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# Nurses and their work - a survey of opinions

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*The following article is a summary of the responses of nurses from different backgrounds and working in different areas to a number of controversial questions relating to nursing issues. The responses of the nurses interviewed provide some explanation why nurses have not been instrumental in bringing about change either for themselves or for the community they serve.*

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## **Methods used in the survey**

In this survey, twenty nurses were interviewed on questions relating to nursing education, organisation of nurses and social issues affecting nursing practice.

To ensure a wide range of responses, respondents were chosen according to the following variables: ideological position, age, racial category, urban vs rural practice, position in the nursing hierarchy, public vs private employment, male vs female, type of nursing specialisation (eg primary health nurse vs intensive care nurse, university degree vs diploma) and nurses who had left the profession.

What follows is a summary of the range of opinions and does not provide an indication of the prevalence of particular viewpoints. The purpose of the article is to encourage debate around areas of nursing which have, until this point, been relatively unexplored.

## **The socialisation of the student nurse**

The training nurses receive includes not only formal theoretical content and practical training, but embodies a whole socialisation process which tends to influence the way nurses see themselves. From the moment the new student enters nursing, s/he is encouraged to put on not only a uniform, but also to adopt a whole set of work and role expectations. Most student nurses tend to be school-leavers. They are at a vulnerable age and can be easily influenced. Student nurses are often completely ignorant of what nursing involves and many of them are away from

home for the first time. Strict discipline in colleges, in the clinical situation and in the nurses' home, together with a lack of knowledge of their rights and of the nursing hierarchy, are all powerful influences to which they are subjected.

To illustrate, when respondents were asked whether student nurses should wear uniforms during their college blocks, a small number said they were of value for reasons such as the following: the uniform makes students feel smart and different, the uniform acts as a 'policeman', ensuring that student nurses behave in a decent manner, it serves to identify nurses during periods of civil unrest. The majority of respondents thought, however, that uniforms are inappropriate and uncomfortable. They make nursing colleges appear as rigid places of learning and they contribute to making students feel different from the patients. Uniforms foster a 'sheep' mentality and represent a form of regimentation.

The nurses were asked if they felt that student nurses differed from students in other disciplines. These were some of the responses:

- The majority of student nurses are women, they have been socialised in a subordinate role as women and this is reinforced by entering a conservative and confining profession such as nursing.
- There is a lot of emphasis on discipline, rules and regulations in nursing.
- The student nurses are indoctrinated by the South African Nursing Council for the rest of their lives.
- Some nurses felt the nursing students have little time for other activities since they work weekends, public holidays and night duty. They are often under pressure from senior staff.



**Many diseases are the result of poverty - nursing education must include the socio-political determinants of ill-health**





**A nurse's life is dominated by rules and regulations. Nurses complaining about their working conditions may be victimised by the strict nursing hierarchy**

At an early stage during their training, student nurses realise it is to their disadvantage to question or comment on what happens in nursing college or in hospital wards.

This process of socialisation creates fear of victimisation, an unquestioning attitude and a feeling of safety in anonymous conformity. This may partly explain why nurses tend to accept the status quo.

## **The challenge of nursing in South Africa**

The nurses were asked if their training prepares them to meet the challenge of nursing in South Africa.

A small number felt the new course might equip nurses better as it was less cure-orientated. The majority felt they should be allowed to question and take control of their own education, encouraged to read for personal growth and do research. They suggested that nursing education should include the social and political determinants of health to enable them to provide holistic patient care.

## Nursing practice

In response to questions on what aspect of the average working day they found most rewarding, most nurses cited their work with patients as well as working in a multi-disciplinary team.

Almost all the respondents cited the authoritarian nature of the nursing hierarchy as the most frustrating aspect of nursing. Other frustrating aspects included the administration, not having enough time to do everything, rules and regulations, no reward for sacrifices, poor doctor-nurse relationships and being evaluated by matrons who often did not have any idea of their activities.

Senior nurses often abuse their power and many respondents told stories of inhumanity shown by senior nurses to their junior colleagues. For example: "My husband phoned to speak to me, but was put through to the matron's office. The matron in charge refused to call me, as ward sisters are not allowed to receive private calls. All my husband wanted to tell me was that our son got burnt and was admitted to hospital. I got the message via the matron, but was not allowed to go off duty in order to see my son."

Another said: "I have always been a conscientious nurse, but that is not enough. The hierarchy in nursing does not allow you to question anything. Reward and promotion in nursing only happen when you keep quiet."





## Nurses and women's issues

The majority of nurses are women and nursing is still regarded as "a woman's job". When asked why they thought most nurses were women, the responses were: for many years teaching and nursing were the only two professions open to women, nursing was started by females, women have always been the care providers in the home and community, women are sympathetic, submissive and compassionate - qualities which "men do not have", and finally because women are regarded as second class citizens, they have lower status and are paid less - men would not work for the same salary and so are not attracted to nursing.



**Nursing is regarded by many as being an extension of the traditional role of women; that of nurturing and reproduction**

They felt the influence of an increased number of males in nursing would be to raise the status of nursing and improve salaries. Some felt that men are capable of maintaining discipline and would occupy top managerial positions whilst basic nursing care would still be done by women.

Prejudiced, stereotyped views were illustrated by responses such as: nursing is a female profession and males will only be useful to carry heavy patients and would be effective in psychiatric wards because they can control mental patients.

## **Doctor - nurse relationship**

When asked whether doctors and nurses are equal members of the health team, and whether race and sex are determining factors in the doctor-nurse relationship, the following responses emerged:

- doctors still see themselves as superior and do not consider the nurse as an equal member of the health team;
- there is no contact between nursing and medical students;
- they are socialised in different ways and neither has a clear understanding of the other's roles and functions.

Some felt race and sex were not determining factors and that factors such as the doctor's personality and the efficiency of the nurse were more important. Rural doctors were thought to treat nurses with more respect and as equal members of the health team, than urban doctors.

Other respondents felt that in South Africa, everything is complicated by race and ethnicity. Black nurses are conditioned by the system to believe that they are inferior. It was felt that this is complicated by the superior power relationship with a male, white doctor who had a different type of socialisation which makes him believe he is superior.

## **Attitudes to the South African Nursing Association**

SANA was established by the Nursing Act 45 of 1944. In terms of this act, all registered and student nurses and midwives are compelled to belong to SANA.

The Nursing Amendment Act (No 69 of 1957) allowed for statutory segregation of the Nursing Association branches by race. In terms of the Act, the Board of the Association was to consist of whites only, with "Coloured and African Advisory Committees".

Under section 38 of the Nursing Amendment Act (No 50 of 1978), all categories of nurses practising in South Africa are compelled to be members of the Association. Failure to do so constitutes improper or disgraceful conduct and is liable to penalties ranging from a caution or a reprimand, to the removal of the nurse's name from the register.



In the light of this legislation, respondents were asked questions relating to the participation in SANA's activities, their views on compulsory membership and whether it represents the interests of all nurses.



**Many nurses see SANA as a racially constituted body with unequal representation**

Those nurses involved in SANA activities felt compulsory membership was necessary as SANA needs resources, the legislation states it, all nurses benefit in the form of insurance cover and because SANA can consult the Minister of Health on any issue as it represents the body of nurses.

Nurses who are not active in SANA spoke out strongly against compulsory membership. They felt that SANA is a racially constituted body with unequal representation. It represents the interests of a small number of (mainly white) nurses, there is no freedom of choice as all nurses are compelled to belong to SANA and some felt that SANA is a pawn in a wider political game and in essence, only an extension of what is determined at cabinet level.

## **Trade unions in nursing**

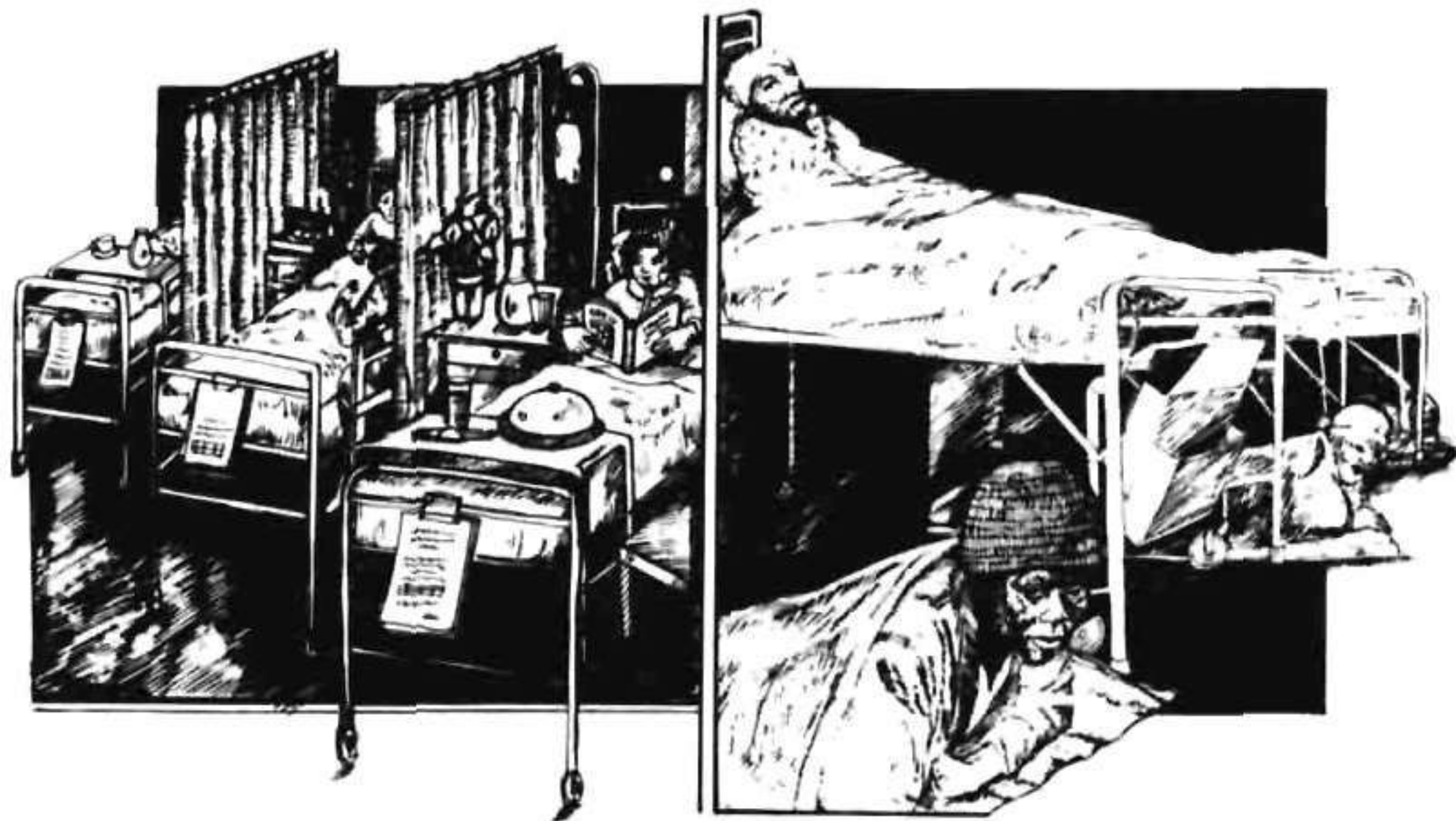
Nurses are allowed to belong to trade unions, but this is strongly discouraged by the Nursing Association. In terms of the Nursing Amendment Act, strike action by nurses is a statutory offense with fines of up to R500, one year in jail, or both.

- When asked about trade unionism in nursing, the following comments emerged:
- Trade unions are for workers and not for professionals as they cannot develop the profession.
  - Trade union ethics clash with the ethics of a profession because they use strikes as a means of achieving their aims.
  - Others felt nurses could benefit a great deal from trade unions and that being members of a trade union would force nurses to see themselves as members of the community and not as an elite group, far removed from the very community they claim to serve.

## Ethical dilemmas

Some nurses felt issues such as euthanasia, abortion, artificial insemination and nursing patients with AIDS, were the major ethical dilemmas facing nurses in South Africa.

Others cited ethical issues which arise from South Africa's socio-political situation, such as racism, civil unrest, not being allowed to take part in political organisations and the dilemma which is created when apartheid policy goes against the underlying philosophy of the nursing oath.



**Segregated hospitals: apartheid policy often goes against the philosophy of the nursing oath**



## Understanding the political economy of health

The nurses were asked to comment on South Africa's major health problems and their solutions. Most nurses focused on diseases of poverty such as tuberculosis, malnutrition and other infectious diseases but gave solutions which did not deal with the root causes of poverty. For example, the solution to tuberculosis was seen as extensive health education.

When asked to comment on whether nurses played their part in meeting the health needs of people in South Africa, the responses were that nurses try their best under the circumstances. Some felt nurses have a broader responsibility but were not meeting this adequately.

They outlined the following actions necessary for nurses to take in order to play their part in meeting the health needs of South Africans:

- Unite and break down barriers in the workplace.
- Educate themselves and become aware of the political struggle.
- Educate patients about their rights.
- Extend themselves into the community
- Play an active role in working for change.

## Detention

In view of the recent publicity and debate on children in detention, as well as the role and responsibility of health workers in the treatment of detainees, the nurses were asked to comment on these debates. The majority of respondents talked about the inhumanity of putting children in detention, while a few felt that children needed to be disciplined.

Most viewed the responsibility of nurses in the treatment of detainees, on a micro-level only, ie a good nurse-patient relationship. Only a few saw their responsibility on a broader level. One respondent explained the low number of nurses speaking out freely on this issue as follows: "If you are afraid to go for tea or ask for leave, because of the nursing hierarchy, are you really going to say that people shouldn't be in detention?".

## Areas for change

In this paper some of the important issues in nursing, seen through the eyes of twenty nurses from different backgrounds and working in different areas, have been highlighted. The small number of people interviewed make it difficult to generalise our findings to the larger body of nurses. Furthermore, only trained nurses were interviewed, leaving out a significant proportion of nurses, namely assistant nurses and student nurses.

A number of issues have been raised that need to be addressed because they have implications for the planning of a future health service, as well as for organising nurses.

It is clear from the interviews that there are many facets to the making of a nurse. Whilst the formal content of nursing education is an essential part of training, the whole socialisation process in nursing is just as important. When thinking about changes in nursing education, it is important to concentrate not only on courses and curricula, but also to be aware of all the other influences in nursing education.

The discussions around the problems that the average nurse faces revealed that nurses are expected to cope with the demands of patient care but receive very little reward or recognition.

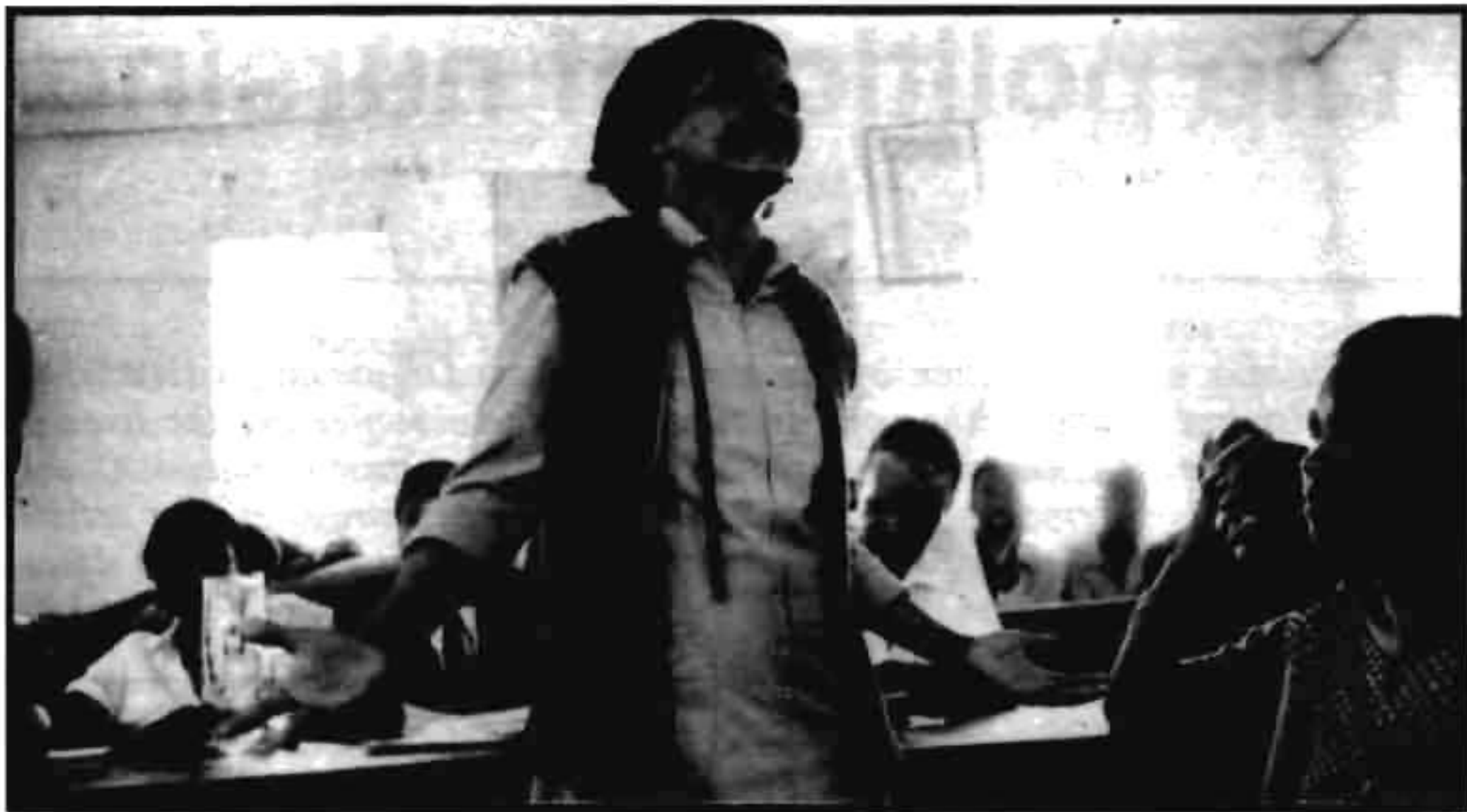
Nurses are frequently encouraged to be independent practitioners, yet the hierarchy does not allow them to take responsibility.

Both doctors and nurses need to explore their relationship, not just in journals but at ward level where the effects of the relationship are felt. The same applies to the relationship between nurses at different levels of the hierarchy.



Many nurses feel that doctors do not consider the nurse as an equal member of the health team





**There is a need to create a forum for nurses to discuss socio-political issues, as well as those directly affecting nursing, without the fear of victimisation**

A number of nurses criticised the lack of freedom of choice, the lack of representation on and racial nature of SANA. Although the number of nurses interviewed was small, it is evident there is a group of nurses that would prefer to have an alternative organisation that would truly represent their interests. A larger quantitative study is needed to find out how the majority of nurses feel about SANA and about trade unions.

It is also evident from our study that some nurses seriously think about the ethical dilemmas that are created by the apartheid system. Socio-political issues are often left out of formal nursing curricula. Although nurses do discuss these issues among themselves, the discussions are usually confined to the tea-room. There is a need to create a forum to discuss these issues. Establishing this forum should not have to be accompanied by fear of victimisation.

The problems nurses experience cannot be separated from the nature of South African society as a whole. Nurses are part of the health sector - one that reflects the inequalities to be found at all levels of South African society. There are separate nursing colleges and training hospitals, separate registers for nurses of different races, and little contact between black and white nurses. The whole area of racism in nursing and the effects of apartheid policies on nursing practice need further exploration.

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*This is an edited version of a working paper that was presented to the ASSA Conference in Durban, July 1988. The detailed paper is available from the Centre for the Study of Health Policy, Department of Community Health, Wits Medical School, 7 York Rd, Parktown, 2193.*