

Are nurses the answer to the health needs of rural South Africa?

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Abstract

South Africa like many African countries is struggling to provide adequate health care to people living in rural areas. Extending the role of the nurse in the village clinic from prevention and care to diagnosis and treatment is a solution that has been tried in South Africa over the last 20 years. Is this an effective solution? During August 2001 a survey was carried out of the 186 nurses who completed the Diploma in Clinical Nursing Science at Jubilee Hospital between 1982 and 2001 to find out what career pathway they have followed and whether the course equipped them for their new role as nurse clinician.

Responses to this survey showed that 88% felt the course adequately equipped them for their task and had resulted in improved self esteem and confidence in dealing with emergencies. Nearly 60% of respondents are still working in a primary health care clinic. However, a major problem is that the training is not keeping up with the demand. Only 25% of nurses working in the 3 districts nearest to Jubilee have completed the Diploma. In addition, 28% of these trained nurses are planning to leave within the next 2 years. More nurses need to be trained and the difficulties facing nurse clinicians in rural clinics need to be addressed.. (SA Fam Pract 2003;45(7):20-22)

INTRODUCTION

Providing health care to rural and remote areas is a problem in many countries. South Africa with its vast distances and large rural population has struggled to find an adequate solution to the health needs of all its people. Over the last 100 years there have been various attempts to provide modern health care to the many poor people living in rural areas. The initial phase was largely through the establishment of mission hospitals by various churches. In 1976 the South African Government nationalized all mission hospitals and gradually filled the gaps left by the old mission doctor with young doctors doing their compulsory national military service. Following the first democratic elections in 1994, the new Government allowed many foreign qualified-doctors, especially from other African countries and Cuba, to work in the rural hospitals to replace the army

doctors. In 1999 a year of compulsory community service following internship was introduced for all newly qualified South Africa medical graduates. It has become evident that replacing senior doctors in rural areas with largely inexperienced juniors whose main training has been in urban tertiary hospitals creates problems.¹ In contemplating the future, especially in the light of the AIDS epidemic sweeping through these very rural areas, what is the way forward? Should it be through continued coercion of local junior doctors, or incentives to foreign doctors, or is it possible to provide modern health care through an entirely different source?

Nurses working in small clinics in rural villages and urban townships have for the past 50 years provided the bulk of preventive and promotive health care in these communities. Most of the curative services were provided by visiting doctors employed by the state.

In 1976, political unrest made it difficult for the state to find doctors who were willing to work in these areas. To continue to provide curative care, especially for the paediatric age group, the role of the clinic nurse was extended and training courses for these nurses were introduced initially in Soweto and Cape Town.^{2,3} The success of this approach led to the courses being broadened to include adult illnesses.⁴ Training later spread to other places in South Africa.^{5,6} In 1982 the South Africa Nursing Council introduced a Diploma in Clinical Nursing Science to coordinate and standardise the evolving comprehensive course. Jubilee Hospital, a 500 bed district hospital situated 50 km north of Pretoria, and at that stage under the control of the Bophuthatswana homeland government, was one of the first hospitals to offer training for this Diploma. As one looks back over the 20 years since then, the question arises....

ARE NURSES THE ANSWER TO THE HEALTH NEEDS OF RURAL COMMUNITIES?

To answer this question, one first needs to answer 2 other questions. Firstly, does the training of these nurses in Clinical Nursing Science equip them for this job and secondly, are they willing to work in rural communities?

A postal survey, of the 186 nurses who were trained for this Diploma at Jubilee Hospital between 1982 and 2001, was sent out in August 2001. It was aimed at finding out what career pathway they had followed after completing the diploma and whether their training had equipped them for working in a rural primary care environment.

The addresses were obtained from the nursing school's records many of which were outdated and did not provide current addresses. A second round of questionnaires was sent out by hand to nurses who had not replied and who were still working in the districts around Jubilee Hospital. Despite these difficulties of out of date postal addresses, 77 responses (41%) were received. In addition, it is known that 4 of the Diploma nurses have died, 3 have retired and 2 are working overseas.

What was learned from this study?

1. Equipped for the job?

Over 88 % (68/77) of the respondents said that the training had equipped them for their work in PHC and many emphasized the need for all nurses working in district clinics to do the course. At present only 25% of nurses working in the clinics in the 3 districts around Jubilee Hospital have PHC training. Over the years there had, however, been some problems with the training at Jubilee. Nursing tutors and doctors who were experienced in working at a primary care level and who were willing to teach nurses, were not always available.

Four respondents said the course had only partially equipped them for their work. They mentioned lack of skills in the examination of the eye and in dealing with emergencies. One nurse with a special interest in psychiatry had

hoped for more training in psychiatric illnesses. Another was dissatisfied with the training facilities at the rural clinics where she did her practical training. The dissatisfaction of others, however, was not related to the course but was because they had had to return to the hospital wards instead of being allocated to a PHC clinic.

2. Career pathway

Nearly 60% (46/77) were still working in a PHC setting. Those that had left, had moved to the following new areas of work. Nine had been promoted to administrative positions, 9 had returned to hospital ward work, 5 were involved in teaching/lecturing, 5 had branched out into occupational health, public health and epidemiology or school health, while 2 had gone to work in the private sector and 1 was now involved in community psychiatric services. What was very significant was that of the 20 nurses who were working in a hospital post prior to doing this course, only 3 were still in PHC.

A worrying aspect is that of the 46 still practicing in PHC, 13 (28%) are planning to leave in the near future. Four are going to the private sector, 3 wish to leave nursing altogether, 2 are planning to go overseas, 1 is going to retire and the remaining 3 want to change to other areas of nursing such as paediatrics, psychiatry and occupational health. Poor facilities, transport difficulties, staff shortages, lack of support from their managers and lack of opportunities for promotion or professional growth were mentioned as the reasons for wanting to leave.

3. Comments of the nurses

Perhaps the most interesting aspect of this project, were the comments of the nurses. These have been grouped under common recurring themes mentioned by the respondents

Personal Growth and an improved health service

Improved self confidence and self esteem were referred to by many of the respondents. They felt proud of their new skills and the improved standard of their work. The following comment expresses this in a delightful way.

PHC training is a new achievement in one's life that turns things upside

down towards a better future. It is like climbing on top of a mountain and screaming, "I am a big, proud, equipped person, at long last!"

Lack of money had prevented one of the nurses from becoming a doctor. She mentioned that the course had partially substituted for her original goal. Several others commented on feeling like mini-doctors.

For many, their new skill and confidence in handling emergencies without panicking was a major achievement of the course. They felt confident in coping with such diverse conditions as eclampsia, anaphylactic shock, severe asthma, victims of assault or traffic accidents or a ruptured ectopic pregnancy. The most dramatic was the following incident.

On the 16 December 1997, I was working in a rural clinic when I saw a white pick-up van coming through the gate of the clinic. I saw a lot of blood dripping from the sides of the van and a heap of something on the back. I thought, "Oh well, it is a slaughtered cow." I didn't bother to wait and see. Suddenly the driver jumped out and yelled, "Help! Help! Help!" I rushed to the van only to discover the heap was a young man who was stabbed in the heart. The knife still in place. His chest bones had also been broken by blows from a pick handle. He was bleeding profusely. Because of the skill learnt from the PHC training, I quickly put up 3 IV lines, tied up the chest, left the knife in situ, phoned the hospital and accompanied the patient on the back of the open van. On reaching the referral hospital I found the doctors ready to take the patient to the operating theatre. Later he was air-lifted to Cape Town for further heart surgery. The patient survived.

In 1991, there was a severe shortage of doctors at one district hospital. The PHC nurses had to manage the Outpatients and Casualty Departments largely on their own and thus they were able to save the hospital from closing down.

In most cases their new skills contributed to improved relationships with their medical and nursing colleagues. They were able to help and teach the junior doctors and the nurses who lacked this training. The quality of their referrals improved and they were

able to discuss patients in a more meaningful way. They appreciated being recognised by their colleagues and their patients as 'clever' nurses.

Studies can put extra strain on the family life of adult learners, however, most of the respondents indicated that their families were supportive.

My family was so excited and my father-in-law called me, "Doctor". My husband bought me a stethoscope and a Baumanometer.

Negative Effects

There were, however, a number of negative effects.

I have acquired new skills but am now perceived as a 'super nurse' and am expected to do clinical work, management work and community work and to be perfect in all three.

There was also some friction with non-PHC trained colleagues who did not appreciate being corrected. Some PHC nurses were labeled 'that stethoscope nurse' or 'JACCOL'* and were accused of wasting time or of being proud. Some doctors felt threatened or alternatively tried to take advantage of them by shifting their work onto the PHC nurses.

The doctors no longer want to consult patients when we are on duty. When they are phoned to come and see patients, they ask, "Where is Sr. So-and-so? Please ask her to see that patient".

Most of the trainees were mature students with children. Trying to cope with studying, travelling or being away from home, put a strain on some marital relationships. Unfortunately, 5 of the

marriages ended during or shortly after the course.

A source of great frustration occurred when some nurses returned to their hospitals and were not allocated to a clinic or primary care setting.

I was demoralised by not being recognised. Due to shortage of staff, I was allocated to the maternity ward and have not practiced as a PHC nurse.

Other frustrations included travelling costs, poor facilities, lack of equipment, large patient loads, night duty, lack of promotional opportunities and insensitive responses by their managers to complaints about these problems. There was a strong recommendation from the trainees that the course should only be offered to nurses who were already working in a clinic. Follow-up visits by the trainers, to check on the placement of students, were also requested.

Concern

Of great concern is that 28% (13/46) of the trained nurses still working in a primary care setting, are planning shortly to leave nursing, move to the private sector, retire or go overseas. To keep up with these losses, it will be necessary to increase the number of nurses being trained every year and to ensure that they are correctly allocated. At present only 25% of the nurses working in the village clinics in the 3 districts around Jubilee Hospital have completed the diploma.

CONCLUSION

In conclusion, although care should be taken about generalizing these results,

it would appear that, firstly, the training is perceived to be appropriate and secondly, that 60% of the respondents have remained working in a primary health care setting. Thus with proper support and appropriate allocation, nurses who have completed the Diploma in Clinical Nursing Science could become a possible alternative way to meet the health needs of a large part of rural South Africa. However, the numbers trained and the percentage retained will need to be increased dramatically if PHC nurses are to fulfil their rightful role in meeting the health needs of rural people in South Africa. □

*JACCOL is a commonly used acronym for jaundice, anaemia, cyanosis, clubbing, oedema & lymphadenopathy.

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