

Organising Nurses - SANA Under Threat

Critical Health

Nurses entering the profession for the altruistic motive of patient care prefer the model of the professional association rather than trade unionism and, in contrast, nurses interested in their own economic gain prefer trade unionism. This assertion is made by the South African Nursing Association (SANA), quoting the findings of an American researcher, in its pamphlet entitled 'Trade Unionism or Professional Association?'.

The altruistic selfless nurse is also not in the least concerned about politics. Before engaging in an interview with *Critical Health* recently, Mrs S J du Preez, executive director of SANA, cautioned that she could not answer questions about politics because she was simply a 'caring nurse'.

According to SANA, when nurses strike over pay and conditions the issue is immediately an ethical one. This assumes nurses necessarily stop performing all their tasks of patient care during a strike. SANA was vocal in opposing nurses' participation in the 1992 hospital strike led by the National Education and Health Workers' Union (NEHAWU). At the time, the government had removed a clause in the Nursing Act whereby nurses could be severely disciplined for engaging in work stoppages. SANA reacted, assuring nurses the legislative change did not automatically grant them the right to strike. In a pamphlet 'Nurses and Strikes: Fallacies and Facts', SANA stated, "apart from the removal of the strike clause, nothing has changed: The nurse still has a legal, moral and ethical duty to her patient and her employer".

Whose Ethics?

SANA's perspective on the ethics of nursing are, however, not the last word on the issue. Worldwide, nurses are increasingly involved in strikes and other industrial action over their pay and working conditions. For many of these nurses, the ethical question is not in conflict with their fight to improve their own well being - improved pay and working conditions for nurses has a positive effect on their morale and, thereby, their day to day competence and willingness to provide patient care.

A nurse participating in the British nurses' strike of 1988, explained her

participation thus: "We can't give the nursing that's required and that's the stress nurses are feeling - it's the stress of not doing the job properly". In the 1988 strike, British nurses demanded better wages and working conditions and also expressed strong opposition to government cutbacks in staffing and facilities for patient care.

In the past, most South African nurses accepted SANA's nursing ethics without criticism. Many, however, endured harsh conditions of service by exercising their frustration on patients. A nurse told *Critical Health*, "I'm always reprimanded ... because the matron is not sensitive to my problems and only sees me as another 'pair of hands'. This leaves me feeling depressed, frustrated and angry. I will often displace this anger by picking on those over whom I have authority - my patients and student nurses".

Do Nurses Want The Right to Strike?

It is evident that more nurses are beginning to support the right to strike. Siphwe Mabaso, branch secretary of NEHAWU (Johannesburg) has commented, for instance, that the 1992 strike had started at Baragwanath Hospital among nurses and radiographers - a point that did not receive much publicity. Throughout the strike, various nurses, doctors and radiographers formed committees supportive of the strikers, even while they continued to work.

In turn, there was extensive victimisation against nurses who participated in the strike. In Natal, 150 nurses have appeared before the South African Nursing Council (SANC) and have been found guilty of misconduct. The council, however, found no evidence linking the participation of these nurses in the strike to deterioration in patient care. Furthermore, according to SANA's Mrs du Preez, there are many nurses throughout the country facing disciplinary charges against them.

Arising from a resolution adopted at a consultative conference of nurses at Durban in February this year, the South African Health and Social Services Organisation (SAHSSO) led protests outside the offices of both SANA and the SANC in Pretoria, demanding the dropping of charges against the 150 nurses and calling for the right of nurses to freely associate. SANA says the protests against it were misplaced, because SANA does not share the disciplinary powers of the SANC. SANA does not testify against nurses because this is not its constitutional function, although it does counsel nurses on approaching disciplinary proceedings.

SANA does, however, support the disciplinary powers of SANC, which it refers to as 'peer review'.

Tackling SANA's Statutory Status

By the 1980s, black workers in South Africa had won a long battle for official recognition as employees, the right to strike and independent trade unionism. This has encouraged some nurses to begin challenging SANA's ethics and SANA's statutory claim to represent their interests. The first major challenge to SANA came from student nurses at Baragwanath Hospital in 1985. Represented by the Health Workers Association, these nurses withheld their labour over various grievances. As a clear challenge to SANA, this included a demand for a democratically elected students' representative body.

Subsequently, *NEHAWU* and the *Health Workers Union* were launched. They initially attracted mainly general hospital workers, making only small inroads amongst nurses. By 1988, however, SANA was clearly concerned about the growing interest black nurses were showing towards these trade unions and saw this as a clear threat to its continued monopoly over the organisation of nurses. It reacted by publishing a pamphlet opposing unions in the health sector, referring to these as 'opportunistic' organisations. The pamphlet dismissed nurses' right to strike. In view of the obvious interest being shown towards trade unions, the pamphlet left the option of trade unionism open, despite a SANA central board decision "not to register as a trade union".

SANA's Referendum

Progressive organisations exerted pressure on the minister of health, Dr Rina Venter, to review legislation granting SANA statutory status alongside SANC, the disciplinary body. Dr Venter approached SANA to hold a referendum on the issue amongst its membership. A referendum was held in 1992 and the following questions were asked:

- Should membership of the association be compulsory or voluntary?
- Should the association retain its statutory status or not?
- Should the association register a section as a trade union or not?

Eightyfive percent of SANA branches voted in favour of compulsory membership, 100% in favour of retaining statutory status and 68,3% for registering a section of SANA as a trade union. Notably, the referendum was conducted on a branch basis rather than on the basis of individual membership. SANA claims a membership of about 150 000 nurses, 70 000 of whom are in the public sector. It is not clear how many nurses among SANA's claimed membership actually participated in the elections. SANA did not survey the number of these participating at branch level.

After the referendum, SANA's central board decided on registering that section of the organisation functioning at the local authority level as a trade union. According to Mrs du Preez, most local authority nurses are not defined as public sector workers. SANA cannot represent them in the public sector negotiating forum established by the Commission for Administration. SANA has to register as a trade union at local authority level in order to use industrial councils as a bargaining forum.

Criticisms of the Referendum

Progressive organisations have questioned the relevance of the referendum as a reflection of nurses' opinion generally. Some have referred to the referendum as a mockery. The conference in Durban earlier this year was convened by a group of nurses, calling themselves Concerned Nurses of South Africa, to express their dismay at the undemocratic manner in which SANA's referendum was conducted. A resolution was passed at the conference declaring SANA's referendum "invalid". It was proposed the referendum "should be declared null and void as we believe it was based on a majority of branches which are not democratically constituted and as such does not represent a decision by the majority of



SANA: the equivalent case of "you can have any colour car you want, so long as its black?"

nurses of South Africa".

According to NEHAWU's Mabaso, the union did a survey of nurses' views, outside its membership, on the referendum. The survey included a number of hospitals such as Baragwanath, Hillbrow, Natalspruit and Tembisa. The survey showed 56% of the nurses who responded had no knowledge of the referendum and had no idea of how SANA represented their interests. Many of these nurses also considered SANA to be on the side of management.

There is additional evidence casting doubt on SANA's claim to fairly represent nursing interests in South Africa. SANA has 104 branches which elect 74 regional boards. The regional boards elect the central board. On the regional boards, there are 74 members of whom 53 are white nurses. From these regional boards, 13 white nurses were elected to the central board. According to Du Preez, the association has had a non-racial constitution since 1989. The reason for the lack of black representation in SANA's leadership, she stated, seems to be a tendency among black nurses to boycott elections.

SANA: An Uncompromising Stance

SANA, according to Du Preez, cannot submit to the demand to declare its referendum null and void because the referendum was conducted in terms of its constitution. The referendum, therefore, reflects the opinion of the association's membership. Having gained in confidence from the referendum results, the association has signed an agreement with the Transvaal Provincial Administration. The provisions of the agreement include:

- furthering of healthy employer/employee relationships;
- the creation of clear rules and procedures in order to prevent the possibility of conflict between management and employees; and
- procedures for the settlement of disputes.

The agreement effectively excludes the right of nurses to strike.

Organisational Alternatives

SANA's claim to sole representation of nurses in the public sector is likely to be increasingly challenged by NEHAWU and other organisations. A growing number of nurses are seeking a more assertive approach to their representation, which organisations such as NEHAWU offer to fulfill. Since the 1992 strike, NEHAWU has continued to make inroads into nursing. According to Mabaso, this advance has not necessarily been in the form of increasing membership.

Rather, the union has consolidated nurses' involvement in its organisational structures. Until recently, there were no nurses in leading positions in the union - now, says Mabaso, many nurses are holding leading positions in the union's shop floor committees. At Tembisa Hospital, in fact, the whole shop floor committee consists of nurses. There are also a number of small nursing groups emerging countrywide, some of which intend to establish either alternative associations or trade unions. These groups include the Nursing Forum located in Johannesburg, the Democratic Association of South African Nurses (DSAN) in the eastern Cape and Concerned Nurses of South Africa.

The emergence of small nursing associations and forums independent of NEHAWU suggests that many nurses, although disenchanted in SANA, are still influenced by the ideology of professionalism and the conservative nursing ethics which SANA represents. For instance, a spokesperson for DSAN says that, as an alternative to SANA, DSAN wants to allow voluntary membership. Its constitution declares, "there shall be no restriction on the political freedom of nurses". It, however, specifically prefers the association model over trade unionism in order to protect the professional status of nurses.

It is clear that, despite many nurses still holding to the ideology of professionalism, SANA, as an organisation, is in crisis. SANA has felt sufficiently pressured by the challenge of nurses seeking organisational alternatives, to have accepted an invitation to the Durban conference, convened by one of these alternative nursing groups. The mood of the conference was often conciliatory, as many nurses were swayed by SANA's defence of its organisational practices and its reform from above. However, resolutions were passed in which both SANA and the SANC are charged with being undemocratic and in which nurses are called on to assist in the building of progressive organisations such as SAHSSO and NEHAWU. This is an indication of the persuasive presence of these organisations and other progressive political groupings at the conference.

In short, there is obvious and growing discontent with SANA, but this does not automatically entail a shift in allegiance and membership to NEHAWU and other unions. The ideology of professionalism is still strong and new organisations are attracting nurses who are dissatisfied with SANA, but unsure about joining a union. NEHAWU will need to be creative in the way in which it approaches the questions of professionalism and ethics if it wishes to significantly increase its membership amongst nurses.

This article was written by Joe Kelly.