Regular Formal Inspections

These should be carried out with the senior nursing officer of the health ward. Special attention should be given during such inspections to the standard of aseptic technique, the maintenance of equipment, the organizational aspects of antenatal, intrapartum and postnatal care, and the adequacy of communications and transport arrangements. They should not simply involve the inspection of general clinic cleanliness and drug records, but should be a forum for discussion between the medical and nursing authorities and the clinic staff, directed at achieving a better standard of service and improved working conditions.

DISCUSSION

Five methods of surveillance of the clinic midwife's work have been detailed. Each has slightly different aims. Use of all five will result in adequate monitoring of the following areas of her work:
1. The indications she employs for referring patients, and her management of patients at risk.
2. The standard of her clinical observations and technical ability.
3. The unrecognised problems which pass through her antenatal clinic.
4. Her ability to recognise and learn from her mistakes.
5. The nursing and organisational standards of the service she offers.

It is the author's experience that the use of all five methods can result in the development of a service of considerable excellence.

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REFERENCES:

INTRODUCTION

The black population of South Africa consists of several different ethnic groups, each with its own historical identity. Seven of these groups have homelands. They are the Xhosa of Ciskei, the Zulu of KwaZulu, the Swazi of Kangwane, the Changana/Tonga of Gazankulu, the Basotho of Qwa-Qwa, the North Sotho of Lebowa, and the Venda of Venda.

The Xhosa of Transkei and the Tswana of Bophuthatswana, two former homelands, became independent during 1976 and 1977 respectively.
the accent was on curative services. The various mission hospitals that were established in the Black States not only provided health services for Black people, but also contributed towards the training of Black nurses, thus involving the Black nurses in providing health services for their own people since the end of the last century. Before that time nursing was provided by White nurses of different nationalities. The British especially made a significant contribution to the development of nursing in South Africa.

In 1856 the first hospital for Black people was established in Kaffraria. Dr. J. P. Fitzgerald, the Superintendent, had a tremendous task in gaining the confidence of the Black people, who were still very suspicious of White medicine. The male dominance in tribal life naturally led to the first hospital attendants being men. They played an important role in leading their own people to accept the White doctor and his medicine. The accent was thus more on hospitalization and the curative aspects of health.

Dr. Fitzgerald and Mrs. E. Parsons did a great deal in the field of nurse-training of Black women during that time. Lovedale Hospital was the first to train Black auxiliary nurses, and issued them with hospital certificates. The first Black professional nurse, Cecilia Makiwane, who was registered in 1908, was also a trainee of Lovedale Hospital. A statue in her honour was erected in the grounds of the Lovedale Hospital in 1977, by the nurses of South Africa.

It was only after the Second World War that the training of Black professional nurses in larger numbers to meet the needs of their people, and to make a significant contribution to nursing in the Black States, gained impetus.

THE HOMELANDS TODAY

The Department of Health accepted the principle of comprehensive hospital-centred community based health services in the homelands. This includes the integration of the preventive, promotive, curative and rehabilitative aspects of health in the structure of a service. An important new adaptation was the fusion of health and welfare services into a single Department of Health and Welfare. Mission hospitals were nationalized as from 1973.

Hospitals in the homelands are used as centres for comprehensive health services for communities in defined areas. These areas, called health wards, were allocated to each hospital. The area hospital has a superintendent, (the Chief Medical Officer) as well as a matron (the Chief Nursing Officer). They are in charge of the community’s health services. Every community is also assisted by nurses, health inspectors and social workers. Where possible each hospital has at least one registered psychiatric nurse and one dietician. Selected hospitals are developed on a regional basis to provide specialised services.

The effectiveness of the service is based on a clear demarcation between the primary, secondary and tertiary service level, and a two-way communication referral system between these levels.

From the outset the Department of Health extended and increased clinics to broaden the services and raise the standard of care. As there are insufficient doctors in many of the remote areas, nurses have to render primary health care under the distant control of the doctor. There exists also a shortage of pharmacists, physiotherapists, dieticians, radiographers, laboratory technicians and occupational therapists. Thus the nurse has to step in and provide these services to the best of her ability. She also plays a vital role as health educator in providing health services of a good standard. These nurses working in the community not only render an important health service but they also play a part in community development, by encouraging the community to take part in the planning and implementation of their own health services.

NURSING EDUCATION AS A CONTRIBUTION TO HEALTH SERVICES OF THE BLACK STATES

In 1927 there were two registered Black female general nurses. In 1957 there were 433, while in 1967 the numbers had increased to 7,853; and in 1977 there were 16,290 (3, p. 28), of whom 10,280 were employed in hospitals in the homelands.

There are various factors which have influenced the tremendous increase in the number of registered nurses in the last decade — of which the most important are:

— Increased professional opportunities for registered Black nurses.
— The policy of separate development which has afforded the Black nurses the opportunity of taking over the responsibility for nursing in their own services, especially in the Black States (Mellish p. 28).

The first Black matron was appointed in 1958. Today as the result of the different specialization courses in nursing, there are Black matrons of all categories, tutors, community health nurses, paediatric-, intensive care-, operating theatre-, ophthalmic-, and psychiatric nurse specialists.

With the availability of post-registration degree courses of the University of South Africa and at the University of the North, a number of Black nurses are in possession of university degrees in nursing, and some are functioning as lecturers.

In Bophuthatswana 51 nurses are registered for post-registration studies with UNISA. At present there are no post-registration courses available in Bophuthatswana; but the new university which is commencing next year, is planning to offer such courses. (4, p. 3). This will contribute greatly to the health services of the country, as it will lead to a rise in the standard of education, and thus of nursing care.

The independent country of Transkei has formed its own Nursing Council, and Bophuthatswana is in the process of doing so, thereby showing that they are capable of handling their own nursing affairs and seeing to it that the standard of health services is maintained at a high level. Black women have shown that they can attain high standards of health care, that are comparable to any in the world. They furthermore have proved their ability to take part in policy-making at the highest level.

SOCIAL CONTRIBUTION

Many well-educated Black nurses are married to important figures in the homelands and not only do they contribute to the health services in the areas where they work as nurses, but they also play an integral role in the community where they function as housewives. They thus extend a beneficial influence on the community in the attainment of a high standard of health which serves as a foundation for their country.
PROBLEMS IN THE HEALTH SERVICE OF THE BLACK STATES

The newly functioning Departments of Health and Welfare are faced with the problem that many of their training hospitals suffer a shortage of tutors and inadequate physical education facilities. It is hoped, however, that the situation will improve in the near future.

Nurses, especially the enrolled nurse and the enrolled nursing assistant will have to be trained for the specific needs of the self-governing states. This will include far greater emphasis on primary care in the rural environment and on community development.

CONCLUSION

It has taken nearly two centuries to persuade the Black people to accept the White doctor and his medicine, and to overcome their fear of the hospital. The nurses and the community were trained to be hospital-orientated, and the curative aspect of medicine was stressed.

With the advent of the new concept of Comprehensive Community Health Care, it is the nurse who has to change her ideas and influence her community to accept, comprehend and live out this concept.

The concept of Comprehensive Care has served to liaise the standards of nursing care and has afforded the nurse a higher status, as her role had to be extended in many areas of health care.

The future is going to demand even greater contributions from nurses, in the light of terrorism and warfare, and the preparation of the community for such experiences.

Community involvement is a concept that has great implications for the improvement of health care in the Black States. The nurse will have to play a vital role in involvement of the community in planning their own health care.

BIBLIOGRAPHY

1. De Wen, C. N. Community Health services, (Bantu, June, 1977, Volume XXIV, no. 5)

SALUTE TO SOME NURSING PIONEERS

P. H. Harrison, Head, Department of Nursing, University of Cape Town

PIONEER — One who goes before to prepare the way; one who begins some enterprise, course of action; an original investigator; an initiator (Shorter Oxford English Dictionary).

THIS is indeed a very wide meaning for the word, ‘Pioneer’, and it was with some trepidation that I approached this subject. After all, it could end up by being a sort of Biographical Directory of Nurses in South Africa and this is certainly not what our readers would like in this particular journal. In any case, Searle’s History of the Development of Nursing in South Africa covers this field very fully and adequately.

So just what sort of people do we regard as pioneers of nursing in our country? Where do we begin? Can one be totally objective about it or would my choice be different from that of readers because of a more subjective attitude.

The word ‘pioneer’ conjures up in my mind, and in the context of South Africa, a picture of a vast, unexplored land at times cruelly hot and at other times cruelly cold, teeming with wild life, African tribes (some friendly, some not so friendly), flooded rivers, ranges of mountains with no access roads or passes, malarial-infested in parts, isolated by vast distances from the comforts and security of civilisation. Into this panorama of splendid beauty and unknown dangers, puny man and his family treks onwards, deeper and deeper into the unknown. What he needs for survival he has to improvise. There is no going back for forgotten necessities or replenishment of used-up stores.

Pioneer women must have been hard-pressed to deal with the numerous health problems, such as births, hunting injuries, diseases, wounds from battles, burns, malnutrition, just to mention a few more obvious health hazards. No doctors, just women with handed-down skills which every female was expected to know.

ORIGINS OF OUR NURSING TRADITIONS

So let’s travel back in history to the origins of our nursing traditions in our country. Perhaps the first pioneers in nursing were those women who helped at the birth of the first child to be born of the wife of a Dutch East India Company official — among them the Sick Comforter Wijlants — two months after Van Riebeeck landed.

These women had to care for all forms of illness, of course, and it is not difficult to imagine the difficulties with which they had to contend. Primitive shelters, hostile environment, inadequate medical supplies, factors requiring heroic efforts to maintain life. But they did and the tiny little community at the tip of Africa slowly started to flourish. This ability of the womenfolk to handle all sorts of health needs and to give supportive...