

Editorial

The debate for an alternative health system that would meet the needs of the majority of people in the country has been initiated amongst many organisations. The struggle for health and for an alternative health service cannot be viewed in isolation from the political, economic and social struggles in South Africa. Health workers cannot stand apart from broader struggles within the country.

Nurses form the largest group of health workers and are in close contact with patients, families and members of the community. As such, they have the potential to be powerful agents for change, both within the health sector itself, as well as within the broader society. In spite of this, nurses have not been instrumental in bringing about change. This issue of *Critical Health* focuses on some of the factors affecting the lives of nurses in an attempt to understand the reasons behind this lack of involvement.

Historically struggles within nursing in South Africa, as well as in many parts of the world, have seldom arisen out of the health needs of the people. Instead, developments have been based on struggles for autonomy of a predominantly female grouping against a predominantly male one, as well as a struggle for 'professionalism'. In South Africa in particular, professional and class struggles in nursing are complicated by race and ethnicity. The first article on the origins of contemporary nursing organisation in South Africa, clearly illustrates this point.

There is, at present, widespread dissatisfaction among nurses towards the established nursing bodies, namely the South African Nursing Council (SANC) and the South African Nursing Association (SANA). The forementioned article provides an historical analysis of the establishment of these bodies, arguing that they were formed at a crucial period when nurses were expressing dissatisfaction with the whites only, weak and ineffectual South African Trained Nurses Association (SATNA). It was hoped the formation of SANA and SANC would discourage nurses from unionising. Ironically it is the dissatisfaction with these very organisations that may form part of the impetus encouraging nurses to unionise.

Nursing places a great deal of stress on individuals. This is emphasised in many of the articles in this edition. Nurses are also integral parts of South African society and as such are vulnerable to stresses outside the work environment, such as those created by apartheid policies. Many nurses have even expressed doubts as to whether it is possible to uphold the Nursing Oath (where the nurse undertakes to treat patients regardless of race or social class) within a health service and a society that is completely divided along racial and class lines. All these stresses lead to the condition known as 'burnout'.

Nursing education is rigid and does not encourage independent, critical and analytical practitioners. Through a process of socialisation, nurses are encouraged to maintain their subservience, both to their 'superiors' within the nursing hierarchy, as

well as within their relationships to other health workers, such as doctors.

Nurses operate within a strict hierarchical system where the fear of victimisation is very real. The hierarchy prescribes certain strict modes of behaviour, as well as discouraging nurses from questioning authority, both within the hospital itself, and within their legislated representative bodies. As individuals nurses who complain or challenge the present conditions may be labelled as 'troublemakers' and are vulnerable to victimisation. The article on the struggle for better working conditions for maternity nurses at Baragwanath Hospital in Soweto, demonstrates that strength lies in collective and united action and that this is made possible through progressive health worker organisations and unions.

