A HISTORICAL PERSPECTIVE ON THE PROFESSIONAL DEVELOPMENT OF BLACK SOUTH AFRICAN NURSES: 1908–1994

"I want to take you back a century and to ask you whether the nurses of this country have not succeeded against almost insurmountable odds to build the profession that we know today."
(Searle, 1988:123)

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ABSTRACT

This report focuses on a qualitative historical inquiry into the available literature on the economic, social, political and cultural factors that influenced the professional development of black South African nurses from 1908–1994. Historically rich data were analysed using time-specific *a priori* codes. The findings revealed that black South African nurses had to adapt to Western-dominated scientific health views using specialised formal Western terminology in a 'foreign' language (English). In the black communities nurses were regarded as being an elitist middle class while remaining marginalised in the white-dominated workplace. Recommendations include a need to explore the history of the training of other racial groups, educational strategies that focus on multicultural student populations, cultural diversity training and student retention.

KEYWORDS: Black South African nurses, nursing history, historical inquiry, black nurses' training in South Africa

INTRODUCTION

British nursing history dominates the nursing history taught to South Africa nurses. European nurses such as Florence Nightingale and Henrietta Stockdale dominate the history of South African nursing while the history of black South African nurses remains less obvious. Yet, the younger nurses might not identify with a predominantly Western historical perspective, indicating a need to include South African nursing history in nursing education activities (Mortimer & McGann, 2005:1).

Previous research (Potgieter 1992; Searle 1972) was on the history of professional nursing education in South Africa was published. Potgieter (1992) conducted a study on the history of professional nursing education in the USA, Britain and South Africa with the focus on the educational development of the profession, types of courses and European nurse leaders. The educational challenges faced by black professional nurses were not addressed nor was specific reference made to South African black nurses' socio-economic, cultural or political factors related to entering the profession. The publication by Searle (1972) reflects the development of South African nursing from 1652–1960. The period 1970–1994 is not reflected in Searle's publication. Searle (1972) was published in the apartheid era, and although the report contains valuable historical information, it is difficult to use in modern-day nursing lectures. The focus of the study reported in this article is specifically to create an inclusive nursing history with which all nurses can associate.

DEFINITIONS OF KEY CONCEPTS

History is "an interpretation of the past based on the weight of the available evidence" (Galgano et al., 2008:1) or a "story of what happened in the past" (Medway's Pocket English Dictionary, 2003:245). It is the opposite of the present: it is times gone by.

Historical documents are the written words, but may include any medium, such as photographs, literature, art or oral history. In this study, historical documents are viewed as literature, art, photographs and all types of written discourse related to nursing. The concept nursing training is defined as formal training in the art of nursing that led to Medical Council registration before 1928 and South African Nursing Council (SANC) registration thereafter (Searle, 1991:1010).

European nurses are defined as nurses of European descent. The word European refers to persons "from Europe" (Medway's Pocket English Dictionary, 2003:176).

African nurses are defined as nurses of African descent. The word African refers to persons "from Africa" (Medway's Pocket English Dictionary, 2003:10). For the purpose of this study the phrase African nurses refers to black South African nurses only.

RESEARCH METHODOLOGY

Historical inquiry involves analytical but imaginative processes during which the events of the past are examined in order to reconstruct and explain these events. Historians make cautious assertions about events without ever being certain that they are correct. Interpretations are based solely on the strength of the available evidence. Therefore, although historical inquiry can provide a perspective on phenomena deeply engrained within a culture, there will always be a degree of ambiguity in the analysis (Galgano et al, 2008:1–2).

Historical knowledge provides people with a sense of belonging and pride and provides insight into the current issues that face their society in general and for the purpose of this article, the nursing community in particular. Only if the past is known and understood, can a society (and the nursing profession) generate new ideas and values that will shape its future (Lewenson & Hermann, 2008:2).

Historical research implies disciplined inquiries into past events that are not performed in sequential steps but rather follow a cyclical process. Figure 1 provides a schematic presentation of the process of historical inquiry with its various actions. The area of interest is identified; questions are raised that can lead to historical inquiry; a working title is formulated; a list of sources is developed; and a continuous literature review is performed. Finally the trustworthiness of the data is verified; the data are analysed; and the narrative is written (Stommel & Wills, 2004:287).

The purpose of the study was to explore the cultural, socio-economic, political and educational factors that influenced the professional development of black South African nurses during 1908–1994 in order to produce an inclusive South African nursing history.

The research population involved all the accessible relevant nursing literature. Sample selection was performed by means of a non-probability sampling approach. As historical inquiry demands that information-rich sources be included in a study of this nature, an unstructured data-collection method was used.

Historical inquiry does not confine itself to a specified time or occasion for data analysis, but evolves during the gathering of literature, reading and reflection phases of the process. The researcher needs guidance to understand historical events and the context within which they occurred. This guidance was provided by means of *a priori* periods: the period 1908–1994 was divided into a number of eras based on the occurrence of significant historical events. The use of *a priori* periods provided context, yet allowed sufficient flexibility to include all the factors identified as having influenced the development of black professional nursing in South Africa.

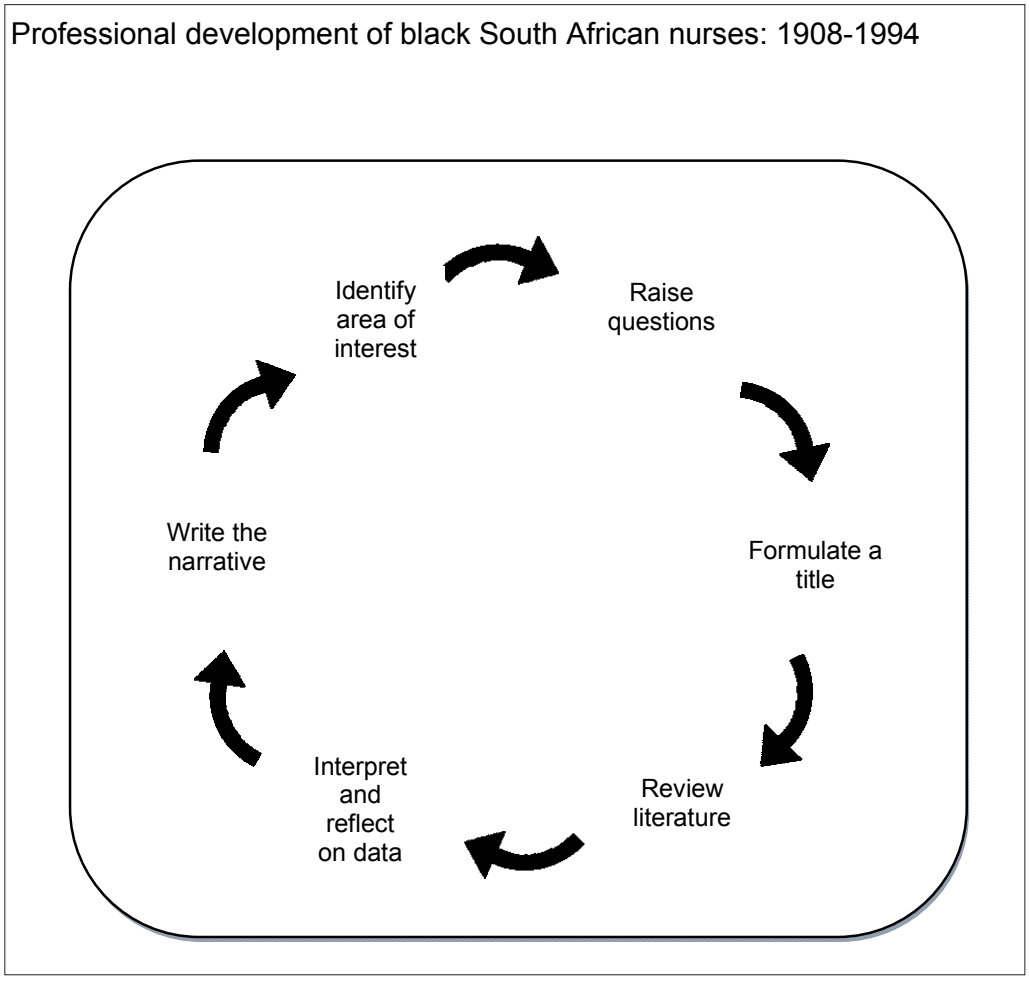

Figure 1: Schematic presentation of the historical research process

The historical period 1908–1994 was divided into three *a priori* periods namely:

- 1908–1944: nursing under control of South Africa's four provincial medical councils
- 1945–1970s: statutory independence for nursing and the influence of the political apartheid ideology
- 1970s–1994: South Africa's, as well as the South African nursing profession's, endeavour to achieve democracy and unity

Repeated reading and reflection on the historical data, as well as checking more than one source related to a specific historical event, assisted the researcher to enhance the trustworthiness of the data. This provided new insights and newly identified influential

factors, especially evident during the reading and writing of the first two *a priori* periods. The third *a priori* period confirmed the findings of the first two, thus allowing crystallisation to be reached by the end of the last *a priori* period.

The nature of historical inquiry leads a researcher to answer more than only the stated purpose. One cannot present a historically plausible explanation of events if all the influencing factors and the historical setting within which they occurred are not considered. It was therefore impossible to exclude specific reference to the socio-political conditions which prevailed in South Africa during the period 1908–1994. The researcher's conscious and/or unconscious biases in presenting these historical events had to be considered. These considerations led to the use of a strict ethical code and scientific integrity imposed on all historical researchers, using reflection in order to enhance bracketing, and reading about the historical topic of choice until crystallisation had occurred.

HISTORICAL FACTORS THAT INFLUENCED THE PROFESSIONAL DEVELOPMENT OF BLACK SOUTH AFRICAN NURSES: 1908–1994

Within the three *a priori* periods, the researcher identified the cultural, socio-economic, political and educational factors which influenced the professional development of black nurses in South Africa.

Cultural factors

During the *a priori* period 1908–1944, cultural practices required African women to marry early and accept domestic responsibilities. Furthermore, only married women could care for the sick in the community. The opposite was practised by Western nurses who joined religious orders, remained unmarried and did not participate in traditional domestic life, providing opportunities to focus on their careers. Therefore only unmarried women were trained by the British nurses in mission hospitals (Marks, 1994:86–88). This difference between African and Western customs prevented the early entry of black women into professional nursing in South Africa.

Especially during the first two *a priori* periods, cultural taboos and traditional African beliefs influenced entry into nursing. Young novice nurses were expected to study anatomy and physiology in the classroom and, in practice, come into contact with blood. For an African nurse, these biological concepts of Western healthcare were difficult to accept and ultimately contributed to high attrition rates (University of Witwatersrand, 1949:15).

The Western-styled health environment, emphasising independent decision-making, continued to contribute to the high dropout rates evident during the 1970s–1994. In traditional African culture, the male elders in the community were the decision-makers and it was culturally unacceptable for young females to fulfil this role. Yet, in the Western healthcare setting, young professional nurses were required to make independent nursing diagnoses and plan appropriate nursing care interventions for their patients. This difference between African tradition and professional nursing practice placed young black nurses in situational conflict and created the notion that black nurses were reluctant to make patient-related decisions (Luthuli et al., 1992:32; Olivier, 1984:42–45).

In the last *a priori* period, black women were readily able to enter the workplace (even as married women) and pursue a professional career. However, culturally they were still expected to perform most of the domestic duties, with little or no assistance from their husbands (Van der Merwe, 1999:1276–1277). The concurrent burden of full-time nursing and domestic duties posed challenges to these nurses.

Socio-economic factors

The British social class system of the early nineteenth century, combined with the power relationships evident in the Victorian family structure, influenced South African nurses. Professional nursing was in its infancy and British nurses attempted to increase the status of nursing as a profession by allowing only educated ladies from the higher social classes to train as nurses. The class-conscious British considered black South Africans as being poor and uneducated and therefore of a lower class. The British nurses' insistence on training only "ladies" hampered the entry of black women into Western-styled nursing (Buthelezi, 2004:3; Mashaba, 1995:ii; Potgieter, 1992:132–134; Schultheiss, 2010:152).

Only a few Western-educated, African "ladies" complied with the entry requirements. These women experienced a dual position in status. Because of their formal education and entry into a profession, among black people they represented the educated social elite. Yet, from a Western point of view they had a low social status due to their gender, race and limited formal education (Cheater, 1974:157; Rispel & Schneider, 1989:18).

During and after the Second World War (WW II) (1939–1945), the need to train more black nurses became urgent. White nurses were drafted into the South African military forces to provide care to wounded soldiers. Up to that time, the rate at which black nurses were being trained was insufficient. When many trained nurses left to care for soldiers in overseas field hospitals, a severe nursing shortage occurred in South Africa. Simultaneously, poor housing and unsanitary conditions, due to the effects of rapid urbanisation, led to a decline in the health of the largest portion of the South African

population, particularly black people. Despite their continued use of traditional healing practices, large numbers of black people also began using the Western healthcare system. The presence of black nurses, who were familiar with the patients' culture and language, in the hospitals was also a motivating factor for black people to utilise the Western healthcare system. Finally, the need to train more black nurses was driven by the government's policy of separate development (Mashaba, 1995:34; Searle, 1972:259, 278–279).

The severe shortage of nurses, the limitations set on the nursing contributions made by married women, combined with the South African Trained Nurses' Association's (SATNA) efforts to establish nursing as a profession, culminated in the establishment of the South African Nursing Council (SANC) on 6 June 1944 with the promulgation of the Nursing Act no 45 (of 1944). The first South African Nursing Act did not contain any reference to race (Marks, 1994:123, 132; Searle, 1972:275).

Political factors

The *a priori* period 1908–1944 was marked by unrest and war. After the Second Anglo-Boer War (1899–1902), South Africa became a British colony, functioning within the British notions of class and gender. This class system (with its implications of race) led to the practice of separate development being promoted and questions being raised about the practice of white nurses caring for black patients.

A debate that commenced in 1912, about allowing the training of less qualified black nurses, only reached its conclusion 40 years later. Given the small number of black women who complied with the educational requirements, entry into nursing training was slow while the debate continued. The practice of prioritising white student nurses' access to training opportunities in hospitals also limited the number of black nursing candidates. Finally, the pass law of 1934 prohibited the movement of black women to the cities, where the larger training hospitals were located. As a result, the training of black nurses made slow progress and would only gain momentum after WW II (Marks, 1994:67; Searle, 1972:271–275).

Nursing training under the medical councils had no racial exclusions. However, the black women who were successful in entering the field of nursing were excluded from all the early efforts to establish nursing as a recognised profession. They were not included in the efforts of SATNA to position nursing representatives on the medical councils, nor were they allowed to be members of SATNA. In reaction to their exclusion, black nurses created their own professional organisation, the Bantu Trained Nurses Association (BTNA) in 1932 (Marks, 1994:90, 100; South Africa, 1951:15, 33; University of Witwatersrand, 1937:1).

The apartheid doctrine required black nurses to care for black patients within the Western healthcare system. Therefore, the policy of separate development, which culminated in the system of apartheid in later years, stimulated the development of black professional nursing and contributed to their growth in numbers. This is illustrated by the fact that there were only 200 registered black nurses in South Africa in 1940. By 1959, this number had increased to 4 633 (Samson, 1978:48, 51). Ironically, the policy of apartheid also created barriers which hampered the entry of black women into the profession. The pass laws limited black women's ability to travel and reside in urban areas close to the training hospitals (SANA, 1980:25; Searle, 1972:278–279).

The apartheid system's negative influence on nursing was especially evident in the racially specific Nursing Act (no 69 of 1957) because the Act formally divided nurses into groups based on race. This contributed to the South African Nursing Association (SANA) resigning as a member of the International Council of Nurses (ICN) in 1973, thereby isolating South African nurses from the international nursing community. More importantly, this Nursing Act limited black nurses' contributions to nursing leadership and decision-making processes. This racial differentiation continued until 1978 when the Nursing Act (no 50 of 1978) created a multiracial SANC, albeit still under white control.

The *a priori* period 1970s–1994 was dominated by dramatic events in the South African political landscape. Political organisations such as the African National Congress (ANC) opposed the system of apartheid, and civil disobedience made the country socially unstable. International boycotts hampered the country's economic growth. These factors led to the apartheid system's eventual abandonment (Makgoba, 2006:25–27; Maloka, 2006:54–55).

Compulsory membership of SANA ended in 1993 with the amendment of the Nursing Act (no 45 of 1944), enabling nurses to join trade unions and participate in strike action for the first time since the formation of the SANC and SANA in 1944 (Ehlers, 2000:77–78). By 1994, continuous changes to the SANC Board and the SANA constitution enabled black nurses to gain gradual professional freedom and the South African nursing profession moved from being politically, socially and economically isolated to becoming members of international organisations such as the World Health Organization (WHO) and the ICN (Ehlers, 2000:76-77).

Educational factors that influenced the development of black South African nurses

In the early nineteenth century, formal education was an unknown concept in African culture. African people were introduced to the concept by means of the missionary schools, where tuition was provided in English. Schooling was not free and therefore

few black parents could afford it. These factors, combined with the cultural practice of giving boys preference for attending school, prevented young black women from receiving the education they required to enter nursing. Thus only 6% of African women were able to read and write when Cecilia Makiwane completed her nursing training in 1908 (Breier et al., 2009:15).

In the *a priori* period 1944–1970s, one of SANC's urgent tasks was to establish an effective nursing training system in South Africa, to address the growing need for black nurses. Training was, however, hampered by a combination of educational, political and cultural and inherent nursing barriers.

In the post-WW II years (1948–1949), cultural practices similar to those of the previous *a priori* period, continued to give preference to the education of boys. Girls who attended secondary school left at an early age (before completing Grade 12) to take up domestic roles, limiting the number of black girls with the requisite secondary education to commence nursing training (Searle, 1972:276, 279; South African Information Service, 1961:11).

Young black women had limited professional choices: nursing or teaching. Teaching was favoured by most, partly because working conditions and remuneration were better than in nursing and the training was less strenuous. Teaching was also the safer option for many young girls as it did not challenge the cultural taboos related to blood, death and unfamiliar concepts of anatomy and physiology. As recently as the 1990s, nursing and teaching remained the primary professional career choices available to black South African women (Marks, 1991:5; Rispel & Schneider, 1989:18).

The numbers of black professional nurses grew slowly because limited training positions were available and many black student nurses dropped out due to poor academic performance. Poor secondary education, evident in the first *a priori* period (1908–1944), posed problems for black nursing candidates in the second half of the period 1945–1970s, and in the third *a priori* period. Black student nurses were hampered by their limited access to and/or mastery of scientific subjects. As the Nursing Act (no 69 of 1957) had raised the required entry levels for nursing, making nursing curricula more scientific, many potential black nursing candidates could not enter the nursing profession. Additionally, nursing lectures were presented in English – a language which most candidates had not mastered during their secondary schooling (Mashaba, 1995:34; Olivier, 1984:47–54, 56).

In the 1970s and early 1980s, a shortage of well-equipped classrooms and trained science and mathematics teachers prevailed due to the government's limited support for the development of an adequate black school system. Many pupils left school before completing Standards 9 and 10 (Grades 11 and 12) and these conditions prevailed into the early 1990s.

During the last two *a priori* periods, the South African black community considered political freedom to be more important than education. School boycotts frequently interrupted schooling in black communities, which created another barrier for nursing candidates because they did not acquire the knowledge required to succeed in formal, scientific nursing courses. This lack of secondary educational skills hampered the development of black nurses, even at post-basic university training level (Baloyi, 2004:135–151; Liebenberg, 1993:505–506).

Cultural factors also hindered the educational success of black nursing candidates. The nursing curriculum with its Western teaching style such as the written word, lectures and emphasis on critical thinking skills, was not suitable to the learning style of the black student, which was largely oral in nature and related to story-telling. In addition, many scientific nursing practices represented the Western perception of health, focussing on biological parameters (Luthuli et al., 1992:32). Thus African student nurses were required to provide a form of healthcare based on Western principles to their African patients. The individual decision-making skills expected from professional nurses posed challenges for young black nurses as they were raised in a culture where decisions were left to the elders in their communities.

The political, educational and cultural factors mentioned in this article hampered the recruitment and retention of black nursing candidates into modern nursing. Nurse educators had to teach the content of the nursing courses, while accommodating these students' lack of secondary education academic skills.

The dropout rate from nursing courses gradually declined in the 1970s–1980s. Most candidates dropped out during the first year of training due to the 'foreign' language of education, the need for embedded scientific knowledge, poor study habits, criticism from ward staff, the high expectations of nurse educators, lack of interest in nursing, and social issues such as early marriage and the distances of nursing education institutions from their homes (Manzini, 1998:242–245). However, a greater dropout rate was recorded in 1990 and 1992. Manzini (1998:244–245) provided a socio-political explanation: "… the democratic process was new to most South Africans and it was therefore widely misunderstood to mean freedom without responsibility, which could contribute to the drop out". Thus a need for student counsellors who could guide students, not only with regard to subject and career choices, but also with regard to life in a democratic South Africa, was identified.

Table 1: Factors influencing the professional development of black South African nurses: 1908–1994

Factors/*a priori* period	Summative conclusions
CULTURAL	
1908–1944	Early marriage and domestic responsibilities. African young women may not care for the sick. Western view: only unmarried women trained as nurses.
1945–1970s	Similar to 1908–1944. To a limited extent: married women were allowed to be nurses. Cultural taboos concerning blood and corpses, anatomy and physiology.
1970s–1994	Mostly responsible for domestic tasks. Limited assistance from male partners. Western-styled health environment contributes to reality shock and high dropout rate.
SOCIO-ECONOMIC	
1908–1944	British social class system. Education ensured high social status in black community. Economic class and race ensured low status in Western health system.
1945–1970s	Increased urbanisation. The health of the African population declined. Due to WW II: a nursing shortage existed in South Africa. Education ensured high social status to nurses in black communities. Economic class and race ensured low status in the Western health system.
1970s–1994	Increased urbanisation. The health of the African population declined. Education ensured high social status in black communities. Economic class and race ensured low status in Western health system.
POLITICAL	
1908–1944	Racial component added to the Victorian class system. Policy of segregation.
1945–1970s	Apartheid policy necessitated an increase in the number of black nurses. Apartheid policy limited access to training and nursing posts. Nursing Act (no 69 of 1957) that formally divided nurses according to racial groups.
1970s–1994	Gradual move away from apartheid laws. Political instability: strikes and boycotts.
EDUCATIONAL	
1908–1944	Formal education: culturally unknown concept. Limited access to formal schooling. Tuition in foreign language: English. Boys given preference for education. Only girls allowed to enter nursing training. Nursing: high educational entry requirements.

1945–1970s	Limited access to schooling. Boys given preference for education. Tuition in foreign language: English. Educated girls had career options: teaching or nursing. Teaching preferred. SANC established nursing profession and raised entry requirements. High student dropout rates.
1970s–1994	Boycotts and strikes limited access to secondary education. Secondary education: students did not master science subjects and/or English. Teachers inadequately trained. Limited access to educational resources. High nursing entry levels to accommodate tertiary education standards. High dropout rate from nursing courses due to lack of science and language skills.

CONCLUSIONS

Historically, the development of professional black nursing in South Africa chronicles the courageous struggles of men and women in the face of overcoming serious challenges. Culturally, they had to adapt to a Western-dominated health view, with a scientific focus. Educationally, they had to master a high level of formal Western education presented in a 'foreign' language (English) in order to comply with the requirements for entry into professional nursing. Socially, they had to adapt to being regarded as the elitist middle class in the black community, while being marginalised black persons in the white-dominated workplace. This marginalised position was due to the system of so-called separate development which dominated life in South Africa during the entire period discussed in this article – first evident in the days of being a union under British domination; then formalised during the days of political 'apartheid'.

The final word belongs to Mashaba (1995:139), quoting Mahler:

> To look forward with vision, it is wise to glance backward with perception – not to be bound by history; not to blame ourselves or our predecessors, but to learn lessons as a springboard to the future.

RECOMMENDATIONS

The value of history lies in its potential to influence the present. On the basis of the conclusions described in this article the following recommendations are made:

- The value of history in developing the professional socialisation of novice nurses should be explored as it creates philosophical foundations, encourages ethical behaviour, develops critical thinking skills, and awakens a willingness to reflect.
- As nursing education in South Africa uses English as an instruction medium which is a second or third language for most students, measures should be implemented to improve students' ability to communicate in English.

- Cultural awareness related to students and self-awareness by the nurse educator, could influence the teaching approach when ethical and religious topics such as abortion and care of the deceased are discussed.
- Healthcare professionals should be sensitive to diverse religious and health practices by developing protocols which accommodate a fusion of Western and traditional African health practices to occur at the patient's bedside. Based on the history of the development of black nurses a study should be conducted into retention strategies for students from previously and currently disadvantaged academic backgrounds.
- Given the lack of inclusive sources on the history of black nurses, curricula related to the history of nursing should include references to all South African cultural groups.

SCOPE AND LIMITATIONS OF THE STUDY

The research underlying this article focused on the professional development of black nurses in South Africa. It did not investigate the position of black nurses elsewhere in Africa, nor did it focus on the status of coloured and Indian nurses in South Africa. The research was also limited to the historical period reviewed. Only events that had an influence on the development of black South African nurses in the period 1908–1994 were considered. Time is often a constraint in historical research as it can become costly. However, the purpose of the study was to ask, answer and record one historical question within the timeframe and limitations set by current reality. This article does not intend to provide definitive answers, but rather to encourage fellow nurses to further explore the uniquely South African professional nursing history.

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