

THE PROBLEM OF PAEDIATRIC NURSING

Throughout the country much dissatisfaction has been expressed in regard to nursing in paediatric wards, and it is felt that the standard of paediatric nursing care in South Africa leaves much to be desired. In order to stress the magnitude and the nature of the problem involved, the South African Paediatric Association (M.A.S.A.) prepared a comprehensive memorandum on the problem of paediatric nursing in this country for submission to the South African Nursing Council, and they also requested that the Federal Council of the Medical Association of South Africa be made aware of the problem.

The present status of nursing in paediatric units in South Africa can be summarized as follows:

1. There are very few nurses with suitable paediatric training in South Africa.

2. Sisters and staff nurses of children's wards are 'general-trained', i.e. their maximum average experience of paediatric nursing as trainees is 3 months.

3. Some sisters or staff nurses who assume charge of babies, including premature infants in obstetric units, are similarly ill-equipped for their positions.

4. In accordance with Nursing Council requirements, it is a common practice in many hospitals for a large proportion of the nursing staff to be changed monthly. The need for adequate close supervision by properly trained senior nurses is hindered by this system. Nursing Council regulations specify a ratio of not more than 4 trainees to 1 trained nurse. Inexperienced nurses are posted into paediatric wards early in their training, before they are able to appreciate the importance of certain procedures appertaining to paediatric nursing practice. In non-European wards conditions are often worse.

5. Although there may be less administrative work to be done at night, the nursing requirements of sick children and infants under the age of 2 years do not differ materially by day and by night. Yet a skeleton night staff, with limited trained supervision, is expected to cope with an amount of work almost identical to that undertaken with difficulty by twice their number during the day.

6. Because of conditions present in some of the paediatric wards, varying in different hospitals, facilities for isolation of cases and minimizing the spread of infection leave much to be desired.

7. On the basis of the abovementioned considerations it can be stated that the paediatric training of the student nurses, both in respect of the personal care of sick children and of the facilities needed, falls far short of what is required. There is no opportunity for any student nurse to learn paediatric nursing properly and in a properly arranged environment. If a general-trained nurse wishes to have paediatric training, she has limited opportunity for further study.

The present situation regarding paediatric nursing at the Red Cross War Memorial Children's Hospital, Rondebosch,

Cape, will serve as a concrete example of how serious the problem is:

When this hospital was opened in June 1956, the nursing staff consisted of sisters and staff nurses, mostly without special paediatric training, and student nurses recruited from the general pool. Gradually, as more wards were opened, extra help in the form of nursing assistants—White and non-White—had to be employed so that the work could be covered. This was far from ideal, but it was realized that, with more and more hospitals opening and a static number of nursing students, the use of nursing assistants was inevitable. Since then the proportion of student nurses has diminished and in August 1958 the nursing establishment of the Hospital consisted of 50 student nurses and 139 certificated nursing assistants; certificated nurses are, however, practically non-existent or unobtainable in Cape Town. Under duress the situation was accepted and efforts were made to train the nursing assistants; an extra sister was appointed for that purpose.

A scheme was submitted to the Provincial authorities whereby the Hospital could be assured of the services of a certain number of student nurses while nursing assistants were being trained for a proposed Provincial certificate of proficiency as a 'paediatric nursing assistant' or some such suitable term. For various reasons a decision on the matter was, however, deferred. It would appear that as from 1960 no assistant nurses, certificated or uncertificated, will be allowed to undertake nursing duties of any kind unless registered with the Nursing Council. In the meantime the allocation of student nurses to the Hospital continues to fall steadily—14 for September 1959—and it is not clear where nursing personnel is to come from in 1960.

How important the paediatric nursing staff is from the paediatrician's point of view, will be clear from the following:

1. The children's doctor is entirely dependent on his nurse. The majority of the patients cannot speak and, unless the person in constant attendance is trained to accuracy in observation and reporting of detail, registered only by trained eyes, ears, hands, and nose, the doctor will be severely handicapped.

2. The menace of infection and of ward-spread is always present even with properly trained staff. With a peripatetic staff of trainees supervised by an equally inexperienced staff of general-trained nurses, the situation becomes perilous.

3. Advances in medicine depend on many kinds of investigation, but the crux of the solution to any problem is in its clinical application. The nurse with her ability to comprehend and carry out meticulously her part of the clinical work, is a key person in the chain of investigators. Without her knowledge and full cooperation, such work cannot be undertaken.

4. With a staff untrained in paediatric nursing, the medical supervision of the patient becomes a source of even more anxiety than it should be. Babies especially, change in

condition so rapidly that an hour's delay in summoning the necessary medical help, especially in acute illness, may be fatal. The suspicion that this has occurred has not been unknown.

5. With the present system of training nurses, the hope of progress in this field is limited. The standards of care required in paediatrics, its hygiene, dietetics, nursing procedures, psychological approach, and even manual dexterity, are entirely different from those used in dealing with adults and adolescents. A paediatric nurse works to a standard which is regarded by the general-trained as unnecessary, even ridiculous, until experience teaches her otherwise. Nothing less than meticulous care will suffice. There is only one way to obtain it and that is by proper paediatric training of the nursing staff responsible for the instruction of student nurses in children's hospitals and maternity units. No sister or staff nurse should assume charge of a children's ward unless she has had special training.

6. There are ample openings for trained paediatric nurses in children's hospitals and wards in general and isolation hospitals, in obstetric hospitals and units, in welfare clinics, crèches, orphanages, and places of safety, as health visitors and as paediatricians' nurses, in the world of commerce, e.g. in pharmaceutical firms and on passenger ships, and in private nursing. With a little extra training a paediatric nurse can become a general-trained nurse of high standard.

We should like to advocate a scheme similar to that existing in Canada. In Canada a girl can choose to do her training either at a general hospital or a children's hospital. If she chooses a children's hospital, the course lasts for 3 years, during which time she spends approximately 6 months at the general hospital and the remainder in the various departments of the children's hospital. She then

graduates from the children's hospital as a fully trained nurse who is considered competent to nurse both children and adults. It would seem that the standard of training is extremely high. It certainly produces excellent nurses. The argument put forward in favour of this arrangement, which seems to be a sound one, is that if a nurse is competent and trained to look after children of all ages, she will be quite able to nurse adult patients and, although her preference might be for children's nursing, she is not necessarily limited to this and precluded from doing adult work if she so desires.

A system of training on the above lines would perhaps be better than the introduction of short, high-powered post-graduate courses, which would involve extra time and expense for nurses who are primarily interested in paediatric work. However, nurses doing ordinary training would not be precluded from nursing in the paediatric wards, although their experience would naturally be more limited (as in the present system). Those who spend most of their training period in paediatric wards, would have their passing-out certificates suitably endorsed to that effect.

7. Many girls, of all grades of education, about the time they leave school, are inclined towards a nursing career—particularly for children. Some of them, whose parents can afford to send them, go overseas to train since they cannot do so in South Africa. Many who cannot go overseas and have no urge to nurse adults, abandon the project and are lost to nursing. A paediatric training course would in many cases lead to a general-training course if the duration of the combined course was made attractive. The number of recruits to nursing would soar.

8. There is no prospect that in this country, in the foreseeable future there will be any lack of demand for properly trained paediatric nurses. The country needs them urgently now.

PEDIATRIESE VERPLEGING

Omdat daar ten opsigte van die probleem van pediatriese verpleging in Suid-Afrika 'n toestand van sake ontstaan het wat grens aan 'n noodtoestand, word hierdie probleem tans op alle vlakke druk bespreek—deur Uniale en Provinsiale outoriteite, deur gesaghebbendes in kinderspitale, deur verantwoordelike liggame van die Mediese Vereniging, en deur die Suid-Afrikaanse Verpleegstersraad. En omdat ons voel dat die kernpunte en die implikasies van die probleem onder die breëre aandag van die mediese professie as geheel gebring moet word, skryf ons hier nou ook daaroor.

Die kern van die probleem lê daarin dat daar in Suid-Afrika vandag baie min verpleegsters is wat 'n goeie opleiding in kinderverpleging gehad het, hoofsaaklik omdat daar geen voorsiening gemaak word vir die opleiding van beginners in pediatriese verpleging nie. Alle verpleegsters wat belangstel in kinderverpleging moet eers as algemene verpleegsters opgelei word. Daarby kom die feit dat die bepalinge van die Verpleegstersraad dit vereis dat verpleegsters wat hul opleiding ontvang gedurig rondgeskuif word van een afdeling na 'n ander. Die gevolg is dat kinderverpleegsters gemiddeld nie veel meer as 3 maande van ondervinding as leerling-kinderverpleegsters ontvang nie.

Nou is dit egter die geval dat kinderverpleging heel spesiale opleiding en ondervinding nodig het, omdat, die betrokke

probleme so heeltemal anders is. Byvoorbeeld, omdat die meeste pasiënte (klein kindertjies) nie kan praat nie, is die dokter dikwels geheel en al afhanklik van die informasie wat die verpleegster aan hom gee—informasie wat sy weer kry op grond van noukeurige waarneming en afleiding. Om betroubare waarneminge en afleidinge te kan maak, vereis egter noukeurige gespesialiseerde opleiding. Hierdie is maar een voorbeeld van hoe belangrik spesiale opleiding op hierdie gebied is—ander voorbeelde bespreek ons elders in besonderhede.

Die probleem het ook sy onmiddellike praktiese implikasies. Omdat daar 'n tekort aan opgeleide kinderverpleegsters is, is die meeste kinderspitale (behalwe vir die betreklike klein kern van susters en stafverpleegsters) aangewys op die dienste van leerlingverpleegsters en verpleegstersassistente. Goedgekeurde verpleegstersassistente (met sertifikate) is egter dikwels onverkrygbaar. Die Rooikruis Kindergedehospitaal te Rondebosch, Kaap, staan byvoorbeeld voor die toestand dat hy al minder en minder leerlingverpleegsters kry en feitlik sonder verpleegstersassistente moet klaarkom—'n toestand van sake wat daarop dui dat hierdie hospitaal binnekort gedwing mag word om te moet sluit. (Die hospitaal het ongeveer 200 beddens.)

Ons voel dat die oplossing van hierdie probleem waar-

skynlik lê in die rigting van die aanvaarding van 'n soort stelsel wat dit vir 'n voornemende leerlingverpleegster moontlik sal maak om te kies of sy haar opleiding in 'n algemene hospitaal of in 'n kindershospitaal wil ontvang. As sy kies om haar opleiding direk in 'n kindershospitaal te ontvang, sal dit beteken dat sy die grootste deel van die 3 jaar wat die opleiding min of meer sal duur, in verskillende afdelings van die kindershospitaal deurbring— behalwe 'n gespesifiseerde tyd van 6 maande of so wanneer sy na 'n algemene hospitaal sal moet gaan. Elders in die wêreld, byvoorbeeld in Kanada, word skynbaar groot

sukses behaal met die opleiding van kinderverpleegsters op die manier wat ons so pas beskryf het.

Aangesien onderhandelinge tussen verskillende hospitaalowerhede en die Suid-Afrikaanse Verpleegstersraad op die oomblik aan die gang is oor hierdie saak, wil ons daarvoor pleit dat die probleem met verbeeldingskrag en visie aangepak moet word sodat ons in hierdie land nie net 'n geskikte formule kan ontwerp waarvolgens die probleem benader kan word nie, maar sodat ons 'n oplossing kan vind wat terselfdertyd ook 'n nuwe bydrae kan wees tot die probleem van kinderverpleging.