

Nurses are stressed, ill-treated, burdened

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THE Women's Rights division of Human Rights Watch (HRW) recently released a new report on accountability for maternal health care in South Africa. The stated aim of the report is to address South Africa's maternal mortality rate, which has more than quadrupled over the past decade.

The report, entitled "Stop Making Excuses: Accountability for Maternal Health Care in South Africa", documents abuse in maternity care settings, cited as one of the reasons why South Africa is unlikely to meet its commitment under the UN Millennium Development Goals - namely to reduce maternal deaths by 75 percent between 1990 and 2015.

But, the report reiterates a known issue. In 1986, Rachel Jewkes, Neemaiah Apyehans and Zolundiso Mvo (at the Medical Research Council at the time) researched nurse-abuse of clients in midwife obstetric units. Clients reported "clinical neglect, verbal and physical abuse from nursing staff which was at times abusive, and at others, ritualised, in nature".

Analysis revealed a "complex interplay of concerns including organisational issues, professional insecurities, perceived need to assert control over the environment and sanctioning of the use of coercive and punitive measures to do so, and an underlying ideology of client inferiority".

This study and others, raised questions about the accountability of services, the quality of teaching and mentorship, the availability of support structures, and, according to Jewkes, Apyehans and Mvo, "a lack of powerful competing ideologies of client care and nursing ethics".

What have we learned in 13 years? The HRW report points to the same underlying causes of client abuse, namely "low staff morale,

attributed to being overworked and a sense of neglect and lack of support by managers".

The recommendations are largely silent on addressing the structural causes of violence, emphasising the need for complaint procedures, ombudsmen and clearer lines of accountability. While these are important, so too are support services for health care workers.

The criticism of health care workers, particularly in the highly charged and emotional context of maternity services, shows little insight into the lived experiences of nurses.

First, their complex role as both "professional" and "community member" requires consideration. While often sharing the same adverse and stressful living conditions as their clients, public sector nurses have historically been positioned as a "professional elite".

Maintaining this division requires "othering" the client. Creating "social distance" between nurses and clients may mean that nurses can claim "artificial" immunity from the hardships and difficulties faced by their clients. It can also mean they feel compelled to maintain their position of power, sometimes fearfully, to ensure they are not mistaken for a "peer".

This response of defence mechanism may also be developed as an attempt to avoid personal stress. This psychological phenomenon is well documented, and requires institutional change to transform the practice of nursing back to a caring profession.

Second, the workload, stress and emotional trauma experienced by many nurses in South Africa cannot be underestimated. There is a high prevalence of mental illness among nurses. While limited support services exist, the finding is that overburdened nurses do not have time to look after their own well-being.

Third, we cannot forget the legacy of a dysfunctional and unequal health care system. We are

well aware of the poor working conditions faced by public sector health workers: task overload, long working hours and lack of staff. Increased exposure to health risks, lack of recognition and poor communication with management; racism; a lack of support from supervisors; poor mentorship; and in the context of the HIV/AIDS epidemic, years of watching clients suffer and the every day.

Doctors' abuse of nurses is also prevalent. The overwhelming sense of demoralisation and lack of motivation cannot be surprising.

We have to ask how the South African nursing profession has addressed these known problems. It has a responsibility to ensure that nurses are able to meet the challenges of today. Have nurses forgotten their training? Or have they been ill-equipped from the outset?

What institutional mechanisms have been put in place to address problems well documented for over a decade? What systems have been put in place to support nurses properly? What has the state done to support the profession, and prepare the health sector for the enormous challenges brought about by "task shifting"? How have we as a country invested in nurse training?

The Perinatal Mental Health Project (PMHP), located at UCT as part of the Centre for Public Mental Health, has trained public sector nurses in the Cape Peninsula for nearly 10 years. It is our experience that nurses are overwhelmed, stressed and traumatised.

Nurses have little recourse to supportive services or debriefing opportunities. They also report feeling "ill-equipped" to handle many of the social and emotional problems presented by their patients.

The primary mission of the PMHP is to advocate for and support routine integration of mental health services into maternity care. This is in response to the extraordinarily high rate of maternal mental illness in disadvantaged communities.

In working toward this goal, it is clear that the maternity environment needs to be well prepared to provide better maternity services. For this, a transformation towards an institutional ethos of compassion is required. The key to transformation is supporting maternity staff and engendering a caring work environment. To achieve this, the will of national leaders, the nursing profession and the health sector as a whole is required.

The PMHP approach engages with the emotional well-being of nurses. Addressing the mental health needs of nurses has been key in our ability to roll out compassionate care for pregnant women.

Among other training modalities, the PMHP has devised its own "Secret History" method.

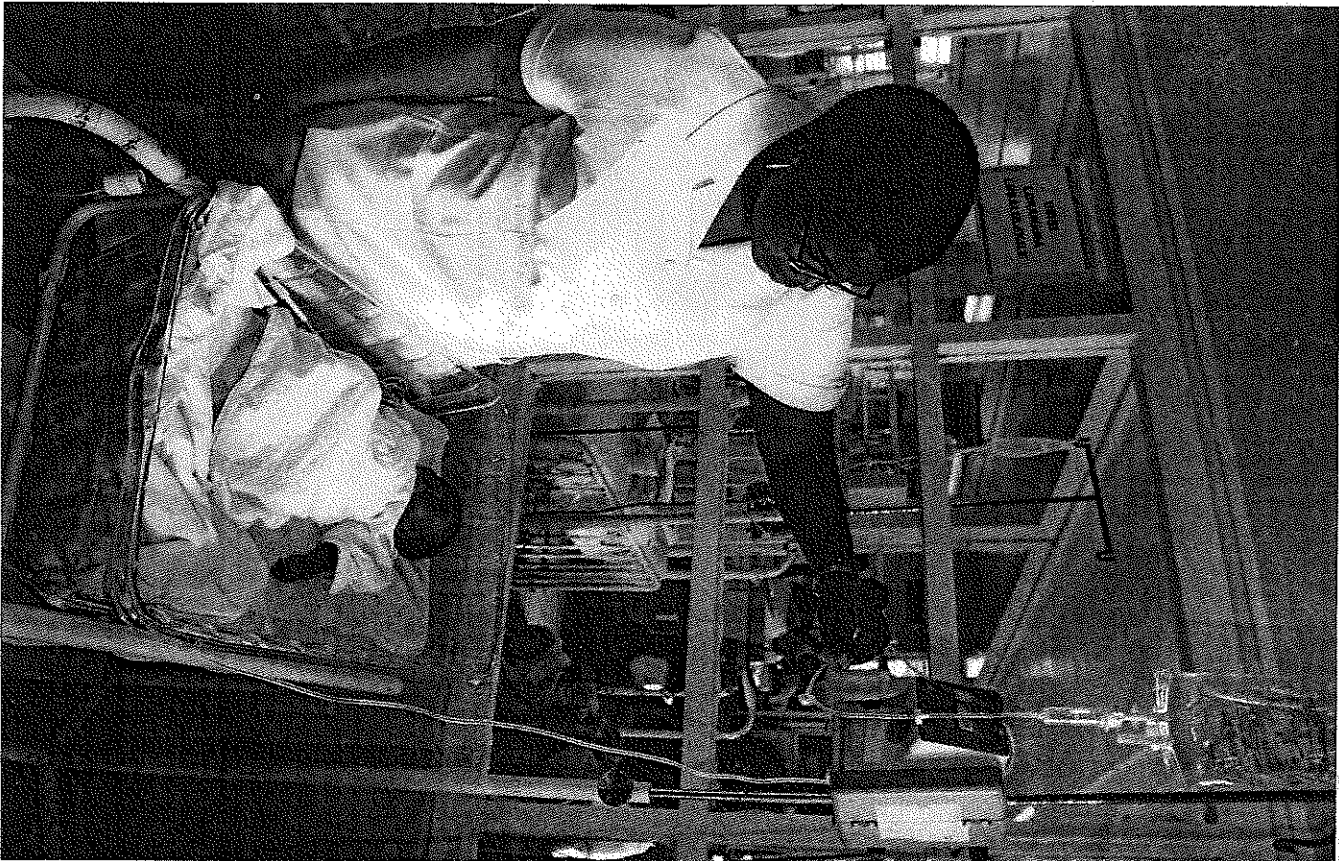
Staff develop insight into their own feelings and needs whilst simultaneously gaining an awareness of and approach to the emotional state of the women in their care.

Despite being located in busy, low-resource facilities, nurses are able to provide quality, compassionate care when adequately trained and supported. As proof, the maternity staff with whom we partner are enthusiastically and actively engaged in providing quality mental health services, in addition to their existing workload.

If we are committed to improving maternal health in South Africa, we need to acknowledge, and address, the systemic and structural roots of the problem of nurse-abuse. Violence is a particularly entrenched part of our historic and political legacy.

Women are often the most affected by violence, including nurses - who are mostly women. Nurse-abuse is a symptom of a greater malady in our society. Accountability is critical - equally so is care for the carers.

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LIFE SUPPORT: Better maternity services depend on support for nurses, say the writers.