

DEGREE NURSING AT THE UNIVERSITY OF FORT HARE- a descriptive case study



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ABSTRACT

This case study traces and records the background to the introduction of graduate nursing education and training within the 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 that 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 are logically explored and sequentially recorded. The main focus of this study examines the clinical academic and administrative functioning of the Department and all related factors that contributed thereto.

The successful appointment of clinical nursing science staff, viz. Faculty Nurse Clinicians onto the staff establishment of the University is viewed as significant, not only for the Department, but likewise for nursing within South Africa in general. It is hoped that this research paper would serve as precedent, and it is recommended that other sister departments who do not have an equivalent class of staff member, would likewise consider the appointment of a set of clinical teaching staff for their respective Nursing Departments.

OPSOMMING

In hierdie studie word die inleiding van graad verpleegkunde 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 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 verwante faktore wat 'n bydrae daartoe gemaak het.

Die suksesvolle aanstelling van kliniese verpleegpersoneel, aan die Universiteit word as uitsonderlik uitgewys, nie net vir die Departement nie, maar ook vir verpleegkunde as dissipline in Suid-Afrika. Daar word gehoop dat deur hierdie navorsing, 'n presédent sal skep vir die spesifieke aanstelling van kliniese verpleegpersoneel en word daar aanbeveel dat alle ander verpleegdepartemente binne Suid-Afrika wie nie oor 'n eie ekwivalente groep kliniese verpleegpersoneel beskik nie, dit sal oorweeg om hul eie aan te stel.

INTRODUCTION

Collaborations between those who provide nursing care and those who educate would be practitioners of nursing care have always been a reality within the border of South Africa. As is the case in most other countries, nursing education in South Africa likewise evolved as an adjunct of the nursing services. According to Royle and Crooks (1985:185), this integration of practise and education roles in nursing has been evident throughout the history of the profession. Additionally, the nature of nursing makes for this essential interdependent and coterminous relationship. Nursing education programmes offered at the University (of Fort Hare) are therefore no different and rely equally, as do all the other Nursing Departments within South Africa, on the interdependent and coterminous nature of their links with the health services.

In article one of this two-part series, the problem and purpose of this study is set out the content of which encompasses both articles one and two. Article one also gives a broad historical overview of the general infrastructural (clinical academic and administrative) functioning of the Department, how it came to be, and its relevance within the Nursing Education in the broader South African context as of 1984. In this article, the researcher focuses more explicitly on the Department and its clinical administrative functioning and on factors which either facilitated or hindered its efficacy in this regard. This paper further highlights the need for the acceptance of formal academic responsibility by the tertiary education institution directly responsible for its programs, viz. the

Department (University), for both the theory and the practicals associated with it. In essence the paper identifies the programs offered by the Department 1984 through 1995. It focuses on the contract as the main source of differing opinions between the Department of Health, the Hospital and the Department at varying times, and singles it out as the main cause of the many difficulties which the Department encountered when attempting to implement salient items contained within it for the successful functioning of the Department. The researcher further elaborates to show that failure to secure a redrafted/amended contract, led the Hospital to breach of contract, which in turn paved the way for the Departmentally appointed clinical nursing sciences staff onto the staff establishment of the University. The researcher concludes by indicating that in spite of the many constraints encountered in the implementation of the contract, the ultimate successful appointment of Faculty Nurse Clinicians by the Department, an item outside of the contract, marked a breakthrough of significant proportions for both the Department and the profession in general.

PROGRAMS OFFERED BY THE DEPARTMENT

During 1984 the Department began offering graduate nursing programs at three levels, viz.:

- a basic career-focused clinical nursing degree (the B.Cur degree) offered over a four and a half year period of study;
- a (second) basic, but general formative degree for qualified professional nurses (the BA Cur degree, later termed the B.Cur I et A degree), extended over a minimum period of three years of study, and
- a clinical and non-clinical masters degree (the M.Cur degree), in options that followed through on the undergraduate programmes, was presented over a minimum period of two years of study.

Whereas the B.Cur degree required a program of full time study, the BA Cur and M.Cur degrees could be undertaken on either a full-time or a part-time basis. The latter two degrees, were of a post basic nursing education nature and required comparatively little in respect of their clinical components for education and training purposes, more so, since the clinical M.Cur options had to date never been presented. Clinical courses offered within the B.Cur degree, with the exclusion of Psychiatric Nursing Sciences (which followed a block system), were undertaken on a study-day basis throughout each academic year. This made for the most effective correlation of theory and practice. Concomitantly full-time clinical practicals were scheduled for all university recess periods (barring a 30-day contractual leave period that all students had to enjoy as "employees" of the health service authority who funded their student nurse posts and consequently their programmes). All clinical practicals (according to the contract), were to be undertaken at Cecilia Makiwane Hospital, the Department of Health's largest regional hospital.

COLLABORATION AGREEMENTS

In working towards the achievement of the above named goals, the Department maintained the inter-institutional relationship with the Hospital, created by and based upon the collaboration agreement with the Ciskei Department of

Health. Additional collaboration agreements with certain other partners in the clinical field were to follow in the wake of the Department's students' progression to higher levels of study within their respective courses.

Although the agreement had spelt out the rights and obligations of both parties to the contract, the implementation thereof during 1984 through 1986, increasingly brought to the fore certain ill placed and/or erroneous details, whilst at the same time highlighting the conflicting interests between a primarily services-driven organisation as opposed to an educationally oriented one.

Problematic clauses contained within the Collaboration Agreement- a hospital perspective

Whereas the contract in essence was a collaboration agreement meant primarily to ensure the successful implementation thereof, and consequently the establishment integration and functioning of the department with the Department of Health, the realities of what was to unfold soon proved the opposite. The contract, in many instances limited progression in both education and the health services' delivery domains. This contract bound the hospital instead of the Department of Health to the honouring of certain commitments, which proved to be far beyond the means of a regional hospital. Such commitments could probably and more appropriately have been left directly to the Department of Health. The potential for the mounting problems that unfolded as the Department started to take shape was real, and was borne out by many clauses in the contract (1983:5), e.g. "G.I. the hospital agrees to provide the Department of Health Sciences of the University with teaching and office accommodation sufficient to enable it to achieve the objects set out in this Agreement of satisfactorily conducting the courses envisaged herein...". Other similar clauses that produced growing tensions and strained relations in the dual partnership from a hospital/health services perspective were, sections I, R, V, X, and Z (Contract, 1983:7,13,15-17). These respectively committed the Hospital to the provision of laboratory space, accommodation for all B.Cur students for all related clinical practicals, the cleaning and maintenance of all accommodation provided by themselves to the University.

Additional problem areas in the Contract - a Health /Nursing Science perspective

The Department had from its inception, experienced the contract as a major source of obstruction in the pursuance of its goals for both its students and staff. Already after the inception of the first year courses for the B.Cur program during 1984, certain concerns about the contract had started to surface. The strides made by the profession in separating the control of nursing education from that of the health services appeared to be negated by the dual and collaborative mechanisms put in place by the contract. In particular clauses U.1, V.3, and V.4 were not only binding, but restrictive and compelling. These clauses respectively stated:

- U.1. Students reading for the B.Cur Degree will undertake the practical training in the Hospital
- V.3. The Senior Professional Nurse and the Professional Nurse of the ward, the staff of the Clinical Teaching Department of the Hospital and the University staff be responsible for the clinical practicals in the wards.

V.4. It is agreed by the parties that there will be no distinction made between the nursing degree or nursing diploma in respect of the practicals (Contract, 1983:14-5).

The contract had made it near impossible for the staff of the Department to take full control of both their theoretical and practical programs. These clauses not only interfered with the academic freedom of the University staff in curricula and amending programs annually for minor changes, and every three years for major changes, it likewise limited the student's exposure to only one health care setting, a situation which to all intents and purpose was impractical, and which did not find favour with the staff of the Department. Hospital policies in respect of clinical practicals for student evaluation, on both a formal and informal basis, were also seen to be limiting, in some respects requiring amendment and updating.

Accountability for clinical practicals done either for or by the Department's students became a major source of concern to the academicians. The frequent interchange of hospital preceptors between either diploma and degree student on the one hand, and hospital staff on the other, coupled with interchanging annual leave periods for these preceptors served only to complicate matters.

Working within the confines of the contract and in an attempt to address some of these issues, the Department managed to negotiate practise opportunities for its students within other Ciskeian health service institutions (Njikelana, 1987). Although effectively negating clause U.1. of the contract, the implications of this condonation effectively meant that the Hospital could now be held responsible for a considerably greater potential for transportation of B. Cur students. This placed even greater strains on the collaborative venture.

The staff both of the Department and of the Hospital, attempted to resolve many of the vexing problems within the confines of the provisions contained within the contract. In specific, section K of the contract had made provision for the establishment of "working committees" that would meet regularly to discuss any matter referred to it by either the Hospital, the Department of Health or the University (Contract, 1983:7-8).

THE WORKING COMMITTEE

The establishment of only one working committee was seen to be justified due to the all-embracing nature of its functioning. It being established primarily to ensure the necessary coordination and facilitation of the B. Cur. Program among the two main role players to the contract and the Hospital. This committee also acted as a consultative forum in the planning and implementation of the Hospital's clinical department programs, made available to the Department's students and in which the staff of the Department had an input. It further acted in an advisory capacity to all parties on matters of common concern.

Although the academicians acknowledged the need for joint planning in terms of student placement within the Hospital and for informal teaching and continuous evaluation of its student population by the Hospital's professional nurse practitioners, the formal responsibility for the structuring of the clinical programmes that it wished to offer to all B. Cur students was viewed as an academic

function and responsibility, one which rested entirely within their domain as academicians. At the roots of the working committee however, lay the basis for joint planning. In this regard, the views upheld by the staff of the Department for the location of all formal responsibility of its B. Cur student's clinical practicals with themselves, were in conflict with corresponding clauses contained in the contract.

Joint planning in an arena perceived to be the domain of the academician thus found little favour with the Department. In particular, clause V.4. of the contract was perceived negatively. It had created a basis for the formal control of all nursing science clinical practicals by the Hospital Clinical Teaching Department, and a quasi hands off approach in this regard by the academician responsible for the said course(s). This was unacceptable.

With the introduction of more courses as the degree programs unfolded, and in pursuit of their program objectives, the Department, at working committee level increasingly called upon the Hospital to honour various other clauses in the contract. The nature of this dual relationship had by this time (1987) begun to become too taxing for the Hospital. The factual position reflected that, despite meeting on a regular basis, the committee was predisposed on joint planning, joint support of, and joint commitment to the successful implementation of the clinical courses offered by the department. The collaborative machinery in the form of a working committee, could in many instances not achieve the desired effects, from both a Hospital and/or Department (Health/Nursing Sciences) perspective. Individual clinical courses and their respective requirements had become too varied and too demanding. By 1988 the number of such courses constituted eleven clinically oriented ones viz. General Nursing Science 1, 2, 3 & 4, Community Nursing Science 1, 2 & 3, Psychiatric Nursing Science 1 & 2, and Midwifery 1 & 2.

HOSPITAL RESISTANCE TO CERTAIN CLAUSES IN THE CONTRACT

Although supportive of many clauses in the contract, the Hospital had increasingly found it more and more difficult to comply with all of the confines contained within the contract. In particular, clauses that bound the Hospital to the delivery of items that it viewed to be outside of its jurisdiction, were to be questioned. Despite the fact that Departmental requests were in keeping with the contract, such requests increasingly began to be viewed by the Hospital/health services as unreasonable demands. Within the confines of a limited annual budget, the Hospital's resources which primarily were meant for curative and rehabilitative services, were being stretched to the limit, it even having to accommodate tertiary education components. The Hospital could no longer afford to expand a growing percentage of its budget on items which it regarded to be of a strictly educational and academic nature.

The Senior Medical Superintendent of the Hospital, in a letter to the Director General, Department of Health, Ciskei, expressed himself as follows: "The University of Fort Hare is an independent institution. Furthermore the facilities at a University are necessarily of a higher standard than a college and it does not seem reasonable that the Health Department should be responsible for the provision of accommodation, lecture facilities, laboratories, offices and furniture for the University.

I therefore request that consideration be given to the formation of a new agreement with the University of Fort Hare" (Harris, 1987)

In a further letter to the Director General dated 20 May 1988, the Senior Medical Superintendent of Cecilia Makiwane supported his previous correspondence, motivating this time for the revision of the contract. He declared: "The hospital has no alternative but to supply the University with accommodation, furniture and equipment as required by the University as these are the terms of the agreement between the Department and Fort Hare University. There appears to be no limitations to this clause and if the University saw fit to expand further this could lead to considerable financial embarrassment to the hospital and the Department as a whole ...

It is submitted that the University should be responsible for expenses relating to the functioning of its Department and for the provision of extra facilities as well as for the transport of its students.

It is therefore requested that the Agreement with Fort Hare is revised as a matter of urgency and that the Hospital Administration is involved in the negotiations or discussions relating to this": (Harris, 1988)

In this regard the Hospital Management had stated its views very clearly. They were supportive of and committed to the ideals of the contract, however, certain clauses thereof were perceived to be erroneous, requiring motivation for their removal and/or redrafting in the form of either an amended or a totally new future agreement.

This clearly showed that there was sufficient commitment on the part of the Hospital to the continuation of the programs offered by the Department.

Administrative organisation of clinical practicals, inadequate clinical support staff

Although appreciative of and initially enjoying the total administrative and clinical support from the Hospital for its programmes, conflicting interests between the Hospital (as a health services driven institution) and the Department (as an educationally driven one), had resulted in a partial breakdown of this support structure.

By January 1987 the Department, at working committee level, had managed to secure in principal the acceptance of the need for the appointment of set of clinical preceptors from amongst the staff of the Hospital Clinical Teaching Department. Requesting an initial quota of four receptors, the Department was only allocated two. By October of 1987 all further requests for the additional appointment of the remaining two preceptors had failed. Although not denying the Department the necessary additional staff, the Senior Nursing Service Manager of the Hospital instead reconfirmed the informal secondment of the two previously allocated staff members to the Department (Jonas, 1987).

Two preceptors were clearly insufficient for the needs of the Department. Nonetheless, the inter-institutional status of these two seconded Hospital Preceptors allowed for continued inter-digitation of themselves with other hospital clinical teaching department staff. It thereby secured the additional and necessary clinical support for the Department. This scenario, though helpful, fostered the potential for an attitude of "we" and "they" which was not ideal.

By September of 1987, differing priorities between the Hospital and the University, compounded with the realities of depleting financial resources available to the Hospital (Harris, 1987), and within the University, had become urgent. In a letter to the Dean of the Faculty of Science, dated 23 November 1987, the head of the Department expressed certain departmental concerns and needs. She highlighted among others:

- the Department's dissatisfaction about the standards of ward practicals for B.Cur students;
- the need for the Department to update the clinical programmes available to its students in general;
- the urgent need for the Department to introduce an academically more acceptable system for B.Cur students, clinical practicals;
- the consequent creation of two different and conflicting sets of standards for similar nursing procedures that would result within the Hospital's clinical teaching department, due to clause V.4. of the contract;
- the resistance to change, from among the ranks of the Hospital clinical preceptors due thereto;
- the dependance of the Department on the assistance of the Hospital Clinical Department personnel due to the confines of the contract;
- the interdependence of, and the realities of limited staffing within the Department;
- the need for, and the commitment by the academicians to take full responsibility for both the theoretical and the practical components of their respective courses;
- the tedious protocol of having to negotiate for the introduction of new practical handbooks for clinical nursing practicals because of the joint planning mechanism put into the place by the contract;
- the curtailing effect that such joint planning and responsibility had on the academic freedom of University staff to set up courses that would meet their own set standards and those set by the profession generally, and
- lack of sufficient equipment for use by students for the achievement of the respective clinical course objectives (Evertse, 1987).

The Hospital systematically withdrew its preceptors and ad hoc personnel from the department, during 1990 through 1992. The latter correspondence effectively set the stage for later negotiations between the Department and the University, for the appointment of set of clinical nursing personnel for the Department.

SUPPORT FOR DEPARTMENTALLY APPOINTED CLINICALTEACHINGSTAFF

The implication of the name change from a Department of Health Sciences to that of Nursing Sciences was significant, since it too strengthened the academic merits for the future appointment of clinical teaching staff for the Department. Barring the confines contained within the contract, the Department could now compete on an equal footing with all other departments at Fort Hare, for staffing at both academic and technical teaching (laboratory assistant) levels.

The lack of commitment by the Hospital to certain key areas in the contract, coupled with little progress made in respect of a redrafted/revised contract, prompted the Hospital by 1 January 1991 to withdraw most of its preceptors from the Department. In an attempt to provide a way forward to this deteriorating situation, the head of the Department motivated for the creation of University appointed clinical

teaching staff for the Department. The motivation highlighted the following:

- The fact that the University of Fort Hare requires a laboratory assistant to be in possession of at least a B degree. That in respect of equivalent staff within the Department, it had never entirely been the case. Furthermore, it was pointed out that such personnel should be able to act as role models and should therefore be familiar with the functioning of a student within a University setting;
- The fact that the Hospital had indicated that they could interchange their preceptors allocated to the Department as frequently as they wished - depending upon demands within the Hospital. That such an arrangement was not ideal. That since the preceptors worked directly under the authority of the respective lecturers concerned with clinically oriented courses, such random interchanges would create chaos within the functioning of each respective course. That such an arrangement would complicate the administration and smooth running of the entire Department. It was further pointed out that each lecturer and his preceptor ideally constituted a team, since specific program, course and unit objectives form individual package. That a break in the team would imply the need for the reorientation etc. of a preceptor, all of which does not happen overnight. It was also explained that the infrequent exchange of preceptors is not ideal and certainly not what the Department needed nor wished for;
- Finally it was pointed out that every course at the University which had a practical component attached to it, had its share of laboratory personnel (laboratory Assistant, technical staff etc.) that assisted the academic staff (Evertse, 1991).

This motivation requesting that the Department likewise be granted its share of technical/laboratory personnel was accepted. The Department was granted permission to appoint its own laboratory assistants (preceptors) for the respective clinically oriented courses on 6 February 1991. Subsequent motivation by the Department for the creation and appointment of six laboratory assistants, had by 1 April 1991 secured only the appointment of three of such personnel. Financial constraints within the University prevented the appointment of all six laboratory assistants at one time. This added to the desire for the retention of and upholding of the confines of an already defunct contract by certain University personnel.

SLOW APPOINTMENT OF UNIVERSITY CLINICAL NURSING STAFF

The Department found little comfort in the University's attempts of upholding certain aspects in the contract. The realities of the situation were that the Department had only three, instead of its proposed complement of six lab assistants.

The loss by the hospital of three of its staff to the department, coupled with little to no progress in the amendment or rewriting of the contract, prompted the hospital to finally withdraw its final remaining ad hoc preceptors from the Department on 1 October 1991. This sudden withdrawal of preceptors placed further pressures

on the staff of the Department. In follow-up correspondence to the Dean of Sciences, the head of the Department expounded:

"I fear that we will be going into 1992 without the assistance of two staff members to act as preceptors within the department, a requirement without which this department cannot function effectively" (Evertse, 1991)

Meanwhile, at working committee level, no amount of inter-institutional networking between the Department of Health, the Hospital, and the Department, appeared to set the record straight. Plagued by the realities of the severe shortages in respect of finance, manpower, and equipment resources, the Department of Health, copartner and signatory to the contract, put its weight behind the Hospital. This situation made the functioning of the Department very difficult. Subsequent discussions held between the Dean of Science and the Director: Nursing Services, Ciskei did little to change the situation. Effective joint planning had become near impossible with joint commitments at working committee level hardly ever seen to have any lasting effect (Evertse, 1991). By this time, the coterminous nature of the Department's relationship with Cecilia Makiwane Hospital had been called into question.

Fearing a drop in the academic standards, the head of Department during 1992 requested the urgent appointment of the remaining three lab assistants (one senior- and two lab assistants) to the Department (Evertse, 1992).

Appointment of the successive and remaining three laboratory assistants was a difficult undertaking. The University Staffing Committee condoned only one additional post, that of senior lab assistant, during May 1992.

The successful appointment of the remaining two lab assistants for the Department was no easy undertaking. One additional lab assistant was appointed to the Department during 1994, with the last of the initially approved quota of six lab assistants appointed to the Department during 1995. The Department could now truly take full control of all of the respective courses offered by them. It was nonetheless the firm action from the Hospital which resulted in the successful appointment of these latter two lab assistants to the Department.

FAILURE TO SECURE A REDRAFTED AGREEMENT

Between September 1987 and April 1994 many attempts had been mooted for the redrafting and/or revision of the contract. Despite the support from the staff of the Department, the redrafting of the contract had been initiated by the Medical Superintendent, Cecilia Makiwane Hospital, and non-signatory to the contract. The lack of commitment to the overseeing of this process to its final conclusion could be found in the main in the constant internal power shifts of key personnel, and the concurrent restructuring of both the Ciskei Department of Health, and the University. The failure to secure the urgently needed changes to the contract could also be ascribed in part to attempts at the entire revision/redrafting of the contract, rather than that of addressing specific erroneous items as contained within the agreement as and when they arose.

Additionally and at the political forefront, the independent

homeland of Ciskei was reincorporated into South Africa during 1994. This finally drew to a close any potential for the further amendment/ redrafting of the said contract.

SUFFICIENT COMMITMENT TO THE PRINCIPLES OF THE CONTRACT

In spite of strained relations at varying intervals between the Hospital and the Department, there had always remained sufficient commitment on either side to the principles enshrined within the contract. This assured the Department's continued existence, and the continued production of a cadre of nurse graduates from the joint undertaking. What had nevertheless clearly emerged was the message from the Medical Superintendents of the Hospital (whose vested interests rested with the control of its institution) for the need of infra-structural responsibility for the establishment of a Nursing Science Campus, and a need for academic responsibility for all formal clinical practice of degree nursing training/education by the tertiary education institution directly responsible for it.

Ironically, it was this latter argument and position that the Nursing Sciences academicians had always maintained, supported, argued, and motivated for, since the inception of the B Cur degree programme, and one which had come to enjoy the support of the Hospital, even though it was for totally different reasons.

CONCLUSION

The successful appointment of Nursing Sciences lab assistants to the staff establishment of the University marked a break-through and an achievement of significant proportions for Nursing as a profession and for the Department. As a rule other Nursing Departments within South Africa had generally not managed to secure an equivalent class of staff member. From the Department's perspective, there could be no sound justification (academically, financially or otherwise) for the appointment of professional academic personnel (whose function spans practice, research, teaching and community service) to serve purely as clinical mentors (whose function spans practice, teaching and community service) for its student population. The Department at the same time availed such staff of the needed opportunity for progression to higher levels of academic appointment within the Department and the University. It had created for the lab assistants an extension of the academic career ladder that allowed those who hold the necessary academic qualifications access to the formal professional academic arena as and when posts become available within the Department. In support of these views, the Department additionally managed to secure the remaining of their designation as lab assistant to that of Faculty Nurse Clinicians, during 1995.

It is recommended that other sister departments within South Africa who do not possess an own compliment of clinical nursing personnel would emulate the Department by motivating for and appointing such a class of staff members (Faculty Nurse Clinician) within their respective departments.

It remains imperative that academicians take full control of both the formal theoretical and practical components of their respective courses. A further advantage of the appointment of clinical nursing science staff within a nursing department is the obvious opportunities availed to these staff members to assess the formal academic arena. In this regard, the extension of the academic career ladder holds major significance for Nursing and Nursing Education in general.

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APOLOGY

Dear Reader,

We take this opportunity to apologise to the Editorial Team and all readers of *Health SA Gesondheid* for the many mistakes which you may have noticed in the Bibliographies of Vol. 2 No. 3.

These were due to technical problems we experienced and we would like to assure you that every effort will be made in future, to maintain the high standards which have been set for this publication.

Sincerely,

WF Uys

for AfroPrint Consultancy cc