

DEGREE NURSING EDUCATION AT FORT HARE: A HISTORICAL PERSPECTIVE - PART 1



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ABSTRACT

This case study traces and records the background to the introduction of graduate nursing education and training within Ciskei. It provides a comprehensive overview of events that led to the establishment of a Department of Health Sciences at the University of Fort Hare during 1984 and identifies all historical events of significance that influenced and moulded the manner in which such education and training was started. Additionally, historical factors that had an impact on the context in which the Department functioned is logically explored and sequential recorded. The main focus of this study examines the clinical, academic and administrative functioning of the Department and all related factors that contributed there to.

The creation of the Department during 1984 was in essence the culmination of a commitment by both the Department of Health, Welfare and Pensions, Ciskei and the University of Fort Hare to create an avenue by which graduate university health/nursing education programmes for Ciskei would be ensured. They made this commitment in the form of a collaboration agreement (the contract) signed during December 1983. Ironically it was this very agreement that was the major obstacle to the effective establishment and upkeep of the Department.

Paper one in particular addresses the respective historical events and behaviour patterns that influenced the efficacy or otherwise of the Department 1984 through 1995. It expounds upon the general and specific aims for graduate nursing education for the Department, and isolates the major cause for differing opinions between the Department of Health and the Department. The change in the name of the Department during 1989 is heralded as a major contribution of significant proportions for nurse education, both at the University and within Ciskei. Despite the numerous constraints, the need for greater numbers of graduate nurses within Ciskei is reflected as a key feature in the sustainment of and the continued functioning of the Department 1984 through 1994.

OPSOMMING

In hierdie gevalstudie word die instelling van graadverpleging en-opleiding binne Ciskei nagevors en opgeteken. Die navorser verskaf ook 'n omvattende oorsig van die gebeure wat aanleiding gegee het tot die totstandkoming van 'n Departement van Gesondheidswetenskappe aan die Universiteit van Fort Hare gedurende 1984. Alle belangrike historiese gebeure wat die vorm en manier van verpleegonderrig en opleiding van die staanspoor af beïnvloed het, is geïdentifiseer. Addisionele historiese faktore wat 'n impak gehad het op die konteks waarin die Departement gefunksioneer het, is ondersoek en op logiese en opeenvolgende wyse weergegee. Die sleutel fokus van hierdie studie is gemik op die ondersoek van die kliniese, akademiese en administratiewe funksionering van die Departement en alle relevante en verwante faktore wat 'n bydra daartoe gemaak het.

Die totstandkoming van die Departement in 1984 was die realisering van 'n gesamentlike onderneming deur beide die Departement van Gesondheid, Welsyn en Pensioene, Ciskei en die Universiteit van Fort Hare om graad gesondheids/verplegings onderrigprogramme vir Ciskei daar te stel en te verseker. Die onderneming was in die vorm van 'n samewerkingsooreenkoms wat in Desember 1983 geteken is. Ironies, was dit juis hierdie ooreenkoms wat as hoofstruikelblok tot die effektiewe totstandkoming en onderhoud van die Departement en sy funksionering geïdentifiseer is.

Deel een let spesifiek na die verskeie historiese gebeure en gedragspatrone wat op die effektiwiteit, of andersins, van die Departement 'n invloed gehad het gedurende die jare 1984 tot en met 1995. Dit brei uit op die algemene en spesifieke doelstellings van graadverpleging by Fort Hare en isoleer die hoofrede vir die verskillende standpunte wat deur die Departement Gesondheid en die Departement respektiewelik geneem is. Die naamverandering van die Departement gedurende 1989 word uitgewys as 'n uitsonderlike bydrae tot verpleegonderrig, beide binne die Universiteit en Ciskei. Ongeag vele beperkinge, word die behoefte vir die opleiding van groter getalle gegraduateerde verpleegkundiges binne Ciskei aangevoer as 'n besonderse behoefte wat die instandhouding van die Departement en sy funksionering verseker het, 1984 tot 1994.

INTRODUCTION

The University of Fort Hare (hereafter referred to as the University), though relatively young, boasts of a proud history of involvement in and commitment to both tertiary education and the communities that it serves within Southern Africa. The establishment of a Department of Health Sciences (hereafter referred to as the Department) at the University during 1983, was therefore an appropriate and welcome occurrence. Appropriate, because the numbers of nurse graduates within the then independent homeland of Ciskei were lacking in the extreme, and welcome because two autonomous institutions, viz. the University, and the Department of Health, Welfare and Pensions, Ciskei, (hereafter referred to as the Department of Health) undertook to establish a Department of Health Sciences, in a joint agreement (hereafter referred to as the contract). The contract, made provision for the creation of a Health Sciences Department (which was renamed during 1989 as the Department of Nursing Sciences), in which a variety of nursing and allied health personnel were to be educated and trained. Limited resources within both institutions however prevented the initial and subsequent introduction of more than nursing degrees.

In this article (one of two articles), the researcher relates the sequence of events that led to and which made the establishment of a Department of Health Sciences at the University a reality. The problem statement and purpose of the study are all embracing and addresses both parts' one and two. It identifies the key role players, the relationships between them and all other factors (problems) which influenced and impacted upon the Department's functioning (clinical, academic and administrative) and efficiency, 1984 through 1995. In order to fully comprehend and understand these issues and the influences that it had on the functioning of the Department, a descriptive narrative of nursing education, its status, and how it had evolved within South Africa during the twentieth century up until 1984 is given. All relevant historical events and behaviour patterns which contributed to the establishment and maintenance of the Department is traced across time and are reflected accordingly. Basic degree nursing education at the university is also explicitly described. This highlights in the main the aim of degree nursing education at the University, the ill wording of essentials within the contract (which accentuated the differences in priorities between the Department of Health and the University), the significance which an additional collaboration agreement held for the Department, and the implications of the name change for the Department. The need for and the ultimate successful appointment of University Clinical Nursing Science staff is also expounded upon. In conclusion, the researcher indicates that the need for greater numbers of nurse graduates within Ciskei to have contributed in part to the sustainment and continued successes of the Department.

PROBLEM STATEMENT

Erroneous details contained within the contract, and a lack of sufficient commitment to upholding of the cooperation agreement between the Department of Health, and the University had resulted in the inadequate functioning of the Department (Health/Nursing Sciences), 1984 through 1994. Issues that affected the insufficient functioning of the Department can more aptly be summarised as:

- The infrastructure created for the establishment and

maintenance of a Department of Health Sciences by the contract (collaboration agreement), was lacking in the extreme.

- Specifications contained within the contract in terms of its conditions for the provision of clinical support personnel for the Department were flawed.
- The frequent interdigitation of hospital preceptors, compounded by alternating leave periods of these staff members made the scheduling and coordination of the Department's clinical programmes erratic.
- The general remiss by many hospital professional nurse practitioners in fulfilment of their obligations to educating (informal teaching) B. Cur students (whilst undertaking clinical practicals in their respective units).
- The lack of an own set of laboratory assistants (hereafter referred to as lab assistants) on the staff establishment of the Department.
- Differing primary foci between the Department of Health (as a health services department) and the University (as an educational authority).
- Differing priorities in the afore mentioned departments, due to the distinction in their primary clientele, viz. patients versus students.
- The lack of sustained commitment by the Department of Health to the upholding of certain crucial components of the contract that was to ensure the establishment and upkeep of the Department.
- Attempts by the University at upholding defunct clauses of the contract.
- The resultant understaffing of the Department, due either to the withdrawal of hospital preceptors, or to the nonappointment of sufficient clinical personnel to the Department by either Cecilia Makiwane Hospital or the University at particular intervals.

PURPOSE

The purpose of this case study is to give a narrative description of all events which led to the establishment of a Department of Health/Nursing Sciences, and which resulted in the successful appointment of University Clinical Nursing Science staff for its Department. The researcher undertook an intensive exploration of the sequence of events and traced all occurrences in an approximate chronological order. It is hoped that this case study would serve as justification for the continued appointment of future Faculty Nurse Clinicians (lab assistants) at the University. It is also hoped that this study would serve as precedent for the future appointment of Faculty Nurse Clinicians within all other university nursing departments within South Africa.

NURSING EDUCATION, A SERVICE FOR EDUCATION PHILOSOPHY

Nursing as a discipline within South Africa, had evolved lacking in a national policy on nursing education. This supported the notion of service for education. The realities of student nurse funding from within the health services sector, further made for widespread acceptance of service-funded posts for students of nursing. Whereas certain overseas countries (the United States of America and Canada), during their professional progression, had opted for a separation of nursing education and nursing services, South Africa chose not to do so. A firm belief in the need for a balanced curriculum, one in which nursing students could adequately correlate both theory and practice remained an

overriding consideration. Inadequate statutory coordination between the different health care sectors however served to compound the development of nursing education and its position within the health services domain. By the mid 1940's this problem had come to occupy the centre stage in all formal nursing education circles.

Degree Nursing Education - a historical perspective

Degree nursing education and training in South Africa evolved because of a growing realisation among members of the profession, for the need of deepening the theoretical and practical components of nursing training. Until 1955, nursing education had effectively been controlled throughout the country by the respective health service authorities and within their related hospital nursing schools. It was envisaged that university nursing degree curricula would foster a greater awareness of the patient as a functioning member of society, one who is moulded by different societal and cultural mores, norms and values, and one whose uniqueness is recognised (Pollak: 1970:47).

The inception of the first degree course in nursing, a BA Nursing degree, at the University of Pretoria during 1956, heralded a first and was a significant breakthrough in separating for degree nursing education, the otherwise total control that the health service authorities had enjoyed over basic nursing education until then. At that stage, hospital nursing schools were the only means of acquiring a local basic professional nursing qualification. From 1956 onwards, all academic components of graduate nursing courses undertaken at universities, fell under the auspices of the tertiary education authorities.

Due to political restrictions on who could attend certain universities, it soon became apparent that the basic post-matriculation nursing degree would not supply the necessary quotas of nurse graduates as was hoped for South Africa, and for the profession in particular. If nursing was to keep pace with developments in the medical sciences, at least 25% of all professional nurses needed to be prepared at graduate level (S.A.Nursing Association: 1975:49). The successful introduction of the first basic and post-registration degree in nursing at the University of Pretoria during 1971, ensured that the progress of the profession would not be curtailed (Evertse: 1989:494). Evertse (1989:486) declared that nurses who undertook these degrees obtained not only a degree with a major liberal arts content, but also the required professional content which enabled them to have a degree and (a) professional qualification(s).

Once more, this opportunity was only availed to certain minority groupings within South Africa. With a tri-cameral parliament in place, independent homelands established, and a political agenda that was based on separate development(s) for the different race groups, graduate nursing education for the blacks in South Africa had not come into its own right.

Degree nursing curricula had nonetheless evolved, grown and developed, during the period 1956-1983, aiming always at the maintenance of an acceptable balance between the medical, natural and social sciences (SA Nursing Association: 1975:82).

Securing of a post-secondary education status for nursing education in South Africa

In attempts to right the wrongs, the profession made many representations to the respective Minister's of Health, Provincial Authorities and the Universities during the period 1944 through 1982. It was only during 1982 that the profession managed to secure the reclassification of nursing education as part of the post secondary education system within South Africa. It was hoped that by means of this reclassification, the responsibility for the control of nursing education would significantly shift to "Education", since all professional nurse education and training could in future be linked to universities.

Although arranging for the predominance of control of nursing education at an academic level, the resulting contractual agreements between the academic institutions and the health service authorities for funded hospital-based student nurse posts ensured the continued predominance of the health services within nursing education overall. At the functional level, all professional nurse education continued in the main to be funded by the health service authorities who provided student nurse posts. In this regard Searle (1983:7) states "- a college(nursing) will be linked academically to the university selected by the authority financing the college....".

At that stage, professional nurse education and training within Ciskei was only offered at hospital schools of nursing. If this were the practice within South Africa, it was highly unlikely that the practice would be any different within an independent homeland of South Africa, and it was not. Degree nursing education in Ciskei was set to follow the same route.

BASIC DEGREE NURSING EDUCATION AT THE UNIVERSITY OF FORT HARE

During 1984, nearly three decades after the first introduction of a degree programme in nursing in South Africa, the University introduced two basic baccalaureate nursing degree programmes equivalent to those offered within South Africa. The Health Sciences Department, which was established as a Department of the University within its Faculty of Science, would educate and train health personnel for degree and diploma purposes. The Department of Health, accepted reciprocal obligations for the establishment of this Department (Contract: 1983:2).

The establishment of a Department of Health Sciences

The Department was established on the premises of Cecilia Makiwane Hospital (hereafter referred to as the Hospital) in Mdantsane, the single largest regional hospital within the former Ciskei, in order to ease the coordination of all of its educational programmes with that of the health services. The Department's first basic baccalaureate programme, the B.Cur degree, ensured successful candidates of registration with the statutory, regulatory body of the profession, as a Nurse (General, Community and Psychiatry) and a Midwife. The second baccalaureate programme, a basic and post-registration nursing degree, the BA Cur degree, led upon successful completion, to registration as a Nurse Educator or Nurse Administrator and a Community Nurse. This latter basic course was incorporated into the degree programme to help boost the numbers of nurse graduates within Ciskei who held this qualification. The number of professional nurses who at that stage were in possession of the basic

qualification in Community Nursing Science was few.

Although the University and the Department of Health were two separate and autonomous institutions, the contract signed by both parties had arranged for the main interfaces to occur at the working committee and hospital clinical department levels. The Hospital was to provide the necessary clinical support from its clinical department staff establishment, with no distinction made between the university nursing degree and hospital diploma clinical practicals (Contract: 1983:14-15). This latter fundamental principal, soon became a source of discontent within the department and laid the foundations for the motivation for, and ultimate location of responsibility for the clinical accompaniment, formal demonstration and evaluation of all of its basic students with the Department itself. This move coincided with the concomitant appointments of University clinical preceptors within the Department for these purposes as from 1990 onwards. This was in keeping with the staff's vision for the Department.

The aim of university nurse education at the University of Fort Hare

The aim of nurse education at the University is declared to be in line with that of all of education, which guides man towards his full potential (Evertse: 1994:1-2). Evertse states that besides giving students a high level of professional preparation that moulds them as human beings, the Department's curricula widen the student's intellectual horizons, developing their intellectual skills whilst educating them to become self sufficient and caring persons with balanced attitudes towards nursing and life.

As an overriding goal, the Department strives to make a significant contribution towards the production of a cadre of university graduate professional nurse practitioners that could act as leaders, consultants and specialists in their fields of expertise. In pursuance of this goal, the Department's philosophy is seen to complement the broader University mission statement. Both the University mission statement and the Departmental philosophy (Davis & Senekal: 1994; Evertse: 1994: 8) are value laden. They contain the basic principals of sound education, research and a genuine commitment to community outreach. Further goals which subserve the overriding goal includes: the promotion of optimal quality nursing practice at all times, the shaping of curricula to provide the type of learning opportunity needed for effective practice, and the engendering of enthusiasm for academic enquiry between Departmental students and staff.

The impact of the formal separation of nursing education from the control of the nursing services

Meanwhile, the reclassification of nursing education into the mainstream of post-secondary education had occurred during 1982. It generally brought added pressures to bear on the relationship between the health service authorities and the educational authorities responsible for student nurse education and training overall. The formal separation of nursing education from the control of the nursing services for professional nurse training had caused a significant realignment of the status of the student of nursing when in the clinical field. This situation was of an equal propensity within the Ciskei and consequently likewise for the Department's students. Although not

enjoying a guest status, the realities of this paradigm shift had created many tensions between nurse educators and hospitals clinical staff generally and at all levels. Until then, the students of nursing had primarily been viewed as an employees (workforce). The formal classification of nursing as post-secondary education had effectively resulted in students of nursing no longer directly being classified as workforce, but indirectly so. Searle (1983:6) expounding on this theme declares "... student strength should be complementary to basic staffing requirements...". In reality though, many hospitals nursing personnel resented this move due to one or more of the following factors:

- a lack of information,
- the added pressures that these implications brought to bear on the limited staffing of the nursing units,
- a lack of appreciation for the educational nature of the students programme,
- resistance to change,
- professional jealousy, and/or
- resentment of the fact that they no longer controlled the nursing student's practical arena.

In this regard the Hospital personnel were equally not immune to such sentiments. Additionally, graduate nursing education at basic level had been totally foreign to the Ciskeian nursing fraternity until the inception of such programmes during 1984. To all intents and purposes, it had been against this background that the Department commenced its functioning during 1984. As it could be expected, the status of all students of nursing at the Hospital, including those of the Department, were of an equally contentious nature.

The Department of Health - a services priority

The lack in either of the necessary manpower, time, monetary resources, or to its commitment to the contract at intermittent intervals, lead the Department of Health, although bound by the many clauses of reciprocal obligation for ensuring the necessary infrastructure for the establishment of a Health Sciences campus to a situation in which it failed to remain true to certain of the clauses of the contract. This scenario was further compounded by the Department of Health's apparent disregard for the precarious position which it had placed the Hospital in. It had made the Hospital responsible for the delivery of numerous components of the contract that was to aid in the establishment and upkeep of a Health Sciences campus.

Driven by a mission and a philosophy which are centred on health services provision, the Department of Health's initial commitment to the contract might have been real. The many power shifts within key positions within the Department of Health, 1984 through 1992, had nevertheless rendered the contract largely insignificant. Its contents were being questioned more and more. A crucial factor that should not be overlooked is the fact that the Department of Health, is not primarily an educational authority. Little wonder therefore that the Department increasingly encountered problems in attempts at implementing the contract.

The basis for the opposing views - Hospital versus University

The central focus of any hospital, including Cecilia Makiwane, remained to be that of its patient population. In contrast, a university, and consequently the Department's main focus remains to be that of education, with its primary clientele being its students. In this regard the Department was destined to encounter problems with the health service authorities. The emphasis for priority setting within these

two autonomous and collaborating institutions are clearly different and forms the basis for the respective opposing positions. This latter distinction, set the stage for a partnership of graduate professional nurse education and training in Ciskei in which the location for the responsibility for the clinical competence of the Department's students in particular, were to be sought.

The significance of an additional collaboration agreement

During 1987, the University (Department) undertook a further collaboration agreement with a more peripheral health service authority, the Cape Provincial Administration and its Department of National Health and Population Development in South Africa. The first group of Fort Hare B.Cur students were to embark upon the final leg of their degree during 1988. This collaboration agreement would ensure the clinical competence of all future B.Cur graduates within the discipline of Psychiatric Nursing Science. There were no psychiatric institutions within the Republic of Ciskei that could provide for the necessary coinciding clinical practicals. By these means the Department's students would acquire the necessary psychiatric clinical practice competencies at Tower-, Komani-, and Fort England hospitals and the East London Community Psychiatric Services. Similarly, the Department of National Health and Population Development, undertook to allow University personnel access to their student population when in the clinical setting. They further also agreed to provide clinical support personnel to the Department's students when they were in the practice field (Bruwer: 8 December 1987 [a]; Evertse: 8 December: 1987; Evertse: 15 February 1988).

Unlike the Ciskeian contract, the South African undertaking had firmly dissolved its staff and its Department of National Health and Population Development from any responsibility for formal structured clinical practicals (and theory), ".... this Department is not responsible for the theory or structured clinical instruction of the students..." (Bruwer: 8 December 1987 [b]). Herein lies not only a key distinction between the formal contract and the collaboration agreement between the University and the health ministries of Ciskei and South Africa respectively, but likewise the distinction between the functioning of University Nursing Departments within the Republic of South Africa and that of Ciskei. It had become imperative for the staff of the Department to secure and ensure their rightful place within the formal structure of both the theoretical and practical programmes offered by them to their students.

A Department of Nursing Sciences - a change of name and status

On 22 January 1988, the Ciskeian Nursing Council, the statutory regulatory nursing body in the country regulated that:

"3. A nursing school shall be approved for the offering of a course of study if -

- (a) it is a university with a department or subdepartment of nursing....." (Department of Health: Reg. No. 2, section 13{1} of the Nursing Act, 1984, 22/1/88).

The Department had by this date only instituted its proposed nursing degrees. The intention to offer other

allied health sciences: e.g., Physiotherapy, Occupational Therapy, Radiography, Pharmacology and Diet Therapy (Contract: 1983:9-10) had fallen along the way side since the infrastructure for realisation of these goals had become incompatible with the stark realities of finite resources and limited support for the contract.

The Department and consequently the University had neither a department- nor a subdepartment of nursing. To all intents and purposes this regulation rendered the Health Sciences Department illegal. By implication, this regulation meant that there in fact was no school of nursing at Fort Hare. This scenario needed the urgent attention of the University's management, which it did receive. The University, successfully effecting an official name change for the Department from that of the Department of Health Sciences to that of the Department of Nursing Sciences, during the latter half of 1989 (Antrobus: 2 October 1989).

Implications of the name change

The implication of the name change was one of major significance for nursing as a profession within Ciskei, for the academic teaching staff of the Department, and for all future clinical appointees within the Department. Not only did the name change create a "Chair for Nursing" within Ciskei and the University, it also allowed Nursing as a discipline, for the very first time, to take its rightful place among other disciplines at Fort Hare. The Nursing Sciences Department could now compete with other departments for staffing at both academic and technical teaching (laboratory assistant) levels. The future appointment of lab assistants within the Department due thereto was to significantly alter the workload within and amongst the academic teaching staff of the Department.

Still bound by the contract, the Department, during the period 1985 through 1990, successfully negotiated at working committee level, the identification and allocation of at least three hospital preceptors who would assist the academic staff specifically with clinical teaching, follow-up and evaluation of its student population. Continued negotiations for additional preceptors were not received favourably (Simpson: 13 December 1990).

The need for departmentally(Nursing Sciences) appointed clinical teaching staff

The rearticulation of the Department's B.Cur programme during 1990, from a four-and-a-half, to a four-year programme (Antrobus: 7 March 1990), brought not only certain pressures to bear on the already limited staffing of the Department, it likewise highlighted the need for additional clinical teaching staff. With no coinciding reduction in the respective course contents, the compact nature of the four-year programme placed additional strain on the staffing position of the Department.

The realities of finite resources within the Hospital, and in support of earlier requests for amendment/redrafting of the contract, the Chief Medical Superintendent of the Hospital urged the Department and the University to appoint its own clinical teaching personnel. He declared: "As was mentioned at the working committee meeting the hospital requires to use all its nursing posts, in the present circumstances, where we clearly do not have enough to cover the nursing workload...."

We will not be able to indefinitely continue to supply...preceptors from our hospital establishment" (Simpson: 13 December 1990).

With no apparent progress made in respect of a redrafted/ revised contract, and feeling justified by its notice of intent to withdraw its staff, the Hospital on 1 January 1991 withdrew all ad hoc preceptor assistance rendered to the Department, as well as one of its "seconded" clinical teaching staff from the Department. The deteriorating situation within the Department's clinical functioning component, prompted a motivation to the University (Evertse: 24 January 1991), for the creation (and subsequent) appointment of University Clinical Nursing Sciences staff. On 6 February 1991, the Department was granted permission to appoint its own lab assistants for the clinical components of its respective courses. The acting rector of the University declared that: "I think this is a straightforward request that should be met" (Gardner: 6 February 1991).

Pressures on academic and university clinical nursing staff

Limited financial resources within the University prevented the appointment of all six lab assistants at once. The Department, was only able to appoint three of the six staff members by 1 April 1991. Competition for additional staff between faculties and departments within the University, compounded by increasing financial constraints experienced by the University, served as further restraints and added to the eagerness with which certain senior academicians/ management personnel lobbied for honouring of the contract by the Department of Health.

In addition, and due to a general remiss by professional nurse practitioners in fulfilment of their obligations to nursing students in training within their units, the Department's students started to encounter greater degrees of isolation when allocated for clinical practice within the hospital. This lack of clinical support could in part be contributed to the growing discontent among all of the nursing fraternity due to the formal separation of responsibility of nursing education from that of the nursing services (and its potential concomitant effects) alluded to earlier . This placed even greater pressures onto the limited staffing, academic and clinical (see Tables 1 & 2) of the department. It nonetheless served at the same time, to strengthen the Department's motivation for the appointment of the additional outstanding lab assistants.

The Department clearly found little comfort in the University's attempts for upholding of the contract. The realities were, the Department had only three instead of its proposed complement of six lab assistants. With it's limited but motivated staff, the Department forged ahead. Jointly, the academic and lab assistant staff embarked upon the clinical programmes offered at all clinical nursing venues. This made for a truly coordinated effort that further served to strengthen the bonds between the academicians and the lab assistants of the Department.

The appointment of the three remaining lab assistants took a further three years to effect.

TABLE 1 Numbers of Academicians on the staff establishment of the Department as at 31 December annually, 1984 - 1995.

Year	Numbers
1984	4
1985	7
1986	7
1987	7
1988	7
1989	8
1990	8
1991	7
1992	9
1993	9
1994	9
1995	9

TABLE 2 Numbers of Laboratory Assistants on the staff establishment of the Department, as at 31 December annually 1991 - 1995.

Year	Numbers
1991	3
1992	4
1993	4
1994	5
1995*	6

* *Laboratory Assistants reclassified as Faculty Nurse Clinicians as from September 1995.*

The University's lack of understanding of the role and function of clinical nursing science staff

Besides competing for limited resources within the University, the Department's student population had grown significantly between the years 1984 and 1992 (see Table 3 below). This trend supported the need for greater numbers of lab assistants within the Department. An apparent lack of understanding from within both the Faculty and the University of the internal functioning of the Department and of the role and function of lab assistants for the Department in general, prevented the appointment of the two remaining and outstanding lab assistants. This prompted the head of Department to clarify:

"Unlike laboratory assistants on the main campus who set up a practical session that spans over a (fixed)three hour period....this is not the case for nursing science practicals in both clinical and non-clinical fields" (Evertse: 15 August 1994). Expounding further, it was explained that nursing science students needed to witness demonstrations of various clinical, teaching and administrative skills, whereafter they needed to practice the skills at most clinical venues [wards, hospitals, and community settings]. Academic, clinical (lab assistants) and health services personnel are involved at this level. Once competent, student evaluation is done on an individual continuous evaluation basis, an

TABLE 3 Annual Registrations of Students in the Department, 1984 - 1995.

Extracted from Evertse, L. (1994). A Decade of Nursing at Fort Hare, University of Fort Hare.

Degree	1984*	1985*	1986*	1987	1988	1989	1990	1991	1992	1993	1994	1995*
B.Cur	30	60	91	92	102	119	133	123	120	136	146	155
BA Cur	52	59	65	41	22							
B.Cur(I etA)					11	14	25	31	29	43	46	62
M.Cur	13	15	22	13	9	5	2					
Total												
Registrations	95	134	178	146	144	138	160	154	149	179	192	217

*Details confirmed by Mr T Kungune - Head: Student Registration - University of Fort Hare.

exercise which involves only the academicians and lab assistants. Semester and year mark clinical evaluations are also generated by both the academic and lab assistants of the Department. The number of skills multiplied by the number of students per group / per course is made more complex by the diversity of clinical settings in which these skills are demonstrated, practised and evaluated.

Clearly this indicates that we at Nursing Sciences function at a completely different level as compared to main campus laboratory staff. In fact I am of the opinion that the department is grossly understaffed in this regard" (Evertse: 15 August 1994).

Hard bargaining within the University at both Faculty and Staffing Committee levels ultimately convinced both the academicians and the University management of the need for the additional and remaining two lab assistants for the Department. One such staff member was successfully appointed to the department during 1994, with the last of the initially approved quota of six lab assistants being appointed to the Department during 1995. The Department was now enabled to take full control of the respective courses offered by them.

CONCLUSION

Despite constraints within the partnership, the need for greater numbers of University nurse graduates within Ciskei had always been supported in principle by both signatories to the agreement and by the Hospital. This made for the sustainment of degree nursing education and training at the University of Fort Hare and its copartner, the Department of Health, Welfare and Pensions, Ciskei.

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