

The politics of nursing

The following article, written by the Health Workers Organisation (HWO) in Natal, discusses some of the contradictions and factors affecting the lives of nurses. It argues that nurses cannot remain separate from their communities and advocates the involvement of nurses in broader community struggles. The article is a brief overview of these factors many of which are dealt with in more detail elsewhere in this publication.

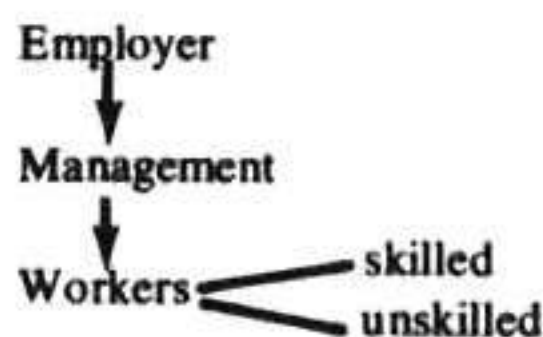
Some features of the nursing sector

The majority of nurses are women. In addition they are a highly stratified group and the majority work in large institutions such as hospitals. A significant number, however, work in private and municipal clinics, nursing homes and in general industry as occupational health nurses.

Nurses form the largest category of all the health workers in the health industry.

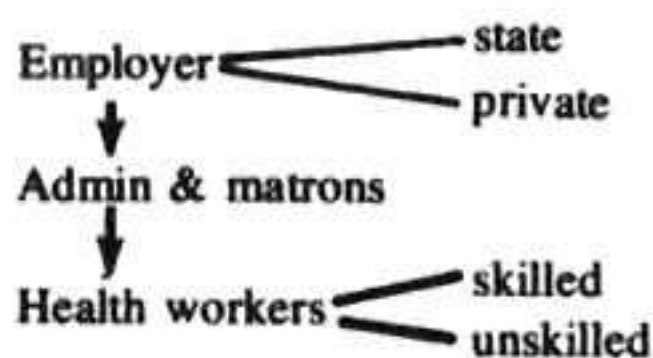
Health services - an industry

Health services resemble general industry in many ways, as illustrated in the diagrams below.



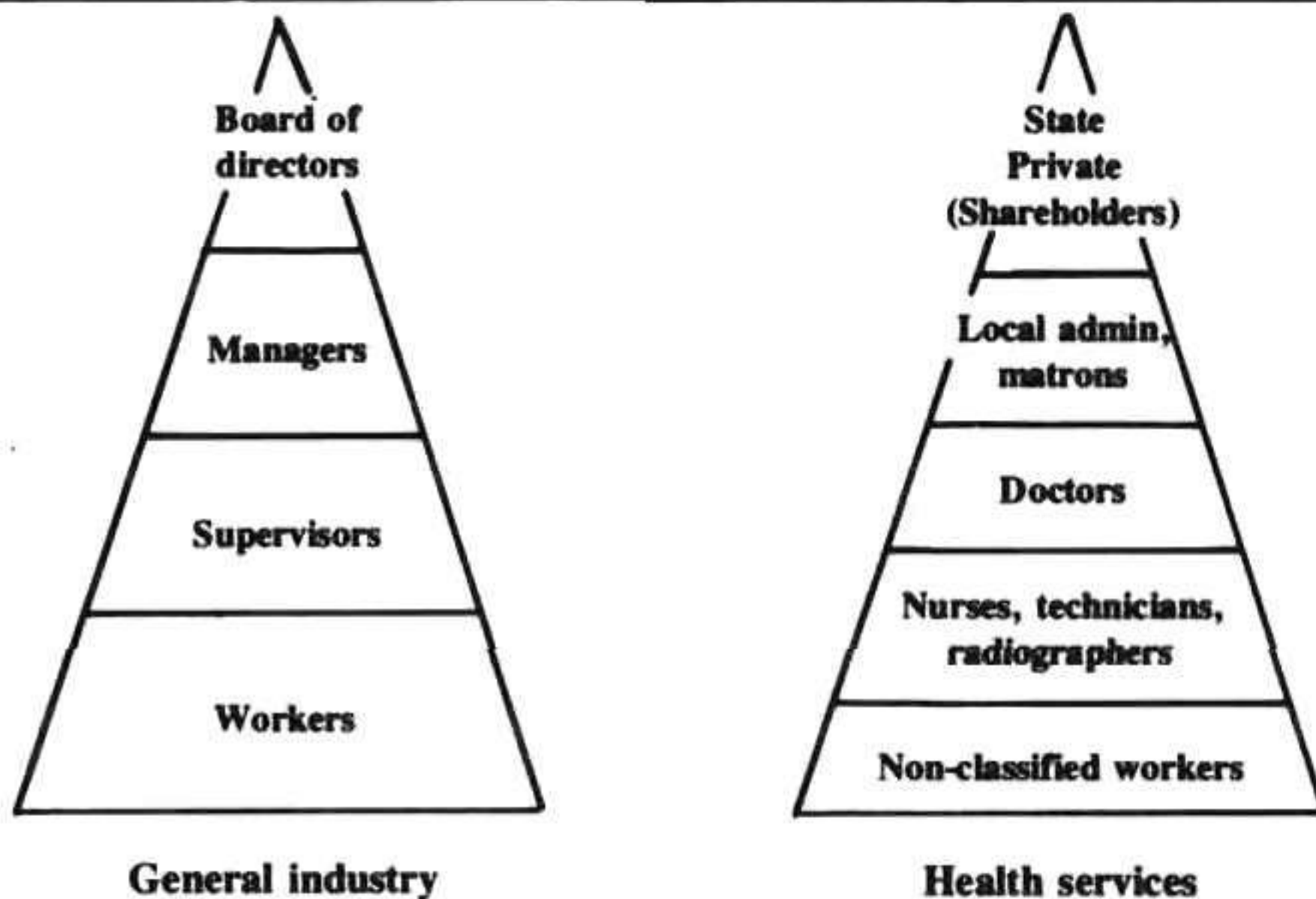
Lack of worker control over the production and distribution of commodities.

General industry



Lack of health worker control over the planning and decisions involving health care.

Health industry



Pyramid structure of control in general industry and health services

Some contradictions and factors affecting the lives of nurses

These are being mentioned very briefly and are not necessarily in order of importance.

1 The class nature of nursing

Nurses, like other health workers, are not directly involved in the production of profit orientated goods. But the health industry services the social reproduction of the various classes of society. This is most apparent in the case of occupational health services, which largely practice 'patch up' medicine, ensuring that ill and injured workers are 'fixed' and returned as soon as possible to continue production. Thus the health industry serves to maintain the workers in a state fit to work.

The class structure of our society finds its expression in the nursing hierarchies and ideals. In certain communities, nursing has been looked upon as an elite profession with a high social status position. Middle class values and aspirations develop, especially in nurses belonging to the upper levels of the hierarchy, while the major section of the nurses in the lower strata, such as nursing assistants, have living standards comparable to the working class. However, more and more, all nurses are having difficulties meeting the cost of living with their income.

2 Nurses and workers

The majority of black nurses are in nursing to earn a livelihood and are important breadwinners in their families. The fact that student nurses are paid a salary during their training years (low as it may be) has also contributed to making nursing an attractive option for people who would otherwise not be able to afford higher education. But despite the middle class aspirations that may develop, nurses suffer many of the economic injustices of ordinary workers such as long working hours, shift work, staff shortages, lack of adequate maternity benefits and creches and rudeness from those situated in the hierarchy above them (matrons and doctors).

3 Relations between nurses and other health workers

The majority of nurses work in large institutions and relate to other health workers, be it administrators, matrons and doctors who are above them or non-classified workers or clerks who are 'below' them in the health service hierarchy.

Professionalism has been strongly entrenched among the nursing sector. As a result nurses tend to see themselves apart from and above the other health workers such as non-classified workers. This attitude extends to the community, accounting, in part, for the often arrogant, victim-blaming attitude of nurses towards patients.



The majority of nurses are women and they form the largest category of all the health workers

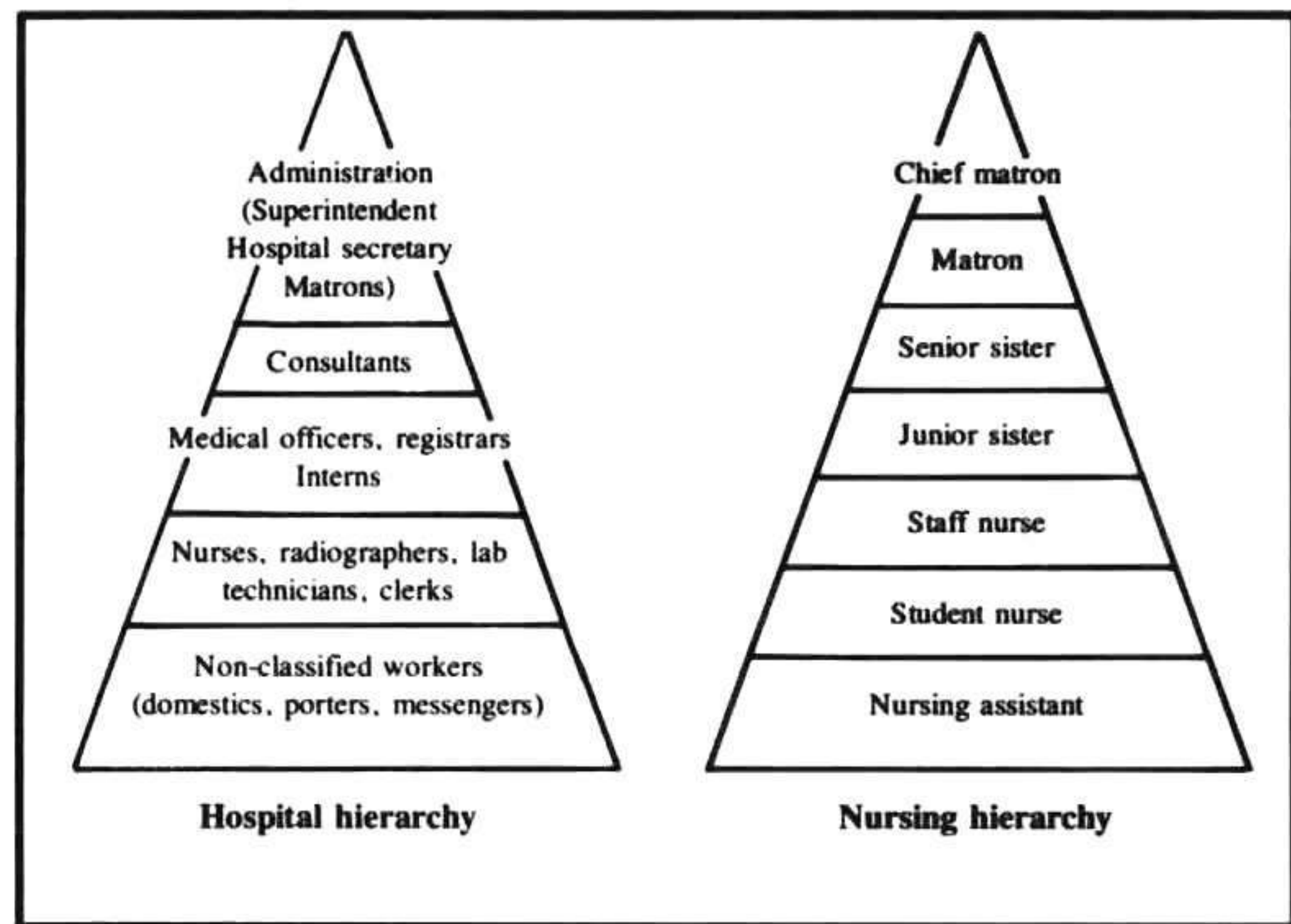


Nurses have difficulties meeting the cost of living with their salaries

4 Hierarchy

The average hospital is a large bureaucratic enterprise. It is a workplace characterised by impersonal work relations, a highly specialised division of labour and clearly delineated levels of authority as exemplified by the strong hospital hierarchy. Even within the nursing sector there is a rigid hierarchy.

The most exploited and oppressed health workers are found at the bottom of the hierarchical structure with little control over their working conditions and little or no say in the decision-making processes.



Pyramids illustrating the hospital and the nursing hierarchies

5 Female/occupational subordination

Probably between 70-80% of health service workers are female. Nurses, who form the largest sector of health workers, are almost entirely female.

Nursing, probably more than any other occupation, casts women in stereotypical roles. Long traditions of socialisation, divisions of labour and the present educational system are responsible for the feminine image of nursing and the subordination of the nurse to the doctor.

6 Nursing education and student nurses

Nursing education is responsible for introducing and entrenching many of the pro-system values in nurses.

Nursing schools are often attached to hospitals and the labour of student nurses (employed at cheaper rates) are used to run the hospitals. The performance of routine hospital duties could possibly compromise the actual training of student nurses.

Student nurses make up a large percentage of the nursing sector and their demands as students need to be looked at as a possible area of conflict requiring attention.

7 Legislation, SANC and SANA

Prior to 1944, nurses were registered with the South African Medical Council and therefore had little autonomy. In 1944 the Nursing Act was passed with the formation of the South African Nursing Association (SANA) and the South African Nursing Council (SANC). Section 30 of the Nursing Act made membership of these statutory bodies compulsory. No amendments to the constitution of SANA are possible unless approved by the Minister of Health and Welfare.

Parts of the legislation passed in South Africa are not applicable to the 'homelands'. In 1982 the League of Nursing Associations of Southern Africa was formed to cater for the homeland policy of the government.

SANA is a statutory body established to further the interests of nurses. The SANC regulates nursing training and teaching and acts as the disciplinarian of the nursing profession, ensuring that regulations are obeyed. According to the Nursing Act No 50 of 1978, SANC consists of:

- 10 persons (nurses, doctors and laypeople) appointed by the Minister of Health;
- the director of hospital services for each province;
- 1 person from each nursing faculty, appointed by the minister;
- a pharmacist designated by the South African Pharmacy Board;
- an officer of the Department of National Education;
- the Surgeon General of the South African Defence Force;
- a doctor from the South African Medical and Dental Council;
- 10 racially elected nurses: "5 whites, 3 Bantu, 1 coloured and 1 Indian".

Both SANA and SANC are widely viewed as conservative, bureaucratic and pro-government organisations. The branches of SANA are divided along racial lines and decision and policy making are dominated by white nurses. Only registered nurses may be elected to office bearing positions on the branch or on any other higher structures in SANA, be it Regional Board or Central Board.

Nurses are allowed to join trade unions of their choice, but membership of SANA is compulsory. In terms of the Nursing Act 50 of 1978, nurses are prevented from instigating, inciting or taking part in a strike or go-slow action.



Nurses form an integral part of their communities and cannot stand apart from struggles within these communities

Nurses are often made to feel guilty and in fact are prohibited from any form of 'industrial action' as this is seen potentially to affect patient care. Thus they are expected to be exploited quietly without complaining. Instances often arise where nurses feel threatened to criticise the hospital administration about issues that are seen to compromise patient care, because of the threat of victimisation.

Recent experience has shown, however, that progressive health worker organisations and trade unions, for example, the National Education and Health Allied Workers Union (Nehawu) can successfully represent nurses in labour disputes. In 1985, for example, the Baragwanath strike was taken up by the General and Allied Workers Union (GAWU) and the Health Workers Association (HWA).

8 Nurses and community struggles

Nurses occupy a key position in health care delivery and without them, the mass of health services delivered would not be possible. This is the strength and power that the nursing sector potentially wields. However, nurses often display arrogant attitudes towards patients, blaming them for contracting their illnesses. This is often due to their own lack of understanding of the root causes of ill health and socio-economic and political factors. Their attitudes (often the result of the present nursing education system) alienates nurses from their patients and their communities. Nurses, however, cannot see themselves as an elite profession. They form an integral part of the community and as such should identify themselves with the struggles within their community, particularly those around issues responsible for ill-health.

Health worker organisations play a vital role in conscientising and mobilising health workers around community struggles be it health issues such as better patient care, provision of more services, or general issues like the increase in rents or bus fares. These general issues have an effect on health; people may not have enough money to go to the hospital or even to keep themselves healthy.

The skills of nurses could be put to good use in the community be it via community projects and programmes or in health teams providing first aid care for unrest victims who may be arrested should they attend state hospitals.

9 Apartheid

Apartheid has affected every aspect of South African society and the health industry has been no exception. Many nurses claim there is still a disparity in pay among white and black nurses; fragmentation of health services along racial/ethnic lines with harsher working conditions in black hospitals because of greater patient loads with lesser staff and facilities; racial divisions are promoted by organisations like SANA.

Some of the tasks ahead for progressive organisations

Progressive organisations should:

- Take up the economic demands of nurses.
- Mobilise and conscientise nurses around broader community struggles.
- Channel their skills into the community.
- Break down the various barriers of race, sex and class between nurses and patients and within the health services hierarchy.
- Promote equality of all health workers; demystify and deprofessionalise health and work towards more health worker control and say in the decision-making of health issues.