

Terwyl ek deur die huidige uitgawe van Health SA Gesondheid gelees het, het nuwe sowel as bekende sake in gesondheidsorg my opgeval. Ons leef in 'n post-moderne era waar ons aanvaar dat daar nie slegs een waarheid/kennis is nie, maar meervoudige dimensies van waarheid/kennis bestaan. Ons as navorsers, opvoedkundiges en praktisyns het begin aanvaar dat ons nie alles weet nie – ons is in 'n posisie van nederigheid. Ons sal verskillende kontekste in ons samelewing moet besoek en dialoog moet hê met mense op voetsool vlak sodat hulle hul belewenisse, persepsies en kennis met ons kan deel. Deur hierdie dialoog sal ons ingelig word oor hoe ons kwaliteit gesondheidsorg kan lewer. Ons stel toennemend vennootskappe voor met groepe en gemeenskappe om deel te neem in navorsing, gesondheidsonderrig en gesondheidsorg. Daar behoort 'n sinergie te wees tussen inheemse kennisstelsels, gesondheidsorgstelsels en navorsing. Dit sal lei tot die erkenning van meervoudige dimensies van kennis. 'n Groot uitdaging vir ons is om standaarde vir gesondheidsorg te genereer en meganismes te voorsien waar hierdie standaarde gebruik word om die kwaliteit van gesondheidsorg te evalueer. Deur dit te doen erken ons die liggaam-psige-gees-sosiale omgewingsdimensies van 'n mens en hoe hierdie dimensies met mekaar in interaksie tree. Daar is 'n paar voorbeelde hiervan in die artikels gepubliseer in hierdie uitgawe. In die artikel oor irriteerbare ingewande sindroom dui resultate van navorsing op die belang van holistiese psigoterapie, alleen sowel as saam met medikasie, in die helingsproses van geaffekteerde individue. 'n Ander artikel beskryf die publieke gesondheidsprobleem van ondervoeding in kinders, veral in kinders in plattelandse gebiede, en hoe ondervoeding 'n negatiewe impak het op hulle fisiese en psigologiese ontwikkeling. Kinders met ondervoeding word benadeel in die optimalisering van hulle potensiaal, om opgevoed te word, om ekonomies onafhanklik te word en om uit die siklus van armoede te breek. Die voorsiening van verrykende diëte is belangrik om die gesondheid van kinders met ondervoeding te fasiliteer. Dit is nie net slegs kinders in plattelandse gebiede wat blootgestel is aan ondervoeding nie maar ook swart Suid-Afrikaanse universiteitstudente. Navorsing uitgevoer by 'n universiteit in Suid-Afrika het bevind dat swart studente swak gesondheidsdieetpraktyke uitvoer. Dit kan 'n impak hê op hulle vermoë om goed akademies te presteer. Telematiese onderrig het 'n realiteit geword in na-basiese verpleegonderrig in 'n poging om tersiêre onderrig toeganklik te maak vir all gesondheidsberoepsgroepe in verafgeleë plattelandse gebiede. Ek het hierdie redaksionele kommentaar begin met aanmerkings dat ons in 'n post-moderne wêreld met meervoudige dimensies van waarheid/kennis en die belang van dialoog tussen eweknieë in die gesondheidsberoepsgroepe in die vorm van deelname in nasionale en internasionale konferensies. Deur hierdie dialoog kan ons kennis konstrueer met die doel om kwaliteit gesondheidsorg vir almal te fasiliteer.

While reading through the articles of the current edition of Health SA Gesondheid, I was struck by new issues as well as well known issues in health care. We are living in a postmodern era where we accept that there is not only one truth/knowledge, but multiple dimensions of truth/knowledge. As researchers, educators and practitioners in the health field we have come to accept that we do not know it all – we are in a position of humility. We have to visit different contexts in our society to have dialogue with people at grass root level, for them to share their experiences, perceptions and how we could provide quality health care. Increasingly we suggest partnerships with groups and communities to participate in research, health education and health care. There should be a synergy between indigenous knowledge systems, health care systems and research. This will lead to our acknowledgement of multiple dimensions of knowledge. A great challenge for us is to generate standards for health care and provide mechanisms where these standards are utilised to evaluate the quality of health care. We are also challenged to provide holistic health care. By doing so we acknowledge the body-mind-spirit-social-environmental dimensions of a human being and how these dimensions interact with each other. There are a few examples of this in articles published in this edition. In the article on irritable bowel syndrome, results of research indicate the importance of holistic psychotherapy, alone as well as in conjunction with medication, in the healing process of affected individuals. Another article describes the public health problem of malnutrition in children, especially in black children in rural areas and how malnutrition impacts negatively on their physical and psychological development. Malnutrition disadvantages children to be able to optimise their potential, to be educated, to become economically independent and break the cycle of poverty. Providing enriching diets is important to facilitate the health of children with malnutrition. It is not only black children in rural areas that are exposed to malnutrition but also black South African university students. In research conducted at a university in South Africa it was found that black students practiced poor healthy dietary practices. This could impact on their ability to perform well academically. In an attempt to make tertiary education accessible to health professionals in deep rural areas telematic education has become a reality in post-basic nursing education.

I started this editorial comment about us living in a postmodern world with multiple dimensions of truth/knowledge and the importance of dialogues with people at grass roots levels. I want to conclude by also referring to the importance of dialogues between peers in the health professions in the form of participation in national and international conferences. Through these dialogues we can co-construct knowledge of health care with the purpose of facilitating quality health care for all.