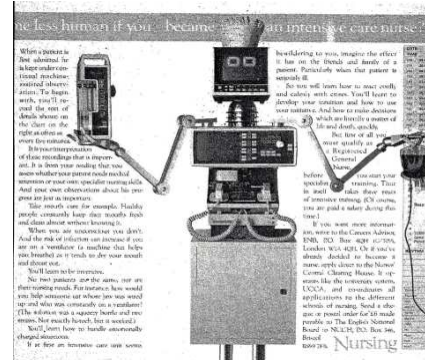


HENRIETTA STOCKDALE: THEN AND NOW



The Right Reverend Swartz and your assistants; HOD, Ms Motlaopane, the District Manager, Mrs Mazibuko; CEOs 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 who took us well ahead of the world.

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, let the nurses stand up with a warning that they must remember that nursing in South Africa started with the religious Sisterhoods, mainly established by the Anglican nuns who like Sr Henrietta, wore a veil which nurses over time have changed in size, placement on their heads to its complete removal. Not only was this change related to the veil but was also associated with the change in values, advancement and technology including the philosophy or ideology driving nursing.

Sr Henrietta Stockdale was born on July 9th, 1847, at Gringley on the Hill, Notts and she received a solid classical education at home. At the age of 16, Henrietta

was determined to become a missionary in Africa and at the age of 25 she joined Allan Becher Webb, the then Bishop of Bloemfontein in response to his appeal for teachers and nurses to come and work with him in the [Oranje Vrij Staat](#). 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.

Shula Marks (1994) maintains that, in South Africa, as in Britain, the story of professional nursing begins with a heroic founder figure, making Sr Henrietta Stockdale South Africa's own Florence Nightingale. Sr Henrietta Stockdale not only was the first to introduce modern professional training standards, at least for white South African nurses, but she also provided the profession with its founding charter. Her influence was felt and appreciated from Cape Town in the South to Bulawayo in the North, denoting the whole of South Africa and beyond to Zimbabwe, then Rhodesia.

Charlotte Searle in cultivating Sr Henrietta's image 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 lives on in South Africa". **Shula Marks, however, argues that the reality was more complex than the changing image but has had 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 woman nursing in South Africa at the time, Sr Henrietta

became the culture heroine and Kimberley Hospital that provided the legal charter of the community.

In the last three decades of the nineteenth century, nursing services were dominated by religious sisterhoods, mainly those established by the Anglican Church from the 1870s in Cape Town and Bloemfontein including Roman Catholics in Johannesburg. The philosophy guiding nurses at the time was asceticism or self-denial. Indeed Sr Henrietta's demonstration of **selflessness** is seen in her as in charge of Carnarvon Hospital sacrificing the nurses' accommodation to be used for patients and rented 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, the nurses who were grossly overworked and exposed to uncondusive environment such as, overcrowding in the midst of staff shortage and the hot uncomfortable climate. She altered the shifts the nurses worked to accommodate rest, exercise, recreation and time for worship.

Care in the times of Henrietta Stockdale included tender loving care over and above the skill and science and what money could do. Nurses under Sr Henrietta Stockdale believed that bright and cheerful nurses "do more good to their patients than a dose of medicine" (Loots & Vermaak). Sr Henrietta as in charge would visit each patient and with a cheering greeting, enquired after their welfare to an extent that her visits were looked forward to and appreciated by all. Sr Henrietta also welcomed patient visitors as often as possible if not on the

contrary to the doctors' orders. A comment made by the senior house surgeon in the annual Report of the Board of Management for 1889 maintains: "... never have I seen work more honestly and cheerfully done"

Even after death, patients were given Christian love and care, which is generally the place of only relations and friends to supply. Sr Henrietta is said to have liked to read the prayer for the dying. Even though she was in charge, she would be called for this task even in early hours of the morning when a patient was dying. The caring task of the nurses at the time was fulfilling to the nurses to the extent that 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."

In messages of condolences to Sr Henrietta Stockdale, she is recognised for having done more for South Africa than perhaps any other one 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 the Carnarvon Hospital in the 1880s, she saw the expansion of this hospital to the largest and most famous institution in the sub-continent. This hospital amalgamated with the Diggers' Central Hospital and

became the Kimberley Hospital. Sr Henrietta in upholding her value of “inclusiveness” used a borrowed tent to accommodate African patients which she took the opportunity to teach Christianity to capture their souls while concerned with nursing their physical bodies. Sr Henrietta’s reputation and influence extended beyond the hospital including linking with the leading politicians, business men and the medical professionals in the Cape leading to her successful acquisition of the Chapel at Kimberly Hospital and State registration of nurses.

Education and Training

While recuperating in England from typhoid fever that she had caught in the diamond mines in 1877, Sr Henrietta took the opportunity to advance her studies at the University College Hospital. Sr Henrietta had also 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 nurse probationers. By 1894 nearly two hundred women had applied for training in Kimberley Hospital when only nine or ten could be accommodated a year. Sr Henrietta laid emphasis on the intellectual capacity and character of the women entering training and the quality of hospital education. By 1880 together with some of the Kimberley nurses, Sr Henrietta had joined Bedford Fernwick’s newly formed British Nurses’ Association based in Britain. Hence Shule Marks argues that despite the allusion to Florence Nightingale, Sr Henrietta’s ideals and practices were closer to those of her friend and mentor, Mrs Bedford Fenwick, the redoubtable/impressive founder of the British Nurses’ Association. At the same

time a three year training programme which included basic sciences like anatomy and physiology, had evolved as required by the British Nurses' Association, much to the resistance by Florence Nightingale herself arguing that the duration of this programme was "too much to require from the average nurse" denoting that this was certainly not standard practice in Britain and South Africa was then ahead of the times. 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 a branch in Kimberley Hospital within months of its formation. In 1891, nursing in South Africa registered with the Cape Medical Council in terms of the Medical and Pharmacy Act of 1891. In advocating for registration, Sr Henrietta's objective was to raise the general standard and status of the nursing profession and most importantly protect the unsuspecting members of the public against the unprofessional conduct and negligence. This made South African nursing 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, however, evolved with the movement towards professional autonomy of nursing as fought for by The South African Trained Nurses Association to The South African Nursing Council within the Nursing Act (Act no. 45 of 1944) which has been amended over the years by 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), and the Nursing Amendment Act 1973 (Act No. 14 of 1973), Nursing Act (Act No. 50 of 1978) up to

the current one Nursing Act (Act No. 33 of 2005). Therefore the South African Nursing Council, that I represent here, is indebted to the contribution of Sr Henrietta to state registration and I suppose that is why I am here presenting her Inaugural Memorial Lecture.

The Nursing Council's core business is to protect the public by ensuring that the nurses that 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, Chapter 2) including Ubuntu principles and patients' Rights Charter, failing which disciplinary action is taken as you may have seen the Nursing Council around for that purpose.

Research

Sr Henrietta is seen documenting every event in her area of responsibility thereby demonstrating accountability and promoting research through making 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 the overcrowding in the hospital and the turning away of sick patients for the severest, delaying care and facing avoidable deaths including poor patient outcomes in hospital.

Due to the influence of the times, Sr Henrietta in her report speaks of “no distinction being made in the matter of religion and nationality and indeed lists in her report the religion and nationality of the European and British ethnic groups of admitted patients though it is not clear where the natives stand in the report. Perhaps the natives were accommodated among the “not given” response.

Fellow nurses in the audience can anyone speak of us nowadays in the same words as the Bishop and many others in Kimberley spoke of nurses like Sr Henrietta then? Anecdotal evidence already points to the quality of nursing care deteriorating. This is supported in some literature such as the Nursing Strategy for South Africa (2009) in which the Minister of Health in his foreword alludes to a perceived decline in the quality of standards of care provided by certain sections of the health professions. The Ministerial Task Team reiterates this concern about quality in the Strategic Plan for Nursing Education, Training and Practice (2012/13 – 2016/17) citing studies in which students themselves admit to feeling unprepared to fulfill their roles. The professional conduct registry of the SANC illustrates the poor quality of care from the increase of complaints and with the professional conduct cases dominated by poor nursing care (46%) followed by Midwifery cases which are also predominantly poor midwifery care (30%) and 74% of the perpetrators being registered nurses, the highest trained nurse (SANC, 14th Council Final Report).

Media reports have also publicized poor quality of care in various public hospitals, for example, turning patients away without help with subsequent complications

like street delivery and worsening of wounds (Daily Sun, 28 August 2013; The Times, August 21 2013). Reports are also seen of death of patients from delayed attention to their problems in the queue (Daily News, 27 August 2013), poor nursing care like not cleaning the wound to almost losing a limb (The Times 21 August 2013), ignoring request for a bedpan (The Times 21 August 2013) and suing the MEC for the death of a baby from negligence (Daily News, 27 August 2013). Unfortunately such acts of negligence are accompanied by quoted/alleged utterances indicative of a non-concerned attitude such as: “if you die it will be God’s plan and not our fault”. The state of affairs is so bad 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 aim of encouraging utilization of health care services. Such attitudes may be related to ignorance by the health care team among others. Recently, in March 2015, the Honourable Minister of Health convened a Medico-Legal summit out of concern that state funds are now predominantly spent on litigation at the expense of improving health services and quality of care espoused in the 10 point plan and primary health care re-engineering.

Have we perhaps left nursing care to technology? Have we taken up more tasks from the 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?

In conclusion, I would like to congratulate the Nurses and Midwives in Kimberley for organizing an event of such magnitude deservedly because this hospital was

the centre of excellence in the times of Sr Henrietta Stockdale for the whole country never mind that I have not heard of such being spoken of in recent times but I do hope that you are striving towards bringing it back and this event will inspire you. In the words of our late statesman, Mr Mandela: "What counts in life is not the mere fact that we have lived. It is what difference we have made to the lives of others that will determine the significance of the life we lead". We have no doubt that Sr Henrietta Stockdale, made a difference in the lives of the communities in Bloemfontein and Kimberley and more especially to the nursing Profession in the country at large. Her death on the 6th of October 1911 was a sad loss but her legacy still` lives on. May her soul rest in peace.

Thank you.

References

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