

Henrietta Stockdale: then and now

First Henrietta Stockdale Memorial Lecture, Kimberley

The following is the speech delivered by Busisiwe Bhengu, Emeritus Professor, University of KwaZulu-Natal, on the occasion of the first Henrietta Stockdale Memorial Lecture, held in Kimberley.

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Figure 1: Sr Henrietta Stockdale

The Right Reverend Swartz and your assistants, heads of department, Ms Motlaopane, the District Manager, Mrs Mazibuko, chief executive officers and nursing managers in the various hospitals, principals of nursing colleges and staff, distinguished guests, ladies and gentlemen. It gives me great pleasure to be part of this august

occasion, honouring the life of Sr Henrietta Stockdale (Figure 1), who was well ahead of her time.

At a recent funeral, the priest who had previously disallowed nurses from reciting the pledge of service, as is the norm at the funerals of nurses, allowed the nurses stand up, explaining that they should remember that nursing in South Africa started with the religious Sisterhoods, mainly established by Anglican nuns, who, like Sr Henrietta, wore a veil. Over time, nurses changed the size of the veil and its placement on their heads, finally resulting in its complete removal. This change related not only to the veil, but also to a change in values, advancement and technology, including the philosophy or ideology that drives nursing.

Sr Henrietta Stockdale was born on 9 July 1847, at Gringley on the Hill, Nottinghamshire, UK, and received a solid classical education at home. At the age of 16, she was determined to become a missionary in Africa. At the age of 25, she joined Allan Webb, the then Bishop of Bloemfontein, in response to his appeal for teachers and nurses to come and work with him in the Orange Free state. In preparation for this task, Sr Henrietta was trained as a nurse in London. In 1874, Sr Henrietta, together with other associates, travelled to Bloemfontein, where they formed the Community of St Michael and All Angels.

Marks maintains that in South Africa, as in Britain, the story of professional nursing began with a heroic founder figure, making Sr Henrietta Stockdale South Africa's own Florence Nightingale. Sr Henrietta Stockdale was the first to introduce modern professional training standards, at least for white South African nurses, and also provided the profession with its founding charter. Her influence was felt and appreciated from Cape Town in the south, to Limpopo in the north, denoting the whole of South Africa; and beyond to Bulawayo in Zimbabwe (then Rhodesia).

In cultivating Sr Henrietta's image, Charlotte Searle describes her as follows: "She bequeathed to the nurses of South Africa a tradition as exalted and as powerful as that which Florence Nightingale bequeathed to England. In life, a living legend, her ideals, her example and her teaching, live on in South Africa". However, Marks argues that the reality was more complex than the changing image, and had as much to do with "contemporary nursing politics and the ambitions and ideology of the profession's leaders, as with Sr Henrietta's own undoubted achievements". Of all the women nursing in South Africa at the time, Sr Henrietta became the culture heroine, and Kimberley Hospital provided the legal charter of the community.

In the last three decades of the 19th century, nursing services were dominated by religious sisterhoods, mainly those established by the Anglican Church from the 1870s in Cape Town and Bloemfontein, and included the Roman Catholics in Johannesburg. The philosophy guiding nurses at the time was asceticism or self-denial. Indeed Sr Henrietta's demonstration of selflessness was seen in the way she offered the nurses' accommodation in the hospital for use by patients, and renting a small iron house near the hospital as a nurses' home because the hospital was always overcrowded, especially in the hot summer months when typhoid and dysentery were rife.

Sr Henrietta took this principle of advocacy further by looking after the needs of the carers or nurses, who were grossly overworked and exposed to an uncondusive environment of overcrowding in the midst of staff shortages and a hot uncomfortable climate. She altered the shifts the nurses worked to accommodate rest, exercise, recreation and time for worship.

According to Loots and Vermaak, nurses under Sr Henrietta Stockdale believed that bright and cheerful nurses “did more good to their patients than a dose of medicine”. Sr Henrietta would visit each patient with a cheery greeting and enquire after their welfare. Patients looked forward to her visits, which were appreciated by all. Sr Henrietta also welcomed patient visitors as often as possible, if not contrary to the doctor’s orders. A senior house surgeon notes in the annual report of the hospital’s board of management for 1889: “Never have I seen work more honestly and cheerfully done”.

Even after death, patients were given Christian love and care, generally provided only by relations and friends. Sr Henrietta is said to have liked to read a prayer for the dying. Even though she was in charge, she would be called to perform this task, even in the early hours of the morning when a patient was dying. Bishop Wilberforce described such nursing as follows: “There is a blessed peace in looking for nothing but our daily task, and our portion of Christ’s cross between this day and the appointed time when we shall fall asleep in Him”.

Sr Henrietta Stockdale is recognised for having carried out more for South Africa than perhaps any other nurse in the world, and having opened to its women “a door of usefulness by pointing out to them work, which like all work well done, greatly enriches the world”.

Management and leadership

Sr Henrietta Stockdale was a manager and leader with passion. During the five years of being in charge at Carnarvon Hospital in the 1880s, she witness the expansion of this hospital into the largest and most famous institution on the subcontinent. This hospital amalgamated with Diggers Central Hospital, and became Kimberley Hospital. In upholding her value of inclusiveness, Sr Henrietta used a borrowed tent to accommodate African patients, to whom she taught Christianity. Sr Henrietta’s reputation and influence extended beyond the hospital, and included links with leading politicians, business men and medical professionals in the Cape. This led to her successful acquisition of the chapel at Kimberly Hospital and the state registration of nurses.

Education and training

While recuperating in England from typhoid fever, caught in the diamond mines in 1877, Sr Henrietta advanced her

studies at the university college hospital. She trained as a midwife under a local doctor, and upon her return to South Africa initiated a training programme in response to the human resource needs that she identified as the hospital grew, and the need for more systematic training of the nurse probationers.

By 1894, nearly 200 women had applied for training at Kimberley Hospital, when only nine or 10 could be accommodated a year. Sr Henrietta placed emphasis on the intellectual capacity and character of the women presenting for training, and on the quality of the hospital education. By 1880, together with the Kimberley nurses, Sr Henrietta joined Fenwick’s newly formed British Nurses’ Association, based in Britain.

Marks argues that despite the allusion to Florence Nightingale, Sr Henrietta’s ideals and practices were closer to those of her friend and mentor, Fenwick, the redoubtable and impressive founder of the Royal British Nurses’ Association. At the same time, a three-year training programme, required by the British Nurses’ Association, evolved, and included basic sciences like anatomy and physiology, and received considerable resistance from Florence Nightingale. She argued that the duration of this programme was “too much to require from the average nurse”. This was certainly not standard practice in Britain and South Africa, which were ahead of the times then. While concerned with the educational content of their training, Sr Henrietta paid equal attention to the moral and ethical behaviour of her pupil nurses, wishing them to be considered as “ladies and God-fearing women”. Nurses who qualified in this programme were able to register with the British Nurses’ Association, which by then had established a branch at Kimberley Hospital within months of its formation.

In 1891, nursing as a profession was registered in South Africa with the Cape Medical Council in terms of the Medical and Pharmacy Act of 1891. In advocating registration, Sr Henrietta’s objective was to raise the general standard and status of the nursing profession, and most importantly protect unsuspecting members of the public from unprofessional conduct and negligence. South African nursing was the first to attain statutory registration in the world, and Sr Henrietta became the foremost advocate for professional nursing and midwifery training in South Africa and the world at large. This registration evolved with the movement towards the professional autonomy of nursing, fought for by the South African Trained Nurses Association [which later became the South African Nursing Council (SANC)] in terms of the Nursing Act, 1944 (Act No 45 of 1944). Over the years, the Act was amended to:

- The Nursing Act, 1957 (Act No 69 of 1957)
- The Nursing Amendment Act, 1970 (Act No 31 of 1970)
- The Nursing Amendment Act, 1972 (Act No 50 of 1972)

- The Nursing Amendment Act 1973 (Act No 14 of 1973)
- The Nursing Act, 1978 (Act No 50 of 1978)
- Up to the current one, the Nursing Act, 2005 (Act No 33 of 2005).

Therefore, the SANC that I represent here is indebted to the contribution of Sr Henrietta for state registration. I suppose that is why I am here presenting her inaugural memorial lecture.

The SANC's core business is to protect the public by ensuring that the nurses who take care of them are competent and uphold the values enshrined in the code of conduct, both internationally and locally, including those enshrined in the democratic South Africa, such as the Constitution of South Africa (Act No 108 of 1996), including *Ubuntu* principles and the Patients' Rights Charter, failing which disciplinary action is taken.

Research

Sr Henrietta documented every event in her area of responsibility, thereby demonstrating accountability and promoting research by making the data available for audit, reflection and quality improvement (extracts from Sr Henrietta's letters).

Sr Henrietta also based her actions on statistical evidence and epidemiological data, as seen in her famous report written to the Bishop, where she expresses concern about overcrowding in the hospital and having to turn away sick patients, as well as the need to prevent avoidable deaths, including poor patient outcomes in hospital.

Because of the influence of the times, in her report, Sr Henrietta speaks of "no distinction being made in the matter of religion and nationality" and lists the religion and nationality of the European and British ethnic groups of admitted patients, though it is unclear where the local people stand in the report. Perhaps they were accommodated in the "not given" response.

Fellow nurses in the audience, can anyone speak about us with the words used by the Bishop and many others in Kimberley about nurses like Sr Henrietta? Anecdotal evidence already points to a deterioration in the quality of nursing care. This is supported in some literature, i.e. the *Nursing strategy for South Africa*, in which in his foreword, the Minister of Health alludes to a perceived decline in the quality of standards of care provided by certain sections of the health profession. Members of the ministerial task team reiterate this concern about quality in the *National strategic plan for nurse education, training and practice 2012/13–2016/17*, citing studies in which students themselves admitted to feeling unprepared to fulfill their roles. The professional conduct registry of the SANC

illustrates the poor quality of care based on an increase in the number of complaints and professional conduct cases which are dominated by poor nursing care (46%), followed by midwifery cases predominantly comprising poor midwifery care (30%), with 74% of the perpetrators being registered nurses, the highest trained nurse (SANC, 14th Council Final Report).

Poor-quality care in various public hospitals has also been publicised in media reports. For example:

- Patients have been turned away without receiving help, with the development of subsequent complications, like delivery an infant while in the street (*Daily Sun*, 28 August 2013)
- The worsening of wounds (*The Times*, 21 August 2013).
- The death of patients due to receiving attention too late (*Daily News*, 27 August 2013)
- Poor nursing care resulting from inadequate wound cleaning, and thus nearly losing a limb (*The Times*, 21 August 2013)
- Requests for a bedpan being ignored (*The Times*, 21 August 2013)
- The death of an infant due to negligence (*Daily News*, 27 August 2013).

Unfortunately, such acts of negligence are accompanied by quotes indicative of an uncaring attitude, including: "If you die, it will be God's plan and not our fault". The state of affairs is so poor that the *Daily Sun* reports that "the level of service has sunk so low that many patients simply stay away", defeating the purpose of primary health care which is to encourage the utilisation of healthcare services. Such attitudes may relate to ignorance by members of the healthcare team. Recently, in March 2015, the Minister of Health convened a medico-legal summit out of concern that state funds are now predominantly spent on litigation at the expense of the improvement of health services and quality of care, as espoused in the 10-point plan and primary healthcare re-engineering.

Have we perhaps left nursing care to technology? Have we taken up more tasks from other professions in the interest of task shifting at the expense of our core business? Are we focusing on routine tasks and not reflecting, as Sr Henrietta did?

Conclusion

I would like to congratulate the nurses and midwives at Kimberley Hospital for organising an event of such magnitude, and deservedly so because this hospital was the centre of excellence in the times of Sr Henrietta Stockdale. In the words of our late statesman, Mandela: "What counts in life is not the mere fact that we have lived. What difference

we have made to the lives of others will determine the significance of the life we lead". We have no doubt that Sr Henrietta Stockdale made a difference to the lives of the communities in Bloemfontein and Kimberley, and more especially to the nursing profession in the country at large. Her death on 6 October 1911 was a sad loss, but her legacy still lives on. May her soul rest in peace.

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