WOMEN HEALTH WORKERS

This article was written after a series of interviews with a number of different women health workers, ranging from sisters to domestics, at Baragwanath and Hillbrow hospitals. In doing so an attempt has been made to demonstrate the position that black women health workers occupy within the South African health care system and the particular working conditions to which they are subjected.

The health care system supports the status quo in that it reflects and reinforces many aspects of oppression and exploitation. This is clearly demonstrated by the heirarchical structures within the health care system. The nature of these structures is such that control is located in the hands of a minority of people, generally highly skilled white male professionals, who are placed in a position where they make all the decisions concerning health policy.

The majority of health workers are women who almost always occupy positions subordinate to those of men. This sexual division of work is further compounded by racial and class divisions. Black women health workers are even more exploited than their white collegues.

Age also constitutes a form of discrimination. Older women tend to be employed in the lowest status job categories, such as manual work, with the lowest pay.

The question of skill is central to any understanding of the heirarchical health structures. The definition of 'skilled work' is manipulated to conform with society's idea of women's work which is generally to carry out orders given by the male superiors. Thus women health workers have very little control over the work they do. By and large they carry out the orders and routine work tasks determined by their superiors. The people who carry out these tasks tend to be classed as 'unskilled' or 'semi-skilled', whereas the people who give the instructions are generally regarded as skilled.

As a result of this definition of 'skill', women health workers are allowed very little responsibility in the decision making process despite the extent of their experience and their training. Highly qualified sisters who have worked in hospitals for along time cannot, even in emergency cases, decide what treatment to give a patient without first consulting with a doctor. During the nineteenth century Florence Nightinggale outlined what she thought the role of the nurse should be, she said:

> *"We nurses are and never will be anything but the servants of doctors, and good and faithful servants we should be, happy in our dependence which helps to accomplish good deeds".*

It is obvious that this ethic still holds, although contradictions can sometimes be seen. For example, during night shift, nurses take on more responsibility because of the lack of doctors.

Furthermore the role that women hospital workers play is much the same as the women's role in the home. One feminist writer argues that the relationship between the doctor, the nurse and the patient is analogous to the family relationship. She says that:

> *"Nursing is distincly women's work ... women are particularly filled to the onerous task of patiently and skillfully caring for the patient in faithful obedience to the physicain's orders. Ability to care for the helpless is women's dis-*
> *tinctive nature. Nursing is feminine".*

Let us now consider some of the specific working conditions at Baragwanath and Hillbrow hospitals.

Many women health workers are married with families to look after. Like all black working mothers they wake up earlier than the other members of the family (sometimes as early as 4 am.) to do their household chores. Only when everyone is washed, cleaned and fed can the women health worker rush off to work.

The work that women health workers do is both emotionally and physically strenuous. Student nurses complain that their free time is mostly taken up by washing their uniforms, and sleeping because they are so tired. On top of this nurses have to work three months nightshift a year, a situation which is particularly stressful.

The health authorities further entrench divisions among health workers by ensuring that there is little social contact during working hours. White doctors often eat in a separate room from black doctors, and qualified nurses are barred from eating with student nurses. Cleaners, porters and other workers also have their own eating rooms.

The meals that the hospital provides are also different for different job categories. While doctors are served substantial and relatively good meals, most black health workers

complain about the food. One cleaner at Baragwanath referred to her meals as 'dog food'. She said:

> *"Last week they served us dog food, it was all pink. You could see it was Epol. But I have to eat it because at home there is sometimes not even bread to eat".*

Further discrimination against women health workers concerns their maternity leave. Women are sometimes forced to stop working when they are six months pregnant. Although many of

them feel capable of working much longer. Most of them actually need to work longer because they need the money. Unemployment insurance is usually only granted for three months (see article on Maternity Benefits). Child care facilities are not available at the hopitals. Children have to be entrusted to the care of other people which is often an added expense.

Transport is a further expense. Although the hospital administration provides transport facilities or transport allowances up to R120.00 per month for doctors travelling to and from Baragwanath, it does not give the equivalent to those cleaners travelling from Soweto to Hillbrow. Some of these workers get only R12.00 per month as a transport allowance, regardless of how far they have to travel or what shift they work.

Many women health workers are the sole breadwinners in the family but their wages do not nearly cover their basic needs. One cleaner at Baragwanath receives R120.00 per month. She has three children (two of whom are at school and require books and uniforms), a mother, a father and four other brothers and sisters to support. She has no other source of income, not even from the father of her children. Cleaners at Hillbrow hospital start off at R75.00 per month and gradually, over a period of two years this is raised to R120.00 per month. If they do piece work they can get up to R135.00 per month. Overtime is not remunerated.

A study by Van Rensburg revealed that in 1975 black student nurses received 50% of the wages of white student nurses. Black nurses are sceptical of the recent wage increase proposals. It is clear that the proposals are primarily an attempt to persuade white nurses to remain in the profession. The higher one is in the nursing hierarchy the greater will be the increase. The wage increases will therefore primarily benefit senior white nurses. It is important to note that pay increases for other health workers have not been suggested.

The hospital authorities appear to be prepared to use any means at their disposal to prevent any form of health worker organisation, without which changes within the health

services may never happen. Strategies to confront the administration with specific demands have to be developed. Black women health workers are, however, generally reluctant to strike. One sister argued that:

> *"The patients in the hospital are our mothers, our fathers, brothers and sisters. If we do not look after them no one else will".*

Another health worker agrees, but she adds:

> *"No we cannot strike. It is our moral obligation to our people, but we know that the hospital management continues to use this reasoning as an excuse to oppress and exploit us. We must develop other strategies to voice our demands".*

CONCLUSION

In this article, it has been argued that exploitation of women health workers is compounded by the well developed hierarchy within the health sector. In this hierarchy, class, race sex, age and staff differences are maintained and reinforced. These divisions result in specific oppressive working conditions, a number of which have been examined.

The demand for improved working conditions is tempered by the moral responsibility society places upon those who provide essential services. This applies more to the health services then any other sector of society. Furthermore, women health workers are forced into a role as the "carers" of society. This situation acts as a deterent to confrontation between the health service authorities and the exploited workers.