
The origins of contemporary nursing organisation in South Africa

Two institutions dominate nursing organisation in contemporary South Africa: the South African Nursing Association (SANA) and South African Nursing Council (SANC). At a time when important changes are being debated within the health sector, it is important to look at the history of the profession and the origins of SANA and SANC.

When SANA and SANC were set up by the 1944 Nursing Act, they seemed like a triumph of ostensibly liberal and non-racial principles. By 1957, these tentative moves had been completely reversed and the nursing profession was effectively segregated. This has been further refined with the nursing legislation of 1978 and 1982, which has established separate associations for nurses in the 'Bantustans' - all of which now have their own departments of health and welfare. The following article has been written by a South African historian and gives an outline of the racial divisions in nursing as well as the roles these divisions played in the establishment of SANA and SANC.

Early divisions in nursing

In South Africa, as in Britain, the first trained nurses were members of Anglican sisterhoods and the first training was organised by Sister Henrietta at the Kimberley Hospital in the 1870s and 1880s. Professional nursing in South Africa inherited from the tradition of the sisterhoods the military notions of duty and the religious ideals of service, together with the idea that the control of nursing staff and patient care could only be entrusted to a 'lady', an educated woman usually wealthy and of some social standing, that characterised the British profession.



Historically, few African women had the educational qualifications to take the nursing certificate

By the Second World War, however, the majority of trained nurses were increasingly South African born, with a large number drawn from rural and working class Afrikaner backgrounds. Nevertheless, English-speaking nurses remained in top positions in the nursing hierarchy and SANA into the 1950s.

In the urban areas probationers (student nurses) provided the nursing labour force at exploitative rates of pay and under appalling working and living conditions. Meanwhile the basic duties were done by an army of unrecognised auxiliary nurses - black and white - and unskilled black domestic workers. From the 1930s there was an almost constant shortage of trained nurses.

While it was said that Afrikaner women did not enter nursing because it was too close to domestic service - poor salaries, long hours, bad living conditions, difficult training and the lack of training schools as well as the attitudes of English-speaking senior nurses contributed to the shortage. Well into the 1950s there was a major class divide between the 'lady nurses', mostly of the English origin, and the Afrikaner women from the countryside. Nursing thus drew its recruits from the more idealistic and from the most vulnerable and exploited of the white workforce.

Nursing in the black community

In both urban and rural areas, hospitals and clinics for Africans were largely established on the initiative of missionaries and were run by African women under the supervision of mission doctors and nurses. In 1908 Cecilia Makiwane was the first African woman to qualify as a professional nurse; she trained at Victoria Hospital in the Eastern Cape. It took another twenty years before three African

women qualified as nurses and midwives at McCord's hospital in Natal. Few African women had the educational qualifications to take the nursing certificate and many public authorities were reluctant to provide for the training of black nurses and believed they were not capable of passing the nursing examinations.

As late as 1948 there were only some 800 African trained nurses. Unlike the situation among Afrikaners, the status of black nurses in their community was extremely high, despite even lower pay, and they had an influence in the African community out of proportion to their numbers.

Until the 1950s a majority of both the nursing and medical profession including black doctors insisted on equal standards for black and white nurse training.

Nursing standards

Yet the emphasis on equal standards was not necessarily as liberal as it sounds. While some feared that the introduction of a second grade of nurses' training would mean white women would become the professional nurses and African women would be confined to menial duties, others feared that 'second grade' black nurses would compete unfairly with white nurses by working for much lower salaries. The debate was similar to that in Britain about a single entry to nursing. As in the United Kingdom, the insistence on ever higher 'professional standards' together with low salaries contributed to the almost constant shortage of nurses. What is good for nurses is not necessarily good for patient care.



There has been a long history of racism in nursing



Behind the speed with which SANA and SANC were formed, was the fear that nurses might become unionised

The establishment of SANA and SANC

Initially, provincial Medical Councils and later the South African Medical Council (SAMC) controlled the registration of nurses and their training, curriculum, examination and discipline. Crucial in giving nurses themselves greater control was the Nursing Act No 45 of 1944. In terms of the Act, the South African Nursing Council (SANC) replaced the Medical Council in controlling the standards of the profession and the South African Nursing Association (SANA) replaced the older South African Trained Nurses Association (SATNA) as the professional association. Any nurse, irrespective of colour or race, was eligible for either election or appointment to the Council and was entitled to vote in the election for members of the SANC and the Board of SANA. All registered and student nurses and midwives, irrespective of colour, had to belong to SANA if they wished to practise in South Africa.

There are several unique features of this 1944 Act, not least of which was the creation of a closed shop agreement for a professional organisation on the one hand, and the colour blind principles on which the Association and Council were to be based, on the other. Both aspects were a product of a brief reformist period

during and shortly after the end of the Second World War which also saw the schemes for a national health service which would cater for the needs of all the people and of specific struggles within the nursing profession.

The trade union 'threat'

The speed with which SANA and SANC were formed is also remarkable. Behind this speed was the fear that nurses might be unionised - the result of the activities of the veteran trade unionists, Solly Sachs and Anna Scheepers, who were already deeply engaged in organising Afrikaner women workers, in mobilising dissatisfied junior and student nurses in Johannesburg.

In response to what became known as the 'trade union crisis of 1942', the established nursing leadership and the Department of Public Health rapidly joined forces. SATNA called mass meetings of nurses to demand a closed shop professional association and their own governing body. As recently as 1938, an attempt by the nurses to gain some autonomy from the medical profession had been dismissed by the SAMC and the Department of Health as premature and against the public interest. Now these objections were simply brushed aside. What worried both the state and the SATNA leadership was the thought that nurses might 'adopt a trade union mentality' and might even be persuaded to strike in order to improve their situation.

The possibility that Afrikaner nurses would branch off from SATNA and form their own separate association and rumours that the Afrikaner nationalists intended making nursing reform a plank in their platform in the 1943 election, gave the Nursing Bill government priority.

In fact, most nurses quickly rallied behind the establishment. The notion of a trade union did not fit easily with their sense of professionalism. The entire training and socialisation of nurses was to distance them from working class origins and to instill ideals of duty and service; provided their professional organisation had sufficient leverage - which the new act promised - the majority of nurses were not interested in unionisation. These are features of nursing which should be borne in mind at the present time.

Continued discrimination

In other respects, the non-racialism of the 1944 Nursing Act seemed to represent a more liberal mood. Superficially, in 1944 unity between nurses of different class, racial and ethnic origins was a real possibility. Even then, however, there were real tensions which the Act masked. Made possible by the liberal climate of the war years and by the very small number of black trained nurses, even at the time there were those who contested the achievements of the Act.

From the outset, black nurses faced discrimination. Despite their equal training, their salaries were far lower, their training facilities were often grossly inferior and they had no access to the nurses' old-age, convalescent and holiday homes provided by SANA and paid for out of nurses' subscriptions.

At an ideological level there was a tension between the universalist, caring ethos of the profession and the racism of the majority of white South Africans. On occasion, medical and nursing ethics which held that patients were entitled to care irrespective of race, colour or creed acted as a defence against more blatant racism.

SANA and SANC

With the victory of the National Party in 1948, however, even this limited liberalism was ousted from any position of influence, although it took nearly ten years for the government to push through its major segregatory measures for the profession.

From 1949 the government's object was to segregate the branches of the Association and remove the voting rights of the black nurses. From a referendum held on the subject in 1950, it seems that the majority of white nurses, if not actively in favour of the government's intentions, were basically apathetic.

Through the 1950s the composition of the SANC and the SANA Board became steadily more favourable to the government's intentions. This was in part the result of government nominations to the Council, and partly a reflection of the changed composition of the profession itself. (By that time 70% of nurses were of Afrikaner origin.)

Despite opposition from the Cape Town and Witwatersrand branches of SANA, leading members of SANA and SANC were prepared to settle for the discriminatory amendments.

Charlotte Searle, then Directress of Nursing in the Transvaal and already a dominant figure in SANA and SANC, was very explicit on the reasons. She argued that 'non-European nurses' were only included on an equal basis in the 1944 Act because at that time there were very few of them and because the nurses were assured by the Provincial Authorities responsible for hospital services, that the authorities did not intend training black nurses for the full certificate:

"If we had known at the time that the policy of the provincial authorities was just the opposite we, and I for one, would certainly not have agreed to the introduction of the Bill as it was introduced in 1944. We would have fought it to the last ditch. We certainly would not have liked to do something which would ultimately have wrecked the European nursing services in South Africa. At any event, because there was no problem at the time, it was decided that there would be no colour bar." (Report of the Select Committee on Nursing, 1954, paragraph 313, page 153).

By 1954 the numbers of black trained nurses had risen to 2 100 - just under one-seventh of the total but clearly a considerable increase over 1948. For Searle

and others like her, this raised a frightening spectre:

"The non-European nurse in South Africa is being drawn from a social milieu and has a psychological attitude which is completely different to the generally accepted concept in the Western world ... I am not prepared to describe her as a real nurse ... the non-European nurse is at the moment unable to discharge, either through training or in the care of the sick person, these functions of the nurse, viz the psychological and sociological care of the patient." (Report of the Select Committee on Nursing 153 - 157, Hansard, 15.6.87, page 7968).

Asked whether there were any cases where the 'non-Europeans' supervised whites, Searle responded vehemently:

"I found that to be the position in one of my hospitals in 1947, and again in 1948, and again in 1949 when I found that it was being tried out in a hospital. It only lasted for half an hour after I arrived on the scene." (Report of the Select Committee on Nursing, 1954, paragraph 316, pages 156-7).

By the mid-1950s, Ms Nothard who was Chair of the Nursing Council asserted with great confidence:

"The sense of responsibility of European and non-European nurses is different because their outlook on life is different and we must therefore train them differently if in the end we want them to have the same sense of responsibility. Once you train them differently you must register them differently." (Report of the Select Committee on Nursing, 1954, paragraph 316, pages 156-7).

Statutory segregation

As the weight of the state shifted behind apartheid policies, the more overtly racist nurses gained ascendancy. By this stage, 70% of white nurses were of Afrikaner origin and they were being deliberately mobilised by the Broederbond to foster apartheid in the profession.

Under the 1957 Act, the Nurses Council was to consist of 31 whites, of whom fifteen were to be elected by registered white nurses and midwives. The Council was to maintain separate registers of "white, coloured and African" nurses, midwives and trainees and was to establish a new category of nursing auxiliaries and midwives, for whose syllabus and training it had responsibility. Advisory boards were set up for 'coloureds' and Africans to advise on matters referred to them by the Council, or which they wished to refer to the Council. The voluntary segregation of the old Nursing Association's branches was replaced by statutory segregation. Like the Council, the Board of the Association was to have only white members elected by whites, with Advisory Committees for 'coloureds' and Africans. These clauses were in response to rumours from as early as 1954 that 'non-Europeans' might be elected to the Council and Board at the next elections. Finally, under Section 49 of the Act, it became an offence to allow the employment of white members of the Association "under the control of any person who is not a white person in any hospital or similar institution or in any training school".



The 1957 Act ensured that no black nurse would be appointed over a white nurse, although it entrenched the doctor's 'superiority' over the nurse, regardless of colour

As the South African Institute of Race Relations (SAIRR) pointed out at the time, section 49 would appear not only to prohibit a 'non-white' sister being appointed over a white staff nurse, but also the appointment of 'non-white' interns or other medical officers where there are white staff nurses or sisters.

If this interpretation is correct, there would be no hospital in the Union where a non-white could serve as an intern and thus no 'non-white' could qualify as a doctor. (SAIRR, 'The Nursing Bill', page 2, statement dated 15 May 1957). In the event, this section was modified so that although black nurses could not give orders to white nurses of an inferior rank except in an emergency; the privileged 'male' status of 'doctor' remained above the 'female' nursing hierarchy, regardless of colour.

Separate associations

There was a more immediate motive behind the 1957 Act, directly relevant to the separation of the 'Bantustan' nurses into their own associations in the last ten years. Once nurses gained greater control over their own affairs and the numbers of black nurses grew, so the issue of 'swamping' arose. As in the contemporary case of Bantu education and housing, the Nationalists had to make provision for the social and physical reproduction of a greatly increased black urban workforce, even if they did so within the parameters of their apartheid policies.

The increased demand for black nurses was met through the creation of the

category of Auxiliary Nurse. The jump in black nursing numbers was undoubtedly largely a reflection of their recognition in the 1957 Act and their inclusion on the nursing registers. It was equally the reason why a section of the white profession - and the state - agitated for their separation and control.

While the nationalists would have preferred the total segregation of black and white nurses, the nursing hierarchy wanted a single (if segregated) Association. The importance of keeping black nurses within the framework of a single Association was to maintain the control of the existing hierarchy. As a memorandum by the Department of Health put it:

"Entirely separate Associations for Europeans and non-Europeans are not advocated, as this would, it is feared, inevitably lead to the organisation of the Non-European Association on trade union lines under the control of communist agitators." (GES 1619 97/26D memorandum on the proposed amendments to the Nursing Act regarding the SANA for submission to the Minister of Health, 28 January 1954).

Opposition to the 1957 Nursing Amendment Act

By 1957 there was a further consideration in the minds of the nursing establishment in their defence of a single association - and one which has contemporary relevance: South Africa's continued membership of the International Nursing Council which insisted that member Associations had to be open to all classes of nurses. Hence, the attempt by the SANA to establish a separate standing committee on non-Europeans with representation on the Governing Board.

Although it was gazetted merely as a consolidating measure, the Nursing Amendment Act (No 69 of 1957) was a major turning point in the organisation of nurses in South Africa. As Charlotte Searle pointed out, "All previous legislation relating to nurses and midwives had made no distinction on racial or other lines." (Searle, History, 234). The 1957 Act transformed this situation.

The passage of the 1957 Nursing Act roused passionate opposition among black and a handful of white nurses. To add insult to injury, the state attempted to use the new registration forms to force the much hated pass system on African nurses in order to use them as an example for other African women who were resisting the extension of the pass laws at that time.

Progressive nurses joined hands with the Federation of South African Women and the African National Congress (ANC) Women's League in resistance to the proposed legislation - to the marked disapproval of SANA. There were marches and demonstrations and a new Federation of South African Nurses and Midwives was formed. There was even a short-lived attempt to unionise the nurses - this time though it was by the South African Congress of Trade Unions. Ironically, the state had politicised the essentially conservative black nurses through its own actions.