

**Speech by KZN Health MEC, Dr Sibongiseni Dhlomo on the occasion of the commemoration of the 2017 Nurses Day at Africa Health Research Institute**

**12 May 2017**

Programme Director

It is indeed a great honour to have been invited to share with you as we commemorate the 2017 Nurses Day. This day, May 12 is celebrated all over the world in remembrance of Florence Nightingale's birthday, an angel who became famous as an English nurse for her work of treating soldiers at night during the Crimean War.

Today, this day is universally celebrated to recognize the contribution nurses continue making in nurturing and saving lives and to say thank you to them.

In this Province, the nurses are our strong mast in the quest to realize the government's mandate of the attainment of **a long and healthy life for all our citizens**. The essential task of rendering an effective and efficient health care service in kwaZulu Natal and elsewhere in the world, largely hinges on the calibre of nursing personnel that serve in our healthcare facilities.

Our nurses have almost single handedly assisted KwaZulu Natal to enrol **more than 1 million** patients on the Anti-Retroviral Therapy programme.

They have even miraculously diagnosed unforeseen ailments like what was achieved by **Sr Primrose Steziah Goge** at a very small clinic at ILembe District.

She used a fetoscope on a pregnant woman and was able to detect a very rare ailment that is seen only in one out of 300 000 cases. This resulted into a groundbreaking operation at Inkosi Albert Luthuli Central Hospital called **pericardiocentesis**, which is an invasive procedure in which a needle and a tube is used to remove fluid from the sac around the heart. In this instance, it was performed on a baby whose mother was 29 weeks into her pregnancy. For this miracle; we say thanks to a vigilant NURSE.

In our commemoration of the Nurses' Day this year, I want us to be reminded of how a NURSE is defined by the International Nursing Council:

*'It is a person who has completed a program of basic, generalized nursing education and is authorized by the appropriate regulatory authority to practice nursing in his/her country.'*

*A person prepared and authorized to:*

- *to engage in the general scope of nursing practice, including the promotion of health, prevention of illness, and care of physically ill, mentally ill, and disabled people of all ages and in all health care and other community settings;*
- *to carry out health care teaching;*
- *to participate fully as a member of the health care team; as well as,*

- *to supervise and train nursing and health care auxiliaries.'*

I am reminding us of all these things today because as Nurses, we are at most, the only health professionals accessible to many people in their lifetime.

I know of no other discipline that is respected; regarded and termed: **A noble profession**. As nurses, are we keeping the image and status at that level?

Over the years, you will agree, there have been areas of concern noticed and observed pertaining to patient treatment and the level of care in our institutions.

As means to bring back respectability to this noble profession; during our 2017 Budget Presentation last month, I announced that together with a select group of *retired nurses*, we are setting up a *steering committee* that will visit all the health Districts to review and revive basic nursing ethos.

Working together with these retired veterans, we have identified three areas in which we are found to be wanting and these being: **Nursing Practice; Nursing Education as well as Ethos and Professionalism.**

Indeed, I believe that the revival and revisit of all the highlighted areas that used to make this profession distinct and unique will benefit us all.

Revival of the above will assist in addressing the following problem areas:

- **High expenditure due to litigation**

Health Department is experiencing high expenditure on litigation of which some of them can be prevented. One area of concern here is the failure to adhere to **nursing protocols; policies and procedures**.

We have been taught that these are evidence-informed and based on best practice guidelines. They are intended to provide guidance to **nursing** staff in the delivery of safe and effective patient care.

- **Lack of quality clinical care**

The health professionals should consistently act in the best interest of the patient as a multi-disciplinary team where they jointly apply their skills and competencies to improve patient care.

Nurse leaders have a crucial role to play in promoting patient quality care and safety as they lead and manage the nurses who are mostly in contact with patients.

It is indeed a big concern that patients unnecessarily complicate whilst they are in the care of health care professionals.

- **Lack of patient advocacy**

It has been noted that patient advocacy is no longer a priority in ensuring that there is no infringement of patient's rights. We need again to inculcate the understanding that nursing is '*patient-centred*.' and ***a 24-hour profession***.

At all times, **nurses are expected to challenge** behaviour and health care practices that endanger and compromise the patient's care; privacy; safety and dignity.

- **Declining status of nursing**

Nurses used to be held in high esteem by the communities, patients, other professions.

Nurses are supposed to be a source of knowledge both to nursing neophytes/ trainees and other professionals namely doctors and other allied health care professionals.

Within communities, nurses used to be respected and given special status because of the skills and knowledge they possessed. Nursing was also regarded and accepted as *a 24-hour profession* readily accessible to most communities even at hours.

- **Lack of discipline**

Discipline in nursing is introduced during training so that nurses are socialized in that manner from the beginning.

The nursing profession demands discipline as its core value.

There are departmental policies which are meant to assist and support the managers in instilling a culture of discipline and failure of policy implementation by nurse leaders lead to substandard care and poor patient outcomes.

- **Disjuncture between nursing education and practice**

We are observing that there is insufficient supervision of students during their training which results in the inability to gain the necessary skills and knowledge.

Are we short of good clinical role models, who give direction, support and supervision to the students throughout their training?

Are we ensuring that students gain confidence in applying theory to practice?

Again we need to remind ourselves that the teaching function is part of the responsibilities of the Professional Nurses which can't be abandoned.

- **Lack of Clinical Teaching Departments**

We also need to revive the notion of having Clinical Teaching Departments at all the Nursing Education Institutions/ Hospitals as means to support the students in the clinical facility and ensure that the skills acquired at College are practiced at facilities. It was part of the assessment of clinical competencies and the support to the neophytes.

Re- establishment of the clinical teaching departments is a priority to strengthen clinical training and education where students will be supported by a coordinated system of clinical system of preceptors and clinical supervisors.

- **Lack of induction and orientation for nursing leadership**

We have to agree that induction and orientation is critical for promoted nurse leaders who find themselves added with new tasks which entail being responsible and accountable for human, financial and material resources.

The credibility of a profession is based on the willingness of each professional to embrace new skills, knowledge which will empower the individual to perform the duties diligently.

The duties assigned comes with new responsibilities which if not well understood may contribute to poor performance, frustration and inability to lead.

I am of a firm belief that if we revive and adhere to all the above, we are indeed going to have compassionate nurses who all the time rightfully recite the PLEDGE and declare:

‘I solemnly pledge myself to the service of humanity and will endeavour to practise my profession with conscience and with dignity.

I will maintain, by all the means in my power, the honour and noble tradition of my profession.

The total health of my patients will be my first consideration’

Lastly; let us always remember that in South Africa, we have a Code of Ethics for Nursing that reminds all Nursing Practitioners of our responsibilities towards individuals, families, groups and communities, namely to protect, promote and restore health, to prevent illness, preserve life and alleviate suffering.

I therefore urge our nurses to take pride in wearing their badges and stay true to their prayer. We wish you an all year round happy nurse’s day.

I thank you.

