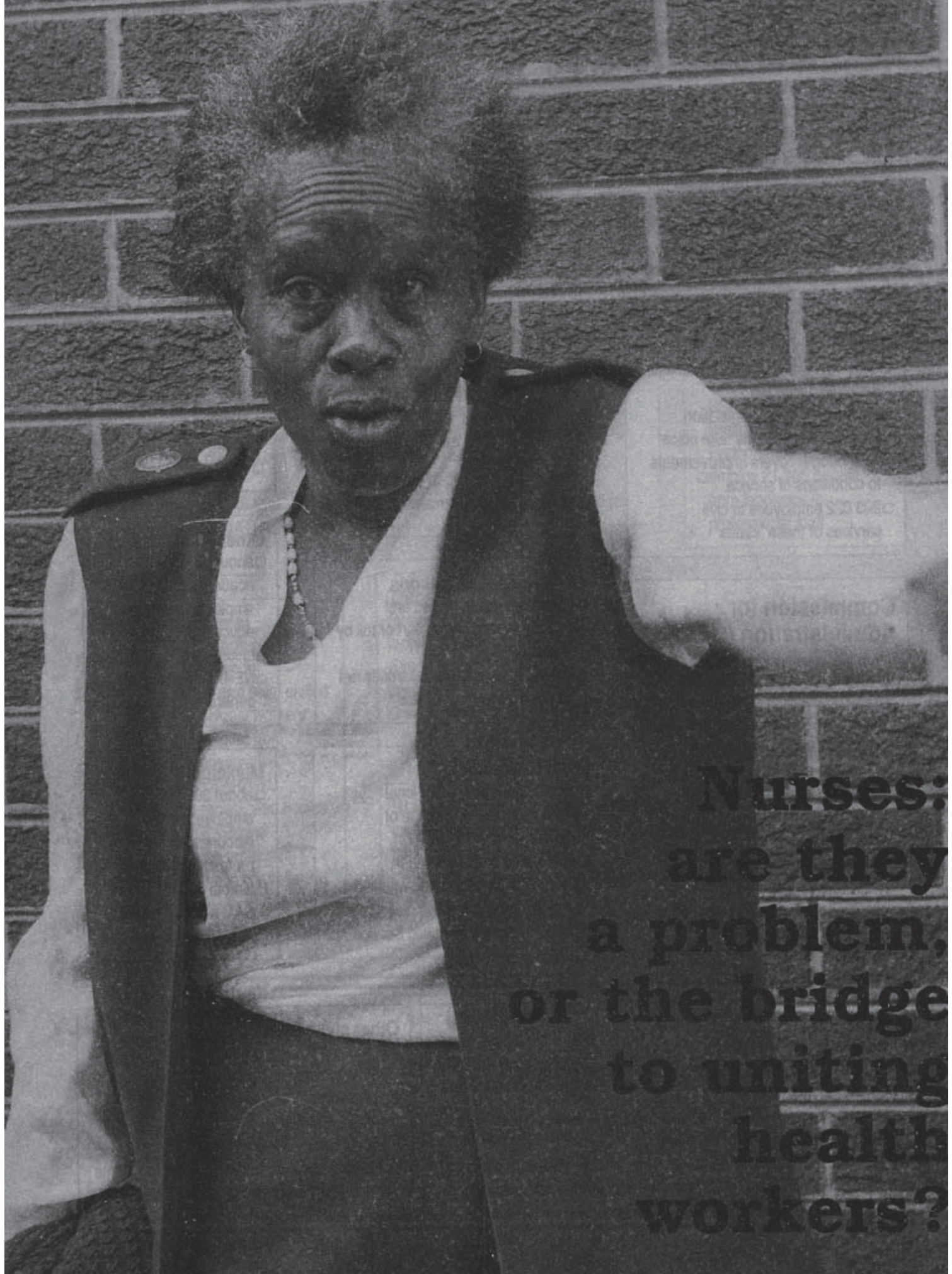


# Organising in the health sector



**Nurses:  
are they  
a problem,  
or the bridge  
to uniting  
health  
workers?**

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From 'consultants' to 'cleaners', health workers are deeply divided.

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Focusing on nurses in particular, DOT KEET looks at the difficulties of uniting them with other health workers, and poses some organisational options facing the union movement in the health sector.

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One of the more distressing media images of the recent health strike was of terrified nurses trying to carry out their professional commitment to their patients in the face of intimidation and even physical violence from striking hospital cleaners, porters and other general assistants. A fuller and truer picture, however, would also have to convey many other complex conflicts within and among nurses themselves.

### Conflicts among nurses

There is considerable sympathy amongst nurses for the plight of other hospital workers. Nurses have first-hand understanding of the terrible pay and conditions of the general assistants in the hospitals, as well as their own direct experience of and anger at, the policies and practices of government health authorities.

On the other hand, many (especially more senior) nurses are integrated into and conditioned by the extremely hierarchical structures of South African hospitals and the nursing profession. They see themselves first and foremost as part of a disciplined profession and hospital organisation; or, from the opposing view, as part of management.

Yet, although they occupy a different position and enjoy a different status to that of the mass of hospital workers, most South African nurses are poorly paid and grossly overworked. Thus, according to the National Education, Health and Allied Workers Union (NEHAWU), thousands of nurses actually joined the strike despite it being illegal for health workers to take part. Many more would have done so – were they not caught in conflicting loyalties, and fearful of victimisation by hospital authorities.

Nursing has long been one of the few paths for training and better paid employment open to African women in South Africa. It has offered relatively greater economic security and social status. However, it has also tended to foster a belief in the virtues of hard work, discipline and accommodation to the structures of racist white power through which most nurses have painfully had to advance their careers and protect their very jobs over the years.

### SANA's conservative influence

Such beliefs have been powerfully reinforced by the conservative SA Nursing Association (SANA), to which all nurses are obliged to belong. It actively inculcates elitist notions about the 'special' role and status of nurses as 'professionals', setting them apart from other hospital workers.

Many nurses have internalised the ideology SANA promotes although they resent the organisation in many ways. It has not been a satisfactory representative for all South African nurses. It has long been dominated by white nurses and bureaucrats, more concerned with 'maintaining professional standards' than effectively advancing the interests (especially the wages and conditions) of the general members. Worse, say its critics, SANA has been in the forefront of applying moral blackmail to dissuade nurses from fighting for their legitimate rights.

Nevertheless, a recent referendum of SANA members is reported by the association to have unanimously endorsed the statutory nature of the association. Further, 87,5% were reportedly in favour of compulsory SANA membership for all nurses, with 68% support for the registration of a section of the association as a trade union.



*Nurses march on SANA to show their dissatisfaction with the organisation*

*Photo: William Matlala*

Black activist nurses, organised as 'Concerned Nurses', strongly dispute the SANA referendum. They question the procedure of registering branch rather than individual votes. They demand the actual percentage of SANA members involved in the poll, pointing out that although the majority of South Africa's 180 000 nurses are black, most do not participate actively in SANA branch meetings. They argue further that SANA used its resources to bias the referendum and did not allow adequately for alternative views to be put.

Most fundamentally of all, they question the right of present SANA members to vote away the right to freedom of association of all future nurses.

Such militant nurses see the referendum as a

pre-emptive tactic by SANA's Pretoria bureaucrats to continue to keep all nurses within the association and prevent their independent organisation - particularly into a militant trade union such as NEHAWU.

### **The problems of nurses in NEHAWU**

NEHAWU's general secretary, Philip Dexter, claims about 10 000 nurses are members of the union although most cannot afford to pay union subs while they are obliged to pay SANA dues. NEHAWU nurses add that a great number of nurses are only nominal members of SANA because a membership card, as well as a SA Nursing Council (SANC) registration certificate, are necessary to secure employment. Nurses accept the latter, but many resent the former. NEHAWU believes that many more nurses would join it if they felt free to do so.

However, the testimony of disillusioned nurse members (some now former members) of NEHAWU suggests a rather more complex picture. This reflects some serious problems internal to the union, but also many of the conflicting attitudes among nurses about their role and

relationship with other health workers.

Trained into an authoritarian system of leadership and control, nurses in general are ill-prepared for the much more egalitarian and democratic methods of trade unions (however inadequate these may be on occasion). On the other hand, accustomed to working within tight procedures and disciplines, nurses are critical of the organisational weaknesses - including even some corruption - that they allegedly found within NEHAWU.

These problems are complicated by the attitudes of other health workers towards nurses. There was a strong element of resentment from (male) colleagues at the self-assertiveness of (female) nurses who, with generally higher education, could easily assume a dominant

position within the union. On the other hand, many nurses, accustomed to leading at work, made assumptions about their automatic leadership roles within the union, whether elected or not. They found it difficult to be subject to democratic systems of control, especially when exercised by 'mere' general assistants.

Such political tensions reflect not only subjective attitudes but the ambiguous position of many nurses: exercising supervisory and disciplinary functions over other hospital workers at work, while sharing 'worker' status and membership with them in the trade union.

### **Dilemmas faced by NEHAWU**

NEHAWU faces a dilemma trying to respond to the grievances and demands of the markedly different layers of health workers.

The lowest paid are resentful of the ability of the relatively better-off nurses to push for their own interests. On the other hand, when the union pays greater attention to those members labouring under the worst conditions – and who, unlike most nurses, pay regular dues – nurses feel that they are not being adequately serviced by the union.

NEHAWU attempted to accommodate the particular problems of nurses by appointing a special nurses' organiser and by encouraging Nurses' Forums within the union. These were designed to discuss the specific needs of nurses and the problems of organising them into the union. However, they were criticised by non-nurses for "exclusivity" and "superiority".

Some nurses claim they were accused of "sabotaging" NEHAWU – often by allegedly incompetent or corrupt officials they exposed. The nurses involved declare that they acted conscientiously and correctly through the proper NEHAWU, and COSATU, structures and procedures to deal with the problems, but with little evident success.

### **Re-thinking organisational solutions**

Clearly some of these complaints derive from NEHAWU's internal problems. But nurses say that, in the main, those simply aggravate more fundamental contradictions in the relationship

between nurses (and other health professionals) and the union. Some of the more militant nurses involved in earlier organisational efforts - but still committed to the union - now say that serious rethinking of NEHAWU's internal organisation is necessary. This could lie in the direction of developing more distinct structures for different sectors, in much the same way as the Transport and General Workers Union accommodates cleaners, security guards and various types of transport workers.

Other nurses go further, however, and talk about the need for a separate nurses' trade union. They point to the precedent already set by teachers in organising the South African Democratic Teachers Union (SADTU) outside of NEHAWU but not in opposition to, nor apparently opposed by, COSATU. A similar approach to nurses, they say, could take into account their particular needs and attitudes, and yet need not be divisive to the trade union movement as a whole.

There are already initiatives to capitalise on widespread dissatisfaction with both SANA and NEHAWU through the creation of new bodies such as the Democratic Association of Nurses of South Africa (DANSA) in Port Elizabeth, and the National Union of Nurses of South Africa (NUNSA) based in Durban. The lobby-group 'Concerned Nurses' are dismissive of this union, calling it "opportunistic". One of their members, Thembeke Gwagwa, points to the questionable role of NUNSA in the recent SANA referendum - urging nurses to vote against trade union status and in favour of compulsory SANA membership.

There are also nurses who suggest trying to 'take over' SANA and transform it into a combined association/union genuinely representative of all nurses. They argue that the majority of nurses would be reluctant to lose the professional advantages (including training opportunities, bursaries, overseas visits and the like) that could be more available once the racial and (anti-)political biases have been totally purged from the association. More importantly, they argue that SANA has

accumulated huge resources, largely from the contributions of African nurses, and that these should not be surrendered, but taken over to a future democratised SANA. They argue that the overwhelming majority of nurses are African and, united with the nurses' associations in the homelands, they could make SANA part of one united association. This might even affiliate to COSATU as the Post & Telecommunications Workers' Association (POTWA) has done.

### **Crossing the divide**

A National Consultative Conference is being initiated by Concerned Nurses for later this year. It is intended to provide a platform for almost 200 nurses from all over the country to discuss the most effective way to organise nurses. This could be an important opportunity for the union movement to clarify its approach to organising nurses.

As the single largest body of 'professionals' in the health sector, and as the largest group of educated and trained black women in South Africa, organising nurses into the union movement is extremely important.

Nurses straddle the vast divide between other highly trained (and mainly white) health 'professionals', on the one hand, and the great mass of the mainly untrained (and mainly black) 'workers' in the health service, on the other. Lower paid than most other health professionals, nurses could provide the bridge to unifying them all.

At the same time, however, nurses find themselves – as both professionals and workers – attempting to reconcile conflicting social identities, economic interests and political ideologies. Thus, they are part of the *problem* as well as part of the *solution* to uniting health workers.

### **Organisational options**

The trade union movement and all progressive forces engaged in the health sector are faced with significant organisational options in relation to

- nurses, and other professionals,
- the mass of workers in the health sector,

- the restructuring of the SA health service itself.

Nurses are a useful prism through which to examine and evaluate all the options.

#### **Transforming professional associations?**

More radical nurses and other health workers argue that SANA is so elitist and deeply undemocratic, and such a profoundly ideological institution, that it is unrealistic to try to transform it. Trying to 'take over from within' could simply perpetuate the domination of the attitudes and roles of those nurses who have internalised its conservative values. This approach is similar to that of other health professionals, who have rejected the established bodies and formed alternative associations, such as NAMDA or OMEGA.

- Forming a new nurses' union?** Some unionists argue that it could reinforce the separation of nurses from the broader needs, and the more militant influences, of other organised health workers. Furthermore, it would deny the benefits of the skills, and financial contributions, of nurses to their fellow health workers. It could also serve to widen the material gap between them and make joint positions and actions more difficult. An essential pre-condition to this option, as well as those which follow, is the dis-establishment of SANA as an obligatory association in order to free nurses to place their membership where they choose.

- Reforming NEHAWU?** This seems to be the solution favoured within NEHAWU - accommodate the special needs of nurses while keeping them organisationally united with other health workers. However, the problems currently facing NEHAWU are enormous. These range from administrative and financial problems to the lack of recognition of the legal rights of health workers under the LRA. These are problems it is currently beginning to tackle. It is arguable that it is unlikely to come to grips with them while trying to organise a wide range of workers across many divergent sectors - including education, which has its own difficulties.

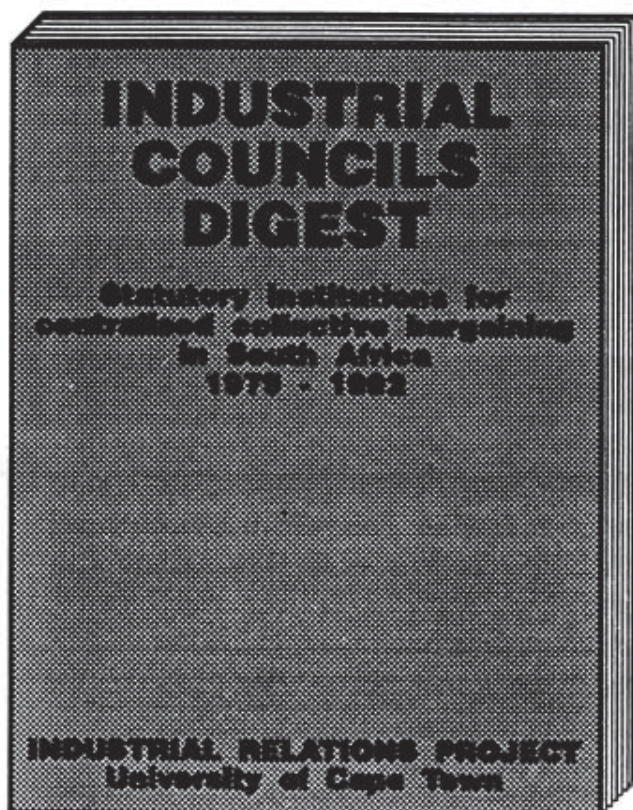
- **Making NEHAWU purely a health workers union?** This would allow for organisational efforts to be concentrated. It could, with appropriate internal structures, embrace health workers in the private sector and enable greater individual career mobility without disrupting organisational affiliation. One health union would contribute towards broad occupational group solidarity and go a long way towards forming the common identity and mentality needed to create new united health workers for a new health system in South Africa. A looser form of this option could be a federation of health workers, where different organisations for different job categories, combine under one umbrella.
- **Uniting into one giant public sector union?** The solution of many unionists, and the official position of COSATU, is to form one giant public sector union as all public sector employees face the same employer. However, this ignores the diversity of central and local government departments that will have to be dealt with, and

underplays the fact that many such services are already privatised. It is also anomalous for COSATU to define public sector workers in terms of their employer rather than in terms of their own sector, type of work, and identification with their immediate fellow workers. Also, given the current weaknesses of almost all public sector unions, a merger at this stage could compound rather than solve their problems.

### **Restructuring the health sector**

Which organisational choices are made will affect, not only the workers concerned, but also the future of the health service. A cohesive, co-operative and contented workforce is good for the unions *and* for the health service.

NEHAWU needs to tackle both the organisation of health workers and the restructuring of the health sector, much as other COSATU unions are doing in their industries. To do this it must unite and draw upon the resources and experience of all sectors of health workers. ☆



**T**his unique publication provides a survey of the participants, scope, coverage, representivity, bargaining forums and main agreements of all the industrial councils in South Africa. It also records the impact of progressive industrial trade unions in the councils in the period from 1979 to 1992. The Digest fills a large gap in our knowledge of the industrial council 'system' and will be an invaluable reference book for researchers, labour reporters, academics, trade unionists and industrial relations practitioners.

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