

## VAN DIE REDAKSIE : EDITORIAL

## VERPLEEGSTERS GEEN ASPOESTERS

Sal nie-Blanke verpleegsters uiteindelik Blanke pasiënte in ons hospitale moet verpleeg weens die tekort aan personeel? Enigeen wat hierdie vraag probeer beantwoord, omseil die kern van die probleem. Indien daar enigins iets goeds en sinvols uit die onlangse twis in ons nuusblaaie voortgekome het, is dit juis dat die kern van die probleem tussen al die heen en weer verklarings onomstootlik duidelik gestel is—daar is 'n tekort aan verpleegsters, Blank of nie-Blank.

Ons kan nie na hierdie tekort in ons susterdiens met enige gevoel van selftevreedenheid verwys nie, want ons is maar te bewus van die ontoereikende getal geneeshere wat beskikbaar is. Dit is natuurlik ook so dat 'n tekort aan personeel nie net eie aan die verpleegsters- en mediese beroep is nie, en dat ons groeiende ekonomiese en nywerheidsinstellings die vangnette uit het om rekrute aan te keer.

Waar die tekort aan verpleegsters nou egter so opsigbarend onder die aandag gebring is en talle 'kenners' meegesels oor die werksomstandighede, opleiding, vooruitsigte en salarisse van die verpleegster, is dit duidelikhedshalwe goed om die feite in oënskou te neem.

In veral die afgelope twee dekades het die faktore wat hierbo genoem is (opleiding, ens.) radikaal verander. (Laat ons die dwaalspoor-argumente van uitsonderings asseblief ter syde laat wanneer 'n algemeen-geldige tendens bespreek word.)

Eerstens wat die werksomstandighede betref. In die moderne hospitaal is die verpleegster hoegenaamd nie die bleek gedaantetjie wat selde daglik sien en met die een-oorhouer rondraf nie. In die moderne hospitaal het 'n hele hiërargie saalwerkers en -beamptes ontstaan om die verpleegster se hande vry te laat vir dit waarvoor sy opgelei is—verpleging. 'n Saalbediende (skoonmaak), saalhuis-houdster, saalklerk (feitlik 'n sekretaresse om die dokter se instruksies neer te skryf, telefoon te beantwoord, vorms in te vul, ens.) en 'n sustersklerk (sekretariële assistent en hulp vir die suster) sorg hiervoor.

Wat die opleiding van die verpleegster betref, kan die volgende groepe onderskei word—die assistent-verpleegster, die leerling-hulpverpleegster en die student-verpleegster. Die assistent-verpleegster is die onopgeleide hulp vir die verpleegster en sy ontvang praktiese in-diens-opleiding sonder teorie. Die leerling-hulpverpleegster is die dogter of vrou wat na st. 8 'n tweejaarkursus met praktiese en teoretiese opleiding ontvang. Na voltooiing van die kursus ontvang sy as hulpverpleegster 'n diploma wat, indien sy verder in haar beroep wil studeer, as 'n st. 10-vrystelling geld.

Die laaste groep, die student-verpleegster, is die dogter wat na st. 10 aan 'n verpleegsterskollege of aan 'n universiteit verder studeer. Aan die universiteit kan 'n diplomakursus (4 jaar) of 'n graadkursus (4 of 4½ jaar) gevolg word. Na haar opleiding word die student-verpleegster as 'n suster aangestel.

Die opleiding van die verpleegster (van alle groepe, ook die wat aan 'n kollege of universiteit studeer) is in-diens-opleiding, wat natuurlik beteken dat hulle betaal word terwyl hulle hul kwalifiseer. Dat hierdie in-diens-opleiding

nie beskou kan word as 'n oulike manier om arbeid te bekom nie, word bewys deur die feit dat die leerling-verpleegster 20 jaar gelede slegs een-agtste van haar tyd aan teoretiese opleiding bestee het, maar dat dit nou eenderde is.

Die volle betekenis van die verpleegster se in-diens-opleiding word nie aldag besef nie. Prakties gestel beteken dit dat ouers hul dogters op die stasie Konstabel by die trein kan gaan groet en nie 'n sent verder hoef te betaal nie (selfs die treinkaartjie kan vir haar betaal word) terwyl sy haar vir 'n beroep bekwaam en selfs 'n graad kan verwerf. En na opleiding skuld sy niemand iets nie—sy kan selfs dadelik bedank en 'n pos in die private sektor aanvaar!

Daardie storie van 'lang ure' geld in die algemeen ook nie meer nie. 'n Verpleegster werk tans gemiddeld 40 uur per week dagdiens of 54 uur per week nagdiens—sowat 16 uur per week minder as die verpleegster van 20 jaar gelede. Ondanks die hoër eise wat aan verplegingsdienste gestel word, is dit verklaarde beleid om skofte so in te deel dat die verpleegster 'n normale lewe kan lei.

Die verlofvoorwaardes vergelyk baie goed met ander beroepe. 'n Suster, d.w.s. selfs 'n mooi wat na st. 10 vier jaar verder gestudeer het, kry 'n minimum van 46 dae per jaar. Voeg nog hierby die studieverlof met betaling en die nuwe salarisskale en dit is duidelik dat die posisie van die verpleegster in die afgelope tydjie werklik radikaal verander het.

Ook wat werkgeleenthede betref, het die posisie radikaal verander. Selfs as nie-verplegingsdienste (ontvangsdames vir geneeshere bv.) buite rekening gelaat word, slurp gesubsidieerde hospitale en private hospitale jaarliks groot getalle verpleegsters uit die diens van provinsiale administrasies. In Kaapstad alleen is daar op vier na (76 teenoor 80) dieselfde getal private hospitale as provinsiale hospitale. Net een van hierdie private hospitale lei verpleegsters op. Heeltemal tereg dus het die Administrateur van Kaapland onlangs die vraag gevra of die opleiding van verpleegsters voortaan net die verantwoordelikheid van die Provinsiale Administrasie moet wees.

Dit is glo (!) 'n feit dat oud-verpleegsters van die bekwaamste moeders is, maar selfs die ou argument: 'Sorg dat jy jou bekwaam, want jy weet nooit wanneer jy moet uitspring as jou man wegval nie', kan ook hier gebruik word. Getroude vroue en oud-verpleegsters wat nou weer ietsie wil verdien, kan op georganiseerde skofbasis 'n program uitwerk wat hulle en hul gesin pas. Provinsiale administrasies hoop dat hierdie skofwerk sommige van die 9000 opgeleide verpleegsters wat nog op die verpleegsterregister is, maar nie verplegingsdienste verrig nie, na hul ou beroep sal laat terugkeer.

As al hierdie feite in gedagte gehou word, moet erken word dat die verpleegster nie meer die Aspoestertjie is nie. Weliswaar het geen feëkoningin haar nog in 'n prinsessie verander nie, maar sy is beslis lid van 'n beroep wat, wat opleiding en organisasie betref, haar susterwerkers in die oë kan staar en selfs 'n tikkie groen daarin kan sien.

## DISSEMINATING THE RESULTS OF RESEARCH

Medical research is constantly in progress and our knowledge is increasing by the day. This acquisition of new knowledge can only be of value if it is disseminated with efficiency to those who will be able to make the best use of it. The researcher, and especially the scientist who stands a little removed from clinical work, is usually well aware of a number of others doing more or less the same work in other centres, and a certain camaraderie is inclined to develop, which enables them to impart and receive information, almost without the help of the normal channels of communication, such as medical and other scientific journals. Nevertheless, these private interchanges of ideas, however efficient, must inevitably limit the spread of newly acquired knowledge.

Whenever research is done there are three parties involved, and it is important to realize that their interests are not necessarily always the same. In the first place, there is the researcher himself, whose only interest is the acquisition of information pertinent to his own work, and to this end his private communications often serve him perfectly well. In the second place, we have the broader reading public, specifically trained as well as untrained, who are equally interested in what is being achieved. These readers are often not in the position to judge the true scientific merit of the information which is disseminated, but as they are, in their position as taxpayers, contributing to the cost of the work done, they are entitled to know what is happening in the scientific world.

The editor and his editorial staff stand between these two parties, and it is their duty to see to it that the information offered is disseminated to the largest possible audience. There lies the rub. The researcher is more often than not unable to impart his results in a meaningful way to any but his immediate colleagues who virtually speak the same laboratory patois, and, if left on his own, this would perfectly satisfy him. He is inclined to make use of what is journalistically known as 'in-writing'; that is a tendency to assume, or even over-assume, a background knowledge of facts and trends without which his communications would be virtually meaningless. To the clinician a statement that a certain specimen of urine had a specific gravity of 1.020 is perfectly acceptable, whereas to the true scientist this would be a nonsensical concept. A liquid with such a specific gravity would weigh more than 1 kg/ml! The use of abbreviations is another pertinent example. MO may convey the concept of mono-oxidase to one reader whereas another will wonder what the medical officer is doing in the laboratory. Every doctor asks the nurse whether the patient has a temperature, whereas it is to be sincerely hoped that he has, otherwise a new science-fiction concept will have been born.

The hard-core scientist who writes down his findings in his own and his colleagues' laboratory slang may rest assured that his ideas will not be misunderstood by his co-workers, in his own as well as in other centres. But to all readers outside this closed shop his manuscript will be all but meaningless and often even excruciatingly funny. When communicating only with chest surgeons a statement

such as: 'A thoracic surgeon was summoned and put in an underwater drain,' may be perfectly intelligible, but to the rest of the readers of the article it will convey the idea of rank cruelty to a doctor whose only crime was to answer an urgent call for his help.

What it boils down to is that in-writing will reach only a select few, and when this is pointed out to the researcher, the usual answer is that those are the only ones he wishes to reach. With a little editing and perhaps some re-writing, exactly the same facts may be understood by thousands of readers, and for all the author knows, many with whom he had until then not been able to communicate, will come forward and express their very valuable views. We cannot all be Julian Huxley's, able to write down our thoughts in clear, understandable prose which is a joy to read, but we can all attempt, with the help of editors, to ensure that what is written is lucid and comprehensible.

Frequently, when authors are made aware of their grammatical howlers and muddled writing, the come-back is that they are not attempting to write deathless prose, but that they are trying to impart scientific knowledge. Goethe once said that if somebody wished to tell him anything, he would have to state it clearly—he had sufficient problems of his own, not to have to struggle with another's confused thinking. It is not only the attempt at grammatical perfection—a worthy cause in itself—which is at issue, but also the endeavour to reach as large an audience as possible. Deliberate limitation of readership is a silly attitude.

Let us therefore appeal to all our readers, when they prepare contributions, to bear in mind that abbreviations, expressions current in their laboratories and vague allusions to what is thought to be common knowledge can only result in publication delay, for if the manuscript is allowed to pass unaltered, it will quite unnecessarily limit its value by cutting down on readership. It is, of course, not always possible to avoid abbreviations, for constant repetition of long, involved pharmacological terms can result in very tedious reading, and one has to admit that certain well known abbreviations such as ECG have now become internationally acceptable, but on the whole the actual space saved by abbreviating a few terms per article is so insignificant that it need not be considered.

We have already mentioned that the interests of the three parties involved are not always the same. The editor wishes to ensure as wide a circulation as possible for his journal, for that keeps it viable; the author wishes to reach his colleagues doing the same type of work, for he wants to elicit their views; and the reader wants to be interestingly informed about something he does not yet know. It is this last concept which so often comes as a shock to the poor researcher who has been burning the midnight oil and who is convinced that everybody will be as fascinated by his subject as he is. The truth is that most readers do not want to read about his work—they have to be wooed into it.