

HEALTH AND DISEASE —

NURSES

2 / 1 / 81

— 31 / 12 / 81

Hospital forced to close beds

95
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175
551M

Staff Reporters

The mounting hospital staff crisis is forcing the multimillion-rand Johannesburg Hospital in Parktown to "close" as many as 128 beds.

Dr Lize Kalmyn, the deputy superintendent, said today the beds were in the process of being closed. She could not comment on how long the process would take.

She gave the assurance that the sick would not be turned away.

Fewer than half the posts for nursing students have been filled for 1981 and The Star's medical correspondent, Bob Ken- naugh, reports that the shortage of nurses which stretches across the Reef is likely to continue for some time.

Hospital authorities are hoping the number of matriculants applying for student nursing posts will pick up early in the new year when people return from holiday.

Dr Kalmyn told The Star: "We will always deal with emergencies.

"But where possible, for instance, if a patient can afford a private hospital, we'll refer people else- where."

There is said to be a 50 percent shortage of radio- graphers at the hospital. Radiographers fear the X- ray night service might be closed by February.

The hospital is operat- ing with 56.4 percent of its nursing complement.

Only 31 percent of the nursing degree student

posts and 49 percent of posts for diploma students for this year have been filled.

The HF Verwoerd Hos- pital in Pretoria has only two-thirds of its nursing staff complement.

Edenwade General Hospi- tal has filled half of its nursing posts and there is no intake of student nurses in 1981. "Our hos- pital is full but we are coping," said a hospital spokesman.

The Far East Rand Hos- pital in Springs is not short of trained nursing staff, but the intake of student nurses has not picked up yet.

"We have not got the intake we are used to. People are on leave and we'll have a better idea about the number of ap-

plications that have been made later in the month and early next month," said a spokesman.

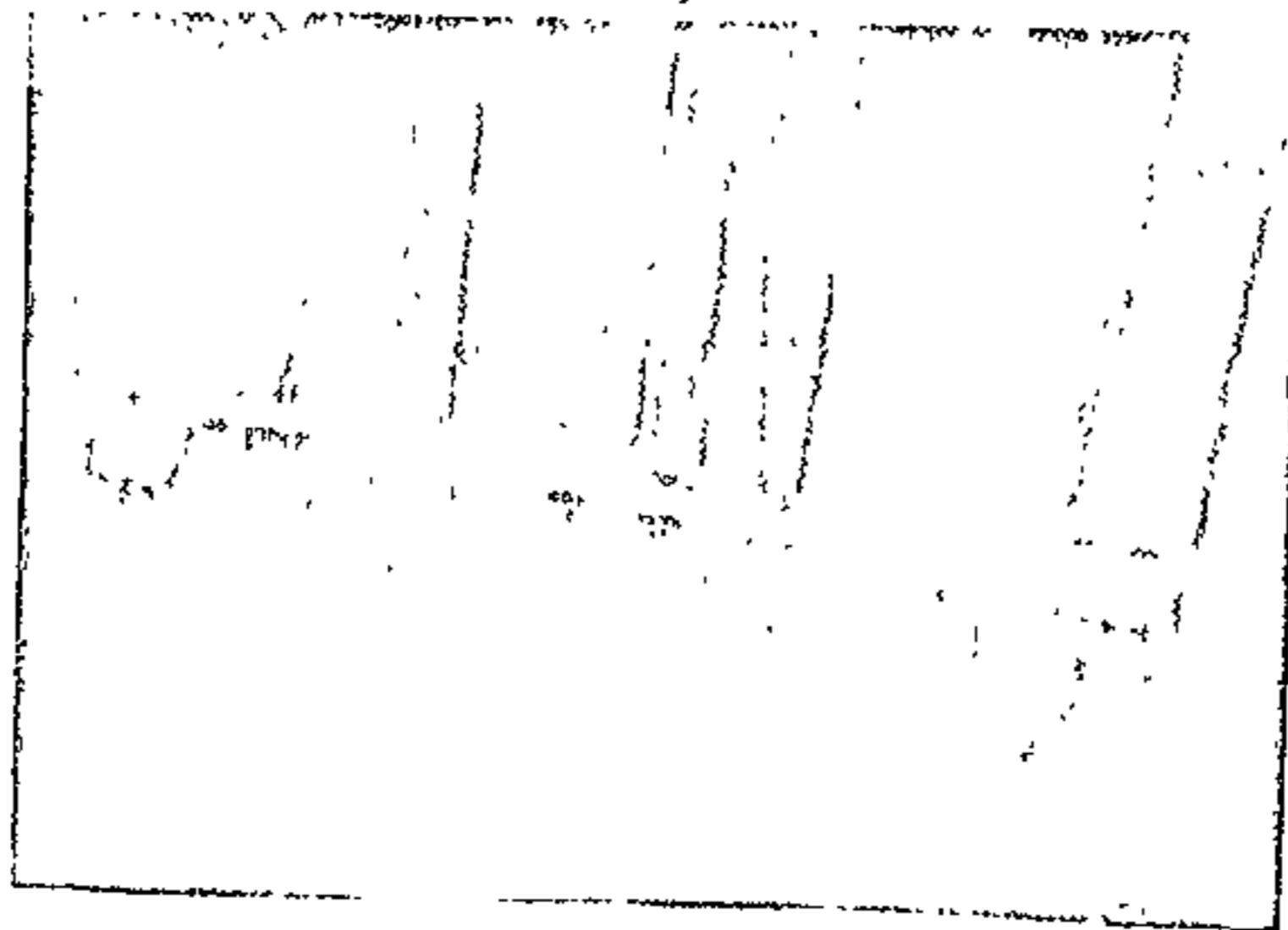
"At present we are coping well. Our trained nurses do not leave and morale is high."

The JG Strydom Hospi- tal in Johannesburg has 70 percent of its nursing complement and part-time sisters are making up the shortage. Nearly all student posts have been filled.

At the Johannesburg Hospital there is a serious shortage of junior sisters and student nurses but not of senior sisters.

There are still 150 student vacancies in Pre- toria although all posts for degree students have been filled.

Nurse crisis closes 128 beds at Reef hospital



...AND DOCTOR WARNS

THERE'S MORE TO COME

By CHRIS VICK

ONE out of every 10 beds in Johannesburg's multi-million rand General Hospital will "close" soon because of a critical staff shortage.

Less than half this year's nursing student posts have been filled at the hospital, and there is also a chronic shortage of radiographers.

In an exclusive interview with the Sunday Tribune this week, the deputy superintendent of the hospital, Dr Ida Kalmyn, said the closures were "directly attributable to the shortage of nurses".

"We have tried to postpone the move for as long as possible, but in the end we just couldn't cope," she said.

"There was no way we could continue to operate with such a shortage of staff."

Of the hospital's 1300 beds, 128 will be closed within the next few weeks, spread through three main sections of the hospital.

"We will try to arrange the closures as fairly as possible," Dr Kalmyn said.

The affected wards are the gynaecology ward, paediatric ward, and medical ward. The hospital is virtually without a surgical ward, as the authorities did not bother to "officially" establish a surgical section when they moved into new premises last year.

Dr Kalmyn said she could not promise there would be no further closures, as the staff problems at the hospital were "far from alleviated".

"We have to regulate the number of beds available by the number of nurses we employ. And at the moment the intake of

we have to regulate the number of beds available by the number of nurses we employ. And at the moment the intake of new nurses is way below what we need."

Only 31 percent of the nursing degree student posts and 20 percent of the posts for diploma students have been filled according to Dr Kalmyn. The hospital is operating with 40 percent of its nursing complement.

According to sources there is a 50 percent shortage of radiographers at the hospital and more in the next few days service might be closed too.

Dr Kalmyn said the closure of beds at the hospital was "a drastic measure" which they had had to take — even though it would affect patients more than anyone else.

"We are going to try and spread the load" she said. "Because there will be fewer patients than before we will be able to offer a better service. But it will be even harder to cope with the number of ill people in the city."

Dr Kalmyn blamed poor salaries and working conditions for the chronic staff shortages but said little could be done about it.

"Because of the recent economic boom there is a lot of money in private enterprise. Young women can earn more outside a hospital than they can inside" she said.

"But even if salaries were upped there would be the irregular hours which nurses work — sometimes which doesn't appeal to young women today."

The closure at Johannesburg Hospital is the latest in a long series of crises which have hit the medical profession.

On the Witwatersrand most hospitals are battling to cope as senior doctors shy away from the nursing profession.

The Edenvale General Hospital has filled only half its nursing posts — with no new intake of students this year. The Far East Rand Hospital in Springs is also battling and the HF Verwoerd Hospital in Pretoria has filled only half the new year's nursing posts.

Hospitals may have to turn away the sick

By Bob Kennaugh
Medical Correspondent

The shortage of nurses at several Rand hospitals is acute and staff can no longer cope with the work.

A doctor has disclosed that unless more beds are opened very soon at the multi-million Rand Johannesburg Hospital, "it is certain patients who require admission will have to be treated at home."

Only 35 percent of the radiography posts and 56 percent of the nursing posts have been filled at the hospital and the intake of student nurses in the new year is disappointing.

• H F Verwoerd Hospital in Pretoria has filled only half its nursing posts for 1981. Applications from 149 students have been approved — but there are still 150 vacancies.

• Edenvale Hospital has filled only half of its nursing posts and there is no intake of student nurses in the new year.

• J G Strijdom Hospi-

tal has 70 percent of its nursing complement and part-time nurses are making up the shortage. Almost all student posts have been filled.

So serious is the shortage of trained nurses at Johannesburg Hospital that the hospital authorities have been forced to "lose" as many as 128 beds.

Dr L. Kalmyr, deputy superintendent, has given the assurance that the sick would not be turned away and that all emergencies would be dealt with.

INEXCUSABLE

Warnings that the situation was getting worse were made months ago by Professor J B Barlow, chief physician and professor of cardiology, Johannesburg Hospital and the University of the Witwatersrand.

Dr P Heberden, principal medical officer at the hospital, wrote in the SA Medical Journal last November: "The apathy and lack of concern about the plight of trained nursing staff in this country

shown by the medical profession and the public are inexcusable.

"Wards are being closed and beds are unavailable for patients requiring admission. This is because of a desperate shortage of trained nursing staff. It does not need the insight of a prophet to see that this country is facing a health crisis of incalculable dimensions.

DISCLOSURES

In the same issue Professor Barlow wrote that there were many provincial hospitals whose standards, to a greater or lesser extent, were being jeopardised by the inadequate quantity (and also quality) of nursing staff.

Since then new disclosures have been made to The Star by Johannesburg doctors. These include:

• Nursing morale is very low and the staff is being stretched beyond their limits.

• One fifth (48) of the general medical beds in the department of medicine, the biggest department in the Johannesburg

Hospital, have been "closed."

• Many radiographers handed in their resignations but were persuaded to withdraw these in anticipation of a better deal. Radiographers are waiting until April to see how big their increases will be before deciding what to do.

A Johannesburg doctor said the closure of beds in the department of medicine directly affected the admission of patients suffering from among other things, — coronary thrombosis, rheumatic fever, asthma, pneumonia, stroke, meningitis and kidney diseases.

PAEDIATRICS

He said Johannesburg had more beds for white patients five years ago than today. All the units at the Johannesburg Hospital were using fewer beds. In the paediatric department 16 beds were closed earlier in 1979 and on December 28, last year, a further 15 beds had been closed.

The doctor added: "When the new hospital was opened 16 extra beds were opened. Now 32 beds or 50 percent of gynaecology beds had been closed."

Mr Martin Stephens, New Republic Party candidate in the Turffontein parliamentary by-election, said the nursing staff shortage had been chronic for more than 10 years, affecting Johannesburg more than any other area.

"The blame for the worsening crisis must be laid at the door of Government for its inability to deal with the problem and its lack of insight to recognise it as a crisis."

Barnard hits nursing crisis

Medical Correspondent

Heart surgeon Dr Marius Barnard has called for an urgent investigation by the Minister of Health and provincial hospital authorities into the worsening nursing shortage crisis at major hospitals.

Commenting on the crisis, Dr Barnard PFP MP for Parktown said: "This has been coming for some time. The provincial

authorities have denied the crisis for years. Standards in hospitals have dropped — something must be done immediately."

Possible solutions were:

• Adequate salaries should be paid immediately to nurses;

• Nurses of all races should be paid equal pay for equal work. "The available pool of nurses should be used to nurse

where nursing is required," Dr Barnard said.

• Black nurses were being paid discriminatory salaries and this should be eliminated.

Dr Barnard said planning of South Africa's medical facilities was bad. "Provincial hospitals and private nursing homes should make a concerted effort to pool resources wherever possible," he said.

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17 unions: 137640 members

CONFEDERATION OF LABOUR

ORGANISATION OF SOUTH AFRICAN TRADE UNIONS

Hospital crisis now at national emergency stage

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7/1/51

Medical Correspondent

Dr Marius Barnard said today the nursing staff crisis in major hospitals, including the Johannesburg Hospital, had become a national emergency and he called for urgent action by the Government.

The heart surgeon, who is PFP MP for Parktown, was reacting to the disclosure by Dr Hennie Grove, the Transvaal's director of hospital services, that 63 provincial hospitals in the Transvaal had a shortage of 25 per cent on average.

Dr Grove said efforts had been made to recruit trained nurses in Europe. The biggest problem in South Africa was the lack of student nurses.

RESPONSE

Dr Barnard said Dr Grove could expect a bad response to his overseas recruiting campaign. This was a poor method to try to solve the mounting problem.

Experience in private hospitals had shown that the director would have a minimal response.

"I appeal to the authorities to look to South Afri-

ca for a solution. We have a huge pool of black, coloured and Indian nurses and we should make the best possible use of them.

"Discriminatory salaries should be eliminated and all nurses should be given equal pay for equal work."

He again appealed to the Minister of Health, Dr Munnik, and provincial hospital authorities, to urgently investigate the nursing crisis and the dropping of standards in major hospitals.

"I am amazed by the

silence of the Minister on this important issue."

A doctor at the multi-million rand Johannesburg Hospital has said unless more beds are opened soon "it is quite certain that patients who require admission will have to be treated at home."

Mr Martin Stephens, New Republic Party candidate in the Turffontein parliamentary by-election, said the nursing staff shortage had been chronic for more than 10 years.

DD 9/1/81

Coloured nursing aides in white wards

95

EAST LONDON — The chairman of the Frere Hospital Board, Mr Dave Lazarus, confirmed here yesterday two coloured nursing aids were working in two white wards at the hospital.

Mr Lazarus said the two experienced coloured nursing aids were introduced into a white adult female ward and a children's ward on January 1 to offset nursing shortages.

"Nursing standards and care have been maintained throughout," Mr Lazarus said.

The Director of Hospital Services in the Cape, Dr L. Kotze, confirmed this, and said both nurse aids were being used in the wards under the supervision of sisters.

Asked if more coloured nursing staff would be used in white wards if the need arose, the Medical Superintendent, Dr S. S.

Richardson, said he would wait until such need arose.

He said this would also depend on recruitment and resignations. — DDR

Coloured nurses in private clinic

STAR
12/1/81
95 48

Own Correspondent

Coloured nurses are expected to start working at a Pretoria private Catholic hospital, the Little Company of Mary, in the next week or two.

This was confirmed by a reliable source in Pretoria today, although a hospital spokesman refused to comment.

Private hospitals can decide to appoint black,

coloured or Indian staff without asking permission from municipal or provincial authorities.

However it is understood that The Little Company of Mary was the first hospital in Pretoria to decide to do so.

The only requirements were the necessary qualifications for the job and registration with the South African Nursing Council.

D H Pryce Lewis

year.

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D H Pryce Lewis

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Surveying) in the subject
of Professional Practice.
David Haddon Prize

Miss C Tredgold

in third year.
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Colour bar must go Tobias

S. Tribune

18/1/81

By WILLIAM SAUNDERSON-MEYER

THE dean of the faculty of medicine at the University of the Witwatersrand, Professor Phillip Tobias, said this week that to maintain medical standards it was essential that the nursing colour bar be dropped.

He was reacting to a Sunday Tribune report that patients are dying in some Transvaal provincial hospitals because the nursing shortage has led to a sharp drop in the quality of medical care.

Understaffed hospitals are using insufficiently-trained staff increasingly as a stop-gap measure. Nursing morale and standards are at their lowest and patients' lives are being endangered.

Prof Tobias said a major threat to the maintenance of South Africa's high standards of medical practice was the shortage of trained white nurses.

He said the solution, apart from the urgent need for an all-round improvement in nurses' salaries, was for provincial and private hospitals to use nurses irrespective of their race. There would also have to be a single salary rate, with no discrimination on the basis of sex or race.

"Although there is a continued resistance from some provincial authorities to the idea of white patients being nursed by staff of another race, there has been a very gratifying tendency especially in Natal, for private hospitals to integrate their staffs."

He said the shortage of trained staff was becoming so acute that full integration would probably occur within the next three or four years.

Senior clinical staff at the Johannesburg

S F Richardson

Management.

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Hospital have also confirmed that standards at the hospital have deteriorated because of junior staff taking over responsibilities for which they were not trained.

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A doctor said the only alternative was to close more beds, so that the trained staff could be used more effectively and resources less strained.

A nurse at the Johannesburg Hospital said that at the moment there was a waiting list of four to five months before patients could be admitted to the medical wards. Only emergency cases are being accepted on arrival, because of the severe shortage of trained nurses.

PFM spokesman on health, Horace van Rensburg, commenting on the health crisis, said: "It is undoubtedly true that medical services have suffered and that the quality of medical services has been drastically reduced in some areas. This must of necessity jeopardise health and even the lives of patients."

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"The Government must realise that the only solution to the problem is an immediate and dramatic improvement in the salaries paid to nurses and para-medics."

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"It is not necessary for the Government to delay the matter by further investigations and debate, since the problems confronting the medical profession have been clearly and repeatedly articulated. It all revolves around the fact that medical personnel are underpaid

design work.

best use of bricks in his

For the student who has made

S A Brick Association Prize

Miss M F J Sandilands

first year.

For the best work in

Mrs. Thornton White Prize

Argus 21/1/81
Nurse crisis hits EL (95)

Argus Correspondent

EAST LONDON. — The Frere Hospital, here, which could recruit only eight first-year nurses this year, could be heading for a serious staff crisis.

The hospital, which was already short staffed, had hoped to recruit nearly 70 beginners.

It is believed the hospital, which should have a complement of about 400 professional white nurses, is now operating with little more than half that number.

R A van Rosenfeld.

third year.

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John Perry Prize

D H Pryce Lewis

year.

For the best work in fourth

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DD 22/1/51

Nurses: racism a bitter pill (95)

JOHANNESBURG. — Black nurses here have expressed bitterness and disgust and attacked the South African Nursing Association (Sana) for encouraging what they termed "discrimination in a noble profession".

The nurses spoke against the association for holding separate conferences — four in all — for Indians, coloured, blacks and white nurses here last week.

The conferences, held in compliance with Sana's constitution, were attended by more than 400 registered nurses, delegates and observers, representing about 40 000 nurses throughout the country and were presided over by Professor Charlotte Searle, head of the department of nursing science at Unisa and president of Sana.

The nurses said they resented the association's ruling that decisions taken at the other conferences had to be submitted to the white conference for consideration.

"Why must the white conference decide for us? We have had problems in the profession for many years and nothing has been done to alleviate

them. We will take the matter up at a higher level if we do not get satisfaction from the white conference," they said.

They were disgusted at the increase in membership fees from R8 to R20 and said "The increase is absurd and unfair to black members who earn far less than their white colleagues.

"This was one of the most important issues we had asked the delegates to raise at the conference.

"There is discrimination between black and white nurses and we now want this policy ended.

"We take the same pledge when we qualify — that of being compassionate and to serve our communities, but the world does not know the evils that exist in the profession," they said.

All the conferences were closed to the press.

The secretary of Sana promised that a statement would be issued by Prof Searle.

Yesterday the office of Prof Searle said that statements were still being prepared and would be posted to the different branches as soon as they were ready. — DDC.

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Miss C Tredgold

ARCHITECTURE

Hospital paralysed by chronic staff shortage

STAR 28/1/81 (95)

Staff shortages have led to a crisis situation at Edenvale Hospital where 105 of a total quota of 144 beds for adults have now been closed, leaving only 39 available.

Several other East Rand hospital superintendents have also reported critical shortages of trained nurses.

The full story is in today's editions of The Eastern Star and The East Rand Star. These are distributed each Wednesday with this newspaper at all points from Observatory through to Nigel and have stories and pictures of events and social highlights in these areas.

Items Used in ROI Calculation	Profit Calculation	Current Assets Included	Liabilities Deducted	Fixed Assets	Setting Target ROI
Income tax	57%				
Depreciation	97				
H.O. expenses allocated	71				
Interest charges	62				
Cash	63%	94			
Accounts receivable (debtors)		95			
Inventory		76			
Other current assets					
Inter co. payables		30%	51		
External payables			45		
Other current liabilities			20		
Non-current liabilities					
Original cost				14%	
Net book value				84	
Replacement cost				2	
H.O. assets (pro rata)				16	
Shared assets (pro rata)				41	
Leased assets included				34	
No targets set					23%
Separate targets set					64
Some targets (all divisions)					7

FIG. 6.2 SURVEY OF 620 US COMPANIES SHOWING THE PROPORTION OF FIRMS USING SIMILAR ITEMS IN THE ROI MODEL

FIG. 6.2

Nurse shortage denied

DD 29/1/81

(175)
(98)

EAST LONDON — Nursing shortages at major hospitals in the Border were "not critical", the Provincial Director of Hospital Services, Dr R. Kotze, said yesterday.

Dr Kotze said there was a general shortage throughout the Cape Province but that it was "not serious."

He was responding to queries about rumours of a massive nursing drain.

However, Dr Kotze refused to provide any statistical facts on the numbers of vacancies for nurses in Border hospitals.

Asked why he could not provide the facts, Dr Kotze said publication of vacancies for nurses would "damage recruiting efforts."

Frere Hospital's Matron van der Merwe said yesterday young girls who had left school and

wanted to become nurses could contact the Matron at whichever hospital they wished to start nursing.

Student nurses must have a senior certificate or an equivalent qualification, while pupil nurses need a junior certificate.

A nursing assistant must have a standard six certificate or if from a practical school a standard eight certificate.—DDR.

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D H Pryce Lewis

year.

For the best work in fourth

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Hospitals

to crash nursing

race bars in Natal

We'll go it alone, says Frank Martin

Political Correspondent

CAPE TOWN—Hospitals in Natal are to crash the nursing race barriers.

This was revealed yesterday by Mr Frank Martin, MEC in charge of hospitals, following an indecisive meeting here with the Minister of Health, Dr L A P A Munnik.

'The minister would not commit himself to a policy statement on the issue either way. He wouldn't say yes or no so we have decided that Natal will go it alone,' said Mr Martin.

Up to now Natal had tried to employ nurses to attend to their own race groups but because of shortages had been forced to make adaptations in certain hospitals.

'Out of hundreds of patients we have had

only one complaint,' said Mr Martin.

'We believe that no patient should suffer as result of a lack of nurses. Therefore, we will employ whatever qualified nurses we get without restriction on whom they may nurse.'

'We cannot categorise qualified nurses on the basis of colour.'

Mr Martin said that Natal had applied to offer equal pay for equal work but had been turned down by the Government.

'This should weigh heavily on the Government's conscience but we will continue to press for this principle which the Government says it has accepted — but does not apply.'

95
Wm 30/1/81

D H Price laurie

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Recruiting blacks to alleviate nursing crisis

Medical Correspondent

A major nursing recruitment drive in the Transvaal and the proposed use of black nurses in white hospitals in Natal, could help to alleviate the crippling nursing crisis.

Pretoria's H F Verwoerd Hospital was forced to close about 100 beds last year because of the acute nursing shortage.

The beds would gradually be re-opened as the staff position improved. Dr E van Wyngaard, Chief Superintendent of the hospital, said at a meeting of the Hospital Board yesterday.

multi-million rand Johannesburg Hospital has only about half of its requirement of nurses and radiographers, and the intake of student nurses this year is disappointing.

Dr Hennie Grove, director of Hospital Services in the Transvaal, has intensified the nursing recruitment drive in the province.

In an urgent bid to prevent further resignations in the profession, he has sent circulars to Transvaal provincial hospitals calling on them to immediately start refresher

courses for nurses who are thinking of leaving or those who have left the profession.

He said emergency measures had to be taken when some sections in hospitals had to be closed.

Hospital superintendents had to report to him before the end of February on the progress of the campaign.

Mr Frank Martin, Natal MEC in charge of hospitals, has disclosed that in his province black nurses were nursing white patients and that discrimi-

natory barriers were being brought down.

He said the Minister of Health, Dr Munnik, would not commit himself to a policy statement on the issue either way — "so we have decided that Natal will go it alone."

The Deputy Superintendent of the Johannesburg Hospital, Dr L Kalmyn, said she fully supported Dr Grove's recruitment drive, but she would not comment on the dropping of racial barriers in Natal.

CRITICAL

The hospital still had enough beds available to treat the most critical patients but it was no longer possible to take patients with minor complaints as in-patients.

It is understood that the Andrew McCollm Hospital in Pretoria has had to close hospital beds for the first time in its history because of the shortage of staff.

The shortage of nurses in several major Rand hospitals is acute. The

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ND 30/1/81
Natal nursing bars to go 95
 CAPE TOWN — Hospitals in Natal are to crash nursing race barriers and in future there will be no bar on the race groups nurses may attend to.
 This was revealed yesterday by Mr Frank Martin, MEC in charge of hospitals, following an indecisive meeting with the Minister of Health, Dr L. Munnik, here.
 "The minister would not commit himself to a policy statement on the issue either way. He wouldn't say Yes or No so we have decided that Natal will go it alone," said Mr Martin. — PS.

FINE ART & ARCHITECTURE

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 S A Read

Osbourn Prize
 For the best work in fourth year.
 D H Pryce Lewis

John Perry Prize
 For the best work in third year.
 R A van Rosenveid.

Natal to break ^{RDY} nursing ^{30/1/81} barriers ⁽¹⁵⁾

Own Correspondent

CAPE TOWN. — Hospitals in Natal are to break race barriers in the nursing profession — in future there will be no bar on which race groups nurses may attend to.

This was revealed yesterday by Mr Frank Martin, Natal MEC in charge of hospitals, following an indecisive meeting with the Minister of Health, Dr L A P A Munnik, in Cape Town.

"The Minister would not commit himself to a policy statement on the issue either way, so we have decided that Natal will go it alone," Mr Martin said.

He said there were hospitals where Natal had already been forced to employ nurses of various race groups to attend to other race groups to maintain a full service, and "all I can say is that I am extremely thankful we can get them".

"Out of hundreds of patients we have only had one complaint," he said.

"We believe no patient should suffer as a result of a lack of nurses.

"Therefore we will employ whatever qualified nurses we can get without restriction on whom they may nurse.

He said Natal would not jeopardise the health of any patient "because of a shortage of nurses in this or that race group.

"We cannot categorise qualified nurses on the basis of colour."

Mr Martin said Natal had applied to offer equal pay for equal work, but that this had been turned down by the Government.

"This should weigh heavily on the Government's conscience, but we will continue to press for this principle which the Government says it has accepted — but does not apply."

Critical nursing shortage

Angus 31/1/81 (95)

BY KERI MOLLOY

THE shortage of nurses in the Cape is so critical that patients' lives could be endangered for want of proper care.

This is the opinion of senior hospital staff who commented this week on a recent statement by the Director of Hospital Services, Dr R L Kotze that the situation in the Cape was 'by no means' critical.

A specialist at Grootte Schuur said this week there were 30 seriously ill heart patients awaiting surgery who could not be accommodated because of the severe shortage of post-operative nursing staff.

One entire post-operative ICU was lying empty because of lack of staff. On Wednesday night three beds were closed in a cardiac Intensive Care Unit (ICU) because

one of the sisters had been sent to deal with an emergency elsewhere in the hospital.

'Ideally there should be one sister to each patient in the ICUs, but what staff we have is overworked that their efficiency suffers.'

This week five ICU patients were being tended by only one sister and one nurse. In another unit, 10 patients needing constant monitoring, were attended by only three sisters.

A registered sister said, 'Dr Kotze's statement is absurd. The situation is critical in most of the Cape's hospitals. The authorities seem to refuse to acknowledge the problem.'

Discussing the reasons for the drift away from the nursing profession, she spoke of unreasonable hours, frustration, ingratitude for hard work and unrealistic wages — low for whites and appalling for blacks.

She said there are no special rates for overtime. Some 12-hour shifts are unbroken and you can't even eat or drink in certain wards.

'Some Mitchell's Plain nurses get home at 10 pm and have to get up before dawn to be back on duty at 7 am.'

Dr R Sanders, superintendent of Grootte Schuur said,

'We have never turned a patient away. There are long waiting lists in most departments and this is nothing new.'

'The idea of one sister a patient is superb, but it is not possible with the current situation in nursing throughout the world.'

She said deploying the staff was a regular

measure undertaken for the benefit of the hospital. The authorities were looking at the salary structure and were committed to equalising salaries.

She said, 'The correct channel of communication of the staff with the Press is through the Medical Superintendent and it is regrettable that members of my staff saw fit to go directly to the Press.'

A member of the nursing staff in the white section of the Somerset Hospital said, 'Things here also look pretty dismal.'

'With 89 vacancies this year, there was an intake of only nine students and in December out of a total of 80 nursing staff, 30 were part-timers.'

Vice-president of the South African Nursing Association, Professor Paddy Harrison said: 'With a couple of exceptions there would seem to be a disturbing decrease in nursing staff countrywide.'

'We go on building bigger and bigger hospitals and need more nurses to staff them. What's needed is a realistic salary structure where nurses can reasonably come out on their pay and work hours that would suit both the needs of the hospital and their families.'

She called for the promotion of preventive medicine and community health service, rather than the acquisition of expensive equipment in the big hospitals, which would cut down on the number of chronic admissions.

When asked to comment on the allegations Dr Kotze said he stood by his previous statement that the shortage was not critical. He declined to give figures of unfilled vacancies at the hospitals.

Superintendent of Somerset Hospital, Dr A Rosenberg said he had clear instructions from the Province not to comment on the relevant figures.

Nursing crisis explodes

S. T. T. T. T. T.
1/2/87

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SOUTH Africa's crippling nursing crisis exploded into prominence again this week with the publication of letters from a number of doctors in the latest issue of the Medical Journal slamming the low salaries paid nurses and warning of chaos if they were not drastically improved.

Eight doctors at a hospital in Grahamstown said their institution... which has a long tradition of training fine nurses... had been brought almost to its knees by the lack of student nurses, staff nurses and nursing aides.

"Many reasons have been advanced for the crisis, but only one really matters, and that is quite simple... money," the report states.

"A survey carried out in one ward during November, 1980, was revealing. The monthly take-home pay, after deductions, of a few of our nurses was as follows: Registered nurse and midwife, qualified 1964 — R440, enrolled nurse (staff nurse) qualified 1979 — R210 and student nurse and midwife at end of 4th year of training — R192.

"Simultaneous enquiries in town reveal that the minimum starting salary of cash-out girls at bottle stores is R310 a month.

"The most scandalous comparison of all is demonstrated by the following incident which occurred at the Settlers Hospital.

"A highly competent sister with many years of experience, at the top of her salary grade, recently resigned her post and applied for the post of cook (not dietician) which had recently fallen vacant at the same hospital.

"The advertisement

By Tony Spencer-Smith

stated that a Standard 6 certificate was required. Her salary immediately went up by R90 a month.

"The Nursing Association promised to investigate this shameful state of affairs but nothing has come of it."

The doctors lashed out at the association for greatly neglecting its stated aim of looking after its members, and suggested that the Medical Association could take up the cudgels on behalf of nurses.

In a lengthy reply to this letter, published in the journal, the president of the Nursing Association, Professor Charlotte Searle, said she deeply regretted the unwarranted attack on the association.

She said their statement about "the bland assurances by Professor Searle and other nursing authorities that nurses are quite happy was totally untrue."

She said there were many other problems to be solved besides salaries, although this was a priority.

"Some 12 000 registered nurses are not in practice. How do we bring them back, every move that is made to bring back more married nurses ends in

failure, not because nurses are tradition-bound but because the whole system of providing hospital care needs re-organisation.

"Doctors and nurses everywhere must sit down together to revise aspects of local hospital care. Hours of duty are a vital issue in this whole question."

She said the association was waging an "unceasing struggle" to improve the salaries of nurses, and doctors could rest assured that the board of the association would give the Minister of Health and the Commission for Administration no respite.

"In fairness I must say the Minister is acutely aware of the problem, but he has to work within the provisions of the Commission for Administration (the former Public Services Commission) and herein lies the rub."

In another letter, three Bloemfontein doctors said medical men should fight for the welfare of nurses before nursing services in our big hospitals "finally collapse".

They said drastic increases were necessary, not just adjustments to keep pace with the cost of living.

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For the best student in each
of the 2nd, 3rd and final years.

Second Year (Bronze Medal)

Miss G C Littlewort

1st Year (Silver Medal)

N C Davidson

2nd Year (Gold Medal)

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New deal for Jo'burg nurses mooted

Medical Correspondent

A new deal for nurses at Johannesburg Hospital, including differentiated salary scales, has been recommended by hospital authorities.

The recommendations are to be considered by Dr. Hennie Grove, the Transvaal's Director of Hospital Services. He will consider reports from superintendents of hospitals in the province and make recommendations to the executive committee of the Transvaal Provincial Administration.

Dr Grove said today he could not comment on the recommendations.

If the suggestions are accepted, nurses will be paid more for working inconvenient hours — at night and over weekends.

In Britain, nurses are paid generous inconvenience allowances.

Several of the Rand's major hospitals, including the Johannesburg Hospital, are seriously short of nurses and radiographers. Staff are working under pressure to cope with the work.

Meanwhile Dr Grove has intensified the nursing recruitment campaign in the Transvaal. Superintendents have been asked to arrange more refresher courses for nurses who temporarily retired to become mothers and housewives and those who left the profession.

Similar courses are also being arranged for former nursing assistants.

● Twenty-one final year student radiographers are leaving the provincial hospital service. The hospital has a complement of 57 trained radiographers and 23 vacancies for trained X-ray staff.

CHEMICAL

STAR
2/2/81
95

Doctors attack nurses', low pay

Staff Reporter

EIGHT DOCTORS at Settlers Hospital, Grahamstown, claim that it has been brought almost to its knees by a lack of student nurses and nursing aides.

Writing in the SA Medical Journal, the doctors say that many reasons have been advanced for the crisis, but "only one really matters and that is quite simple — money".

The doctors are among those whose letters have been pouring in to the Medical Journal complaining about the nursing situation.

At Settlers Hospital a survey in one ward during November 1980 showed that the monthly take-home pay after deductions of a few of the nurses was: Registered nurse and midwife, qualified 1964 — R440; enrolled nurse, qualified 1979 — R210, and student nurse and midwife at the end of fourth year of training — R192.

The letters say that in Grahamstown the minimum starting salary of cash-out girls at bottle stores is R310 a month.

"We submit that the SA Nursing Association, membership of which is compulsory for all nurses, has greatly neglected its stated aim of looking after the interest of its members."

In reply Professor C Searle, president of the SA Nursing Association, said she deeply regretted the doctors' attack.

Totally untrue

"Their statement — 'bland assurances by Professor Searle and other nursing authorities that nurses are quite happy' — is totally untrue. At no time did the Board of the SA Nursing Association or its president make such a statement."

The fact that nurses obtained a bigger share of available funds than other groups and public servants in the April 1980 salary adjustments was an important breakthrough.

This did not mean the board was satisfied. It only acknowledged progress.

It was unjust to claim that the association has neglected its stated aim of looking after its members' interests.

She asked whether the doctors were aware of the unceasing struggle the association waged and accused doctors in decision-making positions of doing little to help nurses improve their salaries. Doc-

tors and nurses everywhere should sit down together to revise aspects of local hospital care. Hours of duty were a vital issue.

The doctors could rest assured that the SANA board would give the Minister of Health and the Commission for Administration no respite. "In fairness I must say the minister is acutely aware of the problem but has to work within the provision of the Commission for Administration — the former Public Service Commission — and herein lies the rub."

Collapse of medical set-up predicted

CT 5/2/81
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CHEMICAL

Own Correspondent

JOHANNESBURG. — There would be a "complete and total collapse" of the entire medical and nursing structure if conditions for nurses were not improved immediately, the acting superintendent of Edenvale Hospital said yesterday.

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Prize

In a shocking expose of the nursing crisis, Dr George A Perling said that unless the government immediately started treating nurses "fairly", hospitals stood to lose their entire nursing staffs

Dr Perling warned other hospitals that they should act quickly to solve their nursing problems or "they will find themselves in big trouble".

He had received an appeal from the Johannesburg Hospital yesterday to admit patients with whom they could not cope, he said

Explaining the critical position at a nurses' merit award ceremony, Dr Perling disclosed that not one young woman had applied to train as a qualified nurse at Edenvale Hospital this year. "This is the first time in history that there are no first-year students here," he said

Interviewed afterwards, he said that the Edenvale Hospital had closed 50 of its 205 beds in June last year and had been forced to close another 18 at the beginning of last month.

The numbers of nurses had been steadily dropping monthly. At the beginning of last month there were only 79 nurses to fill 170 posts, and there were already a further 12 resignations pending

"It came as no surprise when my head matron, on the morning of January 2, informed me that the nursing staff was at breaking-point and could no longer carry on under present conditions."

Dr Perling said he had taken immediate action to meet the crisis by: "Limiting the admissions to priority cases; discharging patients who could easily recuperate at home; and treating, where possible, as many patients as they could in the out-patient department."

This had produced dramatic results and the hospital was beginning to recover from the crisis. The whole hospital would soon be reopened

But the situation could rebound if nursing was not recognized as a profession and given all the benefits of one, he said.

"The entire nursing and paramedical profession must be put on a fair and proper salary scale. Conditions should also be improved to parallel those of other professions, especially with regard to shift work, night work and weekend work.

o The shortage of nurses at Peninsula hospitals did not seem to be quite as critical as in the Transvaal. Professor Paddy Harrison, vice-president of the South African Nursing Association, said last night.

Professor Harrison was reacting to Dr Perling's statement

Ward sisters

Professor Harrison, who is also the head of the Department of Nursing at the University of Cape Town, said nurses in the lower categories, particularly the ward sisters, were the people getting a "bad deal".

She said that all along Sana had been asking for a better deal especially for the ward sister and the newly-qualified nurse.

The salaries for nurses in the categories of matron and above were far more attractive than that for their junior counterparts

"The ward sister is the king-pin in the hospital and if that king-pin is not well looked after the whole hospital will be affected"

They were responsible for patients day and night and were often overworked.

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Shocks new facts on the hospital crisis

95 PDH 5/2/81

By KERRY GIBSON
and SUE ROBERTSON

A SENIOR doctor warned yesterday that there could be a total collapse of the medical and nursing structure in South Africa if nursing conditions were not improved immediately.

Dr George Perling, the acting superintendent of Edenvale Hospital, said that unless the Government began treating nurses "fairly" right away, hospitals stood to lose them all.

He warned other hospitals in the country to act quickly to solve their nursing problems — or "they will find themselves in big trouble".

He also appealed to them to reveal the true conditions under which their nurses were working so that something could be done about them immediately.

Dr Perling was speaking at a nurses' merit award ceremony. To illustrate the mounting crisis facing many hospitals, he said that only yesterday the Johannesburg Hospital had asked him admit patients, because it could not cope. He added that at his hospital, not one woman had applied this year for training.

Interviewed later, Dr Perling said Edenvale Hospital had to close 50 of its 205 beds in June and another 18 last month. In January there were only 79 nurses to fill 179 posts.

He already knew of a further 12 resignations in January. He said: "It came as no surprise when my head matron told me on January 2 that the

Accountants Prizes

nursing staff was at breaking point and could no longer carry on under present conditions."

Dr Perling took immediate action to meet the crisis by:

- Limiting admissions to priority cases;
- Discharging patients who could recuperate at home;
- Treating as many patients as possible in the out-patients' department.

This had had dramatic results, and it was now beginning to recover from the crisis, he said. The whole hospital would soon be reopened.

But the situation could rebound if nursing was not recognised as a profession — and given the benefits of one.

"The entire nursing and paramedical profession must be put on a fair and proper salary scale. Conditions should also be improved to parallel those of other professions, especially regarding shift work, night and weekend work.

"Nurses are highly trained and shoulder huge responsibility — including the saving of life — and as such should be treated accordingly in every respect, including financially."

Last night, the Director of Hospital Services, Dr Henrie Grove, declined to comment on Dr Perling's statement until he had seen the full report.

Referring to nurses' salaries, he said the Minister of Finance had already indicated there would be pay "adjustments and increases" this year.

"I can only ask nurses, in the interests of the sick, not to make hasty decisions before the salary adjustments are made known to them," he said.

The deputy superintendent of Johannesburg Hospital, Dr Lisa Kahryn, admitted that "as the director has said, we are in a critical situation".

But she would not comment further on whether the crisis could lead to a collapse of the medical and nursing structure at the hospital.

"Those are his (Dr Perling's) opinions. I cannot comment on them. We did ask Edenvale Hospital to accommodate some of our patients, but that has been normal procedure recently."

She admitted that the shortage of beds at the Johannesburg Hospital had arisen because of the nursing shortage.

See Page 2

R B Goldblatt

THE

COMMERCE

ACCOUNTING

BUSINESS
SCIENCE

East Rand hit by nurse crisis

By SUE DENNY

THREE hospital superintendents and one deputy superintendent have supported a senior doctor's warning that unless the Government begins treating nurses "fairly", hospitals would lose them all.

There could be a total collapse of the medical and nursing structure if conditions were not improved immediately, they said.

The warning was made by Dr George Perling, acting superintendent of Edenvale Hospital.

He said in a statement on Tuesday that there could be a total collapse of the medical and nursing structure if conditions were not improved

- The teachers crisis — Page 2
- The breakdown of a government — Editorial comment, Page 14

immediately

Reacting to the statement, Dr Johan Jurgens, superintendent of the Far East Rand Hospital in Springs, said he had contacted the Department of Hospital Services "on several occasions" to inquire about more nursing staff, and was told that "I must make my own propaganda".

"I am 40% down on trained staff, with only 60 posts filled. Only 12 new student nurses en-

rolled in January and 38 others are in various stages of completing their courses. The normal complement is 150 student nurses. We also have 18 part-time trained nurses.

"How can I propagate this profession when my staff are giving me 21 hours' notice to work in the commercial sector for sometimes R400 more a month?" Dr Jurgens asked.

few months later. I have had 30 resignations since December 1.

"I don't think the public knows enough about nursing. They think we just carry bedpans, and that we are always there to look after them."

"Nursing is a dying profession among whites, and I know that black people — to whom nursing was a prestige profession a few years ago — think exactly the same way."

Nurses
won't
accept
poor
pay

From Page 1

Dr Joe Nach, superintendent of the General Hospital, said "the situation at present is a national crisis".

"Nurses are grossly underpaid. The discrepancies between the salaries of white and black nurses, when they have equal qualifications and do the same work, is just one of their many grievances.

Apart from a very important gap in sisters — the General is 175 down on complement — the crisis situation has not yet hit the hospital.

"The reason for this is that we have not opened fully yet due to non-arrival of equipment for several departments.

"But I know the situation is going to hit us as soon as we open them.

"At present we have as many people resigning as those applying, so we are in a very fortunate position in all respects, except for sisters."

Dr Lisa Kalmyn, a deputy superintendent at the Johannesburg Hospital, agreed this week with the Director of Hospital Services, Dr Hennie Grove, that "we are in a crisis situation".

Dr J Grobbelaar, superintendent of the 138-bed Ontdekkers Hospital in Florida, said the hospital was suffering from a shortage of nurses but had not had to close beds.

A nurse, who has been in the profession for 15 years, did not want to be identified but reiterated Dr Perling's warning.

Sister X, a nurse for 15 years, said she earned R371 per month.

"I am working for charity. I want R600. Nurses are overworking themselves. For what?"

She said she left Soweto at 5am to be at work at 7am.

"I have four children and a husband. When I arrive home at 9pm there is cooking, cleaning and washing to be done.

"I am a dedicated nurse, but I get irritable because the only thing that makes me unhappy about the profession is money — I would expect at least R600 per month in any other job."

The director of the Nursing Association, Miss Ralle du Plessis, would not comment, but said the association had always supported higher salary scales for night, overtime and weekend shifts.

A matron, who also did not wish to be identified, said "We appoint people and we pay them."

Nursing must be 'totally integrated'

95
RDM
7/2/81

By GERALD REILLY
Pretoria Bureau

NURSING services were caught up in the same manpower crisis which is affecting all sectors of the economy, the vice-president of the Trade Union Council of South Africa, Mr Steve Scheepers, said yesterday.

Like other sectors, hospital nursing would have to become totally integrated, and the "senseless" barriers to black nurses dropped.

"When you're sick you don't care who nurses you as long as they are qualified and capable," said Mr Scheepers.

Meanwhile, the Minister of Health, Dr L. A. P. A. Munnik, said in an interview from Cape Town that the department's policy was to keep hospital admissions to a minimum through preventive medicine and community health centres.

Mr Scheepers said the root of the nurse problem was inadequate salaries, which should be lifted immediately by 30%.

Dr Munnik, however, declined to comment on the increases which will be announced by the Minister of Finance, Mr Horwood, when he introduces the part appropri-

ation Budget on February 16.

The Minister praised Dr George Perling, acting superintendent of Edenvale Hospital, for his excellent organisational abilities in making the best possible use of available staff.

Dr Perling said this week that unless the Government began treating nurses "fairly" immediately, hospitals risked "losing them all".

Dr Munnik said the department's policy was to expand preventive medicine and to establish community health centres, thus keeping many people out of hospital.

"Extra-institutional medicine could be a big part of the answer to the nursing shortage — a shortage which could last for a long time."

Dr Munnik recommended that other hospitals study and consider introducing the "excellent system" of flexible working hours for nurses used at Groote Schuur Hospital in Cape Town.

He added that a major factor always contributing to the shortage was that the grass was "greener on the side of the private sector". The State could never compete with the private sector on a basis of earnings.

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For the best student in each of the 2nd, 3rd and final years.
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CHEMICAL

Nurses moonlight to boost incomes

By MARILYN ELLIOTT

SEVERAL nurses in Cape Town who work for provincial hospitals are having to work at steakhouses, restaurants and with private cosmetic firms during their off-duty hours, to boost their incomes.

A Cape Times survey showed that nurses are spending their spare hours at many of the City's steakhouses because they are fed up with what they call "pitiful salaries" in the Provincial service. At one establishment, 20 student nurses have

applied for night jobs in the past six months.

One second-year student nurse who sells cosmetics part-time said: "I clear R 168 after deductions, which includes board and lodging. I find it difficult to make ends meet, so I boost my income by doing this selling job. But I would never mention it to anyone at the hospital because I'd probably be sacked. It's against the rules.

"Many of my friends have to resort to doing menial jobs to make sure they will earn

enough to live on. The authorities are trying to keep the seriousness of the situation a secret. They do not seem to realize how serious the matter is," she said.

Resignations

The nurse said Groote Schuur had received many resignations in the past few months and that nowadays when resignations were tendered, the head matron did not even ask why.

"She knows it's because we can't make do. The government and all those responsible have got their heads stuck in the sand. Unless they do something soon, they will be faced with a catastrophic situation," the nurse said.

Mr Jules Hayman, proprietor of one steakhouse, said: "Nurses are excellent waitresses. They are efficient and instinctively know what the customer needs. At the moment, I have none in my employ. It's a pity because in the past they have shown themselves to be superlative workers."

Mr Hayman said he felt sorry for the nurses, because many went straight to the steakhouse after an eight-hour shift at the hospital and then worked until midnight to earn extra cash.

At several other steakhouses, owners confirmed that they had employed nurses in the past.

According to a provincial ordinance, all employees of the Hospital Services are not allowed to work elsewhere without the approval of the Administrator.

One steakhouse owner said he had stopped employing nurses because he was being "hassled" by senior staff at the hospital.

Our correspondent in Port Elizabeth reports that nurses are so popular as waitresses that owners have started advertising for their services.

'Perfect'

Ron Franklin, one restaurant owner, said: "They are a good proposition for both the restaurant and myself. They are used to being diplomatic and attentive to patients with all sorts of temperaments and for diners, they are perfect."

Mr Franklin said he was unaware of moonlighting restrictions and still stands by his conviction that nurses are best for his business.

A spokesman from the SA Nursing Council said yesterday that the issue had not come to the attention of the council, but that even if it had, it was a matter between employer (the Cape Provincial Administration) and employee and not for the council to comment or act

The Director of Hospital Services, Dr R L M Kotze, said yesterday that he was not aware of nurses working extra hours in other establishments.

"Not even my matrons or senior staff know about it, otherwise I would know about it. I would say it was highly undesirable that our nurses do extra work elsewhere when they are in our full employ. If I receive evidence that this is occurring, I will look into it," he said.

... and Jo'burg Hospital has to close 5 wards

RDM 11/2/81 Staff Reporter (2015)

THE multimillion-rand Johannesburg Hospital has been forced to close five wards because it has only half the nurses it needs.

The superintendent, Dr Neville Howes, disclosed yesterday that the hospital was short of 1 091 nurses.

He revealed that:

- Only 1 206 of a the 2 297 nursing posts at the hospital were filled.
- There were 72 vacancies in the hospital's radiography department. At present, there are 105 radiographers;
- All 31 radiographers who graduated in January had resigned;
- 54 registered nurses had resigned;
- The hospital has a crucial shortage of clerical personnel;
- Five wards (128 beds) have been closed, and the post-operative surgery ward is manned only when staff are available;
- The five medical units have been reduced to four. (One unit consists of two wards.)

Dr Howes' disclosures come a week after two other Reef hospitals outlined their staffing crises, and one superintendent warned that there could be a total collapse of the medical and nursing structure in South Africa if nursing conditions were not improved immediately.

Dr Howes said there was a major shortage of student nurses and nursing assistants at the Johannesburg Hospital.

"Some departments have to be manned day and night, and it is understandable that some people do not want to work such hours," he said.

The staff consists of 530 trained nurses, 548 students, 111 part-time nurses, and 280 volunteers. Of a total of 2 297 nursing posts, only 1 206 are filled.

"This means that 52% of the fulltime posts are filled, and there are 111 part-time nurses," he said.

☐ To Page 2

Nursing shortage closes wards

☐ From Page 1

"The closure of the one of the five medical units was part of our rationalisation process.

"Emergency cases are admitted to the units — where fully-trained staff are in attendance. Patients would not get the same attention in ordinary wards if staff are not available. cases are referred to other hospitals."

Dr Howes would not comment on nurses' salaries, but said some deserved to be paid as much as doctors.

"Nurses' salaries are not competitive. There is a need to look at differential pay for inconvenient hours such as overtime, weekend and night work."

He called on the people of Johannesburg to involve themselves in the hospital.

"We need support and assistance to run your hospital."

Nursing crisis worsens at Rand hospitals

WALS STN

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The shortage of nurses and radiographers at some of our Rand hospitals is critical. Johannesburg Hospital has filled only half its full-time nursing posts and other hospitals are seriously short of staff.

Hundreds of beds have been closed, medical units reduced, X-ray procedures curtailed and specialised radiographic procedures cut back.

Johannesburg Hospital's chief superintendent, Dr Neville Howe, said today the hospital was short of 1091 nurses and 29 radiographers.

He said 31 newly-

qualified radiographers had resigned. Twenty-one had new jobs at private nursing homes, in commerce and industry and overseas. The rest were remaining in provincial hospital service.

Dr Howe's disclosed that

① The hospital had filled only 76 of the 120 student radiography post.

② About 128 beds were closed last December and the post-operative surgery ward was open only when staff were available.

③ Medical units had been re-organised and the number reduced from five

to four and only 1206 of the 2297 nursing posts had been filled.

The acting superintendent of Edenvale Hospital, Dr George Perling, said he was confident the salaries issue will come right.

"I wouldn't be doing all this re-organisation of the hospital if I didn't believe that," he said.

He added that his hospital, contrary to most, had opened 37 new beds recently and was up to complement with staff.

"We've got no crises. We're admitting all the

To Page 3 Col 7

Nursing crisis

patients we have to and we are formulating an expansion programme for the future.

"We're holding our own with radiographers and the spirit and morale of the staff is terrific," said Dr Perling.

"They are extending themselves beyond what I thought was humanly possible. It is the fact that we are all working as a team that makes us have hope for the future," he said.

Dr Howe said 54 registered nurses had resigned since last November. He said the hospital had 520 trained nurses, 518 students, 111 part-time nurses and 280 volunteers.

He has previously admitted that nurses' salaries were inadequate and that differentiated pay scales and inconvenience compensation should be looked into.

The Far East Rand has a 40 percent shortage of trained nurses and a 60 percent shortage of unskilled staff, including student nurses. A year ago the hospital closed 100 beds which had not been reopened.

Province
 short
 of 6000
 NURSES

Political Staff

Transvaal had a shortage of more than 6000 nurses at the end of last year, the Provincial Council heard yesterday.

Replying to an Opposition question in the Rand, the Transvaal Administrator, Mr. Villem Cruywagen, said the greatest shortage was among white nursing staff. Some 12 169 posts were available but of these only 2001 had been filled.

More than 10000 black nurses were employed in 11 691 available posts while coloured and Indian nurses had taken up 778 of 1 340 available posts.

Mr. Cruywagen said the current annual cost to eliminate salary differences between the different race groups in grades ranging from chief matron to sister would be more than R7 million.

CARE

Mr. Sam Moss, P.P.P. M.P. for Portovenia and a spokesman on hospital matters, yesterday called on the Government to interfere immediately in the hospitals' crisis or there would be catastrophic consequences.

He was commenting on the critical shortage of nurses and radiographers at Johannesburg Hospital which has led to hospital beds being closed and medical standards dropping.

"The hospitals' situation has become a disaster and steps must be taken immediately by the Government," he said.

Mr. Moss called on the Government to give hospital personnel substantial pay increases and have conditions investigated by senior officials from the Departments of Finance and Health — "and their first report must be completed in less than a month," he said.

BACKBONE

In Durban, the SA Medical Association's Natal Coastal branch, was told that doctors and nurses were not properly trained to deal with the problems they encountered in community health.

Addressing the annual general meeting, the outgoing president, Dr. Walter E. K. Loening, a community paediatrician, said that nurses were the backbone of rural health services.

"They are expected to handle everything from surgical problems to preventative measures. They are often sent out-of-date medicines and instruments that don't function.

"Likewise with doctors who train under specialists at hospitals. They find themselves confronted with problems they are not equipped to deal with," Dr. Loening said.

© See Page 6: "P.P.P. would back teachers, nurses in strikes if..."

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- G L Crogg

Nursing shortages: bleak facts emerge

RDM 12/2/81

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PRETORIA BUREAU

TRANSVAAL hospitals have an overall nursing shortage of nearly 25%, the Administrator, Mr Willem Cruywagen, revealed in the Provincial Council yesterday.

And the Progressive Federal Party leader in the council, Mr Douglas Gibson, warned that unless the coming pay rises were adequate, the PFP would have to review its attitude to protest action by professionals.

Mr Cruywagen submitted statistics to the council which showed that the hard-hit Johannesburg Hospital had severe shortages of administrative staff as well as medical and nursing personnel.

Replying to a question from Mrs Irene Menell (PFP Houghton), he said only 8 001 white nursing posts of the Province's total establishment of 12 169 were filled.

The black nursing situation was more satisfactory. The establishment is 11 681, with 10 195 posts filled. But only 778 of the 1 340 coloured and Indian nursing posts were filled.

The overall provincial total is an establishment of 25 190 — but only 18 974 nurses are in service.

Replying to a question, Mr Cruywagen said that at present salary levels it would cost R7 023 284 to eliminate the racial pay-gap.

Specialist in the Rand Journal

Mr Gibson stated that the Government and the Province for "years of neglect" while the education and hospital crises "crept on them".

Unless the rises announced in Parliament next week were substantial, exceeding the inflation rate, the situation could only worsen.

He warned the council that unless satisfactory increases were announced next week, he would call together his caucus to reconsider the existing PFP policy on strikes and go-slows.

The Administrator had appealed to teachers not to consider strikes. The PFP was against strikes by professional people.

However, where the alternative appeared to be resignations to find better-paid work elsewhere, it appeared strikes by teachers would perhaps speed up a solution, Mr Gibson said.

The Government had allowed the present crises in education and hospital services to develop in spite of PFP warnings.

The trouble was that nurses were so dedicated they allowed themselves to be exploited by the Province and the Government.

Instead of becoming militant like the teachers, they were quietly leaving the profession.

"I would have preferred that nurses march on the Raadsaal with placards and banners calling the attention of Press and public to their plight," Mr Gibson said.

The reduced intake of student nurses at the major Provincial hospitals indicates there is no short-term solution.

Mr Cruywagen's figures showed that hospitals where the intake has dwindled drastically include (1978 figures in brackets): H F Verwoerd, Pretoria, 219 (360); Boksburg-Benoni 43 (76); Germiston 44 (74); J G Strijdom, Johannesburg, 116 (206); Johannesburg Hospital 244 (591).

Meanwhile the Vereeniging Hospital's nursing shortage has worsened — already battling 40% below strength, it has been hit by another crisis — 15 nurses are off with 'flu, bringing the total shortage to 151.

The superintendent, Dr Dirk van Rooy, said yesterday: "We are limiting cases that are not emergencies, but wards are not being closed".

Among worst-hit hospitals:

- The Johannesburg Hospital, which has been forced to close five wards, has a nursing staff just over half-strength — 1 235 of an establishment of 2 353 posts filled — 74 of its 424 medical posts and 224 of its 520 paramedical jobs vacant, and of the 783 administrative posts, only 478 filled;
- The Far East Rand Hospital, with a 40% staff shortage;
- The General Hospital in Johannesburg, with a shortage of 175 nursing sisters;
- Edenvale Hospital, which disclosed that last month there were only 79 nurses of an establishment of 179 — the hospital is limiting admission and 18 beds were closed last month.

The value of a nurse

EAST LONDON — How much is an experienced nursing sister worth? More than her weight in gold, says a local medical doctor.

The doctor explained with a story on the value of nursing experience.

"Not so long ago I performed a fairly complicated operation on a patient at Frere Hospital. The day after the operation, one of the more experienced sisters at the hospital phoned me in the early afternoon.

"She told me she could not put her finger on it, but said something was wrong with the patient.

"I knew this sister had had years and years of experience and if she felt something was wrong I had better move.

"All the normal tests — pulse, respiration, blood pressure and so on, were perfectly all right. But this sister knew intuitively from experience that something was wrong.

"Something was wrong. It took a bit of time to become manifest and I was able to put it right before it was too late.

"Now, I ask you, how much is a sister like that worth? She is worth more than her weight in gold.

"To that patient, her experience was worth his life." — DDR

Border doctors: probe nursing

EAST LONDON — A full scale investigation into the nursing profession has been called for by the Border Coastal branch council of the Medical Association of South Africa.

The council also calls for "urgent steps to avoid further deterioration of an already critical situation."

In a statement released last night, the council said "all the factors causing the nursing shortage should be identified."

It said a memorandum on the nursing crisis in the region had been forwarded to the authorities.

The council said although nurses were to be praised for their work,

there were not enough nurses to cope

At Frere Hospital, "some wards have been closed and an extra effort is made by the remaining nursing staff," the statement said.

It said there were many factors contributing to the increasing shortage of trained nursing staff.

"This shortage is not only a local but also a national and world-wide problem."

The council identified problem areas as: fewer student nurses enrolling for training every year while trained nurses were leaving.

Employment opportunities for women had increased with the result

that nursing had to face increasingly strong competition.

The high skills and demands of nursing;

The fact that other less demanding jobs with less responsibility offered higher salary scales.

Insufficient compensation for awkward working hours.

"The Frere Hospital has made every effort to maintain a high standard of nursing care in spite of the nursing shortage.

"Branch council wants to place on record its admiration for all the hard work done by the present nursing staff to maintain a good standard of patient care." — DDR

Datums van eksamen, aansoek om toelating en hertoelating en eksamengelde

10. (1) Die persoon in beheer van 'n skool moet die raad onmiddellik in kennis stel, met vermelding van redes, indien 'n kandidaat na indiening van 'n aansoek ooreenkomstig hierdie regulasie, nie meer toegelaat of hertoegelaat kan word nie.

(2) Die eksamen word twee keer per jaar in die maande Januarie en Julie afgeneem en aansoek om toelating of hertoelating moet voor of op 7 November en 7 Mei onderskeidelik, by die raad ingedien word.

(3) Gelde van veertig rand (R40) word by aansoek om toelating of hertoelating tot die eksamen of 'n gedeelte van die eksamen aan die raad betaal.

(4) 'n Aansoek wat nie later as sewe (7) dae na die voorgeskrewe datum ingedien word, word slegs by betaling van addisionele gelde van vyf rand (R5) aanvaar.

(5) 'n Aansoek wat later as sewe (7) dae na die voorgeskrewe datum ingedien word, word nie aanvaar nie.

(6) 'n Aansoek om toelating of hertoelating word nie as ingevolge hierdie regulasie "ingedien" beskou nie, tensy 'n behoorlik ingevulde aansoekvorm, tesame met die voorgeskrewe sertifikate, die eksamengelde en, waar van toepassing, die addisionele gelde in paragraaf (4) voorgeskryf, die raad bereik nie.

(7) Eksamengelde word verbeur indien 'n inskrywing gekanselleer word of indien 'n kandidaat van 'n eksamen afwesig is, tensy die raad anders bepaal. Hierdie paragraaf is ook op die addisionele gelde in paragraaf (4) voorgeskryf, van toepassing.

Eksamensentrums

11. Sentrums word op plekke waarop die raad mag besluit, ingestel.

Registrasie van addisionele kwalifikasie

12. Aan 'n kandidaat wat in die eksamen geslaag het, word 'n sertifikaat van registrasie van die addisionele kwalifikasie sonder betaling van enige gelde uitgereik: Met dien verstande dat die kennisgewing in regulasie 3 (c) voorgeskryf, ingedien is.

No. R. 240 13 Februarie 1981
DIE SUID-AFRIKAANSE RAAD OP VERPLEGING.—REGULASIES VIR DIE DIPLOMA IN ONKOLOGIESE VERPLEEGKUNDE

Die Minister van Gesondheid, Welsyn en Pensioene, vaardig, kragtens artikel 45 (1) van die Wet op Verpleging, 1978 (Wet 50 van 1978), en op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, die volgende regulasies uit:

Voorwaardes vir die goedkeuring van skole

1. (1) 'n Skool kan goedgekeur word indien—
 - (a) die organisatoriese struktuur en die fasiliteite om die onderrigprogram aan te bied volgens mening van die raad bevredigend is;
 - (b) die onderrigprogram volgens mening van die raad bevredigend is;
 - (c) 'n persoon wat as 'n algemene verpleegkundige geregistreer is en teenoor wie se naam 'n addisionele kwalifikasie in verpleegonderrig en 'n addisionele kwalifikasie in verpleegadministrasie geregistreer is, by die raad as die persoon in beheer van die skool aangedui word.

Dates of examination, applications for admission and re-admission and examination fees

10. (1) The person in charge of a school shall notify the council forthwith, giving reasons, if a candidate becomes ineligible for admission or re-admission subsequent to the lodging of an application in terms of this regulation.

(2) The examination shall be held twice a year during the months January and July and applications for admission and re-admission shall be lodged with the council on or before 7 November and 7 May, respectively.

(3) A fee of forty rand (R40) shall be paid to the council upon application for admission or re-admission to the examination or any portion of the examination.

(4) An application lodged not more than seven (7) days after the prescribed date shall be accepted only on payment of an additional fee of five rand (R5).

(5) An application lodged more than seven (7) days after the prescribed date shall not be accepted.

(6) An application for admission or re-admission shall not be deemed to have been "lodged" in terms of this regulation unless a duly completed application form, together with the prescribed certificates, the examination fee and, where applicable, the additional fee prescribed in paragraph (4), shall have reached the council.

(7) Examination fees shall be forfeited if an entry is cancelled or if a candidate is absent, unless the council determines otherwise. This paragraph shall also apply to the additional fee prescribed in paragraph (4).

Examination centres

11. Centres shall be established at such places as the council may determine.

Registration of additional qualification

12. A candidate who has passed in the examination shall be issued with a certificate of registration of the additional qualification without the payment of a fee: Provided the notice prescribed in regulation 3 (c) has been lodged.

No. R. 240 13 February 1981
THE SOUTH AFRICAN NURSING COUNCIL.—REGULATIONS FOR THE DIPLOMA IN ONCOLOGY NURSING SCIENCE

The Minister of Health, Welfare and Pensions, in terms of section 45 (1) of the Nursing Act, 1978 (Act 50 of 1978), and on the recommendation of the South African Nursing Council, makes the following regulations

Conditions for the approval of schools

1. (1) A school may be approved if—
 - (a) the organisational structure and the facilities for the conduct of the teaching programme are satisfactory in the opinion of the council;
 - (b) the educational programme is satisfactory in the opinion of the council;
 - (c) a person who is registered as a general nurse and against whose name an additional qualification in nursing education and an additional qualification in nursing administration are registered, is designated to the council as the person in charge of the school;

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(7) Eksamengelde word verbeur indien 'n inskrywing gekanselleer word of indien 'n kandidaat van 'n eksamen afwesig is, tensy die raad anders bepaal. Hierdie paragraaf is ook op die addisionele gelde in paragraaf (4) voorgeskryf, van toepassing.

Eksamensentrums

11. Sentrums word op plekke waarop die raad mag besluit, ingestel.

Registrasie van addisionele kwalifikasie

12. Aan 'n kandidaat wat in die eksamen geslaag het, word 'n sertifikaat van registrasie van die addisionele kwalifikasie sonder betaling van enige gelde uitgereik: Met dien verstande dat die kennisgewing in regulasie 3 (c) voorgeskryf, ingedien is.

No. R. 239

13 Februarie 1981

DIE SUID-AFRIKAANSE RAAD OP VERPLEGING—REGULASIES VIR DIE GEVORDERDE DIPLOMA IN PEDIATRIESE EN NEONATALE VERPLEEGKUNDE

Die Minister van Gesondheid, Welsyn en Pensioene, vaardig, kragtens artikel 45 (1) van die Wet op Verpleging, 1978 (Wet 50 van 1978), en op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, die volgende regulasies uit:

Voorwaardes vir die goedkeuring van skole

1. (1) 'n Skool kan goedgekeur word indien—

(a) die organisatoriese struktuur en die fasiliteite om die onderrigprogram aan te bied volgens mening van die raad bevredigend is.

(b) die onderrigprogram volgens mening van die raad bevredigend is;

(c) 'n persoon wat as 'n algemene verpleegkundige en as 'n vroedvrou geregistreer is en teenoor wie se naam 'n addisionele kwalifikasie in verpleegonderrig en 'n addisionele kwalifikasie in verpleegadministrasie geregistreer is, by die raad as die persoon in beheer van die skool aangedui word;

(d) lede van die verpleegpersoneel wat aan die kliniese onderrig van studente deelneem, geregistreerde algemene verpleegkundiges en vroedvroue is teenoor wie se name die addisionele kwalifikasie geregistreer is.

(2) Nieteenstaande die voorwaardes in hierdie regulasie voorgeskryf, kan die raad 'n skool goedkeur selfs al kan daar nie aan al die voorwaardes voldoen word nie. Goedkeuring kan op voorwaardes wat die raad mag bepaal, verleen word.

Toelating tot die kursus

2. 'n Kandidaat moet aan die persoon in beheer van die skool bewys van lopende registrasie as algemene verpleegkundige en as vroedvrou en van die registrasie van die addisionele kwalifikasie in pediatriese verpleegkunde, voorlê. Hierdie registrasies moet dwarsdeur die voorgeskrewe tydperk vir die kursus en tot dat die uitslae van die eksamen gepubliseer word, in stand gehou word, by versuim waarvan die tydperk van die kursus wat deurloop is vanaf die datum van skraping uit die register tot die datum van terugplasing, verbeur word.

~~(7) Examination fees shall be forfeited if an entry is cancelled or if a candidate is absent, unless the council determines otherwise. This paragraph shall also apply to the additional fee prescribed in paragraph (4).~~

Examination centres

~~11. Centres shall be established at such places as the council may determine.~~

Registration of additional qualification

~~12. A candidate who has passed in the examination shall be issued with a certificate of registration of the additional qualification without the payment of a fee. Provided the notice prescribed in regulation 3 (c) has been lodged~~

for full text see ofg

No. R. 239

13 February 1981

THE SOUTH AFRICAN NURSING COUNCIL—REGULATIONS FOR THE ADVANCED DIPLOMA IN PAEDIATRIC AND NEONATAL NURSING SCIENCE of 7402

The Minister of Health, Welfare and Pensions, in terms of section 45 (1) of the Nursing Act, 1978 (Act 50 of 1978), and on the recommendation of the South African Nursing Council, makes the following regulations:

Conditions for the approval of schools

1. (1) A school may be approved if—

(a) the organisational structure and the facilities for the conduct of the teaching programme are satisfactory in the opinion of the council;

(b) the educational programme is satisfactory in the opinion of the council;

(c) a person who is registered both as a general nurse and as a midwife and against whose name an additional qualification in nursing education and an additional qualification in nursing administration are registered, is designated to the council as the person in charge of the school;

(d) members of the nursing staff who take part in the clinical instruction of students are registered general nurses and midwives against whose names the additional qualification is registered.

(2) Notwithstanding the conditions prescribed in this regulation, the council may approve a school even if all the conditions cannot be complied with. Approval may be granted upon such conditions as the council may determine.

Admission to the course

2. A candidate shall submit to the person in charge of the school proof of current registration as a general nurse and a midwife and of the registration of the additional qualification in paediatric nursing science. These registrations shall be maintained throughout the prescribed period for the course and until the results of the examination are published, failing which the period of the course undergone from the date of removal from the register to the date of restoration, shall be forfeited.

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(7) Eksamengelde word verbeur indien 'n inskrywing geskanselleer word of indien 'n kandidaat van 'n eksamen afwesig is, tensy die raad anders bepaal. Hierdie paragraaf is ook op die addisionele gelde in paragraaf (4) voorgeskryf, van toepassing.

Eksamensentrums

11. Sentrums word op plekke waarop die raad mag besluit, ingestel.

Registrasie van addisionele kwalifikasie

12. Aan 'n kandidaat wat in die eksamen geslaag het, word 'n sertifikaat van registrasie van die addisionele kwalifikasie sonder betaling van enige gelde uitgereik: Met dien verstande dat die kennisgewing in regulasie 3 (c) voorgeskryf, ingedien is.

No. R. 238 13 Februarie 1981
DIE SUID-AFRIKAANSE RAAD OP VERPLEGING.—REGULASIES VIR DIE SERTIFIKAAT IN BEROEPSGSONDHEIDSVERPLEGING

Die Minister van Gesondheid, Welsyn en Pensioene, vaardig, kragtens artikel 45 (1) van die Wet op Verpleging, 1978 (Wet 50 van 1978), en op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, die volgende regulasies uit:

Voorwaardes vir die goedkeuring van skole

1. (1) 'n Skool kan goedgekeur word indien—

(a) die organisatoriese struktuur en die fasiliteite om die onderrigprogram aan te bied volgens mening van die raad bevredigend is;

(b) die onderrigprogram volgens mening van die raad onbevredigend is;

(c) 'n persoon wat as 'n algemene verpleegkundige geregistreer is en teenoor wie se naam 'n addisionele kwalifikasie in verpleegonderrig en 'n addisionele kwalifikasie in verpleegadministrasie geregistreer is, by die raad as die persoon in beheer van die skool aangedui word;

(d) lede van die verpleegpersoneel wat aan die kliniese onderrig van studente deelneem, geregistreerde algemene verpleegkundiges is teenoor wie se name die addisionele kwalifikasie geregistreer is.

(2) Nieteenstaande die voorwaardes in hierdie regulasie voorgeskryf, kan die raad 'n skool goedkeur selfs al kan daar nie aan al die voorwaardes voldoen word nie. Goedkeuring kan op voorwaardes wat die raad mag bepaal, verleen word.

Toelating tot die kursus

2. 'n Kandidaat moet aan die persoon in beheer van die skool bewys van lopende registrasie as 'n algemene verpleegkundige voorle. Hierdie registrasie moet dwarsdeur die kursus en totdat die uitslae van die eksamen gepubliseer word, in stand gehou word, by versum waarvan die tydperk van die kursus wat deurloop is vanaf die datum van skrapping uit die register tot die datum van terugplasing, verbeur word.

Registrasie, terugplasing, staking en voltooiing van die kursus

3. Ingevolge die regulasies betreffende die registers vir studente—

(a) moet 'n student om registrasie of terugplasing op die register aansoek doen: Met dien verstande dat 'n student vir hierdie kursus binne twee (2) weke na aanvang van opleiding as 'n student moet registreer;

(7) Examination fees shall be forfeited if an entry is cancelled or if a candidate is absent, unless the council determines otherwise. This paragraph shall also apply to the additional fee prescribed in paragraph (4).

Examination centres

11. Centres shall be established at such places as the council may determine.

Registration of additional qualification

12. A candidate who has passed in the examination shall be issued with a certificate of registration of the additional qualification without the payment of a fee: Provided the notice prescribed in regulation 3 (c) has been lodged.

No. R. 238 13 February 1981
THE SOUTH AFRICAN NURSING COUNCIL.—
REGULATIONS FOR THE CERTIFICATE IN OCCUPATIONAL HEALTH NURSING

The Minister of Health, Welfare and Pensions, in terms of section 45 (1) of the Nursing Act, 1978 (Act 50 of 1978), and on the recommendation of the South African Nursing Council, makes the following regulations:

Conditions for the approval of schools

1. (1) A school may be approved if—

(a) the organisational structure and the facilities for the conduct of the teaching programme are satisfactory in the opinion of the council;

(b) the educational programme is satisfactory in the opinion of the council;

(c) a person who is registered as a general nurse and against whose name an additional qualification in nursing education and an additional qualification in nursing administration are registered, is designated to the council as the person in charge of the school;

(d) members of the nursing staff who take part in the clinical instruction of students are registered general nurses against whose names the additional qualification is registered.

(2) Notwithstanding the conditions prescribed in this regulation, the council may approve a school even if all the conditions cannot be complied with. Approval may be granted upon such conditions as the council may determine.

Admission to the course

2. A candidate shall submit to the person in charge of the school proof of current registration as a general nurse. This registration shall be maintained throughout the prescribed period for the course and until the results of the examination are published, failing which the period of the course undergone from the date of removal from the register to the date of restoration, shall be forfeited.

Registration, restoration, termination and completion of the course

3. In terms of the regulations regarding the registers for students—

(a) a student shall apply for registration or for restoration to the register: Provided that a student for this course shall within two (2) weeks of commencement of training register as a student;

see GJ's text

~~see GJ's text~~

**DEPARTEMENT VAN GESONDHEID,
WELSYN EN PENSIOENE**

No. R. 237 13 Februarie 1981
DIE SUID-AFRIKAANSE RAAD OP VERPLE-
GING.—REGULASIES VIR DIE SERTIFIKAAI
IN SPINALE BESERINGSVERPLEEGKUNDE

Die Minister van Gesondheid, Welsyn en Pensioene, vaardig, kragtens artikel 45 (1) van die Wet op Verpleging, 1978 (Wet 50 van 1978), en op aanbeveling van die Suid-Afrikaanse Raad op Verpleging, die volgende regulasies uit:

Voorwaardes vir die goedkeuring van skole

1. (1) 'n Skool kan goedgekeur word indien—

(a) die organisatoriese struktuur en die fasiliteite om die onderrigprogram aan te bied volgens mening van die raad bevredigend is;

(b) die onderrigprogram volgens mening van die raad bevredigend is;

(c) 'n persoon wat as 'n algemene verpleegkundige geregistreer is en teenoor wie se naam 'n addisionele kwalifikasie in verpleegonderrig en 'n addisionele kwalifikasie in verpleegadministrasie geregistreer is, by die raad as die persoon in beheer van die skool aangedui word;

(d) lede van die verpleegpersoneel wat aan die kliniese onderrig van studente deelneem, geregistreerde algemene verpleegkundiges is teenoor wie se name die addisionele kwalifikasie geregistreer is.

(2) Nieteenstaande die voorwaardes in hierdie regulasie voorgeskryf, kan die raad 'n skool goedgekeur selfs al kan daar nie aan al die voorwaardes voldoen word nie. Goedkeuring kan op voorwaardes wat die raad mag bepaal, verleen word.

Toelating tot die kursus

2. 'n Kandidaat moet aan die persoon in beheer van die skool bewys van lopende registrasie as 'n algemene verpleegkundige voorlê. Hierdie registrasie moet dwarsdeur die kursus en totdat die uitslae van die eksamen gepubliseer word, in stand gehou word, by versuim waarvan die tydperk van die kursus wat deurloop is vanaf die datum van skraping uit die register tot die datum van terugplasing, verbeur word.

Registrasie, terugplasing, staking en voltooiing van die kursus

3. Ingevolge die regulasies betreffende die registers vir studente—

(a) moet 'n student om registrasie of terugplasing op die register aansoek doen;

(b) moet die persoon in beheer van 'n skool die raad in kennis stel indien 'n student die kursus om enige rede voor voltooiing staak, insluitende 'n oorsplasing na 'n ander skool;

(c) moet die persoon in beheer van 'n skool die raad in kennis stel wanneer 'n student die kursus voltooi.

Duur van die kursus

4. (1) Die kursus duur minstens eenhonderd (100) dae (diensvrydae uitgesluit).

(2) Indien 'n student van een skool na 'n ander oorskakel of die kursus voor voltooiing staak, moet die kursus opnuut hervat word, tensy die raad anders bepaal.

**DEPARTMENT OF HEALTH, WELFARE AND
PENSIONS**

No. R. 237 13 February 1981
~~THE SOUTH AFRICAN NURSING COUNCIL~~ 95
REGULATIONS FOR THE CERTIFICATE IN
SPINAL INJURY NURSING SCIENCE

The Minister of Health, Welfare and Pensions, in terms of section 45 (1) of the Nursing Act, 1978 (Act 50 of 1978) and on the recommendation of the South African Nursing Council, makes the following regulations:

*See SJS 7401 for full
Conditions for the approval of schools*

1. (1) A school may be approved if—

(a) the organisational structure and the facilities for the conduct of the teaching programme are satisfactory in the opinion of the council;

(b) the educational programme is satisfactory in the opinion of the council;

(c) a person who is registered as a general nurse and against whose name an additional qualification in nursing education and an additional qualification in nursing administration are registered, is designated to the council as the person in charge of the school;

(d) members of the nursing staff who take part in the clinical instruction of students are registered general nurses against whose names the additional qualification is registered.

(2) Notwithstanding the conditions prescribed in this regulation, the council may approve a school even if all the conditions cannot be complied with. Approval may be granted upon such conditions as the council may determine.

Admission to the course

2. A candidate shall submit to the person in charge of the school proof of current registration as a general nurse. This registration shall be maintained throughout the prescribed period for the course and until the results of the examination are published, failing which the period of the course undergone from the date of removal from the register to the date of restoration, shall be forfeited.

Registration, restoration, termination and completion of the course

3. In terms of the regulations regarding the registers for students—

(a) a student shall apply for registration or for restoration to the register;

(b) the person in charge of a school shall notify the council if a student terminates the course for any reason before completion, including a transfer to another school;

(c) the person in charge of a school shall notify the council when a student completes the course.

Duration of the course

4. (1) The course shall extend over at least one hundred (100) days (excluding days off).

(2) If a student transfers from one school to another or terminates the course before completion, the course shall be commenced *de novo*, unless the council determines otherwise.

'Most black nursing posts filled'

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Medical Correspondent
More than 80 percent of the student posts for black nurses in the Transvaal had been filled, the province's Director of Hospital Services, Dr Henrie Grove, said yesterday.

Dr Grove said the Transvaal had 10 training schools and five colleges for black student nurses. "Training is on a par with that offered to white nurses," he said.

He would not comment on suggestions that black nurses could be used to

relieve staff shortages at white hospitals.

"We train nurses to work in the rural areas, the homelands, Botswana, Swaziland and elsewhere. Many nurses return to the rural areas after training and some go to private nursing homes."

More than 2800 black nurses were trained in the Transvaal each year. Training school improvements were being made in several areas, including Soweto and Natalpruit.

Dr Chris van den

Heever, chief superintendent of Baragwanath Hospital, said between 24 000 and 27 000 nursing applications were received each year. But only about 6 000 to 7 000 had had the minimum educational qualifications.

And of these, only 1 200 were accepted for training. Many came from areas outside Johannesburg.

He added: "Many of the applicants are not academically qualified for nursing and some have not

studied mathematics, biology and science.

"We have a long waiting list and some school-leavers wait for up to two years to be placed. We would like to train more nurses," he said.

A R4-million nursing college is to be completed at the hospital within the next few months. Building work had started on a new R8-million nurses' home as well.

A E & C I Prize

CHEMICAL

L Menegaldo

Drawing.

Awarded to the student with the best classwork in Engineering
Sammy Sacks Memorial Prize

J H Rens

Civil Engineering.

Awarded on results of final examinations to the best male student in Land Surveying or
Professor George Menzies Prize

B F McClelland

J H Rens

D P Weeks

T J Cumming

P M Salmon

Fourth Year (Gold Medal)

Miss N C Davidson

Third Year (Silver Medal)

Miss G C Littlewort

Second Year (Bronze Medal)

of the 2nd, 3rd and final years.

For the best student in each

Corporation Medals

FACULTY OF ENGINEERING

Subscriptions up — nurses angry

Staff Reporter

SEVERAL NURSES of the 130 000-strong South African Nursing Association are angry because their annual subscription fees have been increased.

Compulsory subscription rates for trained nurses have increased from R8 for blacks, R10 for Asian and coloured nurses and R12 for whites to R20 — irrespective of race group.

Delegates at the January congress of the association decided to raise the fees. The new fees are: R20 for trained nurses, R10 for student nurses and R5 for non-practising nurses.

Yesterday Professor Paddy Harrison, vice-president of Sana and professor of nursing at the University of Cape Town, said many nurses had complained about the increase — particularly black, Asian and coloured nurses.

"While their salaries are slightly lower than whites', they do derive the same benefits from the association," she said.

These included Sana's role as negotiator with the government on nurses' behalf, insurance coverage on and off duty, a chance to secure scholarships

and receipt of a monthly newspaper, Nursing News.

The decision to increase fees had been forced on Sana by inflation and other rising costs. The last increase in subscription fees was before 1975.

The administrative costs of running the association, which included salaries for about 40 people at Sana headquarters in Pretoria, had risen dramatically. Unless fees were increased, Sana would face bankruptcy and be forced to use capital assets. It received no government subsidy.

No insurance

South African nurses paid substantially lower fees than their overseas counterparts paid to similar organizations. In the US, the nurses' associations did not provide insurance against litigation claims — a common occurrence in that country. There, nurses were expected to pay about R150 a month for coverage.

In Britain nurses paid at least R40 to belong to the Royal College of Nursing. Similar bodies to Sana in Australia, New Zealand and Canada had indicated that South African nurses paid little compared with those countries.

Professor George Menzies Prize
Awarded on results of final
examinations to the best male
or

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Miss G C Littlewort

Third Year (Silver Medal)
Miss N C Davidson

Fourth Year (Gold Medal)

P M Salmon
T J Cumming
D P Weeks
J H Rens
B F McClelland

Prize
with the
Engineering

student
average

CHEMICAL

14/2/68
2 Frere wards
still closed

EAST LONDON -- Two wards at Frere Hospital, closed six months ago because of the nursing shortage are still closed.

Superintendent of the Hospital, Dr S. Richardson said the situation at the hospital had remained unchanged since July last year.

At that time, two wards, the mixed orthopaedic ward and the Chatterton sepsis ward were closed.

Dr Richardson said the hospital had never turned away a single patient because of a lack of beds.

"All that we have done is increase the number of nurses in wards to get a better nurse to patient ratio by closing wards that

were not being used much," he said.

"It is a matter of simple arithmetic."

Dr Richardson was commenting on a statement by the border coastal branch council of the Medical Association of South Africa.

The branch council said some wards at the hospital had been closed and that an extra effort was made by the remaining nursing staff.

Dr Richardson said he was satisfied that patients at Frere Hospital were receiving good care from the nursing staff and that there was now a better nurse to patient relationship -- DDR

R35 less pay than peers for top nurse

Own Correspondent

JOHANNESBURG. — A Cape Town nursing sister who achieved the highest results in the examinations written by student nurses of all races last year, is paid R35 less than her white counterparts who have the same qualifications.

Miss Virginia Young, of Grassy Park, trained at the Coronation Hospital in Johannesburg. She is to receive two gold awards from the South African Nursing Council in recognition of her achievement.

A comparison of the starting salaries of black, coloured, Indian and white sisters who all have the same qualifications shows that coloured and Indian sisters start at R331 a month,

white at R366 and black at R197.

Nurses, superintendents and doctors have called for an equalization of salaries of all nurses.

The head of the Coronationville Nurses' College, Mrs E Spoon, said yesterday that Miss Young was an "exceptional student".

"Right through her training, she set the pace for high standards achieved by the group.

"The 28 students, who were the first group to be trained by the college, achieved 25 distinctions between them and everyone passed."

Miss Young, who achieved honours in every examination she wrote during the three-year training course and attained an aggregate of more than 80 per cent in her last year, plans to do midwifery at the Peninsula Maternity Hospital in Cape Town.

"In June Virginia will return to the Coronationville Nursing College to teach, and next year she plans to study at the University of the Witwatersrand," Mrs Spoon said.

The young nurse is holidaying with friends in Eldorado Park till she returns to Cape Town later this month.

● Subscriptions up
nurses angry, page 3

CHEMICAL

Corporation Medals
For the best student in each
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T J Cumming
D P Weeks
J H Rens

McClolland

1975
Increases: Nursing
body 'not satisfied'

Own Correspondent

PRETORIA - The Board of the South African Nursing Association was "not satisfied" with the overall 12 percent salary increases for nurses, the president of the association, Professor Charlotte Searle, said last night.

The increases did not even cover the increased cost of living, she said.

The board would have to re-open negotiations "immediately".

She appealed to nurses not to panic "because we don't know how much benefit will accrue to the nurses in the critical areas - that is in the sister ranks".

This would take time because the salary grade of every nurse would have to be studied. Nurses would not know the extent of their increases till they saw their scales.

"The Minister of Health ad-

vised me that certain critical categories will get up to 20 percent, but we can't say which these categories are until we have studied the new scales."

The Minister of Health, Dr L. A P A Munnik, said, however, that overtime payments would be doubled at least.

"We realize these scales must be considered in the overall context of public service salaries."

The overall salary increases "will not help much" unless a final decision had also been reached on the realistic payments of differentiated salaries for unpopular hours, danger money and a better deal for part-time nurses and better standby allowances.

"The minister has given me his personal assurance he will concern himself with the effort to find solutions to the other crucial, critical areas," Professor Searle said.

Nurses and opposition dissatisfied with salary increases

STARS 12/21/47

75

75

Medical Correspondent
Nurses and opposition
spokesmen on health are
dissatisfied with salary
increases for nurses.

Professor Charlotte
Searle, president of the
South African Nursing As-
sociation, said the associa-
tion was not satisfied with
an overall 12 percent
increase, which did not

meet the increased cost of
living.

Sana would have to im-
mediately reopen negotia-
tions with the Minister of
Health. "I must appeal to
nurses not to panic because
we do not yet know
how much benefit will
accrue to nurses in the
critical area — that is in
the rank of sister."

The Minister had ad-
vised Professor Searle
that sisters would receive
increases of up to 20
percent and that overtime
payments for nurses
would be doubled.

Professor Searle said
nurses would not know
their increases until they
saw their "actual scales."
Commenting on the

increases Mr Horace van
Rensburg, Progressive
Federal Party spokesman
on health, said the
Government had failed to
announce how much
nurses would get.

"However it is clear
that anything less than 30
percent will not succeed
in bringing nurses back."
Doctors at Johannes-

burg Hospital, which is
crippled by a shortage of
nurses and radiographers,
said the Budget would not
attract qualified staff.

Mr. Alex Anderson, NRP
Transvaal provincial lea-
der, stated that nurses,
radiographers and other
allied medical disciplines
would be very dis-
appointed. Resignations

would continue, and in ad-
dition very little incentive
now exists for nurses to
return to the profession.

He called for appropriate
travelling allowances and
improvement in overtime
pay.

"Unpopular hours" pay
rates also required re-
vision.

Angry nurses telephone to say increases are 'disgusting and an insult'

95
NM 18/2/81

Mercury Reporter

NURSES have reacted angrily to the pay increases which were announced in Monday's mini-budget.

Nurses who telephoned the Mercury to protest against the increases expressed shock, disgust and disbelief and predicted mass resignations.

'I've had enough,' was the reaction from a qualified sister at Addington.

'I think the increases are not only disgusting but an insult. Just how can we be expected to remain loyal to our professions when the Government can't bother to give us a decent increase?' she asked.

Inconsiderate public

Protests were not restricted to nurses. Husbands telephoned the Mercury saying that their wives were very upset about the increases.

'My wife is a nursing sister and she has not had a weekend off for almost three months,' he said. 'She

works long hours without any overtime pay.

'The public does not realise what abuse nurses have to suffer, not only from an inconsiderate public but also from doctors.'

Mr Frank Martin, MEC in charge of hospital services, said it was too early to comment.

Lost faith

Mr Martin said the true picture would only emerge once he received a circular drawn up by the Commission for Administration which would detail what the increase for each grade would be.

Nurses had lost faith in the president of the South African Nursing Association, Prof Charlotte Searle, the Natal Provincial Council heard yesterday, writes our political reporter.

Dr Fred Clarke (NRP Umhlanga) said the association was seen by nurses as a body with very little power, and what power it had was not used.

18/1/57 (95)
Nursing: Masa worried

Medical Correspondent
The nursing crisis warranted urgent and extensive attention, the Medical Association of South Africa said in Johannesburg today.
At a recent meeting of the association's executive committee considerable concern was expressed about the severe shortage of nurses in a number of

major hospitals.
It was felt that the shortage could only lead to adverse effects on the quality and availability of health and medical care in South Africa.
The committee believed the reasons for the shortage were complex and could not only be attributed to inadequate pay scales

Pay rises: Nurses unimpressed

CT 18/2/81
Staff Reporters

SEVERAL senior student nurses working for a provincial hospital in Cape Town said yesterday that they were unimpressed by pay rises announced in parliament in this week's mini-budget.

The announcement by the Minister of Finance, Mr Owen Horwood, of an overall 12 percent pay increase for nurses was greeted with "apathy, disappointment and disinterest", they said.

For many second-year student nurses, a 12 percent rise means an extra R25 a month, and they claim that this amount will be swallowed up by post-election taxation moves.

Several said that when their pay went up, so usually, did their residence fees at the hospital. The general feeling was that the increases meant "absolutely nothing".

Most of the nurses said salaries were a major but not the only factor of their discontent. They were working long hours in bad conditions, and

recruitment problems would not be solved by the government supplying "token handouts".

The local branch of the South African Nursing Association will meet on March 3 to discuss the pay increases and will make an announcement about its value.

The Administrator, Mr Gene Louw, said yesterday that he had no details about the pay rises for nurses, but that the only solution to the critical shortage was to pay more. "There is no other way. Improved salaries will attract more people to the profession. We also need many more coloured nurses in our hospitals."

Professor Paddy Harrison, head of the Nursing Department at the University of Cape Town and vice-president of Sana, said it was too soon to tell how much nurses would benefit from the pay rise. Nurses' problems were not those of pay alone but were multi-faceted and included working conditions and

overtime.
Miss Ralie du Plessis, executive director, said from Sana headquarters in Pretoria that she had not received specific details of the rises. The new scales would be known only in three weeks' time.

It is known that some nurses will receive more than others, depending on how critical the pay problems are in specific cases.

However, Professor Charlotte Searle, president of the association, has already said that the increases "did not even cover the cost of living". She said the board of Sana would have to reopen negotiations with the government immediately.

• The Cape Times correspondent reported from Johannesburg last night that Transvaal nurses and teachers have dismissed their salary increases as "inadequate" and predicted that a "vicious circle" would develop in the health and education professions.

Most of the nurses and teach-

ers contacted yesterday said they felt that they had been "cheated". As the increases were not enough to lure back "lost staff", more would resign because they could not handle the increased burden of work — bringing the crisis, they said, to a "point of complete breakdown of services".

Many said they had been told they should wait for the mini-budget before resigning. Those who had agreed to do so felt the wait was futile.

Most nurses agreed that even if their categories were to fall into the 20 percent increase region — apparently to be allocated to those in "crisis" areas, such as sisters — they would still feel tempted to leave.

Other nurses said that although they had been given "some breathing space" — and overtime payments would be doubled, many other urgently-requested issues, such as working conditions and outdated equipment, had not been touched on.

Nurses cool on pay raises

CAPE TOWN — The announcement by the Minister of Finance, Mr Owen Horwood, of an overall 12 per cent pay rise for nurses was greeted with "apathy, disappointment and uninterest" said senior student nurses at a provincial hospital here yesterday.

For many second-year student nurses, a 12 per cent rise means an extra R25 a month and they claim this extra amount will be swallowed up by post-election taxation moves.

Several said that then their pay went up, so, usually, did their residence fees. The general feeling was that the increases meant "absolutely nothing."

Most of the nurses said that although salaries were a major factor of their discontent, the long working hours in bad conditions and recruitment problems would not be solved by "token hand-outs" from the

The Administrator of the Cape, Mr Gene Louw, said yesterday he had no details about the pay rises for nurses but the only solution to the critical nursing shortage was to pay nurses more.

"Improved salaries will attract more people to the profession. We also need many more coloured nurses in our hospitals," he said.

Miss Ralie du Plessis, executive director, said from the South African Nursing Association headquarters in Pretoria yesterday the new salary scales would only be known in three weeks' time.

However, Professor Charlotte Searle, president of the association, has already said that the increases "did not even cover the cost of living."

She said the board of Sana would have to reopen negotiations with the government immediately. — DDC-SAPA.

EDITORIAL OPINION

~~75~~ 75

Nursing shortage

A serious warning has been sounded in the Cape Provincial Council about the state of the nursing profession in South Africa.

A member, whose knowledge of the position is possibly reinforced through association as a medical practitioner, fears a deterioration in health services unless drastic steps are taken.

This Progressive Federal Party spokesman on hospital affairs, Dr J. T. Sonnenberg, has called for an end to race bars applying to who nurses who and also for an end to pay discrimination.

He pointed out that while there is no shortage of black nurses, recruitment of whites to the profession is inadequate.

Nor does Dr Sonnenberg believe the salary increases for nurses, announced recently, will attract sufficient white student nurses to make up eventually the present deficiency in numbers.

It was revealed during the Provincial Council debate that in four hospitals alone that were mentioned there are hundreds of white vacancies

Although no figures were given for

one of these institutions, East London's Frere Hospital, the MEC in charge of hospital services in the province, disclosed that 21,87 per cent of the student nurses posts are unfilled.

There seems also to be a shortage of trained nurses at Frere, however. Some wards have been closed and there are strains on nurses' capacity to cope in occupied wards. It is to the credit of the hospital and its nursing staff that attention to patients is as good as it is.

East London, indeed, may be better off than many other cities in the country as far as nursing services are concerned, but the signs are also here of shortages and stress among nurses.

What better hospital in the Cape Province, than Frere, because of the acknowledged interdependence of the different races in the area and the plans for co-prosperity, to begin integrating nursing staff?

A good start would be to abandon the practice of holding separate graduation ceremonies for nurses. Let this year's be the last arranged on a racial basis.

The care of the sick must not be jeopardised through colour bars.

Doctors hold crisis

S. Times 8/3/81

talks at

95

shut-down wards

hospital

THE nurses' crisis came to a head this week when doctors at one of the Transvaal's largest hospitals held an emergency meeting because wards had to be closed.

It happened at the Far East Rand Hospital — where there is a 40 percent staff shortage — after most operations had to be cancelled on Monday.

Doctors sent patients to private nursing homes, as well as to other hospitals on the Rand.

On Thursday, the only women's ward was closed, causing major problems for patients and doctors.

It is learnt that, at a meeting of doctors on Thursday, the situation was "extensively discussed" but nothing positive was resolved.

But the doctors have given the hospital's medical superintendent, Dr Johan Jurgens — who is former MP for Geduld — their support in his efforts to alleviate the problem. "although we all know he is not likely to be successful as no-one seems to have a solution", a doctor said.

Dr Jurgens said the situation at the Far East Rand Hospital — which serves Springs and Brakpan — was similar to that being experienced at other hospitals throughout the Transvaal and in other parts of the country.

At the end of last year, the Transvaal Provincial Adminis-

● ALL OPERATIONS CANCELLED ● PATIENTS SENT TO PRIVATE CLINICS

THE NURSING SHORTAGE WORSENS: Report: NORMAN CHANDLER

Dr Jurgens said the situation at the Far East Rand Hospital — which serves Springs and Brakpan — was similar to that being experienced at other hospitals throughout the Transvaal and in other parts of the country.

At the end of last year, the Transvaal Provincial Adminis-

"We have a bit of a problem right now, but I cannot foresee any change in the near future because far too few white women are prepared to train as nurses. Perhaps the promised salary increases will help, but even then it will take some time."

He declined to discuss his own hospital's staff shortage, but it is understood there is no possibility of the hospital being closed because of it.

Also badly effected by the shortage is the huge new Jo-

hannesburg Hospital, where there are only 1 206 nurses out of a total complement of 2 297, and five wards have had to be closed.

Others are Vereeniging (40 percent below strength), Edenvale (63 percent below strength) and where admissions are limited, Johannesburg General Hospital and Boksburg-Benoni Hospital.

Hopes that nurses will remain in the profession once salary increases come in to effect next month were reinforced this week when Professor D J du Plessis, principal of the University of the Witwatersrand, appealed to students at the Johannesburg hospital's graduation ceremony.

He said nurses should not be influenced by complaints and working conditions and salaries — "members of the profession have criticised their own pro-

...ession repeatedly for giving nurses too much hard work and too much responsibility with poor remuneration.

"All these criticisms are true, but the present situation cannot continue."

Man dies after appeal for black nurse refused

NM 9/3/81

(95)

(17/2/81)

Mercury Correspondent
JOHANNESBURG—A man died last night after his son-in-law, asked to employ a private sister because of the nursing shortage, had been refused permission to allow a black sister to attend the man in the Johannesburg General Hospital.
 Councillor David Neppe criticised the 'inhumane and cold-blooded' policy which did not allow black medical staff to attend white patients, even in the face of death.
 His father-in-law, 73-year-old Mr Joe Esrock, died last night in an intensive care unit of the hospital.

Mr Neppe said his father-in-law had been admitted to the hospital on Saturday after a suspected coronary.
 The following morning he suffered a 'massive' heart attack and after a pacemaker had been inserted he was referred to the cardiac intensive care unit, said Mr Neppe.
 'However, we were told there were no beds available. So the hospital staff did their very best to set up an ICU in his private ward but they asked me to try to get a special day-and-night nurse to watch the monitors because of their serious staff shortage.'

Mr Neppe said he had failed in his efforts to employ a white nurse and had contemplated using the services of two black nurses from Soweto.
 'I telephoned the matron of the hospital to find out whether it was permissible to have a black nursing sister attend my father-in-law. She was very sympathetic but said that the Director of Hospital Services had ruled that no black nursing sisters were allowed to attend white patients.'
 Last night the Director of Hospital Services, Dr Hennie Grove, confirmed the Government's policy but declined to comment.
 According to Mr Neppe,

his father-in-law's unit had been monitored by doctors and nurses in the ward for whom he had 'nothing but gratitude'.
 He added: 'Last night I rushed across to the hospital to see if I could help with the monitoring myself, but it was too late. My father-in-law had died by the time I got there.'
 Mr Neppe said: 'Their attitude (the Government and the director) is despicable. They should stand trial on their own consciences and ask themselves if they or members of their families had been in the same position would they adhere to the same ideology and absurd rules.'

Number of workers completed
 Distribution of workers according to schooling completed.

TABLE 28

are more numerous.
 districts in and around major urban centres, where schools considerably lower, presumably because the areas include figure for the four areas studied - 52 percent (11) is was known) had not been to school at all. Unisa's
 Ninety-one workers (74,59% of those whose schooling
 (c) Schooling.
 all workers had been on the farm for less than two months.
 18 percent for more than 20 years. About 13 percent of had been on the farm for less than one year and a further
 The tables show that about a quarter of the workers
 the farm 'less than one year'.
 One worker was simply described as having been on

Black nurse issue is political lunacy - Neppe

(20) STAR 9/3/81
95
95

Government policy which allowed black nurses to work in private nursing homes but not in white provincial hospitals was inconsistent and political lunacy," a Johannesburg City Councillor said today.

Mr David Neppe, PIP councillor for Kew/Lyndhurst claimed that official policy prevented a black cardiac sister from attending to his dying father-in-law in the Johannesburg Hospital.

Mr Neppe put out a challenge to the Prime Minister

If he was critically ill

with a heart disease would he allow a black sister to watch the monitor and treat him in a white hospital or would he rather stick to his ideology.

His father-in-law, Mr Joe Esrock (73) was admitted to hospital at the weekend with a suspected coronary after he suffered a heart attack yesterday.

Mr Esrock was given a pacemaker and transferred to the cardiac intensive care unit.

All efforts to save his life failed. He died last night.

Mr Neppe said he had the highest praise for the staff at the hospital.

"With their limited staff they are doing wonders," he said.

He said when his father-in-law was in a critical condition he had been asked to employ a day and night nurse to watch the monitors.

"I could not find a white nurse but three black nurses were available. They could not be used because of inhuman, cold-blooded and heartless laws," he said.

COMMENT

10/3/8
SOWETAN

95 **Pay black nurses the same as whites** 34

A WHITE man died at the weekend without the right of proper medical care being given to him. Not that it was not available. It was, but the only problem is that the people who could provide the care were of the wrong colour.

Apparently, there is a ruling that no black sisters may attend to white patients. This is said to be government policy.

Yet, in this particular situation, there were no white nurses available because of the shortage of nurses. So, rather than let blacks give the necessary care, a human life was put at stake.

We do not want to suggest that the patient may have lived. But we do believe that even a terminally ill person needs the best medical attention he can possibly get. And he did not get it because of a sick policy which cannot be justified under any circumstances.

The facts are simple: The white nursing sisters write the same — exactly the same — examinations as blacks. It might just be that the black nursing sisters who could have attended this patient obtained better passes than the whites with whom they sat for examinations. Did colour really matter in this situation?

The government must realise that their policies cause untold misery among those affected. There have been several examples of this: A black from Mamelodi being sped past the H F Verwoerd Hospital in Pretoria, and taken to Kalafong where he dies on admission. Would not this person's life have been saved if taken to H F — a time difference of about 20 minutes?

A black person being refused admission at a nearby "white" hospital, and rushed to Baragwanath instead?

A "white only" ambulance refusing to pick up a critically injured black?

We know why the government does not want to have black nurses treating whites. They are afraid more and more blacks will be taken on, and white nurses left out — all because black nurses are paid less than their white counterparts.

This problem can be solved quite easily: Pay black nurses the same as whites and the problem will disappear overnight.

Not only that, the government must ban all discrimination in medical care.

Those whites who will refuse to be handled by black nurses can then only have themselves to blame for the consequences.

TABLE 4

Distribution of farms by number of sheep (x) and size of permanent male labour force (y)

No. sheep Men	No. of sheep							Total No. of farms
	0 - 2	3 - 4	5 - 6	7 - 8	9 - 10	11 - 12	> 12	
	4						2	
								1
								1
								2
								2
								7
								9
								4
								32
								4

Black nurses for white patients call

JOHANNESBURG — It will become imperative for South Africans to drop racial barriers — in the face of the developing medical staff shortages — and allow black nurses to care for white patients.

This is the view of Dr Marius Barnard, PFP, MP for Parktown and opposition spokesman on health, who was responding to the government's policy of keeping white provincial hospitals staffed with white medical employees only.

The situation was highlighted in a newspaper report yesterday on an incident in which a black special nurse was refused permission to attend to a dying white man in the Johannesburg Hospital at the weekend.

The man, Mr Joe Esrock, 73, died in an intensive care unit at the hospital on Sunday after suffering a coronary.

His son-in-law, a Johannesburg city councillor, Mr David Neppe, said he had been asked to find a private nurse to monitor the ICU because of staff shortages.

He said he had been unable to get hold of a white special sister. He was told that government policy

ruled that only white nurses were allowed to be employed in the hospital.

Dr Barnard said yesterday: "I can see no reason why black nurses cannot nurse white patients."

The principle of coloured nurses nursing whites in the Cape had been established successfully "long ago", he said.

The "immediate moral response" would be that there was a shortage of black nurses.

"But this is not a problem. At Baragwanath Hospital they can only train 1 000 nurses although they have more than 2 000 applicants. If we increase teaching facilities for black nurses enough of them will come in."

Mrs Yvonne Wood, who runs a nursing agency, said black nurses were hired out at lower rates "according to pay regulations stipulated by the SA Nursing Council."

"Black nurses have the same training as white nurses. If I had it my way I would pay them all the same irrespective of colour."

(Report by S. Robertson, 171 Main Street, Johannesburg.)

DD 10/3/81

95

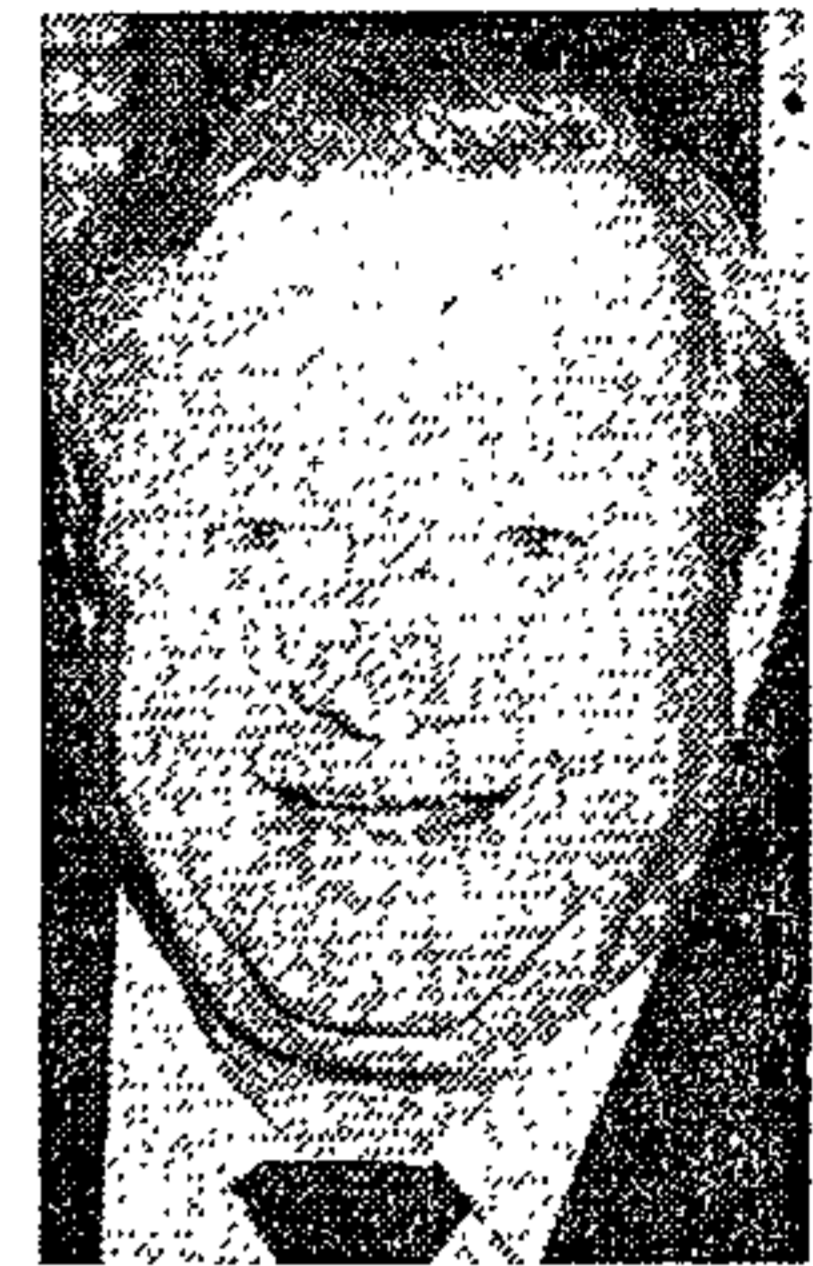
City's coloured nurses 'have saved many lives'

Angus 14/3/87 95

By Annamia
van den Heever
MANY lives have been
saved at the City Hos-

pital for Infectious
Diseases because the
Cape Town health
authorities allowed

coloured nurses to care
for white patients, the
city Medical Officer of
Health, Dr R J. Coogan,
said this week.



Dr R J Coogan

Johannesburg City Councillor Mr David Neppe was last week refused permission to allow a black nursing sister to attend his dying father-in-law in the Johannesburg Hospital after being asked to employ a private sister because of the nursing shortage.

Commenting on this case Dr Coogan said: 'There is an acute shortage of white nursing staff at the moment. We have never been prepared to allow a patient to suffer just because the trained nurses available happened to be of another colour.'

Dr Coogan said the welfare of the patient came first and last all the time.

LIVES SAVED

The present policy had been followed for many years at the City Hospital, the only hospital under the auspices of the Cape Town health authorities.

Dr Coogan said very seriously ill white patients, many of them small children, had been cared for by coloured nurses. Many of their lives had been saved because of the care that had been available to them.

Apart from an incident last year, no complaints had been received from white patients, or their relatives, about the care they had received

from coloured nurses, Dr Coogan said.

This incident in September involved two white patients infected with staphylococcus aureus, a penicillin-resistant micro-organism, who had been transferred from Groote Schuur Hospital to the City Hospital.

They complained at being treated by coloured nurses and were moved back to Groote Schuur.

Unlike the provincial health authorities, the Cape Town authorities have for many years also paid coloured and white nurses on the same salary scales.

The national secretary of the South African Nursing Association, Miss Ralie du Plessis, this week refused to comment on the Johannesburg incident.

Rand hospitals still suffering nursing shortage

Medical Correspondent

Several Rand hospitals are still short of nurses and student nurses.

A spokesman for the multimillion-rand Johannesburg Hospital said today that only 64 percent of nursing posts had been filled.

The intake of student nurses this year had been disappointing and 61 percent of posts had been filled.

"We have 1 479 nurses, including part-timers. The trained-nurse situation has improved but we are short of nursing aids," added the spokesman.

A spokesman for the J G Strijdom Hospital said 70 percent of the hospital's nursing complement had been filled and part-time nurses were making up the shortage.

The hospital had sufficient student nurses.

The Far East Rand Hospital in Springs is seriously short of both qualified nurses and student nurses.

"We have filled 60 percent of our nursing posts and 50 percent of the student nursing posts," said the superintendent, Dr Johan Jurgens.

Over the past year the hospital had been forced to close two surgical wards and two medical wards because of the nursing crisis.

Nurses' pay to rise 16 to 20 pc

Argus
23/3/81
95

Argus Correspondent

PRETORIA. — South Africa's nurses will get salary increases of 16 to 20 percent, it was disclosed today.

The nursing sector hardest hit by staff shortages, the sisters, will get an increase of roughly 18 percent.

This means the nurse who has just completed her general nursing diploma will get R66,25 more a month.

Student nurses who are paid while they are training will get an average increase of 12,4 percent.

Nursing assistants and pupil nurses will get roughly the same.

JUNIORS

It is understood that white nurses will get about the same, and that white nurses in these categories will get an allowance which will bring the increase a little closer to the 20 percent mark.

Junior staff nurses will get 19 percent, while senior enrolled nurses will

get an average increase of 17,7 percent.

The higher ranks of nursing personnel — matrons, chiefs and principals — will get 16,5 percent more.

The middle ranks, including senior matrons, matrons and senior sisters are to get 17,5 to 18 percent.

Individual salaries may differ and increases may be slightly higher, according to qualifications.

REACTION

Local nursing staff expressed disappointment that they had received less than other sectors.

Some nurses dispelled hopes that the salaries would be able to attract more staff and retain employees.

A sister said it was no longer a question of salaries, but of general nursing conditions.

The critical shortage of nursing staff had resulted in a great number of staff working overtime.

Nurse ^{RBM}
to earn ^{19/3/81}
more as ⁹⁵
waitress

Own Correspondent

CAPE TOWN — A fully-qualified nursing sister with five years' training will resign at the end of this month to work as a waitress — and she will earn almost R100 a month more than she is getting now.

Miss Alison Foulds, 25, a sister in the Renal Transplant Unit at Grootte Schuur Hospital, said yesterday she wanted a job "which will get me enough money to run a car".

An immigrant from Britain, she completed a three-year basic training course in Cambridge and then had one year psychiatric training and one doing renal transplant and dialysis work.

Her monthly take-home salary is R353 — about half what she was getting in England before coming to South Africa 14 months ago.

"I can't even run a car on my salary and so I'd like to get a job which at least allows me to do that."

She would prefer to keep her search for more meaningful wages within the medical profession, working either as a medical representative or for a nursing agency.

Until something like this presents itself, Alison, who believes she is the 24th sister at the hospital to hand in her notice this month, will work as a waitress at a hotel in Rosebank.

Nurses say pay rises ^{Angus 24/3/81} ⁽⁹⁵⁾ too small

Medical Reporter

CITY nurses are 'definitely not satisfied' with pay rises they say do not cover inflation, a spokesman for the Western Cape branch of the South African Nursing Association said today.

The spokesman was reacting to yesterday's news that South African nurses are to get pay rises from 12 to 20 percent.

The nursing sector hardest hit by staff shortages, the sisters, will receive an increase of about 18 percent.

This means that the nurse who has just completed her general nursing diploma will get R66,25 more a month.

Student nurses who are paid while they are training will receive an average increase of 12,4 percent.

'NOT HAPPY'

'We are obviously not happy with these in-

creases,' said the spokesman.

She said nurses still did not have final details of their pay rises, and all their information had been obtained from Press reports.

'However I am aware that further negotiations are going on and perks such as double pay for night duty are still being discussed,' she said.

It is understood increases for black, coloured and Indian nurses were good, but so far no details are available.

'RESIGNATIONS'

Miss G Arkell, the chairman of the coloured advisory committee to the Board of Sana, said she had not received any information about salary rises and in any event would not comment.

Our Durban correspondent says that amid speculation of widespread resignations, Durban nurses have called a mass meeting at Addington Hospital tomorrow night in protest against the proposed increases.

Mr Nigel Wood, NRP spokesman on health, today predicted the increase would cause widespread resignations from the nursing ranks.

NEGOTIATING

In Johannesburg, nursing authorities were unhappy with certain aspects of the new deal and were already negotiating with the Minister of Health, Dr L A P A Munnik.

Professor Charlotte Searle, president of the South African Nursing Association, said today that while nurses had scored in many respects by being given special recognition over salaries, there was dissatisfaction in other areas and it was on these matters that talks were being held.

CT 24/3/81
95

SA nurses to get 12 percent more

Staff Reporter

SOUTH AFRICA'S nurses will receive pay increases averaging 12 percent, and as much as 18 percent in some cases, from the beginning of April, according to a statement yesterday by the Minister of Health, Welfare and Pensions, Dr L A P A Munnik.

The salary scales of senior "registered" nurses were given special attention and these had increased by between 17,2 and 18,09 percent, said Dr Munnik.

He also said that an in-depth inquiry into the nursing profession would be established in the future.

"Progress has also been made in the implementation of the government's policy to narrow the gap between earnings of different races, and the salary scales of senior matrons of all races are now equal," Dr Munnik said.

A nurse who has just completed her general nursing diploma will get an extra R66,25 a month, and student nurses in training will get an average 12,4 percent increase.

According to the statement, every effort will be made to pay the increases at the end of April, but that if this was not feasible, it would be done as soon as possible afterwards.

Dr Munnik said there were still one or two sectors of the nursing profession where salary scales could be said to be in need of adjustment, but that attention was being paid to them.

Although the question of salaries had been foremost in recent times, other aspects of nurse's working conditions were also receiving attention and the Health Advisory Committee's subcommittee on nursing would shortly deliver a report.

for a difference of this size.

The survey average is drawn of four workers on a horse mountains near Beaufort We in cash.

(b) Bonus:

A spokesman for the Nursing Council said yesterday that she could not say exactly why the R K

He said the nurses who had been removed from the register would have to re-register with the council. The hospital is to blame for the non-payment of the fees following an administrative error, Dr Delaney said.

By Deven Moodley ELEVEN nurses from Chatsworth's R K Khan Hospital have been removed from the register by the South African Nursing Council for non-payment of subscription fees, Dr L Delaney, the hospital's medical superintendent, said yesterday.

'Hospital to blame' for nurses axed from register

Mercury Reporter THE South African Nursing Association is dissatisfied with the proposed salary increases for newly qualified nursing sisters. Prof Charlotte Searle, president of the Nursing Association in Pretoria, told the Mercury last night that although the increases were excellent in some cases, the association would fight until the bitter end to get better increases for the newly qualified sister.

The Minister of Health, Welfare and Pensions, Dr L A P A Munnik, announced yesterday that nurses' salaries would be increased by an overall 12 percent from April 1. The salary scales of senior registered nurses were to be given a special increase of between 17.2 percent and 18.09 percent, Dr Munnik announced.

her general nursing diploma will get an extra R66.25 a month, and student nurses in training will receive an average 12.4 percent increase. Prof H Grant-Whyte, a Durban emeritus professor of anaesthetics, said yesterday he thought the increase was 'ridiculous' in that it would never cope with the rate of inflation.

'All we hear about is the general increases. What about improved pensions and medical aid schemes?' Five nurses interviewed at Durban's Addington Hospital yesterday said they were 'very bitter' about the small increases. 'We are planning on taking drastic action soon, the nurses said. The time has come when we're no longer going to take this sort of treatment.'

Bonus, R per year	Number of
been suspended.	2
A full investigation is being carried out and until the matter is resolved those nurses who have been struck off the register cannot perform any nursing duty, she said.	11
Dr Delaney also promised a full investigation. He said it was the first time so many nurses from the R K Khan Hospital had been struck off the register at one go.	23
He said although there was an acute shortage of nurses in Natal some of the 11 who were struck off were given early annual leave while others were carrying out non-nursing duties at the hospital.	14
A spokesman for the Indian branch of the Nurses' Association in Durban said yesterday that he would be going to Pretoria next week to discuss the suspensions with officials of the Nursing Council.	12
no bonus at all.	22
	7
	13
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	130
	1
	R23,79
	0 to R400
	s in the low

'Fight to bitter end' for better nurses' pay

NM 24/3/81 (95) (signature)

Included in the table are 24 workers, on four farms, whose

Nurses to get 12pc pay rise

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286

CAPE TOWN — Nurses will receive pay increases averaging 12 per cent, and as much as 18 per cent in some cases, from the beginning of April, according to a statement yesterday by Dr L. Munnik, Minister of Health, Welfare and Pensions.

The salary scales of senior registered nurses were given special attention and these had been increased by between 17,2 and 18,09 per cent, Dr Munnik said.

He said an in-depth inquiry into the nursing profession would be established.

"Progress has also been made in implementing the government's policy to narrow the gap between earnings of different races, and the salary scales of senior matrons of all races are now equal," Dr Munnik said.

A nurse who has just completed her general nursing diploma will get an extra R66,25 a month, and student nurses in training will get an average 12,4 per cent increase. Nursing assistants and pupil nurses will get about the same.

According to the statement every effort will be

made to pay the increases at the end of April, but if it is not feasible, it will be done as soon as possible.

Dr Munnik said there were still one or two sectors of the nursing profession where salary scales could be said to be in need of adjustment, but attention was being paid to them.

Although the question of salaries had been foremost in recent times, other aspects of nurses' working conditions were also receiving attention and the health advisory committee's subcommittee on nursing would deliver a report soon.

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and

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- 9 -

DISEASE

It has been shown that the well trained general practitioner can handle 90% of illness presenting to him. It has also been shown that the under-graduate sees little of this pathology in the wards of the teaching hospital - something less than 1%. The four groups of disease which are of special importance to the general practitioner have been identified

(a) Common disorders which usually have a benign outcome but which may occasionally have serious complications, e.g. rubella in the early months of pregnancy.

(b) Early diagnosis. Those conditions in which early diagnosis and treatment are necessary to forestall serious outcome, e.g. depression and malignant disease.

(c) Chronic disorders like hypertension, diabetes and chronic bronchitis which require continuing care.

(d) Emergencies where prompt and urgent treatment is essential and may be life-saving, e.g. myocardial infarction.

Myocardial infarction is of special importance because the danger period is in the first four hours, usually before the patient has reached hospital. In a project carried out in Cape Town it was demonstrated that prompt treatment by the educated general practitioner diminished the deathrate from myocardial infarction to a level lower than any previously

has a special importance in the care of the dying patient and the bereaved family, the special responsibility of the general practitioner.

Sisters unhappy over raises

95
STIM
24/5/58

Medical Correspondent

Nursing sisters are sceptical and disappointed about salary increases of between 12 and 20 percent announced yesterday.

The nursing sector hardest hit by staff shortages — the sisters — are to get a pay rise of 18 percent from April 1. This will bring the top salary of a sister to R728 a month but that of a senior sister to R914 a month.

Student nurses who are paid while in training will get an average increase of 12,4 percent, bringing their maximum salary to more than R330 a month.

ALLOWANCES

Nursing assistants and pupil nurses will get about the same, but it is understood that white nurses in these categories will receive allowances which will boost their salaries.

Junior staff nurses will receive increases of 19 percent, while enrolled nurses will get an average increase of 17,7 percent.

The higher ranks, including chief matrons, will be paid about 16,5 percent more.

Some nurses were sceptical. "I will believe that I have an 18 percent increase when I see it in black and white in my pay envelope," said one.

REACTION

Another Johannesburg sister said: "We had expected more than 20 percent. I don't know whether everybody will be satisfied."

In Pretoria there was reaction in some nursing circles over the proposed increases. Some nurses were disappointed that they had received less than nursing staff in other categories.

Several nurses said the increases were not sufficient to attract more staff or help retain present staff.

Nurses will get pay increases in April

RDM 24/3/81 95. Bl...m

Staff Reporter

SOUTH Africa's nurses will receive pay increases averaging 12%, and as much as 18% in some cases, from the beginning of April, according to a statement yesterday by Dr. A P A Munnik, Minister of Health, Welfare and Pensions.

The salary scales of senior "registered" nurses were given special attention and these had increased by between 17,2% and 18,09%, said Dr. Munnik.

He added that an in-depth inquiry into the nursing profession would be established in the future.

"Progress has also been made in the implementation of the Government's policy to narrow the gap between earnings of different races, and the salary scales of senior matrons of all races are now equal," Dr Munnik said.

A nurse who has just completed her general nursing diploma will get an extra R66,25 a month.

Student nurses in training, nursing assistants and pupil nurses will get an average 12,4% increase.

Every effort will be made to pay the increases at the end of

April but, if this was not feasible, it would be done as soon as possible afterwards, the Minister said.

Attention was also being given to certain sections of the nursing profession where salary scales were in need of adjustment.

Although the question of salaries had been foremost in recent times, other aspects of nurses' working conditions were also receiving attention.

Dr Munnik added that the Health Advisory Committee's sub-committee on nursing would shortly deliver its report.

Nursing pay: Rises ^{C+} 'less ^{25/3/87} than expected' ⁹⁵

Staff Reporter

SCHEDULED pay rises for senior nursing sisters, averaging about 18 percent, are less than expected by the South African Nursing Association, a spokesman said yesterday.

Miss Ralie du Plessis, executive director, said that the association was "not happy" with the increases announced for this group and would make representations to the Minister of Health, to review the position.

She would not comment on pay rates applicable to other nursing levels but confirmed that the association was "worried" that the new scales for senior sisters might not be sufficient to stem the skills-drain from this sector.

● Dr L A P A Munnik, the Minister of Health, Welfare and Pensions, said in a statement this week that nurses would receive pay increases ranging from 12,4 percent for student nurses in training to 19 percent for junior staff nurses.

The higher ranks of nursing such as matrons, chiefs and principals would get 16,5 percent more while the middle ranks which include senior matrons, matrons and senior sisters would receive between 17,5 to 18 percent.

Increases would be paid from the end of April. In addition, an in-depth inquiry into the nursing profession was to be established and a sub-committee of the Health Advisory Committee would shortly deliver a report on working conditions for nurses.

● The increase in salaries for

nurses was an insult to a dedicated profession, Mr Nigel Wood, the NRP spokesman on health, said in Durban yesterday.

Mr Wood said the government was risking large-scale defections from the ranks of nurses by granting an increase which was lower than the rate of inflation.

The government had clearly lost touch with reality and he predicted an adverse and widespread reaction to this totally unacceptable increase.

● Nursing authorities were unhappy with certain aspects of their "new deal" and were already negotiating with Dr Munnik, Professor Charlotte Searle, president of the South African Nursing Association, said yesterday.

While nurses had scored in many respects by being given special recognition over salaries, there was dissatisfaction in other areas and it was on these matters that talks were being held.

Professor Searle would not elaborate but said that Dr Munnik had given a personal undertaking regarding problems still experienced by the nursing profession which had nothing to do with money.

She said the provinces would only be getting the new salary structures now Dr Munnik had made his policy statement.

Many nurses would only know towards the end of May what their new salaries would be, although the increases would be paid retrospectively," said Professor Searle. — Sapa

Association

Apart from retired workers (prices), milk and some farm and clothing or disability to partly pay

generally provided her free or at subsidised vegetables when available, ed workers grazing rights uld bank workers' old age d take some of the money, y provided.

4. Cash and/or kind

The question and workers, of than in cash, is simple: workers spending, to rec buy, from the fa should be able to prefer, to buy me to do without cov on the farmer's l a sort of paternal the worker's life better than the worker himself - or an attempt by farmers to keep wage costs down by off-loading on to workers items whose opportunity cost to the farmer is lower than their money value to the worker, measured in terms of retail prices. (Some farmers said they made sure workers had enough meat to eat because otherwise sheep would disappear without trace from the camps at night).

The conclusion of this argument is that if a man chooses

'not happy' with nurses' pay rises

Mercury Correspondent
CAPE TOWN—Scheduled pay rises for senior nursing sisters, averaging about 18 percent, are less than expected by the South African Nursing Association, a spokesman said yesterday.

Miss Ralie du Plessis, executive director of Sana, said the association was not happy with the increases announced for this group and would make representations to the minister to review the position. She would not comment on pay rates applicable to other nursing levels, but confirmed that the association was worried that the new scales for senior sisters might not be sufficient to stem the skills drain from this sector.

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The higher ranks of nursing such as matrons, chiefs and principals would get 16.5 percent more while the middle ranks which include senior matrons, matrons and senior sisters would receive between 17.5 to 18 percent. Increases would be paid from the end of April.

Natal nurses condemn 'atrocious' salaries

(95) STAR
26/3/31

DURBAN — About 2000 Durban and district nurses in a militant mood last night decided by unanimous vote to call for the full council of the SA Nursing Association to meet them in the city on April 10.

The nurses met at the Durban University to begin their struggle against "atrocious" salaries and conditions. They had the support of the several parliamentary candidates, city councillors and Natal's Chief Nursing Officer, Miss M McGuire.

A telegram from Professor Chris Barnard in Cape Town assured them of his

support.

The meeting was convened by Addington Hospital nurses, and was chaired by a nursing sister, Miss Eileen Brannigan.

The nurses were required to fill in forms stating their qualifications, salaries, place of employment, grievances and constructive suggestions towards improvements in the profession.

The nurses were also asked to state what salary increases they considered to be sufficient.

The forms are to be counted and studied and presented by a representa-

tive body for Durban's nurses to Professor Charlotte Searle, president of the Nursing Association, in Pretoria.

It was clear that the nurses present rejected the 12 percent to 18 percent increase announced by the Minister of Health, Welfare and Pensions, Dr Munnik in Pretoria this week.

Banners bearing slogans like "Massive Increases or Mass Resignations" and "No More Cheap Skilled Labour" were carried.

Guest speaker Professor H Grant-Whyte described the latest increases as "pi-

tiful," and "disappointing to doctors as well as the nurses."

Qualified nurses in Natal will receive a minimum salary increase of 16.9 percent and the wage gap for the different wage groups has been dramatically narrowed, Mr Frank Martin, MEC in charge of Hospitals, announced yesterday. He said Indian and Coloured senior matrons were now on parity with whites.

He called for a commission of inquiry independent of the Nursing Association to be established. — Sapa.

learning situations and evaluating his own progress."

Goal 1: Knowledge and of takes p utilise be able health problems

To enable students variety of settings based, disease The whole spectrum rehabilitation in a balanced between these Training facilities community (non-time and materi

Goal 2: as a mem health roles wh

Modern health c of members of This is a trend increasingly com approach. To fu require managers need high orders learn teamwork suggests that ma adapt their teach group (rather tha

Goal 3: self-direc personal e learning situations

economics and education is the question of health manpower and its planning. This "notoriously difficult" field is a vitally important element in the model and is the rightful concern of the health authorities, the practitioners and the people (4). Finally, epidemiology is an essential tool in identifying and monitoring health needs and the impact of health care on problems and populations. While some aspects of southern African mortality data are appropriate for planning health policy (5, 6), our morbidity statistics (7, for example) are so limited and so recent that they can have played little or no role in guiding our policies.

In briefly reviewing this health system model it has been my purpose to demonstrate its essentially holistic approach, the need to enlarge the sociological, economic and epidemiological inputs and the need to relate these to the educational component. It is my contention that such developments can only take place by full academic involvement in these fields. Just as anatomy and obstetrics are rightfully regarded as disciplines appropriately studied, taught and researched in university medical schools, so too should medical sociology, health economics and epidemiology be regarded.

Educational Implications

Future health workers will be trained in a goal-directed sub-system of the model. To ensure co-ordinated training that prepares health workers to meet the objectives of our health system (see Figure) two points are vital:

1. the educational goals must be explicitly stated and these must stem directly from the objectives of the health system,
2. the goals for the professional health workers (doctors, nurses, therapists, dieticians, pharmacists, dentists, and others) must have common denominators. In other words they should be universal, with each profession being characterised by additional goals.

In looking to the future I would like to suggest a statement of such a set of goals and also examine the implications for our tertiary education system in which the health-related professions are trained (8). These proposed goals are phrased in terms of learner behaviours. These behaviours are to be achieved on completion of undergraduate or basic studies and are the foundation for subsequent postgraduate or postbasic learning.

The undergraduate phase of education is the shortest one of a health professional's career; it lasts between two and six years. Beyond

CT 26/3/81

Mass meeting ⁽⁹⁵⁾ of angry nurses

Own Correspondent

DURBAN. — About 2 000 Durban and district nurses in a militant mood last night decided by unanimous vote to call for the full council of the South African Nursing Association to meet them here on April 10.

The nurses met at the Durban University to begin their struggle for improved salaries and conditions.

They had the full support of the several parliamentary candidates, city councillors and Natal's chief nursing officer, Miss M McGuire. A telegram from Professor Chris Barnard in Cape Town certified his approval of the meeting and as-

sured his support.

The meeting was convened by Addington Hospital nurses, and was chaired by a qualified nursing sister, Miss Eileen Brannigan. All nurses present were required to fill in printed forms stating their qualifications, salaries, place of employment, grievances and constructive suggestions towards improvements in the profession. They were also asked to state what salary increases they considered to be sufficient.

The forms are to be counted and studied and presented by a representative body for Durban's nurses to the president of the Nursing Association, Professor Charlotte Searle.

is taken.

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this country
his workers. Given the nature of the distribution of power in
of the farmer, especially with regard to the power he exerts over
rural areas) it must clearly involve some diminution in the authority
schools on government owned land in strategic parts of the
solution is to be (e.g. the establishment of government - run
education some alternative solution must be found. Whatever this
However if ones primary goal is to "force the pace" of African
it necessary for the farmer to establish a school on his farm.
the balance of costs and benefits in such a manner as to make
the uncertain intervention of economic forces which will shift
It is possible to simply leave the situation as is and await
a nearby farm school essential to attract workers.
Caledon where farmers are increasingly finding the presence of
has in fact become the situation among coloured farm workers in
personal relationships among workers. It is arguable that this
relationship between farmer and worker; wages; housing; and
workers decision - making process after - in this order - the
suggested that criterion usually, at present, ranked fifth in the
as to where he is to seek work. A farmer in Wiljoenskrone
of a school will become increasingly relevant in his decision
of the need to educate his children so the presence or absence
over time: As the farm worker becomes more and more conscious
chooses to build a school. This situation is of course changing
"social responsibility" are of relevance to the farmer that he

Minister: we may use black nurses

POTGIETERSRUS — Black nurses would have to be used in white hospitals if government efforts to attract white women into nursing failed. Dr Treurnicht, leader of the National Party in the Transvaal, said here last night.

He told a political meeting attended by more than 400 people, in reply to a question that the government was doing everything it possibly could — such as improving salaries — to attract white women into nursing.

Nursing, like teaching, was a sensitive issue and the government preferred whites to nurse white patients.

"But there are not sufficient people in South Africa to do all the work and consequently non-whites are drawn in to fill less sensitive jobs where there are staff shortages.

"We will go as far as we possibly can to continue to

attract whites into nursing," Dr Treurnicht said.

He had been asked what the government was doing to stop blacks from nursing whites, which was already happening in some hospitals.

Dr Treurnicht said it was a difficult question to answer.

Dr Treurnicht launched a sustained counter-attack on HNP claims that South Africa was wasting its food by exporting it to black African countries.

South Africa's exports added to valuable trade with black Africa and South Africa had a favourable trade balance with the black states amounting to about R900 million, he said.

"Mr Jaap Marais says that what meales we do not eat we should burn as ethanol fuel. But he is well behind the times and we have already investigated this possibility," Dr Treurnicht said — DDC.

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by farmers as 'vermin' or 'predators'. At the time of

earn additional bonuses by killing those animals classified

workers, both those whose job was hunting and others, could

sales, said by the farmer to amount to R400 in a good year.

(one percent) of the farmer's income at the annual yearling

In addition, one worker received a fixed percentage

during a full working year.

- 1 fell into the > R40 range
- 8 fell into the R35,01 to R40 range, and
- 4 fell into the R30,01 to R35 range,
- 8 fell into the R25,01 to R30 range,
- 3 fell into the R20,01 to R25 range,

worked during the year. Of these,

bonus was calculated according to the number of days

S. B. K.

Blacks could be nursing in white hospitals

26/3/81
95
98

Medical Correspondent

The Government will have to change its policy and allow black nurses to work in white provincial hospitals unless more white nurses can be recruited.

This is the implication of a statement made by the leader of the National Party in the Transvaal, Dr Andries Teurnicht, in Potchefstroom last night.

Asked whether he could guarantee that whites would be nursed only by white nursing staff in future, he replied that there were insufficient whites to staff all professions.

However the Government would try to comply with the wishes of each population group in sensitive areas of life as far as possible.

Black nurses would have to be used in white hospitals if Government efforts to attract white nurses failed. He said the Government was doing all it could to attract white women to nursing.

COMPLAINTS

Reacting to the statement a spokesman for the SA Nursing Association said: "We think every patient has a right to be nursed by the nurse of their choice. We believe that nursing has a strong cultural component. It is not a series of technical procedures."

She said in sensitive nursing areas some patients had complained "violently" about being nursed by blacks.

The spokesman added: "I do not think we are morally justified in taking away black, coloured and Indian nurses away from their own people. The national states have an acute shortage of nurses and doctors and we should not make the situation worse."

But if white hospitals employed black nurses they should pay them equal salaries and offer equal opportunities.

(Report by R. Keenaugh, 47 Sauer Street, Johannesburg.)

Salaries: ⁹⁵ Many nurses are raising children

Nurses got preference ^{Cf} 27/3/81

Staff Reporter

THE South African Nursing Association (Sana) says that nurses have received preferential treatment over other groups in their salary increases, some of which total as much as 67,7 percent over three years.

In a statement issued to Nursing News, the Sana board this week gave figures to show that the entry grade of sister had received a total of 46 percent in increases since 1979. At the top of the senior sister's scale this jumped to 67,7 percent.

Nurses had been given preference for two years running and last year had received "bigger increases than any other sector of the public service".

This year's increases would be effective from April 1 but the board urged nurses to "bear in mind that employing authorities cannot handle the administrative load resulting from the salary adjustments overnight". For this reason, adjusted salaries would be paid at the earliest in June but would be retrospective from April 1.

The board thanked nurses, who had kept the profession running under difficult circumstances, "for their continuous loyalty and hard work".

Nurses tell of gripes

Staff Reporter

DISSATISFACTION with salary scales and working conditions erupted in a protest meeting by nurses at the Princess Alice Orthopaedic Hospital in Retreat this week.

A spokesman for the nurses told the Cape Times that some staff members had complained of working up to 20 hours a day while others felt the salary increases were too low.

The Medical Superintendent, Dr D McIntyre, said that he had talked to the nurses and "matters had been sorted out".

Staff Reporter

IF MARRIED women were attracted back into the nursing profession there would be no nursing crises but an excess of nurses, the president of the South African Nursing Association, Professor Charlotte Searle, told the Cape Times yesterday.

In an interview from Pretoria, she said there was an excess of nurses in South Africa but many were not nursing because they were at home bringing up their children.

"Hospitals have to be manned 24 hours a day, seven days a week and 52 weeks a year. In South Africa 72,1 percent of the nurses are married. Although the money is important as everyone has to eat, this is one of the many other problems that we have," she said.

In a letter to the Cape Times this week, a local nurse objected to a recent radio interview in which Professor Searle said that not even the employing bodies knew what the

nurses' increases were.

The nurse said that an article in Nursing News had already quoted the increases for the nurses as being 18,1 percent for the singly qualified nurse in the



Professor Charlotte Searle

entry grade of sister and 17,6 percent as the senior sister's scale.

Queried on this point, Professor Searle said: "Nobody knew what their individual increases would be, although the overall increase had been announced by

the minister and these were the figures which appeared in the newspaper.

"The overall scale was announced but nobody can say what each person will receive as one must allow for experience, qualifications and whether the individual nurse has dependants or not. Each case is unique."

The nurse stated that Professor Searle had said in the radio interview that no nurse, anywhere in the world, could expect a 100 percent increase at any one time. She objected to a Nursing News statement that nursing sisters had received total increases of 46 percent over the past three years and said this did not take inflation into account.

In reply, Professor Searle said: "There is nobody more aware of inflation than the nursing body. The government allots a certain amount of money for public servants and the nursing association is fighting for all it can get."

'Personal attacks' on Sana president

Staff Reporter

THE Board of the South African Nursing Association (Sana) has rapped nurses who are making Sana president Professor Charlotte Searle the target of the frustrations over low salaries.

In a front-page statement in the latest issue of Nursing News, Sana's official newspaper, the board says it takes "strong exception" to nurses' criticisms of Professor Searle.

"Since the government's announcement of the latest salary increases, Professor Searle has been personally attacked in letter columns of daily newspapers. Similar letters and telephone calls have been received by Sana head office," the statement said.

It added that Professor Searle had received an anonymous call at home in which she was threatened and insulted.

Such behaviour was "deeply regretted", the board said. It showed "lack of understanding of the machinery of State Services functions and of Professor Searle's total commitment to the cause of the nurses of this country".

Changes for nurses? ⁽¹⁷⁵⁾

THE Government will have to shift its own policy and allow black nurses to work in white provincial hospitals unless more white nurses can be recruited.

This is the implication of a statement made by the leader of the National Party in the Transvaal, Dr. Andries Treurnicht, in Potchefstroom on Wednesday night.

Reacting to the statement, the Nursing Association said: "We think every patient has a right to be nursed by the nurse of their choice."

The nurses' revolt: Professor Charlotte speaks out

'I've served long enough'

Mercury Reporter

THE president of the South African Nursing Association, Prof Charlotte Searle, said yesterday she felt she 'had served nurses long enough'.

Speaking from Pretoria Prof Searle said the Nursing Association was in the process of changing its entire constitution.

She said when the plans for the constitution had been officially accepted and the nurses themselves were satisfied that they were being represented adequately, she would resign to make way for 'someone with new ideas'.

'I would just like to emphasise that I never run away from a problem or a bad situation,' Prof Searle said. 'Never have I closed my doors to any nurse, and I feel I have done my job to the best of my ability.'

Prof Searle did not say when she would resign or if her intentions were officially known.

The Nursing Association, she said, had asked for an investigation into the structure of the nursing profession to be conducted

President of S A Nursing Association says she has never run away from a problem or from a bad situation

by the Commission of Administration.

Reacting to the multiracial meeting of about 2000 Durban and district nurses at the University of Natal on Wednesday night, Prof Searle denied any members of the Nursing Association in Pretoria had been invited.

However, she added it

was 'good to see the nurses getting together to fight for their rights', but that they should be careful 'not to take such drastic action in case of spoiling the chances they may be given to improve their conditions'.

The chairman of the meeting, Addington sister Miss E Brannigan, con-

firmed that an invitation had been sent to all members of the Nursing Association.

At the meeting it was decided by unanimous vote to demand that all 18 members of the South African Nursing Association come to Durban to face a similar meeting and to answer all questions put to them by

nurses in the first week of April.

Prof Searle dismissed the proposal, and said she had had no contact with the conveners of the meeting.

'If that is the proposal then I'm afraid the Nursing Association will not be able to meet it,' she said.

'The expenses will be too high, and we will have important matters to attend to at that time.'

She suggested that three Durban nursing representatives be flown up to Pretoria to attend the Nursing Association's board meeting in April at the association's expense.



Black nurses will be used

STW
23/81
95
125

Medical Correspondent
Surgeon Dr Marius Barnard predicts that more black nurses will be used in white provincial hospitals as the nursing shortage worsens.

Dr Barnard, PFP MP for Parktown, was commenting on the possibility that the Government would have to change its policy and integrate white and black nurses in white provincial hospitals unless more nurses could be recruited.

He said he was pleased to see that Dr Andries Treurnicht, leader of the National Party in the Transvaal, was beginning to realise that the Government's apartheid policy in the nursing and health fields had failed.

"Racial barriers should come down and black nurses should be able to nurse whites in provincial hospitals. The black nurses should be paid

equal salaries and should be given equal opportunities," he said.

Dr Barnard this week sent a telegram of support to 2 000 Durban and district nurses who protested against their "atrocious" salaries and working conditions.

The nurses decided unanimously to call for the full council of the SA Nursing Association to meet them in Durban on April 10.

In Durban this week, the leader of the PFP in Natal, Mr Ray Swart, warned that the National Party, by neglecting thousands of nurses and teachers in the country, was putting the country's very defence at risk.

He said despite recent salary increases the gap between nurses of different race groups had not yet closed and the overall scales remained "abysmally low."

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Cumulative %

ash wages, cents an hour

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Wages (cen)

Distributi

TABLE 31

Hourly cash wages of the 43 women whose working hours are known are below.

In addition to meals, many women get other items of payment in kind - working clothes, food, materials for dresses and other 'presents' at Christmas. Except for working clothes, these payments are included - with the cash wage of the women - in estimates of 'total family income' above.

Type of work	Hours a week	Cash wage (Weekly, R)	Payment in kind (daily)
Unknown	?	1,50	?
	?	2,31	?
	?	3,46	?
	?	3,46	?

NURSE MOTHER ^{S Tribune} HAS DAY ^{29/3/81} AND NIGHTMARE ⁽⁹⁵⁾

THIS WEEK nearly 2 000 angry nurses met in Durban to discuss their grievances and to find out whether there was anything they could do about them. But for at least one dedicated nurse, it was all too late. She is leaving the profession she loves because she cannot afford to carry on. This is her story.

By Ingrid Stewart

JANE STERN is 32 and calls herself a dedicated nurse. She loves working in the profession. She likes her colleagues and the patients she serves.

But at the end of this month, she will leave the hospital where she works as a theatre sister to take up a job as a medical rep because she cannot afford to stay in the profession any longer.

"I feel guilty because I know they are short-staffed. But what else can I do?" asks the divorcee-mother of two who depends mostly on her salary to support them.

Jane Stern is not her real name. She doesn't want to be identified because she feels this might jeopardise her new

job. But her dilemma is very real — one which is experienced by hundreds of nurses throughout the country who are being forced to quit because they can no longer afford even the bare essentials on their salaries.

After nine years in the profession, with a general nursing and midwifery qualification behind her, Jane Stern takes home R364.35 at the end of each month.

To earn it, she wakes up at 5.30am every weekday and works straight through until 5pm. Once a week she works a 12-hour shift and for four weeks in the year she takes the night shift, from 7pm to 7am. She also has to work one day in a weekend a month and on public holidays.

Yet she considers herself lucky. Her

colleagues in the wards are supposed to work a nine-hour split shift. But because of the critical shortage of nurses in the wards, they are forced to work straight through, and end up working a 14-hour day or night with nothing extra paid for overtime. They get one weekend off a month.

Profession

"It's not the hours that bug us," says Jane, "We would just like to be paid for what we do. We know that nursing is a 24-hour a day profession and the shifts have to be worked out somehow."

Jane started a course to qualify as a theatre sister in an attempt to improve her position and her salary. But she discovered that at the end of the year's training, her salary would only be increased by R11 a month.

"That takes some of the sting out of the regret I have at having to quit the course mid-stream," she said.

She would have qualified in four months' time.

Out of the R364.35 she takes home, Jane has to pay rent of R140, a maid to look after her children — R55; light and water — R34; telephone — R10; and petrol and maintenance on her car — R80. That leaves R45 to spend on food for the month, clothes and other exigencies.

"It's just impossible," she says.

Children

The little bit of maintenance she gets from her former husband is spent on her two children. And even then she depends on her parents

and birthday gifts to clothe them.

She would like her children to take part in extra-mural activities like ballet, skating and karate and believes that because she has to work all day, it is important that they have something to do in the afternoons. But on her nurse's salary she cannot afford it.

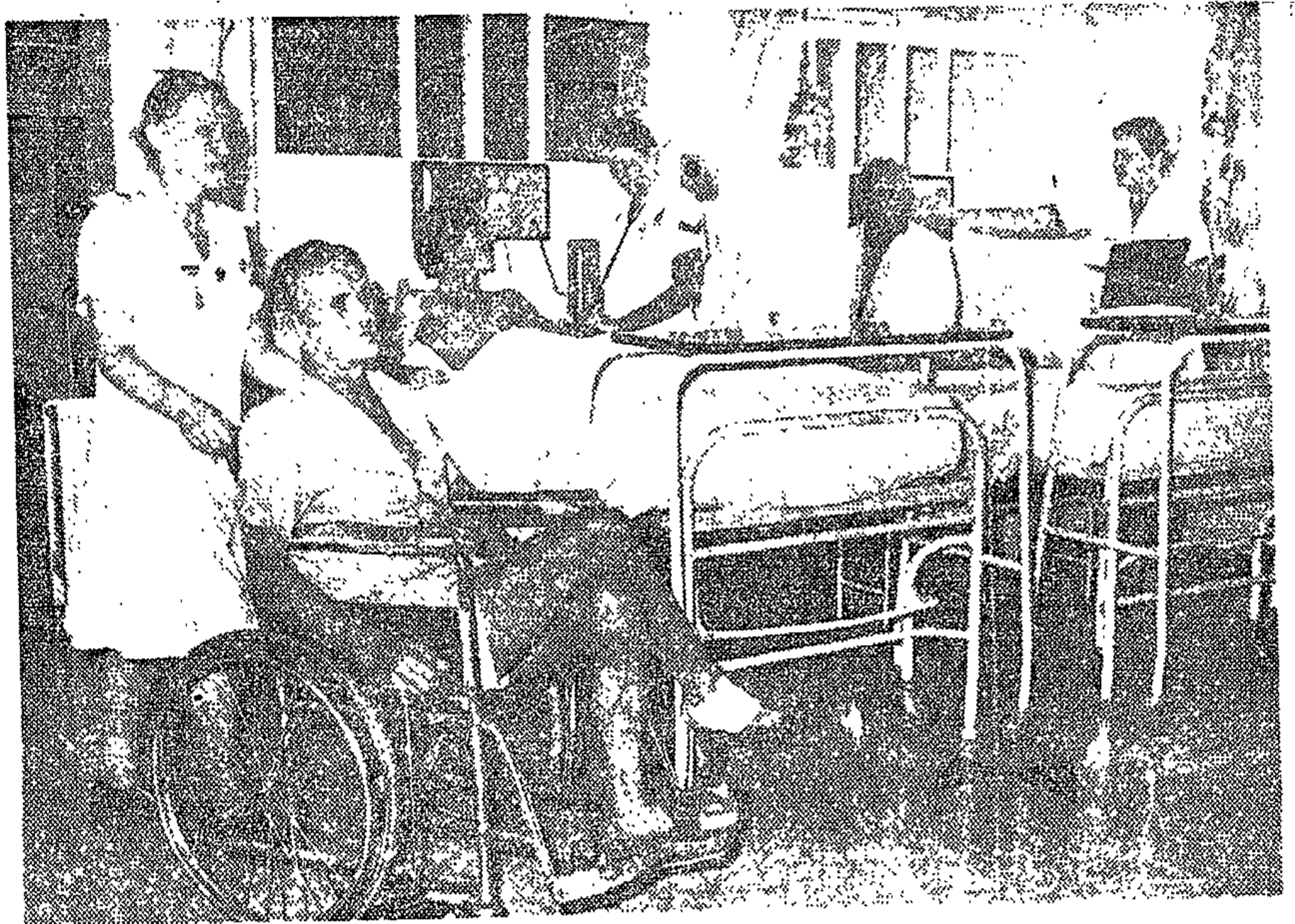
Jane's social life is also constrained by her finances. She cannot afford the clothes to go out dining and dancing, she cannot afford to go to the cinema or the theatre.

"It's supper with friends, or watching TV and that's it."

They can afford to go to a film once in the school holidays.

As a medical representative with no experience, Jane will earn a salary of R550 a month.

Dedicated, highly qualified sisters and nurses going about the work they genuinely love. How much longer before society recognises their worth?



She will get a company car with all expenses paid. She will work from 8am to 4.15pm and have all weekends and public holidays off.

Despite the easier hours, Jane would stay with nursing if the salary, was right.

"I like the sense of responsibility. The work is interesting and stimulating. Techniques are changing all the time, and you can specialise. You always feel you don't know enough, that you want to learn more," she says with obvious enthusiasm.

"But I have to consider my children. In the end they won't thank me for being a dedicated nurse."

Patient the main sufferer

(95)

SIR — Following your well-expressed article entitled The Thin White Line, on March 12, I as a non-practising nursing sister but one who is very involved in the profession in a voluntary capacity and a mother of a nursing sister,

would like to make the following comments.

I feel most strongly that before any percentage increase is accepted the basic pay structure of qualified nursing sisters must be brought up to date in relation to the present economic climate.

To compare the training, salaries and responsibilities of nursing sisters with say, a typist, is invidious and I am sure the concerned public are fully aware of the differences. I therefore implore the authorities to cease drawing red herrings by making excuses about sisters not wanting to remain in the profession due to inconvenient hours, etc.

From my own practical and administrative experience and investigations, responsible matrons explain the hours and conditions of service to staff before they are employed, and the majority are helpful in endeavouring to consider as far as possible the sisters' domestic commitments.

The completely inadequate salaries are the cause of the loss of trained staff to the profession and in the final analysis it is the patient who is the main sufferer.

PRISCILLA MEIKLEREID
15 Burndale Place
Durban North

impossible: the authorities maintain a reasonably efficient system of policing pass requirements among Africans who are admittedly less scattered but far more numerous than farmers. It may be that the absence of written contracts of employment between farmers and most workers would make the task of the inspectors impossible, but it seems that this problem needs more careful study before it can be considered insuperable.

The problem not voiced by the 1951 Commission or by the Theron Commission is that many farmers, at least in the Karoo, seem to be in a position to respond to any pressure to raise wages by reducing their labour forces. The abundance of cheap labour available to the farms has encouraged farmers to employ more workers than are physically necessary to run the farm. Many of the farmers interviewed during this survey pointed out that in Australia, for example, where farm workers earn wages far higher than South African farm wages, farmers keep one or two workers on to handle a flock, and an area, which in South Africa would need 10 workers. Smaller labour forces are made possible

and run fencing (sc) handled by a minimum peak times - shearl If wages and other levels at which the cannot be answered chances of those a jobs, but would ad In conclusion, the rates for farm work to bargain for them determined extensively employment opportunity African workers so of alternatives. their working lives

attempts to set acceptable wage a step towards enabling workers attempts must be accompanied by the using facilities in towns, of val of formal restrictions on I be able to select from a series

erratically employed, of finding wages would not only reduce the nes profitable - a question which sheep farms are nearing the

the use of contract workers at transport etc. directed from one place to another and dogs, by carefully planned camp

Time for nurses to speak ^{NM} out 11/4/81 95

SIR — Further to your editorial, 'Nurses' pay enigma', as one at the discontented grassroots of the nursing profession I feel the time has come to speak out for the ever-diminishing thin white line.

Many nurses at this level feel the injustices you mention but are reluctant to act out of a sense of hopelessness. Senior nursing administration is seen by many nurse learners, and those recently registered, as lacklustre and stick-in-the-mud.

Add to this a feeling of lack of support for junior staff and it is not surprising that the loss to the profession of newly qualified staff continues unabated.

Certain pharmaceutical companies are now openly poaching qualified nurses away from the bedside with attractive pay and conditions, yet the administration is reluctant to accept that dedication does not pay the rent.

The INC code of conduct states in clause 10: A nurse is entitled to just remuneration... yet nurses daring to query their present salary and conditions have their dedication questioned.

The rising tide of discontent among nurses recently registered is such that resignations within my provincial hospital seem to have reached epidemic proportions.

The cure? Radical improvements in salaries and conditions of service now. A bitter pill for the taxpayer, no doubt, but strong medicine is needed and nurses are also taxpayers.

The very life blood of the profession is seeping away so fast that mere infusions of money are no longer acceptable to nurses. A complete revision of conditions of service is urgently required.

As a start, I suggest the following:

- 1 Abolition of apartheid in nursing;
- 2 A 40-hour week for all nurses;
- 3 Overtime and unsocial hours payment;
- 4 Delegation of non-nursing duties to less skilled staff; and
- 5 The right of every nurse to belong to a representative organisation of her choice.

The profession as a whole must adapt its ideas to the needs of the nurse of the 80s. Where is there honour in poverty? As the caring profession, nurses owe it to their patients and themselves to raise their too-timid voice.

Therefore I urge all nurses to stand up and be

counted. Throw off your
chains, nurses — it's your
profession.
M R S S U S A N
WEIGHTMAN, B Sc, RN
3 Retief Street
Amazimtoti
Natal

Nurses plan to meet board members

Mercury Reporter 1/4/81

THOUSANDS of nurses from Durban and Pietermaritzburg have planned a multiracial gathering to meet the 18 Pretoria board members of the South African Nursing Association in Durban on April 21. (95)

An Addington spokesman for the conveners of the meeting, who did not wish to be named, said yesterday April 21 had been chosen because it was 'around the same time that the board had planned to meet for its report-back on the new salaries'. (267)

The president of the Nursing Association, Prof Charlotte Searle, would not say yesterday if the board members had agreed to travel to Durban for the meeting, but she was reported last week to have said it was 'impossible and too expensive' to carry out such a plan.

Drastic

The spokesman for Addington said the nurses were going to insist that the board attend the meeting which would be conducted just like a Nursing Association meeting in which case the Press may be banned.

'If Prof. Searle and the other members of the Nursing Association refuse to meet us to answer our questions, we will have to take other drastic measures,' the spokesman said. 'We have also insisted that the meeting be multiracial.'

She would not say what action they would take if their demands were refused.

DJ 21481 (95)

Better deal for nurses bid

PRETORIA — Further representations had been made about the salaries and working conditions of nurses, Professor Charlotte Searle, the President of the South African Nursing Association, said here yesterday.

She told a news conference she was "absolutely sure" there would be cooperation, but said she could not give an indication of the percentage increase being negotiated for.

The increases which came into effect yesterday were reported earlier to average between 16 and 18 per cent.

Prof Searle said the area of greatest concern was the rank of newly qualified sister and the

categories below it.

There had been improvements in this regard "but they do not yet meet our requirements".

"There must also be an in-depth examination of working conditions such as overtime and nightshift."

The Minister of Health, Welfare and Pensions, Dr L. Munnik, had given the association his personal assurance that he would undertake to investigate the nursing profession.

Prof Searle said there was a crisis in the nursing profession in some areas, but not everywhere.

The crisis applied to white nurses only.

"There are sufficient nurses in the country to cope with the demands.

"If all the registered nurses were to come back to the profession there would be an unemployment problem."

The nurse shortage was being experienced throughout the world and there was no quick solution.

There would have to be a lot of rethinking and attitudes would have to change.

Prof Searle said the association's 18-member board would never consider meeting Natal nurses en masse in Durban on April 29 to discuss their problems.

"If nurses have complaints they should air them through the right channels and not through mass meetings." — DDC-SAPA.

22

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Statement from the dock made by Accused No.1, Mosima SEXWALE, one of the 'Pretoria 12', having been found guilty of 'terrorism' and before being sentenced to 18 years imprisonment on Robben Island.

ACCUSED NO.1, MOSIMA SEXWALE, READS OFF HIS STATEMENT TO

THE COURT:

It is more than a year since I was first brought to

court to stand trial on the charges which have been brought against me. I have until now said nothing for I was not prepared to deny that I was a member of the ANC nor was I prepared to answer questions in court about the ANC or about comrades who have not been arrested. What I admitted during the trial was in fact the truth and what I denied was in fact false. I have not tried to escape responsibility for anything that I did; but now that I have been convicted — and I knew from the beginning that I would be convicted — I want to explain my actions so that you, who must sentence me, should understand why I chose to join the struggle for the freedom of my people.

(20)

It is necessary that I should begin by explaining to you my background and the circumstances in which I grew up for that core than anything else accounts for my presence in court today. I was born in Soweto on 5th March, 1953, the third child in a family of six children. During most of my childhood, the sole breadwinner in our family was my father. He had fought for his country and his ideals, during World War II, and when the peace returned he was employed as a clerk in the Non-European Section of the Johannesburg

PDM 2/4/81

'SA nursing must bridge wage crisis'

By GERALD REILLY
Pretoria Bureau

SOUTH Africa's nursing crisis will persist unless dramatic improvements are made in earnings of certain categories of nurses, and in service conditions.

This was made clear at a Press conference in Pretoria yesterday by the president of the SA Nursing Association, Professor Charlotte Searle.

There was no quick solution to the problem, she said.

However, it was vital that a start be made in significantly

adjusting the salary structures in the lower categories — that is from the newly qualified sister down — and in an urgent re-examination of the working conditions of nurses against a background of "a changing society"

Prof Searle said the Minister of Health, Dr L A P A Munnik, had given a personal undertaking that the two issues would be given urgent attention.

She was confident that the undertakings would be carried out.

The association had succeeded in excising the nurses salary

structure from the rest of the public service.

Hopefully this would result in a complete restructuring of the profession.

However, Prof Searle said, there was no hope of interim increases.

But the association would meet soon with the Medical Association of South Africa to review service conditions — one of the major grievances in the profession.

On the wage gap between black and white nurses, Prof Searle said the association had made representations to the

Government repeatedly to equalise the pay of all nurses on a basis of qualifications.

The salary level of the newly qualified sister was vital as it determined the levels of income at the lower levels.

Prof Searle said the association had been fighting for improvements in this area for a long time. "And we expect full co-operation now from the authorities."

It was appreciated by the authorities that this was a vital aspect of the problem.

The level had been revised every year, "but not in the dramatic terms need in the profession".

She agreed there were staff crises in certain areas and categories.

It varied from hospital to hospital.

She pointed out however that if all registered nurses in the country were available for appointments there would be a surplus of nurses.

The estimate was that there were 160 whites for every registered white nurse. "the highest figure in the world".

In contrast, there was one coloured nurse for every 675 coloureds, one black nurse for every 759 blacks, and one Indian nurse for every 926 Indians.

identifiable, its characteristic symptoms being highly dangerous progressive massive fibrosis which resulted.

11.

silicotic miners who, as a result of their diseased condition, were unfitted for any alternative kind of occupation; and to introduce preventive methods on the mines. (64) In October 1902 a deputation from the TMA saw Milner personally. This committee, although principally concerned with the strike on the Village Main Reef Mine in protest against the white labour experiments being conducted by the mine manager, F.H.P. Creswell, informed Milner of the silicosis hazard. It complained that the supervision by one miner of three drills (a new system introduced by Creswell) instead of two (as had formerly been the practice) laid the miners open to even greater dust exposure than before. (65) Milner does not seem to have been unsympathetic because in 1904 he confessed: 'It is true mining is not a healthy trade, ...' (66)

The RWFC 1903 certainly indicated that mining was not a healthy trade, and doctors in particular went to great lengths to ascertain prevalence figures, to suggest methods of combating the disease and to stress that its cause was dust. The report of the commissioners and their recommendations, the latter although couched in general terms rather than delineating the introduction of specific regulations and practices, (for example introduction of 'systematic ventilation' was recommended) clearly took notice of the view points of all those who had an interest in curbing the inroads of the disease. (67) Thus the comment of a writer that the gravity of the disease was 'not clear' by 1906 is clearly erroneous. (68)

Doctors estimated that 1 210 white miners, out of a total of 4 403 currently working on the Witwatersrand mines, had silicosis, a figure which estimated that 15,4 per cent of miners examined had silicosis, the name for the disease which they emphasised should be used, and that 91 per cent of them had worked with rock-drills. (69) They conceded that the figure might not be accurate because, for a variety of reasons, there had been many abstentions from the examination, that many miners afflicted with the disease might have returned their countries of origin, and because many of those examined (their mining histories having been traced) might have contracted the disease elsewhere. (70) Other disturbing features were that rock-drillers contracted the disease over a short

12.

period. This was estimated usually between seven to ten years of the miners who had contracted insidiously developing silicosis in the early stages, where the feature seems to indicate that they already had the disease and their life expectancy was only a few years.

At this point one should mention all the Transvaal mines which might have been the source of a considerable number of districts of South Africa. For instance, of the five Transvaal Miners' Phtisis Commissions as coal miners in England original working places in the Transvaal, one of the districts that some of the Commissions found the North Commissions. The underground sanatoriums were also discussed in the bucket system had been introduced in mines where the directors and commissioners took state of the general health to discover that

CT 8/4/81

Call for simpler nursing training

Staff Reporter

NURSES with the best qualifications were not always the best nurses and with a simplified technical level of nursing education there would be many more worthwhile applicants, according to a city doctor.

In a letter in the latest issue of the South African Medical Journal, the doctor appealed for a reduction of the "unnecessarily difficult and highly technical course that the nurse has to follow" and said that this, and a "very poor salary" and the hardships of long working hours, were responsible for the shortage of nurses.

The nursing profession was losing large numbers of girls because they were expected to know "things that should be left to the medical profession".

"I can say with clear conscience that girls with good qualifications do not always make the best nurses. I have seen many girls who just cannot get through examinations and yet would make excellent nurses," the letter said.

Appealing to the Nursing Council, the doctor said the syllabus for basic training should be worked out so that "anyone with common sense" should be able to pass the examination.

Any girl who passed Standard 8 could earn from R300 to R800 in a nine-to-five office job with no overtime expected. Compared to this, the nurse was paid a "miserable" salary and had to work long and late hours.

"These are the major causes for this desperate shortage of nurses," the doctor said.

Nurses' pay rises 'a slap in the face'

95
8/10/61
2/4/61

Own Correspondent

CAPE TOWN — Almost 200 nurses shouted in agreement as their recent salary increases were last night described as "a slap in the face for the profession" at a crowded meeting of the Western Province branch of the South African Nursing Association.

Reporters were asked to leave although many nurses wanted them to stay.

"We wanted issues clarified so that people would not draw the wrong conclusion, and we felt that media representatives would inhibit discussion," said Professor Paddy Harrison, vice-president of the association.

Reporters were asked to leave by meeting chairman, Miss L. Stanford, who said that it was going to be "a bit emotional."

The nurses protested loudly that it was the "emotional part about which the public should be informed."

Other members of the public attending the meeting were not asked to leave.

The meeting was addressed to Sister Eileen Brannigan, the Addington Hospital nurse who chaired a mass protest meeting about nurses' salaries in Durban last month.

Professor Harrison confirmed that some women present had blamed Sana's board for not obtaining satisfactory salary rises.

"In the minds of sections of nurses the board has always been the whipping boy. However equal numbers of nurses believe that it has done everything in its power," she added.

A Press release about any resolutions passed at the meeting will be issued today or tomorrow.

(3)

children the opportunity to build sound family relationships based on day to day shared experiences of responsibility, respect, trust and affection.

e) The poverty of the rural people has lead to diminishing acceptance of responsibility within the family for those in need of care particularly the aged, the disabled, the widows and the orphans.

The end result of the interplay of these factors mentioned in brief and many other factors not mentioned is that we have to accept that we are witnessing a period of transition from the old established traditional order to a new order. However, a fear that haunts many of us working in the rural areas is whether we can anticipate the ultimate emergence of a new order or whether rural society is going to be totally consumed by a perpetual state of normlessness and gross social disorganisation which we are witnessing at the moment.

In our study ; with regard to the family we looked at the following factors.

Who is the mother figure? (TABLE ONE)

Response	Percentage of total	Percentage of malnutrition	Percentage of non-malnutrition
Mother.	86%	51%	49%
Grandmother	10%	60%	40%
Other	4%	50%	50%

The percentage of children in the care of the mother was higher than expected. There was no significant correlation between who is the mother figure and the occurrence of malnutrition.

Marital status of the mother (TABLE TWO)

Response	Percentage of total	Percentage of malnutrition	Percentage of non-malnutrition
Married	58%	44%	56%
Unmarried	42%	62%	38%

(4)

Is lobola paid? (Table Three)

Response	Percentage of total	Percentage of malnutrition	Percentage of non-malnutrition
Yes - in full	40%	35%	65%
Yes - in part	26%	61%	39%
No	12%	100%	
Not applicable	22%	45%	

Who supports the illegitimate child? (Table Four)

Response	Percentage of total	Percentage of malnutrition	Percentage of non-malnutrition
Not applicable	22%	44%	
Father supports	10%	40%	
Mother supports	2%	100%	
Neither support	30%	66%	

It came as no surprise to the mother's marriage of the unhappiness of the incidence of malnutrition. The incidence of malnutrition will be generally the logical result of the migrant labor system. Other factors such as the lack of a social security system, the increasing need for sex education, and the time and cost of family life insurance for those who are probably unable to afford the fulfillment of traditional marriage.

Medical Reporter
NEARLY 200 nurses shouted in agreement as their recent salary increases were last night

Nurses' pay rises 'a slap in the face'

Argus 8/4/81
described as 'a slap in the face for the profession' at a crowded meeting of the Western Province branch of the South African Nursing Association.

An Argus reporter was forced to leave the lively meeting at the Wynberg Military Hospital as many of the nurses shouted that the Press should be allowed to stay. The Argus had been invited to the meeting.

Reporters were told to leave the meeting by its chairman, Miss L. Stanford, who said that it was going to be 'a bit emotional.'

The aggrieved nurses loudly protested that it

was the 'emotional part' about which the public should be informed.

Earlier in the evening a letter expressing extreme dissatisfaction with the pay rises was read to the meeting.

The letter, greeted by loud applause and cheers of agreement, described the increases as 'a slap in the face for nurses.'

It pointed out that nurses still had to face 'the scorn of others for being foolish enough to accept such a poorly paid job.'

A statement about any motions passed at the meeting is to be issued today.

It probably does not

towards the fulfilment of traditional marriage. Equally it could reflect closer bonds with the traditional way of life and less confusion as a result of the factors mentioned earlier. It could also reflect higher income groups who were

DD 2/4/61

Simplify exams for nurses urges doctor

95

CAPE TOWN — Nurses with the best qualifications were not always the best nurses and with a simplified technical level of nursing education there would be many more worthwhile applicants, according to a city doctor.

In a letter in the latest issue of the South African Medical Journal, the doctor appealed for a reduction of the "unnecessarily difficult and highly technical course that the nurse has to follow" and said that this, "a very poor salary" and the hardships of long working hours,

were responsible for the shortage of nurses.

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said the syllabus for basic training should be worked out so that "anyone with common sense" would be able to pass the examination.

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"These are the major causes for this desperate shortage of nurses", the doctor said. — SAPA.

**Black
nurses
'were
barred
from
voting'**

Mercury Reporter

BLACK nurses were not allowed to vote when nearly 2,000 members of the District and Coastal Branch of the South African Nursing Association elected a new committee this week.

An Addington nurse, who did not wish to be named because she feared being struck off the role for giving information to the Press, told the Mercury yesterday that all the nurses present at the meeting were 'horrified and embarrassed' when the black nurses were told they were not allowed to vote.

In spite of pleas to the Nursing Association to recognise black nurses as equals, they are still not entitled to vote although they are considered members and have to pay a Nursing Association fee.

'Black nurses are just not given enough recognition,' she said. 'Not only is there still a gap in salaries, but they may not even vote for a body which is supposed to be representing them.'

The new chairman of the branch is Miss Heidi Brookes, a tutor at the College of Nursing in Durban.

Supported

Also elected to the committee was Durban City Councillor Margaret Ambler, a practising nurse and an influential voice in the nursing profession.

Mrs Ambler has always supported the nurses in their fight for better salaries and working conditions, and said at the meeting held at the Durban University in March that she would fight until the bitter end on behalf of the nurses.

Miss Brookes said yesterday that a lot of positive proposals had been made at the meeting which had been sent up to Pretoria as a **head office** for consideration.

Miss Brookes said she hoped the Nursing Association Board in Pretoria would take serious note of the proposals which would affect nurses in every way.

She confirmed that no

Durban nurses demand Searle hears complaints

S. Tribune
12/4/81

95

Tribune Reporter

NEARLY 500 nurses this week repeated their demand that the president of the South African Nursing Association, Professor Charlotte Searle, and members of the board come to Durban to hear their grievances.

Their decision followed a heated debate behind closed doors when the Durban, District and Coastal Branch of the association held its annual general meeting.

At the meeting nurses heard how Professor Searle and her board would not accede to requests made by what she describes in a letter to the association as a "pressure group". She was referring to a meeting of more than 1000 nurses who requested a meeting with her and the board in Durban. In the letter Professor Searle said her board was quite willing to meet a delegation in Pretoria.

"There are a number of questions we would all like to ask," Sister Margaret Harrison told the meeting. "A report from three delegates would not satisfy everybody."

"The board will chew them up," said city councillor Margaret Ambler. "There is a vast gap between the nurses and the board. We've had it if we give in to them now."

The nurses also took a strong stand on finding out

how they can make their association more powerful. They plan to investigate recommendations made by the Wiehahn Commission that professional bodies be upgraded and given more "teeth".

Results of a questionnaire to demonstrate the level of discontent among nurses in Durban was circulated at the meeting and will be forwarded to the board of the association and the Minister of Health.

Ninety-seven percent of registered nurses in a random sample felt they were not being adequately paid. The average increase demanded was 54.5 percent of existing salary scales. While the majority appear to be satisfied with annual leave and sick leave (60 percent and 63 percent respectively), few were happy about their medical aid scheme (46 percent), their existing nursing status (six percent) working hours (24 percent) and promotion opportunities (17 percent).

Professor Searle said she and the board were "not going to answer any more newspaper queries" following a Press conference two weeks ago.

"What is going on is most undignified. We've said what's to say. There is nothing more to be said. People are free to make statements but we are not going to comment on those statements," she said.

Nurses bitter over raising of their fees

S. Times
12/4/81

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By WILMAR UTTING

THE South African Nursing Association has pushed up its annual fees by 66 percent for all race groups — but many nurses are refusing to pay, claiming the association has not done enough to improve the lot of its members.

The association is now demanding R20 a year from working nurses and R5 a year from non-working members. Previous fees were R12 and R3 respectively.

Sana says membership of the association is compulsory.

The 100 000 members pay the same annual fee, irrespective of status or race, from the time they enrol as students.

The deputy executive secretary of Sana, Miss Susan Fourie, said the increases were a natural result of inflation.

The head office in Pretoria has a staff of only 65, and there are branch offices throughout the country.

The association runs two insurance schemes for members, prints a monthly newspaper and a quarterly journal, and keeps a library for members, among other benefits.

"Fees last went up in 1975 and we just could not come out," Miss Fourie said.

'Get lost'

But most of the nurses interviewed in Johannesburg's provincial hospitals said they were not impressed by Sana putting up its fees when its efforts to get decent salaries and better conditions for nurses had not satisfied its members.

"I don't think Sana deserves our money. If I ever need membership to get a job I'll pay the backlog. Until then, they can get lost," one senior nurse said.

Those at the Johannesburg Hospital said they had tried in vain to get details of their personal salary increases from the association.

"They have the scales and the categories but won't release details to us.

"They tell us the details must come from the hospital," one bitter nursing sister said.

With 10 years' experience and extra qualifications she presently earns R460 gross, R381 net.

She has estimated she may get about R70 a month more, but the administration staff at the hospital say they cannot confirm this.

Sana's professional officer, Miss Doreen Radloff, said it was "very tricky" to work out how each nurse would benefit.

She said many things had to be adjusted individually, including status, qualifications and length of service.

"Staff will learn of their increases when they get their pay cheques at the end of the month," she said.

In discussing disease statistics it is necessary to distinguish between hospital disease data, which may be relatively limited, and more potentially useful epidemiological statistics. The problem is that often epidemiological data seem to be collected more for their own sake, frequently by staff of the medical faculty (often expatriates) who retire to the countryside from time to time to do a survey of the level of anaemia or malaria in one or other part of the country, than in connection with any planned health activities. These data are often collected without any real possibility of using them except for the writing of a paper or, at most, as a means of instructing medical students in data collection techniques. In practice in Tanzania it proved to be extremely difficult to link data collection with campaigns of action against specified diseases. There were many suggestions for the setting up of epidemiological surveillance units, which may not be a bad thing in itself, but it proved to be virtually impossible to get help for the development of disease control programmes. It may very well be that useful disease statistics can best be developed only as part of ongoing campaigns or activities. It is true, of course, that some preliminary data are needed before embarking on specific activities but it is probably the case that there is already more than enough data in most fields to embark on many more preventive health activities than are now being undertaken. Further collection of disease data should be limited basically to those areas for which active programmes are planned. Priority areas need to be selected and assessment should then be made of the knowledge needed to carry out any particular programme. Such an approach would be eminently more satisfactory than the more usual one of looking at a body of (theoretical) knowledge to determine the next pieces of data needed for the further development of that particular body of knowledge, even in the absence of any plans to utilize the material as it developed.

Professional fees kindle nurses' ire

Own Correspondent

Dissatisfaction is rife among nurses as their recently announced salary increases are threatened by rising professional costs.

The annual subscription for the Nursing Association, to which all nurses must belong, has increased from R12 to R20.

The increase has caused nurses to lash out once again at the association, which has been accused of "not doing anything for South African nurses."

Nurses have blamed the increase in subscription fees on the fact that so many nurses have left the profession.

"Every time a nurse leaves the profession, it means the association gets less money. So the rest of us must pay for what,

quite frankly, is a white elephant," a nursing sister said.

This claim was refuted by Miss Ralie du Plessis, the executive director of the South African Nursing Association. She said the association also faced inflation and had last increased subscription fees in 1975.

The fees of the Nursing Council have also been increased. Nurses must pay R5 a year to register, and examination fees have doubled.

RDM 14/4/81 (95) (2)

Nurses warn staff crisis will worsen

By SUE ROBERTSON

JOHANNESBURG nurses, "insulted" by their recent 12% to 20% salary increases, have warned that the present staff shortage situation will worsen unless "something is done" to better working conditions.

"Twenty per cent of nothing is nothing. We have a hard life and deserve more pay. The present situation will deteriorate more and more if something is not done," a group of disgruntled nurses said in a statement to the Rand Daily Mail yesterday.

The increases were an "insult" to the profession, they said.

According to one of the nurses, a nursing sister with 10 years' unbroken experience was earning a basic salary of R450 a month.

"That is really demoralising. More staff are leaving after the increase (which in most cases amounted to an average of between 4% and 12%). You get paid R200 more as a waitress," she said.

The nurses' statement added that nursing was regarded as a

"labour of love", but that nurses could not be expected to "live on love and no money".

"If we got more pay and not just a little 20% increase we would put more effort into our work, and in return the public would get quality nursing care."

The number of staff would "almost positively" increase, they added.

Because of staff shortages, hospitals at present could not be selective about employing nurses and blacks would have to be employed as a matter of

necessity.

The public was not aware of nursing conditions, and the nurses aimed to highlight these conditions by publicising them.

Among the unsatisfactory conditions nurses experienced, and which they intended to publicise through their statement, were:

- The attitude of the public who regarded nurses without respect;
- "Disgraceful" salaries which were insufficient for housing loan applications;
- Staff shortages which could not afford nurses time off for study leave; and
- The attitude of doctors who often embarrassed nurses in front of patients and regarded them as "inferior".

The statement was drawn up by five nurses. But they claim they were expressing the general feeling among nurses.

Spokesmen for the SA Nursing Association and the Department of Health could not be contacted for comment late yesterday.

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NURSES SAY LONG LONG HOURS MEAN PATIENTS LOSE OUT

Hard work of hospital staff helped to save a small boy from death

NOT all patients feel the effects of the hospital staff crisis.

Indeed, the dedication of doctors and nurses sometimes disguises the fact that there is a crisis at all.

Here is a letter written to the Sunday Express by the grateful father of one small patient:

Dear Sir,

On January 29, 1981, our 15-month-old son fell into our swimming pool and was found floating in the water a short period later.

He was rushed to the local doctors, who revived him and then took him to the Johannesburg Hospital.

He was admitted to the Children's Intensive Care Unit where he remained for approximately three weeks. He was then moved to the

Children's Ward, where he remained for four weeks.

I write to your newspaper to express thanks to all the doctors and nursing staff in wards 286 and 276 who fought so desperately to save our little chap's life.

The hospital is extremely well equipped and has all the latest equipment required to do an excellent job of work in the Intensive Care Unit.

However, the equipment is worth nothing unless there are people to operate it, and it is very encouraging to note how dedicated the doctors, sisters and nurses are who work extremely long hours because of staff shortages.

The level of skill is extremely high

and I believe that any parent who has the misfortune of having a child admitted to the Intensive Care Unit at the Johannesburg Hospital can rest assured that the child will receive the best possible care.

Senior staff were always willing to talk about the child's problem, to discuss the questions a parent has, and to explain the child's progress.

In cases in which there is very little progress, they are perfectly honest as well — which I believe is important.

The doctor in charge of the Intensive Care Unit is Dr Allan Rothberg who seems to work day and night.

Due to staff shortages, the Intensive Care Unit has, at times, to accept more children than it should, but this

is done willingly and the same attention is given to all those in need.

Dr Thompson, whose main duties, I believe, are to run the renal unit at the hospital, also takes time to care for the children in the Intensive Care Unit.

I believe that the doctors, sisters and nurses should get some recognition for the way they go about their business, as I am sure they are often criticised by people who feel their problems are the only ones in the world.

May I express the sincere and heartfelt thanks of both my wife and I for everything those wonderful people and magnificent hospital have done for us. — A. J. HODGSON, Berario, Johannesburg.

High standards are now a luxury?

THE current staff shortage at the Johannesburg General Hospital is so bad that "high standards are a luxury" according to nurses interviewed by the Sunday Express.

Because some nurses work 18-hour shifts with no break and no sleep, they could not give individual care and attention to patients, they said.

"We're virtually forced to work an enormous amount of overtime because you can't just knock off at the end of a day not caring about patients who might die due to the shortage

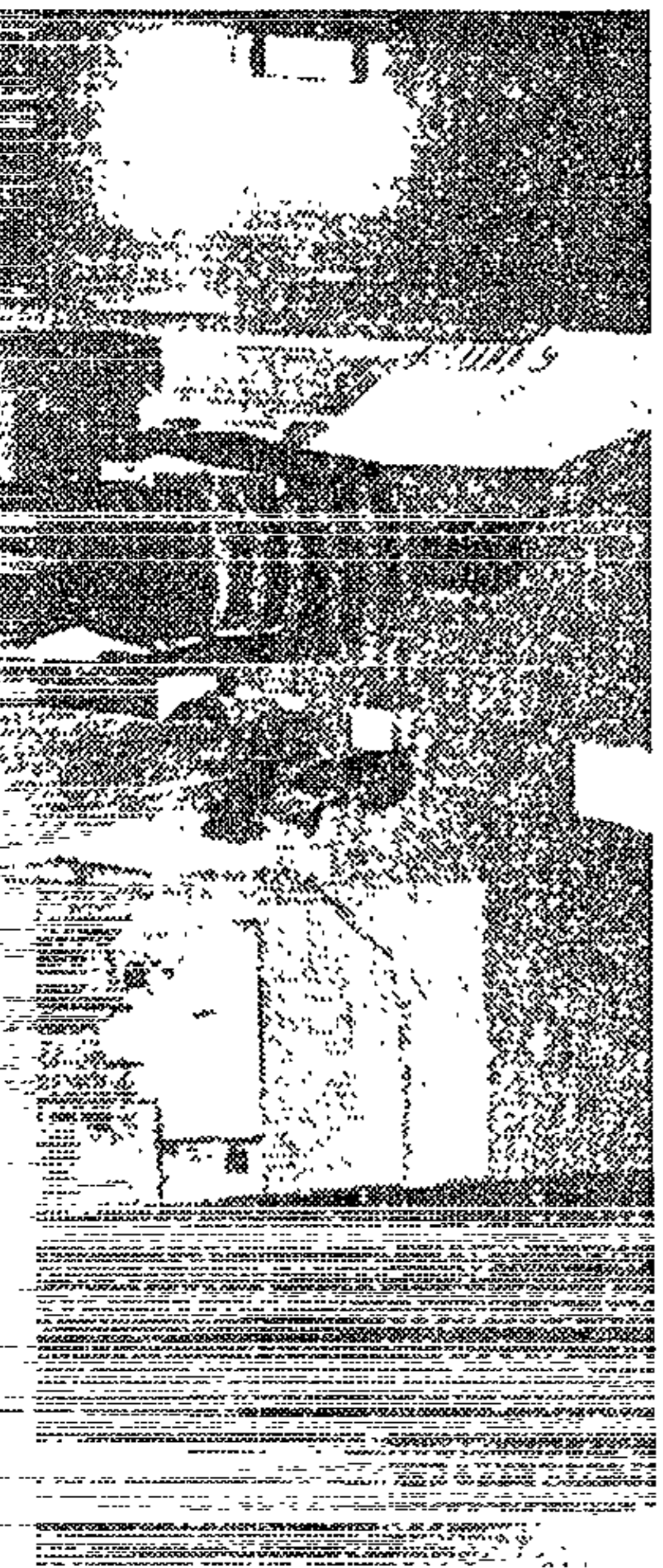
"Some of the patients sent out of intensive care units have died because there hasn't been

THE HOSPITAL CRISIS



BY DEBRA CLEVELAND

staffed. They're trying to overcome the problem by using unskilled staff — terrified the staff," she said.



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S. Express 19/4/81

BY DEBRA CLEVELAND

You can't just knock off at the end of a day not caring about patients who might die due to the shortage.

"Some of the patients sent out of intensive care units have died because there hasn't been time for physiotherapy or further observation," one nurse said.

"As soon as they are off the critical list, they are referred to other wards, as their beds are desperately needed by other patients coming into Intensive Care."

She said this trend was heightened by serious motor accidents, stabbings and assaults as the critically injured were referred to Intensive Care by Casualty.

"If the beds are full, the unit cannot take any more patients. In these cases the patient is either referred to another hospital or to a general ward until there is room in the intensive care units."

Another nursing sister said the lack of radiographers added to the crisis.

"There has been a mass walkout of radiographers and it's therefore extremely difficult to get X-rays."

She said her unit was operated with a skeleton staff and, if there was an emergency of any kind, she would not be able to cope and patients could die.

"I dread to think what would happen if there was some kind of national disaster," she said. Another sister added, "What makes the situation worse is that the hospital authorities seem to deny we're short-

staffed. They're trying to overcome the problem by using unskilled staff — termed domestics — who work as nurse aids and do mainly ward and menial work."

When asked how much responsibility was expected of these staff, she said it depended on the sister in charge.

"The nursing staff find them a real boon, and I would in most cases put far more responsibility on them than on a white-belt nurse (a junior nurse)."

She said this was in no way dangerous as they were always supervised.

Another sister said the predominant feeling at the hospital was one of tension and apathy.

"The staff are apathetic — almost an unintentional go slow campaign. Doctors and surgeons, even matrons, are saying 'we'll cope, but we find it exhausting.'"

"There is no value put on the job. Even if we are slack and apathetic, there's no way we'll be asked to leave."

"Everyone is relying on 'dedicated' nurses — a rare breed now — because it's a low-prestige and badly-paid job. When you're working under these conditions, ideals are soon forgotten."

"You'll never find a nurse sitting next to a patient and reassuring them about an operation, because we're doing triple the amount of work. The patient therefore obviously suf-

fers from a lack of personal and emotional treatment from the staff," she said.

A sister in one of the intensive care units at the Johannesburg Hospital said the number of trained sisters in her unit had decreased dramatically during the past year.

"This means we cannot handle more than four patients," she said.

The nursing crisis is not confined to the Johannesburg Hospital, according to nurses from other hospitals on the Rand.

A cross-section of nurses from assorted hospitals agreed to discuss their grievances and desperation for the future of the nursing profession.

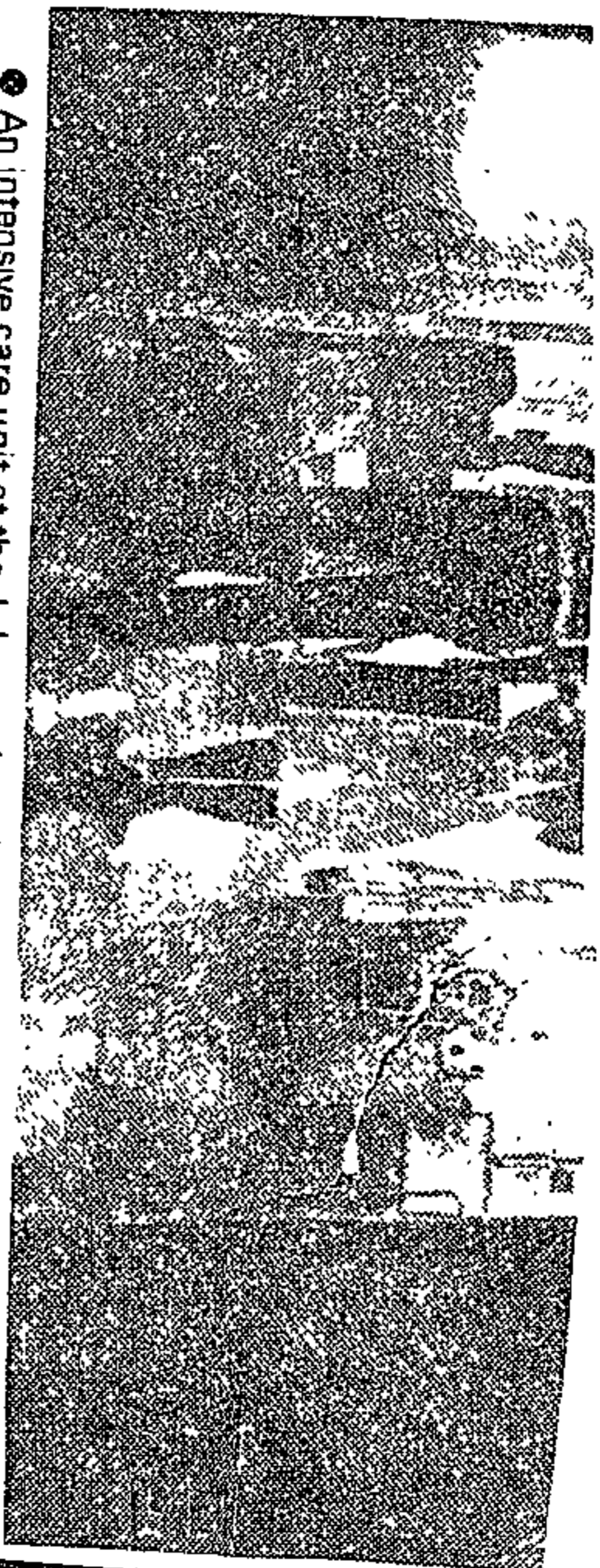
"It all comes down to money," they agreed.

"The whole thing is a vicious circle — the pay is too low to live on so nurses are leaving en masse. That leaves us to cover their work, as well as our own, so work conditions are exhausting — both physically and mentally."

"We get very little co-operation from our own nursing association, and we actually cannot live on our salaries," she said.

The whole group said they were dedicated to nursing, but saw no future under the present conditions.

A nurse with six years experience and two qualifications earns R320 after deductions and



● An intensive care unit at the Johannesburg Hospital... load becoming unbearable.

lives in a nurses' residence because she cannot afford her own flat.

"And the 'perks' are laughable. The authorities claim they're attracting staff by offering low-rental board and lodging."

"When you've been working, fully trained, for a number of years, you expect to be earning enough to live where and as you choose. We feel trapped in an institutional environment because we can't afford to live elsewhere," she said.

Another nurse in the group said that if salaries were competitive — not sky-high but enough to live on comfortably — nurses would definitely stay on and others would come back "like a shot."

But one of her fellow nurses thought it would take a major disaster for salaries to improve.

"Although we're in a crisis situation now anyway, no-one seems to take notice. It really is a life and death situation."

PATIENTS DIE IN NURSING CRISIS

S. Express
19/4/81

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Parsons and Shils (1962:180) write "Over peaceful co-existence under conditions of scarcity - is one of the very functional imperatives of social systems." Joseph (1972:14) writes "Social order exists to the extent that it is a peaceful co-existence."

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By DEBRA CLEVELAND

PATIENTS have died at the Johannesburg Hospital because there were not enough nursing staff to give them adequate care and attention.

This allegation was made by nursing sisters and confirmed by a doctor at the hospital in the course of a major Sunday Express investigation.

The doctor, who wishes to remain anonymous, said he knew of two patients whose lives might have been saved but who died because the post-operative unit was closed down due to lack of staff.

One was a patient who had undergone elective - non-emergency - arterial surgery and had been put in a general ward to recover as the intensive care units could take no more patients. The post-operative unit was also closed.

He was later found dead in his bed.

The doctor said: "We simply do not have enough nurses to give all critically ill or post-



● Dr Neville Howes
... refused to comment.

operative patients the care they need."

The other patient was an emergency case who died after an operation - also in a general ward and for the same reasons

"I can tell you that both were salvageable and probably would have lived if they had been in either the intensive care or post-operative units," he said.

The doctor, for ethical reasons, refused to identify the patients and the Sunday Express was unable to investigate the causes of their deaths any further.

"We lose patients who've undergone modern and advanced surgery because there are not enough nurses to give them the attention they warrant," he added.

"I would not allow any member of my family to undergo elective surgery in this

➔ **To Page 2**

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(125) (95)
19/4/81 S. Express

Nursing crisis causes deaths in Jo'burg Hospital

From Page 1

hospital under these circumstances, unless special provisions were made. I'm simply not happy with the safety margin here," he said.

A copy of this article was handed to the Superintendent of the Johannesburg Hospital, Dr Neville Howes. On behalf of the Sunday Express, I stressed the article was being handed to him so that he could study it in detail and point out where he felt the emphasis was inappropriate or inaccurate.

Dr Howes refused to comment on the claims made in the article. He said the report would harm the hospital's reputation and possibly affect the recruitment of nurses.

He confirmed that the nursing shortage — both at his hospital and throughout the country — was serious. He said that, although the hospital had a capacity of 2,000 beds, only 1,069 were in use.

A sister at the hospital said

THE HOSPITAL CRISIS

the post operative unit was reopened not because there were more staff to man it, but because the hospital staff asked for it.

The sister, as with other sisters, nurses and doctors approached at the hospital, were all anxious not to be identified and those who spoke to the Sunday Express said they were doing so only because of their concern for patients.

Another source at the Johannesburg Hospital said "Approximately eight patients died as a result of the post-operative unit being closed for three months. Patients died in general wards after major oper-

ations because they couldn't get the post-operative care they needed.

"The intensive care units were, and still are desperately short staffed and couldn't take them into their units, so they placed them in general wards.

"The situation is so bad that sometimes when the nurses threaten to walk out, they're told to lower their standards."

A nursing sister said another reason the mortality rate in the intensive care units was high was because the nursing staff were so exhausted they missed things.

• See Page 15

Black nursing college delayed

A project to build a R7,3-million nursing college at Leratong Hospital near Krugersdorp has been shelved due to the greater need for clinics in Soweto.

This has been disclosed by Mr P W du Plessis, director of the Transvaal Provincial Works Department.

Mr du Plessis said the Leratong project was still on the Provincial budget but there was not enough money this year to finance it. He could not reveal how much was to be spent on the Soweto clinics as the budget had not been finalised.

Mr Sam Moss, Progressive Federal Party opposition spokesman on hospitals, deplored the decision to shelve the Leratong college.

He said Soweto's clinics and a college to train nurses were two entirely separate issues. The Leratong project should not have been sacrificed and

something else in the budget should have given up its place.

"There is a desperate shortage of trained nurses and we cannot delay the building of new training facilities," he said.

Mr Moss will take up the issue when the budget is presented in August.

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Visitors
Visiting academic staff during the year
Professor W G Astley, Department of Mathematics, University of Pennsylvania.

Appointments to Senior Lecturer: Mr R Mackintosh and to Senior Consultant: Mr J Miller

(c) Graduate School of Business

Appointment to Lecturer: S B Minyuku
Appointment to Senior Lecturer: M Birt

(b) Department of Business Science

Appointments as Senior Lecturer: P Smith
Promotion to Senior Lecturer: K Mattison, I Piha, R Young
Appointments as Lecturer: M Eccles, A Greyling
Promotion to Lecturer: A Mackenzie, M Wormald

(a) Faculty of Accounting

Several changes took place in the Faculty during the year. Associate Professor G Everingham, Senior Lecturers T Scotcher, K van der Poel and J Loebenstein, Lecturers Mrs J Hume and Junior Lecturer C Kooyman left the Faculty. Promotions and appointments were made as follows:

Staff Changes

In 1981 the "structured" M Com degree in Business Data Processing will be offered for the first time while a new B Com curriculum enables students to choose one of seven streams of study as from the beginning of next year. A new one-year intensive conversion course preparing graduates from non-commerce disciplines for the final year of the certificate in the Theory of Accountancy is another innovation for 1981. The GSB will offer new programmes in Corporate Financial Modelling and Pharmacy Management.

SCALE OF BENEFITS

No. of stamps issued to or	Weekly contributions of member.	S.	M.1	M.2
a) 16	R90	R140	R200	R200
b) 20	R106	R163	R230	R230
c) 24	R126	R186	R260	R260
d) 28	R144	R209	R290	R290
e) 32	R162	R232	R320	R320
f) 36	R180	R255	R350	R350
		R278	R380	R380
		R301	R410	R410
		R324	R440	R440
		R347	R470	R470
		R370	R500	R500
		R393	R530	R530
		R416	R560	R560
		R439	R590	R590
		R462	R620	R620
		R485	R650	R650
		R508	R600	R600
		R531	R710	R710
		R554	R740	R740
		R577	R770	R770
		R600	R800	R800

Benefits to the Extent of

Cape nurses upset by R19 pay increase

Own Correspondent

CAPE TOWN. — A long-awaited pay increase which turned out to be "less than the price of a pair of regulation shoes" had a group of Coloured Peninsula nurses up in arms yesterday.

A representative for the group, who asked not to be named, said she was a registered nurse who had completed her basic training and was in her first year of specialised training as a midwife. Some of the group had up to two years postgraduate training.

"Yet our pay slips show an

increase of only R19 a month — that's R6 less than the cost of a pair of regulation nurse's shoes."

She claimed Cape Provincial Administration drivers had received increases of up to R30 and nursing aides with Standard VII education had gained up to R50. Her monthly pay, with the new increase, now totalled R212.

"We are frantic. We have to keep up some kind of basic standards yet the cost of living is just leaving us behind," she said.

pendant.

ing Industry Medical aid Fund

- a) General Practitioners: 75% of tariff of fees for maximum of 20 consultations in respect of one illness. 100% of tariff of fees at consulting rooms.
- b) Specialists: As above, if referred by general practitioner.
- c) Operations.
90% of tariff of fees of all surgeons, assistant surgeons and anaesthetists fees in case of surgical operations excluding dental surgery.
- d) Hospitalization:
(i) 100% of Provincial Hospital charges, not exceeding R7.00 per day and 60 days in any one year, subject to the members' latest Tax Assessment.
being/.....

being presented to Hospital authorities.

- ii) 100% of Nursing home charges at rate of R5,00 per day and 60 days in one year.

- e) Theatre Fees: 100% of with a maximum of R25,00 per operation
- f) Maternity expenses: (1) R100 in respect of normal confinement after at least 40 weeks of contributing to the fund.
ii) Caesarian section: additional expenses up to maximum of R30,00.
- g) Prescribed medicines: - 75% of cost of medicines and drugs. annual limit of R80,00.
- h) 100% of cost of physiotherapy prescribed by doctor. 75% of cost of other auxiliary services.
- i) Dental services. 75% of fees in respect of extractions and supply of dentures. Maximum limit of R80,00 per family, per annum.
- j) Chiropactors. Maximum of 10 visits.
- k) Optical fees: A refraction fee of R3,50 plus 80% of cost of lenses and R5,00 of cost of frames. Dependents are limited to a refraction fee of R3,50 Maximum annual limit of R30,00 per family per year.
- l) Surgical appliances: In orthopaedic cases, the cost of surgical appliances with a maximum of R7,50 per appliance.

Administration costs.

About 10% of contributions go to the administration of the fund. The true cost of administration is about 12%. The difference is made up by income from the council's general funds.

All these three funds have contributions of a rand or over and fairly extensive benefits. This is particularly marked when compared to the medical benefit funds. One of the three funds provides for sick pay benefits under its medical aid scheme. This is more common in medical benefit schemes. All three funds are for skilled workers only. Two of the three funds make provision for the employer to obtain voluntary re-employment on making the appropriate contribution. This would seem to put the employers at a considerable advantage, considering the difference in wage rates between employers and workers, albeit skilled workers.

Medical Benefit Schemes.

Eight of the 29 benefit schemes were already established before 1945. The first industrial council medical aid fund was established in 1953.

Medical benefit schemes cover the majority of workers in industries where industrial councils medical assistance schemes have been established.

See/.....

S. Times 26/4/81

Nurse refused to treat Sebe's wife

By BEVIS FAIRBROTHER

A YOUNG white hospital nurse offered to resign after refusing to attend the wife of Ciskei Chief Minister Lennox Sebe.

Mrs Virginia Sebe was put in a private ward for whites while undergoing tests at East London's Frere Hospital last week.

Barbara Prinsloo, the nurse who refused, is still at the hospital but refused to talk to the Press.

But her mother, Mrs Myra Cooper, said: "Barbara did not actually refuse to nurse her. She refused to nurse her under white conditions."

She told the superintendent she was prepared to resign for her principles. He asked her not to, and she agreed to stay.

Mr Brian Nel, HNP candidate for King William's Town, said a friend, a patient, was upset by Mrs Sebe being there.

"I will not name him at this stage, but my friend phoned me last Friday and told me Mrs Sebe was in the ward."

"When I got to the ward I saw two black armed guards outside one of the private rooms."

"I walked past, pretending to be lost. I saw Mrs Sebe in bed with several black visitors around her."

Hospital superintendent Dr S Richardson, confirming Mrs Sebe was a patient, said: "Nurses are required to nurse patients, wherever I put them in the hospital."

Chief Sebe and Mrs Sebe could not be contacted.

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EXAMINATION RESULTS

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of this circular for

requirements

17. Analysis of the November 1980 and February 1981 examination results

Section B

15	D H Skl
40	M W Sml
22	B P Ber
Page No	
Board Schedule	Student

The remainder are:

Most of them are listed on
They are now submitted for
of the Departments concern
made, and have been approv
ratified at the Faculty's
A number of changes and ad

2. UPDATING OF THE OCTO

I thank the sub-committee
submitted to Senate in the
Mrs Withers. Unless it
committee comprising Mr P
The attached report on the

1. ANNUAL REPORT TO SE

will then be acted upon
Board has been received
Section A to which no ob
the Board's consideration
The Dean submits the con

Section A

20.	The academic calen
19.	Publications of "d
18.	Student numbers

still to be found.

The current level of sophistication in causal theories of problem drinking become apparent in the following statement:

"Causes of alcoholism are unknown... Most probably the condition reflects a form or response to an interactive combination of physiological, psychological, and sociological factors in an individual and his environment" (Keller, 1968, p. 49).

Although the generality of this formulation is obvious, and in a way theoretically sterile, it does identify the three major areas in which theorists have worked in their attempt

CT 21/1/81
**Pay rise
 angers
 nurses**

Staff Reporter

A long-awaited pay increase which turned out to be less than the price of a pair of regulation shoes had a group of Coloured Peninsula nurses up in arms yesterday.

A spokesman for the group who asked not to be named for fear of victimisation said he was a registered nurse who had completed her basic training and was in her first year of specialised training as a midwife. Some of the group had up to two years' post-graduate training.

Yet our pay slips show an increase of only R19 a month - that's six rand less than the cost of a pair of regulation nurse's shoes.

She claimed that Provincial Administration drivers had received increases of up to R30 and nursing aides with Standard VII education had gained up to R50. Her monthly pay with the new increase, now totalled R212.

4. BIOCHEMICAL THEORIES

The different theories that are classified in this category basically attempt to explain excessive drinking in terms of physiological or biochemical mechanisms or processes within the body (McCord & McCord, p. 28 and Williams, p. 455). One of the most developed theories in this category concentrates on genetic factors or variables (Katz, p. 37).

The genetic-hypotheses range from very general - that is alcoholism is inherited in some part, in some unspecified way - to very specific hypotheses. The latter have customarily

postulated some form of enzyme deficiency usually related to the B group. These latter hypotheses have been supported by evidence from animal experiments.

Family studies have naturally formed the core of work designed to test genetic theories of alcoholism in humans, since if genes influence the condition then those who have part of their hereditary material in common with known alcoholics should be more likely to suffer from the condition. On the basis of extensive and detailed studies of the family histories of several large samples of alcoholics from the Swedish population (Amârk, 1974, p. 31), a clear familial component in alcoholism is suggested. The major criticism against this and other similar studies and hypotheses is that these findings may as easily be explained by shared cultural and environmental factors as by shared genes.

A way of attempting to separate the genetic and environmental variables in the development of alcoholism, has been to study adopted children, since an adopted child shares the environment of the adopted parents, but not the genetic lineage. A persisting resemblance of a child to its biological parents may then be taken to suggest genetic factors.

In a recent study (Goodwin, 1976, p. 52) using this methodological design, it was found that significantly more adopted men whose biological parents were alcoholics, were alcoholics, than the matched control group of adoptees.

This and similar significant results, has compelled researchers to seriously reconsider the genetic contribution to

Nurses threaten to quit over pay

NM

28/4/81

95



By PENNY WILSON

NATAL could face a mass walk-out of nurses next month after increases received yesterday were described by scores of them as 'apalling and insulting'.

Dr. Fred Clarke, MPC, described the increases as a 'disaster to health'.

A junior sister working at Durban's Addington Hospital, who did not wish to be identified, yesterday told the Mercury she had received only a R20 nett increase after nursing for six years.

'I am not prepared to stay on and suffer such insults. The time has come to hand in my resignation and take up a career which pays enough to enable me to live decently.'

An insult

It was the same reaction from scores of irate nurses who telephoned the Mercury to tell of their 'hopeless increases' which had finally decided them to leave the profession.

A senior Addington nurse, who did not want to be identified because she 'was already in trouble for speaking to the Press', said her R20 increase was 'only an insult'.

She said: 'I have not yet completed my training, but I don't think there is any point in carrying on at such a low salary.'

Another nurse said she had already written her letter of resignation.

Dr. Clarke, New Republic Party candidate in Durban North, said he had not yet studied the new salary scales in detail, but had heard that nurses were generally 'very unhappy' with this month's pay packets.

'If the increases are bad, it's a disaster to health,' he said last night.

Mr Frank Martin, MEC in charge of hospitals, said in Pietermaritzburg he did not expect very much out of the pay increases.

'We cannot continue to take our nurses for granted,' Mr Martin said. 'I do know that this increase doesn't mean a damn thing.'

The vice-president of the South African Nursing Association, Prof Paddy Harrison, said in Cape Town last night she had received notification of the new salary scales, and felt there was still room for improvement regarding the newly qualified sister.

insults threaten to

CISKEI: SERUM VITAMIN A (µg/dl)

	6-23 months	2-3 years	7-8 years	Lactating mothers
Mean	24,8	24,2	23,8	36,6

South Rand Hospital short of 130 nurses

By SEAN O'CONNOR
City Editor

THE South Rand Hospital in Rosettenville is short of more than 130 nurses, it has been claimed, and of the 128 posts available for student nurses at the hospital, only 15 are filled. And only 40 of the 290 rooms for nurses at the hospital — one of Johannesburg's largest — are occupied.

These figures were disclosed at a recent New Republic Party meeting in Rosettenville and all but one of the figures were confirmed yesterday by the superintendent of the South Rand Hospital, Dr Allan Broeksman.

The disclosures were made by the NRP's Provincial candidate in Rosettenville, Mrs Laureen Stewart.

She said the hospital was short of 134 nurses, and Dr Broeksman said this figure "could be right". The shortage was "pretty high", he said.

The hospital's staff complement stood at only 39% at the beginning of the year, but Dr Broeksman disclosed yesterday the figure was now closer to 44%.

"We are getting more staff and the complement has been

improving by about 1% a month," he said.

The hospital has 296 beds available for patients but four wards — containing 114 beds — have been closed, "almost since the inception of the hospital about 20 years ago", Dr Broeksman said yesterday.

"If we had more nurses we might be able to open the wards again, and I understand there is a move afoot now to open them," he said.

In a bid to attract a greater number of trained staff, Dr Broeksman said negotiations were underway to convert the rooms for nurses into flats.

Despite the shortage of nurses at the hospital, Dr Broeksman said all patients got "good treatment".

"The staff work overtime and they are doing their best and putting in a good effort. There are no complaints and they are cheerful," he added.

Dr Broeksman stressed that the hospital did not have a shortage of medical staff or radiographers.

Mrs Stewart, addressing an NRP house meeting last Thursday, said: "The hospital situation in the Southern Suburbs is

absolutely critical.

"We have reached the stage where the people of Rosettenville and the Southern Suburbs dare not get sick because the Province cannot care for them," Mrs Stewart said.

Mrs Stewart, a member of the management committee of the Hillcrest Geriatric Clinic, said there were 128 posts for student nurses at the South Rand Hospital, but "there are only 15 student nurses and of those almost half will surely leave before the completion of their course?".

Dr Broeksman confirmed these vacancies as well as that 250 of the 290 rooms for nurses at the institution were standing empty.

● South Africa's nurses received pay increases averaging 12%, and as much as 18% in some cases, from the beginning of this month.

Announcing details of the increases in March, the Minister of Health, Welfare and Pensions, Dr L A P A Munnik, said the salary scales of senior "registered" nurses had been given special attention.

(Report by Sean O' Connor, 171 Main Street, Johannesburg)

Xerosis	6,4	4,0	10,3	2,2	25,6	11,4	2,3	1,9
Follicular Hyperkeratosis Type I	1,1	1,0	3,4	2,9	13,1	8,7	0	0

CISKEI: SERUM ALBUMIN (g/dl)

	6-23 months		2-3 years		7-8 years		Lactating mothers	
	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
Mean	4,00	4,10	4,10	4,24	4,24	4,24	4,25	4,25
S D	0,436	0,368	0,368	0,365	0,365	0,365	0,293	0,293
n	189	279	279	222	222	222	96	96
ICNND Categories	Rural	Urban	Rural	Urban	Rural	Urban	Rural	Urban
'Deficient' <2,80 g/dl	0%	1%	0%	0%	0%	0%	0%	0%
'Low' 2,80-3,52 g/dl	12%	11%	9%	4%	4%	1%	0%	2%
'Acceptable' 3,53-4,20 g/dl	55%	54%	59%	38%	38%	40%	48%	42%
'High' >4,20 g/dl	33%	34%	32%	50%	58%	59%	52%	56%

Using O'Neil's (7) guidelines for the interpretation of urinary riboflavin excretion values, it was found that 20-50% of the population groups studied could be considered to be in a low range of riboflavin nutrition. For nicotinic acid metabolites (N1-methyl-nicotinamide and 2-pyridone) the incidence of low values varied between 30 and 70%. The results obtained for nicotinic acid were interpreted according to the ICNND standards (8). These findings could be due to the tremendous emphasis on maize as a staple food.

Results obtained for serum vitamin A levels are given in Table VII. Interpretation of these results in terms of nutritional adequacy, according to the ICNND standards, indicates that marginal vitamin A deficiency occurred in 6-34% of the age groups studied. These deficiencies were also more frequent in the rural than in the urban populations.

City black nurses to complain

Staff Reporter

PENINSULA black nurses decided at a meeting yesterday to send delegates to the headquarters of the professional nurses body in Pretoria to complain about their working conditions.

About 35 nurses took this decision at a meeting called by the Western Province Black Nurses' Association.

The nurses' main grievances were their salaries, which were less than nurses of other race groups, and the fact that they had to contribute equal yearly subscriptions to SANA.

The nurses also complained that there were no African matrons or principal matrons at the Peninsula hospitals.

They decided to send a memorandum to the Cape Town director of hospital services on the matter.

A speaker at the meeting said African nurses had been quiet for a long time and they should now voice their grievances.

One of the nurses said the fact that an African nurse could not treat a white patient was degrading and the fact that an African nurse could not be a matron at Groote Schuur Hospital was degrading.

Sana was a government created institution for nurses and if it was failing the African nurses, they should push it to action.

"All the time we have been adopting a wait-and-see attitude, now we must take the initiative and do things ourselves," one nurse said.

All the members at the meeting were asked to write down their grievances to help in drawing up the memorandum.

APPENDIX III (continued).

The South African National Council For Mental Health

In 1976, 15 Mental Health Societies controlling 24 clinics functioned. 1951 and 1976, 32 284 attendances were held at the 24 clinics. 11 218 patients attended, an average attendance rate per patient of 3 visits p.a. 7 891 of these patients were new patients.

Over 60 000 interviews at all centres under the Council's auspices were conducted during 1976.

APPENDIX IV.

PROVINCIAL BUDGETS 1916

YEAR	CAPE HEALTH		NATAL HEALTH		FREE STATE HEALTH		TRANSVAAL HEALTH	
	TOTAL	HEALTH	TOTAL	HEALTH	TOTAL	HEALTH	TOTAL	HEALTH
1916	1 343	?			626	17	1 603	187
1919	2 224				1 089	37	2 935	370
1920	2 942				1 320	34	3 711	419
1925	3 784	249	1 439	117	1 445	37	4 074	416
1930	4 762	252	1 814	204	1 987		4 873	417
1935	6 507	355	2 158	263	1 729	114	5 770	530
1940	8 562	523	3 354	455	?	?	8 236	728
1945	12 796	921	5 022	968	3 137	242	?	?
1950	24 076	3 520	10 763	1 986	5 762	579	27 241	7 412
1955	35 537	7 272	16 487	4 342	9 685	1 050	41 029	10 320
1960	49 605	12 030	24 428	6 610	14 482	1 868	63 736	15 363
1965	148 960	37 527	81 527	22 400	43 146	6 782	200 699	41 400
1970	309 442	75 714	124 775	31 330	74 536	12 600	340 652	71 978
1976	656 000	175 097	249 952	68 772	171 220	40 367	707 270	152 629

Promise still unfulfilled

When?

nurses

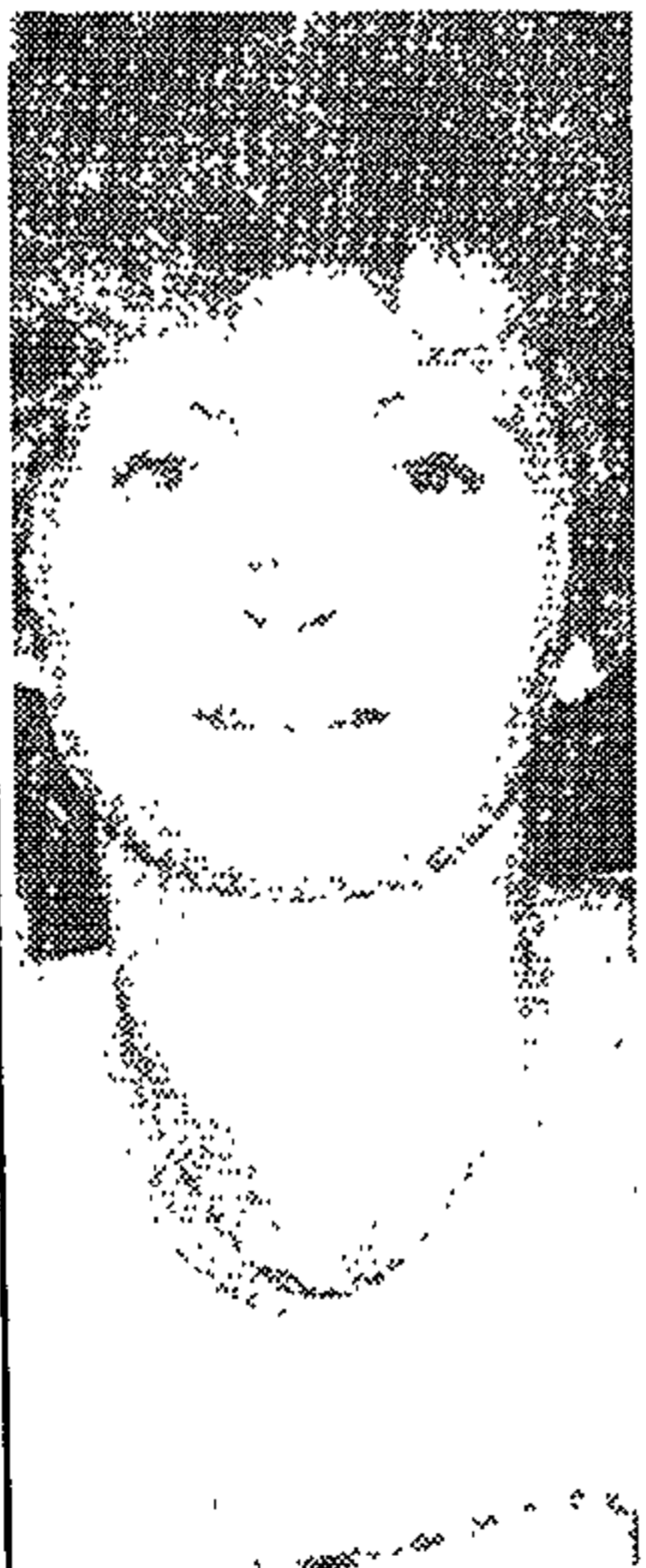
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Munnik

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95

29/4/61



EILEEN Brannigan
... 'Stay and fight'

By PENNY WILSON
THE Minister of Health, Welfare and Pensions, Dr L A P A Munnik, has not yet fulfilled a promise he made two months ago that a commission of inquiry into the nursing profession would be established.

Although the president of the South African Nursing Association, Prof Charlotte Searle, assured nurses that Dr Munnik was 'disturbed' about the nursing crisis and had given his word to establish an official investigation, Natal nurses were informed this week that no such investigation was yet under way.

The Mercury again received a flood of telephone calls yesterday from nurses protesting strongly against their 'inadequate' overall 12 percent increases in their April pay packets, and many said they had already written their letters of resignation.

A prominent Durban spokesman for nurses and convener of a meeting in March that called Natal's 2 000 nurses together in protest, Miss Eileen Brannigan, yesterday appealed to nurses to 'stay on and fight'.

'Nurses must see that the only way to improve their salaries and working conditions is to remain and fight against the authorities from within the profession,' said Miss Brannigan, a sister at Durban's Addington Hospital.

Miss Brannigan said questionnaires distributed to Natal nurses at the March meeting had revealed that only six percent were satisfied with their existing status, and that 94 percent were deeply unhappy with their working conditions and low salaries.

She said the questionnaires had been sent to the

in Pretoria for consideration, but the nurses' requests and constructive criticisms 'had so far been ignored', or the association had deemed themselves 'powerless' to improve certain conditions.

'The main problem lies in the fact that there is a communication gap between nurses and the authorities who govern us in the Nursing Association,' said Miss Brannigan.

Received

Meanwhile, a nationwide questionnaire compiled under the auspices of the Durban District and Coastal Branch of the Nursing Association has been planned to 'prove a better stand against the Government'.

Miss Brannigan said although she was 'grateful' to see nurses had received their April increases, she thought the pay rises were 'totally inadequate'.

She said she had received a 17,2 percent increase after working and training for six years.

'I used to take home R388 a month and will now receive a monthly nett pay of R453,' she said. 'But the catch lies in that I will have to work for a further eight years before I will receive a gross salary of R727.'

Durban nurse and Progressive Federal Party provincial candidate in Durban North, Mrs Margaret Ambler, said yesterday in spite of persistent warning the Government and the Natal Provincial Council had 'not taken the nursing crisis seriously enough'.

Qualified

The vice-president of the South African Nursing Association, Prof Paddy Harrison, said in Cape Town yesterday a student nurses' salary had been increased by 12 percent to R244 a month. A third year trainee's salary had been increased to a gross monthly salary of R334.

The new starting monthly salary for a newly qualified sister with one qualification had risen to R430, while a senior sister's commencing salary is now R520.

No recognition or additional increase has been given to the registered nurse with a university degree.

(Report by Penny Wilson, 12 Devonshire Place, Durban)

Conclusion

There are, of course, other possibilities

How Long Will South Africa Survive?

metropolitan role the US would have to threaten to leave South Africa defenceless before the mercies of Soviet-backed

GENERAL NEWS

The promise Munnik made to the nurses

RDM 29/4/81 95

(6)

Number of people in household: (Table Seven)

Response Percentage of total Percentage of

Own Correspondent

DURBAN. — The Minister of Health, Welfare and Pensions, Dr L A P A Munnik, has not yet fulfilled a promise he made two months ago that a commission of inquiry into the nursing profession would be established.

Although the president of the South African Nursing Association, Professor Charlotte Searle, had assured nurses that Dr Munnik was "disturbed" about the nursing crisis, no investigation was yet under way, Natal nurses were informed this week.

A flood of telephone calls was received by the Rand Daily Mail correspondent in Durban yesterday from nurses protesting strongly against their "inadequate" overall 12% increases in April, and many said they had already written letters of resignation.

A Durban spokesman for nurses and convener of a meeting in March that called Natal's 2 000 nurses together in protest, Miss Eileen Brannigan, appealed yesterday to nurses to "stay on and fight".

"Nurses must see that the only way to improve their salaries and working conditions is to remain and fight against the authorities from within the profession."

Sister Brannigan said questionnaires distributed to Natal nurses at the March meeting had revealed that only 6% were

satisfied with their existing status, and that 94% were deeply unhappy with their working conditions and low salaries.

She said the questionnaires had been sent to the nursing association board in Pretoria for consideration, but the nurses' requests and constructive criticisms "had so far been ignored", or the association had deemed themselves "powerless" to improve certain conditions.

"The purpose of the questionnaires was to utilise them for further investigations into the nursing profession.

"Speaking on behalf of nurses I can only say that we are extremely disappointed in the board for not making representation in Natal.

"Their members have been asked three times to come to the province, which would do a lot for the communication gap I have already spoken of."

Meanwhile, a nationwide questionnaire compiled under the auspices of the Durban District and Coastal Branch of the Nursing Association has been planned to "prove a better stand against the Government".

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She had received a 17.2% in-

crease after working and training for six years.

"I used to take home R388 a month and will now receive a monthly net pay of R453," she said.

"But the catch lies in that I will have to work for a further eight years before I will receive a gross salary of R727."

Durban nurse and Progressive Federal Party provincial candidate in Durban North, Mrs Margaret Ambler, said yesterday that in spite of persistent warnings, the Government and the Natal Provincial Council had "not taken the nursing crisis seriously enough".

"It seems to me that nurses as well as pensioners are expected to live on R20 a month," she said.

"Unless the Government and the provincial council take immediate steps to improve the nurses' lot, there will be no nurses left."

The vice-president of the South African Nursing Association, Professor Paddy Harrison, said in Cape Town yesterday that a student nurses' salary had been increased by 12% to R244 a month.

A third year trainee's salary had been increased to a gross monthly salary of R334.

Dr Munnik could not be contacted for comment last night.

(News by P Wilson, 12 Devonshire Place, Durban).

cleaned in a space of a two hour interview. It remains a matter of very great importance because if the new rural family is proved to be of little functionality then alternative institutions will need to be devised to meet the needs of individuals growing up within that society.

economically able to meet traditional obligations. There is no doubt that there is a vicious circle whereby poorer families are unable to meet lobola requirements

commitment to marriage - greater likelihood of further exacerbation of the poverty.

It is very disturbing to note that intimate children were neither supported or the father. Under such circumstances on their guardians and it follows from malnutrition.

Occupation of the father (Table Five)

Response	Percentage of total.
Employed	62%
Unemployed	30%
Subsistent farmer	0%
Unknown	8%

Whereabouts of the father (Table Six)

Response	Percentage of total.
At home	26%
In homeland but not at home	6%
In urban area	54%
Away on farm	6%
Father dead	4%
Whereabouts unknown	8%

Of the 26% of the fathers at home a significant correlation between and unemployment of the father.

There was also a significant correlation between family disorganisation as a result of the absence of the father through death or desertion and the occurrence of malnutrition. The figures again represent the anomaly that in the homelands - the 'missing father syndrome' is more or less a norm and fathers at home represents abnormality - usually unemployment or ill health.

(5)

RDM 29/4/81 (9/5)

Black nurses voice complaints

CAPE TOWN. — Peninsula black nurses have decided to send delegates to the headquarters of the professional nurses body in Pretoria to complain about their working conditions.

About 35 nurses made this decision at a meeting called by the Western Province Black Nurses' Association.

The nurses' main grievances were their salaries, which were less than nurses of other race groups, and the fact that they had to contribute equal yearly subscriptions to the SA Nurses Association (Sana).

The nurses also complained that there were no African ma-

trons or principal matrons at Peninsula hospitals.

They decided to send a memorandum to the Cape Town director of hospital services on the matter.

One speaker said the time had come for African nurses to voice their grievances. — Sapa.

1. Capitalists who have large investments. However, those with investments in different sectors have to be distinguished since their interests as regards Black labour may be differentially structured.
2. Self-employed Whites, whether they are working farmers or owners of small businesses, between which two groups there is probably a considerable amount of mobility.
3. Employed Whites, which is a very wide category, covering both blue- and white-collar workers, but whom we shall nevertheless describe as 'White working class'.
4. Black workers predominantly dependent on wage-labour.

significant White interest groups at the turn of the century? What was the significance and what were the interests of the commercial sector? There is always a tension within a capitalist economy between the need for high income consumers and the need for low-income (i.e. low cost) workers. To whom were Africans important as a market?

There was conflict between mining capitalists and White workers over the employment of Black workers. How and to what extent, if at all, were these interests reconciled? What is the significance of the particular way in which the enormous wealth created by the Black mine workers was distributed between mining capitalists, White mine workers, farmers, through direct and indirect subsidies? How has the possible continued dependence of these groups on a low wage African worker taken into consideration in this process? That is, to what extent voluntarily enter the market, and to what extent were their needs taken into consideration in this process? That is, to what extent have the standard of living of African workers changed?

She confirmed that a nationwide survey under the auspices of the Durban District and Coastal Branch of the Nursing Association would be conducted "in the near future" to establish the full extent of the nursing crisis.

5. How has economic growth affected the position of interest groups?

Broadly speaking, economic growth may bring about four kinds of changes in the number and kind of interest groups represented:

1. Change in the number and kind of interest groups represented.
2. Change in the power potential of these groups through changes in size, social role, and access to resources.
3. Changes in the actual interests of these groups.
4. Changes in the tastes and attitudes of the members of the groups and the way in which groups are perceived by other groups.

Such changes result (a) from the changing structure of the South African economy, which has seen a shift from a subsistence agricultural economy, to an economy based on market agriculture, and latterly in the direction of an economy primarily on secondary and even tertiary industry: these changes meant both modifications in the structure of capital, and an increase in the size of the proletariat. Changes have also resulted (b) from the changing social situation of people, due both to mobility within a social structure and to general changes in life-style concomitant on an increasing standard of living. This second kind of change is obviously far less easy to measure. There is still, for example, heated debate about whether or not workers in most developed countries have become embourgeoisied. It is both difficult to establish a benchmark and also to lay down criteria of significance in trying to decide whether and what changes of this kind have taken place.

Once more speaking broadly, and ignoring the distinction between town and country, we can distinguish roughly between five different 'classes' (using the term 'class' in its traditional sense to mean a number of people all having the same relationship to the means of production).

Nurses want 54,5 pc more

DURBAN — Local nurses want no less than a 54,5 per cent increase in their existing salary scales, a questionnaire completed by Natal nurses has shown.

The chairman of the Durban District and Coastal Branch, Miss Heidi Brookes, said nearly 500 Durban nurses, who gathered with other Natal nurses at a mass multi-racial meeting at the Durban University on March 28, had indicated only a massive increase of 54,5 per cent would satisfy them.

This demand has been sent to the president of the South African Nursing Association, Professor Charlotte Searle, in Pretoria for consideration.

Miss Brookes said yesterday that although the local branch of the Nursing Association was "extremely grateful" to see that nurses had received their increases so promptly in April, the fight for better salaries still had to continue.

"Nurses are grossly underpaid and only an increase of that amount will put things right," he said. "An increase of 54,5 per cent is not such a terrific increase if one compares it to the salaries that doctors receive." — DDC.

future" to establish the full extent of the nursing crisis.

The vice-president of the South African Nursing Association, Professor Paddy Harrison, said in Cape Town yesterday the nursing crisis could be attributed mainly to a drastic shortage in ward sisters.

"Ward sisters are becoming a rare species in South Africa," said Prof Harrison. "It is the ward sister who is so badly paid, which is a bad mistake because she is vital to the nursing profession."

"Once the Nursing Association has won the battle for increased salaries for ward sisters, the entire salary scale will probably have to be restructured to enable increases for all."

A Durban emeritus professor of anaesthetics, Professor H. Grant-Whyte, said yesterday he "agreed with the nurses that they needed a 54,5 increase."

down, and, when more sophisticated techniques are used, increases possible, it had no positive motive for wanting wage increases. Control of labour was greatly facilitated by the early emergence on the gold mines of a recruiting monopoly and a collective agreement not to pay above a certain maximum average wage. This prevented the competitive determination of African wage rates through a free interplay of supply and demand, and had a pervasive effect through the whole range of African wages.

In analysing the changing capital structure in South Africa and in particular the growing predominance of industrial manufacturing capital, we need to investigate, firstly, its labour needs, and secondly its market needs.

54,5pc

NM 30/4/81

Durban's nurses call for huge pay increase

(95) ~~30~~ ~~26~~

By PENNY WILSON
DURBAN nurses expect no less than a 54,5 percent increase in their existing salary scales, a questionnaire completed by Natal nurses has shown.

According to the chairman of the Durban District and Coastal Branch, Miss Heidi Brookes, nearly 500 Durban nurses, who gathered together with other Natal nurses at a mass, multi-racial meeting March 26, said only a massive increase of 54,5 percent would satisfy them.

Nurses at the meeting were asked in a questionnaire what they considered to be a 'reasonable increase', and the answer — an average 54,5 percent — has been sent to the president of the South African Nursing Association, Prof Charlotte Searle, in Pretoria for consideration.

Miss Brookes said yesterday that although the Durban branch of the

Nursing Association was 'extremely grateful' to see that nurses had received their increases so promptly in their April pay packets, the fight for better salaries still had to continue.

'The branch has not yet carried out a survey among Durban nurses to find out exactly what their reactions are to the new salary structure,' said Miss Brookes. 'But I do know that there are many areas in which there are still numerous dissatisfied nurses.'

She confirmed that a nationwide survey under the auspices of the Durban District and Coastal Branch of the Nursing Association would be con-

ducted 'in the near future' to establish the full extent of the nursing crisis.

The vice-president of the South African Nursing Association, Prof Paddy Harrison, said in Cape Town yesterday the nursing crisis could be attributed mainly to a drastic shortage in ward sisters.

'Ward sisters are becoming a rare species in South Africa,' said Prof Harrison. 'It is the ward sister who is so badly paid, which is a bad mistake because she is so vital to the nursing profession.'

'Once the Nursing Association has won the battle for increased salaries for

ward sisters, the entire salary scale will probably have to be restructured to enable increases for all.'

A Durban emeritus professor of anaesthetics, Prof H Grant-Whyte, said yesterday he 'agreed with the nurses that they needed a 54,5 percent increase'.

'Nurses are grossly underpaid and only an increase of that amount will put things right,' he said. 'An increase of 54,5 percent is not such a terrific increase if one compares it to the salaries that doctors receive.'

'What must be emphasised is that doctors cannot do without nurses.'

less baaskap and more separate freedoms. In itself however this drift to 'pragmatism' has resulted in almost no real social changes favourable to the majority; what 'changes' there have been, have invariably been merely the tactical adjustment of some (usually ideologically derived) regulation where and where this is considered profitable (e.g. the flexible sports and diplomatic policy, and the recent change in the face of, though not in the real role of the labour laws). This drift to 'pragmatism' and some other measures such as the earlier creation of African quasi-governments in the Bantustan (a gloss to the migrant labour system promoted as we argued for more basic reasons), are then simply devices used to try to mislead people, both internally and abroad, into imagining that the whole system is undergoing (or is about to undergo) a process of fundamental reform. In reality it is undergoing nothing of the kind. What we are witnessing in this regard is not therefore some omen of the system's 'reform from the top' but an increasingly sophisticated use of ideology as a means of its defence.

Several far-reaching conclusions follow from this type of analysis (of which the above is only one sketchy outline). The first and fundamental is that basic source of black hardship is their economic exploitation at the hands of local settler and foreign capitalist interests (these becoming increasingly 'integrated' in line with the world wide trend). All other forms of black hardship are subsidiary to this and thus the majority will not be truly free until the society is transformed into one not based on such exploitation. Secondly, since important classes derive their membership of the ruling bloc primarily from their control of state power, they will not lightly hand over that state power to other (even white capitalist) interests regardless of niceties of parliamentary convention, or any other such irrelevant consideration. Nor since all classes thus dependant still need the coherence of the bloc as a whole, it is likely that even sectional privileges will be dismantled in the near future. (Though 'pragmatism' to the extent that it might anything at all, probably means that some elements within each class in the ruling bloc are prepared to meet some part of struggling black workers' demands, under circumstances when the costs of repression of the costs of the bloc seem too high - as e.g. Oct. 72-Feb. 73 - at the expense of the other members of the bloc: foreign capitalists at the expense of white workers' privileges and the hardships caused by the migrant labour system favourable to rural bourgeois interests, the settler bourgeoisie at the expense of strict job reservation and foreign profit, white workers at the expense of foreign profit.) Thirdly, the ideological changes now apparent a new means of defending the system which liberal analysis is not really

Indian sisters get more pay in white hospitals

W. Mercury 1/5/81

Nurses quit

Mercury Reporter

EIGHT Indian sisters from St Aidan's Hospital in Durban have quit in search of more pay and benefits at Entabeni and St Augustine's hospitals, Dr E K Seedat, superintendent of the hospital, said yesterday.

The move by Indian nurses from black hospitals to white hospitals follows an announcement earlier this year by Mr Frank Martin, MEC in charge of hospitals, that Natal was to employ nurses regardless of colour, and also because of the shortage of white nurses.

Dr Seedat said all the senior nurses had quit because of more pay, better bonuses and other fringe benefits offered at white hospitals.

Some nurses who have left St Aidan's say they had been offered substantial increases which could not be matched by black hospitals, said Dr Seedat, adding that his hospital was unable to offer better salaries because the pay was determined by the Provincial Council.

An Indian sister who joined the staff of the Entabeni Hospital said yesterday that she was receiving R100 more than she got at St Aidan's.

She said Indian nurses had been promised attractive bonuses and fringe benefits at white hospitals.

Dr Seedat denied that the eight sisters had quit their jobs for any reason other than for more pay.

The exodus of Indian nurses from black hospitals was expected to increase following a move by St Augustine's to train their own Indian nurses.

The move is unlikely to affect St Aidan's Hospital, Dr Seedat said.

Meanwhile, nurses there are still unsure of salary increases.

Dr Seedat said the hospital had not received notification of the new salary scales, but even if they were received late the nurses would be paid retrospectively from April 1, he said.

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Nurses
RDM 1/5/81
put a 95
dampener
on 'wet'
contest

By SUE ROBERTSON
SCORES of provincial nurses are up in arms over a "Wet Nurse" competition that was advertised recently by the South African Nursing Association.
The nurses feel the competition name - no details of the contest were revealed - is degrading, has crude connotations, and destroys the image of nursing.
And at least 50 nurses from a large Johannesburg provincial hospital are arranging a petition objecting to the competition. They will present the petition to the nursing association.
But the executive director of the nursing association, Miss Ralie du Plessis, said yesterday: "Do you think that I would arrange anything that would degrade nurses? All they have to do is parade in bathing costumes."
A nursing sister told the "Mail" yesterday she had read about the contest in the latest edition of Nursing News.
The nursing association had advertised a cut-price weekend at the Pietersburg Holiday Inn at the end of the month for association members.
The "Wet Nurse" contest was organised as one of the activities during the weekend.
Said the sister: "In English the word 'wet nurse' has very definite connotations - it means breast feeding another woman's baby. But in Afrikaans they have labelled the contest 'Mejuffrou Soogvrou', which sounds disgusting."
Translated, "soog" means either care, mother or suckle.
"We are interested to know what this competition entails."
"Do the judges want us to breast feed for them or are they going to judge the nurses by the size of their anatomies?" she asked.
However, Miss du Plessis would reveal only that the girls had to parade in their costumes when the "Mail" approached her.
"This weekend was organised to give them a chance to get away from all their problems and now they call up the newspaper and complain."
"I'll just call it off, if that's their attitude," she said.

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PLEASE CIRCLE ITEMS REQUIRED

PLEASE CIRCLE ITEMS REQUIRED

Hospital's extensive drive for nursing recruits

N. MERCURY 7/5/81

Mercury Reporter

A CRITICAL drop in the yearly intake of student nurses has caused one of Durban's hospitals to launch an extensive recruitment drive.

Miss Patricia Thornton, deputy matron of Entabeni Hospital, said yesterday that the hospital was hoping to get 60 student nurses at the beginning of this year — it only got 30.

She said there was always a 50 percent drop-out of student nurses at the end of the year, but this was usually met by the intake the following year.

But because of the poor intake over the last couple of years the shortage of nurses has reached a critical stage.

Miss Thornton said bad reports nurses had been getting over the last couple of weeks had not helped the situation.

The shortage of nurses is critical — we will not be able to improve the hours that nurses work until we are able to rectify this shortage.

The bad reports are merely scaring people away from nursing.

Because of the shortage we will be launching a massive recruitment drive during the July holidays.

We will be having an open day during which anyone interested in nursing may come and look around the hospital, she said.

Miss Thornton said they had written to schools inviting them to bring pupils interested in nursing to tour the hospital.

Overtime

'saves'

Natal Mercury

8/5/81

95 *48*

Addington

Marked decrease in student nurses

Mercury Reporter

THERE was a marked decrease in this year's intake of student nurses at Durban's Addington Hospital but the situation was not yet critical because nurses were putting in a lot of overtime, the Medical Superintendent, Dr Margaret Barlow, said yesterday.

She said this after Entabeni Hospital reported a 50 percent drop-out of student nurses at the end of last year and an intake of only 30 this year when it was hoping to get 60.

As a result of the critical drop, Entabeni Hospital was launching a massive recruitment drive during the July holidays. The hospital would have an Open Day and encourage schools to bring pupils to tour the hospital.

Dr Barlow said yesterday that she had no figures available, but this year's intake of student nurses at Addington Hospital was 'definitely down' in comparison with previous years.

This was probably because of bad newspaper reports and because sala-

ries 'aren't what they should be', she added.

Further problems included the difficult hours nurses had to work and transport problems — 'because of the hours it is virtually impossible for the girls to catch a bus'.

'Fortunately, however, the situation is not yet critical because the nurses are carrying a walloping extra load when it comes to putting in overtime,' Dr Barlow said.

The senior spokesman for St Augustine's Hospital was not available yesterday to comment on the situation there.

NURSES' PAY
M 8/5/81 95
Plan to Pretoria

The bitterly opposed wage discrepancy between black nurses and their white and coloured counterparts has pushed black nurses into action.

Last week black nurses in the western

Cape met at Guguletu to discuss their working conditions and grievances. They decided to send a delegation to Pretoria to meet the head of the SA Nursing Association (Sana), Professor Charlotte Searle and, ultimately, the government. The major issue: wages.

When government announced public servant salary increases recently, coloureds and Indians, from registered nurse status upwards, were granted parity with whites. However, black nursing staff "were cut off completely." Currently, black nursing sisters get R200 a month less than coloured colleagues.

With the western Cape earmarked as a coloured and white job preferential area, black nurses are not considered for employment in state hospitals. After training — there are no training facilities for blacks in the area and they must travel to the eastern Cape or Transkei, or even further afield — blacks are restricted to working in day hospitals and clinics in the townships, or nursing whites in old-age homes.

"We rot away in the clinics and leave our jobs only when we retire. There is no scope for young black nurses," says a leading member of the WP Black Nursing Association.

However, Cape director of hospital services Dr Radie Kotze says, "I'm not aware of black nurses who are qualified to fill the jobs that are vacant."

He says he is unaware of unemployment problems at hospitals and puts any grievances on this score down to the claim that black nurses "don't want to work in their own areas."

Sands suffered same pain as thousands of SA children

Own Correspondent

JOHANNESBURG. — IRA terrorist Bobby Sands took 66 days to starve to death and he suffered the same pain that 100,000 black South African children suffer every year while dying from diseases related to starvation.

There are four stages in a starvation death during which time the victim's organs disintegrate leaving him a mere skin-covered skeleton although his mental faculties remain unimpaired.

Professor Duncan Mitchell of the University of the Witwatersrand's department of physiology outlined the deterioration of the body of a person dying from hunger as in the

case of Bobby Sands.

During the first few days, according to Professor Mitchell, the carbohydrate stores in the body are used up leaving the striker with a metabolic situation similar to that of a sportsman after gruelling exercise.

The intense sensation of hunger which bombards the starving striker for the first three or four days disappears. This is not true though of semi-starved people who remain ravenously hungry.

Once the carbohydrates are used up the body begins feeding off its own fat — a period that lasts for about a month.

During this time the person encounters problems similar to a dia-

betic, the single biggest problem being that the blood becomes increasingly acid.

The person also experiences mood changes and emotional problems. He becomes apathetic, irritable and generally loses his motivation and drive. As in anorexia nervosa sufferers, women will no longer experience menstrual periods.

It is at this stage that a hunger striker is likely to give up his strike.

At the end of this period body weight will have dropped by a quarter but the person will not necessarily look thin. The mechanism preventing water accumulation breaks down and the person will start storing water.

Once the fat is used up the body starts burning up proteins from other parts of the body such as the muscles and liver.

This is a critical stage and the person usually does not last longer than a week or two because the body uses to supply energy, components necessary to maintain other body functions.

The one organ that the body does not feed off and whose function it retains to the bitter end is the brain. In spite of mood changes, intellectual function is maintained surprisingly well and the ability to reason does not change till the person is very close to death.

When the body has used up the

final proteins and the body can no longer meet demands for energy, the person becomes comatose and dies.

Professor Mitchell said that people who starve to death do not suffer agonising pain. They experience a great deal of discomfort and pain from sitting because of the wasting of the body tissues, which means that they sit on bones. They lose their hair and nails, their skin becomes thin, wounds fail to heal and they have muscle cramps.

If a hunger striker decides to break his fast doctors have to treat him very cautiously. As parts of the intestinal tract for digestion and absorption waste away food cannot

be absorbed or digested.

There is also a high risk of heart failure if the person is fed intravenously. Blood vessels which have become constricted cannot be suddenly expanded so that added fluid imposes a dangerous load on the heart.

"I find it somewhat distressing that people are grieving about Bobby Sands whose death was self-inflicted when in this country we have 100,000 black children dying annually from diseases directly related to not having enough food.

"These children continually feel the same kinds of things Bobby Sands was feeling and they certainly haven't inflicted it upon themselves," Professor Mitchell said.

C.T. 8/5/81 (95)

'Blacks paid 26 pc less in hospitals'

Argus 14/5/81

PS
MS

Medical Reporter

WHITE employees in provincial hospitals are paid, on average, about 26 per cent more than their black colleagues, a Cape Provincial Administration employee has claimed.

And another employee — a hospital clerk with a Standard 8 certificate, who has been working for more than 13 years — said the pay situation was so bad 'I get a lump in my throat and tears in my eyes when I see my white co-workers at the bank.'

The two workers, both of whom were afraid to be named for fear of victimisation, were commenting on an Argus report that provincial authorities placed a higher value on 'white' education and that black workers were paid less even if they had higher educational qualifications.

The report appeared on April 20.

'Today many white posts are being filled by blacks because the whites refuse to work for the low provincial salaries,' said the hospital clerk.

'WHITE MONEY'

'Yet the coloured people who fill the posts of the whites are not earning "white" money,' she said.

The other employee gave The Argus a list of the 'improved' provincial salary scales, which indicated that salaries for white workers were from 18 to 34 percent higher than those paid to black workers.

A white working as a senior housekeeper, storekeeper or nursing assistant with a senior certificate would initially earn a monthly salary of R262,50, with an average ceiling of R450 a month, according to the list.

COLOURED

Coloured people working in similar posts would start at R226,50 a month, with a ceiling of about R350.

A coloured head porter with a Standard 6 pass was paid R316,50 a month at first, with a maximum of R412,50. A white head porter initially receives R432,50 a month which was eventually increased to R637,50.

A white store superintendent receives from R637,50 to R787,50 a month, while his coloured colleague's salary started

at R517,50 and reached a ceiling at R607,50.

White nursing assistants with Junior Certificates earned about R194,50 a month, coloured nursing assistants received about R180,50 a month, African men working in the field were paid R121 and African women earned about R110,50.

Nursing assistants with Senior Certificates were paid about R262,50 if they were white, R226,50 if they were coloured, R166,50 if they were African men and R152,50 if they were African women.

Dr R L M Kotze, the Cape Director of Hospital Services, who previously refused to confirm the salary disparity between the races, is away and could not be reached for comment this week.

'Nursing would need eight years to recover — even now'

S. Express 17/5/81

95 MAY

ONE BED FOR 300 PEOPLE

By DEBRA CLEVELAND

NEARLY a quarter of the beds at the Kempton Park hospital have been closed due to lack of nurses.

This means there is now only one bed to every 300 residents in the Kempton Park area.

The hospital serves a community of about 75 000 people and has a capacity of 320 beds. Seventy of these have been closed.

In an interview with the Sunday Express this week, the superintendent of the hospital, Dr L. M. van Schalkwyk, said the nursing crisis had reached critical proportions.

"Even if something is done now, it will take eight years for hospitals and the nursing profession to recover," he said.

The hospital had 180 posts open for student nurses, 70 of which had been filled. Only seven student nurses applied to train at the hospital this year.

Thirty of the student nurses are always away at college, leaving the hospital with only 40.

"School leavers are just not being attracted to the nursing profession, both because of the salaries and the bad publicity given to nurses," Dr Van Schalkwyk said.

"And qualified nurses are resigning — they're overworked and can earn more in the private sector."

Nurses who spoke to the Sunday Express this week said that although they loved their work and knew the hospital sympathised with them about the work overload, they were thinking of resigning because salaries were impossible to live on.

"Depending on my salary increase, I might have to look elsewhere for a better-paid job. I would hate to leave because I love working at the hospital. There's nothing like that feeling of adrenalin during an operation or when a patient is critically ill, and you're working damned hard to keep him alive," said one.

Doctors interviewed at the hospital felt that prerequisites for nursing should be extended to Standard 8 school leavers. "They should stop the matriculation

certificate, and should allow any girl to become a qualified sister. I can tell you these girls would make the best practical sisters.

"Something has got to be done very quickly."

He said the shortage at this stage was so bad that operations were having to be postponed.

"We're booked up months ahead because we simply don't have the nursing staff either to help with the operations or to give care to patients in hospital after an operation."

Another nurse at the hospital said that because doctors were allocated only a certain number of beds, they had to operate

elsewhere — either at other hospitals or at private clinics.

"They have so many patients that can't be fitted into the hospital, some of whose operations have already been cancelled twice so far. They've got to operate elsewhere to keep up the demand."

She claimed that patient care was not what it ought to be.

"We are so busy doing our own jobs, and doing nurse's work because there aren't enough, that we don't even know where our patients are lying or how they are."

The surgical ward — which could have anything from 18 to 22 patients in it — was staffed by one student nurse.

"There is a sister in charge of the ward, but she can't be there all the time. All the patients in the ward are orthopaedic and heavy-duty nursing cases so that nurse is working incredibly hard."

"Although the hospital has high standards, these have obviously had to drop."

"The maternity ward is like a conveyer belt. We deliver babies as fast as we can and try to send the mothers home as soon as possible so we can give the beds to other people."

"It's so undignified for everyone concerned. There's no time for reassuring the mother, or the father who's left standing around like a spare part."

"As soon as she's had the baby and we think she's okay, we send her home. Of course,

that's not always absolutely safe, but the beds are desperately needed."

A baby had died in the neonatal unit last year where there was only one student nurse on duty.

"If there had been a paediatric nurse on duty, I'm sure that baby would not have died," the nurse said.

Dr Van Schalkwyk said the shortage was showing specifically in medical, surgical, maternity and children's wards.

"If patients can be treated as outpatients, they go home as soon as possible. Only people that really need it are admitted here out of necessity."

"We never refuse emergency patients. Even if we cannot cope, we'll never refuse them treatment. We send them either to the Johannesburg Hospital or to one in Pretoria."

He said that many non-emergency operations had to be postponed, but that if they involved no overnight care, the hospital could cope and still averaged about 600 operations a month.

Although there are eight theatres in the hospital, only four are used because the staff cannot cope with more.

There is one intensive care unit with five beds, which according to Dr Van Schalkwyk, will always be open.

○ The Department of Health's 1980 annual report shows that nearly a quarter of posts in South Africa are vacant, and that some services run the risk of collapsing.

The report showed a shortage of nearly 30% of nursing staff in posts from sister to nursing assistant.

Superintendents from both the the Edenvale and South Rand Hospitals said this week that they too had closed beds as a result of the nursing shortage.

The South Rand Hospital has closed 116 of its 412 beds.

Row over KwaZulu nurses' membership

N. MERCURY 20/5/81

95

Minister attacks South African organisation

Mercury Reporter

ULUNDI—A row has erupted over the attitude of the South African Nursing Association (Sana) towards having nurses from KwaZulu in their ranks.

The KwaZulu Minister of Health and Welfare, Dr Dennis Madide, last night

threw down the gauntlet to the white-controlled association and challenged it to say whether they were prepared to sit down with KwaZulu nurses and discuss ways whereby they could retain membership of the body or whether they wanted to throw them

out of this organisation.

Delivering his policy speech in the KwaZulu Legislative Assembly, Dr Madide traced the background to the dispute.

He said that in June, 1978, an agreement was entered into between representatives of the S A

Nursing Council, Sana and the KwaZulu Department of Health and Welfare, enabling the council to continue its activities in KwaZulu.

In July, 1980, however, KwaZulu nurses were informed by Sana that they had to establish their own association.

Dr Madide said nurses from KwaZulu were not keen to establish an independent nursing association since they saw this as being in conflict with the policy of their government, which had rejected independence.

Sana subsequently declared that full membership of the association by nurses in black States was not legal, he said.

'It will be seen therefore, that the white bosses of Sana have adopted the policy of expelling our nurses on the pretext that it is illegal for them to belong there,' Dr Madide continued.

Recent statements to the Press by officials of Sana to the effect that the association had gone multiracial were nothing but 'cruel deceit', he declared.

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KDM 20/5/81
Nursing crisis closes wards

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- 18 Van der Horst, Women as an Economic Force in Southern Africa.

BLOEMFONTEIN. — A total of seven wards containing 200 beds in two Bloemfontein hospitals will be closed with immediate effect, the leader of the Free State Provincial Council, Mr Humphrey Simes, said yesterday.

The affected hospitals are Universitas and the National. The closure affects 25% of the total number of wards at both hospitals.

The closure of the wards was blamed on a severe shortage of nurses.

Mr Simes outlined possible steps that could be taken to alleviate the critical shortage of nursing staff. These included:

- Urgent appeals to the Gov-

ernment for better salaries for nursing staff:

- The establishment of an external nursing college, similar to a teachers training college:
- Greater involvement of the public, especially women's organisations:

- National service for girls should be considered by the Government, and
- Steps should be taken to encourage retired qualified nurses to re-join the profession.

Mr Simes said the decision to close the wards had been taken "out of consideration for the nursing staff, whose health was being affected.

Mr Simes said the wards would be re-opened as soon as possible. -- Sapa

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Atlantis has 2 doctors, 5 sisters

CT 21/5/81

21 95

Staff Reporter

TWO doctors and five nursing sisters were catering for the medical needs of a 30 000 population in Atlantis, the chairman of the Atlantis action committee, Mr Jeff Leonard,

said this week at a ratepayers' meeting.

The meeting which was held in the Avondale civic centre in Atlantis was called to discuss medical, police, electricity and water ser-

vices and several other problems facing residents since they moved to the town.

Speaking to a crowd of more than 600 ratepayers, Mr Leonard said the fact that they had to pay one cent more for their bread was political. But Mr Leonard said he did not want to talk politics at the meeting.

"All that we want is to be treated as people," Mr Leonard said.

Mr A J van Aswegen, a member of the action committee, said Atlantis had two doctors who only worked a five-day week.

Mr Van Aswegen said there were only five nursing sisters to serve the whole population in Atlantis.

Replying to Mr Van Aswegen's charges, Mr Leonard said Atlantis must be the only place in South Africa where nursing sisters prescribed medicine for patients.

He said it was regular practice for the nursing sisters, who were heavily overworked, to use their own discretion to issue prescribed medicine. This had come about because of the shortage of doctors, he said.

Quoting soaring crime figures in Atlantis, he said that every year since the police station opened in 1977 the crime rate had climbed.

"This government finds the money to bring ships from the Republic of China on government expense, for what in my opinion is a white festival, and yet they can't pay our policemen the money to look after us," Mr Leonard said.

Mr Leonard said the government could find money to bring Taiwanese soldiers to South Africa at a cost of millions of rands yet could not pay Atlantis policemen proper salaries.

Equal pay call

Factory workers in Atlantis should be paid the same wages as in Cape Town and not the Boland, Mr Leonard said to loud cheering from the packed civic hall.

Another member of the action committee, Mr Andrew Lottering, said something had to be done about the R2,50 a month service charge on electricity bills in the town.

He said ratepayers were receiving their bills late and they had to pay interest on their accounts.

Mr Lottering said Atlantis had to pay the same price for water as Mitchell's Plain yet their water was hard and brackish.

He said a survey had shown that the alkalinity and salinity count was highest in Atlantis water but residents were paying the most for their water.

A pensioner at the meeting told the committee that his lights were often cut off because he received his pension on the 19th of the month and the electricity bill came on the 5th.

Aug 25/5/8 (95) (87)

Nurses' pay issue

Medical Reporter

MR P J LOUBSER, MEC in charge of hospital services, today met several members of his department to discuss the repayment of an increment paid last year to coloured nursing sisters.

A spokesman for the department said a statement would be issued later.

It is understood that all

coloured and Indian nursing sisters have been ordered to repay the R630 increment they received at the end of last year in an attempt to eliminate the salary disparity between black and white nurses.

Miss G Arkell, the chairman of the Coloured Advisory Committee to the board of the South African Nursing Association,

today declined to comment.

A spokesman for the department of hospital services said that whenever nurses received increases they were notified that if there had been a mistake in the amount they had been paid they were expected to repay the money.

Nurses CT 25/5/81 ordered (74) (95) to repay raises

Staff Reporter

BLACK and coloured nursing sisters have been ordered to pay back to hospital authorities their R630 annual increment.

The increment was paid out to all black trained nursing sisters at the end of last year in a move aimed at achieving parity in the salaries of white and black nursing staff.

The "repayment" order, given about two weeks ago, also affects coloured and black para-medical staff such as radiographers.

A nursing sister told the Cape Times yesterday that circulars were sent out to all coloured and black nursing sisters informing them that they had to pay back their R630 increment. At one hospital, trained sisters were called in individually by the matron and told of to repay their increment. No reason was given for the move.

Without consulting the nurses, hospitals have decided to deduct R17.50 a month from their salaries to make the repayment.

"We feel this is very unjust. We were promised parity and now they are demanding that we pay back our increment. Thousands of nurses and para-medical staff are affected. We don't have a mouthpiece and can't say how unhappy we are about this issue," said the sister, who asked not to be identified.

She said a "great disparity" existed in the salaries of white and black nursing sisters and black nurses had welcomed the increment as a "positive move" toward achieving parity.

The director of hospital services in the Cape, Dr R. L. M. Kotze, said last night that he could not comment as relevant details were at his office.

CT 26/5/81
Nurses 'were
paid too much'

Staff Reporter

THE MEC in charge of hospitals, Mr P J Loubser, said in a press statement yesterday that repayment of salary increases by coloured nurses and paramedics had been ordered by his department to bring about parity in pay scales between race groups.

"The relevant ruling entailed only the repayment of part of one month's increase which is in the vicinity of R50 and was, in fact, done to bring about parity. This concerns only coloureds and also only certain of them in the ranks of sister and senior sister and, with regard to paramedics, only radiographers and senior radiographers.

If payment was claimed from blacks it would only be in respect of individual errors and not as a group." Mr Loubser said.

"What actually happened

is that the original adjustment scales issued by the Commission for Administration would have had the effect that parity would not have been brought about, insofar that in some cases coloureds in the categories concerned would have been better off than their white counterparts."

All hospitals were aware of the facts and it was difficult to believe that they would not have informed fully all staff concerned. It was standard practice with all salary adjustments to inform the person receiving the increase that any incorrect overpayments would be recoverable.

Mr Loubser said he regretted that "certain news media" had without establishing the facts released a report which upset certain nurses and created "an image of heartlessness" on the part of the department.

Nurses' spokesman gets threat from chief

NM 2/12/81
By PENNY WILSON

ONE of the most outspoken spokesmen for nurses in Natal, Miss Eileen Brannigan, has been threatened with 'disciplinary action' by the Director of Hospital Services, Dr V A van der Hoven, for speaking to the Press and for painting an 'unsavoury picture' of the nursing profession.

Miss Brannigan, who led thousands of Natal nurses in a massive rally held at the Durban University in March this year in protest against low salaries and working conditions, yesterday confirmed she had been hauled up in front Addington's chief matron and Dr van der Hoven and told to 'keep her mouth shut'.

She was threatened with disciplinary action by Dr van der Hoven who told her she faced either a fine or suspension if she did not curb her activities in her fight with many other Natal nurses for higher pay and improved conditions.

When she asked why such action should be taken against her, Dr van der Hoven replied that she had given an 'unsavoury picture' of the nursing profession, and had put hospital authorities in a bad light.

Victimisation

He was reported to have said that by speaking to the Press the facts about the nursing shortage in South Africa and the nursing profession had also been highlighted.

Dr Fred Clarke, MEC in charge of Hospitals, last night stood by his recent statement made at a mass meeting of nurses that he would not permit the



EILEEN Brannigan
... hauled over the
coals.

victimisation of any nurses. 'I will not permit the victimisation of those who legitimately and freely give constructive ideas on improving nursing, and the problems nurses are encountering.'

'It is quite obvious there are communication gaps between nurses and the administration. I intend to investigate ways of improving nursing conditions identified by nurses themselves as being detrimental to the appeal of the profession for those wishing to become nurses.'

Dr Clarke said that nurses could not speak to the Press because of their professional code of conduct.

Miss Brannigan; in the

■ TURN TO PAGE 2

downright threat, says nurse -

4/6/81

15

In interview in Pietermaritzburg yesterday, Dr van Hoven was reported to have said he felt deeply upset by a suggestion that he had threatened Miss Brannigan, and there was 'no threat involved whatsoever'.
He said he had merely given Miss Brannigan a 'gentle nudge to be careful in the future'.
When referring to a Mercury report yesterday that Miss Brannigan had confirmed she had been 'threatened' with a 'punch' by Dr van der Hoven for speaking to the Press and placing hospital authorities in a bad light, he also denied he had participated in any such innuendo or comment on during reports in the Mercury

but, when asked for comment yesterday, Dr van der Hoven once again 'declined to comment'.

Miss Brannigan, one of Durban's most outspoken nurses and leader of thousands of 'Natal nurses in a protest rally held at the Durban University in March this year against adverse working conditions and low salaries, said yesterday she knew that 'legally' she had 'done nothing wrong'.

'How can Dr van der Hoven call his warning to keep my mouth shut "genetic"?' she asked. 'When a nurse is hauled up before the Director of Hospital Services in Natal, who has travelled especially from Pietermaritzburg to confront me, it's nothing but a threat.'

I have never made formal Press statements which Dr van der Hoven warned me I was not entitled to do as a nursing sister. But as an individual I have every right to speak to the Press.

Miss Brannigan said if she were dismissed for 'sticking her neck out', she would take legal action.
'The first thing I did this morning was to contact my lawyer to see where I stood legally,' she said.

Miss Brannigan said she and Dr van der Hoven had left their meeting on 'amicable terms' and on the agreement that she had done nothing legally wrong according to nursing profession regulations.

7 wards closed. doctors angry

Own Correspondent
BLOEMFONTEIN — Private specialists here are up in arms against the Provincial Administration's closure of seven wards in the Universitas and National hospitals because of a shortage of nurses.

Several doctors may leave the province, while others may open new practices in towns where the shortage of nurses is not as acute as in Bloemfontein.

Tomorrow a meeting for the medical profession in Bloemfontein will be held, when the founding of a private hospital, so far prohibited by ordinance, will be discussed.

This emerged from interviews with specialists and Mr A Spies, an auditor acting for many doctors.

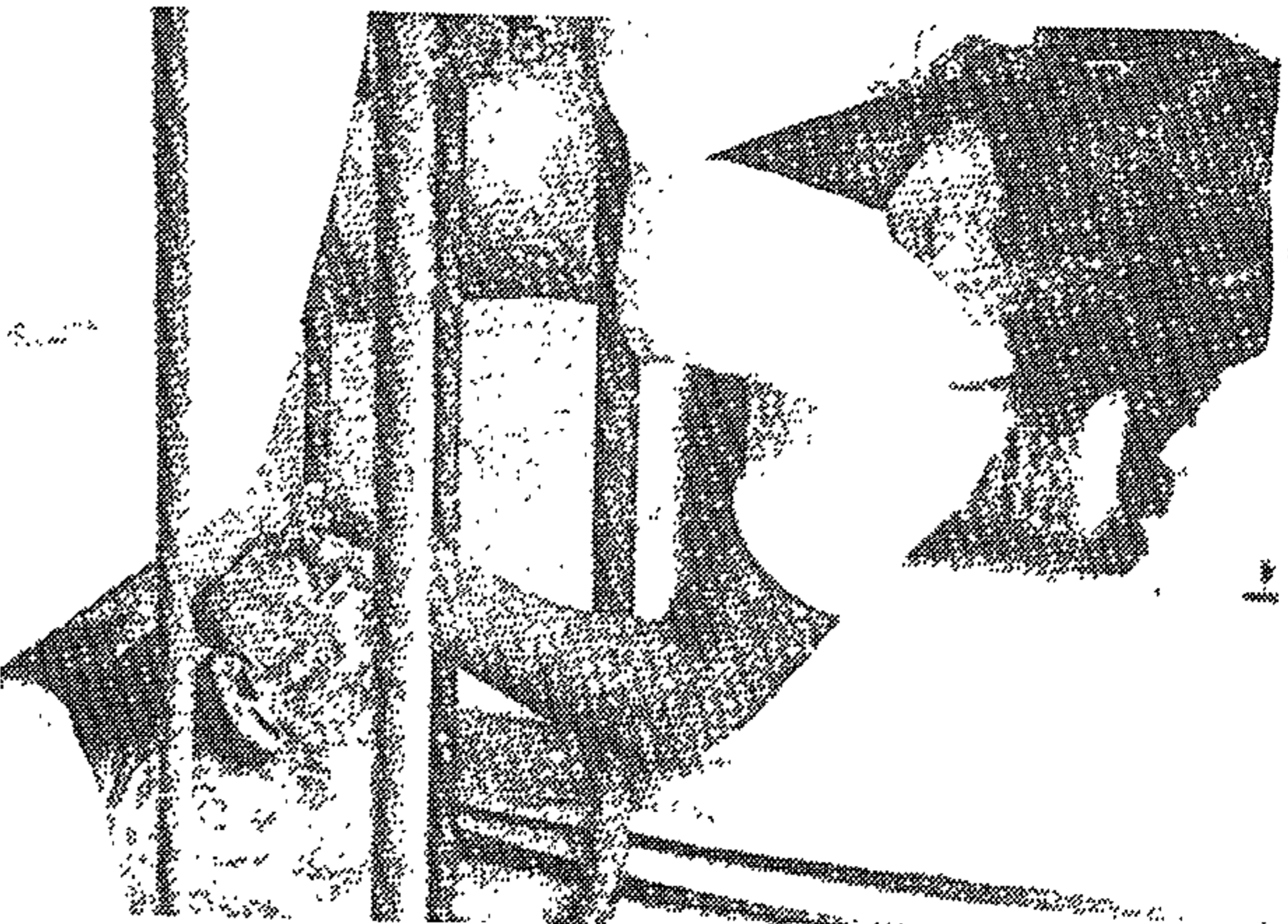
Mr Spies said doctors felt "very hot" about the closure of wards and the

decrease in the number of beds allocated to them. The province was not able to provide enough nurses, but what must a gynaecologist do when his patient is dying?

"Must a urologist remove a patient's prostate gland in his sitting room?" he asked.

He also said the income of "theatre intensive" specialists, like gynaecologists, urologists, eye specialists and orthopaedic surgeons might be halved through the reduction of beds.

A specialist said that when previous attempts were made to establish a private hospital the administration said enough beds would be provided in the "new" hospital Universitas, but the situation had now changed. There would be good grounds for a re-application for a private hospital now.



Big shortage, but SA nurses being sought to take up US posts

S. Express 7/6/87 95

They may be exploited

world and had received excellent reports from American Hospital.

"So far we have received a fairly good response from

nurses interested in working in America. The South African Nursing Association need not be afraid that we are going to come to South Africa with the sole intention of luring its nurses away.

"All we will be doing is offering experienced nurses the opportunity to travel and gain more experience."

Mrs Shore said the reason for trying to recruit nurses was that privately-owned hospitals were springing up all over the US and causing a shortage of trained nurses.

Dr Johan de Beer, Director-General for the Department of Health, Welfare and Pensions, said he had issued warnings about recruiting campaigns in the past.

"It is by no means a bed of roses in America and we have had cases where nurses have been recruited only to find themselves working in conditions that were not as favourable as they were made to believe."

● Skilled nurses are in demand all over the world and good qualifications can be passports to most countries.

UK nurses offered 'sunny rewards'

LONDON — British nurses are being lured to South Africa with promises of "sunny rewards in the Golden City's newest, most modern hospital".

The advertisement, which appeared in the Nursing Times on May 21, is part of a concerted drive to boost the declining number of nurses in the Transvaal and at the Johannesburg Hospital.

The advertisement offers state registered nurses under 46 years of age a free air passage to South Africa. The benefits it lists are a high standard of living and low personal taxation "so the salaries we offer go a long way".

It claims the rand now has the buying power of the pound and living costs in South Africa are 30% lower than in the UK.

"Come and share in our prosperity and excellent service benefits", it said.

BY JENNY DYER

These esoteric enticements are unlikely to be enough for the average British ward sister who can count on a salary of £5 309 (R9 000) a year after completing training.

This salary, depending on years of experience, increases to a ceiling of £6 807 (R11 500) with the opportunity of being promoted to a higher grade without further study.

The starting salary is £3 104 (R5 300) for a student nurse. These scales apply to nurses working for the National Health, but those who choose to work in private clinics can expect much higher salaries.

It is understood a South African recruiting team has already arrived in the UK, but have not yet started interviewing applicants. Among them is said to be Dr Neville Howes.

SOUTH AFRICA'S hospitals are reeling under a crippling shortage of nurses which has forced wards in various parts of the country to close. And this week a Canadian team arrives to recruit local nurses for America.

At the same time, the superintendent of the Johannesburg Hospital, Dr Neville Howes, is searching for nurses in Europe to help counteract the drastic shortage.

Recruiting Registered Nurses, from Ontario, Canada, arrive on Wednesday to interview nurses interested in "excellent nursing opportunities in America".

Miss Ralfe du Plessis, executive director of the South African Nursing Association, said it was the second time the team would be recruiting in South Africa.

But Miss Du Plessis said she had doubts about the success of the campaign because of a fear that the nurses would be exploited.

"I have got nothing against other countries recruiting our nurses. All I want is the assurance that our nurses will be given a good rundown of all the facts and figures."

Miss Du Plessis said respondents to the recruiting campaign would be required to write board examinations before being accepted.

If they were accepted by the team the nurses would be granted visas and work permits.

"But when a South African nurse arrives in America she starts off working as an unregistered, unlicensed nurse.

"Every state in America has its own registration board and nurses must sit for a state licensing examination."

Miss Du Plessis said very few South African nurses passed their first state examination because of the difficulties encountered with Ameri-



● Dr Neville Howes, superintendent of the Johannesburg Hospital, searching for South African nurses.

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PLEASE CIRCLE ITEMS REQUIRED

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Part-time plan for nurses

Star 12/6/81 95

By Erik Larsen East Rand Bureau

Edenvale Hospital has launched a new scheme to try to attract nurses to the hospital on a part-time basis.

The scheme is aimed at ending the serious nursing crisis presently being experienced by the hospital.

According to Dr Gorge Perling, superintendent at the hospital, part-time nurses can earn up to R54 a shift. They will be paid a standard rate of R4,50 an hour.

He said the hospital was hoping to attract women who held down day-time jobs but would like to earn extra money by putting in a few night shifts a week.

The scheme is also aimed at attracting nurses who have given up their profession because home commitments prevented them from working night shifts and weekends.

He said the nursing shortage was presenting the hospital from opening the recently-completed orthopaedic ward which is the first of its kind on the Reef. It will deal mainly with spinal injuries.

About 16 nurses are required to run this ward.

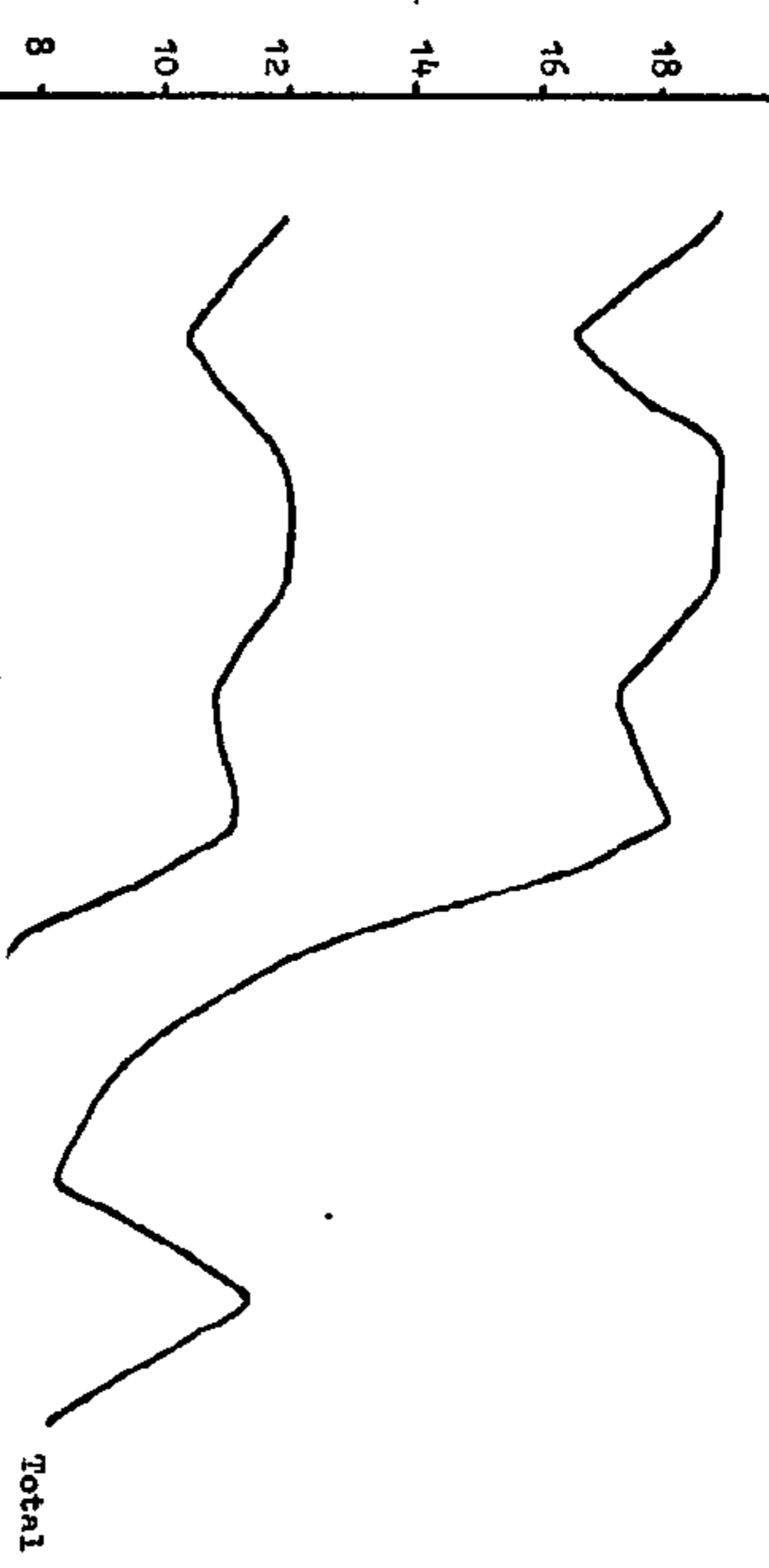
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PLEASE CIRCLE ITEMS REQUIRED

Graph 5
Number of Patient days in drip room, Red Cross
Children's Hospital 1967-1977



These principles are:

- 1) To establish a separate clinic for diabetics.
- 2) To see patients very frequently.
- 3) To place emphasis not on their diabetes but on their weight.
- 4) To give dietary instruction at each visit.
- 5) To introduce partial group therapy. Patients are seen together, weighed together, their records taken together, and then they are taken aside and talked to individually.

In addition to the diabetic clinic, most Day Hospitals run a 'diet club' run along the lines of the 'Weight Watchers' club. Following the group weighing session at which losers are applauded and gainers fined, the patients are given a rigorous session of exercises, to encourage them to follow

Untrained act as nurse-aids

Medical Reporter

THE nursing shortage at Somerset Hospital has become so desperate that women initially employed in non-nursing positions now have to work as nurse-aids, a hospital source said yesterday.

The source, who did not want to be named because of the fear of victimisation, described the situation as 'laughable' reports that a ward might have to be closed because of a lack of patients.

If Ward 7, a 34-bed medical ward, was shut down, it would definitely

be a result of the shortage of nurses, he said. The situation had become so 'shocking' that women who were employed to assist with general cleaning and ward had been co-opted to attend to patients in a nurse-aid capacity.

It is believed that if Ward 7 were closed four beds on the floor would remain open for use as an intensive care unit.

Dr R. I. M. Kotze, the Cape Director of Hospital Services, did not deny that domestic staff in provincial hospitals were being

used as nursing assistants in the present situation of a moderate nursing shortage. He added that an effort was being made to free nurses of menial chores which did not require the expertise of a trained nurse.

3) The figures given here are the total number of patients treated per annum, but not a head count as no account is taken of the fact that patients spend more than one night in the hospital drip room. There is no record of the average length of stay of patients in the drip room. Figures are available for the average length of stay of patients at Red Cross Hospital overall, from the Director Of Hospital Services Report

Furthermore, an accurate head count of patients treated in the drip room is available for the years 1975-1977, kept by the doctor in charge of the drip room since 1975.

the treatment, the emphasis is on patient self-care and improvement.

- 1) GSH Group Outpatient Reports 1971 and 1974.
- 2) See Mckeown and McLachlan.
- 3) Wittman and Hansen p.230.
- 4) See Report of the Dept. of Obstetrics and Gynaecology 1973 p.7.
- 5) Smith and Howland p.3.
- 6) This decrease cannot be attributed to the work of the Day Hospitals alone, as many other factors are involved.
- 7) Goldberg, Bersohn, Joffee, Kort and Seftel p.279.
- 8) Jackson.

August 19/6/81
95

'Sickening hypocrisy' in attitude to nurses

Political Reporter

MR Frank Martin, MEC, yesterday described as 'sickening hypocrisy' the National Party rejection of black nurses in white hospitals when blacks were accepted as soldiers on the borders of South Africa.

Mr Martin was replying to criticism by Mr Neels Vosloo (Nat Umfolozi) about the employment of black nurses at Empangeni hospital.

Mr Vosloo said black nurses were more urgently needed to tend their own community.

Mr Martin said there were many unemployed nurses in Empangeni. It would be the 'height of stupidity to say we will not employ them because their skin colour is wrong. When it suits us, we are quite happy to have blacks in the Defence Force, the police and elsewhere. But we can't have them nursing us.

'That kind of hypocrisy we must get rid of in South Africa. I have made our policy painfully clear. Patients will be nursed by people of their own colour where possible, but if there is a shortage, we will take any qualified nurse'

1. Audible Thoughts (Gedankenlautwerden)
 Voices speaking the patient's thoughts aloud

2. Auditory hallucinations experienced as voices talking about the patient.

2. Auditory hallucinations experienced as voices talking about the patient.

2. Voices arising: two or more hallucinatory voices in disagreement.

3. Voices commenting on the patient's

3. Voices commenting on the patient's

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Nurses in 'uproar' over pay

Argus 18/6/81
 95

Medical Reporter

FULL-TIME Cape nurses have threatened to take 'drastic action' over their exclusion from big salary raises for temporary nursing staff.

The pay increases, announced in a Cape Provincial Administration circular this week will enable a newly qualified 'hourly sister' to earn as much as a matron of three years' standing.

And while these temporary nurses do not receive any medical aid; pension and leave benefits, they may stipulate their own hours to avoid night and weekend shifts.

The full-time nurses are in an uproar and threatening to resign, an angry nurse told The Argus yesterday.

'We don't mind temporary nurses being given a better deal in an attempt to woo housewives back to the profession, but we feel the authorities must also do something about the hard-pressed permanent staff,' said the nurse, who was afraid to be named.

Hourly sisters, who may work from four to 42 hours a week, have received R2,79 an hour for the past year.

They will now be paid R4,50 an hour for the first 24 hours they work and R3,30 an hour thereafter.

This will allow them to earn a maximum wage of R669,60 over a four week period — more than a matron with at least two post-basic qualifications and 15 years' nursing experience.

This will leave the temporary staff with more than R600 after PAYE deductions.

A temporary nurse who puts in only a 20 hour week will earn a gross wage of R360 over four weeks — about R30 more than a newly qualified full-time sister takes home after deductions.

A sister with 10 years' experience takes home about R520 a month.

The nurses are planning to approach the South African Nursing Association about the matter.

Dr R L M Kotze, Cape director of hospital services, confirmed that salaries for part-time

nurses had been increased, but refused to comment.

Miss Val Heighway, chairman of the Western Cape branch of the SA Nursing Association (Sana), said she had not been approached about the increases for 'hourly sisters'.

If Sana were approached with complaints, it would make representations to the Minister of Health, Dr L A P A Munnik, she added.

hallucinations experienced in some part of the body.

experience of thought

example true passivity feelings may be hidden in the patient's account of the

10. 'Made' Volitional Acts: the patient experiences his acts as being completely under the control of an external influence.

5. Subjective experience that the patients will be replaced by some other force or agency.

excluded from a drug trial. Routine EEG's revealed that 5 were epileptic and C.S.F. changes indicated that the last patient suffered from cerebral syphilis. Schizophrenic like psychoses in epilepsy have been well documented (Sister et al 1965)(19) and indeed the two conditions may overlap (Davison and Bagley 1969)(20). The association between syphilis and psychotic states clinically indistinguishable from schizophrenia has also been described (Dewhurst 1969)(21).

3. It seems that all groups which reach a certain degree of poverty cannot support co-ops. Maxwell Klayman in an article on the Moshav in Israel writes of the new type of Moshav for settlers i.e. Moshav Olam: "The average size of farm was small, and there were fewer means of production than in the older moshavim. This meant a smaller output and turnover. Many members did not farm their plots. If the village co-operatives were to perform the services of the older moshavim the farming settlers could not meet the costs of the services from their relatively small output. Because of the tight financial situation the co-operatives could not pay their members on time. This induced the settlers to sell their produce to private traders for immediate cash payments. Thus a vicious circle was created whereby the position of the co-operatives was further improved." (7)

3.33 POSITION OF POOR(ER) MEMBERS

Where the dairy. Where the

Taiwan nurses train in SA

CAPE TOWN — A unique training project for Taiwanese nurses, which could later be converted into an exchange agreement, had been introduced among the larger provincial hospitals in the country, the Minister of Health, Dr I. A. P. A. Munnik, said yesterday. He also announced that Taiwanese doctors were part of the project. The plan was the result of a visit to Taiwan by the Surgeon General of the Defence Force, Lieutenant General N. J. Munnik. The Taiwanese Government had asked that some of their trained nurses be given further specialised training in South Africa, Dr Munnik said. The Taiwanese training project was started at the beginning of the year. A group of Taiwanese nurses had undergone training at military hospitals. A second group had been trained at the Johannesburg Hospital. A few doctors were still in the country, among them two at Groote Schuur Hospital and one at Tygerberg Hospital. A third group of nurses would probably be admitted to several hospitals before the end of the year.

Dr Munnik said South African nurses might be sent to Taiwan for training in areas where it was possibly ahead of South Africa. He said the project had nothing to do with the serious shortage of nurses in South Africa but admitted that, in the circumstances, the Taiwanese nurses were welcome. He added that the shortage of nurses in the country had stretched over a number of years. The increased use of nurses by private organisations, such as factories, which paid more, had also contributed to the shortage. Dr Munnik said he had asked his advice committee to draw up a report on the matter and to present solutions which would overcome the shortage. The report was being studied by the advice committee and he hoped to get it before the end of next week. The shortage of nurses was a serious matter. His department was not trying to solve it with "panic" measures, but with scientific investigation such as that carried out by the advice committee.

2. Mhlauli and Nkalitshane said migrancy was the Amathole dairy's biggest problem. Nkalitshane said that because the numbers of people using it fluctuated they could never become strong (he said a big problem was that many people had no milk in winter). Mhlauli stressed the fact that marketing is important and said that if a man becomes a migrant to get money, there is nobody to sell his milk.

These problems are obviously general ones for small scale reserve projects. Norman Reynolds writes of another small scale dairy scheme near Zwelitsha. "During the life of the scheme there has been considerable change in the economic condition of the members families. Without any device to allow the

members to retain a financial stake in the co-op, members at times opted out of the scheme for indefinite periods. Migration and death in the family are probably the two major factors. Apparently such actions have been common enough to threaten the efficiency of the scheme. It must certainly have made it difficult for the scheme to supply milk regularly and it must have hampered the co-operatives ability to sell in the best markets."

3. People who have other sources of income have an important advantage over those who rely solely on the dairy. They can hire labour, or they can fit the dairy jobs in with other activities all of which together add up to provide an adequate income. This happens particularly in Amathole where some people were allocated full Economic Farm units with rehabilitation (these farmers may utilise their time well between cultivating fields, keeping small stock and working in the dairy. Combined these activities may generate a decent

Mhlauli of Amathole. Both are particularly successful in the dairies and yet both of them are comparatively poor. Mhlauli has a pension but the dairy is his main source of income. Bukula has no other cash income, but his income from the dairy is now second highest to that of N.M. He attributes this to the fact that his cows are particularly good and he has concentrated on improving their quality.

3.4 CONCLUSION

One must remember that these two projects are pretty exceptional in Umhlabo, and also, that while Umhlabo's classified as a pastoral area, with emphasis on cattle rather than cultivation, these are the only two dairies.

inquiry into ^{Angus} Cape ^{22/6/81} nursing ⁽⁹⁵⁾ shortage

AN INQUIRY into the nursing situation in the Cape has been launched by the Department of Hospital Services.

The director Dr R. L. M. Kotze, said at the weekend there was a shortage of nurses but emphasised the situation was not critical.

'The position is not so bad at present but we are worried about the future,' Dr Kotze said.

About seven percent of nursing posts in the province are not filled and there has been a drop in the number of student nurses this year.

PUT OFF

He attributed the drop in the number of student nurses to the bad publicity given the nursing profession. 'It puts potential nurses off,' he said.

The inquiry committee is visiting hospitals in the Cape and staff are given a chance to air their grievances.

It usually spends 'a day or longer' at the hospitals and matrons, senior sisters, sisters, students and doctors talk separately to the committee.

The committee, under the chairmanship of Dr J. L. Jordaan, has visited hospitals in Clanwilliam, Uitenhage, East London and the Somerset Hospital in Cape Town. It plans to visit Groote Schuur, Tygerberg and hospitals in Port Elizabeth.

NOT ENOUGH

Dr Kotze said wards at Somerset Hospital were being closed as there were not enough patients to fill the beds in the wards. There were nine unfilled posts at Somerset Hospital, he said. Provision had been made for 70 posts.

All the nursing posts at Groote Schuur were filled, he said.

The inquiry committee will probably publish their findings next month. Members of the committee are Miss M. J. Hattingh, chief nursing officer in the department of hospital services and Mr P. J. Fourie, chief administrative inspector.

and Works Regulations, 1911 (Johannesburg, 1911) para. (1a), (1), (2), (ba), 56, 58, 143 (1) (2), 167(1).

(123) For details of non-observance of mining regulations, see Katz, op. cit., pp. 155-158.

(124) Merriman Correspondence, 1913, Sir W. Solomon to J.K.M., 23 June 1913.

(125) Ibid., 1913, R. Barry to J.K.M., 10 Sept. 1913.

(126) Worker, 13 June 1914.

(127) Ibid., 9 Oct. 1913

(128) Ibid., 18 June 1914; Burke and Richardson, op. cit., p. 17.

(129) Worker, 13 June 1914.

(130) Ibid., 25 Dec. 1913, 6

(131) Ibid., 23 Aug. 1913, his members as an ill

(132) Worker, 12 March 1914, 1913, 1913, and the members of the male in the Union of Low P.O., 1913, 1913, of the African Organisation, pp. 30-37.

(133) Worker, 23 May 1914

(134) Eastern Record, 15 May 1915.

(135) Worker, 16 Oct. 1913, 6

(136) Union Acts, 1915, Miners' Thithis Act, No. 44 of 1915, see also Irvine, op. cit., (cited Irvine (a)), 'The Functions of the Miners' Thithis Medical Bureau and the General System of Medical Institutions Conducted under the Miners' Thithis Act', in Union Acts, No. 15, op. cit., p. 3; p. 9, 10, 1913, p. 27, p. 31; Union Acts, Miners' Thithis Act, No. 44, 1915

(137) Irvine(a), op. cit., p. 3.

(138) Fraser and Irvine, op. cit., pp. 4-5.

(139) Ibid., p. 6.

(140) Ibid., pp. 8-11 passim.

(141) Ibid., p. 7.

(142) Ibid., pp. 16-19 passim.

(143) Ibid., p. 20-27 passim.

(144) Worthington, E.B., Science in Africa: A Review of Scientific Research Relating to Tropical and Southern Africa (London, 1938) p. 242; Worthington, E.B.,

Science in the Development of Africa: A Review of the Application of Medical and Biological Knowledge in the South of the Sahara (London, 1950), p. 244.

(145) Crenstein and Webster, op. cit., p. 326.

(146) IRA, H.P., v. 244, file 107H, Report of 'Mortality amongst Natives Employed on Mines of the Witwatersrand'.

(147) Irvine, E.G., and Macaulay, D., 'The Life History of the Native Inquirer', Addresses and Papers Read at the Joint Meeting of the British Association for the Advancement of Science and the African Association for the Advancement of Science in South Africa, 1907, v. III, pp. 242-300, p. 242; Irvine, op. cit., p. 175.

(148) Grey, op. cit., pp. 151-153.

(149) Ibid., pp. 176-177.

(150) Cartwright, A.P., Doctors of the Mines: A Commemorative Volume Published in 1917, p. 10, 'The Medical Staff of the Witwatersrand'.

(151) Medical Officer, 1913, p. 10, 'The Medical Staff of the Witwatersrand'.

(152) Medical Officer, 1913, p. 10, 'The Medical Staff of the Witwatersrand'.

(153) Medical Officer, 1913, p. 10, 'The Medical Staff of the Witwatersrand'.

(154) Medical Officer, 1913, p. 10, 'The Medical Staff of the Witwatersrand'.

(155) Medical Officer, 1913, p. 10, 'The Medical Staff of the Witwatersrand'.

(156) Medical Officer, 1913, p. 10, 'The Medical Staff of the Witwatersrand'.

(157) Ibid., p. 187; Cartwright, op. cit., p. 18.

(158) Grey, op. cit., pp. 135-139 passim.

(159) IRA, John Mason Ltd. 20th Annual Report, 1915; IRA, 25th Anniversary Report, 1918.

(160) Irvine and Macaulay, op. cit., p. 7.

(161) Ibid.; IRA, H.P., v. 244; file 107H, Report of Mortality amongst Natives Employed on the Witwatersrand.

(162) Irvine and Macaulay, op. cit., p. 7; IRA, H.P., v. 244; file 107H, Report of Mortality amongst Natives Employed on the Witwatersrand.

(163) Medical Officer, 1913, Table J, p. 17.

(164) Ibid., p. 205, p. 24, 34.

(165) IRA, Crown Mines Ltd. Chief Medical Officer's Annual Report, 1916. See also Irvine and Macaulay, op. cit., p. 365; IRA, H.P., v. 258, file 154H, 'Subcommittee on

Hospitals coping with nurse shortage

East Rand hospitals are coping with the chronic nursing shortage prevalent in most hospitals in South Africa. The superintendents of the Edenvale Hospital, the Kempton Park Hospital and Germiston's Willem Cruywagen Hospital admitted they were seriously understaffed but said they had learnt to adapt. According to the superintendent of the Edenvale Hospital, Dr George Perling, there was a 45 percent shortage in the number of student nurses at the hospital. Despite this the hospital had not been forced to close any wards thanks to the introduction of a new scheme to attract nurses to the hospital on a part-time basis. Since the scheme had been launched several weeks ago the hospital had employed 15 part-time nurses, Dr Perling said. When the scheme, the first of its kind to be introduced on an organised basis, becomes functional at the beginning of next month, full-time nurses would no longer be required to work night-shift. Wards at the Kempton Park Hospital have been rearranged to cope with the nursing shortage. "We have reduced the number of beds and have been forced to close two wards but we are coping," said the superintendent, Dr Leon van Schalkwyk. He said the hospital needed about 150 student nurses. The shortage of nursing sisters was "not serious."

East Rand hospitals are coping with the chronic nursing shortage prevalent in most hospitals in South Africa. The superintendents of the Edenvale Hospital, the Kempton Park Hospital and Germiston's Willem Cruywagen Hospital admitted they were seriously understaffed but said they had learnt to adapt. According to the superintendent of the Edenvale Hospital, Dr George Perling, there was a 45 percent shortage in the number of student nurses at the hospital. Despite this the hospital had not been forced to close any wards thanks to the introduction of a new scheme to attract nurses to the hospital on a part-time basis. Since the scheme had been launched several weeks ago the hospital had employed 15 part-time nurses, Dr Perling said. When the scheme, the first of its kind to be introduced on an organised basis, becomes functional at the beginning of next month, full-time nurses would no longer be required to work night-shift. Wards at the Kempton Park Hospital have been rearranged to cope with the nursing shortage. "We have reduced the number of beds and have been forced to close two wards but we are coping," said the superintendent, Dr Leon van Schalkwyk. He said the hospital needed about 150 student nurses. The shortage of nursing sisters was "not serious."

4. COMMUNAL GARDENS

4.1 INTRODUCTION

It seems likely that other dairy projects have failed as the problems of lack of markets and low production force members to leave. (9) That people consider the projects as essentially non-viable is borne out by the fact that while many people in Amathole and Inkomo have decided to sell milk as a result of the dairies' example, they have not joined.

Freddy Mhlauli said that Amathole Dairy has lasted so long because it works well together and trust each other "unlike at N.M. where there seem to be the tensions generated by the conflict between members may lead to the dairy's rapid demise, on the other hand Amathole dairy has been running for over 25 years only to lose more than R5,00 a month from it and very few people are involved."

This brings us to the issue of whether an efficient pattern of more innovations, is worth the elements of exploitation and his/her involvement. One must note that members at Inkomo are better off than those at Amathole, partly due to the better methods used at Inkomo. For a period of centralised marketing most people's incomes were also consider the case of Alfred Bukula, it seems that he has extra resources and yet he was able to improve his stock and highest income after N.M. However, as we have seen the members are not enough to make the dairy run efficiently and turn it into a profitable business.

Finally, while they help some people make more use of their land, it cannot be seen as a way of improving the standard of living for people in an area, because only those with cattle can join the dairy. The poorest members tend to be forced out of the dairy because they have few cattle to get a decent income from the dairy, thus they are forced into migrancy and there is no one left at home to be involved in the dairy. They are mainly beneficial to people who have other local money-earning activities and who have other dairy jobs in with their other work as a supplementary source of income.

In view of peoples commitment to the project (discussed later) I would see the dairies main value in providing an educative experience for those involved. One might argue that in an environment of such poverty and lack of alternatives, inequitable production is better than nothing and that it is very useful in expanding peoples consciousness.

Malnutrition is rampant, doctors insist

By PAT SIDLEY
Consumer Mail

TWO Durban doctors — both experts in malnutrition — have attacked another doctor who is sceptical about the extent of malnutrition in South Africa.

The doctors say malnutrition is "rampant" and widespread and that Protein Energy Malnutrition (PEM) from which "many children will die" was only the tip of the iceberg.

In a letter in the current issue of the South African Medical Journal, Professor A Moosa and Dr H M Coovadia, both of the Department of Paediatrics and Child Health at Natal University in Durban, criticise an earlier article by Dr Barbara Richardson in which she expressed scepticism about the extent of malnutrition in South Africa.

"We believe malnutrition in black children still to be common and widespread in South Africa, and Dr Richardson should be concerned less with whether this fact puts us 'in a bad light in the eyes of the rest of the country and the world' and more with her tasks as a scientist, which are to arrive at the truth," Prof Moosa and Dr Coovadia said in their letter.

In the letter the doctors say 41% of all children admitted to King Edward VIII hospital in Durban in 1979 suffered from

severe malnutrition. They add that their wards "are crowded daily with black children" suffering from malnutrition.

This week Dr Coovadia said 25% of these would have died as a result of malnutrition. Preliminary figures show that the picture had not improved last year.

Dr Richardson had disputed in her article the way in which malnutrition was determined.

Further figures in the letter show that:

- In 1977 in Soweto 66.4% of children between the ages of 2-5 weighed less than normal (they weighed less than the third percentile).

- Of the same group, 29.1% were too short (shorter than the third percentile) and in the case of 20.1% of those children, their weight/height ratio showed that they were malnourished. (The weight for height ratio was less than 80% of the normal ratio.)

- In a study in Muldersdrift in 1976 on children aged between 1-6, 27.6% were underweight and 22.8% were too short.

- Among rural children under the age of seven, 47.3% in the Transvaal were underweight. Of the urban children, 40.3% were underweight (below the third percentile).

- And 55.6% of rural nursery-school children, aged from 1-6

years, were underweight.

Prof Moosa's and Dr Coovadia's letter said: "While agreeing that body proportions may be normal in 80-90% of black children, it is quite misleading and possibly dangerous to imply (albeit indirectly) solely on the basis of this index that PEM is not a serious problem in our country."

"Despite their normal body proportions, more than 50% of the children between one and 14 studied by Barbara Richardson had stunting, ie 'nutritional dwarfism'."

Deficits in height, the letter said, were generally believed to represent the effects of "chronic undernutrition".

The doctors say: "It can be seen that in most studies that the proportion of children with stunting after one year ranged from 30% to 66%".

"Furthermore, according to her (Dr Richardson) only 0.9% of black children and 0.4% of white children aged 1-6 years had acute malnutrition by weight for height criteria.

"If these proportions are to be really meaningful, where is the equivalent number of white children with overt PEM in South Africa?"

"Certainly our wards are crowded daily with black children with Protein Energy Malnutrition."

TO ASK THE EXTENSION OFFICER TO VISIT A GARDEN THEN, THE EXTENSION OFFICER MAY WORK THROUGH GROUPS LIKE ZENZELE OR THE Y.W.C.A. OR HE MAY HOLD GENERAL MEETINGS AND WORK THROUGH ALL ORGANISATIONS TO GET TO THE POPULATION AT LARGE. IN OTHER CASES A GROUP OF RESIDENTS MAY APPROACH THE EXTENSION OFFICER.

Hard-hit Natal must

compete with R22 000 offers

200 nurses seek US jobs

NM 27/6/81 (95)

Mercury Reporter

ABOUT 200 nurses, mainly from Natal, will be interviewed by a Canadian recruitment team in Durban which placed advertisements inviting qualified nursing sisters to work in the United States for annual salaries of as much as R22 000.

The recruitment drive, an attempt to ease the shortage of American nurses, has been slammed by the South African Nursing Association (Sana).

Members of the association said yesterday that South Africa faced a nursing crisis because of low salaries and adverse working conditions.

The recruitment team has received nearly 200 telephone calls in a week from nurses wanting to be interviewed next week.

Salaries

The president of Sana, Prof Charlotte Searle, said in Pretoria the advertisements were "always made very attractive".

Salaries, she said, had been upgraded by about R5 200 since last year, but she added that many nurses who accepted the offers ran into trouble and were often stranded in America.

She said nurses were not always fully informed by some recruitment teams of difficulties they could experience by working overseas.

The executive director of Sana, Miss R J du Plessis, said nurses recruited by the United States were not considered registered or licensed until they had writ-

ten and passed an examination set by the State Board in America.

These examinations were biannual and South African nurses who were required to rewrite experienced trouble with extending their visas.

She said she did not know the salary scales for nurses before they were registered or licensed, but said they would be far less than the R15 800 to R22 000 offered in the advertisements.

"I do not deny that once nurses have written the State Board examinations and qualified as registered nurses their salaries will be vastly upgraded," she said.

Organisation

Before nurses are accepted as recruits, they are forced to write a screening examination in Johannesburg in July at the American Embassy headquarters, which then entitles them to apply for the necessary visas and work permits.

Miss du Plessis explained that a Canadian had founded an organisation called the Commission for Graduates from Foreign Schools with the aim of preventing foreign nurses from being exploited.

But she warned nurses against signing contracts unless they were fully aware of the consequences.

"Many of our nurses have been left stranded in America and have written to us for advice," Miss du Plessis said. They do not understand that from South Africa we can do nothing to help, because they no longer fall under our jurisdiction.

She and Prof Searle appealed to all nurses considering the offers to first present their contracts to the South African Nursing Association before making final decisions.

"I am not openly slamming the recruitment programmes from all sides," said Miss du Plessis. "Experience abroad is always an advantage. But I cannot stress enough the importance of studying contracts."

These vast recruitment programmes only go to show how short America is of trained staff.

Staff crisis in hospitals hits PWV area hardest

Chief Reporter

The Transvaal hospital staff shortage is worst in the Pretoria-Witwatersrand-Vereeniging area, the MEC in charge of hospitals, Dr Servaas Latsky, said this week.

Dr Latsky said this had been revealed in an investigation which he ordered when he took over the portfolio in May.

The investigation was not complete as he had called for more details and the full results of the probe could thus not be revealed.

Dr Latsky said that the staff shortage in the PWV area applied to hospitals for all races and not to

white hospitals only. It affected not only nursing and medical staff but also para-medical, clinical, technical and administrative staff.

Dr Latsky said he greatly appreciated the services of hospital staff who worked under difficult circumstances.

Mr Douglas Gibson, leader of the Progressive Federal Party opposition in the Provincial Council, said Dr Latsky was enjoying a honeymoon period with the Press and the Opposition.

"But our patience is not endless," he said, calling for the report to be completed speedily and for Dr Latsky to take the public into his confidence.

Mr Gibson pointed out that there was also a shortage of hospital accommodation for blacks, with patients at Baragwanath Hospital being forced to sleep on the floors of overcrowded wards.

A spokesman for the Johannesburg Hospital said he could not reveal the latest shortages at the hospital. Statistics supplied earlier this year revealed the hospital was short of 1 091 nurses, with 1 206 of the 2 297 nursing posts filled. It was also short of 29 radiographers and a large number of beds could not be used for treatment.

Miss Ralie du Plessis, the executive director of the SA Nursing Association, said the staff shortage had neither deteriorated nor improved during the past few months. She said the association was still awaiting the recommendations of the Commission for Administration which was engaged in a wide-ranging investigation of pay structures for nurses.

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'Crippling staff shortage' at Grootes Schuur

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Medical Reporter

CERTAIN departments at Grootes Schuur Hospital were last year unable to provide an adequate service for sick patients because of crippling staff shortages and increased costs, according to the heads of various sections.

Even some semi-urgent cases had to be placed on long waiting lists and the

limit by increasing numbers of patients coupled with the decreasing number of nurses and para-medical staff.

According to Professor S R Benatar, the head of the hospital's division of medicine, the nursing shortage had reached 'critical proportions' and had led to the curtailment of some essential services last year.

The quality of care of patients in some areas of the hospital had also deteriorated, reported Professor Benatar.

Particularly hard hit was the cardiac clinic, and clinic head Professor Beck called for 'some action' to be taken 'before a serious breakdown in the system occurs'. 'The main problem had been a chronic shortage of

trained intensive care nursing staff,' he wrote.

Other problems included a 'serious shortage' of radiographers, with 20 out of 74 posts vacant in the latter half of 1980; difficulties in obtaining urgently needed equipment because of Government policy to reduce public spending; and an inability to keep pace with the

ever-increasing demand for surgical procedures.

The number of cardiac operations performed last year was lower than that of 1978 and 1979 in spite of a steady 10 percent increase in the clinic's major activities, said Professor Beck.

'The frustrations caused by our current inability to provide an adequate service for sick patients has

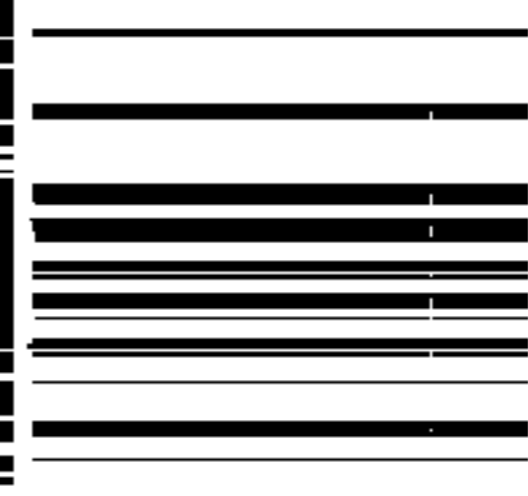
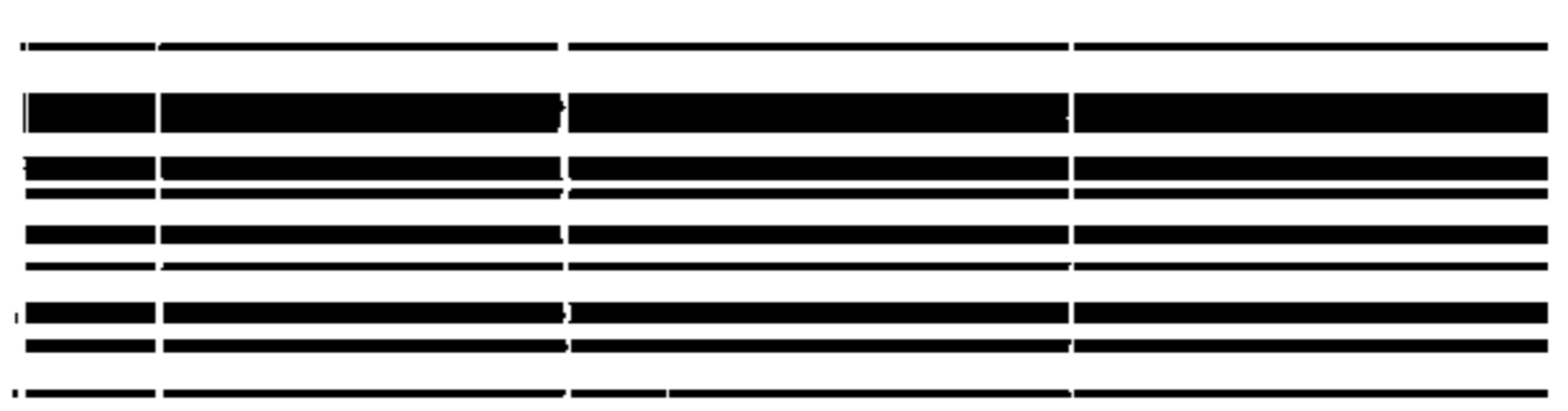
had a demoralising effect on all concerned,' he wrote.

'On the financial side, the increase in the cost of living created havoc with the budget,' reported the hospital's chief medical superintendent, Dr R Reeve Sanders.

The budget to maintain the hospital increased by 22.46 percent to R61.89 million for the 1980/81

financial year, with a daily rise from R55.60 to R77.72 for an in patient. 'Controlling costs — particularly due to high replacement cost of equipment — became an almost impossible exercise,' wrote Dr Sanders.

Dr Sanders hoped this year's salary increases would enable the public service to compete with the private sector in attracting nurses, radiographers, and junior administrative staff.



Bid to get
RDM 6/7/81
ex-nurses
back to ⁹⁵ ~~the~~ wards.

Staff Reporter

IN an enticing bid to get ex-nurses back into the seriously understaffed profession, Johannesburg General Hospital recently held a large ex-graduate nurses' reunion day.

More than 300 ex-nurses watched a film and were taken on tours of the medical facilities at the giant three-year-old hospital.

Information tables promoting part-nursing jobs were set up as an invitation for the women to join the hospital staff on a part-time basis.

The air reverberated with greetings to ex-colleagues who shared memories over cups of tea about the old days at "the old Gen".

All agreed nursing needed a strong shot in the arm if the medical profession in South Africa wanted to maintain its world-renowned standards of excellence.

Miss Joan Somers, chief matron of the hospital, said "We have to promote nursing if we want our beloved profession to survive. The entire country struggles with the problem of getting young people into nursing and our hospital is no exception.

"You retired nurses will all have to act as ambassadors for General Hospital and for nursing in your communities

"Talk to the young women of your acquaintance about nursing," she urged.

An example of the staff shortage is in the hospital's gynaecology ward, where five part-time nurses assist the only full-timer, Sister M van der Walt.

Part-timer Sister Pam Donninger said: "The five part-timers on our staff all are housewives and mothers. Sister van der Walt has been very tolerant towards our family needs and accordingly we only work daytime hours."



Three of the part-timers who help keep Johannesburg General Hospital's gynaecology ward running, flanked by two ex-matrons. From left Mrs L Moore-Zalyn, (1953 graduate), Mrs Villieria Costyn, Mrs Annie McLaughlin, Mrs Pam Donninger and Mrs Sybil van Vuuren. (1938 graduate).

Picture PIERRE OOSTHUYSEN

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in any year of study.
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The Committee of the Western
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Survivors' Prize

QUANTITY
SURVEYING
(Continued)

Black nurses at private hospitals

RPM 6/7/81

95

Staff Reporters

PRIVATE Transvaal hospitals and clinics two months ago quietly started hiring black nursing sisters for the nursing of white patients — following an official Government directive giving them permission.

Only two years ago Dr H A Grove, Director of Transvaal Hospital Services, ordered the exclusive Park Lane clinic in Johannesburg to stop using 10 coloured sisters in nursing duties for white patients because it was "against Government policy".

Yesterday, both Dr Grove and Dr Servaas Latsky, MEC in charge of hospitals, denied that black nursing sisters were used for white patients in provincial hospitals, but neither would comment on the position of private hospitals.

In a survey of Transvaal private hospitals, the Rand Daily Mail found many of Johannesburg's private clinics and hospitals were using black nurses, but in Pretoria only one private hospital employed black nurses for its white patients.

Black nursing sisters are used successfully in the nursing of white patients in nine out of 14 private clinics and hospitals in the Witwatersrand area canvassed by the "Mail".

In Pretoria however, seven of the eight private institutions canvassed did not use black nursing sisters for white patients.

Dr Hennie van Wyk, Director-General of Transvaal Hospital Services, yesterday could not be reached for comment.

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PLANNING
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(Continued)
SURVEYING
QUANTITY

Shortage of nurses 'critical' report

By ENRICO KEMP

THE SHORTAGE of nursing and para-medical staff at Grootte Schuur Hospital has reached "critical proportions" and has been partly responsible for the increased mortality rate in the maternity section, according to the hospital's annual report for 1980.

The report paints a sombre picture of a "critical and crippling" shortage of nurses and radiographers, which has led to a reduction or curtailment of services to patients in several departments.

The maternity section said its infant mortality rate, which rose "considerably" last year, was partly attributable to "problems of inadequate nursing staff and the departure of personnel trained in newborn care".

The Peninsula Maternity Hospital, which is also administered by Grootte Schuur Hospital's Department of Paediatrics and Child Health, reported that the "pressure of the workload was probably responsible for higher perinatal mortality".

Professor Chris Barnard, who heads the Department of Cardiac Surgery, warned that the hospital's heart transplant programme would have to be discontinued because the post-operative management of transplant patients "has become virtually impossible due to inadequate nursing services".

The head of the Department of Medicine, Professor Solly Benatar, said the nursing shortage had reached "critical proportions" and had led to "the curtailment of some essential services and to a deterioration in the quality of care of patients in some areas of the hospital".

Professor W Beck, head of the hospital's Cardiac Clinic, said one of the clinic's main problems was a "chronic

shortage of trained intensive care nursing staff. He said "low salary scales and arduous working conditions" had also resulted in a serious shortage of radiographers, with 20 out of 74 posts vacant in the latter half of 1980.

This was confirmed by Professor G R H Sealy, head of the hospital's division of radiation medicine, who said a "critical and crippling shortage of radiography staff now exists".

The head of the Diagnostic Radiology Department, Dr R E Kottler, said there was an "acute" shortage of radiographers, with 20 posts vacant during November last year. Twelve part-time radiographers were appointed to alleviate the situation.

Professor Sealy said the department of radiodiagnosis had to reduce services because of the staff shortage and a new linear accelerator in the Radiotherapy Department could not be operated other than for the occasional special patient. He said the division was faced with the prospect of "a gradually shrinking service to patients".

Difficult

The chief matron of Grootte Schuur Hospital and head of the Nursing Division, Miss P H Brassell, said it was "becoming increasingly difficult to ensure that the hospital is adequately staffed."

"The year 1980 seems to have been dominated by problems caused by staff

Difficult

The chief matron of Grootte Schuur Hospital and head of the Nursing Division, Miss P H Brassell, said it was "becoming increasingly difficult to ensure that the hospital is adequately staffed."

"The year 1980 seems to have been dominated by problems caused by staff shortages. Regrettably, the number of registered nurses and the number of student nurses is still insufficient to meet our needs. While in previous years the first intake usually brings a large intake of students (100 to 200), only 47 students are booked to commence training in January 1981," Miss Brassell said.

The report showed that the number of new appointments for student and pupil nurses had decreased. Last year, 225 student nurses were appointed compared to 286 in 1979 and the number of pupil nurses dropped from 51 in 1979 to 28 last year. The number of "ever dwindling" Afrikaans-medium applicants also dropped from 73 in 1979 to 46 in 1980.

The total number of nursing students and pupils at Carinus Nursing College and Otto du Plessis College dropped by more than 500. Last year, the two colleges had a total of 2 089 students and pupils compared to 2 658 in 1979.

● Black nursing sisters OK in private hospitals, page 5

Nurse shortage hits transplants

APus 7/9/81

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[Signature]

Medical Reporter

THE heart transplant programme at Groote Schuur Hospital might have to be stopped because of the nursing shortage, cardiac surgeon Professor Chris Barnard has said.

Writing in Groote Schuur Hospital's 1980 report, Professor Barnard said inadequate nursing services 'have made post-operative management of transplant patients virtually impossible.' The 'critical shortage of trained nurses and the unavailability of anaesthetists had resulted in a steady decrease in the number of patients

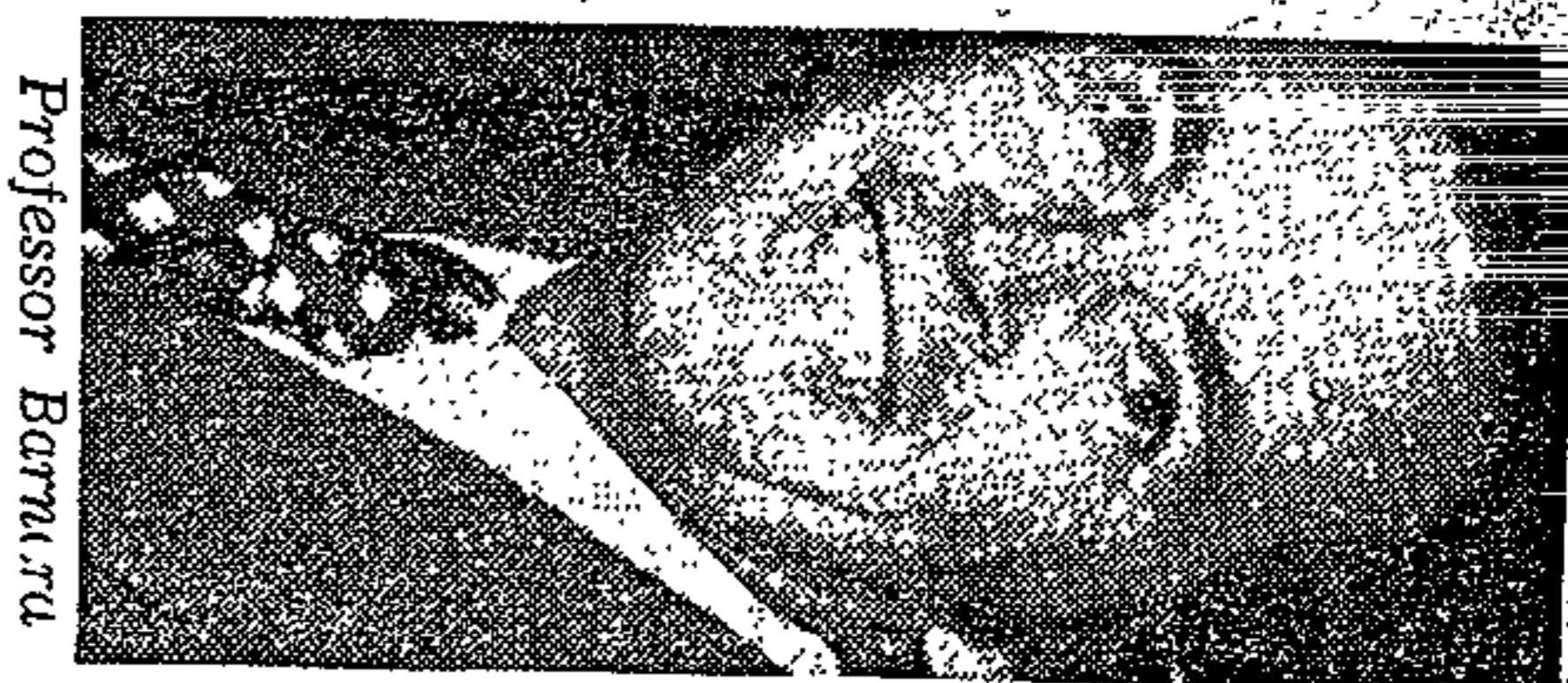
treated in the hospital's department of cardiac surgery.

'If this continues our transplant programme will have to be stopped,' writes Professor Barnard.

INFANT DEATHS

The nursing shortage had also affected the hospital's neonatal service, with a considerable increase in the number of infant deaths, said the report.

The rise in mortality was partly a result of inadequate staff and was aggravated by the presence of the antibiotic-resistant staphylococcus infection, wrote Professor H de V Heese, the head of the hospital's department of paediatrics and child health.



Professor Barnard

Record number of cases come to city

Medical Reporter

PATIENTS from throughout South Africa last year received new kidneys in Cape Town as the city's two teaching hospitals performed a record number of renal transplants.

Many of these operations were made possible by Groote Schuur Hospital appointing a transplant and dialysis co-ordinator, who arranged for a greater number of donor kidneys to become available, says the hospital's annual report.

The appointment of the co-ordinator was a 'first

in the country and her activities were also felt at Tygerberg Hospital, according to the report.

A total of 54 transplants were carried out at Groote Schuur, while Tygerberg, performing 27 transplants, almost double the number of operations carried out in 1979.

The increased number of transplants reduced pressure on Groote Schuur's dialysis facilities and enabled the hospital to perform operations on patients from Durban,

East London, Port Elizabeth and Kimberley.

The hospital's renal clinic was also able to eliminate aluminium toxicity, a major cause of death while on dialysis.

This toxicity was the result of dialysing with tap water containing an extremely high concentration of aluminium.

It was overcome with the installation of a 'reverse osmosis' water purification plant, which removes almost all solutes and trace elements from tap water.

News 8/7/81 (95)

Shortage of nurses confirmed

Medical Reporter

PROFESSOR H de V Heese, head of Grootes Schuur Hospital's department of paediatrics and child health, today confirmed that the increased death rate among infants in the hospital's neonatal section had been partly due to a shortage of nursing staff.

'There has certainly been a relative shortage of nurses for the patient

load we have here,' he said.

'This has been aggravated by a lack of certain facilities, but it is really sheer patient numbers that are getting us down.'

Professor Heese was reacting to yesterday's denial by the deputy director of Cape Hospital Services, Mr D J Retief, that there was a shortage of nurses.

'Mr Retief is correct in saying that we have applied for the creation of

extra nursing posts, but that is because we are extending our neonatal services next year,' Professor Heese said.

'It is hoped that matters in our department will improve considerably when we move into our enlarged premises.'

'However, the relative shortage of nurses that existed when I wrote for the complex's annual report is still present.'

Critical nursing shortage denied

CT 8/7/81 85

Staff Reporter

THE Deputy Director of Hospitals (Administrative), Mr D J Retief, yesterday denied that there was a nursing shortage at the Groote Schuur complex of teaching hospitals and said that far from closing down departments the hospital had asked to expand the number of posts available for nurses.

Mr Retief was reacting to the annual report of the Groote Schuur complex published yesterday, which claimed that the shortage of

nurses had reached "critical and crippling" proportions and was responsible for an increased death rate in the maternity section.

"This isn't the case as I know it. Far from not having enough nurses to fill the posts, the hospital has actually applied for and been granted permission to create a further 18 posts on top of its present complement."

The hospital superintendent, Dr H Reeve Saunders, was not available for comment.

● Leading article, page 8

Nursing:

'Problem,
APR 23 9/7/81
but not
critical'

Medical Reporter

NURSES who left to obtain better salaries have created problems for the Cape Department of Hospital Services, Mr P J Louhser, MEC in charge of the department, admitted yesterday.

However, the situation was not critical, he said in a Press release.

Mr Louhser said Groote Schuur Hospital's annual report had created the impression that the hospital — 'and by implication, hospitals in general' — were providing a poorer service than that for which it was known. This was regrettable.

He reassured the public that his department continuously took steps to retain and improve the high quality of services provided at local hospitals.

8/29/7/8
 Deaths due
 to shortage

of nurses

Own Correspondent

CAPE TOWN — Professor H de V Heese, head of Groote Schuur Hospital's department of paediatrics and child health, yesterday confirmed that the increased death rate among infants in the hospital's neonatal section had been partly a result of a shortage of nursing staff.

"There has certainly been a relative shortage of nurses for the patient load we have here," he said.

Professor Heese was reacting to the denial of the nursing shortage by the Deputy Director of Cape Hospital Services, Mr D J Retief.

"Mr Retief is correct in saying we have applied for the creation of extra nursing posts, but that is because we are extending our neonatal services next year," said Professor Heese.

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 For the best student in the

III: No award

II: A R Low Ken

I: N D G Sessions

For the best student in each of the courses of Building Economics I, II and III in the third, fourth & fifth years respectively.

LTA Prizes

P R Swift

Professional Practice.

For the student obtaining the highest marks in

Surveyors' Prize

Cape Chapter of Quantity

The Committee of the Western

P C Key

Bell-John Prize
 For the best all-round student in any year of study.

URBAN & REGIONAL PLANNING

QUANTITY SURVEYING (Continued)

Hospital care not affected, says Loubser

CT 9/7/81
95
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Staff Reporter

THE MEC in charge of hospitals, Mr P J Loubser, said yesterday it was unfortunate that the Groote Schuur report and press reaction had given the public the impression that hospitals were giving a poorer service than usual.

He had asked for a report on the alleged nursing shortage and other problems at Groote Schuur Hospital and would issue a full statement later.

Replying to press queries on the contradiction between the Administration stand that there was no nursing shortage and the claims made in the report, Mr Loubser said it was true that fewer young women were entering the nursing profession, there had been increased number of resignations from various staff categories and hospital services had felt the effect of inflation.

He could give the assurance that the problem had not reached critical proportions and measures had been taken not only to maintain standards but also to improve them.

"I make so bold as to say that we have succeeded and

the annual report of the hospital bears this out," said Mr Loubser.

This had been made possible by, among other things, the dedication, diligence and loyalty of nursing personnel under difficult circumstances.

"It was thus a disappointment that the choice of words made by some department heads casts a reflection on the quality of this service," Mr Loubser said.

A committee had been formed to investigate the problem and make recommendations. The committee's report was expected shortly and, together with other countrywide investigations currently being made, would form the basis for a long-term solution.

● Professor H de V Heese, head of the Department of Paediatrics and Child Health at Groote Schuur Hospital, yesterday repeated claims made in his annual report that the nursing shortage had contributed to an increased death rate in the hospital's neonatal section.

The relative shortage of nurses that existed when he wrote the report was still present, Professor De V Heese said.

Hospital's report questioned

CT
10/7/81
98 95

By **BOB MOLLOY**

THE credibility of the Groote Schuur Hospital annual report is questioned in a press statement issued yesterday by the MEC in charge of hospitals, Mr P J Loubser.

Mr Loubser was replying to press queries on contradictions between the hospital view of the nursing shortage as critical and the Administration's denial that a crisis situation existed.

He gave figures to show that the nursing complement at the hospital had increased from 1 838 in 1978 to 1 937 in 1981. Taking the total staff of 7 000 into consideration, there was an average vacancy rate of 10 percent, which could not be described as either abnormal or critical, Mr Loubser said.

Pointing out that allocation of resources for salaries and equipment was under the sole control of the hospital management, Mr Loubser said requests from the hospital in March this year for the creation of 15 extra nursing posts had been granted. No further requests had been received, in spite of the fact that the department had wanted to place two Taiwanese nurses at the hospital for post-basic training.

"Contrary to the thrust of their report, and I must accept that heads of department had a say in it, these actions do not lend credibility to their statement regarding a critical nursing shortage," Mr Loubser said.

Method change

This impression was also difficult to reconcile with the statement of one of the heads of department that an increased child death rate was partly due to the lack of nursing staff.

"In this connection I am informed that the method of keeping statistics has changed and the figures for 1980 cannot be directly compared with those of previous years."

Formerly, figures of births and deaths at maternity units had been taken together with those of day hospitals. In ad-



Mr P J Loubser

dition, the nature of the service had changed in that it had been expanded to reach greater numbers of the lower socio-economic groups.

He still views Professor V Heese's statement in such a serious light that I will ask the director of hospitals (Dr R L M Kotze) on his return from leave to make a personal investigation. And if he finds the figures to be true, to ask why Professor Heese did not mention the facts to the department earlier."

New proposals

Mr Loubser said he and his staff had "left no stone unturned" in their efforts to improve salaries and conditions for nurses. The department was at present formulating new proposals for presentation to the Commission for Administration.

"Our case, however, is not furthered by reports such as that of a far-fetched lead article in a local newspaper which coupled the nurses' salaries with infant deaths and described the recent increases as a meagre 12 percent."

In fact, the increases were

17 percent for whites, 32 percent for coloured nurses and 36 percent for blacks.

When it came to the provision of equipment, the hospital had been allocated R1 594 000 in 1978/9, R2 585 000 in 1979/80, R2 835 000 in 1980/1 and R3 250 000 for the current financial year.

"It is a personal disappointment to me that Professor Sealy of all people is apparently not satisfied, in view of the fact I went out of my way to see that his department received R1 250 000 over the past two years for two items.

"I can honestly not believe that this equipment is used only for 'special' patients — in my judgment all patients are special," Mr Loubser said.

'Continual battle'

He agreed with Professor Sealy's view that service conditions of radiographers should be improved and this was one of the categories which had been placed before the commission.

"But I wonder if the shortage can be really so extraordinarily worrying when it is taken into account that of a total establishment of 211 posts for radiographers only 23 or 11 percent, are vacant.

"I have also gone into the vacancy situation in other categories and nowhere can I find that it could be described as abnormal or extraordinary.

"It cannot be denied that the hospital department and its institutions, as elsewhere, are in a continual battle against problems of staff provision and inflation.

"The solution does not lie in continuous emphasis of the size of the problem or in blaming each other, but rather in co-operation to take all possible steps to meet the situation and get it under control," Mr Loubser said.

Snoep, a cross ridgeba himself in the leg. Five

Dog

Crime Reporter

AN armed robber shot himself in the leg when he was attacked by a guard dog during a hold-up of a Philippine demolition contractor yesterday morning.

your claims, says Argus 11/7/81 hospital chief

By Keri Molloy

THE nursing crisis controversy erupted into the open this week with a challenge by the MEC in charge of hospitals, Mr P J Loubser, to Groote Schuur to prove hospital claims made by department heads in the hospital's annual report.

The challenge comes when Groote Schuur's medical superintendent, Dr Reeve Sanders, is on leave.

Also on leave is Dr R L M Kotze, Cape Director of Hospital Services, and many Groote Schuur department heads.

Those approached by Weekend Argus, including Professor V Heese who received strong criticism, would not comment on Mr Loubser's challenge to their credibility.

Groote Schuur's public relations office said all inquiries were to go directly to the Department of Hospital Services. 'If Mr Loubser makes a statement, that's it,' said a spokesman.

LITTLE OUTLET

There has been little outlet for those in the employ of Cape Administration hospitals to voice publicly their complaints in the past. Medical superintendents were instructed to refer discussion of nursing shortages to Dr Kotze, who repeatedly stuck to his view that there was no critical nursing shortage.

Nurses unhappy with their working conditions were instructed to complain through the right channels. Doctors and nurses who have talked anonymously to the Press in the past have been threatened with action.

This week Mr Loubser blamed Groote Schuur's report and Press reaction for giving the public the impression that hospitals were giving a poorer service than was expected of them.

Extracts from the controversial report:

● 'The post operative management of patients who have undergone cardiac transplantation has become virtually impossible due to inadequate nursing services' — Professor C N Barnard.

● 'Lack of beds, theatre facilities and medical and clerical staff hampered departmental efficiency' — Dr C Bloch (plastic surgery)

● 'Regrettably, the number of registered nurses and the number of student nurses is still insufficient to meet our needs' — Miss P Brassell (chief matron)

● '... a critical and crippling shortage of radiographic staff now exists' — Professor R Seally (radiation medicine)

● 'The nursing shortage has reached critical proportions and has led to curtailment of some essential services and to deterioration in the quality of care of patients in some areas of the hospital' — Professor S R Benatar (Department of Medicine)

One nursing sister who has left the profession and taken a secretarial job, says: 'Either the administration doesn't know what is going on or they are trying to lull the public.'

CONFIRMED

A specialist at Groote Schuur this week confirmed the understaffing of intensive care units in the cardiac section: 'Ideally there should be one trained sister to each post-operative patient. Last week four patients had the attention of only two trained sisters and one auxiliary nurse.'

There is a list of more than 20 patients waiting for cardiac surgery. Some have to wait up to six months and others have waited weeks when they should have been operated on immediately.

Several cardiac patients approached by Weekend Argus this week were resigned to waiting for surgery.

Mrs J Williams of Sanddrift was told in mid-June that she would have to wait two weeks or longer.

'They said they'll phone me. I know about the nursing crisis. If they can't do it, they can't. You can't force them,' she said.

Surgeon: Nurses are like slaves

CT 11/7/81 (95)

By CLARE STERN

A TOP cardiac surgeon at Groote Schuur Hospital has torn a strip off the "bureaucratic" system that allows doctors to earn far more than the hospital's underpaid and rapidly dwindling nursing staff.

In a heart-to-heart interview, Dr Jose de Nobrega said: "We doctors are overpaid. Take myself for example. I earn R32 000 a year. I sleep well at night. The nurses are the slaves who do the dirty work and don't get paid for it."

Dr De Nobrega said school-leavers today would not contemplate nursing as a career "The hours, the pay and the manner in which they are treated is close to slave labour."

He denied reports that the cardiac intensive care unit was manned entirely by coloured nurses, but conceded that their numbers had escalated over the past five years.

"Nurses are nurses — this is not the point. But it is a fact that without our coloured nurses we could not do open-heart surgery. They are doing an excellent job. But shop assistants earn more than both our coloured and white nurses.

Mainly African

"I predict that in five years our nursing staff will be exclusively coloured and that in 10 years' time the wards will be manned mainly by African nurses.

"The long-term career opportunities for nurses today are extremely poor. We have a top-class coloured sister in intensive care. Though she only has a Junior Certificate, she is required to shoulder the same responsibilities as a fully-trained sister, but her salary is very limited. To be a qualified nurse, she would have to first obtain her matric and do a three-year nursing training course."

He said that in the cardiac unit the biggest problem, in terms of the future, was to

departments.

"We had a nursing sister who was so good at her job, she was promoted out of the IC unit. When she nursed in our wards, she estimated that 30 sisters were needed to do 15 heart operations a week and to give cover for the transplant unit. The matron dismissed this as 'nonsense' and said we only needed 15 sisters. And the higher authorities finally judged that 10 would suffice."

He said many top-class IC nurses had either been moved out of the unit or resigned because work conditions in the long term were so unpleasant.

Nightingale

The nursing profession, said Dr De Nobrega, still suffered from the complex of Florence Nightingale. They had the same commitment, the same dedication.

"This is why those who stay put up with the hassles and don't buck against the system. The quality of nursing has not declined. But nurses, like most young girls, want to have good times as well. "They want boyfriends, money to buy clothes and go to

discos.

"A nurse at Groote Schuur has difficulty determining what her salary scale is and her notch in that scale," he said.

"Our nurses don't receive pay slips with their salaries, which are often incompatible with their status. We have qualified nursing sisters earning far less than newly-appointed less qualified staff.

"One of our sisters is 4½ months pregnant and working a 12-hour shift. She has no idea what her salary is — it changes each month. At present we have three pregnant sisters working this long shift. Surely they deserve special consideration."

Dr De Nobrega said nurses should work eight-hour shifts and be fully informed of their status and salary scale from the start.

"In the cardiac IC unit a fully-qualified nursing sister is relegated to the role of a domestic servant. If a patient vomits on the floor, she mops it up.

Dr De Nobrega said he had worked in New York, "in the best IC unit", with one sister to a patient and domestic

staff to do the dirty work.

He doffed his surgical cap to Professor Barnard and Professor Val Schire for their splendid efforts in creating a cardiac unit of such a high standard.

Own team

"But," he said, "Professor Barnard should have his own employment agency. He should place an ad for IC sisters and select his own team. There is no way, however, that he would be able to do that. Groote Schuur reserves the right to move sisters to other departments as soon as they are trained. That's bureaucracy."

He said the bureaucracy extended to doctors as well. "The cardiac ward does not attract local surgeons. I'm the only South African surgeon here. We have surgeons from Spain, Rhodesia and even Taiwan. Most of them are trainee surgeons. The surgeon from Taiwan is a fully-qualified doctor, experienced in general surgery and army surgery. He came here to work as a trainee because of the high standard of cardiac surgery practised by Professor Barnard."

create a stable work-force of intensive care sisters, happy and rewarded in their work, with status equal to the responsibilities they carry.

While the cardiac unit was not in danger of closing down, Dr De Nobrega said the staff shortage had created problems.

"The IC unit has ten beds. Last week nine out of these 10 were occupied. We had three sisters looking after nine patients who had open-heart operations. This week only five beds are occupied."

More sent home

Dr De Nobrega said some heart patients had been denied IC therapy because of lack of staff and beds being closed down. The numbers of patients being sent home had accumulated drastically in the first six months of this year.

"They have either died or their conditions have deteriorated as a result of being denied the benefits of an immediate operation."

He said the nurse shortage in cardiac IC, where 10 open-heart operations were performed a week, was partly due to the fact that Groote Schuur trained nurses up to a certain level and then moved them to other

SUMMARY

MORTALITY IN SOUTH AFRICA, PART I

1929 - 1970

South African mortality data have been collated and analysed for the White,

Coloured and Black communities when available from official publications

Standardised

'NURSE SHORTAGE KILLING PATIENTS'

S. Tribune 12/7/81

95

Heart surgeon slams Cape MEC

By TONY SPENCER-SMITH

ONE of the top surgeons in Professor Chris Barnard's crack Groote Schuur Hospital heart team lashed out yesterday at the Cape Provincial hospital authorities for denying that there was a critical nursing shortage.

Dr Jose de Nobrega said he was so angry at the statement issued late this week by the MEC in charge of hospital services, Mr Pietie Loubser, that he wanted to speak out about the massive problems the nursing shortage was causing the heart team, and the raw deal nurses were getting.

"The problems at the hospital are even worse now than when the annual report was written.

"Mr Loubser is not aware of the difficulties. He sits in an office somewhere else. He should come to the hospital to see things first hand."

Dr de Nobrega claimed that:

o Heart patients had died because had had to go on a three month waiting list for operations caused by the shortage of intensive care nurses.

o The cardiac unit's intensive care facilities had to make do with 10 sisters when 30 were needed.

o Nurses were absolutely vital for the lives of patients at the hospital, but had to work outdated, gruelling 12 hour shifts for shockingly low salaries.

This made it extremely difficult to retain highly trained nursing staff.

On occasions, patients had had to be moved out of intensive care to make way for others — and had been "stone cold dead" by morning.

Dr de Nobrega said nurses could not even express their complaints within the hospital without being accused of disloyalty by the matrons.

"They are powerless to improve their lot.

"We need a complete restructuring of the way we look at the treatment of nurses, a completely new deal for them."

Department of Comprehensive and Community
Medicine, University of Cape Town

* Present Address:

Benedictine Hospital, Nongoma,

Kwa Zulu 3950.

BABIES

DEATHS:

DOCTOR

BLAMES

STAFF

CRISIS

(95) 12/7/81

S. T. M. 12/7/81
By Tony Spencer-Smith

THE Cape's MEC in charge of hospitals, Mr Pietie Loubser, has clashed with top Groote Schuur doctors over a shock hospital annual report that claims babies are dying because of the nurses shortage.

The report, released this week, said crippling staff shortages and lack of funds for equipment, had led to inadequate patient care in some areas and cutbacks in some essential services at South Africa's most famous medical institution.

Startling claims made by departmental heads include:

o There has been a "considerable" increase in the death rate of babies in the maternity section, according to Professor Roet Heese, head of the Department of Paediatrics and Child Health.

o Professor Walter Beck, head of the Cardiac Clinic, says frustrations caused by an inability to provide an adequate service for patients "has had a demoralising effect on all concerned and it is hoped that some action will be taken before a serious breakdown in the system occurs".

o A "critical" shortage of nurses has led to "curtailment of some essential services and to deterioration in the quality of care of patients in some areas of the hospital," according to Professor Solly Benatar, head of the Division of Medicine.

o Inadequate nursing services had made the post-operative management of heart transplant patients virtually impossible, and according to the Head of the Department of Cardiac Surgery, Professor Chris Barnard, if this continues the transplant programme will have to be discontinued. He said that mainly because of a critical shortage of

Babies die in Groote Schuur

was caused ultimately by "just too many babies being born," and problems would remain until black birth-rates were cut.

In his report, he said the continued presence of the resistant staphylococcus further aggravated the situation.

"Two salutary lessons should be obvious for future planning: No neonatal unit can function without adequate numbers of appropriately trained staff, and isolation facilities for infections of an epidemic nature are mandatory for the newborn."

In the hospital's report, the medical superintendent, Dr Reeve Sanders, said inflation had created havoc with the budget.

"The upsurge in the economy of the Republic resulted in a draining away of many members of staff to the private sector because the salaries offered outside the public service were so much more attractive."

Professor Beck said in his report the heart surgery backlog had led to long waiting lists even for semi-urgent patients, and a drastic cutback of cases admitted from neighbouring states.

The head of the hospital's nursing division the Chief Matron, Miss P Brassell, said that in previous years January usually brought a large intake of students. But only 47 students had booked to begin training in January 1981.

Other comments from the report:

o The outpatient department reported "congestion and long patient delays."

o In many areas of the Division of Pathology, increasing workloads resulted in "intolerable strain on staff and equipment."

o The department of Plastic Surgery said a lack of beds, theatre facilities and medical and clerical staff had hampered efficiency.

o Inadequate nursing services had made the post-operative management of heart transplant patients virtually impossible, and according to the Head of the Department of Cardiac Surgery, Professor Chris Barnard, if this continues the transplant programme will have to be discontinued. He said that mainly because of a critical shortage of trained nurses and the unavailability of anaesthetists, the number of patients treated by his department has declined steadily over the last two years, despite an increase in demand for heart surgery.

o A "critical and crippling" shortage of radiographic staff exists, with 20 posts for radiographers being vacant late last year.

This was caused by "low salary scales and arduous working conditions", according to Professor Beck.

Because of this, the hospital's vital new cancer weapon — a variable-energy linear accelerator — "cannot be operated other than for an occasional special patient", according to the head of the Division of Radiation Medicine, Professor Rosall Sealy.

o Much of the equipment in the Division Pathology is 10 to 20 years old, and the replacement of condemned apparatus is a major problem since the budget is restricted.

But in a statement later this week, Mr Loubser questioned the credibility of the report, and particularly the statement by Professor Heese on the increased death rate among babies and Professor Sealy's comments that the accelerator could rarely be used.

He said the 10 percent average vacancy rate for all staff at the hospital "could not be described as abnormal or critical"

He admitted there was a shortage of radiographers, but scoffed at the idea that this was "extraordinarily worrying".

It was true the provincial hospital department

and Groote Schuur were engaged in a "continual battle against problems of staff provision and inflation" but he said the solution did not lie in "continuous emphasis of the size of the problem."

He viewed Professor Heese's statement seriously, and would ask the director of hospitals to make a personal investigation and "If he finds the figures to be true, to ask why Professor Heese did not mention the facts to the department earlier."

On Professor Sealy's statement, he said he could honestly not believe the accelerator was used only for "special patients" In his judgment all patients were special.

Professor Sealy was away, and therefore not available to comment on Mr Loubser's statement.

Professor Heese said he stood by his report, blaming the increasing infant death rate partly on "overcrowding and a shortage of nurses."

He said the situation

Somerset hit by nursing shortage

15/7/85
Angus
95
9/10/85

Medical Reporter
SOMERSET Hospital was last year hard hit by the nursing shortage and almost half of the posts for white nurses were either vacant or filled by unqualified staff last December.

The hospital was also affected by a 'critical' shortage of radiographers and during the second part of the year doctors were asked, where possible to reduce the number of their requests for X-ray examinations, says the hospital's annual report.

Like the 1980 report recently released by Groote Schuur Hospital the Somerset report also discloses that the hospital was hampered by a lack of staff, a lack of space, and shortage of funds.

However, the hospital, 'because of its fine record, has not yet run into trouble with the serious nursing staff shortages reported elsewhere,' says the report.

One of the gravest causes for concern was the shortage of student nurses.

A total of 41 of the 175 posts set aside for student, pupil and assistant nurses in the white West block were unfilled by the end of last year.

Five of the 17 posts for senior sisters and four of the 43 positions for sisters were also vacant in this block.

Less affected was the hospital's North block, where 16 of the 68 student midwife posts and five of the 12 pupil nurse posts were unfilled.

'A total of 45 percent of our white posts are either vacant or are filled by other categories of staff,' said the report.

'Difficulty has been experienced in getting adequate staff for all departments, especially the maternity unit, monitor room and night duty shifts.

CT 15/7/81
95

Nurses help on part-time basis

Staff Reporter

PART-TIME nurses working on an hourly basis were helping to ease a threatened staff shortage at Somerset Hospital, the superintendent, Dr A Rosenberg, said yesterday.

"These are fully-trained married nurses who have come back to nursing but don't want to work as permanent staff," he said.

Dr Rosenberg, who was commenting on the hospital annual report for 1980 which listed staff shortages in both white and coloured nursing sections and gave the position for radiographers as critical, said the situation had been eased by the response of part-time workers.

The report said there had been little response to posts advertised for nurses, radiographers and administrative staff. Of 337 posts for whites in the west block 57, or 16.9 percent, had remained unfilled. Coloured vacancies in the north block totalled 27 out of 523 or just over five percent.

One of the biggest problems was the Shamley mater-

nity unit, where buildings and equipment were "completely inadequate". An occupancy rate of 140 percent was registered in the year.

Shortage of facilities was experienced in the department of obstetrics. There was no provision for isolation, no dining-room or waiting-room and no facilities for families visiting patients.

The report recorded that as both male and female medical wards were half-full, a decision to amalgamate them was made provisionally to make better use of staff.

More than 25 000 patients were treated in the hospital's accident unit. A shortage of beds for women outpatients in the north block was noted and patients were often sent home even when they had booked a bed.

"The current situation is that major improvements in terms of accommodation and equipment are already in the pipeline, and there is some easing of pressure from private patients, most of whom are now being accommodated by Mowbray Maternity Hospital," he said.

Colour keeps nursing in crisis

August 17/7/81

HA 95

Provincial Reporter

CAPE health services are strained by a chronic shortage of nurses, yet hundreds of matriculated coloured girls are being turned away from the profession by 'bureaucratic nonsense.'

Dr John Sonnenberg, Opposition spokesman on provincial health services, says that in the interests of public health, the Cape must convince the Government to allow the coloured community its rightful place in nursing.

'We are not talking politics on this issue, but speaking of the right of Cape people — or people anywhere in the country — to receive the best medical attention from the most qualified personnel,' said Dr Sonnenberg, a medical practitioner and Progressive Federal Party MPC for Green Point.

'Health services in the Cape are being well handled by nurses, working admirably under pressure, but these services are suffering because of the shortage of nurses.'

'Mandatory'

'It is absolutely mandatory to end this situation, created by bureaucratic nonsense that, for example, allows health services to decline while at the same time there are literally hundreds of young matriculated coloured women wanting to become nurses.'

Dr Sonnenberg welcomed the Cape's departmental inquiry into the grievances of nurses, but said it did not go far enough. It should speak to women who had left the profession and to those who wanted to be nurses but were barred for ideological — not health — reasons.

'We in the Opposition regard the situation as critical, and we intend to raise the matter very forcibly in the Provincial Council. We believe a select committee of the council should be appointed to deal with the policy aspects involved.'

'Inescapable'

'They will find four major reasons for the nursing shortage, which lead to inescapable conclusions if one wants to restore and improve our health services.'

Firstly, salaries were 'completely inadequate' in spite of the recent improvements in conditions of service.

The authorities have woken up late, and they still have to catch up on a backlog of many years,' said Dr Sonnenberg.

Secondly, the wage gap had to be closed. While the wage gap had been closed at the top ranks, at the nursing level equal pay regardless of skin

When multiplied to arrive at basis of its ranking. This is (common cold) from priority

Specific disease	++	++	15
Mental problems	++	++	16
Common cold*	+	++	54
Added to	+++	++++	0
Need for medical care	++++	+-	32
Malnutrition	++	++	36
Inadequate and natal & obstet care	++	+++	48
Large & poorly spaced families	+++	++	96
Problem	Community concern	Vulnerability to management	Total
Diagram 1: A			

(Continued on Page 3, col 7)

Aug 17/7/81 Nursing 95

(Continued from Page 1)

colour had become obligatory.

Thirdly, the South African Nursing Association, which negotiated on service conditions with the Government, was now seen as 'part of the establishment' by a large percentage of nurses.

Fourthly, 'and most worrying of all,' was the barring of the profession by hundreds who were eager to join, while the critical shortage of nurses continued, and would continue until these artificial barriers were removed.

'When you're in need of medical attention, you are interested only in the colour of the uniform, not the skin of the wearer,' Dr Sonnenberg said.

'Nursing is not a matter that can be used for political ends. It is an absolutely essential service — perhaps the most essential of all. A qualified nurse is a qualified nurse, no matter whom she may be.'

Dr Sonnenberg said the experience of private hospitals had proved that Cape patients accepted health care from black or white.

Sunday Express Reporter

GROOTE SCHUUR is a hospital in a crisis, but it is not alone among South Africa's White provincial hospitals.

The hospital's annual report, released this week, makes it clear that the nursing shortage at this world famous hospital is creating the same desperate conditions as are known to exist in other White provincial hospitals in the country.

But the people who are in a position to prevent a possible breakdown in medical services at the hospital deny there are any major problems.

Flagship hospital Groote Schuur

Following the publication of the report, there has been a storm of controversy about allegations that an acute shortage of nursing staff has led to a decrease in the standard of medical services provided at Groote Schuur.

These allegations were promptly denied by Mr P J Loubser, MEC in charge of hospitals in the Cape Province.

The Sunday Express investigated to what extent there was a shortage at Groote Schuur and why.

The conditions nurses have to work under are eye-opening.

In the annual report, Professor H de V Heese stated that the shortage of nursing and para-medical staff had partly contributed to the considerable increase in the infant mortality rate at the hospital and at the Mowbray and Peninsula Maternity hospitals, which fall under Groote Schuur.

Professor Chris Barnard, in the report for the department of cardiac surgery said that "de

spite an increase in demand" there had been a steady decrease in the number of patients treated over the past two years.

A number of other department heads expressed their concern in the report. They attribute the decrease to departmental inefficiency which had resulted from the shortage of nurses.

Following the publication of the critical annual report, Mr P J Loubser questioned its credibility.

He criticised the department heads for their

HOSPITAL STAFF SHORTAGES

in a crisis

allegations, saying that there was no shortage of nurses at Groote Schuur. His department had not been informed of any shortage, Mr Loubser said.

The chief matron at Groote Schuur, Miss P Brassell, has said that whereas in the past the average yearly intake of student nurses was 100-120, "only 47 students were booked to start training in January 1981".

Reliable sources have informed the Sunday Express that only 25 of the 47 student nurses are

still at the hospital.

The critical situation at Groote Schuur and its allied hospitals has already resulted in nurses taking over the duties of sisters.

At Mowbray, for example, where there should be three sisters, there are only two and a nurse is doing the duties of the third sister.

And at Somerset Hospital a number of wards have been closed because of the lack of nursing staff.

Dr R O Watermeyer, deputy medical superintendent at Groote Schuur, refused to comment on the situation.

He also refused to let the Sunday Express have a copy of the Groote Schuur annual report.

Exposed ^{19/7/87} How the nursing crisis could be solved

A SIMPLE decision by the Government can solve the nursing crisis in White hospitals — and save the life of patients, including babies, who are said to be dying through lack of proper care.

With new reports this week of dedicated medics fighting a losing battle to maintain standards in the face of growing staff shortages, Expressscope investigated the situation and came to a startling conclusion.

The shortage CAN be overcome — by using Black nurses.

Expressscope's inquiries disclosed major flaws in the standard Government and Provincial excuse for not using Black nurses in White hospitals: that it would rob Black patients of their service.

But the truth is that there is no shortage of Black nurses in urban Black hospitals and that every year thousands of qualified Black women who want to become nurses are turned away for lack of training facilities.

This contrasts starkly with the situation among Whites, where there is not only a growing and already desperate shortage of nurses but a great lack of young recruits to the service.

In a recent interview with the Sunday Express, Dr Servaas Latsky, Transvaal MEC in charge of hospitals, said provincial hospitals were unable to use

Black nursing staff as there was a critical shortage of Black, Coloured and Indian qualified staff.

He also said some Black nurses had to be trained for the homelands, maintaining that the homelands would be deprived if nurses were "taken away from them" to work in White hospitals.

But superintendents of Black hospitals on the Reef told Expressscope this week they were not experiencing a Black nursing shortage.

And the PFP spokesman on hospital matters, Mr Sam Moss, accused the authorities of "hiding behind an old, old excuse that just isn't true".

Dr G C Gravett, the superintendent of the Boksburg/Benoni hospital, said when approached by Expressscope: "If I had as many applications for posts and as many nurses on the White side as I have on the Black side I would be the happiest superintendent in the world."

"We train Black nurses and can't even offer posts to some of the Black sisters we qualify," he said.

Maintaining that there was a surplus of Black nurses in the Boksburg/Benoni area, Dr Gra-

JOHANNESBURG HOSPITAL	BARAGWANATH HOSPITAL	EDENVALE HOSPITAL	BOKSBURG BENONI HOSPITAL
Number of nursing posts: 2 297	Number of nursing posts: 4 000	Number of nursing posts: 179	Number of nursing posts: ?
Number of vacancies: 1 091	Number of vacancies: no shortfall	Number of vacancies: 100	Number of vacancies: no shortfall
Number of training posts: ?	Number of training posts: unspecified	Number of training posts: 10 (per annum)	Number of training posts: ?
Number of trainee applicants: ?	Number of trainee applicants: 27 000	Number of trainee applicants: 0	Number of trainee applicants: ?

By CHARLOTTE BAUER

vett said: "I know of highly skilled Coloured nursing sisters in Reiger Park who are sitting at home because they can't find jobs."

When asked about the allegedly "critical" Black nursing shortage the superintendent of Baragwanath Hospital, Dr Chris van der Heever remarked: "There isn't one in my hospital."

It appears that Black matriculants still regard nursing as a promising and worthwhile career.

Baragwanath, a teaching hospital, receives about 27 000 applications from student nurses each year.

But, according to Dr Van der Heever, the hospital only had 4 000 nursing posts available. The posts are, therefore, greatly oversubscribed and only the "cream of the crop" are chosen.

In contrast earlier this year the superintendent of the Johannesburg Hospital, Dr Neville Howes, revealed that the hospital was short of 1 091 White nurses.

Only 1 206 of the 2 297 nursing posts at the hospital were filled.

Similarly the Administrator of the Transvaal, Mr Willem-

nursing crisis — and isn't

MUNNIK IS THE MAN

By CHARLOTTE BAUER

DR LAPA MUNNIK, the controversial Minister of Health, is the "mystery man" behind the move to allow White private hospitals permission to ease their nursing shortage by employing Black nurses.

Bowing to a request from the Representative Association of Private Hospitals, Dr Munnik has conditionally granted permission for persons of "other population groups" to nurse White patients.

Earlier this month the Sunday Express disclosed that in a reversal of official Government policy, permission had been given for Black nurses to nurse Whites in private hospitals and clinics.

But observing a curious code of silence the authorities repeatedly refused to confirm or deny the ruling or say which department gave the permission.

This week the Sunday Express obtained a copy of a signed letter circulated to clinics and private nursing homes in which Dr Munnik stipulates that:

- Black nurses can nurse in White private hospitals and should receive salaries equal to those paid to White nurses.
- Clinics should ensure that White hospital staff and patients and their families are satisfied with the arrangement "to protect the interests and sensitivities of all concerned".
- Nurses belonging to different population groups should not be exploited.

Private nursing homes interviewed said the use of trained Black nurses had greatly alleviated their staff problems and they had not encountered any resistance from personnel or patients.

Health Department authorities refused to talk about the possibility of using Black nurses in provincial hospitals in a bid to ease the chaotic White staff shortage and referred us to the Minister, Dr Munnik.

We were told Dr Munnik was "out of town".

We're treated like slaves say nurses

Express Reporter

NURSES at Groote Schuur work under conditions which seem more appropriate to the Industrial Revolution than the 1980s.

The conditions — and the resultant shortage of nurses — emerged when the Sunday Express launched an investigation into the nursing situation at Groote Schuur.

The nurses are expected not to complain. Because nursing is regarded as a profession "it is regarded as unethical to speak up against the situation" one nurse said.

Another nurse phrased it differently: "The petty Nightingale image is there all the time."

Following interviews with 20 nurses and sisters, the Sunday Express has established that fewer and fewer young girls are entering the nursing profession because of poor pay and because they are treated like "slaves" and "children".

The nurses and sisters spoken to all expressed fear of possible victimisation so their names have been changed for their protection. They represent a cross-section of student nurses, nurses and sisters.

One of the major complaints which emerged was about poor pay.

A nurse with up to three years training receives a salary which is lower than that received by matriculants in their first job — R280.

Belinda, 24, a student nurse was "sick" at the thought of the pay nurses receive. "We are supposed to be members of a profession and should be paid as such," she said.

Many nurses and sisters are leaving the profession to take up jobs as medical receptionists and secretaries, medical representatives and other positions.

A medical representative receives more than twice the salary of a qualified nurse and also gets the use of a company car.

At the beginning of this year hospital authorities announced that nurses could earn extra money by working overtime. This was an apparent attempt by Groote Schuur to cope with the nursing shortage.

Angela (22), a sister, said: "They are reluctant to pay a decent salary, but because they are so short staffed they offer overtime. It boils down to the fact that they are not prepared to pay for honest labour."

Nurses are also frustrated at the bureaucracy and red tape involved in nursing at

Cruywagen, disclosed that the greatest shortage was among White nursing staff.

Mr Cruywagen said about 12 169 posts were available but of these only 8 001 had been filled while more than 10 000 Black nurses were employed in 11 681 available posts.

Mr Moss, who is also the MPC for Parktown, said he believed the nursing crisis would be a "thing of the past" if trained Black nurses were used in provincial hospitals.

Mr Moss' sentiments have been repeatedly echoed by senior doctors and others who feel the integration of the profession would mostly alleviate the shortage.

Warning that the Government was not productively using its human labour resources Mr Moss said the time was coming when even the authorities would concentrate more deeply on training and not be concerned about colour.

Now we are paying the price for 30 years of the Government's policy of segregation. It would be the height of folly not to use the local man- and womanpower available to our hospitals.

"Black nurses have proved their worth in the private sector and would be able to prove their worth in provincial hospitals," said Mr Moss.

Groote Schuur.

Hard pressed as they are to cope with their patients, nurses find they waste a lot of time filling in unnecessary forms and taking temperatures unnecessarily.

Because of the red tape involved in ward administration, nurses feel the patients who really need attention are not getting the care they should have.

Nurses feel they are "dehumanised" and treated as "inferior beings", no matter how qualified or experienced they are.

"They deny us our working rights," said Angela.

Belinda elaborated: "When we started at Groote Schuur we were not informed of our

rights. We were not told what the rules were regarding sick leave, annual leave, pay or other concessions due to us."

"We are treated like children all the time and are simply an expendable work force," claimed Angela.

At Groote Schuur the nurses work four shifts of 12 hours each in a week. They are, however, expected to arrive earlier in order to take over from the previous shift.

Rarely do they leave when their duty is over and most 12-hour stretches become 13. A number of nurses complain that no recognition is given to the extra time they put in.

The list of complaints goes on and on, and with the large number of far more appealing

positions available in the private sector it is not surprising there is an exodus of nurses from the profession.

In May this year, the student nurses at Groote Schuur and other hospitals in the Peninsula sent a letter to the Chief Matrons of all the hospitals in the area, drawing attention to the crisis and the conditions. No replies have yet been received.

But if a serious nursing crisis is to be avoided within the next few years, the Government must first allocate more funds for salaries.

"Nothing can improve until our salaries are improved. First we must get better pay and then more staff will follow," one nurse said.



● The growing nursing crisis is exacerbated by a lack of young White recruits

Nurse aids who tend the frail, white aged for a pittance

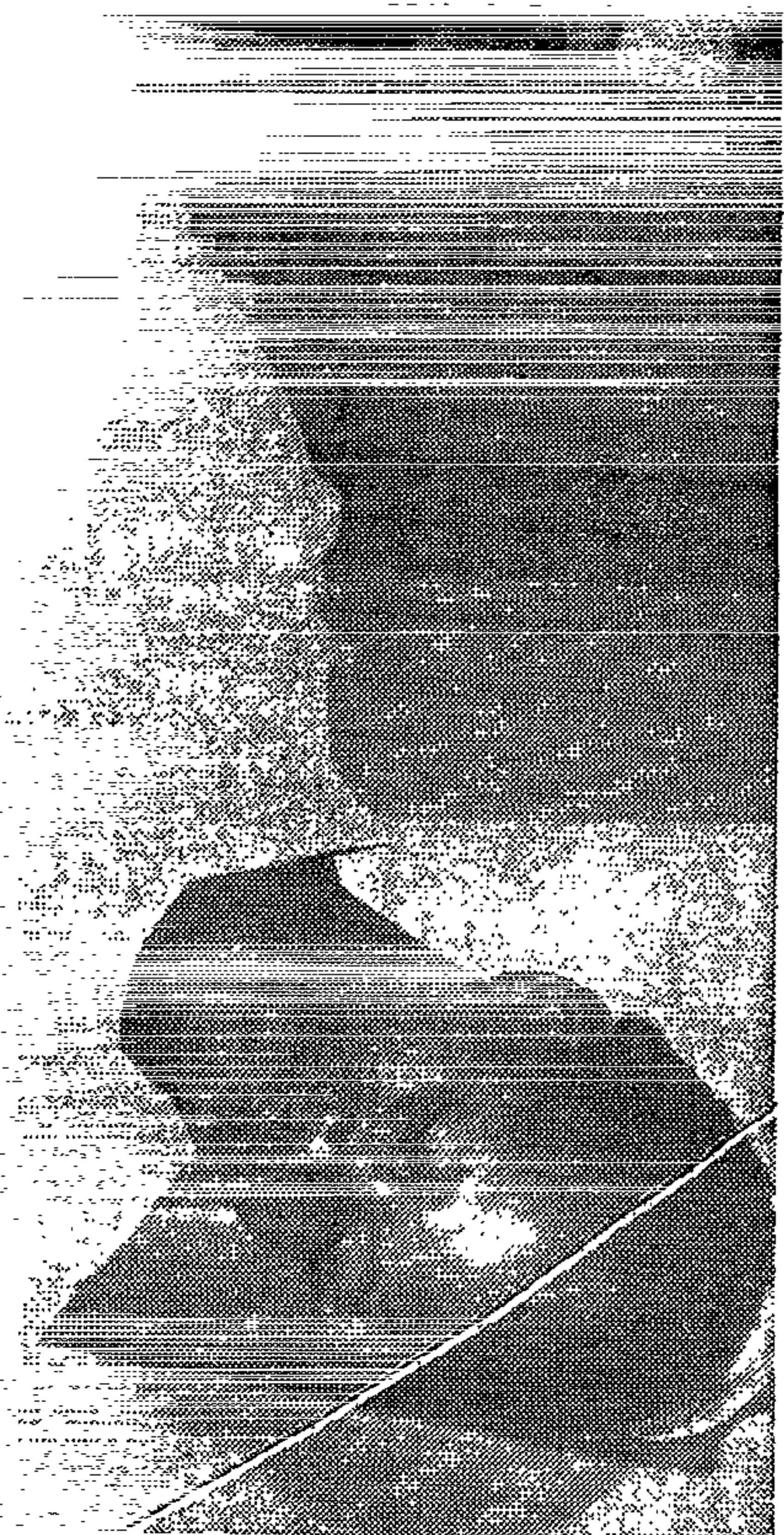
Nurse Aids AFTER 12 YEARS JUDY EARNES R69,50 A MONTH

For their COINTEGRATION

WHEN I get home there is work to be done — cooking, washing, looking after the children. I sleep perhaps for two hours. I have been doing night shift for a long time. I am tired

QUOTE

(95) *St. Tribune* 19 JUL 1981



ANY morning early you will see them — modest in their bright brown shoes and neat uniforms — going home from rooms where they have comforted the frail aged of the white community through another night.

They thread their way down from the private nursing homes on the Berea — places like Musgrave Nursing Home and Kingleigh Lodge and Krangipanta — to the bus and rail stations that now more than R200 a month.

Working hours vary widely, Judy Sitole gets eight nights off a month, though in unpredictable home in this respect makes its staff work 13-hour shifts, with only one half-hour supper break and one night off a week. This was one of the cheapest homes, charging just over R300 for a single room.

The best in terms of hours was again Frangipanta, at R425 a single room, which gives its day-staff two-and-a-half days off a week and 10 nights a month for its single room.

Picture and story: By TONY SWIFT

"This home fines us 50 cents if we are late — even when it is not our fault."

Travelling costs take almost a quarter of Judy Sitole's monthly salary — R15. Others pay up to R25 to get to and from work each month. Rent takes another R15, leaving Judy with R39 on which to bring up her five children. She has no husband and no other source of income.

Yet somehow she manages to get her children through school. "I borrow R50 from my brother and pay him back later," she says. The

Home, accepts the charge that nurse aids in many homes are greatly underpaid and overworked, but argues that thanks to inflation in the profit margin in running old-age homes simply won't admit any great improvement in conditions.

"Some people think we just sit here and rake in the stakes," she said. "But many of us in the private sector are very concerned about these problems. As it is my wages bill has trebled in the past five years and you can't endlessly put your fees up."

Mr Clave argued that the situation would be greatly helped if the Government increased its R200 income ceiling on subsidies to the aged needing a place in a home. That would allow

A Durban branch spokesman of the SA Nursing Association said it was not reasonable to expect nursing staff to subsidise it either through low pay and long hours.

Heidi Brookes, chairman of the Durban district and coastal branch of SANA, said: "This is a very sensitive area, about which our branch is very concerned. Urgent investigation is needed as a basis for a rational programme of action to resolve the issues."

the frail, white aged for a pittance

ht

AFTER 12 YEARS JUDY

EARNs R69,50 A MONTH

their
struggling

QUOTE

WHEN I get home there is work to be done — cooking, washing, looking after the children. I sleep perhaps for two hours. I have been doing night shift for a long time. I am tired

Picture and story: By TONY SWIFT

ANY morning early you will see them — modest in their bright brown shoes and neat uniforms — going home from rooms where they have comforted the frail aged of the white community through another night.

They thread their way down from the private nursing homes on the Berea — places like Musgrave Nursing Home and Kingsleigh Lodge and Frangipania — to the bus and rail stations that take them out to the townships.

They are nurse aids — or to give them their professional title, Enrolling Nursing Assistants — and their job is to provide patient care for the very old, turning them in their beds, changing their linen, walking, washing, and feeding them.

In return, they are one of the most neglected groups in the nursing profession. Some of those working in private nursing homes receive a third of the provincial rate for the job and work for stretches of more than 100 hours without a day off.

Night shift

Take the case of Judy Sithole (a made up name to protect her) a small bright-eyed middle aged woman. She has worked 12 years as a qualified nurse aid in two of Durban's private nursing homes.

For the past four-and-a-half-years she has been on permanent night shift sometimes working 10 days at a stretch before she gets a night off.

The starting salary in the home where she works is R52 a month and, after 12 years of devotion to the aged, Judy gets only R69,50.

Out of this she must buy her own uniforms and shoes, which take punishing wear.

I talked to 16 nurse aids from five of Durban's 12 private homes. The lowest paid was getting only R49 a month, the most common starting pay being R65. The owner of one of the more expensive homes, who thought of himself as a good payer, was paying only R65.

Only one home, Frangipania, at R85 a month, was paying anything approaching the provincial rate.

By contrast two homes run by welfare organisations, Bill Buchanan Park and Tafta, which receive Government subsidies, pay starting wages of more than R100 and R95 respectively, and the SA Nursing Association no longer regards those rates as adequate.

Meanwhile, the household subsistence level for a black family in the Durban area is

now more than R200 a month.

Working hours vary widely. Judy Sithole gets eight nights off a month, though in unpredictable allocations. The worst home in this respect makes its staff work 13-hour shifts, with only one half-hour supper break and one night off a week. This was one of the cheapest homes, charging just over R300 for a single room.

The best in terms of hours was again Frangipania, at R425 a single room, which gives its day-staff two-and-a-half days off a week, and 10 nights a month for its night staff.

But by contrast its white nurses work three days on and three days off.

Some homes provided uniforms but none provided the most expensive items — duty shoes and cardigans.

Judy Sithole gets only two weeks paid holiday a year. Another home provided for a month's holiday but without any pay and the others allowed three weeks paid.

If Judy is sick she is paid only if she produces a doctor's report — but a consultation costs R4,50, more than twice her day's earnings, so it's worth getting a certificate only if she's very ill. As a result she often works when she should take days off.

In one home a nurse aid who was accidentally injured by one of the patients was off for eight days and, though she produced a certificate, her pay was docked by R8. "It is the practice here," I was told.

To get to work on time Judy Sithole must leave home at 2.40pm and she gets back to her home from work at 9am — giving her a total time at home of shorter than six hours on any working day.

"When I get home there is work to be done — cooking, washing, looking after the children. I sleep perhaps for two hours."

She also snatches cat-naps on the train and during a two-hour midnight rest period at work; it is on that kind of sleep that she has to get through eight and 10 days at a stretch. Many nurse aids opt for nightshift — at least that way they see their children. "I have been doing night shift for a long time now," Judy says. "They must give me a change. I am tired."

Travelling time to and from the townships means that most of the nursing staff I talked to have less than 10 hours and some less than seven hours at home on any working day. Eight hours of sleep is out.

Travelling is complicated, often involving long walks, bus, train, and taxi journeys. "Sometimes the trains can make us late," one nurse aid told me.

"This home fines us 50 cents if we are late — even when it is not our fault."

Travelling costs take almost a quarter of Judy Sithole's monthly salary — R15. Others pay up to R25 to get to and from work each month. Rent takes another R15, leaving Judy with R39 on which to bring up her five children. She has no husband and no other source of income.

Yet somehow she manages to get her children through school.

"I borrow R50 from my brother and pay him back little by little. The school has cost me R50 this year so far but now I must pay another R20."

She is determined that her oldest child will get her matric. "I want her to be a fully qualified nurse," she said.

One way Judy copes is by not eating at home on working days.

"I take only tea. We have a supper at the home — either samp and beans or meat and putu, and tea and bread in the morning. That is what I eat."

Quite a number of nurses aids are, or end up, as single parent families with only their own earnings to live on, but even those with earning husbands find it difficult to make ends meet.

"The work is hard and the hours long. The pay is not fair," I was told.

Judy Sithole looks after people who have pensions to pay for the care she provides, but she herself has no pension. None of the homes I spoke to provided pensions, including the Welfare-organisation homes, though Tafta is "talking about pensions very seriously."

Cannot save

What " about savings towards her old age? "Ohhh . . ." — in one syllable Judy manages to convey amusement, longing, and wonderment at the very idea.

She will have to rely on her family — but with the fabric of African family life disintegrating under the hammer blows of separate development that is no longer as good insurance as it used to be and there are no homes for people like Judy to go to.

"We are worried about what will happen to us in our old age," other nurse aids told me. "There is no chance for us to save."

Owners of private nursing homes and experts in the care of the aged denied that most private homes made extortionate profits.

Dorothy Duthie, working owner-matron of Mitchell Park Nursing

Home, accepts the charge that nurse aids in many homes are greatly underpaid and overworked, but argues that thanks to inflation the profit margin in running old-age homes simply won't admit any great improvement in conditions.

"Some people think we just sit here and rake in the shekels," she said. "But many of us in the private sector are very concerned about these problems. As it is my wages bill has trebled in the past five years and you can't endlessly put your fees up."

"Food has also gone up dramatically and what profits I make keep disappearing into rates and electricity payments. I have tried to increase the staff's wages by increasing working hours and holding back on the numbers — but the hours are already long and they found they couldn't support longer ones."

No answers

"Frankly, I don't think there are any answers to the problems you are raising. Perhaps the state should come and buy us all out and take over, and we'll all run away."

Mr Michael Clave, executive officer of Tafta, The Association For The Aged, supports the view that the private homes aren't making big profits. "I know of six that were on the market last month and they wouldn't be there if they were making money," he said.

"I don't think any woman should be paid less than R85 whatever her work is these days."

"But it has become extremely expensive to run a home for the frail aged — food costs alone went up by 30 percent last year — you simply can't do it for under R300 a head. And in a well-run home you should expect to be paying about R450 a month for the right kind of care."

Mr Clave said the working conditions of nursing staff had to be looked at in the vexed context of the shortage of resources available to the elderly.

There was already a major shortage of accommodation for elderly people who needed nursing care in a home — particularly in the lower price range.

"If your income is below R200 you qualify for a Government subsidy — if you're European — and can get a place in a sub-economic home such as we run. If it's over, you don't qualify. The fact is there's a broadening band of people earning more than R200 but less than R500 who find it increasingly difficult to get accommodation."

"There are various

schools of thought about economic — or private — homes. One is that they should be closed down. But I feel you can't do that until you have some alternative. If you did, the people on these ridiculous incomes would be out of work altogether and you'd have a lot of frail, elderly people on the streets."

Mr Clave argued that the situation would be greatly helped if the Government increased its R200 income ceiling on subsidies to the aged needing a place in a home. That would allow the non-profit-making homes to expand and leave the private homes to cater for the wealthy who could afford to pay at rates allowing for proper salary scales.

One had to look at the problem from all sides and, as things stood, many private owners could get a far better return on investment for far less effort and risk by simply putting their money in building societies and taking the interest.

"It's not reasonable to expect them to subsidise a service to the elderly."

A Durban branch spokesman of the SA Nursing Association accepted the point, but said it was not reasonable to expect nursing staff to subsidise it either through low pay and long hours.

Heidi Brookes, chairman of the Durban district and coastal branch of SANA, said: "This is a very sensitive area, about which our branch is very concerned. Urgent investigation is needed as a basis for a rational programme of action to resolve the issues."

"Meanwhile, nursing assistants can best protect themselves by establishing contact with their local branch of the association."

Several observers asked why black enrolled nursing assistants failed to participate actively in SANA, the only body that can protect and advise them on recommended working conditions and which holds meetings in several of the townships.

Those I spoke to said simply: "We don't have the time or the energy, or the money."

Exco's

nursing

RDM 25/7/81

crisis

95
RW

mission to Cabinet

THE Transvaal Executive Committee will meet members of the Cabinet in Cape Town next week to discuss the province's worsening nursing staff crisis — and pay levels are likely to be high on the agenda.

For the stud
greatest pro
of the first
M P Morkel

REGIONAL
PLANNING

By GERALD REILLY

had 1 241 nurses working in the hospital, plus 110 part-time staff.

Between mid-May and mid-June hospital staff had worked 13 476 hours of overtime.

Dr Howes said: "Obviously, we try to admit all emergency cases, but because of the shortage of nurses we have had to limit the number of elective admissions."

Earlier this month the Andrew McColm Hospital in Pretoria was forced to close another 18 beds.

This brought the total of beds closed in Provincial hospitals in the city to 179 — 93 in the H F Verwoerd, 50 in the Pretoria West Hospital and 36 in the Andrew McColm.

At the Vereeniging Hospital recently two wards with 58 beds have been closed because of the nursing shortage — running at 48% of complement for student nurses and junior personnel, according to the superintendent, Dr Dirk van Rooy.

Patients would not be turned away from the hospitals but those who were not in need of urgent treatment would have to "get into the queue", he said.

of the year.

Dr Latsky said yesterday there was no "crash solution" to the complex problem.

"We are deeply concerned at the lack of student nurses and the fact that registered nurses who have left the profession do not generally appear to be interested in coming back."

The crisis created a vicious circle. Because of the shortage, available staff had to work longer and harder, night duties became more frequent — and the profession became less attractive, he said.

Losing out

Even under acceptable conditions, many registered nurses were lost to the profession because they were no longer career women, or had found other work.

The chief superintendent of the Johannesburg Hospital, Dr Neville Howes, said the situation was serious.

"Our total nursing establishment is 2 333 and on July 15 we

The Johannesburg Hospital alone is short of 1 092 nurses — almost half its authorised establishment — and only half its 2 000 beds are available.

In Pretoria yesterday, the MEC in charge of hospitals, Dr S Latsky, said the shortage was most serious in the PWV area.

Although Dr Latsky would not say which Ministers Exco will see, it is likely that they will include the Minister of Finance, Mr Owen Horwood, and the Minister of Health, Dr L A P A Munnik.

A root cause of the shortage is the dissatisfaction over pay levels which has grumbled on in the profession for the past 10 years.

It is likely that Exco will try to persuade Mr Horwood to allocate funds in the August 12 Budget for urgent salary adjustments to improve student recruiting prospects at the end

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(Continued)

QUANTITY
SURVEYING

Industrial nurses need trade unions, says Hunt

NM 25/7/81 (95) (81)

Mercury Reporter
INDUSTRIAL nurses 'don't shout enough' for better salaries and improved factory health departments, according to Miss Noel Hunt, head of the Department of Nursing at the University of Natal.

Speaking on the need for occupational nurses at the Natal Occupational Health

Nurse Symposium in Durban yesterday, Miss Hunt said nurses working in factories earned about R465 a month and had an average of 1 400 workers to attend to.

'This is an impossible load for one nurse. The nurse is the linkpin of health care for the industrial worker and carries an

enormous responsibility,' Miss Hunt said.

She said more than half the nurses were not represented on any factory committee.

'What they need are trade unions to put pressure on management for improved facilities and more staff,' she said.

She said many occupa-

tional nurses 'had a hard time' with factory managements.

'Basically, managements are just not prepared to spend the time and money on improving or expanding their health facilities. Although the nurses do a lot of good work they cannot achieve wonders on their own and co-operation of management is essential,' Miss Hunt said.

She said only 40 percent of factories in the Natal coastal region were affiliated to the National Occupational Safety Association — the lowest in the country.

Govt to
talk to
Transvaal
nurse crisis

Transvaal's nursing crisis will come under the spotlight this week when members of the Transvaal Executive Committee meet several Cabinet Ministers in Cape Town.

Dr S D Latsky, MEC in charge of hospitals, would not say how many Executive members were going to Cape Town, or which ministers they would be meeting. It is believed, however, they will have discussions with the Ministers of Finance and Health, and that salaries will be high on the agenda.

Dr Latsky said there was no quick solution to the worsening nursing staff shortage.

"We are deeply concerned at the lack of student nurses and the difficulty of attracting back to the profession those registered nurses who have left," he said.

"The crisis has created a vicious circle. Because of the shortage, the nurses have to work longer and harder, night duties become more frequent — and the profession seems less and less attractive," he said.

Dr Latsky added that the nursing shortage was most serious in the Pretoria - Witwatersrand - Vereeniging area.

The Johannesburg Hospital has just over half its nursing posts filled, and in Pretoria 179 beds have been closed this year.

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Third Year (Silver Medal)
C L E Swartz

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CHEMICAL

(Continued)

CIVIL

Nurses: 'Poor service conditions'

27/7/81 (95)
Staff Reporter

INADEQUATE salaries, poor service conditions and the attitude of matrons toward young and married nurses are the main grievances in the nursing profession, an SABC radio programme on the nursing crisis found on Friday night.

A doctor, several nursing sisters, the superintendent of Groote Schuur Hospital, Dr Hannah Reeve-Saunders; the president of the Nursing Association of South African, Professor Charlotte Searle and the chief director of the Commission of Administration, Mr Piet Colyn, were interviewed by Nigel Murphy.

The programme found that most nurses were "actively" looking for more lucrative jobs in commerce and industry; that men regard nursing as "a woman's job" and that Cape nurses were required to work 44 hours a week compared to 40 in other provinces.

An experienced nursing sister said matrons were not modern enough and nurses with families were not taken into consideration in planning shifts and work hours.

Professor Searle said that while this was true in some cases; matrons carried heavy responsibilities and had to "see to it that laxity is not carried to great lengths". Dr

Saunders said matrons tried to meet the needs and expectations of young people and nurses with families, but it was difficult to meet each individual need.

The nursing sister said most qualified nurses earned about R340 a month after deductions, while experienced nursing sisters were left with a take-home pay of R350 to R400.

Another nurse said working hours were too long and called for the implementation of eight-hour shifts at hospitals.

A nursing sister from Queenstown asked why nurses in the Cape Province were required to work 44 hours a week while those in other provinces worked only 40 hours.

Mr Colyn said this was one of the matters being investigated by a major inquiry into nursing. Asked by Mr Murphy whether it was a commission of inquiry, Professor Searle it was not a commission, but a committee.

The Queenstown nurse complained that "it takes too long to get anything done for nurses". Professor Searle replied: "We thump the table. We demand to see the minister. I think officialdom has at last realized that nursing is not a profession of spinsters."

PC move over nursing crisis

Augus 29/7/81 (98)

Provincial Staff

A PRIVATE motion calling for a select committee of the Provincial Council to investigate the 'critical situation' in nursing and paramedical professions in the Cape, has been proposed by Dr John Sonnenberg, MPC for Green Point.

The Progressive Federal Party motion on nursing was proposed by Dr Sonnenberg for debate next Tuesday.

Dr Sonnenberg said in the motion that the present situation was 'threatening to impair the efficient delivery of hospital and health services to the inhabitants of the Cape Province.'

He has proposed that a select committee of the Cape Provincial Council should examine both nursing and paramedical professions, including physiotherapists, radiographers, occupational therapists and social workers.

● The six new Progressive Federal Party members of the Cape Provincial Council yesterday all made their maiden speeches, on the opening

day of the council's session in Cape Town.

The new PFP members are Mr Geoff Everingham (Pinelands), Mr Jan van Gend (Constantia), Mrs Molly Blackburn (Walmer), Mr E W Trent (Port Elizabeth Central), Mr Jan van Eck (Groote Schuur) and Mrs Di Bishop (Cape Town Gardens).

They are among the 22 new members in the 55-member council. Many new NP members are expected to make their maiden speeches later this week in the traditional Opposition motion of censure.

● Marking the International Year of the Disabled, the council approved without dissent a motion affirming the right of every disabled person to 'take a full and equal share in the community according to his or her abilities.'

The motion was moved by Mr P J Loubser, MEC in charge of hospital services, and seconded by Mr Herbert Hirsch, leader of the Opposition.

● A million to one coincidence occurred when the session began and the

Administrator, Mr Gene Louw, noted it and congratulated the people concerned.

The new leader of the governing National Party in the council is Mr P J Loubser, MEC, and yesterday was his wife's birthday. The leader of the Opposition - Progressive Federal Party is Mr Herbert Hirsch, and yesterday was his wife's birthday.

● Mr Gene Louw, and the council paid tribute to a former administrator, Dr Nico Malan, who died in April, aged 78.

Mr Louw moved an unopposed motion of tribute and of sympathy to Dr Malan's widow, Mrs Hester Malan, and family.

● Mr Gideon van Wyk, town councillor and former Mayor of Kraaifontein, sat with his wife in the public gallery to hear tributes from Mr Louw and the whole council.

Mr van Wyk was clerk of the council from July 1976 until his promotion this month to under-secretary of local government in the Cape.

Mr Louw and both sides of the council thanked him for his years of service to the council.

Shortage of nurses

Staff Crisis

By Bob Kennanagh,
Medical Correspondent

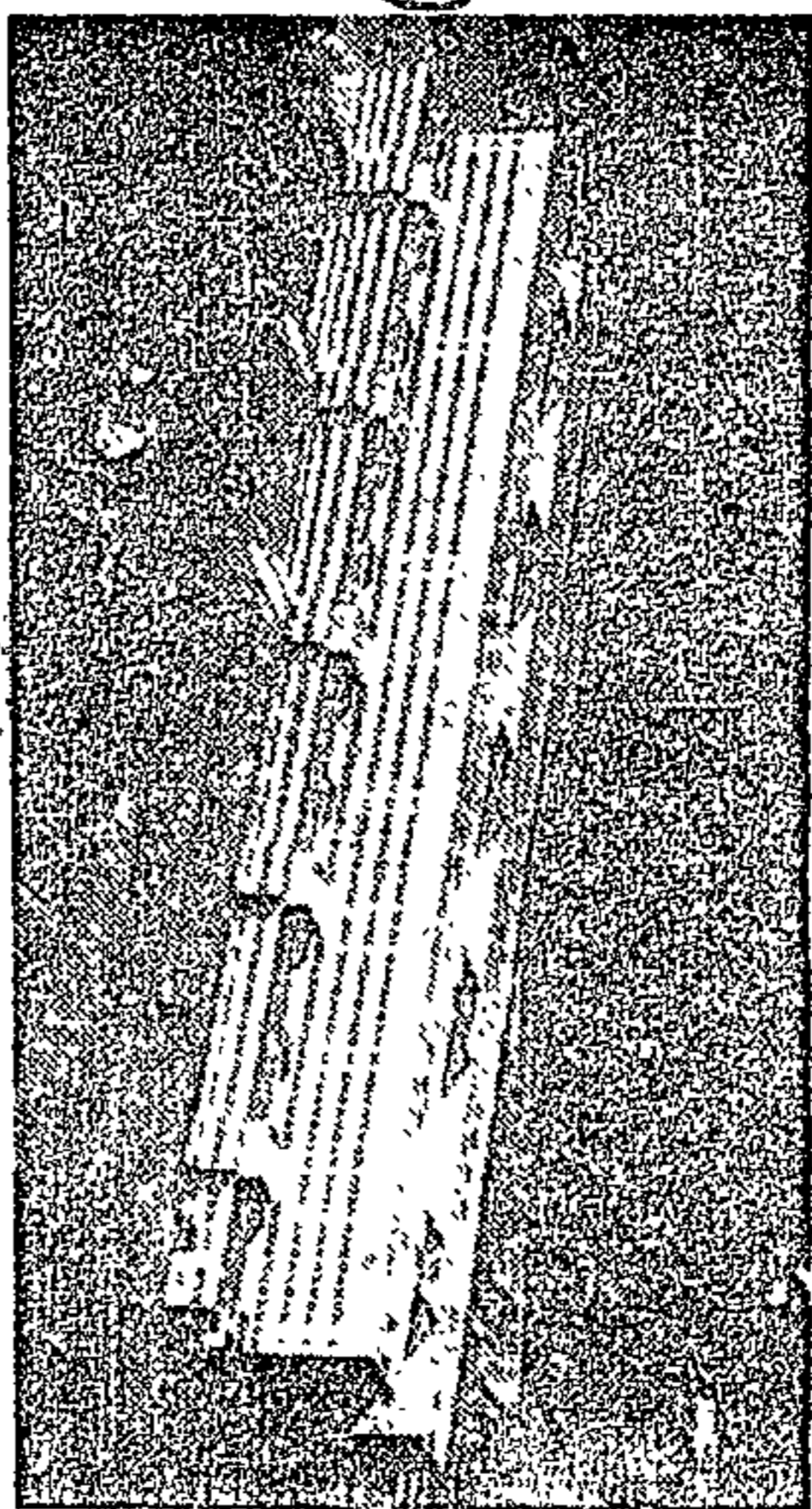
The nursing crisis at the Johannesburg Hospital is so critical that only the most seriously ill patients are being admitted.

This was disclosed today by Dr Neville Howes, the hospital's chief superintendent. He said only 1 023 of a potential 2 000 beds were in use. More than 120 beds were closed in December.

Dr Howes said there had been a marked increase in the number of patients with chronic chest conditions, including pneumonia, during the winter months.

Only very few patients are admitted

30/7/81
95
11 patients



But only half the nursing posts had been filled, and the staff was working at full pressure. "Doctors, nurses and paramedicals are doing remarkably well under difficult circumstances," he said.

"We are living from day to day. Only seriously ill patients are being admitted. Others are being referred to private nursing homes and other hospitals," he said.

Only private patients were being referred to private nursing homes. People classified as "hospital patients" could be admitted to provincial hospitals.

A patient's income determined whether he was referred to private or a hospital patient.

"It is not the responsibility of the province to look after private patients who are usually members of a medical aid scheme and have their own doctors," he said.

The hospital also had a shortage of radiographers, he added, but there were enough physiotherapists.

Mr Sam Moss, PFP MPC for Parktown and a spokesman on health, has called for the resignation of Dr S D Latsky, MEC in charge of hospitals in the Transvaal.

He has failed to fulfil the expectations of the people. If he cannot do the job he should be replaced."

Mr Moss said the hospital crisis had been simmering for too long and had now come to the boil.

"The authorities admit the problems but do nothing about it," he added.

He called on the provincial authorities to transfer nurses, irrespective of colour, to the hospital to alleviate the crisis.

Early warning that a dangerous situation was developing at the hospital because of staff shortages and administrative hold-ups, was given last year by Dr Peter Heberden, principal medical officer at the hospital.

He claimed that administrative problems and poor salaries were the root causes of the crisis which had put patients at great risk. He said at the time that the situation in the medical casualty department was disgraceful.

Last January doctors said hospital staff were so hard pressed that they could not cope with the work. They feared the multimillion-rand hospital was being brought to its knees.

Further warning that something had to be done urgently was given by Professor J B Barlow, chief physician and professor of cardiology at the hospital and the University of the Witwatersrand.

Writing in the SA Medical Journal, he said there were many provincial hospitals whose standards were being jeopardised by the inadequate quantity (and quality) of nurses.

Pretoria hospital forced to close 2 more wards

Medical Correspondent

Pretoria's HF Verwoerd Hospital — hard hit by a serious nursing shortage — is closing two more wards today, the superintendent, Dr T van Wyngaard, has disclosed.

The nursing crisis now affects several Rand hospitals and some institutions have filled only half their nursing posts. Nurses are working under great pressure to cope with the work.

The Star reported yesterday that the multi-million rand Johannesburg Hospital is admitting only the most seriously ill patients. Only 1 023 of a potential 2 000 beds are being used. More than 120 beds were closed in December.

The HF Verwoerd Hospital and the Far East Rand Hospital in Springs have each filled only half of their nursing posts.

Dr van Wyngaard of Pretoria said today: "We are being compelled to close 38 more beds today. We are trying our best under difficult circum-

stances and can cope with most admissions. No emergency cases are being turned away."

Far East Rand Hospital said part-time nurses were helping to relieve the pressure. No wards had been closed recently.

Edenvale Hospital had sufficient nurses to "hold its own," said the superintendent, Dr G Perling.

A spokesman said Baragwanath Hospital had no severe nursing shortage but had insufficient radiographers.

Dr S S Weyers, superintendent of the J G Strijdom Hospital, Johannesburg, said his hospital was short-staffed but that no beds would be closed. Dr Weyers added that many posts were filled by unqualified staff.

Bell-John Prize
For the best all-round student
in any year of study.
P C Key

The Committee of the Western
Cape Chapter of Quantity
Surveyors' Prize
For the student obtaining
the highest marks in
Professional Practice.
P R Swift

LTA Prizes
For the best student in each of
the courses of Building Economics I,
II and III in the third, fourth &
fifth years respectively.
I : N D G Sessions
II : A R Low Ken
III : No award

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URBAN &
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QUANTITY
SURVEYING
(Continued)

Nursing blackout

ANyo 31/7/81

95

AT Groote Schuur Hospital the infant mortality rate has been linked to the shortage of nurses. Yet in the Peninsula's African townships there are at least 100 matriculants who want to do nursing but cannot find training vacancies anywhere in the country. This statistic — compiled by the Western Province Black Nurses' Association (Weba) — is just one indication of the dragnet of official problems black people have to face in a profession which desperately needs recruits.

To find out about the obstacles and frustrations of the Peninsula's African nurses, we interviewed a senior member of Weba, a nursing sister who did not want to be named for fear of victimisation.

'The difficulties start when we look for training opportunities.

'We are forced to leave Cape Town and I had to spend more than five years away from my home and family, to become qualified,' said Sister M, who works in a Langa municipal clinic.

Because the Western Cape is a coloured labour preference area, in terms of Government policy, African nurses cannot train here.

'Fortunately the years

'We can also work at the various old age homes but who wants to dish-out pills and wash old folk after all that studying?'

After completing her training, Sister M found a job at the City Council clinic where she still works. 'And I'll probably have to remain here until I retire because it's impossible to do post basic courses when you are not getting the experience that a general hospital offers.

'We are also unable to keep pace with modern developments in medicine when we work in these private institutions,' she said. The labour preference policy also means that

African nurses are unable to work at a provincial hospital if there is a coloured person to do the job.

'I have known senior staff who were unemployed because of this.

'Even when they eventually found jobs they had to contend with being underemployed in old age homes,' said Sister M.

She said that at one of the old age homes in the Southern Suburbs, nursing sisters were employed mainly to make beds, bath the inmates and perform tasks that would be the work of nurse aides in a general hospital.

'The only time their qualifications are put to use is when they have to

'I HAD to spend more than five years away from my home and family, to become qualified.'

dish out the daily medication.

'Occasionally they do minor dressings but when the inmates become seriously ill, they are sent to hospital,' said Sister M.

But the biggest frustration, according to Sister M, is the inability of the South African Nursing Association (SANA) to improve their lot.

'We are tired of negotiating with them. They have failed to bring about parity in our wages and to me this means they are not working in our interests,' said Sister M.

Although black staff were given increases ranging from R12 a month, for nursing assistants, to R125 a month for senior sisters,

they are still not paid as much as their coloured and white counterparts.

'SANA is a statutory body which is supposed to look after the interest of all nurses but despite widespread dissatisfaction

... they had to contend with being underemployed in old age homes.'

with the way it functions, we are not allowed, by law, to form another organisation.

'The only thing left for us to do is to send a delegation to the authorities with a memorandum

which outlines our grievances,' said Sister M.

Despite the plight of the black nurses there is a critical shortage of staff in the Peninsula's hospitals.

Somerset hospital has already closed three of its wards because they do not have enough nursing staff and a recent Groote Schuur hospital report states that a lack of nurses and radiographers has forced them to cut down on their services to patients.

One of the results of this, according to the report, is that the infant mortality rate rose considerably last year.

'They would rather see babies die than let us nurse them' said Sister M.

SYLVIA VOLLENHOVEN

95
Mercury
31/12/81
Political Reporter

Prof praises cadet nurse system

PRAISE for the cadet system of nursing introduced at Addington Hospital in Durban this month came yesterday from Prof Charlotte Searle, Chairman of the Nursing Association.

The system had shown that there were few drop-outs from nursing courses among girls who worked as cadet nurses during their school holidays. Prof Searle said that thousands of girls

had been introduced to nursing through the scheme since it became accepted as a principle by all four provinces in 1956.

'Although Natal was a party to accepting the principle then, it has usually had a very good intake of student nurses and so did not need to use the system.

'Aside from being a good sorting method, it also educates the public about what goes on in the health services.'

The first batch of cadet nurses finishes

at Addington today and a new party of senior school pupils will take over until mid-January, a hospital spokesman said.

The Mercury spoke to three cadet nurses.

Georgie Marsh, 16, has decided that nursing is not the profession she will enter when she leaves school in two years, although her father, mother and a sister work in the medical field. She lives at Shongweni and enters Standard 9 at Hill-

crest High School next year.

For Barbara O'Neill, 17, the experience as a cadet nurse has reinforced her resolve to become a nurse when she leaves school at the end of next year. She will be writing her matriculation at Marist Stella Convent in Durban.

Seventeen-year-old Glennis Sauer remains undecided about a future in nursing. She writes her matriculation at Mitchell High School next year.

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NURSES GROW IMPATIENT

C. Herald
1/8/81
(95)

WHO'D be a nurse?

Nurses share with police the dubious distinction of being possibly the most maligned — by their bosses and the public alike — members of the public service.

The employer of the majority of nurses, the State, doesn't give them the due recognition of their services in the form of adequate salaries, and the public seem convinced they don't deserve more pay because they don't do a good enough job.

But nurses have problems — and these were brought into sharp perspective recently on the radio programme 'Microphone-In.'

But nurses have been labouring under restrictions and criticism for ages. It's nothing new; only recently, though, they

THINGS haven't yet reached the stage of nurses going on strike as has happened overseas — but growing dissatisfaction with the present state of affairs, and with the seeming lack of positive action on complaints, could lead to Florence Nightingale's forebears giving up . . .

have started to raise their voices louder and louder.

There is a shortage of nurses. Young women are being lured away from 'traditional' vocations such as nursing and teaching by more attractive opportunities in commerce and industry.

Not even dedication to duty and the wish to serve the community can brighten the prospect of working a 12-hour shift for salaries which have been described as 'disgraceful'.

Newly-qualified sisters are particularly badly paid, taking home no more than junior typists would.

Apart from the money bugbear, there are many other sore points.

One of these is the position of the South African Nursing Council (Sana). Membership of Sana is compulsory for nurses. Failure to keep subscriptions up to date could result in a R500 fine and de-registration — which means effectively

that one wouldn't be able to work as a nurse.

Black nurses were virtually excluded from making their presence felt in Sana until recently with the formation of 'multi-racial' regional advisory councils — but nurses we interviewed felt that Sana really spoke only for white nurses.

In fact nurses not only have to keep in the hospital authorities' good books, but they have to watch their step with the association.

One highly qualified Cape Town nurse inappreciably was passed over for promotion after making disparaging remarks about the association.

'If you're in with the crowd you've got a passport to success. But you can forget about advancing in nursing if you come out against Sana,' the nurse said.

Some black nurses in the Western Cape have banded together to form the Western Province Black Nurses' Association to fight their own battles.

African nurses here are confined to institutions like day hospitals, municipal clinics and old age homes because this is a 'coloured' labour preference area.

In a statement released during July they emphasised the shortage of qualified staff, saying that the authorities would rather see white people die than allow blacks to attend to them.

All this further aggravates the day-to-day problems facing nurses: The poor salaries, the long hours, the lack of recognition for specialised skills.

HOPE

There is a glimmer of hope in the fact that a committee is busy examining every aspect of nursing intensively, but nurses are growing ever more impatient.

f Committee continued operations, concerts were fit of its funds, and it found relief for "many" ing and at the Docks.⁸⁰ Fifty were sent to Victoria on the Railways.⁸¹ Concern of the middle-classes seemed to have waned again in 1884. The report of the Free ter came again in 1884. The report of the Free ted the distress of the unemployed at that time of said that this had necessitated a special committee. wn on the numbers being given help, they required a ried by those requiring assistance, certifying poverty, and signed by some 'respectable' person.⁸² id not remove the problem of the unemployed. A one of the Many Sufferers", on 17th August, spoke hat "hundreds" were out of work, that many had no the rent or for food and that



Nurse Pinki Mavhola of Port Elizabeth . . . others like her are exploited in America.

Nurses 'slaves' in US

Sowetan 31/7/81
SOME United States hospitals are exploiting and practising slave labour on South African nurses, the South African Nursing Association (Sana) charged yesterday.

Sana was reacting to the latest revelation by 21 South African nurses — 18 of them black — who claimed they are exploited and threatened by a Philadelphia hospital where they are currently employed.

One of the nurses, who cannot be named because she is still registered with Sana, is reported to have said they had not been informed about the taxation system in the United States. This amounted to about one-third of their weekly pay.

"The hospitals has also been deducting the price of our air tickets from our salaries. After paying for all this as well as electricity and food, we are left with less than R50. And R50 is nothing in the United States," said the nurse who is employed with the others at Temple University Hospital.

According to Mrs Rallie du Plessis, Sana's executive director, local nurses have always been warned about accepting contracts to work in the United States without first contacting the association.

"We don't object to them accepting these contracts but we have warned them of the pitfalls. Some hospitals over there exploit them. It's slave labour. And, unfortunately we can't help them when they are already working in the United States," said Mrs Du Plessis.

The disappointed nurses, among other things claimed that they were told:

- their return air tickets would be paid by the hospital
- they would get one month's free accommodation in apartments until they find their own place to stay.
- they would be employed as foreign graduate student nurses until they could write the state examination soon after their arrival.

- they would earn the same as American nursing sisters.

The South African nurses in Philadelphia also claimed foreign nurses were being used as nursing-aides and required to do all the "dirty" jobs.

WARNED

Also, many of them would find it extremely difficult to pass the state examination because they did not have the required training.

"Psychiatry is big here but many of us have never studied psychiatric nursing. They should have warned us about this before we gave up our jobs in South Africa," a nurse said.

The South Africans claimed that although they were employed as graduate nurses they were not being paid the same as American graduate nurses, nor were they allowed to do the same kind of responsible work.

CT R5,9m to close wage gap

1/8/81 Staff Reporter

THE cost to the Cape Province of wiping out the wage gap between white and non-white nurses would be R5,9 m, the MEC in charge of hospitals, Mr P J Loubser, said yesterday.

Mr Loubser was replying to a question from Dr John Sonnenberg (PFP, Green Point).

● The MEC in charge of

education, Mr W Bouver, replying to a question by Mrs Molly Blackburn (PFP, Walmer), said the R 140-a-child subsidy being paid by the province to private schools applied only to white children.

No subsidy was being paid in respect of coloured, Indian or black children, or for white children whose parents were resident outside the Cape.

(8) Probe of 'nursing crisis' called for

Staff Reporter

(7) IN THE Provincial Council yesterday, Dr John Sennenberg (Progressive Federal Party, Green Point) called for the appointment of a select committee to look into "the critical situation in the nursing and paramedical professions".

(1/2) = In the course of the debate, three National Party members (opposing the appointment of a select committee) asserted that there was no real shortage of hospital staff in the areas, and that members repeatedly stated that the Hon. E. J. Bishop (P.F.P., Green Point) was out of order for the chairman.

(16) Dr Sennenberg, in moving the motion, said that a crisis had developed in the nursing and paramedical professions the severity of which appeared to be increasing. He said that there appeared to be a shortage of staff in the areas.

(15) There was fear that the quality of health care was declining, and that the minority demanded that the Government should take action. The MEC in charge of health, Mr F. J. Leubke.

(4) Dr Sennenberg said that a large number of staff were posted at Green Point Hospital on the subject of staff shortages. He said that the Hon. E. J. Bishop was out of order for the chairman because he had said that there was a shortage of staff in the areas because of inadequate staff in the areas.

(3) Dr Sennenberg said that the majority of the staff were not in the areas and they were people of unquestioned good faith. He did not

want to make political capital out of the situation. He said that the Government should take action to deal with the crisis.

Mr J. J. M. (P.F.P., Green Point) said that the Government should take action to deal with the crisis. He said that the Government should take action to deal with the crisis.

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order. The chairman, Mr J. de Jager, asked a number of questions about the situation and referred to the motion and referred to the motion.

Severe problems

Mr. P. J. (P.F.P., Green Point) said that there were severe problems in the community. He said that there were severe problems in the community.

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Choice of Sample Size n for Proportions P

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$$P = p \pm z_{\alpha/2} \sqrt{(1-p)p / (n-1)}$$

We can however usually use a normal approximation if n is not too big relative to R or N-R, and min(n, N-n) > 30. Then a 100(1-α)% C.I. for P would be

Probe of 'nursing crisis' called for

Staff Reporter

IN THE Provincial Council yesterday, Dr John Sonnenberg (Progressive Federal Party, Green Point) called for the appointment of a select committee to look into "the critical situation in the nursing and paramedical professions".

In the course of the debate, three National Party members (opposing the appointment of a select committee) assured the council that there was no real staff problem at hospitals in their areas, and NP members repeatedly tried to have Mrs Di Bishop (PFP, Gardens) ruled out of order by the chairman.

Dr Sonnenberg, in proposing the motion, said a state of crisis had developed in the nursing and paramedical professions, the situation appeared to be becoming chronic and there appeared to be no solution in sight.

There were fears that the quality of health care was declining as a result, and only a minority claimed that this was not so — including the MEC in charge of hospitals, Mr P J Loubser.

Dr Sonnenberg quoted a large number of senior personnel at Groote Schuur Hospital on the subject of staff shortages, including Professor Chris Barnard, who said that transplants might have to be curtailed because of inadequate post-operative care.

Dr Sonnenberg said the integrity of Mr Loubser or his staff was not in question, and they were people of unquestioned good faith. He did not

want to make political capital out of the issue, but it was unfortunately the case that political questions were part of the problem.

Large numbers of young coloured and black women suitably qualified and anxious to nurse were unable to do so because there were no vacancies for them. An example was Somerset Hospital, where only 68 of 175 available white training posts were filled, whereas there was a waiting list of 245 coloured girls waiting for posts.

Mr J N Moolman (NP, Tygervallei) said Dr Sonnenberg's motion was another attempt to push Prog policy in the council. Staff shortages were always a problem in the civil service in times of plenty, when the private sector was doing well, he said.

He called for the terms of a recently announced departmental inquiry to be broadened to include nurses' grievances, but denied there was any crisis in the nursing profession.

Mrs Di Bishop (PFP, Gardens) was repeatedly interrupted on points of order by Nationalist speakers who said she was talking about central government policy, and consequently out of

order. The chairman, Dr J de Jager, ruled on a number of occasions that she should confine herself to the motion and refrain from references to central government policy.

Severe problems

Mrs Bishop called for the fuller utilization of African nurses, and said there were severe problems in communication between medical personnel and African patients because insufficient staff could speak Xhosa.

Mr J Tyers (NP, Simon's Town) said there were no problems with staff shortages in hospitals in his constituency.

Mr J J Eksteen (NP, De Kuilen) assured the council that there was absolutely no problem with hospitals or medical services in his constituency.

He wanted to admit that there was a problem getting posts filled. However, he said the situation was not as critical as intimated by Dr Sonnenberg.

Dr Sonnenberg's motion was defeated and an amendment, moved by Mr Moolman, expressing appreciation for the province's treatment of the profession, was accepted by the council.

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$$P = p \pm z_{\alpha/2} \sqrt{p(1-p)/(n-1)}$$

We can however usually use a normal approximation if n is not too big relative to R or N-R, and min(n, N-n) > 30. Then a 100(1-α)% C.I. for P would be

Hospital claims totally unjust

Staff Reporter

THE MEC for hospitals, Mr P J Loubser, yesterday queried the motives of those who highlighted hospital problems with such "regularity and venom" while at the same time underplaying facts which disputed their criticisms.

Mentioning the "sensational and negative" reports which appeared in "some newspapers", Mr Loubser said one got the impression that such criticisms were aimed at putting the government in a poor light.

Replying to Dr John Sonnenberg's motion that a select committee be established to investigate nursing, Mr Loubser said he noticed that the opposition's provincial spokesman on health matters had told the press of his intention to raise the motion as early as July 17.

He criticized Dr Sonnenberg for not bringing his call for a committee to his notice sooner.

"Not once has he been into my office," he told the

Provincial Council

Mr Loubser said he was aware of the problem areas and that he had the "greatest admiration" for those who worked within these areas.

His department had left "no stone unturned" in its efforts to improve the situation and he thought it "utterly unjust" to accuse the administration of doing nothing.

He quoted figures showing how the salaries of white nurses had risen by more than 17 percent in 1979, more than 15 percent last year and again more than 17 percent this year.

The salaries of coloured nurses had risen by more than 20, 17 and 32 percent over the same period, and those of black nurses by more than 23, 18 and 36 percent.

"Total parity" in salaries between white and coloured nurses was the aim of his department and he hoped the next salary adjustment would accomplish this in all ranks.

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 $P = 88/1000 = 0.088$

We have the proportion of workers taking more than 3 days off in the 6 month period.

Example 8.1 - Continued

Note that as P is a fraction this implies a much larger value of n_0 and n (use equation (8.16)) if k is close to 1, particularly if P is small.
Note also that we do not have an upper bound in this situation, as we did with equation (8.17)

$n_0 = \frac{(1-P)(Z_{\alpha})^2}{P}$
(8.19)

Political Staff

HOUSE OF ASSEMBLY. — The Minister of Health, Dr. L. A. P. A. Munnik, said yesterday there was no serious shortage of white nurses in South Africa — the problem was there were too many hospital beds for whites.

Dr. Munnik said the alleged shortage of nurses was a shortage on paper. In the Cape, 89 percent of the nursing posts were filled. There were 126 vacant positions for trained white nurses but 206 vacancies for trained black nurses.

Dr. Munnik asked how black nurses could be taken away and placed in white hospitals. "It would be one of the most immoral acts to take them away and let them work for whites," he said. "One of our biggest problems is that we have too many white (hospital) beds

ROW OVER NURSE SHORTAGE

for the white population." Dr. Munnik said. For that reason, no further hospitals would be built without permission of the minister and thorough investigation to see whether it was "absolutely necessary."

Dr. Munnik's statements came during a heated row with Dr. Marius Barnard, Opposition spokesman on health, who spoke about the "critical" shortage of nurses that was causing "utmost concern in the medical profession."

Some doctors believed the mortality rate was increasing as a result, he said. Dr. Munnik said the former surgeon had attacked him in

the House because he had not forgiven Dr. Munnik for having taken disciplinary steps against him when he was Administrator of the Cape.

Earlier Dr. Barnard had referred to the minister as a "cocky young man" (mannetjie-tykrop) and a "not bad administrator" but, "without doubt a weak minister."

"This minister has proved wrong the saying that things cannot get worse. They are not only getting worse, things are getting worse than worse."

The nursing crisis was such that some doctors were saying that the mortality

rate was increasing as a result. Government members treated such serious things lightly but life was not a laughing matter.

Did the minister not believe that the practice of apartheid in the health services of the country was immoral and expensive? He should say what was more important to him as a man who took the Hippocratic Oath, the health of his patients or the colour of their skins.

Dr. Munnik replied with a scathing attack on Dr. Barnard, accusing him of behaving like a "prima donna" while he as a cardiac surgeon at Groote Schuur and

antagonizing nurses by his behavior that allegedly included throwing around "clamps and things" in the operating theatre.

Dr. Barnard challenged Dr. Munnik to prove his allegations.

In spite of strong objections from the Opposition, the Deputy Speaker, Mr. Frank le Roux, who was in the chair, allowed the minister's remarks to stand.

Mr. le Roux said he did not interpret the minister's remarks as a reflection on the "integrity and professional conduct" of Dr. Barnard.

During his speech, Dr. Barnard said that according to the latest statistics there were only 167 black doctors in the country out of a total of 12,638. The statistics also showed that in some urban areas there was one doctor for every 600 people while in some rural areas there was one doctor for every 100,000 potential patients.

The shortage of nurses was so severe that many hospitals were closing beds and wards, Dr. Barnard said.

Dr. Munnik replied by quoting statistics to show that there was no serious nursing shortage among whites in the Free State, 86 percent of the posts were filled, in Natal 96 percent and in the Transvaal 76.

South Africans would not accept opening hospitals to all and while he remained minister that would not be allowed. Such a step would cause chaos, Dr. Munnik said.

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Note that as P is a free value of n_0 and n to d , particularly if Note also that we do not situation, as we did in

Example 8.1 - Continue

the proportion of workers in the 6 month period.

We have $p = 88$
From (8.13) a 95% C

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$$n_0 = \frac{1 - c}{0,1}$$

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Munnik has contradicted own report

8/8/81 95

THE statement to Parliament on Thursday by the Minister of Health, Dr Lapa Munnik, that there was no serious shortage of White nurses in South Africa, contradicts his own department's annual report and his own spokesmen.

The department's annual report says: "Sufficient personnel could not be recruited or retained. In the case of nursing staff, the shortages have reached serious proportions.

"The general revision of salaries as from April 1, 1980, has not resulted in an improvement in the situation. In the Witwatersrand area the recruitment of staff has virtually ceased.

"As a result of the staff situation essential services for which the department is responsible are being rendered unsatisfactorily and certain services run the risk of collapsing," the report further states.

"This state of affairs assumed dramatic proportions towards the end of the year.

"The department will therefore not be able to meet its statutory and other commitments even on the basis of minimum efficiency. This particularly applies to nursing of patients in the care of the State..."

Filled

The Administrator of the Transvaal, Mr Willem Cruywagen, said that of the 12 169 White nursing jobs available that only 8 001 had been filled, while more than 10 000 Black nurses were employed in the 11 681 available posts in the Transvaal.

And the province's hospitals were closing wards because of the critical nursing shortage, their superintendents told the Mail.

The nursing crisis at the Johannesburg Hospital is now so critical that only the most seriously ill patients are being admitted, Dr Neville Howes said.

He said only 1 023 of a potential 2 000 beds were in use. More than 120 beds were closed in December.

Pleaded

Professor Guy de Klerk, chairman of the Medical Association of South Africa, has pleaded for Black nursing staff to be allowed into White government-run hospitals.

His viewpoint was called "selfish of Whites" by the

By ADA STUIJT

president of the South African Nursing Association, Professor Charlotte Searle.

"The White population is trying to lure away Coloured and Black nurses who are desperately needed by their own people," she charged.

Yet Baragwanath Hospital superintendent, Dr M van der Heever, said he could pick and choose his nursing staff because there were not all that many vacancies for Black nurses.

Insulting

But yesterday Dr Munnik said that those who climbed on to soapboxes and found fault with the provision of medical services in South Africa were insulting doctors, nurses and others in the medical profession.

Dr Munnik was opening the 25th academical year day and 25th anniversary of the Faculty of Medicine of the University of Stellenbosch at the Tygerberg Hospital.

"There is not a single person in South Africa who does not have access to the best medical services available, no matter what his or her race, colour, or ethnic origin," Dr Munnik told about 200 doctors, students and official guests.

Expensive

But the days had come when it was too expensive to build big hospitals and services were being further hampered by a threatened shortage of nurses and doctors, Dr Munnik said.

A sentence was deleted from the written text of the Minister's speech which was handed to the Press. It read: "During the past few months hospital beds had to be closed as a result of the shortage of nursing staff."

Nurses: New call for explanation

Chief Reporter

DR Marius Barnard, the Opposition spokesman on health in Parliament, yesterday challenged the Minister of Health, Dr L A P A Munnik, and the provincial hospital authorities to explain why, if there was an excess of beds for whites, costly hospital expansion schemes were being proceeded with.

He was commenting on the statement made in Parliament by Dr Munnik that there was no serious shortage of white nurses in South Africa; the problem was that there were too many hospital beds for whites.

Dr Munnik said the alleged shortage of nurses was "a shortage on paper".

Dr Barnard, with whom Dr Munnik clashed in the no-confidence debate in the Assembly on Thursday, said yesterday:

"If the Minister of Health is correct about there being too many beds for whites, how does he explain the fact that the Cape Provincial hospitals department recently increased its quota of white beds by taking over the Volkshospitaal in Cape Town from private ownership?"

Projects

"And how does he explain the vast sums of money being spent on new hospital projects or on major extensions when whole floors have had to be shut down in existing hospitals because of the shortage of nursing staff?"

"Surely this reflects very poor planning on the part of the authorities — and as it is the taxpayer who must foot the bill, the public is surely entitled to know who was responsible for this poor planning, and for the excessive expenditure it has incurred."

A woman who said she was a former cardiac theatre sister at Groote Schuur Hospital, and preferred to remain anonymous, telephoned the Cape Times yesterday to say she had been shocked and angered by the reported statement in Parliament by Dr Munnik that Dr Barnard had behaved "like a prima donna" while he was a cardiac surgeon at Groote Schuur Hospital.

"I worked with Dr Barnard for about 10 years and I think it is grossly unfair that the public should be left with the impression that, as the minister put it, Dr Barnard antagonized nurses by his behaviour which allegedly included throwing around 'clamps and things' in the operating theatre."

Theatre staff

"What I can say as a matter of fact, from personal experience — not the hearsay Dr Munnik appears to have relied on — is that theatre staff used to fight among themselves to 'scrub' for Dr Barnard in theatre."

"The reason is that we found him a very human, reasonable person — and a very considerate and kindly man who always had time to discuss things or to hear about one's problems."

Critics 'insult' doctors

Staff Reporter

THOSE people who climbed on to soapboxes and found fault with the provision of medical services in South Africa were actually insulting doctors, nurses and others in the medical profession, the Minister of Health, Dr L A P A Munnik, said yesterday.

He was speaking at the official opening of the 25th academic year day and 25th anniversary of the faculty of medicine of the University of Stellenbosch at Tygerberg Hospital.

"There is not a single person in South Africa who does not have access to the best medical services available, no matter what his or her race, colour or ethnic origin," Dr Munnik told about 200 doctors, students and official guests.

The days had come when it was too expensive to build big hospitals, and services were being further hampered by a threatening shortage of nurses and doctors.

Those in medicine were nevertheless still winners on the world scene, Dr Munnik said.

"As far as our medical services are concerned, we have nothing to be ashamed of."

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Sunday Times Reporters

NURSES and Opposition hospital spokesmen have rejected Minister of Health Dr Lapa Munnik's statement in Parliament this week that there was "no serious shortage of white nurses".

Nurses this week predicted mass resignations at the end of the year, worsening what they called a critical staff shortage at hospitals throughout the country.

Many are said to be waiting to finish their training or for the end-of-year bonus before they leave.

Nurses say they are "fedup" with working for a pittance and under what they call "medieval" conditions.

A white student nurse earns less than R250 a month and works a 12-hour day.

Not one nurse interviewed in Port Elizabeth intended staying on at State or provincial hospitals indefinitely.

"Actually, I can't think of one girl in the nurses' home who isn't looking for another job," said a nurse.

Another nurse said: "When I finally become a sister after three-and-a-half years' training I'll still be earning only about R450 a month.

"I have friends earning more than R1 000 a month as secretaries and they only work an eight-hour day.

But, while Opposition spokesmen on hospital affairs dispute Dr Munnik's statement, they agree that there are too many beds for whites in South Africa.

"Chaos"

Statistics show that there are nine beds for every 1 000 people.

There are only 2,9 beds for every 1 000 black people in South Africa.

But, according to Dr John Sonnenberg, a PFP spokesman on hospital affairs, there was "no doubt whatsoever" that the white nursing situation had reached a crisis.

"The larger hospitals, especially, cannot get nurses to stay," said Dr Sonnenberg.

At the Somerset Hospital, out of 175 posts available for white student nurses 85 were filled at the end of May, 78 at the end of June, and 68 by the end of last month.

There were 288 posts for coloured student nurses and all were filled. There was still a waiting list of 166.

"To put the situation in a nutshell, there are not enough white nurses to nurse whites. But there are too many black nurses to nurse the blacks," said Dr Sonnenberg.

In Parliament, Dr Munnik said the "alleged shortage" of nurses was a shortage on paper.

He ruled out the employment of black nurses in "white" hospitals as it would cause "chaos".

He said it would be immoral to take black nurses away and let them work in white hospitals.

In two Bloemfontein hospitals seven wards with a total capacity of 200 beds had to be closed because of staff shortages.

Staff shortages at Cape...

LAPA, YOU'RE WRONG!



— say those 'no shortage' nurses



DR LAPA MUNNIK
Shortage on paper

Hospital were "critical" and were partly responsible for an increase in the mortality rate in the maternity section, according to the hospital's annual report.

Two children's wards with 38 beds at Pretoria's H F Verwoerd Hospital were closed last weekend. The total number of beds closed in the hospital is

now 200, according to the superintendent, Dr E van Wyngaard.

Nursing sisters and a doctor at the Johannesburg General Hospital claimed patients had died because there were not enough nurses to give them adequate care and attention.

One complete block at Port Elizabeth's Provincial Hospital closed because of staff shortages.

The Opposition spokesmen, Dr Marius Barnard, Dr John Sonnenberg, Mrs Molly Blackburn and Mrs Di Bishop have called for immediate inquiries into the crisis.

They said vital points which should be looked into were:

- Salaries which had been neglected for so long that no increase would be regarded as sufficient unless it was realistically linked to the cost of living index and high inflation rate.

- The "coloured labour pref-

erential area" policy, which prevented black women from training as nurses in the western Cape.

- Working and service conditions.

- Racial inequality and discrimination.

Dr Sonnenberg said a white student nurse started on R2 934 a year and after three years and six months it went up to R4 014. The starting salary for a white sister was R5 190 a year.

A black nurse started on R1 830 a year and ended on R2 718. A black sister started on R4 233 a year.

The chief nursing officer in the country earned R26 000 a year and the chief nurse in each province earned R20 280 a year.

Dr James Gilliland, Deputy Director-General of Health, Welfare and Pensions, said there was a lot of official concern about the nursing situation.

Media

"As the Minister has already said, the matter is being given top priority," said Dr Gilliland.

The media was also partly to blame for the shortage and the drop in the number of student nurses.

"Negative reports about long hours and working conditions don't really encourage school-leavers to enter the profession," he said.

The Minister of Health should go to the Johannesburg General Hospital and see for himself how patients were suffering because of the shortage of nurses, a senior sister at the Johannesburg Hospital said last night.

"Either the Minister does not know what is going on — in which case it's his job to find out — or he does not want to admit how bad things are," she said.

Patients at the Johannesburg Hospital were being sent home while they were still ill because they could be better looked after at home, the sister said.

"The minimum is being done for them here.

"If there is no shortage of nurses why is it that at nights here there is only one nursing sister and eight students to look after four wards holding 90 to 100 patients?"

"In a heavy ward, where patients need careful nursing, there should be one nurse to every three or four patients."

special plague committee was established on 11th February, direct plague control measures.³³ Even before the government hed, contacts had been isolated under canvas on the beach, y many of the African residents had been moved into a location at the sea. Although they were eventually transferred to this location apparently remained in use for some months.³⁴ for a united effort against the epidemic, however, Woodstock ndent, and on 11th May, the government extended its own beach camps remaining in the hands of the plague committee.³⁵

A ready smile, and it's for NOTHING

S. Times 9/8/81

UNDERPAID, overworked and shouted at for 12 hours a day ... and nurses still manage a sympathetic smile for a pain-wracked patient.

I recently spent a week in the Port Elizabeth Provincial Hospital after an operation and witnessed the conditions under which nurses work.

A lasting impression was that they never stopped rushing about.

The staff varied from day to day, but at any given time I never saw more than two sisters and four nurses looking after a ward of about 30 patients.

At night there was only one sister and two nurses.

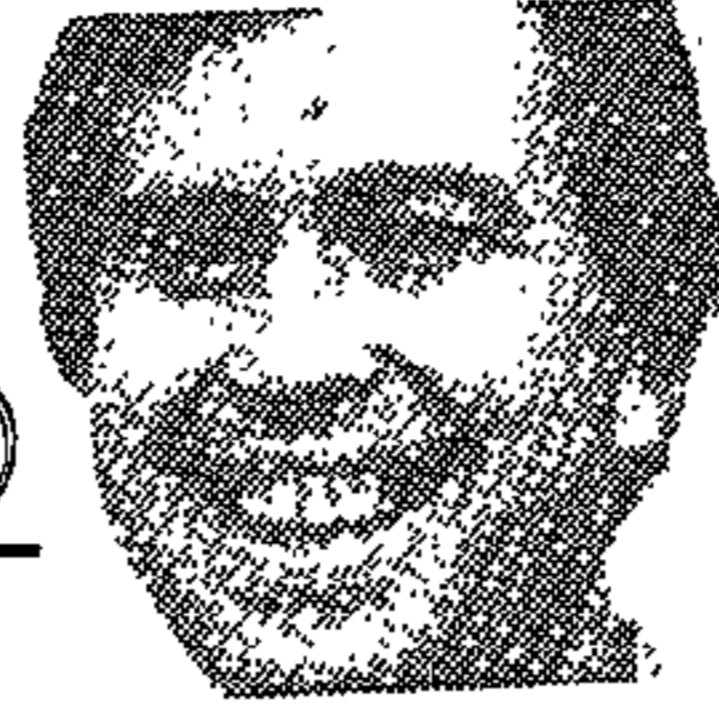
The day shift started at 7am with bed baths for those patients unable to get up.

Then it was breakfast and the right food for patients on

By BEVIS FAIRBROTHER

who has recently been in hospital himself

95



special diets

Cleaning the ward came next.

The rest of the day was filled with dispensing medication, checking and changing drips, lunch and supper and answering constant calls for bedpans, painkillers or a pillow to be fluffed.

At 7pm the night staff reported for their shift.

Post-operative patients need regular blood pressure checks and a careful eye between rushing to other rooms where the sick buzz furiously for attention

and "something to make me sleep".

Then, to round off a long night, nurses have to wake up the patients with tea or coffee and make up 30 beds before the day staff arrives.

And all this was done with a smile, in spite of regular abuse by some patients who have to take the frustration of their confinement out on somebody.

Then, tired and fed up, the nurses return to their hostels

for a breakfast of fried egg and bacon — a menu which hasn't changed in years.

"I can understand patients being grumpy and I can put up with it. After all it's not a pleasant situation to be in," a nurse said when asked how she felt about her job.

"But what I can't take is a patient who is just too lazy to call for a bedpan — and then we have to clean up."

Another said: "I'm not putting up with this much longer

Dr L Cilliers, the hospital superintendent, said that nurses — especially night staff — were always rushed off their feet.

"They are hard-working girls and we are proud of them. The staff situation is by no means critical, but we could do with an increase in posts.

"But for that we need more money," he said.

In July 1901 some 500 men from the Willowvale district of the Transkei left East London by ship to work for the CHB and railway. The harbour paid their passages (£2 each) as well as rations for the journey. As far as the CHB was concerned the labourers had contracted to work at 3/6 per diem for a period of 6 months. Out of that wage the labourers were considered responsible for their subsistence and for the 1s rent per week in the Native location. Importantly, the Board considered that it had merely advanced the money on behalf of the Africans who would have to reimburse the Board out of their first month's earnings.

The Africans saw things rather differently. In a letter written to Magistrate Liefeldt of Willowvale, Alfred Mangena wrote on behalf of headmen Sipunzi, Sitata, Georg, Zenzile, and Sijake, "on the 20th (July) for the first time we were asked to pay £2 a man for our passage here. Now we beg to bring to your notice respectfully that it was one of the stipulations when we left our homes that we should have our passage free. How then are we to account for the change? Kindly return a few lines to elucidate the matter as it places both employer and employee in an awkward position — we are refusing and we think upon just grounds to pay this money".

The Passage Money Dispute

Pay, quarters hold up Indian nurse recruiting

Medical Correspondent

Poor pay and accommodation problems were holding up the recruiting drive for Indian nurses, says a member of the Indian Hospital Board of Hillbrow Hospital.

The new Indian hospital will be in the section which previously served

Johannesburg's black people.

Speaking at the inaugural meeting of the six-member Indian Hospital Board, Mr C Pillay said the hospital could not be opened until sufficient nurses to staff it had been recruited.

"The authorities are

finding it difficult to recruit Indian nurses for the hospital situated in the Hillbrow Hospital complex.

"Accommodation is a problem. More nurses could be attracted if they could live in the home previously occupied by white nurses"

(The old "Gen" was

previously a white hospital.)

Mr Pillay said many Indian nurses had to travel long distances to the hospital, but that problem would be solved if they lived on the premises.

The Transvaal Director of Hospital Services, Dr Hennie Grove, replied: "I believe the board should make representations to my department. I will take the matter further. An investigation is being made into the possibility of introducing a transportation system for the hospital."

Mr I F H Mayet, chairman of the hospital board, said that if Indian nurses and teachers were paid the same salaries as whites, the shortages problem could be solved.

The board will be an advisory body to the hospital superintendent and the Department of Hospital Services.

Staw
10/16/18

HOSPITAL CUTS BACK

BY ADA STUIJT

JOHANNESBURG Hospital's senior doctors say that another 100 hospital beds may have to be put out of use next month because of the critical shortage of nurses.

The hospital has already been reduced to 60% capacity for the same reason.

The doctors this week criticised the Minister of Health, Dr L. Munnik for his statement in Parliament last week that there was no serious shortage of nurses.

Professor Bert Myburgh — chief surgeon and spokesman for a committee of department heads and senior doctors — said Dr Munnik's statement in Parliament did not reflect the extremely critical nursing shortage at the giant 2 000-bed hospital.

The doctors said the crisis at the hospital was reflected by the following figures

• Nurses at the hospital worked nearly 18 000 hours overtime in June.

Staff working at breaking point, doctors complain

• Presently, only 60% of the beds were being used.

• The intensive heart care unit was operating at only 50% capacity.

• One out of six medical wards was closed.

All of these were due to staff shortages, they said.

Demoralising

Doctors said the figures on nursing posts quoted by Dr Munnik did not reflect the critical shortage of nurses at the Johannesburg Hospital. This had had a demoralising effect on nurses and doctors.

Commenting on the staff situation at the hospital, Prof John Barlow, head of the department of cardiology said: "Only one-third of the so-called '24-hour' nursing posts the hospital has to supply are filled at the present time.

"Doctors and nurses have been working at breaking point these past few months. We have tried to maintain a service to avoid losing lives unnecessarily.

"We anticipate closing down another 100 beds next month," he said.

Dr Barlow said hiring cheap labour, such as foreign or black nurses who were willing to

work at the present salary scales, was no solution to the problem.

"Only if they raise the salaries, especially for the higher qualified nursing staff, will this nursing shortage be solved.

Qualified

"For instance, the take-home salary of a nurse in charge of an intensive care unit and who has a heavy responsibility of saving lives is about R600. She should receive at least twice as much.

"Once the highly-qualified nurses are happy, young girls will again take up nursing," he said.



DR MUNNIK

Dr Barlow would welcome qualified black nurses at the hospital, provided they work at the higher salary scales — those that apply to whites.

"I would be delighted if qualified black nurses could work here, but if they are used as cheap labour this would not be a solution, just as the hiring of overseas nurses who accept the present salary scales is no solution," he said.

Dr Munnik has told an Afrikaans daily newspaper he was not prepared to comment on criticism on the issue from some nurses or the Opposition.

"I never said there wasn't a serious nursing shortage. What I did was to provide the figures reflecting the nursing shortage situation up to June 1981. These were: 90% nursing posts filled in the Cape Province, 96% in Natal, 86% in the Free State and 76% in the Transvaal.

"I am sure that problems exist in certain hospitals. They vary from hospital to hospital and I can't comment on each individual and sporadic case," he was quoted as saying.

service that will be much more comprehensive than merely the transportation of coal. It will also open up the area for further development, development which is perhaps not even foreseen at this stage. In this respect, I should like to draw attention to paragraph 3(2) of the Schedule to the Bill, which reads as follows—

The route of the railway line and the location of stations and sidings shall be approximately as shown on the plan annexed hereto and signed by both parties.

Of course, the plan is not annexed hereto. Consequently I do not know exactly what route the line will follow. However, this is a very important aspect of the agreement, which we shall have to examine. Therefore I should like to draw the hon. the Minister's attention to the fact that that line is going to be built through an area with a very high agricultural potential, and that major problems will therefore be experienced with the expropriation of land. The possibility exists that farms in that area may be seriously affected. Therefore I should like to request the hon. the Minister to have the possibility investigated of routing that line in such a way as to cause the least possible inconvenience to the farmers concerned. I do not wish to be unreasonable in my request. Every reasonable person will understand that there are certain norms which have to be taken into consideration with regard to the gradients, for example, and other aspects of such a programme. Nevertheless, I think it is possible to route the line in such a way as to cause the least possible disruption.

Finally, I wish to express the opinion that on the whole, the railway line will be a definite asset, and that it will also provide a link with a part of the country which has rich coal-fields, something which will be invaluable to the Republic, especially with a view to exporting coal and earning foreign exchange. Therefore it is a very great privilege for me to support the Bill.

my constituency as well, and may stimulate great developments in that part of the country.

*The MINISTER OF TRANSPORT AFFAIRS: Mr. Speaker, before I proceed to anything else, I just wish to indicate to the hon. member for Berea that he has every right to be dissatisfied. However, we want to get the line ready as soon as possible, because BP wants to meet its export contracts. Hon. members are normally afforded ample time for studying legislation and all the related documents. However, this is the reason why the report referred to by the hon. member only reached him this morning.

Furthermore, I also want to point out to the hon. member for Middelburg that he can go and study the report. It is lying in his office. At the back of the report there is a big map on which all the relevant details are indicated. The hon. member can inspect the entire route of the line on that map. It is clear to me that the hon. member has not had a look at the report yet. However, I promise that I shall see to it in the future that hon. members are at least given a few days to study details of this nature.

The hon. member for Amanzimtoti referred to the importance of coal exports. The railway line to Richard's Bay was built with a view to exporting 24 million tons of coal a year. Already, 44 million tons are being exported, and I foresee that the amount will rise to 60 million tons.

I can assure the hon. member for Middelburg that we shall see to it that the minimum of disruption is caused by the construction of that line. But I must say that I know farmers too. As soon as a farmer hears that there is a possibility that a railway line may be built across his farm, he starts making sums and lining up his objections straight away. The Railway Commissioners have already visited the area through which the proposed line will pass. I promise that we shall see to it that the disruption that does take place will be minimal.

such that in my opinion, they should be satisfied.

Question agreed to.

Bill read a Second Time.

Bill not committed.

Bill read a Third Time.

NURSING AMENDMENT BILL
(Second Reading)

*The MINISTER OF HEALTH, WELFARE AND PENSIONS: Mr. Speaker, I move—

That the Bill be now read a Second Time.

Because of the fact that it is virtually impossible for the S.A. Nursing Association to keep track of nurses whose names appear on the register, but who are no longer practising, the association has requested that the Act be amended to provide that only practising persons should be members of the association.

The association is a professional body. Nursing assistants form the category with the largest number of members. In terms of the present provisions of the Act, nurses, who are the most highly qualified, can be completely crowded out by nursing assistants because of their numerical superiority. For that reason it has been deemed necessary that the members of boards and persons entitled to elect such members be restricted to registered nurses.

The association is at present drawing up a new constitution. The Act contains no distinction based on race or colour. However, in order to prevent any possible problems regarding race relations in the future, the Minister is being authorized to approve any amendment or replacement of the constitution.

tioners and pharmacists in the public sector, it has become essential to use nurses trained for this purpose to perform certain functions of medical practitioners and pharmacists in order to prevent the collapse of public health services. These functions are restricted to community services and include the following: Ante-natal and post-natal care; immunization, tracing and treatment of cases of tuberculosis and venereal diseases; geriatric services; psychiatric after-care and family planning.

Tuberculosis remains one of the major health problems in South Africa. Tuberculosis is diagnosed either by an X-ray examination interpreted by a doctor or by means of a laboratory examination of a sputum sample. The treatment of the condition is very specific with certain medicines or combinations of medicines.

The extent of venereal diseases is not known, and because of the nature of the disease, it is an open question whether a patient referred to a doctor by a nurse ever gets to see the doctor. When the disease is confirmed by means of a blood sample in a laboratory, the nurse must also be able to administer the necessary medicine.

The National Family Planning Programme could never have been as successful as it has already been if we had had to rely entirely on medical practitioners.

Minor indispositions to be diagnosed and treated by a nurse are specified, and the medicine she is allowed to administer and provide is given to her in pre-packaged doses, with an indication of what contraindications there are as well as the side-effects which may occur. The following are a few examples with regard to children:

- (a) Diarrhoea: Cremorect in 5-10 ml (1 year) 10-15 ml (7-12 years)

On the package is written—

Eliminate causes, such as middle-ear infection, and avoid the danger of meningitis.

CMC in hospital talks

DD 14/8/81
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AM

EAST LONDON — Issues raised about Frere Hospital and the treatment and appointment of coloured and black nurses there would be raised again, the chairman of the Coloured Management Committee, Mr D. Alexander, said yesterday.

Mr Alexander was commenting on a report tabled at the last meeting of the management committee.

He said three members of the committee — Mrs L. B. George, Mr J. F. Temmers and Mr J. L. Seegers — had been elected to see the hospital's medical superintendent, Dr S. Richardson.

Only Mr Temmers had attended the meeting and

the issues raised were a non-racial graduation ceremony, coloured and black nurses in white wards, sale of food in wards, standard of food in relation to fees payable, a creche for nurses' toddlers and the day hospital.

Dr Richardson is reported to have said it was policy to have separate graduation ceremonies.

On black and coloured nurses working in white wards, Dr Richardson was adamant that only nursing aides were used and not nurses in training.

The report said Dr Richardson had referred the matter of sale of food in wards to a matron who

denied this occurred.

On the standard of food for patients and nurses and whether whites were given mealies and beans (mngqusho) at meal times, Dr Richardson said patients were given the food to which they were accustomed. Blacks were given mngqusho and coloured nurses chicken.

He also pointed out that hospital fees were related to the income of the patient and not to his skin colour.

Dr Richardson said a creche for toddlers of black and coloured nurses could be considered.

— DDR

Nursing shortage could cripple hospital, says Prof

Star 14/8/81

95

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Medical Correspondent

As the nursing shortage at the Johannesburg Hospital becomes more acute a professor of cardiology at the hospital says that the medical and nursing staff will not be able to cope.

Professor J B Barlow, chief physician and professor of cardiology at the hospital and the University of the Witwatersrand, was commenting on a statement made by the Minister of Health, Dr Munnik, in Parliament last week.

The Minister was reported to have said there was no serious nursing shortage in South Africa. The problem was that there

were too many hospital beds for whites.

His comments have been condemned by Opposition spokesmen on health and leading Johannesburg medical academics.

Professor Barlow said the Minister's statement that 76 percent of nursing posts in the Transvaal had been filled was misleading.

There was no serious shortage of black nurses in Johannesburg but leading academic hospitals, including the multi-million Johannesburg Hospital, were critically short of nurses.

The hospital's chief superintendent, Dr Neville Howes, disclosed recently that only 1 023 of a poten-

tial 2 000 beds were in use. More than 120 beds were closed in December.

Now leading specialists at the hospital, including Professor Barlow and Professor Bert Myburg, chief surgeon and professor of surgery, have warned that 100 more beds may have to be closed next month.

"It is a crisis situation. We cannot afford to reduce the number of beds. We are barely coping and if matters get worse we will not be able to cope," said Professor Barlow.

He called for a substantial increase in nurses' salaries.

"We do not want to lose lives because of the nursing shortage," Professor Barlow said.

When a person acquires information for his own use, matching needs with research does not present a problem. It becomes a problem when people acquire information that is not relevant to their job, but could be of considerable value to the company if it were communicated to the right person. It also becomes a problem when information is acquired by a full-time research or scanning unit. In each case the need is to get the information to the person who can use it. This requires knowledge of needs and the motivation to pass the collected data on to the people requiring it.

Information, or useful data, is the raw material of executive action. The multinational marketer is faced with a dual problem in acquiring

15/3/51

Why nurses do the work of doctors

THE shortage of nurses and doctors in the public sector had made it necessary to use qualified nurses to perform some of the functions of doctors and pharmacists, the Minister of Health, Dr L. A. P. A. Munnik, said yesterday.

Introducing the second reading of the Nursing Amendment Bill, he said such a step had become necessary to prevent the collapse of public health services, but emphasised that the functions that nurses would take over would be limited to community services.

The Progressive Federal Party member for Yooville, Mr Alf Widman, said his party supported the Bill with reservations as there were a few points that he would like to deal with during the committee stage.

Important

Mr Widman said the broadening of the responsibilities of nurses, especially in view of the shortage of medical staff, was an important development.

He hoped the Minister would recognise these added responsibilities when considering salary increases for nurses.

The Bill gives to the African Nursing Association the right to register only practising nurses in future. The association was working on a new constitution that would make no distinction on the basis of race or colour, Dr Munnik said. -- Sapa

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 duties for nurses

HOUSE OF ASSEMBLY. — The shortage of nurses and doctors in the public sector had made it necessary to use qualified nurses to perform some of the functions of doctors and pharmacists, the Minister of Health, Dr. L. A. Munnik, said yesterday.

Introducing the second reading of the Nursing Amendment bill, he said such a step had become necessary to prevent the collapse of public health services, but emphasized that the functions that nurses would take over would be limited to community services.

The Progressive Federal Party member for Yeoville, Mr. Alf Widman, said his party supported the bill with reservation as there were a few points that he would like to deal with during the committee stage.

Mr. Widman said he hoped the minister would recognize the added responsibilities nurses would be carrying when he considered future salary increases.

The bill gives the South African Nursing Association the right to register only practising nurses in future.

Dr. Munnik said the association was formulating a new constitution which would make no distinction between people on the basis of race or colour.

To prevent any possible relations problems in future, the bill gave the minister the power to approve any changes to the constitution. Mr. Widman opposed this measure. — Sapa

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ie. when there is proportional allocation (Show this).

Nurses are 'worse off than ten years ago'

Medical Reporter

FINANCIALLY hard-hit nurses are today even worse off than they were 10 years ago, yet their professional association, the South African Nursing Association (Sana) is powerless to help them.

Sana board members are by and large employed by

the provincial authorities, and therefore are unable to bite the hand that feeds them' by making realistic salary demands, a city anaesthetist has told The Argus.

Dr John Bam, a private practitioner who has administered anaesthetics in every hospital in the Peninsula during the last 35 years, has spent about 18 months studying the poor salaries paid to nurses.

COUNCIL

He has concluded that the only way that nurses could improve their positions is for them to be embraced by the SA Medical and Dental Council, thereby forming the SA Medical, Dental and Nursing Council.

In 1970 a student nurse earned a gross monthly salary of R110, and a newly-qualified sister was paid R179 a month.

Today a student nurse was paid R265 a month when she began work and could expect to receive R433 a month when she qualified three years later.

When she became a midwife after an additional year's training she would be paid R472.50 and if she completed post basic courses in theatre and intensive-care nursing and was appointed as a senior clinical mastrom 15 years after qualifying she could expect to receive R1 076 a month.

This had not kept up with the 153 percent increase in the cost of living over the past decade, said Dr Bam.

His calculations indicate that the student nurse and newly-qualified sister of today are about R40 a month worse off than they would have been in 1970.

INSULT

This insult to the nursing profession was aggravated by the fact that an ambulance driver — who received only a S4 7 pass while a nurse beginning the three year diploma course needed a Standard 10 certificate — was initially paid R312 a month.

As I have not written a letter the other boys from my I felt very sorry that they would tell me that he would not think of such home myself but I should not for - I should not a great deal more their people to s

"Dear Sir,

They had continued to correspond, in a letter dated 4th August 1978.

This was increased to R703 after three years. Predicting an inevitable deterioration in the standards of medical care if nurses' salaries did not become realistic, Dr Bam said that nurses should receive at least R800 a month when they qualified as sisters.

MAIN COMPLAINTS

Dr Bam said that his recent investigation had shown that the main complaints among nurses were:

- ① The 'hopelessly inadequate' overtime pay that was often delayed for months 'for no reason other than incompetence.'
- ② The fact that nurses were paid on the same lines as general provincial employees and did not have a separate, professional pay scale; and
- ③ The racial and sexual disparity that meant white women were paid more than their male and black colleagues.

All of the nurses interviewed emphasised that there was a crisis in South African nursing in spite of official statements to the contrary.

The Governor, with character to wait until the boys' another batch at once, but

I am Samuel Morok
Sir I like very much
you said to him
he shall very glad
be glad Sir if he

me. bloom - ent-

were placed under Nuneaton in Warwick to the Governor to describe their doings - their works - their e same time, they FINANCIALLY hard-hit nurses are today even worse off than they were 10 years ago, yet their professional association, the South African Nursing Association (Sana) is powerless to help them. Sana board members are by and large employed by the provincial authorities, and therefore are unable to bite the hand that feeds them' by making realistic salary demands, a city anaesthetist has told The Argus. Dr John Bam, a private practitioner who has administered anaesthetics in every hospital in the Peninsula during the last 35 years, has spent about 18 months studying the poor salaries paid to nurses. He has concluded that the only way that nurses could improve their positions is for them to be embraced by the SA Medical and Dental Council, thereby forming the SA Medical, Dental and Nursing Council. In 1970 a student nurse earned a gross monthly salary of R110, and a newly-qualified sister was paid R179 a month. Today a student nurse was paid R265 a month when she began work and could expect to receive R433 a month when she qualified three years later. When she became a midwife after an additional year's training she would be paid R472.50 and if she completed post basic courses in theatre and intensive-care nursing and was appointed as a senior clinical mastrom 15 years after qualifying she could expect to receive R1 076 a month. This had not kept up with the 153 percent increase in the cost of living over the past decade, said Dr Bam. His calculations indicate that the student nurse and newly-qualified sister of today are about R40 a month worse off than they would have been in 1970.

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Hospital crisis: New row looms in Parliament

Political Correspondent

HOPE OF A SHORTAGE — The row about hospital staff shortages, particularly at Groote Schuur, has erupted again after a statement by the Department of Health, Natal, and Transvaal, that some essential services are in danger of collapse.

The Director-General, Dr J de Beer, said in his 1980 annual report (tabled in Parliament) that about 10 per cent of hospital staff shortages had not been able to attract service staff short-

ages. This follows the annual report of Groote Schuur Hospital which said the shortage of nurses and para-medical staff there had reached critical proportions.

That report, backed by statements from the heads of various departments at the hospital, was immediately challenged by Dr Cape and in charge of hospital services, Mr F J Lombser. He said the Groote Schuur Hospital staff shortage was 10 per cent and not 10 per cent as reported in a critical nursing shortage.

Yesterday the Opposition Health spokesman, Dr Martin Esterhuysen, said on Mr Lombser to reconsider his re-
futation of the Groote Schuur report.

The Groote Schuur report was made by highly-qualified and internationally-acknowledged professors.

"Now we have a very serious statement from the Department of Health, Natal and Transvaal. The matter must be cleared up and Mr Lombser must state again whether his facts were right or wrong."

Referring to staff shortages, the department said sufficient personnel could not be recruited or retained.

"In the case of certain categories, as for example health inspectors and nursing staff as well as administrative staff in general, the shortages have reached serious proportions."

"The federal revision of salaries as from April 1, 1980 has not resulted in an improvement of the situation. In the Witwatersrand area the recruitment of staff has virtually ceased. The reason for this is obviously the fact that the department is unable to offer competitive salaries."

"As a result of the staff situation, essential services for which the department is responsible are being rendered unsatisfactorily and certain services run the risk of collapsing."

"His state of affairs assumed dramatic proportions towards the end of the year."

Dr De Beer said "The department will therefore not be able to meet its statutory and other commitments even on the basis of minimum efficiency. This particularly applies to medico-legal examinations as evidence in courts, health inspection services, health inspectors, nursing of patients, in the care of the state and answering inquiries, to social physicians and allowances."

An other level, the quality and extent of service is handicapped by a shortage of staff."

Dr De Beer's report is expected to lead to further questioning of the Minister of Health, Dr J. A. P. A. Munnik, during the coming parliamentary debate on his portfolio.

"Does it point to a crisis in the Cape Province if 90 per cent of the existing posts are filled?" he asked

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New psychiatric unit for Transkei

UMZIMKULU — Transkei's first psychiatric teaching unit for nurses was inaugurated yesterday at the Umzimkulu Psychiatric Hospital by the secretary for Health and Social Welfare, Mr M B. Potelwa.

The medical superintendent at the hospital, Dr Guy Daynes, said the first students in training were 12 registered nurses, 10 women and two men, who would do a year's course to qualify for the diploma in psychiatric nursing.

Meanwhile, Dr Daynes is to be honoured by the College of Medicine of South Africa, which is celebrating the 25th year of its foundation this month by making special jubilee awards to 11 outstanding Southern African medical men.

An illuminated scroll will be presented to him and to a colleague, Dr H. Stott of the Valley Trust, Botha's Hill, at a banquet in Durban on Saturday night by the president of the college of medicine.

Professor Geldenhuys.

Dr Daynes said yesterday that a revised edition of Clinical Medicine in Africans in Southern Africa, on which he had collaborated with Professor Y. K. Sedaat of Natal University and Dr G D Campbell of Stellenbosch, would be published early in the new year. — DDR.

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'I'm a friend', Loubser tells nurses

Staff Reporter
"NURSES can rely on me as one of the apocryphal for their cause," the Cape MEC in charge of hospital services, Mr. J. Loubser said in an interview yesterday.

"I have spoken to many nurses and they can regard me as a friend. I am fighting for better salaries, hours and working conditions. I have appointed a commission to investigate the matter. But I can't be a one-man Commission of Inquiry on my own."

Hot on the heels of a row that erupted in the House of Assembly, when the Director-General, Dr J de Beer, said salary increases had

not been able to alleviate serious staff shortages, Mr Loubser is sticking by his original claim that the nursing shortage is not critical.

In spite of claims in Grootte Schuur Hospital's annual report that the nursing and para-medical nursing shortage is critical, and the call by Dr Marius Barnard for Mr Loubser to reconsider his claim to the contrary, Mr Loubser said:

"Dr Barnard is making me out to be a liar. But I never denied that there was a nursing shortage — it is simply not as critical as it has been made out to be. My attitude to nurses is a positive one. I have spoken to nurses

and they are doing a good job of work, considering the difficult working conditions and long hours."

Salary scales, said Mr Loubser, were not the only reasons for the nursing shortage. It was also a matter of economics.

"The economic situation being what it is, nurses find they can do better working in the private sector. One can expect that more young girls will take up nursing as a profession when the country's economics are at a lower ebb."

"Today matriculants choosing a career would be more likely to choose one which involves no study, no

night-duty, a good salary and the opportunity to go out with boyfriends."

"Others may say what they like," added Mr Loubser. "It is not just a matter of making money. A nurse should have some calling towards her profession, and this won't be a good salary."

Mr Loubser said he did not believe nurses' salary scales were too bad, but conceded that these could be improved.

"It used to be bad two or three years ago. Today in the flourishing economic climate, I can't expect the public sector to compete with the private sector. Another point is that we cannot look

at the nurses as one category, in isolation. We should look at the salary scales of all civil servants."

Mr Loubser shares the objection of the Minister of Health, Dr L A P A Munnik, to non-white nurses being brought in to nurse whites, except "where a patient might be critically ill".

Dr Munnik claimed in the House of Assembly recently that "it would be one of the most immoral acts to take them away and let them work for whites".

Dr Marius Barnard challenged the minister to consider what was more important to him as a man who had taken the Hippocratic

oath — the health of his patients or the colour of their skins.

Mr Loubser said he knew of no surplus of black nurses and that he, too, was averse to transferring them to white wards.

"The people who would suffer as a result of using nurses without consideration of the colour of their skins would be the non-white patients. Our experience of non-white patients is that they prefer being treated by nurses who speak their own language and come from the same cultural background and population group. No one, not even Dr Barnard, will deny that."

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See Howard for debate

While we all say that we want Press freedom, we are saddled with people who are unacquainted with the problems of our country. One cannot give them *carte blanche* to write what they like and cause disasters in the country. The reaction of the Press to such a clause in my view constitutes convincing evidence that this is the right clause. The sooner the Press refrains from agitating against security measures in this country, the better it will be for them. Thus far I have been very sympathetically inclined towards them. I shall leave clause 45 at that.

The hon. member for Berea has said on three occasions that this is constructive legislation, and I want to thank him for that. He and I will get along well. We differ about one clause only, but that I shall forgive him. Hon. members of the NRP have by their actions shown me that they would like to make the S.A. Railways a good business organization. I appreciate that.

The hon. member referred again to the new railway line and the provisions for investigation by the Railway Board. We will go into the hon. member's proposals. As has been said, this is a constructive Bill, but I will ask our legal advisers and our officials to discuss this meanwhile to see whether we can iron out the hon. member's problems and come with an amendment next year.

The hon. member Dr. Welgemoed said that the railways in South Africa operated four times more efficiently than the railway network in the countries to the north of us. He also referred to the prosperity in South Africa in comparison with the prosperity in other countries. It is tragic to think that in cases where certain countries consisted of groundnuts and maize to an African country, the products lay rotting in the harbour because the infrastructure to transport that food to the interior of that African country was lacking. The UN can donate food; the problem is how to get that food to the point of consumption. The food is consumed at the harbour and does not get to the hungry people in the interior. The recommendations of the Franzsen Commission are being given urgent attention at present, because with our present method of subsidization it is becoming a non-paying proposition. The hon. the

Minister of Finance and I will jointly put proposals to the Cabinet. I thank all speakers in this House for the support they have given the legislation.

Question agreed to.

Bill read a Third Time.

NURSING AMENDMENT BILL

(Second Reading resumed)

The MINISTER OF HEALTH, WELFARE AND PENSIONS: Mr Speaker, last night I was giving a summary of the various arguments advanced during the discussion of this Bill. I should like to dwell on a few additional points raised here by certain hon. members.

Right at the outset I want to repeat something I said last night, viz. that I did not say during the censure debate or during any other debate conducted in this House that there was no shortage of nurses. I raise this point again for a specific reason, viz. that the day after I participated in the censure debate, a front page report appeared in *The Cape Times* stating that I had supposedly said "There is no serious shortage of nurses; there are only too many. White beds." I wrote to the reporter concerned and pointed out to him that I had never said that and also attached my Hansard, but in spite of that no correction has been forthcoming. On the following day the same report appeared in newspapers throughout the country and later in the *Sunday Times* as well. I am used to this kind of reporting, but I just wish to state for the sake of the record in this House that I never said that there was not a shortage of nurses.

Mr. H. E. J. VAN RENSBURG: You asked a rhetorical question.

The MINISTER: I am not speaking to the hon. member for Brymston now; I am speaking to intelligent people in this House. I should like to say to the hon. member for Parktown that I only referred to that when I asked him whether it constituted a crisis if 90% of the posts in the Cape were occupied. The hon. member then asked me what the position was in the Transvaal. I

I would deal later with the position in the Transvaal, and I did speak about that later. I again asked the hon. member whether occupation of 90% of the posts constituted a crisis. That is all I said. I added that I would deal with nursing affairs on the occasion of the discussion of my vote. I refrain from any comment to the newspapers.

I should like to set this straight because the hon. member for Hillbrow saw fit to refer twice in the course of his speech to the fact that I had said that there was no shortage of nurses. After all, the hon. member could have read my Hansard. He added that on the occasion of this Second Reading debate I had said that there was a shortage of nurses, how did I now wish to extend their services? Not even on the occasion of this Second Reading debate did I refer to a shortage of nurses. I said that there was a shortage of medical practitioners and pharmacists and that that was the specific reason why we should now legalize the work of our nurses in this regard so that they can do certain things which formerly were only entrusted to a medical practitioner or pharmacist.

Mr. H. E. J. VAN RENSBURG: But the purport of your words was that there was not...

The MINISTER: I do not care what the purport of my words was. A reporter reporting the proceedings here must report what I said and not ascribe to me something that he himself has thought up. I have experience of this kind of reporting and I am tired of it. Accordingly I am addressing myself to this House in order to set the matter straight. I shall rectify such matters in this House and I have done so now. If the hon. member for Hillbrow doubts my word, he can go and read my Hansard and see whether it is so.

Mr. A. B. WIDJAN: Are the posts in the Transvaal...

The MINISTER: The hon. member for Hillbrow must not make noises now.

Dr. M. S. BARNARD: A report appeared in *The Cape Times* today...

The MINISTER: I think I have dealt with most of the cases raised by the hon. member for Hillbrow.

The hon. member for Hillbrow was the first hon. member of the Opposition to raise the point that we should not have the word "consultation" but that we should rather have the word "agreement". I am afraid that I cannot accept this suggestion. No legislation provides that any body, association or council shall be the determining body or factor when one is dealing with legislation. How can we first have agreement? What will happen if, for instance, this board does not come to an agreement with me as the Minister or with the Director-General? We shall then not be able to proceed with any ordinary planning at all or with whatever it is one wishes to proceed with. However, one can have consultation. As the responsible Minister I have had consultation with the board on a number of occasions and I have also had consultation with the association. This has happened on numerous occasions. We do not simply ride roughshod over their arguments if we find those arguments to be reasonable. We try to point out to them as I shall indicate shortly, that there are times when they are wrong and that we have to carry on and do things in a certain way. However, I cannot allow the word "agreement" to be substituted for the word "consultation". I just want to say in passing that the hon. member for Parktown also made this suggestion. I shall deal with this matter again in a moment.

The hon. member for Middelburg apologized for not being able to be present this morning. I appreciate his support and the fact that he welcomes the measure. He put in a nutshell the reason why the different amendments are being effected. He also referred to the issue of proper relations. I think the hon. member for Parktown also raised this matter. It is of the utmost importance. I pointed out last night that it is no new principle that a Minister includes certain provisions in an Act when he has to give his approval to something. The issue here is the constitution of an association. Last night I drew attention to the various laws I referred to in the 1944 legislation when the association was established, and also to

relation to offences covered by this particular subparagraph (v).

The MINISTER OF TRANSPORT AFFAIRS: I shall do so.

Clause agreed to.

Mr. R. A. F. SWART: Mr. Chairman, I move the amendment to this clause standing in my name on the Order Paper, as follows—

On page 70, in line 57, to omit "or persons of particular races,"

This again, in a Bill of this kind, is an attempt to remove a racial situation and deal with the position on the Railways on its merits. I hope that in the same spirit of goodwill that the hon. the Minister showed in regard to the previous clause he will find his way clear to accept this amendment.

*The MINISTER OF TRANSPORT AFFAIRS, Mr. Chairman, this amendment proposed by the hon member for Berea affects a matter of principle which should have been raised during the Second Reading debate. According to my legal advisor this amendment is in conflict with one of the principles of this Bill. If I accept this amendment, the present situation and the discipline we apply with regard to the compartments exclusively by persons of specific races or various classes of persons, will be affected. As I say, this is a principle which should have been raised during the Second Reading debate. Unfortunately I cannot accept the amendment.

Amendment negatived (official Opposition and New Republic Party dissenting)

Clause agreed to.

Clause 65:

*The MINISTER OF TRANSPORT AFFAIRS, Mr. Chairman, I move the amendment printed in my name on the Order Paper, as follows—

On page 76, in line 34, to omit "seven by-two hours" and to substitute "three days"

It is true that three days is equal to 72 hours, but this amendment is aimed at facilitating matters for claimants in particular. The Agricultural Union asked for a period of 72 hours and in order to be accommodating, I now propose that the wording "three days" be used.

Mr. R. A. F. SWART: Mr. Chairman, I move the amendment standing in my name on the Order Paper, as follows—

On page 78, after line 18, to add:

(5) When any property (including agricultural vegetation of any nature, kind, class or category whatsoever, including trees planted, sown or cultivated in any other manner thereon or natural forests or trees which grow thereon) has been damaged by herbicides or other similar substances used by an employee of the South African Transport Services, the South African Transport Services shall be liable for the payment of compensation in respect of such damage and the claimant shall not be required to prove that the damage was due to negligence on the part of the South African Transport Services or its employees.

I feel that this amendment, which seeks to add a new subsection (5) to this clause, speaks for itself. It is aimed at providing that the South African Transport Services should be liable for compensation to people who have suffered damages from herbicides or other similar substances used by employees of the South African Transport Services. I hope that the hon. the Minister will see his way clear to accepting this amendment.

The DEPUTY CHAIRMAN: I regret that I am unable to accept the amendment of the hon. member for Berea as it involves increased expenditure and accordingly requires the State President's recommendation. I shall, however, allow the hon. member one speech to attempt to convince the

the Minister that he should take over the amendment.

Mr. R. A. F. SWART, Mr. Chairman, I create the opportunity. I recommend, Mr. Chairman, that he should consider taking over the amendment which I have moved. I think it is a fair and reasonable amendment which makes provision for compensation to people who might be affected.

The MINISTER OF TRANSPORT AFFAIRS, Mr. Chairman, I appreciate the member's attitude towards the farmers and landowners. It is as a result of an experience at Franschoek that this was agreed, in order to accommodate certain farmers who had had problems as a result of the use of herbicides. We cannot, however, alter the principle that a farmer should prove to us that it was because of actions of the Railways that certain things happened.

*However, we do have the situation now that certain activities are not undertaken by the Railways itself, but by contractors, who are covered by way of compulsory insurance or such activities. I am very sympathetic towards farmers who may suffer damage, and I see that we do encounter problems with the application of this clause in future. I will reconsider the amendment of the hon member for Berea. Let us, however, first see this provision a chance as it stands.

Amendment moved by the Minister of Transport Affairs, agreed to.

Clause, as amended, agreed to.

Clause 75:

Mr. G. B. D. MCINTOSH: Mr. Chairman, who is the successor to the Cape Copper Mining Company (Limited)? It is not clear to me from the Bill.

*The MINISTER OF TRANSPORT AFFAIRS, Mr. Chairman, section 11 of the relevant Act of the Cape of Good Hope only makes provision for the levying of docking fees and charges by the successor of the Cape Copper Mining Company with regard to goods landed and shipped at the wharf of

Port Nolloth harbour. Accordingly there is no statutory authorization for the levying of charges relating to stevedore work, docking charges, hire of equipment and the harbour barracks. In order to place the matter on a sound footing it is necessary to repeal the provisions of section 11 of Act No. 4 of 1869 and to make provision in this clause for the levying of charges for the various services provided at, or in connection with the use of, the jetty at Port Nolloth harbour and the transport of goods to or from that jetty.

Clause agreed to.

The Committee reverted to Clause 1, standing over.

Clause 1:

Mr. R. A. F. SWART, Mr. Chairman, I wish to be very brief. I move the amendment standing in my name on the Order Paper, as follows—

On page 2, in lines 9 to 11, to omit the definition of "Black".

I believe the hon the Minister said he was prepared to accept this amendment.

*The MINISTER OF TRANSPORT AFFAIRS, Yes, I am prepared to accept that. I also move the amendment printed in my name on the Order Paper, as follows—

On page 4, in lines 24 and 25, to omit the definition of "South African Transport Services".

Amendment agreed to.

Clause, as amended, agreed to.

House Resumed:

Bill reported with amendments.

NURSING AMENDMENT BILL
(Second Reading resumed)

*Mr. N. W. LIGTHELM: Mr. Speaker, when the debate was adjourned last Friday evening, I was pointing out that the provi-

Swart quizzes

Parliamentary Staff

THE Minister of Health, Dr L. A. P. A. Munnik, was asked in the Assembly last night to explain whether black nurses from KwaZulu could become members of the South African Nursing Association in

Munnik on membership of black nurses

terms of legislation now before Parliament. Mr Ray Swart (PFP, Berea) said the alleged exclusion of KwaZulu nurses from such membership had caused considerable concern in the KwaZulu Assembly.

Munnik on membership of black nurses

Speaking in the resumed second-reading debate on the Nursing Amendment Bill, Mr Swart said it was understood the provisions of the Bill would not allow any racial differences to interfere in the nursing profession. KwaZulu had asked specifically that

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its nurses should belong to the SA Nursing Association. There had been talk of a 'cruel deceit' in this matter, Mr Swart said. Dr Munnik began his reply to the debate shortly before last night's adjournment of the Assembly.

May the Council decided to appeal to the ratepayers for loan of £ 25 000 to build such alternative dwellings. that there were at least 300 houses in the city which plished. The Council would replace them with wood and iron est on the loan being met by the rent levied on them. In of ratepayers rejected the loan (now raised to £ 150 000) d a number of others. The Cape Times believed the slum land- ere responsible, especially in view of the low poll.⁷⁸

tempts to construct artisans' dwellings itself, the Council t to encourage '5% philanthropy' and it agreed "to favourably ions from syndicates and others for the purchase or lease of e purpose of the immediate erection of dwellings suitable for ". These good intentions also came to naught. No applicants . As a last resort the Council decided to put up housing for its loyees, but the matter dragged on into the next year without chieved. It was a sorry tale which did not alter essentially difficulty was the lack of adequate legislation to enable the ide a self-interested electorate. Probably, too, the profits ing were too good to encourage philanthropy. Whatever the reasons nce of Cape Town ratepayers to sanction expenditure on housing one it did not show them at their wisest or most humane.

IX

Race Relations

ions of the slum conditions sharpened the racial prejudice of whites in the city. Attention focussed particularly on the Africans the coloured people, were seen as barbaric aliens, the strangers within This image of the Africans as uncivilised, impermanent immigrants, no the city, had been impressing itself on the minds of Cape Town citizens ars past. During the agitation of 1899 against the Africans the Cape emanded that the authorities should "compel the removal of the alien ation from the city to some suitable spot outside". They were entirely rom the familiar coloured residents of the western Cape. "The aboriginal s of the East are altogether alien to the manners and methods of the their sense of decency and public decorum is different from those of the respectable coloured classes of the city".⁸⁰ Such views were not confined to the

Nursing position

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Post Reporter

THE staff position at the Provincial Hospital in Port Elizabeth should ease at the end of this month when student nurses return to the wards from a study period, a spokesman for the hospital said today.

He was commenting on reports in Weekend Post on Saturday about the staff position at the hospital.

The spokesman said the comments of Mrs Molly Blackburn, MPC for Walmer, on the conditions at the casualty department were "highly irresponsible". Mrs Blackburn had said the department was so inadequate that if Port Elizabeth had even a minor civil disaster there would be a high mortality rate.

Nobody in authority had been consulted about the visit by Mrs Blackburn and Dr Marius Barnard, reported in Weekend Post. He felt they owed the hospital an apology for bad manners.

Referring to the statement by a patient that there were only two nurses on duty on each floor at night, with a sister on another floor in charge, the spokesman said this had been the case for years.

The hospital had contingency plans to cope with any disaster, he said, adding that a statement would be issued soon on this subject.

A Port Elizabeth woman who recently "specialled" her grandchild at the hospital today paid tribute to the staff.

Mrs Daphne Lombard, a trained nurse, said she believed she was the person quoted anonymously in the Weekend Post report.

"I want to make it clear that I have no complaints at all about the hospital," she said. "I was terribly grateful they allowed me to nurse my grandchild. The staff was fantastic."

Mrs Lombard said it was true she had asked for a specialist to be called early one morning when she noticed a deterioration in the child's condition, but this was not a reflection on the hospital staff.

"I also want to make it clear that I did not go to the newspaper with any information".

● The report giving patients' views included several complimentary references to the nursing staff.

Nursing crisis: Munnik speaks

Political Staff

HOUSE OF ASSEMBLY. — The Minister of Health, Welfare and Pensions, Dr L A P A Munnik, yesterday denied having said there was no serious shortage of nurses in South Africa.

Dr Munnik was reported in several newspapers as having made this point during a recent parliamentary speech. Speaking again in Parliament yesterday, Dr Munnik denied he made such a statement — and was immediately faced with a barrage of interjections from the Opposition.

Afterwards, Dr Marius Barnard, Opposition spokesman on health, said: "The minister is playing with words, but we are quite used to that. He did the same thing after he spoke about the R20-health diet for the aged."

Dr Barnard said Dr Munnik's speech in the Censure Debate was designed to dismiss allegations of a serious nursing shortage and he called the matter a "so-called" crisis.

He quoted many figures to show that nursing quotas in all the provinces were almost full and then asked rhetorically whether the matter could be defined as a crisis. It is time the minister

stopped playing with words," Dr Barnard said.

Speaking during the debate on the Nursing Amendment Bill yesterday, Dr Munnik said he wished to put the record straight regarding reports on his speech during the Censure Debate.

Dr Munnik specifically referred to a report on his speech that he said appeared in the Cape Times.

"I am accustomed to this sort of reporting, but I just want to say in the House for the sake of the record that I never said that there was not a shortage of nurses."

In his Censure Debate speech, Dr Munnik spent much time repudiating allegations by Dr Barnard that there was a serious and critical nursing shortage. Dr Munnik referred to the matter as a "so-called crisis" and quoted figures to show how few vacancies there were in the different provinces.

"One of our biggest problems in this country today is that we have too many hospital beds for whites in South Africa... we cannot build more hospitals and then wonder why we have a shortage of nurses for then the shortage is on paper and in terms of the buildings we have erected," he said.

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(1) The number of records to be transmitted depends upon the I/O list and the format specification.

Rules:

WRITE (u,f) I/O list
or
WRITE (u,f)
where: u is either an integer constant or an integer variable that identifies an input unit.
f is either the statement label of a FORMAT statement or the name of an array that contains the format specification.
I/O list is described in 6.2.2.

To indicate the output of data to a specified output device in accordance with a format specification.

Function:

6.5. FORMATTED WRITE STATEMENT

FORMAT (I, H)	10
WRITE (NOU)	
NOU = 6	

(2)

NAME OF PR
The printer sta

FORMAT (I, H)	10
WRITE (3, 1)	

(1)

Examples:

(4) There are no st devices; this d indicate a print

processor.

tion 2 of a print character by pri

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(2) Format control



An ex-Groote Schuur nurse, who did not want to be identified, says with regret that now — working as a doctor's receptionist — she finds herself knitting at leisure, instead of "stitching in casualty".

Picture: Ivor Markman

The love-hate battle of the nursing profession

By CLARE STERN

THE LATEST row that has erupted over the nursing crisis is just "another storm in a chamber pot", according to several nurses interviewed this week.

They feel that little will come out of it and they will just have to carry on regardless in spite of low wages, long hours and tough working conditions.

One Groote Schuur nurse with three years' general training as a sister and one year in midwifery was clearing R354 a month, after medical aid and tax deductions, when she gave up nursing earlier this year.

"I was sick of walking around like a zombie, living in my uniforms and feeling like an escaped lunatic whenever I wangled some time off duty.

"Apart from the gripe about salaries, we never knew what time we would go home at night. It was not unusual to work a 7am to 7pm shift and be obliged to stay until 8 or 10pm because of the staff shortage."

Forbidden

She said nurses paid R20 a year to belong to the Nursing Association, but she considered this money down the drain. "If we dared to speak out against the system, we were severely reprimanded. Nurses are forbidden to speak to the press or to go on strike. A nurse who speaks to the press is likely to be fired on the spot. If she goes on strike, she stands to be struck off the roll and lose her registration. This means all her years of study and hard work would be nullified."

This sister was so "cheesed off" with her lot that she recently resigned from Groote Schuur and took on a post as a medical receptionist. She's earning R350 net — considerably less than what she would now be earning had she stayed on at Groote Schuur as a sister.

"I believe, with the last in-

crease, I'd be earning above R400, but I don't mind the drop in salary. I get home at 4.15pm, I'm not bludgeoned by fatigue and my evenings are my own."

Her work involves typing correspondence, making appointments and taking blood specimens. Her heart, she says, is still in nursing and it saddens her that she can't exercise the skills for which she was trained.

She said she knew of many nurses who had abandoned their careers to go into medical repping. Some were earning double what they earned as nurses and wild horses wouldn't drive them back into nursing.

Another sister who is contemplating resigning from Groote Schuur said that while her salary had improved — after five years she was grossing R495 — she had noticed a sharp decline in the quality of nursing.

"The nursing shortage is such that nurses can't give patients the individual care they need. Nurse/patient relations play a big role in patient recovery. The wards are so understaffed that nurses are working 12-hour shifts and their morale is extremely low."

On one occasion one student nurse with three assistant nurses, who had attained standard six and eight at school, were manning a 41-bed ward.

Nick of time

"I personally witnessed a crisis involving a critically ill patient. Owing to neglect the humidifier was not switched on. The mucosa in his trachea dried up and he had difficulty breathing. In other cases, where patients have been on 100 percent oxygen — which can cause death — faults were detected in the nick of time."

The sister said she had done midwifery at the Mowbray Maternity Home where nurses were so overworked that mothers having massive post-delivery bleeds were

left unattended.

One night at Mowbray one student nurse was tending 35 mothers. On occasions she had seen mothers, soon after difficult deliveries, even caesarians, feeding and changing their babies because there was no nurse on hand. Florrie Nightingale, she said, would turn in her grave if she could see what went on.

Another sister said she knew of cases where premature babies had died at Groote Schuur. She believed this was due to the staff shortage.

Intensive care

"In intensive care there have been as many as ten babies in the care of one sister. These are critically ill, premature babies which need to be fed every three hours. Their sucking reflexes are so poor that it takes half-an-hour to feed each one."

Overtime was one of the worst causes for dissatisfaction. One nurse doing a 1pm to 7pm shift found herself working a 20-hour shift through the night because there was no replacement nurse to take over.

Another sister said patients at Groote Schuur had come close to dying when wards were left unattended or in charge of assistant nurses who did not know how to cope in an emergency.

"One patient who had major abdominal surgery was recovering very well. But he suffered respiratory arrest when he came off the ventilator. It was a touch-and-go situation with the assistant nurse battling to find someone who knew the ropes."

The sister told the Cape Times that Dr L A P A Munnik had been a patient at Groote Schuur. She said he was given his own sister and nurse, and had no idea how the other wards battled with staff problems.

Ideally, she said, the ICU unit should have one sister

to a patient. On New Year's Eve, one sister was in charge of a four-bed unit with two fresh theatre cases, both on ventilators. Her nurse did not turn up for work. When she phoned the matron for help, she was told that 30 nurses were off sick and the sister would have to cope on her own.

Another nurse said her social life was non-existent. She loved nursing, but she was so exhausted that her only entertainment was a rare visit to the drive-in. "It's cheaper and you don't have to dress up."

"Our profession is supposed to be a labour of love, but I'm struggling to make ends meet. I've been a nurse for five years and I still can't afford a car or a flat. My colleagues and I live on what we call the LAPA diet — vegetables or toast — we can't afford luxuries like meat."

Future security

Another sister said: "Not everyone gets married. On our salaries we can't contemplate a secure future. The cost of inflation being what it is, you must either marry to ensure a secure future or remain on the medicine shelf."

She said white nurses were leaving the profession at such a rapid rate that if the coloured nurses were to leave, there would be no one to staff the units.

"These nurses are really jacked up — without them we'd really be in Queer Street."

"No other profession," she said, "has to shoulder the same amount of responsibility. Yet we nurses are treated like skivvies. We are told that tea in the morning and the afternoon is not a right but a privilege. If you live on the premises you get three square meals and a room for R47. But you can't entertain friends or have them round for supper. I put up with these conditions because I love nursing and would die if I lost my registration."

Aug 22/8/87
Nursing

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for Lowe's somewhat melodramatic
heady stuff for anyone interested in the
consciousness at the Cape. It should not, however, be viewed
uncritically.

Parliamentary Staff
IT was Government policy
that black homelands such
as KwaZulu should have
their own nursing associa-
tion to cater for their
needs, the Minister of
Health, Welfare and Pen-
sions, Dr L A F A Munnik
said in the Assembl
yesterday.
task by the official Oppo-
sition on a Bill which
allowed him to interfere
with the South African
Nursing Association's
constitution.
Dr Munnik replied to
the effect that the measure
had been agreed to by
SANA, and had not been
'forced down anyone's
neck'

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s to a highly
In response to a
of the Harbour Board,
wrote, "The agitation
ons would promptly
prove very troublesome -
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ots would take place
crisis, the ill effects
come".³¹ Even allowing

es this scenario is
origins of black labour
consciousness at the Cape. It should not, however, be viewed

The Debate

Van Onselen and Phimister³² have recently attacked the commonly held notion that there was an absence of worker consciousness amongst African mineworkers in Zimbabwe prior to 1920. Van Onselen rejects the "common assumption - that the political consciousness of black workers should be assessed largely through the presence or absence of associations and organisations which manifestly articulate worker interests".³³ Rather, Van Onselen argues that worker consciousness "should be sought in worker strategy in the context of the overall functioning of the political economy and in day-to-day responses in the work situation".³⁴ Thus Van Onselen considers that loafing, deliberate wastefulness, boycotts, feigned illnesses, self-inflicted injuries and desertions are all instances of labour resistance and hence of worker consciousness.

By way of response, Goldberg³⁵ has shown that Van Onselen's notion of worker consciousness is conceptually confused and therefore invalid. He argues that a distinction must be made between individual consciousness on the one hand and collective

24/8/81 What Dr Munnik said about nurses

Political Correspondent

THE Minister of Health, Welfare and Pensions, Dr L A P A Munnik, maintained on Friday he had never denied there was a nursing shortage.

During debate on the Nursing Amendment Bill he also accused the Cape Times of failing to publish a correction to its report by a member of our Political Staff of his remarks during the censure debate after this error had been pointed out.

In the interests of public clarity, we publish here what Dr Munnik said on the issue during the censure debate, during Friday's debate and extracts from his letter to Cape Times Political Staff.

After a lengthy attack during the censure debate on the Opposition health spokesman, Dr Marius Barnard (PFP Parktown), Dr Munnik said:

"I want to analyse the so-called crisis in the nursing profession this afternoon. One of the reasons for the decline in the number of nurses in the country is these very stories that are being publicized.

"I suspected that some hon member of the Opposition would talk about this. Therefore I brought the figures along ...

'Posts filled'

"What is the situation in the Cape Province? More than 90 percent of the total number of nursing posts are filled. This was the figure as on July 31. This is what is important.

"Now the hon member for Parktown arrogantly insists that we should employ black people as nurses in order to solve our 'crisis'. What is the position? There are 126 vacancies in the category for black trained nurses, and in the same group there is a shortage of 206 nursing sisters. This being so, how can we appoint black nursing sisters for the whites? Would that not be immoral?

"Professor Myburgh, professor in surgery at the Johannesburg Hospital, told me in my office that it would be one of the most immoral things if we took black nursing sisters away from the black patients and appointed them in posts for whites. I agree with him on that point ...

"What is the position now? Ninety percent of all the existing posts in the Cape Province are filled. Is this a crisis? ..."

When Dr Barnard asked about the position in the Transvaal, Dr Munnik said he was dealing with each province in turn and was coming to the Transvaal.

"Does it point to a crisis in the Cape Province if 90 percent of the existing posts are

filled?

"In the Free State, 86 percent of the existing posts are filled. Three days ago I had an interview with the Administrator of Natal and with the MECs of the NRP ... According to (the MEC in charge of hospital services) more than 90 percent of the existing posts there are filled. I obtained the figure myself. It is the figure for the end of July this year. At that stage, 96 percent of the existing posts in Natal were filled ...

"In the Transvaal, 76 percent of the existing posts are filled. When hospital wards are closed down, it does not always indicate a shortage of nursing staff. In the Paarl hospital, here in the Cape, the MEC concerned also closed down a ward because there were two wards in that hospital that were always half full. For that reason, one ward was closed and the MEC gave the instruction that all the nurses be transferred to the other wards ...

"The hon member for Parktown suggest that I should allow black nurses to serve in hospitals for whites. He wants me to give my permission for this. With respect to black student nurses alone, there is a shortage of 571 at the moment. Why should I allow black nurses to nurse whites, thereby creating even more vacancies for blacks? ...

"How many vacancies are there for registered black nurses in the Transvaal? 644. Now it is said that a utopia would be created if only I would allow black nurses to serve in white hospitals. One of our biggest problems in this country today is that we have too many beds for whites in South Africa.

"We have too many beds for whites, so the cabinet has decided that no further hospitals will be built except with the approval of the Minister of Health after a full investigation to ascertain whether or not it is necessary in that area.

'Shortage on paper'

"We cannot build more hospitals and then wonder why we have a shortage of nurses, for then the shortage is on paper and in terms of the buildings we have erected."

On Friday, Dr Munnik began by returning to the issue.

"I want to repeat I did not, during the censure debate or during any other debate in this House, say there is not a shortage of nurses.

"The Cape Times, the day after I spoke in the censure debate, carried a front-page report in which I am alleged to have said: 'There is no serious shortage of nurses, there are only too many white beds'.

"I wrote to the reporter concerned and pointed out to him that I never said this and I also appended my Hansard. But in spite of this, there was not a correction. The following day, however, the same report appeared in newspapers throughout the country and also in the Sunday Times.

"I am used to that sort of reporting but I want to say for the record in the House that I never said there is not a shortage of nurses ...

"The only reference was when I asked the hon member for Parktown whether it was a crisis when 90 percent of the posts in the Cape are filled. The member then asked what the position was in the Transvaal. I answered that I would come later to the Transvaal and did in fact speak about the Transvaal later.

"I asked the member again if 90 percent filled posts was a crisis, that is all I said in that connection ...

'Reporting'

"I don't care what the tenor of my words was. A reporter who reports in this House must report what I say and not attribute to me something he thinks out himself. I have experience of this sort of reporting and I am tired of it."

Dr Munnik wrote a letter to the Cape Times Political Staff referring to the page four report of his censure debate speech. He appended a copy of the report, not his Hansard. He did not request a correction but drew attention to "a few facts".

"At no stage during my speech did I say 'there was no serious shortage of white nurses in South Africa — the problem was there were too many hospital beds for whites'. This sentence stands as if I actually said this in this context.

"Nowhere in my speech were these words used in this context or in this sequence."

Dr Munnik pointed out he had said 90 percent of Cape posts were filled, not 89 percent as reported, that a reference to 126 vacant positions had been for black trained sisters not trained white nurses.

He also disputed a sentence which said he had quoted statistics to show that there was no serious nursing shortage among whites.

"The word whites is quoted incorrectly. I was quoting figures for all population groups.

"These inaccuracies alter the context of my speech. I think it is important to have accurate reporting in speeches where statistics and colour groups are concerned." Dr Munnik wrote.

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6.3.3.2

to the critical investigation in the first place of a Select Committee of this House, and finally the President's Council. What is true—and there should be great appreciation for this by this House and the general public—is that although the history of the Indian Council to which the hon. member for Umbilo referred is not satisfactory in many people's eyes, it does represent an evolutionary process in respect of the constitutional development of the Indian, and this is important. I am one of the people who believes unconditionally that in a dynamic community there must be continuous adjustments to the constitutional evolution of our country. After all those adjustments have taken place and are still taking place in respect of this Parliament itself. On the road ahead existing institutions will have to be changed in terms of their composition and in terms of their powers. However, the point is that we have opted for a course involving constitutional reform in a specific way, and this is important. This legislation is linked to a specific view on the process of change and political reform. Therefore I want to say this evening I have appreciation for all the parties in the country which are prepared, even if they have reservations, to co-operate in this process. I wish to repeat my thanks in this connection.

I have already referred to what the hon. member for Klip River had to say.

"I want to deal now with the hon member for Umbilo. I should like the hon member to refer to clause 2(b) which amends section 10 of the principal Act. The principle of secrecy is not being established or introduced in terms of this clause. The only amendment in terms of this clause to section 10 of the principal Act is the omission of the words 'or elected'. If the hon member will refer to the 1978 Act he will find that in terms of that Act the members of the Executive Committee of the Indian Council were in fact appointed by the Minister in terms of the 1978 Act, which has not as yet been promulgated. The executive is not appointed by the Minister but in fact recommended by the State President on the recommendation of the leader of the majority party or group in the council. This in effect means that the convention which

obtains in parliamentary systems the leader of the majority party is requested being given statutory authority in terms of this provision. What I am trying to say therefore, is that the concept of secrecy is not being introduced now. However, we are discussing this point and for the edification of the hon member I want to say that I am sure he will understand that we are dealing here with the executive, and members of executives in general—I am referring here to Governments—are bound by an obligation of secrecy. As a Minister I am not allowed to divulge secrets of the Cabinet. The hon member obtains here

Mr W V RAW: There is no secret here.

The MINISTER: Of course there is a sanction here.

Mr D W WATERTON: It is the view with the Executive Committee of a province.

The MINISTER: There is no such secrecy in this case, except as introduced by this clause.

"I do not want to have a long argument about this. However, there is a need to say that in terms of our own Constitution the State President may dismiss Ministers from office for any reason.

*The MINISTER OF TRANSPORT AFFAIRS: Yes, he wanted to fire me once.

*The MINISTER OF INTERNAL AFFAIRS: And hon members do not know how I had to plead on behalf of the hon. Minister of Transport Affairs! This only goes to show, Sir, that I can also make mistakes.

I would really like to thank the hon member for Berea for his comments and remarks. I would like to say that to a large extent it will be our attitudes and attitudes that will determine, to some extent, when we elect to this council. I would like to conclude by saying one more thing. I am worried about the extent to which discussions between us in this House will be

relationships between the various groups in the country.

I would like to thank the hon members for their support.

Question agreed to.

Bill read a Second Time.

Question not committed.

Third Reading

The MINISTER OF INTERNAL AFFAIRS Mr. Speaker, I move, subject to Order No. 56—

That the Bill be now read a Third Time.

Mr N J J OLIVIER Mr Speaker, I would like to ask for the hon. the Minister's views in respect of an aspect that flows from clause 10(3) of this Bill. In time he will be able to give attention to the possible gap of time between the dissolution of the council and the following election. I would like the hon. the Minister's attention to section 3 of the Act which provides for the Indian Council to be dissolved as a condition precedent to a new election when a new government is formed.

Mr R A F SWART Mr Speaker, it would have to be the Bill as it stands. It is not that ministerial power is exercised in the Bill in that sense. It is a long as far as we are concerned, but there are other aspects of the Bill which make the Bill worthy of our support. We will therefore support the Bill.

Mr R A F SWART Mr Speaker, it would have to be the Bill as it stands. It is not that ministerial power is exercised in the Bill in that sense. It is a long as far as we are concerned, but there are other aspects of the Bill which make the Bill worthy of our support. We will therefore support the Bill.

The MINISTER OF INTERNAL AFFAIRS Mr Speaker, let me set the hon member Prof Olivier's mind at rest at once. My standpoint is that the elections for the council of the various population groups will take place simultaneously. I believe there is no longer a valid reason today for the postponement of a representative Indian Council election simply because a parliamentary election is being held. In the nature of things it is an instrument, and that is why

it is my standpoint that it may be much more worthwhile if the elections take place simultaneously so that the public eye will not be concentrated on one only. I am in complete agreement with the hon. member, and I shall therefore give attention to this.

Question agreed to.

Bill read a Third Time.

NURSING AMENDMENT BILL

(White Reading)

The MINISTER OF HEALTH, WELFARE AND PENSIONS Mr Speaker, I move—

That the Bill be now read a Third Time.

Mr R A F SWART Mr Speaker, it would have to be the Bill as it stands. It is not that ministerial power is exercised in the Bill in that sense. It is a long as far as we are concerned, but there are other aspects of the Bill which make the Bill worthy of our support. We will therefore support the Bill.

Mr R A F SWART Mr Speaker, it would have to be the Bill as it stands. It is not that ministerial power is exercised in the Bill in that sense. It is a long as far as we are concerned, but there are other aspects of the Bill which make the Bill worthy of our support. We will therefore support the Bill.

Handwritten notes: 26/8/81 and a circled number 95.

Lack of nurses could be causing deaths — Browde

Star 26/8/81
95

By Deon Delpont
Municipal Reporter

Deaths may be occurring in the Johannesburg Hospital because of the shortage of nurses, Dr Selma Browde told fellow-councillors at yesterday's city council meeting.

She was urging the city's management committee to put pressure on the provincial and public service authorities dealing with nurses' salaries.

Her request came in response to a letter to the council from the Johannesburg branch of the National Council of Women urging representations to the authorities about the immediate needs of the Johannesburg Hospital.

"It is a very frightening situation when someone



Dr Selma Browde . . .
frightening situation.

can go to hospital for an operation or to be cured and can actually die because of the shortage of nursing staff," she said.

The management committee should urge the province not to allow control of nurses' salaries to

go to the Commission for Administration.

Nurses should be employed where they were needed irrespective of their race or colour, she said.

The authorities should raise salaries instead of trying to bring black nurses into the Johannesburg Hospital at current salaries. That would be exploitation, she said.

The management committee should also urge the employment of unskilled workers to fill empty posts at the hospital.

The nurses who should be saving lives were doing menial jobs, she said.

In reply, Mr Francois Oberholzer, chairman of the management committee, said recent recruitment trips overseas had had encouraging results.

29/8/81
95
Special salary scales
to avert nursing crisis?

statements :

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Political Correspondent
HOUSE OF ASSEMBLY. —
The Minister of Health, Dr L
A P A Munnik, said yester-
day that nurses might be giv-
en special salary treatment
similar to that recently given
to teachers.
He said during the debate
on his portfolio that salaries
and service conditons had
been shown as the main rea-
sons why nurses were leav-
ing the profession.
Short-term additional per-
centage increases were not
the solution and the Com-
mission for Administration
(formerly the public service
commission) had been asked
to investigate the possibily
of a differentiated salary
structure for nurses.
He said during an argu-
ment with the Opposition

health spokesman, Dr Mar-
ius Barnard, that the Depart-
ment of Health had been
seeking solutions to the
nursing shortage long before
the Opposition started rais-
ing the matter.
Dr Barnard had earlier
moved the deletion from the
budget of Dr Munnik's
R47 064 salary because, he
said, Dr Munnik had done
nothing to avert a crisis in
the South African medical
profession.
Doctors, nurses and pa-
tients were all concerned at
the shortage of nurses. From
his talks with nurses it was
clear their main demand
was better salaries.
Dr Munnik said he had
never said there was not a
shortage of nurses, that
nursing salaries were ade-
quate or that their service

condition's should not be im-
proved.
Committees and sub-com-
mittees had been investigat-
ing the sudden lower intake
of nurses in 1980 after the
record intake in 1979 He
said he attributed part of
the cause to press reports of
nursing dissatisfaction
which gave a "negative" im-
age of the profession and
discouraged recruitment.
He hoped the report on a
differentiated salary struc-
ture could be completed by
the end of this year. Teach-
ers had been given a differ-
entiated structure and
nurses, too, needed a revi-
sion — including ranks, par-
ity and duties.
Dr Munnik rejected Dr
Barnard's contention that
the nursing profession was
in a crisis.

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The BRKPT/SYM method of dealing with large printouts leads to the

3.16.2. SUSPEND/RESUME

S02U01, SC1H11, SC1U01, SC1NS3

The terminals presently configured as remote symblonts are:

@SYM FILENAME, PR

If the above @SYM command is used without a site specification from a demand run at one of the terminals configured as a remote symblont, the file SYM'ed will be queued to that terminal. If it is required that the file be printed at one of the onsite printers the following form should be used:

The print-file will be deleted automatically after the file has been printed.

@SYM SYMF. <CR>

4. Now the print-file has been catalogued and stored on disc, in order to print it on a line-printer the following must be used:

@BRKPT PRINT\$ <CR>
&PRFF SYMF. <CR>

3. After the required printouts are finished, printing has to be redirected to the terminal and the file SYMF must be catalogued in the file directory. The commands below are are all diverted to the file SYMF.

Munnik plans new pay deal for nurses

Mail Correspondent

The Minister of Health, Dr L A P A Munnik, said yesterday that nurses might be given special salary treatment similar to that recently given to teachers.

He said during the debate on his portfolio that salaries and service conditions had been shown as the main reasons why nurses were leaving the profession.

Short-term additional percentage increases were not the solution and the Commission for Administration had been asked to investigate the possibility of a differentiated salary structure for nurses.

He said during an argument with the Opposition health spokesman, Dr Marius Barnard, that the Department of Health had been seeking solutions to the nursing shortage long before the Opposition had started raising the matter.

Dr Barnard had earlier moved the deletion from the budget of Dr Munnik's R47 064 salary because, he said, Dr Munnik had done nothing to avert a crisis in the South African medical profession.

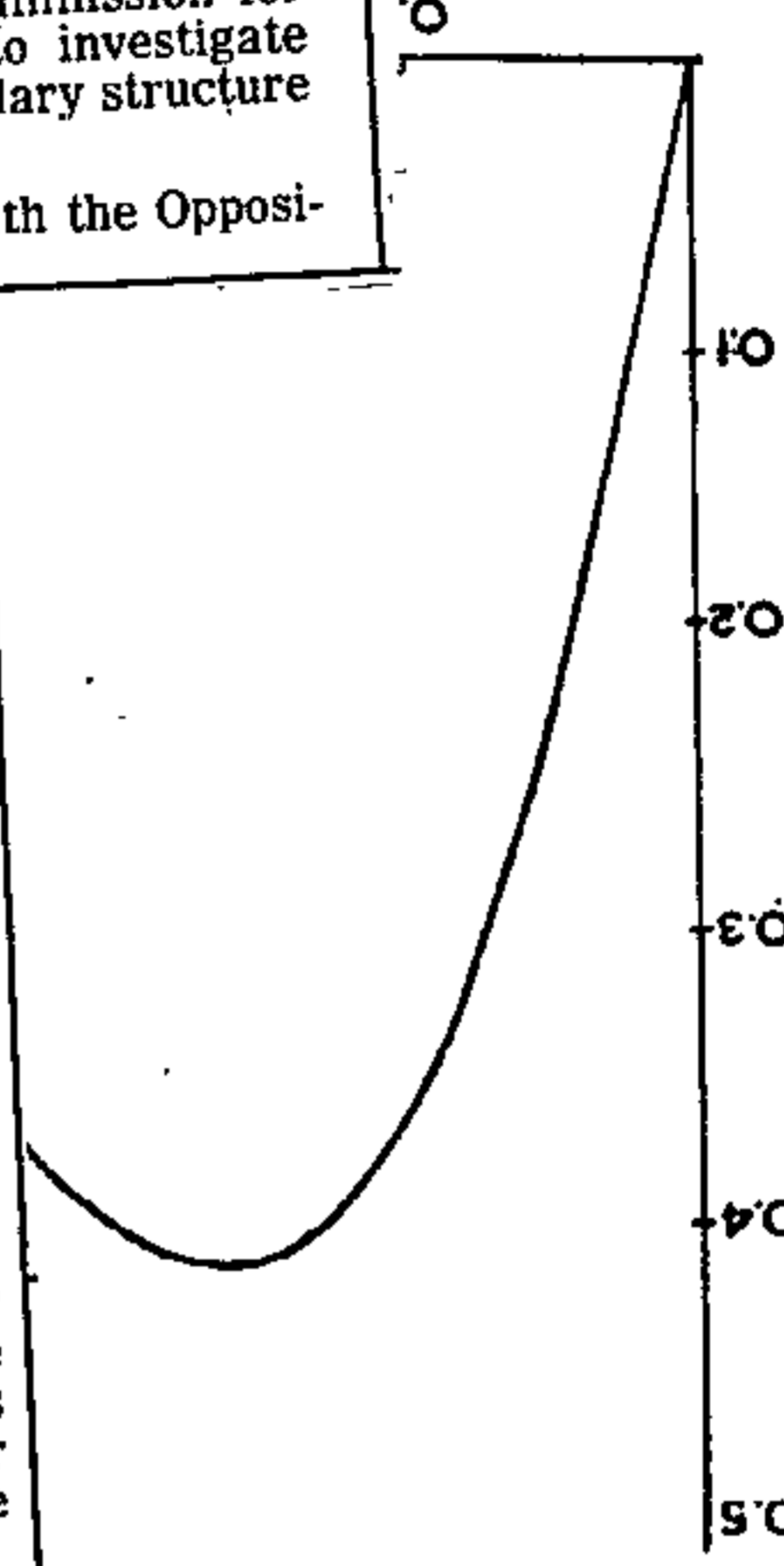
Doctors, nurses and patients were all concerned at the shortage of nurses. From his talks with nurses, it was clear their main demand was better salaries.

Dr Munnik said he had never said there was not a shortage of nurses, that nursing salaries were adequate or that their service conditions should not be improved.

He hoped the report on a differentiated salary structure could be completed by the end of this year.

ACCIDENTS OUTGOING QUALITY PERCENTAGE

AVERAGE OUTGOING QUALITY PERCENTAGE DEFECTIVE



SECTION 200, "C" LOTS. 3.0

10.9.4 AVERAGE OUTGOING QUALITY LIMIT - AQL

With the second sampling plan it is possible to discriminate between lots which are 1% defective and those which are 5% defective. However, if the good lots are always 0.2% defective and the bad lots always 25% defective, the first scheme will provide an adequate degree of discrimination. It is important to realise that no sampling scheme will discriminate between the lots if they follow a single simple frequency diagram. A knowledge of the frequency patterns of good and bad lots is essential if the sampling plan to discriminate between them is to be successfully chosen.

If the lots all follow a simple frequency diagram, the principle aim of the inspection scheme is the detection and removal of defectives, in order to achieve an average level of defectiveness which is acceptable. The aim in such circumstances is to carry out just sufficient inspection to achieve the desired level of defectiveness. If the incoming quality is good, only the minimum amount of inspection to verify this fact is needed. If it is poor, then an increased amount of inspection is needed to eliminate the excess defective work and this is achieved by carrying out 100% inspection on lots which fail to meet the standard set by the acceptance sampling plan.

Nursing's No 1 priority

Aug 28/8/81 (95)

Parliamentary Staff

THE 'No 1' problem in the nursing profession was salaries — qualified sisters on the wards wanted at least R1 000 a month, Dr Marius Barnard (PFP Parktown) told the Assembly yesterday.

Responding to the Minister of Health during the Health debate, Dr Barnard said the 'message from doctors, patients and nurses was loud and clear' — changes were needed in the Government's health policy.

Dr Barnard said Dr Munnik had declared he had long experience in health matters, and was aware of the problems.

'I too have had much to do with these things during 31 years in practice. Perhaps it is just our respective outlooks that differ. The Minister has to do with administration, but I work every day with nurses and doctors,' he said.

After hearing Dr Munnik's lengthy dissertation on a report about the problems of nurses, Dr Barnard said he could only comment: 'So what?'

The Minister had granted increases for nurses, but these were not sufficient to bring back those who had left.

Dr Barnard wanted to make it clear that he was not 'running down' the nursing profession or Department of Health officials. He could see a threat, however, and the Minister had failed to give adequate 'clues' as to what he was going to do to relieve this threat to health services.

Dr Barnard also raised the subject of malnutrition — a problem which seemed to be largely ignored by the Government.

Prices of basic food-stuffs were continually rising, thus the incidence of

malnutrition would continue to increase. The Government should pay attention to this matter.

Mr Alf Widman (PFP Hillbrow) said the country was facing a health crisis. The Minister had spent 'nearly an hour' expounding on 'committees and reports', but nothing constructive had been done.

The simple truth was that nurses would not stay in the profession because they were not properly paid.

He asked Dr Munnik if he was prepared to 'go to the Cabinet' with a proposal that nursing salaries be taken out of the public service to stand on their own. A precedent for this had been set by the Post Office service.

Dr Munnik said he was amazed to be accused of 'doing nothing', when he had gone to great lengths to explain what was being done about the nursing problem.

On the question of malnutrition the Government was also 'not asleep'.

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Miss Mackenzie thought

Writing to Miss Anne Mackenzie in Cape Town, on 2nd July 1861, Arthur describes their rather dramatic arrival in England. Whereas the other letters we have looked at were directed to Sir George Grey and related to his role as the students' patron with all its political implications, Arthur's letter was to an ex-missionary, who had spent some time at Zonnebloem and was a personal friend. His first impressions of England, therefore, focus on a mutual interest in church buildings, comparisons being drawn with St George's Cathedral in Cape Town. When Miss Mackenzie later launched The Net as a missionary periodical with a special interest in Africa, she published some of the Zonnebloem pupils' writings to try and stimulate support for their education among the British religious public. The St Augustine's contingent were supported by scholarships from two dioceses in England but after Sir George left the Cape in 1861, Zonnebloem was chronically was dependent on its British benefactors.

difficulties in mastering the English language than the younger ones. The main factor in their favour was their desire to serve their people and it was hoped that they would eventually train for the ministry.

sta 28/8/81
Too few
nurses
ward closed

A day ward at Johannesburg Hospital which has helped to reduce the work load in paediatric wards has been closed because of the nursing staff crisis.

Professor J. Chappell, professor of paediatric surgery at the University of the Witwatersrand, said that previously children undergoing minor surgery were admitted to the ward and not separated from parents. They were discharged after the operation and this reduced hospitalisation and cut costs.

"Because of the closure there is more pressure on nurses in paediatric surgical wards," he said.

Said a German doctor: "The fact that surgery patients can be discharged once the effects of anaesthesia wear off means that we can reduce costs by one-tenth."

Paediatricians believe that wherever possible, out-patient treatment is always less of a risk than keeping children in hospital.

not be hit by the section as it was then worded. The 1959 amendment were intended inter alia to bring such transactions within the net of the section and based on the decision in Smith's case (supra) the amendment has achieved this result.

Hopes raised in 'abused' nurses' ranks

By ADA STUIJT

THERE is a glimmer of hope in Johannesburg's nursing ranks after ministerial hints at improving conditions, and nurses interviewed said the crisis in their profession had even made doctors think twice about being rude to their right-hand women.

Nurses praised the parliamentary statement last week by Dr L. A. P. A. Munnik, Minister of Health, that nurses might be given higher salaries to match the new teacher salary scales, but complained about the insulting attitude of doctors and the public.

One Johannesburg Hospital theatre sister said in an interview yesterday:

"In the past, when there were more nurses than jobs, many doctors treated us in a condescending, frequently rude manner, even though nurses are the life-blood of any hospital.

"But in these nursing crisis days, with doctors discovering that they can't get their operations done on time and can't get hospital beds for their patients, medical practitioners are displaying an amazing change in behaviour and have started treating nurses with more appreciation."

She said often in the past nurses had been subject to "much verbal abuse" from doctors — especially in operating theatres — but recently she had noticed a considerable improvement in the behaviour of doctors towards those nurses still willing to work under such "gruelling conditions".

A nurse at J. G. Strijdom Hospital said: "Only when the nurse's status in the community is improved — and doctors have always had a say in this in the past — will young women again flock to the profession."

A spokeswoman for the South African Nurses Association, Miss Susan Fourie, agrees with these views.

Hopeful

Miss Fourie said: "The present crisis in nursing has brought the doctors to entertain improved viewpoints about the nurses they work with," she said.

She praised Dr Munnik's statement that salaries and service conditions had been shown as the main reasons why nurses were leaving the profession.

He said that nurses might be given special salary treatment similar to that recently given to teachers.

Miss Fourie said: "After the investigation by the Commission for Administration on this matter, we will have clear guidelines on the future of nursing, but it all looks very hopeful. Dr Munnik's statement lifted out the very clear essentials outlined for a brighter nursing future."

Dr Munnik said on Wednesday that a national strategy must be mounted to re-establish nursing as a highly-esteemed profession in the community.

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He said 65% of studen,
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training because of the nega
tive public attitude towards
nursing, the poor salaries and
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● He also said that it was Gov
ernment policy that white
nurses should look after white
patients, and black nurses after
black patients, even though
there is a high level of unem
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'Bad-Box'. Thus disposal of the product is not
successfully corrected.

BAD BOX

MIT

Training of nurses

Hans S. C. 2.6 (95)
87. Dr. M. S. BARNARD asked the
Minister of Health, Welfare and Pensions:

- 2/9/81
- (1) (a) How many institutions are there in the Republic for the training of (i) Black, (ii) Coloured, (iii) White and (iv) Indian nurses and (b) where are they situated;
 - (2) (a) how many (i) applications to train as nurses were received by, and (ii) vacancies existed in, such institutions in respect of each race group in 1980 and (b) how many such applications were refused in that year owing to lack of facilities;
 - (3) how many (a) Black, (b) Coloured, (c) White and (d) Indian nurses completed their training in 1980?

The MINISTER OF HEALTH, WEL-
FARE AND PENSIONS:

- (1)(a) and (b) The S.A. Nursing Council registers institutions for the training of nurses only in respect of Whites and in respect of Other Race Groups and information in respect of institutions for Blacks, Coloureds and Indians separately, is not readily available. The information is as follows:

P T O

Whites	General	General and Midwifery	General and Psychiatry
Transvaal	29	24	3
Natal	4	1	2
O.F.S.	4	3	0
Cape	18	18	4
Total	55	46	9
Other race groups	General	General and Midwifery	General and Psychiatry
Transvaal	16	8	0
Natal	5	1	0
O.F.S.	3	2	0
Cape	8	7	4
Ciskei	2	0	0
Gazankulu ..	3	1	0
kwaZulu	6	2	1
Kangwane ..	2	0	0
Lebowa	4	1	0
Total	49	22	5

(2)(a) and (b) Statistics are not readily available. Applicants for admission of students or pupils are generally not refused on the grounds of lack of facilities.

(3)

	Blacks	Coloured	Indian	White	Total
General	1 359	321	96	883	2 659
General and Midwifery	235	35	3	405	678
Midwifery	1 035	252	83	688	2 058
Psychiatry	132	20	18	133	303
General and Psychiatry	0	0	0	34	34
Total	2 761	628	200	2 143	5 732

The aforementioned statistics include the nurses of Bophuthatswana and Venda. The S.A. Nursing Council does not keep separate registers for each country and it is not possible for the Council to furnish separate statistics.

Govt must help beat nursing shortage - Moss

Star 2/9/81 95

Working Example

Where the Company

(1) The mortgage

(2) The dividend declared

(3) The purchase done by the company

(4) Management of the need

(C) The best means

- (1) To exercise better control over credit advanced to debtors;
- (2) Raise a mortgage bond over the company's land and buildings or issue needed to finance capital expenditure. It should be possible to raise a relatively favourable debt equity ratio of 1 : 1.9 and the available debt.

Reasons :

- (1) It is essential to raise long term finance to finance fixed assets.
- (2) The company is in a position to take advantage of long term borrowing at present; and (ii) with profits of R420 000, the company may gear through an issue of shares would result in unnecessary dilution of equity.

Own Correspondent
The Government should introduce incentives such as tax benefits for nurses and others prepared to help beat the nursing shortage.

Mr Sam Moss (PFP, Parktown) said during the budget debate on hospital services that the Province had to attract married

nurses back to the profession.

They could be used, even in part-time capacities, until new recruits could be trained.

To attract these nurses the Government should introduce incentives possibly in the shape of tax benefits.

In reply, Dr Servaas

Latsky, MEC in charge of hospital services, said the Province had gone to great lengths to attract more nurses.

About 65 percent of nurses were married.

In attempts to attract them creche facilities were offered and they were also encouraged to take part-time employment with the department.

But although part-time nurses were of great help, they could not be relied on to solve the nursing shortage.

This was because part-time nurses usually worked mornings only while the problem areas were staffing afternoon and night shifts.

Mr Moss said the vote was being debated on the very day private practitioners' fees were being raised by 9.9 percent and those of private hospitals by 10 percent.

He said the inroads of inflation and these increases would hit the poorer groups, many of which did not have medical schemes, or which would now have to pay more.

As a result more and more people, especially from the middle income groups, would turn to the TPA for hospital services.

● Dr Latsky also disclosed that the Province had decided to buy a helicopter ambulance.

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Nurses' practical training criticised

Argus
16/9/81
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Staff Reporter

A SUGGESTION that nurses have inadequate practical training drew heated debate at a meeting of about 200 nurses at Tygerberg Hospital last night.

The meeting was held for nurses to air their grievances. Six speakers, from diploma student to senior sister, addressed the meeting.

Diploma student Miss E Wasserval criticised the practical training and called for more correlation between theoretical and practical training.

The response from a matron in the audience was that since hospitals were so short staffed, sisters had little time to give individual attention to diplomates.

Miss H van der Merwe, a graduate student, was disappointed that nurses were not given the opportunity to use all they had learnt.

'Doctors don't think nurses can make decisions. We must improve our own image, no one else can do it,' she said.

Salaries and working conditions were repeatedly raised. While one or two dissenting voices said nurses were too self-

oriented in a materialistic society it was clear that nurses were still bitter over their pay.

It was suggested that students should be paid less than they are earning now, but once they were qualified they should earn substantially more than qualified staff does at present.

Frequent comparison between nurses and other state employees in matters such as housing subsidies indicated that nurses felt the Government did not value their services sufficiently.

There was muted protest at the treatment jun-

ior staff received from seniors.

Miss Van der Merwe said: 'All we ask is that we should be treated as senior personnel would like to be treated.'

Ward sister in psychiatry Miss Elsa Nothnagel suggested that grievances were not properly handled — too much discussion went on without any direct approach to the person concerned.

Referring to the serious staff shortage in provincial hospitals, Miss Nothnagel pointed out the damage done when 'you cannot choose the right person for the job. You have to take what you can get.'

Cleaners, nurses get same deal

Agus 18/9/71
95

SOCIOLOGY (INDUSTRIA

SECTION B: Managerial Relations

or Njokweni

In a separate book, a

5. Should management called tribal-or Discuss.

A SAMOOSA folder or a cleaner can earn as much or more than some nursing assistants and the income of matrons or senior sisters is often way below top bookkeepers or typists.

month. White and black ordinary sisters earn R432,50 and R352,50.

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ustry?

6. Many studies have far do they appl

In newspaper employment columns, it can be seen that even senior nursing personnel are paid less than most secretarial staff. Menial jobs in industry are often more lucrative than junior posts.

A nurse takes three years to complete her training and another year for midwifery. She then earns between R194,50 and R298,50 depending on race.

rs. How
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7. It has often been the black worker do you think his workers and to

'STARTLING'

A recent UCT survey, described as 'startling,' showed women graduates earned between R500 and R600 after a three-year bachelor's degree.

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8. (a) 'Conflict man on the asse arises from the ternal factors How far do you reference to re

At the Tygerberg hospital 'grievance meeting' on Tuesday, nurses were still bitter about poor pay and working conditions.

SUGGESTED

They suggested a basic salary with special allowances for night or weekend work.

A spokesman for a local technical school said a comprehensive secretarial course could be completed in 16 months.

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(b) There is a worker is the m agree?

In industry, where the working day is mostly from nine to five, with a five-day week, secretaries can earn between R500 and R700.

Nursing assistants who earn between R100 for blacks and R166,50 for whites, can compare their income with samoosa folders (R120) and office cleaners (R140).

migrant
ee or dis-

White and coloured senior sisters or matrons earn R562,50. Black colleagues get R472,50.

One advert which offered R250 for a clerk said all the person required was 'efficiency and a neat handwriting.'

The minimum educational qualification for a nursing trainee is a matric.

SECTION C: Women in t

. Boddington
y Volbrecht

In a separate book, answer ONE question, allowing 1½ hours.

9. From your understanding of the process of industrialisation in Europe, explain what insights this offers for a theoretical understanding of the position of women in wage labour.

10. Use one of the case studies below to illustrate the position of women in wage labour in South Africa. Show how this helps you to conceptualise the relationship between class, colour and sex:

- (a) women in the reserves,
- (b) women in domestic service, or
- (c) women factory workers.

11. Discuss in the South African context, what you consider to be the meaning of "women's emancipation".

We had a hard time, say patients

Weekend Post Reporters
A NUMBER of ex-patients have telephoned Weekend Post and given accounts which point to a serious shortage of nurses in the Provincial Hospital.

A woman who spent a short spell in hospital recently said that the nursing staff were stretched to the limit.
"At night, in the ward I was in, we saw only two young nurses who literally ran to try and cope with the demands being made on them. One young girl never stopped running."
"There were five of us who had undergone operations that day, and the sixth person was still very ill from her operation some days before."
"It appeared to me as though there were only two nurses on duty on each floor, with a sister on another floor in charge. What would have happened if there had been a crisis?" she asked.
While she was there, three nurses resigned within a few days of each other.
"The little things one used to get in hospital, like a comforting telephone message or the personal return of your watch after you came round from the anaesthetic, were missing this time."
"One certainly could not blame the nurses. They just do not have the time any more for these small details."

A mother said there seemed to be a serious shortage of nurses in the children's wards.
"One cannot expect the nurses to do more than they are doing," she said.
A young woman who had a baby recently said that the nursing staff at Sandford were "quite tremendous". One could not find fault with them but there was lot to be desired in some respects.
This was not from the nursing angle. There was a lack of supervision of non-skilled staff. She referred to the "dangerous state" of the slippery showers and toilets.
One ward at Sandford was closed and the other was full. The nursery had 39 babies supervised by four nurses, and although she was first told that her baby had to stay in the nursery she was asked to keep her child because of the staff shortage.
Another mother told Weekend Post that when her child was dangerously ill through an allergy to dairy products a bowl of porridge was brought for breakfast. When she queried this it was discovered that the porridge had been made with half milk and water.
A grandmother who is a fully trained nurse "specialised" her grandchild. Noticing a deterioration, she called a specialist at six o'clock in the morning. "What would have happened if he hadn't been available?" she asked.
Another time she heard a child crying persistently and on inspection found the baby's leg was entangled in the bars of the cot.

Nursing crisis hits Provincial Hospital

Ev Post 19/9/81

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By SALLY KERNOHAN and NOREEN SUTCLIFFE SERIOUS concern is being expressed by doctors, nurses and patients about conditions at Port Elizabeth's Provincial Hospital because of what they describe as a critical shortage of nurses.

Hospital officials have consistently denied there is a nursing staff problem, and they refused to comment this week.
But reports of difficulties at the hospital have persisted, and this week a nursing sister telephoned to say the situation was desperate.
Weekend Post spoke to doctors and nursing staff, who were willing to comment only on condition that their identities were not disclosed.
It was alleged that:
• A number of beds in medical and surgical wards of the hospital had been closed because of the nursing shortage.
• Some surgical wards ran on only two nurses and one sister. The equipment used to be at least six nurses and two sisters.
• A wing in Sandford Maternity Hospital was closed for two months, ostensibly for painting, but the staff shortage was in fact responsible for this move in the city's only maternity hospital.
• Some nursing sisters were voluntarily doing 24-hour shifts on Fridays, with the rest of the weekend off to rest.
• In operating theatres, staff sometimes comprised one sister and one nurse instead of the required two sisters and two nurses.
• In some cases, mothers had been requested to nurse their hospitalised children because nursing staff could not cope.
"It's a shocking situation," said one nursing sister. "We are doing our best, but how can we care for patients properly in these circumstances?"
According to regulations, said one nursing sister, each theatre should be staffed by a floor nurse, scrub sister, anaesthetic nurse and — between two theatres — an anaesthetics sister.
"If you are lucky you have one nurse and one sister in each theatre," she said. "Patients, nurses and doctors are suffering because of the shortage."
"The situation is chronic," another sister said. "All the energy is being taken out of us. We are all getting very sour."
Doctors, too, are beginning to feel the effects of the crisis.
"The situation is totally unfair on the nurses and sisters," said a Port Elizabeth specialist.
"I understand the shortage applies more to nurses than sisters. This could be because the academic level required for girls wanting to enter the profession is too high.
"Patients are certainly not getting the attention they used to get.
"Sisters are having to do junior work. They are working far harder than they should, and they all look exhausted."
A Port Elizabeth general practitioner said it was very difficult to get a hospital bed for a patient at the moment.
"This week I had a patient with an abscess who should have been hospitalised. I had to treat him in my surgery, although the abscess should have been drained under general anaesthetic in theatre.
"The situation has become ridiculous. Patients are suffering."
Where does the fault lie?
In every case salaries and, to a lesser extent, working conditions, were cited as major causes of the staff shortage.
One nursing sister said she was earning a little over R700 a month after more than 20 years' service. Overtime pay for sisters was R4,50 an hour — only 75c more than a nursing assistant received.
"Nurses should get more time off," said another sister. "They get one weekend off a month. The girls coming into the profession now are not content with that."
Others agreed with the specialist that academic qualifications appeared to be a stumbling block. (Aspirant nurses need matric with maths and science).
It was also said that the Provincial Hospital employed only white staff, while at places like Grootte Schuur and Tygerberg there were a number of coloured nursing sisters. Many of the coloured sisters worked in intensive care units, a leading specialist said.
Dr Leon Cilliers, Superintendent of the Provincial Hospital, refused to comment when approached by Weekend Post, because, he said, "political capital is being made out of the situation".
Referring to a recent statement by Mrs Molly Blackburn, MPC for Walmer, in which she said conditions in the hospital were medieval, Dr Cilliers said: "We will not attract nurses by always giving negative information."
Mr D J Retief, deputy director of Hospital Services for the Provincial Administration in Cape Town, referred questions back to the hospital authorities, saying: "The situation is nothing new. What is so urgent about it now?"
Meanwhile, Mr Herbert Hirsch, leader of the Opposition in the Cape Provincial Council, described as "ludicrous" the statement by Mr P J Loubser (MEC in charge of hospitals) that some of the criticism of the hospital services was part of the "total onslaught" against South Africa.
"The chickens are now coming home to roost, and Mr Loubser's smokescreen will not fool people regarding the nursing shortage and other inadequacies in the provincial hospital and health services," Mr Hirsch said.
• Recruiting problems — Page 3

Casualty 'could not cope with an emergency'

Weekend Post Reporter
THE casualty department at the Provincial Hospital is so inadequate that if Port Elizabeth had even a minor civil disaster there would be a high mortality rate, according to Mrs Molly Blackburn, MPC for Walmer.
Mrs Blackburn accompanied Dr Marius Barnard on an inspection of the department this week.
"The casualty department has not been refurbished in any manner for at least 20 years and is completely inadequate," she told Weekend Post.
"There is a single entrance which leads through the waiting room.
"There is not one X-ray machine in the department. Patients needing X-rays have to be transported about 100 metres to the hospital's X-ray department.
"The department has only two examining rooms and theatres, a dressing room and plaster theatre.
"Even if we had only 60 gravely injured people, the department would be unlikely to be able to cope," said Mrs Blackburn.
She said the situation could be alleviated to some extent by building on a separate waiting room.
"Then the current waiting room could be used as a clearing section," she said.
Commenting on the shortage of nurses at the hospital, Mrs Blackburn called on the authorities to admit there was a problem. "The authorities cannot hide the situation any longer," she said.

KWAZULU'S

surplus
S. Times 20/9/81
of nurses

barred
in SA

By ISOBEL SHEPHERD-SMITH

KWAZULU has more nurses than jobs, but nurses who seek jobs further afield are penalised.

They are treated as foreigners outside KwaZulu and are not given jobs on the pretext that their services are needed at home.

This was said by Chief Gatsha Buthelezi in his presidential address to Inkatha's central committee last weekend.

"Our nurses in this part of South Africa are now being forced to regard themselves as foreigners in spite of our rejection of independence," he said.

He said Dr Lapa Munnik had made an "extraordinary statement" when he said KwaZulu was not part of South Africa.

One country

"We now have more nurses in KwaZulu than we can create jobs for. There is absolutely no way in which KwaZulu hospitals can absorb each and every Zulu girl that qualifies as a nurse.

"We, here, believe that South Africa is one country and that nurses from any black language group have a right to be here."

Deputy Director-General of Health, Welfare and Pensions, Dr James Gilliland said: "The KwaZulu runs its own department of health. We have no standing there at all."

By SHIRLEY PRESSLY

THE medical superintendent of Port Elizabeth's Provincial Hospital, Dr Leon Cilliers, said today that the hospital had "clear and unequivocal contingency plans for emergencies".

He was commenting on questions posed yesterday by the Progressive Federal Party's Health spokesman, Dr Marius Barnard, who recently visited the casualty section unofficially with Mrs Molly Blackburn, MPC, for Walmer. They said they were invited in by staff to see the situation for themselves.

Dr Cilliers added: "If Dr Barnard thought we didn't have adequate contingency plans, it would just show how little he knows about hospitals and their planning in general."

Dr Cilliers said Mrs Blackburn's explanation for going to the hospital was "a lame excuse — one which speaks of political naivete."

"One is surprised that they are suddenly so terribly worried about the facilities for the white group," said Dr Cilliers.

"Why this sudden concern about the white group? Their excuse for the visit is a lame one. They saw a charge nurse — not a matron on duty — and people in high places should know how to do things correctly," he said.

Dr Cilliers replied to three questions posed yesterday by Dr Barnard. These were in response to a hospital spokesman's statement that he and Mrs Blackburn owed an apology for their "bad

Dr Cilliers

hits back in

Ev Post 23/9/81
defence of

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PE hospital

manners" for visiting the hospital without informing anyone in authority.

Dr Barnard's questions to the unnamed spokesman were:

- Was he satisfied with the casualty department's waiting room?
- Was he satisfied with the X-ray facilities at casualty?
- What were the contingency plans the hospital would implement to deal with 50 white casualties with severe injuries if they were all brought in at once after a disaster?

In reply, Dr Cilliers said: "Generally speaking the waiting room at casualty is adequate. But when private doctors use it as a consulting room, especially at weekends, because they are too lazy to go to private homes to see private patients, then it is not adequate."

Dr Cilliers said he knew the X-ray facilities in casualty were not adequate and it was a "bit of a nuisance" to have to use the X-ray facilities in the hospital, but the hospital had excellent

portable units.

Dr Mike Vurgarellis, regional medical superintendent for the Eastern Cape, said Dr Barnard and Mrs Blackburn should have approached the superintendent if they wished to visit the hospital.

Commenting on Dr Barnard's questions, Dr Vurgarellis said his department was obviously not satisfied with the situation in the casualty section, and that was why it had been working for several years to improve it.

In March this year, architects, engineers and quantity surveyors were appointed to plan the extensions. These had now been approved and work would start next year, at a cost of about R250 000.

He said details of plans for emergencies could obviously not be given, but the hospital was well prepared. He had offered Mrs Blackburn a full briefing.

Commenting on the nursing situation, Dr Vurgarellis said: "Although the girls are working in difficult conditions, no patient will suffer."

Adjustments to suit married nurses needed

CV Post 24/9/87

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By SANDRA SMITH

THERE was a need to have working hours adjusted to suit married nurses, according to the head of the Department of Nursing at the University of the Witwatersrand, Professor S D Williamson.

Addressing a two-day symposium at the University of Port Elizabeth, she said that in some centres up to 25% of all white nurses were married.

This high percentage suggested a need for innovation. The problems of married nurses could be met by employment on a part-time basis, or by concepts such as time-sharing and flexi-time.

There was a need for 24-hour creches and after-school centres, Prof Williamson said. Five-day wards, day wards, increased clinic and primary health services, evening and neighbourhood services, could also be investigated.

Nurses were a group of young people who carried enormous responsibility. They worked under stress and considerable pressure.

She said 46% of white nurses were under 20 and about 7 000 completed their basic course each year. As a re-

sult, the profession should be able to maintain its numbers.

There was a ratio of about one registered nurse to every 660 people.

"Let us be ever mindful of the student status of this group. They are students of nursing, giving service as part of their education for care. As students they are vulnerable, seeking guidance, knowledge and skill in the realities of nursing patients."

The number of student psychiatric nurses was strikingly small at a time when stresses, anxiety and mental illness were increasing.

The trend towards the prevention of ill-health and primary health care suggested the need for more community health nurses and more pediatric specialists.

All nursing education was post-school and might therefore be regarded as tertiary education. There was, however, a pressing need for the formal recognition of nursing education in our hospitals and colleges as tertiary.

There were nurses who had considerable potential to contribute to the stature of the profession, she said.

No nurses, so vital wards are unopened

Star 25/9/81 (28) (15) (178)

Edenvale

By Erik Larsen
Edenvale Hospital is unable to open two much-needed wards — an intensive care unit and an orthopaedic ward — because of a serious nursing staff shortage.

Superintendent of the hospital, Dr George Perling, said they needed at least 30 nurses before they

would be able to open these units.

"My main objective is to see these units opened as soon as possible," he said. "At the moment I'm working on a scheme to attract nurses to the hospital."

He said this scheme was still in the "planning stage" and was not willing to give details until he had come up with something concrete.

The recently completed orthopaedic ward, which is the first

of its kind on the Reef and will deal mainly with spinal injuries, requires about 20 nurses to run it.

The intensive care unit, which houses highly sophisticated life-saving equipment and cost several thousand rand to build, requires about 10 nurses to run it.

"These units are essential for the hospital," said Dr Perling.

He explained that in spite of the nursing shortage at the hospital they were still coping. "We have never turned patients away," he said.

Dr Perling recently launched a new scheme to attract nurses to the hospital part-time.

He said the scheme had proved "highly successful"

Student nurses state grievances in survey

Gov Post 25/9/81.

95

By SANDRA SMITH

MOST student nurses experienced little work satisfaction and would not recommend the profession to school-leavers.

This was revealed in a survey of white student nurses in the Eastern Cape by a group of third-year student nurses at the University of Port Elizabeth.

The results of the study were announced at a nursing symposium at UPE today by a sociologist who was responsible for co-ordinating the study, Mr S J Bezuidenhout.

While 80% of the students said they experienced little work satisfaction, the majority said they did not list low salaries as their main complaint.

The major causes of dissatisfaction were an absence of

recognition, the nature of the work done, and the heavy responsibility placed on the shoulders of student nurses.

Mr Bezuidenhout said many of these factors were related to the present nursing shortage in South Africa. Increased salaries were merely one of the ways in which nurses could be given recognition for the work they did.

When asked to describe their professional relationship with doctors, only 8% of the nurses said that it was a "friendly one". Twenty-nine per cent said the relationship was precarious, and 12% said doctors were ill-mannered.

Mr Bezuidenhout quoted nurses as saying that doctors regarded them as unintelligent and "treated them like dirt".

A high percentage of the nurses said they were frequently burdened with tasks for which they did not have adequate knowledge.

Fully 84% per cent said they experienced teamwork in the hospital situation only occasionally, and 7% said it never occurred. A majority also said they would not recommend their profession to school-leavers and 45% were uncertain whether they would continue nursing after they had qualified, while 23% said they would definitely not continue in the profession.

Mr Bezuidenhout said that students saw themselves as "the general dogsbody" and found they had no time to exercise thorough patient care.

One student said "a nurse

has to give more than is humanly possible", and another said "the junior nurse feels she is there to be shunted around".

A total of 68% of the nurses had entered the profession for humanitarian reasons and 35% said they would choose another career if given the opportunity to start all over again.

Mr Bezuidenhout said this showed a high percentage had problems identifying with the profession.

Most student nurses were not prepared for the technical and emotional demands of the profession, and entered it with many misconceptions about what would be expected of them

● See Page 3

In terms of a bill before Parliament nurses cannot change the constitution of their association without ministerial permission. This thwarts their attempts to improve their working conditions, reports MOLLIE LEVY.

Disgruntled nurses who want to improve their working conditions are being prevented from doing so by the Government, according to a member of Parliament.

Mr Horace van Rensburg, P.P.P. MP for Brvanston, told Parliament this session.

"The Government has closed every reasonable, legitimate and responsible avenue for nurses who want to improve their conditions of employment."

In terms of a bill before Parliament nurses cannot change the constitution of their association without ministerial permission.

Mr van Rensburg warned that nurses are becoming disillusioned with the Nursing Association and that they are fast losing their faith in the leaders of the profession.

Yet nurses are prevented by law from leaving their association and forming another, Mr van Rensburg said.

"If nurses decide they will try to change the constitution of their association in order to obtain the sort of leadership, and the sort of association, that will force the Government to improve their employment conditions, they find that the Government has a bill before it that rules that they cannot change their constitution. This is because the Minister is in a position to block any change that will make it possible for them to take steps to bring about better conditions of employment." Mr van Rensburg said.

"The nurses may then decide to strike as a last resort. And what do they find? They find the law prevents them from striking," he said.

"The nursing profession has been denied the means by which it can improve its conditions of employment," he said.

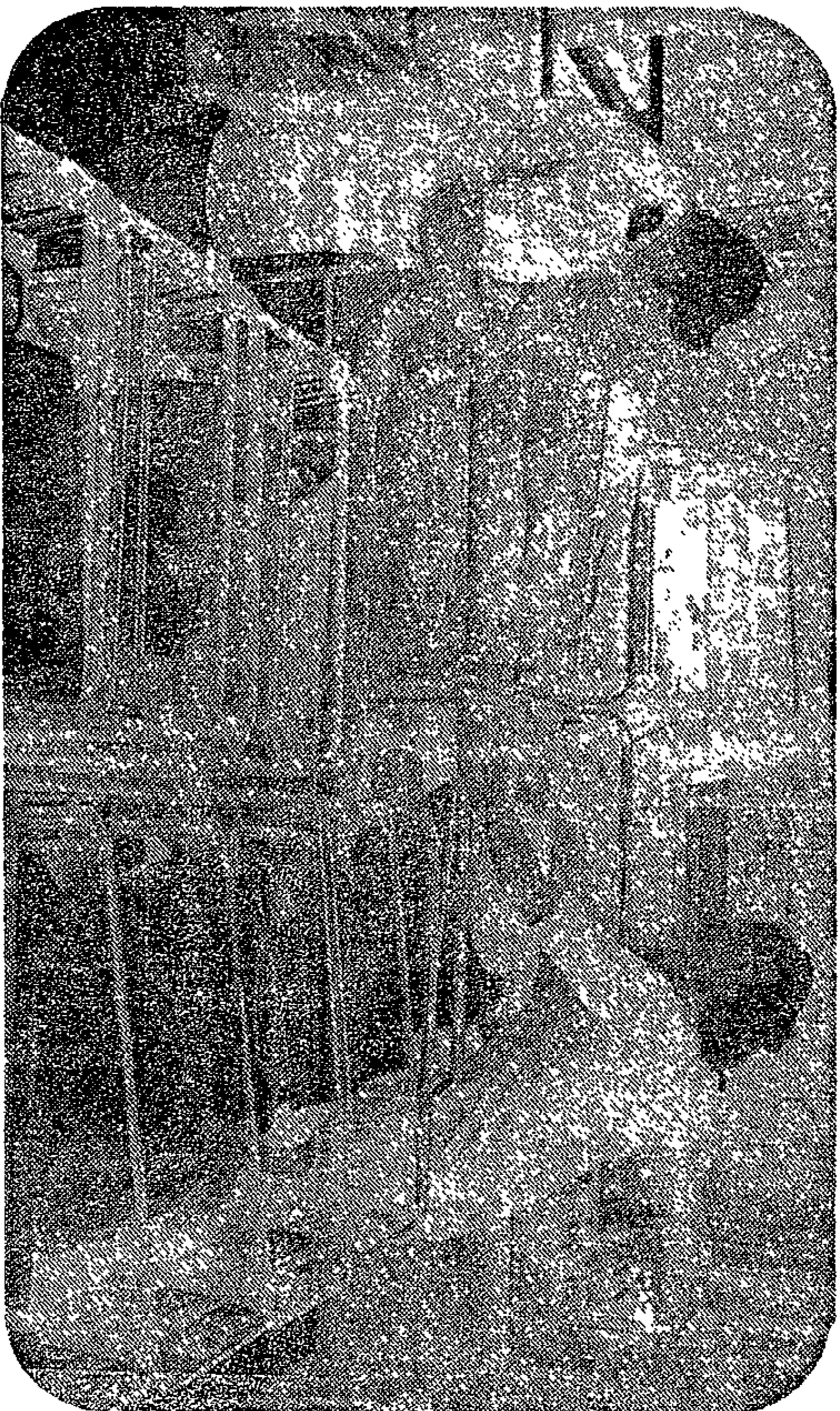
"Nurses have for many years been making representations to the Government via the Nursing Association, quietly, responsibly and with restraint," he said.

"And the result of

Red tape makes change for nurses impossible

29/1/67
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HORACE VAN RENSBURG — "there is no reasonable, responsible or legitimate avenue of action for nurses."



There is no way nurses can improve their employment conditions.

their patience was the recent salary increases which have not materially improved their situation at all."

Nurses have to maintain high standards and they carry heavy responsibilities, he said. They work long and difficult hours for a salary which he called "a disgrace."

Charlotte Searle, president of the South African Nursing Association, reacting to Mr van Rensburg said:

"The Minister has always expected us to get his permission if we want to change our constitution. He has always been open to our recommendations — as long as we don't chop and change all the time."

"Nurses must realise that we are not the only birds on the branch. Other sectors of the public sector must get their chance. Changes cannot happen overnight."

Professor Searle believes it is up to the nurses to make the

Association aware of their particular needs.

"If the nurses feel the Association is not reaching their desired objectives they should do something by attending meetings. Otherwise they are a burden on the small group who are doing the best they can. Nurses are not in the Association, they ARE the Association," she said.

However, many nurses expressed dissatisfaction with their nursing association.

"We don't go to meetings because we feel the Association is not going in the right direction. The leadership is inflexible. We don't have the sort of Association that can obtain the changes we need. We are in a cul de sac," said a young nurse.

"The hours are long, and I am not satisfied with the salary but these grievances don't come at the top of my list. What angers me is the archaic hierarchy

at the hospitals. We have no representation, no freedom and we are belittled and patronised by doctors and senior staff."

"I don't mind doing dirty work, but I resent not being allowed to think for myself," she said.

Mrs S Gunner, a nurse who practised for five years, gave her reasons for leaving the profession.

"I gave 100 percent of myself to nursing. But I was working for a pittance. In this day and age one cannot work for nothing."

"I was doing a senior job but I was turned down for a senior post. I felt I was not going to get anywhere in my career," she said.

Mrs Gunner was in charge of the antenatal clinic at the J G Shrydom hospital. She introduced antenatal classes, including those for fathers and won

the right for fathers to be present during the birth of their children.

"I worked for months for this, and finally succeeded. I believe I achieved a lot in my department and feel I had a lot to contribute."

Will she ever go back to nursing? The answer is an emphatic No.

"There is too much red tape. It is difficult to get anything done. The matrons are sympathetic, but there is nothing they can do. The problem goes right to the top. Those in charge really need to be woken up," said Mrs Gunner.

"It is a wicked situation. Something could have been done years ago to stop it. Think of all the years of training and valuable experience the profession is losing as more and more nurses leave."





A group of nurses take the traditional oath . . . but they may soon be disillusioned by the demands of their profession.

Nurses say why a better deal is vital to overcome the shortage of hospital staff

By SALLY KERNOHAN

NURSES need a better deal if there is to be any hope of the current nursing shortage being alleviated.

This message came through plainly during discussions Weekend Post held with several senior nursing sisters this week.

What do the nurses dislike about the present set-up? And what are the conditions under which they would like to work?

Below are answers to these questions, and they spell out what could possibly be the only satisfactory, and lasting solution, to the growing crisis.

The way things are: Nurses are speedily being disillusioned by the archaic Florence Nightingale attitudes of the hierarchy in the profession.

Two major aspects which needle nurses most are unreasonable demands being made upon them and petty attitudes of seniors.

• "In this instance, junior

nurses are often put in charge of a ward on night duty —

sometimes after only three months' training — and with only an assistant nurse. Then they are left to cope.

"On night duty, as a trained nurse, you are often put in charge of four to five wards, sometimes a fair distance apart.

"This means continual dashing about, physically tiring, and also delays in giving patients medication."

• These highly responsible women — many of them married with families — are also tired of being treated like kindergarten pupils.

"We have an accepted 'illegal' coffee break in the mornings. Yet we have to close the curtains in the kitchen. Why? It's very unlikely we shall have our regular coffee break anyway. Why the secrecy?"

"We are treated like naughty children yet we are considered responsible enough to hold another's life in our hands.

• Nurses are expected not to

form a nurse-patient relationship.

"When I started nursing we took great pride in our patient-nurse relationship.

"Now we are considered idle if we are caught chatting for a few minutes.

"We are expected to give the patients their medicine — blow their personal problems — and that's usually half their problem anyway."

• On public holidays, rules could be relaxed or nurses given time off.

"However we are expected to scrub cupboards or do other menial tasks to fill in the time."

• Time off for family illness or for other emergencies is vetoed immediately.

"I was three months into my training and my family were all in bed — very ill — with a virus flu.

"I asked for a few days off to care for my family and I was given a choice: 'Be on duty or resign. I resigned.'"

Another said: "Last year I

consulted a reputable surgeon who suggested I have an operation immediately.

"I warned him I might have difficulty getting time off.

"He, himself, telephoned the matron and was told I could not have time off and would have to wait till my leave four months later.

"His professional capability was also questioned as he was asked if the operation was strictly necessary.

"He was told they couldn't afford to let me go as they needed my services.

"I, too, was forced to resign from my post to have the operation done."

• Nurses are not supposed to call their colleagues by their Christian names and refer to each other as "Smith" or "Jones".

"In any other job this is encouraged to form better working relationships but in nursing you may just lose respect if you call a colleague by her Christian name while on duty."

The way things could be improved:

At present they wear frumpy, buttoned semi-princess style

• Working conditions for nurses could be improved if hospital administrators employed labour relations officers.

Nurses said they had nowhere to go with their problems.

Discussing changes they would like to see made in the profession, they said it was essential that there be an intermediary person between themselves and their seniors.

"We cannot approach our seniors," said one sister.

"It's quite peculiar. It's as though, by getting involved with us on our level, their position is being threatened.

"What is badly needed is an intermediary, similar to labour relations officers employed by industry — someone who is totally unbiased and constructive and will give nurses a sympathetic ear."

• Nurses would also like to see changes made to their uniforms.

At present they wear frumpy, buttoned semi-princess style

frocks with either short or long sleeves.

These are made from a heavy polyester-cotton mixture — cumbersome to wear.

"We would like to have something smart and neat and light to wear."

• Another bone of contention was the cap.

"In the days of Florence Nightingale veils were worn as a measure of cleanliness and sterility.

"But these caps do not cover our hair.

"In this day and age of disposable caps which are worn anyway while we are dressing wounds, the starched caps are entirely unnecessary."

A nurse's message to girls wanting to make a career of nursing:

• You will be poorly paid

• You will often work overtime in addition to shifts and night duty.

• Never expect thanks (it's so wonderful when you do get it!)

• You will often be frightened by the responsibility given to

you which are you are not yet trained to handle.

• You must have lots of commonsense.

• You must respect your seniors but they don't necessarily have to respect you.

• Do speak to your patient even if you are regarded as wasting your time. After all, he or she is another human being, feeling low and in need of comfort.

You will find:

• The wonder of learning how your body functions

• The joy of helping to deliver a newborn baby.

• The satisfaction of talking to someone who has tried to commit suicide and knowing that you have helped him to face up to life.

• You will know the joy of grateful tears in the eyes of the old person you have shown kindness.

• You must not be afraid to speak up for your rights — even if you are considered a rebel.

Psychiatric care is the Cinderella of nursing in SA

S. Express 4/10/81

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THE nursing shortage has now reached crisis point in psychiatric hospitals.

The stage has been reached where only a handful of nurses are capable of providing qualified supervision.

Clinical psychologists told the Sunday Express that deteriorating conditions at psychiatric hospitals — particularly on the Reef — could be attributed to the stress of psychiatric nursing coupled with distressingly low salaries.

"The ideal staff-to-patient ratio at psychiatric hospitals is one senior staff member for every four or five patients — but in South Africa about 50 patients are left in the care of one senior nurse and one or two aides," said a Johannesburg clinical psychologist.

He said that as a result of diminished supervision several cases of abuse and neglect had been reported during the past couple of months.

Also, because fewer nurses were expected to cope with more patients, a custodial-type treatment was still being reinforced.

Cases of ill-treatment included:

- A patient prone to epileptic fits forced his bladder to swell and a nurse locked him in a toilet. The patient suffered a fit and injured himself badly.

- A manic depressive, who had been receiving electro-convulsive therapy, was given "shock treatment" by a male nurse using a cattle-prodder.

- A staff nurse assaulted an elderly patient and broke one of her arms. The patient walked about with the arm broken for nearly two days before it was attended to.

"The majority of nurses at psychiatric hospitals don't have the necessary training and lack the tolerance level required to cope with disturbed patients," said the psychologist.

The psychologist said psychiatric nurses were linchpins because they spent more

PATIENTS ABUSED AS CRISIS HITS HOSPITALS

By LIZ VAN DEN NIEUWENHOF

time with patients than psychiatrists and psychologists and therefore played a vital role in the assessment of their conditions.

"It is time psychiatric nursing is given more attention instead of being regarded as the illegitimate child of nursing.

"It is imperative that the whole system be overhauled. Nurses working in psychiatric homes are underpaid, overworked and are working with demanding and difficult patients."

The senior psychiatrist at Tara, Dr Dawie Oberholzer, confirmed there was a drastic nursing shortage at psychiatric hospitals.

For acute psychiatric patients there should be one senior nurse to take care of 10 patients, but at some hospitals the ratio varied from one senior nurse caring for 50 patients to one nurse treating 150.

To help solve the problem, psychiatric training would be introduced within the next 18 months to make trainee nurses more aware of mental health and emotional stress.

A nursing sister who used to work as a qualified psychiatric nurse at various hospitals in Johannesburg, told of the stress and gruelling hours she spent at psychiatric hospitals before she quit.

"The demands were so high because we

were so understaffed," she said.

"At the time I had worked practically 20 hours out of 24 at the one hospital and got to a stage when I clocked 400 hours overtime in 11 months.

"Eventually the pressure mounted to such an extent that I just cracked... it was just not worth it, especially earning only R360 (a month) at the time."

She told me the shortage of psychiatric nurses started in training school, where the majority of nurses showed little interest in specialising in psychiatry because of the stigma attached to it in South Africa.

"There is just not enough interest in psychiatric nursing. Hospitals I worked in were still trying to hold on to the old traditions because that's the way they have been taught to cope.

"The punishment mode still plays a vital part with some of the less-qualified nurses and often you'll find them slapping the patients if they 'disobey'. And in the more acute cases, patients who lose control are put into padded cells for lengthy periods.

"But these malpractices are just a manifestation of the fact that there are not enough qualified nurses around to cope."

She recalls her days and nights on duty where only two senior nurses and two trainee nurses supervised an average of 60 patients in a ward.

Patients were also denied extensive psychotherapy due to staff shortages, making the risks of patients being institutionalised so much higher, the nurse said.

She recalled that at one hospital even domestic servants — without the slightest inkling of the moods and needs of manic depressives, neurotics and schizophrenics — were allowed to treat patients because they were the only people available.

A spokesman for the Department of Health, Welfare and Pensions in Pretoria confirmed there was a shortage of psychiatric nurses, but said it had not reached such a critical stage that wards had to be closed.

Crisis-hit hospital

Star 8/10/81

closes 215 beds

A total of 215 of the 320 beds at Kempton Park Hospital are being closed from today because of the shortage of nurses.

The decision was made at an emergency meeting of the Hospital Advisory Board last night. Seventy-five beds had already been closed.

"We are now left with one-third of a hospital to serve a population of 100 000," said one doctor.

An official of the Department of Health is expected to visit the board to discuss the nursing staff problems at the hospital.

Specialists and private doctors have complained that patients have had to be left in the casualty

section until places could be found in other hospitals.

"We are drifting into something which is totally uncontrollable," said a doctor. "It is now, however, and there has not been one application for student nurse training."

The Kempton Park Hospital has only 21 student nurses for 182 posts. There are 39 sisters for 68 posts.

The doctor blamed low nursing salaries which did not compete with those of clerks in the private sector.

The situation had deteriorated so much that one unqualified second-year nurse was running a ward of 30 beds on her own.

Growing staff crisis

Cripples hospitals

RDM 9.10.57
By ADA STUJT

ANOTHER 300 white hospital beds were closed in the Witwatersrand area yesterday as the chronic shortage of nurses continued to worsen.

Hardest-hit so far are the Far East Rand Hospital in Springs and the Kempton Park Hospital, serving hundreds of thousands of residents of the East Rand's industrial and mining areas.

At these two hospitals, only terminally-ill or critically-ill patients are admitted. A total of 215 of the 320 beds at Kempton Park and 92 beds at the Far East Rand were closed yesterday. Specialists and doctors complain that patients have to be left in the casualty sections for hours before they can be placed in hospitals.

At both hospitals, the radiology departments are closed on week-nights — and at Kempton Park, only emergency X-rays are taken by a radiologist who is on standby duty and has to be called from home.

The Kempton Park superintendent, Dr L. M. van Schalkwyk, said the hospital faces having to close another 30 beds unless more student nurses are found. "Unless nurses receive competitive salaries, this situation will just worsen. We are drifting into something which is totally uncontrollable," he warned.

"We have closed Wards 8 and 3 — the general and surgical wards — and we try not to admit patients unnecessarily. We are a nine-ward hospital. "Those patients who could possibly be nursed by their own families or in a nursing home, we don't admit."

Dr Van Schalkwyk said 30 high school students had worked part-

time at the hospital throughout the school holidays, but no student nurse applications have been received so far.

"We operate on less than half our nursing capacity. Of our 182 open nursing posts, only 20 were filled."

According to other Kempton Park staff, the area now has one-third of a hospital to serve a population of 100 000.

An official of the Department of Health is expected to meet the hospital advisory board to discuss the nursing staff problems.

Grave

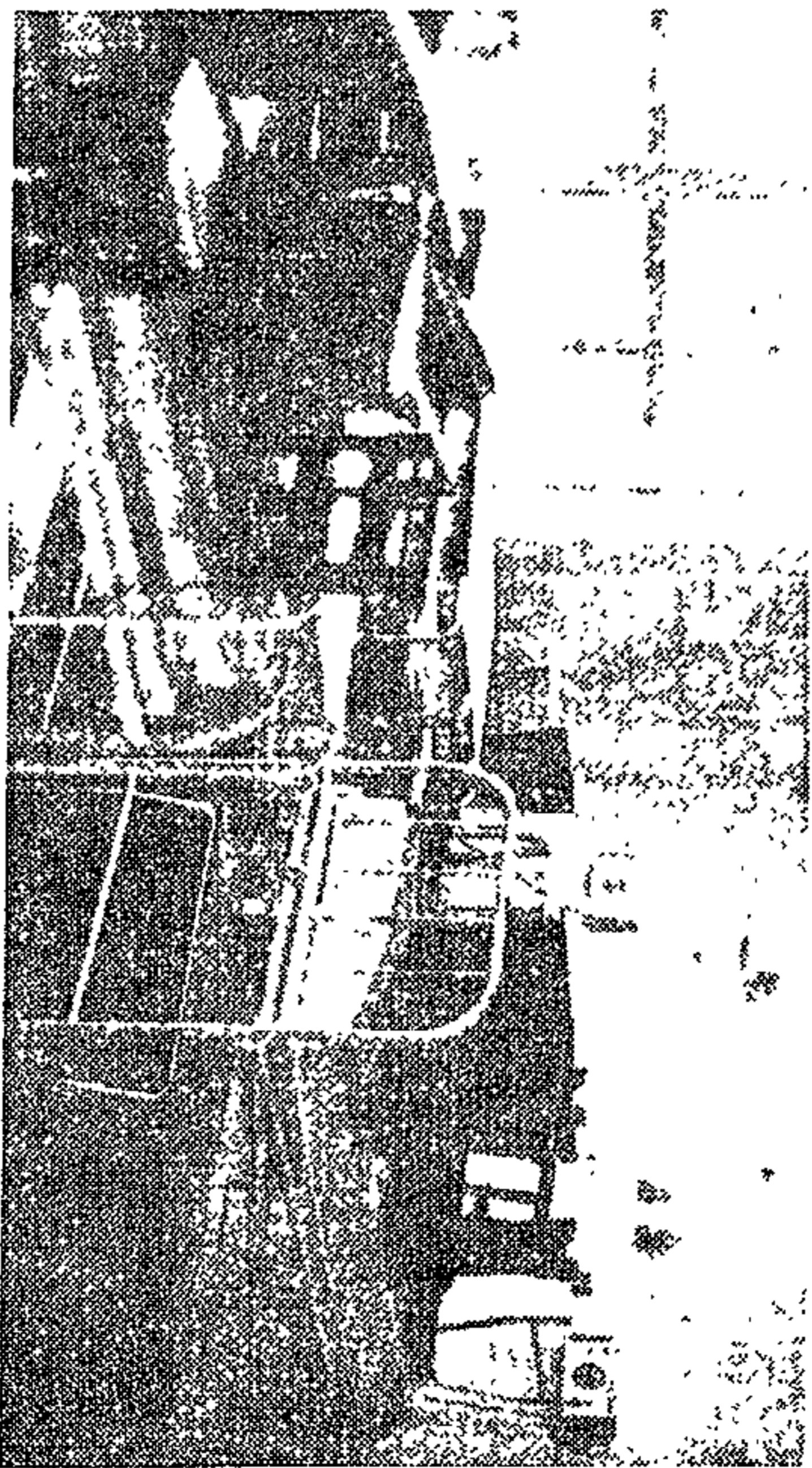
At the Far East Rand Hospital in Springs, the situation is equally grave, with the X-ray department shut on week-nights and the surgical and men's and women's medical wards combined in one ward.

Three-quarters of the hospital is closed down because of the shortage of nurses.

A staff of only 60 runs the entire hospital in the daytime, and it is far smaller at night.

Its casualty department is turning away patients, admitting only terminally-ill cases for the geriatric ward, emergencies and maternity cases.

The paediatric ward only admits extreme cases and the



SOFT BEDS, HARD BATTLES . . . a closed ward of a Witwatersrand hospital bears silent testimony to the nursing crisis which is denying room to all but the seriously ill

surgical ward has closed down completely.

On Thursday last week, eight nursing sisters resigned and a brief, unsuccessful experiment was attempted in the geriatric ward — untrained black staff, the so-called "pink maids"; nursed the terminally-ill patients.

"Qualified nursing staff and the patients' families objected to this method of having unqualified people look after those patients, and the experiment lasted only a few days," a well-informed hospital source told the Rand Daily Mail yesterday.

"The racial barrier played a role only because the 'pink maids' have no nursing qualifications," he said.

The source said the eight sisters resigned because they had

to do menial labour as well as nursing duties — and complained that they were overworked because of the staff shortages.

"Let Dr L. A. P. A. Munnik (the Minister of Health) put on a white overcoat for only one day to work here — his eyes may open to the fact that there is a nursing crisis," he said.

Battling

At the beginning of the year, for the 125 available nursing posts, only 22 new student nurses could be recruited — and 14 resigned within a month.

Other Witwatersrand hospitals including Baragwanath, J. G. Strijdom, Johannesburg and Ontdekkers, have a less critical situation but are battling to keep

nursing staff.

Half the Johannesburg Hospital's wards are permanently closed.

Baragwanath's radiology department is closed on week-nights. J. G. Strijdom Hospital is operating at half its nursing strength — but so far, has not had to close wards.

At the Ontdekkers Hospital in Florida, there is a 20% nursing shortage, but no wards have closed and the X-ray department is operating full-time.

At the Boksburg-Benoni hospital, the X-ray department is closed because of a lack of radiologists.

Approached yesterday, Dr Munnik's secretary said the Minister of Health would not comment on the situation at the moment.

Nurses' offer to staff ward turned down in W Cape

Ev Post 10/10/87 95

Weekend Post Reporter

A QUALIFIED nursing sister in theatre techniques, now married with five daughters, had her offer to organise the staffing of a ward 24 hours a day at a Western Cape hospital turned down by the matron.

The nursing sister, who asked to remain anonymous, told Weekend Post that when the Civil Defence movement got under way in a Western Cape town, she and a former matron gathered together 52 qualified nursing sisters from the town and surrounding districts.

"They were delighted to come together again and have refresher courses on modern nursing techniques. In fact, we organised lectures by doctors, specialists, a member of an accident unit and other top medical men, and we were all terribly keen to go back to nursing."

Two wards had been closed in the hospital due to the critical nursing shortage and so she approached the matron

and offered to organise the staffing of a ward by "fully qualified people for 24 hours a day. We offered to staff the ward perfectly, but to no avail"

The question of pay never entered into the talks. "We dearly want to get back to the nursing profession, where we felt we could be of some service by working shifts of four hours each for 24 hours a day."

The matron, she said, flatly refused

I was bitterly disappointed as we loved nursing, and being married with families we had to give up the profession. We even offered to help in the childrens' ward, unpaid, by changing the babies nappies, but even this was turned down."

So keen was she to get back to nursing she was even prepared to take a six-week refresher course at Groote Schuur Hospital in Cape Town. But when she was turned down she looked around and found a job as a secretary.

"I am now doing shorthand-typing, something I learnt at school in case my nursing career fell through. I get every school holiday and now I wouldn't go back to nursing until such time as my daughters are all off my hands. Should I then be able to get back to nursing I will do so. I'll then have to learn all about the new set-up in theatre," she said

She had been telephoned by two hospitals in other centres in the Cape Town area and asked to come back in an emergency, but the distances were too great and would take her away from her family.

She said that the matron concerned had now retired but her decision had forced her to seek other employment and she had not approached the hospital authorities again with the proposal

She is disillusioned because she had found that with nursing one had a tremendous "job satisfaction doing something one loved," she said.

Dr B J St J Harvey, acting medical superintendent of the Port Elizabeth Provincial Hospital, said this week no wards were closed in the Provincial Hospital because of staff shortages.

The hospital employed some trained part-time staff on an hourly-paid basis to help out "where the staff situation is thin, mostly at night"

"I am sure we would not refuse an offer like the one made in the Western Cape should the situation ever arise. If any fully-trained nurses are keen to come back, they could call us and we would willingly discuss the matter," he said.

As far as civil defence was concerned or a case of an emergency, Dr Harvey said that scores of people had given the assurance that they would be at the ready should the need arise.

"In fact, I have 5½ foolscap pages of names and addresses of former trained staff prepared to help in such an emergency," he said.

Confusion on nurses' 'new overtime deal'

CT 20/10/81. (95)
Staff Reporter

CONFUSION reigned yesterday over whether nurses had been given a substantial "new deal" on overtime. Some nurses said they had, but a spokesman for the Provincial Hospitals Department say they had not.

A number of nurses at Groote Schuur Hospital said that since the end of July a new system had come into operation. Nurses who had to work night shifts were paid R55 a month extra.

Nurses were being encouraged to work on their off-days and were paid R36 for working a 12-hour shift. The new arrangements were said to apply to all grades.

Dr R Kotze, Director of Hospital Services, said he was aware that nurses were being encouraged to work more overtime so that hospitals could cope with the shortage of nursing staff.

"I know that various ad-

justments have been made to make night work and overtime more attractive to nurses".

A spokesman for the personnel division of the hospitals department said he was not aware of the changes in pay structures mentioned by the nurses.

"We have always paid overtime", and overtime rates had increased slightly from R4.05 an hour to R4.50 an hour, he said.

It was part of a nurse's job to work night shifts.

Nurses

get a

shift

bonus

95

27/1 10 10 81
Mail Correspondent

CONFUSION reigned yesterday over whether Cape nurses had been given a substantial "new deal" on overtime. Some nurses said they had, but a spokesman for the Cape Province hospitals department said they had not.

A number of nurses at Groote Schuur said that since August a new system had come into operation in terms of which nurses who had to work night shifts were paid an extra R55 a month.

Nurses, they said, were also being encouraged to work overtime, and were paid R36 for working a 12-hour shift.

These new arrangements applied to all grades in the profession.

Dr R. Kötze, the Director of Hospital Services, said he was aware that nurses were being encouraged to work more overtime so hospitals could cope with the current shortage of nursing staff.

"I know that various adjustments have been made to make night work and overtime more attractive to nurses."

However, a spokesman for the personnel division of the department said he was unaware of the changes in pay structures.

"We have always paid overtime," he said, and added that overtime rates had increased slightly from R4,05 an hour to R4,50 an hour. It was part of a nurse's job to work night shifts, and these shifts were paid on the same basis as the others.

CT 22/10/87 95
Nurses angry at
doctors' hygiene

Staff Reporter

NURSES at Grootte Schuur Hospital are angry because, they say, many doctors are not observing the hospital's strict hygiene rules.

Standing instructions have been in force at the hospital for many years in terms of which doctors and nurses have to wash their hands after dressing a patient's wound, or inspecting it, before attending to the next patient.

Since an outbreak of staphylococcus infection at the hospital about a year ago, nurses and doctors now also have to spray their hands with an antiseptic aerosol spray after dealing with each patient.

A number of nurses said this week that they understood the reasons for these precautions and were happy to take them. However, they claimed that "very few" doctors were conscientious about the hygiene regulations.

"It makes me cross to see a doctor lifting dressings and looking at the wound, replacing the dressing and then re-

peating the procedure with the next patient without even bothering to wash his hands, let alone use the spray," one nurse said.

"I can understand that they are rushed, but then so are we. What's the point of our doing it if they don't?" she asked.

A spokesman for Grootte Schuur said yesterday that the hygiene regulations, accurately described by the nurses, applied to everybody, and it was most important that nurses and doctors applied them thoroughly.

"The rule about hand washing, particularly, is one of the most important when it comes to infection control," he said.

The problem was that hospital authorities were "dealing with human nature". There were signs up all over the hospital reminding staff to adhere to hygiene regulations.

The spokesman said it was up to anyone who noticed a nurse or a doctor not obeying the hygiene rules to report this to the departmental head, who would take action.

Nurses shortage grave, says Moss

The shortage of nursing staff at the Johannesburg Hospital was grave with bed occupancy down to 50 percent and still dropping, Mr Sam Moss, MPC, told the annual general meeting of the Parktown Association last night.

Mr Moss, leader of the PFP in the Johannesburg

City Council, said that because South Africa had not kept pace with the demand for trained staff, the shortage of nurses would persist for a very long time.

Dr Marius Barnard, PFP MP for Parktown, said that in August, the Minister of Health, Dr Munnik, had denied there was a shortage of white nurses — there were just too many white beds.

"The Minister said that of the 28 700 beds available to whites, only 17 700 were necessary, making 11 000 superfluous," said Dr Barnard.

"This is hard to understand when there are so many people trying to get into a hospital. But it is because there are too many beds in small towns such as Paarl and Upington.

"People are concentrated where there is a shortage of beds."

Dr Barnard mentioned the need for adequate planning and said: "There is no doubt that there will be more than 20-million blacks in urban areas by 2000.

"At least 40 cities the size of Soweto will be needed. Building must start now," he said.

"The decentralisation theory has been forgotten. The Government has now turned to deconcentration — building new areas within 50 km of an established metropolis in which further development will be discouraged by cutting bus subsidies and raising rates."

Nursing sisters: More pay urged

Staff Reporter

THE most important nurses in a hospital were the sisters in charge of wards, and to prevent them from striving to become matrons with administrative functions only, pay scales and working conditions would have to be improved.

This was said by Dr O J Ransome, senior paediatrician at Coronation Hospital in Johannesburg, in a letter in the latest edition of the SA Medical Journal.

Dr Ransome said pay scales did not reflect the importance of "charge sisters".

As a result, "time and again, in order to get an increase in salary, an effective charge sister has had to apply for a matron's post".

Dr Ransome said: "Patients get a better deal when there is an efficient, experienced charge sister in the ward... Medicines are administered as ordered, urine and stool collections are properly and promptly done and ward stocks are kept supplied."

He suggests that the highest-paid nurse in the hospital should be the chief matron, followed by the charge sister. Their posts should be made more attractive by their not having to work nights or weekends, and where possible, they should be able to work "flexitime".

"These proposals are almost revolutionary and will be strongly opposed, particularly by matrons wanting to protect their privileged position.

"I would, however, urge all concerned to remember that the hospital services exist to ease the lot of the sick, and if a change in organization is necessary to increase the efficiency of the service, it should be made.

"We have a nursing crisis in our country — let us use our nurses for what they were trained to do and not entice the cream of their profession away into administrative posts," Dr Ransome said.

ADM 3/11/81

Province still crippled by nursing shortage

Mail Reporter

SOME of the Transvaal's major hospitals are still hampered by an acute shortage of nursing staff — and there is no quick solution, according to hospital authorities.

The MEC in charge of hospitals in the Transvaal, Dr Servaas Latsky, said yesterday there had been little change in the staffing position. It had caused great concern earlier this year and was still causing concern.

It was hoped there would be significant relief for nurses in the 1982 '3 round of pay rises.

Dr Latsky said his department had launched an intensive recruiting drive to attract nurses for next year's courses.

More than half the Johannesburg Hospital beds were still out

of commission because of the nursing shortage.

The hospital superintendent Dr Neville Howes, said that of the 2 000 available beds only 1 017 were being used.

The number of nursing posts at the hospital was 2 333, of which just over half — 1 280 — were filled.

Students

It was expected that 114 student nurses from the Johannesburg Hospital would qualify at the B G Alexander College this year, but this would not significantly improve conditions.

At Pretoria's H F Verwoerd Hospital, 247 of the 1 137 beds for whites were closed according to a hospital official.

The staff position there had improved slightly but the shortage was still serious.

Munnik says it: nurses can earn more as typists

RDM 5/11/81 (95)

THE Minister of Health, Dr L A P A Munnik, yesterday conceded that nurses in the Pretoria-Witwatersrand-Vereeniging area could earn twice as much by "doing a typing course and becoming secretaries".

Speaking in Pretoria at the National Party's Transvaal congress, Dr Munnik spelt out other grievances in the nursing profession, including low salaries, low status and training methods.

"I have never said they (nurses) were treated well," Dr Munnik said.

Dr Munnik then criticised the media for "destructive reporting" on the nursing profession, saying that an official investigation into nursing recruitment had found 80% of reports on the profession were negative and only 5% were positive.

As a result of such reports, parents often advised their daughters not to become nurses.

"If there are destructive reports, it must damage a profession," Dr Munnik said.

The nursing profession needed a complete overhaul "like an old motor car", he said.

This would involve a new ap-

By HELEN ZILLE

proach to salaries, service conditions, overtime, and training.

Dr Munnik spoke after some severe criticism by delegates.

One delegate criticised the Minister for a statement Dr Munnik apparently made on television.

The delegate accused Dr Munnik of saying that there was not a serious shortage of nurses — there were too many hospital beds for whites.

The delegate said he had been told at the time by a medical man in Pretoria that there was not a single hospital bed available for emergency cases.

Dr Munnik denied ever having said there was no nursing shortage but repeated his claim that there were twice as many hospital beds as whites needed, although allocation differed from region to region.

Nursing group wants action on salaries

RDM
6/11/81 (95)

A SPOKESMAN for the SA Nursing Association said yesterday the nursing profession — and especially the nurses' salaries — needed a complete overhaul.

"It certainly is true that a typist in the private sector can earn twice as much as most senior nurses," Miss Ralie du Plessis, spokesman for the nursing association, said.

She was commenting on a statement by the Minister of Health that nurses could earn twice as much "by doing a typing course and becoming secretaries". Dr L A P A Munnik made the remark at the National Party's Transvaal congress on Wednesday.

Dr Munnik also criticised the media for "destructive reporting" on the nursing profession, saying that parents often advised their daughters not to become nurses because of negative Press reports.

Miss Du Plessis said: "I can't say that negative reporting causes the nursing shortage, but rather the more materialistic spirit which prevails in our modern society.

"Young people want to enjoy life more and have different values than the previous generations. They are probably influenced by their parents, who set greater store by material wealth.

By ADA STUIJT

"Nurses working in the public health sector work for organisations which do not generate profits. Typists can earn twice as much in the private sector, because it makes money.

"With those kind of salaries, it's virtually impossible for a male or female nurse to keep the home fires burning.

"Many female nurses are heads of families these days and their income has to match the needs of their families.

"There is a saying we like to

'Chaos unless Munnik acts'

By GERALD REILLY

THE chronic nursing crisis would lead to chaos in hospital services unless the Minister of Health, Dr L A P A Munnik, moved swiftly to ensure improved salaries and service conditions for nursing personnel, the Progressive Federal Party's spokesman on hospital affairs in the Provincial Council, Mr Sam Moss, said yesterday.

The Minister had stated this week at the Transvaal congress of the National Party that nurses could earn twice as much by "doing a typing course and becoming secretaries".

"If he realises this, why does he not move to persuade the Minister of Finance to allocate funds to improve conditions in the nursing profession?"

Mr Moss said he agreed with the Minister that the profession needed a complete overhaul "like an old motorcar".

"So if he realises this why in heaven's name does he not act. He has all the necessary power and influence."

Nurses' salary news soon

RDA
7/11/81

95

By GERALD REILLY

THE comprehensive Government investigation into nurses' salaries and working conditions would be completed next month, the Minister of Health, Dr L A P A Munnik, said in an interview in Pretoria yesterday.

Dr Munnik was speaking against a background of claims that the nursing crisis has become even more acute in the past few months, and that only substantial improvements in earnings and working conditions can bring an improvement.

Cabinet

The investigation by the Commission for Administration would take into account the recommendations of the SA Nursing Association, he added.

Dr Munnik said as soon as the investigation was completed, the commission's recommendations would be laid before the Cabinet.

The Minister stressed that pay was not the only problem affecting recruiting and the resignation rate of nurses.

There are other factors — also being investigated by a special departmental committee — such as working hours and greater promotion opportunities.

Teachers

Dr Munnik said the investigation was similar to the investigations which led to substantial increases for teachers and policemen earlier this year.

Meanwhile, according to the Progressive Federal Party spokesman on hospital affairs in the Provincial Council, Mr Sam Moss, resignations have continued unabated and the enrolment figures for nursing colleges next year indicated the shortage would become even more serious.

At the Johannesburg Hospital, the waiting list of people awaiting admission for elective surgery had lengthened.

Just over half the 2 000 beds were open — the rest have been closed because of the lack of nurses.

"The Government has a clear choice — pay nurses competitive salaries or risk hospital services, particularly on the Rand, dissolving into chaos," Mr Moss said.

BLACK NURSES ARE ANGRY

ARL-05 7.11.81

SOUTH AFRICA'S proposed multiracial nursing body has come under fire from African nurses who say it is a move to alienate them.

According to the chairwoman of the Western Province Black Nurses' Association (Weba), Mrs Lydia Mosala, the new nursing structure will force them to become part of separate homeland organisations.

'We are most dissatisfied with this. They are fragmenting the nursing profession under the guise of democratic elections,' said Mrs Mosala.

The latest edition of Nursing News, official

mouthpiece of the South African Nursing Association (SANA), calls for nominations to seven regional boards.

However, non-South African citizens — in terms of the Government's homelands policy — are not eligible to take part in the elections.

'We are supposed to join bodies in Ciskei or Transkei when all we want is one organisation for all South Africa's nurses,' Mrs Mosala said.

These homelands are not of our making. Why must we be forced at every turn to become part of them?

At present the SANA is controlled by white officials from its Pretoria head office, but the new structure will mean decentralisation of the association and a chance for black nurses to serve on a central governing board.

But the regulations controlling the voting have been drawn up in such a way that whites could still have ultimate control,' said Mrs Mosala.

According to Nursing News, the country will be divided into seven regions, each with a board comprising six whites and five coloureds, Indians or blacks.

By SYLVIA VOLLENHOVEN

The central governing body of 21 will consist of the chairwomen of the regional boards as well as 14 elected board members.

Nominations close at the end of November and the new SANA constitution states, candidates must be registered nurses, 'proficient in the official languages,' citizens of South Africa and resident in the region.

'How many black nurses are proficient in Afrikaans and English, with citizen

rights in this country?' said Mrs Mosala.

Further stipulations make any voting across colour lines impossible.

The SANA constitution says '... a particular population group shall be nominated and elected by persons of the same population group.'

According to Mrs Mosala, the black nurses see this as an attempt to maintain white control and keep the nurses divided racially.

In the past the SANA has had four separate bodies for white, Indian, coloured and African nurses.

Recent statistics show that South Africa has 27 837 white registered nurses, 21 048 blacks, 3 785 coloureds and 858 Indians.

A map published in Nursing News as a guideline to voting and area

grouping, indicates the Western Cape region extends to Riversdale, through Calvania in the north to Vanrhynsdorp and Wredendal in the west.

The other regions are Eastern Cape, Northern Cape, Free State, Natal, Witwatersrand and Transvaal.

The 10 homelands are shaded and listed separately.

'The irony of it is that they recently sent someone from the SANA head office to instruct us in the voting procedures,' said Mrs Mosala.

At a special Weba meeting recently, the SANA official, Miss Doreen Raloff, was told of the black nurses' dissatisfaction and instructed to take a list of their grievances to the SANA head office.

'Now we are waiting on their reply,' said Mrs Mosala, SANA president. Professor Charlotte Searle, said they were working on a body which would allow them to meet homeland nursing authorities and thrash out matters of mutual interest.

'We have made provision in our constitution for regular liaison with the homeland bodies,' she said.

Nurses: Call for 'self-control', ⁹⁵CAPE TIMES 12/11/81

Staff Reporter

A GOVERNMENT investigation into the salary structure of nurses was under way and would be completed within a few months, the Minister of State Administration and Statistics, Dr Andries Treurnicht, said yesterday.

In a statement issued in Cape Town, he said the implementation of the findings of the investigation would depend on the availability of funds.

He emphasized that the speed with which results could be implemented depended on not sacrificing "scientific responsibility" for speed.

"Over-hastiness only leads to anomalies and further dissatisfaction."

He gave the assurance that he and his "colleagues in the cabinet have an exceptional understanding of the personnel problems in the public sector".

The making available of funds for nursing salaries was being discussed in "high circles", but was being done with full "understanding of other demands being made on the State Treasury".

He hoped the statement would contribute to a better understanding of the problems involved and that self-control and co-operation could still be relied upon.

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12/11/81 95
Mercury Reporter

DR Fred Clarke, MEC in charge of hospitals, believes a salary increase for nurses is imminent.

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In a telephone interview from Pietermaritzburg yesterday he said: 'We asked the minister to do something about salaries and overtime before the present complement of matriculants go on to the labour market. And Dr L A P A Munnik has announced that a comprehensive Government investigation into salaries and working conditions will be ready by December.'

Dr Clarke admitted that the nursing crisis among whites was acute. There were 15 wards closed in provincial hospitals — a total of 354 beds.

Three of these wards (75 beds) were at Addington where an operating theatre was also closed.

Vacancies

October figures showed that of 2 509 authorised nursing posts in the province there were 597 vacancies and 87 posts being filled by part-time nurses working two to a post.

The most critical shortage was among staff nurses. Of the 266 posts 205 were vacant at the end of October.

Miss Heidi Brookes, Durban, chairman of the Nursing Association, said recent research had shown that nearly all the girls who were dropping out of nursing training would actually like to carry on nursing.

'While few complain about the training salaries those who look into the future are disheartened by the salary prospects and working conditions.'

Positive

'Once these problems are ironed out there are so many positive aspects to a nursing career.'

Earlier this week Dr Munnik said the Commission for Administration would take into account the recommendations of the Nursing Association and as soon as the investigation was complete it would be laid before the Cabinet.

He emphasised that pay was not the only factor being looked into. Working hours and promotion opportunities were also being

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Nurse shortage:

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Own Correspondent

An interim measure to relieve the pressure on the nursing profession has been announced by the Director-General of the Department of Health, Dr J de Beer.

Dr de Beer said at a dinner in the city last night that nurses would be paid overtime after working 40 hours a week instead of the current 44 hours a week.

It was an interim measure to compensate nurses who had to work long hours, he said. Overtime would be paid out of the salaries of vacant posts.

He was convinced there would be contentment in

the nursing profession as soon as the "thorough investigation" launched by the Minister of Health was completed. A report was expected early next year.

STRESSED

Dr de Beer said the public had several misconceptions about the profession because of misrepresentation of the facts, often done on purpose. He stressed that:

● The Minister of Health had no power over pay increases except insofar as he was the official channel for representations to the Cabinet.

● There was only a shortage of white nurses

in South Africa.

● It was untrue that the whole country was affected by a shortage as some places had acute shortage and others none.

● Shortages could not be blamed on one person or authority as it was influenced by factors such as economic growth.

To avoid future problems, however, health services would have to be planned according to the availability of staff. It was unpractical to build hospitals and create posts without taking the available manpower into account.

Top doctor quits

over nurse crisis

95 15/11/81
STIMES
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By WILMAR UTTING

ONE of South Africa's most respected paediatricians has resigned from his post because of frustration about the shortage of nurses.

Professor John Chappell, 44, who is in charge of the paediatric units at the Johannesburg and Baragwanath Hospitals, will leave the post he has held for four years.

He resigned at the end of October and will leave next April. A replacement will be appointed by the University of the Witwatersrand Medical School.

Prof Chappell said that the shortage of nursing staff had resulted in his unit at the Johannesburg Hospital operating at less than 50 percent of its maximum.

"The Bara unit, where we have about 50 beds plus a burns unit, is operating well. But at the Johannesburg Hospital we have 30 beds, plus eight in intensive care.

"The standard of nursing has fallen. The devoted nurse still exists, but she can't do her job properly, she has too much to do," Prof. Chappell said.

Untrained aides

Meanwhile, the introduction of untrained black nursing aides in Johannesburg hospital wards is causing mixed feelings among the white nursing sisters.

A spokeswoman for the SA Nursing Association, Miss Ralie du Plessis, would not comment.

"I do not employ these people, the province does," she said. She refused to express an opinion on whether the use of untrained black women would benefit the diminishing numbers of trained white nursing sisters at the hospital.

The hospital superintendent, Dr Neville Howes, has refused to comment. Dr Hennie Grové Transvaal's director of hospital services, who has consistently opposed the use of blacks in white hospitals, said:

"I approved the decision, but I did not take the decision. That

came from higher up. There are political implications," he said.

Nursing sisters spoken to this week said it was too soon to forecast whether the use of untrained black women as nursing aides would be a success.

"The women are doing the work normally done by student nurses. Bedpans, temperatures, some dressings. They are in some intensive care units and in a few of the wards, including surgical.

Thin end of the wedge

"We feel, though, that this is the thin end of the wedge and that the Government will soon bring in black nurses to nurse whites. If they do this then the hospital should be multiracial and take in black patients as well.

It is wrong that we should start draining the black hospitals of staff just to look after the whites," one sister said.

Another nurse said the use of the black aides was a Government ploy to gain time while it awaited the results of its inquiry into nurses' salaries and conditions.

As a result of increasing numbers of resignations among nursing staff, the Johannesburg Hospital has already had to close down almost 50 percent of its wards.

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Mercury Reporter

OVERTIME concessions will give Natal nurses an extra R3 000 000 in their pockets.

This was said by Dr. Fred Clarke, MEC in charge of hospitals, who has welcomed an announcement that nurses will be paid overtime after working 40 hours a week, instead of the present 44.

He said: 'We are absolutely thrilled. We have been desperately hoping to get the 40-hour-week concession.'

The Director-General of the Department of Health, Dr J de Beer, announced that is was an interim measure to relieve the pressure on the nursing profession.

He was convinced there would be contentment in the nursing profession as soon as the investigation launched by the Minister of Health was completed. A report was expected early next year.

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QUANTITY
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(Continued)

Addington is 'to get black nurses by Christmas'

BLACK nurses will care for white patients at Durban's Addington hospital, possibly by Christmas.

Dr Fred Clarke, MEC in charge of the hospital, said yesterday that the critical nursing shortage at Addington had forced the closure of six wards — three this month.

"It is New Republic Party policy that we will not hesitate to use nurses of another race group so we can maintain this essential service.

"We have to supply the service, it is our responsibility and we have no choice in the matter. We will go ahead with it. To hell with the flak."

The move had not yet been discussed with the Director of Hospital Services, but discussion would be held next week with the relevant departments to determine when the move should

come into effect.

"We just cannot go on like this. There has been a real deterioration in the number of student nurses and I cannot have the remaining girls carrying the load over Christmas," Dr Clarke said.

He said Addington was short of 149 student nurses, which was 33 percent under the required number.

"It may be necessary to curtail some of the cold surgical procedures at Addington over this period, because we just do not have the staff at the moment."

Other white provincial hospitals were not experiencing such a drastic shortage of nurses, so it would not be necessary to introduce black nurses there.

Inquiry

The decision on Addington follows a statement last week by the Minister of Health, Dr L A P A Munnik, that the findings of the government inquiry into nursing conditions and salaries would not be released this year.

"We fully believed that the increases would be made known before Christmas. I think the Minister really did try to have them ready within the next few weeks, but it appears the fiscal position prevented this.

"Nurses are now being paid overtime after a 40-hour week, this is a considerable pay boost." Dr Clarke said the province would take over Stanne's in Maritzburg as a geriatric and transit hospital. — Sapa.

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Relief for nurses soon

SALARIES set aside for currently vacant nursing posts would in future be used to pay overtime to nurses who work longer than a 40-hour week.

This was announced last week by the Director-General of the Department of Health, Dr J de Beer.

Dr de Beer said this interim measure would compensate nurses who had to work long hours. It would also help relieve the pressure on the nursing profession.

CONVINCED

He was convinced that there would be contentment in the nursing profession as soon as the comprehensive investigation launched by the Minister of Health was completed next year.

The public had several misconceptions about the profession, Dr de Beer said.

He stressed that the Minister of Health had no power over pay increases except in the sense that he was the

official channel for representations to the Cabinet. A spokesman for the South African Nursing Association in Cape Town, Miss M J Hattingh, would not comment until she had made a detailed study of Dr de Beer's speech.

Nursing ^{CAPE TIME} shortage: ⁹⁵ 'A threat'

Staff Reporter

THE "life-and-death" services of South Africa's hospitals are seriously threatened by the nursing shortage, according to a national magazine.

In a hard-hitting article outlining the shortage of nurses in the country's hospitals, the Readers Digest calls for apartheid to be scrapped in order to help remedy what it calls an "emergency" situation.

The report quotes Dr Jose de Nobrega, a surgeon at Groote Schuur, as saying that heart patients may have to wait as long as three months for open heart surgery — and some of them have died waiting.

In the hospital's cardiac intensive care unit, there are often only 10 nurses to do the work of 30. Recently, says Dr Nobrega, three nurses cared for nine patients who had just undergone open-heart surgery. Ideally, there should have been one nurse for each patient.

Children

The Digest article says children are also in peril. An official report from Groote Schuur states there has been an upswing in infant mortality following the loss of nurses trained in neo-natal (newborn) care.

General wards too are hard-hit. Often, the only qualified night nurse in a 36-bed general ward is a student barely out of her first year, says the magazine.

The article points to an alarming drop in recruitment figures: at the Carinus College in Cape Town, the nursing intake is 50 percent below normal and at Addington hospital in Durban, the intake is 25 percent down.

"What has gone wrong ?

It's not just bad basic pay. Nurses blame poor career prospects, scant recognition for hard-won special skills and lack of compensation for anti-social working hours.

"Absurdly, apartheid laws prevent full use of qualified nurses. In the Transvaal particularly, when there is a sudden staffing crisis in a white ward, blacks cannot assist.

"In the Cape Provincial Council, Dr John Sonnenberg highlighted the effect of government policy at Somerset West hospital in his Green Point constituency. "There are over a 100 training vacancies for white nurses," he said, "and a waiting list of 245 coloured girls."

"Even more handicapped are hundreds of blacks who are totally barred from Western Cape nursing colleges and told to train in their homelands," says the Digest.

Muted acceptance

The magazine reports that at best, official response has been muted acceptance that there is a problem and at worst, outright denial.

"Clearly, the Minister of Health must act now. The vestiges of apartheid must go. Salaries must increase — properly this time — and not just in line with inflation. Nurses with special skills and experience should receive higher salaries and there should be cash incentives," says the Digest.

The article urges the public to act about the nursing crisis by writing to MPCs and MPs or the Minister of Health.

A spokesman from the Cape Provincial Administration Hospital Services said yesterday the contents of the article had been noted and that the matter was being investigated.

'Scrap race bar to ease dire nursing shortage'

RDM 5/12/81 95

THE "life-and-death" services of South Africa's hospitals are seriously threatened by the nursing shortage, according to a national magazine.

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Mail Correspondent

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Vacancies

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A spokesman from the Cape Provincial Administration Hospital Services said this week that the contents of the article had been noted and that the matter was being investigated.

Wards closed to cope with Christmas nursing crisis

SUN EXPRESS 6/12/81

95

A HOLIDAY season crisis faces Addington Hospital, Durban's largest because of the shortage of nursing staff — which has already led to the closure of five wards.

Dr Fred Clarke, MEC in charge of hospitals, told the Sunday Express this week that lack of money from the Government was preventing the hospital from recruiting staff.

Addington is short of 139 nurses.

Dr Clarke blamed Minister of Finance Owen Horwood for the crisis.

"We have been allowed to pay overtime since 1973 but we have never been given the money by the Government," he said.

"We must pay more if we want more nurses. We expected to be able to give pay rises this year, and we also want to be able to pay overtime.

"We estimate it would cost us

BLACK NURSES MAY BE ANSWER

By ANNE
WHITEHEAD

R3-million a year to pay overtime but we can't pay if we have not got the money.

"The nursing shortage is grim. At the moment there is a committee looking into the situation — I hope it will report back soon.

"We have closed down the private wards, so anyone wanting private hospitalisation is going to have difficulty getting in.

"But anyone who needs the hospital's services will not be turned away."

Dr Clarke said he was looking into the possibility of using Black nurses at Addington: "But there are a few problems to be overcome first," he said.

"Transport is the main problem, because the Durban Transport system is a bit shakey and drivers are unwilling to go into KwaMashu early in the morning. Accommodation is also a problem."

Addington's deputy medical superintendent was unable to comment on the situation as the Director of Medical Services for Natal, Dr John Vorster, had told her not speak to the Press and to refer all inquiries to him.

Dr Vorster said two children's wards had been consolidated to save on the number of nurses needed but "there has been no reduction in the number of beds in those wards"

"We have closed five wards at Addington. At the moment there are 139 student nurses posts vacant, but this will be remedied with the January and February intakes. After that there will be 45 posts vacant," he said.

His department was embarking on a national wide recruiting campaign for nurses.

Dr Clarke told the Sunday Express that the shortage of nurses in Natal was so bad that even Grey's Hospital in Maritzburg was experiencing a shortage, although for the first time.

BYLAE

I Item	II Tariefpos en Beskrywing	III Mate van Korting
307.01	Deur na paragraaf (5) van tariefpos No. 39.01 die volgende in te voeg: “(6) Epoksiede, in blokke, stukke, poeiers, korrels, vlokke en dergelike massavorms, vir die vermenging met silikameel in die verhouding, volgens massa, van minstens een deel silikameel tot twee dele epoksied	Volle reg”
316.01	Deur na paragraaf (4) van tariefpos No. 73.18 die volgende in te voeg: “(5) Buise en pype, van yster of staal, naatloos, vir die vervaardiging van hidrouliese silinders	Volle reg”

Opmerkings.—1. Voorsiening word gemaak vir 'n volle korting op reg op epoksiede, in blokke, stukke, poeiers, korrels, vlokke en dergelike massavorms, vir die vermenging met silikameel in die verhouding, volgens massa, van minstens een deel silikameel tot twee dele epoksied.

2. Voorsiening word gemaak vir 'n volle korting op reg op buise en pype, van yster of staal, vir die vervaardiging van hidrouliese silinders

SCHEDULE

I Item	II Tariff Heading and Description	III Extent of Rebate
307.01	By the insertion after paragraph (5) of tariff heading No. 39.01 of the following: “(6) Epoxides, in blocks, lumps, powders, granules, flakes and similar bulk forms, for mixing with silica flour in the proportion, by mass, of one part or more of silica flour to two parts of epoxide	Full duty”
316.01	By the insertion after paragraph (4) of tariff heading No. 73.18 of the following: “(5) Tubes and pipes, of iron or steel, seamless, for the manufacture of hydraulic cylinders	Full duty”

Notes.—1. Provision is made for a rebate of the full duty on epoxides, in blocks, lumps, powders, granules, flakes and similar bulk forms, for mixing with silica flour in the proportion, by mass, of one part or more of silica flour to two parts of epoxide.

2. Provision is made for a rebate of the full duty on seamless tubes and pipes, of iron or steel, for the manufacture of hydraulic cylinders.

DEPARTEMENT VAN GESONDHEID,
WELSYN EN PENSIOENE

No. R. 2696

11 Desember 1981

SUID-AFRIKAANSE VERPLEEGSTERSVERENIGING
REGULASIES BETREFFENDE DIE SUID-AFRIKAANSE VERPLEEGSTERSVERENIGING --WYSIGING

Die Suid-Afrikaanse Verpleegstersvereniging het, kragtens artikel 40 van die Wet op Verpleging, 1957 (Wet 69 van 1957), met die goedkeuring van die Minister van Gesondheid, Welsyn en Pensioene, die regulasies in die Bylae hiervan uitgevaardig.

BYLAE

1. In hierdie Bylae beteken “regulasies” die regulasies afgekondig by Goewermentskennisgewing R. 1741 van 29 September 1972, soos gewysig by Goewermentskennisgewing R. 403 van 7 Maart 1975.

2. Regulasie 3 van die regulasies word hierby gewysig deur subregulasie (1) deur die volgende subregulasie te vervang:

“(1) Die jaarlikse ledegeld is verskuldig en betaalbaar voor of op die eerste dag van Januarie elke jaar en bedra—

(a) twintig rand (R20) vir alle praktiserende volle lede;

(b) vyf rand (R5) vir nie-praktiserende lede wat by die Suid-Afrikaanse Raad op Verpleging geregistreer of ingeskryf is of vir registrasie of inskrywing kwalifiseer;

(c) tien rand (R10) vir junior, leerling-, geassosieerde en aanvullende lede.

Met dien verstande dat 'n lid wat gedurende die jaar begin praktiseer, ledegeld betaal soos voorgeskryf vir praktiserende lede.”

3. Regulasie 5 van die regulasies word hierby gewysig deur subregulasie (1) deur die volgende subregulasie te vervang:

“(1) Elke lid ontvang die amptelike orgaan van die Suid-Afrikaanse Verpleegstersvereniging.”

DEPARTMENT OF HEALTH, WELFARE
AND PENSIONS

No. R. 2696

11 December 1981

SOUTH AFRICAN NURSING ASSOCIATION
REGULATIONS RELATING TO THE SOUTH AFRICAN NURSING ASSOCIATION.—AMENDMENT

The South African Nursing Association has, in terms of section 40 of the Nursing Act, 1957 (Act 69 of 1957), with the approval of the Minister of Health, Welfare and Pensions, made the regulations set out in the Schedule hereto.

SCHEDULE

1. In this Schedule “regulations” means the regulations published under Government Notice R. 1741 of 29 September 1972, as amended by Government Notice R. 403 of 7 March 1975.

2. Regulation 3 of the regulations is hereby amended by the substitution for subregulation (1) of the following subregulation:

“(1) The annual subscription shall be due and payable before or on the first day of January of each year and shall be—

(a) twenty rand (R20) for all practising full members;

(b) five rand (R5) for non-practising members registered or enrolled or qualified to be registered or enrolled with the South African Nursing Council;

(c) ten rand (R10) for junior, pupil, associate and supplementary members:

Provided that a member who commences practising during the year shall pay the subscription as for practising members.”

3. Regulation 5 of the regulations is hereby amended by the substitution for subregulation (1) of the following subregulation:

“(1) Every member shall receive the official organ of the South African Nursing Association.”

Sister quits wards for W/E ARGUS 12/12/81 (95) kitchen—and more pay!

Weekend Argus Bureau

PORT ELIZABETH. — A Grahamstown nursing sister, with 28 years' experience, swopped her uniform for an apron in a hospital kitchen — and took home an extra R90 a month.

This startling discrepancy was disclosed this week by Mrs Yvonne McLean, 48, who resigned as a nursing sister and became a senior chef at the Settlers' Hospital.

Her new post required only a Standard 6 certificate, but she picked up R90 more in each monthly pay packet.

When she left nursing about three years ago, Mrs McLean's take home pay was about R400 a month — she had to support a pensioned, semi-invalid husband.

She said this week her monthly earnings were still 'a sight more' than those of senior nursing sisters and she did not have to worry about nightduty or working on public holidays and weekends.

The great nursing conundrum:

95 SUN Times 13/12/81

Too many BLACKS Too few WHITES

By MARTIN WELZ

HOSPITALS for blacks are turning away hundreds of qualified nursing sisters and many more young women who want to train as nurses.

This is ironically in contrast to hospitals for whites ... where wards are closing because of a desperate shortage of white nurses.

The South African Nursing Council this week launched a massive advertising campaign to recruit school-leavers as student nurses.

But waiting lists for black school leavers wanting to become nurses are already so long that one hospital has told applicants that they might only be accepted for training in 1998.

The Nursing Council advertisement is ostensibly for school-leavers of all races, but is clearly aimed at the desperate shortage of white nurses because of the Government's refusal to allow white hospitals to employ black nurses.

This week, Professor Charlotte Searle, President of the South African Nursing Association and a former Director of Nursing Services, refused to discuss the matter with the Sunday Times.

The conservative association has for years opposed all moves to allow black nurses to be employed in white hospitals, declaring that its policy is that "every population group has the right to be nursed by its own people".

Professor Searle says private hospitals that employed black nurses were "encouraging the extinction of white nursing".

And while thousands of nurses have been protesting about their poor salaries, an association spokesman described nurses' salaries as "very reasonable".

The association's policy has now resulted in an extraordinary demonstration of the economics of apartheid.

White patients have the "right" not to be nursed, while black nurses have the "right" to no employment.

Asked to comment, Professor Searle said: "My board has just decided that no member of the board, including myself, is going to make any public statements. Nobody is going to comment."



Former Springbok diver Jenny Lundie, 24, works as a waitress when she is not doing speech therapy at Durban's Addington Hospital ... it's the only way she can make ends meet

Speech expert moonlights to survive

By ISOBEL SHEPHERD-SMITH

A SPEECH therapist earns more working part-time and moonlighting as a waitress than if she worked full-time.

Jenny Lundie of Durban — who has an honours degree in speech therapy — was forced into this as the only way to make ends meet.

She now earns an extra R500 a month from her steakhouse job of four shifts a week.

"It's impossible to live on this salary," the 24-year-old ex-Springbok diver said.

She works and lives at Addington Hospital. She could not afford to live anywhere else.

"I could earn a lot more money teaching people to dive. But it is really the same as waitressing — how much satisfaction do you get from giving someone food you haven't even cooked?"

At first Jenny worked all Monday and

Wednesday, Friday and Sunday nights. Then it became too much. Now she has Sunday night free.

Working full-time, Jenny took home R550. Now she takes home about R850 a month. Without the steakhouse job she would have R360.

But Jenny won't continue like this. She is aiming for private practice, but first she needs experience. And while she gains the experience she suffers.

"I think I should be earning at least R800. I should be taking that home after two years working and after four years at university," she said.

"Speech therapy is a really rewarding job.

Communication is so important and the salary detracts from the job. It's so important for you to get good therapy.

"People usually go to a hospital first for treatment. But the therapists with experience leave hospitals for private practice. And some people just cannot afford private therapy."

Jenny told a commission of inquiry the salaries and working conditions of paramedics how important speech therapy is.

"People don't realise it until they have a child with a problem," Jenny said.

Natal's director of hospital services, Dr Vorster, sympathises. He knows the staff are poorly paid.

"Everybody feels that these wages are very low and not competing at all with private enterprise," he said.

Must stop

"This whole business must now stop. We want no further polemics about this issue," she said this week.

A Sunday Times survey of 20 black training hospitals throughout South Africa this week revealed:

- All had waiting lists of qualified nursing sisters and students wishing to be trained.

- Some black matriculants this year patiently applied to up to 20 hospitals for training and each time they were turned down because there were no vacancies.

- Black matriculants and school leavers who qualify for training as nurses this year will have to wait at least a year before they can hope to be admitted for training.

- One, the Holy Cross Hospital, earlier this year informed an applicant that she might have to wait till "about 1998" for a vacancy.

- The Komani mental hospital, near Queenstown in the Eastern Cape, has a waiting list of "hundreds" of qualified black nursing sisters wishing to be admitted for training as psychiatric nurses — as that is the only way they can remain in employment.

- One of the largest black training hospitals, the Edendale hospital in Maritzburg, will not even consider an application for a post . . . from a sister with matric and a three-year general nursing diploma.

It already has 50 nursing sisters with four years of training on its waiting list, but no jobs to give them.

Barred

- Hospitals in the Western Cape are barred from training black nurses . . . because they are required to give "preference" to the training of coloured and white nurses.

- Hospitals in other areas that are training black nurses have such long waiting lists that all of those approached said they gave preference to applicants from their own areas — and the pass laws made it difficult for them to accept other applicants.

Starting salary for a white trainee nurse with Standard 8 at Pretoria's H F Verwoerd Hospital is R2 334 per year, less R22 per month for full board and lodging.

A black trainee nurse with matric will get only R1 704 a year at Livingstone Hospital in Port Elizabeth, less R20 per month for board and lodging.

The government's apartheid policy is not only preventing black nurses from being employed in white hospitals, but even preventing them from working in some black hospitals.

Black hospitals in "white" urban areas are not allowed to employ or train black nurses from the homelands or "independent states".

No need now to employ black nurses says director

N. MERCURY

16/12/81

95

95

Mercury Reporter

ADDINGTON Hospital was using the same number of beds this year as it had done last year although a number of wards had been closed.

Natal's director of Hospital Services, Dr J Vorster, explained yesterday the wards had been closed so that the hospital could be run more efficiently and economically in view of the staff shortage.

'If we opened up those wards again there would be fewer patients in each ward than there are now. This would be a luxury we cannot afford with the present staff shortage,' Dr Vorster added.

He said the way the hospital had been re-arranged worked well.

'At this stage we will not need to employ black nurses because we can cope. If we opened up the other wards we would have to take on extra staff,' he said.

The intake of student nurses at Addington and Grey's Hospital in Pietermaritzburg for next year was good. At Addington there were 140 vacancies for student nurses of which 90 would be filled by diploma students in January and 30 by degree students in February.

At Grey's Hospital all the student nurse posts had been filled.

Coloured nurses ⁽⁹⁵⁾ to begin ~~(174)~~ training ~~(261)~~ in 1982 ^{Summer 1981}

DURBAN — Coloured nurses ^{29/12/81} would begin training at Durban's Addington Hospital in the new year, said Dr Johan Vorster, Director of Hospitals in Natal.

He said a total of 30 student-nurse posts had been created for coloureds. Ten student nurses would begin their training during January and others would follow, with further intakes of student nurses.

Dr Vorster said the coloured student nurses would take the Nursing Council registration and enrolment courses and would carry out ward duties in the hospital.

Black nurses had worked in the renal unit for about two years, while patients of all races were treated in the eye clinic and the renal unit, he said.

A spokesman for Addington Hospital said 124 student nurses were expected early next year, including 63 white and 10 coloured diploma-course student nurses, 22 social-science student nurses and 29 pupil staff-nurse trainees.

A total of 42 student-nurse posts would be vacant out of the 511 student-nurse posts at the hospital.

At present, there were 166 vacant student-nurse posts, but 25 school cadets were now coming to the end of their stint at the hospital, and 16 coloured and Indian ward attendants were filling in.

A further 25 school cadets would take over from the current batch. — Sapa

RDM 31/12/81 (95) (22)

Black nurses are still taboo in Tvl 'white' hospitals

THE Transvaal Provincial Administration had no intention of training black nurses to help alleviate the shortage of nurses in the province's hospitals, Dr Servaas Latsky, MEC in charge of hospitals, said yesterday.

He added that a major recruiting campaign for white nurses was underway and that the white nursing profession was opposed to black nurses in "white" hospitals.

Dr Latsky was asked to comment on the announcement this week by Dr Johan Vorster, the Director of Hospital Services in Natal, that coloured nurses would start training at Durban's Addington Hospital in the New Year.

He said the recruiting campaign for white nurses was underway and he urged people not to "bring the colour aspect into it" and thereby deter prospective nurses from joining the profession.

"Those who try to turn the nursing shortage into a colour issue jeopardise the profession's future — and they must remember that they and their families may also suffer one day due to the shortage of nurses."

Dr Hennie Grove, director of Transvaal Hospital Services, declined to comment on Dr Vorster's announcement, saying that the involvement of black nurses

By JOUBERT MALHERBE

in the province was a matter of provincial policy. "I only execute policy," Dr Grove said.

He said the nursing shortage in the Transvaal had stabilised, but he was aware that there was still a grave shortage of trained nurses in the province.

While many nurses still resigned for certain reasons, Dr Grove said, many nurses who had left the profession earlier were currently returning.

How many

He could not say how many student nurses had enrolled for diploma or degree courses in 1982. According to Dr Grove the exact figure would only be known in February next year.

In addition to major publicity campaigns to attract people to the profession, a delegation of hospital service officials visited Britain in July this year to recruit staff.

Some of those who were recruited were beginning to arrive in South Africa, he said.

HEALTH & DISEASE - NURSES

1982

JAN. - DEC.

Zyl streets, Albertskroon (R1 000)

Mr Jan Sydow, 44, of Des Irwin Park Drive, Kyalami (R1 000).

Mr Kurt George Horst Priefert, 39, of Tannor Court, Soper Road, Berea (R1 000).

Mr Kevin Trevor Beck, 27, of Idle Wild, Kapteijn Street, Hillbrow (R1 000)

Mr Christo Hillebrand, 27, of Tygerberg, Primrose Terrace, Berea (R1 000)

Mr Sven Forsell, 37, of 11th Road, Hyde Park (R1 000).

Mr Robert Jones-Davies, 23, of Middle Road, Morningside (R500).

Mr William Paul, 41, of Langenhoven Street, Montgomery Park (R1 000)

Mr Patrick Eurelle, 33, of Lynton Park (R500).

Mr Richard Standard, 27, of Constantia Park, Brentwood, Benoni (R1 000)

Mr Alan Ashton Mann, 31, of Denton Road, Dinwiddie, Germiston (R500).

Mr Louis Boucher, 22, of Welkom Street, Klopper Park, Germiston (R500).

Mr Theodorus van Huyssteen, 23, of Retha Court, Vosloo Street, Birchleigh (R500).

Mr Simon Willar, 25, of

gate Park (R1 000).

Mr Johannes Lodewicus Pretorius De Beer, 25, of Deborah Street, Gardens (R1 000).

BLOEMFONTEIN:

Mr Keith McLeod, 22 (R500).

CAPE TOWN:

Mr Patrick Glynn Hendrick, 25, of Tableview (R1 000).

Mr Jacob Adriaan du Toit, 23, of Onrusrivier (R1 000).

DURBAN:

Col Thomas Michael Bernard Hoare, 62, (R20 000).

Mr Charles Glen Goatley, 27, (R10 000)

Mr Kenneth Hugh Dalgleish, 32, (R10 000)

Mr Peter Bruce Gay Duffy, 41 (R10 000).

Mr Michael Francis Webb, 32, (R5 000).

Mr Vernon Anthony Prinsloo, 31 (R2 000).

Mr Kevin Nicholas Barnes, 23 (R1 500).

Mr John Vincent MacKay, 25, (R1 000).

Mr Stephen John Biddlecombe, 23, (R1 000).

Mr Peter Anthony Duff Hearne, 30 (R1 000).

Mr Desmond Jurgens Botes, 56 (R1 000)

involved in the hijacking of an Air India Boeing after the abortive coup attempt in the Seychelles in November were issued on January 1.

A total of 41 of the men appeared in magistrates' courts throughout the country yesterday.

Mr Rees said the accused had been remanded to the Durban Magistrate's Court on January 18.

A date would then be fixed for the men to appear on trial in the Supreme Court either in Maritzburg or Durban. All would initially be charged with four counts under South Africa's anti-hijacking laws.

Mr Rees told a Press conference: "I propose prosecuting these people on four counts of contravening the Civil Aviation Offences Act, No 10 of 1972.

"This gives effect to the Convention on offences and certain acts committed on board aircraft, the Convention for the suppression of unlawful seizure of aircraft and the Convention for the suppression of unlawful acts against the safety of civil aviation."

Mr Rees said both internationally and in South Africa, the offences were regarded in a most serious light.

Normal

As far as bail was concerned, it had been left to the individual magistrate to decide.

Each case had been dealt with on its merits, the sole test being that each man concerned would stand trial.

Mr Rees declined to comment when asked if he had been in touch with the authorities in the Seychelles in formulating his case or if the Seychelles Government had contacted him. He also declined to say if Air India officials would be called.

The discrepancy between the figure of 45 mentioned in Mr Rees' statement and the 44 originally detained was not explained.

One reporter said when the Attorney-General was questioned about this, he had replied: "Perhaps there is one you have forgotten about."

The Air India Boeing 707 was allegedly hijacked from the Seychelles while on a flight from Salisbury to Bombay on November 26 last year. The jet was flown to Durban.

Forty-four men were taken to Pretoria from Durban. All but five were released.

The five — mercenary leader Colonel "Mad Mike" Hoare, Peter Duffy, Ken Dalgleish, Charles Goatley and Tullio Moneta — appeared in the Pretoria Magistrate's Court on charges of kidnapping and were released on bail — Sapa

Raiders up on hijack charges

From Page 1

allegedly sought to overthrow a foreign government showed little sign of contrition as they joked and laughed among each other and with the policemen standing behind the dock.

The black-bearded Mr Hillebrand was allowed into the public gallery several times to kiss his attractive blonde girlfriend, Anita, who was dressed in pink.

Cash

Less than an hour later Hillebrand pulled a wad of R20 notes out of his back pocket before joining the queue with his colleagues to pay his R500 bail.

The terms of bail include reporting to a police station every Monday between 8am and 1pm.

Tall, long-haired Italian-born Tullio Moneta — a naturalised South African who also faces kidnap charges — appeared relaxed as he made pre-court arrangements to pay his R5 000 bail.

Motley

The mercenaries arrived as a motley bunch — some nattily dressed in suits while others were wearing casual clothes. Three were without jackets and one in a yellow-striped skipper and short pants.

And rubbing shoulders with the more seasoned "soldiers of fortune" were two clean-cut youngsters who looked as though they would be far more at home on a cricket field than a battlefield — one of them Cape Town University student Andrew Standish-White.

In Pretoria, five men appeared briefly before Mr B J O van Schalkwyk, who postponed the case to January 18 and transferred it to the Durban Magistrate's Court.

They came up from the cells below the courtroom, dressed in suits, except for one who wore a blue and white checked shirt and jeans.

Crammed

The public gallery was

ROM 7/1/82 (95) More students give nursing a brighter future

NURSING'S future is looking brighter, with more student nurses enrolling in Pretoria and Johannesburg teaching hospitals this year — possibly because a new 40-hour week is replacing the 44-hour one.

At Johannesburg Hospital, the biggest teaching hospital on the Witwatersrand, 96 new student nurses were accepted this year — four more than last year.

At Pretoria's H F Verwoerd Hospital, 230 new student nurses cheered the hospital staff — last year there were 183 student nurses.

"Still, we don't get enough student nurses, mainly because the nursing profession cannot compete with salaries in the private sector," a Florida Hospital spokesman said yesterday.

"Last year, we only got four new student nurses, and this in spite of a major campaign to get young women interested in nursing.

Vocation

"Nursing is not just a job — it's a vocation. Nowadays, most matriculants would much rather work for a starting salary of R450-R500 at a bank than start a vocation as a nurse. When young women

Mall Reporter

do show an interest in nursing, we accept as many as we can."

Florida Hospital has 25 nursing vacancies. "We opened up vacancies for diploma courses — but so far there have been no candidates," the spokesman said.

A spokesman for J G Strijdom Hospital in Johannesburg said 50 new nursing diploma students enrolled this year — but he wouldn't say how many enrolled last year, or how many vacancies there still were.

Health authorities last year made repeated calls for increased nursing salaries and a Government committee is presently investigating the raising of nursing career possibilities.

The reduction of the 44-hour working week for student nurses to 40 hours, with 10 percent overtime bonuses, indicates a brighter future for the nursing profession

...EASIER

Hospital patient

Firm gives SA nursing a shot in the arm

95 RDH 26/1/82

SOUTH AFRICA's nurses yesterday received a boost with the announcement that a company is to sponsor awards worth R60 000 to some of the hard-pressed women — and men — working in the health services.

Professor Charlotte Searle, president of the South African Nursing Association, described the institution of the award scheme as "a very much needed incentive for our nurses" and she hoped it would set an example to other private companies.

The awards would also help encourage and retain people in the nursing profession, she said.

Sponsoring the "Dettol Awards" is the Reckitt and Coleman group.

The first category of the awards will go to nurses at educational institutions. Nurses will be sponsored to attend courses on control of infection in hospitals or the community, and the bursar-

ies will support nurses through a year's overseas study, if necessary. Other grants will enable nurses to attend national or regional seminars and workshops on infection control, and to be schooled to educate the public in basic hygiene and household health care.

The second category of awards is for district nurses and community health nurses working in home care.

Study tour

A bursary might be used to provide a study tour of the district nursing structure in Britain.

The third category is for ward nurses, providing backing for study of the nursing techniques applicable in hospitals.

The awards are the first such sponsorship provided by a private company in the history of South African nursing. — Sapa.

C. Herald

Bus hassle upsets nurses

(95) 30/1/82

RED CROSS hospital nurses living in Mitchell's Plain can't cope with the hours they spend travelling to work and ministering to the sick — but repeated requests for hospital transport have been turned down. 'We would even be prepared to pool our money to hire a bus if the hospital authorities would let us,' one nurse said. 'But they won't.' It is believed that many

of Red Cross's nurses live in Mitchell's Plain, and they find that the involved travel arrangements they have to make could lead to their neglecting their jobs. **DIFFICULT** Things are made more difficult because of the two 12-hour shifts nurses work — from 7 to 7. One nurse, for instance, catches a bus at 5.40 am, changes at Hanover Park and takes the 6.15

to Mowbray. This gets her to the hospital in time for the 7 am shift. Going home is a different matter. If nurses start preparing to leave about five or 10 minutes early — which is against regulations — they can make the 7.05 pm bus to Hanover Park. If they miss that bus, there's a long wait until about 7.30 and when they eventually reach home it could be close to 9 am.

On weekends it's even worse. Then there are no buses at suitable times from Hanover Park, so nurses have to walk from Lansdowne Road to Manenberg terminus, where they can take a bus to Mowbray. And, apart from the problems of getting to work and back home in good time, there is also the danger of nurses being attacked. 'The only way in which we can make our feel-

ing known is through our sisters at their regular meetings,' a nurse said. 'But so far all we have received is a "wait and see". It has happened so many times. Nurses aren't the only people in danger, of course, but we feel we have important jobs to do and the least the hospital authorities could do is to try to arrange some permanent, convenient form of transport for us,' our nurse informant said.

Surname..... W. H. H. H.
(In block letters)

First Name (s)..... W. H. H. H.

Date..... 7/11/79

Degree/Diploma/Certificate for which you are registered (e.g. B.A., B.Sc.)..... B. Comm

Subject..... Economics II
(to be copied from the heading on the Examination Paper)

Paper No..... 2
(to be copied from the heading on the Examination Paper)

Examiners' Initials		

NOTE CAREFULLY

1. Enter at the top of each page and in column (1) of the block on this cover the number of the question you are answering.
2. Blue or black ink must be used for written answers. The use of a ball point pen is acceptable. Red or green ink may be used only for underlining, emphasis or for diagrams, for which pencil may also be used.
3. Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book(s) are used.
4. Do not write in the left hand margin.

WARNING

1. No books, notes, pieces of paper or other material may be brought into the examination room unless candidates are so instructed.
2. Candidates are not to communicate with other candidates or with any person except the invigilator.
3. No part of an answer book is to be torn out.
4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University

Pat

Patrick George took off with his by he thought he have a tough n his hands. How- to weeks later he successful landing he completed a ng airplane — with a lit-up

and Patrick, of Avenue, Retreat, week he became ith his free time ided to 'try' to -al airplane.

his successful mpt, he is all set working on a the Concorde.

odel is held to- by two plastic ad a piece of d neatly covered dreds, or rather ls of matchsticks.

nd small bulbs for and these can be

24-year-old operator at a blanket firm, hoped to make ore models.

'DON'T VOTE'

NURSES in the West- ern Cape are being urged not to vote in the forthcoming South African Nursing Association's election for office-bearers because the body is 'racist'.

This is claimed in a hard-hitting pamphlet released by The Health Workers Association who condemn SANA for its pro-Government stand. They warn nurses that a vote for this body was a vote for continued oppres- sion and apartheid.

It accused the body of being Government con- trolled and dominated by whites although black nurses formed the major- ity in the profession.

Thousands of nurses are expected to vote for members of SANA's seven regional boards — which excludes the home- lands — when they go to the polls in February. However, many are un- happy with the present situation where nurses

GALL TO NURSES

can vote only for mem- bers of their own 'race' group.

The pamphlet says this means that representation and elections are still on racial lines, white major- ity is ensured, SANA is still racist and blacks have little say in its administration.

It points out that nurses have a right to have an equal say in the

running of their organisa- tion and the election of their own representatives.

At present the 11 rep- resentatives elected to each regional board con- sist of six whites and five blacks.

FAILED

Nursing sisters to whom Cape Herald spoke said the association had failed to provide for the aspirations of black nurses. Yet membership of it was compulsory for all registered nurses.

It's lack of clout in demanding that the Gov- ernment introduce pay parity while at the same time repeating that 'it was done, its best' was not enough to give nurses confidence in it.

'Younger nurses, irres- pective of their ability, are not interested in SANA meetings and don't even know who their rep- resentatives are,' a sister said.

They are sent a list of people for whom they can

vote and many times they don't even know who they are voting for,' she added.

The sisters said it was impossible for nurses to break away from SANA and speak out because it was a statutory body. Tra- ditional nursing codes and ethics also precluded them from voicing public complaints against the profession and SANA.

As a result they urged nurses to show more interest in local meetings where they could take a united stand when com- plaining about their asso- ciation.

FIGHTING

'There is no solidarity among nurses. When it comes to fighting for something, only a handful of them come together,' another sister said.

'It is time for us to move out of our little racial groups and become more involved. We should become more aware of the situation we are in,' the sister added.

0000 nursing boost

involved in com- health are being ed to learn more their particular work with the ment of a bursary award

ettol awards are t creating more in community are centres and s. sors hope to successful appli- courses for infec- rol, education in iene and house- aid approaches nding infection ociety meetings. aims to support ation of district

nurses in home care, give bursaries for nursing techniques applicable to community health care centres and back a discus- sion group of all inter- ested parties in the struc- ture and organisation of District nursing.

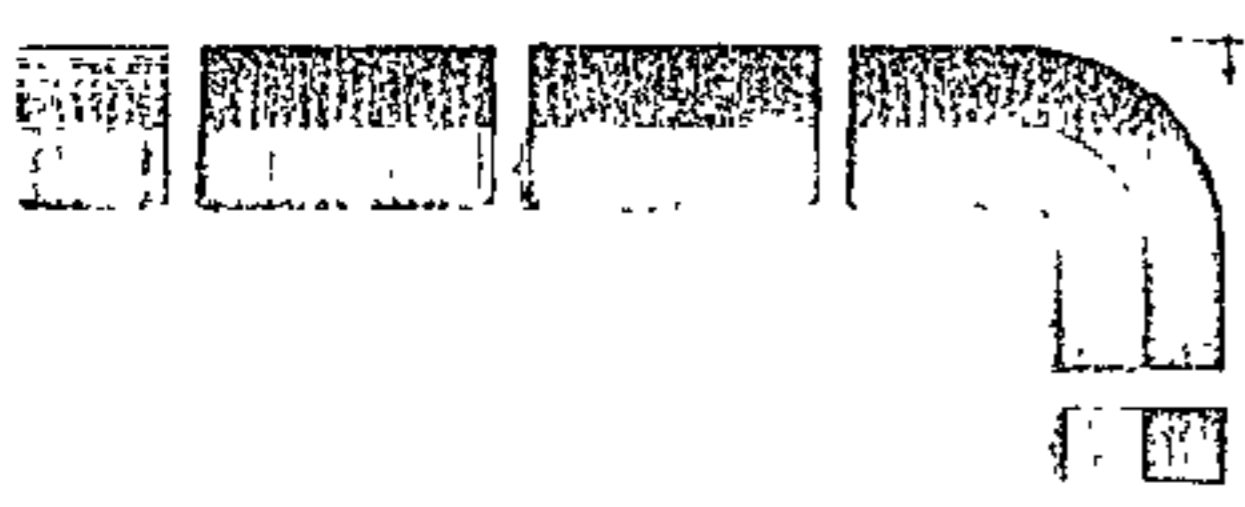
The bursary scheme has been welcomed by Professor Chalotte Searle, president of the South African Nursing Association, who said it provided a much needed incentive for nurses. In- fection prevention was of vital importance and the need to educate the popu- lation through trained personnel in general hygiene and basic health

care was of vital import- ance, Professor Searle said.

Mr Dennis Swingle, chairman of the company sponsoring the awards, said the company decided that it was its duty to do something which would not only benefit the nur- ing profession, but the community as well.

Although any nurse may apply to be con- sidered for the awards, the final decision will be made by SANA.

The awards will then be handed over at a series of presentation din- ners throughout the coun- try.



Free Yardley Gift

Mercury
7/2/84
Quit!

95

Nursing

staff fired

as State

takes over

mental

hospital

Mercury Reporter

FIVE black and three Indian nursing staff at the Springfield Indian Sanatorium in Durban were yesterday served with notice to quit their jobs at the end of the month.

Mr J H Randall, managing director of the Smith Mitchell organisation, a Johannesburg-based company which runs the sanatorium, yesterday confirmed that the jobs of a number of senior black and Indian nursing staff had been affected as a result of the State take-over of the mental hospital.

'We did all we could to obtain the best possible deal for our staff. The bulk of the staff will be retained, but it's a pity that some will lose their jobs.'

'For those whose jobs are affected we'll try to arrange some sort of relief, possibly giving them more than their final cheque,' he said.

Shocked

The worried nurses, some who had worked at the sanatorium for more than seven years, said they were shocked when told of their dismissal at a meeting yesterday.

'We were told that the State was going to take over the hospital on March 1 and as the hospital and will continue to be for Indian patients, our services were no longer required,' said a spoke-woman for the nurses.

She said the nursing staff saw their dismissal as being totally unfair and based on racial grounds.

'We were told last year that our jobs would be secure when the State took over the sanatorium, but now out of the blue we are told to look for jobs elsewhere as our services will be terminated at the end of the month,' a nurse with seven years' service at the hospital told the Mercury.

She said she had five children to support and was worried about her future job prospects. 'It's not easy getting a job these days. I do not know what I'll do if I fail to find suitable employment elsewhere,' she added.

Mr Randall said control of the sanatorium was being passed over to the State as his company found it too small an undertaking to run from Johannesburg.

Unhappy nurses discuss union

AS
E. P. x
4/2/62

Post Correspondent

JOHANNESBURG —
Nurses who are unhappy about salaries and increases will meet today and tomorrow to discuss whether to form a full trade union in preference to a professional association.

The meeting has been arranged by the Pretoria branch of the SA Nurses' Association as a preface to the annual election on Monday of a new executive for the national body.

It will be asked to decide if a professional association is fully meeting nurses' needs.

Miss O Muller, Chief Nursing Officer of the Department of Health and Welfare, will be the main speaker. She will give a talk on "Professional organisation versus trade union".

The main aim of the conference is to give nurses a fuller briefing on the functions and activities of their association and also to discuss multiracial representation.

ARGUS
9/2/82
95
**Nursing
profession**

Argus Correspondent

PRETORIA.—Nurses at a South African Nursing Association congress in Pretoria favoured opting for professional status rather than forming a trade union.

Most delegates felt that a trade union was uncalled for as well as being in opposition to the nurses' ethics.

Murray 7/2/82
Gloom over pay

95

increases for nurses

Political Reporter

NURSES should not pin much hope on speculation that they would receive impressive salary increases in the Budget this year, Dr Fred Clarke, MEC in charge of hospitals, said yesterday.

Dr Clarke said that Dr I. A P A Munnik, the Minister of Health, had been pessimistic during a meeting in Cape Town last week about the possibility of nurses receiving big salary increases.

'I believe that unless nurses get at least a 25 percent increase, we will be in trouble. The white nursing situation in Natal provincial hospitals is se-

rious. It is no good stating that there is an 80 percent occupancy of existing posts because we need far more posts for nurses in our hospitals.'

To illustrate the point that a shortage of trained nursing staff existed, Dr Clarke said that the number of surgical operations performed at Addington Hospital in Durban in September, October and November last year dropped by 500 compared with the total for the same three months in 1980.

However, Dr Clarke said he had contingency plans for Natal nurses which he will spell out at the appropriate time.

Nurses overtime rule adds 10 per cent to salaries bill

10 95 Jan 17/2/82

Own Correspondent

A decision to pay nurses for all the overtime they worked had meant an increase of 10 percent in the salaries bill, the Transvaal Provincial Administration heard yesterday.

Speaking during the second-reading debate on the Part Appropriation Draft Ordinance, the MEC in charge of hospitals, Dr Servaas Latsky, said that in the past nurses had to work a 40-hour week, but received overtime pay only if they worked more than 44

hours.

He was reacting to claims by Opposition speakers that he had failed to get a better deal for nurses.

UNORTHODOX

He said that though the new overtime pay deal had been announced by the Minister of Health, it had been due largely to his own efforts.

He said he had fought to such an extent that the Commission for Administration had complained of his unorthodox methods.

But the result was that nurses were now paid for the four hours they had previously worked "free."

Dr Latsky added that hospital tariffs were being examined but he could not say what would happen until regulations were published.

A thorough investigation was also being carried out into ways of collecting hospital debts, and he hoped to be able to tell the council later of an improved system.

Dr Latsky said that in the past year there had been a 15 percent increase — 800 000 — in casualty and outpatients.

FACILITIES

Reacting to Progressive Federal Party criticism of the planned new H F Verwoerd Academic Hospital in Pretoria, Dr Latsky said it was an old building taken into commission in 1932-33.

Its facilities had been patched up and added to over the years.

A new academic hospital was needed in Pretoria to serve an expected regional population of one million by the year 2000.

Dr Latsky appealed for politics to be left out of health services, and said certain political pressure groups — which he did not identify — were very active.

He said blacks and whites would not be played off against each other.

Earlier Dr Latsky pointed out that there was "absolutely the same" tariff for black and white patients with the same income.

POST



Assistant nurse ANNE BROWERS, 23, (left) and staff nurse GLORIA BARENDSE, 25, have been working in a white ward at the Uitenhage Provincial Hospital for the past three weeks.

TWO COLOURED NURSES work in white ward

E. Post 20/2/82

95 ~~98~~

By SHELAGH BLACKMAN

TWO coloured nurses have been working in a white ward in the Uitenhage Provincial Hospital this month but the hospital authorities insist this is only a temporary measure.

Staff nurse Gloria Barendse, 25, and assistant nurse, Anne Browsers, 23, were asked to work in a white women's surgical ward at the beginning of February as so many white nurses were off sick.

"I was so surprised when the Matron, Mrs Botha, told me I had to work in that ward the next day. I asked if I had done something wrong," Miss Barendse said.

Both nurses said that they were enjoying the experience. "The patients are very nice — they don't make us feel out of place," they said.

Both women started their nursing careers in Cape Town — Miss Browsers at the Tygerberg Hospital and Miss Barendse at Groote Schuur.

They have worked at the Uitenhage hospital for two and four years respectively.

A spokesman explained that the hospital was not short of staff — the coloured nurses were asked to work in the white ward because there was a temporary staff crisis. It had been decided to keep them there for "a while" so

that in the case of future emergencies they would know what to do, he said.

It is the first time that coloured nurses have been used for any length of time in white wards — before this they were only used for a few hours at a time when the need arose.

The spokesman emphasised there was no change of policy on the part of the hospital — the two nurses had not been permanently appointed to the white ward.

Dr P J Rossouw, medical superintendent of the hospital, said there had been no complaints from anyone.

Asked if the success of having the nurses on the ward for such an extended period might lead to black nurses doing permanent duty in white wards, he said: "It all depends on the availability of staff. If we see this works well and there are no complaints I don't see why not."

Dr Peter Vurgarellis, regional medical superintendent, said today black assistant nurses had frequently been used in white wards in the Eastern Cape, and black nurses had been used in emergencies. There was no change in policy.

"The Provincial Hospital in Port Elizabeth has more than 50 posts for black nursing staff. There is a big black ward at the Provincial. Walton Orthopaedic is predominantly a black hospital."

Nurses expect extra pay rise

CALL 71115 213/82

Own Correspondent

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PRETORIA. — Nurses expect to get a special salary deal this year in excess of the increases granted to other areas of the public sector.

This is clear from a statement issued in Pretoria yesterday by the board of the SA Nursing Council.

The board said nurses working for the State and provincial administrations would receive the announced average percentage increase granted to all public servants.

This is a reference to the statement by the Minister of Finance recently that public servants would get increases to match the inflation rate of the past 12 months.

In its statement the board said the Commission for Administration investigation into the structure of the nursing profession would be completed next month.

Further adjustments to nurses' salaries would be made following the approval of the commission's report.

"We ask nurses not to regard the present increases as the final allocation for nursing salaries," the board said.

The PFP's spokesman on hospital affairs in the Transvaal Provincial Council, Mr Sam Moss, said that unless the additional increase expected by the board was adequate, the critical shortage of nurses would become worse.

"The nursing profession must not be lumped together with the mass of administrative workers in the public service. The principle of career differentiation must be applied to the limit to ensure salary levels which will attract recruits and slow down the resignation rate."

UJERT

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(05) D. Dryhatch 2/13/82
**Nurses expect
extra pay deal**

PRETORIA — Nurses expect to get a special salary deal this year — in excess of the increases granted to other areas of the public sector.

This is clear from a statement issued here yesterday by the board of the South African Nursing Council.

Public servants, including nurses working for the state and provincial administrations are shortly to get an increase to match the inflation rate. This was announced recently by the Minister of Finance, Mr Owen Horwood.

But in its statement, the board said the Commission for Administration's investigation into the structure of the nursing profession would be completed next month and further adjustments to nurses salaries would be made following the approval of the commission's report.

We ask nurses not to regard the present increases as the final allocation for nursing salaries," the board said.

The PIP's spokesman on hospital affairs in the Provincial Council, Mr Sam Moss, said unless the additional increase expected by the board was adequate the critical shortage of nurses would deteriorate further.

The shortage in some hospitals is approaching the disaster line, he said. — DBC

REUTERS

6 8 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60

Provincial Council

**'Recruit on merit,
not colour, to fill
medical vacancies'**

(95) E. Post 5/3/82

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Post Correspondent
CAPE TOWN — The shortage of medical and nursing personnel in the Cape's hospitals could be overcome by employing people on merit and not on racial grounds, Mrs Molly Blackburn (PFP, Walmer) said in the Cape Provincial Council yesterday.

Speaking in the budget debate, Mrs Blackburn said the policy-makers should openly admit there was a real shortage of students and trained personnel and should accept applications with merit as the only yardstick.

"This is, of course, a completely natural consequence of the programme of reform that is dangled tantalisingly before our eyes from time to time," Mrs Blackburn said.

She praised all hospital staff for their services "under the most trying conditions".

An improvement in conditions could be brought

about by an end to apartheid in medical services and by proper attention to the grievances of nursing personnel.

Mrs Blackburn read in full a circular letter dated January 13, 1982, and signed by the Director of Hospital Services, Dr R L M Kotze, to all heads of provincial hospitals.

This stated: "In the recent past it has happened that certain information contained in annual reports was presented in such manner that unfavourable and unwarranted criticism was elicited from the Press."

It had therefore been decided that annual reports had to be drawn up "in a responsible manner".

Mrs Blackburn questioned the purpose of this instruction. She quoted the 1980 annual report of Livingstone Hospital in which it was pointed out that five operating theatre tables were 26 years old, "hazardous and outdated".

The report added: "The

theatre ceilings leak and this impairs sterility" and said "the peeling of paint off the walls has resulted in the harbouring of micro-organisms".

Mrs Blackburn said comments such as these were important, especially in bringing conditions to the attention of the hospitals policy-makers.

Dr John Sonnenberg (PFP, Green Point) said there were separate dental schools for whites at the University of Stellenbosch and coloured students at the University of the Western Cape. The equipment was duplicated — yet the two dental schools occupied floors of the same building.

"The country is critically short of dentists, oral hygienists and technicians. By combining two artificially-separated dental schools, more dentists would be trained less expensively with improved dental services to the community."

300	Income Statement	Dec 31:
300	Insurance Expense	
300	Bank	01, Jan 1: Insurance Expense
300	being payment of premium	
		(1) Premiums Treated as Business Expense

SOLUTION TO: GLS

Barnard hits at warning to hospitals

Circl Time 6/3/82

95

Political Staff

DR MARIUS BARNARD, chief Opposition spokesman on health, has objected to a call on heads of provincial hospitals to be guarded in drafting their annual reports.

The Director of Hospital Services, Dr R L M Kotze, instructed hospital heads in a circular on January 13 to satisfy themselves that annual reports had been drawn up in "a responsible manner"

Dr Kotze said hospital heads would in future be held personally responsible for ensuring that reports did not give the outside world "a false image" of the institutions under their control

In the recent past certain information had been presented in such a way that unfavourable and "unwarranted" criticism was generated.

'Insulting' circular

Dr Barnard, who for 10 years wrote the annual report of the department of cardiac surgery at Groote Schuur Hospital, said the circular was distasteful, insulting and seemed to query the integrity of the many hard-working doctors in provincial service.

"The circular suggests that the hospital reports in the past have been irresponsible and that they might give the world a false image of hospitals," Dr Barnard said in a statement released yesterday.



Dr Marius Barnard

"This I find a slur on the integrity and honesty of many doctors whose only aim is to serve their patients to the best of their ability," he said.

Dr Barnard said he hoped the provincial administration's medical staff would ignore the circular and that at all times the profession would uphold the ideals of medical integrity

"It would be interesting to know if this circular was supported by either the Minister of Health or his Director-General, and if this circular has been sent only to the doctors of the Cape Province and not to those in the Free State, Natal and Transvaal."

Doctors

Shortage of white nurses up in T'vaal

By JOUBERT MALHERBE

THE shortage of white nurses in the Transvaal increased by up to 22% in the last year, according to the Director of Hospital Services in the province, Dr Hennie Grove.

Speaking in Pretoria last night, Dr Grove said there was a shortage of more than 5 000 white nurses in the Transvaal. This represented a total shortage of 40%, he said.

At the end of February last year, there was an overall shortage of 3 749 nurses in the province — a 31% shortfall.

The shortage of experienced white nursing sisters had increased by 22% in the last year. In this category, the staff shortage now was 36%.

Dr Grove also announced a 1% increase in the shortage of black nurses. More than 2 000 posts in this category were vacant, he said.

The shortage of coloured and Asian nurses had de-

creased by 6% from last February but there was still a shortage of 33%.

With regard to white student nurses, the shortage was 46% — an increase of 6% over last year's shortage.

Mr Sam Moss, official Opposition spokesman on hospital affairs in the Provincial Council, called on the Government to appoint a commission of inquiry into the situation "because we are heading for a catastrophe".

The inquiry should be all-encompassing and it should recognise that race should play no role in the appointment of nurses, he said.

He called for the total integration of the nursing services in the country so nurses could be appointed where they were most needed regardless of their race.

He added: "This has to be done as a matter of urgency".

The inquiry should also investigate the working conditions and salaries of nurses in relation to the remuneration of people employed in allied medical professions.

(95) S. Times 2/13/82

Nurses 'better

NURSES would be paid as much as 89 percent more if they did a comparable job in commerce or industry, a survey shows.

In a 1982 salary survey, a sub-committee of the South African Nursing Association in Natal analysed the gap between government nurses' salaries and salaries paid by commerce.

It was found that considerable ground could be made up in salary increases.

The survey used the Peronnes salary survey method.

The report, released this week, compares the various grades of nurses with other occupations on a similar level.

Difference

The midpoint salary paid to the nurses is R264 a month.

The salary paid to their "counterparts" in commerce is R500 — a difference of 89,04 percent.

The same nurses in their second year are paid R289 and their counterparts — receptionist, telephonist and typist/clerk — earn R521, a difference of 79,97 percent.

The salary gap is reduced in the more senior positions, where there is a difference of only 6,5 percent between a senior sister's R736 pay pack-

off as clerks'

By WILMAR UTTING

et and R785 paid to a factory foreman.

The committee used only basic salaries, ignoring fringe benefits.

The study was not intended as definite — "rather, we hope it will act as a catalyst and prompt an extensive investigation into remuneration and conditions of employment for nursing staff," the report says.

"In addition, we also believe some formal appraisal method, acceptable throughout the profession, should be used in setting individual pay rates.

"The benefits of sound salary and wage administration policies and procedures cannot be underestimated, particularly at the present time, when morale appears to be extremely low," the report concludes.

Second pay adjustment ⁽⁹⁵⁾ for nurses likely this year

24/3/62 Mercury

Mercury Correspondent
PRETORIA—Nurses can expect a second pay rise later this year.

The Minister of Health, Dr L A P A Munnik, said from Cape Town yesterday that nurses would get the same percentage rise as other Government workers from the beginning of April.

However, a second pay adjustment was likely after the Commission for

the Administration had reported on nurses' earnings and working conditions.

The report was expected to be submitted during April.

Depending on the content of the report and Cabinet approval of the recommendation, a further pay adjustment based on the principle of 'professional differenti-

ation' was likely.

The minister added the commission's report could provide the background for an improvement in the serious shortage of nurses.

That the shortage is still acute is apparent from the latest statistics from Transvaal provincial hospitals.

According to the Director of Hospital Services,

Dr Hennie Grove, the shortage of white nurses increased by up to 22 percent last year.

He said of the 12 712 approved posts for white nurses only 7 590 were filled at the end of February — a shortage of 5 122 or 40 percent.

This reflected a more serious shortage than at the end of February last year.

Body 'for exchange of ideas'

Mercury Reporter

THE South African Nursing Association this week announced the establishment of a voluntary organisation, to be known as the League of Nursing Associations of southern Africa (Lonasa), to help the professional and educational development of the profession.

The president of the Nursing Association, Prof Charlotte Searle, said in Pretoria yesterday that Lonasa would provide a 'channel of communication' between nursing associations in the country.

She said membership would be entirely voluntary, and that Lonasa would be used 'to share medical knowledge and research facilities'.

'Lonasa will provide a channel of communication for the nursing associations on an inter-State level,' she said.

'It will not be used for nurses to air their grievances or to discuss working conditions or salaries.'

She said a meeting of representatives from the new organisation would be held soon.

(95)
Staw (98)
Nurses
skip food
2/4/82
at hospital

Resident nurses at Coronation Hospital in Coronationville have refused to eat at the hospital's residence since Wednesday morning in protest against the quality of the food served there.

"The service in residence is also terrible," said a nurse who asked not to be named. "Another grievance is the filthy condition of the dining-room."

She said the decision to stop eating at residence was spontaneous.

The hospital's superintendent, Dr. C. H. Kniepe, said he had not been approached by nurses about the complaint.

Smith said

Nurses ⁹⁵ walk ^{Mercury} out over pay row ^{2/4/88}

Mercury Reporter

ELEVEN nurses from the Wandeleigh Nursing Home in Springfield Road stopped work yesterday following a dispute over wages

The nurses who gathered outside the home said they had been promised a R40 increase from April 1 but when they received their wages this week the increase had not been added

They said they were paid R70 a month which had not been increased for three years. This was less than they had received while training, the nurses said

The nurses told the Mercury that they bought their own uniforms and were required to work a six day week including public holidays

The head of the nursing home said his name was 'Joe Soap' and refused to comment

Miss R J Du Plessis, the executive director of the SA Nursing Association, said there was no minimum nursing salary legislated. She said the nurses' wages would be laid down in their conditions of service.

95) Hausand Nurses
Q. 61. 567 2/4/82
452. Dr. M. S. BARNARD asked the
Minister of Health and Welfare:

How many registered nurses resigned in
each of the latest specified two years for
which figures are available?

The MINISTER OF HEALTH AND
WELFARE:

Please see Annexures 3 and 7 of the an-
nual reports of the Department for 1980
and 1981 respectively. The Department
does not possess any information regard-
ing other bodies.

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Handwritten notes: 'artificially', 'get colour down'.

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- (1) What is the size of each of the areas known as (a) Doriskraal, (b) Fingo, (c) The Gap, (d) Palmietrivier, (e) Snyklip, (f) Wittekleibosch and (g) Witte-Elisbosch;
- (2) what is the size of each area of land which was allocated to each group of persons who were removed from each of the above areas?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

- (1) (a) 896 hectares.
 (b) 1 060 hectares.
 (c) 1 088 hectares.
 (d) 565 hectares.
 (e) 2 302 hectares.
 (f) 1 542 hectares.
 (g) 163 hectares.

- (2) Doriskraal 1 130 hectares.
 Fingo 1 240 hectares.
 The Gap 1 255 hectares.
 Palmietrivier 829 hectares.
 Snyklip 2 510 hectares.
 Wittekleibosch 1 332 hectares.
 Witte-Elisbosch 179 hectares.

Doriskraal/Fingo/The Gap/
 Palmietrivier/Snyklip/Wittekleibosch/
 Witte-Elisbosch

403. Mr. E. K. MOORCROFT asked the Minister of Co-operation and Development:

- (1) How many head of livestock were owned by the communities at (a) Doriskraal, (b) Fingo, (c) The Gap, (d) Palmietrivier, (e) Snyklip, (f) Wittekleibosch and (g) Witte-Elisbosch immediately prior to their removal from these areas;
- (2) whether such livestock was moved with the communities; if so, (a) how many and (b) at what cost; if not, why not?

- (3) whether compensation was paid to owners in respect of livestock that was not moved with the communities;
- (4) how many head of livestock do the communities moved from each of the above-mentioned areas still possess?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

- (1)(a) to (g) Statistics in this respect are not readily available.

- (2)(a) to (b) A certain number of livestock was moved with the Black communities concerned. Particulars in respect of the number of livestock transported and the cost in connection with the transportation of the livestock are not readily available.

- (3) No. The people sold some of their livestock with the assistance of the Ciskei Government.

- (4) This information is not readily available.

Doriskraal/Fingo/The Gap/
 Palmietrivier/Snyklip/Wittekleibosch/
 Witte-Elisbosch

404. Mr. A. SAVVAGE asked the Minister of Co-operation and Development:

- (1) Whether the Black communities at (a) Doriskraal, (b) Fingo, (c) The Gap, (d) Palmietrivier, (e) Snyklip, (f) Wittekleibosch and (g) Witte-Elisbosch were paid compensation for (i) the land they occupied, (ii) the improvements effected by them and (iii) their houses on such land; if so,

- (2) (a) to whom was such compensation paid, and (b) what was the (i) highest, (ii) lowest and (iii) average price paid, in each case;

- (3) whether the communities concerned were consulted in regard to the amount of compensation paid; if not, why not?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

- (1)(a) to (g)(i) No.

- (ii) Yes.
 (iii) Yes.

- (2) (a) to the owners of improvements.

- (b) (i) R2 945
 (ii) R30
 (iii) R429,33

- (3) No. The valuations of improvements were undertaken by valuers of the Department of Co-operation and Development and the valuation reports were considered and approved by the former Department of Agricultural Credit and Land Tenure (now the Department of Community Development).

Doriskraal/Fingo/The Gap/
 Palmietrivier/Snyklip/Wittekleibosch/
 Witte-Elisbosch

405. Mr. A. SAVVAGE asked the Minister of Co-operation and Development:

- (1) What is the value of the areas known as (a) Doriskraal, (b) Fingo, (c) The Gap, (d) Palmietrivier, (e) Snyklip, (f) Wittekleibosch and (g) Witte-Elisbosch;

- (2) what is the value of each area of land which was allocated to each group of persons who were removed from each of the above-mentioned areas?

The MINISTER OF CO-OPERATION AND DEVELOPMENT:

- (1) to (2) As the land concerned already vested in the S.A. Development Trust and the State at the time of the removal of the people, it was not necessary to obtain a valuation of the land. It was consequently not necessary to provide compensatory land of

equal pastoral or agricultural value. A valuation of the resettlement area, being Trust owned land at that time, was therefore also not necessary.

95
 Mental health clinic: staff complement
Howard P. 566

412. Dr. M. S. BARNARD asked the Minister of Health and Welfare:

- (1) What is the full staff complement of his Department's mental health clinic in Port Elizabeth;
- (2) what was the average number of patients treated at this clinic during each of the latest specified six months for which figures are available?

The MINISTER OF HEALTH AND WELFARE:

- (1) 1 Senior Matron
 3 Senior Sisters
 3 Sisters
 1 Nursing Assistant
 1 Medical Superintendent. Elizabeth Donkin Hospital
 In addition to the aforementioned staff, the Department also makes use of seven social workers provided by the local Mental Health Society:

- (2) 2 102 patients during the period 1 June 1981 to 30 November 1981.

95
 How and *961* 566 -
 Port Elizabeth: patients who absconded

413 Dr. M. S. BARNARD asked the Minister of Health and Welfare:

- Whether any patients (a) awaiting transfer to hospitals outside the Port Elizabeth area and (b) en route to such hospitals absconded in 1981; if so, how many in each case?

The MINISTER OF HEALTH AND WELFARE:

- The Department does not keep statistics of patients who abscond before admission to hospitals in terms of Act 18 of 1973. As far as it could be ascertained only one Black patient had absconded who was later located and admitted.

Hospital turns away critically ill

12/18/82 95 2/18/82
star 19/4/82

By Pamela Kleinot

More and more critically ill patients are being refused admission to the Johannesburg Hospital because of the drastic shortage of nurses.

In some cases the hospital cannot even continue to treat critically ill people who have already been admitted. They have had to be transferred to the J G Strijdom Strijdom Hospital.

Doctors at the hospital are concerned about the deteriorating situation in the past year, which has led to the closure of many beds.

Half the wards at the 2 000-bed hospital are permanently closed because there is not enough staff to man them. Some wards were never opened.

By February this year there were 100 fewer nurses at the hospital than last year. Only 56,4 percent of nursing posts were

filled compared with 60,6 percent last year.

"The Johannesburg Hospital can no longer fulfil its role as the final referral centre for problem and critically ill patients," said a doctor.

"For many years the hospital was the last port of call for patients from all over the Witwatersrand requiring intensive care.

"The hospital has the medical staff and equipment for this purpose but it no longer has the adequate nursing back-up. "The result is that critically ill patients are being refused admission."

Dr Neville Howes, superintendent of the Johannesburg Hospital, said:

"We still have a problem with acute patients. We are concerned and making every endeavour to solve the situation."

In Pretoria the superintendent of the H F Verwoerd Hospi-

tal, Dr E van Wynngaard, said his 1 350-bed hospital had closed 250 beds in the past year because of the shortage of nurses and other manpower.

"Although we have not yet refused admission to critically ill patients we will be in trouble if things get worse," he said.

Mrs Irene Menelle, a P F P spokesman on health matters in the provincial council, said: "The crisis in hospital services is the result of an extraordinary snarl-up due to poor planning and gross maldistribution of curative medical services.

"We are faced with the ridiculous situation of an oversupply of beds and an undersupply of nurses in the white sector and in the black sector an undersupply of beds and an oversupply of staff.

"The hospital service ticks on only because of the heroism of the staff."

New coat for Louis Botha Ave

For the next four weeks Johannesburg municipal workmen will be resurfacing Louis Botha Avenue between Savoy and Orchards.

Peak hour traffic will not be affected.

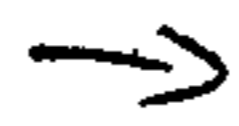
surfacing will take place only between 9 am and 3 pm.

The city engineer's liaison officer, Mr John Bates said only one lane at a time would be re-

convenience to motorists on this heavily congested route.

The stretch which will be resurfaced is between Grenville Avenue in Savoy and Garden Road in Orchards.

95 Student nurses
 Howard Q. Col. 626 19/4/82
 451 Dr. M. S. BARNARD asked the
 Minister of Health and Welfare:



627 MONDAY, 1

How many persons registered for the first time as student nurses in each of the latest specified two years for which figures are available?

The MINISTER OF HEALTH AND WELFARE:

1979	12 775
1981	12 918

Statistics for 1980 are not available. During a change-over by the South African Nursing Council to a new computer all the information in respect of students for 1980 was inadvertently erased from the magnetic tapes.

WORCESTER MUNISIPALE WERKNEMERSVERENIGING

Address: Private Bag X963
 Worcester
 6850

Telephone:

Officials:

Area of Operation: Worcester

Founded:

Registration:

(95) Howard Q.61.
Community psychiatric sisters 625-626

19/4/82
414. Dr. M. S. BARNARD asked the
Minister of Health and Welfare:

1973 - Terminates member

19 APRIL 1982

626

(1) (a) How many posts for community psychiatric sisters are there in respect of the Port Elizabeth area and (b) how many of these posts were filled by permanent full-time staff as at 31 January 1982;

(2) for what population numbers are these community psychiatric services responsible?

The MINISTER OF HEALTH AND WELFARE:

(1) (a) 10

(b) 1

(2) According to the census of 1980:

Whites 128 605
Coloureds 115 383
Asians 4 405
Blacks 241 844
Others 1 903

Supreme Court: appeals

447. Mr. P. R. C. ROGERS asked the Minister of Justice:

(1) Whether any appeals in the Appellate Division of the Supreme Court were pending as at 31 December 1981; if so, (a) how many and (b) how many of these were (i) civil and (ii) criminal appeals;

(2) how many such appeals have been lodged since 1 January 1982?

The MINISTER OF JUSTICE:

(1) Yes.

(a) 350

(b) (i) 305

(ii) 45

(2) 58 up to 18 March 1982.

et Making Industry

Industrial Council:

Registration: Yes

Founded:

Area of Operation:

Officials: Secret

8000

Cape T

P.O. B

Address:

021) 558539

Year	Membership		
	African	Asian and Coloured	White
1980			330
1979			440
1978			440
1977			440
1976			440
1975			440
1974			..
1973			440
1972			200
1971			200
1970			200
			Total

WESTERN PROVINCE SWEET WORKERS UNION

(10/11) (95) RDM 20/4/82

Munnik won't allow KwaZulu nurses to have ties with SA

Mail Correspondent

DURBAN. — The Minister of Health, Dr L A P A Munnik, is adamant that he will not withdraw the Nursing Amendment Bill which will effectively exclude KwaZulu nurses from the South African Nursing Association.

This emerged during talks in Cape Town between representatives of the South African and the KwaZulu governments.

Dr Dennis Madide, KwaZulu Minister of Health, Welfare and Pensions, said yesterday that, while the issue itself appeared to be minor, the principle embodied in the amending Bill could be a far-reaching one.

The Bill would consider the homelands not to be part of South Africa.

KwaZulu authorities fear that the controversy may signal the beginning of increased Government attempts to force independence

on the region.

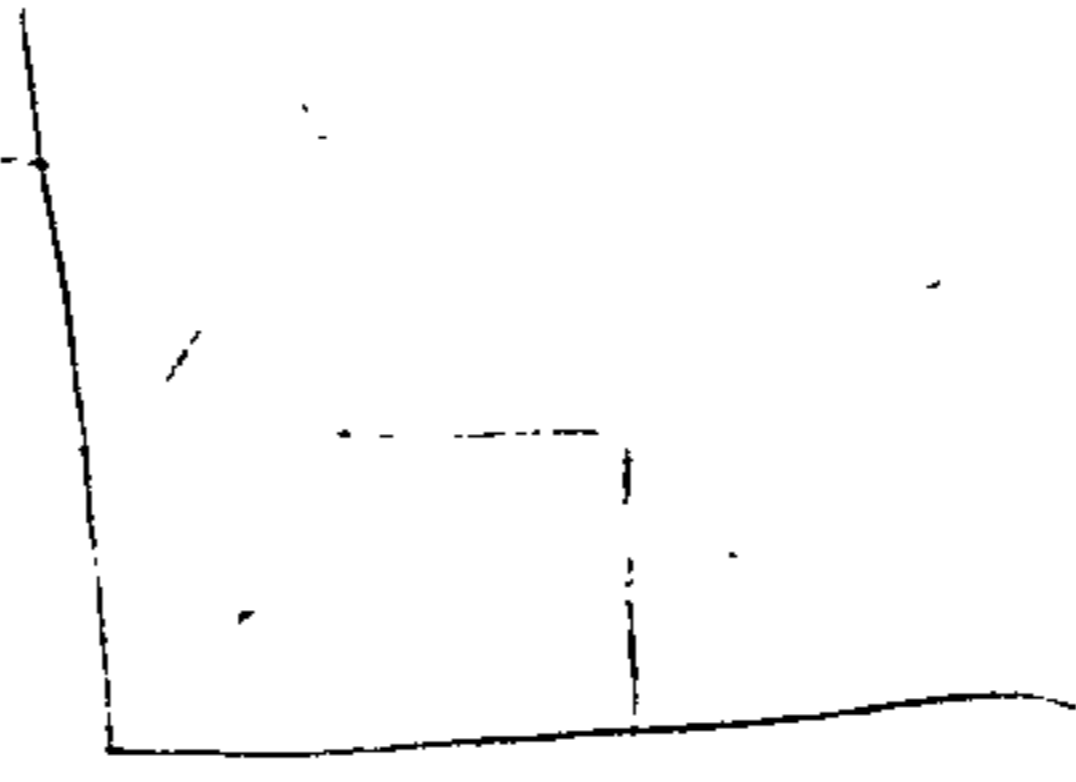
Dr Madide said it was obvious from the start that Dr Munnik had taken an "immutable stand".

He said that when it became obvious that a stalemate had been reached the KwaZulu delegation pleaded for a moratorium of between six and eight months on the issue, so that the matter could be discussed fully by the bodies concerned.

However, Dr Munnik had felt strongly that it was impracticable for KwaZulu nurses and those from the SA Nursing Association to work together amicably.

Dr Madide said Dr Munnik had been emphatic that KwaZulu nurses should form their own association.

He said KwaZulu had not been consulted before the draft Bill was introduced in Parliament.



Some what confused.
Emphasizes political non-
economic factors,
while the importance
of economic factors is
clear from his
exposition.

50%

Star 20/4/82
95 278

Nurse crisis overloads homes that can't cope

By Pamela Kleinot

Taxpayers are said to be often forced to pay for inadequate intensive care at private nursing homes because the Johannesburg Hospital cannot admit them.

Spokesmen at private nursing homes said that nursing attention was generally better because they have more nurses but they could not compete with the Johannesburg Hospital on certain levels.

It was reported yesterday that more and more critically ill patients were being refused admission to the Johannesburg Hospital because of the drastic nursing shortage.

Hospital doctors said private nursing homes can at best offer "high care treatment" but few, if any, could offer the wide range of facilities provided at the Johannesburg Hospital. None of the nursing

homes I spoke to had a resident doctor in the intensive care unit and all agreed they did not have all the "sophisticated or fancy equipment" the Johannesburg Hospital had.

One spokesman who did not want to be identified said that if it were not for private nursing homes "South Africa's health care system would have collapsed."

COPY FILE
21/4/82
95

Nurses to form new umbrella body

Political Staff

HOUSE OF ASSEMBLY
— Representatives of nurses in South Africa, South West Africa and six homelands have agreed to form an umbrella organization to co-ordinate the profession in future.

The Minister of Health, Dr Lapa Munnik, announced the decision at the end of a heated debate yesterday on the Nursing Amendment Bill in which a controversial definition gives non-independent homelands foreign status in terms of the Nursing Act.

Dr Munnik said that the nursing association had asked for the amendment and that representatives of various nursing bodies had now agreed to form a league of nursing associa-

tions in which all nurses would have equal status.

Present at the meeting last Saturday were representatives from South Africa, SWA, Bophuthatswana, Ciskei, Transkei, Venda, Gazankulu, and Kangwane. Lebowa sent an observer.

Dr Munnik said that Kwazulu had not attended the meeting and he did not know if the Kwazulu government had received its invitation.

The new organization would co-ordinate the profession between the various states involved, deal with bursaries and training and other matters.

The chairmanship of the body would rotate between the various members.

Call for...

'Naked apartheid' in nursing Bill

ARGU'S
21/4/82
95

Parliamentary Staff
THE Nursing Amendment Bill, read for the second time in the Assembly yesterday, was 'nothing more than naked political apartheid legislation in its worst form,' said Mr Graham McIntosh (PFP, Maritzburg North).

Mr McIntosh roundly condemned the Bill during the debate.

In principle the Bill provides for the establishment of separate nursing associations in the self-governing homelands.

Mr McIntosh found 'astonishing' a section of the Bill which said: 'Any area which has been declared to be a self-governing territory within the Republic shall be

deemed not to form part of the Republic.'

'How can you deem part of your country not to be part of your country?' asked Mr McIntosh.

He said the Bill would affect nurses in Kwazulu, but Kwazulu did not accept independence.

The Bill was an instrument to force apartheid on Kwazulu, and reap the fruits of independence without independence having been granted.

The Minister of Health, Dr L A P A Munnik, 'stubbornly and mulishly' insisted on inflicting 'bitter division' on Natal, and was doing more than anyone else to sour race relations in the province.

Nurses wanted to express their commitment to nursing through one association only — they were South Africans first, and Zulus, Afrikaners or any other group second.

Replying to the debate Dr Munnik said Mr McIntosh was 'selling out' the whites. The Government would continue to pass laws that fitted in with its policy.

The principle of the Bill had already been accepted a year ago, and the South African Nursing Association (SANA) had asked for the Bill to be introduced to define the boundaries of South Africa for the purposes of the principle.

Kwazulu had its own health minister and, according to the contract signed when self-government was granted, it had its own health department to manage its own health and medical affairs.

The Bill was read a second time after a division in which the New Republic Party voted with the PFP, and the Conservative Party voted with the Government.



**UNIVERSITY OF CAPE TOWN
EXAMINATION ANSWER BOOK**

Section C

EVERY CANDIDATE MUST enter in column (1) the number of each question answered (in the order in which it has been answered); leave columns (2) and (3) blank.

Nurses' food strike

ARGUS 23/4/82 95
BETWEEN 80 and 90 nurses staged a breakfast stayaway at Somerset Hospital today — apparently as a protest against catering at the hospital. Dr Bank and his senior staff will meet them again. 'I cannot understand why they did not make a formal complaint before staging the stayaway,' said Dr Bank. 'The doors are always open to them to register complaints of any kind.'

At
P
N

Surname

First name

Date

Degree/Diploma/Certificate for which you are registered (e.g. B.A., B.Sc.)

Subject

(to be copied from the heading on the Examination Paper)

Paper No.

(to be copied from the heading on the Examination Paper)

	Internal	External
(1)	(2)	(3)
1b	2	
2a	5	
Examiners' Initials		

NOTE CAREFULLY

- The answers only on the right hand pages will be marked. The left hand pages may be used for rough work, but no credit will be given for such work.
- Enter at the top of each page and in column (1) of the block on this cover the number of the question you are answering.
- Blue or black ink must be used for written answers. The use of a ball point pen is acceptable. Red or green ink may be used only for underlining, emphasis or for diagrams, for which pencil may also be used.
- Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book(s) are used.

WARNING

- No books, notes, pieces of paper or other material may be brought into the examination room unless candidates are so instructed.
- Candidates are not to communicate with other candidates or with any person except the invigilator.
- No part of an answer book is to be torn out.
- All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University

Don't exclude black nurses, says NCW

95
101

stau
23/4/82

By Colleen Ryan

The National Council of Women of South Africa has called on the Government to withdraw the Nurses Amendment Bill because it discriminates against the majority of black nurses.

In a resolution made at yesterday's conference of the NCW, the council said, it "protests the discrimination of nurses on the grounds of race by the SA Nursing Association."

The NCW sent a telegram to the Minister of Health, Welfare and Pensions, Dr L A P A Munnik, yesterday requesting the Bill be withdrawn. A letter has also been sent to the SA Nursing Association deploring the discrimination.

In another resolution made yesterday, the NCW called on the Government to provide safe drinking water for all South Africans.

"The need for this has been highlighted by the present outbreaks of cholera, typhoid and tuberculosis," said Dr K N Ginwala, NCW health committee member.

"The national health budget is now R1 000 million a year, but only 5 cents in each rand is spent in the prevention of disease," she said.

"To maintain a very basic need of minimal health, there are four conditions and safe drinking water is the most important provision."

Nurses may get more cash

95 RMM
23/4/82

By GERALD REILLY

THE Commission for Administration is expected to recommend big improvements in nurses' salaries and service conditions to the Minister of Health, Dr L A P A Munnik, next month.

The commission is rounding off an intensive investigation which involved memoranda from about 700 institutions, hospitals, the SA Nursing Association, the SA

Nursing Council and from individuals

Nurses are hopeful the commission will recommend a second salary increase this year, on top of the 15% granted them from April 1.

The investigation was sparked off by the acute shortage of nursing personnel in provincial hospitals, particularly in the Witwatersrand-Pretoria areas.

The report will, it is under-

stood, recommend increased earnings and greatly improved service conditions in an effort to compete with other occupations which attract girl matriculants.

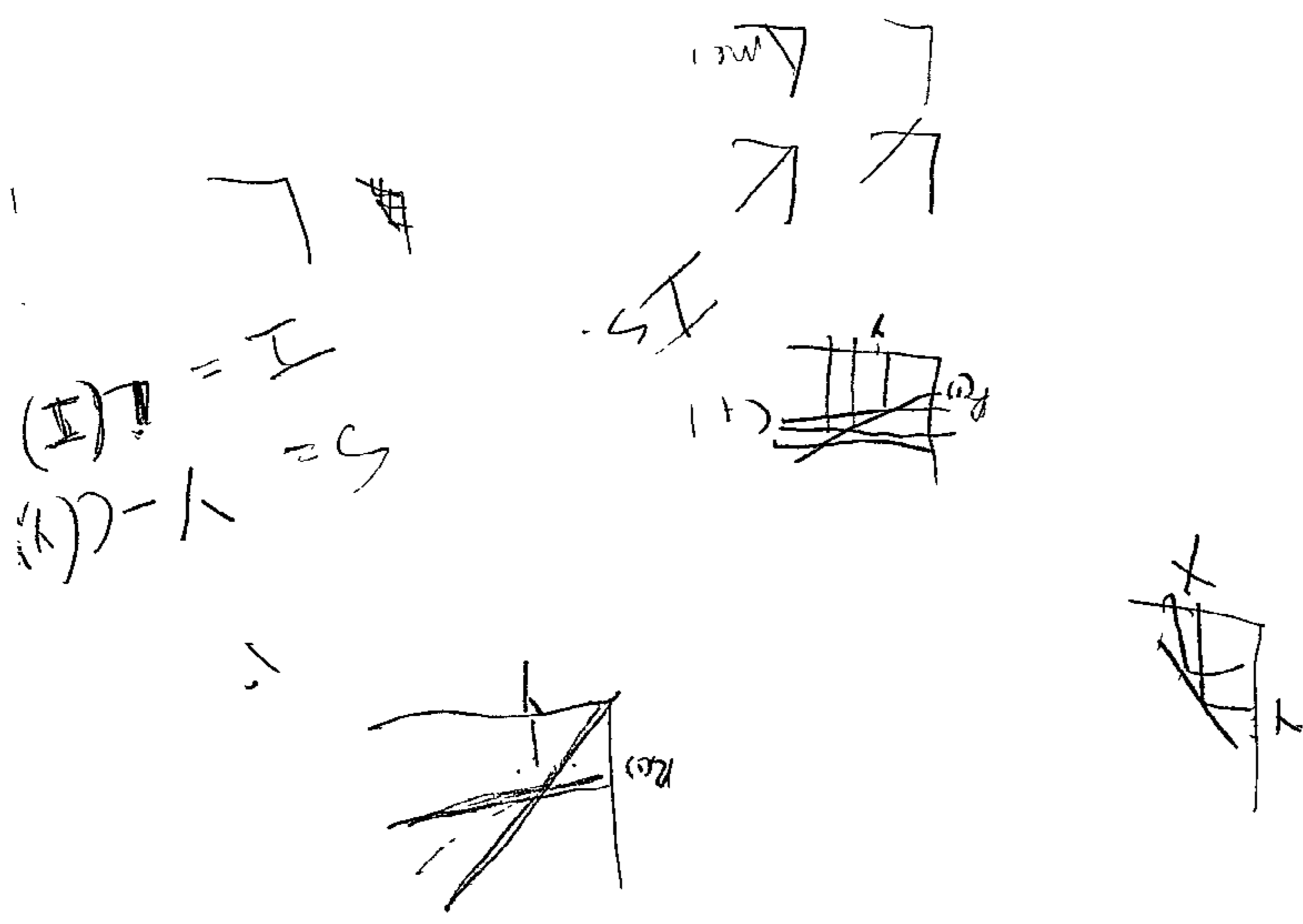
PFP spokesmen have warned during the past five years that the country is running headlong into a situation where it would be impossible adequately to care for all the sick.

The huge R153-million

2 000-bed hospital in Johannesburg is unable to accommodate all the critically ill patients who seek admission.

More than half the beds in the hospital have been closed, and there are 100 fewer nurses now than there were a year ago.

The PFP's health spokesman in Parliament, Dr Marius Barnard, says a raising of the ban on blacks nursing in white hospitals would greatly ease the shortage.



Universities have role in new nurses' status

95. E. Post 2/14/82



The president of the SA Nursing Association, Professor CHARLOTTE SEARLE, who was awarded an honorary doctorate by UPE.

Weekend Post Reporter

THE unique decision by South African universities to cover all professional nursing education would set an international pattern for nurse training, the president of the South African Nursing Association, Professor Charlotte Searle, said in Port Elizabeth yesterday.

Professor Searle was speaking at the University of Port Elizabeth graduation ceremony, where she was awarded an honorary doctorate in nursing.

Family and friends watched as the Vice-Chancellor of the university, Professor S J Schoeman, capped 200 graduates at the annual ceremony. Nine other people were awarded doctorates.

Professor Searle said it had taken 100 years for nursing to be put on a sound educational footing because of the apathy of the community. She wanted to thank those universities who had seen

the great need for university courses to prepare the leaders in the nursing profession.

By 1983, 15 universities would be offering degree courses for nurses.

She said the universities had also enabled South African nurses to play an important role in international health services. They had recognised that the nurse needed to have an in-depth knowledge of "the many dimensions of the science and art called nursing".

The nurse was the centre of the whole health system.

Other Western countries were now following South Africa's example to fight against the many health problems facing their societies.

Professor Searle said she hoped that universities would now help nursing to take on new meaning by assisting nurses to see a new social significance in their role.

Nurses earn less — crisis fears deepen

By ADA STUIJT

NEWLY-APPOINTED part-time nurses in all Transvaal Provincial Hospitals are now being hired at 35c/hour less than they were before — in spite of the chronic nursing shortage.

Hospital superintendents yesterday said they feared this will only increase the already chronic shortage — especially on the Witwatersrand.

At the Johannesburg Hospital alone, 1 500 out of 2500 beds remain unused because of a 60% shortage of nurses.

And to add insult to injury, medical staff will have to pay more than double for their meals at provincial hospitals from May 1 — although nurses will still get their tea and sandwiches supplied at the previous rate.

From April 1, part-time nurses are hired at R4,15 an hour instead of the previous R4,50, the Director of Hospital Services, Dr Hennie Grove, said yesterday.

"Those nurses now working at the part-time rate of R4,50 an hour will still get that rate.

"Part-time nurses appointed after April 1, will be hired at R4,15."

The shortage — caused mainly by low salaries — has meant part-timers often represent more than half a hospital's nursing staff, a superintendent said yesterday.

Although full-time nursing salaries were raised 15% last month — and another pay increase has been hinted at by the Minister of Health, Dr L A P A Munnik recently — several superintendents said the crisis would persist until salaries were raised to "realistic levels".

But, Dr Grove said, nurses will still get their traditional tea and sandwiches from the hospitals at R5 a month — despite his directive to the contrary last week.

"After we heard from quite a few hospital administrators that their nursing staff morale would be lowered considerably if we changed this tradition, a directive rescinding this was sent out at once," he said.

What was adapted to match the province's expenses, however, was the R5 a month all medical staff used to pay for one daily meal at all the provincial hospitals.

Daily meal will now cost a total of R12 per month for all medical staff, Dr Grove said.

"This means that the medical staff will now pay about 40c per meal, which is still heavily subsidised and certainly very inexpensive as compared to meals available at restaurants," he said.

Hospitals

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Black Allied Workers Union
Black Municipal Workers Union
Bloemfonteinse Munisipale Werkemmersvereniging
Cape Town Municipal Workers Association
Cape Divisional Council Workers Union
Durban Integrated Municipal Employees Society
Durban Municipal Employees Society
General Workers Union
Johannesburg Municipal Combined Employees Association
Johannesburg Municipal Employees Association
Kaffaria Divisional Council Employees Association
Kimberley Municipal Coloured Workers Association
Lady Smith Indian Municipal Employees Society
Munisipaliteit Vredenburg-Saldanahse Werkersvereniging

Public Administration and Defence, Sanitary and Similar Services

COMMUNITY, SOCIAL AND PERSONAL SERVICES

Nedbank Staff Association
National Union of Bank Employees of South Africa
S.A. Bank Employees Union
S.A. Society of Bank Officials
Volkskas Amptenare Vereniging

Political Lock-out

FM 30.4.82

The highly contentious issue of SA pressure on non-independent homelands to opt for independence has been brought to the boil again by the Nursing Amendment Bill, read in Parliament two weeks ago.

The essential change from existing legislation is that "every non-independent self-governing state" must now create its own nursing association. This will effectively exclude these territories' nurses from membership of the SA Nursing Association (Sana) although nurses of all races practising in the area falling under the jurisdiction of the SA Parliament will have to be members.

Enos Mabuza, chief minister of KaNgwane, reacted to the Bill in no uncertain terms: "We are opposed to it as it is an indirect way of pressurising us into political independence. It will pave the way for other statutory professional bodies to be cut off from the main SA body."

KaNgwane — the political future of which remains uncertain as the debate about its possible incorporation into

the ... of ... belonging to S ... all other nurses practising in SA"

Madide met Health Minister Lapa Munnik on April 16 to ask for the withdrawal of the Bill, but met with blank refusal.

Over and above this, Madide claims that SA has not honoured an agreement signed

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\$	933		
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*	933		
*	933		
*	..		
*	933		
*	..		
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	Total	White	
			bership

ASSOCIATION OF S.A.

... we may be witnessing a change of strategy in the achievement of de facto independence for those areas of SA which are inhabited by blacks — that is, legislating them out of SA piece-meal."

Sana's attitude to the issue, as articulated by its executive director Ralie du Plessis, clearly follows SA government policy.

"The Nursing Amendment Bill merely clarifies the situation," she told the FM. "The Nursing Act has a provision which says that every member practising professionally in SA must be a registered member of Sana."

"The moment a homeland accepts the principle of its own legislative assembly and own Minister of Health, it accepts responsibility for making laws applicable to its own people. Self-governing states cannot make laws for other states and by the same token laws made by the SA government are not applicable in self-governing black states."

"Sana's function is to look after the interests of SA nurses. We cannot speak for nurses from non-independent homelands because we would be interfering in the affairs of another state."

But despite the fact that the Bill seeks to compartmentalise nursing associations, Sana is involved in moves to create a League of Nursing Associations of SA (Lonasa).

A preliminary meeting was held on April 17 attended by delegates from Bophuthatswana, Transkei, Ciskei, QwaQwa, Venda, Gazankulu and a representative from Lebowa who came in a personal capacity. Du Plessis says that Lonasa — aimed at assisting self-governing and independent homelands with professional development — will be established before the end of the year.

Registration: Yes
 Founded:
 Area of ()
 Official:

Address:

1980	Year
1979	
1978	
1977	
1976	
1975	
1974	
1973	
1972	
1971	
1970	

How can I pay back R400? asks one 'victim'

Bungle sees nurses overpaid

W/L ARGUS 1/5/82 95

A BUREAUCRATIC bungle has resulted in 25 local hospital nurses being overpaid for a year and one woman claims she will have to repay almost R400 to the authorities.

BY SYLVIA VOLLENHOVEN

A Day Hospital nurse, who did not want to be named, said news of the pay cuts came as "a horrible shock."

"Suddenly this week a few of us were told we had to go to a meeting with the secretary (of the Day Hospitals Organisation) because we had been overpaid for the past year.

"I just couldn't believe it. I can just about survive on my salary as it is. How am I going to pay back R400?"

"RAW DEAL"

She said they had been paid the wrong salary since their annual increases on April 1 last year.

"Why do the nurses always get such a raw deal? As if the poor pay

and impossible conditions are not enough to cope with.

"Repaying them is going to mean kissing goodbye to our April increments."

A spokesman for the Provincial Administrator's department of hospital services explained that the 25 nurses — most of them from the Day Hospitals — were victims of an incorrect salary adjustment in April last year.

According to a circular sent to the hospitals at the time, only the salaries of nurses who had the three basic nursing qualifications had to be adjusted.

However, at some hos-

pitals the authorities assumed the pay hikes also applied to people who had one or more post-basic qualifications. They are the nurses now affected.

"They met the secretary on Wednesday and they were told they could offer any amount as repayment," said the spokesman.

He said the nurses could work out the instalments so that only part of this year's increment was "lost."

He said tax directives would be sent to the Receiver of Revenue and the nurses who had paid too much tax would get their money back.

SISTERS

This is not the first time nurses have been ordered to repay rises: Last year some coloured sisters and radiographers had to pay back part of their increments — about R50 each. If they had not, they would have been better off than their white counterparts.

This week, there were reports of pay cuts of up to 30 percent for nurses in the Transvaal. However, the South African Nursing Association says there is much confusion over the issue and they plan to take it up with the authorities.

Industrial Workers Union.
Shouldlike Personeelvereniging.
Association.
Transport Employees Union.
Workers Union.
Municipal Transport Workers Union.
Employees Union.
S, Dressmaking and Furriers Industrial Employees Union.

G.A. van der Walt
H.J. van der Wath
J.A. van Wyk
D. Varner
G.R. Verdon
F.M. Wallis
M.M. Walters
R.W. Ward
N.F. Wareham
H. Wierzbowski
F.P. Williams
G. Zint (Organizer)
O. Zuma
The Officials of
Bloemfonteinse Mun
ESCOM Workers ASSO
Golden Arrow Office
Mine Coloured Staff
Municipaliteit Vrec
S.A.R. & H. Black E

New deal for nurses includes higher pay

915 star 1/5/82

Own Correspondent
Salary increases for nurses, to take effect on October 1 were announced last night by the Minister of Health, Dr Munnik.

At the annual dinner of the South African Nursing Association in Pretoria last night, Dr Munnik said the improved salary scales were particularly aimed at keeping nurses and at recruiting new ones in areas in which there were serious staffing problems.

Dr Munnik also announced:

- A uniform rationalised rank and post structure to replace the present diversity of

post levels and designations.

- The creation of higher grade nursing management posts, where justified.

- A salary adjustment on the new standardised salary scales for nursing staff who measure up to the post-level requirements in terms of work performance and qualifications.

- A uniform norm for the provision of nursing posts to meet the needs of patients and clients.

Although the general investigation had been completed, there were still some matters to be rounded off and

this would take time, Dr Munnik said.

Effective and standardised task allocation of nursing staff on various levels would be an important result of the rationalised post structure. It would also make it possible to structure the training of nursing staff in terms of the needs and requirements attached to each level.

The uniformed structure would entail replacing the present 20 posts by 11 posts and 12 standard designations would replace the present ones of which there were more than 40.

Regist
Founde
Area
Offic

Address: P.O. Box 225 Telephone: (041) 28751

Year	Membership			
	African	Asian	Coloured	White
1980			48	48
1979			42	42
1978			42	42
1977			47	47
1976			47	47
1975			43	43
1974			42	42
1973			30	30
1972		
1971		
1970		
			Total	

PORT ELIZABETH TRAMWAY OFFICIALS AND SALARIED STAFF ASSOCIATION

Nurses to get better wage scale in October

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PRETORIA. — Improved salary scales for nurses would be introduced later this year, the Minister of Health and Welfare, Dr L A P A Munnik, said last night.

He said the new wage structure would be implemented on October 1.

What was proposed was "rationalized rank and post structure" for nurses and the creation of higher graded nursing management posts.

Dr Munnik said he hoped this would ameliorate the problem of recruiting and retaining staff.

Although the investigation had been completed, there were still some matters that had to be "rounded off" which would take time, he said.

Salary adjustments would also be made to fit in with the new standardized scales "for nursing staff who measure up to the requirements attached to the post levels in terms of work performance and qualifications".

"The particulars of the salary adjustment have still to be worked out but it is clear at this stage that the size of the salary improvements will vary from level to level and even within the same level."

The new dispensation entails a new post structure consisting of 11 levels (in place of the present 20) and 12 standard designations (in place of the present more than 40).

"The various roles and directions in which nursing staff are utilized by departments and administrations will be accommodated by a system of institutional designations which will be applied by departments and administrations within the framework of existing measures for co-ordination.

Registration
Founded:
Area of Oper
Officials:

28 Daphne Crescent
Woodlands
Mitchells Plain

Telephone:

Year	Membership			
	African	Asian	Coloured	White
1980				50
1979			50	50
1978			50	50
1977			50	50
1976			50	50
1975			50	50
1974		
1973			50	50
1972				
1971				
1970				
				Total

GOLDEN ARROW OFFICIALS STAFF ASSOCIATION

2/5/82

Foreign nurses 'feel misled'

SOME nurses who came to South Africa from wintry Europe to claim "sunny rewards in the Golden City's, newest, most modern hospital" feel they have been misled.

The Sunday Express found dissatisfaction in interviews with some of the latest recruits to the Johannesburg Hospital.

However, hospital superintendent Dr Neville Howes said he had received only 'positive' feedback from staff recruited in a five-week drive overseas last year.

He said more nurses were daily 'trickling' into the hospital since the campaign in Britain, Ireland and West Germany.

Dr Howes, along with a matron and a senior TPA administrative official, spent June and July interviewing applicants in Frankfurt, London, Manchester, Edinburgh, Cardiff and Dublin.

Dr Howes said: "About 30 applicants, including a couple of radiographers — 25% of those we recruited — have arrived."

He interviewed more than 300 candidates and signed up 120 applicants — mostly from London and Frankfurt. The qualifications of another 80 are being evaluated.

The 2 000-bed hospital has half its wards closed because of a 45% staff shortage and TPA policy does not allow black nurses to work in

By ANTHONY HARDING

white hospitals.

The immigrant nurses said they were enjoying their new jobs but were not happy with general living conditions. They also complained of being misled by extravagant promises of good living at low cost.

One nurse said she had written home to warn others not to follow.

The campaign was widely advertised for six months in the London Daily Mail, Nurs-

ing Times and Nursing Mirror.

A Daily Mail advertisement said: "You will have a high standard of living in South Africa and a low personal taxation, so the salaries we offer go a long way. The rand now has the buying power of the pound and average living costs are 30% lower than the UK, adding up to a good lifestyle."

But they are finding that the cost of living here is about the same, while their salaries are lower. They cannot afford a flat.

Dr Howes strongly disputed that the cost of living was the same but conceded "obviously things have changed". Some recruits had told him they could not "believe the cheapness of it".

He pointed out that staff accommodation at the hospital cost R26 a month, whereas one sister had paid £60 a month, meals excluded, for this in Britain.

Some of the applicants came to South Africa on contract or independently, while others followed boyfriends with jobs.

- POLITICAL
- 157 Electrical and Allied Workers Union of S.A.
 - 14 Engineering and Allied Workers Union
 - 65 Escm (Cape Western Undertaking) Salaried Staff Association
 - 158 Escm Salaried Staff Association
 - 159 Escm Workers Association
 - 160 Escm Workers Association
 - 31 Explosives and Chemical Workers Union
 - 161 Farmworkers Union
 - 162 Federated Mining Explosives and Chemical Workers Union
 - 163 Food and Canning Workers Union
 - 5 Food, Beverage and Allied Workers Union
 - 66 Funeral Undertakers Union
 - 67 Furniture and Allied Workers Industrial Union (Natal)
 - 164 Furniture, Bedding & Allied Workers Union of South Africa
 - 68 Garment Workers Industrial Union (Natal)
 - 69 Garment Workers Union of South Africa
 - 70 Garment Workers Union (Western Province)
 - 165 General and Allied Workers Union
 - 166 General Workers Union
 - 167 General Workers Union of South Africa

Luxury flats to house nurses

18/5/74
Sta 95

By Joao Santa Rita
The Transvaal Provincial Administration has taken over a block of luxury flats in Hillbrow to provide accommodation for nurses.

But, according to a spokesman for the administration's works department, at the moment there are no plans to expropriate other buildings in Johannesburg.

He confirmed that the Hillbrow block of flats had been expropriated and is to be used by the hospital services to house nurses.

"If the State requires a certain building then we can force the owner to sell according to the Expropriation Act No 63 of 1975," he said.

More than 150 people living at Golden Oaks, a block of 161 flats on the corner of Claim and Yettah Streets, have been given one month's notice to vacate the flats

Mr Ronald Halliday, one of the tenants of the Golden Oaks, was on a three-month lease but when it expired at the beginning of April he was given only one-month's lease

On Friday they told us we had to leave because the building is going to be used to house nurses" he said.

A notice in the foyer signed by Mr D M Ward, director of Darryl Investment Company, states that because the building had been expropriated the company had no alternative but to ask the tenants to vacate it by 9 am on June 1 1982.

The director of the Transvaal Hospital Services was unavailable for comment.

The manageress of the Golden Oaks, who declined to be named, said some tenants had been upset and had threatened legal action.

Welders

S

Products

Chemical & Chemical Products, Coal, Rubber & Plastic Products

Black Allied Workers Union

Cape Explosives Industrial Workers Union

Chemical and Allied Workers Union

Chemical Workers Industrial Union

Chemical Workers Union

Durban Rubber Industrial Union

Engineering and Allied Workers Union

Engineering Industrial Workers Union of S.A.

Federated Mining, Explosives and Chemical Employees Union

Industrial Salaried Staff Association

General Workers Union

Metal and Allied Workers Union

National Union of Engineering, Industrial & Allied Workers

National Union of Motor Assembly & Rubber Workers of South Africa

S.A. Chemical Workers Union

South African Allied Workers Union (SAAWU)

Steel, Engineering and Allied Workers Union

Umbogintwini Industrial Workers Union

Weskapse Plofstof & Chemiese Operateursvakbond

Non-Metallic Mineral Products

Building, Construction and Allied Workers Union

Glass & Allied Workers Union

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Nurses to ~~take over~~ city flats

By ADA STUIJT

TRANSVAAL Hospital Services has bought a R2 500 000 Hillbrow flat block — and its 200 residents have been given 30 days to make way for white senior nurses who will pay R23 a month for accommodation normally costing R280.

The 162-unit Golden Oaks flat block, on the corner of Claim and Yettah Streets, has luxurious, fully-furnished one-bedroomed flats.

The block is equipped with a swimming pool and sauna baths.

The flats will be strictly for the use of white senior nurses working at Johannesburg and J G Strijdom Hospitals.

Black senior nurses from nearby Hillbrow Hospital will not be accommodated in the flat block, said the Director of Transvaal Hospital Services, Dr Henne Grove.

Nurses will begin moving in from June 1, he said.

Meanwhile, Golden Oaks' 200 residents — mostly immigrants — are frantically trying to find new accommodation.

They were told last Friday to vacate their flats by June 1.

The director of Golden Oaks, Mr D M Ward, said residents had been given 30 days notice — but those requesting it had been given alternative accommodation in the company's two nearby residential hotels, he said.

"People lived there at a month-to-month basis, but even so, it came as quite a surprise," he said.

"There was quite a furore when we gave all of them notice to vacate the building within thirty days," he said.

And the MPC for Hillbrow, Mr Simon Chilchik, yesterday appealed to the provincial administration to give the residents at least six months' notice instead of 30 days. He said that while he appreciated nurses should have such perks, it would have been better to pay nurses higher salaries according to their skills.

"What I find particularly appalling is that the nurses' accommodation is purchased at the expense of other residents, who now find themselves homeless," he said.

Johannesburg Hospital's own three-tower accommodation, now completely occupied, is for junior and student nurses.

But Golden Oaks will house senior, fully-qualified nursing staff.

The flats were expropriated by the Transvaal Provincial Administration's Works for about R2 500 000, according to Mr L C van der Linde, Adjunct-Director of the Transvaal Works Department.



Golden Oaks, purchased for R2 500 000 to house white senior nurses from Johannesburg and J G Strijdom Hospitals. They will pay R23 for R280 luxury accommodation.

Picture: PIERRE OOSTHUYSEN

Bill 'unwelcome' to black nurses

CANC tried 14/5/82 (95)

HOUSE OF ASSEMBLY. — A bill which opposition members said was unwelcome to black nurses was read a third time yesterday.

77/78 and with

The Nursing Amendment Bill was described by Mr Ray Swart (PFP Berea) as being clearly designed to deprive nurses in self-governing states of their right to belong to the South African Nursing Association and to compel them to form their own ethnic nursing association.

Mr Derrick Watterson (NRP Umbilo) said neither Kwazulu nurses nor their minister of health wanted the legislation.

Mr Watterson said: "I believe that if, as a consequence of the application of this bill, the nursing services of Natal and Kwazulu generally deteriorate, the minister will have to accept full responsibility."

In time to come, the South African Nursing Association would regret the legislation "because their sister associations overseas are going to crucify them for having cast aside their black sisters of mercy".

Replying to the debate, Dr Munnik said nurses had no rights when it came to membership of the association which was forced on them by legislation.

If the nursing services of any self-governing state deteriorated, the blame would be laid at the feet of the minister of that state.

"I don't take responsibility or the blame." The bill had been requested by the South African Nursing Association and he listened to them rather than to "box politicians" — Sapa

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1980/81
Report
Fosatu Annual

Year	Membership			Total
	African	Asian and Coloured	White	
1980				460
1979				445
1978				..
1977	30	347		377
1976	21	201		222
1975	26	305		331
1974	28	294		322
1973	98	320		418
1972				
1971				
1970				

JEWELLERS AND GOLDSMITHS UNION

Salary

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Provincial Staff

AFTER the nurses' salary increase from April 1981, 51 nurses at four Cape hospitals had been overpaid, and these amounts were being repaid in instalments "suiting their individual finances."

This information was given by Mr Piet Loubser, MEC in charge of hospital services, in reply to questions by Mrs Di Bishop (PEP Gardens).

The overpayments varied from R45 to R800.

Acoustics Laboratory independent of any department.

There seem to be two main alternatives: to give the Unit a status similar to that of the Faculty (similar to that of the Education Faculty, in this Faculty. If the latter title for the department would be Education".

to the procedure for financing the Unit or Department.

Universities newly established have because competition for funds to quite inadequate financial support.

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that careful consideration be given to the location of the Unit in

sum of R25,000 being required over this two-year period;

this post and related expenses for the first two years from the

that the Expenditure and Development Committee consider funding

as appropriate by Senate (P.C. 199, 16.9.70).

The duties of the incumbent are to be among those already accepted

Unit at the University of Cape Town be the creation of a senior

that the first step towards the development of a Teaching Methods

lectureship in "University Teaching Methods" or "Higher Education".

In the light of these considerations the Committee of the Academic Staff Association makes the following recommendations:

"The Academic Staff Association strongly supports the resolution taken at the 1973 U.P.A.S.A. Conference on University Teaching urging each South African University that has not already done so to set up Departments or Units to conduct research and communicate information on higher education, and requests this University to act upon Senate's decision (P.C.222 3.11.71) that a post of "Research and Teaching Officer" be created, and to consider the relationship between this post and that of Director of Television."

* the resolution taken at our Annual General Meeting in June of this year, which reads as follows:-

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reach ^{AR6 aS} 12/5/82

pay parity

Provincial Staff 95

IT would cost R5 966 495 for the Cape Provincial Administration to pay equal salaries to all nurses regardless of colour.

This was the figure given in the council yesterday by Mr Piet Loubser, MEC in charge of hospital services, in reply to a question by Dr John Sonnenberg (PFP, Green Point), Opposition spokesman on hospital services.

Mr Loubser said that in the case of coloured and Indian nurses parity had been reached to the rank of staff nurse.

In the case of black nurses parity had been reached to the rank of senior matron.

Nurses: Call to write off pay error

Provincial Staff

MRS DI BISHOP (PPP, Gardens) appealed to Mr Piet Louber, the MEC in charge of hospital services, to write off an amount of almost R25 000 which was paid to 51 nurses at four hospitals in the Cape in a "bureaucratic error."

"The MEC has asked that the public's trust in the hospital services be maintained," Mrs Bishop said.

"Publicity of bureaucratic mistakes in calculating hospital staff salaries does not contribute towards maintaining this trust."

"To err is human, but repeated errors which create resentment in the victims should be handled with great sensitivity."

Earlier this week Mr Louber told the Provincial Council a miscalculation of increases between April 1 1981 and March 31 this year resulted in 51 nurses being overpaid R25 579, which they had to repay.

The overpayments ranged from R45 to about R800.

Mrs Bishop said: "This type of bungling creates ill-will and does not serve to enhance any staff recruiting drive."

95

"A gesture of goodwill would not be misplaced. The amount constitutes 0,005 percent of the hospital budget and I appeal to him (Mr Louber) to write off this amount."

Speaking in the Provincial Council during the debate on the hospital vote, Mrs Bishop also said that black nurses were urgently needed in Cape Town's hospitals to improve communication with black patients.

She asked when normalisation in the employment of nurses, irrespective of their colour, could be expected.



Mrs Di Bishop

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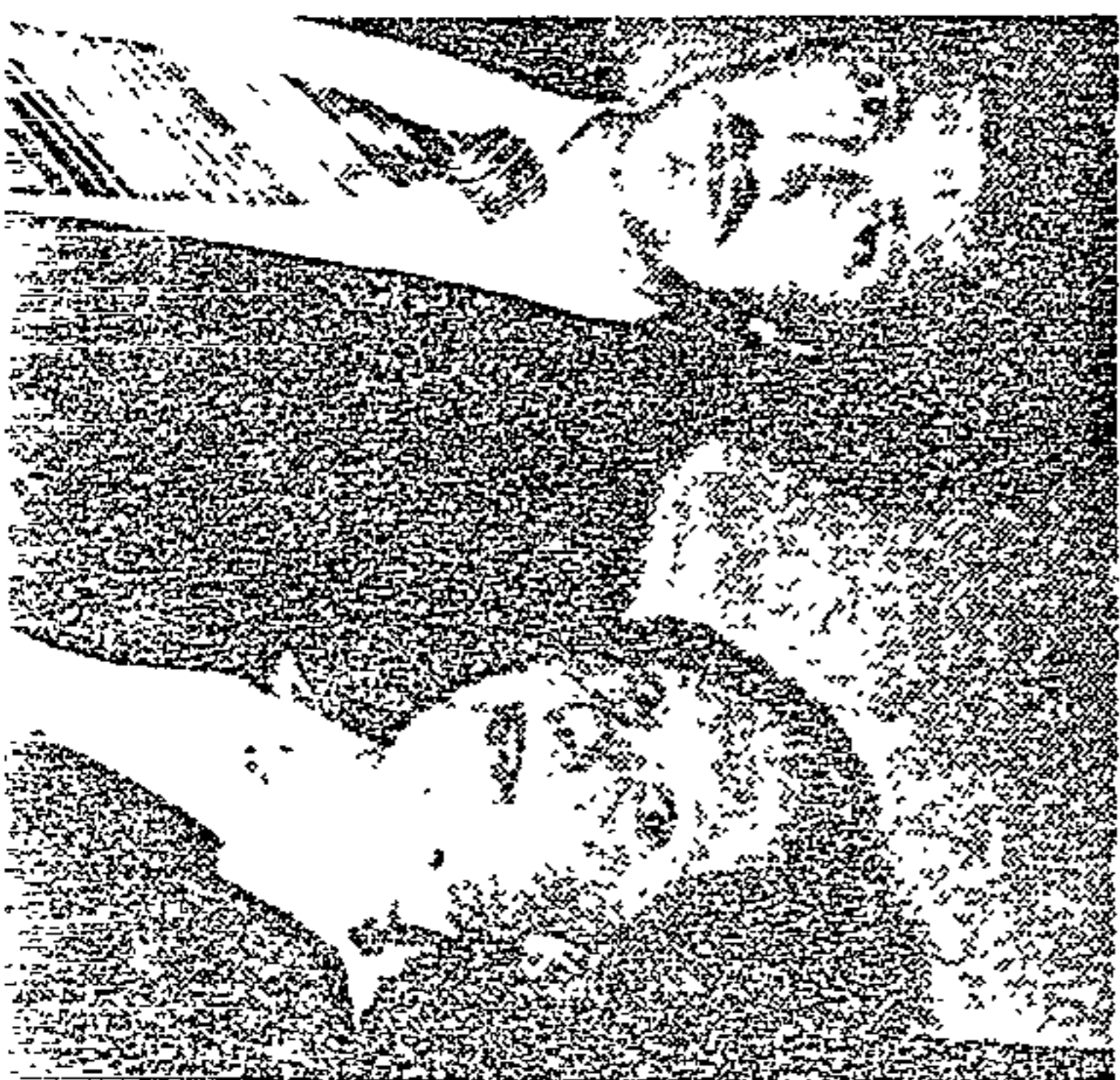
PIK, HARTZENBERG 'ALMOST RESIGNED'

By Bruce Cameron
Political Staff

TWO Cabinet ministers reached the point of resignation in the past four years when National Party unity reached breaking point over the Information scandal and the Craven Week schoolboy rugby debacle.

Mr Pik Botha Minister of Foreign Affairs, was prepared to resign in September 1978 because he disagreed with the handling of the Information debate which he compared to the United States Watergate crisis.

And Mr Ferdie Hartzenberg, who left the Cabinet with Dr Andries Treurnicht, earlier this



SEE YOU

BERNARD MOMSEN SAYS:

• WE WILL IMPROVE YOUR TRADE-INS

• THE KEY TO SEE US IN NEGOTIATION DEAL

• WE ARE THE BEST

TELEPHONE NO. 47-1080

501 MAIN OBSERV 15 LANS

I could be the true Messiah

AGUS 21/5/82

165 blacks apply for training as nurses

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Provincial Staff

A TOTAL of 165 blacks living in Cape Town applied this year for training as nurses, but none has been accepted as yet.

Answering questions by Mrs Di Bishop (PFP, Gardens) in the Provincial Council, Mr Piet Loubser, MEC in charge of hospital services said only Livingstone Hospital in Port Elizabeth and Kimberley Hospital trained black nurses.

Mr Loubser said 44 applications by blacks living in Cape Town were received at Livingstone Hospital, three at Kimberley Hospital, 26 at Groote Schuur, 25 at Conradie in Pinelands, 37 at Somerset in Green Point, and 30 at Tygerberg in Parow Valley.

BEST ONLY

None of the other training hospitals had received applications, and to date none of the 1982 applicants had been accepted.

Mr Loubser said the three applicants at Kimberley had been eliminated as "only the best were appointed," and the applications received at Livingstone were still being processed.

"As the other hospitals do not train blacks, the applicants were advised either to apply to Livingstone or Kimberley hospitals, or alternatively to obtain from the nursing association details of training facilities for blacks at other centres," he said.

Answering questions by Mr Herbert Hirsch (PFP, Sea Point), Mr Loubser said that last year 204 black, 855 white, 846 coloured and 19 Indian student and learner nurses were accepted for training.

Bara nurses continue boycott

By WILLIE BOKALA
CONFUSION still reigned at the Baragwanath Hospital yesterday following a call by nurses and other workers to boycott food at the hospital's canteens.

While the general feeling was that the boycott was going well, senior nurses were reported to be against it and urging juniors to end the boycott.

The decision to boycott the canteens was

reached at a meeting attended by about 150 staff members last week.

The staff complained about conditions at the hospital, including cases where nurses and other workers had been dismissed unfairly, while others had been unjustly victimised. It was also said that the food served to staff at the hospital canteens was "dirty".

The boycott followed a day after workers at the hospital's laundry

went on strike complaining about pay and working conditions.

Nurses interviewed yesterday said food was being boycotted but then refused to discuss the counter campaign, said to be waged by hospital authorities and other senior and "loyal" staff.

The Health Workers Association, a multiracial organisation formed

to secure better pay and working conditions for staff, has drawn up a petition calling on the authorities to settle workers' grievances.

Notices are being placed on doors and walls calling on nurses to support the boycott and demand the reinstatement of nurses and workers who have been unfairly dismissed.

National Certificate
 Orange-Vaal General Workers Union
 Trawler and Line Fishermen's Union

MINING AND QUARRYING

Amalgamated Engineering Union of S.A.
 Amalgamated Union of Building Trade Workers
 Amalgamated Society of Woodworkers of S.A.
 Black Allied Workers Union
 Black Mineworkers Union
 Federated Mining Explosives and Chemical Employees Union
 Iron Moulders Society of S.A.
 Mine Coloured Staff Association of South Africa
 Mine Surface Officials Association of South Africa
 Mine Workers Union
 S.A. Boilermakers, Iron and Steel Workers Shipbuilders and Welders Society
 S.A. Electrical Workers Association
 S.A. Engine Drivers, Firemen and Operators Association
 S.A. Technical Officials Association
 Underground Officials Association of S.A.

MANUFACTURING

Food & Beverages

African Food and Canning Workers Union
 Amalgamated Engineering Union of South Africa
 Bakery Employees Industrial Union
 Black Allied Workers Union
 Boland Inmaakwerkersvereniging (Paarl)
 Brewery Employees Union (Cape Peninsula)
 Cadbury In-Company Union
 East London Meat Trade Union
 Food and Canning Workers Union
 Food, Beverage & Allied Workers Union
 General Workers Union
 General Workers Union of South Africa
 Natal Baking Industry Employees Union
 Natal Sugar Industry Employees Union
 National Milling Workers Industrial Union
 National Union of Dairy Employees
 National Union of Operative Biscuit Makers & Packers
 National Union of Sugar Manufacturing and Refining Employees
 National Union of Wine, Spirits and Allied Workers
 Operative Bakers, Confectioners & Conductors Union (Cape)
 Pretoriase Baknywerheidsvereniging

GENERAL EXPLANATORY NOTE:

Words underlined with solid line indicate insertions in existing enactments.

ACT

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To amend the Nursing Act, 1978, so as to further circumscribe the application of certain provisions thereof; and to authorize the South African Nursing Council under certain circumstances to perform certain functions in connection with the control of the practice of certain professions or of the education and training of certain persons, by virtue of any law of a state the territory of which formerly formed part of the Republic.

*(Afrikaans text signed by the State President.)
(Assented to 22 May 1982.)*

BE IT ENACTED by the State President and the House of Assembly of the Republic of South Africa, as follows:—

1. Section 38 of the Nursing Act, 1978, is hereby amended by the substitution for paragraph (a) of subsection (3) of the following paragraph:

Amendment of section 38 of Act 50 of 1978, as amended by section 1 of Act 71 of 1981.

“(a) For the purposes of this section the South African Nursing Association means the South African Nursing Association established by section 30 of the Nursing Act, 1957 (Act No. 69 of 1957), and any area which has been declared to be a self-governing territory within the Republic under section 26 of the National States Constitution Act, 1971 (Act No. 21 of 1971), and the legislative assembly of which has power to make laws in respect of all matters referred to in Item 31B of Schedule 1 to that Act, shall be deemed not to form part of the Republic.”

2. The following section is hereby inserted in the Nursing Act, 1978, after section 45:

Insertion of section 45A in Act 50 of 1978.

“Performance by council of certain functions by virtue of laws of certain states.
45A. If the Government of the Republic and the government of a state the territory of which formerly formed part of the Republic agree thereto, the council may perform any function assigned to it by or under any law of that state in connection with the control in that state of the practice of a profession to which this Act relates or of the education and training of persons intending to practise any such profession, and any such function shall be performed by the council subject to such conditions as may be agreed upon by the Government of the Republic and the government of that state.”

3. This Act shall be called the Nursing Amendment Act, 1982. Short title.

Unions have been classified according to the Standard Industrial Classification of All Economic Activities. The full extent of the operation of the following general workers unions has not

National
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Black Allied Workers Union

Farmworkers Union

Food and Canning Workers Union

National Certified Fishing Off

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MINING AND QUARRYING

Amalgamated Engineering Union

Amalgamated Union of Building

Amalgamated Society of Woodwo

Black Allied Workers Union

Black Mineworkers Union

Federated Mining Explosives a

Iron Moulders Society of S.A.

Mine Coloured Staff Associat

Mine Surface Officials Associ

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Health
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THE Health Workers' Association (HWA), formerly the Transvaal Medical Society, yesterday urged Baragwanath Hospital authorities to look into the grievances of the nurses and other workers at present boycotting the hospital's canteen.

Supporting the boycotting staff, the body called on hospital authorities to take active measures in implementing immediate reforms, and thereby avert a health crisis.

The boycott started last week following complaints by the staff about conditions at the hospital, including "unfair" dismissals of certain nurses. The workers also complained that food served at the hospital canteens was "dirty".

The HWA, a non-racial body formed to improve pay and working conditions for staff, said in a statement yesterday: "Grievances relating to the quality of food, salaries and general working conditions can only escalate into a state of unrest if intransigent attitudes persist."

"The recent call for a food boycott and a meeting to discuss many of these issues has its roots in these problems. The HWA fully supports the aspirations of the workers and urges the authorities to pay urgent attention to many of the existing grievances."

Employees

(Cape)

3/6/82
Somerton

ers and Welders Society

Union

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By JANE STREAK

OVERCOMING the waiting list for Provincial Hospital beds, caused by the shortage of staff, can be brought about by employing nurses of other race groups.

Another solution would be to pay the nurses more.

"Nurses are not being paid enough for the hard work they do and the long hours they work. It is real skivvy work."

These are the opinions of Port Elizabeth surgeons and doctors, some of whom are having to wait until July 21 before they can get a patient admitted for surgery. This does not apply to emergency cases.

One said they had no problems with St Joseph's Hospital which employs black staff. Many feel if all race groups were allowed to nurse at the Provincial Hospital, there would not be a problem there, either. One practice said they

Shortage of nurses delays operations, surgeons say

had to battle every week to get a bed and the situation had been like this since the beginning of the year.

"They phone us up on Tuesday afternoon, the day before the operation and tell us there is no bed available. Sometimes patients who are not ready to be discharged have to be. They have to make way for others."

Another surgeon agreed that the solution to the problem was to employ coloured nurses, but, unlike Groote Schuur and Tygerberg, it was not that easy to implement.

"The situation at the Provincial Hospital is unique but it is only a question of time before other race groups are used in all walks of life. The Port Elizabeth public will respond favourably to their introduction and if they don't, they can die quietly at home."

He said he had to wait for up to five weeks for his patients to be admitted to the Provincial Hospital.

A general practitioner said that though he no longer performed many operations, he was aware that surgeons were having a problem.

"For them to say that the wards at the hospital are closed for repainting is not true. It is because of the shortage of nurses. And they are not paying these nurses enough for the hard work they do, or the long hours they work. It is real skivvy work."

"The other reason is that the nurses often get married, or in the case of qualified nurses they go into other practices."

The medical superintendent for the Provincial Hospital, Dr L. Cilliers, said waiting lists were standard and that in countries such

as the United Kingdom there were waiting lists of up to a year.

"There are waiting lists for cold surgery all over the country and ours is not unduly long. We could do with a few more hospital beds though."

He later said that it was the shortage of staff that had caused the closing of certain male wards in the hospital. He did not feel however that it was the low salaries which were responsible for the shortage of nurses but the long hours and night duty.

"When you ask them why they don't want to go into nursing, they never say it's the money but the long hours, and being occupied with the sad side of life. Another problem is that the standard of nursing has become so high that matriculants are needed and hospitals can't put up with third-rate nurses."

Putting up the salaries won't help or make any difference as your average matriculant is not interested in hard work or working after hours.

"Opening more wards won't help either as in two to three months the waiting list will be as long as ever."

He added that the State could not be held responsible for hospital beds for all race groups and its main concern was providing for the under-privileged. It was about time the private sector did something.

The spokesman at Livingstone Hospital said the hospital the shortage of beds did create a long waiting list but that all available beds were being used. There were only unused beds when repairs were being done.

The St Joseph's Hospital spokesman said there was not a problem with beds although they were always busy.

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Contents

- Statement
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- Private s

Own Correspondent

A part-time medical officer working night shifts at a provincial hospital can earn more than double the salary of a fulltime medical officer at the same hospital who does even more night work.

During the committee stage of the Budget debate in the Transvaal Provincial Council, Dr J C Jurgens (NP, Springs) said a fulltime medical officer at a provincial hospital could earn R6 000 a year if he worked an extra four nights a month above his normal duties.

However, a part-time medical officer could earn R7 824 a year doing the same extra shifts.

If the part-time medical officer did the maximum of 13 extra night shifts a month he would earn R13 692 a year, Dr Jurgens said.

Fulltime medical officers also had to sign an agreement that if they did the extra shifts they could be asked to work an addi-

Hospital pay scandal: It pays to be a part-timer

95 Star 10/6/82

tional 16 hours a week, if necessary in any other department, as decided by the hospital superintendent

Dr Jurgens said: "However, if they do not want to work extra shifts they must sign a second agreement in which they acknowledge that they can be asked to do extra duties, again without additional pay."

Dr Jurgens, a former superintendent of the Far East Rand Hospital at Springs, said it was unreasonable, unjust and unethical to expect doctors to work extra hours without pay at night.

He said the new dispensation for nurses could help relieve nurs-

ing staff shortages, but shortages among doctors at provincial hospitals were now threatening.

There was a 65 percent vacancy in doctors' posts at one hospital where only three of 12 posts were filled.

In reply the MEC in charge of hospital services, Dr Servaas Latsky, said his department was aware of salary anomalies facing medical officers.

Dr Latsky said it was hoped that the recently completed investigation into medical staff salaries by the Commission for Administration would resolve these and other problems.

The debate was

marked by clashes between Dr Latsky and Mr Joel Mervis (PFP, Edenvale) over the patient/day costing at and private hospitals.

Mr Mervis said figures released by the provincial auditor showed great cost discrepancies between different provincial hospitals and between these and private hospitals.

Dr Latsky said it was impossible to compare cost factors at the various provincial hospitals, as some performed duties for others, and had expensive equipment and carried out expensive surgery.

He accused Mr Mervis of trying to create suspicion and acting

for political gain.

Mrs Irene Menell (PFP, Houghton) appealed for chronically sick outpatients in the lower income group to be granted relief from recent increases in hospital fees.

She said patients not covered by a medical aid scheme faced a doubling of fees from R1 to R2, which would mean an increase of R8 a month if they needed treatment each week.

The maximum income allowed for H3 category patients was R40 a month, and with extra travelling costs the additional fees would create an intolerable burden for the chronically ill, she said.

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Staff likely to leave for new hospital

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By JANE STREAK
WARDS are standing empty in the Port Elizabeth Provincial Hospital and yet there are plans to build a private hospital within walking distance away.
The question has been asked: does this make sense?
The big difference is that the proposed Greenacres Hospital will employ staff and treat patients of all race groups.
The Provincial Hospital has had to close down two wards with 30 to 35 beds in each because of the shortage of staff.
Recruitment of coloured nurses could have solved the problem, but any attempts to find out why coloured staff were not employed — and if this was the reason doctors were building their own private hospital — met with an evasive response from officials, who said they did not want to get involved in a "political arena".
A spokesman for the Provincial Hospital said he, personally, had no objection to employing coloured staff.

cal Superintendent for Hospitals in the Eastern Cape, Dr T P Vurgarellis, said it was not necessary but he thought it a good idea.
This was because the hospital would be multiracial and would be able to assist those coloureds and Indians who could afford and wanted private treatment.
Another reason was the importance of the planned Casualty Department — although the Provincial Hospital was coping, it would reduce the waiting time.
"Patients at the Provincial might have to wait for an hour to be treated."
The congestion at the Provincial would also be relieved because, at present, doctors could not always operate when they wanted to.
Another problem the Provincial will have to face is the possibility of losing staff to the private hospital. As with all private hospitals and clinics, the wages are higher and State-employed nurses are going to be tempted to apply for positions.
The doctor heading the project for the building of the private hospital said he was aware of the problem of nurses being lured away from the Provincial Hospital but the new hospital's authorities would do their best to keep this to a minimum. They would be as selective as possible.
Unlike in the past, doc-

tors and nurses would be drawn from other centres.
A committee would be set up for the selection of staff and many coloured nurses would be recruited from hospitals in Cape Town. Many of these hospitals had teaching and training facilities for both coloured and white nurses.
The doctor said there were many unemployed qualified nurses in Port Elizabeth who had left the profession to have families and, for the right money, could be enticed back.
Although the entire staff complement had not been decided upon, the Casualty Department on the ground floor would employ four trained sisters, four trained staff nurses, four assistant nurses and four porters.
The spokesman for the Provincial Hospital agreed there was a possibility of losing staff, particularly if the proposed hospital was a day one.
"We'll lose staff because a day hospital has better working hours."
He was not aware of what nurses were being paid at the moment, but wanted to stress that the problem was not salaries but working hours.
A spokesman for the Livingstone Hospital said he expected to lose many of his staff and would consider the possibility at a later stage.

Visit to EL expo

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Weekend Post Reporter
EAST LONDON — The visit to East London on Friday of the Minister for Transport Affairs, M. Hendrik Schoeman, could be of vital importance to the city.
This is the view of East London's Mayor, Mr Err Spring.
In an interview this week, Mr Spring said his council hoped to persuade Mr Schoeman that East London should remain South Africa's major maize exporting port.

Teaching Provincial Hospital suggested

98 54 E. Post 12/6/82

Weekend Post Reporter
CONSTRUCTION and siting of a new Provincial Hospital with the potential to become a teaching one is what the community should start considering.
This is the opinion of a leading doctor in Port Elizabeth, who feels this kind of hospital should be built now to relieve the present shortage of beds. In years to come the hospital could be used to train nurses and doctors.
He said he would like to see the hospital

idea and would assist in alleviating the bed shortage at the Provincial Hospital.
Another doctor said a hospital at the campus would be totally impractical and inaccessible, particularly during the summer months.
"It would be difficult getting there during the Christmas season with all the tourists. On a Saturday afternoon it could take an hour to get there."
A private hospital at the Greenacres complex would be ideal.

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22/6/92
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Natal nurse apartheid to stay MEC

Mail Correspondent

DURBAN. — The Natal MEC in charge of hospitals, Dr Fred Clarke, has turned down a call by an Indian Council member, Mr Ismail Patel, to open all Natal Hospitals to nurses of all race groups.

But he said any nurse would be accepted at any hospital "when the need arose". Although the province believed patients should be treated by nurses of their own race groups, specialised nurses or personnel could be drawn from any race group.

Dr Clarke also said the new Phoenix Hospital would not be open to all nurses.

Nurses of a particular race group would find it easier treating their own kind "because of the religion and culture", Dr Clarke said.

Mr Patel said the main reason for the "artificial shortage" of nurses was colour discrimination. Private hospitals had recruited Indian, Coloured and black nurses to alleviate the shortage of nurses. There had been no hitches, he said.

Dr Clarke said he doubted if there would be a shortage of nurses for Phoenix Hospital — the R K Khan Hospital in Chatsworth had increased its intake of nurses while the intake at Northdale in Maritzburg had doubled.

NURSES at city hospitals are dissatisfied over an announcement that they will revert to working a 40-hour week which excludes their lunch hour.

Dr H Reeve-Sanders, superintendent of Groote Schuur Hospital in whose group the Mowbray and Peninsula maternity hospitals fall, today confirmed that from about October last year nurses at the hospitals had been working a 40-hour week.

REDUCED

"This was interpreted as meals being included in the 40 hours,

"This was not, however, correct and we will revert from next week as working a 40 hour week excluding meal times," Dr Sanders said,

Nurses angry over new working hours

While Dr Sanders emphasised nurses were not being asked to pay back the hours they should have worked, nurses reacted angrily to working increased hours with no extra pay.

At Mowbray Maternity Hospital, nurses yesterday claimed that until October 1981 they were working a 44-hour week.

In October last year their working week was reduced to 40-hours, which meant two-and-a-

half days off a week. On Monday, the head matron informed sisters that because their lunch hour was included in their working day, they were working an eight-hour day.

From next week they would work a 44-hour week and their lunch hour would be considered "off duty," they claimed. They would thus be working an extra hour a day and their half-day off would fall away.

Dissatisfied nurses said they felt helpless and "cheated."

A student midwifery nurse at the Mowbray Maternity Hospital said nursing sisters informed other staff of the matron's announcement at a meeting on Monday morning.

A nursing sister from one of the hospitals said she thought it "very unfair" that something that had been given to nurses

had been taken away, with no extra pay.

"The nurses are dissatisfied and have even suggested reducing their lunch hour to half an hour," she said.

The Director of Hospital Services in the Cape, Dr R L M Kotze, said he had circulated a letter to all provincial hospitals saying the 40 hours nursing staff were required to work did not include a lunch hour.

Dr Sanders said she told a meeting of registered nurses on Monday of the reversion to a 40-hour week from Sunday, and they were "positive and loyal."

She said since last year registered nurses had been working a 35 hour week.

ARGUS 23/6/82 (95)

Date 31/10/79

Degree/Diploma/Certificate for which you are registered (e.g. B.A., B.Sc.) B. Bus. Sc

Subject Economics II

(to be copied from the heading on the Examination Paper)

Paper No F 41

(to be copied from the heading on the Examination Paper)

Examiners' Initials		

NOTE CAREFULLY

1. Enter at the top of each page and in column (1) of the block on this cover the number of the question you are answering.
2. Blue or black ink must be used for written answers. The use of a ball point pen is acceptable. Red or green ink may be used only for underlining, emphasis or for diagrams, for which pencil may also be used.
3. Names must be printed on each separate sheet (e.g. graph paper) where sheets additional to examination book(s) are used.
4. Do not write in the left hand margin.

WARNING

1. No books, notes, pieces of paper or other material may be brought into the examination room unless candidates are so instructed.
2. Candidates are not to communicate with other candidates or with any person except the invigilator.
3. No part of an answer book is to be torn out.
4. All answer books must be handed to the commissioner or to an invigilator before leaving the examination.

Any dishonesty will render the candidate liable to disqualification and to possible exclusion from the University

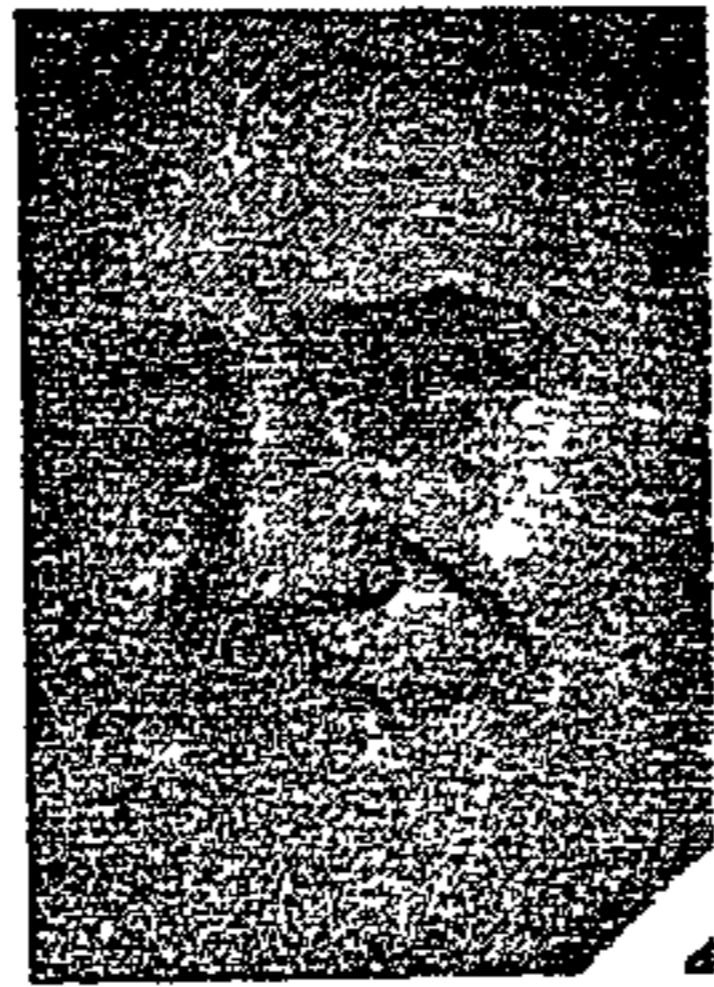


Reforms

5m



DR TREURNICHT



MR F W DE KLERK

Dr NO

Black nurses praised by Connie

27/5/82

95

S. Times

By CAS St LEGER

ARCH-CONSERVATIVE Dr Connie Mulder went to hospital for an operation last week.

Reports indicate that he had his prejudices removed.

For the supporter of Dr Andries Treurnicht's hard-line apartheid policies now has only high praise for the staff of a luxury private clinic — and that includes the black nurses.

A black nurse at the Brenthurst Clinic in Johannesburg, where the former leader of the National Conservative Party and executive member of the Conservative Party spent 10 days, described him as "a sweet patient".

She said: "Every day, he said: 'Thanks.'"

"Dr Mulder was very cooperative and we told him we were very happy to have such a man here.

"He always said 'thanks for being such nice and wonderful nurses'.

"Give him our love," the nurse said.

Five-star

Dr Mulder said yesterday that he had received five-star treatment.

"I want to compliment all the staff," he said.

Asked about being nursed by black women, he sighed. "Why must you bring politics into it?"

"The staff — and I'm going to make no exceptions — were all exceptional."

Mr Norman Weinberg, manager of the Brenthurst, said he was "happy that Dr Mulder was happy".

The clinic received "all sorts of thank you letters from all sorts of people".

"That's our target — to make them as comfortable as possible," Mr Weinberg said.

He said Brenthurst had a small proportion of black nurses (10, mainly nurse assistants, out of a complement of between 150 and 200).

The black professional women received the same training and were entitled to the same service conditions and pay as their white counterparts.



ROYAL BABY RUMPUS

and Princess Petulance is rocking the cradle again!

See overleaf



Dead girl: Ritual link?

By PAUL LANGE

THE mystery of a teenage girl's unidentified corpse found in a rubbish dump in Sandton, north of Johannesburg, deepened yesterday.

One of the few clues available to police is the unusual black-backed crucifix the girl wore round her neck.

The body of the girl, estimated to be between 13 and 17, was found on Friday by a municipal worker.

She had been throttled with a length of black wire and battered about the head.

Brixton murder and robbery detectives believe she was killed on Thursday evening.

Yesterday afternoon her identity was still a mystery.

A man who has former connections with a satanist movement said he feared that the black-backed cross could indicate that the girl may have been the victim of a ritual killing.

Mr Frank Black of the Invisible Church in Hillbrow said the black cross was not a Christian symbol, but he had seen people wearing similar crosses at the church's coffee bar.

A priest of the Christ the

To Page 2

Gang attacks doctor in car

By MAUREEN BARNES

A DOCTOR told yesterday how he and his teenage daughter were attacked by a gang of club-wielding blacks after their car had broken down at the side of a busy main road.

In full view of passing motorists Dr André Schulman and his daughter Judith, 15,

Longer hours anger nurses

(95) C. Herald 3/7/82
CAPE nurses are upset at a move to extend their working day.

Only nurses in the Western Cape appear to be affected by the decision of the Hospital Services to revert to former working hours after it was discovered that nurses were not completing a full 40-hour week.

This was confirmed by a spokeswoman for the South African Nursing Association in Pretoria who said it was accepted that nurses worked 40 hours a week and this period excluded their lunch hours.

Local nurses are not too happy about having their working hours extended to what it was prior to October 1981.

The extension is the result of a mistake made by the people responsible for working out conditions of service for nurses.

Somehow, the fact that the nurses' new 40-hour week included lunch hours, was not taken into consideration.

NEW SHIFT

Now nurses who have been working shorter hours since the new shift was introduced have been told that they will be reverting to their former working hours.

However, the good news is that they will not be asked to pay back any money as a result of the shorter hours they have been working.

A nurse, who asked not to be identified, said the old system had not yet been re-introduced at her hospital.

"This is affecting everybody because we all got 2½ days off a week and now we will revert to two days a week," she said.

The nurse said they used to work four full days and a half day but

would soon start a five-day week again.

CHANGED

"What was happening was that some nurses were only working 36 or 38 hours a week because the daily shifts had been changed as well.

"Instead of starting at 7 am if we worked till 1 pm, we started at 8 am, giving us an extra hour. Then it was discovered that we were not, in fact, working the full 40 hours."

The Director of Hospital Services, Dr R. L. M. Kotze said it was normal in the public service not to include lunch hours as part of the working day.

Steps were immediately taken when it was realised that some nurses were not working 40 hours.

"Where nurses have been working less than 40 hours, they have now been told to work the full 40 hours," Dr Kotze added.

Few new nursing trainees

Staff Reporter

THE INTAKE of white trainee nurses at Grootte Schuur Hospital during January and June this year could be as low as one-third that of previous years.

The hospital's superintendent, Dr Reeve Sanders, yesterday acknowledged that there was a shortage of white trainees, but was unable to confirm the numbers.

The Director of Hospital Services for the Cape, Dr R Kotze, said the problem had been foreseen as long as a year ago. Steps had been taken to overcome it, he said.

In the short term, part-time jobs and overtime pay had been offered and in the long term, working conditions — including salaries — had been improved all round.

He was optimistic that improved conditions would encourage more people to enter nursing next year and that it would then gain momentum.

Dr John Sonnenberg, Opposition spokesman on health in the Provincial Council, also said he was optimistic, although he considered the problem serious.

A new dispensation for nurses was imminent, he said. An improvement in conditions was expected in October.

At the same time, the recession in South Africa would result in fewer job opportunities.

Both these factors could play a large part in inducing more people to enter nursing, he said.

Half nursing posts in Cape vacant

95 D. Dispatch 15/7/82

EAST LONDON — Half the nursing posts at provincial hospitals in the Cape were vacant, the chief nursing officer for the provincial hospital service, Ms V. Hattingh, said yesterday.

"The figure might be more, or less, at individual hospitals, but we are talking about the total picture — we are 50 per cent full throughout the province," Ms Hattingh said from Cape Town.

She could not give specific figures for the Eastern Cape and Border region, but said the situation there was "no worse" than two years ago.

Her views were backed by the regional medical superintendent, Dr P. Vurgarellis.

The regional superintendent at Frere Hospital here, Dr R. Newbery, said there was "a definite nursing shortage" at the hospital, but no crisis.

"We have a shortage of certain categories of nurses, the same as

there is all over the country," Dr Newbery said.

The shortage had not forced a closure of wards, however — unlike the situation two years ago when two wards were shut "to bring a better ratio between patients and staff".

The chairman of the Frere Hospital Board, Mr David Lazarus, pointed out that the staff at Frere were doing "first class work", despite shortages.

"I recently spent a month in hospital and must compliment the staff on their fine work," Mr Lazarus said.

"I must say we do not seem to have as great a problem here as they have on the Reef — we are definitely much better off than the hospitals there."

Asked what could be causing the shortage of nurses, Mr Lazarus replied: "I don't think remuneration is the sole problem — it could also be the working condi-

tions."

This was confirmed by Ms Hattingh, who said the hospital services had launched a recruitment drive to "show what nursing has to offer".

The medical superintendents at Cecilia Makwane hospital in Mdantsane, Grey hospital in King William's Town and Frontier hospital in Queenstown could not be contacted for comment. — DDR

C. Herald
**New black
nurses'
canteen** 95
17/7/2

BLACK nurses at Grootte Schuur Hospital, who for some time have had problems with their canteen, now have a sparkling new one . . . but there are still a few gripes.

Firstly, black nurses had complained that their old canteen was some distance away from the wards in another building. A large part of their tea-times had been spent walking to and from this canteen.

White nurses on the other hand had a canteen very close by.

Now the black nurses have been given their white counterparts' canteen and the white canteen has been moved some distance away to the nurses' quarters.

What black nurses fail to understand, according to a few who Cape Herald interviewed, is why, in the first instance, there should be separate canteens.

SILLY

"In this day and age I think it is rather silly to insist on the races being separated," said a black nurse who asked not to be named.

She added that many whites have also complained of the separate canteens.

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ADEQUATE PAY FOR NURSES IS URGED

W/E ARGU
17/7/82

(95)

THE vice-chancellor and principal of the University of Cape Town, Dr S J Saunders, has urged the Government to keep the salary structure of nurses "in line with the important task which they fulfil."

He was speaking at a graduation ceremony of the Carinus Nursing College and eight affiliated hospitals in the City Hall last night.

Dr Saunders said it was not appropriate to have such an important profession put in a position when its members were constantly concerned about whether they could make ends meet and how they could pay their bills.

ETHICS

"We have seen the ethically unacceptable position of nurses going on strike in overseas countries.

"I believe that that is completely unacceptable; that there is no excuse for health-care personnel ever to put their patients at the

slightest risk by going on strike.

"At the same time it is equally unacceptable for society to put health-care professions in such a position that that issue even arises, and society must not, therefore, exploit the nurses in the knowledge that because of their ethical position they will not use industrial action."

Dr Saunders said the salaries of nurses should constantly be under review.

ENERGY

Nurses should not feel insecure in the society in which they lived; they should be able to devote their energy to their professional activities.

"These highly trained and dedicated individuals should not have their minds straying to openings in the commercial world because of poor conditions of employment, including pay.

"They deserve much more than that." ●

(95) ROM
26/7/82

Salary increases to lure back ex-nurses

By GERALD REILLY
Pretoria Bureau

THE country's 80 000 nurses are to get a big interim salary increase from October which could, according to Pretoria sources, amount to an average of at least 12%.

This will be in addition to the 15% increase granted to nurses and most other public sector workers in April.

The new increases, it is hoped, will help lure back into the profession the thousands of nurses who have resigned from provincial and Government services in recent years.

The resignations and unsatisfactory recruiting levels have forced the closing of wards at many of the Transvaal's big hospitals.

The Pretoria sources pointed out that funds for the increases would come partly from money set aside in the Budget for vocational differentiation salary adjustments,

and from the Department of Health and the provinces.

Although the increases are due to come into operation from October 1, administrative delays could mean the actual cheque adjustments may not be made until the end of November.

It is understood the report of the Commission for Administration investigation into nurses' salaries and service conditions covers several hundred pages and is still being studied.

So it is considered likely that improvements other than salary conditions will be introduced.

In the provincial council earlier this year the PFP opposition criticised the Minister of Health, Dr L A P A Munnik, and the member of the executive committee in charge of hospitals, Dr Servaas Latsky, for failing to tell the nurses what their increases were to be.

Nurses' salaries to go up

Sowetan 28/7/82

By JOSHUA RABOROKO

NURSES' salaries are expected to be increased by an average of 12 percent as from October 1.

According to sources, the increases — likely to attract both married and single nurses back into the profession — will be satisfactory.

The increase was announced by the Director-General of Health Services, Dr Johan de Beer, who emphasised that all nurses would be affected.

It is expected that the

new salary scales will also lure back thousands of nurses who left the profession in recent years over low pay.

Baragwanath Hospital, one of the biggest in the southern hemisphere, was hit by an exodus of senior nurses who left the profession for better paying jobs at private hospitals.

According to the sources, funds for the increases would come from a fund set aside in the budget for salary adjustments from the Department of Health and the provincial councils.

A survey conducted

earlier had shown that 73 percent of the nurses who left the service had complained about poor salaries.

Sixty percent of them complained about unsatisfactory working hours, the survey revealed.

Sources also say that, although the increase will come into operation in October, administrative delays may result in salary/cheque adjustments being made at the end of November.

GAP

No black or white salary scales were available, but the announcement has already been

met with criticism from opposition groups

The chairman of Azapo's health committee, Dr A B Asvat, said that the Government was hiding the scales because "the increases are discriminatory."

Dr Asvat said that there was a wide gap between the wages of black and white nurses. Whenever increases were made, in real terms, it was the whites who gained and blacks received little.

The result of these increases was actually to widen the gap instead of narrowing it, he added.



AZAPO: Dr Asvat.

Home

Two employees of a liquor chain were held up in Johannesburg and robbed of more than R4 000 in cash and cheques yesterday. The two, Mr Thomas Mabaso and Mr Manto-kosi Khosa, both employed by Solly Kram-ers, were robbed while on the way to deposit the project manager, could not be traced to establish the extent of the damage. Mr J L Steenkamp, project manager, on arrival at the scene workers were busy repairing the damage. At the Hatala Shopping Centre, part of a brick verandah wall collapsed and fell onto a car. The car was damaged but nobody was hurt. Mrs Eunice Macheke, whose home was built on roofing from Mr Michael Macheke's 1055 Section H home flew over electricity poles and landed on two cars about 200 metres away. One of the cars wind-screens was smashed. Mrs Rebecca Montsha of 1800 Section F said her family had been sleeping at a neighbour's home after the storm. Sheets of corrugated lighting and storm-pour. A cloudburst was followed by sporadic pour. A cloudburst was during a heavy down-poured at about 7.45 pm. The incident happened out of the ground. Some of the poles ripped and electricity wires with damaged telephone and rands. The storm also injured and the damage was estimated at thousands of pounds. Nobody was injured and the damage was estimated at thousands of pounds. Nobody was injured and the damage was estimated at thousands of pounds.

Robbery

Kwazulu warns SB's of violence

Chief Minister Gatscha Buthe-kez yesterday said he had warned General Johan Coetzee, chief of the Security Police, of the likelihood of bloodshed in South Africa, should Inwawuma be ceded to



Blow against crime

THUNDER and hail wreaked havoc in Soshanguve on Monday night, leaving two houses and project offices of the Central Transvaal Administration roofless and two cars smashed. Nobody was injured and the damage was estimated at thousands of pounds. Nobody was injured and the damage was estimated at thousands of pounds.

By NORMAN NGALE

Thunderstorm leaves families homeless

Hail wreaks havoc

NEWS EXTRA

R110m deal for nurses

CAPL Times 4/8/82 95

Own Correspondent

PRETORIA. — The country's 57 000 nurses were to share a total annual amount of R110-million in salary increases, the Commission for Administration announced in Pretoria yesterday.

The increases come into operation from October 1 and for the six months remaining of the

current financial year the total costs of the increases will be R55-million.

They are in addition to the 15 percent pay increase given to all public sector workers in April.

The "long overdue" improvements were welcomed by the SA Nursing Association.

A survey carried out

last year showed that of the 72 000 nursing posts in the provinces, the Department of Health, other State departments and the SADF, only 57 000 were filled — a shortage nationwide of about 20 percent.

A commission official said a totally new salary structure had been drawn up for nurses and the salary increases were not the only benefits:

In the current structure for instance there were 20 salary gradings. This had been reduced to 11. The current 40 ranks or designations in the service were to be reduced to 12.

The official said certain efficiency and qualification norms had also been laid down in the report, as well as staffing norms.

'One aspect'

He emphasized that all nurses would not get the same percentage increases.

The chairman of the commission, Mr Jimmy van der Merwe, emphasized that salaries constituted only one aspect of the new dispensation needed to recruit, retain, train and use nursing staff.

Significant elements in the new deal included:

- The establishment of a norm for standardized provision of posts which related effectively to service needs.

- Recommendations aimed at improving the nurses training system.

- Recommendations aimed at more effective recruitment and selection of nursing staff to counter the high drop-out rate of pupil and student nurses.

- Rationalization of the rank and posts structure to eliminate role confusion.

Mr Van der Merwe said other aspects meriting attention included child-care facilities, hours of work and transport.

The executive director of the SA Nursing Association, Miss R J du Plessis said the overhaul of the structure was overdue.

"We are hopeful now that even if the salary scales don't attract nurses back to the profession, they will at least keep nurses in their posts."

Nurses ⁹⁵ wage bill is up by ^{4/6/82} R110m

Pretoria Bureau

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"We are hopeful now that the salary scales, if they don't attract nurses back to the profession, will at least keep nurses in their posts."

PE nurses say they'll 'wait and see' over the pay rises

95
E. Post
5/9/82

By GILLIAN McAINSH
NURSES in Port Elizabeth have adopted a "wait and see" attitude, tempered with optimism, to the "new deal" for nurses which comes into operation on October 1

Details of the salary increases — part of a yearly allocation of R110 million — will be released "within a few weeks", according to a spokesman for the Commission for Administration in Pretoria.

The general attitude among nurses working at the Provincial Hospital was summed up by a qualified sister and midwife, who has been a nurse for 12 years. She said: "The pay rises were needed a long time ago. We are underpaid, but if you love nursing then you are easily satisfied."

A woman qualified as a midwife, a sister and an intensive care nurse, said she had a child to support. Many nurses struggled on their salaries.

"It's a very responsible job, with a lot of stress, but you just can't save and live a good life on our present salaries. With the latest increases things should be better, but they are long overdue."

A final-year student nurse said she started on R95 a month in November, 1977, while she waited for her matriculation results.

When she was notified that she had passed, her pay increased to R118 a month. Now, after 3½ years of very hard study, she earns a gross R395 a month.

Before the April, 1982, salary increases she was earning a gross salary of R204 a month.

"I could have started off at one of the motor companies at much more than double that, but then I would have had other expenses," she said "Obviously we deserve a lot more, but for several reasons you can't compare Government service with the private sector.

"Anyway, they've neglected nurses for so long that they can't bridge the gap easily now, although they are trying."

Her flat-mate, a second-year nursing student, compared her job to that of a school friend who was working in a building society and earning nearly double her salary.

"I feel the pay is a bit unfair as she does not work as hard as I do. But I only feel that way occasionally."

Both were eager to hear the new pay scales.

"We are all waiting, but no one knows much," said a 20-year-old student nurse

"Rises will be very welcome. However, 10% for instance on R200 is not much, and we are not allowed to strike."

She was philosophical about her pay. "The money must come from the taxpayer and it is no use giving us a bigger salary and then putting up the taxes

"In earlier years nursing was a calling and now it has become a career. Because of that, the salary is much more important"

Her gross pay varies between R269 and R309 a month.

"I earn very little and probably always will be underpaid as a nurse, but that won't make me leave nursing. You just have to put the patient first. They pay a lot of money to lie in hospital and it would be wrong to adopt the attitude that you are doing them a favour."

Another nurse, with six years' experience, said she was sceptical and would wait and see before she gave any comment on the rises.

The spokesman from the Commission for Administration said it would take "quite some time" to work out exactly how much more each nurse would receive.

"The Cape Provincial Administration, for example, employs a large number of nurses and to send individual letters to each of them detailing their precise increments, yearly increases and bonuses will be quite a job."

PE art selection.

Post Reporter
A PORT ELIZABETH artist is among six people whose works were chosen from 150 paintings entered for the Pride in our Heritage competition run by a building society.

Mr John Weakley, 49, an insurance broker, said he was delighted to be among the six chosen.

His painting, *Storm Clouds over Amphitheatre*, is one of six paintings that will be reproduced for the EP Building Society's 1983 calendars. He will receive R150 for the reproduction rights.

"I feel great. Anyone who has any of his works

reproduced must be

elated," Mr Weakley said. Mr Weakley, who grew up in Harrismith in Free State, said the training he had received as an artist was at

"When I was young, artists would come to Harrismith to paint. I was able to watch their work," he said.



Painting is a form of relaxation for Mr JC the six best paintings in the Pride in our Heritage competition, *Golden Gate*.



Oil transfer operation in bay unlikely today

By JERRY McCABE
THE delayed oil transfer operation was unlikely to take place today as weather conditions were still not favourable for the

Mr Gerry Hoarau, of Combine Ocean, who are agents for the Johs Stove, said today a decision when to restart the transfer operation had not yet been

chored in the bay, also indicated that more bad weather was on the way. "The final decision whether to go ahead with the operation is in the hands of C-

CAPE TOWN 5/8/82 95

Nurses wait for increases

Staff Reporter

NURSES are waiting "with bated breath" to know how much each rank of the profession is to receive of the increased annual pay pie of R110-million announced this week.

"At a meeting of the association this week, nurses said they welcomed the rationalization of their salary and post structures," said Mrs Moira Pletts, chairman of the Western Province branch of the SA Nursing Association.

"But they are waiting with bated breath to know exactly what the R110-million in-

crease means. Certain categories will gain exceptionally. Others will get a 12,5-percent or 15-percent increase. With inflation, this will just about cover their costs.

"However, improved pay, conditions of service and scope for advancement are a ray of hope which hopefully will become a bright beam."

Professor Paddy Harrison, head of the Department of Nursing at the University of Cape Town, believes improved pay will encourage qualified nurses who have left the profession to return.

CAP 7/8/82
91 93
Concern
on hospital
managers

Staff Reporter

THE Administrator, Mr Gene Louw, yesterday expressed concern that doctors who were administrative heads of hospitals might lack the managerial skills that their positions demand.

He urged universities to look into the matter.

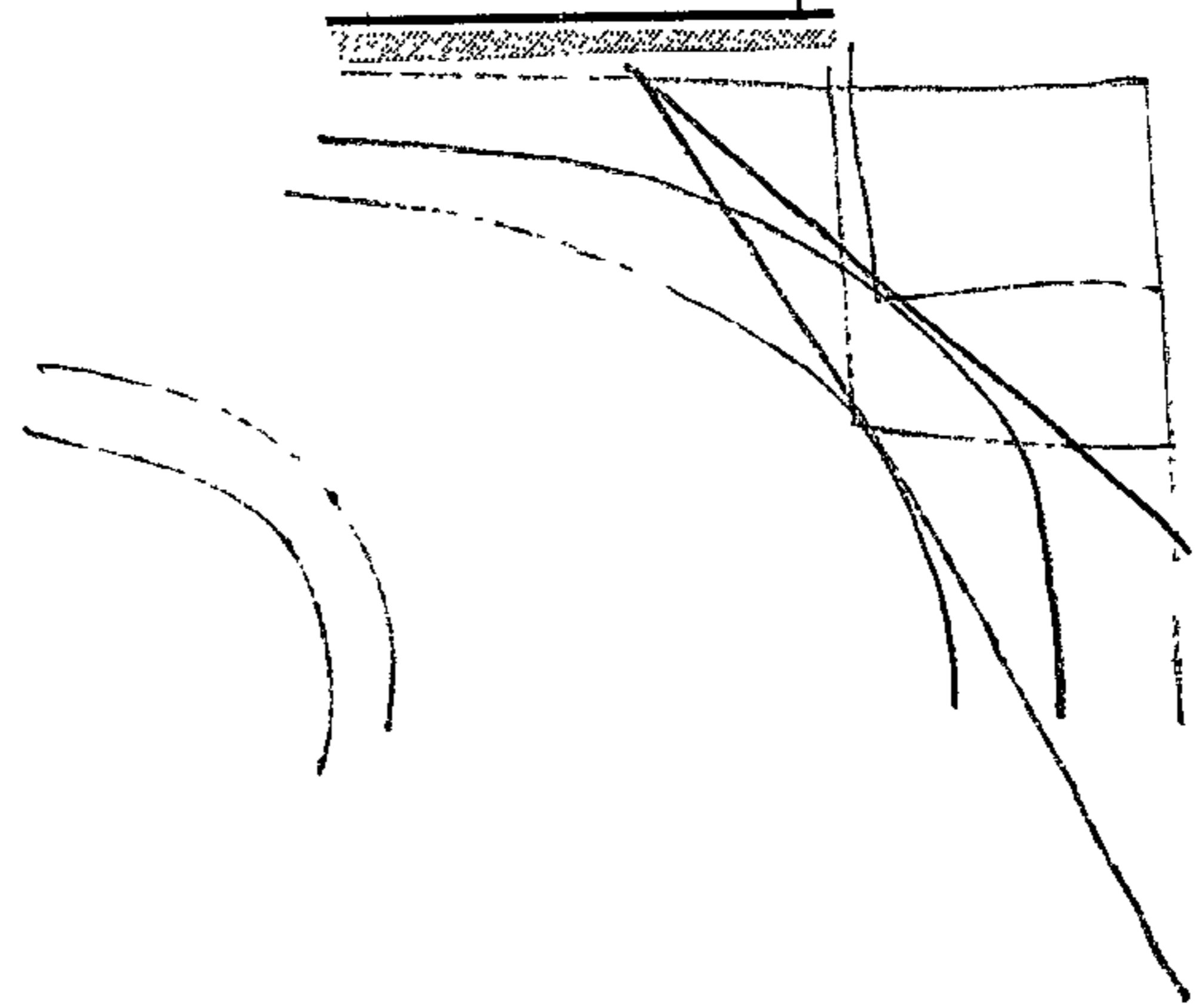
Opening the annual academic day of the Faculty of Medicine of the University of Stellenbosch, he said heads of hospitals lacked the academic background to qualify them as medical managers.

He said universities, the Provincial Administration and the Medical Research Council should compile a formal specialist training course to qualify doctors as medical administrators.

Mr Louw also announced that next year, the Provincial Administration hoped to open the long awaited R7-million tumor and cancer department at the Tygerberg Hospital, where the country's fast-increasing number of cancer patients would be treated.

He said cancer was the second main cause of death in South Africa.

"In spite of an unbearable shortage of funds, the Provincial Administration is doing everything in its means to hasten the project — to literally save human lives," Mr Louw said.



Nursing to become the SUPER SERVICE

95 S. Times 8/8/82

By BEVIS FAIRBROTHER

THE new deal for nurses announced this week is designed to transform the country's hospitals into a new "Super Service".

With R110-million allocated for salary increases on October 1, and changes to nursing structures, the men behind the plan, The Commission for Administration, see hospitals taking the pick of the youth.

Young men and women of all races are expected to see nursing as a profession with a future, with better chances of promotion and a decent salary packet.

The thousands who have left in a huff over the years will be welcomed back with open arms ... and even have a chance of immediate promotion.

Speculation

And those faithfuls who have stayed on?

Speculation is that some will see salary increases of 70 percent, while others might not get a cent.

According to the new plan it depends on their worth and how they work.

But the planners are confident the new deal will mean an end to:

- Critical staff shortages
- Nursing as a "drop-out" profession to many
- Nursing as a solely feminine job
- Nursing as a dead-end job.
- Widespread apathy within the profession.

Nurses interviewed this week said authorities seemed to have finally realised how critical the situation was, and

Lamps for nurses

By ADA STUIJT

TWO Johannesburg hospital nurses have walked away with the country's highest nursing awards — the Silver Lamp Awards.

Miss June Jameson attained the highest marks in Midwifery and Mrs Russel Garwood received a Silver Lamp award plus a cheque for her excellence in Intensive Nursing Care.

The award is made annually in four categories of nursing — orthopaedics, paediatrics, intensive nursing care and

midwifery.

This year, only three nurses received the Silver Lamp, because no candidate qualified for the orthopaedic nursing award.

The winner of the Paediatrics Silver Lamp, Mrs M Kreft, will be presented with her award at the Red Cross Children's Hospital in Cape Town later this year.

Since the award was instituted in 1963 by the pharmaceutical company Johnson & Johnson, 58 nurses have received the Silver Lamp.

that drastic action was needed.

Statistics have shown there is an average shortage of 19 percent — 15 000 out of 72 000 posts.

Exciting

Some centres are worse off than others, with entire sections of certain hospitals closed down.

In recent years, hundreds of nurses have left, and there have been numerous allegations of deaths due to lack of trained staff.

The drop-out figure of student and pupil nurses was 60

percent.

"We haven't been told any of the finer details yet, but this new deal certainly seems exciting," said a senior nurse who did not want to be named.

Speculation among staff is that pay increases — the main bugbear — could be anything up to 70 percent.

"But we're glad to hear the commission hasn't only concentrated on salaries, but promotion structure as well," said another nurse.

Mr Louis Kluever, director of personnel structuring of the commission, explained that for the first time salary increases would not be worked out by percentages.

"It's not just a matter of dividing R110-million among 110 000 nurses," he said.

"That would not solve the problem we have at the moment.

"What it will mean is that more money will be devoted to problem areas. Some nurses will not receive a cent if it is thought they do not deserve it.

"If people don't measure

up to the new standards set, they won't benefit from the new dispensation."

A specific area the commission concentrated on was nurses who had left the service for various reasons.

The new structure makes provision for these people to be re-employed. And, if capable, be promoted to a higher level than when they left.

"We have also looked at nurses who have been in a certain position for too long," said Mr Kluever.

Aura

"We have made provision for those nurses to receive increases, even if there is no higher post available for them.

The most important change is that there will no longer be a nurse and a male nurse.

"It has always been a problem recruiting men to the profession because it has always had a feminine aura about it," said Mr Kluever.

"But men are vital in certain situations.

"Now we have taken out the female connotation. A senior professional nurse, as an example, will be male or female."

But he stressed the new deal for nurses was not only to benefit the staff.

"We want to achieve an improved service to the public as well."

'Miracle' man here

INDONESIAN evangelist Mel Tari, who claims to perform healing miracles, arrived in South Africa this week.

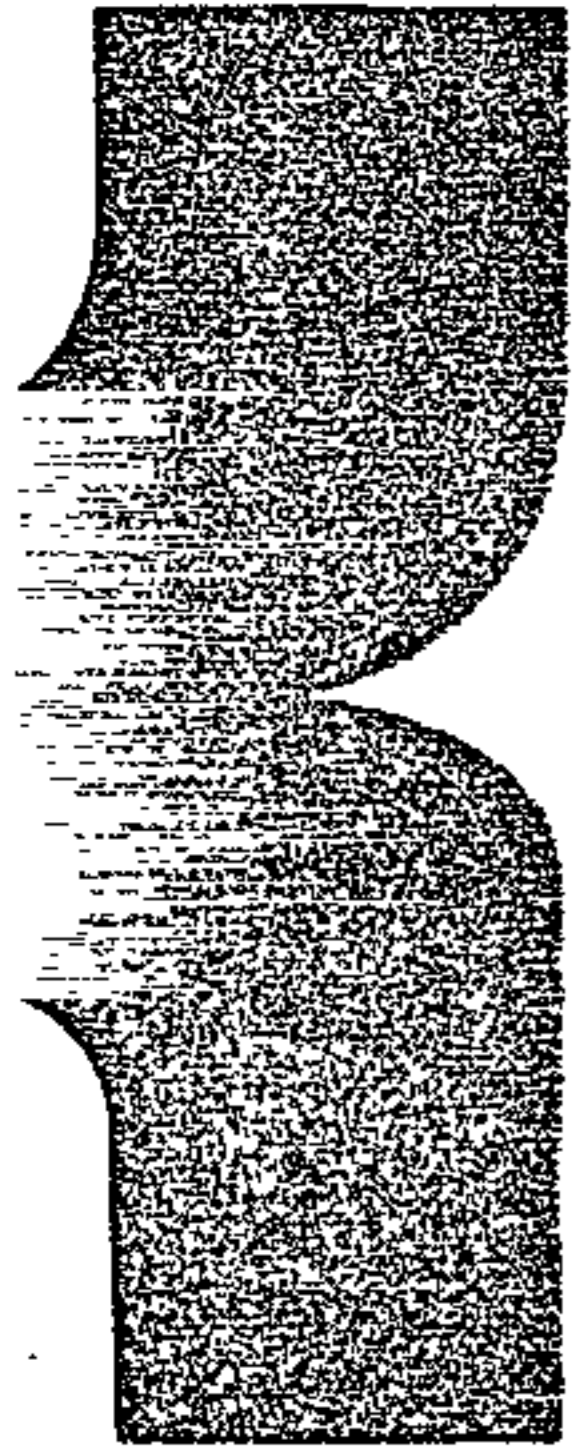
Mr Tari, 37, will attend the annual Southern African convention of the Full Gospel Businessmen's Fellowship

International in Alberton.

Representatives from Australia, Botswana, Indonesia, Kenya, Uganda, Zaire, Malawi, France, Holland and the United States will attend the convention which will examine how businesses should be run on Christian principles.

LifeStyle
WHERE TO FIND WHO ON YOUR HOLIDAYS

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Shortage of nurses in West Cape still 'critical'

ARGUS
17/8/82

95 98

Medical Reporter

THE nursing shortage in the Western Cape is still critical, according to the Groote Schuur Hospital group's report for 1981.

And the continuing decrease in students enrolling for a nursing career at Cape Town's Carinus Nursing College "is a reflection of a critical shortage of white students experienced throughout the country."

Writing in the report, the senior principal of Carinus, Mrs B Goodchild-Brown, says the shortage reflects a state of affairs requiring urgent attention.

INTAKE

Mrs Goodchild-Brown says the 1982 first intake applications for women entering the nursing profession are one third of the normal.

The present establishment of all students from all affiliated hospitals is also only a third.

The trend, she adds, is expected to continue.

Mrs Goodchild-Brown says in her report the pertinent problems seem to arise from the national manpower shortage, the competition from the private sector, the need for improved conditions of service, improvement of image and status of the profession and the negative influence of mass media reports.

WAITING LIST

In her report on the nursing division of the group, the chief matron, Miss L J du Preez, says the number of appointments of white student nurses continues to decrease, while there is a waiting list for black nursing students and pupils.

Miss du Preez says: "There were 121 appoint-

ments (of white nurses) in 1981, compared with 186 for the previous year."

This represents a decrease of about a third over a year.

Miss du Preez says that "all categories of nursing staff responded to the call to work overtime in order to keep the wards and departments covered."

OVERTIME

She added that implementation of the overtime system in February placed a tremendously heavy burden on the already overloaded nurse administrators.

Because of a lack of clerks, university students were employed part time to assist with the clerical work.

The nursing shortage is affecting several departments in the group.

One of them is the department of cardiac surgery.

According to the department's head, Professor Chris Barnard, work was limited at intervals by the continuing shortage of trained nursing staff.

PROBLEM

The department of physiotherapy says in the report that the treatment of patients requiring long-term rehabilitation remains a major problem.

"The facilities for caring for these patients are inadequate and many patients who would benefit from the specialised physiotherapy available, are deprived of this due to their premature discharge to unsuitable home experiences."

Tributes are paid by other departments to nurses for their dedication while working under pressure.

Pretoria Bureau

New college for black nurses

More than 41 percent of black nurses trained at the Baragwanath Nurses Training College come from the homelands and countries such as Swaziland, Lesotho and Zimbabwe.

At the opening of the new college at Baragwanath Hospital yesterday, the Administrator of the Transvaal, Mr Willem Cruywagen, said students came from far and wide to study there. Students who had received, or were receiving, training came from black states such as Ciskei, Bophuthatswana, Transkei and Lebowa, said Mr Cruywagen.

The new college, which cost more than R2,3 million, had taken about 10 years to complete and would help to ease accommodation problems, Mr Cruywagen said. An estimated 8 141 black student nurses

had already been trained at Baragwanath and at present 1 500 students were enrolled. The training of professional black nurses in South Africa went back 79 years, Mr Cruywagen said. The first two — Ceci-

lie Makiwane and Mina Colani — started their training at Lovedale Hospital in 1903.

Today there were 43 professional staff members, including four vice-principals (one of whom is black), eight white lecturers, 25 black lecturers, two nursing sisters, an audio-visual officer and a librarian.

Nurses fear pay deduction

915

Mercury

20/8/82

Mercury Reporter

NURSING sisters at Empangeni Hospital, and assistant nurses who take home as little as R180 a month, are frightened they may be asked to submit to collective monthly wage deductions to pay for a patient's missing jewellery worth R2 900.

The latest loss of valuables is the most serious to date in a succession of incidents which have plagued the hospital, among them thefts and ugly scenes involving drunks who entered the wards and harassed night staff alone on duty.

Two weeks ago a night sister was badly bruised about the face in an assault. On May 6, Mrs Joyce du Plessis of Secunda was rushed to the hospital

after a road accident and her rings, certified at R2 900, had to be cut off her fingers for urgent medical reasons.

Under hospital regulations, valuables are supposed to be locked in a special box for which staff on duty must take responsibility, however hard-pressed they may be with medical emergencies.

The rings could not be found when Mrs du Plessis was discharged and a report was made to the police, but there have been no arrests.

Nurses fear hospital authorities will now repeat the procedure adopted in 1980 when they were required to contribute R120 among them to reimburse a patient whose cash was lost from the valuables box.

A third serious loss of a patient's

valuables involved a Japanese seaman, who dropped the matter rather than delay his return to his ship.

In other recent incidents, night staff have been assaulted or abused by drunks who have gained access to the wards, and hospital equipment has been stolen.

The hospital secretary, Mr Rob McDonald, confirmed this week that lamps had been removed from the chandelier in the hospital's main foyer, and other losses included a wheelchair, rubber seats and signs from toilet doors.

He confirmed that major moves were under way to prevent access to hospital premises by 'undesirable' people.

No decision had been taken yet on possible action to recover the value of

Mrs du Plessis's missing jewellery.

A former nurse at the hospital said that when deductions were imposed before on Empangeni nurses, the lowest-paid girls were more than R10 out of pocket. The sum to be recovered then was less than 5 percent the amount now missing.

'We were wild when this happened,' she said.

'The girls often do not complain at this kind of treatment because many of them desperately need their jobs.'

Natal's Deputy Director of Hospital Services, Dr Priscilla Truter, said in a telephone interview from Pietermaritzburg that she welcomed the steps to tighten security at the hospital.

34 pc pay rise for new nurses

Cape Times 25/8/82

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Own Correspondent
MARITZBURG. — Newly-qualified nurses were to get 34 percent pay increases and other nurses would get between 12 and 50 percent more in their pay packets, Dr Fred Clarke, Natal's MEC in charge of Hospital Services, disclosed yesterday.

He said the increases applied to all State and provincial nurses and were in addition to the 15 percent increase in April. The overall average increase would be about 15 percent and they were not across the board. For the first time, every grade had been assessed individually and full details would be released next week.

The increases come into effect from October 1. A student nurse who qualified at the end of three years would now go from R4 878 to R7 470 a year — a jump from R406.50 to R622.50 a month.

The new minimum of R7 470 could rise in notches, without further qualifications, to R12 600 for nursing sisters, Dr Clarke said.

Tutor nurses would re-

ceive a minimum of R10 890 and a maximum of R16 020.

School nurses and those working in semi-government posts would also benefit.

There were also satisfactory adjustments at student-nurse level and there would be marked improvement.

He said "All the increases have been long overdue and they have been thoroughly investigated. Although there are still some areas I am personally not happy about, I believe we can make representations to the Commission for Administration and get them adjusted."

Dr John Sonnenberg, the Cape Provincial Council's opposition spokesman on health matters, welcomed the increases late last night, saying they would "definitely have a significant and beneficial effect on the profession."

Cat out of bag?

Approached for comment following Dr Clarke's announcement he said: "The news has come as a complete surprise to me and it seems that Dr Clarke has let the cat out of the bag because such information would normally be expected from the Minister of Health."

He said the vital part of

the news was that newly-qualified nurses would commence at salaries which should be competitive to those in the private sector.

However, certain questions remained unanswered, one of them being the disparity in pay scales between black nursing staff and those in other race groups.

Warning

The Cape's MEC for Hospital Services, Mr P J Loubser, said from his home late last night that he preferred not to confirm the figures supplied by Dr Clarke, or to comment immediately.

He warned nurses not to jump to "premature conclusions" when they heard about the increases and possibly found themselves disappointed when they were individually informed of their increases.

He said administration staff were still calculating each nurse's increase, and the hospitals at which they worked would probably be able to give them specific details by the end of this month.

BUSINESS BRIEF

Gold (close)	\$406.50
FT index (close)	571.00
RDM 100	604.80
Dow Jones	874.90

Miss Hogan said the ANC had asked her in a letter addressed to "Dear Comrade" for a list of people she associated with in her political work. Miss Hogan said she had then compiled a report entitled "Close Comrades" as a result of which several people mentioned therein had been detained by the security police.

Miss Hogan told Mr Justice van Dyk that she had become involved in student politics as a first-year student at the University of the Witwatersrand in 1970.

She had met Mrs Jeanette Schoon, Marius Schoon's wife, while doing voluntary work at the Industrial Aid Society.

She had returned to university in 1976 to complete her honours degree in development studies. She had started reading up on banned organizations. She had read, amongst others, Nelson Mandela's "Statement from the Dock" which had

After her appointment to the ANC in 1977 she had gone to Swaziland to work with Khuzwayo.

"He told me that a democratic organization and that I would have to work Umkhonto we Sizwe. I said there was no me in the ANC as I accepted the principles of the Freedom Charter.

'Not treason'

Miss Hogan said she had not subscribed to the overthrow of the government, neither was it a treasonable document.

Miss Hogan had been transferred to the ANC in Boise, Idaho, in April 1979 to work with Marius Schoon.

Miss Hogan said she had noticed she was under surveillance by the Security Police and had sent a message to her mother in this regard, but she had not received a reply.

The hearing continued today.

Currie Cup rugby final prices double

Staff Reporter

THE PRICE of tickets for the rugby Currie Cup final has doubled since 1979 when the final was last played at Newlands.

Rugby fans who watched Daan du Plessis's Northern Transvaal team snatch a lucky draw against Morné du Plessis's Western Province side in 1979, paid between R2 and R2.50 for standing room.

The 15 000 people who stand this year will pay between R4 and R5.

Mr Dawie Schoonraad, manager of the Western Province Rugby Union's

Newlands offices, Monday that seats would cost open seats R10. This constitutes a 100 percent increase since 1979.

The price of tickets increased from R34 to R55 this year. Ticket holders must still pay for the final and more cash.

Tickets have been printed, but must still win the final match if they are to be played at Newlands. If WP lose their final, the ticket will be refunded.

The prices, however, are not likely to deter fans.

Gran Bazaar

INFLATION FIGHTERS!

Court

Kaunda film

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1982

Pay rises for nurses confirmed

ARGUS 25/8/82 (95)

Medical Reporter

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THE MEC in charge of hospital services for the Cape Provincial Administration, Mr P J Loubser, confirmed today that nurses would receive substantial salary increases at the end of October, ranging from eight percent to 52 percent.

This is the first official confirmation locally that nurses would receive substantial rises in October — after the MEC in charge of Hospital Services in Natal, Dr Fred Clarke, spoke yesterday of increases of up to 50 percent.

Mr Loubser said in a statement today he could assure the relevant staff of the Provincial Administration that they would participate in full in the salary improvements.

He added that for the majority these would be considerable.

"The new structure provides, inter alia, for 12 post classifications compared with 20 in the past.

CLASSIFICATION

"The revised salary for each nurse will depend, therefore, on her present classification, salary scale and notch.

Mr Loubser said a comparison between the mean of the pre-revised ranks now grouped together and the revised scales indicated rises of between eight and 52 percent.

"I have no doubt the improvements will be welcomed generally.

"Naturally a happy nursing corps will contribute to the attractiveness of the profession and act as an incentive to young ladies to join it and to already qualified nurses to return to the profession."

ATTRACTIVE

For registered nurses who were not presently employed, the new salary should be attractive. These nurses, on reappointment, would receive recognition for previous experience up to the maximum notch of the scale of a nurse, which would amount to R12 600 a year.

Mr Loubser said the aspect of parity in salaries was continuously receiving the attention of the Commission for Administration, with general salary adjustments.

"Parity has in this interim adjustment been maintained from the rank of staff nurse and higher in respect of whites, coloured and Indians, and from the rank of senior matron and higher in the case of black nurses.

CASH BONUSSES

"It will also be generally welcomed that nurses will henceforth be rewarded by means of cash bonuses for registerable additional qualifications."

Approval for the revised dispensation would be obtained at the next meeting of the Administrator in Executive Committee.

Mr Loubser said the processing of the increases was an enormous task and that the Hospitals Department was presently fully occupied with it.

The department would soon make all the particulars available to hospitals and other institutions to ensure that nursing staff would receive their new salary cheques at the end of October.

'Nurses to get ⁹⁵ 34% ^{RDM} pay rise' ^{25/8/62}

By DIANNA GAMES

NEWLY qualified nurses are to receive pay increases of more than 34% in terms of new salary scales, according to the Natal MEC in charge of hospitals.

The increase for nurses who have been qualified in the minimum period of three years, will raise their incomes from R406,50 to R622,50 a month.

However these figures could not be confirmed by the President of the Nursing Association in the Transvaal, Professor Margaret van Huyssteen.

They were revealed by Natal's MEC for Hospital Services, Dr Fred Clarke. He gave an example of a specific pay increase for newly qualified white nurses after their three years training.

Professor van Huyssteen said it was "very risky" to have given figures for the increases. She said she did not know how actual percentages could be released because each case was being dealt with on individual circumstances.

Dr Clarke said the figures had already been worked out and schedules would be distributed to hospitals soon. He hoped that nurses' increases would be on their October pay cheques.

Dr Clarke said that the figures were uniform for the whole country and therefore his examples applied equally to Transvaal.

Professor van Huyssteen said that according to the schedule the Association had, the increases for newly qualified nurses would not be much more than 15%.

Some nurses may get 52 percent rises

Cape Times 26/8/82

Staff Reporter ⁹⁵

THE new salary structures for nurses would no doubt be "welcomed generally", the MEC in charge of hospital services, Mr P J Loubser, said yesterday.

The rises, which are likely to be between eight and 52 percent, will come into effect on October 1.

In a press release, Mr Loubser said nurses seeking reappointment would receive recognition for previous experience up to the maximum notch of the "Sister" scale — which would amount to R12 600.

Other aspects were:

● The new structure provided for 12 different post classifications compared with 20 in the past.

● The revised salary for each nurse would depend on her present salary scale and notch classification.

● Increases of between eight and 52 percent were indicated.

● Parity in salaries was continuously receiving the attention of the Commission for Administration.

● Nurses would also be rewarded by means of a cash bonus for registerable additional qualifications.

Mr Loubser said the processing of the measures was an enormous task and efforts would be made to ensure nursing staff would receive their new salary cheques at the end of October.

craft Wind's Will was sighted in calm seas yesterday making slow progress towards Falmouth his wife and the

fears that he was dead when he was missing for 27 days before being spotted about 600 sea miles off the English coast

grated during the voyage by the confined conditions in his glass fibre boat

(95) 100M 27/8/82
Secrecy on nursing deal 'adds to crisis'

Pretoria Bureau

THE Government was contributing to the nursing crisis by withholding all the information about the new deal for the country's nurses, the Progressive Federal Party spokesman on hospital affairs in the Transvaal Provincial Council, Mr Sam Moss, said in Pretoria yesterday.

He said the PFP welcomed

the 25% increase in starting salaries for nurses, which meant a hike of R125 a month, but he doubted whether this would be enough to attract the needed number of nurses

The profession was still in a crisis. Hospital wards were closed at most major urban hospitals. In the Johannesburg Hospital only about half the beds were open

It was particularly impor-

tant, because nurse recruiting started again soon, that all the improvements in the new deal, including service conditions, should be given wide exposure.

Other sources claimed that at other levels in the profession the increases would exceed 30%. However, there is no confirmation of this

It is known that the number of post levels has been

reduced from 45 to 12, and the existing 20 salary scales to 11.

The shortage of nurses in the Pretoria-Witwatersrand-Vereeniging area is estimated at 5%. The national shortage is 19%.

About 57 000 of the 72 000 nursing posts in provincial hospitals, the Department of Health and municipalities, are filled

Titles that will intrigue

Education Reporter

BORED with the shelves of your local library?

Then visit an unusual exhibition of books published by past and present staff members of the University of the Witwatersrand's medical school in Braamfontein. Some of the titles will curdle your blood.

Publications spanning 60 years and ranging from early student journals to textbooks of international standing will be displayed, including such intriguing titles as "Lawful interference with a dead body", "Pitfalls for medical bloodhounds" and "Beasts and beastliness".

"It won't be a case of looking at exhibits in glass cases," says medical librarian Mrs E Robertson

"People will be encouraged to pick up books and browse through them."

The exhibition takes place from September 1 to 4 at the Wits Medical Library, Esselen Street, Hospital Hill, from 8.30am in the morning

MATTER OF FACT

TO CORRECT specific errors of fact, write to the Editor at P O Box 1138, Johannesburg, or telephone the Editor's secretary at 710-9111 between 9am and 5pm on weekdays.

If you have broader complaints about the Rand Daily Mail these can be taken up with the Mail Ombudsman, James McClurg, c/o the Editor's secretary.

POLITICAL comment in this issue by R A Gibson Peter Bunkell newsbits by Marlin Schneider headlines and sub-editing by Paul Harold cartoons by David Anderson and Dave Gaskill at 171 Main Street Johannesburg

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THESE ARE PICK SOUTHERN TVL SUPERMARKET PRICES



Pay up but nurse shortage 'critical'

95
Mercury
3/9/82

Pietermaritzburg Bureau
DURBAN'S Addington
Hospital was facing a
critical shortage of stu-
dent nurses, medical su-
perintendent Dr Margaret
Barlow revealed
yesterday.

On the eve of substan-
tial salary increases for
all nurses, particularly
those who had just quali-

fied, Addington had 141
out of 511 student posts
vacant.

Out of 70 degree student
posts, 10 were vacant,
while the remaining 131
vacancies were among the
two- and three-year nurs-
ing courses.

Grey's Hospital in
Pietermaritzburg was also
facing shortages, with 37

of their 388 student posts
vacant.

Last week Natal's MEC
in charge of Hospital Ser-
vices, Dr Fred Clarke, an-
nounced salary increases
of between 12 and 50
percent, with newly-quali-
fied nurses receiving 34
percent on top of 15
percent increases earlier
in the year.

Dr Barlow said the situ-
ation was 'quite a bit
worse' than it had been
last year, and there were
also shortages among
trained nurses.

Grey's Hospital, howev-
er, had a full compliment
of qualified nurses, the
superintendent Dr J C
Simpson, said yesterday.

The announcement of
greatly improved pay
scales should have an im-
pact among trained
nurses but it could take
some time for the short-
fall among students to be
made up, Dr Barlow said.

'You just can't solve a
problem overnight that
has been accumulating
for the past three years,'
she said.

Miss Heidi Brookes, of
the College of Nursing in
Durban, said there had
never been a problem in
attracting African and In-
dian girls to the
profession.

But there was not as
great a demand for train-
ing among whites and
coloureds.

She said with the new
pay scales, qualified
nurses' incomes would
compare favourably with
trained women in other
fields.

Student nurses, too, had
certain privileges not
readily available else-
where, such as free educa-
tion and subsidised
accommodation.

95 RBM 22/9/82

Council plea on nursing colleges

Pretoria Bureau

THE SOUTH African Nursing Council has made representations to the authorities in connection with the establishment of national nursing colleges which will be linked with universities.

This was revealed at the council's meeting in Pretoria yesterday.

The council said it felt there was a need for a national policy on nursing education that necessitated the introduction of a nursing college system.

Another consideration was that there was also a need for nursing education to receive its fair share from the taxpayers' resources and the placing of nursing education within the recognised system of education.

The council has recom-

mended that student nurses should register with the college and not with the hospital.

"This does not mean that she will not fall under the control of the matron whilst she is a member of the clinical team in the hospital situation," the council said.

The Minister of Education and the advisory committee of universities had accepted that nursing colleges offering training at diploma level may be linked with universities.

"The university will also act as external examiner to the college-based examinations. This will enable each college to conduct its own examinations, and the need for the national examinations of the SA Nursing Council will fall away," the council said.

Pay and long hours irk nurses

Staff Reporter

LOW salaries and long, unpleasant working hours were among the reasons why South Africa was losing a vast number of registered nurses.

Professor A M Venter, head of the Department of Nursing at the University of the Western Cape, told delegates at the "Spotlight on the Registered Nurse" symposium at UWC yesterday that most registered nurses who left the service before and after the April 1979 salary increase had cited inadequate salary and long working hours as reasons for leaving.

In a research project in 1979, Professor Venter interviewed 759 nurses who left the profession and 446 of those who decided to remain in nursing.

Despite the 1979 salary increase, 63 percent who left said they were discontented with the salary scale and only 3,8 percent of those who remained were satisfied.

The project, "The loss of white and coloured registered nurses in the RSA", concluded that nurses between the ages of 19 and 24 tended to leave whereas those over the age of 30 showed a tendency to remain.

Another finding was that most nurses who left had a father in the higher-income bracket.

Professor Venter said that when the nurses had completed their training they would remain for a short time and then leave the Provincial Administration.

Other aspects were the wish to study further, the need to complete their training, inadequate boarding facilities and insufficient promotional possibilities.

Nurse pay rises for all races — but gap stays

AKGUS 24/9/82
95

Political Correspondent
SALARY increases for nurses would apply to all race groups but the salary gaps between white and black were not being narrowed, according to the Cape Provincial Administration.

Except for nursing assistants, where there is still a gap of about R200 a year, white and coloured nurses are now being paid the same.

After the new salary increases there is still a gap of up to R1 000 a year between black and white nurses. There is salary parity between white and black only from the level of matron.

A spokesman for the Cape Provincial Administration said today the salary gap had not been narrowed in the new round of increases as these were regarded as an interim measure.

ATTEMPT MADE

When regular increases were given, as happened in April, an attempt would be made to narrow the gap. Considerable progress had been made in the past.

He said some black nurses would receive far bigger increases than some whites. In some of the higher categories, however, a big gap remained.

In the case of nursing sisters this was more than R1 000 a year. In this category blacks previously earned R5 430, going up to R6 846. Whites earned R5 982, going up to R7 470.

LONG OVERDUE

Black nursing sisters would now earn R9 234, up to R11 460 while whites would receive R10 062, up to R12 600 a year.

Nurses throughout the country reacted euphorically, but the PFP spokesman on health, Dr Marius Barnard, urged the Government to do something about paramedical staff in hospitals.

"The increases are long overdue but it is un-

The average increase would be 48 percent, with individual increases ranging from six percent to about 60 percent.

Nurses' titles would also be changed. Student nurses and trained nurses would be known as nursing assistants, senior sisters and matrons as senior professional nurses and chief matrons as chief nursing services managers.

The salary of a staff nurse would be increased from R344 a month to R499 a month, an increase of 45 percent.

SAME SALARY

The starting salary of a sister would be increased by 25 percent to R623 a month. The ranks of sister and staff sister would be combined, and they would be on the same salary scale, the commission said.

The salaries of senior sisters and matrons would rise to not less than R908 from their present R650, with a maximum of R1 335, an average increase of about 23 percent.

Chief matrons would receive increases of about 51 percent, from R1 335 to R2 019.

(Cont. from Page 1)

Earlier Dr Quail said that if the degree of intoxication from drugs was significant, Mr Solomon's time orientation would have been vague.

His motor functions might have been clumsy and unsteady, but in familiar surroundings he would have been able to move around reasonably well.

The Obex tablets, a central nervous system stimulant which helped in dieting or weight loss, would have caused a sense of exhilaration and excitement. With this feeling there was frequently a change in motor activity resulting in restless behaviour.

Welconal was a synthetic morphine-type drug used for severe pain. It was a central nervous system depressant which produced sedation and a feeling of euphoria in addition to its pain-relieving properties.

Potency

In the case of these two drugs the maximum absorption period was roughly two hours. Within five to six hours the drugs were reduced to half their maximum level.

Dr Quail said Mandrax tablets were no longer legally available in South Africa. They had a sleeping or hypnotic effect and were used in cold and flu preparations.

He said the two substances in the drug would enhance each other and increase the potency of other substances. The onset action was similar to

Solomon

that of the two other drugs.

In cases of drug abuse, this drug was normally crushed and mixed with cannabis. It was then rolled into a cigarette and smoked.

Dr Quail said that in many ways the effects were similar to those of alcohol.

If cannabis and Mandrax were taken together they would be more effective than one substance taken on its own.

Mr Pienaar asked "In the light of tablets taken to the normal dosage, what would the effect have been on him?"

Dr Quail replied "If the Welconal was taken alone there would be signs of sedation and a marked reduction in awareness. The Obex should have produced marked agitation and restlessness.

"At 12 30 the tablets were in the process of being absorbed and had not reached full blood concentration. By 5 30 the effects would have continued for a lengthy period, but at reduced intensity. At this time he would have been disinhibited.

"An ordinary observer would not have noticed an impairment of his motor functions."

Mr Pienaar said "You have seen the accused, a social worker's report and were informed of his family background. You are also aware of the assault on his mother. Can you explain his reaction to his mother?"

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A FANTASTIC FOOD EXPERIENCE

SALARY increases for nurses would apply to all race groups, but the salary gaps between white and black were not being narrowed, according to the Cape Provincial Administration.

Except for nursing assistants, where there is still a gap of about R200 a year, white and coloured nurses are now being paid the same.

After the new salary increases there is still a gap of up to R1 000 a year between black and white nurses. There is salary parity between white and black only from the level of matron.

A spokesman for the Cape Provincial Administration said today the salary gap had not been narrowed in the new round of increases as these were regarded as an interim measure.

ATTEMPT MADE

When regular increases were given, as happened in April, an attempt would be made to narrow the gap. Considerable progress had been made in the past.

He said some black nurses would receive far bigger increases than some whites. In some of the higher categories, however, a big gap remained.

In the case of nursing sisters this was more than R1 000 a year. In this category blacks previously earned R5 430, going up to R6 846. Whites earned R5 982, going up to R7 470.

LONG OVERDUE

Black nursing sisters would now earn R9 234, up to R11 460 while whites would receive R10 062, up to R12 600 a year.

Nurses throughout the country reacted euphorically, but the PFP spokesman on health, Dr Marius Barnard, urged the Government to do something about paramedical staff in hospitals.

The increases are long overdue but it is unacceptable and unfair that there is no parity for black, coloured and white nurses.

Dr Barnard also criticised the small increases for nursing staff at the bottom of the salary scale.

TITLES CHANGED

The Commission for Administration yesterday announced salary increases of up to 60 percent with new scales from October 1.

would be 10 percent, with individual increases ranging from six percent to about 60 percent.

Nurses' titles would also be changed. Student nurses and trained nurses would be known as nursing assistants, senior sisters and matrons as senior professional nurses and chief matrons as chief nursing services managers.

The salary of a staff nurse would be increased from R344 a month to R499 a month, an increase of 45 percent.

SAME SALARY

The starting salary of a sister would be increased by 25 percent to R623 a month. The ranks of sister and staff sister would be combined, and they would be on the same salary scale, the commission said.

The salaries of senior sisters and matrons would rise to not less than R908 from their present R650, with a maximum of R1 335, an average increase of about 23 percent.

Chief matrons would receive increases of about 51 percent, from R1 335 to R2 019.

stimulant which helped in dieting or weight loss, would have caused a sense of exhilaration and excitement. With this feeling there was frequently a change in motor activity resulting in restless behaviour.

Welconal was a synthetic morphine-type drug used for severe pain. It was a central nervous system depressant which produced sedation and a feeling of euphoria in addition to its pain-relieving properties.

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A FANTASTIC FOOD EXPERIENCE

Big pay rise for most nurses

CAPE TIMES
24/9/82

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JOHANNESBURG. — Salary increases for nurses of up to 60 percent were announced by the Commission for Administration in Pretoria yesterday.

New salary scales for all nurses were to be introduced from October 1, the commission said.

The average increase would be 48 percent, with individual increases ranging from six percent to about 60 percent.

In addition to the amended salary scales, there would also be changes in nurses' titles.

The Cape Times correspondent in Pretoria reports that the increases follow a lengthy investigation by the commission, which resulted in a total restructuring of salaries and posts.

Although the SA Nursing Association declined to comment on the extent of the increases yesterday, it is clear that big increases have been

granted to the lower ranks, where the need is greatest.

The chairman of the Commission for Administration, Mr Jimmy van der Merwe, said the restructuring of nurses' pay had been a highly-complicated exercise in which virtually every individual case had to be looked at separately.

It was up to the individual employing authorities — the provinces' local authorities and the Department of Health — to work out the details against a background of the restructuring, new conditions and new norms.

Complex

The Director-General of the Department of Health, Dr J de Beer said unconfirmed figures published yesterday would be misleading, and could cause confusion and disappointment in the nursing services.

"You cannot generalize on the extent of the increases. The increases will depend on a number

of factors, including qualifications, length of service and others. In fact, every individual nurse will have to be assessed separately."

The complexity of the issue made a general statement impossible, Dr De Beer said.

However, according to the unconfirmed report:

Up 44 percent

- Starting salaries of nursing assistants with Standard 8 will rise by 44 percent to R407 a month.

- Staff nurses' salaries will rise from R344 to R499 an improvement of 45 percent.

- The senior staff nurse minimum salary of R430 has been raised to R623.

- In the new deal, the ranks of sister and staff nurse are combined, with a new minimum of R623 and a maximum of R1 050.

- Senior sisters and matrons have a new minimum of R908, against the present minimum of R649. Their new maximum is R1 335. The average rise is 23 percent.

- A nursing tutor's pay will go up by 30 percent to R908.

New category

- A new category of nursing services manager which incorporates first matrons, organizers of nursing services and assistant regional organizers, is to receive increases of 52 percent to R1 524 a month. The new maximum is R1 807. The percentage adjustment is between 10 and 52



Lirize Loots, 3, centre, and mud-pies as they build sa

Smallest SA baby dies

Own Correspondent

JOHANNESBURG. — Ivan Gloy, the smallest baby born in South Africa in the past three decades, has died.

Born four months prematurely, weighing a mere 835g, and only 31cm long, he died in his incubator on Wednesday night — nine days after he was

er, Mrs Rosemary Gloy, 18, of Springs, said yesterday "When I phoned at about nine o'clock last night to inquire how he was doing, the ward sister told me things were not right."

"I phoned again 9.45 and they told me he had just died."

Mrs Gloy said a sister



Frank Lord
Frank

nurses

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● The minimum for chief matron will rise from R1 192 to R1 801. The new maximum is R1 949, and average adjustment is 27 percent.

● Head matron special grade will rise from R1 335 to R2 019 — a 51 percent increase.

● The new salary scales have been greeted with satisfaction by leading people in the nursing field.

Professor Charlotte Searle, Professor of Nursing at the University of South Africa, said last night that the increase was "the best deal nurses have had this century" and was "highly satisfactory". — Sapa



Lirize Loots, 3, centre, and her younger brother Lieha mud-pies as they build sand-castles on the beach. After soaking up the sun

Smallest SA baby dies

Own Correspondent

JOHANNESBURG — Ivan Gloy, the smallest baby born in South Africa in the past three decades, has died.

Born four months prematurely, weighing a mere 835g, and only 31cm long, he died in his incubator on Wednesday night — nine days after he was born in the Far East Rand Hospital, at Springs, on September 13.

His grief-stricken mother,

Mrs Rosemary Gloy, 18, of Springs, said yesterday: "When I phoned at about nine o'clock last night to inquire how he was doing, the ward sister told me things were not right."

"I phoned again 9.45 and they told me he had just died."

Mrs Gloy said a sister on the maternity ward staff had told her that Ivan was having difficulty breathing.



Frank Lord
Frank Lord sacked

LONDON — Frank Lord, manager of Fourth Division Hereford United since November 1979, yesterday became the first managerial casualty of the new Football League season.

Lord, who managed Cape Town City when they were one of the leading clubs in the old National Football League in the 1970s, was dismissed by Hereford. His contract was scheduled to run until next July.

Hereford are currently bottom of the Fourth Division, with one draw and five defeats after their first six games. — Sapa

Detainee beating

Own Correspondent

JOHANNESBURG. — A detainee was kicked, beaten till he screamed, forced to stand for long periods and only allowed to sleep for a few hours during a seven-day interrogation session, a magistrate heard yesterday.

Pramanathan Naidoo was presenting a 14-page affidavit with detailed allegations of torture at the hands of the Security Police at the inquest on trade union leader Dr Neil Aggett.

Earlier, another former detainee, Mr Ismail Momoniat, told the court he had seen what he thought was a large bruise on Dr Aggett's forehead on February 3 — two days before he was found hanged in his cell.

Naidoo, a factory worker detained at the same time as Dr Aggett last year, is presently serving

a one-year prison term.

In his cross-examination, he told the period hours on No when

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Nurses hit out

at 'mad' pay gap

Pietermaritzburg Bureau

95 *Harvey* 24/9/82

NATAL nurses reacted with anger yesterday when details of increases were revealed, and many accused the Government of favouring the profession's most senior people at the expense of the juniors.

'We are speechless. We thought they wanted to recruit nurses, not matrons,' said one nurse.

'Am I mad, or are they?' asked another sister.

She pointed out that senior matrons, principal matrons, chief matrons and the chief nursing officer would all get increases of more than 50 percent, while sisters, male nurses, school nurses and district nurses would get less than 25 percent more.

What they're getting

EXAMPLES of the new scales are: Pupil-student nurses, with Sd 10: was R3 633 to R4 629, now R4 380 to R6 255; Sister, male nurse, school nurse, district nurse: was R5 982 to R10 062, now R7 470 to R12 600; senior sister: was R7 782 to R12 600, now R10 890 to R16 020; tutor (nursing): was R8 406 to R13 740, now R10 890 to R16 020; senior matron: was R10 062 to R14 1880, now R16 020 to R19 137; senior tutor (nursing): was R11 460 to R15 450, now R16 020 to R19 137; principal matron: was R12 030 to R16 590, now R18 288 to R21 684; chief matron: was R14 310 to R19 137, now R21 684 to R23 382; chief nursing officer: was R18 288 to R23 382, now R28 185 (fixed).

Pupil nurses and student nurses would receive 20 percent more until they qualified.

The sister, who said she had been asked to voice the feelings of 20 colleagues, said she was amazed, stunned and simply could not believe the breakdown of salaries.

'There's no shortage of matrons — and most of them have already feathered their nests for their retirement in a few months' time anyway,' she said.

She also claimed nurse-aides, who were paid either R130 or R160 depending on schooling, were getting nothing out of the 'new deal'.

And many of the smaller hospitals are completely dependent on them, she said.

Not true

Temporary nurses, who presently received no leave, sick leave, medical aid or bonuses, were also excluded from the increases, she claimed.

However, the Director of Hospital Services in Natal, Dr Johan Vorster, said this was not true.

He said temporary appointments were made because the person concerned was ineligible for a permanent position if she were not South African or if she were physically unfit.

However, temporary staff qualified for the same privileges and pay as their permanent associates except the pension fund.

As far as higher increments for senior staff were concerned, Dr Vorster said this was a general trend both in the public service and private sector, designed to keep trained people in the profession and to attract people of the highest calibre to the upper ranks.

Students and pupil nurses don't get much, he conceded, 'but are getting a reasonable income for students who are cared for in housing, uniforms everything'.

They also had a 'very big jump to look forward to when they qualified.

Nurse aides were not registered nurses at all, and so formed no part of the new dispensation.

'I think the nurses should be very, very happy and I seriously think the new pay scales should attract nurses back into the profession,' he said.

Miss Heidi Brookes, chairman of the Natal board of the South African Nursing Association, said yesterday they had received 'quite a lot of response from members who were happy with the increases.

However, many were uncertain as to how they would be affected as the scales were based on new job designations, and individual experience and qualifications had to be taken into account.

Nurses' salaries 'misrepresented'

95

Quoting maximum, minimum and average percentages of the new salary structures for nurses was meaningless and misleading, said Mr Louis Kluever, director of personnel structuring of the Commission for Administration yesterday.

He said figures published over the past two days had not been supplied by his department.

"I do not say these figures are wrong, but they represent only the absolute top, middle and bottom of each category.

Mr Kluever explained the new deal was not simply an adjustment of salaries.

"This is a complete restructuring of salary scales in which 20 old scales have been changed to an 11-level structure.

"The extent of each individual increase depends on the notch a nurse had achieved on the old scale, and the difference between the minimum of the old scale and the new."

It is reported from Cape Town that increases will apply to all race groups, but will not narrow the salary gaps between black and white.



TWO final-year student nurses went out into the sun this week to celebrate their salary increases. They are Durban's Haydee Yeel (left) and Anne Allchurch, both 21.

By Ingrid Stewart

THERE were celebrations in the wards this week when nurses throughout the country heard they would be getting increases ranging from 20.5 percent to a whopping 59.2 percent, probably from the end of this month.

But as they received more details of the pay increases their jubilation slowly turned to confusion and anger in some cases.

Junior nurses say the seniors have been favoured in the new dispensation and senior nursing staff have heard their increases will, in reality, be significantly less than expected.

Black nurses have reacted to the lack of parity between them and white nurses in the lower grades. Parity of salaries between black and white nurses only occurs halfway up the nursing profession ladder from the level of senior matron.

The new salary scales for black nurses were not available to the Sunday Tribune this week but we were told although they had also received significant increases, they would be earning between R500 and R800 a year less than their white colleagues below the level of senior matron.

When they first heard about the new

Nurses ⁽⁹⁵⁾ *S. Tribune* new pay deal is 26/9/82 no cure all

dispensation the nurses were jubilant.

"Our telephone hasn't stopped ringing," said Eileen Brannigan, regional executive officer of the South African Nursing Association (SANA) in Durban. "They can't believe the figures are so high and there is a general feeling of disbelief and jubilation."

Heidi Brookes, chairman of the regional board of SANA felt the new dispensation would encourage nurses to stay in the profession and persuade those who had left to return.

But there was confusion at week's end on exactly how the increases would be implemented because each nurse below the level of senior matron is going to be assessed as an individual with qualifica-

tions and length of service taken into account.

A nurse who had obtained details of the new dispensation, told the Sunday Tribune the percentages given were misleading.

According to her information, nurses above the senior matron level would get only the starting salaries on the new scale — irrespective of length of service or qualifications.

Some junior nurses are also unhappy. They say the seniors will receive significantly higher percentage increases than them.

"The junior nurses feel that not much has been done to attract nurses to the profession," one said.

"After all, there are very few posts for nurses at the level of senior matron and upwards."

Black student nurses get less

PORT ELIZABETH — A black student nurse will earn over R2 000 less a year than her white contemporary, according to new nursing salary scales released to hospitals recently.

A survey of the planned nursing salaries for whites, coloureds and Indians, and blacks, has revealed that although there are little or no differences in salary across the colour line in the higher nursing posts, the recent pay rise for all nurses has put the earnings of the lower ranked black nurses way below the earnings of white, coloured and Indian nurses.

In some cases the earnings of black nurses are nearly 50 per cent below those of white nurses.

The survey has shown that there are large salary discrepancies between white, Indian coloured and black nurses up to the level of senior sister, matron and senior male nurse.

● A black student nurse with a senior certificate will earn nearly R1 000 less per year than a coloured or Indian nurse, with the same qualifications.

● She will earn R2 433 less a year than the average earning of the white matriculated student nurse.

● A coloured student nurse with a senior certificate will earn R1 437 less a year than the average white student nurse with the same educational qualifications.

● A black nursing sister's average salary will be R882 less a year than the average salaries of white and coloured and Indian nursing sisters. There are no salary differences for white, coloured and Indian nurses at this level.

● At the level of senior sister, male nurse and matron the salaries of white, coloured and Indian nurses remain on a par but the salaries of black nurses are still on average R984 a year behind them.

The survey has also shown differences in yearly salary between black nurses and Indian and coloured nurses.

● A black nurse with a senior certificate will earn nearly R500 less a year than a coloured or Indian nurse who has only a junior certificate.

● A black nursing assistant will earn an average salary which is R1 265 less than a coloured or Indian with the same qualifications. DDC.

Gap in nurses' wages

CAPE TOWN
new 27/9/82

95

Staff Reporter

WHITE matriculated student nurses will earn more than R2 000 a year more than black student nurses with the same qualifications when the new nursing salary scales come into effect next month.

A survey by the Eastern Province Herald in Port Elizabeth found "little or no differences" in salary across the colour line in the higher nursing posts.

However, the earnings of lower-ranked black nurses were far below the earnings of white, coloured and Indian nurses, and in some cases nearly 50 percent below those of white nurses.

'Part of the rot'

Mrs Di Bishop, an opposition spokesman on health services in the Provincial Council, said the salary discrepancies were "part and parcel of the rot in the fabric of our society".

"The 'privileged position' of white nurses can be equated to the entrenchment of white power in the proposed constitutional deal. I am pleased nurses have received salary increases, but how wonderful it would have been if they had been given irrespective of race, colour and creed."

R1 437 less

According to the survey, a coloured student nurse with a senior certificate will earn R1 437 less a year than the average white student nurse with the same educational qualifications.

Salaries of white, coloured and Indian senior sisters, matrons and male nurses remain on a par, but the salaries of black nurses still lag behind by an average of R984 a year.

The survey has also shown that a black nurse with a Senior Certificate will earn nearly R500 less a year than a coloured or Indian nurse who has only a Junior Certificate, and a black nursing assistant will earn on average R1 265 less than a coloured or Indian with the same qualifications.

1982

(a5) Mercury 36/9/82

Mercury Reporter

INCREASING salaries was not the only way to put an end to the nursing shortage, Dr Sue Vaughan of the University of Arizona, said in Durban yesterday. The introduction of flexible scheduling, and the stepping up of education in training should be combined with higher salaries to bring more nurses into the profession, she said.

Dr Vaughan, who has a doctorate in clinical nursing, is in Durban to speak on pre- and post-operational patient care to South African nurses.

By introducing flexible hours you would allow nurses

with young children to be brought back into the profession, Dr Vaughan said.

Nursing education also should be stepped up.

In the States there is an increasing percentage of nurses who are going for the degree rather than the diploma. I believe entry into the profession should be a degree, Dr Vaughan said.

In the U.S. there were 1 600 000 registered nurses of which 1 200 000 were actively employed in nursing.

These nurses served a population of 240 million. She said U.S. salaries were 'not bad', with a staff nurse's salary ranging from R15 000 to R17 000 a year.



DR Sue Vaughan

D. B. ... 21/10/82
**Nurses gather in EL
for 2-day symposium** (95)

EAST LONDON — Nurses from the Eastern Cape, Transkei and Ciskei gather here this morning for a two-day symposium on nursing in a multiracial society.

Speakers will be drawn from the academic and other professional fields in Transkei, Ciskei and South Africa.

After a welcome address by the Mayor, Cllr Errol Spring, Mrs B. Kota, of Fort Hare University, will speak on A child today — develop-

ment to adulthood.

A clinical psychologist from Umtata, Miss Popana Msengi, will speak on the same topic.

Other speakers today will be Miss D. Radloff, of the South African Nursing Association and Prof S. A. Strauss, of the University of South Africa. They will address the guests on Implications of constitutional development in Nursing with special reference to the black nurse.

Tomorrow's proceedings will start with pap-

ers on human rights read by Miss N. Ngwadla and Dr C. J. Goosen

Discussions to follow the papers will be led by Mrs N. Qashane, of Fort Hare University and Dr A. J. L. Pentz of Fort England Hospital, Grahamstown.

The last address will be delivered by Mr Wele Manon of the Institute of Social and Economic Research at Rhodes University. He will speak on Keeping abreast with cultural changes in a developing country. —
DDR

Discrepancies

95 Mercury in nurses' pay

2/10/82 and taxation

Mercury Reporter

WHITE matriculated student nurses will earn about R2 000 a year more than black student nurses with the same qualifications now their new salary scales have come into effect.

But blacks will have more in their pockets.

Heavier taxation for whites, and subsidies on black housing and transport, mean white nurses will end up with less take-home pay than their black

colleagues, says Prof Retha van Hysteen, president of the South African Nursing Association.

'In this respect white nurses come off worse and they have been complaining about it.

'The association has always pushed for parity, but a parity in which all things are equal,' Prof van Hysteen said.

Nurses of all races in the professional ranks had parity of salary, but the association was work-

ing on getting parity for the sub-professional rank which included student nurses, staff nurses and assistant nurses.

A spokesman for the Department of Inland Revenue told the Mercury yesterday a single woman earning R500 a month would be taxed R31 25 a month if she were white and R20 82 if she were black.

The chairman of the Natal Regional Board of the nursing association, Miss Heidi Brookes, said she had had no complaints from white nurses about higher taxation landing them with less money than their black colleagues.

According to the new scales, a coloured student nurse with a Senior Certificate will earn R1 437 less a year than the average white student nurse with the same educational qualifications.

And an African nursing sister will earn on average R882 less a year than the average earned by white, coloured and Indian nursing sisters.

Survey

Salaries of white, coloured and Indian senior sisters, matrons and male nurses remain on a par, but the salaries of black nurses still lag behind by an average of R984 a year.

A survey has also shown that a black nurse with a Senior Certificate will earn nearly R500 less a year than a coloured or Indian nurse who has only a Junior Certificate, and a black nursing assistant will earn on average R1 265 less than a coloured or Indian with the same qualifications.

A black staff nurse will earn R1 278 less than an Indian or coloured staff nurse.

Salaries and hours are the chief gripes

By Tyrone Seale

THE main factors influencing the alarming rate at which nurses in South Africa are leaving their profession are poor salaries and unpleasant working hours.

These are the views of Professor A M Venter, head of the Department of Nursing at the University of the Western Cape. Professor Venter last week presented a paper on the loss of "coloured" and white nurses from the nursing profession in South Africa at the "Spotlight on the registered nurse" symposium at the University of the Western Cape.

She said the main aim of her research project was to determine the role of pay increases, population variables, discipline and person-to-person relationships in the hierarchical structure of the hospital.

REASONS

She also tried to establish the differences in responses of nurses working under the various provincial administrative functions in the country-

and profession in the first three months of 1979 were in the 19-24 age group while those who left after the April 1979 salary increase were over 25. Most of those who stayed on were over 30 years of age.

MARRIED

The majority of registered nurses are married and more married persons gave up their jobs after the salary increase.

The majority of the respondents merely studied for a diploma in general nursing and stayed on for a short while after qualifying. Registered nurses who were successful in all their examinations during their training period stayed on longer than those who were less successful.

"There is great dissatisfaction about the salaries being offered to nurses," Professor Venter said. "Respectively, 73 percent and 63 percent of the respondents indicated before and after the pay hike that poor remuneration was the main motivation for their resignation, while a very small percentage of those who retained their jobs were satisfied with the increase."

HOURS

An average of 58 percent of all the respondents said before and after the increase that unreasonable working hours was the other main reason why they resigned. They also felt that the chances for promotion were inadequate.

Unmarried nurses, in particular, expressed concern about the status of nursing.

Professor Venter's report also revealed that most nurses joined the profession for the following reasons (in order of prominence): they had always been interested in nursing/were impressed by the uniform; they wanted provide a service to their fellow-man; they wanted to work with people (social aspect).

Is parity still just a dream?

By Perrine Constance

Black nurses can look forward to large salary increases with effect from October 1, but many, especially in the junior ranks, will have to wait until April next year to find out if they will be accorded the parity they dream of.

In announcing the increase of between six and 58 per cent, the chairman of the Commission for Public Administration, Mr Jimmy van der Merwe, said each nursing category had to be viewed in its entirety. When the commission undertook its investigation of nurses' salary and working conditions, it made recommendations based on the present conditions.

ANNUALLY

This meant that increases would affect the salary structures as a whole and would not eliminate a wage gap.

The narrowing of the wage gap was dealt with annually when cost of living increases were

worked out for the different salary relationship between white, coloured, Indian and African nurses."

A spokesman for the Administration said he was unable to supply salary increases for black claim that, among nurses because these were not being made available to the Press.

Senior sisters will have a starting minimum of R908 a month against the present R649, a 20 per cent increase.

A nursing tutor will "Because such things and percent increase. Like qualifications and experience must be taken into account, I cannot say what a particular nurse is going to get. But it will be within the framework of their approved scale," the regional organisers and spokesperson said.

"There is an approved to R1 524 a month.

9/82

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At the nurses' symposium held in the Guild Theatre, East London, yesterday were, from left: Miss I. Ndubela, of Queenstown, Mr G. Nkwinti, of Port Alfred, Mrs N. Tyalimpi, of Queenstown, Professor S. A. Strauss, of Unisa and Mrs A. Morane of Queenstown.

Representation for all — Sana officer

EAST LONDON — Provision had been made for the representation of black nurses at all levels. Miss D. Radloff, a professional officer of the South African Nurses' Association (Sana) told a symposium here yesterday

She said black nurses were now represented on all policy-making boards, instead of serving in an advisory capacity under the provisions of the old nursing act.

The control of the association was in the hands of the central board, which managed the affairs of the society and acted as its spokesman, she said.

All members of the association must be South African citizens, resident and employed in South Africa, and must be proficient in the official languages of the Republic.

This ensured that all race groups could have

representation, and could thus be involved in policy decisions.

Miss Radloff said the association was divided into branches, and nurses of any race group could meet together at branch level.

The constitutional development of nurses within the Nurse Association was assured, provided "we are prepared to accept the challenges." — DDR.

SA Nurses' Act changed says pro

EAST LONDON — There was nothing to prevent any of the legislative bodies of the national government from instituting legislation which was contrary to South African legislation, Professor S. A. Strauss, professor of law at Unisa, said at a nurse's symposium which was held here yesterday

He said the Black States Constitution Act empowered the states to do that, and said the Nurses Act was accordingly amended in 1981 and earlier this year, to make it clear that the duty of a nurse to become a member of the South African Nurses' Association (Sana) applied only to nurses practising in South Africa.

A professional council could not enforce its rulings in another state

Prof Strauss said it was in the interest of nurses practising in the national states to join their own associations

He concluded by quoting Dr Marius Barnard said "Germans do not respect international borders." — DDR.

Prosecutor studies allegations on votes

EAST LONDON — Allegations that illegal votes were cast in the municipal election here on September 1 are still being studied by the public prosecutor's office

The senior public prosecutor Mrs H. C. Nelmand, said yesterday she had not made any

"I believe I have found 10 illegal votes," Mr Whitaker said yesterday, "but I think the number could be as much as 70"

Mr Whitaker said the Town Clerk, Mr J. J. Human had refused repeated requests by him to see the application forms for the voters' roll

London City, said he was told by the municipal officials to refer any inquiries to the municipality's legal representatives.

"I don't want to see the ballot papers. I want to see the list of people who voted. I don't care who they voted for — if they voted illegally I





Prof Strauss, one of the speakers at the symposium, seen chatting to a Port Alfred delegate, Mr G. Nkwinti.

Parents are principal educators — lecturer

EAST LONDON — Parents were the principle educators of their children but in the event of family breakdown there was a need for intervention to help the child in its development, Mrs B. Kota, a lecturer at Fort Hare, said at the symposium.

Mrs Kota said a child would not become a complete adult unless he received effective help and support from an adult whom he valued.

Traditionally adults in an extended family assumed this task. But

now the large family unit had disappeared giving way to the family comprising parents and children only, Mrs Kota said.

Mrs Kota said it had also been realised that physical maturity necessarily did not mean one was adult. Some people matured before they were eighteen.

She said in the event of a family breakdown, areas of intervention such as foster care system, intervention by private charitable organisations and early childhood education had

been found to be necessary.

She said some pre-school centres had a devastating effect on the child because of poor facilities, overcrowding a poor teacher ratio and lack of space. Parents had therefore to be interested in visiting the pre-schools and look at the facilities.

"We are caught up in a vicious circle — parents still regarding the teacher as the only person to discipline their child and neglecting their duties," she said. — DDR.

Synod: apartheid a sin and heresy

CAPE TOWN — In a day of high drama, the Nederduitse Gereformeerde Sendingkerk synod yesterday declared apartheid a heresy and accused the white NGK of "idol-worship" and "theological heresy".

mockery of the gospel and that its complete disobedience of the Word of God is a theological heresy".

Delegates then considered the position of the NGK in the light of their decision on heresy.

It was decided that: "The synod cannot do

Mr Van Rooyen later apologised publicly to the moderator for his accusation, saying he had been "overheated".

The synod also debated a motion which delivered an ultimatum to the NGK to decide on the apartheid issue at its

Kohl is new W German Chancellor

BONN — Conservative leader Helmut Kohl was elected West Germany's sixth Chancellor yesterday in an unprecedented mid-term parliamentary vote that unseated the Social Democrat, Mr Helmut Schmidt.

The Bundestag (lower house) gave Mr Kohl, 52, an absolute majority in the "constructive vote of no-confidence" which went against Mr Schmidt.

It was the first time in the Federal Republic's 33-year history that an incumbent Chancellor had been removed by Parliament.

Mr Schmidt, who ruled with a minority SPD cabinet after the Free Democrats (FDP) walked out of his left-liberal coalition on September 17, led West Germany for eight-and-a-half years.

In a tense debate yesterday, he accused his opponents of undermining confidence in

his new centre-right coalition's first task would be to revive the economy and fight unemployment.

Mr Kohl defended the move to oust Mr Schmidt and said he would pursue centrist policies.

He reaffirmed his commitment to calling an early general election for next March 6.

The parliamentary debate, lasting almost four hours, focused on the morality of removing a Chancellor in mid-term.

Mr Schmidt told his opponents "Your course of action is legal but it has no inner moral justification."

But a Christian Democrat, Mr Rainer Barzel, moving the motion to dismiss the Chancellor, said it was necessary "so that things don't go further downhill and get even worse."

The debate highlight-



MR KOHL . . . elated.



MR SCHMIDT . . . dejected

Bonn's democratic institutions by seeking to bring him down without a mandate from voters.

But he crossed the floor and shook Mr Kohl's hand immediately after the Speaker, Mr Richard Stuecklen, announced that 256 of the chamber's 497 members had voted against the Social Democratic cause.

The new Chancellor later told reporters that

ed the bitter divisions among the Free Democrats over party leader Hans-Dietrich Genscher's decision to go over to the conservatives.

Two former liberal government members spoke out publicly against the manoeuvre, and the ballot indicated that at least 18 of the 53 FDP deputies had voted against Mr Kohl. — SAPA-RNS.

CPMA chief: choice

2 Nov 13/10/82
Nurses
need X-ray
training (95)

By Pamela Kleinot

Hundreds of over-worked country nurses had the added burden of X-ray work as there were no trained radiographers available, Professor Charlotte Searle said yesterday.

"Something has to be done about this serious matter," she told a meeting of the South African Medical and Dental Council at Rand Afrikaans University.

Professor Searle, of the University of South Africa and Nursing Council, said the time had come to give nurses short on-the-job training and list them as "radiation workers" so they could be protected against radiation.

"Nursing staff in South Africa's country areas are called on regularly, to X-ray patients — a job they are not qualified to do, but they have no option as there is no one else," she said.

Professor Searle said radiographers "did not exist in the self-governing black states" and something realistic had to be done about it.

She said six months supplementary radiography training was adequate for registered nurses who already had four years of post-matric training.

Nurses'
mixed
mercury 3/11/82
reaction

**Pietermaritzburg
Bureau**

THE South African Nursing Association has had mixed reaction to the long-awaited pay increases for nurses in Natal.

The chairman of the Natal regional branch, Miss Heidi Brookes, said she was receiving both positive and negative response and any dissatisfaction would be taken up with the association's head office in Pretoria.

'On the whole the reaction has been positive but there are problems which will have to be looked at.'

Miss Brookes said the association was anxious that nurses who were unhappy about their new salaries should contact the regional office in Durban.

The MEC in charge of hospital services, Dr Fred Clarke, said that while there were certain areas where he was 'a little disappointed' the reaction he had had from nurses was better than expected.

News

A FEW weeks ago Matron Zamazulu Nkosi received a letter from the Durban branch of the Union of Jewish Women of South Africa.

The letter announced that the quietly-spoken matron had been chosen by the union's Durban branch as Woman of the Year.

She deserved the award, the union wrote, because of the amazing amount of work she has done above the call of duty.

Matron Nkosi recalls: 'It was such a shock. I felt very numb when I read that letter. I honestly don't think that I, as an individual, have done anything wonderful.'

But the matron is being modest.

It was she who, a few years ago, took a close look at Kwa Mashu and realised there was an urgent need to help the aged and chronically ill in the township. She was the one who

Modest angel of mercy

mercy

decided to introduce a scheme whereby she and volunteer workers would visit the old and sickly at their homes, treat them, bathe them, do their washing and take them food

In the home

And it was Matron Nkosi who, in 1979, set this scheme rolling and encouraged the public to donate food parcels.

'I decided someone had to visit the chronically ill and bedridden at their homes. Often we'd treat people at the clinic and find the treatment wasn't doing much good because of the patients' home environments.'

The scheme to help those in need originated

at the polyclinic, stresses Matron Nkosi, and the idea to offer meals-on-wheels was set rolling in 1979.

When the feeding scheme was started about 75 people were benefiting. Now she and her helpers take food in cardboard containers to up to 120 people each day.

For the aged

Two years ago, Matron Nkosi started the Kwa Mashu Christian Care Society, of which she is now chairman, in an effort to raise funds to meet the growing demands of the welfare work she had initiated.

One of the projects she encouraged was the building of a home for Kwa Mashu's aged. And,

thanks largely to her efforts, that home is to be built soon it is hoped.

Matron Nkosi emphasises again that without the help of many wonderful people she would not have been able to assist the township's needy.

She especially thanks the Berea Rotary Club for their help in assisting with plans to build a home for the aged in Kwa Mashu.

'Our work is constantly growing and in spite of the Union of Jewish Women thinking so highly of me I never think I have done enough. People see what I am doing and think that it is great — but, honestly, I am only scratching the surface. There is much still to be done.'

Matron Nkosi first became interested in nursing when she was a young girl living in Mahlabathini in Zululand. 'My father was a

church minister and I grew up in a mission. I became interested in caring for the sick because so many cripples and epileptics used to visit the mission. I felt sorry for them.'

After attending boarding school in Inanda, Matron Nkosi started work as a student nurse at Durban's McCord Hospital.

'I was there for three-and-a-half years then went to King Edward VIII Hospital for 17 years before moving to the polyclinic as a sister in 1962. I became senior matron in 1968.'

Married with three children (her son does graphic design for TV2, one daughter is a nurse at McCord Hospital and the other is a secretary), Matron Nkosi is now 59.

However, she intends working at least until the age of 65.

'Longer if the Good Lord will allow me.'

Billy Suter



The Natal M

Nurses told: look ahead

ZWELITSHÁ — Nurses formed a worldwide sisterhood, the head of the department of nursing science at Unisa, Professor Charlotte Searle, said at the nurses' dedication and prize-giving ceremony held at the Lennox Sebe College on Saturday.

Prof Searle said the nurse's task was to ensure that the nation's most precious asset, its people, remained healthy.

National health was national wealth.

If the young graduates were to make a contribution to the development of the Ciskei nation they should take stock of their achievements, their attitudes, their desired goals and the needs of their country, for the type of contribution each one of them could make.

"Your quality as a citizen as well as a registered professional nurse has major significance for your nation, for the sick and for your profession. Your quality as a human being is the rock on which your professionalism rests."

"You must remember at all times that as registered nurses you are instruments of society to build a strong community."

Prof Searle said the Ciskeian Nursing Association, which was now well established had just become a founder member of the League of Nursing Associations of Southern Africa. The president of the Ciskeian association was the vice-chairman of this important co-operative nursing venture, and by next year would be the chairman.— DDR

ROM 8/12/82

RAN

Report outlines just why nurses quit (95)

Pretoria Bureau

ABOUT 14,5% of final year nursing students in 1981 will have left the nursing profession within two years, according to a Human Sciences Research Council report issued yesterday.

The study found that the most important factors influencing qualified nurses to leave the profession were inadequate salaries, unsatisfactory working hours, and conditions of work.

Serious attention should be given to these factors to retain more qualified nurses in the profession and to draw young people to the profession, the report says.

Nursing students at all training centres who wrote their final examinations during 1981, and who could subsequently work as "registered nurses", were involved in the investigation.

The median age of the group was 23 years, while that of the black respondents was slightly higher (25 years). The ratio of Asian, coloured, black and white respondents was approximately 1:4:10:14.

Nurses from all four population groups said they were most interested in community health nursing and preferred to work at health clinics.

Possible reasons were that this work mainly concerned the prevention of sickness, the working hours were more regular, and there was no night duty.

The respondents showed less interest in geriatric, orthopaedic, cancer, theatre and intensive nursing.

The factors that played the biggest role in the choice of nursing as a profession were the desire to render service, interest in people and inter-

est in nursing as a profession.

Since the investigation, nurses had received considerable salary adjustments, and in the further phases of the follow-up investigation it would be possible to determine what influence the salary improvement and structural changes had on the profession.

A large percentage of the students indicated that they would prefer to work part-time rather than full-time. This indicated there was a great need for part-time posts.

Few said they were willing to perform night duty, or to work on a part-time basis during weekends.

White nurses especially thought it was more difficult to reconcile nursing with the role of wife and/or mother than other occupations. This was because of the difficult working hours.

rom 1/11/82
New SA nursing body formed

Mall Reporter

(95)

A NEW southern African nursing association representing more than 100 000 nurses was established in Pretoria at the weekend

Called the League of Nursing Associations of Southern Africa (Lonasa), it represents the nursing associations of South Africa, South West Africa, Bophuthatswana, Ciskei, Transkei, Venda, Gazankulu, Lebowa and QwaQwa

The first chairman of Lonasa is Mrs A N

Lekgetha, president of the Bophuthatswana Nursing Association, Mrs J V Salave, president of the Ciskei Nursing Association, is the vice-chairman and Mrs E B Ngavirue, president of the South West Africa Namibia Nursing Association, is the treasurer

Lonasa aims to promote nursing education through seminars, short courses, bursaries, research and the exchange of information

The official headquarters will revolve among the member associations

ARGUS
4/10/82

sick over 'paltry' pay deal

Medical Reporter

DISSATISFACTION is sweeping through lower ranks of the nursing profession over pay increases they describe as "paltry".

Hourly-paid nurses received no increases at all, assistant nurses got as little as R20 a month, and assistant male nurses say they received only R5 in annual increases.

Most staff nurses, sisters and matrons got up to R200 more.

An assistant nurse at Groote Schuur Hospital, who was earning just over R300 after 20 years, got just over R30.

DEDICATION

"To think that these years of dedication, long hours and commitment to our profession have been rewarded with such a paltry increase, makes some of us want to weep," she said.

She is a married mother of four and works from 7 am to 7 pm as a theatre nurse before going home to Atlantis to cook for her family.

"We've been left high and dry," said another assistant nurse.

Assistant nurses at Groote Schuur have been told to put their complaints in writing to the Chief Matron.

At Tygerberg Hospital, session nurses — nurses who work on an hourly basis — feel let down because they didn't get any increase.

One of them said that like her other "session" colleagues, she worked between 20 and 25 hours a week, for which she was paid R4.50 an hour.

A spokesman for the Department of Hospital Service's staff salaries department said: "These nurses, your Standard Six girls, did not get a fair deal."

He had conveyed disappointment to the Commission for Administration but said it would not commit itself to make any adjustment.

Council finding 'not news' says nursing officer

95

Mercury
9/12/82

Pietermaritzburg Bureau
ANY nurse could have told the Human Sciences Research Council they would find complaints about working hours in their profession.

This was the reaction of Natal's chief nursing officer, Miss Joyce McGuire, to the findings of the council that 14.5 percent of nurses who qualified last year would leave the profession within the next two years.

The main causes for their leaving, the council's institute for manpower research concluded,

were working hours and conditions. Another reason — low salaries — had been rectified by 'considerable salary adjustments' after their survey was completed, they conceded.

There was a greater need for part-time posts and provision for married women, the report said.

'You can't always overload your hospitals with part-timers because they want to work selective hours,' Miss McGuire told the Mercury yesterday.

'We have had to say they

can work special hours, but they must work at least one weekend or late shift a month because it's not fair to other nurses otherwise.'

Miss McGuire confided that she was one of the nurses who hated night duty, but said she had never objected to doing her share because 'you can't leave everything to the willing horse'.

However, the recent changes in working conditions that accompanied the salary increases meant nurses worked a 40-hour week and were paid for overtime.

GENERAL NEWS

By Pamela Kleinot

An English "contract" nurse is so bitter about her plight at the Johannesburg Hospital that she wants to discourage British nurses from coming to South Africa.

She wrote in the Nursing Times, London, that she was disillusioned after promises made to her during a recruitment campaign in Britain last year.

Miss J M Paton, who has been working at the hospital since March, listed her grievances.

She said she was unhappy but could not afford the cost of breaking her two-year

UK nurse hits at conditions in city hospital

contract. She was therefore "trapped."

Dr Neville Howes, superintendent of the hospital, said Miss Paton had grossly exaggerated the situation and had apologised to the hospital in writing.

In the article Miss Paton said she was financially worse off in South Africa. The cost of living was about the same as that in Britain but wages were lower.

Describing the pressure and demands of work due to the desperate nursing shortage, she said she worked in an acute admission psychiatric unit where often only two nurses had to cope with a ward full of patients.

Although she was contracted to work a 40-hour week there was an on-call system due to the staff shortage. This meant one of the

nurses was on call day or night if anyone became ill.

"We are not paid for being on call and receive only our basic hourly rate if we are called out," she said.

"Very often after working all day we are told we have to work that same night (7 pm to 7 am) because of sickness.

"We can also be called in on our days off."

Dr Howes said Miss Paton had only once been asked to work an extra shift but had not done so.

He said the on-call system was a local arrangement between the ward sister and nursing staff. Miss Paton had agreed to it.

He said staff had been recruited in Britain precisely because of the nursing shortage.

Dr Howes said Miss Paton had never brought her grievances to his attention. She had also not applied to have her contract cancelled.

He disputed Miss Paton's allegation that he had misled her on the cost of living in South Africa.

"The cost of living is lower here than in Britain," he said.

"When I interviewed her I told her that board and lodging was one of the perks and also showed her advertisements from The Star on the price of private accommodation."

Dr Howes said that at the time of the interview her rent in Britain had been R80 a month — substantially higher than her present board and lodging of R22 at the nurses' residence.

He said Miss Paton had received two salary increases since joining the hospital in March.

Dr Howes said the hospital had received no complaints from 40 members of staff who had arrived from Britain. However, two had "absconded."

Study ⁽⁹⁵⁾ tells of nurses' gripes

NURSES, the backbone of the country's hospital services, are fast losing interest in healing the sick in the face of the continued lack of monetary and working benefits.

Indications are that 14.5 percent of newly qualified staff will have left the profession within the next two years if the

new pay dispensation introduced in October does not meet their needs.

A study carried out by Mrs Gerrie Cilliers of the Human Sciences Research Council shows that inadequate salaries, unsatisfactory working conditions and hours of duty were the main gripes of newly qualified staff.

HOURS

The lack of part-time posts for working mothers are also mentioned because many believed they could not combine nursing and motherhood with the present working hours.

Mrs Cilliers' report is the first in a research project on work situation and occupational patterns on nurses in South Africa.

She has based her findings on interviews with nurses who wrote their final examinations in 1981 and stresses that serious attention will have to be paid to working hours and conditions to retain more qualified nurses and draw young people into the profession.