the humanitarian side of the profession. Speaking at the graduation ceremony of about 100 nurses at the Johannesburg General Hospital, Professor Jack Metz, director of the South African Institute for Medical Research, said that in the past therapeutics had little to offer the patient.

Thus the "angels of mercy" had no difficulty in playing the role of comforter.

Today, she was part of a sophisticated team, controlling intricate machinery, monitors, drips and so on. And often there was just not the time to listen sympathetically to a patient's complaints.

ULTRA-COOL

"It is therefore understandable that there is an image emerging in the public eye of some nursing sisters as ultra-cool, ultra-efficient operators of machinery," Professor Metz said. Some recent novels, too, had projected a poor image of nursing.

"It is possible that you graduates are starting your careers at a disadvantage, for the image of the nurses sympathetic may be more widespread than we think.

twikkelingsproses ... d van die woordeskat, die ... e sinsbou bygedra. Wanneer ... ns dat nie die een of ander ... r vir die wording van Afri- ... e Afrikaanse taal die produk ... Besonder belangrik was die ... erlands; soos uit die oorsig ... kaans voortsettings van die ... dialek wat in Nederland self ... rdwyn het. Daarnaas het die ... ge aan die Kaap 'n rol gespeel. Ook hier kan ons net by uitsondering een groep sprekers isoleer en vir die wording van 'n bepaalde taalvorm verantwoordelik hou. Ons kan bv. nie aantoon in hoever die Franse of Duitse immigrante die Afrikaanse sinsbou direk beïnvloed het nie, of in hoever hulle die vereenvoudiging van die vormstelsel veroorsaak het nie.

1. Teorieë oor die ontstaan van Afrikaans

Vroeër is daar wel aan die een of ander beslissende taalinvloed gedink. Dit was die geval voordat 'n taamlik groot hoeveelheid direkte gegewens van die Kaapse taal in die Argief in Kaapstad gevind is. Kort na die stigting van die GRA het die belangstelling in die herkoms en ontstaan van Afrikaans by taalgeleerdes begin posvat en aanleiding gegee tot die ponering van verskillende teorieë oor die ontstaan van Afrikaans. Th. Hahn se *Hottentots-teorie* van 1882 was die eerste poging tot 'n verklaring van die karakter van Afrikaans. Hoewel hy vasstel dat Afrikaans „phonetically teutonic" is, d.w.s. sy Germaanse struktuur behou het, is dit volgens hom „psychologically an essential Hottentot idiom". Maar hierdie vae stelling kan hy nie bewys nie. Kort ná hom kry ons die belangstelling van Nederlandse geleerdes soos M. de Vries en J. te Winkel, wat die *Frans-teorie* voorstaan. Volgens dié teorie sou Afrikaans onder die invloed van die Franse Hugenote ontstaan het, maar D. C. Hesseling het die teorie in 1897 al weerlê. In 1885 wys Hugo Schuchardt, die beroemde Duitse geleerde en kenner van Kreoolse tale, op twee belangrike faktore wat by die wording van Afrikaans 'n rol kon gespeel het; hy dink aan die een kant aan Duitse invloed; aan die ander kant was hy die eerste wat in 1891, op grond van sy kennis van Indo-Portugees en Maleis-Portugees, op moontlike kreoliseringsfaktore in Afrikaans die aandag gevestig het. D. C. Hesseling het dié gedagtes in 1897 en 1899 verder gevoer, veral in sy beroemde werk *Het Afrikaansch* (1899) waarin hy sy *Maleis-Portugees-teorie* uiteengesit het. In teenstelling met die vorige teorieë was Hesseling s'n die eerste wat werklik wetenskaplik verantwoord was. Volgens Hesseling moes daar binne die eerste dertig jaar van die volksplanting 'n skielike botsing van tale aan die Kaap plaasgevind het, nl. 'n botsing tussen die 17de-eeuse Nederlands van die vryburgers, soldate en amptenare en die taal van die Oosterse slawe wat Maleis en 'n vorm van gebroke Portugees gepraat het, of 'n vermenging van albei („Maleis-Portugees"). In 1658 en daarna het 'n groot aantal slawe wat gebroke Portugees gepraat het, Kaap toe gekom; dit sou volgens Hesseling 'n skielike kommunikasieprobleem veroorsaak het wat tot 'n vinnige verandering van Nederlands gelei het. Die resultaat was 'n sterk vereenvoudigde taal met 'n reduksie in sy grammatika. Wanneer 'n kultuurtaal in 'n bepaalde kontaksituasie deur 'n botsing met 'n sosiaal laerstaande taal binne 'n kort tydperk 'n drastiese reduksie, struktuurverandering en vereenvoudiging ondergaan, praat 'n mens van kreolisering. Hesseling moet egter self erken dat die tipiese kenmerke van kreolisering in Afrikaans ontbreek, daarom kom hy tot die konklusie dat Afrikaans beskou moet word as Nederlands wat halfpad bly staan het om 'n Kreoolse taal te word.

Ongelukkig het Hesseling destyds nie oor die nodige direkte taalgegewens beskik nie; hy kon sy teorie feitlik net op sosio-historiese gegewens baseer wat bowendien nie volledig en korrek was nie. Daarom was ook sy teorie ontoereikend en eensydig; dit het 'n hipotese gebly wat hy nie kon bewys nie.

Hansard 5 @ 492 – 494 25/2/77

(95)

Registered nurses

(265) Dr. E. L. FISHER asked the Minister of Health:

How many (a) Whites, (b) Coloureds, (c) Asiatics and (d) Bantu were registered by the South African Nursing Council at the end of 1976 as (i) general nurses only, (ii) general nurses with additional qualifications, (iii) midwives only, (iv) nurses in each type of specialist nursing, (v) enrolled auxiliary nurses and midwives, (vi) enrolled nursing assistants, (vii) student nurses and midwives and (viii) enrolled pupil nurses.

The MINISTER OF HEALTH:

Registered for the year ending 31 December 1976.

	Whites	Coloured	Asiatics	Bantu
(I)	9 366	446	122	2 233
(II)	15 408	2 566	473	12 858
(III)	649	205	9	313
(IV) (i) Tutors	686	65	9	173
(ii) Clinical Care Administration Instruction	521	172	22	759
(iii) Intensive Care	345	42	7	138
(iv) Nursing Administration	511	23	—	105
(v) Paediatric Nursing	361	79	3	207
(vi) Psych. Nurs. Inst.	96	9	2	50
(vii) Health visitor and School Nurse	754	111	23	436
(viii) Public Health Nurs.	306	113	33	287
(ix) District Nurs.	44	—	—	1
(x) Mothercraft	470	54	13	130
(xi) Indust. Nurs.	—	—	—	—
(xii) Ophthalmic Nurs.	24	9	1	133
(xiii) Operating Theatre	1 037	76	14	507
(xiv) Orthopaedic Nurs.	190	28	5	174
(xv) Fever Nursing	289	86	1	3
(xvi) Tuberculosis Nurs.	5	—	—	1
(xvii) Obstet. Analgesa.	433	5	6	67
(xviii) Psych. & Neurol. Nurs.	14	1	—	1
(V)	2 333	2 067	341	12 690
(VI)	8 790	4 759	306	16 954
(VII)	5 450	1 195	370	5 890
(VIII)	1 308	1 131	172	3 227

Hansard 7 Q cols 620 - 621 11/3/77

For written reply:

Nurse-training institutions for Bantu

95

86. Dr. F. VAN Z. SLABBERT asked the Minister of Health:

(1) Whether there are any institutions in (a) the Cape Peninsula and (b) the rest of the Western Cape where Bantu can train as nurses; if so, (i) what institutions and (ii) where are they situated; if not,

(2) whether it is the intention to establish such institutions; if so, (a) where and (b) when; if not, why not.

The MINISTER OF HEALTH:

(1) (a) Yes.

(b) Yes.

(1) (i) and (ii) Valkenberg Hospital, Observatory, Cape.
Westlake Institution, Retreat, Cape.
Nazareth Old-Age Home, Cape Town.
St. Josephs Home for Chronic sick Children, Philippi, Cape.
St. Monica Maternity Home, Cape Town.
Susan Chandler Sanatorium, Kalk Bay, Cape.
Brewelskloof Hospital, Worcester.
Andries Hamman Trust Home for the Aged, Worcester, Cape.
Protea Old Age Home, Goodwood, Cape.

Window". Here it is:

THE JOHARI WINDOW

No.1	The things you know about yourself which are known to others	What you do not know about yourself which is known to others	No.3
No.2	What you know about yourself which is unknown to others	The things you do not know about yourself which are unknown to others	No.4

All you know about yourself is on the left side of the Johari Window. You don't know what is on the right hand side, but you can find out more about yourself by asking others and you can gain insight by analysis of the loose bits of information you have and by thinking hard about yourself.

What does your Johari Window look like? Look at the left side

of now about yourself?

Co tself by which your

fr

tandard Nine. Pretty

d science. Hope to

trings, tennis and

or biology. Like

. Don't like prefects.

First black statue

PRETORIA — South Africa's first statue to a black woman would be unveiled in the grounds of Victoria Hospital at Lovedale on May 7. The South African Nursing Association announced yesterday.

It is to Miss Cecilia Makiwane, the first black registered professional nurse and pioneer of black nursing.

The statue will be unveiled by Mrs Alina Lekgetha, one of South Africa's most distinguished black nurses and chairman of the Bantu Advisory Committee to the nursing association.

Chief L. L. Sebe, Chief Minister of the Ciskei, and Prof Charlotte Searle, president of the nursing association, will attend the ceremony.

Cecilia Makiwane registered as a general nurse in 1909 at the hospital where her statue will stand. She was born in 1880 at Macfarlane Mission in the district of Victoria East, about 9 km from Alice where her father, the Rev Elijah Makiwane, was Presbyterian minister — SAPA.

Patient first, nurses told

D.D. 28/7/77

(95)

ELLIOTDALE — Many nurses were obsessed with the idea of collecting post-basic diplomas in various fields of nursing, creating confusion in the profession and losing sight of what it stood for, the Transkei Deputy Minister of Health, Mr Hamilton Pamla, said here yesterday.

Mr Pamla, who called them "square pegs in round holes," was addressing nurses at the Madwaleni Hospital during one of a series of visits to Transkei hospitals.

He said it had become apparent lately for nurses to put further studies before the patient.

"It is a known fact that modern nursing requires a fairly high standard of education and the nurse must be fairly knowledgeable in all matters pertaining to her profession," he said.

"But some unscrupulous hospital matrons who have basic training plus ward and hospital administration think it is infra dig to visit wards in order to see for themselves what goes on in their hospitals."

He said he had been touched by a display of sacrifice and dedication by Catholic nursing sisters at the nearby Bedford orthopaedic centre.

The nursing sisters had to sleep in wards to care for children forsaken by their mothers. "Few of our girls could tolerate a situation like that," Mr Pamla said. — SAPA.

15th August: the social and economic consequences of Roman imperialism
Lewis and Reinhold i, chapter 5 refers.
Scullard History of the Roman World and Brunt Social conflicts ...
for general introduction.

16th August: Tiberius Gracchus and the beginnings of the Roman Revolution.
For background reading see: Scullard Gracchi to Nero 3rd ed. '70).

17th August: ATHENS : THE ACROPOLIS (Professor L. Baumbach)

18th August: Gaius Gracchus
Lewis and Reinhold i, 240 sq. refers

19th August: Marius and the Italian connection
Note T.F. Carney's Biography of Marius Salisbury 1972.

22nd August: Marius the Social War and the first coup d'état.

23rd August: Sulla the deadly reformer
Lewis and Reinhold i, 269 re
E. Badian Lucius Sulla (xero llection).

July 29, 1977.

M. Mercury

Medical staff face higher boarding fee

Mercury Reporter

PIETERMARITZBURG — Boarding fees in nurses' homes and other Provincial accommodation for medical staff will be raised to "more realistic levels" from January 1, Mr. Frank Martin, MEC in charge of hospitals, said yesterday.

Mr. Martin said board and lodging charges had last been raised about 15 years ago.

The decision, taken by Exco recently, will mean medical staff will have to pay 15 percent of their salaries, but not more than R70 a month, for Provincial accommodation.

After January 1 first year nurses will pay R28 a month for full board and lodging.

Mr. Martin said there had been complaints about the pending increases.

"I maintain the standard of living in Provincial hostels would be difficult to match in private accommodation, if it was available at the same price."

Medical staff who felt unhappy about the increases could leave and try to find other accommodation at the same price, he said.

Last night, medical staff declined to disclose the wages being paid.

C

Ertia species delicti, actio oritur, est damnum. Damnum genera omnem detractionem nem rei alienæ, sive il fit, sive nullus lucr silvis rebus, sive peremptis aut corrupt ranum ab ademptione, & quasi dem nii dictum est. *l. 3. ad damn. infect.* Ho damnum in specie accipitur pro co, qu cum interitu aut corruptione rei, & pro damnum dantis, puta, si quis servum el eudem aliudve animal occiderit aut vuln quid alienum effeit, ruperit, fregerit in jure, aut, quod idem valet, culpa §. 2. que hoc damnum est, quod vindicatur cujus legis tria capita fuerunt, quæ a postremum hoc titulo explicantur, sec fructuosum abit.

TEXTUS.

Damni injuriæ actio constituitur quilibet. Cujus primo capite cautum c alienum hominem, alienamve quadr pecudum numero sit, injuria occiderit res in eo damno plurimi fuerit, tantum damnetur.

COMMENTARI

1. *Si liber homo occisus sit, & de damno f tur, quid juris, & pecuniam hodie.*

D*Amni injuria*] Legendum videtur *ria. l. impuberem. 23. de furt. l. si fur furtum. 10. & seq. l. quæ in bredium. 2 beo. 3. hoc tit.* Cic. pro Q. *Roscio. ite co cio damni injuria eo facinoris* videl *mni injuria dari.* Hanc lectio tamen au po riscontulti Græci honines *damni injuri* genitivo, pro ex injuria, ut, cum dicin incendii vel naufragii, pro ex incendio

Alienum hominem alienamve quadr pecudum numero] Primum legis caput tiosiora, hoc est, ad rationem rei fam utilia ac fructuosa, complectitur, servis quadrupedes, quæ pecudum numero sunt

In Inst

Sectione continentur: quæ
nar. Sic Cicero pro Horte
cit. Adhuc Marcellus in fo
),
Loc est,
vel res, quorum grex magnus in
d Cerasus fructum, fensemque

OMMENTARIUS.

rum de servis, an pecuniam

numero essent ea animalia prop
quæ gregatim pascuntur, id e
rio subjecto ut, equi, asini, b
Itaque cum ex pecudum
ne nunquam fere solem, vel tri
numero ea relinquit elephanti,
ad pecuniam eaque peri
mentorum operum p. xiliar
non habent] Ait sues pecu
cerunt, dubitatum fuit. De
he dubitandum. Homo
lus non, ut reliqua bestiar gre
his commode alantur, sed (
ra ut) maxime fabis, hordeo
mo indigent, &, si ure tint,
m baccis, & assolis lumbricis
dum granare, vescuntur. Alu
, id o de suinis dubitandum, quo
ri hominibus prædant, puta, g
ui, mulis, aliis bovis, ut nonnul
veccæ, oves, capræ. Unus fit,
eudum numero haberi, quia &
e eo pastoris p. fiuntur. d. l. 2. §
§ p. centum. d. l. 2. 2. Ubi Ma
ecetorum ac Homeri hanc fuisse
cui est apud Pocrat. Gal. 13.
in patrem et longo errore redi
recta domum ad uxorem & pro
usque Eumæum suum ducem adeat
ibus, interea doceatur, dum ipse
reducat. Quod dum loco leg
ait Marcianum hoc citat Justini

TEXTUS.

uria autem occidere intelligi
occidit. Itaque qui latronem
, non tenetur: utique, si aliter
n potest.

NB % difference incorrect - see Rdn 8/8/77

RAND DAILY MAIL, Thursday, August 4, 1977. 11

Work are all the same, so...

95

What they get

THESE starting salaries at different levels are examples of the pay differentials based on race:

	BLACK	COL & ASIAN	WHITE
Nursing Assistants:	R60 pm	R90 (33% more)	R110 (45% more)
Student Nurses:	R70 pm	R112,50 (38%)	R140 (50%)
Staff Nurse:	R105 pm	R145 (28%)	R187,50 (44%)
Sisters:	R145 pm	R195 (26%)	R250 (42%)
Head Matron:	R395 pm	R485 (19%)	R645 (39%)

IN July 1976 the Government introduced "pensionable allowances" — increases on these salaries which were designed as an initial attempt to narrow the wage gap. These increased the above salaries by 20% for blacks, 15% for coloureds and Asians and 10% for whites:

Nursing Assistants:	R72 pm	R103,50 (31% more)	R121 (41%)
Student Nurses:	R84 pm	R129,38 (35%)	R154 (45,5%)
Staff Nurse:	R126 pm	R166,75 (24,5%)	R206,25 (39%)
Sisters:	R174 pm	R224,25 (22%)	R275 (37%)
Head Matron:	R474 pm	R557,75 (15%)	R709,50 (33%)

D.D Supp. 5/8/77 (95)

Kiss kiss for a top nurse

Sister W.E. Goetsch.

Iweekwayala zale nkonzo kwiKoloni, olwalu-ghityalwa kwinkonzo

Woodbrook nurses get top mark

EAST LONDON — Four of the 13 nurses of Woodbrook Chest Hospital, who sat and passed their practical and oral South African Nursing Council examinations did so with honours.

The top nurse was Leonora Sithole, of Ngqamakwe. She was followed by Pamphilia Mtintsilana, of Butterworth; third was Lindelwa Sidzumo of King William's Town, and fourth was Jacobus Somana, from Transkei.

The other nurses who passed were: Rachel Mzamo of Umtata; Ruth Jubati, of Queenstown; Priscilla Matuntuta, Stutterheim; Victoria Makasi, King William's Town; Gladys Tshonapi, Mt Frere; Sylvia Tile, Middledrift; Patricia Marawu, Ngqamakwe; Lillian Hobana, Cradock; Christina Ngesi, Duncan Village.

Sister G.Z. Njadayi (nee Masebeni), tutor, said they had been a good and diligent group. She wished them further success in future examinations.

The nurses were capped by Sister N. Dalasile and Sister W. E. Goetsch, nursing sisters in the hospitals.

Sister E. Qwesha congratulated the nurses.

Mrs X.V. Shinta was MC.

Music was provided by nurses.

Nurses pay gap . . . RDM 8/8/77

(95)

THE percentage differences between the salaries of nurses in different race groups were wrongly calculated when they appeared in the Rand Daily Mail last Thursday. The salary figures were correct. The correct tables are:

	BLACK	COL & ASIAN	WHITE
Nursing Assistants	R60 pm	R90 (50% more)	R110 (83% more)
Student nurses	R70 pm	R112,50 (60% more)	R140 (100% more)
Staff nurses	R105pm	R145 (37,5% more)	R187,50 (78% more)
Sisters	R145pm	R195 (34% more)	R250 (72% more)
Head Matron	R395pm	R485 (23% more)	R645 (63% more)

IN JULY, 1976, the Government introduced "pensionable allowances" — increases on these salaries which were designed as an initial attempt to narrow the wage gap. These increased the above salaries by 20% for blacks, 15% for coloureds and Asians, and 10% for whites:

	BLACK	COL & ASIAN	WHITE
Nursing assistants	R72pm	R103,50 (44% more)	R121 (68% more)
Student nurses	R84pm	R129,38 (54% more)	R154 (83% more)
Staff nurses	R126pm	R166,75 (32% more)	R206,25 (58% more)
Sisters	R174pm	R224,25 (29% more)	R275 (58% more)
Head Matron	R474pm	R557,75 (17% more)	R709,50 (50% more)

N. Mercury 8/8/77

(45)

THE DURBAN Light Infantry paradeground looked like a disaster area minutes after the annual inspection of the Natal Coastal and Northern District divisions of the St. John Ambulance Brigade yesterday. Nurses and cadets were demonstrating their skills on willing accident "victims." In the picture are Dianne Fisher (16), left, and Mary Ebelthite (17), of the Addington Hospital cadet nursing division. Their patient is Pamela Doubell (9), who was treated for a "fractured" leg.

They call them nursing aides ... They spend much of thei skills on domestic work instead of nursing, and their liv

EXPLOITED!

Sun. Trib 11/9/77

(95)

PEOPLE who look after the frail aged are being treated with little care or concern in return by many of the private nursing homes that employ them.

Many of them are living Cinderella existences. They're paid between R40 and R55 a month, with no pension, no medical aid, no uniform or travel allowances and no long term prospects.

And in their own decline into old age, they can hope for none of the attention they have given to others all their lives.

With travelling costs of between R15 and R25 a month many of them lose half their incomes in journeying from townships to the wealthier white areas where the homes are often situated.

Some homes make people employed as nursing assistants double up as domestics, working 12 hour shifts.

Take the case of Florence: She has worked as a nursing assistant in a home in a fashionable part of Durban's Berea for 25 years.

A white nursing sister describes her as a kindly, hard - working woman, modest and earnest. She is paid R47 a month.

Trying

"I care for the old people. I wash and bath and feed them. I shave the men. I look after their needs. I take food to them, make their beds and clean the rooms," she said.

It is often trying work. Beds may have to be changed, possibly six times a day. Many of the elderly are senile and, according to a nursing sister, some are racists, although they are cared for by blacks.

"Some of the patients are rude," said Florence, "but they are old and confused so one takes no notice of it."

Florence works an eight-hour day, with one-and-a-half days off a week. She has two weeks holiday a year. She and her sister illegally rent a room in a nearby Indian area because she is originally "from the farm" and is afraid of the townships. Between them they pay R20 a month. Her bus fare is 24 cents a day.

Her daughter is in boarding school in a homeland. She is in standard nine and her fees are a crippling R15 a month. Each January, books and uniforms cost R100. If her daughter visits her during the holidays, the return trip costs R15 . . . She sends money to her parents when she can.

Florence buys her own uniforms. "The work is hard on our uniforms and we have to keep clean for the old people."

Having to act as a domestic as well as nursing doesn't help. Her shoes, lovingly kept, go into a box as soon as she gets back to the room.

Food? "We can't afford meat. Sometimes we buy bones to make soup."

Breakfast at work is porridge, tea and bread and jam.

"At lunch there is samp with a few beans in it. But it is all starch — I do not like to eat that. Most of us don't eat lunch. We bring our own samp and beans and I take the little bit of meat they give us. It is very small.

Nothing

"In the evening, I cook rice or samp. I just have tea and bread and butter. I like margarine on my bread, not jam all the time."

"Luckily, I am not often sick. But I worry about what will happen to me when I am old. There is nothing left at the end of the month."

Her life is between her room and her work.

"I miss the old people if I'm off for two days. I like them. I like this work but I'm not satisfied with the money."

Are some nursing assistants careless about patients because of the poor pay?

"Nursing assistants are not all the same. Some work only for the money and I like it too if I am in a place where they give me enough. But we are all fed up with the money. We don't strike. We take what we are given and hope we will be given a bit more."

At one home, enrolled nursing assistants are working 12-hour shifts on a starting salary of R40. One assistant hadn't had a holiday for 16 months and said no pay slips were given with the pay.

"We just get money in an envelope. So I don't think we are getting unemployment insurance."

Another nursing assistant said: "If we go sick they dock us a day's pay unless we produce a medical certificate. But we can't afford to go to a doctor. It would cost us more than a day's pay."

At the better homes — from the staff point of view — uniforms were provided and the nursing assistants were given the standard sick leave of 12 days a year, a month's holiday and a 44-hour week.

Transport

One home is trying to arrange with Durban Corporation for cheaper transport for nursing assistants and cheaper shoes from a Durban factory. But none of them I spoke to provided pensions or medical aid and none of the homes — not even the most expensive, charging from R310 a month a patient — paid anything like the provincial rate for the

Senior nursing assistant Marie Naiker, good companion to Mrs Jacomina Billing, 73

wages on travelling, much of their s are devoted to the frail and aged

Tribune inquiry by ANTHONY SWIFT

job — R72 a month, rising by R72 to R1 080 a year and then by R108 to R2 044.

The provincial rate is not an effective minimum rate but merely what the province pays. As nursing is regarded as a profession no minimum pay rates are laid down by the Government.

Mrs Mary Vorster of the South African Nursing Association in Durban said enrolled nursing assistants working for the province did receive a pension.

"But private nursing is a thorn in our sides. We continually get complaints. The problem is that the private nurse doesn't insist on having a proper contract. The conditions of the nursing assistants are often very poor. Private homes sometimes employ people as domestics and use them as nurse aides, though it is an offence under the Nursing Amendment Act of 1972. The nursing assistants do a tremendous job with a great deal of care and concern."

Mrs Alice Flemming, national secretary of the Nurses' Trust Fund which administers six homes by provincial standards, said: "Many private homes are exploiting people. It has been pretty much settled in Johannesburg but it is sad to hear it is still happening in Natal.

"Since the 1972 Act, we are getting a super type of person on this job. Nursing old people is like nursing children. It requires love and encouragement and understanding. And that is what these people are giving."

Salaries

Resthaven in Durban, one of the homes administered by the fund, pays the starting salary of R72 a month, offers full board for R10 a month, standard sick leave, medical aid and runs a gratuity fund, operative after 10 years' service.

Compared with the conditions offered by private homes this sounds good, but there is a strong equal-pay movement within the nursing profession. White nursing assistants start on R110 a month and all nursing sisters I spoke to felt blacks were generally better at the job than whites.

The homes say they are battling to pay the present salaries.

Mrs Margaret Massabo owns one of the older-established and more reasonably priced nursing homes in Durban. Private rooms cost R160 and shared rooms R110 a month. She pays her nursing assistants between R50 and R60, a similar rate to that paid at Orchard Lea, which offers a luxury service at from R310 a month.

Mrs Massabo, besieged by rising costs, is thinking of asking the city council for a rates concession. She said she would like to be able to pay more in wages.

She would rather employ black than white nursing assistants and didn't like wage discrimination in any form.

The matron of one of the bigger nursing homes — charging R170 for a shared room and R220 for the cheapest room — said that after four years of operation the home was just beginning to break even.

'Sweating'

A reliable medical source said he thought many of the private nursing homes for the elderly were "sweating on the top line".

"They are caught in an inflationary pincer movement," he said. "On the one hand, they face rising costs. On the other, inflation has eroded the resources of the elderly until many are finding they can't pay the present rates, never mind the increased rates that would follow a general pay rise. An number of homes are beginning to have beds standing empty."

Mrs Mavis Chinn, 93, goes shopping with her trusted friend and aide, nursing assistant Gretta Mdingi

This impression is shared by Mr Michael Clay, executive officer of Tafta, the Association For The Aged, which as well as its community services to the elderly, runs a nursing home.

"We have worked out that it costs us R180 a month to look after a very frail person and we have our building for nothing," he said. "If you had to pay for a building it would be hard to get even 10 percent on your money. If someone was charging R240 a month, it would be reasonable."

Inflation

Tafta pays considerably higher salaries to its nursing staff than any of the private homes I approached.

"But we don't pay as much as we should. These people do a phenomenal job. But at the moment we are caught between booming inflation and a Government cutting its expenditure to a minimum."

To sum up, an expert in the care of the aged said: "If the private nursing homes aren't making large profits and genuinely can't afford to pay most of their staff a living wage, then it would seem that the private sector should not be left to cope with the problem of caring for the frail aged.

"The State should take it over or should subsidise the old so they can pay a rate which would allow for adequate wages.

"However, a Government investing heavily in armaments, threatened with the possibility of sanctions and undergoing a recession is unlikely to take either of these courses. And it seems our frail elderly must continue to rely upon a flow of love and encouragement and understanding for which this society of ours is not prepared to pay.'

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95

NURSE LEFT SWAB IN PATIENT AFTER OP

1/9/77

Mercury Correspondent

PRETORIA — A Zeerust Hospital nurse who left a surgical swab in a patient's abdomen after an operation has been convicted of neglect.

The disciplinary committee of the South African Nursing Council sitting in Pretoria yesterday heard that Mrs. Bertha Erene Scheffer forgot to remove one of the swabs from Mrs. C. Jonker's abdomen after a caesarian operation last May 18.

It was, according to evidence, the theatre sister's duty to count the swabs at the end of each operation. It was also her duty to remove all swabs from the theatre.

However, when a second operation was performed on Mrs. Jonker later in the year the swab was discovered.

Mrs. Scheffer said in evidence she had attended eight operations on that day and thought at the time she had removed all the swabs.

The head of the committee, Mrs. M. E. Venter, convicted Mrs. Scheffer and warned her.

At the same hearing a male nursing assistant told the committee he was addicted to certain habit forming medicines and asked that he be temporarily struck from the role until he had recovered from his addiction.

Mr. Martin Luus of 38 Taljaard Street, Hercules, Pretoria, said he had been jobless for three years as a result of his addiction. He said he was undergoing treatment at the Westfort Clinic near Pretoria for depression.

"I hope to return to my work in time to come," he said. "But first I want to recover fully."

The committee convicted him, ordered that his name be struck from the role of practicing nurses and wished him a speedy recovery.

BOYCOTT HITS HOSPITAL INTAKE

STRIB 13/11/77

(95)

Tribune Reporter

BLACK HOSPITALS in the Transvaal face a serious situation next year when their intakes of student and pupil nurses could be drastically reduced due to the continuing boycott of schools and examinations.

No comment could be obtained from the Transvaal Hospital Services and the South African Nursing Council referred all queries to the administration. It is understood however that authorities are worried about the situation that will start being felt next year.

Dependent

Hospitals are heavily dependent on an annual intake of pupil and student nurses but they require people with either a junior certificate or a matric for training.

Last year, although some pupils wrote examinations late, the numbers were drastically reduced and even fewer pupils are sitting this year because of the boycott.

A spokesman for the Nursing Association said the profession was adopting a "wait and see" attitude to the situation.

"There will be hardly any new matriculants coming through at the end of this year, but it is quite possible that the number will be made up from people who want to take our five year course," she said.

"The problems caused by the schools boycott could be a boon to these people. They take a two-year course which brings them up to matric level and then a further three years study and training entitles them to registration."

SUN. EXP. 25/12/77 (95)

● Fired from their R10 a month job and now with little chance of finding work are, left to right: Beauty Dikiza, Constance, Georginah Tshimong, Anna Moropa, Gloria Khumalo and Alice Konyana.
Picture by STEFAN SONDERLING

Nurses in dispute at aged home

ATTORNEYS are investigating the dismissal of nine trainee nursing assistants, who claim they were fired because of a dispute over working conditions at a Johannesburg hotel for the aged.

The trainees — Alice Konyana (22), Gloria Khumalo (19), Georginah Tshimong (21), Beauty Dikiza (20), Gloria Ntsangami (20), Maria Malinga (21), Constance Makong (19), Constance Matolong (20), and Anna Moropa (21), were under contract to the Monaco Court (Pty) Ltd, directed by Mr Raymond Lipman.

By PADDY DONNELLY

The nine fired trainees told the Sunday Express this week that before being dismissed their R10 travel allowance — the only money they receive — was reduced to R5. They were accused of stealing. They were dismissed one month before their final exam.

Their employers will not comment on the statements except to say they dispute "many, if not all the allegations".

Attorneys instructed by the Industrial Aid Society are investigating the circumstances of the nurses' dismissal.

The nurses claim that in terms of the eight-month contract the trainees sign at Monaco, they earn R10 a month — as a travel allowance. They receive no salary, no accomodation, no leave, no uniform and no long-term prospects at the hotel. All the nurses are required to leave on completion of the eight month contract when jobs are found for them. They allege that they were not given enough time to read or question the contract but signed it because they could not get other nursing jobs. The R10 travel allowance was reduced to R5 last month.

On November 21 the trainees were told in a note from Sister Christine Fitzgerald — the Sister-incharge, that their fourth exam had been cancelled. "This exam has been cancelled because of your stealing and all your nonsense . . . At the moment your travelling allowance stands at R5. Should there be any complaints then you will all leave."

The trainees were told that "training had been extended for an extra month and that our allowances were reduced to R5 because some nightdresses had been stolen." If they did not agree with this arrangement, they would have to leave.

"Sixteen of us asked to see Mr Lipman, the director of Monaco, to ask him about the matter, but he was not available. Before leaving work that night, Sister Fitzgerald paid the staff R5, but 16 of us refused to take the money until the matter had been sorted out.

Sister Fitzgerald then told us to bring our reference books to work the next day as she was going to sign us off, because we complained and rejected the arrangement," they said.

The next day nine of the trainees went to the Industrial Aid Society — a service organisation to Black workers and trade unions, where they lodged a complaint against Monaco. They arrived at work five minutes late, they said, and were told to leave and come back on Monday the 28th to speak to Mr Lipman.

"On Monday we arrived late at work because of a train delay. Mr Lipman had already left. In spite of asking Sister Fitzgerald to phone the station to confirm the delay, she told us we were talking nonsense and were only agitators and trouble-makers.

"We were told to come again on Wednesday to be paid off. We did this, but were then instructed to wait for Mr Lipman, as he would decide how much we would get paid. We waited for over an hour for him and then left without being paid," the trainees said.

Some weeks before the dismissals the nurses were accused of stealing nightdresses belonging to the residents. The trainees say that they asked Sister Fitzgerald to call the police to investigate the thefts, but she replied that it was not her business to do so and that she was "sick and tired of us."

Sister Fitzgerald and Mr Lipman have both refused to comment on the nurses' dismissal. Sister Fitzgerald explained that she was instructed not to say anything on the matter without Mr Lipman's permission.

A spokesman for the South African Nursing Association (SANA), said that she had received many similar complaints about Monaco but could not act on these as the trainees are not registered with the association or the South African Nursing Council.

The Sunday Express has established that other Johannesburg training centres pay their trainees between R50 to R72 a month; issue them with uniforms and ensure a permanent job for the nurses after they have completed their course. "We do not use our trainees as cheap labour, but give them as much as we are able to," a matron at Hillcrest Geriatric Centre confirmed.

The nurses at Monaco claim that approximately 100 nursing assistants are trained by Monaco annually. At the time of the nine dismissals, 45 nurses were under contract to the home. The trainees said that they spend much of their time doing domestic work.

"As well as making beds, aiding and bathing the residents, we also have to serve in the dining room, operate the lifts and switchboard and do general cleaning," they said. On some occasions residents have given them tips but Sister Fitzgerald told the nurses that if they were caught accepting money, they would be fired.

Monaco — a Hillbrow residential hotel for the aged opened in May 1973 as a profit making concern by Lipman Properties (Pty) Ltd. — a company owned by Ralph, David and Raymond Lipman. Raymond Lipman, the director of Monaco [illegible] rived back from a holid[illegible] the Cape this wee[illegible] refused to be int[illegible] about details [illegible] employees allega[illegible] said that most [illegible] them were inco[illegible]

HANSARD No. 2 (95)

Opposition on

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Badenhorst, P.
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Malan, G. F.;
C. (Randburg);
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Van der Westhuyzen, J J. N; Van Heerden, R. F; Van Rensburg, H. M J. (Mosselbaai); Van Rensburg, H. M. J. (Rosettenville), Van Tonder, J. A.; Van Vuuren, P. Z. J.; Van Wyk, A. C.; Van Zyl, J. J. B., Venter, A. A.; Viljoen, P. J. van B; Vlok, A. J.; Vorster, B J; Vosloo, W. L.; Wessels, L.; Wilkens, B. H.; Worrall, D J.

Tellers: L. J. Boths, J. H. Hoon, S. F. Kotzé, N. F. Treurnicht, A. van Breda and V. A. Volker.

NOES—26: Bartlett, G. S.; Basson, J D. du P.; Dalling, D. J; De Beer, Z J; De Jong, G.; De Villiers, I F. A.; Eglin, C. W.; Lorimer, R J.; Malcomess, D. J. N., Marais, J F.; Miller, R B., Myburgh, P. A.; Page, B W. B.; Pyper, P. A., Raw, W. V.; Schwarz, H H.; Slabbert, F van Z.; Sutton, W. M.; Suzman, H.; Swart, R. A. F.; Van der Merwe, S. S.; Van Rensburg, H. E. J.; Widman, A. B.; Wood, N. B.

Tellers: B. R Bamford and A. L. Boraine.

Question affirmed and amendment dropped.

Bill read a Second Time

NURSING BILL

(Second Reading)

*The MINISTER OF HEALTH: Mr. Speaker, I move—

That the Bill be now read a Second Time.

The present Nursing Act was passed by Parliament in 1957. In recent years, the department has engaged in an intensive revision and modernization of laws. After the revision of the Dental Mechanicians Act, which is now receiving attention, all the legislation relating to the control of health professions will have been revised.

The present Act was introduced in order to control the profession in the interests of the public. The principles of the Bill are accordingly based on the principles contained in the present Act and have been adapted to comply with present-day circumstances. The structure of the Pharmacy Act, 1974, and the Medical, Dental and Supplementary Health Service Professions Act, 1974, has been followed in the Bill, in order to achieve uniformity in legislation as far as possible.

The Bill was also published for comment, and the comment that was received was studied very thoroughly before the final preparation of the Bill Since the Bill involves only the consolidation and modernization of existing legislation, I shall only refer to a few principles.

The first question I should like to explain is the constitution of the S.A. Nursing Council As hon. members will see, there is a complete deviation from the present constitution of the council. The basic principle underlying the establishment of a council of this nature is that it should be an knowledgeable body composed of knowledgeable persons, since the council must control the profession in the interests of the patient It is not and has never been the intention that such a council should be a representative body. Therefore the persons attached to the various bodies that are mentioned will serve on the council because of their knowledge of the specific field and not in order to represent that particular body. That is why the qualification is laid down that members of the council who are drawn from the nursing profession have to be registered nurses, for nowadays such persons are expected to be qualified in all facets of nursing.

The present requirement that the council should consist only of Whites is no longer applicable in the times in which we live. Representations have accordingly been received from the profession for the provisions in this connection to be changed completely. Hon. members will therefore notice that apart from the election of members, there is no reference to race in the Bill As far as the election of members is concerned, an attempt has been made to provide for the registered nurses in the various race groups to elect a number of members which is as far as possible proportionate to the respective numbers of each group. Apart from the fact that minority groups are recognized, this is, I believe, a very equitable approach to the matter, for it will ensure that a number of knowledgeable persons from every race group which is proportionate, as far as is prac-

ticable, to the number of registered nurses in the race group concerned, will serve as full members of the council

The second aspect I should like to highlight is the question of the Nursing Association. Like the council, this association is, in a certain sense, statutory, but it is not so representative with regard to the fulfilment of the State's obligations The constitution, functions and control of the association are regulated in terms of part IV of the present Act The association represents the profession and membership of registered and enrolled persons is obligatory. I am not aware of any other representative body whose affairs are regulated in terms of the Act, and therefore I believe that it should be left to the discretion of the members of the association themselves to manage their own affairs. However, there are good reasons why the survival of the present association, with the power henceforth to control its own affairs, should be ensured

In the first place, the association employs a large number of people. If the association were allowed to disintegrate, it would be difficult to ensure the continued employment of these people In the second place, the association owns property and it would be difficult to dispose of this in the event of disintegration. Thirdly, various schemes for the benefit of members have been instituted by the association, such as indemnity and other assurance These matters would be crucially affected if the association were allowed to disintegrate Under the circumstances, I believe that we are obliged to ensure the survival of the Nursing Association In fact, serious representations have been received from the association to this effect.

Finally, I should like to explain the prohibition of strikes. In the process of revision, the association made serious representations for such a prohibition to be included in the Bill. I should like to emphasize that these representations did not emanate from a Government body, but from the association representing the practitioners. The premise of the association is that it runs counter to the very essence of the profession for a practitioner to be allowed to strike in order to further his own ends, thereby endangering the lives and health of patients The association stated that the decision had been unanimous and was unanimously supported by the various race groups As far as this matter is concerned, I should like to express my appreciation to the profession for its standpoint and responsible behaviour. In fact, I should like to express my appreciation for the responsible conduct of the profession in general. The nursing profession is one which believes in negotiations for the settlement of any disputes and not in confrontation and militant action. Over the years, the profession has faithfully adhered to this standpoint, and it has always proceeded from the premise that the interests of the patient should come first. I want to assure the profession that the public of South Africa have great appreciation for this behaviour and is proud of the nursing profession

We have long felt that the Act should be adapted to comply with the requirements of our times Since we enjoy the support of the profession for these changes, I trust that the profession will gain by the new dispensation.

*Mr H. E. J VAN RENSBURG: Mr. Speaker, this excellent Bill is the result of constructive negotiation between the department and the nursing profession in South Africa. I have heard from authorities in the nursing profession that it is a consequence of cordial co-operation over a period of many years between the hon. the Minister and his department on the one hand and the profession on the other South Africa may rightly be proud of the nursing profession, which both here and abroad, has built up an enviable reputation for dutiful service to mankind over the years, for dedication to its task and for the extension and maintenance of the highest standards. South African nurses were the first in the world to be granted statutory recognition. This was done as long ago as 1891. On 6 June 1944 the first Nursing Act (Act No 45 of 1944) was promulgated. This was the first important milestone along the long road of the nursing profession in South Africa.

With the introduction of this legislation we are now reaching the second very important milestone in the history of this profession. Therefore, on behalf of my party and on behalf of hon. members on this side of the House I want to pledge our full support to this legislation and also convey our congratulations to both the professional people who have worked so long and so hard in order to

have this legislation introduced here, and to the hon. the Minister and his department for their participation in the passing of this legislation The most important objective of this legislation is the restructuring of the South African Nursing Council

I should just like to make a few remarks about this, and about some of the provisions of the Bill. In the first place I want to refer to the definition of "registered nurse" and "enrolled nurse", as we find them in the Bill. I have been informed that there is a specific, important difference between what is known as a registered nurse and an enrolled nurse in the profession itself. In English there is no difference and these two categories are described as a "registered nurse" and an "enrolled nurse" respectively. However, I understand that in order to conform with the practice in Europe, as well as with the modern usage which has developed in the profession itself, the profession wishes the two terms "registered nurse" on the one hand and "enrolled nurse" on the other, to be used because there is a specific difference between the two The two terms refer to two different categories of nurses. It has to do with the qualifications of the two categories as well as with their registration and with the duties which can be entrusted to the two separate categories

I should like to appeal to the hon. the Minister to give his favourable consideration to these petitions which have been addressed to him by the profession I should also like to mention that provision is made in the Bill for accoucheurs. I wonder how many hon. members know that this is the English translation for a "vroedmeester". I noticed that the word "accoucheur" is used in the Bill. What is important is that since midwives sometimes find it dangerous—both in the rural areas and in urban areas—to render their services at night and in the early hours of the morning, it was therefore considered essential to provide for the training of accoucheurs. They are indeed people who can cope with the dangers which I referred to more easily.

Another important provision in this legislation is that licences are now going to be issued to what are described as "nursing agencies". These licences will only be issued to agencies which comply with certain specific requirements of the council. A licence of this nature may either be renewed or revoked. This will mean that agencies of this type will not in future be guilty of anomalies which occurred amongst such agencies in the past. This is something which is welcomed both by the public and the profession, and it is a good thing that these agencies will also be subject to control by the council in future. Of course, this will mean that the service which they provide, will be of a high standard.

Furthermore I should like to say something about the composition of the council. The first interesting aspect is that provision is made in the composition of the council for the Minister to appoint two laymen These are people who are not already members of the council and who are not necessarily closely connected with the medical profession either. The reason for this is the necessity to have two people on the council who can actively represent the interests of the public and can therefore put the approach and problems of the public before the council. This is an interesting feature of this legislation. I think it is a good feature.

In clause 5(1)(f) provision is made for the appointment of an officer of the Department of National Education to the council. The profession asked for it to be specified that that officer should be an educationist. They were afraid that, if this were not specified, it could perhaps happen that someone who was merely an administrative officer could be appointed to this post on the council. The profession wants this person to be a qualified educationist, someone with knowledge and experience of education They want that member of the council to be able to provide the council with information about the integration of the activities of the council with the requirements of education. Therefore, I should also like to ask the hon the Minister to give his favourable consideration to that request of the profession Furthermore, the hon. the Minister made mention of the fact that there is an important difference in the composition of the council. Whereas the council formerly consisted exclusively of Whites, it will in future also be representative of the other race groups in South Africa. We are very grateful for this provision and we therefore give it our full support.

In fact, it is a very important step forward on the long road which lies ahead. At this stage I merely want to express the

hope that, along this road, we shall see the day when race and colour will no longer be a primary basis for the election of members to any council or body in South Africa I hope the day will dawn when all South Africans, irrespective of race or colour, will be considered and elected for any post, to any body or council in South Africa, on merit alone. It is interesting to note that at present there are 30 000 registered White, 18 000 registered Black, 3 000 registered Coloured and 600 registered Indian nurses in the country. South Africa can definitely consider itself fortunate in having such a large number—it is more than 51 000—fully qualified registered nurses at its disposal One of the conditions for election to the council is that all members of the council must be South African citizens. I think that criticism could probably be expressed concerning this, but I should like to mention that the profession is in favour of all members of the council being South African citizens. This is probably because between 700 and 1 000 foreign nurses come to South Africa every year in order to work here and it is essential to keep control of the council in the hands of South African citizens

Now there is one little matter which I should like to discuss with the hon. the Minister. I did this last year too, when we discussed legislation concerning his department. It is that the hon the Minister has once again failed to make provision in this legislation for the election of representatives of local authorities. I believe it is absolutely essential for the effective exercise of the duties and responsibilities of the council, for them to have the opportunity of having at their disposal on the council, the knowledge and experience of representatives of local authorities. There are thousands of registered nurses in South Africa who work for local authorities and who have certain specific responsibilities with respect to the whole population of South Africa. If one takes a look at these responsibilities, there is practically no citizen of South Africa who does not receive medical services from the local authorities at some stage or another. I very definitely want to bring this to the attention of the hon. the Minister once again. I think it is absolutely essential for him to make provision for the representation of local authorities. The nurses who work for the local authorities, are there to see that people are kept out of the hospitals They have a very important task to perform and they should be represented here too.

There are one or two other matters which I shall raise during the Committee Stage I want to identify myself with the statements which the hon. the Minister made concerning the unanimous decision of the Nursing Association, viz that they have requested a provision in this legislation to prevent their members from participating in a strike or a go-slow strike and that they may not be guilty of any action which could disrupt their activities in any respect. In this way I want to associate myself fully with this measure and congratulate the profession on their approach.

Mr. N. B. WOOD: Mr Speaker, at the outset may I express my thanks for the courtesy of the Whips opposite who have made it possible for me to come into the debate at this stage and may I then continue by saying that it is acceptable in one's maiden speech to pay tribute to the member who has preceded one in this House I follow in the footsteps of someone who, I believe, will leave a lasting impression with this House. He will be remembered by you, Mr. Speaker, and by hon members opposite as a person whose word was his deed. He applied himself conscientiously and tirelessly to the work of this House and he achieved recognition for the courteous and sincere way in which he set about that work. It is therefore a source of real pride to me that I can today pay this brief but sincere tribute to the former member for Berea, my father. I understand that we may have achieved a unique happening in South African politics in that it is the first time that a son has succeeded his father in the same constituency without a break in between. I am sure nobody will take exception if I were to say that we wish the former member a long and happy retirement I have a rather difficult example to follow.

The second tribute I would like to pay is to the nursing profession of South Africa. A more dedicated band of professional people it would be difficult to find. They work long

hours and their pay could be better, but their contribution to the health services of South Africa is absolutely invaluable. When one thinks about it, nurses share the most intimate moments of our lives, from the cradle right through to the grave. They see the happiness of the new-born baby, the tragedy of death, the drama of sudden illness, the trauma of serious accidents and the heartwrenching sadness of incurable diseases. They see it all, they deal with it all, and they live with it all every day of their lives I think it is fitting that we can record here this afternoon our deep appreciation of their involvement in and their care of the health services in South Africa. As is known, in past years this country had a shortage of nursing staff, but in recent years this position has changed. There are now more applicants available than positions to fill Some of those wishing to train as nurses have had to be content with training as nurse-aids. One can only estimate the talents that have been lost to the nursing profession as a result. One wonders whether ways and means could not therefore be investigated to open up more positions for nurses in the overall scope of the work of the health team in South Africa, especially as there are staff shortages in some of the other paramedical services involved in health care.

One such possibility, I believe, exists in the better health care of our rural population. Of the many thousands of people living in the far-flung rural areas, the majority are historically Black. It is fairly generally conceded that their health care could be better catered for in certain ways I would like to suggest that the possibility be investigated of creating new posts in these distant rural areas for nurses who can fulfil functions similar to and perhaps even more far-reaching than those of existing district nurses. Certain nurses senior in service could be offered these comprehensive health-care positions. My reasons for suggesting senior nurses is twofold. Firstly, they would probably have wider practical experience, which could be of great value in the absence of ready access to doctors. Secondly, being closer to retirement, they may welcome the chance to serve among their own communities in an effective capacity at perhaps a slower working pace One can only imagine the inestimable value of a concerned, experienced senior person working in a community that is happy to accept the services offered. The experienced nurse could quickly spot the first tell-tale signs of, for example, malnutrition in children. Immediate preventive measures could be set in motion. In such conditions R1 worth of powdered milk could save hundreds of rands worth of hospitalization later on.

Many further examples could be mentioned, but I make the suggestion so that the principle can be considered.

The Bill before the House today is the culmination of changes and improvements that have been made to the original legislation, the Nursing Act, No. 69 of 1957. It is of interest to note some of the more significant changes that have taken place in those 21 years. Probably the most important is that referred to by the hon. member for Bryanston, in which the composition of the council, established by section 2 of the original Act, has been up-dated. Originally ten White registered nurses were elected to the council by their colleagues and Whites, representing Blacks and Coloureds only, were elected indirectly. This has now been changed. Black, Indian and Coloured nurses, numbering five of the then, are elected directly by their respective race groups. There may be those who claim that the composition is not ideal or perfect, but we believe that it is realistic and an improvement, and as such can be fully supported.

Clause 40(2)(a) and (b) causes us no problems because no less a person than Prof. Charlotte Searle, who is president of the S.A. Nursing Association, has indicated very clearly that the Bill has been introduced by the hon. the Minister at the specific request of the association. Prof. Searle is quoted in the Press as having said—

> We as nurses can negotiate for what we want in other ways and do not have to use the lives of patients as bargaining cards.

She added that the S.A. Nursing Association had left the International Council of Nurses at the Montreal Congress some years ago because they rejected a stand that nurses should have the right to strike action.

*As we can see, this Bill is a neat synopsis and consolidation of the various regulations. Consequently the NRP accepts the improvements, and we shall give the hon. the

Minister our support as regards the proposed legislation.

In conclusion, Mr. Speaker, I should like to express my thanks to you and hon. members of this House for the courtesy I have been shown in the course of my speech.

In accordance with Standing Order No. 22 the House adjourned at 18h30

WEDNESDAY, 8 FEBRUARY 1978

Prayers—14h15.

QUESTIONS (see "QUESTIONS AND REPLIES").

FIRST READING OF BILLS

The following Bills were read a First Time—

Nuclear Installations (Licensing and Security) Amendment Bill.

Judges' Remuneration and Pensions Amendment Bill

WATER AMENDMENT BILL

Bill read a First Time.

*The MINISTER OF WATER AFFAIRS: Mr. Speaker, I move without notice —

That the subject of the Bill be referred to a Select Committee for inquiry and report, the Committee to have power to take evidence and call for papers and to have leave to bring up an amended Bill.

Agreed to.

FIRST READING OF BILLS

The following Bills were read a First Time—

Professional Engineers' Amendment Bill.

Quantity Surveyors' Amendment Bill.

Architects' Amendment Bill.

*The DEPUTY MINISTER OF PUBLIC WORKS: Mr Speaker, I move without notice—

That the subject of the Professional Engineers' Amendment Bill [B. 29—'78] (Assembly), the Quantity Surveyors' Amendment Bill [B 30—'78] (Assembly) and the Architects' Amendment Bill [B 31—'78] (Assembly) be referred to a Select Committee for inquiry and report, the Committee to have power to take evidence and call for papers and to have leave to bring up amended Bills.

Agreed to.

RADIO AMENDMENT BILL

Bill read a Third Time.

NURSING BILL

(Second Reading resumed)

Dr. G. DE V. MORRISON: Mr Speaker, it is my privilege today to congratulate the hon. member for Berea on his maiden speech, which was delivered yesterday afternoon under rather unique circumstances. It is not often that a successor to a former parliamentarian has the privilege of delivering his maiden speech with his predecessor present in the gallery. In this case it is certainly unique since the successor happened to be the son of the predecessor. To both these gentlemen I wish to offer my congratulations. It is quite evident that the new member for Berea is a typical chip off the old block. Like his father he is a pharmacist, and we look forward to hearing him deliver the same type of constructive speech in the future that used to be delivered by his predecessor, who was known for his positive and constructive approach to legislation on health matters.

*On an occasion like this the temptation is of course very great first to deliver a panegyric on all the good qualities of the nursing profession as such However, I do not want to

Cape Times 9/2/1989

'Important change' in Nursing Council move

HOUSE OF ASSEMBLY. — The change permitting nurses of all races to serve on the Nursing Council was an important change in principle, Dr George de Villiers Morrison (NP Cradock) said yesterday.

Speaking during the second reading debate on the Nursing Bill, Dr Morrison welcomed the statement by the Minister of Health, Dr Schalk van der Merwe, on Tuesday, that the bill provided for proportional representation on the council of nurses from the various race groups.

The change had been necessitated by changing circumstances, Dr Morrison said. The new bill was modern in concept and its aim was to be flexible.

He also welcomed the fact that the council would be given greater power over the affairs of nurses.

The bill provided for recognition of the nursing profession's professional status.

He regretted that a clause had to be included in the bill prohibiting nurses from striking, but understood the necessity for its inclusion.

Replying to the debate, Dr Van der Merwe praised the nursing profession and said nurses deserved recognition and support.

Previous legislation regulating nursing affairs was no longer adequate after 21 years.

The bill was read a second time. — Sapa

Durban nurse struck off roll

95

Mercury Correspondent 16/2/78.

PRETORIA — A Durban nurse who was convicted of being in possession of dangerous and dependence-forming drugs was struck off the roll of nurses yesterday by the South African Nursing Council's disciplinary committee.

Appearing before the council was Mrs. Wendy Richardson-Smith, of Malvern, Durban. She was found guilty by the committee of disgraceful conduct.

The sentence is subject to confirmation by the South African Nursing Council.

Mrs. Richardson-Smith was convicted in the Durban Magistrate's Court of being in the possession of a half tablet of methaqualane on July 13, 1977.

Evidence in the trial was that police had visited Mrs. Richardson-Smith's home and had arrested her, her husband and a friend on charges of being in possession of a small quantity of dagga and the half tablet of methaqualane.

Mrs. Richardson-Smith had a previous conviction for being in possession of dagga and the committee took this into account for the purpose of sentence.

In another case a young Black nursing assistant was suspended for six months from the roll of nurses for disgraceful conduct arising out of the death of a baby at the Port Shepstone hospital.

Miss Cornelia Msomi, no address or age given, was convicted in the Magistrate's Court in Port Shepstone on May 30 last year of culpable homicide. The Port Shepstone Court heard that Miss Msomi had accidentally killed a Black baby by placing it in a bath of hot water without first testing the temperature.

Her suspension is also subject to confirmation.

The chairman of the disciplinary committee, Mrs. M. E. Venter, said the committee accepted that the incident had not been premediated and that the death of the baby was entirely accidental.

Doctors refute criticism of nursing homes

NM. 17/2/78

SIR, — Mr. Thys van Lingen has recently aired his views regarding private hospitals, and this resulted in your editorial comment dated February 8, 1978.

We feel that there is an opposite point of view which should be presented. Before labelling the costs incurred in private hospitals as disgusting, some facts should be considered.

Basically beds in provincial hospitals are subsidised by the tax-payer. These are expensive and cost about R50,00 per bed per day to maintain. They are not freely available to the private patient (the person who pays the lions share of the cost of the hospital bed by means of his income tax), who is thus forced to rely on private nursing homes and hospitals when he becomes ill.

Service

By and large private hospitals provide a good service at a bed cost below R30,00 per day, inferring that there is overall better and more economic management than in provincial bureaucratically run equivalents.

That the private hospitals or members of the medical profession who use them, should be sniped at by political opportunists, is as unjust as your rather biased comment of February 8.

The disparity in essential bed costs has not been publicised, nor has the fact that the Natal Provincial Administration charges high fees for the use of equipment in provincial hospitals, that has already been paid for by the tax-payer in the first place. e.g. A CAT brain scan at Wentworth Hospital, using a very expensive machine is subject to a further fee to the private patient.

In Natal the tax-payer must again pay for the use of the artificial kidney, radioactive isotope scan, and ultra-sound equipment which has already been indirectly purchased through his taxation.

These facts are difficult to reconcile with Mr. Van Lingen's attack on private hospitals, and his championing of the provincial hospital cause.

Remedy

One remedy would be for the provincial authorities to take over the privately run nursing homes in their entirety. Informed politicians should be gracious enough to acknowledge that the Province could not afford to do this, and should, therefore, be grateful for the role played by these institutions in serving those members of the public who are denied access to provincial institutions. There is no need for maintaining two separate camps of private and non-private medicine.

All hospital beds should be partly subsidised to care for both rich and poor alike. In this way the often overworked medical practitioner would be able to do his bit for the underprivileged in his community without having to travel the many miles to public or provincial hospitals, which in Durban are located in such inaccessible places as the Beachfront and the Bluff.

The final point that should be asked is whether or not the public wishes to have a non-competitive homogenous hospital set-up, which may indirectly cost them more than the present situation of private and provincial hospitals.

PRACTITIONERS

Row over blacks on nursing body

Star 24/2/78 (95)

Political Staff

THE ASSEMBLY — South Africa had millions of black citizens who were entitled to representation on such bodies as the South African Nursing Council, the Minister of Health, Dr S W van der Merwe, told the Assembly yesterday.

Replying to the third-reading debate on the Nursing Bill, he dismissed a suggestion from the Opposition that the Government could in future be embarrassed by the presence of black nurses on the South African Nursing Council.

The issue was raised by Mr Horace van Rensburg (PFP, Bryanston) who pointed out that in terms of Government policy, as stated recently by the Minister of Plural Relations and Development, Dr Mulder, there would ultimately be no black South African citizens.

Mr van Rensburg said that in terms of the Nursing Bill, the South African Nursing Council was to include three black registered nurses who had to be South African citizens resident in the Republic.

If the Government were to carry out its policy in regard to black citizenship, then black members of the council would be automatically disqualified, Mr van Rensburg said.

This could be a great embarrasment for the Government. It was unfair to provide for the representation of black people on the council while saying at the same time that eventually there would be no black citizens.

Mr Van Rensburg said he had proposed an amendment to overcome this difficulty, but unfortunately the Minister turned down his proposal.

The amendment would have made it possible for people who were formerly South African citizens to serve on the council.

Replying, Dr van der Merwe said the presence of three black South African citizens on the council would create no embarrasment for the Government.

There were millions of black citizens in South Africa at present and they had a right to be represented on such bodies as the SA Nursing Council.

Why nurses work such long hours...

Star 3/5/78 (95)

Referring to the article in The Star of February 20, "Nurses working around the clock," I would like to make a few comments.

As I am a nurse of 9 years' standing, I can fully appreciate the sentiment of the Nursing Association that "the patients' rights are enfringed and the nurse's action may constitute malpractice." Certainly our first priority should be the patient and if the nurse has no rest, her patient-care will be impaired.

Surely if the nurses were adequately paid, they would have no need to work around the clock. It is a well-known fact that nurses are underpaid, yet what is our asssociation doing about it?

Disciplinary measures may, in a small way, put a stop to this "malpractice," but what of the people who have to resort to working non-stop to keep themselves, and in many cases, their families, above the breadline?

Is it not time that the public was made aware of our needs? Even I, at this stage of my career, do not earn as much as the average girl who has no specific training and has been working in an office for 2 to 3 years after completing school!

Underpaid

Johannesburg.

Hansard 6 col 355 8/3/78

95

Nurses registered with South African Nursing Council

202. Mr. H. E. J. VAN RENSBURG asked the Minister of Health:

How many (a) nurses, (b) student nurses and (c) pupil nurses in each race group were registered with the South African Nursing Council at the end of 1976 and 1977, respectively.

The MINISTER OF HEALTH:

Registered during 1976.

	White	Coloured	Indian	Bantu
(a)	26 458	3 279	628	17 162
(b)	5 450	1 195	370	5 890
(c)	1 290	1 131	172	3 245

Figures for 1977 will only be available at the end of March 1978, as the records of the South African Nursing Council are at present being computerized and no manual system exists any more.

PARLIAMENT

(95)

STAR 9/3/78

More black nurses

John Patten, Political Correspondent

THE ASSEMBLY — Black nurses in South Africa would exceed the number of white nurses within a few years, Mr Horace van Rensburg, PFP Bryanston, predicted yesterday.

He was commenting on figures given by the Minister of Health, Dr van der Merwe, showing there were more black student and pupil nurses than whites.

SUN. EXPRESS 23/4/78

(95)

350 sisters sign petition for more pay

BUT ASSOCIATION SAYS NURSING IS 'DIFFERENT'

By CLARE STERN

THE AGE of Florence Nightingale is over, say Johannesburg nursing sisters who want better pay.

At least 350 sisters at the Johannesburg General Hospital have signed a petition demanding a salary increase and have sent it to the South African Nursing Association.

An association spokesman told the Sunday Express this week it was negotiating for a better deal for nursing sisters, and added:

"We are aware they have a problem and their salary structure will be reviewed.

"However, nursing is unlike other professions.

"Nurses will go on working in spite of salary conditions."

This was hotly denied by a nursing sister, who told the Sunday Express:

"The age of Florence Nightingale is over.

"The cost of living is rising and we are battling to make ends meet.

"I know of 20 nurses who have left since January.

"Many of them are now doing medical repping and earning R700 a month.

"A senior student nurse earns R10 less than a junior sister. One sister is earning R318 a month after 10 years, as opposed to R275 earned by a junior sister after three years training.

"What incentive do we have to continue?

"Trained staff are paid overtime, but there is no extra pay for night duty and weekends. We get between R12 and R15 a month for each course on completion.

"On Saturdays and Sundays we work from 7pm to 7am. We seldom leave the ward. There are no concessions for intensive care staff

"We are issued with five free uniforms and a pair of shoes every six months, if after an inspection we can prove a new pair is needed.

"The sister who earns R275 says she can not afford new clothes or other small luxuries and finds it impossible to save for a badly needed holiday."

The nursing sister at the General Hospital who organised the mass appeal for better salaries to the Nursing Association said she got 350 signatures in three days.

The enthusiasm was overwhelming, and many nurses felt teachers, plumbers, street sweepers, bricklayers and above all secretaries, were better off if one compared the amount of work spent on the job.

A Sunday Express survey revealed that a junior secretary, just out of college, can earn between R250 and R300 a month, working an eight-hour day, and after a year's experience her salary could rise to between R300 and R350.

A secretary to a chief executive in well established international companies can earn up to R750.

She gets medical aid and pension benefits, as well as double bonus cheques. She works a five-day week with two afternoons off a month. Specialised legal secretaries earn between R550 and R600 after about five years' experience.

The present teachers' salary scale is as follows:

- After completing the Transvaal High Teachers' Diploma (four years) a man starts on R450 and a woman on R390 a month.
- After the three-year Transvaal Teachers' Diploma a man starts on R390 and a woman on R330.

A spokesman for the Transvaal Teachers' Association said this was likely to improve as no salary scale had lasted more than two years over the last 20 years.

Street sweepers earn R100 less than first year nursing sisters who get R288,75 a month.

Superintendent 'not aware of dissatisfaction'

DR NEVILLE Howes, acting Superintendent of the General Hospital, told the Sunday Express that since January 37 qualified, trained staff had resigned, five for salary reasons. But he said this was consistent with the usual annual turnover.

Dr Howes said he had received a letter from members of his nursing staff requesting a salary review and was preparing a detailed memorandum for the Director of Hospital Services.

The staff, he said, had had a 10% increase a year ago and this year a minimum 5%, and he was unaware of any widespread dissatisfaction.

The letter, signed by 350 nursing sisters and sent to the Nursing Association, was no indication of this. In any profession people would be willing to support an appeal for salary increases.

The nursing salary scale is as follows:

- A nursing sister in her first year earns R288 a month plus a R75 annual alllowance. Pension is 5% of her basic salary — R14,44 a month. If unmarried, she is taxed R31,40 and if married R27,59.
- A nursing sister with 10 years' service earns R421,75 a month, pays R21,08 pension. If unmarried she is taxed R57,59, and R64,97 if married.

"I don't think nurses are getting a raw deal," Dr Howes said, "but I believe the salaries of recently qualified sisters should be reviewed. This, however, is determined by the Public Service Commission, not the hospital."

• Dr Howes ... "Nurses don't get a raw deal."

Dr Howes said nurses have many perks.

They pay R22 a month for full board and lodging in a private furnished room. They have lounges and TV rooms, work a 40-hour week, with 46 days' leave a year, and have 120 days' sick leave on full pay per three-year cycle.

They may apply to do post-graduate courses on full pay, while working, and full-time university courses for nursing administration and nursing education diplomas. They retain all their privileges provided they sign a year's contract.

Dr Howes said maternity leave consisted of a year's unpaid leave — the nurse's job was kept and her pension remained intact.

Other concessions are:

- Nurses are allowed to attend congresses, local or overseas, and received a 20% rail warrant subsidy.

"As for working hours, no nurse works more than 40 hours a week and she is compensated for overtime in time off or pay.

"Some nurses won't come off night duty. They work seven nights on and seven nights off."

Dr Howes said that though initially the salary difference between a newly trained and an experienced sister was marginal, the scope for promotion was enormous.

"As for luxuries, I don't believe nurses have cause for complaint. They get five free, drip-dry uniforms and are entitled to free shoes every six months. These used to be issued automatically, but some nurses abused the facility by selling their shoes and buying high-heeled night club substitutes."

Dr Howes said medicine was making more demands on the nursing profession, but with the development of intensive care units the hospital had more nurses than ever before.

Star 24/9/78 (95)

Nurses' call gets attention

Science Editor

Details of salary grievances of nurses at the Johannesburg General Hospital have been sent to both the hospital authorities and the South African Nursing Association.

This was confirmed today by Dr John McMurdo, superintendent of the hospital, and Miss D H Radloff, executive director of the association.

Dr McMurdo said today he was aware of dissatisfaction about conditions of service and the matter was being handled through the "correct channels" — through the hospital administration to the Department of Hospital Services.

COMPLICATED

"It is a complicated business and we are trying to make the higher Government authorities realise that uniform conditions of service for the whole country are not satisfactory," he said.

"Accommodation and transport, to mention but two items, are far more costly in the large centres than in the country areas.

"At the same time I must emphasise that the term 'overworked and underpaid' has become a meaningless cliche. Our nurses work a 40 to 42-hour week, including Saturdays, Sundays and public holidays.

SIX WEEKS' LEAVE

"In addition they get six weeks' leave a year.

"As far as salaries are concerned, there are various perks such as free uniforms and free lodging.

"I think that within its powers the Department of Hospital Services have leant backwards to make the nursing profession as attractive as possible all committees are sitting all the time considering ways of achieving this.

"Salaries of course are fixed by the Public Service Commission."

Dr McMurdo said he realised that nurses were feeling the effects of escalating costs but that this was common in most professions today.

A newly qualified nursing sister receives R288,75 a month and after eight years her salary rises to R422.

Star 15/5/78 (95)

Black nurses in US insulted

Two black southern African women working at a United States hospital have been subjected to "terrible insults and prejudice" in Memphis, Tennessee.

A letter to Mrs Betty Pero of Johannesburg from a friend, Miss Sandra Lock, who went to America for a training programme and to nurse, describes her arrival as "a rude awakening."

Basically we (she and the two black nurses) were employed to fulfil a dire need for nurses, in other words we have been had!" Miss Lock says.

"There are two African girls, one from the Ciskei and another a Shona from Rhodesia, working here."

"They have been subjected to the most incredible insults and subjugation because of their colour and in spite of being in the home territory of the civil rights movement," she says.

"I am shattered by the amount of prejudice here. It is even worse than in South Africa. In Mississippi a white woman cannot drive with a black man in a car or he would be arrested. Here in Memphis we may have many looks askance when the people see us with a black guy. We have made friends with quite a few black people here and they have been very good to us, better than the white people who are the most two-faced people I have ever encountered."

'R7-m to close nurse wage gap'

ARGUS 23/5/78

(95)

IT would cost the Cape Provincial Administration R7 194 231 a year to eliminate the wage gap between white, coloured, Indian and African nurses employed by the Department of Hospital Services.

Mr P. J. Loubser, MEC in charge of Hospital Services, said this in reply to a question in the Provincial Council yesterday by Dr John Sonnenberg, PFP MPC for Green Point.

Mr Loubser said there were 6 302 white nurses and 6 839 nurses of other groups and 1 439 white nurse aids and 2 648 nurse aids of other groups employed by the department at the end of last month.

Hansard. 19 13 June 1978.
Question 660. Cols. 927 & 928.

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A further rea ... not devoted her own or foreign exper ... lot of labour be productively ... nce, has concentrated on rotational ... t asked what benefit contour furro ... sed in nurseries and distribut ... ane), and more permanent fencing in the form of trenches or stone walls would bring to different regions. Nor has much work been done on a wide variety of soil and water lands. Other areas to explore are the creation of woodlots for fuel, building material, fodder and other materials; public brick making for sale to public bodies and private citizens; the design and construction of improved cattle pens, grain stores etc. Roads, particularly in Botswana, offer considerable scope for trial with labour intensive methods on both construction and maintenance.

In figure I a simple organisation chart is presented to illustrate how the adoption of an employment guarantee programme helps to redefine the management of rural development. Funds are devolved to local government which oversees the implementation of the guarantee on behalf of the state. The technical departments assist local government in the design and the supervision of works; thereby retaining the power of technical sanction over works and their execution. Since the funding of works under the programme is controlled by local government rather than pre-allocated within annual technical departmental budgets, the technical departments are required to discover and put forward

95

Numerous vacancies for nurses

NM 21/8/86

UNLIMITED opportunities for appointment and advancement exist in both public and private sectors for trained nurses.

Several types of training are available. Almost all the universities offer degrees in nursing. Matric or matric exemption is needed for this of course, but the various provincial administrations offer generous non-refundable scholarships to cover the necessary four year period.

School leavers who do not wish to go to university but who have at least a senior certificate can follow a variety of courses in nursing, with free tuition and training allowances paid throughout the course.

These take place in nursing colleges and nursing schools and lead to examination and registration by the South African Nursing Council.

After training a very wide career field opens up, ranging from the familiar bedside nursing through various specialities — midwifery and psychiatry among them — to such things as community health nursing services.

Some nurses have even ended up as medical representatives calling on doctors and chemists, or as public relations officers in pharmaceutical firms!

Further information can be obtained from the NPA, Private Bag 9051 Pietermaritzburg or from the Executive Director of the South African Nursing Association, P/B X105, Pretoria.

The 'doctor' is a nurse

PAT SIDLEY

THE "anaesthetist" and intensive care unit "specialist" at Bophelong hospital is not a qualified doctor — she is a nurse.

The two "psychiatrists" running the 800-bed psychiatric section are nurses.

The hospital, in Mafeking, near BophuthaTswana, is a typical rural hospital, with too qualified doctors for its 1 150 beds and 14 outside clinics, and too little sophisticated equipment, or money.

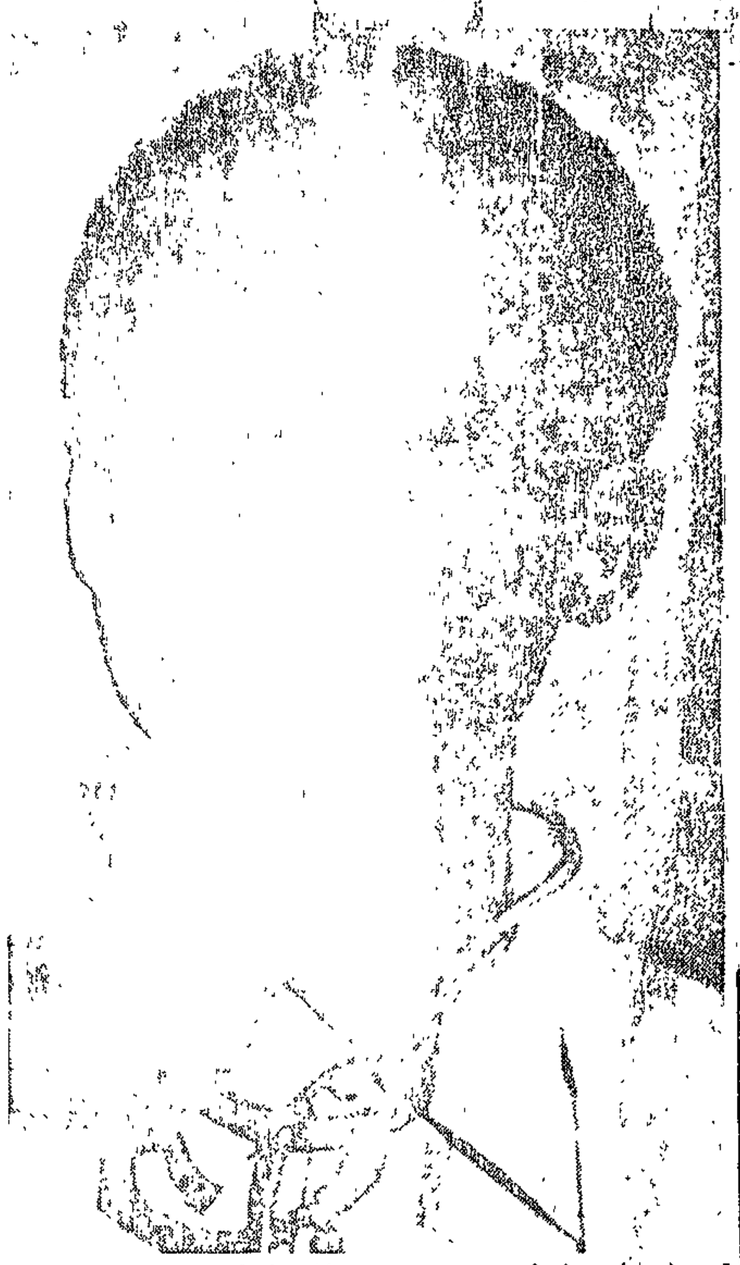
But it has nurses — specially trained Advanced Clinical Care nurses — who are the "human gadgets" the hospital must rely on.

To reach a rural population most hospitals use a clinic system run by nurses and visited weekly by doctors, but because of the team of "doctor-nurses" at Bophelong, the clinics need only monthly visits by a qualified doctor, whose role then becomes one of consultant-teacher.

Bophelong's Dinokana Clinic sees some 350 patients a month. They are examined and treated by the nurses. The doctor only comes to advise the nurses — and to reassure a conservative patient population.

"We ask the nurses to wear their stethoscopes dangling visibly from their pockets so they look like doctors," said the hospital superintendent, Dr Patrick Mokgobo. The "doctor-nurses" are his brainchild.

If a patient goes to the hospital instead of a clinic, hoping to see a doctor, he will probably be disappointed. Nurses give outpatients a thorough physical examination. In the wards they take blood, put up drips, order X-rays, take electro cardiographs, connect respirators, give drugs intravenously and perform lumbar punctures.



Dr Patrick Mokgobo — superintendent of Bophelong Hospital. The "doctor-nurses" are his brainchild.

Nurses would not be allowed to perform some of these services in South Africa, but BophuthaTswana is an independent country.

Nurses also treat all the psychiatric patients. Certifying of patients has, however, to be done by "somebody from Pretoria every now and then," Dr Mokgobo said.

The Advanced Clinical Care nurse at Bophelong is in effect a general practitioner. She has to be. The hospital has no surgeon, no anaesthetist, no psychiatrist and only two physicians among its seven qualified doctors.

The superintendent, Dr Mokgobo, trained at the University of the Witwatersrand, specialised as a physician at Baragwanath, was for a time the only physician in Swaziland, and is an expert in his field of African rural medicine.

Appointments of doctors to the hospital still have to go through Pretoria and, says Dr Mokgobo, "somehow if the applicant is black he will have to be Tswana-speaking to be posted here". So the problems of a rural black hospital are exaggerated by South African political problems.

The Bophelong nurse's most important task is the continual screening of cases and the spotting of emergencies which she is empowered — and expected — to treat.

A six-page set of standing orders describing the full scope of her authority is issued by the hospital superintendent.

There is a superficial resemblance to the Chinese barefoot doctor system, but this is more sophisticated.

"These nurses are not village health workers, with elementary first aid knowledge. They are doctors," says Dr Mokgobo.

Nurse Intumeleng Mochekele is an "anaesthetist" and intensive care unit "specialist". She was born in Lesotho and trained at Baragwanath. When Lesotho's only anaesthetist left the country, she was forced in six weeks to learn to "dope" — which she did.

"One copies the experts — that's how you learn. I've had to do closed heart operations and train our housemen," she says. A houseman has to administer 50 "dopes" before he may register. "I've trained one so far. He's doing fine — I think he can dope."

An elderly man died one afternoon when I was at the hospital. He was in the intensive care unit, following a stomach operation. He went into shock and his lungs collapsed.

Dr Mokgobo, Nurse Mochekele — as the intensive care unit specialist — and two medical officers connected him to a respirator, and pumped his failing heart. But he died.

The man need not have died — if he had been in the Johannesburg General Hospital, said Dr Mokgobo. There the intensive care unit would not have been equipped with makeshift, or human gadgets. The man would have been monitored in a well-equipped unit for at least a week after the operation. The unit at Bophelong is makeshift. It can hold only one patient at a time, so the man died.

His death was a pointer to the realities that remain in an otherwise remarkable system of coping with a desperate situation by desperate measures.

Additional Reading:

Follow van Onselen's footnotes and especially E.J.Hobsbawm, Primitive Rebels, chapter 2. Also A.Isaacman, 'Social Banditry in Zimbabwe and Mozambique' in International Historical Conference, Lesotho, (Special Collections) or Journal of Southern African Studies, 4.1.

Week 7

'The invisibility of Women' : writing women into African history.

Basic Reading:

'Ivan Allen, Aba Riots or the Igbo Woman's War? - Ideology, stratification and the invisibility of women', Ufahamu, VI, I (1975)

Additional Reading:

A.D.Gordon, M.[illegible] and R.S.Dyer [illegible] Carroll (ed)

F.O'Barr [illegible] Women in [illegible] Studies Review,

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Historian, Robert Heussler

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way Europe reached out and touched the face of Africa, watched its contortions and was watched in turn, tried and failed and tried again for half a century to make the people and their land change by an inch or two. Africa now saw the *bature* close up, winced under the gentle lash of his strange urging, went its stubborn way again as he rode off, and found, later on and to its wonderment, that some of what he had attempted was not entirely to be despised. . . . . .

One nurse to 7000 in Msinga

(95) 4/8/78

Mercury Reporter

THE entire fabric of health in the Msinga area of KwaZulu was shot through with poverty, ignorance and disruption of family life a recent survey of the area has shown.

The survey, undertaken by medical workers at the Church of Scotland Hospital at Tugela Ferry, set out to obtain general information about rural pregnant women relevant to health care.

"We find it hard to imagine how an average household of five or six people can exist on R44 a month, while the effects of an absent husband and father for most of the year make a mockery of pious jargon about 'total family care'," the report reads.

The survey attempted to identify the needs and problems of the people as well as determine where their services had failed or succeeded.

General information gathered revealed that half the mothers (51 percent) were unmarried, a very few (9 percent) were employed, 63 percent had never attended school and only 18 percent had been educated beyond Standard 2.

Of the fathers 54 percent lived outside the Msinga district or were unemployed or both, according to the survey undertaken among 200 women attending ante-natal and well-baby clinics in the area.

Medical

The report reads: "From the medical point of view it must be made very clear that there are only 19 registered midwives and nurses in the entire district, or one trained nurse to 7 000 people.

"None has had formal training in primary health care, yet as well as running ante-natal, under-fives and family clinics, they also diagnose and treat the bulk of minor ailments in the area, staff the three permanent clinics and run a hospital with 240 patients."

It was impossible in these circumstances to accept that the Government's policy of "comprehensive health care" was serious one when it was repeatedly stated that no money was available for additional nursing staff and a district clinic's construction was abandoned due to "lack of funds."

3. CCS/WMK June, 1978

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Doctor, nurse blamed for death

4/8/78

AN 11-year-old boy, who went into hospital for an operation to his broken arm, died after being given carbon dioxide instead of oxygen during the anaesthetic, an inquest court heard in Pretoria yesterday.

Dennis Craig Brimacombe, of Pretoria North, died on April 26 last year. The court ruled that the negligence of the assistant nurse, Mrs Ursula Giannios, and the anaesthetist, Dr Jan Hendrik Lombard, caused the boy's death.

Mrs Giannios told the court she had worked at the Eugene Marais Hospital for seven years. On April 22 last year an emergency case was brought in for an operation.

When she tried to connect the anaesthetic pipes, one pipe would not fit, she said.

Sister Johanna Lottriet, who was called in, said she could see the boy was suffering from a lack of oxygen.

Dr Lombard said the carbon dioxide pipe could be attached to the oxygen pipe although the connections were slightly different. — Sapa.

19/8/1980

Nurse found guilty

JOHANNESBURG — Mrs Lara Waite, a nurse who served a prison sentence for an offence relating to a case involving Mrs Winnie Mandela, has been found guilty of improper conduct by the disciplinary committee of the South African Nursing Council.

Mrs Waite (42), the wife of Springbok cricketer John Waite, appeared before the committee yesterday and was cautioned. The committee decision is subject to approval by the full council.

In October last year Mrs Waite was convicted of interfering with the administration of justice by refusing to give evidence. A 12-month jail sentence was reduced to two months on appeal.

At yesterday's hearing, Mr van der Merwe, appearing pro-forma for the South African Nursing Council, said this offence was regarded as a threat to the safety of the State, and the committee should, therefore, find her guilty of disgraceful or improper conduct.

Mr Tucker, appearing for Mrs Waite, said his client did not refuse to give evidence because she wanted to be arrogant or defiant, but because her conscience and moral beliefs would not allow her to.

In a statement read to the committee, Mrs Waite said she had visited Mrs Mandela in May last year out of a sense of Christian duty. — SAPA.

● Pictured in the recovery room after delivering his latest infant is Mr Joseph Selhako, only Black male midwife in the province.

Joseph's a hit as first male midwife

By ZANDI SIKWEBU

LACK of money stopped Joseph Sehlako, 32, from being a doctor — so he became a midwife instead. He is the first Black male in the Transvaal to qualify for such a job, recently completing his course at Ga-Rankuwa Hospital, near Pretoria.

At the moment he is working in a male surgical ward while waiting to be assigned to the labour ward.

He said: "It was always my aim to become a medical doctor but, because of financial problems at home, I could not fulfil my ambition. But I did enter nursing after completing my matric."

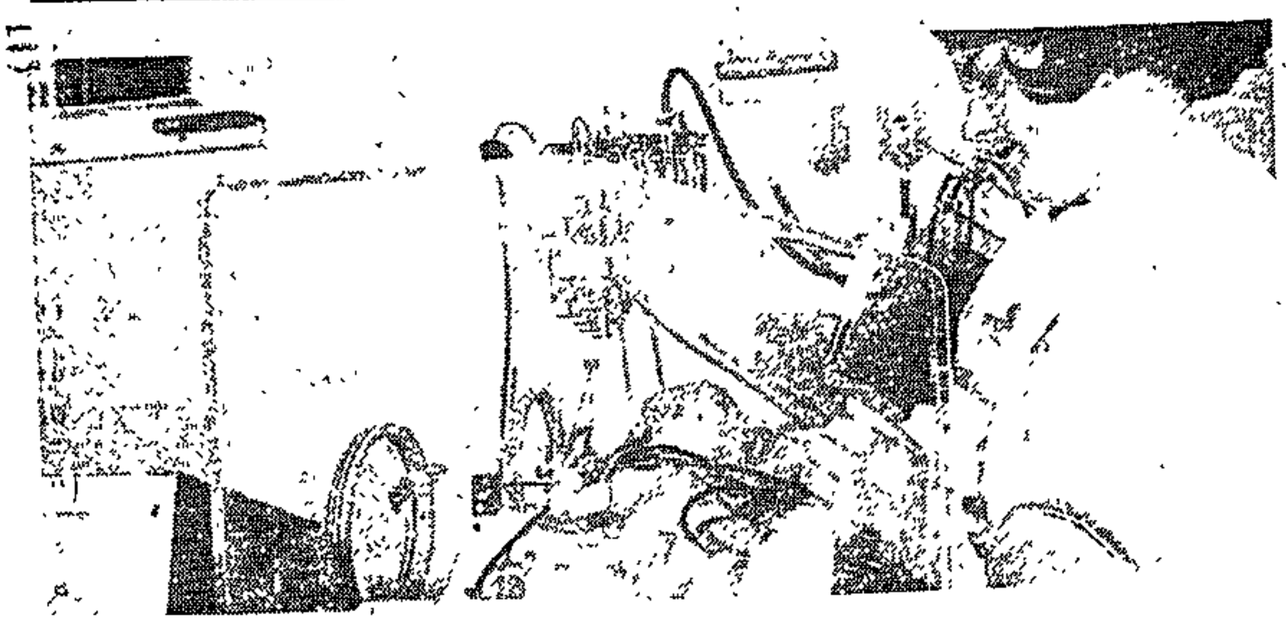
Unassuming and shy-looking, Mr Sehlako said: "I have never suffered any complex by being the only man among a lot of pretty girls. They always accepted me as their colleague. During my training I helped 30 women when they were giving birth.

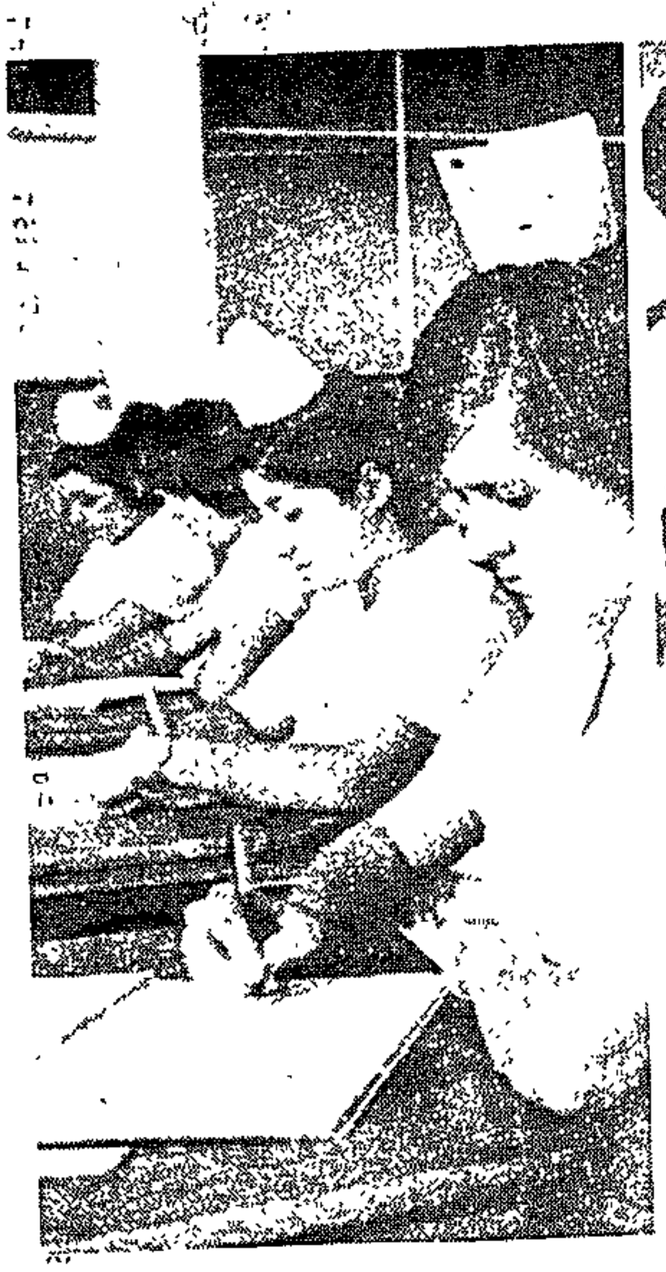
Mr Sehlako is married to a teacher and they have two children. His wife Grace said: "I am very proud of my husband and of his qualification. He will be of service to the community." She appealed to other men not to be afraid to venture into the profession.

The hospital's superintendent, Dr N Jilliland, said: "We are very happy with him. We do not know of any hospital in the Transvaal that has produced a Black male midwife. The door is opened to anyone who wants to become one on condition he gets the required qualifications."

Dr Jilliland was asked whether Mr Sehlaku could become a matron? The reply was: "Oh yes. But we do not know what we will call him when he does!"

RDM 9/10/78 (95)





Nurses want a better deal

The nurse, recognised as doing one of the most vital jobs in a community, has never been adequately compensated for her time, dedication and skill. At the moment nurses in South Africa are voicing their dissatisfaction and, last week, 300 nurses met in Johannesburg to discuss pay grievances. The matter is before a public service commission. FLAIR takes a quick look at the nursing profession today.

ETHEL HAZELHURST

"THERE was a time when typhoid and pneumonia were treated by the nurse. "It was she who saved the patient, not the doctor," said Prof Charlotte Searle, head of the department of nursing at the University of South Africa.

"The quality of the nursing meant the difference between life and death."

Today the demands made on a nurse are different. Pneumonia and typhoid are no longer the test of her ability.

The quality of her nursing still stands between her patient and death but to do her job adequately she has to spend years in ongoing study.

A knowledge explosion in every field of medicine has meant increasing specialisation not only for doctors but also for nurses.

"Today, 10 000 of the 48 000 registered nurses in South Africa have higher qualifications," said Prof Searle, who is also president of the South African Nursing Association.

They are encouraged to study further and it is possible to get study leave on full pay.

Sixty seven per cent of South Africa's trained, employed nursing force is married and, to help these women, extensive creche facilities are provided at a low rate

But a grave disadvantage is the hours. Though a nurse works an eight-hour day this may be broken up over a 12-hour period and it must, of necessity, involve nightwork.

Many married women accept only part-time work but this disqualifies them from top jobs as part-time people are not eligible for promotion into the top categories.

It was not possible to get nurses' salary scales from any authorities

In an attempt to get the figures I spoke to eight people in the Transvaal Hospital Service and the Public Service Commission.

Each one referred me to another — until eventually I was told that the figures were not available to private organisations.

Figures are, however, available in the Hospital and Nursing Year Book 1978.

These show that the top salary for a white nurse in the chief nursing officer grade is R12 870 a year.

Black and coloured nurses do not, at the moment, fill any such post.

Top salaries presently being paid to coloureds are to regional organisers and chief matrons who get R7 830 a year. Blacks in similar positions are getting R6 630 a year.

Starting salaries, according to the yearbook are: whites — R3 390; coloureds — R2 586; blacks R2 058.

According to nurses interviewed there is also an allowance of 15% paid to white nurses and 17½% paid to coloured and black nurses.

"One of the points we want to make is that, with this tremendous specialisation, there should be a good promotion structure."

Professor Searle was unwilling to talk about the negotiations except to say that they related mainly to registered nurses in the lower half of the career structure.

"You know, people are inclined to criticise the youngsters of today," she said. "But I can tell you that the young nurses are fantastic."

Even the student nurses, aged between 17 and 23, she feels, do their job with great dedication.

"They carry an enormous responsibility from the day they start their education in college.

"Part of their training is done in practica and this means that there is immediately a measure of accountability."

While nurses as a whole are dissatisfied with their pay, the lot of coloured and black nurses is worse than that of their white counterparts.

While qualifications and training are the same for the average nurse, salaries are not.

Said Prof Lucy Wagstaff, of the department of community paediatrics at the University of the Witwatersrand: "A single standard is set and achieved by ALL registered nurses in this country and it is iniquitous that salaries are determined by racial grouping.

"The community at large should demand and ensure that the WHOLE nursing profession is justly paid and treated."

A professional nurse must have passed Standard 10 and may take a three or a three-and-a-half year diploma or a four or four-and-a-half year degree course.

When she has completed her basic training, she can qualify further in one of four fields: clinical nursing, administration, education or community health.

As students, nurses have an advantage over other students because they can pay their way through their training.

Star 18/10/78 (95)

Better salaries for nurses may be on way

Pretoria Bureau

Improved salaries for nurses, including the elimination of the salary gap between the various racial groups, may be announced within a few months.

The Public Service Commission hoped to complete its investigation into an improved salary structure for nurses, "within a few months," said the Minister of Health, Dr Schalk van der Merwe, in a statement yesterday.

He added that the Government had committed itself to narrowing and removing the salary gap, "depending on the country's ability to bear the resulting financial burden."

The statement was issued after a deputation from the South African Nursing Association, led by Professor Charlotte Searle, had met Dr van der Merwe and the Minister of the Interior, Mr Alwyn Schlebusch.

"The Nursing Association submitted urgent representations regarding the conditions of service and the salaries of nurses in government service."

The reclassification of nurses was already being considered by the Public Service Commission, together with the classification of the public service as a whole, said the statement.

"It is expected that this matter will still take some considerable time since the entire public service is implicated."

All recommendations, together with the financial implications, would be subject to Cabinet approval and to the availability of funds.

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1974	7 578		975

Source: Department of Indian Affairs, Annual Reports,

The following table gives an indication of the potential supply of Indian technicians.

Table 6. Matriculation and Senior Certificate, and NTC 1-V passes, 1971-1974.

Year	Matriculation and Senior Certificate	N.T.C.1.	N.T.C.11.	N.T.C. 111	N.T.C. 1V.	N.T.C. V
1971	2 215	34	58	1	-	-
1972	2 231	165	151	16	-	2
1973	2 886	262	130	56	-	-
1974	3 587	189	155	63	-	-

Sources: South African Institute of Race Relations, Annual Surveys, Department of Indian Affairs, Annual Reports.

RDM

Nurse who visited banned disciplined

29/10/78

(98)

Pretoria Bureau

A NURSE, who refused to give evidence after visiting someone under house arrest, was found guilty of improper conduct and warned by the Disciplinary Committee of the Nursing Council.

Altogether 21 nurses recently faced charges before the committee in Pretoria.

Theft of hospital property and stock was the most common charge. Others were cheating in examinations, fraud, ending service without giving notice and abuse of alcohol.

A nurse at a provincial hospital in a small Free State town was found guilty of shameful behaviour after going on duty while under the influence of alcohol. She was struck from the register.

Also struck from the register was a nurse who injected a patient without prescription from the doctor and then failed to report it on the patient's chart.

Transkei nurses break with SA

UMTATA — Transkei nurses have severed ties with the South African Nursing Association and formed their own body with headquarters here.

Mrs Amy Ntuli, first Transkeian to be appointed executive director of the Transkei Nursing Association, said with the passing and gazetting of the Transkei Nursing Act, which was passed this year by Parliament, ties with the South African body had to be severed,a new body formed and board members elected.

"The main objects of our association are to provide for efficient and adequate nursing and midwifery services for Transkei; raise the status, maintain the integrity, and promote the interests of the nursing and midwifery profession; to consider, and subject to the provisions of the act, deal with any matter affecting registration, enrolment and the registration of pupil nurses."

She said the new association, which was non-racial, came into operation in September.

Nurses of all racial groups practising for gain, employed in government, missionary and private hospitals, private nursing homes, or in the employ of medical practitioners, were bound by law to register with the association.

"It will be illegal for nurses to practice or be employed in health institutions without being registered," Mrs Ntuli said. "Even nurses who come from outside Transkei are affected."

She said at present the Transkei Medical Association did not have a nursing council and it would still maintain ties with the South African Nursing Council until it formed its own council.

"Matters concerning discipline for the breach of the nursing code of ethics are still in the hands of the South African Nursing Council."

Mrs D. H. Radloff, executive director of the SANA, addressed members of the Transkei body at the weekend. — DDR.

Nurses to do Caesareans

EAST LONDON — Some black nurses are to be trained to perform Caesarean operations.

This was disclosed by the head of the Nursing Division at the University of Port Elizabeth, Professor J. M. Mellish, who was a guest speaker at the regional nurses' meeting held at Frere Hospital.

The meeting was attended by 200 delegates from various hospitals in the Eastern Cape and Border.

Prof. Mellish told the delegates that these nurses would be selected from those who had passed their midwifery course. Those capable would undergo thorough training at a selected hospital.

She said the aim was to save mothers and children. Some mothers died in the rural areas because there were no doctors when they gave birth. Nurses who were working in the rural clinics would be trained to perform the Caesarean operation.

PROF MELLISH

Speaking on "The changing scene in nursing", Prof. Mellish said nursing was dynamic and moved with times.

Nursing today differed from that of a few decades ago. The greatest changes came in the technological field. Development of new drugs was important in medical treatment. Many people were kept active, functioning members of the community as a result of drugs.

Every nurse has to play part in the ever-changing scene of nursing to her maximum potential. The art and science of nursing will continue to grow and develop to meet the health care needs of the present and the future, Prof. Mellish said. —DDR

One way of defining an efficient drought relief machinery is as follows. Individual citizens should be able to register for work as a means of relieving the effects of drought. Government, on its part, should undertake to provide work according to rules that suit local conditions and assist in the management of an efficient programme. The basis whereby wages would be prescribed by the rules could either be a daily wage or piece rates (piece rates appear to have several advantages; they allow flexibility in the setting of norms that govern average daily wages earned, they reduce the overseer role to one largely of supervision of task measurements, and they contain an incentive to productivity). The rules would also specify the period of work to be provided upon registration; the nature of the work, invariably unskilled manual work; the relationship of work location to residence; and the minimum number of work seekers who have to register before new works are opened.

Within the rules Government would enter into a social contract with the citizenry. When people seek work, Government is obliged to provide work. The catch, unless it is a regular contract, is that government would first have to proclaim a region as drought affected before the programme came into

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oyers' organisations, from trade unions, individual employers
24
As a result the authorities altered the original Bill
ced the Bantu Labour Relations Regulation Amendment Bill.[25]

retained the three-tier system, which had operated for
certain important differences.

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lumn 8390, 6 June 1973.

comment elicited by these Bills is recorded in: Muriel Horrell
orner. A Survey of Race Relations in South Africa, 1973.
, S.A.I.R.R., 1974 pp.276-281 and 286-291.

NURSES PAY

Really sick

95
FM 24/11/76

Hard work and no pay might have been Florence Nightingale's idea of nursing, but today's nurses are losing patience.

This week, negotiations for increased pay and new salary structures entered yet another round, once again without concrete results.

Nurses have plenty to complain about. The maximum monthly salary for white sisters (the lowest category of registered nurses) in state and provincial service is only R417,50. Indian and coloured sisters can aim at no more than R327,50, while their African counterparts get a paltry maximum of R267,50.

The highest pay for white nurses in provincial or state employ is R1 072,50, although in certain private hospitals and university positions this can be substantially higher. Minimum pay in the province (for black assistant nurses) is a starvation R70,50 a month.

Negotiations between the Nurses' Association (to which membership is compulsory for all 96 000 registered nurses in SA), and the authorities have been dragging on for several years. Warns association president Charlotte Searle: "If immediate action is not taken, nurses will leave provincial service and go into private duty nursing, forcing the province to hire them back at higher rates. After World War II, whole hospitals were staffed with private duty nurses."

The association is studying the latest draft proposals from the Department of Health in preparation for a special meeting next week. But matters are still far from resolved. "The situation cannot be saved by a token salary rise," insists Searle. "We need both substantial pay increases and a revised job grading structure."

But the Department of Health says that nurses cannot be considered in isolation. All 39 paramedical professions are being investigated together.

In the meantime, nurses are taking it out on the association itself. Black nurses tell the *FM* that the association, to which they must belong, seems reluctant to rock the boat on the pay issue. Compulsory subscriptions to the association, they complain, yield no returns.

Searle counters that subscriptions for black nurses are less than for whites. "Black nurses have received more development opportunities in recent years than their white counterparts," she adds.

While the wage gap continues, black nurses will continue to protest. There are still great gaps of up to R195 a month despite higher percentage increases for blacks in the last pay rise. An official for the Public Service Commission tells the *FM* that it is government policy to close the gap gradually, starting from the top professionals.

But for many nurses, the pace is too slow. Nurses point out that hospitals like Baragwanath have for years been losing experienced nurses, both to commerce and to white private nursing homes. Others claim that only high unemployment outside government hospitals keeps them in their provincial and government jobs.

Patient and friend . . . who cares?

Only SA nurses allowed to vote

25/11/78

EAST LONDON — Only South African registered nurses may vote in the election of a multiracial SANC Board, said Miss P Doubell, principal matron of Victoria Hospital, Alice.

Of the 33 Council members, three will be black. Members will be elected from the four provinces.

It will be the first time since 1944 that black nurses have direct representation on the board. Before they were represented by a white nursing official.

Candidates have been nominated by branches of the SANC. Voting closes on December 6.

Miss Doubell said registered nurses from homelands including Ciskei would be allowed to vote. Nurses from Bophuthatswana and Transkei may not vote.

A nurse who voted, who was not a South African citizen, could be charged before the Disciplinary Committee of the SANC.

Miss Doubell's comment follows an address by Mrs A. C. Mbalu, matron at Frere Hospital.

Mrs Mbalu is one of the candidates for the Eastern Cape and Border. She addressed more than 200 delegates at a regional meeting at Frere Hospital.

Miss Doubell said Mrs Mbalu, as a candidate, should not have addressed the delegates.

Mrs Mbalu denied she was campaigning and said it was not clear to registered nurses from independent states whether they could vote and many had already voted. — DDR

R20 contract for desperate aides

Sunday Express 26/11/78 (95)

SUNDAY EXPRESS INVESTIGATION BY RUSSELL KAY AND SANDI HUDSON

BLACK nurse aides in training for nursing certificates were so desperate for employment they signed a contract saying they were prepared to work a six-day week for R20 a month, although their counterparts in Government nursing earn a minimum of R70.

This emerged in a Sunday Express survey into private nursing homes.

The Sunday Express spoke to nurse aides training at the Keeves Residential Home in Amanzimtoti, some of whom are supporting three or four children on their R20 and are expected to buy their own books.

"We are given one uniform a year and then we have to buy the rest at R9,99 each," said an aide.

Their course includes two lectures each week from a qualified nurse. Most of their time is spent with the home's elderly sick — many of whom are bedridden.

The aides said they thought their course would take a minimum of two years.

THEY'RE LOOKING AFTER OLD FOLK IN NURSING HOME

They have already completed six months. The Sunday Express established from the South African Nursing Association that the minimum requirement

for a certificate for an aide is six months.

"And if they haven't got the hang of it in a year they'll never get the hang of it," said a spokesman for the association.

It was also established that the minimum starting salary in any Government institute was R846 a year.

The owner of Keeves, Mrs R Keeves, said she was well within her rights to pay the aides what they were getting.

"I made it quite clear when I employed these women that we could not afford to pay them a salary — what we would be paying was merely an allowance. And since they're only trainee nurse aides that is all that they can expect," said Mrs Keeves.

"I would point out that I don't receive one cent for all the time I spend preparing lectures and teaching."

The nurses are expected to do domestic work. "We were not employed for work like cooking and laundry, we are nursing aides not housemaids," one said.

One of the aides, an unmarried woman, has been working as a nursing aide for six years, but only nine months for Mrs Keeves. The woman supports three children on R20 a month.

"I can't carry on like this any longer — I have to ask my brothers to help me all the time. I can't live on this small salary," she said.

One of the married nurses supports six school-going children and thinks that she is lucky to be earning R45 a month after four years of service. She is the highest paid nurse in the home.

Later, the Sunday Express spoke to the matrons of several other nursing homes in Durban. Sister Dorothy Duthie, of the Mitchell Park Nursing Home said she had never heard of anyone paying nursing aides as little as R20 a month.

"It is way below the accepted rate. Usually the starting salary for an unqualified nurse aide is between R40 and R50 a month," she said.

Sister Margaret Massabo of the Morningside Nursing Home was shocked at a salary of R20. "The girls must be lunatics to work for as little as that," she said.

Mr D Chelin, chairman of the Woodlands Nursing Home, said that although his nurse aides started on R35 a month, their pay rose regularly. "Most of our nursing aides are earning R70 — and this includes food."

Mr H M Theron, Deputy Registrar of the South Afri-

can Nursing Council, refused to discuss the matter. "It is not my council's concern. It is a domestic matter between the employers and the nurse aides," he said.

A spokesman for the South African Nursing Association said they were aware of the situation in the private nursing field and were doing everything in their power to investigate it.

"When these women apply for positions in the homes they must make sure conditions are to their satisfaction — so they cannot be abused by their employers."

When the Sunday Express put this to the nurses they said that their employer was not interested in conditions. "But we want our certificates so badly that we don't leave," said the nurses.

HEALTH & DISEASE - Nurse

95

3-1-79 — 25-12-79

Record number of nurses enrol

Star 21/1/79

Own Correspondent

A record number of first-year student nurses have enrolled at Pretoria's H F Verwoerd Hospital this year.

A total of 223 students have been accepted for the three-year diploma course and 52 students for a 4½ year degree. A further 85 students will enrol for the diploma next month.

There was a record number of 430 applications for the diploma course and 142 for the degree course. Every nursing post at the hospital has been filled and 72 additional posts have been created to give more students a chance to enrol

The new intake of nurses come from every province, Rhodesia and SWA/Namibia All have passed their matric exam, and their average age is 18

An orientation programme will be held this week and classes and ward rounds will begin next week.

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obstacles, however, are the setting - a
ent of a full time nature within the require-
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n determined rate for full-time employment.

The long period of benign colonial neglect has left Botswana with little technology suited to her rather extreme agricultural conditions and with little skilled manpower or institutional capacity to produce the same. Botswana's willingness to use foreign experts provides her with the ability to draw upon international experience as a short cut. This Botswana is doing as problems are identified. It is more difficult to create an ethos and organisational arrangements which allow local (field) interests to govern the work of short-term foreign technicians. Similarly, it would be unfortunate if the training and early work experience of national technicians were to be unduly influenced by the social and the professional status elements introduced by foreigners.

Botswana's central government is organised much as many other third world governments in terms of Ministries of Planning and Finance, Agriculture, Works, Local Government and Lands, Education, Home and Foreign Affairs. It is distinguished by having a Ministry of Mineral Resources and Water Affairs, in keeping with their unique place in the economy. What marks Government functioning is its openess and the amount of structured inter-Ministerial contact (through the mechanism of committees). As Government has sought to tackle more complex issues so the need for contact between Ministries has increased. Today some key committees have been given executive powers. The growing complexity of decision making through the use of committees fits the present phase in which Government is attempting to advance on a number of fronts at once. It also reflects the weakness of local government and the concentration of power at the top, this despite official intentions to the contrary.

18/1/79 (95)

Nursing service may end

Mercury Reporter

THE fledgling Bluff voluntary home-nursing service is in danger of collapse because of a shortage of qualified nurses.

The service was started in February last year by Miss "Lu" Maasdorp, who before her retirement was matron in charge of operating theatres at King Edward VIII Hospital.

She was asked to start the service by The Association for the Aged (TAFTA) to help the elderly, on instructions from doctors, with such things as baths, dressings, insulin injections and blood and urine testing, to save them going to hospitals.

"We operate mornings Monday to Friday, and although I have 18 volunteers only seven are qualified, the others being nurse-aides with first-aid experience," she explained.

"Now the husbands of two of our qualified nurses have been transferred and we just won't be able to cope if more people do not come forward.

"We never ask them to do more than one morning a week, unless another nurse is ill, or they can do as little as one morning a fortnight or a month," said Miss Maasdorp.

Volunteers were asked to use their own cars, she said, but their initial equipment and day-to-day surgical needs were supplied by the Lions Club of Durban South.

"I wish we could give nurses petrol money but the donations we receive don't run to that."

She appealed to any qualified nurses, even if they have not kept themselves on the register, to attend the annual meeting on February 1 at the Red Duster Shellhole, Bluff Road, at 10 a.m.

MISS "Lu" Maasdorp

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Money supply today consists [illegible]
(Note that not all debts are money) viz. Inconvertible Paper Money
(these are the I.O.U's of Central Banks), token coins (whose nominal
or face value is greater than their intrinsic metallic value) and,
to a larger extent Demand (Checkable) Deposits. NEAR-MONEY.

5. DIFFERENT METAL STANDARDS. - Gold and Silver Standards and Bi-metallism
Students might refer to relevant sections in Liesey and Steiner.

6. THE SUPPLY OF MONEY.
(a) COMMERCIAL BANKS AND THE MULTIPLE EXPANSION/CONTRACTION OF DEPOSITS:
Commercial Banks' Liabilities (I.O.U's) are acceptable as money.
Understanding of the activity of Goldsmiths is the key to understanding
of modern commercial banks. Banks monetise private I.O.U's which
are not acceptable as money and create their own liabilities (in the
form of checkable deposits) when buying interest-bearing assets/
securities of different kinds - Balance sheets of Commercial Banks -
arrangement of assets in descending order of liquidity and ascending
order of profitability. Primary and secondary deposits.
How Bank loans create deposits - FRACTIONAL RESERVE SYSTEM OF BANKING-
Deposit-creating process should be clearly understood - the Credit
MULTIPLIER - Difference between the single bank's fractional expansion
of deposits and MULTIPLE expansion of the banking system as a whole.
Concept of Excess Reserves: Fully loaned up - limits to size of
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How does one introduce the political into one's analysis or must it necessarily be arbitrarily introduced from the outside as something external to an analysis? And how does one change the structural position of women if men fail to heed the call to "change their consciousness"? Social classes may be overthrown, men cannot (despite wishful thinking on behalf of some). In short, how can this "Sisterhood is powerful" be translated into effective political practice?

It is clear, then, that the UCT Women's Movement cannot have a clear definition of objectives, a systematic analysis of the structural position of women, tying it into the economic, political and ideological levels of society. Instead, it remains in the realm of rhetoric, arbitrary and individual, rather than informed by a critical and objective approach to the totality of society and its forms of oppression.

Contrary to this kind of analysis, we assert that the history of men and women can only be understood in terms of the contradictions that exist between social classes. This is not to deny the importance of the women's struggle against exploitation and discrimination Indeed the mere fact that half of the exploited and oppressed people of this world are women indicates a central role for this struggle. Instead, while recognising the urgency of this struggle, we assert that to ignore the very real contradictions that exist between bourgeois women who experience their oppression as discrimination, and working class women who experience their oppression as essentially exploitation, to ignore the specific way in which the oppression of women is produced and ensured within the South African social formation, and above all, to ignore the struggles of other people struggling against exploitation is not only incorrect but will lead to inadequate strategies that could well ensure that women's libera-

R8-m home for nurses

A nurses' hostel is to be built at Baragwanath Hospital, Johannesburg, at a cost of nearly R8-million, according to a Transvaal Provincial Administration statement on contract tenders.

The roads department has accepted tenders amounting to nearly R12-million, including R10 407 443,43 for the construction of roads near Springs.

Other tenders accepted were: R134 303 for the new Fontainebleau nursery school R166 252,16 for lifts in the J G Strijdom Hospital, R135 925,27 for electrical installations at the Johannesburg College of Education; R162 885 for workshops at the Pardekraal Hospital, R84 423,50 for ground layout at Westvalia High School and R156 282 for ground work at Patriot High School

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the analysis of the UCT Women's Movement rather work to consolidate an independent organisation of women that can come to grips with the problem of exploited women in South Africa. Such a movement would work in opposition to bourgeois feminist groups or would only form an alliance on specific issues, on its own terms; but just as the women's struggle needs to be integrated into a wider social struggle, so too would such a movement, though separate, nonetheless have to integrate itself into wider movements of struggle thus confirming in its political practice the realities and possibilities of its analytical position.

Sybrand delivers bonny babies

Sun. Times
11/2/79 (95)

Picture: JAMES SOULLIER

By DOREEN LEVIN

YOU can call Sybrand de Beer an accoucher, male midwife or a vroedmeester — he doesn't mind now that he's qualified.

But the chances of his delivering any more babies are very slim, he told me this week.

Mr De Beer, 38, was the only male nurse to have done his midwifery training at the Queen Victoria Hospital in Johannesburg, and one of several men who responded to an offer last year by the South African Nursing Council to do midwifery.

He told me: "I could jump over my newly painted roof, I'm so delighted to have passed my exams.

"It means that for the first time in seven years, since I was appointed a senior male nurse, which is equivalent to matron, I can relax if I'm on duty when someone is going to have a baby.

"In the past, over a weekend, I would really worry if someone was going to have a baby, because I didn't really know what was going on."

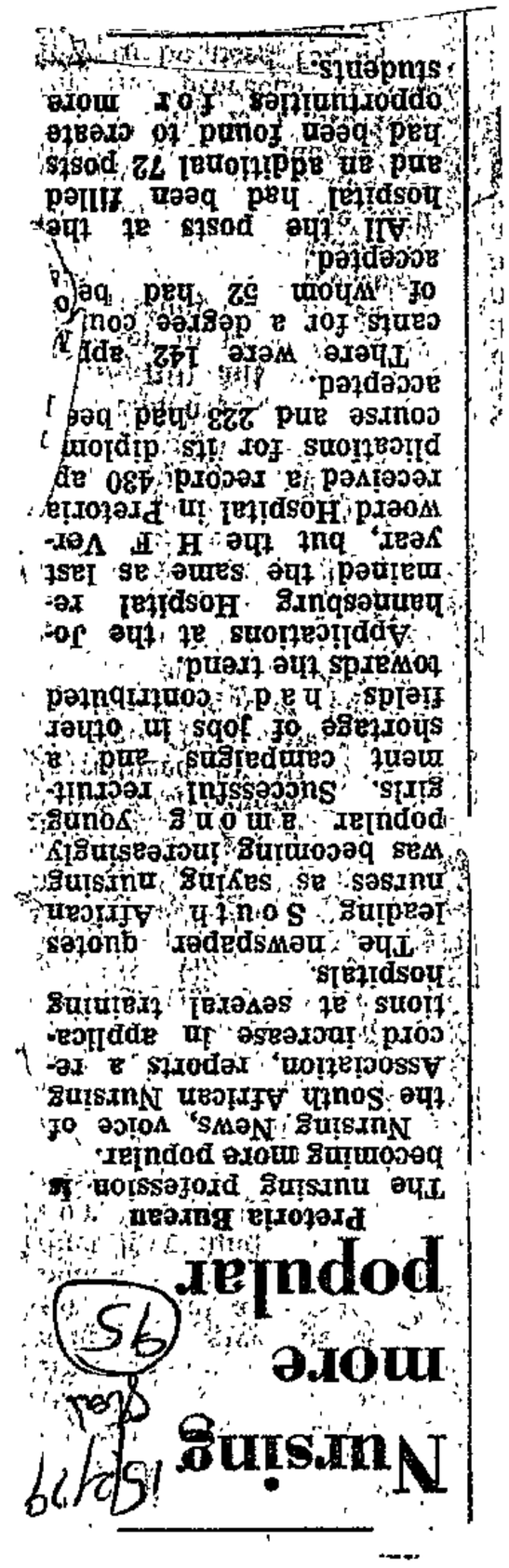
It was because he felt inadequate as a matron without the knowledge of midwifery that he jumped at the chance to take the course — and, in the space of a year, delivered 15 bonny babies.

Our picture shows him with one of them.

Mr De Beer, who has several nursing diplomas, is now doing administrative work at the Boksburg-Benoni Hospital.

He told me he hoped that now the first batch of accouchers including himself had qualified, the public would stop raising their eyebrows at the term "matron" for men.

"After all, no one bats an eyelid at female constables in the police force, or lieutenants in the army."



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oi̯	pootjie	
ui̯	voetjie	skoentjie

15/2/79
Star
95

Nursing more popular

Pretoria Bureau

The nursing profession is becoming more popular.

Nursing News, voice of the South African Nursing Association, reports a record increase in applications at several training hospitals.

The newspaper quotes leading South African nurses as saying nursing was becoming increasingly popular among young girls. Successful recruitment campaigns and a shortage of jobs in other fields had contributed towards the trend.

Applications at the Johannesburg Hospital remained the same as last year, but the H F Verwoerd Hospital in Pretoria received a record 430 ap plications for its diplom course and 223 had bee accepted.

There were 142 app cants for a degree cou of whom 52 had be accepted.

All the posts at the hospital had been filled and an additional 72 posts had been found to create opportunities for more students.

Hansard 3 (101) 20/2/79.

Midwives/health visitors/radiographers/sister tutors

(95)

168. Mr. N B WOOD asked the Minister of Health.

How many (a) Blacks, (b) Indians and (c) Coloureds registered as (i) midwives, (ii) health visitors, (iii) radiographers and (iv) sister tutors during 1978.

The MINISTER OF HEALTH:

Figures relating to the number of (a) Blacks, (b) Indians and (c) Coloureds who registered as (i) midwives, (ii) health visitors and (iv) sister tutors during 1978 will only be available for release after 1 April 1979.

The number of radiographers who registered during 1978 is, 279. This number includes all population groups, as the S.A. Medical and Dental Council does not keep seperate registers for each population group.

The other side of the coin is that the demand for African technicians which we discovered may have been overstated for any one of a number of reasons. However, it is our impression, based on almost a hundred face to face interviews with employers and representatives of employers' associations, that this is not the case. It appears that industry's prime need is for more artisans, a frequently expressed need, but while there is still little scope for African artisans, many Africans could be utilised as technicians were they given the training.

B Question 4. (factors hindering firms from employing more African technicians).

Table 36 shows that the most important hindrance to firms employing more African technicians than they had indicated were the restrictions placed on them by the Trade Unions and Industrial Councils. Although Africans are often not explicitly barred from technicians' jobs, Industrial Council Agreements determine the racial structure of the skills hierarchy, and in a situation where, say, Africans are not allowed to work as artisans, there is little scope for an African technician. The scope for African technicians is relatively greater in industries which are not heavily unionised, e.g. civil engineering, chemicals, electronics, TV and business equipment.

'Job reservation' was considered to be the second most important hindran enforced through Section y precludes the use iting 'job reservati making excuses for not in mind the form of job ial Council Agreeme

The thi te employees', is a very mploying as many African tor is similar to the fi is much the same as

The ans here are some strong ing Africans as technic rs varies from industr the same industry.

Nurse guilty of abortion

DURBAN. — An abortion on an Indian girl of 14 last year brought a maternity sister a suspended R500 fine (or six months') yesterday.

Edna Sylvia Trim, 60, appeared in the Durban Regional Court. Her sentence was suspended for three years.

She pleaded not guilty before Mr H S van der Walt.

Trim, a qualified maternity sister for 38 years, was paid R50 for the operation in her flat.

She is registered as a practising midwife with the South African Nursing Council, the South African Nursing Association and Durban's City Health Department.

The court heard the girl had been taken to hospital on October 28, last year, after an abortion. She had not suffered any harm.

Trim said she had not been in the flat during the abortion. She said it might have been done by a friend, also a midwife, who had been sharing the flat.

The defence accepted that it was common cause that the girl had been pregnant and that an abortion had been committed in Trim's flat.

Passing sentence, Mr Van der Walt said he took into account that Trim had no previous convictions and that she had served her community well for a long time.

The fee of R50 indicated she had not committed the offence for money.

He further considered that the girl had come to no harm and that Trim was an elderly woman. — Sapa.

3.3.1 Presumably during the first long phase employment increased in order to make possible the sustained growth in production. Output per man-year was increasing but not at a sufficient rate to offset the labour-absorbing effects of increased production. Over the period 1946 to 1966 employment increased by 60 per cent ·ıder the impact of a doubling of prod rose from 457 tons to 583 tons for represents the relatively slow rate c ır annum.

3.3.2. In the post- nical change in mining - in particular ning and strip- mining as well as vari anisation - speeded up sufficiently compatible with an absolute decline in increase in production was accompa in labour inputs This represents an inc output per head in 7 years - an annual annum which is a considerably faster rat ı took place during the first long phase of ıe industry. (Open-cast mining of co ery, Natal in 1964.[14] Of the newer ma its stride in 1967, Optimum in 1971, hree of them had a combined output o an industry total of 77 million.)[15]

3.3.3 The problem we the sharp up- turn in employment since nent peak being surpassed in 1976. In ɜion a 24 per cent increase in output was a growth of the labour force - implying some 8 per cent for the period (or ıis is half the rate of productivity gro

3.4. We are unable at present reased labour- absorptiveness of the co . There are some points which may be recording - even though they do not at rent picture.

Nurses' salaries up from April

Argus Correspondent

PRETORIA. — Nurses' salaries will be increased on April 1, the Public Service Commission has announced.

A spokesman for the commission said today all nurses, black and white, would benefit.

The largest wage increases will be among the lowest paid categories of nurses — students and sisters.

The Government has committed itself to narrowing the salary gap between black and white nurses, and this will be reflected in the wage increases, the spokesman said.

BACKDATED

Circulars to departments informing them of the higher salaries will be sent only in a few months' time, so increased pay will be backdated to April 1.

Meanwhile 85 nurses have resigned from Pretoria's H F Verwoerd Hospital in the past three months, and 60 more are considering resigning at the end of the month because of low salaries.

A qualified sister with 22 years' experience said her take-home pay was R345.

"On that I have to support three high school children, pay our flat rent, and generally try to live at a reasonable standard."

The superintendent of the hospital, Dr E van Wyngaardt, said there was now a substantial shortage of qualified nurses.

Pay rise coming as nurses quit

STAR 8/3/79 (95)

Own Correspondent

Nurses' salaries will be increased on April 1, the Public Service Commission has announced in Pretoria.

A commission spokesman said all nurses, black and white, would benefit. The largest increases will be among the lowest paid categories of nurses — students and sisters.

"The Government has committed itself to narrowing the salary gap between black and white nurses, and this will be reflected in the wage increases," the spokesman said.

Circulars detailing the higher salaries will be sent out only in a few months' time, so increases will be backdated to April 1.

In the last three months 85 nurses have resigned from the H F Verwoerd Hospital, Pretoria, and 60 more are considering handing in their resignations at the end of March because of their low pay.

A qualified sister with 22 years' experience, said her take home pay was R345.

"On that, I have to support three highschool children, pay our flat rent, and generally try to live at a reasonable standard.

"When one considers the responsibilities we carry, our salary is not a quarter of what it should be.

"Even a wage increase of 20 percent in April will not be sufficient to meet our needs," he said.

The hospital superintendent confirmed the resignations and said there was now a substantial shortage of qualified nurses.

"We are having to take in part-time staff. We are busy with a recruitment drive and holding a refresher course for non-practising qualified nurses," he said.

Black nurses help out, but in the dark

Argus 17/3/79.

Weekend Argus Correspondent

DURBAN. — A severe shortage of white nurses at Ladysmith Provincial Hospital has led to black nurses having to deal with white patients — but only when they are asleep and cannot see who is ministering to their needs.

The medical superintendent of the hospital, Dr Ivan du Toit, sent a circular letter to all general practitioners in Ladysmith informing them that after 4 pm each day black nurses would be taking charge of all cases admitted to the operating theatre for emergency operations.

DONE WORK

But in order not to upset the sensibilities of the patients (white), the ward nurse (white) takes the patient to theatre and remains with him until he is under the anaesthetic. Then she hands him over to the theatre nurse (black).

After the operation the procedure is reversed so the patient wakes up to the gaze of a white nurse, even though a black nurse has done the work.

Asked if he thought white patients might object if they knew black nurses were in the operating theatre, Dr du Toit said it was no concern of the patients.

SENSIBILITIES

'They have nothing to do with it. The black nurses do not actually handle the patient, so it's of no concern to him who is working in the theatre as long as she is qualified to do the work.'

If the black nurses do not minister in any way to the white patient, why the elaborate procedure to shield the black nurse from being seen by him?

'Whites do have their sensibilities, you know, and they might feel spare. So we do it to protect them,' he said.

SAME TRAINING

Black nurses receive the same training and sit the same exams as whites, so from a medical care point of view there is no reason why they cannot nurse white patients.

Nor is there any law which forbids them to do so.

'A nurse is a nurse as far as we are concerned,' said a spokesman for the South African Nursing Association, in Pretoria.

'There are many hospitals in the country where black and white nurses work side by side in the operating theatres and nobody objects.'

SUNDAY TRIBUNE, MARCH 18, 1979

95

THE BIG NURSE 'TRICK'

By MARION COX

A SEVERE shortage of white nurses at Ladysmith Provincial Hospital has led to black nurses having to deal with white patients — but only when they are asleep and can't see who is ministering to their needs.

The Medical Superintendent of the hospital, Dr Ivan du Toit, sent round a circular letter to all general practitioners in Ladysmith informing them that after 4 o'clock each day black nurses would be taking charge of all cases admitted to the operating theatre for emergency operations.

But in order not to upset the sensibilities of the patients (white), the ward nurse (white) takes the patient to theatre and remains with him until he is under the anaesthetic. Then she hands him over to the theatre nurse (black).

After the operation the procedure is reversed so the patient wakes up to the solicitous gaze of a white nurse even though a black nurse has done the work.

Asked if he thought white patients might object if they knew black nurses were in the operating theatre, Dr du Toit said it was no concern of the patients.

"They have nothing to do with it, the black nurses do not actually handle the patient so it's of no concern to him who is working in the theatre as long as she is qualified to do the work."

If the black nurses do not minister in any way to the white patient, why the elaborate procedure to shield the black nurse from being seen by him?

"Whites do have their sensibilities so we do it to protect them," he said.

White sensibilities are apparently undamaged by seeing black cleaning staff, orderlies and ward maids in Ladysmith hospital.

"Yes, it's true white patients are seeing blacks around them while they are in hospital but they may feel very different about being nursed by a black so this is why we have this procedure," said Dr du Toit.

Black nurses receive the same training and sit the same exams as whites so

Blacks replace whites when the 'lights go out'

from a medical care point of view there is no reason why they cannot nurse white patients. Nor is there any law which forbids them to do so.

"A nurse is a nurse as far as we are concerned," said a spokeswoman for the South African Nursing Association in Pretoria. "There are many hospitals in the country where black and white nurses work side by side in the operating theatres and nobody objects. Personally I couldn't give two hoots what colour the nurse was if I needed help but unfortunately there are still a lot of people who don't see things that way yet."

The chronic shortage of nurses in Natal is not confined to whites, says Dr V. A. van der Hoven, Director of Hospital Services for the province.

"We're always experiencing a staff shortage somewhere for a variety of reasons," he said. "There is a great problem in getting trained white nurses in Ladysmith at the moment but it is not making the slightest difference to the care patients are receiving as our black nurses are equally well qualified. I doubt if anyone would complain if they knew the theatre staff was black but as it is such an emotionally charged subject, we prefer to play it down as much as possible. The less said about it the better."

From one point of view the work of Daillé was wholly justified. The shelves of the libraries are weighed down by spurious and apocryphal works from the early Christian centuri that the genuine works should be enabled to emerge f of the spurious in which they have become envelop of the genuine Ignatius by Ussher and Pearson m see in its full extent the work of the interpolator, v whole of six letters, and inserted passages of consi the seven which are now held to be genuine. Who w and where did he work? Once again, the detectiv gave the right answer. The interpolator lived in Antioch, in the last third of the fourth century closely resembles that of the author of the so-c *stitutions* that Ussher came to the conclusion t do with one man and not with two—the author view which in modern times can claim in its su respectable authority of Harnack.

The work known as the *Apostolic Constitu* paragraph, in illustration of the theme that the accurat Christian documents is of the utmost importance. T is now recognized by all to have been composed no middle of the fourth century, was first printed at Most critical readers with any capacity for weighing recognized that the book had only the most tenuous c the Apostles. But the eighth book contains a docum significance—the so-called Clementine Liturgy, t Eucharistic liturgy that we possess. A whole su Anglican scholars, who were deeply interested in lit cal reform, believed that this was the original a which all others ought to be made to conform.[1]

[1] One of the most passionate and extravagant defenders o William Whiston (1667–1752), the successor of Newton in the matics at Cambridge: 'These Constitutions . . . will well dese every Christian with that caution and awful regard to their con of the Apostles of Christ, nay of Christ himself, and of God his F therein does demand from us. And indeed I must own, as to them without the same regard that I pay to any book of th satisfy'd myself that they are Genuine, Sacred, and Apostolical tory of those Sacred Laws of Christ, by which he will govern his Church *Christianity Reviv'd* (1711–12), vol. iii, pp. 11–12, quoted in W. J. Grisbrooke, *Anglican Liturgies of the Seventeenth and Eighteenth Centuries* (1958), p. 57). But Whiston was not alone in his opinion. There was a danger, though only a passing danger, that the liturgy of the Church of England might come to be influenced by the views of an unknown

points at which critical scholarship has said a decisive No; the thoughts of the late fourth century cannot be read back into the apostolic age, or into that Ignatian age which followed so closely upon it. The work of Ignatius himself and that of his interpolator have been finally and permanently separated from one another.

We come now to the nineteenth century, in which two new factors brought the Ignatian letters back to the centre of attention in the world of learning. The discovery of a short Syriac version of only three letters raised once again the whole question of the authenticity of the Vossian seven.

Ussher and many others had believed with some confidence that a Syriac version of the Ignatian Epistles was in existence; but all their efforts to trace it and to discover a manuscript ended in failure. This was the state of affairs when, in 1845, Dr. Cureton, a Canon of Westminster, at last published the Syriac Ignatius. But the publication contained a great surprise; only three letters were to be found in the Syriac text—the Epistles to Polycarp, to the Ephesians, and to the Romans, and these in a form considerably shorter than the Greek text. At once the question arose whether the Syriac was a shortening of the seven letters, which in that case could still be taken ort Syriac represented the original, een expanded into the longer and as vigorous and lively, and opinion th natural pride in his own discovery, it the Syriac represented the original. rters, among them the outstanding hl (1822–89). Lightfoot himself for a w, and changed it only when extensive gnatian problem convinced him that it Baur, continued to deny the authenti- stles in any form. A few defended the tic and truly Ignatian.

ser to settlement by the great conserva- 838–1933), who had been working on ıy years. In 1875 he came out with his work on the subject which had appeared *Vindiciae* of Bishop Pearson just two centuries before. Zahn was temperament so conservative that he was

author of the fourth century, on the mistaken understanding that he was directly the mouthpiece of the Apostles.

South African Nursing Council

365. Mr. H. F. J. VAN RENSBURG asked the Minister of Health:

How many (a) nurses, (b) student nurses and (c) pupil nurses in each race group were registered with the South African Nursing Council at the end of 1977 and 1978, respectively.

The MINISTER OF HEALTH:

Figures for 1978 will only be available for release after 1 April 1979.

1977	White	Coloured	Asians	Black
(a) Nurses	27 068	3 457	690	18 362
(b) Student Nurses	5 462	1 357	402	6 230
(c) Pupil Nurses	976	1 308	129	2 853

Hansard 27/3/79

KENNISGEWING 182 VAN 1979

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

SAMESTELLING VAN DIE RAAD VIR DIE TYDPERK 1 APRIL 1979 TOT 31 MAART 1984

Ingevolge artikel 5 (6) van die Wet op Verpleging, Wet 50 van 1978, word kennis gegee dat die Raad ingevolge artikel 5 (1) soos volg saamgestel is:

Paragraaf (a).

(i) Mej. C. I. Röscher.
(ii) Prof J. E. Pieterse.
Ds. E. A. van Niekerk.
(iii) Mej. B. N. Hunt.
Prof. W. J. Kotzé.
Mev. M. A. S. Makhaya.
Mej. O. H. Muller.
Mev. M. E. Venter.
Mnr. H. H. L. Abrahamse.
Mev. A. Jansen.

Paragraaf (b):

Dr. R. L. M. Kotzé: *Kaap Provinsie.*
Mej. A. M. Kruger: *Oranje-Vrystaat.*
Mej. J. M. Maguire: *Natal.*
Mev. H. F. M. van Wyk: *Transvaal.*

Paragraaf (c):

Prof. M. C. van Huyssteen—deur die Minister aangestel.

Mej. L. J. du Preez—deur die Administrateurs van die provinsies aangewys.

Paragraaf (d):

Mnr. P. F. Retief.

Paragraaf (e):

Lt.-genl. C. R. Cockroft.

Paragraaf (f):

Mnr. C. M. Taljaard.

Paragraaf (g):

Kol. M. E. de Jager.

Paragraaf (h):

(i) Mej. E. Barnett.
Mej. M. J. Hattingh.
Prof. I. Loots.
Mej. L. A. Schreiber.
Prof. C. Searle.
(ii) Mev. D. Dlomo.
Mev. C. N. Mesatywa.
Mev. R. Mphahlele.
(iii) Mev. M. E. B. Cunningham.
(iv) Mnr. R. Rampersadh.

W. J. VAN SCHALKWYK, Registrateur.

(9 Maart 1979)

NOTICE 182 OF 1979

(95)

THE SOUTH AFRICAN NURSING COUNCIL

CONSTITUTION OF THE COUNCIL FOR THE PERIOD 1 APRIL 1979 TO 31 MARCH 1984

In terms of section 5 (6) of the Nursing Act, Act 50 of 1978, notice is given that the Council has been constituted as follows in terms of section 5 (1):

Paragraph (a):

(i) Miss C. I. Röscher.
(ii) Prof. J. E. Pieterse.
Ds. E. A. van Niekerk.
(iii) Miss B. N. Hunt.
Prof. W. J. Kotzé.
Mrs M. A. S. Makhaya.
Miss O. H. Muller.
Mrs M. E. Venter.
Mr H. H. L. Abrahamse.
Mrs A. Jansen.

Paragraph (b):

Dr R. L. M. Kotzé: *Cape Province.*
Miss A. M. Kruger: *Orange Free State.*
Miss J. M. Maguire: *Natal.*
Mrs H. F. M. van Wyk: *Transvaal.*

Paragraph (c):

Prof. M. C. van Huyssteen—appointed by the Minister.

Miss L. J. du Preez—designated by the Administrators of the provinces.

Paragraph (d):

Mr P. F. Retief.

Paragraph (e):

Lt-Genl C. R. Cockroft.

Paragraph (f):

Mr C. M. Taljaard.

Paragraph (g):

Col M. E. de Jager.

Paragraph (h):

(i) Miss E Barnett.
Miss M. J. Hattingh.
Prof. I. Loots.
Miss L. A. Schreiber.
Prof. C. Searle.
(ii) Mrs D. Dlomo.
Mrs C. N. Mesatywa.
Mrs R. Mphahlele.
(iii) Mrs M. E. B. Cunningham.
(iv) Mr R. Rampersadh.

W. J. VAN SCHALKWYK, Registrar.

(9 March 1979)

GG6331

Table 1V. sets out the new agricultural employment series.

TABLE 1V

AGRICULTURAL EMPLOYMENT

(thousands) 1961-1965, 1969 and 1971-19

DATE	WHITES	COLOUREDS	ASIANS	AFRIC/
1961				
a - whites	112	-	-	-
b - other regular	-	105	6	731
c - casual	-	..	..	..
d - domestic	-	24	1	127
e - subsistence	-	-	-	814
TOTAL	112	..	..	..
1962				
a - whites	112	-	-	-
b - other regular	-	104	6	747
c - casual	-	..	:	.
d - domestic	-	24	-	128
e - subsistence	-	-	-	814
TOTAL	112	..	..	..
1963				
a - whites	112	-	-	-
b - other regular	-	96	6	66
c - casual	-	23	-	14
d - domestic	-	22	-	11
e - subsistence	-	-	-	81
TOTAL	112	141	6	1 74
1964				
a - whites	112	-	-	-
b - other regular	-	103	7	635
c - casual	-	25	-	147
d - domestic	-	21	-	110
e - subsistence	-	-	-	814
TOTAL	112	149	7	1 706

/cont:

ARGUS 4/4/79 (95)

Whites only on Nursing Council, obsolete'

Political Staff

PRETORIA. — The principle of whites only representation on the Nursing Council had become obsolete, the Minister of Health, Dr S W van der Merwe, said here today when he opened the first meeting of a multiracial council.

The new council was constituted in terms of amendments to the Nursing Act last year which provided for:

- Direct representation of blacks, coloured nurses and Indians,
- The abolition of advisory boards for blacks and coloureds.
- The abolition of separate rolls and registers.

The Minister said the new legislation was brought into existence to exercise control over the profession in the public interest. The provisions were based on principles of earlier legislation that had been adapted to comply with present requirements.

'The principle on which the previous council was constituted, that only whites could have direct representation, became obsolete for the times in which we are now living,' Dr van der Merwe said.

'Representations had been received from the nursing profession that the whites only provision should be changed.

No reference was made in the new legislation to population groups except in the election of members. Provision was made for registered nurses in the various population groups to be as far as possible chosen on a proportional basis.

Improved pay scales for nurses ready

STAR 7/4/79

95

By David Breier

New pay scales for South Africa's underpaid nursing profession were issued this week. Although the new scales are secret, nurses are hoping an important upgrading of the profession has occurred.

Aspects of the new deal for nurses are expected to include:

- A basic 10 percent minimum increase for all nurses, in line with the 10 percent increase for public servants announced in the Budget.
- New pay scales for the profession which could increase salaries of more highly qualified nurses.

Complex

- Closing of the wage gap betwen black and white nurses.

The new pay deal was contained in a thick volume issued this week by the Public Service Commission to the four provincial administrations as well as to the State Department of Health.

As the new scales are very complex, it will take some time before the final implications of the scales on nurses' salaries are calculated.

A spokesman for the Public Service Commission assured nurses that when new salaries were calculated, they would be paid retrospectively from April 1.

He said it was the policy of the commission not to divulge the new scales, and the Provincial Administrations and the Department of Health had been instructed not to, without permission from the commission.

Senior members of the nursing profession were in the dark this week on the implications of the new deal. However, they understood nurses would receive at least 10 percent, while some, possibly better qualified, would be placed on higher scales.

A new deal, especially for more senior and better qualified members of the profession would help prevent the drain that is depleting the higher echelons of nursing.

The gap

Nursing sisters are known to have abandoned provincial hospitals to do work such as medical repping at much higher salaries such as R700 a month They have also flocked to more highly paid private hospitals.

The spokesman for the Public Service Commission said that rather than talk of reducing the wage gap between black and white nurses, the commission preferred to say there had been "an improvement in salary relations."

This is understood to mean in effect that the latest pay deal has in fact reduced the wage gap

THE OLD PAY RATES

Previous pay scales for nurses have been so low that they have evoked massive sympathy with the public, considering the "life and death" work nurses do.

A student nurse started on R193 a month, rising by R15 a month each year.

A qualified nursing sister started on R283 a month rising by R15 a month each year to R402 a month.

A senior sister started on R358 a month rising by R15 a month annually to R418 and then by R23 monthly to R507 a month.

Senior matrons started at R508 a month rising by R23 to R591.

Principal matrons started R591 rising to R620 and then by R33 a year to R681. An organiser of nursing services received the same.

A deputy chief nursing officer started at R815 rising by R32 monthly each year to R880.

Chief nursing officers, of whom there are about half a dozen in the country, started at R910 rising a monthly R40 annually to R1 072 a month.

(1) 95
(2) ~~98~~
(3) ~~101~~

Attacks on nurses

20/4/79

By Syd Moses

UMTATA — Transkei nurses worked under the most trying circumstances and some become victims of violence and brutal cold-blooded attacks.

This was said in the National Assembly when the Minister of Health, Mr T. Vika, said nurses were also the victims of acrimonious anonymous letters.

He said interference by the public in the administration of hospitals was strongly deprecated.

Area health boards existed for the voicing of grievances.

If there were genuine reasons for complaint against any nursing staff, they would be taken up by responsible bodies in the community, with the hospital management or with the department.

"Let us demonstrate to our detractors that Transkei, having attained independence peacefully, will continue to pursue its objectives by quiet, peaceful negotiation," he said, We reject confrontation and violence.

Mr Vika said district health boards and the local area committees continued to do good work.

NURSES' PAY RISE MAY BE ONLY R10

95

Argus 5/5/79

CAPE nurses are to get salary increases this month but nursing authorities still do not know the extent of the increases and some nurses fear their pay will go up by as little as R10.

'We have been told nothing', Miss M Hattingh, chief nursing officer in the Department of Hospital Services said this week.

There was nothing unusual about them not being told.

Nurses say the present salaries are too low for a person to live on.

'I've heard that we won't be getting more than an extra R10 or R15 a month,' a nurse said this week about the proposed increases.

DENIED

This was denied by the Director of Hospital Services, Dr R L M Kotze.

'It's a bit more complicated than that,' he said.

'The increases will depend on qualifications and training.'

The deputy secretary of the Civil Service Commission, Mr P C van Rooyen, said he could not supply information about increases.

'They will differ from level to level, and there won't be a fixed increase of a certain percentage,' he said.

DISSATISFIED

'I haven't seen the new salary scales, but the nursing profession has been very dissatisfied with the old scales,' Miss P Harrison, head of Groote Schuur's Department of Nursing said this week.

'It was not economically possible for a young woman to come out on her old wage.'

The raise has followed the resignation of 85 nurses from Pretoria's H F Verwoed Hospital because of low salaries.

A qualified sister with 22 years experience said her take-home pay was R345.

APPENDIX F.

	Packard	Willys	Hudson	Cadillac	Chevrolet	Lincoln	Studebaker	Ford	Dodge	Kaiser-Frazer	Chrysler	Pontiac	DeSoto	Nash	Mercury	Oldsmobile	Plymouth	Buick
Best for cl																		
Most rd																		
Most high																		
powered																		
Best for h																		

Nurses' pay

Argus 7/3/79

95

NURSES are anxiously awaiting details of the increases in pay announced two months ago. As reflected in Weekend Argus, there are fears that the rises will be inadequate — past history amply supports this view. It is indeed incomprehensible that key personnel like nurses and police should be so appallingly badly rewarded.

Nursing is not just a vocation; it is a daily job on which women depend for a decent living. Many nurses are denied this elementary right. And what applies to white nurses is even more cogent for black nurses.

The wage gap should be eliminated and all nurses should be paid a fair, and preferably generous living wage. They deserve no less.

SUMMARY:

This case illustrates ways of thinking about the product, the brand, and the buying process which appear to have important implications for advertising, selling and product design. It uses several different approaches to develop material on product and brand images. The basic technique was the depth or detailed interview. This was supplemented by projective technique including, incomplete sentences, cartoons and adaptions of thematic apperception test, and a number of attitude and opinion question devices.

The concept of social class is employed in connection with the selection of the principal people to be interviewed.

The research, conducted by Social Research Inc., was sponsored by the Chicago Tribune as a means of encouraging thought about improving the content of automobile advertising.

SACKED NURSES IN RACE OUTRAGE

95

Sun. Express 13/5/79

EXCLUSIVE BY PADDI CLAY

TWELVE top nursing sisters have been banned from working at a luxury Johannesburg hospital which is desperately understaffed — because they are Coloured.

Most of the sisters have had more than 20 years' nursing experience and two have received the best training the world can offer — at London's Guys Hospital. One of them, on long leave, is lecturing on nursing at Guys at present.

But the Transvaal Director of Hospital Services, Dr Hennie Grove, has ordered the exclusive Park Lane Clinic to stop using the sisters on nursing duties because it is against Government policy.

Investigating the shock ban on the nurses this week, the Sunday Express found:

● The highly-qualified nursing sisters have been stripped of both their nursing epaulettes and their nursing duties. They are now doing low-level jobs and domestic chores at the hospital.

● They have been replaced with less qualified — but White — nursing sisters and nurse-aides.

● Dr Grove was unable to tell the Sunday Express offhand in terms of which law or regulation he had ordered clinic to dispense with the nurse's services. He said he would do so this week.

● The move against the nurses, sources at the hospital said, came because a gynaecologist at the hospital complained about "Black nurses handling White babies".

'Policy' blamed for 12 lost jobs

The Sunday Express was told that some doctors and patients at the clinic had lodged complaints about the race of the nursing sisters with the management. They said they did not want Coloured sisters to assist and nurse them.

Dr Grove said this week Black and Coloured nurses were needed at their own hospitals. His department was obliged to investigate complaints of this nature, then act.

The Park Lane was told it may not employ the Coloured nurses, and that if it continued to do so it would risk losing its licence.

A check by the Sunday Express failed to turn up the relevant legislation and the South African Nursing Association was not aware of any legislation stopping Black or Coloured nurses from working in private hospitals.

The association maintains that if Coloured nurses are employed, they should be paid a salary equivalent to

To Page 5

(95)

Whites only is nursing rule at Jo'burg clinic

Star 14/5/79

Black and coloured nurses will not be employed in the Park Lane Clinic Johannesburg. The clinic's management has knuckled down to political pressure despite the Minister of Health's assurance that there is no law against employing these nurses.

The manager of the prestige Johannesburg clinic, Mr Harry Fisher, said today he was abiding by the Director of Hospital Services, Dr Hennie Grove's ruling that black or coloured nurses could not be employed in the clinic.

Although the Minister of Health, Dr Schalk van der Merwe, was not available for comment today, he was quoted in a morning newspaper as saying there was no law against employing the nurses.

The dispute about the

To Page 3, Col 7

'Whites only' nurses

Continued.

From page 1

employment of the nurses started recently when 12 highly qualified coloured nurses at the clinic were banned from working as nurses and transferred to other "menial work."

Mr Fisher said he would not personally make any representations to Dr van der Merwe.

"Action is being taken in other spheres," he said.

A Department of Health official said that several years ago it became apparent private nursing homes were employing black nurses at lower pay. There were complaints that they preferred black staff because it was cheaper to employ them.

Now, however, qualified black staff may be employed provided vacant posts have been widely advertised, but must not be paid lower wages than whites.

No need for nursing race bars — De Klerk

RDM 11/5/79.

95

By GERALD REILLY
Pretoria Bureau

MEDICAL and nursing authorities said yesterday there was no reason why a registered black nurse should not be allowed to nurse a white patient, provided the patient agreed.

They were reacting to a statement earlier this week in the Transvaal Provincial Council by the MEC in charge of hospitals, Mr Kallie de Haas.

He said black nurses would not be allowed to nurse whites.

Recently the Transvaal hospitals department banned 12 qualified coloureds from nursing at the Park Lane Clinic in Johannesburg.

Professor J N de Klerk, chairman of the Federal Council of the Medical Association of South Africa, said from Cape Town that the association had taken no specific stand on the issue.

However, his personal view was that the training and competence of the nurse concerned — and not her race — should be the only criteria.

But the patient should also be consulted if a nurse of another race group was to be used, he said.

Professor Charlotte Searle, president of the South African Nursing Association, said the association believed nursing should be "culturally bound" and wherever possible nurses should attend to patients of their own race group.

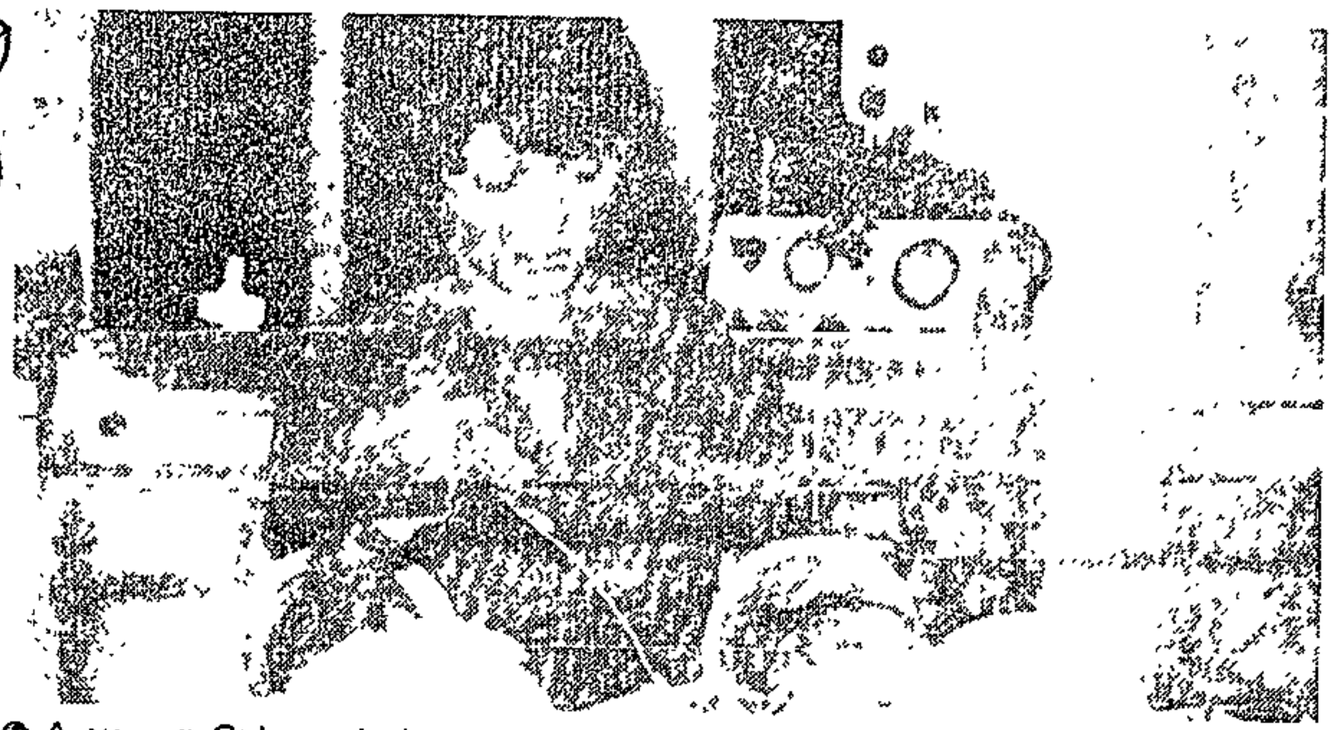
"But it does not mean we would object to black, coloured or Indian nurses nursing white patients in private hospitals and nursing homes."

The only qualification the association would make was that all registered nurses, irrespective of race, be paid at the same rate, Prof Searle said.

(95)

(95) Sunday Express 20/5/79

he love iat kept aby ouise alive



● A young Coloured sister — who has since left the Park Lane Clinic — feeds Louise in her incubator

DDI CLAY

rs Felicity the ban on nurses at the Clinic, Johan- is a personal ad it not been she says, her ghter Louise c died.

ride wrote this Piet Koornhof, of Co-oper- Development, gainst the ban. d Dr Koornhof nfluence to try to attitude of the l Provincial ion and allow ed nurses to rsing premature s.

ride told Dr t had it not sisters in the at the clinic, nise would have

DR PIET TO GET MUM'S CLINIC PLEA

Louise was born weighing only 1.5 kg and had hyaline membrane She was given a 50% chance of survival.

Mrs McBride is convinced it was the love and dedication of the sisters at the Park Lane Clinic that saved her little girl

But now, in terms of a 21-year-old regulation of the provincial administration, the clinic has been told that Coloured sisters cannot nurse White patients

Mrs McBride called the ban a tragic happening in the history of the country's nursing.

"And especially at a time when we South Africans look to the leaders of the National Party to help strive to eliminate petty apartheid . . ."

Mrs McBride told Dr Koornhof of the wonderful help and support she had received from the Coloured sisters who cared for tiny Louise, who had to spend the first five weeks of her life in an incubator

Louise had to remain in the clinic after her mother was discharged.

Mrs McBride and her husband David were only able to see their incubator baby in the evenings

Coloured sisters were on night duty in the neo-natal unit, and were the sisters the McBrides came to know best.

"It was those sisters who taught my husand and me, over the long weeks that we waited for our daughter to be allowed home, how to hold Louise, bath her, feed her and make her feel secure.

"Because Louise was such a tiny baby she had to be handled with extra care, caution and confidence."

Mrs McBride told the Minister the sisters inspired her to cope with the tiny premature baby and be a competent mother.

The sisters even changed Louise's feeding time to fit in with the visits of Mrs McBride and her husband.

"All of us regret that the sisters are now unable to continue the work that everyone, except the Department of Health, believes they are best at," Mrs McBride said.

Mrs McBride ended her letter to Dr Koornhof:

"Can we as Christians ever hold our heads up to God again after depriving not only the sisters of their work but dying and sick babies of the professional and loving care that some have been fortunate enough to have?"

"I don't know if Dr Koornhof will even get my letter personally, but I felt I had to support the sisters in some way," Mrs McBride told me.

"There is a shortage of nurses. The policy should be to use the best ones for the job — regardless of race."

● Very much alive — a photograph of baby Louise McBride as she is today.

Picture by DENIS FARRELL

processes that new karma is made: views are formed, assessments made and impulses generated which pattern our behaviour, frame our outlook and condition our thoughts and deeds in the future. The mental energies activated at this stage generate the elements that will make up the ning Thoughts in the next process of

Rises for nurses soon

(95) C. Times 15/5/79

By JANE ARBOUS

THE Provincial Department of Hospital Services was working "day and night" to implement nurses' salary adjustments by the end of this month, a spokesman said yesterday.

All nurses would be informed of their salary increases, which would be backdated to April 1 Details of the salary increases were not disclosed.

Representatives of the South African Nursing Association held talks with the Minister of Health, Dr S van der Merwe, in Cape Town last month. A memorandum setting out the nurses' dissatisfaction over salary increases was handed to him.

Following reports that 85 Pretoria nurses had resigned recently because of low pay and long hours, the spokesmen said the Cape nursing staff position was "pretty good". The high staff turnover had to be considered. Eighty-seven percent of the 18 000 nursing posts in the Cape were filled last year, he said.

The new salary structure will mean that the more qualified the nurse is, the higher her salary increase, according to this month's issue of Nursing News

An article in Nursing News, official bulletin of the South African Nursing Association, said it had been decided that student nurses and nurse assistants would only have their pension allowances consolidated into basic salaries.

This followed repeated requests from various sources, including nurses, that large increases be given to qualified nursing staff rather than to student nurses.

Referring to the salary gap between black and white nurses and quoting an "informed spokesman", the article said the salary structure was based purely on an accepted policy of salary relationships which would be maintained.

The gap "would in time" be closed from the top.

Nurses could be "satisfied" with the new salary improvements, especially if considered against the background of what the majority of civil servants would receive, and in the light of Budget allowances announced by the Minister of Finance, Senator Owen Horwood.

Nurses throughout the country have protested against the present salaries. Student nurses are paid between R192 and R267 a month in their three years' training, while those in England are paid R347 a month.

'Underpaid nurses' — letter on page 10

Medical profession shocked by complaint

20/5/79 Sunday Express 95

Sunday Express Reporter

MEMBERS of the medical profession are shocked that a doctor at the Park Lane Clinic should have complained about Coloured nursing sisters working at the clinic.

The doctor, believed to be a prominent gynaecologist, is keeping quiet, and those in the know will not identify him

An Indian doctor phoned the Sunday Express to ask the name of the doctor, saying he did not want to recommend any patients to a man with racial prejudice

Other Johannesburg gynaecologists are just as anxious to know his identity.

The Indian doctor said:

"I certainly would hate to think that I have been letting a man with a biased attitude get fat on my patients' money."

Last week the Sunday Express revealed that the Transvaal Provincial Administration had ordered the Park Lane Clinic to dismiss 12 highly-qualified Coloured nurses — threatening to revoke the clinic's licence if this was not done.

A 21-year-old Provincial Council regulation bars Black, Indian or Coloured nurses from nursing Whites. After the complaints from the doctor and some patients, the Park Lane was told to observe the rule.

The Registar of the South African Medical Council, Mr W H Barnard, told the Sunday Express the matter had not been brought to the council's attention

"I glanced at some headlines about nurses but I don't know anything about the situation," Mr Barnard said

The manager of the Park Lane, Mr Hilton Fisher, who considered sacking the Coloured sisters after the Express report appeared, has now decided to keep them.

They are now doing work similar to that done by Black staff at other private clinics — preparing feeds in sterile conditions and packing sterile surgical packs.

Despite the provincial regulation the clinic's management intends to fight for the sisters' right to nurse.

95 20/5/79 Sund Times

Between the nurse and the nursemaid

STEPHEN MULHOLLAND

KALIE de Haas has black domestic servants in his home. They assisted in the raising of his children. When he was growing up black servants worked in his parents's home, assisting in his upbringing.

This same Kalie de Haas believes, however, that although blacks are welcome to sell their labour as nursemaids in his home, and in the home of his parents, they should not be permitted to to sell their labour as skilled and highly qualified nurses in hospitals (wishing to purchase their labour) which cater mainly to whites.

For our sins, Mr De Haas is the Transvaal Provincial Council's MEC for hospital affairs; he believes it is "undesirable" for black nurses to tend to white patients although the Minister for Health has taken the symbolic step of pointing out that there is no central government law which stops blacks nursing at white hospitals.

Now prejudice is a widespread disease. We all suffer from it, in varying degrees, and there is something to be said for a society which allows its members to have, and to exercise, their prejudices.

But society also has a duty to protect its members from damage such as that, for example, caused by a drunken driver. It is a man's own business if he chooses to have a few drinks. It is society's business when he then gets into his car and drives down citizens.

By all means, those who do not wish to be tended by black nurses can be catered for. Perhaps they will have to pay more but surely this is fair: why should society as a whole be forced to finance the prejudice of some of its members? And why should some members of society, in this case black nurses, be circumscribed in their job options merely to satisfy the prejudices of a few?

Those who demand that we all pay up so that they may satisfy their prejudices are making their prejudices society's business. They may find that, having drawn the attention of society to this demand by complaining to Mr De Haas who, predictably, adopts a threatening posture towards hospitals with the temerity to employ black nurses, they may well be in for a rude surprise.

They may find that most people today are less interested in colour than in qualifications and that the opinion of the majority of whites is against them.

They should have kept quiet, practising their little prejudices privately with hospital administrators happy to cater for them so that the majority of patients (who do not complain) can have the benefit of a free market in nursing skills and services.

22/5/79

Nursing in an unhappy state

95

By LEON BEKKER

THERE was a current of dissatisfaction, unhappiness and a lack of motivation in the nursing profession because of low salaries and conditions of service, Dr John Sonnenberg, the Progressive Federal Party's MPC for Green Point, said in the Provincial Council yesterday.

Nurses' dissatisfaction was worse than he had encountered in 27 years of practice as a doctor, he said.

Trained nurses were leaving provincial hospitals in large numbers all over the country. At H F Verwoerd Hospital in Pretoria, 85 qualified nurses had resigned in three months last year and 16 theatre sisters had resigned at Groote Schuur Hospital in February.

"Nurses are highly qualified, trained professional career women who are receiving disgracefully low salaries. The position of coloured and African nurses is even worse than that of the white nurses," he said.

Night-duty allowances were grossly inadequate (from R18 to R26 a month) and were paid every six months.

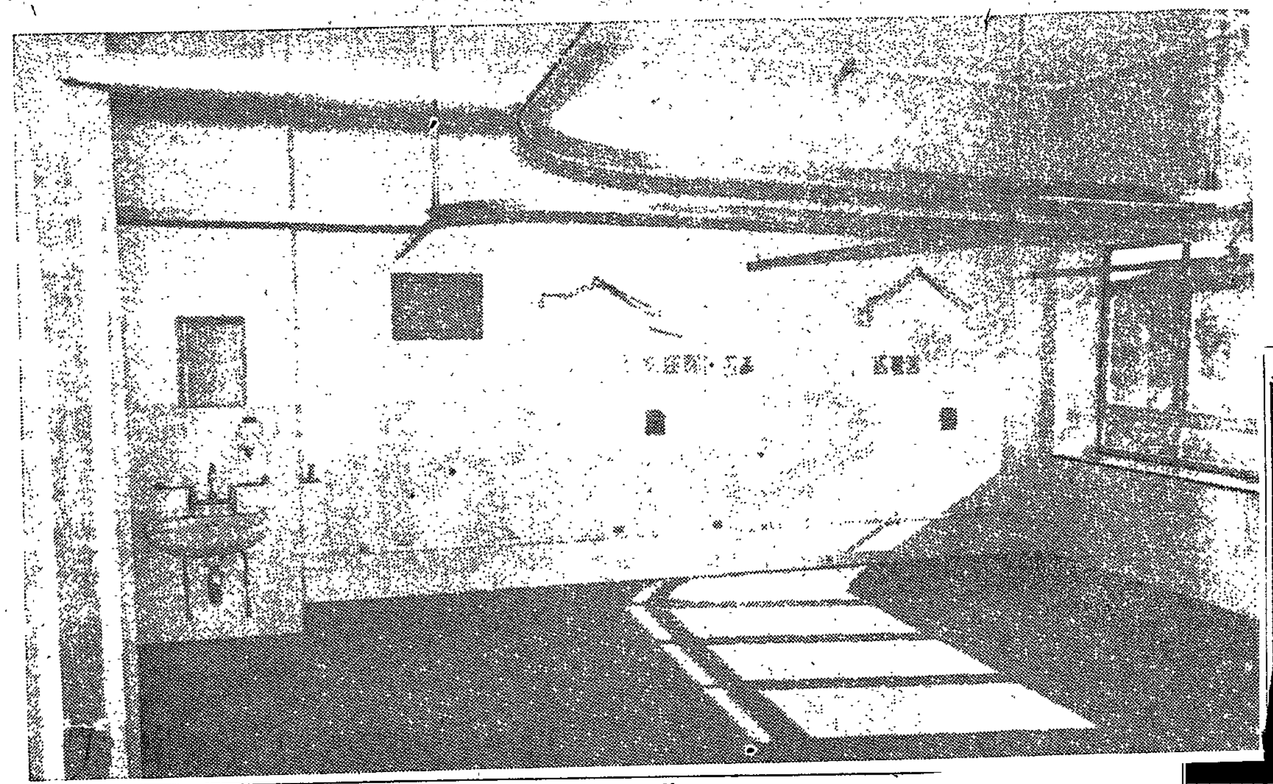
While teachers had to produce a medical certificate only if they were ill for three days or longer, nurses had to get one if they were ill for only one day.

SUNDAY TRIBUNE, JUNE 3, 1979

EMPANGENI

Where no nurses walk... (98) (95)

THE GHOST WHITE WARDS



One of the new wards at Empangeni Hospital stands empty and unstaffed while the list of patients needing treatment grows each day. According to hospital superintendent Dr Richard Dunning the situation has become so bad that patients have been treated in the hospital's waiting room because there are no beds available for them. The official attitude is that the hospital is not of sufficient priority to be given more nursing staff from other areas.

[redacted]

Sun. Trib. 3/6/79.

... and over-
...ntinuous processes such as

Operational Research tools.
...ory is made to represent the
..., regular shift changes, stock
... so on. It is then possible,
...l weeks' or months' operation
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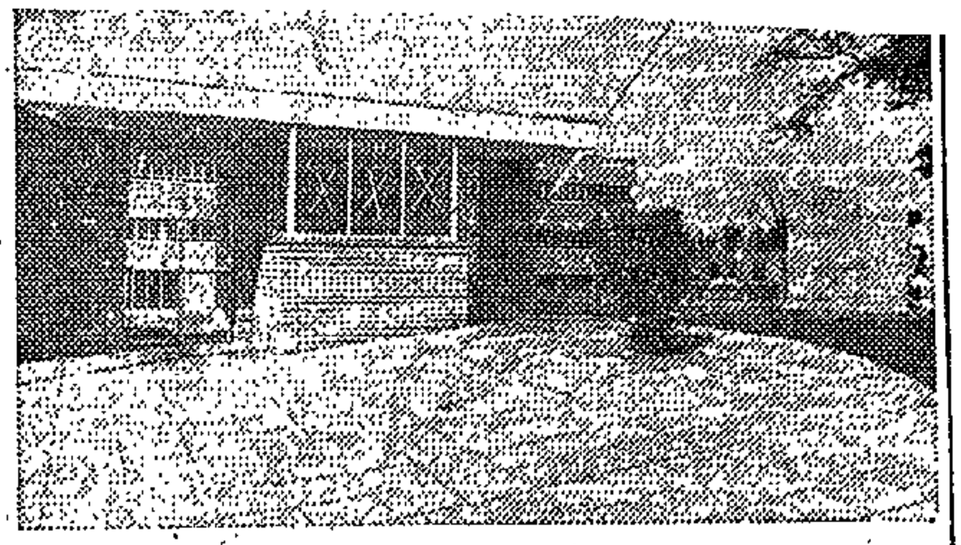
Techniques for making adjustments to operating conditions as external factors vary.

(95)

**† Mathematical Programming*

If a company has only one factory, it supplies all the customers – there is no choice. But if the company has two, each with different capacity and production costs, there is a choice between which customer to supply from which factory to achieve minimum cost of production and transport. And if there are many factories delivering through dozens of warehouses (each with a different storage capacity and handling cost) it is beyond human ability to calculate the production and distribution



ZULULAND'S Empangeni Hospital — R4-million extensions but no staff to run them

Red tape stops staff from other areas moving in to ease crisis

by
CHRIS MARAIS

R4 MILLION have been poured into extensions to the crowded Empangeni Hospital in Zululand — but the wards stand empty because of a critical shortage of white nurses.

Hospital superintendent Dr Richard Dunning said the only way to end the crisis would be to "throw our doors open to the entire labour market and then allow proper control by white matrons.

"We would be able to fill the posts with non-white trained staff," Dr Dunning told the Sunday Tribune. "Already we have had coloured and Indian staff treating the seriously ill white patients — and there have been absolutely no complaints."

Dr Dunning said the situation had become so bad that patients had been treated in the hospital's waiting room because there were no beds available for them.

Extensions to the hospital include a new 60-bed ward — and at least 20 of those beds are needed urgently.

No idea

"The official attitude is that we are not of sufficient priority to be given more nursing staff from other areas," Dr Dunning said. "I have no idea when the situation will be eased."

Dr Dunning also warned that with the impending establishment of a Group Area for coloureds and Indians, there would be a drastic increase in the number of patients and that the situation would become impossible, especially in the intensive care sections.

"The Zululand public has the right to expect us to provide an efficient service without any of he problems we are experiencing."

Dr Dunning said he had had applications from tarined African, coloured and Indian medical personnel who wanted to work at the hospital.

"My staff is hard pressed to keep up," he said. "All we want to do is to be able to perform our work under optimum conditions. Right now, we have the facilities, we have the patients, but we don't have the staff."

Repercussions

Asked whether his outspoken stance on the issue had had repercussions from the Natal medical authorities, Dr Dunning said: "I have been contacted in this regard but I would not like to say anything more about that — it's just not worth it."

A Natal Hospital Services spokesman said there had always been a shortage of staff in one or other area of Natal.

"Our policy concerning nursing staff is that we would not like to take the staff from their own race groups, where they are also needed," he said.

The spokesman admitted that when the extensions to the hospital were planned, a boom in the nearby port of Richards Bay had been envisaged.

"We thought at the time that there would be absolutely no shortage of trained staff," he said.

A Natal Hospital Services official is expected to visit Empangeni for a meeting to discuss staff problems at the hospital.

Nurses will continue to press for better pay

95

27/8/79

Pretoria Bureau

The South African Nursing Association is continuing its fight for better pay for nurses — especially the newly qualified.

The latest edition of Nursing News, the association's newspaper, says its board will not rest until stronger action is taken on salaries.

Professor Charlotte Searle, the president of SANA, and Miss Paddy Harison, the vice-president, had talks with the former Minister of Health, Dr Schalk van der Merwe, about nurses' salaries.

The SANA board decided these were necessary after new salary scales were announced in May.

Professor Searle said Dr van der Merwe was sympathetic, but it had to be remembered "he was not the man who carried the purse."

"The SANA board is concerned about the situation," said Professor Searle.

● The South African Nursing Association is to be reorganised, says vice-president Miss Doreen Radloff. There will be four constitutional congresses in August to discuss it.

Where nurses are needed most

Star 4/8/79

(95) (321)

I am not a supporter of apartheid, and I never have been. I regard it as a doctrine of cowardice and I am sorry that so many good people have allowed themselves to be hoodwinked by it.

But I am afraid that I do support the Director of Hospital Services when he says there should be no coloured nurses at the Park Lane Clinic. But my reasons are different.

There should not be non-white nurses nursing whites anywhere because the grievous shortage of qualified nurses, midwives and health workers among the black population is so tremendous that every Black woman who has completed a formal education in nursing science owes it to her community to serve it and no other.

The status of nurses in the black communities is so high that the black nurse has a potential for raising her people that no-one else had, not even teachers.

If improved salaries are the attraction at Park Lane, the solution is obvious: we must all, black and white, nurse and non-nurse, work for improved conditions and wages for our black, coloured and Indian nurses.

(Mrs) I M Parks
Florida.

Sun. Express 1/7/79 (95)

Grim year for Black doctors

By JEAN LE MAY

FEWER Black doctors qualified in South Africa in 1975 than in 1946, according to Professor Phillip Tobias, head of the Department of Anatomy at Wits University's medical school.

In an address on the training of Black doctors, Dr Tobias told the Medical Students' Council that apartheid in medical training had set South Africa back 50 years in providing enough doctors to meet the need of our expanding population.

Medical education for Blacks in South Africa had not only failed to keep pace with one of the world's fastest growing populations — but had actually moved backwards — and there was now a decline in the absolute number of Black doctors who qualified annually.

"The time is long overdue that every medical school be freely permitted to open its doors to students of reasonable academic merit, irrespective of their racial, national or religious origin . . . it is a grotesque anachronism that this has not arrived . . ."

Dr Nthato Motlana, chairman of the Soweto Committee of Ten, was asked to comment.

He told the Sunday Express that South Africa had been outstripped in the training of Black doctors by poor and underdeveloped African countries, and called on the Government to establish an annual quota of Black students at each of South Africa's five White medical schools.

"Blacks could never compete on merit for places because of the appallingly low standard of their education," he said.

"If a quota were set aside for Blacks at the five White medical schools, we could turn out 200 to 300 Black doctors a year instead of the pathetically low present output."

Professor Tobias said in his address that the constricting and stultifying effects of Christian National Education were nowhere more apparent than in medical education.

"From 1946 to 1956, the average annual output of new African doctors was 6,3; from 1957 to 1966, the total average a year was 13,2; from 1967 to mid-1973, when the State closed the doors of the Wits Medical School to Africans, the average was 11 a year."

Thus there was a slipping back in the absolute number of Africans graduating every year.

Statistics of doctors qualifying in South Africa each year and their distribution among the various sectors of the population were critical and alarming, said Professor Tobias.

In 1967, all South African medical schools combined turned out a total of 387 medical graduates — 328 White, 17 Coloured, 31 Asian and 11 African, he went on.

By early 1973, the total had risen to 521 medical graduates — 440 White, 19 Coloured, 47 Asian and 15 Africans, showing that only the White and Asian groups showed a substantial increase over the 1967 figures.

By 1975, the total had reached 693, comprising 601 Whites, 21 Coloured, 65 Asian and only 6 African medical graduates — compared with the average output of 6,3 African doctors in the decade which started in 1946.

THE FACTS IN FIGURES

Percentage of new doctors in each race group as seen against the group as a percentage of the total population during 1968-1977

Group	as % of population	% of new doctors
White	85,5	17,3
Coloured	3,4	9,4
Asian	8,5	2,9
Black	2,8	70,4

Proportion of new doctors in each group to each million members of that group

Year	White	Coloured	Asian	Black
1967	92	9	55	0,9
1969	98	n/a	n/a	0,5
1975	142	8,9	89	0,3

No. R. 1658 3 Augustus 1979

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

REGULASIES VIR DIE DIPLOMA IN ORTOPEDIESE VERPLEEGKUNDE

Die Minister van Gesondheid vaardig, kragtens artikel 45 (1) (i) van die Wet op Verpleging, 1978 (Wet 50 van 1978), en op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, die volgende regulasies uit ter vervanging van die regulasies gepubliseer by Goewermentskennisgewing R. 3900 van 12 Desember 1969, soos gewysig deur Kennisgewings R. 263 van 14 Februarie 1975 en R. 1579 van 12 Augustus 1977:

Voorwaardes vir die goedkeuring van skole

1. (1) 'n Skool kan goedgekeur word indien—

(a) die organisatoriese struktuur en die fasiliteite om die onderrigprogram aan te bied volgens mening van die raad bevredigend is;

(b) die onderrigprogram volgens mening van die raad bevredigend is;

(c) 'n persoon wat as 'n algemene verpleegkundige geregistreer is en teenoor wie se naam 'n addisionele kwalifikasie in verpleegonderrig en 'n addisionele kwalifikasie in verpleegadministrasie geregistreer is, by die raad as die persoon in beheer van die skool aangedui word;

(d) lede van die verpleegpersoneel wat aan die kliniese onderrig van studente deelneem, geregistreerde algemene verpleegkundiges is teenoor wie se name die addisionele kwalifikasie geregistreer is.

(2) Nieteenstaande die voorwaardes in hierdie regulasie voorgeskryf, kan die raad 'n skool goedkeur selfs al kan daar nie aan al die voorwaardes voldoen word nie. Goedkeuring kan op voorwaardes wat die raad mag bepaal, verleen word.

No. R. 1658 (95) 3 August 1979

THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS FOR THE DIPLOMA IN ORTHOPAEDIC NURSING SCIENCE

The Minister of Health, in terms of section 45 (1) (i) of the Nursing Act, 1978 (Act 50 of 1978), and on the recommendation of the South African Nursing Council, makes the following regulations in substitution for the regulations published under Government Notice R. 3900 of 12 December 1969, as amended by Notices R. 263 of 14 February 1975 and R. 1579 of 12 August 1977:

Conditions for the approval of schools

1. (1) A school may be approved if—

(a) the organisational structure and the facilities for the conduct of the teaching programme are satisfactory in the opinion of the council;

(b) the educational programme is satisfactory in the opinion of the council;

(c) a person who is registered as a general nurse and against whose name an additional qualification in nursing education and an additional qualification in nursing administration are registered, is designated to the council as the person in charge of the school;

(d) members of the nursing staff who take part in the clinical instruction of students are registered general nurses against whose names the additional qualification is registered.

(2) Notwithstanding the conditions prescribed in this regulation, the council may approve a school even if all the conditions cannot be complied with. Approval may be granted upon such conditions as the council may determine.

Toelating tot die kursus

2. 'n Kandidaat moet aan die persoon in beheer van die skool bewys van lopende registrasie as 'n algemene verpleegkundige lewer. Hierdie registrasie moet dwarsdeur die voorgeskrewe tydperk vir die kursus en totdat die uitslae van die eksamen gepubliseer is, in stand gehou word, by versuim waarvan die tydperk van die kursus wat vanaf die datum van skrapping uit die register tot die datum van terugplasing deurloop is, verbeur word.

Registrasie, terugplasing, staking en voltooiing van die kursus

3. Ingevolge die regulasies betreffende die registers vir studente—

(a) moet 'n student om registrasie of terugplasing op die register, aansoek doen;

(b) moet die persoon in beheer van die skool die raad in kennis stel indien 'n student die kursus om enige rede staak voor voltooiing, insluitende 'n oorplasing na 'n ander skool;

(c) moet die persoon in beheer van die skool die raad in kennis stel wanneer 'n student die kursus voltooi.

Duur van die kursus

4. (1) Die kursus duur minstens een akademiese jaar van minstens tweehonderd (200) dae (diensvrydae uitgesluit).

(2) Indien 'n student van een skool na 'n ander oorskakel of die kursus voor voltooiing staak, word die kursus van nuuts af hervat, tensy die raad anders bepaal.

Die leergang

(Die leergang moet saam met die direktief wat van die raad verkrygbaar is, gelees word)

5. *Opmerking.*—(i) Al die vakke van die leergang moet dwarsdeur die kursus op toegepaste vlak gedoseer word;

(ii) die etiese grondslae van verpleging moet dwarsdeur die kursus beklemtoon word;

(iii) die wet wat die praktyk van verpleging beheer, met inbegrip van die regulasies betreffende die gedrag van geregistreerde verpleegkundiges wat onbetaamlike of skandelike gedrag uitmaak, die regulasies betreffende die gedrag van ingeskrewe verpleegkundiges wat onbetaamlike of skandelike gedrag uitmaak, die regulasies betreffende die gedrag van ingeskrewe verpleegassistente wat onbetaamlike of skandelike gedrag uitmaak, en die wetgewing wat op die verskillende aspekte van die leergang van toepassing is, moet dwarsdeur die kursus op toegepaste vlak gedoseer word;

(iv) medies-geregtelike risiko's moet dwarsdeur die kursus beklemtoon word;

(v) die maatskaplike, psigologiese en fisiese verwantskappe in gesondheid en siekte moet dwarsdeur die kursus beklemtoon word;

(vi) die voorkomende, bevorderend, kuratiewe en rehabilitatiewe aspekte moet dwarsdeur die kursus beklemtoon word;

(vii) die wetenskaplike beginsels onderliggend aan verpleging moet dwarsdeur die kursus beklemtoon word;

(viii) Mikrobiologie, Parasitologie en Farmakologie moet dwarsdeur die kursus beklemtoon word.

(1) *Wetenskaplike grondslae van die ortopediese verplegingsproses*

Admission to the course

2. A candidate shall submit to the person in charge of the school proof of current registration as a general nurse. This registration shall be maintained throughout the prescribed period for the course and until the results of the examination are published, failing which the period of the course undergone from the date of removal from the register to the date of restoration, shall be forfeited.

Registration, restoration, termination and completion of the course

3. In terms of the regulations regarding the registers for students—

(a) a student shall apply for registration or for restoration to the register;

(b) the person in charge of a school shall notify the council if a student terminates the course for any reason before completion, including a transfer to another school;

(c) the person in charge of a school shall notify the council when a student completes the course.

Duration of the course

4. (1) The course shall extend over at least one academic year of at least two hundred (200) days (excluding days off).

(2) If a student transfers from one school to another or terminates the course before completion, the course shall be commenced *de novo*, unless the council determines otherwise.

The curriculum

(The curriculum must be read in conjunction with the directive obtainable from the council)

5. *Note.*—(i) All the subjects of the curriculum shall be taught at an applied level throughout the course;

(ii) the ethical foundations of nursing shall be emphasised throughout the course;

(iii) the law governing the practice of nursing including the regulations regarding the conduct of registered nurses which shall constitute improper or disgraceful conduct, the regulations regarding the conduct of enrolled nurses which shall constitute improper or disgraceful conduct, the regulations regarding the conduct of enrolled nursing assistants which shall constitute improper or disgraceful conduct, and the legislation applicable to the various aspects of the syllabus, shall be taught at an applied level throughout the course;

(iv) medico-legal risks shall be emphasised throughout the course;

(v) the social, psychological and physical relationships in health and disease shall be emphasised throughout the course;

(vi) the preventive, promotive, curative and rehabilitative aspects shall be emphasised throughout the course;

(vii) the science principles underlying nursing shall be emphasised throughout the course;

(viii) Microbiology, Parasitology and Pharmacology shall be emphasised throughout the course.

(1) *Scientific foundations of the orthopaedic nursing process*

(2) *Voorkomende en bevorderende gesondheidsorg aspekte van die ortopediese verplegingsproses*

(3) *Ortopedie en die ortopediese verplegingsproses*

(4) *Psigososiale aspekte en dinamika van ortopediese verpleging*

Lesings, kliniese onderrig en praktika

6. Studente moet dwarsdeur die kursus sowel teoretiese as kliniese onderrig in die vakke soos in die leergang in regulasie 5 voorgeskryf, ontvang en praktika deurloop.

Die eksamen en eksamenpunte

7. (1) Die eksamen bestaan uit vier (4) gedeeltes, naamlik:

(a) Drie (3) skriftelike gedeeltes wat elk drie (3) uur duur;

(b) 'n mondelinge gedeelte (wat na goeddunke van die eksaminatore prakties kan insluit).

(2) (a) Suksesvolle kandidate word as "geslaag" of "met lof geslaag" aangedui.

(b) Om in die eksamen te slaag, moet 'n kandidaat minstens vyftig (50) persent van die totale puntetal behaal: Met dien verstande dat die kandidaat minstens veertig (40) persent in elk van die vier gedeeltes behaal.

(c) Om met lof te slaag, moet 'n kandidaat minstens vyf-en-sewentig (75) persent van die totale puntetal behaal.

(d) Kandidate word nie in volgorde van verdienste geplaas nie en punte of plekke word nie openbaar gemaak nie, tensy dit in verband is met 'n prys of toekenning deur die raad goedgekeur.

Toelating tot die eksamen

8. 'n Kandidaat vir toelating tot die eksamen dien in—

(1) 'n aansoek om toelating ooreenkomstig regulasie 10;

(2) 'n sertifikaat deur die persoon in beheer van die skool dat die kandidaat—

(a) op die grondslag van 'n stelsel van deurlopende evaluering, bevoegd en geskik ten opsigte van houdings, benadering, insig, kennis en vaardighede gevind is;

(b) die voorgeskrewe tydperk vir die kursus teen die einde van die maand waarin die eksamen afgeneem word, sal voltooi;

(c) teen die datum van die eksamen aan die bepalings van regulasie 6 sal voldoen.

Hertoelating tot die eksamen

9. (1) 'n Kandidaat moet 'n aansoek ooreenkomstig regulasie 10 indien.

(2) (a) 'n Kandidaat wat by die eerste poging in die eksamen druip, kan by die tweede poging slegs vir die gedeeltes, maar hoogstens twee, waarin minder as vyftig (50) persent maar minstens veertig (40) persent behaal is, weerinskryf, by gebreke waarvan die kandidaat weer vir al die gedeeltes moet inskryf; Met dien verstande dat die kandidaat binne een jaar vanaf die eksamen waarin die kandidaat gedruip het, weer vir die eksamen moet inskryf, by versuim waarvan die kandidaat geen krediet behou nie en die kursus moet herhaal, aan alle toelatingsvereistes vir die eksamen moet voldoen en opnuut vir die eksamen in die geheel moet inskryf, tensy die raad anders bepaal.

(2) *Preventive and promotive health care aspects of the orthopaedic nursing process*

(3) *Orthopaedics and the orthopaedic nursing process*

(4) *Psychosocial aspects and dynamics of orthopaedic nursing*

Lectures, clinical instruction and practica

6. Students shall throughout the course receive instruction, both theoretically and clinically, and undergo practica in the subjects prescribed in the curriculum in regulation 5.

The examination and examination marks

7. (1) The examination shall consist of four (4) portions, being—

(a) three (3) written portions of three (3) hours duration each;

(b) an oral portion (which may at the discretion of the examiners include practical).

(2) (a) Successfull candidates shall be shown as having "passed" or "passed with honours".

(b) To pass in the examination, a candidate shall obtain at least fifty (50) per cent in the aggregate: Provided that the candidate shall obtain at least forty (40) per cent in each of the four portions.

(c) To pass with honours, a candidate shall obtain at least seventy-five (75) per cent in the aggregate.

(d) Candidates shall not be placed in order of merit and marks or places shall not be disclosed, except in connection with a prize or award approved by the council.

Admission to the examination

8. A candidate for admission to the examination shall lodge—

(1) an application in terms of regulation 10;

(2) a certificate by the person in charge of the school that the candidate—

(a) on the basis of a system of continual assessment, has been found competent and suitable in respect of attitudes, approach, insight, knowledge and skills;

(b) will complete the prescribed period for the course by the end of the month in which the examination is held;

(c) will comply with the provisions of regulation 6 by the date of the examination.

Re-admission to the examination

9. (1) A candidate shall lodge an application in terms of regulation 10.

(2) (a) A candidate who fails in the examination at the first attempt, may re-enter at the second attempt only for those portions, not exceeding two, in which less than fifty (50) per cent but at least forty (40) per cent was obtained, failing which the candidate shall re-enter for all portions: Provided that the candidate shall re-enter for the examination within one year of the examination in which the candidate failed, failing which the candidate shall not retain any credit and shall repeat the course, comply with all admission requirements for the examination and re-enter for the examination as a whole, unless the council determines otherwise.

(b) 'n Kandidaat wat by 'n tweede of enige daaropvolgende poging in die eksamen druip, behou geen krediet nie en moet elke keer die kursus herhaal, aan alle toelatingsvereistes vir die eksamen voldoen en weer vir die eksamen in die geheel inskryf.

Datums van eksamen, aansoeke om toelating en hertoelating en eksamengelde

10. (1) Die persoon in beheer van 'n skool moet die raad onmiddellik in kennis stel, met vermelding van redes, indien 'n kandidaat na indiening van 'n aansoek ooreenkomstig hierdie regulasie, nie meer toegelaat of hertoegelaat kan word nie.

(2) Die eksamen word twee keer per jaar in die maande Januarie en Julie afgeneem en aansoeke om toelating of hertoelating moet voor of op 7 November en 7 Mei onderskeidelik, by die raad ingedien word.

(3) Gelde van dertig rand (R30) word by aansoek om toelating of hertoelating tot die eksamen of 'n gedeelte van die eksamen aan die raad betaal.

(4) 'n Aansoek wat nie later nie as sewe (7) dae na die voorgeskrewe datum ingedien word, word slegs by betaling van addisionele gelde van vyf rand (R5) aanvaar.

(5) 'n Aansoek wat later as sewe (7) dae na die voorgeskrewe datum ingedien word, word nie aanvaar nie.

(6) 'n Aansoek om toelating of hertoelating word nie as ingevolge hierdie regulasie "ingedien" beskou nie, tensy 'n behoorlik ingevulde aansoekvorm, tesame met die voorgeskrewe sertifikate, die eksamengelde en, waar van toepassing, die addisionele gelde in paragraaf (4) voorgeskryf, die raad bereik nie.

(7) Eksamengelde word verbeur indien 'n inskrywing gekanselleer word of indien 'n kandidaat van 'n eksamen afwesig is, tensy die raad anders bepaal. Hierdie paragraaf is ook op die addisionele gelde in paragraaf (4) voorgeskryf, van toepassing.

Eksamensentrums

11. Sentrums word op plekke waarop die raad mag besluit, ingestel.

Registrasie van addisionele kwalifikasie

12. Aan 'n kandidaat wat in die eksamen geslaag het, word 'n sertifikaat van registrasie van die addisionele kwalifikasie sonder betaling van enige gelde uitgereik: Met dien verstande dat die kennisgewing in regulasie 3 (c) voorgeskryf, ingedien is.

Toepassing van hierdie regulasies

13. Hierdie regulasies is van toepassing op alle kursusse wat na 31 Desember 1979 'n aanvang neem.

No. R. 1659 3 Augustus 1979

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

INTREKKING VAN DIE REGULASIES VIR DIE KURSUS VIR DIE SERTIFIKAAT IN DISTRIKSVERPLEGING

Die Minister van Gesondheid trek, kragtens artikel 45 (4) van die Wet op Verpleging 1978 (Wet 50 van 1978), en op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, met ingang vanaf 1 Julie 1979, die regulasies in wat by Goewermentskennisgewing R. 86

(b) A candidate who fails in the examination at the second or at any subsequent attempt, shall not retain any credit and shall each time repeat the course, comply with all admission requirements to the examination and re-enter for the examination as a whole.

Dates of examination, applications for admission and re-admission and examination fees

10. (1) The person in charge of a school shall notify the council forthwith, giving reasons, if a candidate becomes ineligible for admission or re-admission subsequent to the lodging of an application in terms of this regulation.

(2) The examination shall be held twice a year during the months January and July and applications for admission and re-admission shall be lodged with the council on or before 7 November and 7 May, respectively.

(3) A fee of thirty rand (R30) shall be paid to the council upon application for admission or re-admission to the examination or any portion of the examination.

(4) An application lodged not more than seven (7) days after the prescribed date shall be accepted only on payment of an additional fee of five rand (R5).

(5) An application lodged more than seven (7) days after the prescribed date shall not be accepted.

(6) An application for admission or re-admission shall not be deemed to have been "lodged" in terms of this regulation unless a duly completed application form, together with the prescribed certificates, the examination fee and, where applicable, the additional fee prescribed in paragraph (4), shall have reached the council.

(7) Examination fees shall be forfeited if an entry is cancelled or if a candidate is absent, unless the council determines otherwise. This paragraph shall also apply to the additional fee prescribed in paragraph (4).

Examination centres

11. Centres shall be established at such places as the council may determine.

Registration of additional qualification

12. A candidate who has passed in the examination shall be issued with a certificate of registration of the additional qualification without the payment of a fee: Provided the notice prescribed in regulation 3 (c) has been lodged.

Application of these regulations

13. These regulations shall apply to all courses which commence after 31 December 1979.

No. R. 1659 3 August 1979

THE SOUTH AFRICAN NURSING COUNCIL

REVOCATION OF THE REGULATIONS FOR THE COURSE FOR THE CERTIFICATE IN DISTRICT NURSING

The Minister of Health, in terms of section 45 (4) of the Nursing Act, 1978 (Act 50 of 1978), and on the recommendation of the South African Nursing Council, revokes the regulations published under Government

van 16 Januarie 1970, soos gewysig deur Kennisgewing R. 267 van 14 Februarie 1975, gepubliseer is: Met dien verstande dat—

(a) studente wat op 1 Julie 1979 in opleiding is die kursus ingevolge die regulasies kan voltooi;

(b) drie opeenvolgende eksamens ingevolge die regulasies na voltooiing van die laaste kursus afgeneem word om kandidate wat in enige eksamen gedruip het in staat te stel om die sertifikaat en registrasie van die addisionele kwalifikasie te bekom.

No. R. 1660 3 Augustus 1979

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

REGULASIES VIR DIE DIPLOMA IN GERIATRIESE VERPLEEGKUNDE

Die Minister van Gesondheid vaardig, kragtens artikel 45 (1) (i) van die Wet op Verpleging, 1978 (Wet 50 van 1978), en op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, die volgende regulasies uit:

Voorwaardes vir die goedkeuring van skole

1. (1) 'n Skool kan goedgekeur word indien—

(a) die organisatoriese struktuur en die fasiliteite om die onderrigprogram aan te bied volgens mening van die raad bevredigend is;

(b) die onderrigprogram volgens mening van die raad bevredigend is;

(c) 'n persoon wat as 'n algemene verpleegkundige of as 'n psigiatriese verpleegkundige geregistreer is en teenoor wie se naam 'n addisionele kwalifikasie in verpleegonderrig en 'n addisionele kwalifikasie in verpleegadministrasie geregistreer is, by die Raad as die persoon in beheer van die skool aangedui word;

(d) lede van die verpleegpersoneel wat aan die kliniese onderrig van studente deelneem, geregistreerde algemene verpleegkundiges of geregistreerde psigiatriese verpleegkundiges is teenoor wie se name die addisionele kwalifikasie geregistreer is.

(2) Nieteenstaande die voorwaardes in hierdie regulasie voorgeskryf, kan die raad 'n skool goedkeur selfs al kan daar nie aan al die voorwaardes voldoen word nie. Goedkeuring kan op voorwaardes wat die raad mag bepaal, verleen word.

Toelating tot die kursus

2. 'n Kandidaat moet aan die persoon in beheer van die skool bewys van lopende registrasie as 'n algemene verpleegkundige of as 'n psigiatriese verpleegkundige voorlê. Hierdie registrasie moet dwarsdeur die kursus en totdat die uitslae van die eksamen gepubliseer word, in stand gehou word, by versuim waarvan die tydperk van die kursus wat deurloop is vanaf die datum van skrapping uit die register tot die datum van terugplasing, verbeur word.

Registrasie, terugplasing, staking en voltooiing van die kursus

3. Ingevolge die regulasies betreffende die registers vir studente—

(a) moet 'n student om registrasie of terugplasing op die register aansoek doen;

(b) moet die persoon in beheer van 'n skool die raad in kennis stel indien 'n student die kursus om enige rede voor voltooiing staak, insluitende 'n oorplasing na 'n ander skool;

Notice R. 86 of 16 January 1970, as amended by Notice R. 267 of 14 February 1975, with effect from 1 July 1979: Provided that—

(a) students in training on 1 July 1979 may complete the course in terms of the regulations;

(b) three consecutive examinations shall be conducted in terms of the regulations after completion of the last course to enable candidates who have failed in any examination to obtain the certificate and registration of the additional qualification.

No. R. 1660 3 August 1979

THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS FOR THE DIPLOMA IN GERIATRIC NURSING SCIENCE

The Minister of Health, in terms of section 45 (1) (i) of the Nursing Act, 1978 (Act 50 of 1978), and on the recommendation of the South African Nursing Council, makes the following regulations:

Conditions for the approval of schools

1. (1) A school may be approved if—

(a) the organisational structure and the facilities for the conduct of the teaching programme are satisfactory in the opinion of the council;

(b) the educational programme is satisfactory in the opinion of the council;

(c) a person who is registered as a general nurse or as a psychiatric nurse and against whose name an additional qualification in nursing education and an additional qualification in nursing administration are registered, is designated to the council as the person in charge of the school;

(d) members of the nursing staff who take part in the clinical instruction of students are registered general nurses or psychiatric nurses against whose names the additional qualification is registered.

(2) Notwithstanding the conditions prescribed in this regulation, the council may approve a school even if all the conditions cannot be complied with. Approval may be granted upon such conditions as the council may determine.

Admission to the course

2. A candidate shall submit to the person in charge of the school proof of current registration as a general nurse or a psychiatric nurse. This registration shall be maintained throughout the prescribed period for the course and until the results of the examination are published, failing which the period of the course undergone from the date of removal from the register to the date of restoration, shall be forfeited.

Registration, restoration, termination and completion of the course

3. In terms of the regulations regarding the registers for students—

(a) a student shall apply for registration or for restoration to the register;

(b) the person in charge of a school shall notify the council if a student terminates the course for any reason before completion, including a transfer to another school;

(c) moet die persoon in beheer van 'n skool die raad in kennis stel wanneer 'n student die kursus voltooi.

Duur van die kursus

4. (1) Die kursus duur minstens een akademiese jaar van minstens tweehonderd (200) dae (diensvrydae uitgesluit).

(2) Indien 'n student van een skool na 'n ander oorskakel of die kursus voor voltooiing staak, moet die kursus opnuut hervat word, tensy die raad anders bepaal.

Die leergang

(Die leergang moet saam met die direktief wat van die raad verkrygbaar is, gelees word)

5. *Opmerking.*—(i) Al die vakke van die leergang moet dwarsdeur die kursus op toegepaste vlak gedoseer word;

(ii) die etiese grondslae van verpleging moet dwarsdeur die kursus beklemtoon word;

(iii) die wet wat die praktyk van verpleging beheer, met inbegrip van die regulasies betreffende die gedrag van geregistreerde verpleegkundiges wat onbetaamlike of skandelike gedrag uitmaak, die regulasies betreffende die gedrag van ingeskrewe verpleegkundiges wat onbetaamlike of skandelike gedrag uitmaak, die regulasies betreffende die gedrag van ingeskrewe verpleegassistente wat onbetaamlike of skandelike gedrag uitmaak, en die wetgewing wat op die verskillende aspekte van die leergang van toepassing is, moet dwarsdeur die kursus op toegepaste vlak gedoseer word;

(iv) medies-geregtelike risiko's moet dwarsdeur die kursus beklemtoon word;

(v) die maatskaplike, psigologiese en fisiese verwantskappe in gesondheid en siekte moet dwarsdeur die kursus beklemtoon word;

(vi) die voorkomende, bevorderende, kuratiewe en rehabilitatiewe aspekte moet dwarsdeur die kursus beklemtoon word;

(vii) die wetenskaplike beginsels onderliggend aan verpleging moet dwarsdeur die kursus beklemtoon word;

(viii) Mikrobiologie, Parasitologie en Farmakologie moet dwarsdeur die kursus beklemtoon word.

(1) *Voorkomende en bevorderende gesondheidsorg in die geriatriese verplegingsproses*

(2) *Wetenskaplike grondslae van die geriatriese verplegingsproses*

(3) *Geriatrie en die geriatriese verplegingsproses*

(4) *Psigososiale aspekte en dinamika van gesondheidsorg van die bejaarde*

Lesings, kliniese onderrig en praktika

6. Studente moet dwarsdeur die kursus sowel teoretiese as kliniese onderrig in die vakke soos in die leergang in regulasie 5 voorgeskryf, ontvang en praktika deurloop.

Die eksamen en eksamenpunte

7. (1) Die eksamen bestaan uit vier (4) gedeeltes, naamlik:

(a) Drie (3) skriftelike gedeeltes wat elk drie (3) uur duur;

(b) 'n mondelinge gedeelte (wat na goeddunke van die eksaminatore prakties kan insluit).

(2) (a) Suksesvolle kandidate word as "geslaag" of "met lof geslaag" aangedui.

(c) the person in charge of a school shall notify the council when a student completes the course.

Duration of the course

4. (1) The course shall extend over at least one academic year of at least two hundred (200) days (excluding days off).

(2) If a student transfers from one school to another or terminates the course before completion, the course shall be commenced *de novo*, unless the council determines otherwise.

The curriculum

(The curriculum must be read in conjunction with the directive obtainable from the council)

5. *Note.*—(i) All the subjects of the curriculum shall be taught at an applied level throughout the course;

(ii) the ethical foundations of nursing shall be emphasized throughout the course;

(iii) the law governing the practice of nursing, including the regulations regarding the conduct of registered nurses which shall constitute improper or disgraceful conduct, the regulations regarding the conduct of enrolled nurses which shall constitute improper or disgraceful conduct, the regulations regarding the conduct of enrolled nursing assistants which shall constitute improper or disgraceful conduct, and the legislation applicable to the various aspects of the syllabus, shall be taught at an applied level throughout the course;

(iv) medico-legal risks shall be emphasized throughout the course;

(v) the social, psychological and physical relationships in health and disease shall be emphasized throughout the course;

(vi) the preventive, promotive, curative and rehabilitative aspects shall be emphasized throughout the course;

(vii) the science principles underlying nursing shall be emphasized throughout the course;

(viii) Microbiology, Parasitology and Pharmacology shall be emphasized throughout the course.

(1) *Preventive and promotive health care in the geriatric nursing porcess*

(2) *Scientific foundations of the geriatric nursing process*

(3) *Geriatrics and the geriatric nursing process*

(4) *Psychosocial aspects and dynamics of health care of the aged*

Lectures, clinical instruction and practica

6. Students shall throughout the course receive instruction, both theoretically and clinically, and undergo practica in the subjects prescribed in the curriculum in regulation 5.

The examination and examination marks

7. (1) The examination shall consist of four (4) portions, being—

(a) three (3) written portions of three (3) hours duration each;

(b) an oral portion (which may at the discretion of the examiners include practical).

(2) (a) Successful candidates shall be shown as having "passed" or "passed with honours".

(b) Om in die eksamen te slaag, moet 'n kandidaat minstens vyftig (50) persent van die totale puntetal behaal: Met dien verstande dat die kandidaat minstens veertig (40) persent in elk van die vier gedeeltes behaal.

(c) Om met lof te slaag, moet 'n kandidaat minstens vyf-en-sewentig (75) persent van die totale puntetal behaal.

(d) Kandidate word nie in volgorde van verdienste geplaas nie en punte of plekke word nie openbaar gemaak nie, tensy dit in verband is met 'n prys of toekenning deur die raad goedgekeur.

Toelating tot die eksamen

8. 'n Kandidaat vir toelating tot die eksamen dien in—

(1) 'n aansoek om toelating ooreenkomstig regulasie 10;

(2) 'n sertifikaat deur die persoon in beheer van die skool dat die kandidaat—

(a) op die grondslag van 'n stelsel van deurlopende evaluering, bevoegd en geskik ten opsigte van houdings, benadering, insig, kennis en vaardighede gevind is;

(b) die voorgeskrewe tydperk vir die kursus teen die einde van die maand waarin die eksamen afgeneem word, sal voltooi;

(c) teen die datum van die eksamen aan die bepalings van regulasie 6 sal voldoen.

Hertoelating tot die eksamen

9. (1) 'n Kandidaat moet 'n aansoek ooreenkomstig regulasie 10 indien.

(2) (a) 'n Kandidaat wat by die eerste poging in die eksamen druip, kan by die tweede poging slegs vir die gedeeltes, maar hoogstens twee, waarin minder as vyftig (50) persent maar minstens veertig (40) persent behaal is, weer inskryf, by gebreke waarvan die kandidaat weer vir al die gedeeltes moet inskryf: Met dien verstande dat die kandidaat binne een jaar vanaf die eksamen waarin die kandidaat gedruip het, weer vir die eksamen moet inskryf, by versuim waarvan die kandidaat geen krediet behou nie en die kursus moet herhaal, aan alle toelatingsvereistes vir die eksamen moet voldoen en opnuut vir die eksamen in die geheel moet inskryf, tensy die raad anders bepaal.

(b) 'n Kandidaat wat by die tweede of enige daaropvolgende poging in die eksamen druip, behou geen krediet nie en moet elke keer die kursus herhaal, aan alle toelatingsvereistes vir die eksamen voldoen en weer vir die eksamen in die geheel inskryf.

Datums van eksamen, aansoeke om toelating en hertoelating en eksamengelde

10. (1) Die persoon in beheer van 'n skool moet die raad onmiddellik in kennis stel, met vermelding van redes, indien 'n kandidaat na indiening van 'n aansoek ooreenkomstig hierdie regulasie, nie meer tot eksamen toegelaat of hertoegelaat kan word nie.

(2) Die eksamen word twee keer per jaar in die maande Januarie en Julie afgeneem en aansoeke om toelating of hertoelating moet voor of op 7 November en 7 Mei onderskeidelik, by die raad ingedien word.

(3) Gelde van dertig rand (R30) word by aansoek om toelating of hertoelating tot die eksamen of 'n gedeelte van die eksamen aan die raad betaal.

(4) 'n Aansoek wat nie later nie as sewe (7) dae na die voorgeskrewe datum ingedien word, word slegs by betaling van addisionele gelde van vyf rand (R5) aanvaar.

(b) To pass in the examination a candidate shall obtain at least fifty (50) per cent in the aggregate: Provided that the candidate shall obtain at least forty (40) per cent in each of the four portions.

(c) To pass with honours a candidate shall obtain at least seventy-five (75) per cent in the aggregate.

(d) Candidates shall not be placed in order of merit and marks or places shall not be disclosed, except in connection with a prize or award approved by the council.

Admission to the examination

8. A candidate for admission to the examination shall lodge—

(1) an application in terms of regulation 10;

(2) a certificate by the person in charge of the school that the candidate—

(a) on the basis of a system of continual assessment, has been found competent and suitable in respect of attitudes, approach, insight, knowledge and skills;

(b) will complete the prescribed period for the course by the end of the month in which the examination is held;

(c) will comply with the provisions of regulation 6 by the date of the examination.

Re-admission to the examination

9. (1) A candidate shall lodge an application in terms of regulation 10.

(2) (a) A candidate who fails in the examination at the first attempt, may re-enter at the second attempt only for those portions, not exceeding two, in which less than fifty (50) per cent but at least forty (40) per cent was obtained, failing which the candidate shall re-enter for all portions: Provided that the candidate shall re-enter for the examination within one year of the examination in which the candidate failed, failing which the candidate shall not retain any credit and shall repeat the course, comply with all admission requirements for the examination and re-enter for the examination as a whole, unless the council determines otherwise.

(b) A candidate who fails in the examination at the second or at any subsequent attempt, shall not retain any credit and shall each time repeat the course, comply with all admission requirements to the examination and re-enter for the examination as a whole.

Dates of examination, applications for admission and readmission and examination fees

10. (1) The person in charge of a school shall notify the council forthwith, giving reasons, if a candidate becomes ineligible for admission or readmission subsequent to the lodging of an application in terms of this regulation.

(2) The examination shall be held twice a year during the months January and July and applications for admission and readmission shall be lodged with the council on or before 7 November and 7 May, respectively.

(3) A fee of thirty rand (R30) shall be paid to the council upon application for admission or readmission to the examination or any portion of the examination.

(4) An application ledged not more than seven (7) days after the prescribed date shall be accepted only on payment of an additional fee of five rand (R5).

(5) 'n Aansoek wat later as sewe (7) dae na die voorgeskrewe datum ingedien word, word nie aanvaar nie.

(6) 'n Aansoek om toelating of hertoelating word nie as ingevolge hierdie regulasie "ingedien" beskou nie, tensy 'n behoorlik ingevulde aansoekvorm, tesame met die voorgeskrewe sertifikate, die eksamengelde en, waar van toepassing, die addisionele gelde in paragraaf (4) voorgeskryf, die raad bereik nie.

(7) Eksamengelde word verbeur indien 'n inskrywing gekanselleer word of indien 'n kandidaat van 'n eksamen afwesig is, tensy die raad anders bepaal. Hierdie paragraaf is ook op die addisionele gelde in paragraaf (4) voorgeskryf, van toepassing.

Eksamensentrums

11. Sentrums word op plekke waarop die raad mag besluit, ingestel.

Registrasie van addisionele kwalifikasie

12. Aan 'n kandidaat wat in die eksamen geslaag het, word 'n sertifikaat van registrasie van die addisionele kwalifikasie sonder betaling van enige gelde uitgereik: Met dien verstande dat die kennisgewing in regulasie 3 (c) voorgeskryf, ingedien is.

No. R. 1661 3 Augustus 1979

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

WYSIGING VAN DIE REGULASIES VIR DIE KURSUS VIR DIE DIPLOMA IN VERPLEEG-ADMINISTRASIE

Die Minister van Gesondheid wysig, kragtens artikel 45 (1) en (4) van die Wet op Verpleging, 1978 (Wet 50 van 1978), en op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, die regulasies wat by Goewermentskennisgewing R. 3902 van 12 Desember 1969, soos gewysig deur Kennisgewing R. 260 van 14 Februarie 1975, gepubliseer is, soos volg:

Regulasie 2.

Vervang die bestaande regulasie deur die volgende regulasie:

"2. 'n Kandidaat moet aan die persoon in beheer van die skool bewys van lopende registasie as 'n verpleegkundige voorlê. Hierdie registrasie moet dwarsdeur die kursus en totdat die uitslae van die eksamen gepubliseer word, in stand gehou word, by versuim waarvan die tydperk van die kursus wat vanaf die datum van skrapping uit die register tot die datum van weerinskrywing deurloop is, verbeur word.".

No. R. 1662 3 Augustus 1979

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

INTREKKING VAN DIE REGULASIES VIR DIE KURSUS VIR DIE DIPLOMA VIR PSIGIATRIESE VERPLEEGINSTRUKTEUR

Die Minister van Gesondheid trek, kragtens artikel 45 (4) van die Wet op Verpleging, 1978 (Wet 50 van 1978), en op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, met ingang vanaf 1 Julie 1979, die regulasies in wat by Goewermentskennisgewing R. 87 van 16 Januarie 1970, soos gewysig deur Kennisgewing R. 262 van 14 Februarie 1975, gepubliseer is: Met dien verstande dat—

(a) studente wat op 1 Julie 1979 in opleiding is die kursus ingevolge die regulasies kan voltooi;

(5) An application lodged more than seven (7) days after the prescribed date shall not be accepted.

(6) An application for admission or readmission shall not be deemed to have been "lodged" in terms of this regulation unless a duly completed application form, together with the prescribed certificates, the examination fee and, where applicable, the additional fee prescribed in paragraph (4), shall have reached the council.

(7) Examination fees shall be forfeited if an entry is cancelled or if a candidate is absent, unless the council determines otherwise. This paragraph shall also apply to the additional fee prescribed in paragraph (4).

Examination centres

11. Centres shall be established at such places as the council may determine.

Registration of additional qualification

12. A candidate who has passed in the examination shall be issued with a certificate of registration of the additional qualification without the payment of a fee: Provided the notice prescribed in regulation 3 (c) has been lodged.

No. R. 1661 3 August 1979

THE SOUTH AFRICAN NURSING COUNCIL

AMENDMENT OF THE REGULATIONS FOR THE COURSE FOR THE DIPLOMA IN NURSING ADMINISTRATION

The Minister of Health, in terms of section 45 (1) and (4) of the Nursing Act, 1978 (Act 50 of 1978), and on the recommendation of the South African Nursing Council, amends the regulations published under Government Notice R. 3902 of 12 December 1969, as amended by Notice R. 260 of 14 February 1975, as follows:

Regulation 2.

For the existing regulation, substitute the following regulation:

"2. A candidate shall submit to the person in charge of the school proof of current registration as a nurse. This registration shall be maintained throughout the course and until the results of the examination are published, failing which the period of the course undergone from the date of removal from the register to the date of restoration, shall be forfeited.".

No. R. 1662 3 August 1979

THE SOUTH AFRICAN NURSING COUNCIL

REVOCATION OF THE REGULATIONS FOR THE COURSE FOR THE DIPLOMA FOR PSYCHIATRIC NURSE INSTRUCTOR

The Minister of Health, in terms of section 45 (4) of the Nursing Act, 1978 (Act 50 of 1978), and on the recommendation of the South African Nursing Council, revokes the regulations published under Government Notice R. 87 of 16 January 1970, as amended by Notice R. 262 of 14 February 1975, with effect from 1 July 1979: Provided that—

(a) students in training on 1 July 1979 may complete the course in terms of the regulations;

(b) drie opeenvolgende eksamens ingevolge die regulasies na voltooiing van die laaste kursus afgeneem word om kandidate wat in enige eksamen gedruip het in staat te stel om die diploma en registrasie van die addisionele kwalifikasie te bekom.

(b) three consecutive examinations shall be conducted in terms of the regulations after completion of the last course to enable candidates who have failed in any examination to obtain the diploma and registration of the additional qualification.

No. R. 1663 3 Augustus 1979

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

INTREKKING VAN DIE REGULASIES VIR DIE KURSUS VIR DIE DIPLOMA IN KLINIESE SORG, ADMINISTRASIE EN ONDERRIG

Die Minister van Gesondheid trek, kragtens artikel 45 (4) van die Wet op Verpleging, 1978 (Wet 50 van 1978), en op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, met ingang vanaf 1 Julie 1979, die regulasies in wat by Goewermentskennisgewing R. 41 van 9 Januarie 1970, soos gewysig deur Kennisgewing R. 266 van 14 Februarie 1975, gepubliseer is: Met dien verstande dat—

(a) studente wat op 1 Julie 1979 in opleiding is die kursus ingevolge die regulasies kan voltooi;

(b) drie opeenvolgende eksamens ingevolge die regulasies na voltooiing van die laaste kursus afgeneem word om kandidate wat in enige eksamen gedruip het in staat te stel om die diploma en registrasie van die addisionele kwalifikasie te bekom.

No. R. 1663 3 August 1979

THE SOUTH AFRICAN NURSING COUNCIL

REVOCATION OF THE REGULATIONS FOR THE COURSE FOR THE DIPLOMA IN CLINICAL CARE, ADMINISTRATION AND INSTRUCTION

The Minister of Health, in terms of section 45 (4) of the Nursing Act, 1978 (Act 50 of 1978), and on the recommendation of the South African Nursing Council, revokes the regulations published under Government Notice R. 41 of 9 January 1970, as amended by Notice R. 266 of 14 February 1975, with effect from 1 July 1979: Provided that—

(a) students in training on 1 July 1979 may complete the course in terms of the regulations;

(b) three consecutive examinations shall be conducted in terms of the regulations after completion of the last course to enable candidates who have failed in any examination to obtain the diploma and registration of the additional qualification.

No. R. 1664 3 Augustus 1979

DIE SUID-AFRIKANSE RAAD OP VERPLEGING

REGULASIES VIR DIE KURSUS VIR DIE SERTIFIKAAT VIR INSKRYWING AS 'N VERPLEEGKUNDIGE

Die Minister van Gesondheid verordig, kragtens artikel 45 (1) (i) van die Wet op Verpleging, 1978 (Wet 50 van 1978), en op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, die volgende regulasies uit ter vervanging van die regulasies gepubliseer by Goewermentskennisgewing R. 45 van 9 Januarie 1970, soos gewysig, deur Kennisgewings R. 1377 van 13 Augustus 1971, R 1736 van 29 September 1972 en R. 253 van 14 Februarie 1975:

Voorwaardes vir die goedkeuring van skole

1. (1) 'n Skool kan goedgekeur word indien—

(a) 'n daaglikse gemiddeld van minstens dertig (30) pasiënte vir die opleiding van leerlinge beskikbaar is. Van hierdie pasiënte moet minstens twaalf (12) (mans en vroue) geneeskundig (wat pasiënte wat aan oordraagbare siektes ly, mag insluit) wees, minstens ses (6) chirurgies (mans en vroue) wees en minstens ses (6) pediatries wees;

(b) 'n geregistreerde algemene verpleegkundige by die raad as die persoon in beheer van die skool aangedui word. In die geval van 'n inrigting vir psigiatriese pasiënte mag 'n geregistreerde psigiatriese verpleegkundige aldus aangedui word;

(c) minstens een geregistreerde algemene verpleegkundige of 'n geregistreerde psigiatriese verpleegkundige in die geval van 'n inrigting vir psigiatriese pasiënte, ten alle tye op diens is;

No. R. 1664 3 August 1979

THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS FOR THE COURSE FOR THE CERTIFICATE FOR ENROLMENT AS A NURSE

The Minister of Health, in terms of section 45 (1) (i) of the Nursing Act, 1978 (Act 50 of 1978), and on the recommendation of the South African Nursing Council, makes the following regulations in substitution for the regulations published under Government Notice R. 45 of 9 January 1970, as amended by Notices R. 1377 of 13 August 1971, R. 1736 of 29 September 1972 and R. 253 of 14 February 1975:

Conditions for the approval of schools

1. (1) A school may be approved if—

(a) a daily average of at least thirty (30) patients is available for the training of pupils. Of these patients at least twelve (12) (male and female) shall be medical (which may include patients suffering from communicable diseases), at least six (6) shall be surgical (male and female) and at least six (6) shall be paediatric;

(b) a registered general nurse is designated to the council as the person in charge of the school. In the case of an institution for psychiatric patients, a registered psychiatric nurse may be so designated;

(c) at least one registered general nurse, or a registered psychiatric nurse in the case of an institution for psychiatric patients, is on duty at all times;

(d) lede van die verpleegpersoneel wat aan die kliniese opleiding van leerlinge deelneem, geregistreerde algemene verpleegkundiges of ingeskrewe verpleegkundiges is. Waar die skool 'n inrigting vir psigiatriese pasiënte is, mag geregistreerde psigiatriese verpleegkundiges aan die opleiding van leerlinge deelneem, behalwe dat die kliniese opleiding in chirurgiese verpleging deur 'n geregistreerde algemene verpleegkundige gegee moet word.

(2) Fasiliteite wat die raad bevredig, moet vir die opleiding van leerlinge beskikbaar wees.

(3) Nieteenstaande die voorwaardes in hierdie regulasie voorgeskryf, kan die raad 'n skool goedkeur, selfs al kan daar aan een of meer van die voorwaardes nie voldoen word nie. Hierdie goedkeuring kan op voorwaardes wat die raad mag bepaal, verleen word.

Toelating tot opleiding

2. 'n Kandidaat moet aan die persoon in beheer van die skool 'n sertifikaat dat sy/hy in minstens die agste standerd van 'n onderwysdepartement in die Republiek of Suidwes-Afrika geslaag het, of 'n ekwivalente sertifikaat, voorlê.

Inskrywing, weerinskrywing, staking en voltooiing van opleiding

3. Ingevolge die regulasies betreffende die rolle vir leerlinge—

(a) moet 'n leerling om inskrywing of om weerinskrywing op die rol aansoek doen;

(b) moet die persoon in beheer van die skool die raad in kennis stel indien 'n leerling se opleiding om enige rede voor voltooiing gestaak word, insluitende 'n oorplasing na 'n ander skool;

(c) moet die persoon in beheer van die skool die raad in kennis stel wanneer 'n leerling opleiding voltooi. Tesame met hierdie kennisgewing word 'n rekord van die opleiding wat deur die leerling deurloop is, ingedien.

Opleidingstydperk

4. (1) Onderhewig aan die bepalings van paragrawe (2), (3), (4) en (5) is die opleiding aaneenlopend.

(2) Behalwe soos anders in regulasie 5 voorgeskryf is die opleidingstydperk twee (2) jaar. Die afwesigheidsverlof wat ooreenkomstig paragraaf (3) toegestaan mag word en die siekteverlof (nie bykomstige siekteverlof nie) wat ooreenkomstig paragraaf (4) toegestaan mag word, is by die opleidingstydperk ingesluit.

(3) Afwesigheidsverlof mag soos volg gedurende die voorgeskrewe opleidingstydperk op tye waarop die persoon in beheer van die skool mag besluit, aan 'n leerling toegestaan word—

(a) indien die opleidingstydperk minder as een (1) jaar is — geen;

(b) indien die opleidingstydperk minstens een (1) jaar maar minder as twee (2) jaar is — nie meer as dertig (30) dae allesinsluitend nie;

(c) indien die voorgeskrewe opleidingstydperk minstens twee (2) jaar is — nie meer as sestig (60) dae allesinsluitend nie.

(4) (a) Siekteverlof bereken teen 'n koers van twaalf (12) dae vir elke opleidingsjaar, en 'n proporsionele aantal dae in 'n korter opleidingstydperk, mag aan 'n leerling toegestaan word. Siekteverlof mag op enige tydstip gedurende die voorgeskrewe opleidingstydperk toegestaan word.

(d) members of the nursing staff who take part in the clinical training of pupils are registered general nurses or enrolled nurses. Where the school is an institution for psychiatric patients, registered psychiatric nurses may take part in the training of pupils, except that clinical training in surgical nursing shall be given by a registered general nurse.

(2) Facilities satisfactory to the council shall be available for the training of pupils.

(3) Notwithstanding the conditions prescribed in this regulation, the council may approve a school even if one or more of the conditions cannot be complied with. Such approval may be granted upon such conditions as the council may determine.

Admission to training

2. A candidate shall submit to the person in charge of the school a certificate of having passed at least the eighth standard of an education department in the Republic of South Africa, or an equivalent certificate.

Enrolment, re-enrolment, termination and completion of training

3. In terms of the regulations regarding the rolls for pupils—

(a) a pupil shall apply for enrolment or for restoration to the roll;

(b) the person in charge of a school shall notify the council if a pupil's training is terminated before completion for any reason, including transfer to another school;

(c) the person in charge of a school shall notify the council when a pupil completes training. Simultaneously with this notice a record of the training undergone by the pupil shall be lodged.

Period of training

4. (1) Subject to the provisions of paragraphs (2), (3), (4) and (5) training shall be continuous.

(2) Except as otherwise prescribed in regulation 5, the period of training shall be two (2) years. The leave of absence which may be granted in terms of paragraph (3) and the sick leave (not additional sick leave) which may be granted in terms of paragraph (4) are included in the period of training.

(3) A pupil may be granted leave of absence as follows at such times during the prescribed period of training as the person in charge of the school may decide upon—

(a) if the prescribed period of training extends over at least one (1) year — nil;

(b) if the prescribed period of training extends over at least one (1) year but over less than two (2) years — not more than thirty (30) days in all;

(c) if the prescribed period of training extends over at least two (2) years — not more than sixty (60) days in all.

(4) (a) A pupil may be granted sick leave calculated at the rate of twelve (12) days each year of training and a proportionate number of days in a lesser period of training. Sick leave may be granted at any time during the prescribed period of training.

(b) Bykomstige siekteverlof mag toegestaan word, maar hierdie siekteverlof moet ingewerk word sodat die voorgeskrewe opleidingstydperk voltooi word.

(5) (a) Geen erkenning van vorige opleiding sal verleen word indien 'n onderbreking in opleiding voor voltooiing van minstens ses (6) maande van die voorgeskrewe opleidingstydperk voorkom nie, tensy die raad anders bepaal.

(b) Die tydperk van enige onderbreking in opleiding moet ingewerk word, sodat die voorgeskrewe opleidingstydperk voltooi word.

(c) vir doeleindes van hierdie regulasie beteken die uitdrukking "onderbreking in opleiding"—

(i) enige afwesigheid van opleiding wat nie in hierdie regulasie gemagtig is nie;

(ii) 'n oorplasing van een skool na 'n ander.

Vrystellings

5. (1) 'n Persoon wat die voorgeskrewe opleidingstydperk vir registrasie as 'n algemene verpleegkundige of as 'n psigiatriese verpleegkundige voltooi het, ingevolge die regulasies wat 'n voorlopige eksamen en 'n eindeksamen voorgeskryf het, maar wat in die betrokke eindeksamen gedruip het—

(a) word vrygestel—

(i) van die voorgeskrewe opleidingstydperk;

(ii) van inskrywing as 'n leerlingverpleegkundige;

(b) moet die eksamen wat in regulasie 8 voorgeskryf word, aflê om vir inskrywing as 'n verpleegkundige te kwalifiseer.

(2) 'n Persoon wat opleiding vir registrasie as 'n algemene verpleegkundige, of vir registrasie as 'n psigiatriese verpleegkundige, of vir registrasie as 'n algemene verpleegkundige en 'n psigiatriese verpleegkundige, of vir registrasie as 'n algemene verpleegkundige en 'n vroedvrou gestaak het, maar wat minstens die tweede jaar van opleiding van die betrokke kursus voltooi het en in Algemene Verpleegkunde II en Kliniese Praktika II, of in Psigiatriese Verpleegkunde II en Kliniese Praktika II geslaag het, ongeag of hy in die ander vakke geslaag het wat ten opsigte van die eerste en tweede jaar van die betrokke kursus voorgeskryf word, kan op aansoek en betaling van die voorgeskrewe gelde as 'n verpleegkundige ingeskryf word: Met dien verstande dat 'n rekord van opleiding tot bevrediging van die raad ingedien word.

(3) 'n Persoon wat van die kursus vir registrasie as 'n algemene verpleegkundige, of die kursus vir registrasie as 'n psigiatriese verpleegkundige, of die kursus vir registrasie as 'n algemene verpleegkundige en psigiatriese verpleegkundige, of die kursus vir registrasie as 'n algemene verpleegkundige en 'n vroedvrou, na die kursus vir inskrywing as 'n verpleegkundige oorskakel, kan vrystelling vir die volle tydperk van opleiding wat deur loop is tot 'n tydperk van twaalf (12) maande, plus die helfte van die tydperk van opleiding bo twaalf (12) maande toegestaan word: Met dien verstande dat die totale tydperk van vrystelling nie agtien (18) maande oorskry nie: Met dien verstande verder dat—

(a) 'n oorplasing na 'n ander skool of 'n ander onderbreking in opleiding nie betrokke is nie;

(b) 'n kennisgewing van staking van opleiding as 'n student ingedien word;

(c) 'n aansoek om inskrywing as 'n leerlingverpleegkundige ingevolge regulasie 3 ingedien word, tesame met 'n aansoek om vrystelling;

(b) Additional sick leave may be granted, but such sick leave shall be made up so that the prescribed period of training is completed.

(5) (a) No recognition of previous training shall be granted if a break in training occurs before the completion of six (6) months of the prescribed period of training, unless the council determines otherwise.

(b) The period of any break in training shall be made up so that the prescribed period of training is completed.

(c) For the purpose of this regulation the expression "break in training" means—

(i) any absence from training which is not authorised in this regulation;

(ii) a transfer from one school to another.

Exemptions

5. (1) A person who has completed the prescribed period of training for registration as a general nurse or as a psychiatric nurse under the regulations which prescribed a preliminary examination and a final examination, but has failed in the final examination concerned—

(a) is exempted—

(i) from the prescribed period of training;

(ii) from enrolment as a pupil nurse;

(b) shall take the examination prescribed under regulation 8 to qualify for enrolment as a nurse.

(2) A person who has terminated training for registration as a general nurse, or for registration as a psychiatric nurse, or for registration as a general nurse and a psychiatric nurse, or for registration as a general nurse and a midwife, but who has completed at least the second year of training of the course concerned and has passed in General Nursing Science and Art II and Clinical Practica II, or Psychiatric Nursing Science and Art II and Clinical Practica II, irrespective of whether he has passed in the other subjects prescribed in respect of the first and second years of the course concerned, may be enrolled as a nurse on application and on payment of the prescribed fee: Provided a record of training satisfactory to the council is submitted.

(3) A person who transfers from the course for registration as a general nurse, or the course for registration as a psychiatric nurse, or the course for registration as a general nurse and a psychiatric nurse, or the course for registration as a general nurse and a midwife, to the course for enrolment as a nurse, may be granted exemption for the full period of training undergone up to a period of twelve (12) months, plus one-half of the period of training undergone over twelve (12) months: Provided that the total period of exemption shall not exceed eighteen (18) months: Provided further that—

(a) a transfer to another school or other break in training is not involved;

(b) a notification of termination of training as a student is submitted;

(c) an application for enrolment as a pupil nurse is submitted in terms of regulation 3, together with an application for exemption;

(d) die leerling aan die bepalings van regulasie 9 ten opsigte van toelating tot die eksamen, voldoen: Met dien verstande dat, indien die leerling vrystelling van meer as twaalf (12) maande van opleiding toegestaan word, regulasie 9 (1) (b) (iii) slegs ten opsigte van die tweede jaar van opleiding van toepassing is.

(4) 'n Persoon wat van die kursus vir registrasie as 'n algemene verpleegkundige, of die kursus vir registrasie as 'n psigiatriese verpleegkundige, of die kursus vir registrasie as 'n algemene verpleegkundige en 'n psigiatriese verpleegkundige, of die kursus vir registrasie as 'n algemene verpleegkundige en 'n vroedvrou, na die kursus vir inskrywing as 'n verpleegkundige oorskakel en waar 'n oorplasing na 'n ander skool of 'n ander onderbreking in opleiding betrokke is, kan slegs soos volg vrystelling toegestaan word, tensy die raad anders bepaal:

Opleiding voltooi	*Vrystelling*
Minstens 2½ jaar	15 maande.
Minstens 2 jaar	12 maande.
Minstens 1½ jaar	9 maande.
Minstens 1 jaar	6 maande.
Minstens 9 maande	3 maande.

Met dien verstande dat—

(a) 'n kennisgewing van staking van opleiding as 'n student reeds ingedien is;

(b) 'n aansoek om inskrywing as 'n leerlingverpleegkundige ingevolge regulasie 3 ingedien word, tesame met 'n aansoek om vrystelling;

(c) die leerling aan die bepalings van regulasie 9 ten opsigte van toelating tot die eksamen, voldoen: Met dien verstande dat, indien die leerling vrystelling van meer as twaalf (12) maande van opleiding toegestaan word, regulasie 9 (1) (b) (iii) slegs ten opsigte van die tweede jaar van opleiding van toepassing is.

(5) Die raad kan by aansoek ander vrystellings verleen.

Die leergang

(Die leergang moet saam met die direktief wat van die raad verkrygbaar is, gelees word)

6. *Opmerking.*—(i) Onderrig in al die vakke van die leergang moet dwarsdeur die kursus op toegepaste vlak gegee word;

(ii) die etiese grondslae van verpleging moet dwarsdeur die kursus beklemtoon word;

(iii) onderrig oor die wet wat verplegingspraktyk beheer, insluitende die regulasies betreffende die gedrag van ingeskrewe verpleegkundiges wat onbetaamlike of skandelike gedrag uitmaak, moet dwarsdeur die kursus op toegepaste vlak gegee word;

(iv) mediese-geregtelike risiko's moet dwarsdeur die kursus beklemtoon word;

(v) die maatskaplike, psigologiese en fisiese verwantskappe in siekte moet dwarsdeur die kursus beklemtoon word;

(vi) die voorkomende, bevorderende, kuratiewe en rehabilitatiewe aspekte moet dwarsdeur die kursus beklemtoon word;

(vii) die wetenskaplike beginsels onderliggend aan verpleging moet dwarsdeur die kursus beklemtoon word;

(viii) Mikrobiologie, Parasitologie en Farmakologie moet dwarsdeur die kursus beklemtoon word;

(d) the pupil shall comply with the provisions of regulation 9 for admission to the examination: Provided that if the pupil is granted exemption from more than twelve (12) months of training, regulation 9 (1) (b) (iii) shall apply only in respect of the second year of training.

(4) A person who transfers from the course for registration as a general nurse, or the course for registration as a psychiatric nurse, or the course for registration as a general nurse and a psychiatric nurse, or the course for registration as a general nurse and a midwife, to the course for enrolment as a nurse and where a transfer to another school or any other break in training is involved, may be granted the following exemption only, unless the council determines otherwise:

Training completed	*Exemption*
At least 2½ years	15 months.
At least 2 years	12 months.
At least 1½ years	9 months.
At least 1 year	6 months.
At least 9 months	3 months.

Provided that—

(a) a notification of termination of training as a student has been submitted;

(b) an application for enrolment as a pupil nurse is submitted in terms of regulation 3, together with an application for exemption;

(c) the pupil shall comply with the requirements prescribed under regulation 9 for admission to the examination: Provided that if the pupil is exempted from more than twelve (12) months of training, regulation 9 (1) (b) (iii) shall apply only in respect of the second year of training.

(5) The council may, on application, grant other exemptions.

The curriculum

(The curriculum must be read in conjunction with the directive obtainable from the council)

5. *Note.*—(i) All the subjects of the curriculum shall be taught at an applied level throughout the course;

(ii) the ethical foundations of nursing shall be emphasised throughout the course;

(iii) the law governing the practice of nursing, including the regulations regarding the conduct of enrolled nurses which shall constitute improper or disgraceful conduct, shall be taught at an applied level throughout the course;

(iv) medico-legal risks shall be emphasised throughout the course;

(v) the social, psychological and physical relationships in disease shall be emphasised throughout the course;

(vi) the preventive, promotive, curative and rehabilitative aspects shall be emphasised throughout the course;

(vii) the science principles underlying nursing shall be emphasised throughout the course;

(viii) Microbiology, Parasitology and Pharmacology shall be emphasised throughout the course;

(ix) mansleerlinge kan opleiding deurloop op vroue en kinders in buitepasiënte-, ongevalle- en kliniekdienste, intensiewe verpleegsorgeenhede en in die teater by operasies op vroue en kinders, insluitende herstelkamers, gipsteaters en gipskamers.

(1) *Die etiese grondslae van verpleging*
(2) *Voorkomende en bevorderende gesondheidsorg en gesinsbeplanning*
(3) *Anatomie en Fisiologie*
(4) *Noodhulp*
(5) *Voedingsleer en dieetkunde*
(6) *Verpleegkunde.*

Lesings, demonstrasies en kliniese opleiding

7. (1) Behalwe soos anders voorgeskryf, moet 'n leerling 'n kursus lesings en demonstrasies wat die vakke in die leergang voorgeskryf in regulasie 6 dek, bywoon. Dosente en demonstrateurs moet kwalifikasies deur die raad goedgekeur, besit.

(2) Behalwe soos anders voorgeskryf, moet 'n leerling kliniese opleiding in al die verplegingsprosedures in die leergang in regulasie 6 voorgeskryf, ontvang en die prosedures uitvoer. 'n Leerling mag nie meer nie as ses (6) maande opleiding op distrik en in klinieke deurloop en nie meer nie as drie (3) maande opleiding in kraamverpleging deurloop.

(3) Leerlinge word vir minstens 'n twaalfde (1/12de) en vir hoogstens eenkwart (¼) van die voorgeskrewe opleidingstydperk op nagdiens opgelei. Opleiding op nagdiens hoef nie aaneenlopend te wees nie.

Die eksamen, eksamenpunte, hernasiening

8. (1) Die eksamen bestaan uit 'n skriftelike vraestel wat drie uur duur.

(2) (a) Suksesvolle kandidate word aangedui as "geslaag" of "met lof geslaag".

(b) Om te slaag, moet 'n kandidaat minstens vyftig (50) persent van die puntetal behaal. Om met lof te slaag, moet 'n kandidaat minstens vyf-en-sewentig (75) persent van die puntetal behaal.

(c) Kandidate word nie in volgorde van verdienste geplaas nie en punte of plekke word nie openbaar gemaak nie, tensy dit in verband is met 'n prys of toekenning deur die raad goedgekeur.

(3) (a) 'n Kandidaat wat druip kan om hernasiening aansoek doen deur 'n aansoek en 'n bedrag van vier rand (R4) binne een-en-twintig (21) dae na die datum van publikasie van die uitslag in te dien.

(b) Die hernasiening word deur die moderator, of deur 'n persoon deur die raad aangestel, gedoen.

(c) Die punte wat by hernasiening toegeken word, is finaal en bindend.

(d) Die gelde word nie terugbetaal nie, wat die uitslag van die hernasiening ook al is.

Toelating tot die eksamen

(Die aandag word op regulasies 4 en 5 gevestig)

9. (1) 'n Kandidaat moet—

(a) 'n aansoek om toelating ingevolge regulasie 11 indien;

(b) saam met die aansoek om toelating 'n sertifikaat deur die persoon in beheer van die skool indien—

(i) dat die voorgeskrewe opleidingstydperk (insluitende enige opleidingstydperk wat ingewerk moet word) teen die einde van die tweede maand wat volg op die maand waarin die eksamen afgeneem word, voltooi sal word;

(ix) male pupils may undergo training on females and children in out-patients, casualty and clinic services, intensive nursing care units and in the theatre at operations on females and children, including recovery rooms, plaster theatres and plaster rooms.

(1) *The ethical foundations of nursing*
(2) *Preventive and promotive health care and family planning*
(3) *Anatomy and Physiology*
(4) *First aid*
(5) *Nutrition and dietetics*
(6) *Nursing.*

Lectures, demonstrations and clinical training

7. (1) Except as otherwise prescribed, a pupil shall attend a course of lectures and demonstrations covering the subjects prescribed in the curriculum in regulation 6. Lecturers and demonstrators shall hold qualifications approved by the council.

(2) Except as otherwise prescribed, a pupil shall receive clinical training in and carry out all the nursing procedures prescribed in the curriculum in regulation 6. A pupil may undergo not more than six (6) months training on district and in clinics and not more than three (3) months training in maternity nursing.

(3) Pupils shall be trained on night duty for at least a twelfth (1/12th) and for not more than one-quarter (¼) of the prescribed period of training. Training on night duty need not be continuous.

The examination, examination marks, re-assessment

8. (1) The examination shall consist of a written paper of three hours' duration.

(2) (a) Successful candidates shall be shown as having "passed" or "passed with honours".

(b) To pass, a candidate shall obtain at least fifty (50) per cent of the aggregate marks. To pass with honours a candidate shall obtain at least seventy-five (75) per cent of the aggregate marks.

(c) Candidates shall not be placed in order of merit and marks or places shall not be disclosed, except in connection with a prize or award approved by the council.

(3) (a) A candidate who fails may apply for re-assessment by lodging an application and a fee of four rand (R4) within twenty-one (21) days of the date of the publication of the results.

(b) The re-assessment shall be done by the moderator, or by a person appointed by the council.

(c) The marks allocated upon re-assessment shall be final and binding.

(d) The fee shall not be refunded whatever the result of the re-assessment may be.

Admission to the examination

(Attention is directed to regulations 4 and 5)

(9) (1) A candidate shall—

(a) lodge an application for admission in terms of regulation 11;

(b) lodge with the application for admission a certificate by the person in charge of the school—

(i) that the prescribed period of training (including any period of training which has to be made up) will be completed by the end of the second month following the month in which the examination is held;

(ii) dat die kandidaat teen die datum van die eksamen aan die bepalings van regulasie 7 sal voldoen;

(iii) dat die kandidaat met 'n puntetelling van minstens vyftig (50) persent in 'n mondelinge en kliniese eksamen, deur die skool afgeneem, geslaag het in elk van die eerste en tweede opleidingsjare. Hierdie eksamens kan deur die raad geinspekteer word;

(iv) wat al die afwesigheidsverlof en siekteverlof wat gedurende die voorgeskrewe opleidingstydperk aan die kandidaat toegestaan is, uiteensit.

Hertoelating tot die eksamen

(Die aandag word op regulasie 11 gevestig)

10. (1) 'n Kandidaat wat gedruip het, kan tot die eksamen hertoegelaat word.

(2) 'n Kandidaat moet aansoek ingevolge regulasie 11 indien.

Datums van eksamen, aansoeke om toelating en hertoelating en eksamengelde

11. (1) Die persoon in beheer van die skool moet die raad onmiddellik, met vermelding van redes, in kennis stel indien 'n kandidaat na indiening van 'n aansoek ingevolge hierdie regulasie, nie meer tot 'n eksamen toegelaat of hertoegelaat kan word nie.

(2) Die eksamen word drie keer per jaar in die maande Januarie, Mei en September afgeneem en aansoeke om toelating of hertoelating moet op of voor 7 Oktober, 7 Februarie en 7 Junie by die raad ingedien word.

(3) Gelde van tien rand (R10) word by aansoek om toelating of hertoelating aan die raad betaal.

(4) 'n Aansoek wat binne hoogstens sewe (7) dae na die voorgeskrewe sluitingsdatum vir die indiening van aansoeke ingedien word, word slegs by betaling van addisionele gelde van vyf rand (R5) aangeneem.

(5) 'n Aansoek wat meer as sewe (7) dae na die voorgeskrewe sluitingsdatum vir die indiening van aansoeke ingedien word, word nie aanvaar nie.

(6) 'n Aansoek om toelating of hertoelating word nie as "ingedien" ingevolge hierdie regulasie beskou nie, tensy dat 'n behoorlike ingevulde aansoekvorm, tesame met die voorgeskrewe sertifikate, die eksamengeld en waar van toepassing, die addisionele gelde in paragraaf (4) voorgeskryf, die raad bereik het nie.

(7) Eksamengelde word verbeur indien 'n inskrywing gekanselleer word of indien 'n kandidaat van 'n eksamen afwesig is, tensy die raad anders bepaal. Hierdie paragraaf is ook op die gelde in paragraaf (4) voorgeskryf, van toepassing.

Eksamensentrums

12. Sentrums word op plekke wat die raad mag bepaal, ingestel.

Inskrywing as 'n verpleegkundige

13. 'n Kandidaat wat in die eksamen geslaag het, word sonder betaling van gelde ingeskryf: Mits die rekord en kennisgewing in regulasie 3 (c) voorgeskryf, ingedien is.

No. R 1665 3 Augustus 1979

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

REGULASIES VIR DIE GEVORDERDE DIPLOMA IN VERLOSKUNDE EN IN NEONATALE VERPLEEGKUNDE

Die Minister van Gesondheid vaardig, kragtens artikel 45 (1) (i) van die Wet op Verpleging, 1978 (Wet

(ii) that by the date of the examination the candidate will comply with the provisions of regulation 7;

(iii) that the candidate has passed with an aggregate of at least fifty (50) per cent in an oral and clinical examination conducted by the school, in each of the first and second years of training. These examinations may be inspected by the council;

(iv) setting out all the leave of absence and sick leave granted to the candidate during the prescribed period of training.

Re-admission to the examination

(Attention is directed to regulation 11)

10. (1) A candidate who has failed may be re-admitted to the examination.

(2) A candidate shall lodge an application in terms of regulation 11.

Dates of examination, applications for admission and re-admission and examination fees

11. (1) The person in charge of the school shall notify the council forthwith, giving reasons, if a candidate becomes ineligible for admission or re-admission subsequent to the lodging of an application in terms of this regulation.

(2) The examination shall be held three times a year during the months January, May and September and applications for admission and re-admission shall be lodged with the council on or before 7 October, 7 February and 7 June.

(3) A fee of ten rand (R10) shall be paid to the council upon application for admission or re-admission.

(4) An application lodged not more than seven (7) days after the prescribed date for the lodging of applications, shall be accepted only on payment of an additional fee of five rand (R5).

(5) An application lodged more than seven (7) days after the prescribed date for the lodging of applications, shall not be accepted.

(6) An application for admission or re-admission shall not be deemed to have been "lodged" in terms of this regulation, unless an application form, duly completed, together with the prescribed certificates, the examination fee and, where applicable, the additional fee prescribed in paragraph (4) shall have reached the council.

(7) Examination fees shall be forfeited if an entry is cancelled or if a candidate is absent, unless the council determines otherwise. This paragraph shall also apply to the fee prescribed in paragraph (4).

Examination centres

12. Centres shall be established at such places as the council may determine.

Enrolment as a nurse

13. A candidate who has passed in the examination shall be enrolled without the payment of a fee: Provided the notice and record prescribed in regulation 3 (c) have been lodged.

No. R. 1665 3 August 1979

THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS FOR THE ADVANCED DIPLOMA IN MIDWIFERY AND IN NEONATAL NURSING SCIENCE

The Minister of Health, in terms of section 45 (1) (i) of the Nursing Act, 1978 (Act 50 of 1978), and on

50 van 1978), en op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, die volgende regulasies uit:

Voorwaardes vir die goedkeuring van skole

1. (1) 'n Skool kan goedgekeur word indien—

(a) die organisatoriese struktuur en die fasiliteite om die onderrigprogram aan te bied volgens mening van die raad bevredigend is;

(b) die onderrigprogram volgens mening van die raad bevredigend is;

(c) 'n persoon wat as 'n algemene verpleegkundige en as 'n vroedvrou geregistreer is en teenoor wie se naam 'n addisionele kwalifikasie in verpleegonderrig en 'n addisionele kwalifikasie in verpleegadministrasie geregistreer is, by die raad as die persoon in beheer van die skool aangedui word;

(d) lede van die verpleegpersoneel wat aan die kliniese onderrig van studente deelneem, geregistreerde algemene verpleegkundiges en vroedvroue is teenoor wie se name die addisionele kwalifikasie geregistreer is.

(2) Nieteenstaande die voorwaardes in hierdie regulasie voorgeskryf, kan die raad 'n skool goedkeur selfs al kan daar nie aan al die voorwaardes voldoen word nie. Goedkeuring kan op voorwaardes wat die raad mag bepaal, verleen word.

Toelating tot die kursus

2. 'n Kandidaat moet aan die persoon in beheer van die skool bewys van lopende registrasie as 'n algemene verpleegkundige en as 'n vroedvrou voorlê. Hierdie registrasies moet dwarsdeur die voorgeskrewe tydperk vir die kursus en totdat die uitslae van die eksamen gepubliseer word, in stand gehou word, by versuim waarvan die tydperk van die kursus wat deurloop is vanaf die datum van skrapping uit die register tot die datum van terugplasing, verbeur word.

Registrasie, terugplasing, staking en voltooiing van die kursus

3. Ingevolge die regulasies betreffende die registers vir studente—

(a) moet 'n student om registrasie of terugplasing op die register aansoek doen;

(b) moet die persoon in beheer van 'n skool die raad in kennis stel indien 'n student die kursus om enige rede voor voltooiing staak, insluitende 'n oorplasing na 'n ander skool;

(c) moet die persoon in beheer van 'n skool die raad in kennis stel wanneer 'n student die kursus voltooi.

Duur van die kursus

4. (1) Die kursus duur minstens een akademiese jaar van minstens tweehonderd (200) dae (diensvrydae uitgesluit).

(2) Indien 'n student van een skool na 'n ander oorskakel of die kursus voor voltooiing staak, moet die kursus opnuut hervat word, tensy die raad anders bepaal.

Die leergang

(Die leergang moet saam met die direktief wat van die raad verkrygbaar is, gelees word)

5. *Opmerking.*—(i) Al die vakke van die leergang moet dwarsdeur die kursus op toegepaste vlak gedoseer word;

the recommendation of the South African Nursing Council, makes the following regulations:

Conditions for the approval of schools

1. (1) A school may be approved if—

(a) the organisational structure and the facilities for the conduct of the teaching programme are satisfactory in the opinion of the council;

(b) the educational programme is satisfactory in the opinion of the council;

(c) a person who is registered both as a general nurse and as a midwife and against whose name an additional qualification in nursing education and an additional qualification in nursing administration are registered, is designated to the council as the person in charge of the school,

(d) members of the nursing staff who take part in the clinical instruction of students are registered general nurses and midwives against whose names the additional qualification is registered.

(2) Notwithstanding the conditions prescribed in this regulation, the council may approve a school even if all the conditions cannot be complied with. Approval may be granted upon such conditions as the council may determine.

Admission to the course

2. A candidate shall submit to the person in charge of the school proof of current registration as a general nurse and a midwife. This registration shall be maintained throughout the prescribed period for the course and until the results of the examination are published, failing which the period of the course undergone from the date of removal from the register to the date of restoration, shall be forfeited.

Registration, restoration, termination and completion of the course

3. In terms of the regulations regarding the registers for students—

(a) a student shall apply for registration or for restoration to the register;

(b) the person in charge of a school shall notify the council if a student terminates the course for any reason before completion, including a transfer to another school;

(c) the person in charge of a school shall notify the council when a student completes the course

Duration of the course

4. (1) The course shall extend over at least one academic year of at least two hundred (200) days (excluding days off)

(2) If a student transfers from one school to another or terminates the course before completion, the course shall be commenced *de novo*, unless the council determines otherwise.

The curriculum

(The curriculum must be read in conjunction with the directive obtainable from the council)

5. *Note.*—(i) All the subjects of the curriculum shall be taught at an applied level throughout the course;

(ii) die etiese grondslae van verpleging en verloskunde moet dwarsdeur die kursus beklemtoon word;

(iii) die wet wat die praktyk van verpleging en verloskunde beheer, met inbegrip van die regulasies betreffende die gedrag van geregistreerde verpleegkundiges wat onbetaamlike of skandelike gedrag uitmaak, die regulasies betreffende die gedrag van geregistreerde vroedvroue wat onbetaamlike of skandelike gedrag uitmaak en die voorwaardes waaronder hulle hul beroep mag uitoefen, die regulasies betreffende die gedrag van ingeskrewe verpleegkundiges wat onbetaamlike of skandelike gedrag uitmaak, die regulasies betreffende die gedrag van ingeskrewe vroedvroue wat onbetaamlike of skandelike gedrag uitmaak en die voorwaardes waaronder hulle hul beroep mag uitoefen, die regulasies betreffende die gedrag van ingeskrewe verpleegassistente wat onbetaamlike of skandelike gedrag uitmaak, en die wetgewing wat op die verskillende aspekte van die leergang van toepassing is, moet dwarsdeur die kursus op toegepaste vlak gedoseer word;

(iv) medies-geregtelike risiko's moet dwarsdeur die kursus beklemtoon word;

(v) die maatskaplike, psigologiese en fisiese verwantskappe in gesondheid en siekte moet dwarsdeur die kursus beklemtoon word;

(vi) die voorkomende, bevorderende, kuratiewe en rehabilitatiewe aspekte moet dwarsdeur die kursus beklemtoon word;

(vii) die wetenskaplike beginsels onderliggend aan verpleging en verloskunde moet dwarsdeur die kursus beklemtoon word;

(viii) Mikrobiologie, Parasitologie en Farmakologie moet dwarsdeur die kursus beklemtoon word.

(1) *Wetenskaplike grondslae van die verloskundige en neonatale verplegingsprosesse*

(2) *Voorkomende en bevorderende gesondheidsorg ten opsigte van die verloskundige en neonatale verplegingsprosesse*

(3) *Obstetrie en neonatologie en die verloskundige en neonatale verplegingsprosesse*

(4) *Psigososiale aspekte en dinamika van verloskunde en die neonatale verplegingsprosesse*

Lesings, kliniese onderrig en praktika

6. (1) Studente moet dwarsdeur die kursus sowel teoretiese as kliniese onderrig in die vakke soos in die leergang in regulasie 5 voorgeskryf, ontvang en praktika deurloop.

(2) Waar moontlik, moet studente met onderrig, sentrums betrokke by bevorderende en voorkomende gesondheid, soos kinderwelsyns- en kinderleidingsklinieke, kleuterskole, bewaarskole, spraakopleidingsentrums en arbeidsterapiesentrums besoek.

Die eksamen en eksamenpunte

7. (1) Die eksamen bestaan uit vier (4) gedeeltes, naamlik:

(a) Drie (3) skriftelike gedeeltes wat elk drie (3) uur duur;

(b) 'n mondelinge gedeelte (wat na goeddunke van die eksaminatore prakties kan insluit).

(2) (a) Suksesvolle kandidate word as "geslaag" of "met lof geslaag" aangedui.

(b) Om in die eksamen te slaag, moet 'n kandidaat minstens vyftig (50) persent van die totale puntetal behaal: Met dien verstande dat die kandidaat minstens veertig (40) persent in elk van die vier gedeeltes behaal.

(ii) the ethical foundations of nursing and midwifery shall be emphasised throughout the course;

(iii) the law governing the practice of nursing and midwifery, including the regulations regarding the conduct of registered nurses which shall constitute improper or disgraceful conduct, the regulations regarding the conduct of registered midwives which shall constitute improper or disgraceful conduct and the conditions under which they may carry on their profession, the regulations regarding the conduct of enrolled nurses which shall constitute improper or disgraceful conduct, the regulations regarding the conduct of enrolled midwives which shall constitute improper or disgraceful conduct and the conditions under which they may carry on their profession, the regulations regarding the conduct of enrolled nursing assistants which shall constitute improper or disgraceful conduct and the legislation applicable to the various aspects of the syllabus, shall be taught at an applied level throughout the course;

(iv) medico-legal risks shall be emphasised throughout the course;

(v) the social, psychological and physical relationship in health and disease shall be emphasised throughout the course;

(vi) the preventive, promotive, curative and rehabilitative aspects shall be emphasised throughout the course;

(vii) the science principles underlying nursing and midwifery shall be emphasised throughout the course;

(viii) Microbiology, Parasitology and Pharmacology shall be emphasised throughout the course.

(1) *Scientific foundations of the midwifery and neonatal nursing processes*

(2) *Preventive and promotive health care in respect of the midwifery and neonatal nursing processes*

(3) *Obstetrics and neonatology and the midwifery and neonatal nursing processes*

(4) *Psychosocial aspects and dynamics of midwifery and the neonatal nursing processes*

Lectures, clinical instruction and practica

6. (1) Students shall throughout the course receive instruction, both theoretically and clinically, and undergo practica in the subjects prescribed in the curriculum in regulation 5.

(2) Wherever possible, students shall visit under instruction, centres concerned with promotive and preventive health, such as child welfare and child guidance clinics, nursery schools, day nurseries, speech training centres and occupational therapy centres.

The examination and examination marks

7. (1) The examination shall consist of four (4) portions, being—

(a) three (3) written portions of three (3) hours duration each;

(b) an oral portion (which may at the discretion of the examiners include practical).

(2) (a) Successful candidates shall be shown as having "passed" or "passed with honours".

(b) To pass in the examination, a candidate shall obtain at least fifty (50) per cent in the aggregate: Provided that the candidate shall obtain at least forty (40) per cent in each of the four portions.

(c) om met lof te slaag, moet 'n kandidaat minstens vyf-en-sewentig (75) persent van die totale puntetal behaal.

(d) Kandidate word nie in volgorde van verdienste geplaas nie en punte op plekke word nie openbaar gemaak nie, tensy dit in verband is met 'n prys of toekenning deur die raad goedgekeur.

Toelating tot die eksamen

8. 'n Kandidaat vir toelating tot die eksamen dien in—

(1) 'n aansoek om toelating ooreenkomstig regulasie 10;

(2) 'n sertifikaat deur die persoon in beheer van die skool dat die kandidaat—

(a) op die grondslag van 'n stelsel van deurlopende evaluering, bevoegd en geskik ten opsigte van houdings, benadering, insig, kennis en vaardighede gevind is;

(b) die voorgeskrewe tydperk vir die kursus teen die einde van die maand waarin die eksamen afgeneem word, sal voltooi;

(c) teen die datum van die eksamen aan die bepalings van regulasie 6 sal voldoen.

Hertoelating tot die eksamen

9. (1) 'n Kandidaat moet 'n aansoek ooreenkomstig regulasie 10 indien.

(2) (a) 'n Kandidaat wat by die eerste poging in die eksamen druip, kan by die tweede poging slegs vir die gedeeltes, maar hoogstens twee, waarin minder as vyftig (50) persent maar minstens veertig (40) persent bepaal is, weer inskryf, by gebreke waarvan die kandidaat weer vir al die gedeeltes moet inskryf: Met dien verstande dat die kandidaat binne een jaar vanaf die eksamen waarin die kandidaat gedruip het, weer vir die eksamen moet inskryf, by versuim waarvan die kandidaat geen krediet behou nie en die kursus moet herhaal, aan alle toelatingsvereistes vir die eksamen moet voldoen en opnuut vir die eksamen in die geheel moet inskryf, tensy die raad anders bepaal.

(b) 'n Kandidaat wat by die tweede of enige daaropvolgende poging in die eksamen druip, behou geen krediet nie en moet elke keer die kursus herhaal, aan alle toelatingsvereistes vir die eksamen voldoen en weer vir die eksamen in die geheel inskryf.

Datums van eksamen, aansoeke om toelating en hertoelating en eksamengelde

10. (1) Die persoon in beheer van 'n skool moet die raad onmiddellik in kennis stel, met vermelding van redes, indien 'n kandidaat na indiening van 'n aansoek ooreenkomstig hierdie regulasie, nie meer toegelaat of hertoegelaat kan word nie.

(2) Die eksamen word twee keer per jaar in die maande Januarie en Julie afgeneem en aansoeke om toelating of hertoelating moet voor of op 7 November en 7 Mei onderskeidelik, by die raad ingedien word.

(3) Gelde van dertig rand (R30) word by aansoek om toelating of hertoelating tot die eksamen of 'n gedeelte van die eksamen aan die raad betaal.

(4) 'n Aansoek wat nie later nie as sewe (7) dae na die voorgeskrewe datum ingedien word, word slegs by betaling van addisionele gelde van vyf rand (R5) aanvaar.

(5) 'n Aansoek wat later as sewe (7) dae na die voorgeskrewe datum ingedien word, word nie aanvaar nie.

(c) To pass with honours, a candidate shall obtain at least seventy-five (75) per cent in the aggregate.

(d) Candidates shall not be placed in order of merit and marks or places shall not be disclosed, except in connection with a prize or award approved by the council.

Admission to the examination

8. A candidate for admission to the examination shall lodge—

(1) an application in terms of regulation 10;

(2) a certificate by the person in charge of the school that the candidate—

(a) on the basis of a system of continual assessment, has been found competent and suitable in respect of attitudes, approach, insight, knowledge and skills;

(b) will complete the prescribed period for the course by the end of the month in which the examination is held;

(c) will comply with the provisions of regulation 6 by the date of the examination.

Re-admission to the examination

9. (1) A candidate shall lodge an application in terms of regulation 10.

(2) (a) A candidate who fails in the examination at the first attempt, may re-enter at the second attempt only for those portions, not exceeding two, in which less than fifty (50) per cent but at least forty (40) per cent was obtained, failing which the candidate shall re-enter for all portions: Provided that the candidate shall re-enter for the examination within one year of the examination in which the candidate failed, failing which the candidate shall not retain any credit and shall repeat the course, comply with all admission requirements for the examination and re-enter for the examination as a whole, unless the council determines otherwise.

(b) A candidate who fails in the examination at the second or at any subsequent attempt, shall not retain any credit and shall each time repeat the course, comply with all admission requirements to the examination and re-enter for the examination as a whole.

Dates of examination, applications for admission and re-admission and examination fees

10. (1) The person in charge of a school shall notify the council forthwith, giving reasons, if a candidate becomes ineligible for admission or re-admission subsequent to the lodging of an application in terms of this regulation.

(2) The examination shall be held twice a year during the months January and July and applications for admission and re-admission shall be lodged with the council on or before 7 November and 7 May, respectively.

(3) A fee of thirty rand (R30) shall be paid to the council upon application for admission or re-admission to the examination or any portion of the examination.

(4) An application lodged not more than seven (7) days after the prescribed date shall be accepted only on payment of an additional fee of five rand (R5).

(5) An application lodged more than seven (7) days after the prescribed date shall not be accepted.

(6) 'n Aansoek om toelating of hertoelating word nie as ingevolge hierdie regulasie "ingedien" beskou nie, tensy 'n behoorlik ingevulde aansoekvorm, tesame met die voorgeskrewe sertifikate, die eksamengelde en, waar van toepassing, die addisionele gelde in paragraaf (4) voorgeskryf, die raad bereik nie.

(7) Eksamengelde word verbeur indien 'n inskrywing gekanselleer word of indien 'n kandidaat van 'n eksamen afwesig is, tensy die raad anders bepaal Hierdie paragraaf is ook op die addisionele gelde in paragraaf (4) voorgeskryf, van toepassing.

Eksamensentrums

11. Sentrums word op plekke waarop die raad mag besluit, ingestel.

Registrasie van addisionele kwalifikasie

12. Aan 'n kandidaat wat in die eksamen geslaag het, word 'n sertifikaat van registrasie van die addisionele kwalifikasie sonder betaling van enige gelde uitgereik: Met dien verstande dat die kennisgewing in regulasie 3 (c) voorgeskryf, ingedien is.

No. R. 1666 3 Augustus 1979

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

WYSIGING VAN DIE REGULASIES VIR DIE KURSUS VIR DIE DIPLOMA IN ALGEMENE VERPLEEGKUNDE VIR REGISTRASIE AS 'N ALGEMENE VERPLEEGKUNDIGE

Die Minister van Gesondheid wysig, kragtens artikel 45 (1) en (4) van die Wet op Verpleging, 1978 (Wet 50 van 1978), en op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, die regulasies wat by Goewermentskennisgewing R. 879 van 2 Mei 1975, soos gewysig deur Kennisgewings R. 2316 van 5 Desember 1975 en R. 1570 van 12 Augustus 1977, gepubliseer is, soos volg:

Regulasie 9

(a) *Paragraaf* (2).—Vervang subparagraaf (d) deur die volgende subparagraaf:

"(d) in 'n stelsel van deurlopende evaluering ten opsigte van kliniese en teoretiese aspekte van algemene verpleegkunde bevredigend bevind is.".

(b) *Paragraaf* (3).—Vervang subparagraaf (c) deur die volgende subparagraaf:

"(c) in 'n stelsel van deurlopende evaluering ten opsigte van kliniese en teoretiese aspekte van algemene verpleegkunde bevredigend bevind is.".

No. R. 1667 3 Augustus 1979

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

WYSIGING VAN DIE REGULASIES VIR DIE KURSUS VIR DIE DIPLOMA IN ALGEMENE VERPLEEGKUNDE EN PSIGIATRIESE VERPLEEGKUNDE VIR REGISTRASIE AS 'N ALGEMENE VERPLEEGKUNDIGE EN 'N PSIGIATRIESE VERPLEEGKUNDIGE

Die Minister van Gesondheid wysig, kragtens artikel 45 (1) en (4) van die Wet op Verpleging, 1978 (Wet 50 van 1978), en op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, die regulasies wat by Goewermentskennisgewing R. 882 van 2 Mei 1975, soos

(6) An application for admission or re-admission shall not be deemed to have been "lodged" in terms of this regulation unless a duly completed application form, together with the prescribed certificates, the examination fee and, where applicable, the additional fee prescribed in paragraph (4), shall have reached the council.

(7) Examination fees shall be forfeited if an entry is cancelled or if a candidate is absent, unless the council determines otherwise. This paragraph shall also apply to the additional fee prescribed in paragraph (4).

Examination centres

11. Centres shall be established at such places as the council may determine.

Registration of additional qualification

12. A candidate who has passed in the examination shall be issued with a certificate of registration of the additional qualification without the payment of a fee: Provided the notice prescribed in regulation 3 (c) has been lodged.

No. R. 1666 3 August 1979

THE SOUTH AFRICAN NURSING COUNCIL

AMENDMENT OF THE REGULATIONS FOR THE COURSE FOR THE DIPLOMA IN GENERAL NURSING FOR REGISTRATION AS A GENERAL NURSE

The Minister of Health, in terms of section 45 (1) and (4) of the Nursing Act, 1978 (Act 50 of 1978), and on the recommendation of the South African Nursing Council, amends the regulations published under Government Notice R. 879 of 2 May 1975, as amended by Notices R. 2316 of 5 December 1975 and R. 1570 of 12 August 1977, as follows:

Regulation 9

(a) *Paragraph* (2).—For subparagraph (d), substitute the following subparagraph:

"(d) has been found satisfactory in a system of continual assessment on clinical and theoretical aspects of general nursing science and art.".

(b) *Paragraph* (3).—For subparagraph (c), substitute the following subparagraph:

"(c) has been found satisfactory in a system of continual assessment on clinical and theoretical aspects of general nursing science and art.".

No. R. 1667 3 August 1979

THE SOUTH AFRICAN NURSING COUNCIL

AMENDMENT OF THE REGULATIONS FOR THE COURSE FOR THE DIPLOMA IN GENERAL NURSING AND PSYCHIATRIC NURSING FOR REGISTRATION AS A GENERAL NURSE AND A PSYCHIATRIC NURSE

The Minister of Health, in terms of section 45 (1) and (4) of the Nursing Act, 1978 (Act 50 of 1978), and on the recommendation of the South African Nursing Council, amends the regulations published under

gewysig deur Kennisgewings R. 1574 van 12 Augustus 1977 en R. 205 van 9 Februarie 1979, gepubliseer is, soos volg:

Regulasie 8.

(a) *Paragraaf* (2).—Vervang subparagraaf (d) deur die volgende subparagraaf:

"(d) in 'n stelsel van deurlopende evaluering ten opsigte van kliniese en teoretiese aspekte van algemene verpleegkunde bevredigend bevind is.".

(b) *Paragraaf* (3).—Vervang subparagraaf (c) deur die volgende subparagraaf:

"(c) in 'n stelsel van deurlopende evaluering ten opsigte van kliniese en teoretiese aspekte van algemene verpleegkunde bevredigend bevind is.".

(c) *Paragraaf* (4).—Vervang subparagraaf (d) deur die volgende subparagraaf:

"(d) in 'n stelsel van deurlopende evaluering ten opsigte van psigiatriese verpleegkunde bevredigend bevind is.".

Government Notice R. 882 of 2 May 1975, as amended by Notices R. 1574 of 12 August 1977 and R. 205 of 9 February 1979, as follows:

Regulation 8.

(a) *Paragraph* (2).—For subparagraph (d), substitute the following subparagraph:

"(d) has been found satisfactory in a system of continual assessment on clinical and theoretical aspects of general nursing science and art.".

(b) *Paragraph* (3).—For subparagraph (c), substitute the following subparagraph:

"(c) has been found satisfactory in a system of continual assessment on clinical and theoretical aspects of general nursing science and art.".

(c) *Paragraph* (4).—For subparagraph (d), substitute the following subparagraph:

"(d) has been found satisfactory in a system of continual assessment on psychiatric nursing science and art.".

No. R. 1668 3 Augustus 1979

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

WYSIGING VAN DIE REGULASIES VIR DIE KURSUS VIR DIE DIPLOMA IN ALGEMENE VERPLEEGKUNDE EN VERLOSKUNDE VIR REGISTRASIE AS 'N ALGEMENE VERPLEEGKUNDIGE EN 'N VROEDVROU

Die Minister van Gesondheid wysig, kragtens artikel 45 (1) en (4) van die Wet op Verpleging, 1978 (Wet 50 van 1978), en op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, die regulasies wat by Goewermentskennisgewing R. 881 van 2 Mei 1975, soos gewysig deur Kennisgewing R. 1573 van 12 Augustus 1977, gepubliseer is, soos volg:

Regulasie 8.

(a) *Paragraaf* (2).—Vervang subparagraaf (d) deur die volgende subparagraaf:

"(d) in 'n stelsel van deurlopende evaluering ten opsigte van kliniese en teoretiese aspekte van algemene verpleegkunde bevredigend bevind is.".

(b) *Paragraaf* (3).—Vervang subparagraaf (c) deur die volgende subparagraaf:

"(c) in 'n stelsel van deurlopende evaluering ten opsigte van kliniese en teoretiese aspekte van algemene verpleegkunde bevredigend bevind is.".

(c) *Paragraaf* (4).—Vervang subparagraaf (d) deur die volgende subparagraaf:

"(d) in 'n stelsel van deurlopende evaluering ten opsigte van verloskunde bevredigend bevind is.".

No. R. 1668 3 August 1979

THE SOUTH AFRICAN NURSING COUNCIL

AMENDMENT OF THE REGULATIONS FOR THE COURSE FOR THE DIPLOMA IN GENERAL NURSING AND MIDWIFERY FOR REGISTRATION AS A GENERAL NURSE AND A MIDWIFE

The Minister of Health, in terms of section 45 (1) and (4) of the Nursing Act, 1978 (Act 50 of 1978), and on the recommendation of the South African Nursing Council, amends the regulations published under Government Notice R. 881 of 2 May 1975, as amended by Notice R. 1573 of 12 August 1977, as follows:

Regulation 8.

(a) *Paragraph* (2).—For subparagraph (d), substitute the following subparagraph:

"(d) has been found satisfactory in a system of continual assessment on clinical and theoretical aspects of general nursing science and art.".

(b) *Paragraph* (3).—For subparagraph (c), substitute the following subparagraph:

"(c) has been found satisfactory in a system of continual assessment on clinical and theoretical aspects of general nursing science and art.".

(c) *Paragraph* (4).—For subparagraph (d), substitute the following subparagraph:

"(d) has been found satisfactory in a system of continual assessment on science and art of midwifery".

No. R. 1669 3 Augustus 1979

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

REGULASIES VIR DIE DIPLOMA IN PEDIATRIESE VERPLEEGKUNDE

Die Minister van Gesondheid vaardig, kragtens artikel 45 (1) (i) van die Wet op Verpleging, 1978 (Wet 50 van 1978), en op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, die volgende regulasies uit ter vervanging van die regulasies gepubliseer by Goewermentskennisgewing R. 46 van 9 Januarie 1970, soos

No. R. 1669 3 August 1979

THE SOUTH AFRICAN NURSING COUNCIL

REGULATION FOR THE DIPLOMA IN PAEDIATRIC NURSING SCIENCE

The Minister of Health, in terms of section 45 (1) (i) of the Nursing Act, 1978 (Act 50 of 1978), and on the recommendation of the South African Nursing Council, makes the following regulations in substitution for the regulations published under Government

gewysig deur Kennisgewing R. 1738 van 29 September 1972, R. 261 van 14 Februarie 1975 en R. 1580 van 12 Augustus 1977:

Voorwaardes vir die goedkeuring van skole

1. (1) 'n Skool kan goedgekeur word indien—

(a) die organisatoriese struktuur en die fasiliteite om die onderrigprogram aan te bied volgens mening van die raad bevredigend is;

(b) die onderrigprogram volgens mening van die raad bevredigend is;

(c) 'n persoon wat as 'n algemene verpleegkundige en as 'n vroedvrou geregistreer is en teenoor wie se naam 'n addisionele kwalifikasie in verpleegonderrig en 'n addisionele kwalifikasie in verpleegadministrasie geregistreer is, by die raad as die persoon in beheer van die skool aangedui word;

(d) lede van die verpleegpersoneel wat aan die kliniese onderrig van studente deelneem, geregistreerde algemene verpleegkundiges en vroedvroue is teenoor wie se name die addisionele kwalifikasie geregistreer is.

(2) Nieteenstaande die voorwaardes in hierdie regulasie voorgeskryf, kan die raad 'n skool goedkeur selfs al kan daar nie aan al die voorwaardes voldoen word nie. Goedkeuring kan op voorwaardes wat die raad mag bepaal, verleen word.

Toelating tot die kursus

2. 'n Kandidaat moet aan die persoon in beheer van die skool bewys van lopende registrasie as 'n algemene verpleegkundige en as 'n vroedvrou voorlê. Hierdie registrasie moet dwarsdeur die voorgeskrewe tydperk vir die kursus en totdat die uitslae van die eksamen gepubliseer word, in stand gehou word, by versuim waarvan die tydperk van die kursus wat deurloop is vanaf die datum van skrapping uit die register tot die datum van terugplasing, verbeur word.

Registrasie, terugplasing, staking en voltooiing van die kursus

3. Ingevolge die regulasies betreffende die registers vir studente—

(a) moet 'n student om registrasie of terugplasing op die register aansoek doen;

(b) moet die persoon in beheer van 'n skool die raad in kennis stel indien 'n student die kursus om enige rede voor voltooiing staak, insluitende 'n oorplasing na 'n ander skool;

(c) moet die persoon in beheer van 'n skool die raad in kennis stel wanneer 'n student die krusus voltooi.

Duur van die kursus

4. (1) Die kursus duur minstens een akademiese jaar van minstens tweehonderd (200) dae (diensvrydae uitgesluit).

(2) Indien 'n student van een skool na 'n ander oorskakel of die kursus voor voltooiing staak, moet die kursus opnuut hervat word, tensy die raad anders bepaal.

Die leergang

(Die leergang moet saam met die direktief wat van die raad verkrygbaar is, gelees word)

5. *Opmerking.*—(i) Al die vakke van die leergang moet dwarsdeur die kursus op toegepaste vlak gedoseer word;

(ii) die etiese grondslae van verpleging en verloskunde moet dwarsdeur die kursus beklemtoon word;

Notice R. 46 of 9 January 1970, as amended by Notices R. 1738 of 29 September 1972, R. 261 of 14 February 1975 and R. 1580 of 12 August 1977:

Conditions for the approval of schools

1. (1) A school may be approved if—

(a) the organisational structure and the facilities for the conduct of the teaching programme are satisfactory in the opinion of the council;

(b) the educational programme is satisfactory in the opinion of the council;

(c) a person who is registered both as a general nurse and as a midwife and against whose name an additional qualification in nursing education and an additional qualification in nursing administration are registered, is designated to the council as the person in charge of the school;

(d) members of the nursing staff who take part in the clinical instruction of students are registered general nurses and midwives against whose names the additional qualification is registered.

(2) Notwithstanding the conditions prescribed in this regulation, the council may approve a school even if all the conditions cannot be complied with. Approval may be granted upon such conditions as the council may determine

Admission to the course

2. A candidate shall submit to the person in charge of the school proof of current registration as a general nurse and a midwife. This registration shall be maintained throughout the prescribed period of the course and until the results of the examination are published, failing which the period of the course undergone from the date of removal from the register to the date of restoration, shall be forfeited.

Registration, restoration, termination and completion of the course

3. In terms of the regulations regarding the registration for students—

(a) a student shall apply for registration or for restoration to the register;

(b) the person in charge of a school shall notify the council if a student terminates the course for any reason before completion, including a transfer to another school;

(c) the person in charge of a school shall notify the council when a student completes the course.

Duration of the course

4. (1) The course shall extend over at least one academic year of at least two hundred (200) days (excluding days off).

(2) If a student transfer from one school to another, or terminates the course before completion, the course shall be commenced *de novo*, unless the council determines otherwise.

The curriculum

(The curriculum must be read in conjunction with the directive obtainable from the council)

5. *Note.*—(i) All the subjects of the curriculum shall be taught at an applied level throughout the course;

(ii) the ethical foundations of nursing and midwifery shall be emphasized throughout the course;

(iii) die wet wat die praktyk van verpleging en verloskunde beheer, met inbegrip van die regulasies betreffende die gedrag van geregistreerde verpleegkundiges wat onbetaamlike of skandelike gedrag uitmaak, die regulasies betreffende die gedrag van geregistreerde vroedvroue wat onbetaamlike of skandelike gedrag uitmaak en die voorwaardes waaronder hulle hul beroep mag uitoefen, die regulasies betreffende die gedrag van ingeskrewe verpleegkundiges wat onbetaamlike of skandelike gedrag uitmaak, die regulasies betreffende die gedrag van ingeskrewe vroedvroue wat onbetaamlike of skandelike gedrag uitmaak en die voorwaardes waaronder hulle hul beroep mag uitoefen, die regulasies betreffende die gedrag van ingeskrewe verpleegassistente wat onbetaamlike of skandelike gedrag uitmaak, en die wetgewing wat op die verskillende aspekte van die leergang van toepassing is, moet dwarsdeur die kursus op toegepaste vlak gedoseer word;

(iv) medies-geregtelike risiko's moet dwarsdeur die kursus beklemtoon word;

(v) die maatskaplike, psigologiese en fisiese verwantskappe in gesondheid en siekte moet dwarsdeur die kursus beklemtoon word;

(vi) die voorkomende, bevorderende, kuratiewe en rehabilitatiewe aspekte moet dwarsdeur die kursus beklemtoon word;

(vii) die wetenskaplike beginsels onderliggend aan verpleging en verloskunde moet dwarsdeur die kursus beklemtoon word;

(viii) Mikrobiologie, Parasitologie en Farmakologie moet dwarsdeur die kursus beklemtoon word.

(1) *Voorkomende en bevorderende kindergesondheidsorg*
(2) *Wetenskaplike grondslae van die pediatriese verplegingsproses*
(3) *Pediatrie en die pediatriese verplegingsproses*
(4) *Psigososiale aspekte en dinamika van kindergesondheidsorg*

Lesings, kliniese onderrig en praktika

6. (1) Studente moet dwarsdeur die kursus sowel teoretiese as kliniese onderrig in die vakke soos in die leergang in regulasie 5 voorgeskryf, ontvang en praktika deurloop.

(2) Waar moontlik, moet studente met onderrigsentrums betrokke by bevorderende en voorkomende gesondheid, soos kinderwelsyns- en kinderleidingsklinieke, kleuterskole, bewaarskole, spraakopleidingsentrums, arbeidsterapiesentrums, besoek.

Die eksamen en eksamenpunte

7. (1) Die eksamen bestaan uit vier (4) gedeeltes, naamlik:

(a) Drie (3) skriftelike gedeeltes wat elk drie (3) uur duur;

(b) 'n mondelinge gedeelte (wat na goeddunke van die eksaminatore prakties kan insluit).

(2) (a) Suksesvolle kandidate word as "geslaag" of "met lof geslaag" aangedui.

(b) Om in die eksamen te slaag, moet 'n kandidaat minstens vyftig (50) persent van die totale puntetal behaal: Met dien verstande dat die kandidaat minstens veertig (40) persent in elk van die vier gedeeltes behaal.

(c) Om met lof te slaag, moet 'n kandidaat minstens vyf-en-sewentig (75) persent van die totale puntetal behaal.

(d) Kandidate word nie in volgorde van verdienste geplaas nie en punte of plekke word nie openbaar gemaak nie, tensy dit in verband is met 'n prys of toekenning deur die raad goedgekeur.

(iii) the law governing the practice of nursing and midwifery, including the regulations regarding the conduct of registered nurses which shall constitute improper or disgraceful conduct, the regulations regarding the conduct of registered midwives which shall constitute improper or disgraceful conduct and the conditions under which they may carry on their profession, the regulations regarding the conduct of enrolled nurses which shall constitute improper or disgraceful conduct, the regulations regarding the conduct of enrolled midwives which shall constitute improper or disgraceful conduct and the conditions under which they may carry on their profession, the regulations regarding the conduct of enrolled nursing assistants which shall constitute improper of disgraceful conduct, and the legislation applicable to the various aspects of the syllabus, shall be taught at an applied level throughout the course;

(iv) medico-legal risks shall be emphasized throughout the course;

(v) the social, psychological and physical relationships in health and disease shall be emphasized throughout the course;

(vi) the preventive, promotive, curative and rehabilitative aspects shall be emphasized throughout the course;

(vii) the science principles underlying nursing and midwifery shall be emphasized throughout the course;

(viii) Microbiology, Parasitology and Pharmacology shall be emphasized throughout the course.

(1) *Preventive and promotive child health care*
(2) *Scientific foundations of the paediatric nursing process*
(3) *Paediatrics and the paediatric nursing process*
(4) *Psychosocial aspects and dynamics of child health care*

Lectures, clinical instruction and practica

6. (1) Students shall throughout the course receive instruction, both theoretically and clinically, and undergo practica in the subjects prescribed in the curriculum in regulation 5.

(2) Wherever possible, students shall visit under instruction centres concerned with promotive and preventive health, such as child welfare and child guidance clinics, nursery schools, day nurseries, speech training centres, occupational therapy centres.

The examination and examination marks

7. (1) The examination shall consist of four (4) portions, being—

(a) three (3) written portions of three (3) hours duration each;

(b) an oral portion (which may at the discretion of the examiners include practical).

(2) (a) Successful candidates shall be shown as having "passed or "passed with honours".

(b) To pass in the examination, a candidate shall obtain at least fifty (50) per cent in the aggregate. Provided that the candidate shall obtain at least forty (40) per cent in each of the four portions.

(c) To pass with honours, a candidate shall obtain at least seventy-five (75) per cent in the aggregate.

(d) Candidates shall not be placed in order of merit and marks or places shall not be disclosed, except in connection with a prize or award approved by the council.

Toelating tot die eksamen

8. 'n Kandidaat vir toelating tot die eksamen dien in—

(1) 'n aansoek om toelating ooreenkomstig regulasie 10;

(2) 'n sertifikaat deur die persoon in beheer van die skool dat die kandidaat—

(a) op die grondslag van 'n stelsel van deurlopende evaluering, bevoegd en geskik ten opsigte van houdings, benadering, insig, kennis en vaardighede gevind is;

(b) die voorgeskrewe tydperk vir die kursus teen die einde van die maand waarin die eksamen afgeneem word, sal voltooi;

(c) teen die datum van die eksamen aan die bepalings van regulasie 6 sal voldoen.

Hertoelating tot die eksamen

9. (1) 'n Kandidaat moet 'n aansoek ooreenkomstig regulasie 10 indien.

(2) (a) 'n Kandidaat wat by die eerste poging in die eksamen druip, kan by die tweede poging slegs vir die gedeeltes, maar hoogstens twee, waarin minder as vyftig (50) persent maar minstens veertig (40) persent behaal is, weer inskryf, by gebreke waarvan die kandidaat weer vir al die gedeeltes moet inskryf; Met dien verstande dat die kandidaat binne een jaar vanaf die eksamen waarin die kandidaat gedruip het, weer vir die eksamen moet inskryf, by versuim waarvan die kandidaat geen krediet behou nie en die kursus moet herhaal, aan alle toelatingsvereistes vir die eksamen moet voldoen en opnuut vir die eksamen in die geheel moet inskryf, tensy die raad anders bepaal.

(b) 'n Kandidaat wat by 'n tweede of enige daaropvolgende poging in die eksamen druip, behou geen krediet nie en moet elke keer die kursus herhaal, aan alle toelatingsvereistes vir die eksamen voldoen en weer vir die eksamen in die geheel inskryf.

Datums van eksamen, aansoeke om toelating en hertoelating en eksamengelde

10. (1) Die persoon in beheer van 'n skool moet die raad onmiddellik in kennis stel, met vermelding van redes, indien 'n kandidaat na indiening van 'n aansoek ooreenkomstig hierdie regulasie, nie meer toegelaat of hertoegelaat kan word nie.

(2) Die eksamen word twee keer per jaar in die maande Januarie en Julie afgeneem en aansoeke om toelating of hertoelating moet voor of op 7 November en 7 Mei onderskeidelik, by die raad ingedien word.

(3) Gelde van dertig rand (R30) word by aansoek om toelating of hertoelating tot die eksamen of 'n gedeelte van die eksamen aan die raad betaal.

(4) 'n Aansoek wat nie later nie as sewe (7) dae na die voorgeskrewe datum ingedien word, word slegs by betaling van addisionele gelde van vyf rand (R5) aanvaar.

(5) 'n Aansoek wat later as sewe (7) dae na die voorgeskrewe datum ingedien word, word nie aanvaar nie.

(6) 'n Aansoek om toelating of hertoelating word nie as ingevolge hierdie regulasie "ingedien" beskou nie, tensy 'n behoorlike ingevulde aansoekvorm, tesame met die voorgeskrewe sertifikate, die eksamengelde en, waar van toepassing, die addisionele gelde in paragraaf (4) voorgeskryf, die raad bereik nie.

Admission to the examination

8. A candidate for admission to the examination shall lodge—

(1) an application in terms of regulation 10;

(2) a certificate by the person in charge of the school that the candidate—

(a) on the basis of a system of continual assessment, has been found competent and suitable in respect of attitudes, approach, insight, knowledge and skills;

(b) will complete the prescribed period for the course by the end of the month in which the examination is held;

(c) will comply with the provisions of regulation 6 by the date of the examination.

Re-admission to the examination

9. (1) A candidate shall lodge an application in terms of regulation 10.

(2) (a) A candidate who fails in the examination at the first attempt, may re-enter at the second attempt only for those portions, not exceeding two, in which less than fifty (50) per cent but at least forty (40) per cent was obtained, failing which the candidate shall re-enter for all portions: Provided that the candidate shall re-enter for the examination within one year of the examination in which the candidate failed, failing which the candidate shall not retain any credit and shall repeat the course, comply with all admission requirements for the examination and re-enter for the examination as a whole, unless the council determines otherwise.

(b) A candidate who fails in the examination at the second or at any subsequent attempt, shall not retain any credit and shall each time repeat the course, comply with all admission requirements to the examination and re-enter for the examination as a whole.

Dates of examination, applications for admission and re-admission and examination fees

10. (1) The person in charge of a school shall notify the council forthwith, giving reasons, if a candidate becomes ineligible for admission or re-admission subsequent to the lodging of an application in terms of this regulation.

(2) The examination shall be held twice a year during the months January and July and applications for admission and re-admission shall be lodged with the council on or before 7 November and 7 May, respectively.

(3) A fee of thirty rand (R30) shall be paid to the council upon application for admission an re-admission to the examination or any portion of the examination.

(4) An application lodged not more than seven (7) days after the prescribed date shall be accepted only on payment of an additional fee of five rand (R5);

(5) An application lodged more than seven (7) days after the prescribed date shall not be accepted.

(6) An application for admission or re-admission shall not be deemed to have been "lodged" in terms of this regulation unless a duly completed application form, together with the prescribed certificates, the examination fee and, where applicable, the additional fee prescribed in paragraph (4), shall have reached the council.

(7) Eksamengelde word verbeur indien 'n inskrywing gekanselleer word of indien 'n kandidaat van 'n eksamen afwesig is, tensy die raad anders bepaal. Hierdie paragraaf is ook op die addisionele gelde in paragraaf (4) voorgeskryf, van toepassing.

Eksamensentrums

11. Sentrums word op plekke waarop die raad mag besluit, ingestel.

Registrasie van addisionele kwalifikasie

12. Aan 'n kandidaat wat in die eksamen geslaag het, word 'n sertifikaat van registrasie van die addisionele kwalifikasie sonder betaling van enige gelde uitgereik: Met dien verstande dat die kennisgewing in regulasie 3 (c) voorgeskryf, ingedien is.

Toepassing van hierdie regulasies

13. Hierdie regulasies is van toepassing ten opsigte van alle kursusse wat na 31 Desember 1979 'n aanvang neem.

No. R. 1670 3 Augustus 1979

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

REGULASIES VIR DIE GEVORDERDE DIPLOMA IN PSIGIATRIESE VERPLEEGKUNDE

Die Minister van Gesondheid vaardig, kragtens artikel 45 (1) (i) van die Wet op Verpleging, 1978 (Wet 50 van 1978), en op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, die volgende regulasies uit ter vervanging van die regulasies gepubliseer by Goewermentskennisgewing R. 1512 van 21 Julie 1978:

Voorwaardes vir die goedkeuring van skole

1. (1) 'n Skool kan goedgekeur word indien—

(a) die organisatoriese struktuur en die fasiliteite om die onderrigprogram aan te bied volgens mening van die raad bevredigend is;

(b) die onderrigprogram volgens mening van die raad bevredigend is;

(c) 'n persoon wat as 'n psigiatriese verpleegkundige geregistreer is en teenoor wie se naam 'n addisionele kwalifikasie in verpleegonderrig en 'n addisionele kwalifikasie in verpleegadministrasie geregistreer is, by die raad as die persoon in beheer van die skool aangedui word;

(d) lede van die verpleegpersoneel wat aan die kliniese onderrig van studente deelneem, geregistreerde psigiatriese verpleegkundiges is teenoor wie se name die addisionele kwalifikasie geregistreer is.

(2) Nieteenstaande die voorwaardes in hierdie regulasie voorgeskryf, kan die raad 'n skool goedkeur selfs al kan daar nie aan al die voorwaardes voldoen word nie. Goedkeuring kan op voorwaardes wat die raad mag bepaal, verleen word.

Toelating tot die kursus

2. 'n Kandidaat moet aan die persoon in beheer van die skool bewys van lopende registrasie as 'n psigiatriese verpleegkundige voorlê. Hierdie registrasie moet dwarsdeur die voorgeskrewe tydperk vir die kursus en totdat die uitslae van die eksamen gepubliseer word, in stand gehou word, by versuim waarvan die tydperk van die kursus wat deurloop is vanaf die datum van skrapping uit die register tot die datum van terugplasing, verbeur word.

(7) Examination fees shall be forfeited if an entry is cancelled or if a candidate is absent, unless the council determines otherwise. This paragraph shall also apply to the additional fee prescribed in paragraph (4).

Examination centres

11. Centres shall be established at such places as the council may determine.

Registration of additional qualification

12. A candidate who has passed in the examination shall be issued with a certificate of registration of the additional qualification without the payment of a fee: Provided the notice prescribed in regulation 3 (c) has been lodged.

Application of these regulations

13. These regulations shall be applicable to all courses which commence after 31 December 1979.

No. R. 1670 3 August 1979

THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS FOR THE ADVANCED DIPLOMA IN PSYCHIATRIC NURSING SCIENCE

The Minister of Health, in terms of section 45 (1) (i) of the Nursing Act, 1978 (Act 50 of 1978), and on the recommendation of the South African Nursing Council, makes the following regulations in substitution for the regulations published under Government Notice R. 1512 of 21 July 1978:

Conditions for the approval of schools

1. (1) A school may be approved if—

(a) the organisational structure and the facilities for the conduct of the teaching programme are satisfactory in the opinion of the council;

(b) the educational programme is satisfactory in the opinion of the council;

(c) a person who is registered as a psychiatric nurse and against whose name an additional qualification in nursing education and an additional qualification in nursing administration are registered, is designated to the council as the person in charge of the school;

(d) members of the nursing staff who take part in the clinical instruction of students are registered psychiatric nurses against whose names the additional qualification is registered.

(2) Notwithstanding the conditions prescribed in this regulation, the council may approve a school even if all the conditions cannot be complied with. Approval may be granted upon such conditions as the council may determine.

Admission to the course

2. A candidate shall submit to the person in charge of the school proof of current registration as a psychiatric nurse. This registration shall be maintained throughout the prescribed period for the course and until the results of the examination are published, failing which the period of the course undergone from the date of removal from the register to the date of restoration, shall be forfeited.

Registrasie, terugplasing, staking en voltooiing van die kursus

3. Ingevolge die regulasies betreffende die registers vir studente—

(a) moet 'n student om registrasie of terugplasing op die register aansoek doen;

(b) moet die persoon in beheer van 'n skool die raad in kennis stel indien 'n student die kursus om enige rede voor voltooiing staak, insluitende 'n oorplasing na 'n ander skool;

(c) moet die persoon in beheer van 'n skool die raad in kennis stel wanneer 'n student die kursus voltooi.

Duur van die kursus

4. (1) Die kursus duur minstens een akademiese jaar van minstens tweehonderd (200) dae (diensvrydae uitgesluit).

(2) Indien 'n student van een skool na 'n ander oorskakel of die kursus voor voltooiing staak, moet die kursus opnuut hervat word, tensy die raad anders bepaal.

Die leergang

(Die leergang moet saam met die direktief wat van die raad verkrygbaar is, gelees word)

5. *Opmerking.*—(i) Al die vakke van die leergang moet dwarsdeur die kursus op toegepaste vlak gedoseer word;

(ii) die etiese grondslae van verpleging moet dwarsdeur die kursus beklemtoon word;

(iii) die wet wat die praktyk van verpleging beheer, met inbegrip van die regulasies betreffende die gedrag van geregistreerde verpleegkundiges wat onbetaamlike of skandelike gedrag uitmaak, die regulasies betreffende die gedrag van ingeskrewe verpleegkundiges wat onbetaamlike of skandelike gedrag uitmaak, die regulasies betreffende die gedrag van ingeskrewe verpleegassistente wat onbetaamlike of skandelike gedrag uitmaak, en die wetgewing wat op die verskillende aspekte van die leergang van toepassing is, moet dwarsdeur die kursus op toegepaste vlak gedoseer word;

(iv) medies-geregtelike risiko's moet dwarsdeur die kursus beklemtoon word;

(v) die maatskaplike, psigologiese en fisiese verwantskappe in gesondheid en siekte moet dwarsdeur die kursus beklemtoon word;

(vi) die voorkomende, bevorderende, kuratiewe en rehabilitatiewe aspekte moet dwarsdeur die kursus beklemtoon word;

(vii) die wetenskaplike beginsels onderliggend aan verpleging moet dwarsdeur die kursus beklemtoon word;

(viii) Mikrobiologie, Parasitologie en Farmakologie moet dwarsdeur die kursus beklemtoon word.

(1) *Die wetenskaplike grondslae van die psigiatriese verplegingsprosesse*

(2) *Voorkomende en bevorderende geestesgesondheidsorg ten opsigte van die psigiatriese verplegingsprosesse*

(3) *Psigiatrie en die psigiatriese verplegingsprosesse*

(4) *Een van die volgende:*

(a) Gevorderde psigiatriese verpleging.
(b) Gevorderde verpleging in kinderpsigiatrie.
(c) Gevorderde verpleging in gemeenskapspsigiatrie.
(d) Gevorderde verpleging van die geestesvertraagde.

Registration, restoration, termination and completion of the course

3. In terms of the regulations regarding the registers for students—

(a) a student shall apply for registration or for restoration to the register;

(b) the person in charge of a school shall notify the council if a student terminates the course for any reason before completion, including a transfer to another school;

(c) the person in charge of a school shall notify the council when a student completes the course.

Duration of the course

4. (1) The course shall extend over at least one academic year of at least two hundred (200) days (excluding days off).

(2) If a student transfers from one school to another or terminates the course before completion, the course shall be commenced *de novo*, unless the council determines otherwise.

The curriculum

(The curriculum must be read in conjunction with the directive obtainable from the council)

5. *Note.*—(i) All the subjects of the curriculum shall be taught at an applied level throughout the course;

(ii) the ethical foundations of nursing shall be emphasised throughout the course;

(iii) the law governing the practice of nursing, including the regulations regarding the conduct of registered nurses which shall constitute improper or disgraceful conduct, the regulations regarding the conduct of enrolled nurses which shall constitute improper or disgraceful conduct, the regulations regarding the conduct of enrolled nursing assistants which shall constitute improper or disgraceful conduct, and the legislation applicable to the various aspects of the syllabus, shall be taught at an applied level throughout the course;

(iv) medico-legal risks shall be emphasised throughout the course;

(v) the social, psychological and physical relationships in health and disease shall be emphasised throughout the course;

(vi) the preventive, promotive, curative and rehabilitative aspects shall be emphasised throughout the course;

(vii) the science principles underlying nursing shall be emphasised throughout the course;

(viii) Microbiology, Parasitology and Pharmacology shall be emphasised throughout the course.

(1) *The scientific foundations of the psychiatric nursing processes*

(2) *Preventive and promotive mental health care in respect of the psychiatric nursing processes*

(3) *Psychiatry and the psychiatric nursing processes*

(4) *One of the following:*

(a) Advanced psychiatric nursing.
(b) Advanced nursing in child psychiatry.
(c) Advanced nursing in community psychiatry.
(d) Advanced nursing of the mentally retarded.

Lesings, kliniese onderrig en praktika

6. (1) Studente moet dwarsdeur die kursus sowel teoretiese as kliniese onderrig in die vakke soos in die leergang in regulasie 5 voorgeskryf, ontvang en praktika deurloop.

(2) Waar moontlik, moet studente met onderrig sentrums betrokke by voorkomende en bevorderende gesondheid besoek, soos—

(a) eenhede/hospitale vir intensiewe- en ander psigiatriese behandeling;
(b) psigiatriese eenhede vir kinders;
(c) psigiatriese gemeenskapsdienste;
(d) eenhede/hospitale vir die geestesvertraagde.

Die eksamen en eksamenpunte

7. (1) Die eksamen bestaan uit vier (4) gedeeltes, naamlik:

(a) Drie (3) skriftelike gedeeltes wat elk drie (3) uur duur;

(b) 'n mondelinge gedeelte (wat na goeddunke van die eksaminatore prakties kan insluit).

(2) (a) Suksesvolle kandidate word as "geslaag" of "met lof geslaag" aangedui.

(b) Om in die eksamen te slaag, moet 'n kandidaat minstens vyftig (50) persent van die totale puntetal behaal: Met dien verstande dat die kandidaat minstens veertig (40) persent in elk van die vier gedeeltes behaal.

(c) Om met lof te slaag, moet 'n kandidaat minstens vyf-en-sewentig (75) persent van die totale puntetal behaal.

(d) Kandidate word nie in volgorde van verdienste geplaas nie en punte of plekke word nie openbaar gemaak nie, tensy dit in verband is met 'n prys of toekenning deur die raad goedgekeur.

Toelating tot die eksamen

8. 'n Kandidaat vir toelating tot die eksamen dien in—

(1) 'n aansoek om toelating ooreenkomstig regulasie 10;

(2) 'n sertifikaat deur die persoon in beheer van die skool dat die kandidaat—

(a) op die grondslag van 'n stelsel van deurlopende evaluering, bevoegd en geskik ten opsigte van houdings, benadering, insig, kennis en vaardighede gevind is;

(b) die voorgeskrewe tydperk vir die kursus teen die einde van die maand waarin die eksamen afgeneem word, sal voltooi;

(c) teen die datum van die eksamen aan die bepalings van regulasie 6 sal voldoen.

Hertoelating tot die eksamen

9. (1) 'n Kandidaat moet 'n aansoek ooreenkomstig regulasie 10 indien.

(2) (a) 'n Kandidaat wat by die eerste poging in die eksamen druip, kan by die tweede poging slegs vir die gedeeltes, maar hoogstens twee, waarin minder as vyftig (50) persent maar minstens veertig (40) persent behaal is, weer inskryf, by gebreke waarvan die kandidaat weer vir al die gedeeltes moet inskryf; met dien verstande dat die kandidaat binne een jaar vanaf die eksamen waarin die kandidaat gedruip het, weer vir die eksamen moet inskryf, by versuim waarvan die kandidaat geen krediet behou nie en die kursus moet herhaal, aan alle toelatingsvereistes vir die eksamen moet voldoen en opnuut vir die eksamen in die geheel moet inskryf, tensy die raad anders bepaal.

Lectures, clinical instruction and practica

6. (1) Students shall throughout the course receive instruction, both theoretically and clinically, and undergo practica in the subjects prescribed in the curriculum in regulation 5.

(2) Wherever possible, students shall visit under instruction centres concerned with preventive and promotive health, such as—

(a) units/hospitals for intensive and other psychiatric treatment;

(b) child psychiatric units;

(c) community psychiatric services;

(d) units/hospitals for the mentally retarded.

The examination and examination marks

7. (1) The examination shall consist of four (4) portions, being—

(a) three (3) written portions of three (3) hours duration each;

(b) an oral portion (which may at the discretion of the examiners include practical).

(2) (a) Successful candidates shall be shown as having "passed" or "passed with honours".

(b) To pass in the examination, a candidate shall obtain at least fifty (50) per cent in the aggregate: Provided that the candidate shall obtain at least forty (40) per cent in each of the four portions.

(c) To pass with honours, a candidate shall obtain at least seventy-five (75) per cent in the aggregate.

(d) Candidates shall not be placed in order of merit and marks or places shall not be disclosed, except in connection with a prize or award approved by the council.

Admission to the examination

8. A candidate for admission to the examination shall lodge—

(1) an application in terms of regulation 10;

(2) a certificate by the person in charge of the school that the candidate—

(a) on the basis of a system of continual assessment, has been found competent and suitable in respect of attitudes, approach, insight, knowledge and skills.

(b) will complete the prescribed period for the course by the end of the month in which the examination is held;

(c) will comply with the provisions of regulation 6 by the date of the examination.

Re-admission to the examination

9. (1) A candidate shall lodge an application in terms of regulation 10.

(2) (a) A candidate who fails in the examination at the first attempt, may re-enter at the second attempt only for those portions, not exceeding two, in which less than fifty (50) per cent but at least forty (40) per cent was obtained, failing which the candidate shall re-enter for all portions: Provided that the candidate shall re-enter for the examination within one year of the examination in which the candidate failed, failing which the candidate shall not retain any credit and shall repeat the course, comply with all admission requirements for the examination and re-enter for the examination as a whole, unless the council determines otherwise.

(b) 'n Kandidaat wat by die tweede of enige daaropvolgende poging in die eksamen druip, behou geen krediet nie en moet elke keer die kursus herhaal, aan alle toelatingsvereistes vir die eksamen voldoen en weer vir die eksamen in die geheel inskryf.

Datums van eksamen, aansoeke om toelating en hertoelating en eksamengelde

10. (1) Die persoon in beheer van 'n skool moet die raad onmiddellik in kennis stel, met vermelding van redes, indien 'n kandidaat na indiening van 'n aansoek ooreenkomstig hierdie regulasie, nie meer tot 'n eksamen toegelaat of hertoegelaat kan word nie

(2) Die eksamen word twee keer per jaar in die maande Januarie en Julie afgeneem en aansoeke om toelating of hertoelating moet voor of op 7 November en 7 Mei onderskeidelik, by die raad ingedien word.

(3) Gelde van dertig rand (R30) word by aansoek om toelating of hertoelating tot die eksamen of 'n gedeelte van die eksamen aan die raad betaal.

(4) 'n Aansoek wat nie later nie as sewe (7) dae na die voorgeskrewe datum ingedien word, word slegs by betaling van addisionele gelde van vyf rand (R5) aanvaar.

(5) 'n Aansoek wat later as sewe (7) dae na die voorgeskrewe datum ingedien word, word nie aanvaar nie.

(6) 'n Aansoek om toelating of hertoelating word nie as ingevolge hierdie regulasie "ingedien" beskou nie, tensy 'n behoorlik ingevulde aansoekvorm, tesame met die voorgeskrewe sertifikate, die eksamengelde en, waar van toepassing, die addisionele gelde in paragraaf (4) voorgeskryf, die raad bereik nie.

(7) Eksamengelde word verbeur indien 'n inskrywing gekanselleer word of indien 'n kandidaat van 'n eksamen afwesig is, tensy die raad anders bepaal. Hierdie paragraaf is ook op die addisionele gelde in paragraaf (4) voorgeskryf, van toepassing.

Eksamensentrums

11. Sentrums word op plekke waarop die raad mag besluit, ingestel.

Registrasie van addisionele kwalifikasie

12. Aan 'n kandidaat wat in die eksamen geslaag het, word 'n sertifikaat van registrasie van die addisionele kwalifikasie sonder betaling van enige gelde uitgereik: Met dien verstande dat die kennisgewing in regulasie 3 (c) voorgeskryf, ingedien is.

(b) A candidate who fails in the examination at the second or at any subsequent attempt, shall not retain any credit and shall each time repeat the course, comply with all admission requirements to the examination and re-enter for the examination as a whole.

Dates of examination, applications for admission and re-admission and examination fees

10. (1) The person in charge of a school shall notify the council forthwith, giving reasons, if a candidate becomes ineligible for admission or re-admission subsequent to the lodging of an application in terms of this regulation.

(2) The examination shall be held twice a year during the months January and July and applications for admission and re-admission shall be lodged with the council on or before 7 November and 7 May, respectively.

(3) A fee of thirty rand (R30) shall be paid to the council upon application for admission or re-admission to the examination or any portion of the examination.

(4) An application lodged not more than seven (7) days after the prescribed date shall be accepted only on payment of an additional fee of five rand (R5).

(5) An application lodged more than seven (7) days after the prescribed date shall not be accepted.

(6) An application for admission or re-admission shall not be deemed to have been "lodged" in terms of this regulation unless a duly completed application form, together with the prescribed certificates, the examination fee and, where applicable, the additional fee prescribed in paragraph (4), shall have reached the council.

(7) Examination fees shall be forfeited if an entry is cancelled or if a candidate is absent, unless the council determines otherwise. This paragraph shall also apply to the additional fee prescribed in paragraph (4).

Examination centres

11. Centres shall be established at such places as the council may determine.

Registration of additional qualification

12. A candidate who has passed in the examination shall be issued with a certificate of registration of the additional qualification without the payment of a fee: Provided the notice prescribed in regulation 3 (c) has been lodged.

Mennonite Central Committee se konferensie oor: 'Die Rol van Geskiedkundige Vredeskerke', Gaborone, Botswana. Verhandeling voorgelê oor: 'The Role of Churches in Promoting Justice in Southern Africa' (Oktober).

Konferensie van die Afrikaanse Calvinistiese Beweging, Potchefstroon (Oktober).

(c) Deelname aan Welsinge [illegible]

(93)

Star 5/7/79

Doctors, nurses in food protest

More than 200 coloured and Indian nurses and 20 doctors at the Coronation Hospital are on a food-protest strike.

The nurses who live in decided earlier this week to stop eating meals supplied to them by the hospital. Yesterday doctors decided to join the boycott.

The "strike" has not affected their duties. They are continuing to attend to patients.

They said they decided on the food strike after numerous complaints about bad meals and dining facilities had fallen on "deaf ears".

Their grievances are.

- Meals were badly prepared and unpalatable.
- Dining facilities were "primitive." No tablecloths were laid. Water was served in chipped cups instead of glasses, teaspoons were not supplied with tea.
- There was no decent choice of menu or variety in meals.
- Although it was a non-white hospital, racial discrimination was being practised where coloured and Indian nurses were not allowed to share the same dining canteen with white doctors and other white staff. (Indian doctors are now allowed to eat with white staff).

[illegible] van Kaapstad het benewens 'n bydrae tot die bedryfskoste van die Sentrum, ook vir die Sentrum sedert sy stigting in kantoorruimte voorsien. Met die uitbreiding van personeel het ons die huisie op die laer

navorsings-Fellows het aansienlik tot die Sentrum se program bygedra: dr Sheila T. van der Horst, afgetrede mede-professor van Ekonomie, U.K., en professor J.L. Boshoff, gewese Rektor van die Universiteit van die Noorde.

LIDMAATSKAP

Soos voorheen gemeld, is die Sentrum vir Intergroepstudies geregistreer as 'n maatskappy. In die Memorandum en Statute van Vennootskap word voorsiening gemaak vir die benoeming van eenhonderd lede. Tans is daar 57 lede en hulle sluit die volgende in:

a) Drie stigterslede:

Mnr J.G. Benfield
Mnr H.L. Kennedy
Mnr P.G.T. Watson

b) Sewentien persone wat gedurende die afgelope 12 jaar lede van die Beheerraad was (* dui stigterslede aan):

Professor E.V. Axelson
Professor J.F. Beekman
Professor J.F. Brock
Mnr C.S. Corder*
Professor W.H.B. Dean
Dr J.P. Duminy*
Professor G.F.R. Ellis
Biskop A.W. Habelgaarn
Mnr E.V.E. Howes*
Professor M.F. Kaplan
Ds. W.A. Landman
Mnr G.K. Lindsay
Sir Richard Luyt
Professor S.J. Saunders
Professor H.W. van der Merwe
Mede-professor D.J. Welsh
Professor Monica Wilson

group could have hived off, and, each group had the potential to act as a nucleus for further expansion, the present model can account for divergent lines of evolution within a tradition.

In the description of the two models used in the present study, it was

More duties for trained nurses envisaged

Science Correspondent

MOST of the tasks at present carried out by doctors could and would in the future be done by trained nurses, the congress of the Medical Association of South Africa was told yesterday.

"Whole areas of this country are without any health care at all and we will never have enough doctors to fill these gaps," said Professor T. L. Sarkin, dean of the University of Natal Medical School, yesterday.

He was speaking at the opening session of the congress, now being held in Durban.

Professor Sarkin said doctors did not need to deal personally with every patient as they have traditionally done.

"They need to see about one in 10 — the rest can be dealt with by clinically responsible nurses, of whom there would be about 20 for every doctor.

"Almost all routine health care can be handled by nurses. Doctors could then concentrate on the bigger aspects of the health scene."

ulted from two different processes:
ng, and (2) increased mortality
arcity of a particular resource.
ated with social conflict
urner, 1954). This association
esource scarcity determined when
n cannot provide an accurate
haeological test between the

spread model employed ecological
er it is possible that
t ecological stresses. Cultural
n among the Ndembu (Turner, 1954)
ible. It would seem that the
ssion should also be assessed

er that groups must be spatially
yles. A discontinuous spread
have promoted rapid differentiation
t have been associated with
Monnig, 1967). Totems indicate
h, 1972; Schapiro, 1962)
in pottery. If totemic
ociated with a rapid change
olution. This suggestion
record.
ndicated that the flutted and
idual cultures showed a slower
ted with the analysis and

the results cannot be used as an absolute confirmation of the validity of the discontinuous spread model.

The major problem with the radiocarbon chronology is the small sample size. Only four Silver Leaves sites have been dated and one of these Eiland is a specialised activity area (Evers, 1975). Kwale and Urewe have more dated sites but again samples are very small. In the discontinuous spread model it was suggested that the overall rate of spread would have been faster than the expansion of an individual culture. Therefore, the regression for the overall rate of spread was calculated from the earliest known dates for each culture and this reduced the sample size. It is possible that the sample sizes are so small that they do not reflect the real population of dates. Because of the sample size problem an independent evaluation of the two mechanisms of dispersal is necessary.

The data used in the present study were derived from only one tradition, the flutted and bevelled complex, and therefore the analysis would seem to be tied to the validity of a particular culture-historical reconstruction. While this is true, the rapidity of spread associated with the simulation of the discontinuous spread model would seem to indicate that this is the most likely mechanism of dispersal.

ACKNOWLEDGEMENTS

I would like to thank Professor T.N. Huffman for reading and commenting on the numerous drafts of the paper. Miss C.S. Harcourt helped edit the manuscript and Mrs J. Howard-Tripp typed the final drafts.

I would like to express my special thanks to Dr D.S. Wilson who introduced me to evolutionary ecology and helped to debug the programmes.

Sun. Express 22/7/79

Apartheid address going out in print

(95)

By JEAN LE MAY

AN ADDRESS on "Apartheid and Medical Training: the Training of Black Doctors" by Professor Phillip Tobias, head of the Department of Anatomy at the Wits Medical School, will be published internationally following a report about it in the Sunday Express on July 1.

Professor Tobias said this week the Transvaal Medical Society and the National Association for the Advancement of Coloured People of the United States had since asked him for permission to reprint the entire address.

In it, the professor said apartheid had set the training of Black doctors back 50 years in South Africa, and gave figures supporting this.

The Department of Education and Training later approached the Sunday Express about his allegations and said it was not correct that fewer Black doctors qualified in South Africa in 1975 than in 1946.

In his address Professor Tobias compared the number of Black doctors qualifying at the end of 1975 — six — with the average annual output for the period beginning 1946 and extending to 1956, which he calculated as 6,3.

"The latter figure has not been queried by the Department — and six is smaller than 6,3," he comments.

The professor's original statement was telescoped in the Sunday Express for production reasons.

The department also took issue with Professor Tobias for not using figures after 1975. In the original address, of which only a portion was printed in the Sunday Express, the professor analysed the position as late as figures available to him allowed — 1977.

Moreover, the department's criticism was erroneously based on calculations for 1957/1966 on the output of the University of Natal alone and overlooked the output of Black doctors from the Wits medical school.

Replying to the criticisms, Professor Tobias said: "It is surely misguided and a waste of effort to argue about a few decimal places in an apparent attempt to defend the indefensible.

"Moreover, both sets of figures reveal a disgraceful situation — namely, that in the years in question fewer than one Black doctor per million of Black population qualified in South Africa."

The department was concerned that no mention was made in the professor's address of the new Black Medical University of South Africa (Medunsa).

"As this school has not yet produced any Black doctors, it could obviously not be mentioned in that part of my address which dealt with the numbers of Black doctors produced — and that was the only part covered in the Sunday Express article," commented Professor Tobias.

"My main thesis remains unaltered . . . that the system of apartheid in education has set South Africa's training of Black doctors back by 50 years."

LITA-NISM

St told of jail killing

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He died soon afterwards

Mrs Nkosi testified she became so hysterical she did not realise she had been shot in the stomach. She was taken to hospital after police arrived at her home

She said her husband had heard previously there were "political prisons up north" and was afraid he would be sent to one of them. This information had come from friends and police informers.

These threats had been reported to his superior officers who supplied him with extra ammunition for his pistol

The court heard that Sergeant Nkosi had gone for his further studies under the auspices of the African National Congress. He had first gone to a camp at Dar es Salaam and then to Russia. There he received training between August 1961 and August 1964

He had entered Rhodesia but later returned to South Africa

he collapsed. There was blood coming from his nose and mouth and chest

Detainee was kept naked in his cell

South African Press Clips, week ending 20 July 1979

Daily News 15/5/79

Speaking in committee during the debate on the Police Vote, Mrs Suzman said Mr Jones had been kept naked and not allowed to bath during the two months he was detained at the Algoa Park police station, Port Elizabeth, under Section Six of the Terrorism Act.

He was allowed only one blanket and got no exercise.

Mrs Suzman also said Mr Jones had visible injuries following interrogations by the "bully boys" security police at Sanlam Building in Port Elizabeth.

Asked by Mr Kruger whether she had seen the injuries, Mrs Suzman said she had all the information on affidavit and she indicated that it was Mr Jones' intention to sue the Minister for damages.

Replying to the debate, Mr Kruger admitted that Mr Jones had been kept naked in his cell but said this had only occured after he had tried to commit suicide.

The Minister also warned Mrs Suzman not to have anything to do with Mr Jones because he was using her.

He said Mr Jones had been regularly visited by magistrates but had never made any complaints to them.

Detained in Sanlam Building

Parliamentary Correspondent

Mrs Helen Suzman, the official Opposition's chief spokesman on police matters, clashed sharply with the Minister of Justice, Mr J. T. Kruger, yesterday over the alleged murder-attempt in detention of Mr. Peter Jones, the man who was detained with Steve Biko.

Speaking earlier, Mrs Suzman said that like Mr Biko, Mr Jones had received fortnightly visits by a magistrate during his 17 months in detention, four-and-a-half of which were under Section Six of the Terrorism Act.

"The magistrates who visited him from Sq. number 1 at the Algoa Park police station saw he was kept naked the entire time he was there.

"They saw he had on one blanket and a mattress. They could see he wasn't allowed to bath for two months. They must have known he was kept in a locked cell for the entire time and not allowed any exercise.

"They must have seen the injuries inflicted this man during interrogations at all hours of the day and night by security police bully-boys at Sanlam Building.

"Yet not one of magistrates evidently tried a finger to see what was kept under cover," she said

No charges were laid against Mr Jones, subsequently spent further two - and - a months in detention

Police raids

Daily News 15/5/79

Two former Soweto men convicted in Swaziland this week of carrying weapons of war claimed they crossed into the Kingdom from South Africa to escape pursuing South African security forces.

Abel Xaba (19) and Jerry Seleki (21) pleaded guilty before Mbabane resident magistrate, Mr Paul Sowazane to possessing the weapons in the Pigg's Peak area on April 14

Xaba, who was found with a hand grenade and five detonators, was fined R750 (or 750 days) and Seleki found with an auto pistol and five detonators, was fined 1 (or 550 days).

The court was told weapon and explosives were of Russian origin

Two other Swazis who were charged with the same charge were acquitted

They are Mr Gwendline (27) and Sipho Zwane (26)

In mitigation, Seleki and Xaba told

Mennonite Central Committee se Konferensie oor: 'Die Rol van Geskiedkundige Vredeskerke', Gaborone, Botswana. Verhandeling voorgelê oor: 'The Role of Churches in Promoting Justice in Southern Africa' (Oktober).

Konferensie van die Afrikaanse Calvinistiese Beweging, Potchefstroom (Oktober).

(c) Deelname aan Welsyns- Professionele en Openbare Organisasies

Die Direkteur het aktief gebly in die Suid-Afrikaanse Instituut vir Rasse-Verhoudinge as 'n lid van die Weskaap-Distrikskomitee, die Nasionale Uitvoerende Komitee en van die Raad.

Hy is Voorsitter van die Quaker Service Fund in die Kaap, die diensafdeling van die Godsdienstige Vriendekring (Quakers), wat gemeenskapsontwikkeling op die platteland en in die stadsgebiede bevorder.

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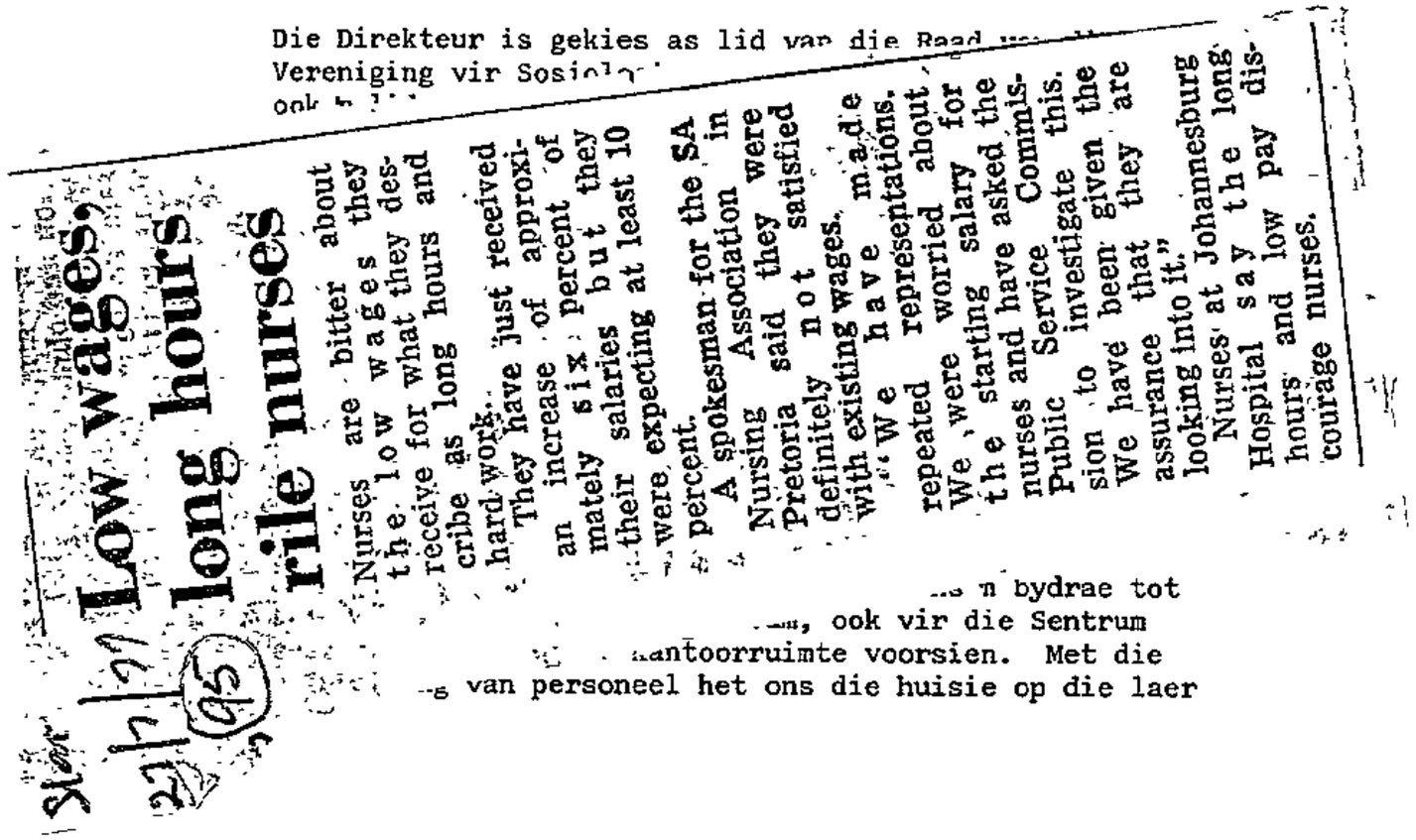

Star 27/7/77 (95)

Low wages, long hours, rile nurses

Nurses are bitter about the low wages they receive for what they describe as long hours and hard work.

They have just received an increase of approximately six percent of their salaries but they were expecting at least 10 percent.

A spokesman for the SA Nursing Association in Pretoria said they were definitely not satisfied with existing wages.

"We have made repeated representations. We were worried about the starting salary for nurses and have asked the Public Service Commission to investigate this. We have been given the assurance that they are looking into it."

Nurses at Johannesburg Hospital say the long hours and low pay discourage nurses.

... 'n bydrae tot
..., ook vir die Sentrum
... kantoorruimte voorsien. Met die
... van personeel het ons die huisie op die laer

navorsings-Fellows het aansienlik tot die Sentrum se program bygedra: dr Sheila T. van der Horst, afgetrede mede-professor van Ekonomie, U.K., en professor J.L. Boshoff, gewese Rektor van die Universiteit van die Noorde.

LIDMAATSKAP

Soos voorheen gemeld, is die Sentrum vir Intergroepstudies geregistreer as 'n maatskappy. In die Memorandum en Statute van Vennootskap word voorsiening gemaak vir die benoeming van eenhonderd lede. Tans is daar 57 lede en hulle sluit die volgende in:

a) Drie stigterslede:

Mnr J.G. Benfield
Mnr H.L. Kennedy
Mnr P.G.T. Watson

b) Sewentien persone wat gedurende die afgelope 10 jaar lede van die Beheerraad was (* dui stigterslede aan):

Professor E.V. Axelson
Professor J.F. Beekman
Professor J.F. Brock
Mnr C.S. Corder*
Professor W.H.B. Dean
Dr J.P. Duminy*
Professor G.F.R. Ellis
Biskop A.W. Habelgaarn
Mnr E.V.E. Howes*
Professor M.F.Kaplan
Ds. W.A. Landman
Mnr G.K. Lindsay
Sir Richard Luyt
Professor S.J. Saunders
Professor H.W. van der Merwe
Mede-professor D.J. Welsh
Professor Monica Wilson

Anger over body searches

Nurses in big row

(95)

8/8/87 Post

Angry nurses: Refused to be searched

HE BUILDING: Where nurses are searched.

By PAULINE BUTHELEZI

NATALSPRUIT Hospital nurses are up in arms against what they believe is scandalous after they were ushered into a new block where they were searched by a security officer.

Nursing sisters felt humiliated when they were stopped at the gate and told to go back into a new building next to the gate. They were bodily searched by a woman security guard and the contents of their bags emptied.

They are sending a delegation to see the hospital authorities about the searches which have angered the whole female staff.

The nurses also say they are made to sign a register when they drive into the hospital grounds whereas whites are not.

On Monday afternoon nurses and female staff were taken by surprise when they were shown into the new block next to the gate on their way home.

They had to stand in a queue while a female security officer searched them.

In an interview with POST one nursing sister described the move as "the ultimate in humiliation."

"Normally we have to open our handbags at the gate for the security guard to look inside. We could not believe it when we were stopped at the gate and told to go into a room in the new block.

"Inside a woman security officer searched us and the contents of our handbags," she said.

"We are not going to allow them to treat us like petty thieves," said another nursing sister. "Having one's handbag searched is bad enough, but body searches are stretching the point too far," she said.

Dr A M Chemaly, the superintendent, denied any knowledge of the body searches and the delegation.

Yesterday nurses were seen entering a room where they claimed the searches were carried out. Some refused to go in.

sistant superintendent, de-
nied any knowledge of the
body searches and the
delegation

POST
TRANSVAAL

Telephone 27-6081

Scandal of little faith

THE explanation by Dr A F Chemaly, superintendent of Natalspruit hospital, that all staff members of the hospital are subjected to body searches because this is in the hospital regulations, is just not good enough.

To subject nurses to this kind of searching is nothing short of scandalous, and the good doctor should know that.

With the greatest respect to Dr Chemaly's veracity, we doubt that any white employee, at any firm, let alone hospital white staff, would take kindly to have themselves searched in this fashion.

It is a shame that any employer should have such little faith in the honesty of his employees to have them subjected to such intimate searches.

The point is that nobody likes to be searched bodily unless this is done by policemen or law-enforcing agents, who might suspect that a crime has been committed.

As soon as people are made to strip, not only their bags, but their persons, then there must be something wrong in the whole administration.

We are equally surprised to learn the practice of searching nurses and other hospital staff is in the regulations. The surprise is even greater because we were alerted by the very people who should know the regulations, about the indignities they say are inflicted on them. Why, if they knew the regulations, did they have to make such a hue and cry about them.

In any event, regulations or no regulations, we feel highly insulted that nurses have to be jumped upon and searched at the drop of a hat. This thing, we feel very strongly, must be brought to an immediate halt.

Mennonite Central Committee se Konferensie oor: 'Die navorsings-Fellows het aansienlik tot die Sentrum se

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WAARDERING EN DANK

Ek is altyd dankbaar vir die geleentheid wat die jaarverslag bied om my waardering te betuig aan lede van die Akademiese Adviesskomitee en die Beheerraad vir hulle leiding, aanmoediging en belang in die aangeleenthede van die Sentrum.

Die Universiteit van Kaapstad het benewens 'n bydrae tot die bedryfskoste van die Sentrum, ook vir die Sentrum sedert sy stigting in kantoorruimte voorsien. Met die uitbreiding van personeel het ons die huisie op die laer

Ds. W.A. Landman
Mnr G.K. Lindsay
Sir Richard Luyt
Professor S.J. Saunders
Professor H.W. van der Merwe
Mede-professor D.J. Welsh
Professor Monica Wilson

Searches are routine, says hospital head

THE superintendent of Natalspruit Hospital, Dr A F Chemaly, said yesterday that the searching of nurses at the hospital was routine and was gazetted in the Hospitals Service Regulations.

Dr Chemaly was reacting to a story which appeared in POST on August 8.

Nursing sisters at the hospital claimed they were ushered into a new block where they were searched by a security officer. They were bodily searched by a woman guard and contents of their bags emptied.

By PAULINE BUTHELEZI

The nurses also claimed that they were made to sign a register when they drove into the hospital grounds whereas whites were not.

"It is true that we search the nurses. But, I would like to make this clear that this we do because it is routine and that this has been gazetted with the Hospitals Services Regulations," Dr Chemaly said.

"This is not done everyday but is done on certain days. The spot checks are conducted at the two main gates of the hospital — the Eastern and Western gates.

"The nurses are searched by a woman security guard and the male staff by a male security officer." Dr Chemaly said.

EVERYBODY

Dr Chemaly said this was not done only to the black staff but even whites are searched.

"A week or two before the black staff was searched, the whites were searched at the western gate. I was also searched. This does not mean that only nurses are searched, but everybody working in the hospital is," Dr Chemaly said.

Dr Chemaly said the searches were only conducted when it was found there is a great loss of the hospital's equipment when the inventory is checked.

"I met the delegation of the nurses and it was resolved that when the nurses were searched, a matron or a senior sister should be present to attend to their complaints," he said.

Dr Chemaly said it was true that the nurses are made to sign a register when they drive into the hospital grounds.

"Only matrons and senior sisters are allowed in without signing the register. We cannot allow everybody to enter the hospital grounds. With the white staff, they are small in number, mostly doctors and they too, sign the register at night only," he said.

SEPARATE

On the issue of black and white doctors having to use separate dining rooms while working together on the wards, Dr Chemaly said this was due to lack of space.

"They are allowed to eat wherever they want to. The dining rooms were planned at that time for different racial groups, but that time has long passed and we no longer practice apartheid," he said.

He said he had met a delegation from the nurses over the food issue. Scores of black nurses were boycotting the hospital food claiming it was badly cooked.

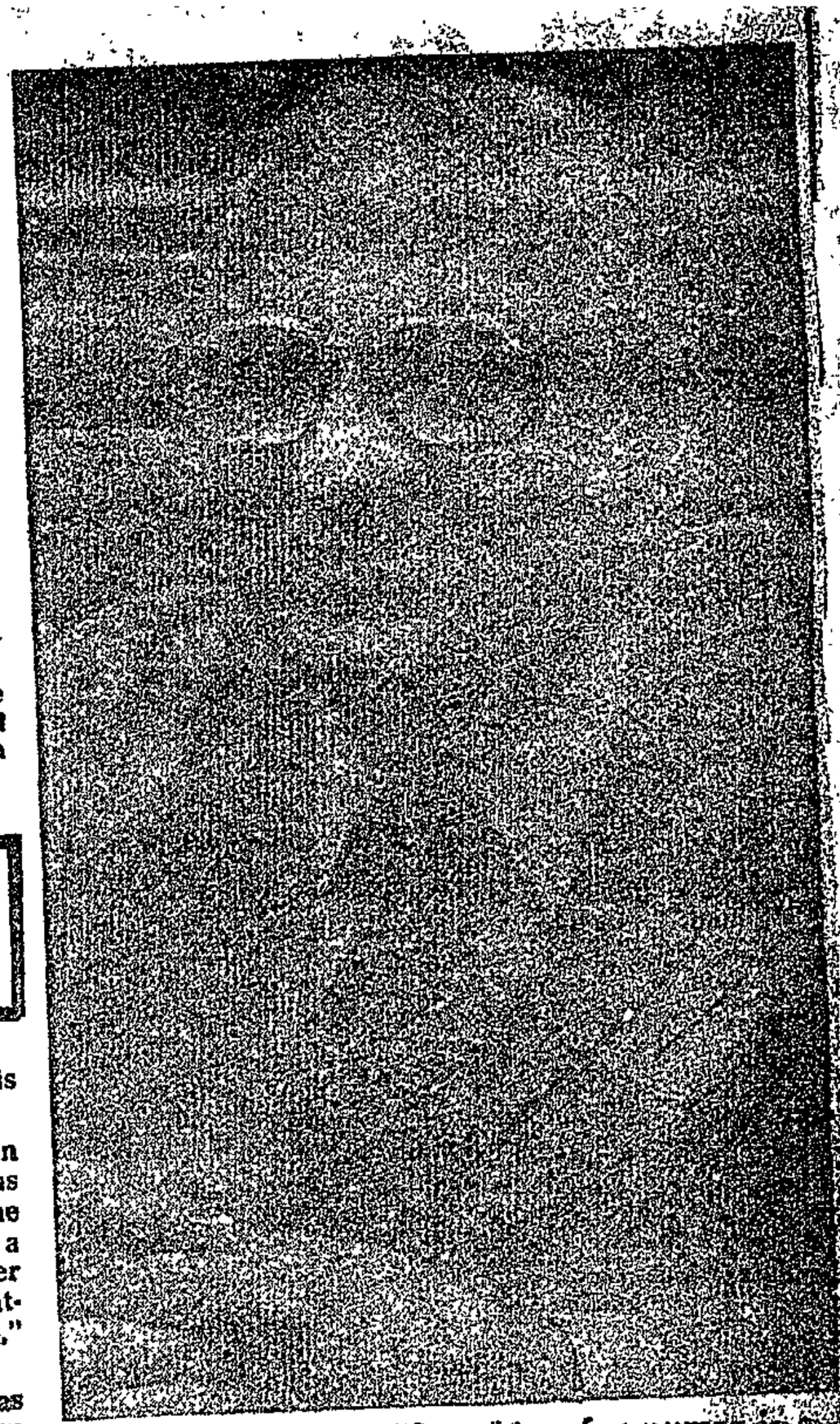
He said everything was solved and back to normal. He further said there was a specially employed dietician who looked after food.

"If the nurses have any complaints, my doors are open for dialogue," he said.

On the issue of overcrowding, Dr Chemaly said the hospital is overcrowded.

"The reason is that at the moment, the hospital is being renovated. This means that we have to vacate a ward at a time. Ward one to 12 will be renovated by the end of this year and the rest will be done next year.

"We have lots of demands from outside hospitals wanting to send their patients to our hospitals, but now we have reached a stage where we cannot cope," Dr Chemaly said.



Dr Chemaly . . . "Searching for nurses is a routine work."

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Morale is very low and the patients are suffering

Underpaid nurses quit the hospitals

Star 6/9/79

Nursing staff who are dissatisfied with salaries and conditions in Johannesburg hospitals run by the province are giving up the profession and leaving the hospitals seriously understaffed.

The nurses — qualified and unqualified — are being weaned away by private enterprise — especially drug companies — which in most cases offer better salaries and conditions including car and expense allowances.

Miss Doreen Radloff, retiring executive director of the South African Nursing Association is concerned about nurses' pay.

"As the biggest group in the hospital services, nurses are absolutely essential. Yet whenever money becomes available to the medical profession it hardly ever stretches as far as the nurses.

Injustice

"This is a great injustice and one of the main reasons why we have such a shortage of nurses. They are not appreciated sufficiently and they are taken for granted because of their ethical code which states that their main object is to be of good service to the country," she said.

A Department of Health spokesman said: "We know the nurses are suffering hardships and we have endorsed further representations to the Public Service Commission."

A spokesman for the Public Service Commission said any salary adjustments would have to wait until the new financial year.

"There are no funds available for any further admendments at this stage. We are trying to do what we can with the funds available," he said.

In May, Mr Sybrand van Niekerk, then Administrator of the Transvaal, said in the Provincial Council that out of 752 paediatric and gynaecology nursing positions at the Johannesburg Hospital, 377 had not been filled.

He later denied that there was a staff shortage at the hospital saying that the commissioning of the hospital had not yet been completed.

Fear

I spoke to doctors and nurses at Johannesburg hospitals who didn't want to be named for fear of losing their jobs.

They claimed:

- The intensive care units are so full that some seriously ill patients who should be receiving intensive care (that is a ratio of one fully qualified sister per patient) were being moved into general wards.
- Areas of the intensive care unit at the new hospital have not been opened because there are not enough staff to man it properly.
- Patients were suffering from the shortage of nursing staff.
- Staff have to choose which seriously ill patients most need their help.
- Facilities provided at the hospitals are no longer limited by the size of the hospitals but by the staff shortage.
- It is not unusual at night and weekends to find two junior nurses in charge of an adult ward or ward of sick children.
- Babies do not receive the full attention they should because there is not enough staff to treat them all at the same time.
- Some medicines are not freely available and red tape is involved in acquiring them. They are frequently refused the reason given that the country is economising) so the staff have to make do with "pot luck."
- Equipment is ordered and approved — or refused — by persons not familiar with modern requirements.

The salaries of nurses in provincial hospitals went up by between four and 10 percent in June but are still not in line with those paid by private enterprise. JENNY DYER spoke to doctors and nurses who claimed poor pay had led to a serious staff shortage in Johannesburg.

The nursing staff's main complaints are that:

- Recent salary increases are totally inadequate and favour the more highly paid senior staff. The increases vary between four and ten per cent although it is believed that matrons received more.
- This means an actual increase for senior sisters is between R7 and R24.
- A senior sister with six years' experience and sometimes working a 60 hour week can hope to bring home R540 a month.
- The responsibility and pressures on sisters (especially in the intensive care units and theatre) are enormous. During an emergency they are sometimes on duty for up to 21 hours.
- The morale of staff is low.
- The overtime rates have recently been decreased.
- Weekend and public holiday duty is required with no extra pay.
- Nurses' homes—which are cheap — have too strict rules such as no alcohol and no male guests.
- Senior staff and doctors get preference for flats which are supposedly built for nursing staff.
- Sisters in some hospital departments — intensive care and theatre — have to be on call during weekends and at night. They receive no telephone allowance.
- If they are called out in an emergency, petrol can be claimed if the correct forms are filled in. This involves so much red tape that many do not bother.
- If they have to work overtime, it is inconvenient to make use of the bus service provided by the hospitals, so a car is necessary
- Repeated meetings and representations to higher authorities have been fruitless.

"More than R100-million was spent on the new hospital and equipment and they are trying to run it on sixpence," said one source.

"Every year the province spends millions of rand training these girls and then lose them to private enterprise.

Perks

"The solution is to put salaries in line with competitive salaries in the private sector. You can't give a girl in Beaufort West the same salary as one in Johannesburg because their living expenses and work competition is different."

Points which are usually given in favour of the nursing profession are that nurses receive:

- meals at hospitals which are reasonably priced;
- cheap accommodation at nurses' homes;
- a six-monthly shoe allowance;
- free uniforms.

"All these perks don't mean anything without a decent salary," said a doctor.

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(Oktober).
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(c) Deslinane

Their task is an exacting one

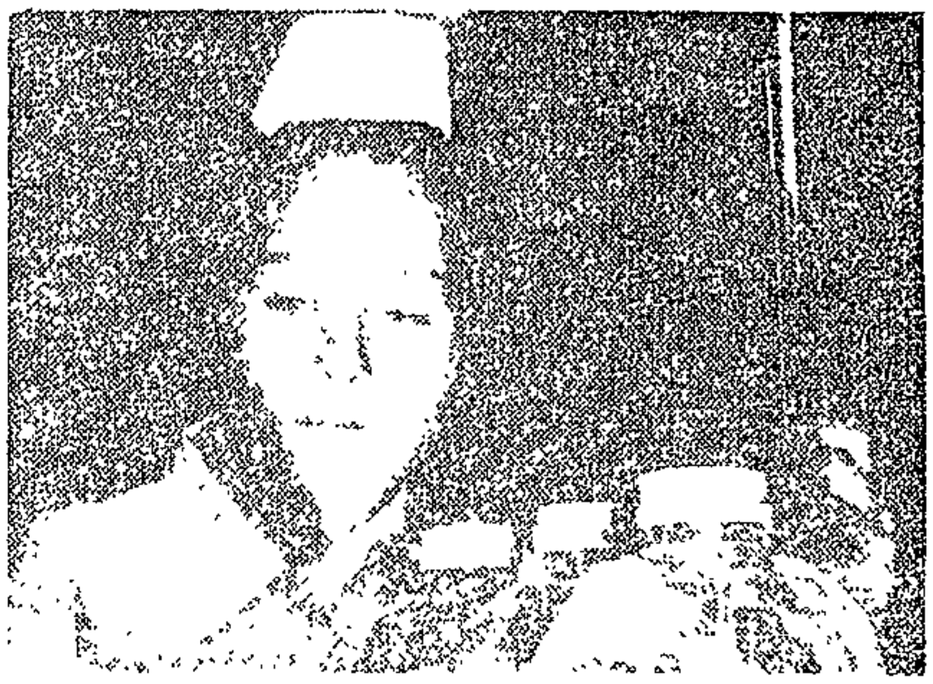
Time to look at wages of nurses

Many years ago The Star carried a full page report on slave labour in this country — a reference to the wages paid by the mines to their black workers. On the back page of the same issue there was also a mention of underpaid nurses. The mining companies went out of their way to educate the black worker so he could qualify for higher wages but the Government to this day has done nothing to benefit nurses.

The Star (Sept 6) carried two reports "Underpaid nurses quit hospitals" and "Government to control medical fees" which I think is the biggest joke in 40 years.

A thorough investigation into the wages of nurses is necessary and it should be borne in mind that the Department of Health is merely there to do the paper work — in no way does it assist in caring for

George Kerr
Pietermaritzburg.



"Nursing is more scientific than anyone would have believed necessary a few years ago," says a nursing matron. (The Star Sept 6.)

Groote Schuur's 'new style' nursing

(95)

20/9/79. Argus

Medical Reporter

A NEW approach to nursing has been introduced at Groote Schuur Hospital to cater for patients' preferences and to ensure that they know how and why they are being treated.

The new approach, known as the 'nursing process,' is in use in only one other hospital in South Africa—at Welkom, Free State.

The chief matron of Groote Schuur, Miss P H Brassell, said she had read of the process in overseas journals. When she visited London at the end of last year and saw the approach in operation she became 'very keen'.

With the principal matron in charge of the Department of Nursing Education at Groote Schuur, Miss P Hardcastle, Miss Brassell set about introducing the process at Groote Schuur.

Lifestyles

Miss Hardcastle said the approach relied on the drawing up of a 'data base'. Every patient on admission is interviewed by a nurse to establish social background, habitual patterns and lifestyle.

'The aim is to treat a patient as an individual — find his preferences and dislikes and keep to them as far as possible,' she said.

This information, together with medical details, is used to form a nursing plan, with goals set which must be reached before discharge.

'This has personalised nursing care and given it direction. The nurse is better able to understand and communicate with her patient,' Miss Hardcastle said.

Involvement

Patients are also involved in their own treatment, and nurses explain to them exactly the purpose of the various treatments are for. 'This also solves the problem of patients who complain that they do not know what is being done to them,' she said.

Families are also involved, so that treatment can if necessary, be continued after discharge.

Miss Hardcastle said senior nursing sisters had undergone a training programme, which they passed on to their juniors. The process has been in operation for some months, and has been well received by patients.

Groote Schuur has a total nursing staff of about 3 000, coping with 1 300 beds, about 2 000 outpatients daily, the many intensive care units and many other hospital departments.

200 Jo'burg nurses quit over salaries

RDM 31/10/74 95

About 200 nurses are believed to have resigned on 24 hours notice from the Johannesburg Hospital and the General Hospital.

Hospital authorities have denied this but the resignations are believed to have come today as a result of nurses' dissatisfaction with the way their salaries and overtime cheques were being handled.

Nurses said the salary cheques were often delayed for no apparent reason and that in some cases overtime wages were withheld for up to three months.

Nurses were reported to have been sent to collect their cheques early today and did not return as expected.

A source at the hospital said about 180 nurses handed in their resignations at the old General Hospital today, and about 18 or 20 nurses had done the same at the new Johannesburg Hospital.

The head of the cardiac unit at the new Johannesburg Hospital, Professor John Barlow, said today: "All resignations come through the allocations subdivision, and to my knowledge no resignations have come through there today."

A spokesman for the medical superintendent's office at the General Hospital said: "It is a complete erroneous statement that 200 nurses have resigned today.

"Someone's been telling you stories. We had one resignation today," she said.

Cut the fowl through the back bone, and open out flat. Brush with melted butter. Sprinkle with salt and pepper, chopped onion and chopped parsley on both sides. Sprinkle with mixed herbs. Grill till 1/2 done, then cover with breadcrumbs and continue cooking till well done. Serve with a sharp sauce.

---oOo---

May Bennett, Ridgeworth

PLUM PUDDING

2 cups flour
1 t baking powder
1 large cup brown sugar
1 cup currants
3 beaten eggs
1/4 t ground spice
1 small cup chopped raisins
1/2 grated beef suet
1/2 pt milk
1/2 t salt
a little mixed peel finely cut

Mix all ingredients together well. Tie in a pudding cloth, and boil for three hours. Serve with hot nutmeg sauce. This recipe was used for Christmas inner in 1916 by my mother and gran, who says "we used 1 cup of flour and 1 cup of stale breadcrumbs instead of 2 cups of flour. Very successful".

---oOo---

MUTTON, ROAST SHOULDER OF 1900

shoulder of mutton
dripping
salt
flour

Put the joint to a bright clear fire, floured well. Baste contin-

May Bennett, Ridgeworth

ONION RINGS

Peel and slice large onions, and separate the rings. Heat a pan; add oil. Dip the rings in milk and then coat with flour, and fry till brown in the hot oil. Drain the oil off on a paper towel, and season with salt and pepper.

---oOo---

Nurses warn of deepening crisis

Star 1/11/79

95

Johannesburg nurses today warned of a deepening crisis in Johannesburg's two main hospitals as staff continued to threaten leaving over pay and working conditions. Nursing sources said that standards of care for patients could suffer unless immediate steps were taken to investigate their grievances.

Dr Michael Tonkin, acting superintendent of the old Johannesburg General Hospital and the new Johannesburg Hospital said the figure of 200 resignations from the two hospitals — reported in The Star yesterday — was "wildly inaccurate."

Nursing sources however insist that the figures are close to the truth.

Nurses said today that their grievances and reasons for resignation included:

- Low salaries
- Long hours at poor overtime pay
- Difficulty in getting official accommodation
- Red tape which hampered the swift obtaining of drugs for emergencies
- Problems getting salary and overtime cheques.

One nurse said that "the patients are the main reason a lot more nurses have not walked out.

Others today confirmed that many had resigned.

"I don't know if it's as many as 200 nurses, but it must be close to that figure," one nurse said.

However, sources from the rank of matron down have all expressed concern about the growing number of people getting out of nursing.

Night duty

They said it was becoming increasingly difficult to give patients proper care because of the shortage of staff. The situation would become worse if nurses left.

Another grievance aired by the nurses was that trainee nurses with very little training (sometimes only a few months) were left virtually in charge of wards if the senior went off duty.

Dr Tonkin said the figures of about 180 resignations at the old hospital and 18 to 20 at the new hospital were inaccurate.

"The accurate number for the old hospital is three trained nurses of whom two are going overseas and one who has long been dissatisfied with the rate of pay," he said. "At the new hospital, approximately 18 nurses are leaving because they have completed their midwifery training."

He admitted there had been "some slip-ups" with the prompt payment of monthly cheques and overtime pay.

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TABLE I

MORTALITY RATES FOR THE 17 MAJOR DIVISIONS OF THE ICD (8th REVISION)

(Note: There are no tables for divisions V, XI, XII, XIII because of the small numbers in each of these categories).

I

INFECTIVE AND PARASITIC DISEASES

	A		B		C		W		A		B		C		W	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0-1	0,00	0,21	0,04	0,06	0,06	0,16	0,17	0,13	0,06	0,21	2,31	1,96	2,27	1,68	0,09	0,05
1-4	0,07	0,00	0,03	0,04	0,07	0,05	0,03	0,07				1,29				
5-24	0,07	0,05	0,05	0,04	0,06	0,04	0,09	0,05				0,02				
25-44	0,21	0,26	0,34	0,36	0,54	0,56	0,26	0,33				0,07				
45-64	1,47	2,19	2,32	1,91	5,10	2,68	3,01	2,58				0,61				
65+	4,70	5,18	6,16	4,10	12,59	7,51	12,24	7,26				1,44				
ALL	0,36	0,43	0,58	0,45	1,03	0,69	1,41	1,21				0,33				
No.	126	152	2920	2522	1130	900						530				

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NEOPLASMS

II

CAREERS GUIDE

Nursing needs patience, courage, understanding

Nursing — a profession that needs your patience, softness and sympathy to make it successful.

NURSING is among the most challenging professions that demand one's interests and a dedication to make it an enjoyable and successful career.

"It is an emotional career that requires patience, courage and understanding," say pioneer nurses.

The preferable subjects for a career in nursing are mathematics, physical science or biology. Another recommendation is that would-be trainees should know the two official languages in the country, and be at least 16-years-old.

A standard eight pass enables one to enroll for the two-year course in nursing, and then fill a post as a staff nurse.

According to a spokesman for the South African Nursing Council, as from October 1980, applicants for the general nursing diploma will have to have a matric certificate.

The course takes three years. Thereafter the nurse can further her studies in midwifery and psychiatric nursing, with one year in each course.

A basic salary is paid to student nurses while they undergo training. They are all compelled to reside in the nurses home where a nominal amount per month is paid for boarding and lodging.

With at least a standard six certificate, you can take a six-months course in nursing assistance, and work hand in hand with nurses and doctors. The nursing assistants wear pink stripped uniforms.

The South African Nursing Council lays down the requirements for training and examination of all students and probation nurses in the Republic and South West Africa. After passing the necessary examination for qualification as a nurse, the nurse must register with the SA Nursing Council. This also applies to the nursing assistants.

All details regarding the course in nursing are obtainable from the matron of your nearest training hospital centre or The Director, Transvaal Department of Hospital Services, Private Bag X221, Pretoria 0001.

Training centres in the Republic are: Baragwanath Hospital, PO Bertsham, Johannesburg 2000; Boksburg-Benoni Hospital, Private Bag Boksburg 1460; Kalafong Hospital, Private Bag X396, Pretoria 0001;

Natalspruit Hospital, Private Bag, Alrode 1451; Pietersburg Hospital, Private Bag, Pietersburg 0700; Piet Retief Hospital, Private Bag 9, Piet Retief 2380; Tembisa Hospital, Private Bag 7, Olifantsfontein 1665, and Vereeniging Hospital, Private Bag 031, Vereeniging 1930.

Too few nurses in Intensive Care Unit

Star 26/10/79

95

Seriously ill patients cannot be treated in the Johannesburg Hospital's intensive care unit because of staff shortages, says a top medical specialist.

The eight-bed unit sometimes had only two trained sisters on duty when patients needing intensive care should have a sister at each bed, Professor J B Barlow, professor of cardiology at Wits University and head of the hospital's cardiac unit, said in an interview.

At Baragwanath Hospital, claims that patients are suffering because of overcrowding and staff shortages are being investigated after senior physician Dr Roger Blackwood brought conditions into the open.

Professor Barlow blamed the situation at the Johannesburg Hospital on the "inadequate" salaries paid to nurses. As a result they resigned.

"We have also had to send patients out of the Intensive Care Unit when they should remain there simply to get in even more seriously ill patients."

He said the public had a right to know about understaffing.

"The ICU is the last port of call and therefore extremely important," he said. "Patients who become very ill in private intensive-care units are sent to this hospital.

"This should be our privilege as the academic unit with the university attachment.

"We are supposed to have the expertise, we certainly have the equipment, but we are running short of nurses," he said.

Professor Barlow said the problem must be acknowledged as "very serious."

processes is essential; and the division will have to be more fine the more discriminating public decisions can be.[10]

The results of programme budgeting may be valuable in themselves, although the mere procedure does not necessarily ensure that better decisions will be made. Their potential is realised only if there follows an assessment of the value of expenditure in each programme.

2.2 Programme Evaluation

Methods of evaluation range from simple procedures for looking at costs, where the conclusions are left largely to intuition, to highly complicated processes which present more or less clear-cut solutions. For these more precise methods, most of the value judgements have to be made explicitly in advance. Some points on the spectrum between these two extremes are analysed below.

2.3 Looking at Expenditure

Basically, one is looking for inconsistencies. It was noted that a logical axiom, basic to economics, is that a rand should yield approximately the same value in whichever programme it is spent. If the net social benefit from the marginal expenditure on one programme much exceeds that on another, one can do better by withdrawing funds from the second programme and increasing expenditure on the first. By simply looking at a breakdown of the budget between programmes, the amounts spent on each may be compared with our intuitive notions of how much 'ought' to be spent on these things. Our judgement will depend on what we consider the benefits of expenditure under each programme to be, a process which cost-benefit analysis seeks to formalise (see below). For example, if it can be shown that expenditure on preventive medicine constitutes approximately 2% of all expenditure on health,[11] it may be felt that the benefits from this kind of provision warrant an increase in the share of the budget allocated to it.

Unfortunately, such intuitive processes can pick out only the grossest incongruities which are recognised by all, whatever criteria of 'value' are used. The optimum level of expenditure on a particular objective is, from the point of view of intuitive judgement, highly uncertain, because of the wide variation in benefits attributable to a particular type of spend-

ing. This is partly due to a deficiency in information on the results of the programmes which can be re
Nevertheless, there will also
be resolved without prior agre
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process, these two factors may

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than this. Any further steps
benefits of different programm

2.4 An Informal Method for

The following method for guid
described by John Bryant.[12]
students in Thailand, and one
where no numerical data is av
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Potential health problems are
one to four pluses) under eac

Diagram 1: A method of rank

Problem	Prevalence
Large & poorly spaced families	++++
Inadequate antenatal & obstetric care	++++
Malnutrition	+++
Need for medical care	++
Specific diseases:	
V.D.	++
Dental problems	++++
TB	+++
Common cold*	++++
Yaws*	-

* Added to test scoring method

No promises on nurses' pay but Munnik is 'hopeful'

Pretoria Bureau

CRISIS in the provincial nursing services seemed inevitable unless the government agreed to immediate salary improvements, the Progressive Federal Party's hospital affairs spokesman in the Transvaal Provincial Council, Mr Sam Moss, said in Pretoria yesterday.

The new Johannesburg Hospital had a 40% nursing shortage and it probably would become more serious unless immediate financial relief was granted.

Meanwhile, the Minister of Health, Dr L A P A Munnik, speaking from his constituency office in Durbanville, said when the new salary scales for nurses were announced in April this year, certain sisters, including those with midwifery qualifications, were excluded.

At the request of the SA Nursing Association, he had made representations to the Minister of the Interior and the Public Service Commission.

"Unfortunately I don't control salaries. But the Minister and the commission seemed to recognise the need, particularly, in these two categories, and promised to give the matter urgent attention."

The association had indicated at the time that, except for the two categories, nurses were satisfied with the April scales

Dr Munnik said the Prime Minister had indicated there were to be no more ad hoc increases in the public sector and that the Minister of Finance would probably make announcements about increases in his Budget in March

"Meanwhile, I ask the nurses to be patient, and not to rush into resignations I cannot promise anything, but I am hopeful," he added

Mr Moss said the growing nursing shortage was a direct threat to the sick of Johannesburg

"The Cabinet must override the Public Service Commission and instruct it immediately to raise the pay of nurses to a level commensurate with the great responsibilities they carry and the long hours they have to work"

Prof Charlotte Searle
... will see US Embassy

Sun. Tribune 11/11/79

(95)

U.S. JOB LURE ANGERS NURSES' BODY

AN American company, Recruiting Registered Nurses Incorporated, is luring South African nurses to leave their jobs in this country with offers of high salaries and the glamour of overseas travel.

The matter has been taken up with the United States Embassy in Pretoria. The company's aim is to recruit 200 nurses.

Besides coming at a time when nurses are unhappy with salaries, they have also angered the South African Nursing Association for recruiting nurses outside the normal channels.

Mr Chester Gayda, of Recruiting Registered Nurses Inc, said he hoped to recruit qualified nurses of all races.

There was a shortage of nurses in America and the nurses would work at hospitals in Ohio and Pensylvania.

IMMIGRATION

Their air fares would be advanced, all immigration papers arranged for them and they would contract

Their starting salary would be R9 960, which he described as a moderate salary in relation to the cost of living.

Mr Gayda said this would give the nurses an opportunity to further their education and broaden their experience.

The president of the Nursing Association, professor Charlotte Searle, said yesterday "we have an agreement with the American Government that all nurses recruited to work in the United States must sit examinations to get a qualifying certificate.

"There have been no examinations this year and if this requirement is still in force — and as far as I know it is — any nurse recruited without such a document would not be issued with a work permit," she said.

DISCUSSED

She said a statement would be issued by Miss Ralie du Plessis, executive officer of the association after the matter had been discussed with the American Embassy but added that the "scare-stories" that a flood of nurses are applying for positions in America were unfounded.

"Our nurses are going around the world all the time and I do not feel the publicity and negotiations on salaries have affected this in any way," she said.

Miss M. Hattingh, the chief nursing officer for Cape Provincial Hospitals, felt the American company had a "cheek".

"We are also short of nurses but there has been no significant drain of nurses to America."

She said working in another country could broaden a person's experience, but felt an exchange programme would be far better.

A spokesman for the South African Council of Nursing refused to comment.

Irate Reef nurses demand: when do we get more pay?

Star. 6/11/79

95

Elizabeth Wilson

Nurses of the Witwatersrand branch of the South African Nursing Association are demanding to know why the association, with 110 000 members, cannot get a satisfactory reply on the vital issue of salaries.

At a tense meeting held at the Johannesburg Hospital yesterday, nurses, senior sisters and matrons condemned the many delays in securing proper recognition for nurses.

They said their patience was wearing thin.

Nurses on lower salaries were battling to keep up with the rising cost of living.

Sister Pam Nortje, a theatre sister with 12 years post-graduate experience, told the meeting: "I don't know how long you are going to take it — but I am leaving.

"Are you aware that a matriculant can step out of school, do a three-month computer course, and earn R500 a month?

"I've given hours of my time away from my family and not been paid for it."

She challenged the main speaker, Professor Shirley Williamson — of the nursing department of Wits University and a member of the SA Nursing Association Board: "We are all waiting for concrete evidence of what you are going to do about salaries."

Another sister, Mrs F Furniss, questioned why nurses had to rely on the public media for "limited" information about salary negotiations.

She objected to a remark by the Nursing Association president, Professor Charlotte Searle, that nurses should be "patient."

She said Professor Searle had been asked on four occasions to address the Witwatersrand branch on salaries. "She has not once had the courage to come and tell us what is happening."

Sister Furniss also demanded to know what representation nurses had on the 42-member National Manpower Commission. "If there is a nurses' representative, we need to know who it is."

Professor Williamson said she was aware that nurses' patience was coming to an end."

She said the SANA Board would be pleased if "someone from the poorly paid group" would come forward as a spokesman — "someone you consider your own."

Earlier she had chronicled the efforts of the Nursing Association over the past nine years on the salary issue.

She estimated that it would cost about R12-million to increase nurses' salaries.

Professor Williamson said she had approached the Acting Secretary for Health this week. Representations were with the Public Service Commission and the Minister of the Interior, and re-requirements had "gone to Cabinet level to be considered in the 1980 Budget."

She said the Prime Minister had approved a service bonus for April 1 — probably one month's salary.

Professor Williamson said she had not been told when salary increases would come through.

Some of the nurses who expressed frustration and despair about salaries at a meeting of the Witwatersrand branch of the South African Nursing Association, in the Johannesburg Hospital last night.

Frere Hospital loses 36 nurses

DD 7/11/79

95

EAST LONDON — Thirty six members of the nursing staff at Frere Hospital here resigned in the past two months, but hospital authorities yesterday said the staff situation was not critical.

The Medical Superintendent, Dr S. S. Richardson, denied reports made to the Daily Dispatch that 73 black, white and Coloured nursing staff members had resigned at the end of October.

Dr Richardson said eighteen nurses had resigned at the end of September followed by a further eighteen at the end of October. Twenty eight nurses had been employed during this period.

"It is common practice for nurses to leave at this time of the year. Bonuses are paid at the end of September and annually we expect resignations during this period."

Dr Richardson said the hospital usually evaluated reasons given for resignation to establish whether there was a problem in the hospital. He was satisfied that the staff members who had left, had reasons not related to problems in the hospital.

An allegation that the hospital was so short-staffed that patients had to serve their own tea, was also denied by Dr Richardson. He admitted that there was a shortage of white nursing staff, but said that the situation was by no means critical.

Asked whether the hospital would consider complimenting the white staff with black or Coloured nurses, Dr Richardson said such a decision rested with the Department of Health. — DDR

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THURSDAY
November 8, 1979

RAND
Daily Mail

OPINION

The shocking pay that nurses get

OFFICE jobs for women, advertised in this newspaper yesterday, offered R380 a month to a punch card operator, R400 to a junior typist, and R500 to a "Girl Friday". Against that, junior nursing sisters in provincial hospitals earn, after three years' training, R310 a month — R40 a month more than they earned as student nurses.

Add the demands of sophisticated modern nursing techniques, the discipline of regulations and uniform, the work at night and weekends, the physically and emotionally draining effect of other people's suffering, and it is a wonder anyone nurses for that kind of remuneration.

The new R156-million Johannesburg Hospital has a 40% shortage of nurses, mainly among those newly-qualified junior sisters. Yet South Africa has a surplus of trained nurses — it has the highest ratio of nurses to population in the world. But they are not nursing in provincial hospitals. Some join drug companies. Others go overseas.

Yesterday a visiting recruiting team collected their first 100 applications for hospital posts in the United States where nurses can earn the equivalent of R10 000 or more a year.

Since small rises were granted earlier this year, the SA Nursing Association has met the Minister of Health and the Public Service Commission no fewer than five times on salaries. Now the matter has gone to the Minister of the Interior.

Meanwhile doctors and dentists have from this month increased their fees considerably. While the extent of the increase has been criticised, nobody denies that medicine is an onerous profession which deserves to be well-recompensed. Why then should the indispensable arm of the medical practitioner, the nurse, be in an entirely different category, earning less than junior clerks?

What is needed now is a speedy recognition at Cabinet level that there is a crisis in nursing as in teaching, that the budgetary wrongs of the past must be righted and that nurses, of all races, must be guaranteed a considerable and realistic upgrading in pay.

Programme budgeting, also known as budgeting by objectives, involves the presentation of expenditure data according to the objectives to which it is directed. Thus, projects to combat TB would be grouped together, geriatric problems, sanitation programmes, etc.

This is necessary:

(a) to know the cost of pursuing each objective;

(b) to group together activities with the same objectives which can be compared by cost-effectiveness analysis;

s of a given amount of money when spent
so that choices can be formulated in
s we might afford - so many geriatric
y child welfare clinics, etc.

itionally arranged on this basis but in
transport', 'medicines', etc. A separa-
n different disease groups or age groups

programmes is an art. Pole, an econo-
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ices. From one point of view, the
hizophrenics in hospital or in the
... Which is the cheaper way to fulfil
whatever are the society's requirements for the treatment of this group? But community care originally became fashionable as a good thing in itself. The practitioners are very apt to muddle the medical and economic arguments when it suits them, and the politicians and administrators equally so when it suits them, but the economist's concern is to keep them separate". [9]

Programme budgeting, then, entails the attempt at this separation, sorting out from the multiplicity of decisions those which can be made on the basis of administrative or economic, together with medical-technical criteria, and those in which the role of the public through political

Nurses rush to join U.S. hospitals

8/11/79

95

Mercury Correspondent

JOHANNESBURG — While State-employed qualified nurses are complaining bitterly about their poor salaries, a recruiting team for U.S. hospitals arrived in Johannesburg yesterday and immediately received more than 100 applications.

Newly qualified nursing sisters earning R310 a month are attracted by the big money being offered for their services in the U.S.

A nurse who meets the recruiting agency's requirements can earn from R10 000 to R11 500 a year in U.S. hospitals.

The directors of Recruiting Registered Nurses Inc., Chester Gayda and Norma Shore, have orders for 200 South African nurses — Black or White — from private hospitals in two U.S. States, Ohio and Pennsylvania.

All yesterday nurses were calling from Cape Town, Transkei, Durban and Pretoria.

"There is an excellent standard of nursing in South Africa. They are easily up to Canadian and American standards, if not better in some cases," Mr. Gayda said.

Meanwhile Professor Charlotte Searle, president of the S.A. Nursing Association, said it remained to be seen if successful applicants could get work permits for America.

"Every year an American examining board conducts examinations in the U.S. Embassy in Pretoria so that nurses can get the necessary certificates to work in America.

"I can assure you that there was no examination this year. U.S. Immigration will not grant a work permit to a nurse who does not hold a qualifying certificate.

"As far as I know this requirement is still in force," Professor Searle said. She would contact the U.S. Embassy first thing this morning to check.

Professor Searle welcomed a statement made by Dr. L. A. P. A. Munnik, Minister of Health, who said he regarded a pay increase for junior nursing sisters as "a priority".

Star 4/11/79 (95)

As nurses leave the service for better pay in other jobs the workload grows for those who remain. This week a recruiting team from the United States was interviewing local nurses with the offer of posts in private hospitals in Ohio and Pennsylvania. A newly-qualified nursing sister in South Africa can take home R310. A nurse who meets the recruiting agency's requirements can earn from 12 000 dollars to 14 000 dollars (R10 000 to R11 500) in a United States hospital. And even locally there are attractive offers from industry and business which are luring nurses from the hospitals.

the official classification of nurses posts to get nurses admitted to the Professional Division in the Public Service.

Nurses, it seemed, were divided into two groups — General A (which took in matrons, inspectors, etc) and General B (which referred to workers who did "not require special training").

ENTERED FRAY

This categorisation angered many people who pointed to the demanding training undertaken by nurses.

Then SANA entered into an attempt to convince the authorities of the professional nature of the nurses' work.

Attention was also given to military rank and salary, salaries for nurses in aged home, welfare societies . . .

March 1976 saw a strongly worded document submitted to the Minister of Health. It made the points that:

- Students were not staying in nursing after a relatively expensive training;
- There was a tutor shortage
- Improvements had been "minimal"

The document was referred to a sub-committee on nursing.

In September, 1976, the Staff Advisory Committee of the Central Health Services and Hospital Co-ordinating Council promised to form a joint committee with the SANA "to iron out problems."

In 1977 and 1978 approaches were made to the Provincial authorities seeking support for the nurses' cause and seeking solutions.

SCALES

In June 1978 there were urgent appeals to the Department of Health, and in July 1978 the new scales became known and were not satisfactory to nurses. The nurses went back to the Minister.

In September 1978 a telegram was sent to the Minister along with an urgent memorandum reiterating many of the problems of 1974 which were still needing urgent attention.

These were:

- The grading of posts;
- Unrealistic salary scales;
- Retirement benefits;
- RVQ ratings as applied to nurses;
- Classification of nursing posts by the Public Service Commission;
- Nursing students regarded as permanent staff.

About this time the matter was taken up with the Health Matters Advisory Council.

In September 1978 the SANA Board directed the president, vice-president, treasurer and executive director to meet both the Minister of Health and the Minister of the Interior. This was the first time they had asked to see the two together.

ASSURANCES

In October 1978, a memorandum went to both Ministers about the meeting on October 16. The meeting brought assurances. Increments were coming, but there was a need for restructuring and a major reassessment later

This time the Public Service Commission consulted with the SANA on the proposed basic scales before they were published

They were found be "unacceptable" spite of the fact th "pains had been tak to decipher the plexities of the nur qualifications."

The RVQ would not apply nurses because th nursing needs could not met under such a tem.

There was a tion that would be the criteria for a ladder in the service — right up the most senior — to encourage acquisition of knowledge and ciency.

There was comment censuring

* E979 "Suicide and sel
Africa which does not

The fine work of Doctor Searle

Professor Williamson told The Star that nurses could "not have had a better leader" than Dr Charlotte Searle to put their case.

Dr Searle, she said, had "done much to develop nursing as an accepted profession over 30 years." She was respected in professional circles nationally and internationally. She had put the case "forcefully, genuinely and well."

Professor Williamson denied a claim that on four occasions when the Witwatersrand branch of the SANA had invited Professor Searle to address them on the matter of salaries she had "not once had the courage" to come and tell them what was happening.

Dr Charlotte Searle

She told The Star: "Professor Searle has certainly addressed the nurses of the Witwatersrand branch in Johannesburg and has received a deputation and met with representatives of the branch on more than one occasion on the salary issue.

"Professor Searle, as a leader of nurses in this country, has never lacked courage. It is most unfortunate and distasteful that such a reflection should be cast upon the qualities of a member of our profession, and it is much to be regretted."

proposed starting salary for registered nurses. It was rejected as "completely unacceptable."

On the post-basic recognitions the principle appeared "good" but "the nurse was discriminated against in the graduate sphere when compared with para-medical graduates with single qualifications," said Professor Williamson.

Clarification was necessary regarding post-basic courses and degrees.

It was further recommended that in the higher echelons at least the same salary scales should apply to nurses of all races.

The Board endorsed the principle of equal salaries for the same post-grading, and the same qualifications, but pointed out that "the basis of house rentals and taxation must also be the same."

It was stressed that there were changes in Public Service salaries and that nurses' salaries "must be adjusted accordingly."

Delays, said the nurses, "contributed to uncertainty in an already fluid situation" and resulted in instability.

In January 1979 the Board agreed that weekly pressure should be put on the Department for a satisfactory answer.

March 1979 brought promises.

On April 3 a telegram from SANA was sent to the Secretary for Health reaffirming its official statement that anomalies would be corrected, that salary scales would be announced to be retrospective to April 1, 1979, and acknowledging that nurses had negotiated in a responsible manner.

Salaries were announced on April 30. The non-pensionable allowance appeared to be consolidated and the average increase was about six percent. The nurses were disappointed.

The president and vice-president arranged to see the Minister of Health.

On May 17 a memorandum was sent to the Minister and to the Public Service Commission.

It pointed out that nurses were leaving because of the salaries they were paid and because of overwork.

It warned that a "loss of quality nursing must occur. There would be less clinical supervision and teaching." This would have an inhibitory effect on patient recovery.

It stressed, too, that nurses were experiencing frustration, conflict, bitterness and were under pressure. It pointed to the "inadequate post structure and further shortages...."

Study leave was, of necessity, having to be curtailed, this could result in stagnation and could impede future growth.

This week it was reported that representations were with the Public Service Commission and the Minister of Interior.

The Public Service was considering the appeals and requirements had gone to Cabinet level to be considered in the Budget for next year.

Professor Williamson said that in addition to the major approaches there had also been "constant agitation and informal discussions" with members of the Health Department.

SA lags behind on nurses' pay

Argus 9/11/79

95

Medical Reporter

NURSES in the United States earn four times as much as some of their South African counterparts and those in Britain more than double.

This disturbing fact was disclosed when The Argus Bureaus in Washington and London investigated nurses' salaries in those cities, in the light of the battle being waged by the South African Nursing Association for a better deal.

The dissatisfaction among South African nurses about poor salaries has been simmering since May when they received disappointing increases of between only four and 10 percent. Frustration reached boiling point recently with a threatened walk-out by nurses at Johannesburg General Hospital.

CITY VIEW

A senior nurse in Cape Town said local nurses would also like to stage a walk-out or a 'go-slow' but feared the repercussions.

This week the Minister of Health, Dr L A P A Munnik, said in Johannesburg, he regarded pay increases for nurses as a 'priority'. However, they could not expect any increase before Budget day next April.

Comparisons with nurses' salaries overseas discloses the predicament of South Africa's nurses.

In South Africa a newly qualified registered coloured nurse, after three years training, receives R2 640 a year. Her white counterpart receives R3 720.

In England, where there is no discrimination on grounds of colour, the young nurse starting her career earns R5 387 a year and in the United States R11 558.

A white South African nurse with four years' training and after 10 years' work in a hospital said she earned R4 620 a year. A coloured nurse with 10 years' experience and two post-basic qualifications was earning R4 104 a year.

ENGLAND

In England salaries are reviewed annually, and after 10 years, with only a basic qualification, a nurse should earn R6 520 a year.

In America annual merit increases are given and within five years a nurse should earn R13 050.

Nurses in England, well-paid by South African standards, nevertheless ciety and wanted to be treated as a special group, not lumped with other public service employees.

DISSATISFIED

Miss Linda Stover, administrative assistant of the conomic and general welfare department of the American Nurses' Association, said American nurses were dissatisfied not only with salaries and working conditions, but also with the amount of say they had in patient care.

Meanwhile, South African nurses continue to empty bedpans, mop fevered brows, dispense comfort and treatment — and wait for a new deal.

Some have given up the struggle and turned to jobs in private hospitals and doctors' surgeries.

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the South African population from the white, Asian contribution of the seventeen major disease categories (Fig. 5), it will be Classification of Disease (8th revision) that for the 'coloureds' is homicide. For Africans, the latter is the main cause in this category. various communities is summarised in Table I. For 'developed' country spectrum of Diseases for specific diseases have been [illegible] Diseases being of minor importance in this [illegible] of the Circulatory system (50,58 and 'coloured' communities.

Mortality rates greater than 5/1 000 appear in italics in Table I. For all of these major causes of mortality, the Asian and 'coloured' mortality rates exceed those of the whites.

However, in this context, what requires emphasis is that by using the major disease classification a certain amount of detail is lost. For example, despite the fact that the overall rates for diseases of the circulatory system are comparable for whites, Asians and 'coloureds', within this broad category the mortality rates for specific diseases have been [illegible]

The expectation for life at birth and at age 45 for whites, Asians and 'coloureds' is summarised in Fig. 6. It is not meaningful to calculate an expectation of life for urban Africans as this group is subject to a large measure of migration. The characteristically better expectation of life for women in comparison to men, is apparent for all three communities. However, what is of interest is the ratios of the expectations of life for the three communities. At birth, the white:Asian:'coloured' ratios are 1:0,91:0,76 for males and 1:0,88:0,77 for females; at the age of 45 these are 1:0,91:0,86 for males and 1:0,79:0,85 for females. The 'coloureds' are less disadvantaged at e_{45} as compared to e_o for both males and females, a difference which is largely attributable to the high infant mortality rate in this community. It is also noteworthy that Asian females have the worst expectation of life at age 45 of the three communities, which is in marked distinction from both males and females at e_o and males at e_{45}. The fact that for the 65+ age group, Asian women have the highest mortality rates for respiratory, circulatory, digestive, genito-urinary and ill-defined causes of death (Table I) may contribute to this anomalous situation.

Fig. 7 summarises the percentage improvement in the expectation of life at birth subsequent to the total elimination of the mortality associated

If the mortality rates (Table I) are compared with the proportional mortalities for the seventeen major disease categories (Fig. 5), it will be noted that despite the relatively minor proportional contribution made by circulatory diseases in the 'coloured' community, the actual rates for these diseases are higher than those of the whites. The reason for this apparent inconsistency is that the mortality rates for Infectious and Parasitic Diseases are so high that they effectively swamp the proportional mortality of the Circulatory Diseases in the 'coloured' community. In the white community, the mortality rates for most causes of death are so low, the importance of the Circulatory diseases become disproportionately exaggerated.

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10/11/79

PROTEST TO U.S. EMBASSY AS SA NURSES ARE LURED AWAY

American firm's bid to recruit 200 nurses

Argus 10/11/79

95

AN American company, Recruiting Registered Nurses Incorporated, is luring South African nurses to leave their jobs in this country with offers of high salaries and the glamour of overseas travel.

The activities of the company's two rep-

sentatives seem likely to cause a diplomatic storm and the matter has been taken up with the United States Embassy in Pretoria. The company's aim is to recruit 200 nurses.

Besides coming at a time when nurses' salaries are being criticised, the moves have also angered the South African Nursing Association for recruiting nurses outside normal channels.

Mr Chester Gayda of Recruiting Registered Nurses Inc said he hoped to recruit 200 qualified nurses of all races.

There was a shortage of nurses in America and the relation oo the cost of living.

Mr Gayda said this would give the nurses an opportunity to further their education and broaden their experience.

The president of the Nursing Association, Professor Charlotte Searle, said: 'We have an agreement with the American Government that all nurses recruited to work in the United States must sit examinations to get a qualifying certificate.

'There have been no examinations this year and if this requirement is still enforced — and as far as I know it is — any nurse recruited without such a document would not be issued with a work permit,' she said.

nurses would work at two different hospitals, one in Ohio and the other in Pensylvania, he said.

Experience

Their air fares would be advanced, all immigration papers arranged for them and they would be contracted from one to three years.

Their starting salary would be about R10 000 a year, which he described as a moderate salary in

Unfounded

She said a statement would be issued by Miss Ralie du Plessis, executive officer of the association. after the matter had been discussed with the American Embassy, but said that the 'scare-stories' that a flood of nurses were applying for positions in America was unfounded.

'Our nurses are going around the world all the time and I do not feel the publicity and negotiations on salaries has affected this in any way,' she said.

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CT, 12/11/79 (95)

US recruiting SA nurses

Own Correspondent

WHILE State-employed qualified nurses are complaining bitterly about their poor salaries, a recruiting team for United States hospitals arrived in Johannesburg last week and immediately received more than 100 applications.

Newly-qualified nursing sisters earning R310 a month are attracted by the big money being offered for their services in the United States. A nurse who meets the recruiting agency's requirements can earn from $12 000 to $14 000 (R10 000 to R11 500) a year in US hospitals.

The directors of Recruiting Registered Nurses Inc., Chester Gayda and Norma Shore, have orders for 200 South African nurses — black or white — from private hospitals in two US states, Ohio and Pennsylvania.

Money

In response to their advertisements, nurses were calling from Cape Town, Transkei, Durban and Pretoria.

"We are not trying to steal nurses from South Africa. If they want to go overseas they will find a way and we are simply providing the opportunity for them to do so.

"Obviously they are attracted by the money they can get in the States, but the big thing is that they will be furthering their education," Mr Gayda said.

"There is an excellent standard of nursing in South Africa — they have not only academic but clinical qualifications — and they are easily up to Canadian and American standards, if not better in some cases."

Meanwhile Professor Charlotte Searle, president of the S A Nursing Association, said it remained to be seen if successful applicants could get work permits for America.

Work permits

"Every year an American examining board conducts examinations in the US Embassy in Pretoria so that nurses can get the necessary certificates to work in America.

"I can assure you that there was no examination this year. US Immigration will not grant a work permit to a nurse who does not hold a qualifying certificate. As far as I know this requirement is still in force," Professor Searle said. She said she would contact the US Embassy first thing this morning to check.

Professor Searle welcomed a statement by Dr L P A Munnik, Minister of Health, who said he regarded a pay increase for junior nursing sisters as "a priority".

Dr Munnik said he had passed on calls Sana made for increased junior sister salaries to the Minister of the Interior, Mr A L Schlebusch, who heads the Public Service Commission

processes is essential; and the division will have to be more fine the more discriminating public decisions can be.[10]

The results of programme budgeting may be valuable in themselves, although the mere procedure does not necessarily ensure that better decisions will be made. Their potential is realised only if there follows an assessment of the value of expenditure in each programme.

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10 years' nursing and she earns R430

By BRUCE STEPHENSON

A SENIOR nursing sister at a Johannesburg provincial hospital told the Rand Daily Mail yesterday that after ten years of nursing she was earning R430 a month.

Last week, speakers at a meeting of the Witwatersrand branch of the SA Nursing Association (Sana) condemned their low pay and criticised Sana's national president, Professor Charlotte Searle, for not acting swiftly enough.

Three nursing sisters have asked the 'Mail' to publish their stories because they believe Sana is dragging its heels over the pay issue.

They could lose their jobs for airing their views in the Press, so their identities will not be revealed

Sister A is 27 years old and has been a nurse for ten years She has completed two extra courses — in midwifery and psychiatric nursing.

She is indignant over the opinion that a nurse is "merely a doctor's handmaiden".

"Thirty years ago a nurse was not allowed to even take a patient's blood pressure. Today we are handling equipment worth many thousands of rand and the public needs to be educated as to how much responsibility a nurse has."

Sister B is a 26-year-old junior sister working in an intensive care unit.

After three years' experience she takes home R288 a month and cannot afford live outside the nurses' home.

"But at my age, why should I have to live in a hostel room and be treated like a child? We have to be back before midnight on our nights off, can you believe?"

Because she is taking care of people's lives she feels she is entitled to a better salary.

"In emergencies you have to use your own initiative. A doctor is not always available at the crucial moment and sometimes I have to administer drugs myself."

Sister C, a 24-year-old junior paediatric's sister, earns R335 a month.

"I have a tremendous amount of responsibility. Children are not able to converse as well as adults — they cannot tell me what is wrong with them. I have to know."

A typist, she said, earning far more than herself, could make mistakes and simply rub them out.

"If I make a mistake, I have to bury it. Don't forget it is people's lives I am dealing with

The nurses' call for pay increases has been backed by Dr Neville Howes, superintendent of the new Johannesburg Hospital

from the point of view of intuitive judgement, highly uncertain, because of the wide variation in benefits attributable to a particular type of spend-

ing. This is partly due to a deficiency in information on the results of the programmes which can be resolved by recourse to appropriate data. Nevertheless, there will also be differences of judgement which cannot be resolved without prior agreement on the relative valuation of different benefits which have to be fed into the analysis; and in the intuitive process, these two factors may not be differentiated.

A very large proportion of decisions are now taken with no further analysis this. Any further steps involve a way of systematically valuing the fits of different programmes to render them comparable to one another.

An Informal Method for Setting Objectives

following method for guiding the choice of priorities has been ribed by John Bryant.[12] It has been used by medical and nursing ents in Thailand, and one of its advantages is that it can be used no numerical data is available. It, therefore, lends itself to ussion, to draw on the experience of a group of people.

ntial health problems are first listed, and then given a score (from to four pluses) under each of four headings:

am 1: A method of ranking health problems

blem	Prevalence	Severity	Community concern	Vulnerability to management	Total
& poorly l families	++++	++++	+++	++	96
uate ante- & obstetric	++++	++	++	+++	48
rition	+++	+++	++	++	36
or medical	++	++	++++	++	32
ific diseases:					
	++	++	++	++	16
problems	++++	+	++	++	16
TB	+++	+++	+++	++	54
Common cold*	++++	+	+	-	0
Yaws*	-	++	+++	++++	0

* Added to test scoring method

Govt to act on pay for nurses

By BRUCE STEPHENSON

THE NURSES' pay question has been referred to the Treasury and the Public Service Commission, the Minister of the Interior and of Justice, Mr Alwyn Schlebusch, said yesterday.

He said the Minister of Finance, Senator Owen Horwood, would make an announcement "in due time" on the sensitive issue of nursing salaries and State salaries in general.

Meanwhile the Bureau for Economic Research of Stellenbosch University has completed a three-month study into nursing conditions for the SA Nursing Association, Sana, which will take it to the Minister of Health.

Last week the Minister of Health, Dr L A P A Munnik, told the Rand Daily Mail he regarded pay increases for junior nurses as "a priority" and that he had referred representations from Sana to Mr Schlebusch.

Mr Schlebusch, who also heads the Public Service Commission, was asked in a telex message:

- Are you sympathetic to Sana's request for junior nursing staff salaries to be increased?
- Do you consider Sana's request for junior sisters' starting salaries to be increased to R500 a month to be realistic?
- Will the matter be resolved in the next Budget?

His reply was: "The whole matter of salary increases for State employees is being considered by the Treasury and the Public Service Commission with a view to a recommendation to the Cabinet. The Minister of Finance will in due time make the required announcement."

The Sana president, Professor Charlotte Searle, said of the referral to the Treasury: "We note with the move with appreciation, but this does not mean we are not going to do something in the meantime."

Prof Searle could not reveal details of the report on nursing conditions until it had been studied by the executive at its next meeting.

Meanwhile GERALD REILLY reports that Prof Searle will meet representatives of Recruiting Registered Nurses Inc, of Canada, in Pretoria on Friday.

This follows reports of agency representatives recruiting nurses in South Africa outside normal channels. Sana has warned nurses, for their protection, not to enter into any overseas employment agreement without first consulting their association.

"The fact is nurses wishing to practise in the US are screened and examined by the United States Commission on Graduates of Foreign Nursing Schools," Miss Ralie du Plessis, executive director of Sana, said. The purpose was to prevent exploitation of foreign nurses in the US when they failed to pass state licensing examinations.

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to make a distinction between the choice of the composition of the basket of outputs and the choice of the set of resources from which each output is to be produced. The former is, in a broad sense, a question of tastes, values, or utilities; the latter is a question of techniques".

He adds:

> "In practice, it is not an easy matter to make a hard and fast distinction between technical matters and matters of values or utilities in the health services. From one point of view, the question whether to treat schizophrenics in hospital or in the community is a technical one. Which is the cheaper way to fulfil whatever are the society's requirements for the treatment of this group? But community care originally became fashionable as a good thing in itself. The practitioners are very apt to muddle the medical and economic arguments when it suits them, and the politicians and administrators equally so when it suits them, but the economist's concern is to keep them separate". [9]

Programme budgeting, then, entails the attempt at this separation, sorting out from the multiplicity of decisions those which can be made on the basis of administrative or economic, together with medical-technical criteria, and those in which the role of the public through political

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Overall criteria are needed, and they have to be expressed in such a way that they can guide these detailed questions. Essentially, the problem is not only to relate resources used to objectives achieved, but to relate the various objectives to each other.

There are various means of doing this; but all of them require that expenditure be accounted for by the ends it is expected to achieve.

2.1 Programme Budgeting

Programme budgeting, also known as budgeting by objectives, involves the presentation of expenditure data according to the objectives to which it is directed. Thus, projects to combat TB would be grouped together, geriatric problems, sanitation programmes, etc.

This is necessary:

(a) to know the cost of pursuing each objective;

(b) to group together activities with the same objectives which can be compared by cost-effectiveness analysis;

13/11/79

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Nurses' pay to be referred to Treasury

Mercury Correspondent

JOHANNESBURG — The nurses' pay question has been referred to the Treasury and the Public Service Commission.

This was told to the Mercury yesterday by the Minister of the Interior and of Justice, Mr. Alwyn Schlebusch, who said: "Minister of Finance Owen Horwood will make an announcement in due time on the sensitive issue of nursing salaries and on State salaries in general."

At Stellenbosch University, the Bureau for Economic Research has completed a three-month study of nursing conditions on a special contract to the Nursing Association (Sana).

This will be sent to the Minister of Health.

Mr. Schlebusch was replying to several questions put to him on junior nursing staff's salaries. The issue has raised a storm on the Witwatersrand over the last week.

Junior nurses

Last Wednesday night Minister of Health L. A. P. A. Munnik said he regarded pay increases for junior nursing staff "a priority" and that he had referred Sana representations to Mr. Schlebusch.

Mr. Schlebusch, who heads the Public Service Commission, was asked:

- Are you sympathetic to Sana's request for junior nursing staff salaries to be increased?;
- Do you consider Sana's request for junior sisters' starting salaries to be increased to R500 a month to be realistic?, and
- Will the matter be resolved in the next Budget?

His reply was: "The whole matter of salary increases for State employees is being considered by the Treasury and the Public Service Commission with a view to recommendation to the Cabinet. The Minister of Finance will in due time make the required announcement."

Sana president Charlotte Searle said the referral to the Treasury was "noted with appreciation, but this does not mean to say we are not going to do something in the meantime".

Details

Professor Searle received the report on nursing conditions from Stellenbosch University yesterday.

She said she could not reveal details as it had first to be studied by the executive at its meeting on November 23 and 24.

"The study was requested as we felt the time had arrived when we could no longer argue with bureaucratic machinery without scientific backup."

The study was financed from a special fund of contributions from individual nurses and not from nurses' subscriptions.

"When the executive meets, it will decide on the way in which Sana should approach the Minister of Health on the report," Professor Searle said.

EXPRESSCOPE | SPENDS A 12-HOUR SHIFT WITH THE

My night cut-price fight for

A patient is in danger of dying — and it is the lot of one nurse to contact relatives and tell them.

I HAVE never felt so useless. With my white coat and stethoscope I looked like a doctor but there was nothing I could do to help.

Yet all around me were women, some younger then myself, fighting expertly for someone's life.

They do that quite often in the course of their work. Sometimes they win, sometimes they lose. Each battle takes it out of them — and each time they fail, they feel a personal sense of loss, though the victim was a total stranger until he or she was admitted to a ward of the Johannesburg Hospital.

These young, dedicated nurses with whom I did the rounds through the night shift on Wednesday work 12 hours a day, sometimes nine days in a row.

At the end of the month, for their dedication and their expertise, they often take home less than R200 to live on.

I went to see the night through with them because of the current pressure for an increase in nurses' salaries. I emerged from the hospital the next morning, weary and strained, and convinced of one thing.

If anyone needs an increase in salary, it's these young people.

When they fought death in the ward shortly before midnight, I could only watch helplessly and move apologetically out of the way every time they hurried by me.

They lost the uneven struggle, and it ended tragically for the patient's family. But the nurses, and the doctors they had summoned, knew they had done all they could.

Yet for the nurses it nevertheless was a blow to have failed — a blow they are doomed to experience time and again throughout their working life.

However many times it happens it hurts them.

Except for emergencies nurses can't handle, doctors and specialist sleep at night — and depend on the alertness and skills of these nurses who must keep a constant vigil on the well-being of sometimes 20 patients each.

They will be the first on the scene when a patient's life is in the balance and have the responsibility of keeping that person alive until doctors arrive.

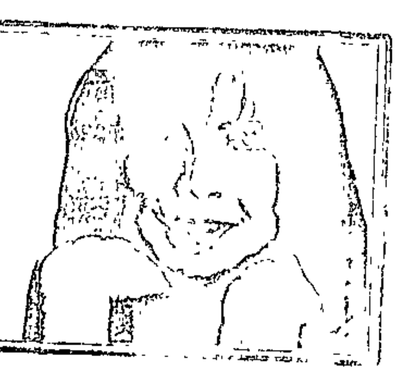
On Wednesday night I went on night shift with the eight nurses and one ward sister responsible for four medical wards in the old General Hospital.

I left with them at 7am the next morning, my eyes red from sleeplessness — and a massive dose of depression.

Work began that night with the usual duties. The ward sisters met to collect their records of that night's patients. Then followed the routine blood pressure, pulse and temperature taking, bedwashes, and linen changes.

By PADDI CLAY

Pictures: DOUG LEE



All carried out with a smile, a bit of backchat, a reassuring word.

Before lights out, oxygen apparatus and drips are checked, medicines painstakingly handed out according to the charts.

Some wards, the males usually, were easier than others. The women patients are far more demanding and the nurses return endlessly to the bedside to pick up a pillow or a book.

At 8pm it was tea time for the patients. Soon afterwards the lights went out.

The nurses settled down with their books under light, their chairs made more comfortable with cushions, their favourite music playing softly.

It looked as though the long night was going to drag slowly by with only the hourly checks, the four-hourly temperatures and the 6-hourly injections to worry about until 4am.

But like most nights the routine was to be suddenly shattered by an emergency.

At 10.45pm I became a witness to the life and death struggle in Ward 15.

A phonecall sent myself and the sister scurrying downstairs.

A patient who earlier that evening had jokingly called herself a "pillbox" as she took her medication, had started displaying the signs of ventricular failure.

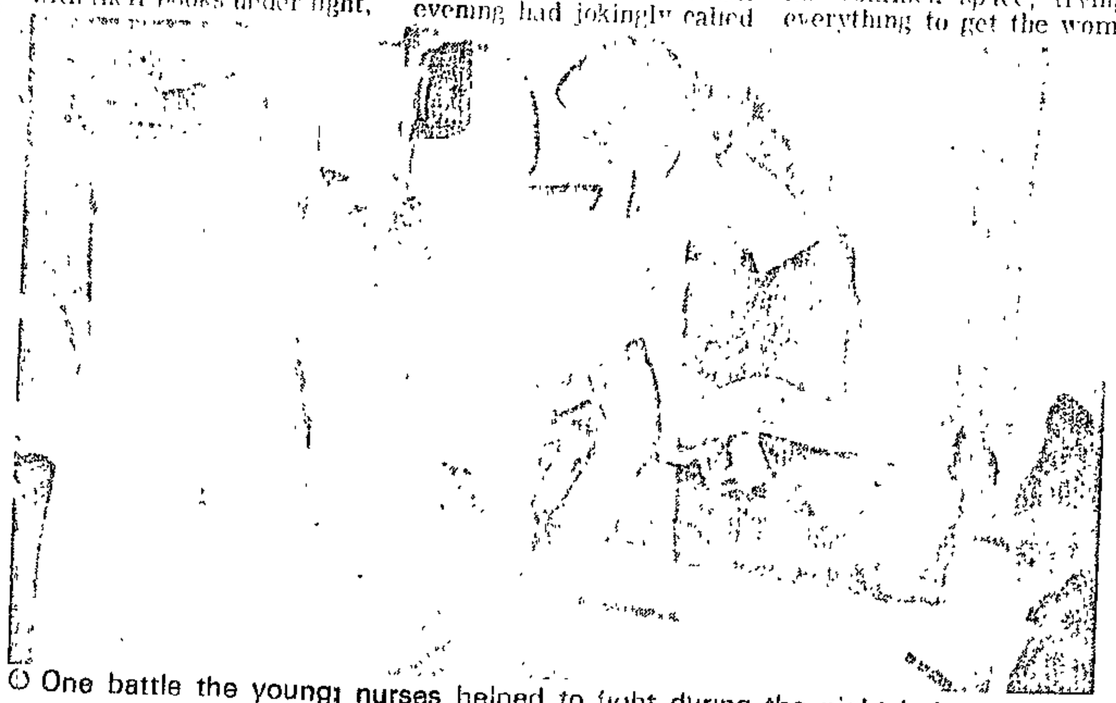
Within seconds the houseman on duty was in the ward with us. In time to see the woman go into cardiac arrest.

Things started happening at an incredible rate. The sister was on the bed thumping the patients chest with all her strength, the nurse had produced a tube and handed it to the doctor; resuscitation was underway.

Another nurse was summoned, the emergency trolley opened and all the drugs and injection were being made ready. While one opened ampoules and filled syringes, another nurse scribbled down every item.

A record of treatment and all the drugs administered has to be made — even in the midst of such desperate activity.

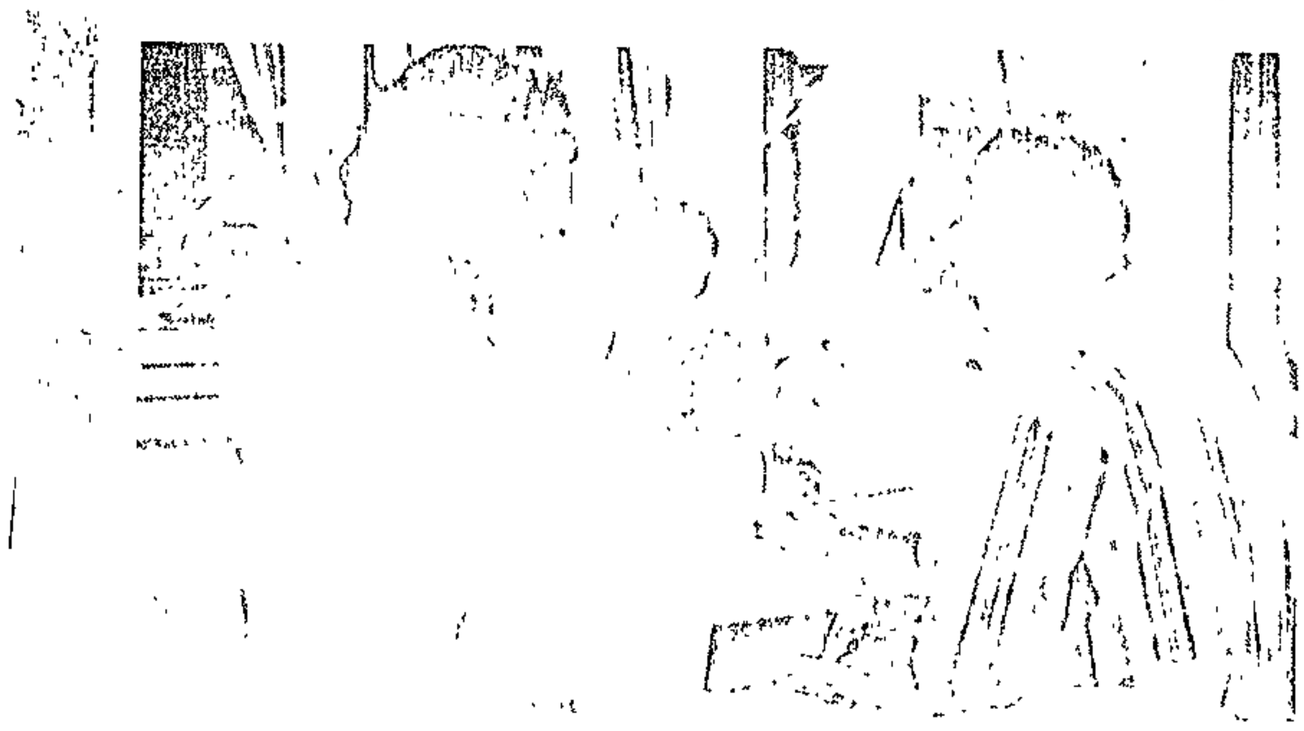
The doctors who had been dozing downstairs were now at the bedside. Six of them and four nurses struggled in the confined space, trying everything to get the wom-



One battle the young nurses helped to fight during the night is lost — and most of them feel it personally.

NURSES — AND SALUTES...

with the angels who each life



O Reporter Paddi Clay helps out with some small tasks around the hospital wards. "I felt so useless," she said afterwards.

an's heart beating again. Orders were issued and carried out despite the confusion.

Another nurse appeared with the cardiac monitor, a drip was set up, the main lights in the ward switched on.

In the rush, contradictory instructions came from all round. The nurses obeyed them all.

Then, in the midst of the struggle, a confused patient wandered from her bed in the by-now awake and murmuring ward and started towards the trolley and instrument crowded section.

One of the nurses broke away from the knot round the bed and gently but firmly ushered the disturbed woman back to bed. Then went to comfort the dying woman's neighbour who stared at the curtain cutting her off from her friend's bed and wept silently.

□ □ □

Somehow during all this, a nurse had managed to phone the next-of-kin.

The struggle went on for three-quarters of an hour as the doctors attempted to change the straight line on the cardiac machine. Finally they admitted defeat. Their patient was dead. One by one they left the bedside and walked out.

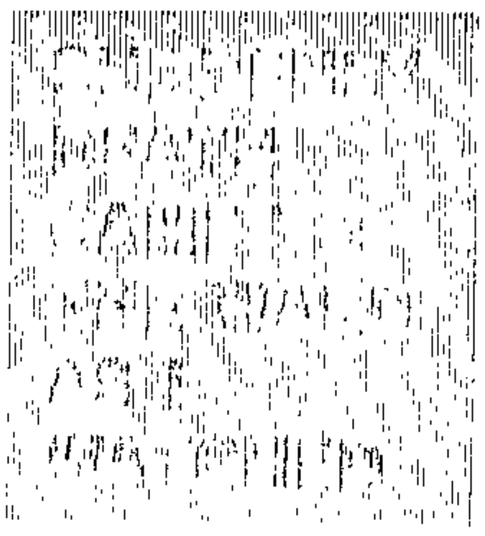
The nurses were miserable. Slowly they started to put the ward back in order, tidying the woman, collecting her belongings and packing away the intruments strewn all around.

The sister appealed to the houseman for help in facing the relatives. The two of them delayed the moment as long as possible then when all seemed ready they went through to face the dead woman's distressed family.

The nurses in the ward tried to cheer one another up — they had to get back to their routines and their other patients.

But they could not lift their depression.

They were all asking themselves: "Did we do enough, did we do it right?"



The sister with five years experience (and a salary that probably leaves her with R260 a month) has never learnt to harden herself against a death, each little old man, each moaning and demanding woman patient, is precious to her.

Each ward that Wednesday night experienced some drama.

No sooner had I settled back in Ward 17 when a patient in the opposite female ward had a relapse. The woman, a diabetic whose change of insulin regime was affecting her badly, needed attention. The sister was called again, she decided to wake the houseman who was trying to snatch some sleep.

"Lunch" was served in two shifts but for those who had to attend to an emergency there was nothing but the tea and toast — and sweets presented by happy patients — to dampen the hunger pangs.

At 2.30am in Ward 14 the specialist arrived to do the job only he could do. He had been called to help unblock a shunt which had been causing pain and he endeared himself to those nurses for forever. He never complained when he was phoned at his home and he took the trouble to teach them about the technique he was applying.

With the first light of dawn came another crisis. A patient in Ward 17 started vomiting blood. The doctor was consulted on the telephone again — but mainly the patient needed someone to listen to his fears — he was scared of dying.

The sister and the nurse sat and listened, reassured him where they could, and persuaded him to rest.

Just after 4 am downstairs in the Matron's office next to casualty, the sisters met together to give the acting-matron, Sister Slabbert, an official account of the night's activities.

The medical wards, under Sister Boddy had had their share of drama. But the sister from the psychiatric ward also had a busy night to report. She and her staff had spent the night trying to restrain a schizophrenic woman who had upset the sleep of all patients and even managed to terrify a male nurse.

□ □ □

Then it was back upstairs to start the early morning rounds, the "beds and backs routine", the emptying of bedpans and bottles, the ferrying of patients to the toilet, the dispensing of six-hourly medication.

The nurses seemed to have a new lease on life with the sunrise — home and sleep were only three hours away and only one ward would have a death to fill in on the many forms that are part of nursing.

As the patients woke, their pillows were plumped, the beds straightened, their conditions checked. The nurses, after hours of duty, even found time to brush a patient's hair and tell her how to go about arranging for a hairdo in the hospital.

They tidied up the corner where they had waited the night through and put back caps that had gone astray, examined stockings that had laddered during the emergency. At 7am, 12 hours after first walking into the hopital, they were on their way to bed.

I think I understand now what nursing is all about. It is fascinating, it is challenging — but I can echo the words of one "regular" patient, Mr Morris Tamari.

"There are no other people like nurses in the world, they are unbelievable — but stone mad to do it for no thanks — and as far as I am concerned no wage."

Move to give nurses a bigger role

C.T. 22/11/79 (95)

NURSES are better qualified than most doctors realize, but their skills are not employed to the full, according to Dr P D R van Heerden, vice-president of the Medical Research Council.

In a report-back this week on South African participation in the Council for International Organizations of Medical Science (CIOMS) which met in Geneva recently, Dr Van Heerden said there was "general agreement" that nurses worldwide could be given wider responsibilities in medicine.

"By this I mean certain diagnostic routines, stitching of wounds and perhaps even the setting of fractures," Dr Van Heerden said.

There was serious shortage of medical manpower in developing areas, but the training of more doctors would do little to help as most people preferred to live and work where their families could have all facilities. The situation could be eased by encouraging the missionary type of doctor, together with advanced training in medical routines for locally-based nurses and other paramedical personnel.

The MRC was a national member of CIOMS and had full voting rights in the General Assembly as the sole representative of biomedical scientists in South Africa. South African participation had been welcomed and delegates showed interest in the Republic's medical problems, Dr Van Heerden said.

He reported to the Assembly on the Republic's code of ethics in medical research which had some aspects unique in the Western world.

These included guidelines for respecting tribal laws and customs, particularly with regard to minors. Under some forms of tribal law, women were regarded as minors. This meant that permission for treatment of women patients had to be obtained from the husband, father or guardian.

Regulations of the Atomic Energy Board forbade the administration of radioactive substances to persons under 18 and required informed consent from all other persons engaged in such research.

The code of ethics also controlled the use of subjects in experiments and banned the co-operation of doctors in prescribing drugs for the interrogation of prisoners, or from asssisting in any way with torture or even treating a prisoner with the intent of making him fit to stand up to interrogation.

Guidelines for the use of laboratory animals in research were also laid down to ensure adequate living conditions, and the most humane use of animals as experimental subjects.

"A major concern was the problem in developed countries where the costs of medical services have risen above the financial capacity of the patient to pay for them," Dr Van Heerden said.

He added that in developing countries it was found that good housing, water, sanitation and mother-child care controlled three-quarters of the nation's health problems.

Denial on nurses' resignation

Star 23/10/79

95

Eighteen trainee midwives are leaving the new Johannesburg Hospital and 10 other Johannesburg nurses resigned at the end of last month, says the Director of Hospital Services for the Transvaal, Dr Hennie Grove.

Dr Grove has denied recent reports in The Star which put the figures of nurses' resignations in Johannesburg last month at about 200.

In a letter to The Star Dr Grove says the figure of 200 nurses resigning "was highly inaccurate."

"Ten trained nurses resigned, and at the new Johannesburg Hospital 18 nurses are leaving who have completed their midwifery training. These are trainee posts which must be vacated.

"An average of 15 to 20 untrained staff resign monthly," he said.

NM 23\11\79

(95)

Nurses in the money

R10 833 a year for a start

Mercury Correspondent

JOHANNESBURG — An American hospital that will employ South African nurses recruited here over the past two weeks has confirmed that it will be paying annual salaries of between R10 833 and R12 166.

This comes hard-on the heels of a claim by Professor Charlotte Searle, president of the South African Nursing Association (Sana), that nurses dreaming of big money and travel "have been misled by this agency".

The arrival of the recruiting agency here on November 7 caused a stir at a time when South African nurses are complaining bitterly about their earnings.

White junior sisters employed by provincial hospitals in Johannesburg are earning R310 a month while their Black counterparts earn R144.

Confirmed

The director of nursing of Temple University Hospital in Philadelphia, Mrs. Jan Ismond, confirmed in a telephone interview yesterday the salaries offered to more than 200 nurses — Black and White — by Recruiting Registered Nurses Inc.

Mrs. Ismond said Temple University Hospital had employed about 40 foreign nurses in the past five years. The successful candidates interviewed in South Africa would be arriving in June next year and would write compulsory State board examinations in the first week in July.

"When they arrive they are employed as 'nurse externs' at an annual salary of R10 833.

"When their results come through in September and if they have passed, they will be employed as graduate registered nurses at R12 166 a year," she said.

Incorrect

Those who did not pass could rewrite the examination in January.

Mrs. Ismond said Prof. Searle was incorrect in saying that qualified nurses would earn R5 for a six-hour shift in the U.S. They were paid R5,86 an hour on an eight-hour shift.

She said Prof. Searle was not entirely correct in stating that nurses had to write an examination before leaving for the U.S.

"That examination is optional. It is up to the hospital that is employing them to stipulate whether or not they have to write that examination (Commission of Graduates of Foreign Nursing Schools of America). We do not require them to have written it."

Asked if the recruiting agency involved was a reputable one, Mrs. Ismond said it had been recommended to her by the Canadian Nursing Association.

Mrs. Ismond said she had spent "a great deal of time and money" investigating the legal and immigration aspects of employing foreign nurses and was satisfied that there would not be any problems with taking on South Africans.

"It would be no good to me to bring nurses to the States who would not qualify either under the immigration laws or who would not pass the State board examinations. We don't have the time or money to fool around," Mrs. Ismond said.

TABLE II

Rheumatic Heart Diseases (390-398								
Hypertensive Diseases (400-404)								
Ischaemic Heart Diseases (410-41								
Cerebrovascular Diseases (430-43								
Total Circulatory Diseases (390-458)								
Motor Vehicle Accidents (E810-E819)	750 38.0%	287 42.4%	122 36.6%	28 26.9%	572 26.3%	161 24.7%	282 15.1%	59 18.2%
Suicide (E950-E959, E979) *	485 24.6%	104 15.4%	42 12.6%	13 12.5%	84 3.9%	18 2.8%	76 4.1%	11 3.4%
Homicide (E960-E969)	59 3.0%	41 6.1%	41 12.3%	2 1.9%	680 31.3%	167 25.6%	806 43.1%	89 27.5%
Total Accidents, Poisoning and Violence (E800-E999)	1973 100%	677 100%	333 100%	104 100%	2175 100%	652 100%	1868 100%	324 100%

* E979 "Suicide and self inflicted poisoning by motor vehicle exhaust gas" is a code used in South Africa which does not appear in I.C.D. (8th revision). See Ref. 13.

NM 30/11/79 (95)

Point

Keeping nurses happy . . . and here!

THESE are the feelings and experiences of a medical man involved in the medical and nursing world on the controversial question of nurses' salaries. (HERS last Monday). He questions whether the nursing crisis need ever have occurred and feels that short-sightedness on the part of the authorities is the main reason.

Even at this stage there is hesitancy and delay in announcing the "extensive benefits" approved by the Government for nurses from April 1.

This can be put down not only to ineptness but also to lack of sensitivity.

But where sensitivity plays an even more important role is when one considers the plight of the Black nurse. Over the 20-odd years I have worked with nurses and more latterly been actively engaged in their teaching and training, I have become increasingly aware of their difficulties.

Black nurses start off with a disadvantaged school educational system which includes poor teaching facilities, inferior standards of teaching where English is not the teaching medium until later years, as well as poor conditions for home study.

But these girls are eventually admitted to a nursing college and immediately paid an inferior salary for the same work and the same number of hours worked as their White counterparts.

This pattern continues throughout their nursing careers until a situation arises where a Black tutor sister earns the same as a newly qualified White sister with only her general nursing examinations.

A tutor sister is a position reached after passing general and midwifery examinations.

It also means a further two to five years' work — depending on the university or college — before a tutor sister diploma is received.

Is it small wonder then that there is dissatisfaction and disillusion among these very dedicated people. And is it any wonder that they are turning away from the profession?

Great play is made of the brain drain in the medical profession but there has also been a steady flow of Black nurses to the U.S., Australia and Europe.

Valerie has just returned from such a tour of duty overseas and what a change this has made to her. She is enthusiastic about her profession again.

There are scores of nurses on the other hand who have left South Africa and decided never to return except for short holidays. What a waste of talent, experience and money!

The State spends several thousands to educate our girls only to have them lured away to other countries. The Americans recently embarked on such a recruiting campaign and we were all very upset — but can you blame our girls for going in spite of the shortage here at home?

Conditions for someone like Sibongile are no fun. She is the eldest of four children, put through school by her widowed mother who was a domestic servant. Since completing her nursing course she has been working to support her three children.

Her financial burden can only be appreciated when one realises that two of her children are at boarding school, Sibongile herself lives in a township which is about 30 kilometres from where she works.

This means waking at 5 a.m. to start work at 7 a.m. and when she works the late shift which finishes at 7 p.m. Sibongile has to take a taxi home.

She is unable to do her shopping in suburban supermarkets because of her working hours so has to buy her groceries in the township at higher prices.

This is just one example of the life-style of one nurse. There are many others like Sibongile so my plea is for:

- All nurses to receive a reasonable salary. Medical fees are up, dentists' fees are up. What about the nurses?
- Equal pay for all categories of personnel;
- Improvement in conditions of service for all nurses;
- Employment for nurses wherever a vacancy exists and not reserve posts for specific race groups; and
- The introduction of part-time employment. Married women may be employed and the nursing shortage eased in this way.

Tax structures should be reviewed so that married women may be taxed separately; this may well lure more married nurses back to the profession.

There should be active campaigning at school level to entice girls to this noble profession.

II

0-1	0,21	0,06	0,05	0,05	1,68	2,31	1,29	0,02
1-4	0,05	0,00	0,01	0,03	1,08	1,02	1,29	0,02
5-24	0,01	0,01	0,01	0,01	0,01	0,02	0,02	0,02
25-44	0,08	0,08	0,02	0,02	0,05	0,06	0,07	0,02
45-64	0,88	0,39	0,12	0,09	0,42	0,24	0,61	0,02
65+	2,59	1,61	0,59	0,39	1,28	1,04	1,44	0,02
ALL	0,18	0,12	0,08	0,05	0,26	0,22	0,33	0,02
NO.	63	43	173	114	307	455	530	2

III

0-1	0,21	0,06	0,05	0,05	1,68	2,31	1,29	0,02
1-4	0,05	0,00	0,01	0,03	1,08	1,02	1,29	0,02
5-24	0,01	0,01	0,01	0,01	0,01	0,02	0,02	0,02
25-44	0,08	0,08	0,02	0,02	0,05	0,06	0,07	0,02
45-64	0,88	0,39	0,12	0,09	0,42	0,24	0,61	0,02
65+	2,59	1,61	0,59	0,39	1,28	1,04	1,44	0,02
ALL	0,18	0,12	0,08	0,05	0,26	0,22	0,33	0,02
No.	63	43	173	114	307	455	530	2

by 1970, this figure had decreased to 15,7%, indicating that the whites had improved disproportionately to the 'coloureds'. Similarly, for children 1 to 4 years of age, during the period 1941 to 1970, the white mortality experience as a percentage of the 'coloureds' had decreased from 15,2% to 7,1%. It should be noted that the 0 year age specific death rates are higher than the corresponding IMRs. This is because the denominator for the former is the number of live births whilst for the latter it is the mid-year populations under one year of age.

Fig. 4 provides an indication of the proportional contribution of selected causes of death to the overall mortality experience of the white, 'coloured' and African communities.

During the period 1929 to 1970, the whites have shown a changing spectrum of mortality which is classically as
Infectious diseases have become less
are increasingly related to Cardiova
'coloureds' and Africans, however, h
deaths caused by infectious diseases
mortality which is characteristicall
whilst the 'coloureds' appear to occ
whites and Africans, although it is c
Africans than it is to the whites.

What is of particular concern about t
'coloureds' is that it would appear t
developed and the developing experien
Table II which provides a more detail
contributing to the overall mortality
form of cause specific mortality rates
though cardiovascular diseases are co
small proportion of the overall mortal
indicates that the actual rates for ca
similar for both whites and 'coloureds' since 1941.

Anger as some nursing sisters fail to get rises

About 100 nursing sisters said today that forms had been circulated about 10 days ago at the hospital from the J G Strijdom Hospital in Johannesburg who asking sisters to fill in their qualifications.
were promised rises in their pay packets today did not get them.
She said many of the sisters were not aware of the forms and when they did notice them, the forms had run out.
Administrative staff at the hospital are working furiously to prepare their cheques.
A hospital spokesman said today that of the hospital's 245 sisters and senior sisters, 85 had not reacted to the circular.
There are about 245 sisters at the hospital.
"The files of the other 160 are being gone through now. Out administrative staff are busy on it, but we're short-staffed and working furiously to get it done soon.
Nursing staff at the hospital said earlier today they were angry and disappointed that their benefit increases had not arrived today.
"By late tonight nearly every cheque will be ready."
A letter from the Department of Hospital Services said the salary increases were not general across-the-board increases but "grounded in qualifications for work and experience."
A sister at the hospital

Clearly, the broad diagnostic categories used in this analysis conceal a certain amount of information. However, because of the changes in disease classification which have taken place since 1929, it is not possible to examine the temporal changes of mortality rates in greater detail. Disease categories with rates greater than 5/1 000 appear in italics in Table II. It will be noted that the mortality experiences of the 'coloureds'

(iv) Proportional Mortality, accounted for by specific conditions.

(v) Expectation of Life. This was calculated both at birth (e_o) and at 45 years of age (e_{45}) for both males and females. It expresses the average number of additional years an individual would be expected to live beyond birth and 45 years.

For Africans, the proportional mortality was the only index calculated.

RESULTS

The infant mortality rates (IMR) and standardised mortality rates (SMR) for whites
n Fig. 2 and Fig. 3. Whilst
ine in both of these indices
ial decrease, show a comparatively
their SMR since 1960.

n from 50,9/1 000 to 21/1 000,
iod, the 'coloured' IMR has
a change of only 19,7%.
ppreciated that the greater the
a accomplished. The decrease
d 25,7% for whites and

ised in Fig. 4. Since death
creases in the mortality ex-
e to a corresponding increase
, although it is to be expected
tality rates for persons over
d, it is of some concern that
between 1960 and 1970 for 'coloureds'
in the 25-44 and 45-64 years age groups.

The imbalance between the age specific mortality rates of whites and 'coloureds' has improved or remained constant for persons between the ages of 5 and 64. However, for children less than 5 years of age, the gap between whites and 'coloureds' is widening. In 1941, white children under one year old experienced 28,0% of the mortality of 'coloured' children;

VII DISEASES OF THE CIRCULATORY SYSTEM

	W		A		C		B	
	M	F	M	F	M	F	M	F
0-1	0,51	0,33	1,10	0,21	1,80	1,59	0,13	0,10
1-4	0,05	0,06	0,0					
5-24	0,07	0,06	0,0					
25-44	1,09	0,44	1,3					
45-64	9,75	4,44	14,7					
65	42,19	32,93	55,3					
ALL	4,70	3,81	3,2					
NO.	9752	7926	113					

VIII DISEASES

	W			
	M	F	M	
0-1	2,90	2,22	7,8	
1-4	0,22	0,28	0,9	
5-24	0,05	0,06	0,17	0,11
25-44	0,20	0,12	0,37	0,33
45-64	1,46	0,92	3,33	1,85
65+	11,52	7,89	16,51	13,42
ALL	1,12	0,97	1,22	0,79
NO.	2336	2019	430	282

8 The Cape Times, Monday, December 3, 1979

Salary plea for ward sisters in hospitals

95

THE lack of a proper salary allocation was one of the main reasons for ward sisters — the most important people in a hospital — becoming matrons, and this was not desired for the effective running of a hospital, according to Miss Ralie du Plessis, executive director of the South African Nursing Association.

For this reason the association would continue agitating for a complete restructuring of salary scales for nurses, as set out by the Public Service Commission, Miss Du Plessis said.

She said it was the association's view that ward sisters should become experts in their fields, and they would probably retain their positions as long as they were paid a wage accordingly.

"The salaries must be sufficient for them to want to stay in wards and not become matrons as soon as they are able to, because they can contribute tremendously to the proper training of student nurses."

The general wage increase which nurses received in May had been welcomed, but was not what was desired in the long-term.

When the association was asked to examine the salary scale in May this year, they rejected it and had since been negotiating for a better salary scale with the Minister of Health and the Public Service Commission, Miss Du Plessis said.

IV DISEASES OF BLOOD AND BLOOD-FORMING ORGANS

	W		A		C		B	
	M	F	M	F	M	F	M	F
0-1	0,02	0,03	0,20	0,21	0,06	0,16	0,06	0,06
1-4	0,01	0,01	0,02	0,00	0,02	0,04	0,01	0,01
4	0,00	0,00	0,01	0,01	0,01	0,01	0,01	0,01
4	0,01	0,01	0,01	0,02	0,00	0,01	0,01	0,01
4	0,02	0,02	0,03	0,03	0,06	0,04	0,01	0,03
+	0,11	0,11	0,13	0,15	0,13	0,15	0,03	0,03
	0,01	0,02	0,02	0,02	0,02	0,03	0,01	0,01
	30	34	7	7	21	31	23	21

DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS

	W		A		C		B	
	M	F	M	F	M	F	M	F
	0,52	0,18	0,50	0,41	2,02	1,56	1,26	1,20
	0,05	0,05	0,02	0,07	0,45	0,26	0,23	0,18
5-24	0,03	0,01	0,05	0,04	0,09	0,06	0,09	0,07
25-44	0,03	0,01	0,04	0,05	0,23	0,09	0,13	0,06
45-64	0,07	0,07	0,21	0,11	0,36	0,13	0,26	0,07
65+	0,18	0,13	0,00	0,15	0,47	0,18	0,44	0,15
ALL	0,06	0,04	0,07	0,06	0,25	0,14	0,17	0,12
NO.	128	85	26	23	289	164	366	187

Nursing rises are now being paid.

Star 5/12/79 (95)

Nursing sisters at Johannesburg's J G Strijdom Hospital are being paid their benefit increases for qualifications and experience this week.

The rises were delayed last week.

Nursing sources at the hospital said last week that they were angry at the delay, but today sisters said many of them had received cheques and others were expecting cheques this week.

"They're still paying out a few people. Every now and then the phone rings and a sister is told she can pick up her cheque," a sister at the hospital said.

"Some of us got the cheques with our salaries and the rest are being paid this week.

"Some are not getting cheques as some salaries were adjusted earlier," she said.

About 100 sisters at the hospital are receiving the "extra benefit" increases, according to hospital authorities.

These benefit increases are based on qualifications and duration of service among other factors and are individually calculated. There has been no across-the-board general increase for sisters so far since the April increases for all nurses.

CT 14/12/79 (95)

Nurses: Wage gap 'gross'

Staff Reporter

FOR the first time in many years there was no longer a waiting list for student nurses in the Cape Province and there was a possibility of a shortage of nurses in the near future, Dr John Sonnenberg, MPC for Green Point, said this week.

Dr Sonnenberg, who serves on the Hospital Board of Somerset Hospital, said one of the reasons was that a nurse's salary was not attractive and the raise they received in April this year was "peanuts".

He said in an interview that nurses were furious about the salary-issue and called for an independent determination of their salaries by a select committee of the Provincial Council, as opposed to the present setting of the salary-scale by the Public Service Commission.

There were three points concerning salaries that he particularly objected to:

- The wide wage gap between white, coloured, and black nurses.
- The actual salaries nurses were earning.
- Because of the bad pay for sisters in relation to that earned by student nurses, the nursing sisters were attracted to the positions held by matrons in order to be in a better wage bracket.

Dr Sonnenberg said the wage gap was gross and indefensible.

"Nurses in training are not that badly off, it's once they qualify that the problems start," he said.

This was because they reached the limit of their salary scale within a limited time and could progress no further financially.

The unhappiness of the nurses was further accentuated when they compared their situation with that of their counterparts in Australia, England and the United States.

Following are the per annum salary scales set out by the Public Service Commission after the April increase and before:

White chief matron: R9 480 (starting) — R12 000 (top).

White principal matron: R7 800 (starting) — R10 740 (top).

White senior matron: R6 600 (starting) — R9 480 (top).

Coloured principal Grade 1: R7 500 (starting) — R9 480 (top).

Coloured matron Grade 1: R6 600 (starting) — R9 060 (top)

Black matron Grade 1: R5 580 (starting) — R7 500.

January 1978: R4 830 (starting) — R5 820.

White sister: R3 720 (starting) — R6 300 (top).

January 1978: R3 390 (starting) — R4 830 (top).

Senior sister: R5 160 (starting) — R8 220 (top).

January 1978. R4 290 (starting) — R6 090 (top).

Coloured sister: R3 180 (starting) — R5 370 (top).

January 1978: R2 586 (starting) — R3 930 (top).

Senior sister: R4 320 (starting) — R6 900 (top).

January 1978. R3 390 (starting) — R5 010 (top).

Black sister: R2 370 (starting) — R4 530 (top).

January 1978: R2 058 (starting) — R3 270 (top)

Senior sister: R3 540 (starting) — R6 000 (top).

January 1978. R2 718 (starting) — R4 110 (top).

White student: R2 640 (starting) — R3 330 (top).

January 1978: R2 310 (starting) — R3 218 (top).

Coloured student R2 070 (starting) — R2 820 (top).

January 1978: R1 794 (starting) — R2 454 (top).

Black male: R1 500 (starting) — R2 220 (top).

Black female: R1 386 (starting) — R2 070 (top).

Miss Patricia Harrison, head of the Department of Nursing at the University of Cape Town, and also vice-president of the South African Nursing Association, said:

"The increase is shockingly inadequate and is not commensurate with the responsibility the nurse has. When one analyses the increase you will find that the nurse won't be able to pay her debts and you can't give your best working under such conditions."

TABLE I

MORTALITY RATES FOR THE 17 MAJOR DIVISIONS OF THE ICD (8th REVISION)

(Note: There are no tables for divisions ...

	A		B		C		W	
	M	F	M	F	M	F	M	F
0-1	0,00	0,21	0,04	0,06	0,06	0,16	0,17	0,13
1-4	0,07	0,00	0,03	0,04	0,07	0,05	0,03	0,07
5-24	0,07	0,05	[illegible]	[illegible]	0,06	0,04	0,09	0,05

NEOPLASMS

II

ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES

III

65+	0,39	0,59	1,61	2,59	0,28	0,42	0,24	0,61
ALL	0,05	0,08	0,12	0,18	0,81	1,28	1,04	1,44
No.	114	173	43	63	316	307	455	530

Star 18/12/79

Shortage of nurses threatens services

(95)

By Elizabeth Wilson

A third to a half of the nursing posts at some Reef hospitals are vacant, the Director of the Transvaal Department of Hospital Services, Dr Hennie Grove, said today.

Outlining the alarming situation, he warned that if it became critical hospital services might have to be curtailed.

Dr Grove was replying to questions from The Star after claims of growing dissatisfaction among nurses over pay and working conditions.

He said the nursing shortage was now most critical at these hospitals:

- South Rand, where 48,6 percent of posts are vacant.
- Kempton Park, where 38,2 percent are vacant.
- Johannesburg, where 36,7 percent are vacant.
- Boksburg - Benoni, where 34,9 percent are vacant.

Asked whether the present pay for nurses was adequate, he said: "One has to look at the salary structure of all personnel as a whole. They are decided by the Cabinet."

Increases

He added that the Cabinet must also decide increases for student and qualified nurses.

He said there had been 3 769 resignations from Transvaal hospitals between January and June. This was an increase of 10,2 percent over the same period last year.

About 75 percent more sisters and matrons left Transvaal hospitals in the year than in the same period last year.

The breakdown of resignations in Transvaal hospitals this year is:

- Student and staff nurses — 1 409.
- Sisters and matrons — 569.
- Doctors — 161.
- Others — 1 630.

Of 23 763 nursing posts in the province, 4 280 were unfilled and 175 had been "frozen" for economic reasons.

Dr Grove said that at the Johannesburg Hospital between January and November there were 726 appointments and 728 resignations.

Asked if the province had difficulty getting enough student nurses, he replied: "In 1979 there was a relatively adequate intake of student nurses, though not all training schools were able to fill their training posts."

Dr Grove said there had been a steady rise in the percentage of student nurse posts filled over the past five years — 84 percent were now occupied, but there was a shortage of nurses in the Transvaal.

● Page 5: Why nurses quit.

Hospital chief speaks on nurses' resignations

Star 18/12/79 (95)

Why are nurses resigning in large numbers from hospitals in the Transvaal? The Director of Hospital Services, Dr Hennie Grove, has given some reasons in a letter to The Star.

● Many students discontinued their studies "as a result of selecting the wrong course in training."

● Standards in modern nursing were high and many students could not cope with the standards set by the South African Nursing Association.

● Because of round-the-clock hospital services students had to work on weekends and public holidays. They therefore sought employment where the hours were more convenient.

● 65 percent of the sisters were married and resigned to "care for their small children."

● As many as 25 percent of resignations came from people who "resigned and then returned to the service for the second or third time depending on domestic circumstances."

● Husbands were transferred to areas where there were no hospitals or where the circumstances were such that the wife could not work.

● The Department of Hospital Services also trained nurses for other departments and the private sector.

Dr Grove said the rate of resignations had also risen with the increase in the price of petrol.

As a result of "inadequate transport together with working hours" nurses were "compelled to use their own transport."

Nowhere in his replies did the director mention that pay was an issue.

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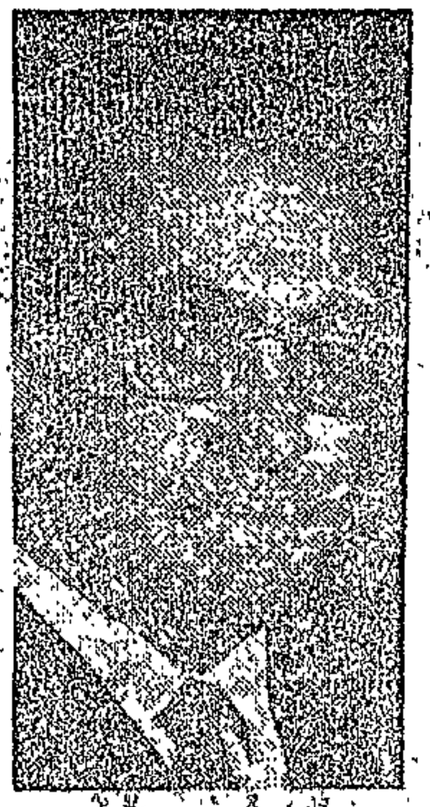
Nurses work overtime in staff shortage

19/12/79 (95)



Dr Hennie Grove . . . the number of hours had to be increased.

By Elizabeth Wilson

Staff shortages are forcing nurses to work extra hours in some hospitals, says the Transvaal Director of Hospital Services.

Dr Hennie Grove said nurses worked 40 hours a week on day duty and 40 hours on night duty. But because of the shortage it was "necessary to increase the number of working hours."

Dr Grove said 5 340 hours of additional time had been worked by permanent nursing staff at the Johannesburg hospital between August 16 and September 15.

In the same month 1 335 extra hours had been worked at the hospital by external staff.

He said the shortage was felt not only in the hospital services but throughout the professions.

Dr Grove said 1 802 nurses were now employed at the Johannesburg hospital.

The Progressive Federal Party will raise the issue of nurses' status and salaries in the next parliamentary session, Mr Brian Goodall, PFP spokesman on medical affairs, said yesterday.

BLACK

The shortage of nurses in the Transvaal could not be ended simply by putting unemployed black nurses into white posts, an executive director of the South African Nursing Association, Miss R J Du Plessis, said today.

She said the suggestion had been made before and the Nursing Association had put its view that every population group had the "right to be nursed by its own people."

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of the response of C* to increments of income has led to a specification of interesting properties of the individual's utility function.

Specifically, an individual is said to have constant relative risk-aversion (RRA) if an increase in income, price ratios held constant, leads to a new risk-bearing optimum C* which involves proportionately more holdings of claims for each and every state (i.e., the new C* lies on a ray from the origin through the original C*). Geometrically, if this held everyual's preference map in Fig. 2 must be homo-

e shown that the condition for constant RRA is:

$$\frac{v''(c_s)}{v'(c_s)} = R \qquad (1.5)$$

. If R is an increasing function of

ng RRA), a rise in income leads to a new C* closer to the 45° line than the original C* -- if R is a decreasing function of income (decreasing

l is said to have constant absolute risk-aver-

ise in income results in a final C* position

-- increased in state-claim holdings

ALL CAUSES

	W		A		C		B	
ALL	9,44	7,40	8,03	5,51	14,62	11,00	8,77	8,13
NO.	19600	15374	2828	1967	16632	12847	18348	13062

Nurses' pay debate

SIR, — For those nurses attracted by salaries of up to R12 000 a year in the U.S. I hope someone will explain to them the difference between "exchange rate" and "cost of living".

In the case of Britain we get approximately two rands for one pound sterling in Britain, yet anyone visiting what one rand buys here. Britain in recent years will have found that one pound In other words Britain buys nearly two rands for an item which costs one rand in South Africa.

It's ten years since I visited America but I remember that a qualified paramedic could get $12 000 p.a. then, and that wasn't considered in any way generous or a princely salary — by American standards. I fear that those nurses that go may be in for a shock and I would urge them to make some enquiries into American C.O.L. and the relative value of the offered salaries.

M. J. GANN

26 Caister Crescent,
Durban.

XVI SYMPTOMS AND ILL-DEFINED CONDITIONS

	W		A		C		B	
	M	F	M	F	M	F	M	F
0-1	0,51	0,54	2,10	1,24	7,00	6,86	19,69	19,83
1-4	0,04	0,04	0,21	0,35	0,75	0,77	2,58	2,48
5-24	0,01	0,01	0,09	0,06	0,08	0,03	0,21	0,23
25-44	0,05	0,05	0,28	0,17	0,42	0,31	0,72	0,78
45-64	0,44	0,18	1,73	1,04	1,73	1,02	3,80	3,64
65+	1,84	1,95	8,32	6,56	8,55	5,71	14,69	14,84
ALL	0,22	0,23	0,56	0,38	0,83	0,65	1,80	1,96
NO.	463	485	199	134	943	761	3765	3145

XVII ACCIDENTS, POISONINGS AND VIOLENCE (EXTERNAL CAUSE)

	W		A		C		B	
	M	F	M	F	M	F	M	F
0-1	0,85	0,69	0,70	0,31	1,18	1,24	0,32	0,19
1-4	0,49	0,21	0,31	0,27	0,63	0,61	0,21	0,20
5-24	0,71	0,22	0,68	0,20	1,40	0,38	0,68	0,12
25-44	1,18	0,30	1,43	0,37	3,32	0,70	1,22	0,26
45-64	1,25	0,42	1,55	0,40	2,89	0,76	1,10	0,31
65+	1,26	0,71	1,34	0,91	2,19	0,90	1,02	0,53
ALL	0,95	0,33	0,95	0,29	1,91	0,56	0,89	0,20
NO.	1973	677	333	104	2175	652	1868	324

'Each group has right of own nurses'

THE shortage of nurses in the Transvaal could not be solved simply by putting unemployed black nurses into white posts, an executive director of the South African Nursing Association said yesterday.

Miss R J du Plessis said the suggestion had been made before and the Nursing Association had put its view that every population group had the "right to be nursed by its own people."

She said this view was held not only by whites but also by black nurses who felt only black nurses understood the culture of black patients.

Miss du Plessis said the present shortage of nurses was "nothing abnormal" for the end of the year. She predicted that in the new year a large number of the posts would likely be filled.

Miss du Plessis said the Nursing Association was opposed to black nurses being employed at lower salaries than whites.

She claimed that some private hospitals had begun using black nurses because they claim they were "cheaper."

Although she could not say how many black nurses were out of work on the Witwatersrand, Miss du Plessis said most were in urban areas.

She said black nurses came from outlying areas to do their training at Baragwanath Hospital. "Many of them then marry and do not want to go back to the rural areas," she said.

Because of this, urban hospitals have sufficient staff while others in outlying areas had vacancies.

On the issue of increases for nurses Miss du Plessis said the Nursing Association's primary concern was to get increases for entry grade sisters who she said were "grossly underpaid".

PAY SCALE

The Nursing Association had for many years made recommendations for a long pay scale for sisters so that they could eventually earn the equivalent of a senior matron without having to leave the ward or take up an administrative job.

Miss du Plessis said other nurses salaries were "very reasonable".

95

HEALTH + DISEASE –
Nurses

1-1-80 - 31-12-80

Hansard

WEDNESDAY, 5 MARCH 1980

Questions translated below:

[illegible] salary scale.

6. Mr N. E. WOOD asked the Minister of the Interior:

What are the salary scales laid down for (a) White, (b) Coloureds, (c) Indian and (d) Black (i) doctors, (ii) dentists and (iii) pharmacists in State and provincial hospital services?

The MINISTER OF THE INTERIOR:

(a) to (d)

Rank	Salary Scale (R p.a.) White	Coloured/ Indian	Black
(i) Doctors			
Chief Specialist / Professor	21 300 (fixed)	21 300 (fixed)	21 300 (fixed)
Principal Specialist	19 500 (fixed)	19 500 (fixed)	19 500 (fixed)
Senior Specialist	18 000 (fixed)	18 000 (fixed)	18 000 (fixed)
Principal Medical Officer	18 000 (fixed)	18 000 (fixed)	18 000 (fixed)
Specialist	17 400 (fixed)	17 400 (fixed)	17 400 (fixed)
Senior Medical Officer	17 400 (fixed)	17 400 (fixed)	17 400 (fixed)
Medical Officer	10 320-16 800	9 480-16 800	8 640-15 600
(ii) Dentists			
Principal Dentists	18 000 (fixed)	18 000 (fixed)	18 000 (fixed)
Senior Dentist	17 400 (fixed)	17 400 (fixed)	17 400 (fixed)
Dentist	10 320-16 800	9 480-16 800	8 640-15 600
(iii) Pharmacists			
Principal Pharmacists	12 600-15 000	11 580-13 800	10 740-12 600
Senior Pharmacists	10 320-11 580	8 640-9 900	7 200-8 220
Pharmacists	6 900-9 480	6 000-7 800	4 950-6 600

Hansard 10 Ques. col. 632. 23/4/80

95

Student nurses

490. Mr A. B. WIDMAN asked the Minister of Health, Welfare and Pensions:

How many persons registered for the first time as student nurses in each of the last five years?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

1975:	5 869
1976:	7 356
1977:	8 874
1978:	9 023
1979:	12 775

Hansard 16 2/6/80
Ques Ct 825

95

MONDAY, 2 JUNE 1980

†Indicates translated version.

For written reply:

Han 16. Ques Ct 325 2/6/80

Nurses: salary scales

95

651. Mr. H. E. J. VAN RENSBURG asked the Minister of Health, Welfare and Pensions:

(1) What are the latest salary scales payable to (a) White, (b) Coloured and Asian and (c) Black nurses employed in hospitals in the grades (i) student female nurse, (ii) student male nurse, (iii) staff nurse, (iv) male staff nurse, (v) siser/male nurse, (vi) senior sister/charge male nurse/matron and (vii) head matron/senior male nurse;

(2) (a) what is the estimated annual cost of raising salary scales of (i) Black and (ii) Coloured and Asian nurses to the scales applicable to White nurses and (b) when is it envisaged that parity in salary scales will be achieved?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

(1) The latest salary scales and measures for the application thereof are included in Circular No. 1 of 1980 dated 1 April 1980, issued by the Commission for Administration. The salary scales as such can not be evaluated and judged without also taking notice of the accompanying measures for the application thereof. Copies of the Circular concerned was made available on a confidential basis to the leaders of opposition parties and the required information can be obtained from the Leader of the Official Opposition;

(2) the Commission for Administration has informed me that the position is as follows:

(a) the estimated additional costs at this stage for the 1980/81 financial year will amount to:

(i) R45 546 906;

(ii) R5 662 868;

(b) as no fixed time-table for the narrowing and elimination of the wage-gap has been accepted by the Government, no indication can be given when parity in the salary scales in respect of all nurses will be achieved and it will inevitably depend upon the pace against which further stages of the accepted programme for parity in wages, is implemented.

Hans. 14(773) 19/5/80 (95)

Registered nurses

622. Mr. A. B. WIDMAN asked the Minister of Health, Welfare and Pensions:

How many registered nurses resigned in each of the past five years?

The MINISTER OF HEALTH, WELFARE AND PENSIONS:

1975	186
1976	204
1977	236
1978	160
1979	254

Hospital pay: plea to Health Minister

STAR 5/1/80 (95)

The Minister of Health should intervene to correct the poor salaries paid to doctors and nurses at provincial hospitals an Opposition spokesman on hospital matters said today.

Mr Sam Moss PFP MP was reacting to a letter in The Star today, written by Dr Peter Lehrer, principal medical officer of Johannesburg Hospital.

The doctor wrote: "Unless the medical and nursing professions are able to shake off the stranglehold of bureaucracy, these professions and the public are heading for disaster. The Administration remained remote from the public suffering.

Mr Moss agreed with Dr Heberden who said salaries paid to nurses were a national disgrace "and the remuneration of a medical practitioner working on a sessional basis, is an insult to the doctor who may hold your life in his hands."

He added that an unnecessarily large gap existed between salaries received by doctors at provincial hospitals and those in private practice. Private practitioners were recently granted a massive increase in fees.

If this pay gap were not closed immediately an increasing number of doctors would leave hospitals for better paid jobs elsewhere.

Miss P Harrison, vice-president of the South African Nursing Association, endorsed the remarks on nurses salaries made by Dr Herberden.

"All we want is to be treated like professionals and paid in accordance with the level of professional service which the public is entitled to expect," she said.

● Page 10: Medical, nursing professions face disaster.

vours to receive any benefit or money due to any such owner, as if he were the true and lawful owner; or

(*d*) without lawful authority or excuse (the proof whereof shall lie upon him)—

(i) engraves or makes upon any plate, wood, stone or other material any certificate as to any interest in a company or any share warrant or coupon or document purporting to be such interest, share warrant or coupon issued or made by any particular company in pursuance of this Act or to be a blank certificate, share warrant or coupon so issued or made or to be a part of such a certificate, share warrant or coupon; or

(ii) uses any such plate, wood, stone or other material for the making or printing of any such certificate, share warrant or coupon or document or of any such blank certificate, share warrant or coupon or any part thereof, or

(iii) knowingly has in his custody or possession any such plate, wood, stone or other material

Transfer of Shares and Debentures

133. Registration of transfer of shares or interests.—(1) Any transfer of shares of or interest in a company shall be registered by the company by entering in its register of members the name and address of the transferee, the description of the shares or interest transferred and the date of the registration of such transfer and, if it is a transfer of partly paid-up shares of or interest in an existing company, the amount outstanding on each share or interest, shall be entered in the said register.

(2) Notwithstanding anything in the articles of a company, it shall not be lawful

Sfaw 11/1/80 (95)

Nurses do better in Holland

We are South African registered nurses at present working in Holland, and would like to comment on the current controversy concerning nurses' salaries in South Africa.

The reason for working abroad is obvious — a liveable wage. Our salary at home was about R270 per month after deductions. After paying rent, insurances, petrol, food etc., we were in a deficit of R75,000 per month. This was overcome by working for private nursing agencies (not legal if employed by the Provincial Administration) or by doing overtime in the hospital.

To "come out square" every month we would work about a 54-hour week. If the motorcar needed emergency repairs or new tyres our working hours pushed to the 60-hour week mark.

We are not newly qualified, we hold additional certificates in midwifery and intensive care and each has eight years post-graduate experience. We were grossly underpaid for the amount of responsibility we shouldered. No additional pay was given for working weekends, evenings or holidays.

In Holland we earn R850 per month after deductions. Additional pay is given for shift work and holidays. We are adequately staffed and work a 40-hour week.

It may be argued that the cost of living is higher in Holland. Well so it is, but ratio-wise we manage to live far better than we did at home We can save half our salaries and still manage to travel home yearly and see the rest of the world.

We find it sad that we are forced to live away from home in order to earn a viable wage.

We hope that the April 1980 budget will show vast increases in salaries for nurses (not the usual 10-12 percent, which is eaten up in taxes.)

Perhaps then we will return to our beloved Braaaivleis . . . Boerewors . . . Sunny skies . . . and . . . South Africa.

Sorry Marais

Utrecht,
Holland.

"Our nurses are justifiably annoyed over their meagre salaries." — See letter at left.

(5) If a company is being wound up by the Court or voluntarily or is under judicial management, the statement "In Liquidation", "In Voluntary Liquidation" or "Under Judicial Management", as the case may be, shall be included in and be subjoined to the name of the company concerned and if the winding-up order or judicial management order is discharged, or the voluntary winding-up ceases, the said statement shall be omitted from the name of such company.

(6) The addition to or ...sion from the name of any c... statements prescribed by ... section as a result of—

(a) the cor...sion of a company into another ty...

(b) the ...version in or deletion from the ...

shall not ...
that subse...
omission a...

(7) ...from the n...
within seve...
Registrar o...
to be adde...
issue a cert...

STATUTES OF THE REPUBLIC OF SOUTH AFRICA — COMPANIES

Companies Act, No. 61 of 1973 ss. 49–50

ss. 49–50

(3) The name of an association not for gain incorporated under this Act shall not include the word and statement referred to in subsection (1) (*c*) but the statement "Incorporated Association not for Gain" shall be included in and be subjoined to the said name.

(4) The name of a private company having a share capital and the memorandum of which contains the provision referred to in section 53 (*b*), shall not include the words referred to in subsection (1) (*b*), but shall include the word "Incorporated", as its last word, in the said name.

30/1/80 Star (95)

Petition on nurses' pay

The public is backing a group of Johannesburg women who have started a countrywide petition to the Minister of Health for better pay for nurses.

Mrs Elaine Lavin, leader of the group, said that in only two sittings at the weekend, almost 2 000 people now signed.

"Support has been tremendous," she said.

"We have even received letters offering support from Natal and the Free State, and more are coming in all the time."

The petition reads in part: "The situation at Provincial hospitals has reached crisis level and a significant salary improvement is seen as the only solution."

The petition will be available for signature this weekend.

Mrs Lavin said she urgently needed people to help man tables in shopping centres on Saturday.

accountant will probably be committee involved in reporting of social in-

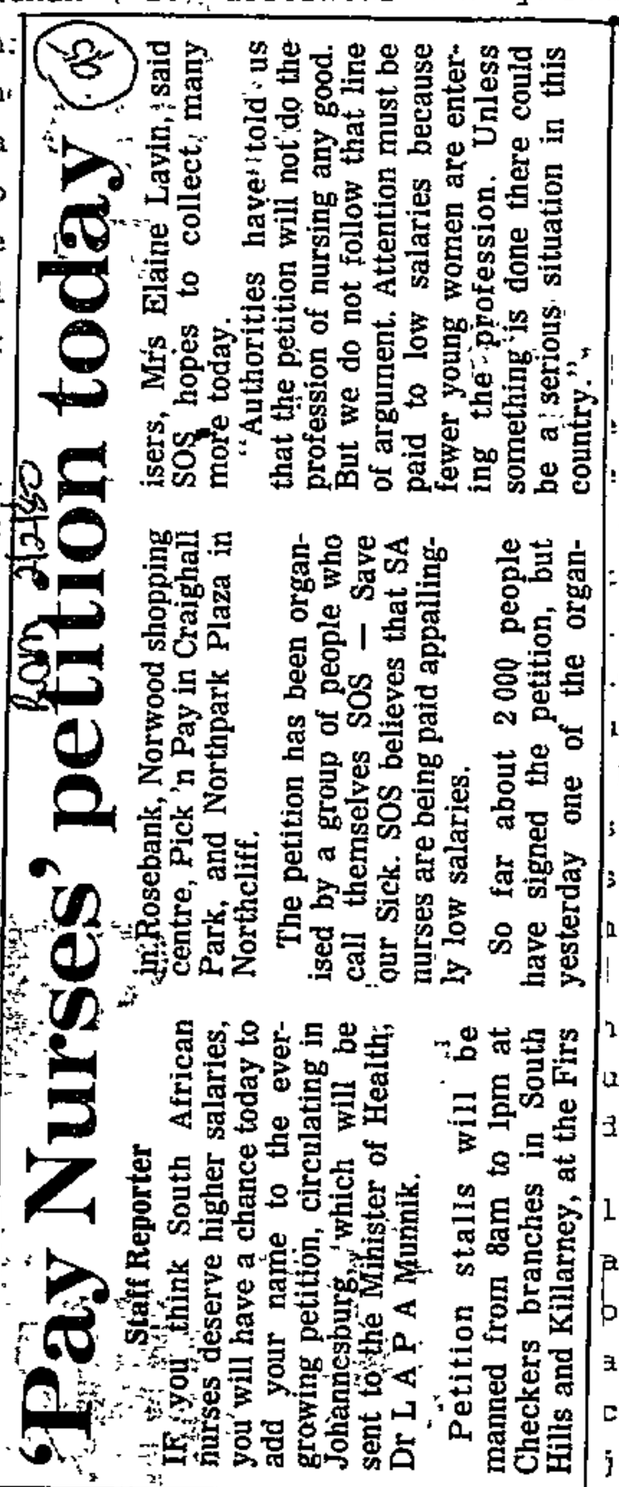
The above has been a brief overview of the requirements, relevance and prospects of social accounting. In all aspects one fact emerges - at present social accounting is ill-equipped for its task. More research is needed in measurement and reporting techniques. These aspects will be discussed in chapters three and four.

At present social accounting is unable to present data in any forceful manner. However, social accounting is rapidly gaining acceptance and with increased research and experimentation the concept could rapidly gather momentum. In the following chapter the response in overseas countries will be examined.

9.4 Priorities for Mental Health

Robbertze states 'The solution of the region's political problems must obviously take precedence in all fields, including that of mental health. But this acknowledgement in fact underlines the high priority claim of mental health, inasmuch as the conflicts in Southern Africa have a significant psychological component'. He sees one of the roles of mental health workers as assisting in restoring communication between members of different cultures.

Buchan (*16) describes the system of mental health care in Matabeleland,



'Pay Nurses' petition today

Staff Reporter

IF you think South African nurses deserve higher salaries, you will have a chance today to add your name to the ever-growing petition, circulating in Johannesburg, which will be sent to the Minister of Health, Dr L A P A Munnik.

Petition stalls will be manned from 8am to 1pm at Checkers branches in South Hills and Killarney, at the Firs in Rosebank, Norwood shopping centre, Pick 'n Pay in Craighall Park, and Northpark Plaza in Northcliff.

The petition has been organised by a group of people who call themselves SOS — Save our Sick. SOS believes that SA nurses are being paid appallingly low salaries.

So far about 2 000 people have signed the petition, but yesterday one of the organisers, Mrs Elaine Lavin, said SOS hopes to collect many more today.

"Authorities have told us that the petition will not do the profession of nursing any good. But we do not follow that line of argument. Attention must be paid to low salaries because fewer young women are entering the profession. Unless something is done there could be a serious situation in this country."

wh: tal illness can be 'more community-oriented'.
Th: tegy whereby as many patients as possible
ca o contact patients earlier, and to prevent
do before a diagnosis is reached. All these
re ric clinics in general hospitals which,
wi rse, can manage outpatients and refer cases
pr

B: problems facing diagnosis in a different
cu practitioner; 'abnormally aggressive'
o: characteristics which require interpreta-
ti t. In order to decide on admission or out-
pa agnosis is clearly essential. He felt
ti ding on outpatient treatment could be
e ight disorder should be admitted, if
c hospital; depressives could be treated on
a sion, Buchan agreed with Bührman that
ha same ominous significance among Africans as'
it arman noted that patients undergoing hallucinations
na are wakened by nightmares and feel they are
be nt be recognisable as falling in the *twasa*
g ume the role of a diviner) and could be
c d appropriate to this stage.

R le of indigenous healers and leaders of
s alth care, emphasising that it is wrong
t olution for Southern Africa's very differen
p alist-oriented multi-professional team
a context, impossible in terms of staff
r judgement of the indigenous populations,
when compared to the work of the traditional practitioner and the separatist priest.

Robbertze therefore recommends the creation of a cadre of mental health practitioners, not highly trained but able to act as a general practitioner in this field and to replace the mental health team at a grass roots level. Further, he recommends exploration of more natural ways of providing continuous supervised care, such as Lambo's 'village system' in Nigeria. Here mental patients, together with their families, would take up residence in a surrounding village (specially prepared to host these visitors) where they would remain, at minimal cost and not cut off from the community, until such time as they could return home. During their stay, relatives would have acquired many of the necessary skills for helping and coping with the problem presented.

Schweitzer adds that an African mental health system should draw its orientation from indigenous customs and values without rejecting the advantages of western psychiatry. Such a development would be aided by the inclusion of pertinent anthropological and cultural studies into the medical and psychological curriculum (also recommended by Watts, *8); and by systematic approaches to dialogue with indigenous healers, research to improve understanding of their methods and efficacy of their treatment, and concern within the existing system over the patients' own explanations of their sickness.

10. THE COST-EFFECTIVENESS OF MEDICAL CARE AND THE PRICE OF DRUGS

10.1 The Cost Effectiveness of Medical Treatment

The papers of Meiring (*19) and Sundgren (*24) dealt with this question. Meiring spoke of a developing conflict between medical practitioners on the one hand and 'society' (represented ostensibly by politicians, bureaucrats and economists) on the other. The conflict was aggravated by high medical costs, rising more rapidly than the consumer price index. He argues that confrontation between the medical profession and the public would be harmful to both. He therefore argued for more effective communication and co-operation between the profession and those empowered to act on behalf of the public. Co-operation should be based on the general acceptance of a cost-benefit approach to medical treatment. Doctors, administrators, and the public should be made more aware of costs and benefits of alternative treatments. Medical training and the mass media should be involved in this process.

Private clinics boost nurses' pay

STAR 8/2/80 (95)

Nurses at five private Johannesburg hospitals were given pay rises last month, and staff at a sixth are to get an increase next month.

Mr Ian Bloch, director of the Clinic Holdings group, said the increase was "substantial," but would not give any figures.

Nurses at the Sandton Clinic are to receive a pay rise of R90 a month.

The increase will represent an increase of 32 percent for sisters who have just qualified, and 14 percent for the highest paid staff. The increase will come into effect on March 1.

A spokesman for the clinic said the money had come from an increase in the amount paid by medical aid schemes. "When the rates went up last year there was an interval of three months before the medical aid schemes started paying doctors at their increased fees.

"Private hospitals had received no increase for two years and our inflation rate is around 12 percent. We said we needed more money, and the extra we received we decided to give straight to our staff," he said.

The increase includes black medical staff. Black ancillary staff will get 64 percent increase.

The spokesman said the "whole problem is that only the Government can train nursing staff

22. BishwaNath Mukerjee, 'A Simple Method of obtaining a Health Hazard Index and Its Application in Micro-Regional Health Planning', Regional Studies, Vol. 10, 1976, pp. 105-122.

23. Mukerjee, ibid.

24. Trudie Thomas, Their Doctor Speaks, Mary Wheeldon, Cape Town, 1973.

25. Bruce F. Johnston, op cit., pp. 899-901.

26. Bruce F. Johnston and Anthony J. Meyer, 'Nutrition, Health and Population Strategies for Rural Development', Economic Development and Cultural Change, Vol. 26, No. 1, October, 1977, pp. 1-24.

27. See, for example, the indicators suggested in Michael Ward, 'An Integrated Social Data System for Urban and Rural Areas', unpublished mimeograph of paper presented to IRBD Conference, Cambridge, April, 1978.

28. Ward, ibid.

* * * * *

STAR 11/2/80

10 000 sign pay petition

95

The petition to the Minister of Health demanding better pay for nurses in provincial hospitals, should be sent to Cape Town this week.

The petition, initiated by the Save Our Sick (SOS) committee, had been circulated in the Transvaal for the past month and has been signed by about 10 000 people.

"Everybody is interested in the nurses' plight," said Mrs Elaine Lavin, co-ordinator of the committee. "The support has been fantastic, but we still need people to volunteer to help as there is a lot of work to do.

"The petition has been a great success and many people have come up to us and said that it is disgraceful that things have come to this."

Letters of support have come from interested people from as far as Virginia and Welkom.

The petition aims to draw public attention to the low wages paid to qualified nurses.

A night supervisor who is in charge of night duties is paid R300 a month.

"It is absolutely shameful that these people can be paid so badly. It is about time that something was done about it," said Mrs Lavin.

The petition is to be sent with a commercial freight company and it will be insured against loss.

"It is very precious," said Mrs Lavin. "Rather than getting a total stranger to take it to Cape Town, we would rather insure it as it is worth more than money can buy."

Anyone who is able to assist Mrs Lavin can contact her at 788-7061.

Hansard No 2 Quest Cd 41

12/2/80

98 5

South African Nursing Council

122. Mr. H. E. J. VAN RENSBURG asked the Minister of Health:

How many (a) nurses, (b) student nurses and (c) pupil nurses in each race group were registered with the South African Nursing Council at the end of 1979?

The MINISTER OF HEALTH:

The South African Nursing Council is busy processing the statistics for the year 1979, and I shall furnish you with the information as soon as it becomes available.

(45)

No. R. 270 15 Februarie 1980

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

REGULASIES VIR DIE DIPLOMA IN GEMEENSKAPVERPLEGINGWETENSKAP

Die Minister van Gesondheid verordening [illegible] Lid 45 (1) (i) van die Wet op Verpleging, 1978 (Wet 50 van 1978), en op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, die volgende regulasies uit ter vervanging van die regulasies gekonkoreer by Goewernementskennisgewing [illegible] van 9 Januarie 1970, soos gewysig deur Kennisgewings R. 259 van 14 Februarie 1975, R. 1581 van 12 Augustus 1977 en R. 1515 van 21 Julie 1978:

Voorwaardes vir die goedkeuring van skole

1. (1) 'n Skool kan goedgekeur word indien—

(a) die organisatoriese struktuur en die fasilitete om die onderrigprogram aan te bied volgens mening van die raad bevredigend is;

(b) die onderrigprogram volgens mening van die raad bevredigend is;

(c) 'n geregistreerde verpleegkundige te wie se naam 'n addisionele kwalifikasie in verpleegonderrig en 'n addisionele kwalifikasie in verpleegadministrasie geregistreer is, by die raad as die persoon in beheer van die skool aangedui word;

(d) lede van die verpleegpersoneel wat aan die onderrig van studente deelneem, geregistreerde verpleegkundiges is te wie se name die addisionele kwalifikasie geregistreer is, en waar moontlik die addisionele kwalifikasie in verpleegonderrig.

(2) Nietenstaande die voorwaardes in lid (1) vervat, kan die raad 'n skool goedkeur indien al kan daar nie aan al die voorwaardes voldoen word nie. Goedkeuring kan op voorwaardes wat die raad mag bepaal, verleen word.

Toelating tot die kursus

2. 'n Kandidaat moet aan die persoon in beheer van die skool 'n standard 10- of 'n ekwivalente sertifikaat en bewys van lopende registrasie as 'n algemene verpleegkundige (vrou) en, tensy die raad anders bepaal, as 'n vroedvrou, of as 'n algemene verpleegkundige (man), of as 'n psigiatriese verpleegkundige (man of vrou), voorlê. Hierdie registrasie moet dwarsdeur die voorgeskrewe tydperk vir die kursus en totdat die uitslae van die eksamen gepubliseer word, in stand gehou word, by versuim waarvan die tydperk van die kursus wat deurloop is vanaf die datum van skrapping uit die register tot die datum van terugplasing, verbeur word.

Registrasie, terugplasing, staking en voltooiing van die kursus

3. Ingevolge die regulasies betreffende die registers vir studente—

(a) moet 'n student om registrasie of terugplasing op die register aansoek doen;

(b) moet die persoon in beheer van 'n skool die raad in kennis stel indien 'n student die kursus om enige rede voor voltooiing staak, insluitende 'n oorplasing na 'n ander skool;

(c) moet die persoon in beheer van 'n skool die raad in kennis stel wanneer 'n student die kursus voltooi.

No. R. 270 15 February 1980

THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS OF THE DIPLOMA IN COMMUNITY NURSING SCIENCE

The Minister of Health, [illegible] section 45 (1) (i) of the Nursing Act, 1978 (Act 50 of 1978), a[illegible] of the South African Nurs[illegible] following regulations in substi[illegible] for the regulations published under Governm[illegible] Notice [illegible] of 9 January 1970, as amended [illegible] R. 259 of 14 February 1975, R. 1581 of [illegible] August 1977 and R. 1515 of 21 July 1978:

Conditions for the approval of schools

1. (1) A school may be approved if—

(a) the organisational structure and the facili[illegible] for the conduct of the teaching programme are s[illegible] factory in the opinion of the council;

(b) the educational programme is satisfactory [illegible] the opinion of the council;

(c) a registered nurse against whose name an ad[illegible] tional qualification in nursing education and [illegible] educational qualification in nursing administra[illegible] are registered, is designated to the council as [illegible] person in charge of the school;

(d) members of the nursing staff who take [illegible] in the instruction of students are registered nu[illegible] against whose names the additional qualification [illegible] registered, and where possible the additional qu[illegible] fication in nursing education.

(2) Notwithstanding the conditions prescribed [illegible] this regulation the council may approve a school e[illegible] if all the conditions cannot be complied with. App[illegible] val may be granted upon such conditions as the co[illegible] cil may determine.

Admission to the course

2. A candidate shall submit to the person in cha[illegible] of the school a standard 10 or equivalent certific[illegible] and proof of current registration as a general n[illegible] (female) and, unless the council determines otherw[illegible] as a midwife, or as a general nurse (male), or a[illegible] psychiatric nurse (male or female). This registrat[illegible] shall be maintained throughout the prescribed per[illegible] for the course and until the results of the examinat[illegible] are published, failing which the period of the co[illegible] undergone from the date of removal from the re[illegible] ter to the date of restoration, shall be forfeited.

Registration, restoration, termination and completion of the course

3. In terms of the regulations regarding the regi[illegible] for students—

(a) a student shall apply for registration or restoration to the register;

(b) the person in charge of a school shall no[illegible] the council if a student terminates the course [illegible] any reason before completion, including a tran[illegible] to another school;

(c) the person in charge of a school shall no[illegible] the council when a student completes the cou[illegible]

(95)

(4) 'n Aansoek wat nie later nie as sewe (7) dae na die voorgeskrewe datum ingedien word, word slegs by betaling van addisionele gelde van vyf rand (R5) aanvaar.

(5) 'n Aansoek wat later as sewe (7) dae na die voorgeskrewe datum ingedien word, word nie aanvaar nie.

(6) 'n Aansoek om toelating of hertoelating word nie as ingevolge hierdie regulasie "ingedien" beskou nie, tensy 'n behoorlike ingevulde aansoekvorm, tesame met die voorgeskrewe sertifikate, die eksamengelde en, waar van toepassing, die addisionele gelde in paragraaf (4) voorgeskryf, die raad bereik nie.

(7) eksamengelde word verbeur indien 'n inskrywing gekanselleer word of indien 'n kandidaat van 'n eksamen afwesig is, tensy die raad anders bepaal. Hierdie paragraaf is ook op die addisionele gelde in paragraaf (4) voorgeskryf, van toepassing.

Eksamensentrums

11. Sentrums word op plekke waarop die raad mag besluit, ingestel.

Registrasie van addisionele kwalifikasie

12. Aan 'n kandidaat wat in die eksamen geslaag het, word 'n sertifikaat van registrasie van die addisionele kwalifikasie sonder betaling van enige gelde uitgereik: Met dien verstande dat die Kennisgewing in regulasie 3 (c) voorgeskryf, ingedien is.

Toepassing van hierdie regulasies

13. Hierdie regulasies is van toepassing ten opsigte van alle kursusse wat na 31 Desember 1979 'n aanvang neem.

No. R. 277 15 Februarie 1980

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING

REGULASIES VIR DIE BETALING VAN TOELAES AAN LEDE VAN DIE RAAD

Die Minister van Gesondheid vaardig kragtens artikel 45 (1) en (4) van die Wet op Verpleging, 1978 (Wet 50 van 1978), en op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, die volgende regulasies uit vir die betaling van toelaes aan lede van die raad ter vervanging van die regulasies gepubliseer by Goewermentskennisgewing R. 255 van 14 Februarie 1975 soos gewysig deur Kennisgewings R. 1861 van 8 Oktober 1976 en R. 1513 van 21 Julie 1978:

1. Aan 'n lid wat 'n vergadering van die raad of van 'n komitee van die raad bywoon, of anders besig is met sake van die raad, kan—

(1) 'n ledetoelaag van tien rand (R10) vir die eerste kalenderdag of gedeelte van 'n dag betaal word, en daarna vyf rand (R5) vir elke twaalf (12) uur of gedeelte daarvan, insluitende die tyd deur reis in beslag geneem indien dit meebring dat 'n lid van sy woondorp afwesig is;

(2) 'n verblyftoelaag betaal word van—

(a) agt rand en vyf-en-sewentig sent (R8,75) vir elke ses (6) uur of gedeelte daarvan vir die tydperk van werklike bywoning van 'n vergadering of op die betrokke sake indien die vergadering of sake plaasvind op die woondorp van die lid; of

(b) agt rand en vyf-en-sewentig sent (R8,75) vir elke ses (6) uur of gedeelte daarvan ten opsigte van 'n afwesigheid uit die woondorp van die lid van minder as vier-en-twintig (24) uur wat nie 'n oornagverblyf meebring nie; of

(4) An application lodged not more than seven (7) days after the prescribed date shall be accepted only on payment of an additional fee of five rand (R5).

(5) An application lodged more than seven (7) days after the prescribed date shall not be accepted.

(6) An application for admission or re-admission shall not be deemed to have been "lodged" in terms of this regulation unless a duly completed application form, together with the prescribed certificates, the examination fee and, where applicable, the additional fee prescribed in paragraph (4) shall have reached the council.

(7) Examination fees shall be forfeited if an entry is cancelled or if a candidate is absent, unless the council determines otherwise. This paragraph shall also apply to the additional fee prescribed in paragraph (4).

Examination centres

11. Centres shall be established at such places as the council may determine.

Registration of additional qualification

12. A candidate who has passed in the examination shall be issued with a certificate of registration of the additional qualification without the payment of a fee: Provided the notice prescribed in regulation 3 (c) has been lodged.

Application of these regulations

13. These regulations shall be applicable to all courses which commence after 31 December 1979.

No R. 277 15 February 1980

THE SOUTH AFRICAN NURSING COUNCIL

REGULATIONS FOR THE PAYMENT OF ALLOWANCES TO MEMBERS OF THE COUNCIL

The Minister of Health, in terms of section 45 (1) and (4) of the Nursing Act, 1978 (Act 50 of 1978), and on the recommendation of the South African Nursing Council, makes the following regulations for the payment of allowances to members of the South African Nursing Council in substitution for the regulations published under Government Notice R. 255 of 14 February 1975, as amended by Notices R. 1861 of 8 October 1976 and R. 1513 of 21 July 1978:

1. A member attending a meeting of the council or of a committee of the council, or otherwise engaged on the business of the Council, may be paid—

(1) a member's allowance of ten rand (R10) for the first calendar day or part of a day and thereafter five rand (R5) for every twelve (12) hours or part thereof, including the time occupied in travelling if an absence from the town of residence of the member is involved;

(2) a subsistence allowance of—

(a) eight rand and seventy-five cents (R8,75) for every six (6) hours or part thereof for the period of actual attendance at a meeting or on the business concerned if such meeting or business takes place in the town of residence of the member; or

(b) eight rand and seventy-five cents (R8,75) for every six (6) hours or part thereof in respect of an absence from the town of residence of the member of less than twenty-four (24) hours which does not involve an overnight stay; or

10 000 back nurses on pay

15/2/90 Star

A petition signed by 10 000 people calling for pay rises for nurses is to be presented to the Minister of Health, Dr L A Munnik, in Cape Town today.

The signatures have been collected over the past three weeks in and around Johannesburg by the Save Our Sick campaign.

hela abasebenzi abangama - 88 bakwa Fattis & Monis efektri imbo. Into ebangele ukuba bagwayimbe kukugxothwa kwabasebenzi o. Bathi unobangela wokugxothwa kwaba basebenzi bahlanu, ade Unions Le union ibe izama ukwenza uphando nothethwa imali ibeyi - R40 ngeveki yaye kusetyenzwe iyure ezisi - 8 ngemini. Umphathi wefektri leyo uthe ezizinto bazifunayo zingaphezu kwamandla yaye ziya kwenza uqushululu efemini.

Abasemagunyeni kumbutho weUnion onamalungu ayi 10 000 (amawaka alishumi) obizwa ngokuba yi (Food and Canning Workers Union) bathi abo bagxothiweyo bebesayinile amaphepha anika iUnion igunya lokuba benze uthethathethwano ngemeko ezibetele ekunokuthi kusetyenzwe phantsi kwazo. Ifektri leyo ilalile oluthethathethwano neUnion. Ifektri ibalula into yokuba omatshini ekusetyenzwa ngabo bathathe indawo yabantu yiyo lento kunyanzeleke ukuba kuphungulwe abasebenzi.

Nangona aba bagxothiweyo ingabantu beBala uninzi lwabo bagwayimbileyo ngamagoduka abantu abamnyama. Nangona bathe bagrogriswa ngokugxothwa babuyele emphandleni aba basebenzi bamnyama bame bemi kwicala lebeBala ababathatha ngokuba bangabantu kwabo. Ngosuku lokugala logwayimbo indoda imele icala losebenzi ezame ukubohlula abeBala kubantu abamnyama xa bebemengaphandle kweFektri. Abasebenzi balile ukwahtulwa, omnye wabo uthe "Silaphà sonke yaye iinjongo zethu zinye."

Ayanda amanani abantu abazibandakanyileyo nabasebenzi kwiveki ephilileyo kubekho abafundi base University nakwano Kolegi abangaphezu kwe - 500. Abafundi bavelu kwezi zikolo U.W.C., Hewat, Peninsula Training College ne Bellville Technical College. Abafundi bathe abasebenzi mabaphinde baqeshwe kungenjalo yonke imveliso yakwa Fattis & Monis ingathengwa.

Umbutho oyi Western Province Traders Association uthe uza kuxelela onke amalungu awo ukuba angayithengi imveliso yaleFektri de bavume uthethwathethwano.

Umbutho oyi South African Council of Sports SACOS ucele onke amalungu awo nazo zonke izikolo ezinonxibelelwano kunye nabo ukuba zixhase abo bagxothiwyo de baphinde bageshwe. Yaye akufuneki bayithenge imveliso yale fektri.

Abafundi base U.C.T. bayenzile eyabo intlanganiso bebona kalisa ubunye nabasebenzi. Bacele ukuba imveliso zakwa Fattis & Monis zingathengwa okanye zingasetyenziswa.

Umbutho oyi Women for Peace Movement ucele ukuba efektri yenzi uphando nothethwathethwano kunye nabasebenzi.

Umbutho walapha eKapa oyi National African Federated Chamber of Commerce ubhalile wakhupha istatement uxhasa abasebenzi abagxothiweyo.

UFattis & Monis uphikele ukuthi akukho ngxabano nakungevani kulefektri. Kodwa ke lowo ungumphati wefem le uthi, ukhathazekile xa kusithiwa imveliso yabo mayingathengwa ngabamNyama njengoko inkxaso enkulu ivelo kwabo bamNyama. Abaphathi bale Fem baqashe abasebenzi abangabanye ukuba basebenze endaweni yabo bagwayimbileyo ukuze kubekho imveliso, kodwa imveliso yehlile

Ngubani uFattis & Monis? UFattis & Monis yiFektri enezimveliso zilandelayo:
Record Self Raising Flour, Record Cake Flour, Record Bread Flour, Record Sifted Flour, Record Unsifted Flour, Record Wheatie Treat Flour; Philadelphia Flour; Koeberg Mille pack Mealie Meal; Fattis & Monis icecream cones, wafers and cake cups; Fattis and Monis Macaroni, spagetti, shells, ribbons, rings, dilatines; Princess macaroni, spagetti, shells, rings, ribbons, dilatines; Checkers, Poto' Gold, Pick 'n Pay macaroni, spagetti, rings, ribbons, shells, dilatines; Wrench Town Bakery, Observatory ; Good Hope Bakery, Elsies River; Ultra Bakery, Somerset West.

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Nurses in SA prescribe The Pill

Star 16/2/80

Specially qualified family planning nurses in South Africa can prescribe contraceptive pills — but they do so under the indirect supervision of doctors.

This was confirmed by Dr E Hammar, chairman of the Johannesburg branch of the Family Planning Association of the Transvaal.

She was commenting on a report that the British Medical Association had criticised a recommendation by the Royal College of Nursing that some nurses should be able to prescribe oral contraceptives.

Dr Hammar said that in South Africa family planning nurses worked under the indirect supervision of doctors.

"A good, well-trained nurse is able to watch out for side effects" she said.

Where some serious side effects occurred, doctors themselves would not have been able to predict them.

QUALIFIED

Family planning nurses were already experienced in providing family planning help and in most cases explained the different methods of contraception.

The nurses who gave this advice were highly qualified and knew which side effects to look out for.

"But the nurses must have lines of contact with a doctor so that the load of responsibility is shared."

Dr B Richard, Johannesburg Medical Officer of Health, said the same method was followed at Johannesburg family planning clinics which are attended by 30 000 women of all races each year.

Nurses either had in-service training or they were certified family planning nurses, and a doctor had to be satisfied with their proficiency.

CAPE TIMES 23/2/80

Warning on nurses salaries

95

Staff Reporter

POOR nursing salaries in the Cape might lead to a deterioration of the province's health services, Dr J T Sonnenberg, PFP Green Point warned the Provincial Council yesterday.

Professor Patricia Harrison head of the department of nursing at the University of Cape Town, had described the increases had "shockingly inadequate", and not commensurate with responsibility involved.

Starting salaries for newly-qualified white, coloured and African nursing sisters were R3 720, R3 180 and R2 370 a year respectively.

"The stage may be reached when the province's hospital services might have to be curtailed."

Figures released by the MEC in charge of hospital services, Mr P J Loubser, had shown disturbing trends. It was of the "utmost importance" that salary increases hoped for in April should be "meaningful and adequate, Dr Sonnenberg said."

DAY POST, February 24, 1980

Hospitals face crisis as black nurses quit

S. Post 24.2.80 (95)

By MANDLA NDLAZI

A CRISIS is looming in provincial hospitals in the Transvaal following resignations of black nursing sisters who are attracted by higher pay in mine hospitals, commerce and industry. Many other nursing sisters are reportedly planning to resign.

Dr Chris van der Heever, superintendent at Baragwanath Hospital, this week said the trend was "disturbing".

He said there had been several resignations among the highly skilled staff in the intensive care units and threatres last year. Another two resigned a few weeks ago but the position was "unlike that in the other hospitals where they have had ward sisters quitting".

Dr van der Heever would not give last year's figures, but confirmed that those who resigned were attracted by more pay in the mine hospitals in particular and in commerce and industry.

Dr van der Heever said increased salaries would discourage these nurses from resigning. He referred **SUNDAY POST** to the South African Nursing Council which negotiates on behalf of the nurses on such matters.

One of the hospital's senior staff members, who did not wish to be named for fear of repercussions, said the question of poor salaries cropped up at almost every monthly staff meeting. She said several of her colleagues were planning to quit.

As soon as there were vacancies in mine hospitals, commerce or industry, the nursing sisters would not hesitate to go. "I'm one of them," she added.

SUNDAY POST has the names of four nursing sisters who resigned from Natalspruit Hospital last year. Dr A F Chemaly, the hospital's superintendent, said he did not wish to talk about resignations "because it is not a new thing".

He said he was aware, however, that three more would soon be quitting for the Wenela mine hospital. A fourth one, he said, had already left also for a mine hospital.

Several nursing sisters in the same hospital said they would resign as soon as there were vacancies in areas that offered more pay.

Dr Chemaly said the hospital had a fixed rate of pay "and we cannot go beyond that".

There are similar complaints from nursing sisters in the Far East Rand Hospital. A number of them said they would quit as soon as they were offered jobs with higher salaries.

The hospital's superintendent, Dr J Jurgens, said: "We are waiting for Senator Horwood's Budget to see whether there'll be salary increases for the staff."

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Nurses' salaries petition to Munnik

(95)

CT 26/2/80.

Staff Reporter

THE Minister of Health, Dr L A P A Munnik, was presented yesterday with a petition signed by 13 000 people calling for an immediate "substantial" increase in qualified nurses' salaries.

One of the campaign organizers, Mrs Elaine Lavin, flew from Johannesburg for a 20-minute discussion with Dr Munnik at his Hendrik Verwoerd Building office yesterday morning, during which she handed over the petition, which was signed by 13 000 members of the public in the Transvaal during the past month.

The petition was started because all official efforts to improve the conditions and salaries of nurses had had "little or no effect", Mrs Lavin said.

Commenting after the interview with Dr Munnik, Mrs Lavin said that, while the minister had been "non-committal" on the issue, he promised to pass on the petition to the relevant authorities.

Neither Dr Munnik nor a spokesman for his office could be contacted for comment yesterday.

DM 26/2/80

Salaries petition

95

Own Correspondent

CAPE TOWN. — The Minister of Health, Dr L A P A Munnik, was presented yesterday with a petition signed by 13 000 people calling for an immediate "substantial" increase in nurses' salaries.

Mrs Elaine Lavin, of Johannesburg, saw Dr Munnik and handed over the petition.

After the meeting she said he had been "non-committal".

FEBRUARY 27 1980

Nurses' pay may rise — no promises

Argus Correspondent

JOHANNESBURG.— Nurses in provincial hospitals may soon be getting salary increases — thanks to the Save Our Sick (SOS) Committee.

The committee was formed last month to demand better pay for nurses. More than 13 000 people have signed a petition sent to the Minister of Health, Dr L A P A Munnik.

Matters came to a head on Monday when Mrs Elaine Lavin, organiser, and a colleague, Mr Guy Drew, met the Minister in Cape Town.

'We went down not knowing what to expect and were very well received,' said Mrs Lavin.

'SYMPATHETIC'

'The Minister was sympathetic — he didn't hurry us.

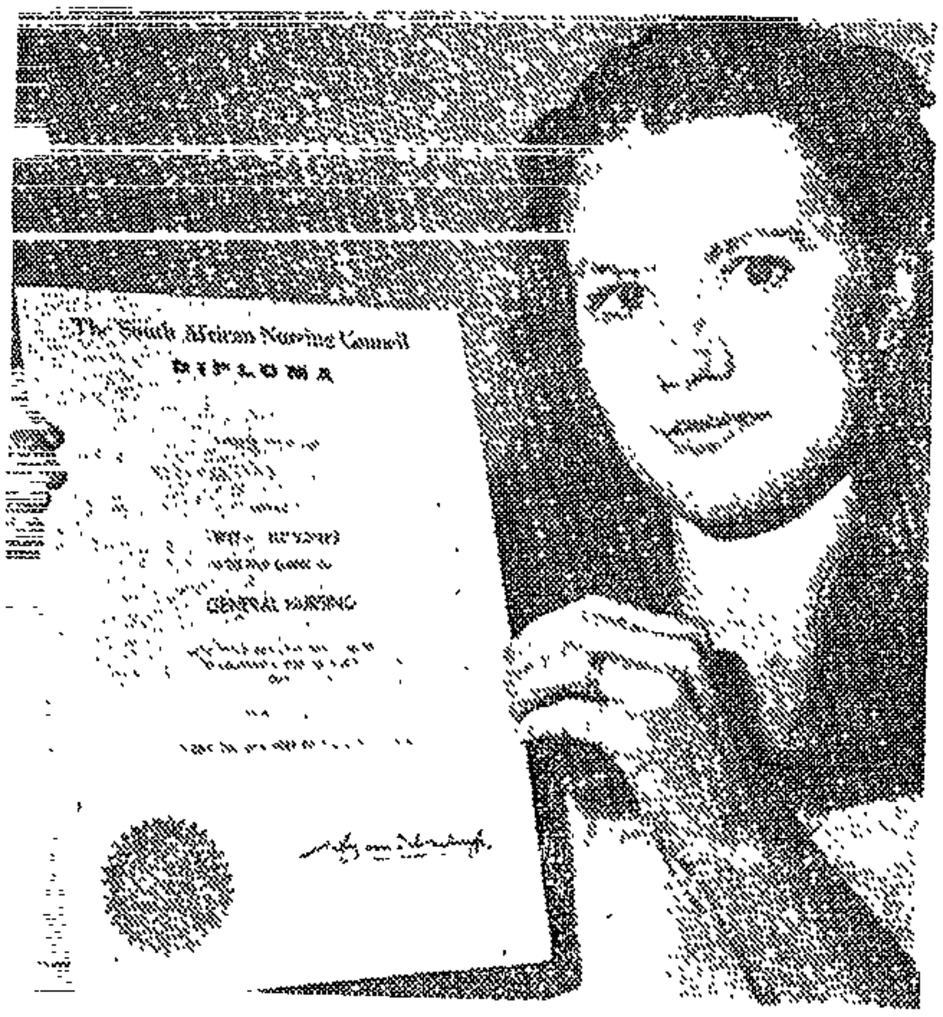
'I have the feeling that he will do something.

'We explained the position in the hospitals. He told us that he realised there was a shortage of nurses because of the poor salaries, but said that he couldn't make any promises at this stage.'

STAR 6/3/80

Higher pay needed says award-winning nurse

95



Top nurse Mrs Michele Shanahan (24), a New Zealander, says South African nurses should be paid higher salaries and should be rewarded for working irregular hours.

Registered nurses should be paid higher salaries and should be rewarded for working irregular hours, says a New Zealand nurse who has won a gold medal for nursing in South Africa.

Mrs Michele Shanahan (24) had almost completed her nursing training in New Zealand before coming to South Africa with her husband, a market researcher.

She studied for 15 months and completed her practical training in Johannesburg. Mrs Shanahan is this year's winner of the SA Nursing Council's gold medal award for the most outstanding final year student.

Asked about the salaries and working conditions of nurses in South Africa she said: "The training here is very good and is equal to that given in New Zealand."

But she added that local nurses should be paid higher salaries and be rewarded for working irregular hours. She had found that the nursing profession in New Zealand was more prestigious than in South Africa.

"Nurses have to be dedicated to accept the long hours they have to work and the pay they get here," she said.

She said nurses in New Zealand used an American system and gave special attention to a limited number of patients. This was called total patient assignment nursing.

"I think this is a good system. The nurse has a great deal of personal contact with the patient. However, the system would be difficult to introduce here as there is a shortage of nurses," she said.

● The Save Our Sick (SOS) committee has sent a petition to the Minister of Health demanding higher salaries for nurses.

City faces crisis over nurses

STAR 8/3/80

(95)

Johannesburg medical services could collapse unless nurses at the Johannesburg Hospital are given immediate and substantial salary increases.

This was the warning given last night by Professor Phillip Tobias, dean of the Medical Faculty of the University of the Witwatersrand.

Professor Tobias told more than 100 nursing graduates at the Johannesburg Hospital that only half the nursing posts at the hospital were filled.

"This poses the severest of challenges to the adequate functioning of the hospital," he said. "Many beds have to remain unfilled; hours are long and nurses are overworked."

There were several reasons for the shortage. One of the most obvious, that had been very much in the public eye, was the salary question.

"Nurses at all levels are not paid salaries commensurate with their training and qualifications, their responsibilities, their life-maintening and life-saving functions.

"It is imperative, if this greatest city in sub-Saharan Africa is not to suffer a collapse of its medical services, that immediate and marked improvements be effected in the salaries of the nursing staff at all levels," he said.

ESSENTIAL

With its gold bonanza South Africa was in a position to recognise that nursing was an essential service that helped to keep society running and to reward nurses proportionately to their value to the community.

Professor Tobias said: "At the moment the nursing profession is a shamefully undervalued commodity in South African society. Small wonder that all except the idealists and dedicated ones turn elsewhere than nursing for professional and job opportunities."

The problem was compounded in Johannesburg, where there was the greatest concentration of private nursing homes of any South African city.

"They are in competition with our hospitals for nursing staff, and general-

DOORS CLOSE FOR HOMELAND NURSES

STUDENT nurses from homelands will no longer be allowed to train in South African hospitals.

Thousands of homeland student nurses who had applied to train in South African hospitals have been turned down because of an agreement between the governments of South Africa and the homelands.

The agreement bars homeland nurses from training in South Africa except in exceptional cases.

Although the agreement was reached in 1976 and came into effect late last year, its impact is only just being felt now.

Baragwanath and other leading black hospitals confirmed this week that they had been given a directive by the Department of Health to stop accepting student nurses from any homeland.

Mrs I van Eden, of the office of the Secretary for the Department of Health, told SUNDAY POST: "Although the agreement is going to affect many nurses, there is still a chance some may gain entrance to the State hospitals if there is space available."

Nurses from the homelands would generally follow only post-registration courses in South Africa. But the possibility of offering basic training courses to nurses in certain circumstances was not excluded, Mrs van Eden said.

The agreement mainly affects students wishing to take up auxiliary nursing or a diploma in nursing.

The Department of Health says training facilities are available in the homelands and it is best to train the nurses at hospitals nearest to their homes.

Dr Chris van der Heever, acting superintendent of Baragwanath Hospital, confirmed the hospital had received a directive from the department regarding the restriction.

He said the directors of hospital services in the four provinces had been informed about the agreement to ensure it was carried out by their training hospitals.

Though the department says hospitals in the homelands have sufficient training facilities for nurses, there are doubts that they could match the services offered in the provincial hospitals.

The department gave examples of hospitals like Umtata, Glen Grey and Holy Cross in Transkei, George Stegman, Jubilee and Morolo in Bophuthatswana, Donald Fraser and Tshilidzini in Venda and Edendale, Nkonjeni and Madadeni in KwaZulu as training institutes.

It is a known fact that these hospitals do not operate on the same standards as Baragwanath, Kalafong, Leratong, King Edward IV, Livingstone and many others in South Africa.

Dr Chris van der Heever

Mrs Yvonne Latimore, left, is one of a group of nurses awarded a certificate in occupational health nursing on Saturday night. Mrs Latimore, who has been an occupational health nurse for six years, completed a part-time six-month course which provides valuable experience but is not recognised by the SA Nursing Council. The course convenor, Mrs Stella Coetzee, right, believes that it should be recognised but both the Council and the SA Association of Nursing under whose auspices the course is run disagree.

Working for health at work

(95) RDM 17/3/80. (131)

JOCELYNE BALESON

THE only part-time course available in South Africa in occupational health nursing is not recognised by the SA Nursing Council — and this is a sore point with the course convenor, Mrs Stella Coetzee.

She believes the six-month course should be registrable with the Council

But both the Council and the South African Association of Nursing, under whose auspices the course is run, disagree

Registrar of the Council, Mr Willem van Schalkwyk, says it is not recognised mainly because the Council did not prescribe the course.

And Miss Ralie du Plessis, executive director of the Nursing Association, agrees because, she says:

It s very worthwhile but it is only a part time continuing education course and is not detailed enough "

Mrs Coetzee, however, believes her course is comprehensive enough to be recognised

At the moment, occupational health is incorporated in a one-year full-time community health course run by the Council but Miss Du Plessis believes that, ideally, there should be a full-time course devoted entirely to occupational nursing

Such a course is under consideration by the Council at the moment

"If it is introduced, the part-time course will probably fall away," said Miss Du Plessis.

About 27 nurses — the second and third groups to have taken the part-time course — were awarded a certificate on Saturday night by the Nursing Association for having passed a three-hour written and one-hour oral examination

Mrs Coetzee said that, on April 30, a national body on occupational health will be formed

She's hoping it will become compulsory in industry to employ a qualified nurse and, if so, the national body will push for salary and leave scales

Mrs Coetzee who is also the first nurse in South Africa to become a member of the International Association of Occupational Health, said "Nurses enter private enterprise because, for one thing, the hours are regular But, at the moment, there are no salary scales and the nurses pay depends on how nurses are classified by the various managements."

Mrs Coetzee, who has been a nurse in industry for 13 years, said it took her three years to realise her value to the management and workers of the company she worked for.

She was in the first group of nurses to take the part time course held in 1976 and says of it: "It was tremendously helpful.

"Our work is very responsible. We can almost be called medical assistants

"Our job entails the application of nursing principles to conserve the health of workers of all occupations. It involves prevention, recognition and treatment of illness and injury and requires skills and knowledge in the field of health education and counselling, family planning, environmental health, rehabilitation and human relations "

The first occupational nurse was employed in South Africa in 1923 but, because no register is kept, there is no record of the number of such nurses in this country today

Doctor calls for new trade union

CT, 25/3/80

(95)

Medical Reporter

A CAPE TOWN doctor has called for a medical trade union for doctors in private practice which would operate outside the Medical Association.

Writing in the latest issue of the South African Medical Journal, the official journal of the association, the doctor says that the body is hampered by "the increasing hostility of full-time (government-employed) doctors".

Quoting a previous correspondent, the doctor said that as the bulk of private patients were now covered by medical aid the medical schemes could be regarded as "employing" doctors who were in private practice.

Such "employees", if they were to negotiate acceptable terms and conditions of employment and remuneration, should be organized into a trade union.

The British Medical Association had been registered as a trade union since 1971 and it was time for South African doctors in private practice to organize a union outside the Medical Association of South Africa, the doctor said.

The major objects of the association did not include negotiation of fee structures. At present about half of the members were in private practice while the rest were in full-time service. Recent correspondence in the journal had suggested that "a degree of confrontation" was developing between the two sectors.

This would make it more difficult for the association to act as proper negotiator on behalf of either section in any "industrial" dispute.

Advantages of a trade union would include the fact that it would fall under a "considerable body of law" governing labour and industrial relationships in general, any hostility it might attract from the media would not spill over onto the association which represented all doctors at ethical, scientific and professional levels, and it could look to organized labour for some explicit support if their immediate cause was supportable.

EXAMINATION RESULTS IN FACULTY
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Nurses' pay in hands of Ministers'

Argus 25/3/80 (95)

Medical Reporter

THE pleas of nurses for a better salary deal are now in the hands of the responsible Ministers', according to the board of the South African Nursing Association (Sana).

Tomorrow is Budget day when the Minister of Finance, Senator Owen Horwood, is expected to announce salary increases for various sectors of the public service, including nurses.

According to the latest issue of the Sana news bulletin nurses have repeatedly been given the assurance that their pay increases would be dealt with in the 1980 budget.

NEGOTIATION

In a statement the board of Sana said there had been continuous negotiation on the matter of salaries.

There had been interviews with the Minister and the Public Service Commission and the matter is now in the hands of the responsible Ministers'.

The board gave the assurance that if the outcome of the negotiations is not as satisfactory as the board would wish, the negotiations will be continued.

UCT

EXAMINATION RESULTS IN FACULTY ARTS

AS AT 29 02 80

PAGE 1

13130 PERFORMERS DIPLOMA IN SPEECH & DRAMA YEAR : 3

STUD NO	SURNAME	FIRST NAMES	COURSE	DESCRIPTION	SYMBOL
1000601	HOGG	HENRY CAMERON	11-317	DRAMA III	APS

* TOTAL NUMBER OF STUDENTS 1

DEAN

REGISTRAR (ACADEMIC)

EXAMINATION RESULTS IN FACULTY ARTS

DIPLOMA IN SPEECH & DRAMA YEAR : 3

AS AT 29 02 80 PAGE 1

STUD NO	SURNAME	FIRST NAMES	COURSE	SYMBOL
100060L	HOGG	HENRY CAMERON	11-317 DRAMA III	4HS

* TOTAL NUMBER OF STUDENTS 1

DEAN

REGISTRAR (ACADEMIC)

13130

Nursing salaries go only 'some way'

STAR 27/3/80

(95)

General improvements in nurses' salaries, including those of sisters and lecturers, have gone some way to meeting dissatisfaction in the profession, says Miss Ralie du Plessis, executive director of the SA Nursing Association.

There are to be general salary increases for nurses, as well as notch for notch adjustments.

In his Budget speech yesterday, Senator Horwood said there would be further improvements in the grades for newly-registered sisters and lecturing staff.

Miss du Plessis said it would be difficult to say how far the improvements would go until the actual scales had been studied.

HELPFUL

She added: "We particularly welcome the fact that the Minister took note of our appeals for improvements, especially for sisters and lecturing staff."

"These improvements, together with adjusted notches and income tax relief for both married and unmarried nurses, will be helpful."

The association appreciated that improvements in nurses' salaries had to be planned in an orderly manner, but it would continue to make representations when necessary.

UCT

Nurses wait for the pay increase details

(95) RDM 27/3/80

By MARILYN ELLIOTT

THE South African Nursing Association has welcomed Senator Owen Horwood's announcement of salary increases for nurses but reserved further comment until new salary scales are known.

In his Budget speech Senator Horwood said that nurses will receive a general salary increase consisting of a "notch for notch adjustment" and that sisters and lecturing staff in the nursing heirarchy would receive additional, benefits. The actual salary adjustments will be announced to interested bodies by the Public Service Commission in about a fortnight.

Yesterday, the executive director of the South African Nursing Association (SANA), Miss Ralie du Plessis, said: "We welcome these salary improvements which will go some way to meeting the dissatisfaction of nurses. It is difficult to know by how much until the SA Nursing Association has seen the actual salary scales.

"We particularly welcome the fact that the Minister took note of our appeal for improvements for sisters and lecturing staff. These improvements, together with adjusted notches and income tax relief for both married and unmarried nurses, will certainly improve their take-home pay.

"We appreciate that these improvements in nurses' salaries must be in a planned and orderly manner and we shall go on making representations as necessary," Miss Du Plessis said.

Professor Shirley Williamson, head of the nursing department at the University of the Witwatersrand said last night: "It seems the Minister has taken careful note of the SA Nursing Association's appeals over the past few years to increase nurses' salaries. While actual increases have not been specified, I do think there has been a genuine attempt to increase the nurse's take-home pay. I welcome the increases for sisters and tutors and hope there will be moves to equalise pay for black, coloured and Indian nurses.

"If the outcome of this general increase is not as promising as hoped for, the SA Nursing Association will go back to the Minister with further representation in an orderly manner," she said.

Another perk for nurses will be Sen Horwood's announcement of a double cheque minus 7% for all public servants for the month in which their birthday occurs.

EXAMINATION RESULTS IN FACULTY ARTS

YEAR : 1

AS AT 29 02 80

PAGE 2

STUD NO	FIRST NAMES	SURNAME	COURSE	DESCRIPTION	SYMBOL			
STU13-9								15016
15016	B.A./LL.B.							
1539828	ANDREA KENNETH		LAT(R) I		F	(39)	1	1539828
1565290	VIVIEN ELIZABETH		11710 1	POLITICAL SCIENCE I	UP	(50)	1	1565290
1535472	VINCENT CHARLES		01410 1	PSYCHOLOGY I	ABS	(28)	7	1535472
			10210 1	AFRIKAANS	F	(44)		
			10710 1	ENGLISH I (PRE-1980)	F			
			04410 1	PSYCHOLOGY I	F	(39)	7	1560388
			10210 1	AFRIKAANS	UP	(50)	1	1579158
			10710 1	ENGLISH I (PRE-1980)	SNX			

REGISTRAR (ACADEMIC)

UCT

STU13-9 EXAMINATION RESULTS IN FACULTY ARTS AS AT 29 02 80 PAGE 3

13010 BACHELOR OF ARTS YEAR : 1 13010

STUD NO	SURNAME	FIRST NAMES	COURSE	DESCRIPTION	SYMBOL			
~~160942M~~	~~FOLLETT~~	~~MARGARET JANE~~	~~103262~~	~~SOCIAL ANTHROPOLOGY I(PRE 13~~	~~(51)~~		~~1~~	~~160942M~~
157568V	FRIEDLANDER	RAE DEVORA	107101	ENGLISH I (PRE-1980)	3NX		1	157568V
~~150296Q~~	~~GARISCH~~	~~SONYA IRENE~~	~~115102~~	~~FRENCH INTENSIVE~~	~~F~~	~~(43)~~	~~1~~	~~150296Q~~
158290E	GARNETT	DIANNE SYBELLE	905101 911101	CHEMISTRY IA CH. 102. MATHEMATICS I M102	ABS ABS		1	158290E
154026V	GEFFEN	BENITA	109102	HEBREW INTENSIVE	F		1	154026V
154362K	GIANNAKAKIS	ASPASIA	115101	FRENCH I	UP	(55)	1	154362K
153981W	GILL	CHRISTEL KAROLA	117101	POLITICAL SCIENCE I	UP	(55)	1	153981W
155173R	GILL	JUDITH MARY	107101	ENGLISH I (PRE-1980)	3NX		1	155173R
159186D	GOSS	JOANNE ATHERSTONE	115101	FRENCH I	UP	(55)	1	159186D
158211U	GREEN	JANET FAY	004101	PSYCHOLOGY I	UP	(60)	1	158211U
153855J	GROSSE	KIRSTIN CHARLOTTE GERDA	106102	ECONOMIC HISTORY 1	ABS		7	153855J
162285X	HALLIER	SUZANNE COLLINGS	106103	ECONOMICS IA	UP	(50)	1	162285X
161662V	HANCOCK	EDWINA ANNE	107101	ENGLISH I (PRE-1980)	3NX		1	161662V
162109F	HARRIS	GWYNETH JULIA MARY	114101 ~~116120~~	RELIGIOUS STUDIES I ~~DRAMA I~~	F ~~UP~~	(49) ~~(50)~~	1	162109F
155641A	HART	TIMOTHY JAMES GRAHAM	004101 107101	PSYCHOLOGY I ENGLISH I (PRE-1980)	2- 3NX	(65)	1	155641A
115954M	HARVEY	MARGARE JOANNE	911101	MATHEMATICS I M102	ABS		1	115954M
159604H	HEESE	SUSAN MARGARET	102101 ~~114101~~	AFRIKAANS ~~RELIGIOUS STUDIES I~~	UP ~~UP~~	(50) ~~(65)~~	1	159604H
161491J	HENECK	TREVOR RONALD	117101	POLITICAL SCIENCE I	F	(48)	1	161491J
~~152126E~~	~~HENSON~~	~~RONALD ALAN~~	~~115101~~	~~FRENCH I~~	~~F~~	~~(37)~~	~~7~~	~~152126E~~
155720L	HOPPEN	UTE	115101	FRENCH I	ABS		1	155720L
~~152889J~~	~~HUDSON~~	~~SALLY~~	~~116120~~	~~DRAMA I~~	~~ABS~~		~~7~~	~~152889J~~
155148P	JEAVES	[illegible]		PSYCHOLOGY I ENGLISH I (PRE-1980) ~~FRENCH I~~	3 3 ~~3~~	(57) (59) ~~(56)~~	1	155148P

UCT

day, March 29, 1980 3

CT 95

Call for complaints to nurses

Medical Reporter

PATIENTS had largely themselves to blame for the lack of communication between themselves and nurses because they did not complain enough about it, according to Miss L R Uys, a senior lecturer in the Department of Nursing Science at the University of the Orange Free State.

Writing in the latest issue of Curationis, the journal of the SA Nursing Association, Miss Uys said that conversation maintaining the social distance between nurses and patients was fairly common. There was also a lack of real systematic health education for the patient.

Therapeutic conversation and thorough briefing of the patient were important, but there was a lack of skill for this task among nurses. Research had shown that patients seldom complained, yet an average of 45 percent received no emotional support when they needed it and up to 85 percent were given no information on their condition.

back in SA to recruit nurses

[illegible]

[illegible] purses [illegible] pockets [illegible]

[illegible] Recruiting [illegible] incorporated [illegible] enthusiastic nurses, who will leave for the US in June.

This time the firm wants to select [illegible] to [illegible] the US in [illegible] report [illegible]

[illegible] Jean [illegible] (RRNI) [illegible] leaders, [illegible] president of SANA [illegible] has hitherto [illegible] talks with the RRNI last year, claimed the agency had not properly informed nurses of their conditions of service.

Yesterday, Mr Chester Cards, a director RRNI, denied [illegible] out to exploit our trained SA nurses.

"We could not come here to poach either SA nurses or our doctors, some of the criticism which has been levelled at us is absolutely ridiculous," he said.

Before the nurses can be registered in the US they have to write an examination with the [illegible] of graduates of [illegible] schools of [illegible] they [illegible]

[illegible] left the nurses [illegible]

[illegible] nurses [illegible] Vaan [illegible] and [illegible]

[illegible] modern [illegible] nursing [illegible] SA [illegible] to the US [illegible]

[illegible] and [illegible] local [illegible]

[illegible] Homecare [illegible] have been [illegible] to complete the required number of nursing home [illegible] per [illegible] to pack [illegible]

[illegible] Jane [illegible] checked [illegible] couple checked [illegible] the [illegible] know [illegible] where [illegible] said.

RRNI will be in Johannesburg until Wednesday when they leave for a short visit to Cape Town.

Last night, Prof Searle [illegible] she was surprised RRNI had [illegible] to recruit 100 nurses on their first trip.

"We don't want to stop South African nurses from getting overseas experience. At the same time we want our nurses to know that they will not be going to America in the capacity they believe.

"Most US-registered nurses get a salary averaging about R13 000 a year. This agency is starting the nurses off at R9 000. Why can't SA nurses get R13 000? They should be able to go there in their full professional capacity."

Nurses to get massive pay rise

Staff Reporter

THE Minister of Health, Dr L A P A Munnik, said last night it would be safe to assume that South African nurses would soon receive between 17 and 19 percent increases in their salaries.

Dr Munnik was commenting on a report which was published in an Eastern Province afternoon newspaper.

"I do not know where they (the newspapers) got their information from but it would be safe to assume the nurses' salary increases will be between 17 and 19 percent," he said.

The newspaper said that white student nurses would receive 13 percent, coloured nurses 17 percent, and black nurses more than 19 percent.

White nursing sisters would receive 18,2 percent, coloured nursing sisters 21 percent, and 34 percent for black nursing sisters.

(b) Manual lab ly from week to week.

(d) All the pl :hampton has been owned for)0 is the year's depreciation (s ıe financial accounts. If the Hul ss plant will be required, ems will be hired out for the ye at a rental of £750. Interest i ındum entry, at 5% of original c ecords.

(f) Office and ımount to about £1,800 eve

Required:

A revised budget (if you t called for), adhering as far as possible to the used for the data above, showing which job you (as , with short notes explaining your guiding pr alculations. Both jobs would last 12 months; no ıg done or are likely to be offered.

Will the nurses be happy?

STAR 18/4/80

(95)

Nurses would welcome a salary increase of between 17 and 19 percent, but only time would tell if they would be satisfied with the state house pay acting superintendent of Pongwaqwa Hospital, Dr Chris van den Heever, said today.

He was commenting on a statement last night by the Minister of Health, Dr L A P A Munnik that it would be safe to assume that nurses would soon receive increases of between 17 and 19 percent.

Administration departments at hospitals are preparing to implement the improved salary scales.

Nurses will study the scales to establish how they have been adjusted for each individual.

Commenting on the Minister's statement, Professor Charlotte Searle, president of the SA Nursing Association, said:

"I am not saying I am happy about the salary announcement and I am not saying I am unhappy.

"Our association is still looking into the matter. We are meeting representatives of the Department of Health, Welfare and Pensions on Monday."

She said she did not want to comment at this stage as it could jeopardise negotiations.

17-19 pc pay rise for nurses

(95)

B/4/80 Argus

Medical Reporter

NURSES will probably soon receive salary increases of between 17 and 19 percent, but the South African Nursing Association (Sana) will wait for details before jumping for joy.

Sana has campaigned for increases for more than a year, spurred on by disappointing rises in May last year which averaged between four and 10 percent.

Professor Paddy Harrison, vice-president of Sana, said in Cape Town today that the association had received no official reports of increases.

She said the percentages quoted by the Minister sounded 'generally satisfactory,' but it was difficult to comment because it was not known how the figure would be distributed among the different categories of nurses.

NEW SCALES

'Until we have details of the new scales we cannot say whether the increases will be adequate in competition with commercial salaries,' she said.

Sana had specially requested provision for closing the salary gap between white and black nurses, and the increases would not be satisfactory if this had not been done.

Miss Ralie du Plessis, secretary of Sana in Pretoria, said she did not know where Dr Munnik had obtained his information. 'We have heard nothing,' she said.

Miss du Plessis said she had been informed that Sana would receive the new salary scales on Monday.

The authorities today remained silent on the issue.

NURSES WILL RECEIVE 12,5 PC SALARY BOOST

Medical Reporter

THE salaries of South Africa's white nurses are to rise by an average of 12,5 percent — one of the highest increases yet for the profession — according to a report in an Afrikaans morning newspaper.

As yet the South African Nursing Association (Sana) has received no official information regarding the increases.

A SANA spokesman told Weekend Argus the new scales would be received on Monday, and the association would release a statement after studying the increases.

The Afrikaans newspaper today published detailed scales of the increases for white nurses, which were 'leaked' to the paper.

Dr W I Steyn, secretary of the Public Service Commission, was today not available to confirm the scales, which were published as follows (the first figure indicates the present scale and the figure in brackets the new scale):

● Matrons, senior male nurses and senior sisters: R5 160 (R5 970); R5 370 (R6 195); R5 580 (R6 420); R5 750 (R6 750); R6 000 (R7 080); R6 300 (R7 410); R6 600 (R7 740); R6 900 (R8 070); R7 200 (R8 400); R7 500 (R8 850); R7 800 (R9 300); and R8 220 (R9 300).

● Sisters: R3 720 (R4 395); R3 900 (R 620); R4 110 (R4 845); R4 320 (R5 070); R4 530 (R5 295); R4 740 (R5 520); R4 950 (R5 745); R5 160 (R5 970); R5 370 (R6 195); R5 580 (R6 420); R5 790 (R6 750); R6 000 (R7 080); R6 300 (R7 410); R6 600 (R7 410).

● Midwives and staff nurses: R2 640 (R3 000); R2 820 (R3 195); R3 000 (R3 390); R3 180 (R3 585); R3 360 (R3 780); R3 540 (R3 975); R3 720 (R4 170); R3 900 (R4 395); R4 110 (R4 620); R4 320 (R4 845); R4 530 (R5 070); R4 740 (R5 295); R4 950 (R5 520):

● Student staff nurses and student midwives (unregistered): R1 962 (R2 070); R2 100 (R2 220); (R2 280) (R2 415); R2 460 (R2 610); R2 640 (R2 805); R2 820 (R3 000); R3 000 (R3 195); R3 180 (R3 390); R3 360 (R3 585).

● Student nurses: R2 460 (R2 610); R2 640 (R2 805); R2 820 (R3 000); R3 000 (R3 195); R3 180 (R3 390); R3 360 (R3 585).

Newly qualified sisters, whose starting salary is R310 a month, will receive an extra R56 a month.

No information on the new scales for coloured and black nurses has yet been released, although there are rumours that their increases might average 25 percent.

STAR 22/4/80 (95)

More nursing pay talks

Executives of the SA Nursing Association are having further talks today with representatives of the Department of Health, Pensions and Welfare about nurses' salaries and other matters.

The Minister of Health, Dr Munnik, has confirmed that it would be safe to assume that nurses' salaries were going up between 17 and 19 percent.

The percentage salary increase for coloured and black nurses was higher than that of whites.

The Star learnt today that senior black nursing sisters are receiving an average increase of between 18 and 19 percent and those in more senior positions are to get even bigger increases.

Professor Charlotte Searle, president of the SANA, said today that each nurse's salary would increase in accordance with her experience and years of service.

Secrecy over pay for nurses

(95)

RDM 22/4/80

Staff Reporter

A CLOAK of secrecy has been drawn around the new salary scales for nurses.

Yesterday, Miss Ralie du Plessis, executive director of the South African Nursing Association, said she did not know what the new salary scales were.

"I have not seen them and I'm sure they will not be available to the Press for some time. Nurses will only know what their increases are by about mid-May. They will then receive back-pay from April 1," she said.

Dr H Grove, director of Hospital Services for the Transvaal, said he was not authorised to release the figures.

A spokesman from the Public Service Commission, said the new scales would not be available to the Press

452

Economics

BK/SF

14th December, 1977

Dr P.D. Jonson,
Reserve Bank o
P.O. Box 3947,
G.P.O. Sydney 2
Australia.

Dear Peter,

Perhaps you wil
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Monetary Theory
Johannesburg.
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public seminar
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South Africa fo
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Ve may also be able to
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l depend on the
I can assure you of
days in South Africa

May I wish you a happy Christmas and the very best for the New Year.

Yours sincerely,

BRIAN KANTOR

Nurses salaries go up

Post 13/4/80

95

EXECUTIVES of the SA Nursing Association were to have further talks yesterday with the Department of Health, Pension and Welfare about nurses salaries and other matters.

The Minister of Health, Dr L A P A Munnik, has confirmed that it would be safe to assume that nurses salaries were going up between 17 and 19 percent.

The percentage salary increase for coloured and black nurses was higher than that of whites.

It was learnt yesterday that senior black nursing sisters are receiving an average increase of between 18 and 19 percent and those in more senior positions are to get even bigger increases.

Professor Charlotte Searle, President of the Sana, said yesterday that each nurse's salary would increase in accordance with her experience and years of service.

The salary scales of all nurses have been increased and attention has also been given to salaries paid to newly-registered sisters and nursing tutors.

'Notch' pay increases please nursing board

(95) RDM 24/4/80.

THE BOARD of the South African Nursing Association has praised the "responsible manner in which nurses acted" during the board's negotiations with the authorities for increased salaries.

In a statement to nurses throughout the country, and also released to the Press, the board said pleasing features of the new salary increases were that all categories of personnel would receive notch-for-notch benefits in this round and that a bonus equal to one month's salary (less various pension and tax contributions) would be paid to all nurses.

The board expressed dissatisfaction, however, over the commencing notch of the newly qualified registered nurse.

Although this scale was substantially improved from April 1979 to April, this year the board was "still not satisfied with this scale because it affects all salaries above and below it".

The statement said all negotiations were undertaken in a spirit of mutual understanding within the constraints of the total amount of money available for the salary of all public servants. — Sapa.

Influx control could cause nursing crisis

(95)

STAR
25/4/80
(206)
(204)

By Bob Kennaugh and Langa Skosana

Many Soweto nurses, occupational therapists and others are being forced to return to their homelands because of the stricter application of influx control.

The Star has been told that nurses and paramedics who come from the homelands but were trained in Transvaal hospitals are having difficulty in getting their work permits extended.

Hundreds of nurses, occupational therapists, social workers and others who have been trained at provincial hospitals and have lived in Soweto and elsewhere for some time are unwilling to return to their homelands.

Previously the skilled workers applied for, and were granted, work permits to remain in urban areas.

RETURN

Nurses have been told that if they wish to continue to work in urban areas they will have to return to their homelands and reapply.

Baragwanath Hospital, for example, receives about 20 000 applications from students who want to train as nurses. Most of the applicants, including some of the best students, come from the homelands.

A problem that is aggravating the situation is that experienced nurses and paramedics are leaving the provincial services for better-paid jobs in the private sector.

SURPLUS

Although there is a surplus of black nurses in urban areas, medical men fear that Baragwanath, Natalspruit, Leratong and Tembisa hospitals will be hard hit in the future.

Johannesburg General Hospital will soon be opening its wards to black patients and there will be a demand for black medical workers.

Spokesmen for the West Rand Administration Board and the Department of Co-operation and Development said they could not comment on the influx control problem.

They referred The Star to the Department of Health, Welfare and Pensions, but spokesmen on [illegible] were not available for comment.

THE ARGUS, THURSDAY MAY 1 1980

Nurses threaten to quit

ARGUS 1/5/80 (95)

Medical Reporter

CAPE TOWN'S coloured nurses are threatening a mass resignation following disappointment at the increases which were paid out yesterday.

The South African Nursing Association (Sana) had promised coloured and black nurses a 'closing of the gap' between their salaries and those of their white colleagues, but this has not materialised in the new pay scales.

Since payday yesterday black nurses at at least three Cape Town provincial hospitals have held meetings demanding 'equal pay for equal work'.

A nurse at the Peninsula Maternity Hospital said her colleagues held a meeting yesterday with the principal medical superintendent of Groote Schuur Hospital, Dr H Reeve-Sanders, and the chief matron of the hospital

'We are disgusted and the time has come for action,' she said.

'As an example, one black sister with 14 years' experience takes home R330 a month.

'The increases were about R20 on average, and after extra tax and pension is deducted, the difference is barely noticeable.'

She said the nurses had demanded a confrontation with Professor Charlotte Searle, president of Sana, who appeared 'not to care about coloured nurses.'

She said Professor Searle, interviewed on television, had expressed satisfaction with the increases.

She said similar meetings would be held today at Somerset Hospital, Mouille Point, and at Groote Schuur.

RAILOON MISS N
SANDERS R W 4055 161 2
4060 290 3

Nurses' salaries not yet adjusted

STAR 1/5/80

(95)

(Salary increases ranging from R90 a month more for matrons to R9 a month more for pupil nurses have not yet been received by Johannesburg Hospital nurses in their latest pay packets.

Because of the huge administrative task of correlating information about hundreds of nurses at large Transvaal hospitals salary adjustments are not expected to be made for a month or two.

Salary increases of about 17 to 19 percent for white nurses and even bigger increases for black, coloured and Indian nurses will be paid retrospectively from April 1.

Increases for non-white nurses are expected to be about 3 percent higher than those of white nurses.

Some coloured nurses in the Cape are dissatisfied with their increases, but hospital and nursing spokesmen in the Transvaal said that each year the wage gap was closing and that black, Indian and coloured nurses should be happy with their increases.

Nurses are to get a notch for notch increase. Account will also be taken of their qualifications and experience when making pay adjustments.

"Whether nurses are happy will depend on the pay they take home," a Transvaal hospital official said. "Some will be satisfied and others will be bitterly disappointed."

The Star has been told authoritatively that top salaries for matrons, chief school nurses, principal male nurses and senior sisters are going up from R8 220 to R9 300 a year.

Other top salaries include the pay of sisters and male nurses is increasing from R6 600 to R7 410 a year.

APRIL 120 121 12 12 12 12 12 12 12 12 12 12 12 13 13 13 13 13 13 13 13 13 13 13 14 14 14 14 14 14 14 14 14 14 14 15 15 15 15 15 15 15 15 15 15 15

Nurses threaten mass walk-out

(95) RDM 2/5/80

CAPE TOWN. — Disappointed coloured nurses in Cape Town have threatened a mass resignation over the low increases they received yesterday, when new salary scales came into effect.

The South African Nursing Association (Sana) had promised coloured and black nurses it would close the salary gap, but this had not materialised, nurses said yesterday.

Yesterday black and coloured nurses at three Cape Town provincial hospitals held meetings demanding "equal pay for equal work".

A nurse from the Peninsula Maternity Hospital said her colleagues had a meeting yesterday with the principal medical superintendent of Groote Schuur Hospital, Dr H Reeve-Sanders, and the chief matron of the hospital.

She said the increases were about R20 on average, and after extra tax and pension had been deducted, the difference was barely noticeable.

The nurses had demanded a face-to-face meeting with Prof Charlotte Searle, president of Sana, who had expressed satisfaction with the increases in a television interview.

"If we do not have a confrontation with her, we will organise a mass resignation," said the nurses.

A spokesman for Sana said yesterday that the new salary scales would not be released to the Press. — Sapa.

UNIVERSITY OF CAPE TOWN
EXAMINATION ANSWER BOOK

EVERY CANDIDATE MUST enter in column (1) the number of each question answered (in the order in which it has been answered); leave columns (2) and (3) blank.

Internal	External
(2)	(3)

Marius pledge on pay gap in hospitals

RDM 3/5/80

~~75~~ 95 ~~57~~

Political Staff

CAPE TOWN. — Racial discrimination in hospital pay — even in the world-famous heart unit at Groote Schuur Hospital — is one of the reasons why Professor Marius Barnard decided to enter politics.

In an interview yesterday, after the official announcement by the Progressive Federal Party that he would be its candidate in the Parktown by-election — to succeed the former MP, Dr Zac de Beer, Prof Barnard said he hoped to intensify the fight against racial discrimination in Parliament.

He said his decision to enter active politics had been welcomed by a wide spectrum of people, including a number of Nationalists.

Talking about the Groote Schuur heart unit, Prof Barnard said it had some of the finest nurses anywhere. They worked hard, with long hours.

"All these girls speak Afrikaans like me. As an Afrikaner, I identify with them.

"But when they walk out of the unit, the white girls get paid a different salary from the black girls.

"One of the things I will really work at if I get to Parliament is to try to get this wrong corrected.

"I have seen that people in high authority have stated that hurtful discrimnation will be eliminated, but what is this? This is the very essence of hurtful discrimination.

"What is the problem about eliminating this sort of discrimination?

"As far as I am concerned, it is wrong for all jobs. The salaries of senior doctors have been equalised but not those of junior doctors.

"It is simply wrong that people get paid different salaries purely because of the colour of their skin."

He said he was opposed to all forms of racial discrimination, which he believed was the source of South Africa's problems.

He had also decided to enter politics because of the role the PFP was playing on the political scene. By focusing on issues, instead of side-issues, the party was giving a lead to South Africa.

"One of the greatest dangers in South Africa today is for whites to ignore black opinion," Prof Barnard said.

"You should just ask black people what they think about Mr P W Botha's government, and they'll tell you in no uncertain terms."

He said he was a great believer in consensus, with people getting together to resolve their problems and to work out their future together. There was no future if whites took the decisions and then expected blacks to accept them.

Prof Barnard said a potential split in the National Party was "irrelevant. It has no meaning. What is important is whether they will take racial discrimination out of their policy."

If he was given the opportunity in Parliament, he said, he also wanted to concentrate on black youth — "because that is where the destiny of this country is going to be decided".

"One would like to make an attempt to meet them and listen to them and when in Parliament, guard for their future and security.

"And in the process one can pray that if it is possible, one will gain their trust.

"If I go to Parliament I will keep to the issues and not play around with little things. We must focus on issues — there is so little time left."

Prof Barnard said he had received "a fair amount" of response from black people to his decision to enter politics. The telegrams and phone calls were "all positive".

Prof Barnard, 52, has two daughters and a son who attends Stellenbosch University. He has three grandchildren.

He leaves at the weekend for a four-week trip to Poland, where he will lead a heart surgery team. On his return he will set up practice in Parktown.

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Nurses' fury over pay scale concept

By MARILYN ELLIOTT

NURSES in Johannesburg [illegible] the [illegible] and the Government [illegible] what to [illegible] of the [illegible] in the Cape Town [illegible] the [illegible]

[illegible] their rewards scale in the newspapers.

Asked yesterday for more details of the increases, Professor Charlotte Searle, president of South African Nursing Association, said: "We have promised the Government not to release this information to the Press [illegible] further negotiations.

"[illegible] can find out for ourselves. I [illegible] the [illegible] the [illegible] for us there is a private staff [illegible] between the employers and the Government.

However, angry nurses interviewed this week said information about their salaries appeared to be blocked at every level.

One nursing sister at the Johannesburg Hospital said: "When I asked for details of my new salary, I was actually told this information was confidential.

Other nurses said there seemed to be a mutual "backslapping session" going on between nursing bodies and the Government.

○ The "Mail" will publish details of increases for other nursing staff tomorrow.

[illegible]

STAR 5/5/80 (85)

Jo'burg nurses reasonably happy with increases

White Johannesburg nurses are reasonably satisfied with salary increases of about 17 percent but are hoping for further increases in future.

Nurses have been told what their take home pay will be but will not receive the increases for a month or two. Salary increases will be paid retrospectively from April 1.

Said a nurse at the Johannesburg Hospital: "Sisters are getting a 17 percent pay increase but part-time nurses are receiving a disappointing 7 percent salary increase.

STILL SHORT

"The increases are not sufficient to keep pace with the rise in the cost of living — they are just enough to keep us quiet."

Nurses said the hospital was still short staffed and nurses were working a 60-hour week. Some were working up to 60 hours overtime a week.

"The increases are not big enough to coax young women to want to become student nurses," said another.

The increases range from R90 a month more for matrons to R9 a month for pupil nurses.

Because of the huge administrative task of correlating information about thousands of nurses at large Transvaal hospitals salary adjustments will not be made for a month or two.

Increases for nurses other than whites are expected to be about 3 percent higher than those of whites.

AD 7/5/80

Doctors protest against detention

95

JOHANNESBURG — More than 150 doctors and nurses gathered yesterday at Coronation Hospital near here to protest against the detention of Dr Yusuf Variava, a senior member of the hospital staff and an official of the Azanian People's Organisation.

Dr Variava was detained by Security Police last Friday. It is not known under which law he is being held.

Yesterday more than 150 staff members gathered on a lawn outside one of the dining rooms where they sang hymns, prayed and chanted: "We want Joe (Dr Variava). We want justice".

After an hour they were addressed by a matron who asked them to return to work, saying that was what Dr Variava would have done had he been in their position.

After moving once around the hospital, the gathering dispersed.

One sister said they had made sure all the wards had sufficient staff before proceeding with the "extended prayer meeting" and none of the services had been disrupted.

Last Thursday Dr Variava shared a platform with Bishop Desmond Tutu, General-Secretary of the South African Council of Churches, at a gathering in Lenasia. — SAPA

09/05/80 ARGUS

Nurses air bitter complaints

(95)

Medical Reporter

NURSING sisters at Groote Schuur Hospital have declared that they are weary of being used as cheap labour and have appealed to the public to help put pressure on the authorities in their fight for better salaries.

In a letter to The Argus a representative of the sisters said they had decided to express publicly their dissillusionment and bitterness about the recent salary increases which were 'good as a percentage increase, but basic salaries are still very inadequate.'

One of the main complaints was that the 'wage gaps' between the scales for nurses of different races had not been narrowed.

The representative — who said she faced dismissal and being struck off the Nursing Council register if her identity was disclosed — said the dissatisfaction in the nursing ranks would affect the public. 'The less staff hospitals have, the more patient care deteriorates.'

STAFF SHORTAGE

She said staff shortages were increasing steadily — more than 80 percent of Groote Schuur Hospital's latest group of final student nurses had resigned.

The nurses have listed their main points of concern. These include:

- Salary discrimination on a racial basis must be removed. Equal work and qualifications should earn equal pay.
- To boost inadequate salaries staff consider taking evening or part-time work, but face dismissal from the Cape Provincial Administration if found out.
- Nurses are professional people. Salary adjustments should be considered as a separate entity from general public service increases.
- Annual notch salary increases are pitiful. Totally inadequate increases (R15 a month) are given for additional qualifications such as paediatrics or intensive care. These courses involve at least a year's hard work and study.
- Staff working shifts, weekends, overtime and night duty should be adequately paid.
- Male nurses should not receive higher salaries than female staff of similar rank.

NO MERIT AWARD

- If staff are overpaid the Provincial Administration deducts excess without the consent of staff from subsequent salaries.
- There is no merit award system for nursing staff — whether good, indifferent or bad they receive the same salary.
- Staff wait up to three months for overtime pay.
- A doctor's certificate is required if even one day's sick leave is taken.
- No recognition is given to nursing experience gained outside the provincial service — this affects a sister's salary scale.

The list also includes complaints about State housing allowances, conditions of leave, resignation and retirement age.

Defaulting nurses could be charged

STAR 13/5/80

95

Pretoria Bureau

Nursing nurses who have not paid their current annual subscriptions are practising illegally and may be prosecuted in terms of the Nursing Act, says the executive director of the South African Nursing Association, Miss Rallie du Plessis.

Miss du Plessis said there were thousands of nurses who had not paid their subscriptions, because they had failed to notify the association of change of address. Subscriptions fell due on April 1

Miss du Plessis said that nurses who had not paid their subscriptions had been given an extension until the end of next month, failing which action may be taken against them

They must also realise that failure to pay their subscriptions meant that their insurance covers would lapse.

According to the current issue of the association's official newspaper, Nursing News, the association received 10 475 letters during March from nurses advising a change of address, change of name or change of category.

HOSPITAL

al chief considers

MULTIRACIAL

acial nursing staff

STAFF BEHIND HIM IF BLACK NURSES RECOMMENDED

By ANGELA HAMMERSLEY

THE Chief Medical Superintendent of the Johannesburg Hospital is making up his mind whether or not to push for integrated staff as the only way to beat the shortage of nurses.

Nurses interviewed there this week will back him on integration, and patients said in a recent Sunday Express survey they would prefer integration to being short of staff.

The superintendent, Dr Neville Howes, said this week: "It is an aspect that I am thinking about at the moment. I am doing my own investigation."

Dr Howes said he would decide, once he had completed the investigation, whether or not to recommend integration to the provincial authorities.

The Sunday Express has established that several wards were unused because of the staff shortage.

The problem has led to a shortage of beds and staff in casualties, one of the main causes of delays in that department.

Meanwhile, nurses working at the R156-million hospital said that opening nursing posts to all races would definitely ease the problem.

But, they said, it would not be properly and permanently solved until nurses' salaries were made more attractive Proposed increases were not attractive enough.

A recent survey undertaken by the Sunday Express among patients, with the permission of Dr Howes, showed the majority would prefer nursing posts to be opened to all races — if it meant more nurses.

The nurses who gave us their opinions cannot be named because the hospital's policy is that Press comment may only be given by the chief superintendent — but here are some of their opinions:

● "I definitely think it would help to allow Black nurses to work here," said a young nurse. "I wouldn't have any personal prejudices against them. We already have what we call "pink caps" who are Black nursing aides, and they do a great job and don't cause any hassles."

On salaries, she said: "We haven't had our increases yet, so I can't say how much difference it will make in my life, but the 17% proposal doesn't sound much.

"It certainly isn't sufficient to make nursing attractive."

● "Yes, it would obviously help to allow all races to nurse in the hospital," a middle-aged nursing sister told me.

"But I don't know how they would implement it. It would become a political issue and there are patients who wouldn't like it. Let's face it, the Blacks have such different traditions and ways of going about things — even in nursing."

Her opinion about nurses' salaries: "I have always felt that the salaries are okay if you live in at the hospital, but if you want to live out you just can't manage

"Young women keen on nursing seem to look for alternatives before they become nurses," she said, "and it's because of the poor salaries.

"You have to be really dedicated."

● A nurse in her thirties: "I've always been fairly conservative, I suppose, and rather than open the hospital to all races I think it would be a better idea to make army conscientious objectors work here.

"I feel this would be so much more useful than wasting time in detention barracks.

"But obviously, if posts were opened to all races the shortage would be eased."

On salaries she said: "The increases will stop nurses screaming for a while — but it will be a short while. Only the girls looking for a vocation and prepared to dedicate themselves are prepared to work for these salaries now.

"And it's such a pity — it's a very specialised and highly responsible job."

● A nurse in her late twenties: "I worked with all races in England and can't see why all races can't nurse in the same place here. But because I'm English I don't feel qualified to comment on the situation here.

"More should be done about salaries," she said. "Let's make nursing attractive and then we won't have staff shortages."

● A nurse in her twenties said: "I think it's very unfair that Black nurses can't nurse here. They're every bit as good as us and there's really no reason for us to have a staff shortage if you think about it.

"If they do open the doors to all races they must give them the same salaries, though. If they don't it will cause discontent not only among the Blacks but the Whites too.

"The Blacks will be unhappy because they won't be earning the same for the same job and the Whites will feel uncomfortable about it."

● Another young nurse: "Well, it'll cause problems if they let Blacks nurse here. I know someone who was complaining the other day about private nursing homes becoming multiracial. There are bound to be those who are prejudiced — but I wouldn't mind a bit.

"I know some nurses who say they'd be scared of losing their jobs if there was integration. They're scared that the hospital will suddenly be inundated with Black nurses — that they'll probably try to pay less — and that White nurses will become unnecessary and expensive.

"But I don't think that argument holds any water. If there's a shortage it's not likely that we're suddenly going to be flooded out.

On salaries, she said: "Sometimes I stop and ask myself just why I'm doing this. I see my friends having their own cars and renting their own flats and there's no ways I can do those things. The salaries are all right if you stay in the nurses' residence, but that's not much of a life.

"I'm only here because I enjoy it," she said, "but there aren't many nurses who think like me these days.

"Attitudes are changing and people not only want to be mentally and emotionally rewarded by their work — they want financial rewards too."

STAR 13/5/80 (95) ~~98~~

Ward colour bar down

Own Correspondent

DURBAN — Black nurses are allowed to treat white patients at Natal's provincial hospitals in cases where there is no white nursing staff available, Mr Frank Martin, MEC in charge of hospitals, said today.

Answering a question from Mr Joe Ash (NRP MPC for Durban Point) in the Provincial Council, Mr Martin said it had always been the policy of the province that, wherever possible, nurses should treat patients of their own race group.

This was in the interests of the people concerned, taking into regard one's religious beliefs and eating habits.

But where this is not possible, the hospitals are forced to allow nurses who are suitably qualified to treat the patient — irrespective of race.

The same policy was also applicable to medical staff.

Mr Martin said there were at present three black professors at the medical college in Durban.

"The patient has a choice. If the top man is a black, the patient could choose him. If he wants second best, it is solely his choice," he said.

EXAM-LONGMARK

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Tough US rules for SA nurses

95

CAPE TOWN. — Tougher conditions have been set for South African graduate nurses who wish to work in the United States — they now have to write a special examination before being accepted

Set by the Commission on Graduates of Foreign Nursing Schools (CGFNS), the examination tests nursing skills and proficiency in English.

The idea of the test is to raise the standard of foreign nurses wishing to work in the US.

"The CGFNS examination, which determines foreign nurses' ability to pass the State licensing examination before they come to the US, helps protect those nurses who are not prepared for practice in this country against relocation costs, disappointment and possible exploitation," a statement issued by The US Information Service said yesterday.

"At the same time, it ensures the American consumer is protected."

Before the introduction of the CGFNS examination, only 20% of foreign nurses seeking work passed state licensing examinations after arriving in the US.

With the CGFNS examination, which became compulsory on May 15, 80% of nurses passed the state examinations.

The new rule applies to all foreign nursing graduates, excepting those who have obtained unrestricted licences to practice in the state they wish to work in.

The CGFNS examination will be held in Johannesburg on October 1 and the closing date for applicants is July 14.

Further details are obtainable from the American Cultural Centre.

Nurses' salary scales secret, PFP is told

(95) RDM 22/5/80

By AMEEN AKHALWAYA
Political Reporter

THE Administrator of the Transvaal, Mr Willem Cruywagen, yesterday slapped the "strictly confidential" stamp on public disclosures of salary scales for nurses employed by the province.

He offered to make the scales available only if the leader of the Opposition Progressive Federal Party gave an undertaking that it would treat them as "strictly confidential".

But the PFP leader in the Transvaal Provincial Council, Mr Douglas Gibson, rejected the offer, and described the Provincial Executive's attitude over a matter of public interest as shocking

Mr Cruywagen's offer to the Opposition was in response to a written question by Mr Sam Moss, PFP spokesman on hospitals.

Mr Moss had asked for the new salary scales, and the percentage increase in each notch.

Speaking in the Budget debate, Mr Gibson challenged the MEC in charge of hospital services, Mr Kalie de Haas, to announce with "pride or shame" the new increases

He accused Mr De Haas of abusing his powers, saying MPCs were fully entitled to get figures and discuss them with the nursing profession, newspapers or anyone else.

The PFP leader also said the public did not know details of teachers' salary increases, nor what the new scales were

"Why are (the executive) so sensitive about publishing figures? If the increases are good, they can attract more people to the profession," he said.

Mr David Brink, MEC in charge of education, interjected. "Are you speaking on behalf of teachers?"

Mr Gibson replied that he was speaking as leader of the Opposition, and added: "The Opposition will speak whenever it can on behalf of people who feel they are getting a raw deal."

The PFP leader also attacked the tendency which had "crept in over the past few years in . . . which the Provincial Council is treated as being a body of no consequence".

He warned that if the tendency continued, even Nationalists MPCs would agree that provincial councils were serving less and less purpose.

He said the time had arrived either for the disappearance of provincial councils, or their reconstruction as meaningful bodies with defined powers, obligations and privileges.

STAR 22/5/80 (95)

Nurses' pay 'confidential'

Political Staff

The Transvaal Administrator, Mr Willem Cruywagen, has refused to publicly reveal new salary scales for nurses to Provincial Council members.

Replying to a question about the new salary scales, Mr Cruywagen said: "As salary scales are strictly confidential they can only be made available if the Leader of the Opposition gives the undertaking that the Opposition will treat the matter accordingly."

287 nurses quit

Pretoria Bureau

Nearly half the 534 staff resignations at the Johannesburg Hospital during the first four months of this year were from nurses.

The Administrator of the Transvaal, Mr Willem Cruywagen, in answering a question by Mrs I Menell (PFP, Houghton) in the Provincial Council yesterday said 287 nurses had resigned.

Thirty-five doctors, 71 paramedics — including two blacks — 12 technicians, 59 general division and 60 administrative staff members also ended their contracts.

Answering a question on the number of people employed by the administration at the end of last year, Mr Cruywagen tabled statistics showing there were 113 193, of which 58 695 were white, 53 921 black, 349 coloured and 279 Indian.

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Government warned: Pay nurses more

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STAR 27/5/80

Political Staff

THE ASSEMBLY — Resignations from the nursing profession were continuing in spite of recent salary increases and there had been talk of strike action, the Assembly was told yesterday.

Opposition speakers warned the Government that a crisis was threatening in the medical and health services.

Mr Nigel Wood (NRP Berea) said that despite recent increases nurses' salaries were still not nearly adequate enough for the responsibilities they carried or the type of skilled work they did.

They deserved at the very least salaries that compared favourably with those paid by commerce and industry.

DEDICATION

"The hard work, difficult hours and dedication they show do not pay their bills," Mr Wood said.

He suggested a qualified nurse should be paid at least R500 a month or R3 an hour.

Mr Horace van Rensburg (PFP Bryanston) said resignations from the nursing profession were increasing and fewer people were applying to enter the profession.

Replying, the Minister of Health, Dr Munnik, said not all the nurses who were leaving the profession were doing so because of salaries.

The nurses' request for higher salaries would be put to the Minister concerned.

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Only white nurses for whites

Star 27/5/80 (95)

Pretoria Bureau

The new Johannesburg Hospital will adhere to the principle of allowing only white nurses to attend to white patients despite a recent report stating the hospital was reconsidering this.

The report stated that the superintendent, Dr Neville Howes, was considering whether to push for integrated staff to overcome the nursing shortage.

But Dr Howes has said that the report gave a slanted version of what he had said, Mr Kalie de Haas, Transvaal MEC in charge of hospital services said today.

Mr de Haas said that only the Administrator-in-executive could make such a decision on policy.

Nurses 'talking of strike action' over poor pay

Argus 27/5/80

95

Parliamentary Staff

RESIGNATIONS from the nursing profession were continuing in spite of recent salary increases and there was talk of strike action, the Assembly was told yesterday.

Opposition speakers warned the Government that a crisis was threatening in medical and health services in South Africa.

Mr Nigel Wood (NRP, Berea) said that in spite of recent increases, nurses' salaries were still not near to being adequate for the responsibilities they carried or the type of skilled work they did.

They deserved 'at the very least' salaries that compared favourably with those paid by commerce and industry.

'The hard work, difficult hours and dedication they show do not pay their bills,' Mr Wood said.

He suggested that a qualified nurse should be paid at least R500 a month or R3 an hour.

Mr H E J van Rensburg (PFP, Bryanston) said

Dr L A P A Munnik

resignations from the nursing profession were increasing and fewer people were applying to enter the profession.

Nurses were talking of striking and of forming a new association because of their dissatisfaction over pay increases.

Mr van Rensburg said he had been told nurses were dissatisfied with the SA Nursing Association.

A serious aspect of the crisis in South Africa's health and medical services was that the people in supplementary health services, including occupational therapists, physiotherapists and nurses, were underpaid.

An occupational therapist with a three-year diploma, for example, was not paid much more than a junior typist. And blacks received salaries that were only about one half of the salaries of whites with the same qualifications and doing the same work.

Replying, the Minister of Health, Dr L A P A Munnik, said not all the nurses who were leaving the profession were doing so because of salaries.

The nurses' request for higher salaries would be put to the Minister concerned.

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Nurses' pay and doctors:

Munnik warns 'agitators'

Cape Times 28/5/80

(95)

Political Staff

HOUSE OF ASSEMBLY. — The Minister of Health, Dr L A P A Munnik, has claimed that certain doctors, whom he did not name, were involved in agitation about nurses' salaries.

"There are a few doctors involved, but we know who they are and I want to very seriously warn them to leave the nurses alone and practise their own profession," Dr Munnik said.

The minister said the head of the South African Nursing Association, Professor Charlotte Searle, knew more about the "scandalmongers than I know myself".

In his speech, Dr Munnik quoted a letter from Professor Searle on April 28 this year in which she thanked the government for the nurses' salary increases.

Professor Searle said: "The management is of the opinion that it is an important step although members of the profession were told by agitators that the government was not prepared to talk to members of the profession and that it was therefore necessary to stir the public to exercise pressure on the government because the government does not respect the nursing profession.

Don't believe it

"There will always be scandalmongers," Professor Searle wrote.

Dr Munnik said he did not want to involve nurses in the debate but "I just want to say that it is not now the time to believe these stories that there so many dissatisfied nurses and that there are empty nursing posts.

"At a certain stage of the year there were indeed vacant posts but in the course of time these posts were filled," Dr Munnik said.

The minister was replying to the chief opposition spokesman on health, Mr Horace van Rensburg, who told Dr Munnik that nurses were talking in terms of striking.

Loss of faith

He said that because their conditions of employment was were so unsatisfactory there was "discontent and disillusionment" resulting in an ever-increasing number of resignations, fewer people applying or entering the nursing profession, the best talent withholding themselves from the profession and a loss of faith by the nursing profession in the Nursing Association and its leadership.

"So they are talking in terms of striking and withdrawing."

Dr Munnik: "You know they cannot strike."

Mr Van Rensburg: "What I said is a fact. If the minister denies it he is part and parcel of this very unfortunate situation that has arisen."

He said a number of nurses were totally dissatisfied with the Nursing Association and its leadership. They were also dissatisfied with Professor Searle, whom he knew well, for saying they were satisfied with their increases.

WEEK OF THE INNOCENT - FROM 26TH MAY

p.t.o.

Leave nurses alone, doctors warned

(95) Political Staff RDM 28/5/80

THE ASSEMBLY — The Minister of Health has claimed that certain doctors — who he did not name — were involved in the agitation about nurses salaries.

"There are a few doctors involved, but we know who they are, and I want to very seriously warn them to leave the nurses alone and practise their own profession," Dr Munnik said.

The Minister said the head of the South African Nursing Association, Professor Charlotte Searle, knew more about the "scandalmongeres than I know myself".

In his speech, Dr Munnik quoted a letter from Prof Searle, written on April 28, this year, in which she thanked the Government for the nurses' salary increases.

Prof Searle said: "The management is of the opinion that it is an important step, although members of the profession were told by agitators that the Government was not prepared to talk to members of the profession and that it was therefore necessary to stir the public to exercise pressure on the Government because the Government does not respect the nursing profession.

"There will always be scandalmongerers," Prof Searle wrote to the Minister.

Dr Munnik said he did not want to involve nurses in the debate — "but I just want to say that it is not now the time to believe these stories that there are so many dissatisfied nurses and that there are empty nursing posts.

"At a certain stage of the year there were indeed vacant posts, but in the course of time these posts were filled," Dr Munnik said.

The Minister was replying to the chief Opposition spokesman on health, Mr Horace van Rensburg, who told Dr Munnik that nurses were talking of striking.

He said because their conditions of employment was were so unsatisfactory, "there is discontent and disillusionment resulting in an ever-increasing number of resignations, fewer people applying or entering the nursing profession and a loss of faith by the nursing profession in the nursing association and its leadership.

"So they are talking in terms of striking and withdrawing."

Dr Munnik· You know they cannot strike.

Die Afrikaner in die nuwe Afrika

Ek is 'n ... ek
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het nie.

C. Times 29/5/80

95

Biko doctors

Political Staff

THE Minister of Health, Dr Lapa Munnik, has requested a correction to the last sentence in a report in the Cape Times on Tuesday on a speech he made in parliament.

The sentence read that Dr Munnik rejected suggestions that any of the five members of the special committee of the Medical and Dental Council that exonerated the Biko doctors were government nominees.

It should have read: Dr Munnik rejected suggestions that all of the five members of the special committee were government nominees. During his speech, Dr Munnik made it clear that only two of the five members on the committee had been nominated by the government.

Film — 'no evidence' of exchange offences

HOUSE OF ASSEMBLY. — Exchange control officials did not find any concrete evidence of exchange control offences involving the alleged moving of funds from South Africa in connection with the making of the film "Zulu Dawn", the Deputy Minister of Finance, Mr Pietie Du Plessis, said yesterday.

Replying on behalf of the minister of finance to a question by Mr Harry Schwarz (PFP Yeoville), he said the matter had been investigated in depth by the police assisted by officials of the Exchange Control Department of the Reserve Bank.

"The investigation is not completed yet, but I may mention that the exchange control officials did not yield any concrete evidence of exchange control offences." — Sapa.

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Afrika te... aner te bly bestaan.

Sy geskiec... As die Afrikaner sy taal moet verloor sal hy 'n setlaar word, sonder die morele reg om homself Afrikaner te noem en sonder die wil om as volk te bly voortbestaan. So impotent soos die Franse Ped Noirs van Noord-Afrika en so ‚expendable' soos die Portugese van Portugal se ‚provinsies' - in Afrika maar nie van Afrika nie.

Om hierdie rede alleen omvat Afrikanerskap veel meer as bloot mense van 'n bepaalde velkleur en godsdienstige belydenis. Dit omvat almal wat 'n bepaalde geskiedenis en 'n taal deel en wie se lojaliteit onomwonde by Afrika lê.

As die Afrikaner sy taal moet verloor, sal hy ook sy inheemse status verloor.

As ons ooit ons plek in die hart van Afrika verloor, sal ons ons bestaan self kwyt wees. Daarom durf die Afrikaner nie langer vashou aan die illusie dat sy beskawing 'n verlengstuk is van die Europese beskawing nie. Dit is wel baie verskuldig aan die kultuur van Europa, maar dit is net so min Europees as wat die Germaanse volke van Europa Oosters is omdat hul voorgeslagte uit Siberië kom en Sanskrit die oor-grootvader is van die moderne Germaanse tale. Afrika eis lojaliteit sonder meer en sal geen vorm van dubbele trou duld nie.

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R51m to pay the same to all nurses

C.T. 3/6/80 Political Staff (95)

HOUSE OF ASSEMBLY. — The Minister of Health, Dr L A P A Munnik, yesterday estimated that it would cost more than R51 million to pay all nurses the same salaries regardless of race.

An additional R45,5 million would have to be paid during the 1980/81 financial year to raise the salaries of black nurses to the scales applicable to white nurses.

It would also cost an additional R5,7 million to raise the salaries for coloured and Asian nurses.

He disclosed this when he replied to a question tabled br Mr Horace van Rensburg (PFP Bryanston).

Asked when parity in salary scales would be achieved, Dr Munnik said: "As no fixed timetable for the narrowing and elimination of the wage gap has been accepted by the government, no indication can be given when parity will be achieved and it will inevitably depend upon the pace against which further stages of the accepted programme for parity in wages is implemented."

Dr Munnik declined to disclose the salaries paid to white, coloured, Asian and black nurses on various ranks.

He said the latest salary scales had been included in a circular issued by the Commission for Administration on April 1, 1980.

"The salary scales as such cannot be evaluated and judged without also taking notice of the accompanying measures for the application thereof.

"Copies of the circular concerned were made available on a confidential basis to the leaders of opposition parties and the required information can be obtained from the Leader Of the Official Opposition."

No surplus of black nurses, Provincial Council told

STAR. 4/6/80 (95) (98)

Pretoria Bureau

Using black nurses from Baragwanath hospital at the Johannesburg Hospital would be the same as robbing Peter to pay Paul, Mr Kallie de Haas, MEC for Hospital Services, said this in reply to a statement by Mr Obie Oberholzer (NRP Rosettenville) during the second-reading debate of the Appropriation Draft Amendment Ordinance in the Provincial Council yesterday.

Mr de Haas said that, according to Mr Oberholzer, because of the shortage of white student nurses there was an overwhelming request by coloured, Indian and black candidates for training as fully qualified nurses at the Johannesburg Hospital.

He said that recently Baragwanath Hospital had accepted 200 students for training. Of these only 100 applicants were from South Africa. Of which 50 percent could not comply with the necessary standards.

But there had been 906 applications from homelands and independent states. Of these 75 percent had the necessary qualifications to become nurses and they usually returned to the homelands after qualifying.

Mr de Haas said similar situations existed as far as coloureds and Indians were concerned.

In reply to a suggestion by Mr Sam Moss (PFP Parktown), Mr de Haas said he would investigate whether civil pensioners should be classified as free patients where their pensions were the same as or lower than old-age pensioners.

He also said attention must be given to providing apparatus which would make it easier for paraplegics to use the mineral baths at Warmbaths.

Hospital: De Haas under fire

STAR 5/6/80 (95)

Pretoria Bureau

Mr Joel Mervis (PFP, Orange Grove) today accused the MEC for Hospital Services, Mr Kalie de Haas, of suppressing information about allegations on the lack of certain facilities and the nursing problem at the Johannesburg Hospital.

He said Mr de Haas had a responsibility to the Provincial Council and the general public to disclose what was being done about these problems.

"I regret to say that either the member (Mr de Haas) does not know what is going on at the hospital or is indifferent," he said.

During the committee stage of the Appropriation Draft Amendment Ordinance in the Council today, Mr Mervis referred to questions which he asked Mr de Haas in February and May about a meeting between doctors and nurses in the presence of the superintendent of the hospital.

He said allegations by the doctors included a critical shortage of nurses, an iniquitous rate of pay for nurses, a shortage of oxygen cylinders on patient trollys and serious delays in patient admission.

Mr Mervis said he found it strange that Mr de Haas had stated that he did not know about the meeting between the doctors and nurses in May, when he had said in February that a Committee of Four had been set up to investigate.

"If the member (Mr de Haas) cannot give the Council any information on what is happening at the hospital then I will," Mr Mervis said.

"The Committee of Four have completed their investigation and have reported to an advisory committee who have submitted the report to the superintendent.

"I do not know if the superintendent has presented the report to the Director of Hospital Services or whether the MEC has been informed about it.

"I know some of the problems at the hospital have been seen to but there are many others which are still hopeless.

CORPORATION

"It is obvious there is a lack of communication between either the director or the superintendent and the MEC because of his dismal knowledge of what is happening at the hospital."

Mr Mervis suggested to the Council that the hospital be run on the lines of a large corporation and that a person with managerial and business expertise be appointed to run it.

In reply, Mr de Haas said neither he nor the Director of Hospital Services has received any report about the problems.

"I accuse him (Mr Mervis) of bringing the alleged problems into the political arena for reasons of his own and not in the interests of the public.

"The member for Orange Grove has been snooping around again and I want to know who his informant is. I will find him," Mr de Haas said.

He said that because of bad Press publicity, nurses at the hospital had been lost and that recruiting in Johannesburg had dropped.

A hospital story: short staff, pay, delays, long hours

STAR 9/6/80

(95) (98)

By Bob Kennaugh

Improvements had been made at the Johannesburg Hospital but there was still a critical shortage of nurses and a number of wards were empty or unequipped, says Mr Joel Mervis (PFP, Orange Grove).

Speaking in the Transvaal Provincial Council last week, Mr Mervis accused the MEC for hospital services, Mr Kalie de Haas, of suppressing information about allegations on the lack of certain facilities and the nursing problem at the hospital.

He said Mr de Haas had a duty to the council and the public to disclose what was being done about the problems at the hospital.

Mr Mervis referred to allegations he had made in the council in February and May this year and asked what had been done about complaints.

He said allegations made by doctors included:

- The critical shortage of nurses and their iniquitous rate of pay;
- The extreme shortage of clerical staff and their bad pay;
- The gross shortage of porters;
- The shortage of oxygen cylinders and patient trolleys;
- There were serious delays in patient admission even though clerks worked 16-hour stretches.

A superintendent at the hospital yesterday refused to comment on the allegations.

Mr Mervis added in the council: "If Mr de Haas cannot give the council information on what is happening at the hospital then I will. A committee of four doctors has completed its investigations and reported to a medical advisory committee which has submitted the report to the superintendent."

He suggested the hospital should be run on the lines of a large corporation and that a person with managerial and business expertise be appointed to run it.

The superintendent, he said, should be allowed to concentrate on medical matters and administrative and organising side should be left to high powered managers who were up to managing large corporations.

Details of nurses' salary increases

C.T. 10/6/80 (95)

Staff Reporter

SALARY IMPROVEMENTS which had taken effect from April 1 would contribute to making nursing more attractive, the MEC in charge of hospital services, Mr P J Loubser, said yesterday.

In his speech in the Provincial Council on the hospitals vote, he said nursing staff had received a better deal than others in the public service. However, he was sorry salaries of nursing staff in lower categories had not been improved as much as was wanted.

Parity of salaries of white, coloured and black nursing staff was fully justified and good progress was being made in this direction. This was a pointer to the bona fides of government policy on salary parity.

Examples of better deals included a chief matron/special grade (white) who received R2 400 more a year, or R200 more a month. A senior sister received R1 080 a year more.

Substantial increases for coloured and black staff included a maximum increase of R1 590 a year for matron grade one (coloured) and of R1 380 a year for a sister. Coloured starting sisters received R795 a year more.

Black senior sisters received a maximum of R1 080 a year more, and sisters a minimum of R825 a year more. Nurses received a marked increase in overtime pay and other benefits.

Mr Loubser was "very disappointed" at improvements for lower rank nurses. He trusted those responsible would look at these categories urgently and introduce a better deal.

Progress towards salary parity was shown in that after April 1, 1980, starting salaries of coloured senior sisters had grown from 83,72 to 88,72 percent of white colleagues.

Before April 1, starting salaries of black senior sisters were between 60 and 68 percent of white colleagues. After April 1 this grew to 72,82 percent. Maximum salaries of coloured sisters had been increased from 85,24 to 91,09 percent of white sisters and those of black sisters from 71,9 to 74,49 percent.

MPC's attack on nurses' pay scales

NATAL MERCURY (95)

Mercury Reporter 10/6/80

THE recent increases in nurses' salaries have not covered the increase in the cost of living — and many categories are way below the 15 percent rate of inflation.

The pay scales and increases were disclosed yesterday by Dr Fred Clarke, MPC and spokesman on hospital matters.

When asked to comment, he said: 'Don't you think it speaks for itself? Some nurses got only 6 percent and inflation is running at 15 percent. Considering the hours they work and the nature of their jobs they deserve better.

'If the public wants nurses it must pay for them.

'And it's nonsense for the minister to say doctors should keep out of nurses' pay grievances. Doctors and nurses work as teams and if nurses aren't happy it's up to us to do something about it. The Nursing Association is eggbound, and if they aren't going to do anything about unhappy members and if individual nurses fear for their jobs if they speak up, who is going to help?'

The pay scales are traditionally kept confidential, so nurses do not know where they stand regarding salary and what their future prospects are.

'I think the idea of keeping salaries secret is a complete cover-up,' Dr Clarke said.

A spokesman for nurses at Addington also expressed anger over the secrecy that shrouds salaries.

'What riles nurses here is that it was never publicly announced what the increases would be. The paymaster was going to talk separately to groups in the various categories. We were promised he would tell us exactly where we were and how we fitted into the scale.'

Examples of increases at the top and bottom of the scale are:

Chief matron, minimum R887, maximum R1 185, which represents increases of between 12,34 and 18,5 percent; senior staff nurse, R315 to R497 representing 11,2 to 12,5 percent; staff nurse, R250 to R460 representing 11,5 to 13,63 percent; and student nurse, R217 to R298 representing 6,1 to 6,7 percent.

Draft in nurses, says Obie

95

11/6/80

Political Staff

Another call for the drafting of girls into nursing for two years to solve the nursing crisis was made in the Transvaal Provincial Council yesterday.

Mr Francois Oberholzer (New Republic Party, Rosettenville), suggested girls be drafted in the same way as men were drafted for national service "and they (the girls) can then do duty in our hospitals."

He said there had been a big drop in the number of students entering nursing and more than 1 000 had resigned.

Mr Oberholzer was speaking in the committee stage of the budget debate.

He also suggested that male "medics" could be seconded to provincial hospitals during their national service.

Dr S D Latsky (National Party, Alberton) said the first possibility had already been investigated, but as nursing was a specialised profession it would not work, because the wrong girls might be used.

He called for an improvement in the status of nursing to retain the present nurses as a solution to the critical shortage of qualified staff.

Private nurses' pay goes up to provincial scale

STAR 19/6/80 (95)

Several hospitals in the National Federation of Private Hospitals have put up the salaries of their nurses and others are expected to do so soon.

The chairman of the federation, Mr J Randall, confirmed this today.

"Private nurses' salaries are being brought into line with those of the province, and the suggested increase for private nurses has been around 18 percent. This is only a guide," he said.

"Several thousand nurses will be affected in more than 60 private hospitals throughout the country. A lot of private nurses are paid less than the province pays, and this adjustment will stop many nurses in the private sector rushing to province.

"We have used provincial scales as a guide.

"The nurses have expected such as increase as there was quite a bit ofpressure on private hospitals to raise salaries because of the provincial increases," he said.

He also said that private nurses benefited more than their provincial counterparts from changed working hours and conditions.

There had been no increases in hospital tariffs to accommodate the proposed rise in private nurses' salaries but a committee was looking into the matter and was expected to report soon, Mr Randall said.

Professor Charlotte Searle of the SA Nursing Association said "We welcome the fact that private hospitals are busy with new salary scales.

"Nurses must go where they get salary satisfaction, but in this case I don't think it will have any effect on Gvoernment nurses.

"The barometer has always been the public service scale and I don't think it will make much difference unless far more favourable grades are made by the private hospitals," she said.

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23/6/80

Nurses' comments criticised

ARGUS (95)

Medical Reporter

THE president of the South African Nursing Association (Sana), Professor Charlotte Searle, has expressed concern because 'some nurses have been making ill-informed statements to the Press about salary increases.'

In a statement published in the latest edition of Nursing News, Professor Searle said the board of Sana could not 'conduct the affairs of the association through the public Press.'

FAIR INCREASE

She said it must be pointed out to nurses that although the board did not obtain all it wanted for nurses in the latest 'salary round,' it obtained a fair increase for all and in the categories where the most glaring shortcomings existed, it obtained very substantial improvements.

'The board was given the opportunity to make further representations in regard to salary grades with which it is still not satisfied.

'This was done within three days after the new salary scales had been made available to the board,' said Professor Searle.

Nurses call for official action on their grievances

Sun Times (Extra) 29/6/80 (95)

By VAL CARTER-JOHNSON

DISSATISFIED nurses — black and white — are demanding action from the authorities on their poor salaries and long hours, and say they "refuse to be exploited" any longer.

This is apparent from a petition circulating among nurses at Groote Schuur Hospital and meetings of nurses I attended.

Many doctors are also offering their support, saying the nurses do skilled and difficult work without adequate remuneration.

Most nurses at the meetings I attended were afraid of being sacked or hauled before the Nursing Council for airing their grievances with the press present.

Several nurses reacted strongly to a statement by Professor Charlotte Searle, head of the South African Nursing Association, who wrote to the Minister of Health, Mr L A P A Munnik, saying the nurses were "satisfied" with recent increases in their salaries.

One nurse, who resigned from Groote Schuur recently, told the Sunday Times: "I loved nursing and would like nothing better than to dedicate my life to it. But the salaries have simply not kept pace with the cost of living. None of us are in nursing to make a fortune but we do have basic necessities, just like everyone else.

"How the black staff manage is beyond me as they get about half of what I earned — and that was only about R250," she said.

The nurses also say patients may suffer from neglect as nursing care has dropped dramatically because the nurses are understaffed and overworked.

They added that fewer young people were applying for the profession and posts were not being filled.

Many have left the profession to find better-paid jobs.

The petition, circulated by the nurses' committee, calls for better conditions for both black and white nurses, but emphasises the problems of the black nurse.

The nurses list their grievances as:

- **Low, "barely livable" salaries.**
- **No communication from senior staff, including matrons and senior sisters. They complain they are treated impersonally. "We are just numbers," they say.**
- **Long, difficult hours.**
- **Great responsibility placed on young, inexperienced staff, because there is a shortage of expertienced nurses.**
- **Strict behavior rules enforced during work and leisure hours.**

At a private meeting, several nurses from Cape Town met to discuss their problems, and plan a line of action.

Sit up

The nurses said they had spoken among themselves for several months and were determined to do "something" to make the public and relevant officials "sit up and take notice".

"It seems no-one will listen to out problems unless we do something dramatic," one girl said.

Mr Horace van Rensberg MP, the chief opposition spokesman for health, said he was "in sympathy" with members of the nursing profession.

He said: "I am suprised and concerned at the lack of sensitivity in the government's response to the legitimate demands from the nursing profession for improved salary scales.

"Nurses render an essential humanitarian service which involves difficult work and long, irregular hours. Under these circumstances it is deeply distressing that they should be exploited by being underpaid."

Mr van Rensburg said that when the Nurses Act was originally passed, the nurses themselves asked for the clause preventing them from striking.

Noble gesture

"This was a very responsible and noble gesture. It makes it doubly unfortunate and unacceptable that the government is treating them with contempt.

"I call on the government to launch an immediate investigation into the very real grievances of the nursing profession."

Dr J H Bam, of Cape Town, wrote to the South African Medical Journal, recently, saying nurses were a skilled a dedicated profession but that it was "downright mean to trade on anyone's willingness to serve, without a decent reward.

"The poor pay for the highly skilled and responsible services provided by nursing sisters is a blot on the medical profession."

Dr L A P A Munnik, slammed "agitators" in Parliament recently saying there were "certain doctors, whom he did not want to name, who were involved in agitation about nurses salaries".

"There are a few doctors involved but we know who they are and I want to very seriously warn them to leave the nurses alone and practise their own profession," he said.

Dr Munnik quoted a letter from Professor Searle, in which she thanked the government for the nurses salary increases.

Dr Munnik denied there were empty nursing posts

"At a certain stage of the year there were indeed vacant posts, but, in the course of time, these posts were filled."

Professor Searle said last week: "I cannot comment because it would not be professional. I can say, however, that we have not received any complaints from the nurses and yet have received a deluge of letters from nurses who are most grateful for the increases.

"It is ridiculous that nurses have a fear of victimisation. The association is here to fight for them, not against them The nurses who spoke to you are behaving in a most unprofessional manner."

Wards at Frere forced to close

DAILY DISP 9/7/80 (95)

EAST LONDON — Two wards at Frere Hospital here have been closed due to a shortage of nurses.

But while the wards are closed the hospital is busy restoring the buildings and repairing the floors.

The medical superintendent at Frere Hospital, Dr S. Richardson, said the hospital's mixed orthopaedic ward and the Chatterton sepsis ward had been closed about two months ago.

"The wards were closed because we wanted to maintain a good nurse-patient ratio," Dr Richardson said yesterday.

"However, at the same time we had to cater for repairs to the two wards, which involves extensive treatment to the floors."

Work started recently but Dr Richardson could not say how long the wards would be closed or when they would be reopened.

"Closing the sepsis ward is not such a drastic measure," he said.

"What we are actually doing is dispensing with a luxury.

"I know of only two other general hospitals in the country with sepsis wards and the ward we had here was actually a luxury."

He said patients previously treated in the sepsis ward were being treated at semi-private and private wards at Frere.

He denied there was a shortage of doctors at the hospital but said there was a desperate need for nurses.

"But that's what it is like at all hospitals in South Africa — we are actually quite well-off as far as staff is concerned," Dr Richardson said.

One of the hospital board members, Mr Robyn Hobbs, has called on the provincial administration to do something so the wards can be brought back into operation.

Mr Hobbs, who is the provincial council member for East London North, said the hospital was a "machine which is not operating on all cylinders".

"We have an expensive machine which is costing a lot of money and because of certain problems our machine is not operating at full revs," Mr Hobbs said.

He said it was difficult to pinpoint why there was a staff shortage in the country's hospitals, although matrons at the hospital had given him a fair idea of why nurses were leaving the profession.

These included the poor living conditions at nursing homes and the fact that "modern-day girls are a little bit lazy".

"I think the children of today are possibly having it too easy and this is one of the reasons why we can not get nurses," he said.

"The girls would rather work in some cushy job."

Mr Hobbs called on the province to improve conditions at their hospitals.

He said staff shortages were affecting them all and something had to be done to encourage young people to work there.

Turning to the recent criticism of conditions at Frere's out-patient section, Mr Hobbs said it was not only the staff that was to blame for delays in the department.

He said some of the patients who reported there for treatment delayed the procedure through "telling lies".

"I refer particularly to the blacks treated at Frere, and there are many of them," Mr Hobbs said.

"We are treating more and more black patients at Frere and these people, for some reason, come along and do not give their real names.

"They prefer to tell a lie and give another name so that a new file has to be opened. I do not say it happens to all of them, but it happens in many cases and this delays the matter."

People had to spend up to half an hour filling in new forms and causing extra work for the staff in the department, he said.

Dr Richardson supported Mr Hobbs in this regard.

"This idea of giving a wrong name seems to be a national sport among blacks, second only to adultery," Dr Richardson said.

"The delays in the out-patient section have nothing to do with staff shortages — it is the patients who cause the problems." — DDR.

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2. Candidates are not to communicate with other candidates or with any person except the invigilator.
3. No part of an answer book is to be torn out.
4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

2. Blue or black ink must be used for written answers. The use of a ball point pen is acceptable. Red or green ink may be used only for underlining, emphasis or for diagrams, for which pencil may also be used.
3. Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book(s) are used.
4. Do not write in the left hand margin.

Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University

Kotze denies nurse shortage at Frere

Daily Dispatch 10/7/80

EAST LONDON — The director of hospital services in the Cape Dr R L. M. Kotze, has denied there is a shortage of nurses in provincial hospitals.

Dr Kotze said the staff situation at the hospitals was "perfectly satisfactory" and he felt the authorities were providing a good service.

He was commenting on the recent closure of two wards at Frere Hospital here which had been attributed to a shortage of staff.

"I don't know the precise reasons why they closed the two wards, but it can't be because of a shortage of nurses," Dr Kotze said.

"Possibly it was convenient at the time to do repairs, or maybe the wards weren't necessary, but there is no shortage of staff there.

"We have sufficient staff to provide the necessary services."

There was no reason for any ward in a Cape provincial hospital to be closed because of a shortage of nurses, he said.

"Our criterion is that there must be enough beds for patients — if there is no need for the ward, it must be closed."

The medical superintendent at Frere, Dr S. Richardson, said earlier this week that patients who were previously treated in their sepsis ward and the orthopaedic ward were presently being treated in private and semi-private wards.

The chairman of the Frere Hospital Board, Mr David Lazarus, said the board had not heard of any noticeable shortage of nurses at the hospital.

"If there were problems, I'm sure we would have been told," Mr Lazarus said last night.

"There was a temporary shortage a while back but as far as I know there are no problems now." — DDR

Remarks called an insult

EAST LONDON — The NRP MPC for East London city, Mr Robyn Hobbs, and the medical superintendent of Frere Hospital, Dr S. Richardson, were criticised yesterday for remarks they made about blacks going to the hospital.

Mr Hobbs said many blacks chose to lie by giving a wrong name when they went to the hospital. Dr Richardson said giving a wrong name seemed to be a national sport among blacks, second only to adultery.

Mr D. D. Makatala of the Duncan Village Community Council said the remarks were an insult.

It was surprising such a statement could have come from a member of the NRP at a time when even the government was trying to break race barriers.

It was also surprising that Dr Richardson had left Zimbabwe and taken up a post in a place that dealt with blacks.

"What do they think they are doing? Has Dr Richardson consulted any black people about his problems at Frere before making statements that can only create ill-feeling?

"What is annoying about the whole matter is that the words come from a civil servant at a time when the government is trying to smoothe ill-feeling between groups," Mr Makatala said.

The remarks were also condemned by a member of the Indian Management Committee, Mr Mike Williams, who said they were insulting and derogatory. — DDR.

Editorial opinion, page 6.

Over 100 vacant posts at Frere Hospital

Daily Dispatch 15/7/80

EAST LONDON — There are more than 100 vacant posts for white staff at Frere Hospital, according to the chairman of the hospital board, Mr Dave Lazarus.

However, there has been no lowering in the standard of care at the hospital and no delays in the admission of acute patients.

Mr Lazarus issued a statement on the staff position at Frere yesterday after consulting the Director of Hospital Services, the medical superintendent, and the hospital's chief matron.

"They are in full agreement with each other that the posts at Frere are not all filled," Mr Lazarus said

"What they object to, however, is that this amounts to an innuendo that the services are inadequate.

"Every effort has been made and is still being made to attract student nurses and trained staff to the hospital. Part-time nurses are being employed and appointments are made on a sessional basis. "The acute shortage of nurses is nationwide and there has been a steady decline in the number of student nurses over the last few years," he said.

In spite of problems, Frere's record was "impressive". More than 620 000 cases were treated in the out-patients department

The daily average number of in-patients was 767.

Vacancies exist in all categories of white nursing posts, especially those of registered nurses.

Although there were problems filling vacancies, Mr Lazarus said, there had been no lowering in the standard of patient care.

"Nor has any patient been turned away as a result of two wards being closed," he said in response to reports that two wards at Frere had been closed because of staff shortages. — DDR

Children called in to short-staffed hospitals

STAR 17/7/80 (95)

Housewives and schoolchildren have been called in to help in several Transvaal hospitals as the hospital staff crisis grows.

The staff shortage in hospitals on the Reef has been aggravated by the serious flu outbreak.

On the East Rand, an urgent public appeal has been made for people to help relieve the pressure at the Far East Rand Hospital at Springs.

At Ontdekkers Hospital in Roodepoort the staff crisis is so severe that schoolchildren are being used to serve tea to patients.

And, earlier this week only emergency patients could be admitted to the 2 000-bed Johannesburg Hospital. Although only 1 300 beds were filled, there were not enough nurses to allow a further intake of patients, and sick people reporting to the Casualty section could not be admitted at the hospital.

They were transferred to the J G Strijdom, Edenvale and South Rand hospitals.

A spokesman for Leratong Hospital in Krugersdorp said many nurses and doctors were off sick and the hospital was being stretched to the limit by the number of flu patients.

At Natalspruit, the patient quota is 20 percent above normal and a hospital spokesman reports that staff are "working under extreme pressure."

At the H F Verwoerd Hospital in Pretoria, 54 nurses are off sick today and a large number of patients in the hospital are suffering from flu and respiratory infections.

The South Rand Hospital has also reported a chronic staff shortage, and at Edenvale Hospital, overflow patients are being taken in from the Johannesburg Hospital.

Mr Joel Mervis, PFP MPC for Orange Grove, today put the blame squarely on "the arro-

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Children help in hospitals

From page 1

gance and total indifference" shown by authorities to the growing problems in Transvaal hospitals.

He said the Nationalist Party and Mr Kallie de Haas (MEC in charge of hospital services) had refused to pay attention to anything said in complaint against "any number of departments" with in the hospital administration.

Mr Douglas Gibson (PFP Transvaal Provincial Council leader) said if the province showed a little imagination the current crisis could be alleviated.

Dr H Grove, Transvaal director of hospital services, said hospitals had been given approval to use schoolchildren who were on holiday as assistant nurses.

There were limitations to their duties, for example, they could not handle medicines.

He believed the community should be increasingly involved in public health services.

Asked to comment on the nursing shortage in some Rand hospitals, he admitted that there was a shortage at the new Johannesburg Hospital but could not give details. He also did not elaborate on shortages at other hospitals.

Flu wave worsens the nursing crisis

(95) (89) RDM 18/7/80.

By MARILYN ELLIOTT

MANY Transvaal provincial hospitals, battling to cope with nursing staff shortages, are now being hit by high absenteeism among staff down with flu.

One hospital on the West Rand — the Discoverer's Memorial Hospital — is running with a 40% staff shortage due to flu. Schoolgirls doing holiday work at the hospital are struggling to cope.

At Krugersdorp Paardekraal Hospital, the nursing shortage is reaching crisis proportions.

And yesterday Dr J B M Botha, its superintendent, said the serious shortage was aggravated by an increase in the number of patients with respiratory complications from the flu.

"Although it is difficult to estimate the impact of flu on staff attendance, I would say about 5% are staying away because they're ill and another 5% for other reasons," he said.

"If the situation gets worse we will have to curtail certain services. This 'epidemic' has been going on for six weeks, but the effect is only beginning to be felt now."

Dr Deon Cloete, acting superintendent of the Far East Rand Hospital, said there was a staff shortage, but it was not as serious as has been reported in some newspapers.

"Yesterday 24 of our 306 nurses were ill. Many members of our staff are on holiday at this time," he said.

The Far East Rand Hospital has issued an urgent public appeal to trained nurses who are not working at present to help out at the hospital. Over 30% of the nursing posts are vacant and there is a desperate need for student nurses.

The hospital has been trying to cope with a staff complement 40% below normal.

At other Transvaal provincial hospitals, the nursing shortage continues.

The superintendent of the South Rand Hospital, Dr H A Broekman, says the flu wave hit the hospital about two weeks ago, but by yesterday only four members of staff were off sick.

However, the hospital is trying to cope despite a 50% staff shortage as posts remain unfilled.

The Boksburg-Benoni Hospital was hit by absenteeism due to flu a few weeks ago, but the situation has improved. The superintendent, Dr G C Gravett, said: "We have a critical shortage of staff anyway, and flu epidemics take their toll. At the moment we are 33% understaffed due to vacant posts."

Dr Neville Howes, superintendent of the Johannesburg Hospital, was unavailable to comment yesterday.

Several doctors interviewed yesterday said that during winter months one could always expect an increase in the number of medical patients — chiefly the elderly — who developed lung complications from flu.

But most of them agreed that the incidence of these complications, and of deaths as a result, were higher this year than in previous years.

At Baragwanath, a spokesman said both staff and patients had been affected noticeably by flu, but it was difficult to give figures.

But there are exceptions.

Nigel's hospital has hardly been affected.

The nearer East Rand hospitals report that staff attendance is returning to normal after the flu hit two weeks ago.

Dr Richard Griffiths, superintendent of the Edenvale General Hospital said yesterday that 10% of staff were off ill two weeks ago — but yesterday there was no ill absentee.

A spokesman for the Germiston Hospital said few patients had been treated for flu effects.

At the J G Strijdom Hospital in Johannesburg, numbers of those affected are dropping after it was hard-hit by flu.

Private hospitals in Johannesburg have reported staff shortages, but they seem to be in a better position than the provincial institutions.

At the Brenthurst, about 10% of the staff was down with flu a few weeks ago, but a spokesman said the hospital had been able to cope.

Black nurses should work in white hospitals, says Dr Clarke

NM 4/8/80

Mercury Reporter

ADDINGTON Hospital in Durban is short of 50 registered nurses — but King Edward VIII Hospital, for blacks, has a list of nurses waiting to be employed that fluctuates up to 60.

Mr Frank Martin, MEC in charge of hospitals, said last night there was nothing to stop black nurses working in white hospitals.

'But it has always been our policy to give white patients white nurses and vice-versa,' he said.

'In an emergency we will use anyone but Addington hasn't reached that sort of crisis yet.'

But Dr Fred Clarke, MPC and spokesman on hospital matters, said: 'Addington has reached a point where it needs to take blacks on.'

He did not know why the hospital had not taken on blacks.

'Are we going to turn patients away because we don't have nurses of the right colour?'

Mr Martin said black nurses were paid less than whites.

A survey of hospitals in Durban and Pietermaritzburg showed that white hospitals were struggling for staff while black hospitals were oversubscribed.

Clairwood Hospital has just created 140 new posts and had no difficulty in filling them.

Dr L S B Delany, medical superintendent of R K Khan Hospital said they had plenty of applicants.

Nursing shortage

NM 14/8/80

IF THE rapidly deteriorating staff position at Durban's Addington Hospital is a microcosm of what is happening elsewhere in the country South Africa is well on the way to a health crisis of incalculable dimensions.

Barely two years ago all nurses' posts in the country were occupied for the first time in history, yet today there is a shortage of about 52 registered nurses and 80 student nurses and Natal's biggest white hospital is in the deplorable position of having to cancel some operations and postpone others. An overloaded intensive care unit has been compelled to draw staff from other units, and to crown it all the coronary care unit has been forced to close.

Several factors have contributed to this unhappy state of affairs. Not least of these is the poor financial reward nurses receive for their humanitarian services. Their dedication to duty has elicited scant recognition from the Minister of Health, whose comments in Parliament when the question of salaries was last raised about three months ago showed him to be singularly unsympathetic.

We warned at the time that the situation in hospitals was serious enough to warrant urgent State action, but Pretoria has done nothing about it. The new hospital at Umlazi is still far from completed. The Government has shown no sense of urgency about it in spite of the deplorably crowded conditions at King Edward VIII in Durban.

Provincial Councillor Dr Fred Clarke revealed this week that Natal spent R21 million on non-resident blacks last year but received a mere R4 000 000 from the Government. What sort of a deal is that? With the breakdown of hospital services in the neighbouring territories patients have been pouring into our hospitals. These people are the Government's responsibility, and Natal deserves more than the pittance ladled out so reluctantly.

The immediate problem is the shortage of nurses. If they are to be enticed into and stay in the profession their salaries will have to be increased considerably. We believe a 50 percent rise would be realistic. The taxpayer will simply have to foot the bill or risk an unthinkable breakdown in this vital service.

'Hospital' takes knock from Job'urg nurses

By Cilla Duff

Johannesburg nurses are fighting fit.

This time their battle is with SABC-TV and the new dramatic series, "Hospital," which the ladies in white have denounced as a slur on their profession.

"We're depicted as morons," say the angry nurses. "Looking at that programme, you wouldn't think that we're people with tremendous responsibility."

They say their job lacks status in South Africa, and "Hospital" does nothing to elevate that status.

"It's downright damaging," said one irate sister, "and we're writing to Robin Knox-Grant and the SA Nursing Association to lodge a formal complaint."

The nurses are particularly unhappy about the bullying "Hospital" porter, whom they describe as "a gorilla who wouldn't last a minute in any real hospital," and the junior nurse who leaks a story to the Press.

"She'd have lost her job on the spot," they say.

But writer Ann Greenwood Graham, of "Knicky Knacky Knoo" fame, isn't in the least upset about the adverse criticism from either reviewers or the nurses.

"The day after the first episode, the drama department at Auckland Park took 250 calls from the public. Of those, 249 said they loved the show. The 250th call was from a bloke who said he and all his mates hated it," said Graham.

As for the alleged "slur" Mrs Graham says there are bad eggs in every profession: "Wait for the next episode and you'll see how the junior nurse who called the newspaper is dealt with."

Anyway, says Graham, her script adviser — a matron with 30 years' experience who approved and suggested changes while the script was being written — was satisifed with the authenticity of the programme.

"Throughout the filming, we also had two nursing sisters at rehearsals and in the studio."

Mrs Graham, who worked as production assistant on the popular British TV series, "Emergency Ward 10", is a stickler for realism: "I spent a lot of time in casualty at a hospital in Johannesburg, twice a week for six months, just watching."

Hard-hit nurses threaten to quit

NM 19/8/80 (95)

Mercury Reporter

NURSES in the cardiac-thoracic ward at Wentworth Hospital in Durban have threatened to resign unless their working conditions are improved.

A sister in the ward said yesterday they were down, from six full-time and three part-time nurses, to four full-time and two part-time nurses.

'We are working under such stress that we could kill a patient,' she said. 'You don't come to Wentworth to have a toe-nail removed. It is a highly specialised hospital and we simply cannot afford to continue working under these conditions.

'The frightening thing is that no one has asked for more money. These are dedicated nurses who have come to the end of their tether.

'I have had to nurse two open-heart cases simultaneously. The time has come for ...

sister said.

The nurses had gone to the matron about two weeks ago and had said that if something was not done they would hand in their notices.

A meeting has been arranged with the chief nursing officer for the Natal Provincial Administration, Miss J M Maguire, tomorrow.

A senior spokesman at the hospital declined to comment last night.

Natal nurses' pay dilemma

'We can't do anything'

(95) WM 28/8/8

Martin ... blacks rejected

Mercury Reporter

THE Natal Provincial Administration could do nothing to increase nurses' salaries or eliminate the wage gap between nurses of different race groups, Mr Frank Martin, MEC in charge of hospitals, said yesterday.

He was commenting on a statement by a senior spokesman for the Department of Health who said it was up to provincial administrations to increase salaries if they thought this would alleviate the serious shortage of white nurses throughout the country.

Salaries were determined by a Government-appointed three-man Public Service Commission which laid down salaries for all public servants, according to Mr Martin.

'I don't know who this character in the Health Department is but he doesn't know what he's talking about,' Mr Martin said.

'Every time the commission has announced salary increases I have registered my objection to the differences between white, Indian, coloured and African pay.'

Mr Martin had rejected the idea of employing black nurses in white hospitals as a way of easing the situation because this would involve exploitation of black staff.

'The Province couldn't possibly afford to make up the difference in pay between black and white nurses,' he said.

Mr Martin said the way the commission decided on nurses' salaries was most unsatisfactory.

All Public Service jobs were equated. For example, a nurse with certain qualifications and four years' experience would have to be paid on the same level as a policeman or a teacher with certain qualifications and four years' experience.

'They don't take into account the hours a nurse works — night shift, Sundays and overtime — or the conditions under which she must work.

'The commission also ignores the market law of supply and demand.'

He said it was highly unlikely that the Government would allow provincial health departments to lay down their own salaries as the Post Office and Railways had done because nursing was considered an essential service. The Government had accepted that Post Offices and Railways should be run as business concerns.

'We are tied to the Government as far as money is concerned. We could create more posts to lighten the burden but unless we have the money to pay we are still not going to attract more staff.'

Mr Martin said that although he would like to encourage unemployed qualified nurses to return on a part-time basis this would not solve the problem and could aggravate it.

'Hospitals have to be manned 24 hours a day and permanent staff aren't going to stand for part-time nurses having the nice, convenient shifts. You'll end up with part-time hospitals.'

He said the six Wentworth nurses who threatened to resign this month had assured the Province's chief nursing officer, Miss J M Maguire, that they would not leave their patients or colleagues in the lurch.

She in turn had promised to redouble efforts to find more staff.

Nursing education may change

28/8/80 ARGUS

(95)

Medical Reporter

KNOWLEDGE was increasing so rapidly that it was necessary to examine ways and means of changing the system of nursing education, Dr R L M Kotze, Cape Director of Hospital Services, said today.

'We need to shift towards an educational process which will help nurses to continue to function effectively and efficiently in a fast-changing world,' he said.

Dr Kotze was speaking at the opening of an exhibition in the Red Cross Hospital Nurses Home of resources for use in nursing education.

He said investigations and studies had revealed that trends in education — especially in practical professions — put the emphasis on responsibility, accountability, co-operation, co-ordination and productivity.

Nursing was by far the largest health service profession — the Cape Province employed 20 000 nurses — and the profession was indisputably placed in the centre of a great challenge for the future.

Science this week — Bill Faill

Call for part-time nurses

(95) 28/8/80

AN APPEAL has been made for registered nurses, at present not working in their profession, to help out in hospitals on a paid, part-time basis.

'They can work for as little as half a day or for as many days as they want to', says Miss Joyce Maguire, Chief Nursing Officer for Natal.

'We'd welcome them very much, to take pressure off the full-timers,' she said.

The nursing scene is a fairly complex one. On paper it would seem that there is no real shortage. Of 2 452 posts for trained nurses in the Province, only 167 are vacant. But the catch is that 2 452 posts are nowhere near enough to keep the service at its proper level.

'A further R4 million is needed to create new posts to put things right. Whether I'll ever get this is a moot point and in the meantime it is a matter of deciding priorities and using whatever expedients come to hand. Overtime for full-time nurses, even if it is paid for — and this is now in the pipeline — is not a good idea. This is where part-timers can help out.'

Miss Maguire will be in Durban on September 3, at Addington Hospital from 8 30 a m to interview registered nurses who are interested. Those who sign up could earn, for a couple of half-days a week, just over R80 a month.

Prospective part-timers should ask for Miss Maguire at the Matron's Office on the 1st floor.

'Pass Afrikaans or lose your increase'

By MANDLA NDLAZI

PASS Afrikaans or lose your increment. This was the Johannesburg municipality's directive to the black nurses in its employ.

Nurses this week alleged they were told to produce proof that they had passed Afrikaans.

The chairman of the municipality's staff board, Mr J C de Villiers, confirmed the nurses' allegations but declined to give further details.

The nurses said they were also told that proof of passing Afrikaans would place a black nurse on the same salary as a white nurse.

However, the nurses protested and sent a delegation to meet the staff board. Some nurses were given increments.

Mr Phillip Ngwenya, president of the Johannesburg Municipal Workers' Union, said the council had ruled that nurses, traffic inspectors and health inspectors had to be proficient in Afrikaans before their pay could equal that of whites.

An angry nurse said: "It seems rather strange that nurses in the employ of the Johannesburg City Council should be asked to produce their junior or matriculation certificates to prove that they have passed Afrikaans.

"The reason for this action is to qualify them for an increment to which they are entitled anyway.

Miss S J Fourie, deputy executive director of the South African Nursing Association, said she would have to get the story from both parties — the nurses and council officials — before she could comment.

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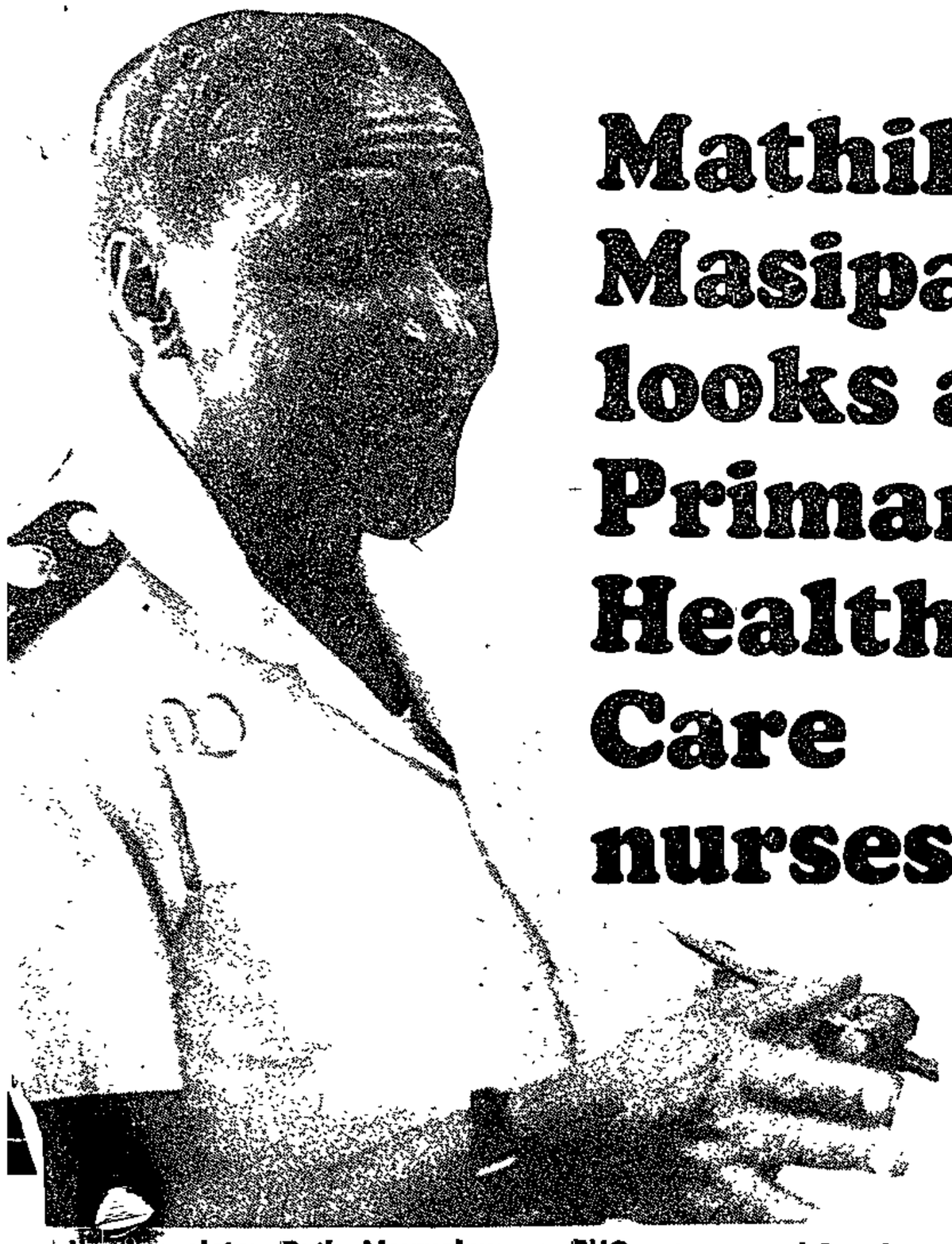
Nurses who are more than nur

Mathilda Masipa looks at Primary Health Care nurses



Nursing sister Ruth Maumakwe, a PHC nurse, explains her duties.

"HOW many times should I take this, my child" asked an elderly patient uncertainly.

The "child" she was talking to explained again, taking her time to make sure the old lady did not miss anything. The old woman nodded gratefully, then collected her medicine before bidding the nurse goodbye.

The elderly patient had been talking to a special kind of nurse — a nurse who carries a stethoscope, smiles a lot and talks a lot.

Like hundreds of other patients who often come to Phomolong Polyclinic the old woman has come to know and to trust the Primary Health Care (PHC) nurse as someone who does much more than ordinary nursing.

There is so much harmony and laughter in the small Phomolong Polyclinic that it is hard to imagine that relationship between nurse and patient has ever been otherwise but smooth.

"When this project was introduced at the Phomolong Clinic after outstanding success at Diepkloof, Orlando, Senaoane and Pimville clinics, there were a few raised eyebrows. One could understand the cause of the resentment.

"People were used to doctors when suddenly we appeared from nowhere to take over.

"While the mothers who brought their babies to us co-operated with us we definitely had problems with the young adult patient," said a PHC nurse.

But the service continued. While the drugs the nurses gave out cured the ailments, the manner in which they handled the patients helped improve the relationship with patients.

Although the nurses are modest about their responsibility — they insist they are not here to replace doctors — very few doctors would have the time, let alone be in a position to do what the nurses are able to do.

"Besides our routine duties of attending to the patients' complaints, we often find it necessary to delve into the family background and advise on things like personal hygiene and nutrition for instance," said Ruth Maumakwe, the sister in charge of the PHC adult section at the Phomolong Polyclinic.

All PHC nurses undergo an intensive training course lasting between three and five months before they are able to work on their own. Then they do regular in-service training to brush up on their skills.

Although the majority of patients are seen only by PHC nurses, each clinic has at least two doctors on duty who see patients that the nurses can't handle.

Sister Maumakwe stressed that the nurse is clearly made to understand that she is not a doctor.

"We don't use the words 'diagnosis' or 'treatment' but rather 'assessment' or 'management'," she said.

Because of the comprehensive service, patients have to wait slightly longer for their turn. But they don't seem to mind — a thorough examination is worth waiting for.

Trained do muc

THIRTY-thousand patients with general complaints were attended to at five Soweto Polyclinics last month. Of these, 90 percent were attended to by Primary Health Care (PHC) nurses, while the remainder were seen by doctors.

Of the total number seen by PHC nurses 30 percent were subsequently referred to the doctors for assistance and only four percent of the total had to be referred to Baragwanath Hospital.

PHC nursing was introduced only four years ago although the idea was mooted long before then, said Dr D Platzky acting head of the PHC Soweto clinics.

"The idea of nurse practitioners who would concentrate on preventative measures as well as curative

POST 9/9/80 (95)

Nurses in a step forward

By EDMUND JAYIYA

THE inauguration ceremony for the Transvaal Black Intensive Care Discussion Group was held at Harriet Shezi Hall, Baragwanath hospital at the weekend.

The ceremony was attended by about 100 nurses from all hospitals in the Transvaal.

Addressing the nurses, Mrs E U Binda, a representative of the South African Nursing Association (SANA) said she was grateful for being chosen to inaugurate the discussion group.

She added that though they were an autonomous and voluntary organisation, it was essential for harmonious and smooth running that they should function at all times within the framework of the SANA.

Nurses listen to Mrs Binda's inaugural speech.

"It is the umbrella body of all nursing in this conutry," she said.

"You have a mini-constitution from which I hope you will be able to obtain some security and direction.

"For this group to be progressive, certain requirements have to be met. In order that you and others should know what you are about, you must define your objectives," she added.

Mrs Binda said this was crucial for, unless they had objectives, they would not know whether they were coming or going.

"When you have defined your objectives, you will have goals. You will know what you want to achieve and you will know which way to move," she said.

She said they should have regular evaluation exercises in order to know whether they were fulfilling the purposes for which they had been constituted.

This, she added, should be done as objectively and scientifically as possible in order to draw real benefit from it.

"A beneficial evaluation will enable you to move with the times. Our times are making great strides in nursing sciences and it is important that we should keep up. We should never allow ourselves to be left behind," she said.

The Baragwanath Hospital choir rendered music.

Baragwanath Hospital Choir rendering music.

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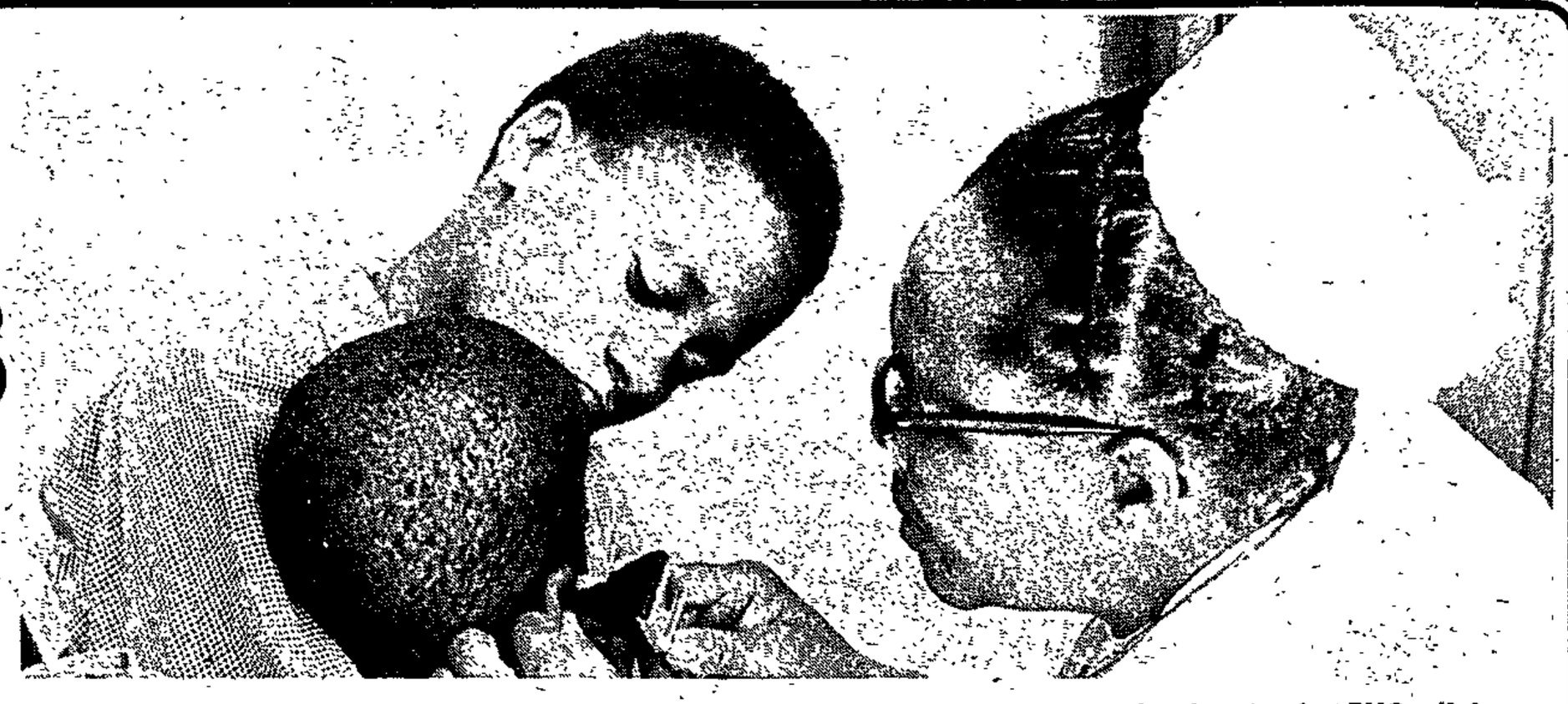

Nursing sister Wilhemina Mashiane gives a baby an ear examination in the PHC clinic.

aged as a result of need. The 1976 riots only helped to spur it on," said Dr Platzky, who helped in the training scheme of PHC nurses.

"Some years ago, we had a problem of too few doctors for too many patients. And as a result doctors were sometimes not able to give their patients all the attention they might have wanted to give them. Now patients not only get treated for their ailments, but are also assured of a sympathetic ear for their social problems," said Dr Platzky.

"Only highly qualified nursing sisters are selected for training as PHC nurses," said the doctor.

"The training equips the nurses with a high level of clinical competence, once the nurses are able to deal with most patients unassisted.

"Since the service was initiated 117 top nursing sisters have been trained while 19 are still on training. Some of these nurses come from other hospitals like Leratong, Natalspruit and King Edward hospital institutions which are all currently utilising the PHC service," said the doctor.

There is still one problem though. The The PHC nursing sisters don't get credit for their extra responsibilities — they get no extra pay yet.

Background

Biko and the doctors

22/9/80 Argus

'Did the Biko doctors measure up to the standard of reasonably skilful medical men? That is a question which refuses to go away' writes BRIAN BAMFORD MP SC.

THERE has been intense controversy over the role of the doctors in the death of Steve Biko, and various allegations and counter-allegations have been made. Memory being short, it is important to go back to the only source of the basic facts — the inquest proceedings, which were held in public.

Biko was arrested on August 18 1977 and held at Walmer police station. He was interrogated by the security police for over seven hours on September 6, and again on the following day, when he sustained injuries. His condition deteriorated until, gravely ill, he was taken for further examinations on September 11 to Pretoria, where he died the following day.

The inquest started on November 14 under the Chief Magistrate of Pretoria, Mr M J Prins, sitting with two assessors. He gave his findings on December 2 — that Biko died of brain injuries, but that the available evidence did not prove that death had been brought about by an act or omission involving an offence by any person.

The first doctor to examine Biko was Ivor Lang, a district surgeon of Port Elizabeth — on September 7, the day he sustained his injuries. Dr Lang gave a medical certificate that day stating that he could find no evidence of 'abnormality of pathology' on Biko. At the inquest he admitted that this certificate was 'highly incorrect,' as he had in fact found (on September 7) that Biko had a swollen lip with a small cut, superficial bruising on the chest, swollen hands, feet and ankles, an ataxic (staggering) walk, and blurred speech.

Asked at the inquest why he gave an inaccurate certificate, Dr Lang said: 'I cannot explain it. It is inexplicable.' He then admitted that the possibility of a head injury had immediately occurred to him, but when asked why he had put no questions on that aspect to the police (or Biko) he replied: 'I can't answer that.'

He was asked whether he had suggested to the police that, in view of the swollen limbs, Biko's leg-irons, by which he was still shackled to a grille, should be removed, and responded: 'I did not think of it at the time, but in retrospect I would have recommended it.'

Asked why he had not insisted that Biko be sent to a hospital, he replied: 'If he had been any other prisoner we would have sent him to the provincial hospital.'

The next doctor was Benjamin Tucker, the chief district surgeon of Port Elizabeth, who was called in later on September 7. He also considered that Biko might have a brain injury, but also asked no questions.

It was put to him at the inquest: 'When you are in the security police offices with a detainee under Section 6 of the Terrorism Act you don't ask questions, do you?' He replied: 'I would say no.' Uproar broke out in the courtroom, and when order was restored Dr Tucker added: 'I meant I would not agree with the statement.' When asked why he had not mentioned in his report that Biko's ankle was shackled or that he had abrasions on his feet and ankle, he said these were 'errors.'

Dr Tucker was the last doctor to see Biko alive, on September 11. He knew that Biko was going to Pretoria. He knew that he would be taken not by air, or in an ambulance, but in a police vehicle. (Biko was in fact taken in a Landrover, lying on four cell mats.) Dr Tucker did not remonstrate in any way. On the contrary, he reported that Biko's condition was 'satisfactory.'

When asked at the inquest how this could be reconciled with his evidence that Biko was then on a low level of consciousness, had a plantar reflex, and a weakness of the left limb, he replied that his report was 'an incorrect statement.'

The inquest record then contains the following:

In terms of the Hippocratic Oath are not the interests of your patients paramount? — Yes.

But in this instance they were subordinated to the interests of the security police? — Yes.

The third doctor was Colin Hersch, a specialist physician in Port Elizabeth. He examined Biko on September 8 and 9, but made out a report only on September 16, four days after Biko died. He said at the inquest that at the time of his examinations Biko showed signs of brain disease. When asked why he did not put this in his report, he replied: 'Because I thought it was self-explanatory. It was not a good report.'

Those are the facts. What is the law? It is perfectly simple, and always has been — virtually since the days of the Father of Medicine himself, Hippocrates, of the 4th century BC. The three doctors were not acting 'for' the police. They were treating a patient. To that patient they each owed a specific duty, which cannot be better defined than in Lord Denning's famous instruction to an English jury:

It would be wrong, indeed bad law, to say that simply because a misadventure or mishap occurred, thereby the hospital and doctors are liable. . . . You must not therefore find him negligent simply because something goes wrong, as for instance, if one of the risks inherent in an operation actually takes place, or because some complication ensues which lessens or takes away the benefits that were hoped for, or because in a matter of opinion he makes an error of judgment. You should only find him guilty of negligence when he falls short of the standard of a reasonably skilful medical man. In short, when he is deserving of censure — for negligence in a medical man is deserving of censure.

Did the three Biko doctors measure up to the standard of a reasonably skilful medical man? That is a question which refuses to go away.

Another search for SA nurses

95 RDM 22/9/80

Own Correspondent

PORT ELIZABETH. — A group of 17 Texan hospitals is offering to "at least double" the salaries of South African nurses prepared to work in the United States.

The hospitals' representative, Mr S Janse, said in Port Elizabeth yesterday that the recruitment drive was sparked by a shortage of qualified staff in the US.

Mr Janse said the response in cities he had visited so far was "fairly favourable", except in East London, where nobody responded. He would not say how many nurses had expressed willingness to go.

He attributed a poor response he received in Durban to the fact that his visit to the city was at a weekend.

"Figures are not important at this stage because I have still to send the applications to the Board of Nurse Examiners in Texas for processing. It is really the number that finally gets on the plane to the States that counts," Mr Janse said.

Applicants approved by the board would write a pre-qualifying test, to be conducted by the American Embassy in South Africa. A final qualifying test would be written on arrival in America.

The board required that nurses have schooling equivalent to matric, three years training and three months experience in psychiatry.

Mr Janse said nurses of all races were accepted and would be employed on a one-year contract, earning "more than double what they do here".

He said most of those who had already filed applications were coloureds.

"Most of the people who have approached me are really people who want to travel and see the world. Some have relatives in America and have not had the means to visit them."

Mr Janse said the hospitals in Texas provided the fare there, but the nurses had to refund them.

Nurses ask to share resigned staff's pay

(95) RDM 22/9/80

Political Staff

DURBAN. — Nurses in the Natal provincial hospitals felt they should share the salaries of resigned personnel, the NP congress heard yesterday.

A report from the Nurses' Personnel Association said nursing staff was forced to work overtime without pay because of staff shortages.

They would like to be paid overtime and receive further compensation for working nights, weekends and public holidays.

Mr Neels Vosloo, MPC for Eshowe, who quoted from the report in reply to a resolution on nurses' salaries, said nursing staff felt the same system used in the SA Navy should be applied in their case.

If a ship had a complement of eight officers, but only six were employed, the salaries of the missing officers were shared by the remainder.

Mr Vosloo said the main problem areas identified in the report were the rate of progression in the scales, the overlapping of scales, the fact that senior sisters and nurses were on the same salary scale, and the shortage of nursing assistants because of low starting salaries.

The association suggested revised scales for white nursing staff. A senior staff nurse who reached the top of the scale at R5 970 after 10 years should start at a better salary and reach the scale limit after three years.

Nursing assistants should start on R1 920 and reach the scale limit of R4 620 after five years instead of after the current 15 years.

Mr Vosloo said the association was not happy about the overlapping of scales, which saw a junior sister receiving the same salary as that of a sister in charge of a nursing department.

Senior sisters and matrons were on the same salary scales, although matrons had far more responsibility.

Mr Vosloo said many single employees felt strongly that they should receive a housing subsidy. At present, married staff had a pay advantage because they received such a subsidy.

Patients moved after dispute

Cape Times 24/9/80 (95)

Medical Reporter

TWO white patients who objected to nursing by coloured staff at the City Hospital for Infectious Diseases have been transferred back to Groote Schuur Hospital.

The two are suffering from infectious staphylococcus, an antibiotic-resistant hospital-based infection which earlier this year forced the closure of several wards.

In an attempt to contain the spread of the infection, provincial authorities in charge of Groote Schuur Hospital arranged to transfer infected patients to an isolation ward in the municipally-controlled City Hospital.

The city's Medical Officer of Health, Dr R J Coogan, said yesterday: "The understanding was that all staff at our City Hospital, coloured or otherwise, would be used to nurse patients as required. Such patients need careful nursing and there is a heavy burden on staff in any case. The Groote Schuur Hospital authorities agreed to this."

He added that the complaint was a case of "extreme apartheid". "There is a severe shortage of nurses and we can't change the whole staff structure because of such a complaint. They left us no choice but to transfer them back to Groote Schuur."

Most of the original group had recovered but two still remained. It was considered "not in their interests" to move them. Neither of these had any complaints about nursing.

Patients say 'no' to coloured nurses

STAR 24/9/80

Own Correspondent

CAPE TOWN—A measure introduced at Groote Schuur Hospital to beat infectious staphylococcus has been thwarted by two white patients who complained about receiving treatment from coloured nurses.

To minimise infection and protect patients, Groote Schuur moved several people infected with staphylococcus aureus to the infectious diseases City Hospital at Green Point.

The nursing staff there was stretched by the additional load, at times, ditional load and, at times, whites came under the care of coloured nurses.

When two complained, Groote Schuur was asked to take them back and deal with them as best they could.

Cape Town's Medical Office, of Health, Dr R J Coogan said: "This was a case of extreme apartheid. We couldn't change the whole staff structure because of such a complaint when there is a shortage of nurses.

"We had no choice but to hand the two patients back to Groote Schuur."

Staphylococcus aureus, a penicillin-resistant micro organism which has caused concern at Groote Schuur since last December, affects patients who are very ill or who have major wounds.

The organism, found normally in the nose and on the skin, infects wounds. Its occurrence is world-wide, aggravated partly by the intensive invasive techniques of advanced medicine.

There are still two patients at City Hospital who are both happy with the nursing arrangements.

24/9/80 ARGUS

R1,7-m alteration to nurses home

(95)

ALL residents — including about 90 nurses — are being moved out of Somerset Hospital nurses' home for repairs and extensions to the 11-year-old building.

In an operation that will take 18 months to complete, the provincial administration will spend R1 740 000 on adding 92 bedrooms, a seminar room and upgrading the main kitchen.

At the same time structural defects in the building which have caused severe leaks will be repaired.

Nurses, who are moving out this week, will be housed at Woodstock Hospital and other Peninsula hospitals while construction is underway.

A transport system is to be set up for nurses to and from Somerset Hospital.

A library, demonstration room, lecture room, the lady-warden's office and a linen bank, presently housed in the nurses home, will be accommodated in the main hospital.

They will be situated in the former paediatric ward which, according to the superintendent, Dr A Rosenberg, was closed down recently because of under-utilisation.

When asked about the reason for the extensive alterations, Dr Rosenberg said because of the low cost, nurses preferred to live in residence.

'We could do with more accommodation,' he said.

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All hospitals on Reef need more nurses

By ALISON GILLWALD

THE Department of Hospital Services for the Transvaal has confirmed reports that there is a desperate shortage of nurses in Reef hospitals.

A spokesman for the acting director of Hospital Services, Dr Fennie van Wyk, yesterday gave the Rand Daily Mail figures for September to illustrate the shortage.

"Nursing staff are a moving group of people, so every month the figures are different. Shortages were greater in July than this month at some hospitals, and less at others," she said.

"With the nursing position as it is at the moment, we have a problem but what we need is positivism to encourage people to join us."

Giving details for specific hospitals, she said:

- Edenvale Hospital has only 69% of its student posts filled.
- At Kempton Park Hospital the situation is good as far as registered nurses (such as sisters and matrons) are concerned, but more than a third of the total posts are vacant.
- South Rand Hospital has 89% vacancies at the student level. Only 2% of the 17 student posts are filled. Even on the registered and assistant nurse (no formal training) level, the posts are "not very well filled."

"Though, on the student level, the shortage is very significant here, at this time of the year most hospitals suffer a student shortage because many have completed courses — and the new intake is only in February," said the spokesman.

"But this is a large hospital, and not all beds are ever open at the same time."

- Gelderblom Hospital on the West Rand is the best off.
- J G Strydom Hospital has a quarter of its nursing posts vacant — but the registered staff posts are 5% filled. The situation with student nurses was the best, with 334 of the 397 posts filled — 84%. But the nursing assistant category was "poor", with a vacancy of 90% — only 6% of the 143 posts were filled.
- Pelgrimsrus-Penrose Hospital has a shortage of 30% of registered nurses. At student level, only 53% of the posts are filled.
- Far East Rand Hospital has 9% of its student posts vacant, but registered nurse posts are 84% filled. Their staff nurse posts are only 35% filled, and 15% of the total nursing posts are full.

"With more than a third of the posts vacant, this means two thirds of the people are doing the work meant to be done by the whole staff," said the spokesman.

- The Johannesburg Hospital nursing shortage continues.

"They have been working short-handed a long time and with fewer people doing more work, things go wrong easier," she said.

The general approach will now be applied to the problem in MAN. 530 which follows.

Training for Indian nurses

STAR 26/9/80 (95)

By Lynda Loxton
Municipal Reporter

The Province has been urged to provide accommodation and a training college for Indian nurses at the Non-European Hospital when it is handed over to the Indian community next year.

"We must do our homework now, particularly in view of the fact that the hospital in Lenasia will be completed by the mid 1980s," said Mr Denis Pillay, chairman of the Lenasia Indian Management Committee, today.

Members of the committee yesterday visited the Non-European Hospital for an in-loco inspection.

The hospital presently houses black patients, who are slowly being moved into the old Johannesburg General Hospital. Once the NEH is emptied, probably by the end of the year, it will be handed over to the Indian community.

After the visit, Mr Pillay said a training college for Indian nurses at the hospital would ensure that enough nurses are trained, and available, for the new hospital in Lenasia when it is completed in the mid-1980s.

Some concern has recently been expressed about the shortage of Indian doctors and nurses to run the NEH when it is handed over. Mr Pillay believes the project could only be made to work if nursing staff were provided with accommodation at the hospital and salaries were made more attractive.

He pointed out that there was a shortage of accommodation in Lenasia and nurses would have to travel 60 km a day to and from work.

Mr Pillay said his committee's request to recruit staff for the hospital from Durban and other areas had been well received.

The chairman of the Lenasian Indian Management Committee, Mr Denis Pillay, and the senior superintendent of the hospital, Dr J Nach, stand outside the Non-European Hospital which will soon be handed over to the Indian community.

explain the effect

5-year project will look at nursing careers

STAR 15/10/80

(95)

By Iain MacDonald

A five-year project which will take a close look at the career activities of all South African nurses is being carried out by the Human Sciences Research Council.

The project is being carried out in co-operation with the South African Nursing Association (Sana) and findings will be made public.

"Nursing News," the association's magazine, states that Sana's board had appointed several commissions of inquiry into nursing matters with few or no results.

The article states that the Witwatersrand branch of Sana made a request to institute a commission of inquiry into the state of the nursing profession and that "early action was needed to prevent total collapse of the profession and subsequent disintegration of health services."

The same article states that "the steadily intensifying conflict between the demands of nursing education and service needs must be resolved if adequate patient care is to be reinstated and professional growth regenerated.

"The lack of job satisfaction and ever-increasing frustrations at all levels of the professions are aggravating the escalating attrition rate."

In a separate article headlined "Hit back" nurses were urged to "react positively and strongly to negative and destructive criticism of the profession."

The president of the SA Nursing Council, Mrs Iris Roscher, said that the profession "was harmed when the news media painted it and individuals as dissatisfied and negative."

She asked whether, in the light of nursing staff shortages, "the time had not come to pay greater attention to general tendencies such as the Wiehahn Report."

Clichés about the nobleness of nursing would not increase nursing figures nor justify shortcomings in training, she said.

"We are measured according to other professions, and because we are often mute and fail to advertise our skills as efficiently as other professions, or we are too busy to notice these threats, nursing could lose its respected place in the health team and not be able to improve it."

More pay urged for nurses

95

STAR 20/10/80

Medical Correspondent

South African nurses should be better paid and this would also help to raise their status, Mr Bob Tiffany, director of nursing at the Royal Marsden Hospital in London, said today.

Mr Tiffany, an expert on nurses' working conditions, is to be one of the main speakers at a seminar on "Nursing in the Eighties" organised by Johannesburg Jaycees at the Johannesburg Hospital from 1 pm tomorrow.

Mr Tiffany said it used to be difficult to recruit nurses in Britain. But generous inconvenience allowances were now being paid for night and weekend work and this had attracted staff.

"Status cannot be separated from reward," he said. "Nurses must be better paid. You need to recruit the best people in nursing. They must be decisive people who can think for themselves," he added.

He said if nurses were paid high inconvenience allowances married women would be willing to work part time.

(95)

While black nurses have to run around looking for accommodation...

Whites get the houses

BLACK male nurses and auxiliaries at the hospital in Venda have to "run around" looking for accommodation outside the hospital, while whites employed in the private sector are given houses inside the hospital grounds.

The hospital, Tshilidzini, near Tshisaulu, only provides accommodation for the female nursing staff. The male nursing staff have to arrange their own accommodation. As a result some have to stay more than 40 kilometres away from the hospital.

An investigation by POST this week revealed that at least five whites working for non-governmental private companies in the homelands are staying in houses within the hospital grounds.

One of them is employed by the Sibasa Staalwerk, which has a factory in the nearby Shayandima township. Others are believed to include LTA employees involved in the erection of a dam at Matontoni.

The accommodation given to the whites, coupled with the "care free" attitude of the hospital authorities concerning accommodation of its own black male nursing staff, has created bitterness among the staff members.

In random interviews conducted this week, the men complained that:

- The hospital is not concerned about their accommodation as long as they show up for shifts on time.
- Most of them come from far and have to travel long distances every day by bus.
- Those staying at Shayandima township, about three kilometres away, face hazards of rains during summer and as a result they often arrive late for work or were absent.
- The long distances that they have to travel daily means they have to wake up very early which affects their performance at work.

One bitter staff member said the accommodation of the whites at the hospital instead of the black staff members, was an indictment against the "so-called independence of this area. People, who have no connection whatsoever with the hospital, except that they share the same colour with the senior hospital men, are given accommodation inside the hospital, whilst we have to run around looking for accommodation in people's homes. This, in a so-called independent country, is a disgrace", the man said.

The superintendent at the hospital refused to comment on the matter on the phone and referred POST to the Secretary for Health, who said he did not know anything about the matter, but would investigate. He declined to say whether it was departmental policy to house people not employed by the government in a hospital.

Forced nursing 'anathema'

31/10/80 (95)

Own Correspondent

The nursing profession is opposed to any system which calls for girls leaving school to be forced to nurse as part of their National Service.

Professor Charlotte Searle, President of the South African Nursing Association, said yesterday the Association would not be against some girls being carefully selected to nurse as part of their National Service, but the Association was against a "forced labour" situation.

At yesterday's conference of the Suid-Afrikaanse Vrouefederasie it was decided that an investigation be conducted into the possibility of girls doing their National Service in hospitals and old-age homes.

Professor Searle said: "Girls must really want to become nurses and they need the intelligence, personality and correct attitude to patients if they are to be successful."

STAR 5/11/80

Nurses — hospitals' very backbone

Unless nurses' conditions of employment are improved soon, a crisis will develop, writes Dr J B Barlow, Chief Physician and Professor of Cardiology at the Johannesburg Hospital and Wits University, in a letter to the SA Medical Journal. (This letter has been shortened.)

A recent illness requiring admission to a private nursing home served to remind me, if indeed I needed reminding, of the essential contribution made by nurses to the community.

Having spent all my professional life in full-time academic medicine, I am not qualified to judge whether or not the private clinic to which I was admitted is unusually efficient and well run compared with similar institutions.

There are, no doubt, many provincial hospitals in South Africa whose standards are, to a greater or lesser extent, being jeopardised by the inadequate quantity (and also quality) of nursing staff. It is only meaningful, however, for me to confine my comments to the Johannesburg Hospital.

A degree of efficiency remains, but virtually all wards, intensive care units, operating theatres, casualty and outpatient departments are understaffed; fatigue, stress, despondency and the anticipation of a further deterioration in the situation prevail.

Senior administrative officials and my clinical colleagues are well aware of this problem, and the importance of finding a solution is widely acknowledged. The solution surely lies in the creation of a formula by which responsible, experienced and highly trained fulltime and part-time nurses are attracted to work in this super-specialised and magnificently equipped institution.

Many trained nurses, whether part-time or full-time, married or single, wish for domestic reasons to work only during those hours which are convenient to them. That should be acceptable! All should be welcomed and employed in posts to their liking and appropriate to their experience and contribution. There will always be others who will be willing to cover the comparatively unpopular late afternoon, night, public holiday and weekend shifts, provided they receive substantial remuneration.

Nurses who have special training and expertise, or are shouldering heavy responsibility, should also receive substantial remuneration. I refer, for example, to those working in intensive care or renal dialysis units, operating theatres, obstetrics wards or cardiac catheterisation laboratories, and to those who are in charge of a ward, casualty or outpatient department; by "substantial remuneration" I do not mean the R550 a month which, in the private sector, is the easily attained salary of an 18-year-old shorthand typist!

Finally, I understand that there are some who suggest that clinicians should "get on with their work" and not concern themselves with administrative problems such as the shortage of nurses. To them I would say that my clinical colleagues and I are unable to fulfil our commitments to our patients without the assistance and support of well-trained nurses.

It is the nurses who will continue to form the backbone of any hospital in the foreseeable future! Unless we find a solution, and find it soon, the function of that important institution will deteriorate, a crisis situation will develop and taxpayers in this province will suffer as a consequence.

Poor response to appeal for Indian nursing staff

STAR 12/11/80

95

Medical Correspondent

There has been an extremely poor response to an appeal for Indian nursing staff at the old Non-European Hospital in Johannesburg, says the chief matron, R Dednam.

The General Hospital will serve 724 black patients early next year. The old Non-European Hospital is to be renovated and converted into an Indian hospital for 245 patients.

The chief superintendent, Dr Joe Nach, said yesterday the hospital complex would ultimately have a staff of 200 medical men and women and 1 200 nurses, 350 of whom would be Indian sisters and nurses.

More than 300 black patients are to move from the overcrowded Non-European Hospital to the General Hospital on November 23 and 24.

Dr Nach said that 110 patients who were receiving radiation treatment had already been admitted.

"We are in for an awkward week late in November. Hospital staff will be in for a rough time. Some people will have to work 48 hour shifts."

He also said that X-ray, theatre and other equipment was being awaited from overseas and that the hospital would not be fully operational until it arrived.

"The public should remember that we will be able to handle emergency cases only."

Matron Dednam said the hospital had only an Indian matron and an Indian sister and urgently needed more staff.

The hospital had three coloured sisters and a coloured staff nurse.

DR NACH

15/11/80 (95)

NM 15/11/80 (95)

Pay boost for nurses

Political Reporter

NATAL'S provincial nurses, forced to work long hours because of staff shortages at some hospitals, would soon be paid overtime, Mr Frank Martin, MEC in charge of hospitals, said yesterday.

Investigations were under way to bring about improvements in the working conditions of nursing staff.

Natal's Executive Committee had already approved the payment of overtime for nurses, which would bring Natal into line with other provinces.

Replying to a suggestion that coloured nurses would be suitable to fill vacant nursing posts at Addington Hospital in Durban — currently running with 25 percent of nursing posts unfilled — Mr Martin said: 'One of the difficulties is that nurses of different races are not paid the same. The Province is reluctant to open itself to accusations of blatant exploitation.

'It is NRP policy that, wherever possible, the patient should be nursed by his own race group but our first commitment is to the patient. If nurses of the same race are not available, we employ nurses of any race group so that the patient is not affected.

'And we are implementing this now.'

He pointed out that there was a worldwide shortage of nursing staff, even in countries where there was no colour bar.

Some hospitals in the United States were running with a staff complement of 50 percent.

Mr Martin said he was trying to implement as quickly as possible improvements which would cut the long hours worked by nursing staff.

The single most important reason for the staff shortage was not salaries but the lack of social contact with people of their own ages because of odd working hours.

He could not understand why nurses were paid less than their counterparts in other provincial divisons who did not have to study for three years and did not work overtime or public holidays.

'This is something which should have been put right years ago,' said Mr Martin.

On the question of uniforms, he said the position was under review and nursing staff would probably be given an allowance to buy their own uniforms.

He said it would not be possible to transport nursing staff during normal working hours, but the provision of transport after hours was part of provincial policy.

Mr Martin said he did not believe married former nurses would return to the profession if offered free creche space.

But he said the possibility of converting the old kitchen at Addington Hospital into a creche would be investigated.

STAR 15/11/80 (95)

67 pc nursing shortage

By Erik Larsen,
East Rand Bureau

Edenvale Hospital has such a chronic shortage of nursing staff that it has been forced to employ unskilled voluntary workers.

At present there is a 67 percent shortage in the number of trained nurses. The shortage of sisters, student nurses and assistant nurses varies from 31 to 37 percent.

According to the superintendent, Dr Richard Griffith, the hospital has been experiencing a nursing shortage for the past three years, but it has become progressively worse during the past year.

"The situation is serious and I am concerned about things getting worse, he said.

The number of nurses who resigned or were transferred had not increased, but there was a marked drop in the number of student nurse applications.

"At the moment we are coping because of a relatively low patient load, but we could be faced with serious problems in winter when we usually have our largest patient intake."

Because of the nursing shortage, patients were not receiving proper care and attention.

"The increased workload on our nurses could also present us with serious problems in the not too distant future. They might lose all sense of job satisfaction and we could be faced with a mass walkout."

Recently the hospital was forced to employ 38 volunteers, including two trained nurses and three men. Many are housewives who perform menial tasks.

Dr Griffith said that to his knowledge no other hospital employed volunteers on such a large scale. "They play an invaluable role."

Helping nurses to deal with crises

STAR 17/11/80

Ways of maintaining good patient care and high standards in times of a critical shortage of nurses are to be discussed at a symposium at the Johannesburg Hospital on Thursday and Friday.

Key speakers at the symposium on "Creative Teaching in Nursing" include Miss Lorna Schreiber, Chief Matron (education) at the hospital, Professor E B I Brownlee, of Unisa's Department of Nursing, Miss Margaret McLarty, principal of the Baragwanath College of Nursing and Mr John Earle, a leading educationist.

"Confluent Teaching" to help the student nurse to deal with the life-and-death crises facing her daily will be discussed by educationist and clinical psychologist Mrs Sandy Gluckman.

Miss M Walker, a tutor at the Johannesburg Hospital School of Nursing said: "Nurses and sisters from all over the Transvaal will discuss their needs and the problems they have at this critical time."

The symposium will be held at the new School of Nursing in Block 2 of the hospital.

STAR 18/11/80 (95)

Nursing crisis worsens, fewer enter profession

Several Rand hospitals are critically short of nurses, levels of efficiency are dropping and there is a marked decrease in student nurse applications.

Edenvale Hospital, which has a 67 percent shortage of trained nurses, has had to employ unskilled voluntary workers.

At the Johannesburg Hospital, where some nurses are working an average of 22 hours overtime a month, only 57 percent of nursing posts have been filled.

Chief Matron M J Somers said: "Applications for student nursing posts are coming in slowly but the figure is well below that of last year. This seems to be the trend throughout the country. We hope the intake will pick up later."

Professor Barlow . . . nurses working under stress.

There has been poor response to an appeal for Indian nurses at the old Non-European Hospital in Johannesburg, said Chief Matron R Dednam.

The hospital will have vacancies for 350 Indian nurses.

Matron Dednam said the hospital had only an Indian matron and an Indian sister, three coloured sisters and a coloured student nurse. More than 300 black patients are to be moved from the overcrowded Non-European Hospital to the General Hospital this Sunday and next Monday. The Non-European Hospital is to be converted into a hospital for Indians.

Matriculants have also been put off nursing for reasons other than inadequate pay and long working hours. Nursing sisters and hospital matrons stressed that the status of nurses in the community had to be raised.

"Nurses fulfil an important community service around the clock. If there is an emergency they have to deal with it immediately — they are life savers," said a matron.

Other hospital administrators said that nursing was a "hard but exciting job" which offered job satisfaction and security.

Writing in the SA Medical Journal recently two leading Johannesburg doctors said there were many provincial hospitals in South Africa whose standards were jeopardised by inadequate numbers and quality of nursing staff.

Professor J B Barlow, chief physician and professor of cardiology at the Johannesburg Hospital, said nurses were working under stressful conditions at the hospital. Virtually all wards, intensive care units, operating theatres and outpatient departments were understaffed; fatigue, stress, despondency and expectation of further deterioration of the situation prevailed.

Edenvale's staff nurse shortage still continues

STAR 19/4/80

(95)

By Bob Kennaugh, Medical Correspondent

Almost 60 percent of all nursing posts at Edenvale General Hospital have been filled but there was still a severe shortage of staff nurses, the superintendent, Dr Richard Griffiths, said yesterday.

Dr Griffiths said only 33 percent of staff nurse posts had been filled. Comparative figures for student nurses and assistant nurses were 65 and 69 percent respectively.

"It is untrue to say that because of the nursing staff shortage patients are not receiving proper care and attention. At present the patient load is relatively light and nurses can cope.

"But the number of patients increase in winter and the nursing staff is put under greater pressure."

"Edenvale General Hospital has a growing shortage of nurses. But this problem is shared by several white hospitals in the country.

"Therefore the precent quality of work being done by nurses cannot be guranteed to continue should the proportion of nurses to patients drop," he said.

Dr Griffiths said for several years 16 volunteers from the Red Cross and St John Ambulance had given first aid at the hospital.

More recently 35 volunteers from Bedfordview Civil Defence and others had performed a wide range of duties in the casualty and other departments.

Dr Griffiths said volunteers had acted as aids to nursing assistants and had helped to feed and counsel patients, make beds and do other routine tasks.

Nurses on the 'take' . . .

Pilfering at hospital residence is epidemic, say Grey's girls

Pietermaritzburg Bureau

PILFERING at the nurses' home of one of South Africa's most respected training hospitals has become 'an epidemic'.

The theft of uniforms, clothing, jewellery, money and other things from girls at the Grey's Hospital nurses' home was not only annoying, but difficult to cope with on the shoe-string budget that a nurse's salary allows, said some of the girls.

And for the trainees, it is something that a change of residence cannot alter as they are required to live-in at the home during their first six months of training.

The nurses, who did not want to be identified for fear of jeopardising their jobs, said most of the pilfering was from washing lines. They are not allowed to hang washing in their rooms, but have to use communal lines, from where the clothes are easily 'lifted'.

Things have also been removed from locked rooms. One of the home's housekeepers found a duplicate cupboard key in a toilet, 'where it was probably thrown in a hurry in the fear of discovery'.

'Morale in the home is very low,' said one of the nurses.

'We work long, arduous hours for which we are not paid.'

The pilfering is 'something that is bound to happen in an institution housing 600 girls,' according to Mrs G K Gray, chief matron at Grey's Hospital.

'The girls have strict security instructions,' she said. 'Nothing should be left lying around.'

She said washing was not hung in the girls' rooms as there was no hanging space for it.

The stipulation that nurses live-in during training was, said Mrs Gray, 'her own personal business'.

'We prefer girls to live in for a certain period, but it's not laid down. It's my own rule,' she said.

Branded: Anchen's 'a commie' — because she wanted to help

THERE IS really no way that Anchen Parkhouse can continue her interrupted nursing career in South West Africa — a country which needs nurses desperately — yet she is an excellent nurse.

Anchen is branded.

She's "pro-Swapo", a "communist". She became a foster-mother to Fritz, a little Black boy.

Not so long ago, Anchen was Chief Matron of the hospital complex in Windhoek — today she is pushing a pen in the offices of the Department of Health.

To the White inhabitants of Windhoek, Anchen — a childless woman — did not just pity the homeless Black youngster but, they reasoned in a distorted sort of way, cared for the child only so she could ingratiate herself with the city's Blacks.

The visible "crime" for which Anchen was, to all intents and purposes, fired from her job of running the hospital and caring for the sick and injured of SWA, was fighting for equal pay for Black nurses, but it is obvious that as her concern for the young Black boy did not pass undetected, neither did her friendship with the underprivileged nurses or her antipathy towards the Right-wingers in the hospital administration.

She was first promised another reponsible job — but then an official of the department stepped in and said 'No, you'll still be a troublemaker' — so one of SWA's most qualified nurses is now caring for a desk.

Anchen can laugh off the daily insults and jibes — some of the time.

But sometimes she drops her mask: "This country is so short of people who can make a contribution to our well-being. I could and was making a contribution, but look what they have done to me."

Anchen knows who her enemies are.

This week, she spoke to the Sunday Express.

"I had to get up to all sorts of tricks, but I laid my hands on a report compiled about me when I was Chief Matron. Now, I know who accused me of what."

The confidential report was compiled by a secret committee.

It was put to the authorities in the territory but they found Anchen innocent of all accusations. However — ostensibly to save face — she was relieved of her post.

"I was given another job which could have been both constructive and in my field. I was to have been the Director of Health Programmes. The then Director of Health, Dr J A Oosthuysen, told me I could be very useful.

"But then another person in a position of authority told me even as the Director, I would have been in a position to instigate trouble with the nurses, so he relieved me of the position."

She would not tell the Sunday Express who the official was.

"He is such a dreadful person I can not even speak his name. He knows what he has done," she said.

But despite the determination of the authorities to exclude her from any aspects of nursing because she was told she would start trouble among the nurses, this week she was a successful candidate in the SWA Nursing Council Elections.

Anchen succeeded, without being able to canvass support because she was banned from the hospital grounds until last Friday, and in spite of 100 ballot papers going missing, in being elected to the council with an overwhelming majority.

And the missing ballot papers would have certainly reflected more 'Yes' votes for Anchen. They were the ballots for the Black nurses, many of whom had nominated her for the position.

Two sections of the nursing community in SWA were backing Anchen. Both were groups of Black women, who had nominated her twice because they were worried in case feared somehting might "go wrong" with their first nomination.

They wanted to make sure that this woman, who had single-handedly supported their battle for equal pay and conditions alongside White nurses, would represent them on the council.

So what happned to their ballot papers? The White nurses received theirs.

"The Black nurses were given two days to sign affadavits to say they hadn't received their voting papers." Eventually 20 of the Black nurses were issued with duplicate voting papers.

But this is not the only irony in Mrs Parkhouse's situation. When SWA held its first elections, it was she who went to the Black nurses and told them that to abstain would be read internationally as a vote for Swapo.

"I really campaigned hard at the time," she said. "I knew we needed the support of the intelligensia of the territory, which was another reason why I felt it was important for all nurses, Black and White, to be paid on merit."

Mrs Parkhouse's association with nursing goes back a long way. For 20 years her mother, Mrs Antoinette Bremer, was chief nursing officer of the territory.

"My mother and I have built up the standard of nursing here. She, of course, did far more than I and knows South West Africa backwards. What has happened has upset her very much, but we both try to accept that everything happens for a reason," Anchen said philosophically.

But then she said: "I don't think I will be able to stand another year doing this job.

"I must try to find myself work which can be a worthwhile contribution to SWA. I want to be able to use my skills."

She expects to be fired as soon as her superiors have read this article. "But, really, that won't worry me. Sure I need the money but money isn't everything," she says.

She chuckles at the accusations about Fritz, whose surname she asked not to be revealed.

"Yes, they tried to use him, which is totally ridiculous. They just made that up to suit themselves because they all know the circumstances behind him coming to live with us."

Fritz was found in Katatura Township by nursing staff when he was 15 months old. He weighed about 2,5kg. Mrs Parkhouse, who was the community nurse, asked the Damara couple who worked for her to take care of the child.

"It meant I could keep a close eye on the boy," she explained.

But the woman died and Fritz's foster father remarried.

"He was terrified of the woman, who didn't like him. He used to run away from her and come to my husband and I. He started staying longer and longer at our house, and eventually we realised we had to make an important decision. We either had to break Fritz's heart and send him away to yet another foster mother — or keep him.

"It was tremendous problem for us. We do not have children and were not used to them. At our age we realised we would have to make adjustments but honestly, we wouldn't be without him now. At first we had a communication problem, because he spoke his own language which we couldn't understand. Now he speaks perfect Afrikaans."

Fritz, who will be eight next year, attends school in Windhoek's Coloured township.

He calls her Mama, her husband Papa, and her mother Oumie. "Sure if he is clever enough we will send him to university. I have never had children so I can't compare, but I am sure I love him as much as if he were really my own.

"Perhaps the election results were a good thing. It will mean that Dirk Mudge is going to have to go to the Black people for support, and just forget about the minority Whites."

She clicked her tongue in self-reproof: "Ja, I've shot my mouth off again. I suppose I will be in trouble again on Monday but, frankly, too bad. I have nothing more to lose. I am only 40, and that's young enough to start again."

● Mrs Parkhouse ... victimised for friendship to Blacks.

BLACKS' BALLOT FORMS DISAPPEARED — BUT THE WHITE VOTES WERE OKAY

STAR 28/11/80 9

Value your nurses

A man has had a heart attack and is rushed to hospital for emergency treatment. Within minutes Sister Sandy Lovick (22) and Sister A Swemmer of the Johannesburg Hospital are ready to resuscitate him. Nurses make a major contribution to medical care in the community. Their status should be raised and they should be appreciated for what they are — lifesavers.

It is too easy to say that if nurses were paid more the staff shortage problem would be solved. The status of nurses has to be raised. BOB KENNAUGH, The Star's Medical Correspondent, and JOSIE BROUARD report.

Several South African hospitals, including the Johannesburg Hospital, have a critical shortage of nurses, and the situation is not improving.

And in times of economic buoyancy it has become increasingly difficult to recruit student nurses.

Some of the South African hospitals which have shortages are: Edenvale General Hospital, Far East Rand, J G Strijdom and Groote Schuur Hospital. There has been a poor response for Indian and coloured nurses for the old Non-European Hospital which is to become an Indian hospital.

Whenever the staff shortage question is raised, people ask: Why don't nurses get more money? The mistaken view is that if nurses received higher salaries then medical, administrative and staff problems would be solved. However, it is not that easy.

For a year now the Johannesburg Hospital has had to work with about half its complement of nursing staff. The result has been inevitable: patients have been delayed, nurses have had to work at full stretch, and some wards could not be opened because of lack of staff.

In certain areas of nursing there have been relative shortages of staff for some time. But recently the problem has become more acute.

Earlier this year white nurses were granted an increase of between 17 and 23 percent which covered the different categories of trained staff. But this did not stop nurses from leaving the profession and becoming medical representatives or working in commerce and industry.

Clearly not enough has been done by the authorities to rectify the problem. This was underscored in a recent edition of the SA Medical Journal.

Professor J B Barlow, chief physician and professor of cardiology at Johannesburg Hospital and the University of the Witwatersrand, wrote: "There are, no doubt, many provincial hospitals in South Africa whose standards are, to a greater or lesser extent, being jeopardised by the inadequate quantity (and also quality) of nursing staff.

"In contradistinction to the private institution, the atmosphere in The Johannesburg Hospital reflects the stressful conditions under which most of the nurses are working.

"A degree of efficiency remains, but virtually all wards, intensive care units, operating theatres, casualty and outpatient departments are understaffed; fatigue, stress, despondency and the anticipation of a further deterioration in the situation prevail."

The solution lay in the creation of a formula by which responsible, experienced and highly trained full-time and part-time nurses were attracted to work in the multimillion-rand hospital — a specialised and magnificently equipped institution.

Many trained nurses, whether part-time or fulltime, married or single, wished for domestic reasons to work only during those hours which were convenient for them. That should be acceptable.

To define clearly the problems about nursing and which solutions were offered, The Star spoke to nurses, matrons and a visiting British expert.

Mr Bob Tiffany, director of nursing at the Royal Marsden Hospital, recently had a critical look at some of South Africa's hospitals.

Here are some of his conclusions:

- Local nurses should be better paid and this would help to raise their status, which could not be separated from reward.
- Generous inconvenience allowances were now being paid to nurses in Britain, and this had attracted staff. The extra pay was for night and weekend work.

The best people had to be recruited: decisive people who could think for themselves.

- Married women should be encouraged to remain in nursing.
- There were always individual areas in which nursing could be improved.
- There was a move overseas to nurse patients individually and see to their personal needs. This made the job of nursing more attractive and exciting.
- In Britain nurses were taking over the jobs they did better than doctors, for example the placing of intravenous infusion.
- The theory and practice of nursing should be brought closer together.
- Retired nurses should be encouraged to return to nursing.

Some nurses at the Johannesburg Hospital complain that they work 22 hours overtime on average a month because of staff shortages.

There were mixed feelings about the staff situation. One nurse said "it was no longer a joke" while others said nursing provided a great deal of job satisfaction.

Hospital authorities are aware of the problems but are having difficulty hiring more nurses and encouraging students to take up nursing.

- For the first time student nurses are being paid overtime to compensate them for additional hours worked.
- Student nurses are being given greater responsibilities.
- The nursing staff is working many hours overtime to assist in maintaining the service to the patient.

In a discussion with the chief matron, M J Somers, Dr L Kalmyn, a deputy superintendent and Matron L Mackenzie, deputy matron, other points emerged.

To facing page

Star 24/11/80 (9)

...you value your health

New salaries short on pulling power

Many nurses, including some who "still love nursing," have left the profession for better-paid jobs as drug company representatives and fields far removed from nursing.

White nurses were reasonably satisfied with salary increases ranging from 17 to 23 percent which became effective on April 1. Said a nurse: "The increases will help us keep pace with the cost of living but they are not big enough to coax young women to want to become student nurses."

Some of the increases were:

Salaries for matrons, chief school nurses, principal male nurses and senior sisters went up from R8 220 to R9 300 a year.

The pay of sisters and male nurses went up from R6 300 to R7 410; that of midwives, staff nurses and senior nursing assistants increased from R4 950 to R5 520.

Pupil nurses and pupil midwives received a top salary increase of R225 a year (from R3 360 to R3 585). The top scale pay of student nurses registered for a three-year course went up from R3 360 to R3 585 a year.

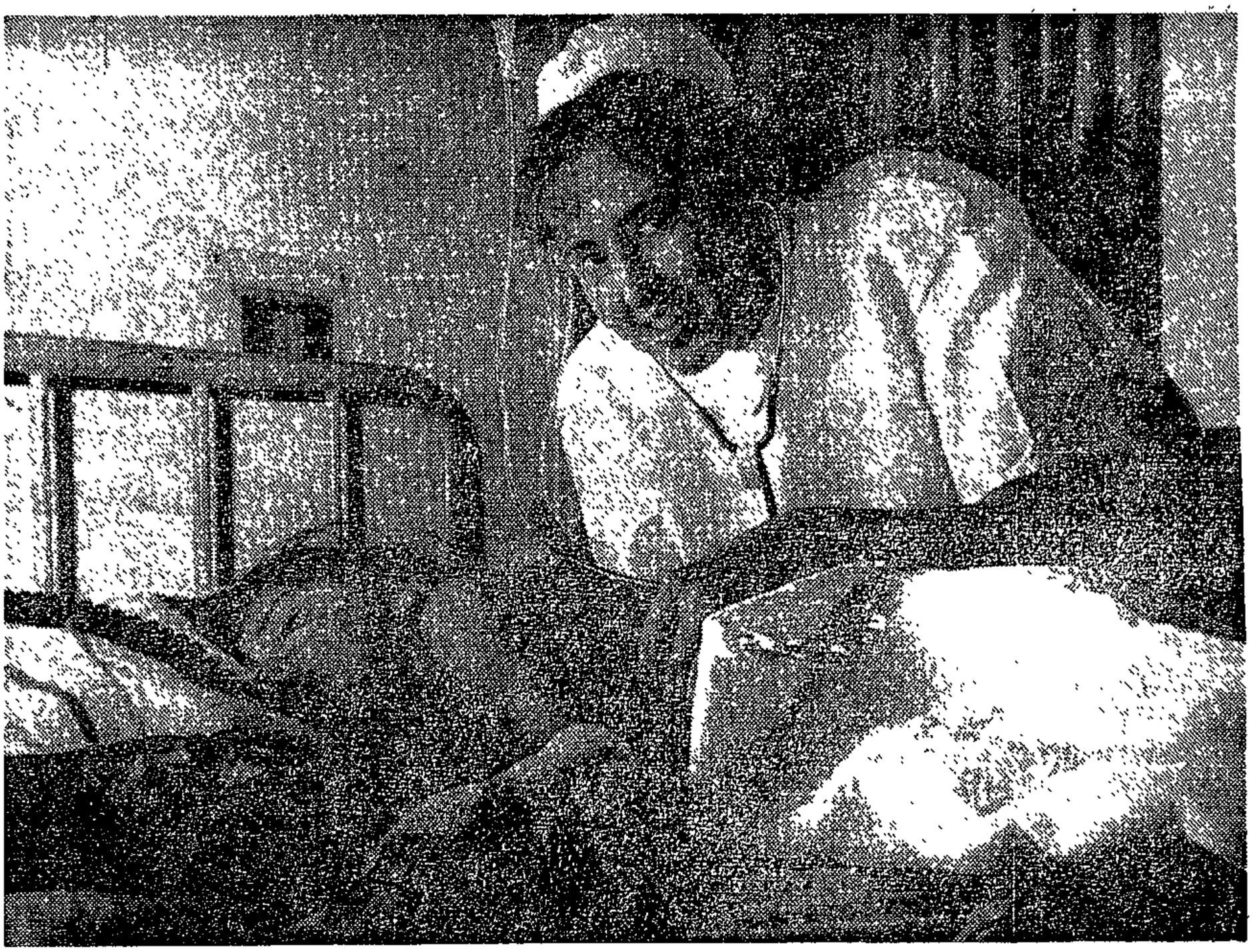
What do leading medical men and women think about the nursing crisis? What should be done?

The president of the SA Nursing Council, Miss Iris Roscher, asked whether in the light of the nursing staff shortages, "the time had not come to pay greater attention to general tendencies such as the Wiehahn report."

Cliches about the nobleness of nursing would not increase nursing figures nor justify shortcomings in training. "We are measured according to other professions, and because we are often mute and fail to advertise our skills as efficiently as other professions, or we are too busy to notice these threats, nursing could lose its respected place in the health team and not be able to prove it."

Professor Phillip Tobias, dean of the medical faculty at the Univerity of the Witwatersrand, said nurses at all levels should be paid salaries commensurate with their training and qualifications, their responsibilities, their life-maintaining and life-saving functions."

He said nursing was a shamefully undervalued service in South African society. "Small wonder that all except the idealists and dedicated ones turned elsewhere than nursing for professional and job opportunities."



Nurses care. Their work is demanding but exciting and offers job satisfaction. Nurse Sherine Lovegrace (19) gives close attention to Nadia Sommer (4), who is recovering from a five-hour operation in the Johannesburg Hospital.

The new salary scales may have kept up with the cost of living but are not enough to coax people to the nursing profession or stop the drift away, except for the truly dedicated.

From previous page

● All jobs, including nursing, have their problems. In several Western countries there is a shortage of nurses.

● Nurses are undervalued. "You value health only when you are sick," said a matron.

Chief Matron Somers said: "Nurses are an integral part of the total health team. They are the only members of the medical team whose service functions around the clock. If an emergency arises they are there to deal with it."

The nursing staff worked a 40-hour week but because of the shortage of staff it was asked to work overtime. Sisters worked seven nights on and seven nights off. Night shifts were from 7 pm to 7 am. Overtime rates for both student nurses and sisters were reasonable.

Said the matron: "I firmly believe that once the bug has bitten you will stick with it. There is job satisfaction in nursing if you have a goal in life."

Other advantages offered by nursing included:

● There was no sex discrimination — men were also encouraged to take up the profession.

● Women of 40 and older could return to nursing either part-time of fulltime.

● Knowledge gained by a nurse was useful in everyday life.

● Registered nurses were given 46 days leave a year to begin with.

● They were encouraged to study full-time for a BSc (Nursing) degree and other qualifications.

● South African nursing qualifications were accepted overseas.

But perhaps the highest praise came from the patients themselves. Giving R1 000 to the Nurses Home Fund, a satisfied patient wrote: "I have spent 10 days in the intensive care ward at Johannesburg Hospital and am filled with admiration for your nursing staff.

"They are always patient and kind under sometimes very difficult circumstances. They are marvellous. The R1 000 should be used not only for the nurses home but in any way which might benefit nurses."

DD 28/11/80 (95)

Nurse enrolment causes concern

PORT ELIZABETH — Decreasing enrolment among white and coloured student nurses in the Eastern Cape is causing grave concern in the profession.

A survey yesterday revealed that so far only the Livingstone and Provincial Hospitals in Port Elizabeth and the Andries Vosloo Hospital and Somerset East expected to fill all their vacancies next year.

Provincial hospital spokesman at East London, Uitenhage, George, Oudtshoorn, Cradock and Graaff-Reinet said there was only a trickle of applications compared to previous years.

"A bad turnout," and "not enough applications," were some of the comments of matrons questioned yesterday.

Some attributed the decline to irregular hours and poor pay in relation to heavy responsibilities.

Several matrons said they expected application numbers to drop even more next year as school leavers chose more lucrative careers.

Matron of Grahamstown's Settlers Hospital Miss J. Uckermann, said she was seriously worried about future recruitment.

She said she had enough nursing sisters, but was keeping her fingers crossed that they too would not get drawn into other professions.

"Nurses with four years' training are earning more working for the railways and in building societies," she said.

A spokesman for Frere Hospital said only 10 of the hospital's 50 trainee posts had been filled up to now.

"Our staff cannot continue to work under this strain. We are now beginning to lose sisters as well," she said.

Matron of the Livingstone Hospital, Miss Dawn Schumper, said enrolment among black trainees was good and there was a long waiting list. "We would also like to get more coloured applicants."

Enrolment figures were not available from the Provincial Hospital in Port Elizabeth, but the medical superintendent, Dr Leon Cilliers, said enrolment for student nurses was "going well" and there was no shortage.

Meanwhile, a serious staff shortage has caused Empangeni Hospital in Durban to cancel all but emergency operations and to close the day ward from December 14.

But the suggestion that black nurses be employed was turned down by the MPC for Eshowe, Mr Neels Vosloo, on the grounds that "such replacement is not the fashion in South Africa."

Later Mr Vosloo said: "You are making a scene out of something which is not really all that bad. If we do not have people to staff the hospitals, then we must replace white staff with blacks. — DDC.

Few apply to train as nurses

C.T. 29/11/86 (95)

Staff Reporter

NEXT year's intake of white student nurses at Groote Schuur Hospital so far is nearly half the usual number.

The normal intake for January, February and March is well over 100 nurses, but so far only 70 nurses have enrolled to start their training for the January and February intake.

While the figures reflect a chronic shortage of white nurses, there is, according to sources, a waiting list of coloured trainee nurses.

Asked about the nursing enrolment shortfall, Dr H R Sanders, chief medical superintendent of Groote Schuur Hospital, said that this was not the first time there had been few applicants. She said the same pattern had persisted in the past few years, and pointed out that there could be more applications before the end of the year.

Dr Sanders said high-level government talks were in process to discuss the nursing shortage.

She said it was important to take into account that the numbers of nurses may not decrease but the number of posts created increases beyond supply.

Dr John Sonnenberg, Opposition spokesman on hospitals in the Provincial Council, said there was cause for alarm about the decreasing number of white nurses going into the profession.

"But while there is this obvious chronic shortage, there is a waiting list for coloured nurses. The answer to the problem is obvious — scrap racial nursing barriers to ease the shortage," he said.

● The shortage of white and coloured student nurses in the Eastern Cape is causing grave concern in the profession.

A survey by the Eastern Province Herald yesterday revealed that so far only the Livingstone and Provincial hospitals in Port Elizabeth and the Andries Vosloo Hospital in Somerset East expected to fill all their vacancies next year.

Provincial hospital spokesmen at East London, Uitenhage, George, Oudtshoorn, Cradock and Graaff-Reinet said there was only a trickle of applications compared to previous years.

Some attributed the decline to irregular hours and poor pay in relation to heavy responsibilities.

The Matron of Grahamstown's Settlers Hospital, Miss J Uekermann, said that since budget increases were implemented, a trainee nurse with a matric certificate earned about R220 a month.

A spokesman for East London's Frere Hospital said only 10 of the hospital's 50 trainee posts had been filled up to now.

"Our staff cannot continue to work under this strain. We are now beginning to lose sisters as well," she said.

The Director of Hospital Services for the Cape, Dr R L M Kotze was not available for comment yesterday.

Chief surgeon confronts Provincial Council

'Give us black nurses to beat hospital shortage'

4/12/48 (95)

Mercury Reporter

THE chief surgeon of Empangeni Hospital yesterday demanded that black nurses be employed to overcome the staff shortage crisis at the hospital.

Dr R S Henderson called on the Provincial Council to give him a straight answer on whether the Council was prepared to employ black nurses in white hospitals.

'If they do, we need them at this hospital now,' he said.

The staff situation had not been alleviated and, according to Dr Henderson, there didn't appear to be any sign that it would be.

The hospital will close its day ward and cancel all but emergency operations from December 14. Beds in the general ward may also have to be removed.

'The matron cannot tell me when the day ward will be opened again. They may patch up the shortage by juggling nurses and getting a few extra but we have been coping with that sort of unsatisfactory arrangement for far too long.

'Black sisters are good enough to be used in emergency cases and in the theatres but not in the rest of the hospital

'Mr Frank Martin talks about not wanting to exploit black nurses because they are paid a lower salary, but what we are doing now is exploitation of the lowest order.

'I know of many black nurses here who cannot find posts and who would willingly take over vacant white posts,' he said.

The Director of Hospital Services in Natal, Dr V A van der Hoven, yesterday told the Mercury he was not prepared to enter into what he called 'a Press dialogue with the medical profession'.

He said that on October 1, 95,7 percent of white nursing posts had been filled — 'and generally speaking that would not suggest there is a shortage'.

However, the Mercury was told by another member of the hospital services department on Monday that the number of white trained nursing posts filled was 84,72 percent. White student nursing posts were 83,88 percent filled.

Dr van der Hoven said the Press appeared to be concentrating on only two areas in which there were nursing shortages — Addington and Empangeni.

When figures were given from a spot survey conducted by the Mercury at five provincial hospitals — a shortage of 12 sisters at Ladysmith, four sisters and three nursing assistants at Dundee and two sisters at Port Shepstone — he replied: 'I don't know where you get those figures. Those people are not supposed to divulge information to the Press.'

Survey

Asked for a breakdown of vacant posts at Natal's 22 provincial hospitals, Dr van der Hoven said: 'I am going to do a complete survey of Natal and the figures will go to the Executive Committee. Anyway I would not release such a list because it would confuse the issue. People don't understand such lists,' he said.

He hoped the survey would be completed before the end of the year.

Mr Ray Swart, Natal leader of the Progressive Federal Party, said yesterday it was a public disgrace that black nurses should be forced to accept posts beneath their level of training while there was a [illegible] of nurses in white hospitals.

Mr Swart said: 'The closing of wards at Addington Hospital highlights the serious situation which exists in relation to the nursing profession and our hospital services.

Shortage

'It seems clear that there is much more behind this situation than the mere seasonal closing of certain wards in Natal's major hospital.

'It is common knowledge that there is a critical shortage of white nurses and there is no doubt that the reason for this shortage is to be found in the pitiful salaries paid to nurses, and their service conditions generally.

'This is an issue which requires urgent attention at national level because the future of this key profession is at stake and society cannot sit back and allow these dedicated people to receive financial rewards which are far short of those received in most walks of life.'