THE ROLE OF THE ENROLLED NURSING AUXILIARY IN A SELECTED HEALTH CARE ADMINISTRATION.

by

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DECLARATION

I declare that THE ROLE OF THE ENROLLED NURSING AUXILIARY IN A SELECTED HEALTH CARE ADMINISTRATION is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

Mabunda 1995-01-29

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SUMMARY

The purpose of this study was to determine the contribution of nursing auxiliaries towards health care services against their scope of practice.

Nursing auxiliaries practising within the Elim, Letaba, Malamulele, Nkhensani, Shiluvana and Tintswalo hospitals in the Gazankulu Health Administration, in the Northern Transvaal Province, constituted the target population.

The findings revealed that nursing auxiliaries are not functioning strictly according to their scope of practice.
They are an essential component of nursing services in Gazankulu by rendering a major contribution towards health care services in fulfilling their scope of practice-role.

Apart from their prescribed practice-role, they are also engaged in activities that should be performed by enrolled and professional nurses as well as doctors and general assistants.

There appears to be a need for education for all categories of nursing staff regarding the scope of practice of nursing auxiliaries for improving the effective utilisation of this category of nursing personnel.

KEY TERMS

Enrolled nursing auxiliary, Gazankulu area, health assistant, nurse aide, nursing assistant, nursing duties, orderly, role, scope of practice, selected health care administration, ward attendant.

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CHAPTER 1.

ORIENTATION TO THE STUDY

1.1. Introduction.

Health service is regarded as one of the essential services in any country. Nurses are part of the different categories of workers who provide health care services. The nursing profession in South Africa is composed of three groups, namely professional nurses, enrolled nurses and enrolled nursing auxiliaries. (Mellish & Brink 1986: 335).

Most of these nursing auxiliaries had up till 2nd June 1972 received no formal training, and as such received no recognition for the enormous contribution they have made in the health care services in this country. (Opening address: Full Council 1972: 4-5).

The nursing auxiliaries are indispensable in the health care services because of the acute-on-chronic problem of shortage of an adequate number of professional and enrolled nurses. Moreover, due to the economic decline of our country, and the ever increasing demand for health for all, no country can afford to staff all its hospitals and community services with only professional and enrolled nurses.

Although the nursing auxiliaries occupy the lowest position in the nursing posts' hierarchy, they nevertheless provide an indispensable service in health care.

Need for nursing auxiliaries.

Searle (1980:15) gives the following reasons for the increased need for the training and utilisation of the nursing auxiliaries in our country's health services.

* The rapid increase of health services and the increase in the number of hospitals and clinics which cannot be adequately manned by professional nurses and enrolled nurses.

* The isolation of certain areas where hospitals are located. Many professional nurses do not wish to work in isolated, remote, rural and underdeveloped areas lacking in amenities and comfort, resulting in a wider use of nursing auxiliaries in these areas.

* Some hospitals, due to their small sizes, do not meet the requirements of the South African Nursing Council for the training of professional nurses. Such hospitals may only train enrolled and auxiliary nurses. They hence make more use of these subcategories who are readily available to them to staff their health services.

* The increased complexity of the role which the professional nurse must fulfill, that is, unit management, drawing up nursing care plans, supervising other categories of nurses, do not leave them with sufficient time to render direct nursing care themselves. They hence need the services of the nursing auxiliaries to assist them.

* Professional nurses are paid a higher salary than enrolled nurses and nursing auxiliaries. The State and the private sectors can therefore not save money by paying the higher salaries to professional nurses for the performance of duties which can effectively be executed by enrolled nurses and nursing auxiliaries.

The following factors are listed by Ferguson (1990:503-506) as compounding the shortage of nurses, which lead to more use of nursing auxiliaries:

* The many settings where nurses are needed, including acute care hospitals, nursing and residential homes, hospices, ambulatory care settings, prisons, schools, the homes of individuals in need of nursing care as well as community settings.

* There is also a need for professional nurses as quality assurance and utilisation review nurses.

* The shortage of professional nurses due to the shift in interest from careers in the helping professions to careers in other fields like business.

* The shortage of professional nurses due to the women's liberation movement which resulted in greater career choices for women including veterinary medicine, human medicine and pharmacy which has taken women who previously would have chosen nursing.

Other identified reasons for more use of nursing auxiliaries include the following:

* The development of the primary health care approach to health care provision.
* The lack of funds to remunerate an adequate number of higher-paid workers and to pay for the longer training required for them. (Euro reports and studies 1982:5)

1.2. Statement of the problem.

Although the nursing auxiliaries play a significant role in the health care services, there are shortfalls within this category of nurse. Until now there are still uncertainties in the minds of many people as to whether this category of nurse should be continued or be done away with.

According to the Dan Mason Nursing Research Committee (1962:13) in their study on "The work, responsibility and status of the Enrolled Nurse", it was indicated that the problem of the nursing auxiliary has aroused much acute controversy.

"Owing to the uncertainty in the minds of many people as to the usefulness of the role of the Assistant Nurse all shades of opinion have been expressed on the subject. Some wish to perpetuate the grade in its present form, others wish to abolish it ..." (Dan Mason Nursing Research Committee 1962:13).

In his study on the role and function of various categories of nurse in the health services in the Republic of South Africa, Rautenbach (1981) indicated that the enrolled nursing auxiliaries were being prepared to perform a role and function for which they were never intended. (Rautenbach 1981:369).

Rautenbach (1981:370-371) stated that in some cases it appeared that the nursing auxiliaries were even carrying out functions that could be regarded as the functions of a doctor, besides performing functions of the professional and enrolled nurses. He also noted with great concern that the nursing auxiliaries were being misused. In his view, this presents a grave danger to the consumers of nursing care.

It was thus considered necessary to investigate the role of this category of nurse in order to substantiate or refute the above meanings.

1.3. Historical background of the nursing auxiliary.

The missionaries like the Roman Catholic Sisterhoods, the Anglican Sisters, the Swiss Presbyterian Group and the Dutch Reformed Missionaries pioneered nursing in the Transvaal, including the Gazankulu area, the area under study. Initially the Blacks who could be trained as nurses could only be trained as enrolled nurses due to their poor educational background (Mellish 1990:114).

Nursing auxiliaries were the last group to be enrolled with the South African Nursing Council, and hence to gain recognition. In the beginning, nursing auxiliaries have been working without any formal training, and with no certification. Most of them just received on the job training from their employers which differed from hospital to hospital. (Opening address: Full Council 1972:5)

With the promulgation of the Nursing Amendment Act Number 50 of 1972 nursing and midwifery became closed professions, meaning that no person could practice as a nurse without being registered or enrolled as a nurse with the South African Nursing Council.

The South African Nursing Council considered training and enrolling the nursing auxiliaries because it wanted to give recognition to nursing auxiliaries from the public and fellow-workers: recognition that they so rightfully deserved. Training of nursing auxiliaries was announced by the president of the South African Nursing Council in her opening address at the September 1972 full council. (Opening address: Full Council 1972:6)

But then, for those who have been working as nursing auxiliaries before, the South African Nursing Council decided that they be enrolled without having to undergo any further formal training, and they were given up to 2nd June, 1973 to enrol themselves with the South African Nursing Council. Nursing auxiliaries now practice the nursing profession legally under the Nursing Act No. 50 of 1978 as amended. Under the Nursing Act No.50 of 1978, the South African Nursing Council controls the training and practice of nursing auxiliaries through its rules and regulations.

1.4. Theoretical framework.

The frame of reference for this study was the prescribed scope of practice of the South African Nursing Council. This is found in regulation R2598 of 30 November 1984 as amended - Regulations relating to the scope of practice of persons who are registered or enrolled under the Nursing Act, 1978.

Chapter 6 of regulation R2598 describes the scope of practice of the nursing auxiliary as follows:

"The scope of practice of an enrolled nursing auxiliary shall entail the following acts and procedures as part of the nursing regimen planned and initiated by a registered nurse or registered midwife and carried out under his direct or indirect supervision.

(a) The promotion and maintenance of the health of a patient, a family and a community.

(b) The provision of health and family planning information to individuals and groups.

(c) The care of a patient and the execution of a nursing care plan for a patient.

(d) The promotion and maintenance of the hygiene of a patient, a family and a community.

(e) The promotion and maintenance of the physical comfort, rest, sleep, exercise and reassurance of a patient.

(f) The prevention of physical deformity and other complications in a patient.

(g) The supervision over and maintenance of a supply of oxygen to a patient.

(h) The taking of the blood pressure, temperature, pulse and respiration of a patient.

(i) The promotion and maintenance of the body regulatory functions of a patient.

(j) The promotion of the nutrition of a patient, a family and a community.

(k) The maintenance of intake and elimination in a patient.

(l) The promotion of communication with a patient during his care.

(m) The preparation of individuals and groups for the execution of diagnostic procedures and therapeutic acts by a registered person.

(n) The preparation for and assistance during surgical procedures under anaesthetic.

(o) The care of a dying patient and a recently deceased patient".

It is against this scope of practice of the nursing auxiliary as stated, in regulation R2598 that the role of the nursing auxiliary was examined.

1.5. Research questions.

This study will be built around the following research questions:

1.5.1. Are enrolled nursing auxiliaries necessary for the provision of health services in Gazankulu?

1.5.2. Are enrolled nursing auxiliaries performing duties that are outside their scope of practice?

1.6. The purpose of the study.

The purpose of the study was to determine how much the nursing auxiliary contributes towards the health care of patients. The objective of the study was to examine the role of the nursing auxiliary against her scope of practice.

Reasons for the study.

So far, not much research has been done on this topic. This is supported by the report from Hardie (1983:68), who reported on the workshop which was convened by the World Health Organisation (WHO) Regional Office for Europe in collaboration with the Federal Republic of Germany, and held in the United Kingdom in 1980. Twenty-one participants from fourteen countries participated in the workshop, with the aim of making recommendations about the employment of nurses who lack a completed qualification in nursing.

She stated that "WHO had not given major consideration to the topic of auxiliary personnel since 1961, despite the importance of these workers to all national nursing systems as reflected in employment statistics" (Hardie 1983:68). She went further to mention that little information is available in most countries about auxiliaries and their work, although satisfactory data is available for the professionally qualified health personnel. (Hardie 1983:68)

In South Africa too, the nursing auxiliaries were the last group in nursing to be enrolled with the South African Nursing Council. They were only enrolled in 1972, long after the other categories of nurse had been registered and enrolled with the South African Nursing Council.

The review of literature revealed no study of a similar nature. All studies examined merely describe programme content of the nursing auxiliary, and are hence mainly meant to assist the teacher in preparing the nursing auxiliary for her role after completion of her training, and for use by the nursing auxiliaries as reference whilst holding the job. Literature, however do not describe the actual role played by the nursing auxiliary in the health service.

1.7. Significance of the study.

This study will help to clearly define and expose the contribution made to the health service by the nursing auxiliaries. Generally speaking, both fellow health personnel and the public alike do not fully appreciate the work done by the nursing auxiliaries. Nursing auxiliaries seem to be looked down upon by both the public and fellow nurses alike, and this leads to great dissatisfaction amongst the nursing auxiliaries. The work that they do seems to go unrecognised and unappreciated.

Rogers (1991:3) conducted a field study in Florida, America. A total of 225 nursing auxiliaries were interviewed. When asked as to what would make their jobs more interesting, remuneration topped the list. However, respect and recognition ran a close second. Nursing auxiliaries indicated that they had a great hunger to be appreciated.

Many nursing auxiliaries also mentioned that they were dissatisfied with the manner in which they were addressed. They suggested that it would be more dignified if they were addressed as Mr, Mrs or Miss. They resented being told that they could be replaced at any time, and a large number believed that the charge nurse did not fully comprehend the work that was done by the nursing auxiliaries.

Nursing auxiliaries also resented being 'counselled' or verbally abused in public by their seniors. They prefer being called aside and told privately where they have gone wrong. (Rogers 1991:3)

In South Africa, the nursing auxiliaries are equally dissatisfied. In the Nursing News (1992), Lucy from Tongaat complained that nursing auxiliaries are not considered by doctors, nurses, patients and the public alike. Nurses and doctors do not involve them when discussions about patients take place. In fact, everybody treats them as general domestics, because the disc device that they put on is similar to that used by the general domestic staff (Nursing News. 1992 February: 02).

Another nursing auxiliary from Atlantis also complained in the Nursing News (1992) that patients are very rude towards nursing auxiliaries because they do not have anything on their shoulders to identify them (Nursing News. 1992 April: 6).

This study will serve to clarify the duties and functions of the nursing auxiliaries. In clarifying the duties and functions of the nursing auxiliaries the study will assist other nursing personnel to utilise this category of nurse properly, by delegating them duties that are within their scope of practice. The study should likewise help the community to be well aware of, and to appreciate the service rendered to them by the nursing auxiliaries.

1.8. Delimitation of the study.

The study was conducted amongst the nursing auxiliaries in Gazankulu, an area situated in the Northern Transvaal Province. All enrolled nursing auxiliaries employed by the Gazankulu Government Service, Department of Health and Social Welfare and practising within the Elim, Letaba, Malamulele, Nkhensani, Shiluvana and Tintswalo health wards, constituted the target population for this study.

The role as well as the functions performed by nursing auxiliaries were investigated in order to determine whether they are functioning within or outside their scope of practice, and to diagnose any shortfalls in their duties.

1.9. Limitations of the study.

The study was conducted within the Gazankulu area, and Gazankulu is only a portion of the Northern Transvaal Province. Also, not all the hospitals within the Gazankulu area were included in the study, for example, Evuxakeni and Matikwana hospitals were not included in the study. Not all the hospitals in the province were included in the study due to the fact that the number of the population would have been too large to handle, and the researcher had both time and financial constraints.

1.10. Definition of terms.

1.10.1. Role.

In this study the term role refers to expected duties, functions and responsibilities of a person occupying a particular position in the health organisation.

1.10.2. Nursing Auxiliary.

In this study nursing auxiliary refers to a nurse who is trained and is enrolled on the roll for enrolled nursing auxilaries with the South African Nursing Council.

1.10.3. Health Care Service.

In this study a health care service refers to a hospital, health centre, clinic, or any other community project where patients and the public receive preventive, promotive, curative and rehabilitative services.

1.10.4. The South African Nursing Council.

Where the term SANC is used in the study, it refers to the South African Nursing Council.

1.11. Outlay of the Research Report.

The layout of the report will be as follows:

* Chapter 1 contains the introduction which serves as an orientation to the study.
* Chapter 2 describes the literature that has been reviewed pertaining to this study.
* Chapter 3 describes the methods and procedures undertaken to conduct this study.
* Chapter 4 describes the analysis of data and the discussion of the research findings.
* Chapter 5 presents a summary, conclusions, as well as the limitations, recommendations and the implications of the findings.

1.12. Summary.

The aim of this chapter was to present a clear background of the problem under investigation. It included the introduction, statement of the problem, historical background of the nursing auxiliary, theoretical framework, research questions, purpose of the study, significance of the study, delimitations and limitations of the study.

CHAPTER 2

LITERATURE REVIEW.

2.1. Introduction.

The literature survey was undertaken with the view of:

* Discussing the training of the nursing auxiliary.
* Reviewing what has been written regarding the role and function of the nursing auxiliaries in the health services in general.

Key words used to locate relevant literature were:-

- Nursing assistant.
- Nursing auxiliary.
- Nurse aide.
- Ward attendant.
- Health assistant.
- Orderly.

During the literature survey, the following significant areas were identified:

* Definitions of the nursing auxiliary.
* Title/designation of the nursing auxiliary.
* Training of the nursing auxiliary.
* Nursing practice for the nursing auxiliary.
* Role and function of the nursing auxiliary.

The literature reviewed will be discussed under the above-mentioned headings.

2.2. Definitions of the nursing auxiliary.

For the purpose of this study, the researcher will take the enrolled nursing assistants as they are known in South Africa. The title of nursing assistant only changed to nursing auxiliary in 1992 through the Nursing Amendment Act, No. 21 of 1992. The reseacher will also use the auxiliary nurses as they are known overseas as an equivalent.

This conclusion came from the following definitions and descriptions of the nursing auxiliary in the literature:

* Searle and Pera (1992:45) maintain that an enrolled nursing auxiliary is "a person who is enrolled under Section 16 of Act 50 of 1978. She is an assistant to other categories of nurse or to a midwife."

* The nurses and midwives Whitley Council of England defines the nursing auxiliary as "a person who has no recognised nursing or midwifery qualification and who is not a student nurse, pupil midwife or pupil nurse; who is engaged wholly or mainly on nursing duties in a hospital under the supervision of a qualified nurse or midwife" (Hardie and Hockey 1978:77).

The Royal College of Nursing in the United Kingdom defines the nursing auxiliary as "nursing personnel able to perform specific tasks related to patient care that require considerably less use of judgement. They should be able to relate well to patients and carry out dependably under supervision, the tasks for which they have been trained" (Hardie and Hockey 1978:112).

* The World Health Organisation (WHO) defines an auxiliary as "a technical worker in a certain field with less than the full professional qualification" (Hardie and Hockey 1978:21).

* On Prince Edward Island in Canada the nursing auxiliary is defined as " a person trained to care for selected convalescent, sub-acutely and chronically ill patients, and to assist the professional nurse in a team relationship, especially in the care of those more acutely ill" (WHO 1966:16).

* Japan describes the nursing auxiliary as "a female who has been licensed by the Governor of the Prefecture and who, under the direction of a medical practitioner, a dentist or a nurse, provides nursing care to the injured, the sick or women in childbed, or any other assistance connected with medical examination and treatment" (WHO 1966:6).

* Hardie and Hockey (1978:49) also describe the nursing auxiliary as follows:
  - The frontline nurse.
  - The backline of the nursing service.
  - The core.
  - The base.
  - The anchor.

* Hennel (1979), in describing nursing auxiliaries, stated that broadly speaking, nursing auxiliaries fall into two distinct groups, namely:

1. The younger woman embarking on her working life who, in a nursing context, is untrainable for the roll or lacks the drive to make the attempt. Uniform glamour probably plays a big part in her attraction to the work.

2. The older woman who probably has now brought up her family, and who in her younger days had wished to train as a nurse. She may be highly intelligent. In the nursing field she might resent taking instructions from a young woman who might be fit to be her daughter, especially if the instruction covers some apparently menial tasks such as giving of a bedpan to an adult. Such duties may be equated to the "potting" of her children. (Hennel 1979:14).

The definitions thus far given are all based mainly on the absence of any full qualification in nursing for the group described.

2.3. Title/Designation of the nursing auxiliary.

There is great confusion concerning the title or designation which should be given to nursing auxiliaries. The nursing auxiliary is called different names in the various countries according to the literature survey. It was revealed that the nursing auxiliary is known by the following different titles:

* In South Africa the nursing auxiliary was called the Enrolled Nursing Assistant according to Act 50 of 1978. However, this title has been converted to Nursing Auxiliary on 13 March 1992 by the Nursing Amendment Act, No.21 of 1992.

* In America the nursing auxiliary is called by one of the following names, according to the task they are performing:

- Nurse's aide.
- Nursing assistant.
- Health care assistant.
- Ward attendant.
- Patient care attendant.
- Home health aide.
- Orderly.
- Patient care technician.

(Hegner and Caldwell 1992:17).

* In England, she is called the nursing auxiliary, just as she is now called in South Africa. This is derived from the definition of the nursing auxiliary. The nursing auxiliary is defined as a person working within the nursing establishment, but who has no recognised United Kingdom nursing qualification. Furthermore, this person is not a student nurse, pupil nurse or pupil midwife. (Hardie & Hockey 1978:42). Nursing auxiliaries in England are also called aides, assistants or attendants. In 1961 assistant nurses became enrolled nurses in the United Kingdom. (WHO 1966:5).

* According to the World Health Organization (1966:5) the following titles are given to nursing auxiliaries in other countries:

- Aides-soignantes in France.
- Nurse Aide in Southern Australia.
- Nursing Aide in Brazil and New Zealand.
- Nursing Assistant in Sierra Leone.
- Aide-Soignante or aide hospitalie're in Switzerland.
- In Belgium she was previously called a "sick-nurse" (garde malade), but is now called a hospital attendant.
- In the United States of America she is called a nursing aide, a Licensed Practical Nurse, nursing assistant or registered nursing assistant.

2.4. Training of the nursing auxiliary.

It was found that training for nursing auxiliaries differs from one country to another, for example, in South Africa, American countries and England. It was also realised that there are many textbooks which are intended for use in nursing auxiliary education programmes to assist in the training of these nurses. Most of the textbooks examined focused on how nursing procedures should be done, outlining step by step how to carry out these nursing procedures, with the aim of allowing the nursing auxiliary safe and effective functioning when giving patient care.

More and more nursing auxiliaries are being employed to assist the professional and enrolled nurses with patient care. The high proportion of nursing auxiliaries found in the health services can be seen on table 2.1.

TABLE 2.1. NUMBER OF PERSONS REGISTERED AND ENROLLED IN THE REPUBLIC OF SOUTH AFRICA AS AT 93-12-31.

CATEGORY	TOTAL
Registered Nurses and Midwives	78 006
Enrolled Nurses/Midwives	31 839
Enrolled Nursing Auxiliaries	49 251
Registered Student Nurses	15 929
Enrolled Pupil Nurses	3 103
Enrolled Pupil Nursing Auxiliaries	2 129

Source: The South African Nursing Council records.

Nursing auxiliaries have been assisting nurses in their tasks since the establishment of health services. It was later realised that even the lowest grade of nurse required some form of training in order to function effectively. This led to the formal training of the nursing auxiliaries to be instituted. Hardie and Hockey (1978:67) state that the United Kingdom supports this statement because the Royal College of nursing's professional policy emphasises that all who contribute to nursing care should receive preparation for their work. All employing authorities should therefore offer some form of training to nursing auxiliaries.

The Brigg's report, as cited by Hardie and Hockey (1978:77), also recommends the training of nursing auxiliaries. "Any member of staff, of whatever grade, working in the health service, who is responsible (no matter how little), for the delivery of care and who is an integral member of the health care team, must be prepared for the job he or she actually does".

Melissa Hardie (1983:69), in reporting on discussions of a WHO working group which looked into the training and use of the nursing auxiliary, offers the following statement which supports the need for training for nursing auxiliaries. "All categories of nursing personnel should receive nursing education before entering the care services as practitioners. The duration, content and methods of auxiliary training should be determined at country level, based on identified needs".

She goes on to state that the teachers responsible for auxiliary education programmes should be well qualified nurses, with grounding in both nursing and education. She strongly recommends that organisation and training should be according to a planned curriculum within a recognised and approved school of nursing, which is staffed by fully qualified nurse teachers.

However, Hennel (1979:14) is against the formal training of nursing auxiliaries. When asked to comment on the training and instruction of nursing auxiliaries/assistants she stated most emphatically that "...I made the point immediately that I was whole heartedly against such training, except at the most basic and informal level". She goes on to say that she strongly believes that the formalisation of their training and the acceptance of a second professional tier have, overall, brought about the lowering of nursing standards, and have certainly lowered the status of the registered nurse. The same thing will happen again if any formal training or national standard is accepted for ward aides, and the care of the sick will again be in the hands of a new race of "Sairey Gamps" (Hennel 1979:14).

The training of the nursing auxiliary in South Africa.

In South Africa, the nursing auxiliary's training is a formal course which is recognised and controlled by the South African Nursing Council. In the directives on the training of the nursing auxiliary, Regulation R1834 of 20-10-1972 as amended, the purpose of the course is stated as follows:-

(i) "The purpose of the course is to provide the pupil with elementary knowledge of basic nursing. Schools should bear in mind that persons who obtain enrolment, will be allowed to do basic nursing in a private capacity or in any institution. The training should consequently be of such a standard that the nursing assistant (auxiliary) will be equipped to function properly in any basic nursing situation.

(ii) All training shall be undertaken under the supervision of registered nurses, midwives or enrolled nurses.

(iii) The training must be patient-centred, with instruction given in practical situations, preferably in the demonstration room".

Initially, nursing auxiliaries received no formal training for their work, but just learned the job as they worked. Later nursing auxiliaries were offered a 6 (six) months' training programme by the nursing schools recognised by the South African Nursing Council which certified them competent on completion of their training. The South African Nursing Council enrolled them as Enrolled Nursing Assistants after completion. (Mellish 1992:12).

On the 21st July, 1989, under Regulation R1571 - Regulations relating to the minimum requirements for a course for a certificate leading to enrolment as a nursing assistant - the duration of training has been extended to one year. Under this regulation, training of the nursing auxiliary is as follows:

- Duration of course: One year.
- Enrolment: As pupil nursing auxiliary.
- Admission to the course: Standard 8 or an equivalent thereof.
- Designation after completion: Enrolled nursing assistant (auxiliary).
- Governing body: The South African Nursing Council.
- Examination:
    * The South African Nursing Council 3 hours written examination.
    * Practical examination conducted by the school.

Curriculum.

In keeping with the given purpose of the training of the nursing auxiliary, the curriculum is very basic and emphasizes the following points - as indicated by R1571 of 1989-07-21 - Directive for the certificate for enrolment as a nursing assistant (auxiliary).

(i) The training shall be directed specifically at the development of the nursing assistant (auxiliary) on a personal and professional level.
(ii) The Nursing Act and other statutory and common law applicable to nursing, shall be taught at an applied level throughout the training.
(iii) Pupils must be taught the role of the enrolled nursing auxiliary in the health services.
(iv) The co-operation of the enrolled nursing auxiliary with other members of the nursing profession, with the medical profession and with co-workers in other professional disciplines, in the team approach to patient care, must be emphasised throughout.

Course content.

The syllabus of the nursing auxiliary consists of the following:

* Nursing history and ethics.
* Basic nursing care.
* Elementary nutrition.
* First aid.
* Elementary anatomy and physiology.
* Elementary preventive and promotive health care.

Programme objectives.

The South African Nursing Council regulation R1571 of 21-07-89 states that the curriculum shall be drawn up and presented so that the nursing auxiliary is enabled to:

- Show respect for the dignity and uniqueness of man within his social, cultural and religious context.

- Demonstrate an understanding of the nursing auxiliary's role in assisting, within her scope of practice, the registered nurse or midwife.
- Demonstrate proficiency in assisting the registered nurse or midwife with the acts and procedures as part of the nursing regimen as set out in the Regulation R1571 of 21-07-1989 of the South African Nursing Council. This was already stated under the theoretical framework for this study in Chapter 1, point 4.

According to the South African Nursing Council, the above curriculum, purpose and training objectives are set out so that the nursing auxiliaries can be properly trained for the role and function that is expected of them.

2.5. Viewpoints regarding the practice of the nursing auxiliary.

Although there are still some doubts as to the quality of nursing that can be provided by nursing auxiliaries, most authors are of the opinion that the use of nursing auxiliaries should be perpetuated.

Arguments against the use of nursing auxiliaries are supported by Hennel (1979), Searle (1987) and Searle and Pera (1992). Searle (1987:232-233) offers the following arguments against the use of nursing auxiliaries:

* Nursing auxiliaries are described as the third level nurses who have a poor educational background and a short period of preparation, who then overburden the professional nurse with the extensive supervision that they need.

* Nursing auxiliaries lower the image of nursing because they cannot give top quality patient care and hence lower the standard of nursing. This view is also supported by Hennel (1979:14) when she stated thus: "I strongly believe that the formalisation of their training and the acceptance of a second professional tier have overall brought about a lowering of nursing standards".

So strong is Hennel's view against the use of nursing auxiliaries that she feels that they should not even be allowed to use the title nurse as she believes that the title "nurse" was protected by statute and restricted to certain grades of the profession. She goes on to explain that nursing auxiliaries relate ward events outside their working environment and in this way do a great deal of harm to the image of the nursing profession. Consequently there is loss of public confidence as well as loss of medical confidence.

The nursing auxiliaries, because of their poor educational background and limited scope of practice, cannot render total patient care. Their actions might subject the hospitals to lawsuits from patients who might be harmed by nurses performing advanced duties with no knowledge or expertise thereof (Searle 1987: 232).

The International Council of Nurses as cited by Searle is also against the continued existence of the category of auxiliary nurse. The International Council of Nurses at Tel Aviv conference in 1985 recommended to its member associations that there should be only one category of nurse - that of the professional nurse - and Searle agrees that this is a wise decision (Searle 1987: 233).

However, Salvage (1988: 22), Stefler (1989: 10), Rautenbach (1981: 346, 347), and Parsons (1982: 15) support the continued existence of auxiliary nurses as they give invaluable health service to the sick. Salvage (1988:22) states that nursing auxiliaries make a major contribution to direct patient care, in return for starvation wages, poor working conditions, minimal training and no opportunities for development. Nursing auxiliaries are considered to be one of the most stable elements of the health team. They are of a low marketability because it is not easy for them to get alternate employment elsewhere if they leave nursing. They are hence most likely to stick to their posts, even though it may be stressful and frustrating.

Rautenbach, in appreciating the invaluable service rendered by nursing auxiliaries, has this to say: "Nursing auxiliaries are not only numerous, they carry out work of an undeniable important kind with little or no training" (Rautenbach 1981: 287). Part of his argument has been that the unqualified nurse is in many ways the person carrying out the most vital of the nursing duties. She has constant contact with the patients and is frequently the one to whom they turn both for comfort and information.

Francis Bacon as cited by Rautenbach (1981: 346) mentions that the auxiliary nurse is a very important member of the nursing team. She does a lot of physical, basic nursing care for the patients who are unable to help themselves, and this leaves the professional nurse enough time for the more skilled aspects of patient care.

Johnson as cited by Rautenbach (1981: 347) on commenting on the role of the nursing auxiliary, stated that the head of the ward spends the major portion of her day at the nursing station directing and organising. The head nurse's actual contact with patients is extremely limited. The nurse who actually nurses the patient is often the nurse with only basic training, that is, the enrolled nurse and the nursing auxiliary.

Stefler (1989:10), in appreciating the work done by nursing auxiliaries, states that the future role of the nursing auxiliary is not in jeopardy as the nursing auxiliary will continue to be a valuable and much needed health care provider.

Parsons, in reporting on the investigations carried out by a (10) ten member Nursing Aide Task Force in New South Wales, highlights some positive points on the nursing auxiliary. Enrolled nursing auxiliaries are viewed favourably by the majority of directors of nursing interviewed. One of the main reasons accounting for their popularity is that they are seen as a stable, mature workforce. Also, in combination with registered nurses, nursing auxiliaries are often preferred over registered nurses alone as the type of nursing staff providing the best patient care in certain areas of hospitals and nursing homes (Parsons 1982:15).

It was however, noted with concern that nursing auxiliaries are being misused by other health care team members, and that their contribution to health care is not always appreciated. According to Salvage (1988:22) nurse managers have presided over the exploitation of nursing auxiliaries, and nurse educationists have regarded a few odd days of in-service instruction as adequate preparation for practice. She urges that the nurse auxiliaries be seen as an essential part of the health care team.

According to Rogers (1991:3) who interviewed nursing auxiliaries in Florida, USA, the following points which indicate that nursing auxiliaries' worth is not acknowledged, were indicated.

- Their salaries were rather low compared to the duties and responsibilities that they are faced with.

- Nursing auxiliaries expressed a need for respect and recognition. They resented the manner in which they were addressed. They resented being told that they could be replaced at any time, and a large number believed that the charge nurse did not fully comprehend the work that was done by them.

- They felt that their work was not highly valued by their supervisors. Almost all nursing auxiliaries felt that their work was essential and that they were important members of the health care team, although they were not always treated as such. Cowper-Smith (1978:306) from the United Kingdom interviewed some nursing auxiliaries and professional nurses in order to determine the attitudes of the respondents to the fact that more auxiliary nurses are employed in nursing.

A sister-in-charge of one hospital department which was dependent on nursing auxiliaries said that nursing auxiliaries made her feel inferior, and that was the reason why she was so consistently rude and unpleasant to them. She shouts at them at little provocation.

O'Connor (1993/94:18) wrote about how nursing auxiliaries feel in New Zealand. One nursing auxiliary, Kathy Murphy, stated that professional nurses seem to feel threatened by them, but surely nursing auxiliaries are never going to be able to take their jobs. She could not see how nursing auxiliaries could ever take the place of professional nurses. Murphy feels that nursing auxiliaries are not recognised by many professional nurses as having any skills, but says private hospitals could not function without them. Nursing auxiliaries form the backbone of the private hospital industry and many of them are competent nurses.

A nursing auxiliary from Luderitz, in Namibia also complained about sisters and nursing students who do not appreciate their work. She said that nursing auxiliaries are always given the menial jobs, and even when they do report vital information about the patient, they are never acknowledged for that (Namibian Nursing Association Newsletter, 1990 December 02).

As already mentioned in Chapter 1, page 9, nursing auxiliaries in South Africa are equally dissatisfied. Lucy from Tongaat feels that they are treated as general domestics because the disc that they put on is similar to that used by the general domestic, kitchen, linen room and hostel staff. Another nursing auxiliary from Atlantis echoed Lucy from Tongaat's feelings saying that patients are rude towards them because they do not have epaulettes on their shoulders. (Nursing News, 1992 February 02; Nursing News 1992 April 06).

When Cole (1989: 32-33) conducted a study in three England Hospitals - Millbrook, Athlone House and Longthorne Hospital - it was found that all nursing auxiliaries had a common belief that they did much the same job as trained nurses do, but received very little acknowledgement for that.

Harrison (1988:29-31), on realising that nursing auxiliaries are often underused, conducted interviews with all grades of the nursing staff, including the nursing auxiliaries. After the investigations were done, Harrison (1988:29-31) offered the following views with regard to the role and training needs of nursing auxiliaries:

* Some qualified staff seemed unsure of the parameters of the nursing auxiliary's role. In view of the fact that qualified staff are supposed to supervise nursing auxiliaries in their duties, it was recommended that qualified staff be educated regarding the role of the nursing auxiliary. This would help the qualified staff to utilise nursing auxiliaries properly.

* The auxiliary is a valuable resource which must not be wasted in a domestic role which in itself causes dissatisfaction and low morale. (Harrison 1988:30).

* After searching through the literature and discussing with other senior nursing personnel, Harrison (1988:30) concluded that nursing auxiliaries have no standardised role, but their function depended upon the following:

- Which district or hospital employs them.
- What part of that hospital they work in.
- Beliefs, abilities and availability of staff in their immediate working area.
- Self-confidence of the nursing auxiliary.

* Harrison (1988:30) again interviewed 46 senior nurses and sisters with the purpose of ascertaining what the auxiliaries were doing at that time, and how the sisters felt the auxiliaries' role could be developed with training. From the responses it was obvious that there appeared to be no standard interpretation of the nursing auxiliary's role. Some sisters saw the function of the auxiliary as purely domestic though some regarded them as members of the health/nursing team. On night duty where there are minimum staff in the wards, auxiliaries were left to do more than what is in their scope of practice, including remaining in charge of the wards.

* Harrison (1988:31) also interviewed nursing auxiliaries and their responses indicated that they were not correctly utilised.

- Many auxiliaries, particulary those on night duty, felt that they were expected to carry out duties for which they had little or no training. They all agreed that there was no standardisation of the role and the job they did depended on the following factors:

* where they worked.
* who was on duty at the time.
* whether they were on night or day duty.
* how many other staff were on duty.

It is generally agreed upon that nursing auxiliaries should work under supervision. This view is held by both South African authors as well as authors in other countries as will be illustrated here under.

- Hardie and Hockey (1978: 164) stated that the nursing auxiliary "<u>should always be under the supervision of a qualified nurse, who is a Registered nurse or an Enrolled nurse.</u> Under no circumstances should an auxiliary be left alone in a ward in charge, regardless of the area of work".

- The definition of the nursing assistant (auxiliary) by Sorrentino (1987:1) stresses that the nursing auxiliary should work under supervision. The nursing auxiliary is defined as "an individual who gives simple basic nursing care under the supervision of a registered nurse or a Licenced Practical Nurse" (Sorrentino 1987:1).

- The Royal College of Nursing also reflects the same attitude regarding the practice by nursing auxiliaries. As quoted by Rautenbach (1981:255), the Royal College of nursing offered the following as its definition of the nursing auxiliary: "Nursing personnel able to perform specific tasks related to patient care that require considerable less use of judgement. They should be able to relate well to patients and carry out dependably under supervision, the tasks for which they have been trained" (Rautenbach 1981:255).

- The Nurses and Midwives Whitley Council of England defines the nursing auxiliary as a person who has no recognised nursing or midwifery qualifications, and who is engaged wholly or mainly on nursing duties, in a hospital, under the supervision of a qualified nurse, mental nurse or midwife. (Rautenbach 1981: 249).

- Hennel (1979: 14) comes in very strongly to stress the fact that nursing auxiliaries should not be called "nurses", they should be termed "orderlies, aides" or such-like names. She states thus: "I do not believe aides should ever be permitted to approach a patient except in the company of a nurse or a nurse in training" (Hennel 1979:14). According to this author, nursing auxiliaries should never be permitted to work alone in any situation.

- The findings from Parsons' report on the Nursing Aide Task Force of New South Wales also stresses that nursing auxiliaries should work under supervision. Both the directors of nursing and the nursing auxiliaries interviewed considered that the essential role of the enrolled nursing auxiliary is to provide basic nursing care in a supportive capacity to the registered nurse, and not as an independent practitioner but as part of the nursing team (Parsons 1982:14).

- Johnston (1987:10) is also of the opinion that nursing auxiliaries, as unqualified staff members, must work under the superivision of a qualified nurse, with adequate instruction on the activities that they are expected to undertake. They should not be expected to supervise others.

- The South African Nursing Council, in its regulations, stresses the fact that auxiliary nurses should always work under supervision.

- Regulation R482 of 10-03-1978 as amended by R1648 of 14-09-1973 - under the heading 'Practice' states that the enrolled nursing auxiliary shall carry out such nursing care as his enrolment permits, under the direct or indirect supervision or direction of a registered nurse, or an enrolled nurse or, where applicable, under the direct or indirect supervision of a medical practitioner or a dentist or on his direction or written or verbal prescription. (Regulation R482, 1978, paragraph 1).

- In regulation R2598 of 30-11-1984 as amended by R260 of 15-02-1991, Chapter 6 which deals with the scope of practice of nursing auxiliaries, it is emphasised that nursing auxiliaries should work under supervision. This regulation states that the scope of practice of nursing auxiliaries "shall entail the following acts and procedures as part of the nursing regimen planned and initiated by a registered nurse or registered midwife, and carried out under his direct or indirect supervision" (Regulation R2598, 1984, Chapter 6).

2.6. Role and function of the nursing auxiliary.

In South Africa there are three categories of nurse and they are as follows:

- Professional nurses or Registered nurses.
- Enrolled nurses.
- Enrolled nursing auxiliaries (assistants)

The enrolled nursing auxiliaries are assistants to the professional nurses and enrolled nurses.

Each category has a specific role to play in the health care services and they all work together as a team in providing quality patient care. Sorrentino (1987:11) explains that it is important for the nursing auxiliaries to understand their roles and responsibilities. This will help them to know their scope and limitations so that they can practice their profession safely under the Nursing Act 50 of 1978 as amended. It is hence important for nursing auxiliaries to know the functions which they may perform and those which they may not perform in their positions.

However, the functions which are performed by nursing auxiliaries differ from facility to facility according to the type of institution and number of personnel available. For example, nursing auxiliaries working in long-term care facilities like the geriatric institutions have more responsibilities because they form the main group of the nursing personnel. However, in acute settings like a training hospital, more work is done by professional nurses, enrolled nurses and student nurses, and the nursing auxiliary has fewer responsibilities.

The following rules as listed by Sorrentino (1987:11) should guide the nursing auxiliaries in understanding their role. Nursing auxiliaries:

- Are assistants to the nurses.
- Their work is determined and supervised by a nurse.
- Do not make decisions about what should or should not be done for a patient.
- Must ask the nurse for clarification before going to the patient if they do not understand directions or instructions.
- Should perform no function or task that they have not been prepared to do or that they do not feel comfortable performing without the supervision of a nurse.

In South Africa, the practice of the nurse auxiliary is controlled by the South African Nursing Council.

Regulation R482 of 10-03-1978, issued to control the practice of nursing auxiliaries, states that a nursing auxiliary shall carry out such nursing care as her enrolment permits, under the direct or indirect supervision or direction of a registered nurse or an enrolled nurse or, where applicable, under the direct or indirect supervision of a medical practitioner or a dentist or on his direction or verbal prescription. (Regulation R482, 1978, paragraph 1).

Again, regulation R2598 of 30-11-1984 as amended also controls the practice of nursing auxiliaries. Chapter 6 of this regulation describes the scope of practice of the nursing auxiliary as outlined in Chapter 1, point 1.4: Theoretical framework. Both these regulations stress the idea of an enrolled nursing auxiliary performing vital functions in patient care as a team member, but always under supervision.

Sorrentino (1987:11) holds the same view. Mellish and Brink (1986:131-132) describe the role and function of the nursing auxiliary as follows:

1. The ability to carry out nursing duties in a hospital under the supervision of a qualified nurse or midwife.
2. The ability to function as a back-up for a trained nurse.
3. Performing specific functions that require considerably less use of judgement.
4. The ability to relate well to patients.
5. The ability to function adequately in any basic nursing situation.

Searle and Pera (1992:140) in explaining the scope of practice of the nursing auxiliary as per regulation R2598 of 30-11-1984, states that the scope of practice of a nursing auxiliary is extremely limited and restricted to the following:

- Assisting the professional nurse and enrolled nurse with those acts and procedures which are part of the regimen planned and initiated by a professional nurse for a patient or a group of patients.

- Performing those procedures concerned with maintaining the hygiene and comfort of the patient, under the direct or indirect supervision of a professional nurse. These statements make the nursing auxiliary to be responsible to the professional nurse at all times, but she is nevertheless accountable for her acts and omissions to the South African Nursing Council. She is held legally responsible for any criminal act she may commit in the performance of her duties.

Although the nursing auxiliaries occupy the least position in the nursing hierarchy, their role and function are generally appreciated. Hardie and Hockey (1978:46-48) made the following statements to support this:

- Auxiliaries are filling a need which the qualified nurse do not fill, despite an expensive training which the qualified and enrolled nurses have undergone.
- When nursing administrators were interviewed regarding the role of nursing auxiliaries, several of them indicated that they would not be able to adequately staff the wards without the nursing auxiliaries, especially at night and during week-ends.
- Auxiliaries are more likely to be a very stable element in the nursing team.
- "If supervised, then auxiliaries were invaluable, even essential, and in some cases valued above qualified nurses for eargerness to please, kindness to patients, as well as for the ability to make a little time for the patients' smaller needs" (Hardie and Hockey 1978:49).

The Dan Mason Nursing Research Committee of Great Britain and Northern Ireland (1962:12) also stated that nursing services in that country would long ago have broken down if nursing auxiliaries were not in existence, especially in institutions for the chronic sick, where the bulk of nursing care is being undertaken by nursing auxiliaries.

When interviewing nurses regarding their views concerning nursing auxiliaries, Hardie and Hockey received the following descriptions of nursing auxiliaries which indicated how much they are valued:

- The front-line nurse.
- The backline of the nursing service.
- The core.
- The base.
- The anchor.

(Hardie and Hockey 1978: 49)

Mackinon (1985:13) states that the nursing auxiliary occupies the most fortunate position in nursing because she tends to the most basic needs of the patient. Through her work, she is able to make the patient feel happier, by keeping him clean, comfortable and attending to his needs. She is thus the patients' best friend.

As illustrated earlier, her functions involve mostly basic nursing care. Regulations in both South Africa and other countries limit the scope of practice of the nursing auxiliary to basic nursing procedures, which are performed under supervision.

Sorrentino (1987: 11-12) lists some functions, procedures and tasks that the nursing auxiliaries should never perform. Nursing auxiliaries are never allowed to do the following tasks/procedures.

- Give medicine, including oral, rectal, intramuscular and intravenous treatment.
- Insert tubes or objects into a patient's body openings or remove them from the body, such as the bladder, oesophagus, trachea, nose, ears, blood stream, or surgically created body openings.
- Take oral or telephone orders from physicians.
- Perform procedures that require sterile technique.
- Tell the patient or family the patient's diagnosis or medical or surgical treatment.
- Diagnose or prescribe treatment or medications for patients.
- Supervise the work of other nursing auxiliaries.
- Ignore an order or request to do something that one cannot do or that is beyond the scope of nursing auxiliaries.

Nuttelman (1991:8) lists the following as activities which nursing auxiliaries may not perform:

- doing open wound dressings.
- performing sterile technique.
- restraining patients.
- receiving physician orders.
- taking the admission history.
- writing the discharge summary.
- giving initial treatments.
- giving medications.
- doing catheterisations.
- giving enemas and suppositories.

In South Africa, the restriction in the nursing auxiliary's functions is drawn from Regulation R2598 which clearly describe what is expected from the nursing auxiliary. This is supported by Mackinon (1985:81) who mentions that the nursing auxiliary will seldom be required to give a patient an injection.

She also indicates that the nursing auxiliary may never administer an intravenous or intradermal drug. This shows that, although the nursing auxiliaries perform a much needed valuable service, they are limited in their actions by the South African Nursing Council regulations which they must abide by.

There are, however, problems which are related to nursing auxiliaries in their practice of nursing care. Hardie, in a discussion paper on "The current situation concerning the preparation and utilisation of nursing/midwifery auxiliary personnel with emphasis on the situation in the United Kingdom" enumerated some of these problems as follows:

(a) Auxiliaries have limited abilities:
- their training is too limited.
- regulations limit them unrealistically.
- their commitment to patient care may be limited.
- their intellectual power may be limited.
- their previous educational certificates or lack of them may limit access to nursing education.

(b) Auxiliaries cause certain difficulties between nursing staff and patients because of the following:

- They remain in their jobs longer.
- They tend to be older, more mature, naturally more experienced.
- They may resent young nurses or learners who are receiving teaching.
- There is inconsistency of work levels.
- They resent being left to do jobs with little glamour and lower value.
- They are generally less well educated and refuse to think things through.
- Patients may not recognise their status and may thus confuse them with other categories of nurse.

(c) Auxiliaries often over extend themselves because of the following reasons:

- With time and experience, they become secure in their work.
- Being longer in their posts, they may know patients better and believe they know what is best.
- Once left in a responsible position in a crisis or otherwise, they are reluctant to return to their former status.
- They loath to admit ignorance or lack of ability.
- They may have increased responsibilities at night, at other unsocial hours, or over week-ends.
- They may have genuine commitment and good experience not recognised by the system, which is not organised to allow for this.

(d) Auxiliaries cause particular organisational difficulties, for example:

- Deployment of auxiliaries at unsocial hours makes training arrangements difficult.
- They often work part-time and this results in additional administrative inconvenience and expense.
- Absenteeism is sometimes higher among auxiliaries. (Euro Reports and Studies 1982: 31-32).

2.7. Summary.

This Chapter dealt with the review of literature written on nursing auxiliaries. From the literature consulted, the following has been found:

- Nursing auxiliaries are rendering a valuable much needed service, and that their contribution to health services is really appreciated.
- All nursing auxiliaries should be trained for the job they are expected to perform.
- Nursing auxiliaries should always practice within the prescribed scope of practice, under the Nursing Act 50 of 1978 as amended.
- Nursing auxiliaries should always practice under the direct or indirect supervision of their seniors.

CHAPTER 3.

METHODOLOGY.

3.1. Introduction.

This chapter describes in detail the procedures used to obtain data for use in this study. It also describes the study design, the population, sampling techniques, the research instrument used, the pilot study as well as the ethical aspects involved.

3.2. Study design.

As the purpose of this study was to describe the role of nursing auxiliaries, as well as to collect data regarding the frequency with which they perform their duties, a descriptive design was considered the most appropriate method.

The survey method was employed. Polit and Hungler (1991: 191) and Treece and Treece (1986: 175) describe the survey approach as a non-experimental study in which the researcher obtains information from a population, or a sample of the population, regarding the prevalence, distribution, and interrelations of variables within these populations.

3.3. The population.

As this study was aimed at describing the role and function of the nursing auxiliary in the Gazankulu region, the target population is confined to the Gazankulu nursing auxiliaries. The target population therefore consisted of all enrolled nursing auxiliaries in the six Gazankulu hospitals, under the Department of Health and Social Welfare, Gazankulu Government Service. All of these six hospitals offer a comprehensive health service to the community through the hospitals, health centres and their satelite clinics, as well as the visiting points. The hospitals with their clinics included in this study are indicated in Table 3.1.

Table 3.1. Gazankulu Hospitals with their Health Centres, Clinics and Visiting points.

HOSPITAL	NUMBER OF HEALTH CENTRES	NUMBER OF CLINICS	NUMBER OF VISITING POINTS
ELIM	2	6	22
LETABA	3	7	15
MALAMULELE	1	12	44
NKHENSANI	2	8	67
SHILUVANA	1	2	13
TINTSWALO	2	14	30
TOTAL	11	49	191

According to available hospital records, it was established that there were 493 nursing auxiliaries employed by the Gazankulu Department of Health and Social Welfare, within the six hospitals included in the study, in December 1993. These nursing auxiliaries were distributed among the various six hospitals as indicated in Table 3.2. The total group of subjects/nursing auxiliaries were used as respondents for this study. A sample was not drawn, because of the size of the population.

Table 3.2. Indication of the total population according to hospital.

HOSPITAL	NUMBER OF NURSING AUXILIARIES
ELIM	123
LETABA	72
MALAMULELE	59
NKHENSANI	94
SHILUVANA	32
TINTSWALO	113
TOTAL POPULATION	493

3.3.1. Characteristics of the population.

As described in chapter 2, enrolled nursing auxiliaries in South Africa are persons who are enrolled under Section 16 of Act 50 of 1978 as amended, and they are only enrolled on the roll of the South African Nursing Council after successful completion of the prescribed studies (Searle and Pera 1992: 45).

As such the target population only includes enrolled nursing auxiliaries and exclude pupil nursing auxiliaries who are still undergoing training. It also excludes pupil nurses who are enrolled nursing auxiliaries, but who are presently undergoing training to become enrolled nurses.

3.4. The research instrument.

3.4.1. The questionnaire.

Data for this study was collected from subjects using a questionnaire. A questionnaire is a method of gathering self-reported information from respondents through self-administration of questions in a paper-and-pencil format (Polit and Hungler 1991: 193). The questionnaire is said to be the most commonly used method of obtaining survey data (Treece and Treece 1986: 277; Polit and Hungler 1991: 193; Leedy 1985: 135). The questionnaire was hence selected as the most appropriate tool for collecting data for this study.

3.4.2. Development of the instrument.

Due to the fact that some of the respondents are of a low educational standard, for example, Standard VI (Six) and below, and because the researcher anticipated that she would not always be around to explain to the respondents, great care was taken in the development of the questionnaire in order to put the questions simply, clearly and unambigously.

Only one questionnaire was developed for enrolled nursing auxiliaries. (ANNEXURE 4). Section one with ten closed and open-ended questions was intended to elicit general background information from respondents.

Section two of the questionnaire was intended to elicit information from the respondents regarding the duties/functions that they as nursing auxiliaries perform, as well as the frequency with which these duties are performed. The aim was to determine how much the nursing auxiliaries contribute towards the health services through the duties that they perform.

This section comprises seventeen (17) items with their sub-items. All items were based on the regulation R2598, section 6, which deals with the scope of practice of nursing auxiliaries.

3.5. Validity and reliability.

Two important criteria by which an instrument's quality is evaluated are its validity and reliability. Polit and Hungler (1991: 365) states that an ideal instrument is one that results in measures that are relevant, accurate, unbiased, sensitive, unidimensional and efficient. After the instrument was developed, it was tested for validity and reliability before the actual data collection was done.

3.5.1. Validity.

Leedy (1985:24); Seaman (1987: 318); Polit and Hungler (1991: 375) and Treece and Treece (1986: 253) agree that validity refers to the extent to which the instrument measures what it is supposed to measure. Validity is concerned with the soundness and the effectiveness of the measuring instrument.

3.5.1.1. Face validity.

Face validity involves an analysis of whether the instrument appears to be a valid scale or not, and the extent to which the instrument appears to be logically appropriate (Treece and Treece 1986: 265; Seaman 1987: 318).

Face validity is established by simply looking at a tool or instrument. In this study, the researcher was satisfied that the instrument qualified for face validity because by mere looking at it, one can easily see that all the subheadings of the scope of practice of the nursing auxiliary regulation are included in the instrument. Also, the six nursing service managers who were asked to check for content validity, confirmed that all the sections of the scope of practice regulation were included, hence the instrument qualified for face validity.

3.5.1.2. Content validity.

Content validity refers to the extent to which the instrument samples the situation under study. It is concerned with how accurately the questions asked tend to elicit the information sought (Leedy 1985: 25; Treece and Treece 1986: 262; Polit and Hungler 1991: 375).

Content validity involves getting a panel of judges or rather experts in the field under study to review and analyse all the items to see if they adequately represent the content universe (Treece and Treece 1986: 262; Polit and Hungler 1991: 376; Seaman 1987: 318).

In this study, to test for content validity, the instrument was given to six (6) nursing service managers as follows:

- one from the Venda Nursing College.
- one working in the clinical teaching department from a Venda hospital.
- two in charge of hospitals from Gazankulu.
- one in charge of hospital services from the Lebowa Government's Head Office.
- one working in the clinical teaching department from a Gazankulu hospital.

These nursing service managers were requested to go through the instrument, and to add on some items which they felt have been left out, as well as to take out items which they felt should have been omitted. (See Annexure 2).

A measure of content validity was also introduced by the theoretical framework for this study, namely the scope of practice of the nursing auxiliary as set out in regulation R2598 of 30-11-1984 as amended, of the South African Nursing Council, on which the questionnaire was based.

The instrument was also sent to the supervisor and co-supervisor as well as the statistician at the University of South Africa to check for both content and face validity. All agreed that the final instrument qualified for both face and content validity.

3.5.2. Reliability.

Polit and Hungler (1991: 367); Treece and Treece (1986: 253) and Seaman (1987: 317) agree that reliability refers to the degree with which the instrument measures the attribute it is supposed to be measuring. Reliability actually entails the stability, consistency, accuracy and dependability of a measuring instrument.

The instrument used in this study was regarded as reliable because relevant, clear instructions were given at the beginning to respondents to ensure that they understand exactly what is expected from them. Again, to ensure that the information supplied by respondents was reliable, subjects were merely requested to complete the questionnaire, they were not forced.

From the above explanations, it was assumed that more or less the same results would be obtained if the subjects were requested to respond to the same questionnaire for the second time, unless the conditions or circumstances changed substantially.

3.6. Pilot study.

After the questionnaire was drawn up, a pilot study was done. A pilot study is a small-scale trial run of the major research study which is done before the actual major study can be carried out.

The pilot study was done with the following aims in mind:

- to assess if respondents would understand the directions given in the questionnaire.
- to establish the instrument's content validity.
- to ascertain for clarity and ambiguity in the wording of the items.
- to determine how long it would take the subjects to complete the questionnaire.
- to determine any weaknesses in the administration, organization and distribution of the instrument.
- to enable the researcher to make improvements and corrections in the research project.

The pilot study was conducted on ten (10) enrolled nursing auxiliaries randomly selected from one hospital. They were chosen from one hospital because it was convenient for the researcher. Random selection of the subjects depended upon the availability of subjects. The professional nurses in charge of the wards were requested to release one available nursing auxiliary from the ward. The purpose was not fully explained to the professional nurses to prevent subjectivity in the selection of the nursing auxiliaries to represent the wards.

All the nursing auxiliaries were on day shift. Two were from the medical wards, two from the surgical wards, and one each from the paediatric ward, out-patients department, operating theatre, maternity ward, mental health ward and opthalmic ward.

The respondents were requested to complete the questionnaire in the presence of the researcher. It was then noticed that some items had typing errors which needed to be corrected, some questions needed rephrasing as most of the subjects did not understand them clearly. Also, the subjects took forty minutes to one hour to complete the questionnaire, which was regarded as too long, hence some items were deleted.

A second pilot study was carried out with three nursing auxiliaries and the time for completion was reduced to 30 to 40 minutes. The three nursing auxiliaries were from the same hospital as the first ten because they were readily available to the researcher. The thirteen (13) subjects used in the pilot study were not used in the main study.

3.7. Ethical aspects.

In this study, human beings were the subjects under study. As such great care was exercised to ensure that their rights were protected.

- Permission to conduct the study within the Gazankulu hospitals was obtained in writing from the Director-General, Department of Health and Social Welfare, Gazankulu Government Service. (Annexure 1).

- On issuing the questionnaire, it was accompanied by a letter to the respondents, asking for permission to participate in the study. (Annexure 3). Written consent was not really necessary as the study involves minimal risk, hence the return of questionnaires was regarded as implicit consent.

- To ensure anonymity respondents were requested not to include their names or the hospitals that they work for anywhere in the questionnaire, so that it was not possible for the researcher to link the person who completed the questionnaire with the information given. The questionnaires were however allocated numbers to enable the researcher to do follow-up and this was explained to the respondents.

- The respondents were also informed that the information that they will provide will solely be used for the purpose of the study, hence assuring them of confidentiality.

3.8. Collection of data.

By the end of December 1993, the questionnaires were ready for distribution. Distribution of questionnaires was done during January 1994. A total of 480 questionnaires were distributed.

Prior to the distribution of questionnaires, the researcher made appointments with the nursing service managers of the six hospitals which were involved in the study. The researcher then personally went to the hospitals to deliver the questionnaires.

Delivering the questionnaires personally enabled the researcher to introduce herself to the respondents, thus establishing rapport with the subjects. The researcher also explained the purpose of the study to the respondents. The respondents were then left to complete the questionnaires at their own time and were informed of the date when the researcher would come to collect questionnaires.

The nursing service managers were co-operative and willingly assisted in distributing the questionnaires to the respondents who were not on duty on the days of the researcher's visit, and to the subjects who were working at the points which were away from the hospitals, such as the clinics, health centres and visiting points.

All completed questionnaires were to be collected by the nursing service managers in the various hospitals, which were later collected by the researcher or sent to her in batches. This arrangement was made to eliminate mailing costs.

3.9. Response to questionnaires.

The time originally agreed upon with the respondents for the return of questionnaires was not adhered to, because all hospitals involved in the study were hit by the nurses' strikes which lasted for four full weeks.

During this period, there was virtually no positive communication between nurses and management. Since both the researcher and the nursing service managers who were to collect questionnaires, represented "management" to the nurses, relationships between them and the nurses were strained. This affected the return rate of questionnaires negatively.

However, despite all these drawbacks, the researcher managed to collect 325 forms back by 1994-03-23, which is a 67% response rate. This was considered to be a good response rate. According to Polit and Hungler (1991: 292) a response rate greater than 60% is probably sufficient for most purposes.

Table 3.3. below indicates the response to questionnaires according to the various hospitals included in the research project.

Table 3.3. RETURN OF QUESTIONNAIRES.

HOSPITAL	TOTAL NUMBER DISTRIBUTED	TOTAL NUMBER OF RETURNS	PERCENTAGE
ELIM	110	82	74,5
LETABA	72	49	68,1
MALAMULELE	59	40	67,8
NKHENSANI	94	55	58,5
SHILUVANA	32	22	68,7
TINTSWALO	113	77	68,1
TOTAL	**480**	**325**	**67,6**

3.10. Data analysis.

Each item and sub-item was given a code number. The computer analyst from the University of South Africa showed the researcher how to code the questionnaires. The researcher randomly picked out ten questionnaires and coded them to get a feeling of how this is done, and to note the distribution of the responses. The rest was left for the university officer to do.

3.11. Summary.

This chapter explained in detail the way in which this study was conducted in as far as methods and procedures are concerned. The next chapter (chapter 4) will give a detailed description of the data analysis.

CHAPTER 4.

DATA ANALYSIS AND DISCUSSION OF THE RESEARCH FINDINGS.

4.1. Introduction.

In this chapter the analysis of data is presented and discussed. As indicated in chapter 1, the purpose of this study was to determine how much the nursing auxiliary contributes towards the health care of patients. The objective was to examine the role of the nursing auxiliary against her prescribed SANC scope of practice.

Computer analysis of the data was done in order to obtain accurate findings on frequencies, percentages and chi-squares of the items listed in the questionnaire. The analysis was done item by item and the findings will be discussed according to the sub-divisions of the questionnaire.

4.2. Discussion of findings.

Section One (1): General Information.

In order to get a picture of the respondents who took part in this study, a number of questions were asked under the section: general information.

4.2.1 ITEM 1: RESPONDENT' S AGE IN YEARS

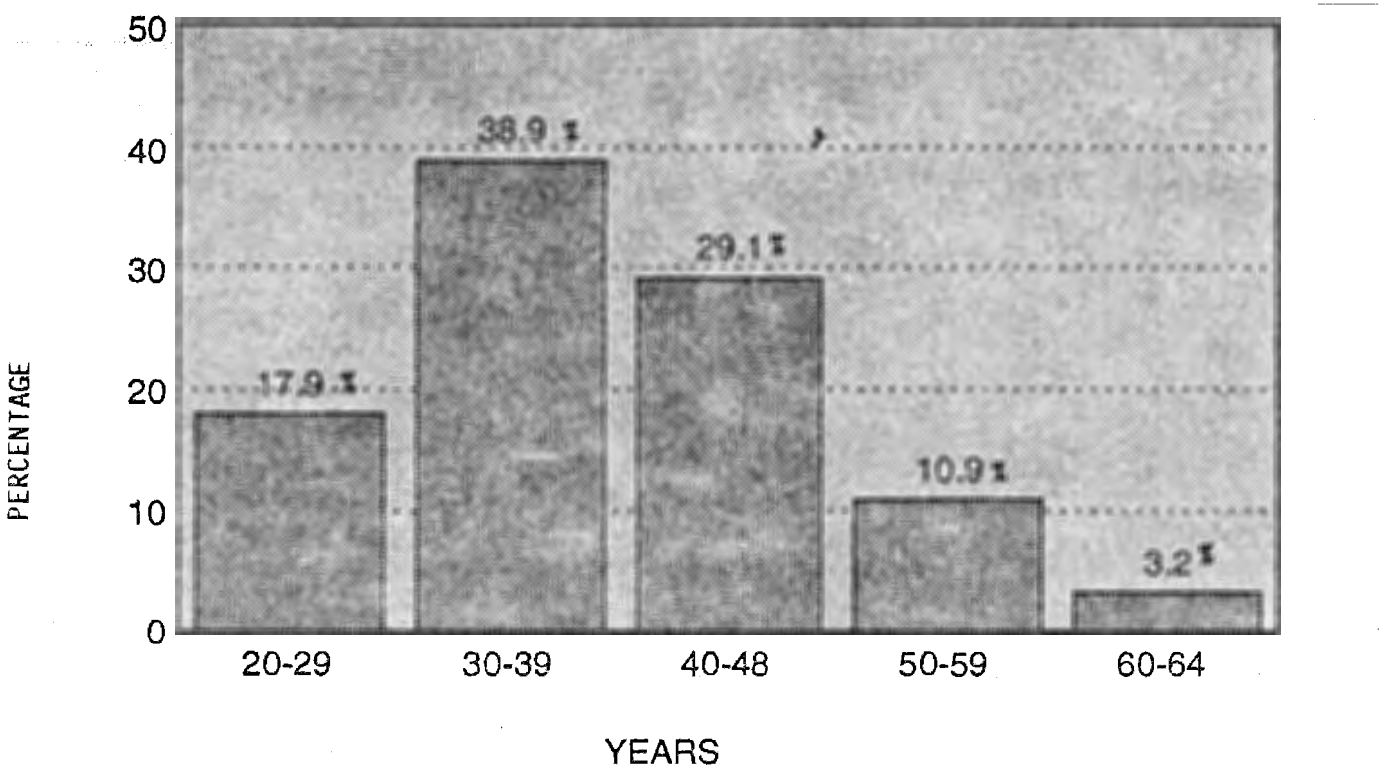

FIGURE 4.1 Bar diagram showing the age distribution of respondents. (n=313)

Figure 4.1. indicates that various age groups were represented in the study, with the majority of nursing auxiliaries in the younger age group, that is, 56,8% of the respondents falling between 20 - 39 years of age.

4.2.2 ITEM 2: PRESENT RANK OF NURSING AUXILIARIES

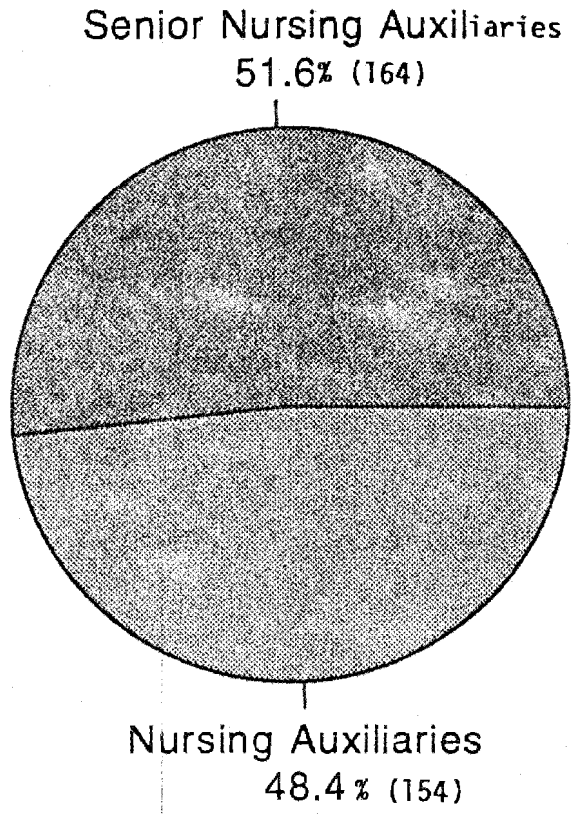

Figure 4.2: Pie diagram representing the present rank of respondents. (n-318)

From figure 4.2. it was apparent that the nursing auxiliaries who participated in this study were more or less equally divided between senior and junior nurses.

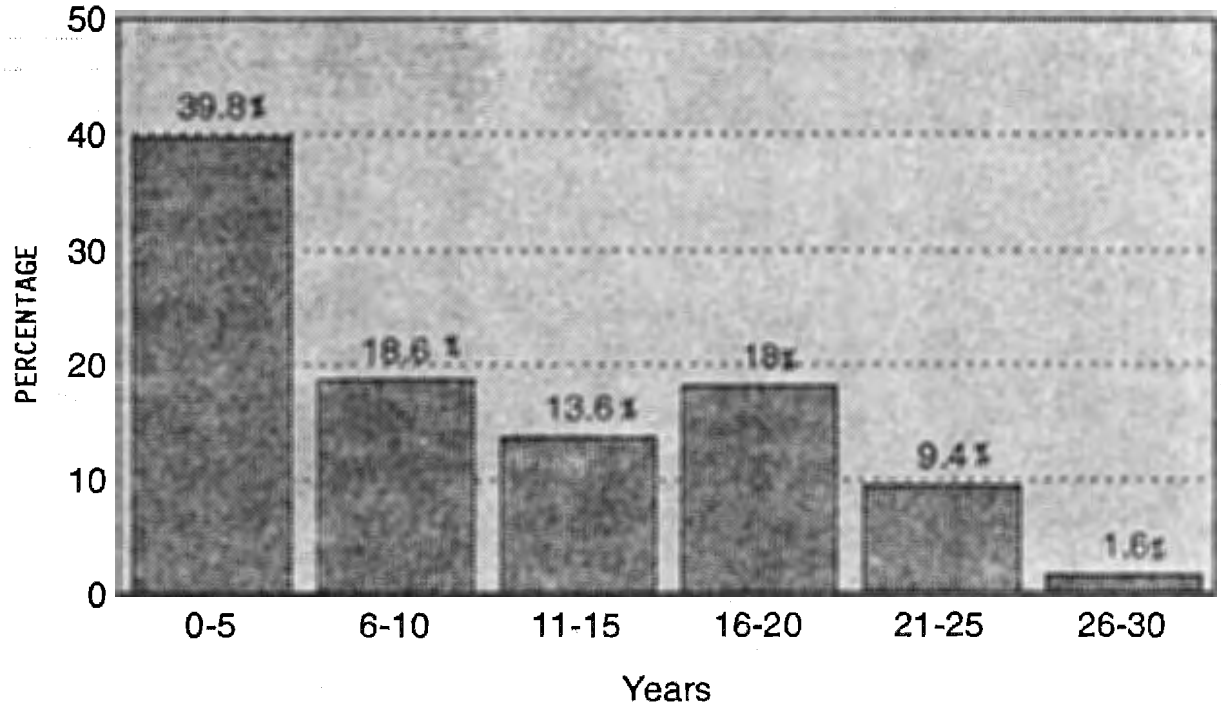

Figure 4.3 Bar diagram showing years of experience (n=322)

It can be seen from figure 4.3. that a fair number (that is 39,8%) of the nursing auxiliaries' years of experience ranged between 0 to 5 years. The years of experience of the remaining 60,2% of the respondents ranged between 6-30 years. It thus indicates that it was an experienced group of respondents who answered this questionnaire. It could thus be assumed that the information obtained from them would be relatively reliable.

4.2.4. Item 4.: Areas where nursing auxiliaries were working.

Responses to this item revealed that respondents were operating in a variety of departments or sections. For the sake of convenience the areas where they were working were grouped into three main groups:

Group 1.: comprised respondents in the operating theatre and CSSD.

Group 2.: were respondents from the community services and included the clinics, health centres, visiting points, care group motivators, mobile clinics and school health services.

Group 3.: represented the respondents from the hospital units/wards and included units/wards such as maternity, psychiatry, medical, surgical, paediatric, out-patients, casualty, tuberculosis, infectious diseases, rehabilitation, physiotherapy and administration.

4.2.4. ITEM 4: AREAS WHERE NURSING AUXILIARIES WERE WORKING

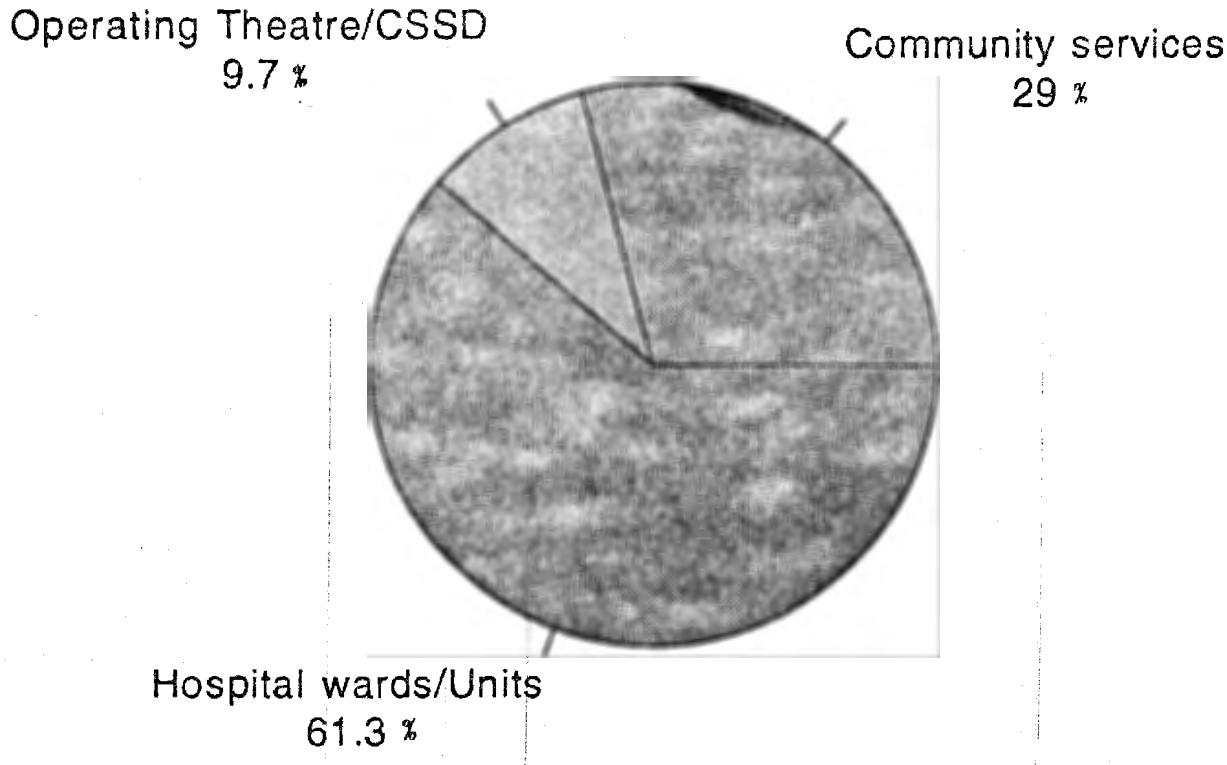

FIGURE 4.4 Bar diagram representing the work areas of respondents. (n=310)

From figure 4.4. it was evident that the majority of the respondents, that is group 1 and 3 which constituted 71% of the target population were working in hospital wards/sections, and only 29% came from the community services.

4.2.5. ITEM 5: ACADEMIC QUALIFICATIONS

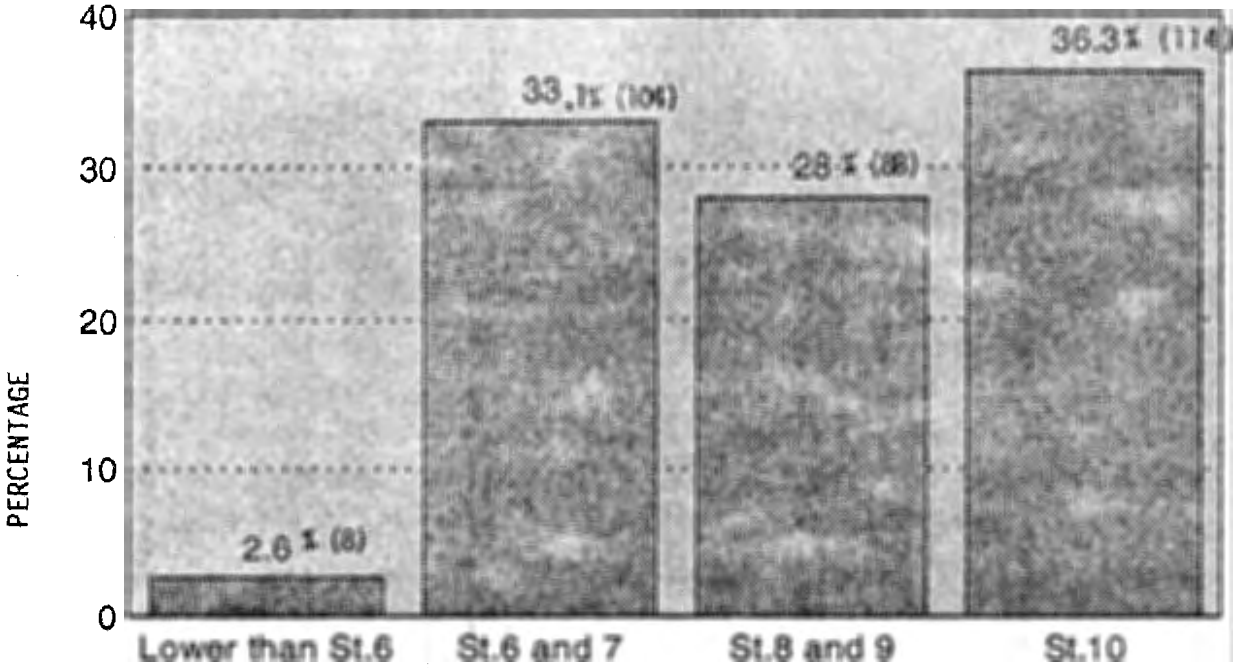

FIGURE 4.5 Bar diagram representing academic qualifications. (n=314)
KEY: St= Standard

Figure 4.5. provides evidence that the academic qualifications which are required for the training of nursing auxiliaries, were represented in the target group studied.

* It is shown that 2,6% of the respondents have a lower than standard 6 qualification. These respondents were probably those nursing auxiliaries who were awarded certificates by their various hospitals as it was felt that they were sufficiently competent, irrespective of their academic qualifications. This was done in 1972, when training for the nursing auxiliaries was to be commenced. When these findings are compared with those of item 1 (age of respondents), this group fits in with the group falling under the 60-64 age group.

* There were 33,1% of the respondents who passed standard 6 and 7. This higher percentage can be attributed to the fact that when the SANC initially trained nursing auxiliaries in 1972, the minimum academic qualification required was a standard 6 certificate.

* There were 28% of the respondents who passed standard 8 and 9. As the regulations for the training of nursing auxiliaries were amended, the minimum academic requirements for training became a standard 8 certificate (Regulation R.1571, 1989, paragraph 4). This regulation is still relevant today.

* It is also noted that 36,3% of the respondents (the highest percentage) obtained a standard 10 certificate. This figure gives much concern as this group of nursing auxiliaries possess the admission requirements for doing the 4 year comprehensive course, that is, diploma in nursing (General, Psychiatric and Community nursing and Midwifery) leading to registration (Regulation R.425, 1985, paragraph 4).

It could well be that this group could not make the admission grade stipulated by the various colleges for the diploma course, and that they preferred to be trained as enrolled nurses with a view of doing the bridging course for registration as professional nurses later.

4.2.6 ITEM 6: LENGTH OF TRAINING AS A NURSING AUXILIARY

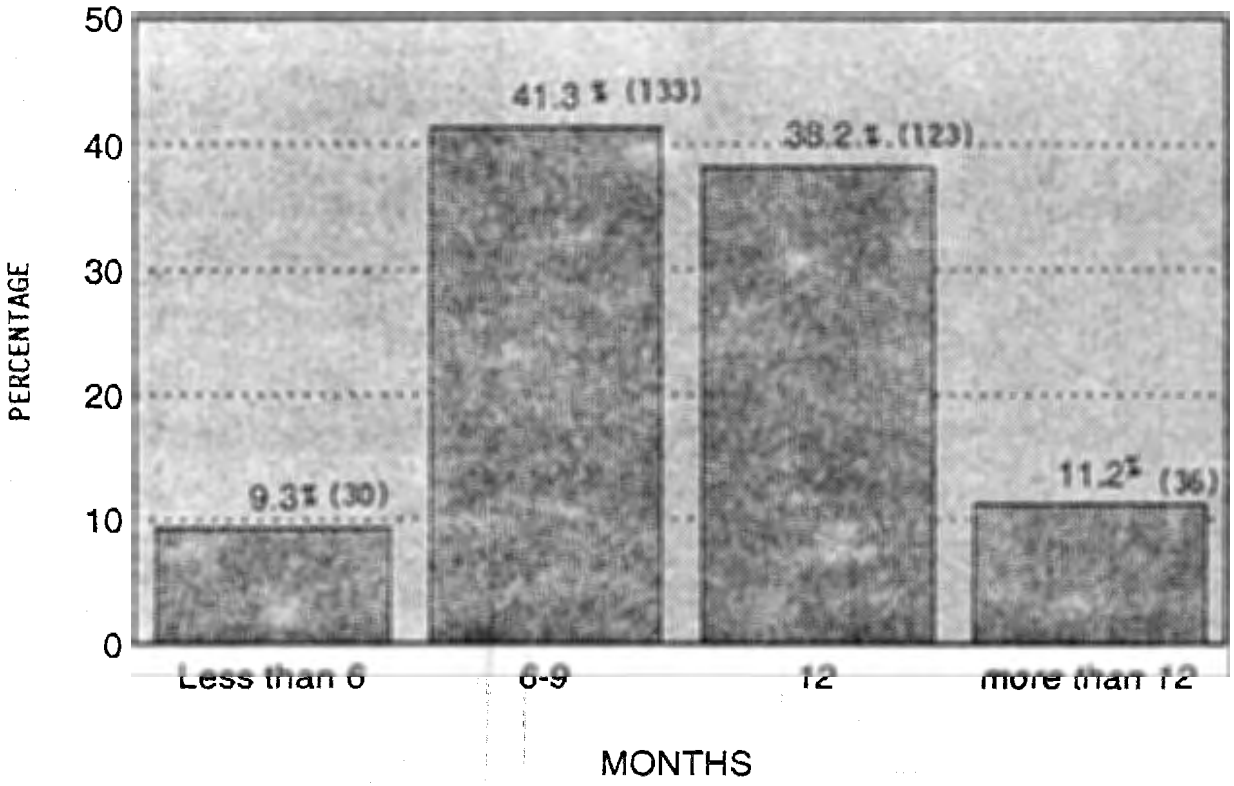

FIGURE 4.6 Bar diagram representing length of training. (n=322)

From figure 4.6. it can be seen that the respondents went through a variety of training periods, and it can be deducted that they went through different training syllabi.

* Figure 4.6. reflects that 9,4% (30) of the respondents' training lasted less than 6 months, with no formal part. They were certified competent and given certificates in 1972.

* It is seen that 41,3% (133) did a 6 to 9 months' training course. This is probably the first group which was trained under the South African Nursing Council guidelines R1834 of 20-10-1972: Directives on the course for enrolment as nursing assistant.

* There were 38,2% (123) of the respondents who did a one year training course and 11,2% (36) who did a training which lasted for more than 12 months. This group is trained under the latest South African Nursing Council regulation, R.1571 of 21-07-1989: Regulations relating to the minimum requirements for a course for a certificate leading to enrolment as a nursing assistant.

The students who did more than a year's training were probably demoted for failing tests and practicals, hence their training period became prolonged.

4.2.7 ITEM 7: AVAILABILITY OF THE SANC SCOPE OF PRACTICE REGULATION R.2598 OF 1984 AT PLACE OF WORK

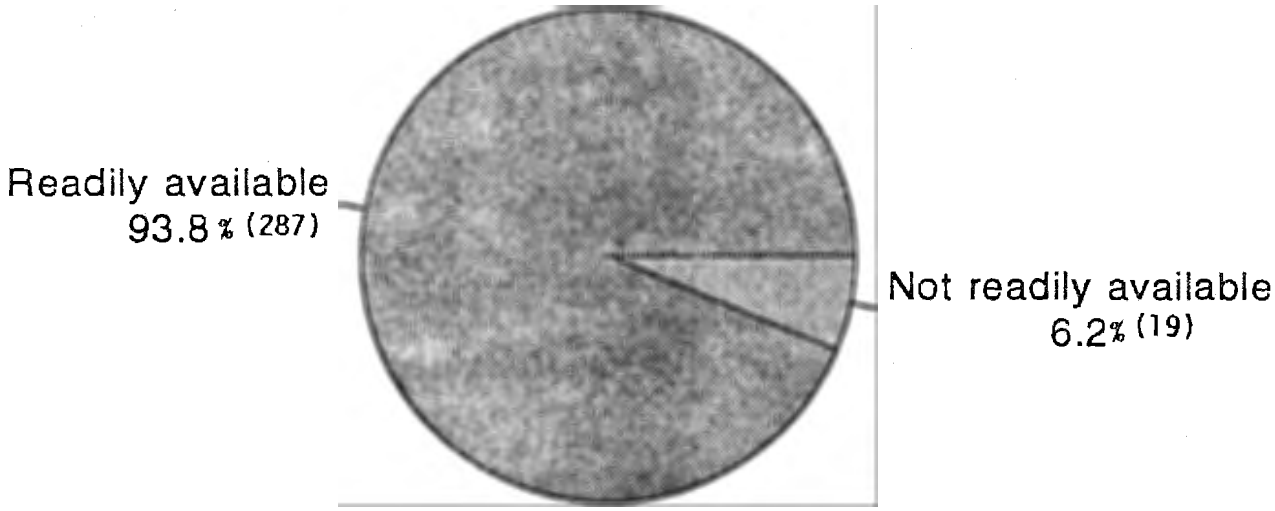

FIGURE 4.7 Pie diagram representing the availability of the SANC scope of practice regulation R2598. (n=306)

From figure 4.1. it is clearly indicated that the scope of practice regulation, that is, the South African Nursing Council Regulation R2598 of 30 November 1984 as amended - Regulations relating to the scope of practice of persons who are registered or enrolled under the Nursing Act, 1978 - was readily available in most of the respondents' working areas.

4.2.8 ITEM 8: ARE YOU SOMETIMES LEFT IN CHARGE OF A WARD OR A DEPARTMENT?

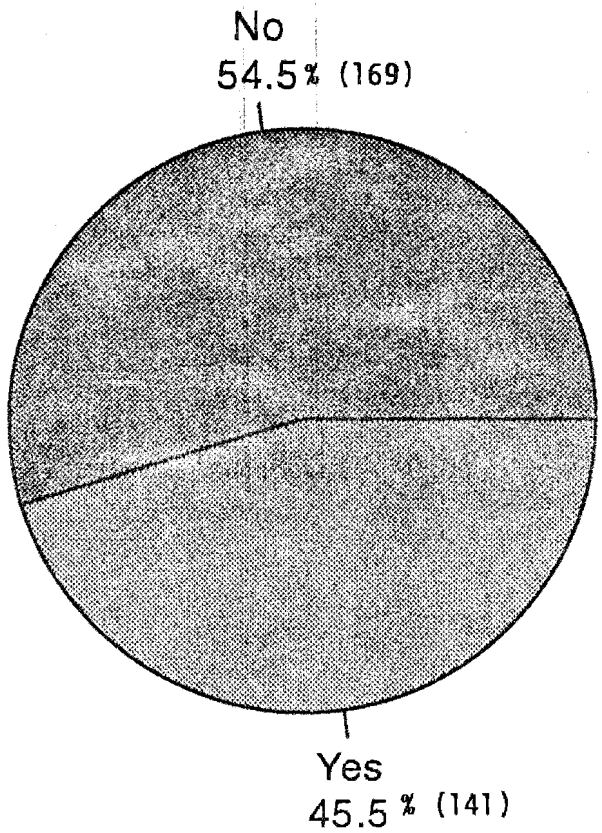

Figure 4.8 Pie diagram representing number of respondents who were left in charge of wards.(n=310)

From figure 4.8. it is seen that 45.5% of the respondents were left in charge of a ward or a department at some time or another. This was an alarming observation, especially when one recognises that they occupy the lowest rank in the nursing hierarchy.

4.2.9 ITEM 8.1: TYPES OF SERVICES WHERE NURSING AUXILIARIES WERE LEFT IN CHARGE

The type of services where the auxiliaries were left to take charge are portrayed in figure 4.9

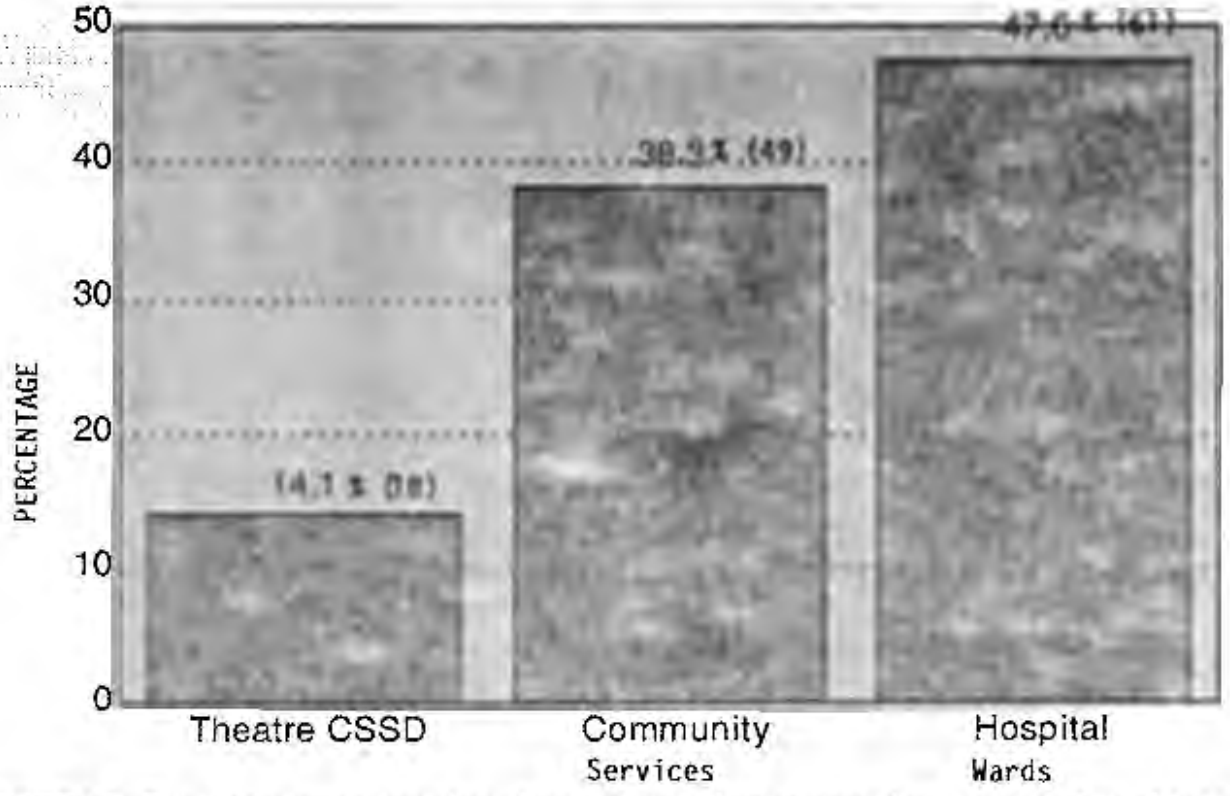

FIGURE4.9 Bar diagram representing departments where respondents were left in charge (n=128)

It was disturbing to find such a high percentage (47,6%) of the respondents being left in charge of wards/units in the hospital situation. It causes even more concern when one realises that the nursing auxiliaries are left in charge of wards which have seriously ill patients, for example the nursery (8,2%), the medical ward (14,8%), and the surgical ward (13,1%). The reason for this undesirable situation might probably be the shortage of senior nursing personnel in Gazankulu's hospitals. This shortage is caused by lack of funds for a sufficient number of nursing posts to curb the shortage.

* It was found that 38% of the respondents reported that they were left in charge of units in the community services at times. Presumably these respondents were nursing auxiliaries who are working as community health workers, as well as those who are working in the clinics when the other staff members are off-duty.

* The findings also revealed that 14,1% of the respondents remained in charge of the theatre and CSSD, of which 38,8% indicated remaining in charge of the theatre department.

4.2.10. **Item 8.2.: Shifts during which nursing auxiliaries were left in charge.**

It was indicated that 42,2% (54) of the respondents took charge during the day, whereas 57,8% (74) were left in charge during the night shift.

4.2.11 ITEM 8.3: LENGTH OF TIME BEING LEFT IN CHARGE

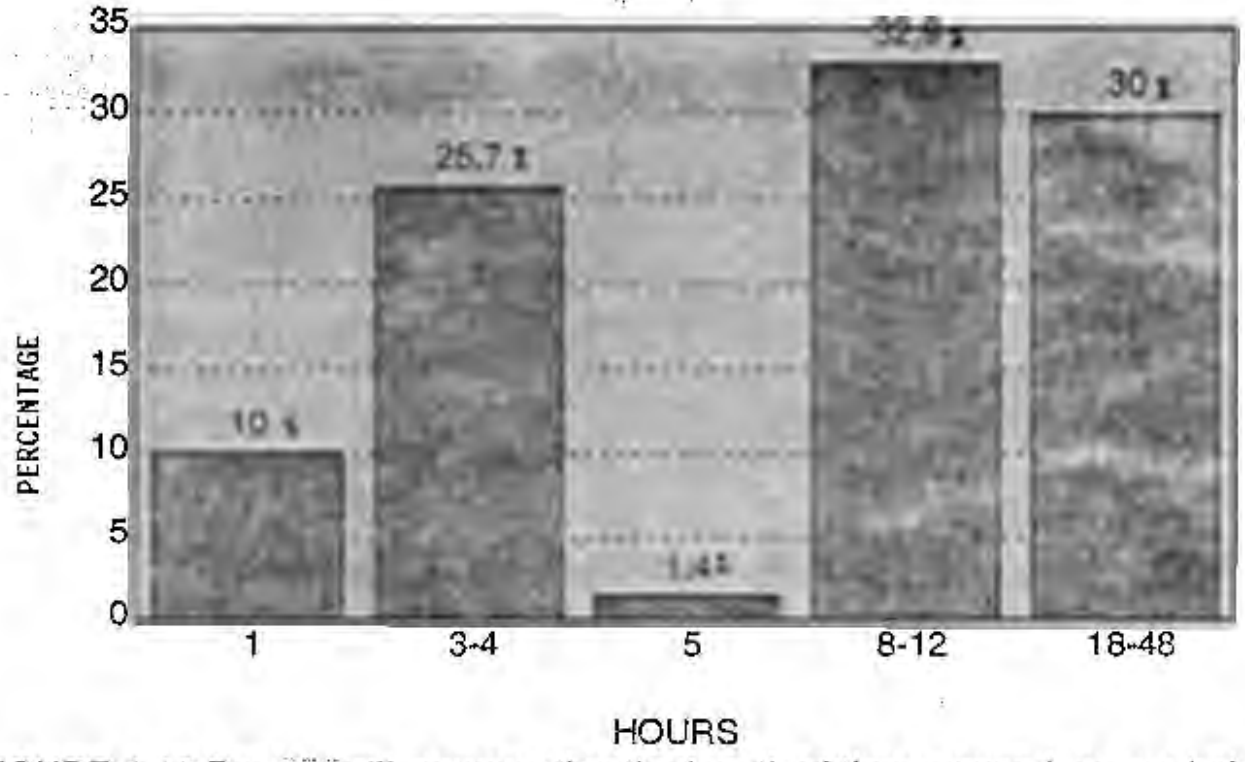

FIGURE 4.10 Bar Diagram representing the length of time respondens are being left in charge of wards/units. (n=70)

The following observations were made from figure 4.10.

* It was shown that 10% of the respondents are being left in charge for 1 hour periods, which is most likely during meal times.

* It was revealed tht 25,7% of the respondents are being left in charge of wards/units for 3-4 hours, which is most likely when the other staff members are off duty during the day, for example, between 13h00 and 16h00, or from 16h00 to 19h00.

* There were only 1,4% of the respondents who were left in charge for 5 hours, which is probably when the other senior categories of staff have taken a half-day off.

* It was distressing to find that 32,9% of the respondents were left in charge for 8-12 hours. This is a full day (8 hours) or a full night shift (12 hours).

* Equally distressing was the fact that 30% of the respondents were being left in charge for periods of 18 to 48 hours.

2.12 ITEM 9: STUDIES PRESENTLY BEING UNDERTAKEN BY RESPONDENTS

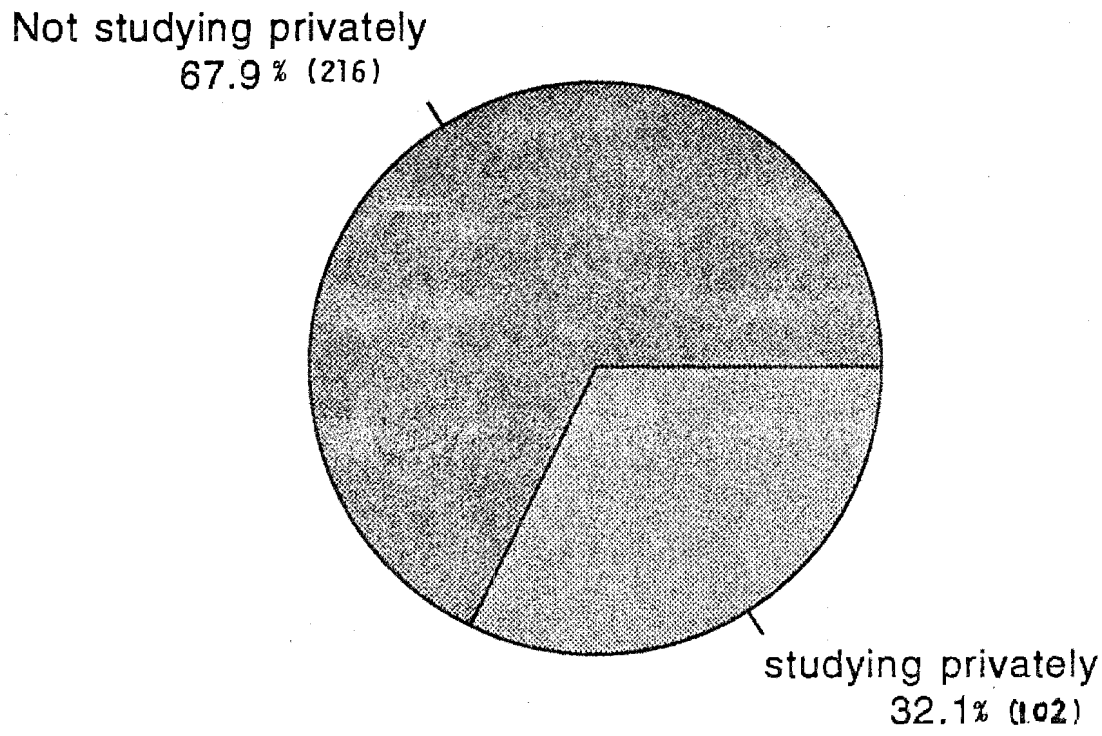

FIGURE 4.11 Pie diagram representing respondents' studies.

In figure 4.11. it is revealed that only 32,1% (102) of the respondents were undertaking some form of study to improve themselves. When these findings are compared with the respondents' age, it is evident that 43,6% of the respondents were 40 years or older. It is quite possible that they were satisfied with what they have achieved and may not be interested in furthering their careers.

- when these findings are compared with years of experience of nursing auxiliaries, it is seen that 42% of the respondents have been working as nursing auxiliaries for more than 10 years. This group might be so content with their practice and the present situation that they do not see any need for further studies.

- when these findings are compared with the present rank of respondents, it is clear that 51,6% of the respondents were senior nursing auxiliaries who might be satisfied with themselves and do not have a motivation to study further.

- when these findings are compared with respondents' academic qualifications, it is seen that 35,7% of the respondents have standard 7 and below as their highest academic qualification. It can thus be safely assumed that these are the nurses of the older generation who were certified before 1989.

4.2.13. **Item 10: Further studies.**

Of the 102 respondents who reported to be studying privately in figure 4.11, 84,3% (86) were studying for their standard 10 certificate, whereas only 15,7% (16) of the respondents were studying for their standard 8 certificate. It can thus be assumed that these 86 (84,3%) respondents were from the group of 88 respondents who indicated that they have passed standard 8 and 9 from school (figure 4.5.). It can thus be said that nursing auxiliaries in Gazankulu are willing to improve themselves both academically and professionally. Once they have a standard 10 certificate, avenues will be open for them to be trained as professional nurses.

Section two (2) of the questionnaire.

Analysis of this section of the questionnaire was done item by item. Respondents were requested to mark either always, sometimes, seldom or never as their response on each item.

However, for easier interpretation in analysing the results, the "always" and "sometimes" sections were combined to indicate activities that are usually being performed by nursing auxiliaries, and the "seldom" and "never" sections were combined to indicate activities which are usually not done by nursing auxiliaries.

In order to meet the purpose and objective of this study as indicated in point 4.1., the percentages for the tables which will follow in this section were those obtained by combining the 'always' and 'sometimes' responses. The 'seldom' and 'never' responses were disregarded as they indicate what nursing auxiliaries do not do, yet the study need to reveal what nursing auxiliaries perform and how often they perform the activities as their contribution towards the care of the patients.

The respondents were also grouped into being inexperienced (1) or experienced (2), and the two groups were compared with one another regarding the frequency of carrying out the various nursing activities. This was done to note whether there are some tasks/activities which were more frequently performed by one group than another and if so, whether there were marked differences between the two groups. The following guidelines were used to differentiate the experienced group from the inexperienced one:

- Inexperienced group = 0 - 5 years in the service.
- Experienced group = more than 5 years in the service.

According to figure 4.3., the inexperienced nursing auxiliaries comprised 39,8% of the sample, whilst the experienced ones comprised 60,2% (see Table 4.1).

Table 4.1. Experience of respondents (n - 322).

EXPERIENCE	RESPONSES	PERCENTAGE
Inexperienced (1)	128	39,8
Experienced (2)	194	60,2
	322	100

Following here under is the analysis of the findings using the frequencies expressed in percentages, the chi-square and the probability values for the comparison of the two groups. A significance level of $p = < 0,05$ was chosen for this study.

4.2.14. Item 1: Promotion and maintenance of health.

Table 4.2. Comparison of experienced to inexperienced nursing auxiliaries regarding the extent to which activities for promotion and maintenance of health are performed.

ITEM NO.	ITEM	Experienced %	Inexperie-nced %	Chi-square	p-value
1.1.	Give health education talks (n=323)	98,5	98,5	0.00	0.991

1.2.	Discuss patients' condition with them (n=309)	71,7	63,2	2.51	0.113
1.3.	Discuss patients' condition with relati-ves (n=313)	58,1	53,5	0.63	0.429
1.4.	Discuss patients' condition with other health team members (n=312)	70,7	70,9	0.00	0.966
1.5.	Do home visits to trace defaulters (n=315)	71,5	62,8	2.66	0.103
1.6.	Do home visits for follow-up purposes (n=311)	60,9	58,9	0.14	0.713

1.7.	Administer immunisa-tion drugs (n=311)	29,6	20,0	3.59	0.058

From Table 4.2. only item 1.7 (administering immunisation drugs) showed a marked difference between the two groups. It was indeed a low percentage from both groups which was found to 'administer immunisation drugs'.

The noteworthy higher percentage came from the experienced group. This is in keeping with the scope of practice of a nursing auxiliary which is limited to basic nursing care. The nursing auxiliaries who indicated that they administer immunisation drugs were probably those stationed in the community settings where there is a shortage of staff and where they sometimes remain in charge.

Some interesting findings regarding the other items were revealed.

Item 1.1.: Giving health education.

It was noted with interest that 98,5% of the respondents from both groups stated that they undertake health education talks. This may be attributed to the fact that it is common practice in the hospitals and community health services that formal and informal health education talks are given to clients on a daily basis.

Formal health education lectures are prepared and checked by the professional nurse before being given. Programmes for the health education talks to be given are found in both settings. According to Stevenson (1993: 327), the nursing auxiliary, as a member of the health care team, has a direct responsibility with respect to health education.

Item 1.2.: Discussing the patients' conditions with them.

The average of 68% of respondents engaging in discussing patients' condition with them, tallied with what Rautenbach (1981: 287) stated, in that the nursing auxiliary has constant contact with the patients and is frequently the one to whom they turn for both comfort and information. However, one might question how well-informed the nursing auxiliary is to give patients the relevant information.

Item 1.3.: Discussing patients' conditions with relatives.

More than 50% from both groups responded positively to this item. Many relatives approach the nursing auxiliary with questions, although it is general practice that relatives are referred to doctors and professional nurses for information and clarifications concerning the patients' conditions and progress.

Item 1.4.: Discussing patients' conditions with other health team members.

Respondents from both groups (an average of 70%) stated that they discuss patients' conditions with other health team members. It is doubtful whether the respondents understood this item well. Respondents could have interpreted this item as the reporting of findings from observations to the professional nurses.

Nursing auxiliaries are usually not involved in doctors' rounds, formal case studies and patient conferences. Their education and training do not prepare them for such advanced discussions of patients' conditions with other health team members. However, it must be noted that the timely response or reporting of any significant change in the patient's condition to another health team member who knows how to act on the information might have a real impact on the patient's well being or progress.

Item 1.5. and 1.6.: Doing home visits to trace defaulters and for follow-up purposes. It was interesting to note how many respondents (over 60%) were engaged in both these activities. It is really a sad reflection on the provision of health care in Gazankulu and the provision of the relevant information regarding the advantages of correct use of medicine, that so many nurses should be used for these activities, that is, doing home visits for tracing defaulters and to follow up their care, when these should not be necessary in the first place.

4.2.15. **Item 2. Provision of health and family planning information.**

Table 4.3. Comparison of experienced to inexperienced nursing auxiliaries regarding the extent to which activities for the provision of health and family planning information are performed.

ITEM NO.	ITEM	Experienced %	Inexperie-nced %	Chi-square	p-Value
2.1.	Explain the advantages of family planning (n=318)	91,1	91,4	0.01	0.913
2.2.	Explain different methods of family planning (n=317)	91,1	91,3	0.01	0.930

2.3.	Prescribe a family planning method to clients (n=315)	56,9	44,9	4.39	0.036

Item 2.3.: Prescribing a family planning method to clients.

As seen in Table 4.3., there was a significant difference between the experienced and the inexperienced group regarding the prescription of a family planning method. The significant difference is not unexpected, as this is a rather advanced nursing activity where experience would really play a role. It was dismaying to find the high percentages of both groups performing this function.

These findings contradicts Sorrentino (1987:12) who stated that nursing auxiliaries should never give medications, be it oral, rectal, intramuscular or intravenous. The level of training of the nursing auxiliaries does not include prescribing medicines for patients. This is indeed the duty of doctors and those professional nurses who have had specialised training in family planning methods.

Items 2.1. and 2.2.: Explaining the advantages of and the different methods of family planning.

The high percentage of positive responses to these items from both groups (91%) clearly indicated that both the nurses in the hospitals and in the community service perform this activity frequently. This may perhaps be attributed to the fact that overpopulation is the most pressing problem in the world today, and South Africa's population growth rate of 2,6% a year is amongst the highest in the world. Family planning was an integral part of the Population Development Programme which was aimed at social upliftment and prevention of overpopulation (Vlok 1991: 459-461). Much emphasis is thus placed on the giving of information regarding family planning.

4.2.16. **Item 3: Execution of a nursing care plan for a patient.**

The items under this heading were grouped into four main areas, that is, admission procedures, routine nursing procedures, advanced nursing procedures, recording and reporting, and discharge procedures.

4.2.16.1. **Admission procedures.**

Table 4.4. Comparison of experienced to inexperienced nursing auxiliaries regarding the extent to which activities for admission procedures are performed.

ITEM NO.	ITEM	Experienced %	Inexperie-nced %	Chi-square	p-Value
3.1.	Admit patients (n-312)	91,4	90,4	0.10	0.752
3.2.	Weigh patients (n=323)	95,8	98,5	1.81	0.179
3.3.	Do urine testing (n=321)	94,3	93,8	0.03	0.860
3.4.	Kit patients' clothes and valuables (n=315)	87,8	88,1	0.01	0.944

3.5.	Take patients' histories (n=313)	81,6	71,9	4.14	0.042
3.6.	Draw up nursing care plans (n=301)	58,5	50,4	1.95	0.163
3.7.	Measure patients' height (n=312)	84,9	84,9	0.00	0.995
3.8.	Collect specimens for investiga-tions e.g. urine, stools, sputum (n=319)	92,1	82,3	6.99	0.008

From Table 4.4., the following observations were made:

Item 3.6.: Draw up nursing care plans.

The responses indicated that a meaningful percentage of nursing auxiliaries from both groups, that is, 58,5% and 50,4% respectively 'draw up nursing care plans'. These findings cause concern when related to the scope of practice of nursing auxiliaries, which clearly states that their scope of practice shall entail the acts and procedures which are performed as part of the nursing regimen planned and initiated by a registered nurse or registered midwife, and carried out under his direct or indirect supervision (Regulation R. 2598, 1989, Chapter 6).

Item 3.5.: Take patients' histories.

A high percentage from both groups 'take patients' histories'. It is done significantly more frequently by the experienced group (81,6% versus 71,9%). Taking the histories of patients are advanced nursing activities where experience will definitely equip a nurse to perform it better than the inexperienced nurse.

This taking of patients' histories probably means the interpretation done for doctors during consultations and during ward rounds. It might also mean that the nursing auxiliaries fill in the assessment forms for the nursing process during the admission of a patient.

Item 3.8.: Collect specimens for investigations e.g. urine, stools, sputum.

There was also a significant difference found between the two groups on item 3.8. The experienced group collected specimens for investigations significantly more frequently than the inexperienced group. This may be attributed to the fact that the experienced nursing auxiliaries have had more exposure to this activity and are thus more proficient in performing this task.

The high response rate of more than 84% from the rest of the items are in keeping with the scope of practice of nursing auxiliaries. These items involve basic nursing care procedures. These activities are listed as the nursing auxiliary's basic functions by Mellish (1990:16); Mackinon (1985:13) and Stevenson (1987: 147, 150).

4.2.16.2. **Routine nursing procedures.**

The activities which were regarded as routine nursing procedures are depicted in Table 4.5.

Table 4.5.: Comparison of experienced to inexperienced nursing auxiliaries regarding the extent to which activities for routine nursing procedures are performed.

Table 4.5.

ITEM NO.	ITEM	Experienced %	Inexperie-nced %	Chi-square	p-Value
3.9.	Do simple wound dressings (n=319)	91,05	92,6	0.14	0.707
3.10.	Give oral medicines (n=319)	46,3	47,3	0.03	0.865
3.11.	Give intramuscu-lar injec-tions (n=312)	22,2	12,6	4.61	0.032
3.19.	Give inhalations (n=303)	46,3	30,4	3.9	0.047
3.25.	Do barrier nursing e.g. for Typhoid patients (n=310)	70,2	72,1	0.14	0.713

3.26.	Do terminal disinfection (n=303)	78,8	79,0	0.00	0.956
3.27.	Sterilise instruments e.g. by autoclaving (n=317)	72,5	66,4	1.34	0.246

From Table 4.5. the following comments need to be made:

* It is indicated that there was a significant difference between the two groups on item 3.11, that is the giving of intramuscular injections. Like the previous activities where significant differences were detected between experienced and inexperienced nursing auxiliaries, the administration of intramuscular injections requires a measure of nursing proficiency and the significant difference is thus as expected. The percentages are however relatively low, that is, 22,2% of the experienced and 12,6% of the inexperienced group.

This activity is outside the scope of practice of nursing auxiliaries and should ideally only be carried out by senior nursing personnel. Sorrentino (1987: 11-12) and Nuttelman (1991:8) list this activity under duties which may never be performed by nursing auxiliaries. According to Mellish (1990:92) nursing auxiliaries should be taught how to give a simple hypodermic injection, but not an intramuscular injection. Stevenson (1993: 201-204) indicates that nursing auxiliaries be taught how to administer intramuscular injections. One can only assume that it is nurses in the community setting who perform this function and that they are giving injections as there is nobody else to do it because of staff shortages.

* The responses to item 3.10, the administration of oral medicines, were noted with concern. This activity is performed by 46,3% of the experienced and 47,3% of the inexperienced group.

It could be a dangerous practice if some of the precautionary measures are not known to the auxiliaries and hence not applied, for example, noting the pulse rate before giving digitalis.

* Although the administration of inhalations (item 3.19) falls within the scope of practice of nursing auxiliaries, less than 50% from both groups stated that they performed this activity. This may be attributed to the fact that this is not an everyday procedure.

4.2.16.3. **Advanced nursing procedures.**

The procedures regarded as advanced nursing procedures are depicted in Table 4.6.

Table 4.6. Comparison of experienced to inexperienced nursing auxiliaries regarding the extent to which advanced nursing procedures are performed.

ITEM NO.	ITEM	Experienced %	Inexperie-nced %	Chi-square	p-Value
3.12.	Give intravenous injections (n=314)	17,2	7,8	5.77	0.016
3.13.	Take/draw blood specimens for tests (n=315)	20,3	13,3	2.61	0.106

3.14.	Putting up blood transfusions (n=314)	8,1	3,9	2.20	0.138
3.15.	Suture wounds/ lacerations (n=317)	11,2	6,9	2.98	0.226
3.16.	Apply skin plaster of paris (POP) (n=306)	12,6	4,0	6.57	0.010
3.17.	Apply skin traction (n=307)	14,3	3,2	10.33	0.001
3.18.	Change intercostal drainage bottles (n=307)	46,3	39,2	1.54	0.215
3.23.	Prescribe medicines for patients e.g. at a clinic (n=313)	17,8	10,9	2.82	0.093

3.24.	Assist the professional nurse in giving schedule 5-7 drugs (n=315)	51,3	38,3	5.21	0.022
3.28.	Nurse unconscious patients with e.g. head injury (n=319)	70,4	66,6	1.34	0.246
3.29.	Nurse unconscious patients with e.g. Diabetic coma (n=318)	72,9	63,1	3.44	0.064

The above mentioned advanced nursing procedures should be performed by senior nursing staff and doctors, and not by nursing auxiliaries. From Table 4.6., it was noted that there was a significant difference between the experienced and inexperienced nursing auxiliaries on items 3.12., 3.16, 3.17 and 3.24. In all these items, the experienced group performed the activities significantly more frequently than the inexperienced group.

Item 3.12: Giving intravenous injections.

It was noted with concern that a significant percentage of both groups (17,2% and 7,8% respectively) stated that they gave intravenous injections to patients. This is a complex function with severe medico-legal implications, which is not taught to nursing auxiliaries during their training. This function should actually be performed only by senior nursing personnel. This view is supported by Mackinon (1985:81) and Sorrentino (1987:12) who indicated that nursing auxiliaries may never administer intravenous drugs.

Items 3.16 and 3.17: Applying plaster of paris and skin traction.

These items denoted procedures which are normally done by doctors and professional nurses with specialised orthopaedic training. These items fall outside the scope of practice of nursing auxiliaries. It can only be hoped that the nursing auxiliaries who are performing these functions are those who have been placed in an orthopaedic clinical setting for a long time, and who now have acquired sufficient experience to perform these functions.

Item 3.24: Assisting the professional nurse in giving schedule 5-7 drugs.

A significant percentage of both groups (51,3% and 38,3% respectively) performed this activity. This may be acceptable on the grounds that they act as witnesses and sign as such in the drug register, but do not administer the drugs themselves. Mellish (1990:99) stated that nursing auxiliaries are taught the policies and legislation regarding the scheduled drugs, and it is emphasized that it is the duty of the professional nurse to control the administration of these drugs.

Items 3.28 and 3. 29: The nursing of unconscious patients.

It is acceptable that there is a relatively high response of between 63,1% to 72,9% on these items. These responses might be attributed to the fact that nursing auxiliaries take and record the vital signs of these patients and test urine specimens as part of their contribution to the nursing care of unconscious patients.

The percentages which were obtained for the advanced procedures mentioned in items 3.13, 3.14, 3.15, 3.18 and 3.23 are cause for concern, for example:

- an average of 17% of the respondents reported that they draw blood specimens for tests.
- an average of 6% of the respondents reported that they put up blood transfusions.
- an average of 9% of the respondents reported that they suture wounds or lacerations.
- an average of 43% of the respondents reported that they change intercostal drainage bottles, and
- an average of 14% of the respondents stated that they prescribe medicines for patients at clinics.

It could be that these nurse auxiliaries who reported that they are undertaking the advanced procedures mentioned in Table 4.6. have acquired the necessary skills through experience and through observation, but these practices undertaken by these nurses pose a real threat to the health authorities regarding the inherent medico-legal risks attached to each of them.

4.2.16.4. **Recording and reporting.**

The percentage concerning the recording and reporting functions of the nursing auxiliaries are shown in Table 4.7.

Table 4.7: Comparison of experienced to inexperienced nursing auxiliaries regarding the extent to which activities for recording and reporting are performed.

ITEM NO.	ITEM	Experienced %	Inexperie-nced %	Chi-square	p-Value
3.20.	Reporting observations made about patients' condition e.g. sudden deterioration (n=308)	85,8	84,8	0.06	0.809
3.21.	Recording on cardex changes observed in patients' condition (n=308)	75,7	59,8	8.79	0.003
3.22.	Writing of daily patients' reports (n=302)	69,6	52,9	8.69	0.003

From Table 4.7 it was apparent that there was a significant difference between the two groups of nursing auxiliaries on items 3.21 and 3.22 (recording on the cardex the observed changes in the patients' condition and the daily writing of reports about patients' progress).

A high percentage from both groups perform these activities. However, more of the experienced nursing auxiliaries perform these activities as compared to the inexperienced nursing auxiliaries. It should also be borne in mind that those who do not record on cardex and write reports themselves, do report their findings to the professional nurses who record them, hence their findings are recorded.

4.2.16.5. **Discharge procedures.**

In Table 4.8. the percentages regarding the discharge procedures performed, are shown.

Table 4.8: Comparison of experienced to inexperienced nursing auxiliaries regarding the extent to which activities for the discharge procedures are performed.

ITEM NO.	ITEM	Experienced %	Inexperie-nced %	Chi-square	p-Value
3.30.	Transfer of patients to other wards (n=321)	91,6	87,8	1.24	0.265
3.31.	Discharging of patients (n=318)	88,2	81,7	2.68	0.102

Both the above-mentioned activities are considered to be within the scope of practice of nursing auxiliaries and were carried out by between 81,7% to 91,6% of the respondents. It can be assumed that the few respondents who said that they did not perform these functions are those working in units or situations where these functions are not applicable, for example, visiting points, care groups and the central sterilising department.

4.2.17. **Item 4: Promotion and maintenance of the hygiene of a patient.**

The percentage obtained for activities relating to the maintenance and promotion of the patient's hygienic state is shown in Table 4.9.

Table 4.9. Comparison of experienced to inexperienced nursing auxiliaries regarding the extent to which activities for the promotion and maintenance of the patient's hygiene are performed.

ITEM NO.	ITEM	Experienced %	Inexperie-nced %	Chi-square	p-Value
4.1.	Do bedbaths (n=318)	91,4	90,1	0.17	0.677
4.2.	Do baby baths (n=321)	86,3	93,9	4.70	0.030
4.3.	Do mouth washes (n=319)	88,8	89,3	0.02	0.892
4.4.	Assist patients to dress (n=317)	93,1	92,3	0.08	0.778

4.5.	Shave male patients (n=315)	82,8	72,1	5.16	0.023
4.6.	Do damp dusting (n=319)	98,4	96,9	0.83	0.363
4.7.	Sluice soiled linen (n=319)	92,6	90,8	0.34	0.559
4.8.	Do vulval swabbings (n=316)	48,9	56,2	1.60	0.206

It is apparent from Table 4.9 that the nursing auxiliaries are the nurses who are mainly used in the nursing services for rendering basic nursing care, such as washing patients. These findings concur with Mellish's views (1990:15) who states that the main task of the nursing auxiliary is to help maintain the hygiene and comfort of the patient. Parsons (1982:15) concluded that nursing auxiliaries' essential role is to provide basic nursing care in a supportive capacity to the professional nurse. Sorrentino (1987:11) stated that the role of a nursing auxiliary is to perform simple and basic nursing functions under the supervision of the professional and enrolled nurse.

The high percentages on items 4.6.: dampdusting (98% on average) and 4.7: sluicing of soiled linen (90% on average), however show an unsatisfactory state of affairs, as these activities are not really nursing tasks and should be done by domestic personnel.

Item 4.8. (vulval swabbing) need to be commented about. Vulval swabbing involves aseptic technique. Mellish (1990: 92) has included this duty under the nursing skills and procedures which the nursing auxiliaries should practice under supervision until they are competent. Surprisingly, the findings revealed that the inexperienced group perform this function more frequently than the experienced group (56,2% versus 48,9%).

There were significant differences between the experienced and inexperienced nursing auxiliaries on items 4.2. (do baby baths) and 4.5. (shave male patients). Baby baths are done significantly more frequently by the inexperienced group, probably because it is regarded as junior work by the experienced group.

Shaving of male patients is done significantly more frequently by the experienced group (82,8%) as compared with 72,1% of the inexperienced group. This may be due to the rule that applies in some hospitals that males are not supposed to be shaved by female nursing auxiliaries (Stevenson 1987: 167) and the job might then be allocated more to seniors than to junior nursing auxiliaries.

4.2.18. **Promotion and maintenance of the physical comfort of a patient.**

The activities related to the patient's physical comfort are displayed in Table 4.10.

Table 4.10.: Comparison of experienced to inexperienced nursing auxiliaries regarding the extent to which activities for the promotion and maintenance of the physical comfort of a patient are performed.

ITEM NO.	ITEM	Experienced %	Inexperie-nced %	Chi-square	p-Value
5.1.	Putting patients in correct positions (n=321)	94,2	90,8	1.40	0.236
5.2.	Changing soiled linen (n=320)	95,8	93,8	0.66	0.418
5.3.	Making beds (n=320)	95,8	93,8	0.66	0.418

All the items listed in Table 4.10 are considered to be falling within the scope of practice of the nursing auxiliaries. It can clearly be seen that the majority of the respondents perform these functions as it is done by between 90,8% to 95,8% of the respondents. There are actually no real differences between the two groups, probably because these are the core functions of nursing. According to Mellish (1990: 15), helping to maintain the comfort of the patient is the main task of the nursing auxiliary.

4.2.19. **Item 6.: Prevention of physical deformity and other complications in a patient.**
Activities related to the above-mentioned aspects are depicted in Table 4.11.

Table 4.11.: Comparison of experienced to inexperienced nursing auxiliaries regarding the extent to which activities for the prevention of physical deformity and other complications in a patient are performed.

ITEM NO.	ITEM	Experienced %	Inexperie-nced %	Chi-square	p-Value
6.1.	Change position of bedridden patients (n-313)	93,0	88,9	1.56	0.212
6.2.	Help patients to do passive exercises (n=315)	88,2	89,1	0.05	0.821

6.3.	Treat back and pressure parts (n=318)	92,6	87,7	2.13	0.145
6.4.	Get the patient out of bed (n=316)	91,9	89,2	0.73	0.392
6.5.	Do antenatal exercises (n=317)	59,3	50,8	2.22	0.136
6.6.	Do postnatal exercises (n=317)	54,3	34,9	11.54	0.001

* From Table 4.11, it is clearly indicated that there was a significant difference between the experienced and the inexperienced nursing auxiliaries on item 6.6. (performing post-natal exercises). The experienced group seemed to be teaching the performance of postnatal exercises significantly more often than the inexperienced group. This response is not unexpected because of the specialized nature of this nursing activity. Only nurses allocated to clinics and maternity wards have the chance of doing postnatal exercises.

* Like the post-natal exercises, it is also only those nurses working in maternity wards and clinics who will be able to teach patients how to perform ante-natal exercises (item 6.5.), with the result that the lower percentages for this item would be expected.

* There was a high response rate from both groups on items 6.1. to 6.4. These items, namely, changing bedridden patients' positions, helping patients to do passive exercises, treating back and pressure areas and getting patients out of bed, are all functions which fall within the scope of practice of the nursing auxiliaries and the responses illustrated this fact. According to Mellish (1990: 88-89), helping the patients with these activities will often be expected from nursing auxiliaries.

4.2.20. **Item 7: Supervision over and maintenance of a supply of oxygen to a patient.**

The responses to the items relating to the provision of oxygen to patients are shown in Table 4.12.

Table 4.12.: Comparison of experienced to inexperienced nursing auxiliaries regarding the extent to which activities for the supervision over and maintenance of a supply of oxygen to a patient are performed.

ITEM NO.	ITEM	Experienced %	Inexperie-nced %	Chi-square	p-Value
7.1.	Administra-tion of oxygen (n=315)	54,8	48,0	1.39	0.239
7.2.	Monitoring of a patient on continuous oxygen (n=316)	61,9	56,7	0.86	0.354

7.3.	Suctioning of a patient (n=315)	58,7	40,5	10.08	0.001
7.4.	Do mouth-to-mouth respiration (n=319)	43,7	43,4	0.00	0.961

The following comments flow from the above:

* It was indicated in Table 4.12 that there was a significant difference between the two groups regarding the frequency with which 'suctioning of a patient' (item 7.3.) was performed. The greater number of responses (58,7%) came from the experienced group as could be expected. This function is usually the duty of professional and enrolled nurses.

* The other items, that is, administration of oxygen, monitoring of a patient on continuous oxygen and performing mouth-to-mouth respiration, are all life saving measures. In all these items, the higher frequency of responses came from the experienced group. These nursing tasks should in reality be done by professional and enrolled nurses and it is upsetting to find such high percentages here. Nursing auxiliaries are taught to perform these functions in emergencies but only as assistants to the more senior nursing personnel. The higher response rates on these items might be attributed to the fact that in small hospitals more use is made of the nursing auxiliaries, because of staff shortages and they seem to be left as the only available staff to perform these functions which are outside their scope of practice.

4.2.21. **Item 8: Taking of vital signs of a patient.**

The responses to items relating to the observation of patients' vital signs are depicted in Table 4.13.

Table 4.13.

Comparison of experienced to inexperienced nursing auxiliaries regarding the extent to which activities for the taking of the vital signs of a patient are performed.

ITEM NO.	ITEM	Experienced %	Inexperie-nced %	Chi-square	p-Value
8.1.	Take/record temperature (n=322)	94,2	94,7	0.03	0.873
8.2.	Take/record pulse (n=321)	96,3	97,8	0.49	0.480
8.3.	Take/record respiration (n=319)	96,8	99,9	0.01	0.945
8.4.	Take/record blood pressure (n=320)	96,3	97,8	0.51	0.475
8.5.	Report abnormal vital sign readings to seniors (n=322)	97,4	95,4	0.91	0.341

All the tasks listed in Table 4.13 are falling within the scope of practice of the nursing auxiliaries. This is confirmed by Mellish (1990: 86) when she states that "part of the routine observation is taking a patient's temperature, pulse and respiration rates, and recording them immediately and accurately. Any significant changes must be reported". This is also clearly stated in the SANC Regulation R.2598, 1984, Chapter 6 (h).

The findings revealed high percentages from both groups performing these functions with hardly any differences between them. Although these are the basic functions of the nursing auxiliaries, they are indeed important functions upon which nursing and medical diagnoses of patients are based.

The highest responses on all the items came from the inexperienced group. This might imply that the checking of vital signs is seen as a duty which could be delegated to the most junior group of the nursing profession.

The high percentages here might also imply that nursing auxiliaries are the only category of nurse who are left to check vital signs of patients, even for the very ill and critical patients. This interpretation might pose a problem, where the nursing auxiliaries may not understand clearly the significance of deviations from the normal and may not report these in time to the senior nursing personnel.

This could definitely be a dangerous practice. The delegation of most of the monitoring of patients' vital signs to the lower categories of nursing personnel, might account for the dissatisfactions doctors often express with nursing care, especially when real differences in vital sign readings occur between doctors and nurses.

4.2.22. **Item 9.: Maintenance of intake in a patient.**

The responses to items relating to the patients' intake are shown in Table 4.14.

Table 4.14.: Comparison of experienced to inexperienced nursing auxiliaries regarding the extent to which activities for the maintenance of intake in a patient are performed.

ITEM NO.	ITEM	Experienced %	Inexperie-nced %	Chi-square	p-Value
9.1.	Dishing out meals for unit patients (n=307)	89,6	82,3	3.46	0.063
9.2.	Feeding helpless patients (n=321)	90,1	88,5	0.21	0.649
9.3.	Insert naso-gastric tubes (n=311)	20,2	13,3	2.53	0.112
9.4.	Give naso-gastric feedings (n=311)	64,2	61,3	0.27	0.606
9.5.	Feeding babies (n=315)	84,9	87,6	0.45	0.505

9.6.	Preparing oral rehydration fluids (n=322)	87,4	93,1	2.74	0.098
9.7.	Putting up intravenous infusions (drips) (n=315)	19,1	23,0	0.73	0.394
9.8.	Change intravenous infusion bottles (drips) (n=316)	65,2	67,4	0.17	0.684
9.9.	Recording intake (n=319)	85,1	81,7	0.67	0.415
9.10.	Changing balfec charts (n=314)	74,2	71,9	0.21	0.648
9.11.	Ensuring sufficient drinking water/other fluids for patients (n=316)	89,4	86,7	0.52	0.473

From Table 4.14 the following is noted:

* It is clear that the majority of the respondents (more than 80%) perform the functions listed on item 9.1. (dishing out meals for unit patients), item 9.2. (feeding helpless patients), item 9.5. (feeding babies), item 9.6.(preparing oral rehydration fluids), item 9.9 (recording intake) and item 9.11 (ensuring sufficient drinking water/other fluids for patients).

There were no significant differences on any of these items. These findings are in keeping with what is expected from nursing auxiliaries because these functions fall within the scope of practice of nursing auxiliaries.

* It was seen that 20.2% of the experienced group and 13.3% of the inexperienced group insert naso-gastric tubes (item 9.3). This is outside their scope of practice. Nursing auxiliaries are taught how to give naso-gastric feedings (item 9.4) but not how to insert naso-gastric tube. (Stevenson 1993:66-69).

* It was found that 19.1% of the experienced group and 23% of the inexperienced group put up intravenous infusions (item 9.7). Surprisingly this complex function which involves giving an injection through the vein is done more often by the inexperienced group. According to Stevenson (1987: 122-124) nursing auxiliaries are taught how to give subcutaneous and intramuscular injections but never how to give intravenous injections.

* It is seen that 74.2% of the experienced group and 71.9% of the inexperienced group changed balfec charts (item 9.10). The higher responses came from the experienced group and it is expected of them to do this function more often than the inexperienced group as this is a relatively complex function. When these findings are compared with the findings on figure 4.5. (academic qualifications of respondents), one can assume that this complex task which involves calculations, may be difficult for the nursing auxiliaries who have left school with a standard 6,7 and lower academic qualification.

Also, some of the nursing auxiliaries may not be able to interpret the fluid-balance situation of the patients on the intake and output records, and may hence not report the adverse findings to the professional nurse.

4.2.23. **Item 10: Maintenance of elimination in a patient.**

Responses relating to activities regarding patients' elimination are shown in Table 4.15.

Table 4.15: Comparison of experienced to inexperienced nursing auxiliaries regarding the extent to which activities for the maintenance of elimination in a patient are performed.

ITEM NO.	ITEM	Experienced %	Inexperie-nced %	Chi-square	p-Value
10.1.	Give patients bedpans and urinals (n=321)	91,6	89,2	0.52	0.470
10.2.	Insert female bladder catheters (n=321)	17,3	13,1	1.04	0.308
10.3.	Do male catheteriza-tions (n=314)	13,9	9,5	1.41	0.235

10.4.	Empty colostomy bags (n=306)	63,7	51,9	4.21	0.040
10.5.	Empty urine collecting bags (n=316)	87,3	84,3	0.59	0.443
10.6.	Give enemas (n=310)	46,7	35,7	3.73	0.054
10.7.	Pass rectal tubes (n=306)	18,9	12,6	2.22	0.136
10.8.	Observe e.g. stools, vomitus, sputum (n=319)	86,8	81,4	1.75	0.185
10.9.	Report observations e.g. blood in stools, diarrhoea, vomiting (n=322)	93,2	90,8	0.66	0.418
10.10.	Record output (n=322)	91,1	84,7	3.09	0.078

It can be seen that there was a great variation of percentages on how much the above listed activities were being carried out.

* There was a significant difference between the two groups on item 10.4. - 'empty colostomy bags'. This function was performed to a significantly greater extent by the experienced group. This is a simple, non-complicated procedure which the patient him/herself can also perform when taught to do so. It is also taught to nursing auxiliaries during their training (Mellish 1990: 92). The significantly higher response from the experienced group may be attributed to the fact that patients with colostomies are not so very common in the hospitals under study. As such the inexperienced group may not have nursed many of the patients with colostomy bags.

* More than 80% of the respondents from both the experienced and the inexperienced groups reported that they give bedpans and urinals to patients, empty urine collecting bags; observe stools, vomitus and sputum; report observations and record output (items 10.1, 10.4, 10.5, 10.8, 10.9 and 10.10). The responses are quite satisfactory as these are the functions within the scope of practice of nursing auxiliaries.

* A significant percentage from both groups reported that they ' insert female bladder catheters' (item 10.2) and 'do male catheterizations' (item 10.3). It is not expected from nursing auxiliaries to perform catheterizations as they were not trained for performing these tasks. This is a complex procedure which is done by doctors and professional nurses, and the performance of this task by nursing auxiliaries can be regarded as a medico-legal hazard.

Mellish (1990:92) states that nursing auxiliaries should take care of indwelling catheters when changing drainage bags. Sorrentino (1987:12) listed the insertion of bladder tubes (catheters) amongst the functions which may never be performed by nursing auxiliaries.

4.2.24. **Item 11.: Promotion of communication with a patient during his care.**

In Table 4.16 the two responses to the items relating to the explanations of procedures to patients are outlined.

Table 4.16: Comparison of experienced to inexperienced nursing auxiliaries regarding the extent to which activities for the promotion of communication with a patient during his care are performed.

ITEM NO.	ITEM	Experinced %	Inexperie-nced %	Chi-square	p-Value
11.1.	Explain the hospital routine to patients (n=319)	76,9	81,3	0.84	0.360
11.2.	Explain nursing procedures to patients (n=317)	77,8	81,3	0.56	0.455

It is evident that between 76% and 81% of the respondents communicate with patients during their care. What is surprising is that the lower percentages came from the experienced nursing auxiliaries in both items. This may imply that the more experienced the nurse auxiliaries become, the less they associate themselves with patients.

'Communication is an important part of nursing, and an aspect of which the enrolled auxiliary nurse should be well aware' (Mellish 1990: 91). The basic communication which is referred to here would help to build rapport with the patient, lessen anxiety in patients and get the patient to gain confidence in the staff. It would also help the patient to verbalise his/her feelings and needs and this might help in getting more insight into the patients' illness.

4.2.25. **Item 12: Preparation of individuals and groups for the execution of diagnostic procedures and therapeutic acts by a registered person.**

The responses to items relating to the above-mentioned activities are shown in Table 4.17.

Table 4.17: Comparison of experienced to inexperienced nursing auxiliaries regarding the extent to which activities for the preparation of individuals and groups for the execution of diagnostic procedures and therapeutic acts by a registered person are performed.

ITEM NO.	ITEM	Experienced %	Inexperie-nced %	Chi-Square	p-Value
12.1.	Prepare patients for X-rays (n=315)	87,7	84,4	0.071	0.398

12.2.	Prepare patients for diagnostic tests e.g. (a) Barium meal (n=319)	55,3	40,3	6.87	0.009
	(b) Barium enema (n=312)	48,7	38,4	3.19	0.074
	(c) Intravenous Pyelogram (n=307)	23,6	25,6	0.16	0.693
	(d) Ultra sound (n=313)	40,1	37,3	0.25	0.618

Item 12.1.: Preparation of patients for X-rays.

It is also evident that more than 80% of the respondents from both groups prepared patients for X-ray examinations. It is of course expected of nursing auxiliaries to perform this function which fall within their scope of practice.

Item 12.2. (a): Preparation of patients for a barium meal.

A significant difference was noted between the two groups regarding this item. The experienced group did it significantly more frequently than the inexperienced group. This procedure involves special preparation which the inexperienced group may not be knowledgeable about, hence the lower responses which came from them.

However, only between 23,6% and 55,3% of the respondents prepared patients for barium enema, intravenous pyelograms and investigations by ultra sound. The lower percentages might perhaps be due to lack of knowledge on how the preparations for these diagnostic tests are to be done.

4.2.26. **Item 13.: Preparation for, and assistance during surgical procedures under anaesthetic.**

The responses relating to items for the above-mentioned are portrayed in Table 4.18.

Table 4.18: Comparison of experinced to inexperienced nursing auxiliaries regarding the extent to which activities for the preparation for, and assistance during surgical procedures under anaesthetic are performed.

ITEM NO.	ITEM	Experienced %	Inexperie-nced %	Chi-square	P-Value
13.1.	Explain the operation to patients (n=311)	75,1	69,8	1.07	0.302
13.2.	Overseeing the signing of a consent form for operation (n=314)	70,1	65,4	0.78	0.376

13.3.	Prepare patients for operation (n=317)	77,1	74,4	0.31	0.58
13.4.	Scrub for operations (n=316)	33,9	38,5	0.70	0.402
13.5.	Transport patients to theatre for operation (n=319)	86,8	86,2	0.03	0.874
13.6.	Receive patients back from theatre (n=321)	84,7	80,2	1.15	0.284

Regarding the responses obtained for the items which ralates to surgical procedures the following comments need to be made:

- It was surprising to find such a high percentage of nursing auxiliaries who 'explain the operation to patients' and 'oversee the signing of a consent form for operation' - items 13.1 and 13.2. These are both the duties of a doctor with the assistance of a professional nurse. It would be potentially dangerous if nursing auxiliaries could be left to do such complex and serious procedures. A probable explanation for the high percentages could be that respondents misinterpreted the questions and meant giving moral support to patients by explaining in their own words what is going to happen to them.

- Item 13.4 revealed a significant percentage of nursing auxiliaries who 'scrub for operations'. Although it could not be determined whether these were minor or major operations, this role is outside the scope of practice of nursing auxiliaries. Even where there is a serious shortage of staff, scrubbing for operations is never delegated to nursing auxiliaries. The 'scrubbing' might perhaps have been misinterpreted to mean scrubbing to assit the professional nurse in her duties as a scrub nurse.

- It was unexpected to find such a high percentage of nursing auxiliaries from both groups ' transporting patients to theatre for operation'.

This is a non-nursing duty which is supposed to be done by porters, accompanied by a senior catetory of nurse who is to give report to the theatre staff.

- It is also not within the scope of practice of nursing auxiliaries to find such an overwhelming majority of respondents 'receiving patients back from theatre'. Such patients should rightfully be received by more senior nursing personnel who will take the report from theatre staff, do the first observations and vital checkings on the patient and record these in the patient's charts.

According to Mellish (1990:81), if the nursing auxiliaries are required to assist with the care of patients who have had operations, they will follow the nursing care plan worked out by the professional nurse.

4.2.27. **Item 14.: Care of a dying patient and a recently deceased patient.**

Table 4.19: Comparison of experienced to inexperienced nursing auxiliaries regarding the extent to which activities for the care of a dying patient and a recently deceased patient are performed.

ITEM NO.	ITEM	Experienced %	Inexperie-nced %	Chi-square	p-Value
14.1.	Remain with a dying patient (n=305)	72,8	66,4	1.43	0.231
14.2.	Break the death message to relatives (n=318)	25,9	21,7	1.48	0.478
14.3.	Laying out of the dead (n=319)	88,4	87,6	0.05	0.824
14.4.	Wheeling the corpse to the mortuary (n=319)	77,8	76,2	0.12	0.734

14.5.	Identifying a corpse for removal from the mortuary (n=321)	85,9	85,4	0.01	0.904
14.6.	Issue out corpses to relatives (n=318)	74,1	72,1	0.15	0.695

Table 4.19 comprised a diversity of funtions, some of which are within the scope of practice of nursing auxiliaries, some outside the scope of nursing auxiliaries, and some which are messenger services.

* Laying out of the dead (item 14.3) and identifying a corpse for removal from the mortuary (item 14.5) are tasks within the scope of practice of nursing auxiliaries and were portrayed as such by the response rates. Laying out of the dead is listed by both Mellish (1990:96) and Stevenson (1987:57) as procedures to be done by nursing auxiliaries.

* Remaining with a dying patient (item 14.1) and breaking the death message to relatives are outside the scope of practice of nursing auxiliaries. From the percentages (73% and 66%) which were obtained for item 14.1, it would appear that nursing auxiliaries are often left at the side of the dying patients to support the patients during their last moments.

* There might be a few nursing auxiliaries (26% and 22%) who have acquired the necessary communication skills and they are probably the ones who are able to break the death message to relatives with compassion and affection (item 14.2). However, from figure 4.8, it was realised that 45,5% of the respondents reported that they are sometimes left in charge of wards.

It might be these nurses who are unwillingly put in the position of having to perform these functions, that the percentages are from.

* Items 14.4 and 14.6: Wheeling corpses to the mortuary and issuing out corpses to relatives.

It was surprising to find such high percentages (77% and 73% respectively) of the responses to these items. Both these items are considered to be non-nursing duties. Porters should wheel corpses to the mortuary, with the nurse accompanying them to ensure that the corpse reaches the mortuary safely and is registered in the death book. This is supported by Stevenson (1993:160). Perhaps the respondents interpreted the question to mean accompanying the porters to the mortuary. Mortuary attendants should issue out corpses to the relatives. The role of the nurse here is only to identify the corpse for removal from the mortuary.

4.2.28. **Item 15.: Routine ward administration.**

The responses to the items relating to routine ward administration are shown in Table 4.20.

Table 4.20.: Comparison of experienced to inexperinced nursing auxiliaries regarding the extent to which activities for routine ward administration were performed.

ITEM NO.	ITEM	Experienced %	Inexperie-nced %	Chi-square	p-Value
15.1.	Count dirty linen to the laundry (n=319)	92,6	86,3	3.39	0.066

15.2.	Receive clean linen from the laundry (n=320)	92,1	85,4	3.67	0.055
15.3.	Daily ordering of meals for patients in the unit/ward (n=314)	53,8	47,7	1.93	0.381
15.4.	Do inventory (n=301)	82,0	63,4	14.66	0.001
15.5.	Collecting drugs from pharmacy (except schedule 5-7 drugs (n=317)	31,9	34,1	0.17	0.683
15.6.	Taking specimens to the laboratory (n=317)	89,8	92,3	0.01	0.924

15.7.	Collecting supplies from stores e.g. stationery (n=321)	90,5	90,8	0.01	0.924
15.8.	Taking patients to different treatment, areas, e.g. x-ray, theatre physiothera-py, occupa-tional therapy (n=317)	91,9	86,3	2.66	0.103

The items listed in Table 4.20 are non-nursing duties which can safely and effectively be performed by general assistants and ward clerks, leaving the nursing auxiliaries with more time to render patient care. Ward clerks can order meals for patients and do inventory as appears on items 15.3 and 15.4. The rest of the listed functions can be performed by general assistants. Surprisingly there were high percentages of responses on many of these items.

There was a significant difference between the two groups of nursing auxiliaries on item 15.4 which entails doing inventory.

The experienced group reported to be doing inventory significantly more often than the inexperienced group.

This is a duty which can be done by ward clerks as it involves no special nursing skills, but from the responses (73% on the average), it is evident that the experienced nursing auxiliaries are often performing this task.

4.2.29. **Item 16.: List duties which you perform which you think should be done by general assistants.**

The respondents were asked to list all the duties which they perform, but which, according to their view, should actually be done by general assistants. A list of no less than 76 duties was compiled from the responses of 277 respondents. The numerous tasks/duties were grouped together under appropriate headings which are shown in Tables 4.21. - 4.27.

4.2.29.1. **Maintenance of the environmental hygiene.**

The duties regarding the maintenance of environmental hygiene, which the nurse auxiliaries wanted to transfer to general assistants are shown in Table 4.21.

Table 4.21.: Duties related to environmental hygiene which nurse auxiliaries perform (n=277).

DUTIES	PERCENTAGES
* Cleaning/scrubbing/sweeping wards and floors.	37,9
* Damp dusting.	29,9
* Cleaning of the sluice room.	18,1
* Cleaning of toilets.	10,1
* Emptying dust/pedal bins.	9,3
* Washing/cleaning windows.	7,2
* Cleaning of surroundings.	5,8
* Cleaning of bedpans and urinals.	4,7

* Cleaning of the linen room.	2,2
* Cleaning of the kitchen.	1,8
* Washing of cupboards.	1,8
* Washing of lockers.	1,8
* Cleaning of the nurses' home.	1,4
* Cleaning of the kitroom.	0,72
* Washing of chairs.	0,36
* Cleaning of the refridgerator.	0,36
* Washing of bandages.	0,36

The items listed in Table 4.21 are all purely domestic. It was however, noted with concern that nursing auxiliaries are still expected to perform these activities in some of the hospitals. It was surprising to note that a significant number of nursing auxiliaries still clean, scrub and sweep wards and floors. Most of the respondents on the items pertaining to emptying dust/pedal bins, cleaning of surroundings and cleaning of the nurses' home are from the clinics. Shortage of staff in clinics might have led to this undesirable situation, where a nursing auxiliary and a general assistant usually relieve each other.

4.2.29.2. **Linen services.**

The duties regarding the linen services which the nurse auxiliaries would like to hand over to general assistants are shown in Table 4.22.

Table 4.22. Duties related to linen performed by nursing auxiliaries (n=277).

DUTIES	PERCENTAGES
* Sluicing of soiled linen	42,2
* Counting soiled linen to the laundry.	36,8
* Receiving clean linen from the laundry.	11,6
* Packing linen in the linen room.	4,7
* Washing and ironing linen.	3,9

It is indicated that nursing auxiliaries are aware of non-nursing duties from which they can be relieved. These duties can be done by general assistants or ward clerks. Counting linen to and from the laundry might prove to be difficult for some of the general assistants who are illiterate and this can be done with the help of ward clerks. The responses on the activity of washing and ironing linen were obtained from the clinics.

4.2.29.3. **Catering services.**

The catering service duties which the nurse auxiliaries would like to be relieved from, are shown in Table 4.23.

Table 4.23. Duties related to catering services performed by nursing auxiliaries (n=277).

DUTIES	PERCENTAGES
* Collecting feeds from the kitchen.	31,0
* Washing of dishes.	22,0
** Serving of meals.	19,1
** Preparation of feeds.	5,8

* Cooking for nurses and patients.	3,6
** Feeding patients.	3,2
* Preparing tea for doctors and nurses in the operating theatre.	1,8
** Doing cooking demonstrations.	0,36
** Giving fluids to patients.	0,36
** Making oral rehydration solution.	0,36
* Ordering of meals.	0,36

(Note well: Items marked with double asterisks are nursing duties).

From Table 4.23, the items on collecting feeds from the kitchen, washing of dishes, cooking for nurses and patients and preparing tea for doctors and nurses in the operating theatre are purely domestic duties and nursing auxiliaries should be relieved of such duties. It was however, noted that a significant number of respondents perform these functions which are outside the scope of practice of nursing auxiliaries. The most striking items were those marked with an asterisk.

It was noted with concern that some of the subjects wish to relinguish duties which are within their scope of practice to general assistants. These items involve some basic knowledge in nutrition, recording and reporting the amount taken in and some calculations in for example, preparing milk formulas.

4.2.29.4. <u>Messenger services.</u>

The messenger service duties which the nurse auxiliaries wanted to be relieved from, are shown in Table 4.24.

Table 4.24. Duties related to messenger services performed by nursing auxiliaries (n=277).

DUTIES	PERCENTAGES
* Collecting supplies from stores, pharmacy and stationery.	11,6
* Wheeling patients to theatre, x-ray, physio-therapy, occupational therapy.	6,1
* Wheeling corpses to the mortuary.	5,8
* Taking specimens to the laboratory.	3,2
* Sending books to the matrons' office.	1,4
* Sending diet slip to the kitchen.	0,72
* Collecting results from the laboratory.	0,72

All the activities listed on Table 4.24 are purely messenger services which can safely and effectively be done by porters and general assistants. No scientific knowledge is required to carry out these activities. If nursing auxiliaries can be relieved from performing these duties, they will be left with more time to render patient care.

4.2.29.5. **Execution of a nursing care plan.**

The duties related to the execution of the nursing care plan, which the nursing auxiliaries wanted to have delegated to general assistants are depicted in Table 4.25.

Table 4.25.: Duties related to the execution of a nursing care plan which nurse auxiliaries perform (n=277).

DUTIES	PERCENTAGES
* Checking of vital signs.	6,9
* Making beds.	6,5
* Doing bedbaths.	5,4
* Preparing packs.	1,8

* Bathing of babies.	1,8
* Doing wound dressings.	1,4
* Weighing of patients.	1,4
* Giving bedpans to patients.	1,4
* Autoclaving instruments.	1,4
* Cut patients' nails.	1,1
* Do urine testing.	1,1
* Weighing of babies.	0,72
* Taking of malaria smears.	0,72
* Changing patients' positions.	0,72
* Terminal disinfection.	0,72
* Admitting and discharging patients.	0,72
* Doing mouth washes.	0,72
* Collection of specimens.	0,36
* Cutting patients' hair.	0,36
* Kitting patients' clothes.	0,36

On examining the items, it can be seen that all the activities are elementary, basic nursing care functions which fall within the scope of practice of nursing auxiliaries. It was however a small group of respondents (6,9% to 0,36%) who listed these items. They might not have understood the question properly or may not understand their scope of practice fully.

4.2.29.6. Mortuary services.

The mortuary service duties which the nurse auxiliaries would like to be relieved from are shown in Table 4.26.

Table 4.26.: Duties related to the mortuary services performed by nursing auxiliaries (n=277).

DUTIES	PERCENTAGES
* Issuing out corpses to relatives.	1,1
* Cleaning of the mortuary.	0,36

Table 4.26 displayed items which are purely for mortuary attendants and mortuary assistants (general assistants). These functions are completely outside the scope of practice of nurses. If there are truly nursing auxiliaries who go to the extent of cleaning the mortuary, this is completely unacceptable.

4.2.29.7. **Other non-specified activities.**

The non-specified activities which nurse auxiliaries perform, but which they would like other categories of health workers, for example, general assistants, to perform, are shown in Table 4. 27.

Table 4.27: Duties related to other non-specified activities performed by nursing auxiliaries (n=277).

DUTIES	PERCENTAGES
* Burning things in the incinerator.	7,2
* Doing daily inventory of e.g. thermometers.	3,9
* Transferring patients to other hospitals.	2,9
* Transferring patients to other wards.	2,9
* Giving health education lectures.	2,5
* Powdering of gloves.	0,72

* Reporting of breakages	0,36
* Making ice packs for use in physiotherapy.	0,36
* Washing dirty instruments.	0,36
* Doing home visits.	0,36
* Making follow-up visits for chronic patients.	0,36
* Motivating care group members.	0,36
* Tracing patients' relatives.	0,36
* Reporting findings to seniors.	0,36

From Table 4.28, it can be seen that some activities are purely domestic and can be done by general assistants in order to give nursing auxiliaries more time for patient care. These items include the 'burning of things in the incinerator, powdering of gloves, making ice packs for use in physiotherapy and washing dirty instruments'. It was, however dissappointing to realise that some nursing auxiliaries would even delegate their own responsibilities to general assistants. These include items like 'giving health education talks, doing home visits, and reporting findings to seniors'.

4.2.30. **Item 17: List other duties which are performed by nursing auxiliaries but which were not included in the questionnaire.**

A list of the variety of duties which the respondents came up with on answering the above-mentioned instruction are portrayed in Table 4.28.

Table 4.28: Duties which have been left out (n=66).

Guide: A single asterisk denotes functions which are outside the scope of practice of nursing auxiliaries. Double asterisks denote duties which can be delegated to other categories.

DUTIES	RESPONSE FREQUENCIES
Transfer of patients to other hospitals.	35
Assist doctors during consultations, ward rounds and procedures.	16
Prepare packs for autoclaving.	9
* Eye swabbing and irrigation.	8
* Setting of trays e.g. delivery, doctors.	7
Doing demonstrations for clients.	6
Cutting nails of patients.	6
Preparation of a croupet.	6
Collecting patients from a "call-out".	6
Packing of medicines from pharmacy.	5
* Being an anaesthetic nurse.	5
Cutting patients' hair.	5
Preparation of feeds.	5
* Ordering of stock.	4
Being a runner nurse in theatre.	4
Community development project work.	4
** Transporting patients to the bus station.	3
Cleaning of an incubator.	3
* Taking of the Haemogluco test.	3
Recording the refrigerator temperature.	3
* Removal of sutures.	3
Covering of books.	3
Assisting in the labour ward.	3
* Writing off duties.	2
* Dispensing medicines.	2
** Taking the placenta to the incinerator.	2
* Taking of malaria smear blood specimens.	2
Taking money for safe custody.	2

DUTIES	RESPONSE FREQUENCIES
* Removing of plaster of paris (POP)	2
** Cleaning of cupboards.	2
Make orders from the CSSD.	2
** Cleaning of lockers.	2
* Writing of matrons' report.	2
** Cleaning of the linen room.	2
Taking of report when coming on duty.	2
Preparing for putting on a POP.	1
Screening patients for a procedure.	1
Washing of hands during procedures.	1
Communicate with patient during the procedure.	1
** Making tea for sisters in the ward.	1
** Cleaning of the kitroom.	1
** Cleaning of the storeroom.	1
Assisting seniors during procedures.	1
Giving report to the next shift.	1
** Writing up a duty delegation list.	1
Delousing patients.	1
Supervise treatment of chronic patients.	1
* Checking of an emergency tray.	1
Reassuring the bereaved.	1
First aid treatment to bleeding patients.	1
Sending kits to the kitroom.	1
Taking patients to the social worker.	1
Shave female patients.	1
Giving physiotherapy treatment.	1

Tidying up of the ward.	1
** Taking books to the matrons' office.	1
** Powdering of gloves.	1
* Compiling statistics.	1
Checking records/books.	1
** Suturing of a corpse after post-mortem.	1
Solve patients' problems with them.	1
** Cleaning of the refrigerator.	1
Changing of babies' napkins.	1
** Assist doctor in doing post-mortems.	1
Sorting out patients for treatment.	1

From Table 4.28, the most outstanding items are those marked with an asterisk and those with double asterisks. The variety of duties or wide scope of functions which the nursing auxiliary is performing and is called upon to perform is clearly seen here. It can be deduced that in whatever function the nursing auxiliary has some experience, she is used whenever the appropriate staff members are unavailable.

4.3. Conclusion.

In this Chapter the wide variety of the nursing auxiliaries' duties were portrayed as it came to the fore after analysing the results. In Chapter 5 the conclusions of the study are drawn and recommendations made regarding the role and functions of the nursing auxiliaries as related to their prescribed scope of practice.

CHAPTER 5

COMMENTS, CONCLUSIONS, RECOMMENDATIONS AND IMPLICATIONS FOR THE NURSING PRACTICE.

5.1. Introduction

This chapter gives an overview of the study with its limitations, conclusions, implications and recommmendations. It also summarises the four preceding chapters of this study which includes the overview of the problem, the literature reviewed, the methodology used and the analysis of the findings.

5.2 Summary

As indicated in chapter 1, the purpose of the study was to determine how much the nursing auxiliary contributes towards the health care of the patients. The objective of the study was to examine the role of nursing auxiliaries against their scope of practice. The study was limited to the two research questions as stated in chapter1, point 5, namely:

* Are enrolled nursing auxiliaries necessary for the provision of health services in Gazankulu?
* Are enrolled nursing auxiliaries performing duties that are outside their scope of practice?

Literature relevent to this study was reviewed and the findings were compared with the findings of this study as analysed in chapter 4. However, findings from the literature reviewed will still be cited in this chapter, as it relates to the findings of this study.

- The literature revealed that nursing auxiliaries are persons who lack full professional qualifications in nursing, and are called by different names in different countries. It is emphasised by all authors consulted that they are assistants to registered and enrolled nurses. (Searle and Pera 1992:45; Hardie and Hockey 1978:21,77,112; Who 1966:6, 16; Hennel 1979:14).
- The necessity of training nursing auxiliaries for their jobs are supported by Hardie and Hockey 1978: 67,77; Hardie 1983: 69; Opening address by the president of the SANC: full council:1972:7.
- Some authors are against the use of nursing auxiliaries in the health services,

because of their seemingly low educational background. They fear that by utilising nursing auxiliaries, the standard of nursing will be lowered. (Hennel 1979:14; Searle 1987:232-233)

- However, many authors appreciate the work done by nursing auxiliaries and share the opinion that the utilisation of nursing auxiliaries should be perpetuated. (Salvage 1988:22; Rautenbach 1981: 287,347; Stefler 1989:10; Parsons 1982:15)
- Nursing auxiliaries themselves expressed dissatisfaction with the manner in which they are treated by other health team members. (Rogers 1991:3, Cowper-Smith 1978:306; O'Connor 1993/94:18; Harrison 1988:31; Nursing News. 1992. February:2; Nursing News 1992. April: 6; Namibian Nursing Association Newsletter. 1990:2)
- It is accepted that nursing auxiliaries should always work under supervision and not as independent practitioners. (Sorrentino 1987:1; Rautenbach 1981: 249, 255; Hennel 1979:14; Johnston 1987:10; Parsons 1982:22; Mellish and Brink 1986: 131-2; SANC Regulation R.2598, 1984, chapter 6; SANC Regulation R1648,1973.
- According to some authors, nursing auxiliaries are playing an important role in the rendering of health services and are appreciated as valuable members of the nursing staff. (Hardie and Hockey 1978:49; Mackinon 1985:13; The Dan Mason Nursing Research Committee 1962:12)

The study was conducted within the Gazankulu area, which is part of the Northern Transvaal Province. The target population consisted of 493 nursing auxiliaries employed by the six hospitals included in the study. A non-experimental descriptive design was the method of choice for this study. Data was gathered from the nursing auxiliaries by means of a self-administered questionnaire, designed by the researcher.

5.3 Profile of respondents.

According to the analysis of the respondents who participated in this investigation, the following profile evolved:

* Nursing auxiliaries involved in the study came from various age-groups, with the majority(38,9%) being between 30-39 years of age. The youngest group (20-29 years) comprised 17,9% of the

population and the eldest group, that is those who were between 60-64 years old, comprised 3,2% (figure 4.1). This is a clear indication of the fact that the majority of nursing auxiliaries are mature in age.

* From the nursing auxiliaries who participated in this study, slightly more were seniors (51,6%) than juniors (48,4%), as shown in figure 4.2.
* The majority of the nursing auxiliaries (60%) had more than 5 years' nursing experience (figure 4.3). From the above it can be deduced that the majority of the nursing auxiliaries are mature in age, stable in their working situations and experienced workers.
* The nursing auxiliaries were deployed in a variety of hospital wards and units, as well as in the community services. The majority, namely, 70% were working in hospital wards (figure 4.4). In the hospitals they were concentrated in specific areas like the medical and surgical wards, paediatric and obstetric wards, operating theatres and CSSD.
* Many of the nursing auxiliaries (36%) were in posession of a standard 10 certificate, whilst 28% of the nursing auxiliaries had a standard 8 certificate, which is the requirement for training as a nursing auxiliary. (SANC Regulation R.1571, 1989, paragraph 4). Figure 4.5 indicated that 33% of the respondents had a standard 6 certificate.
* Only a small percentage (9%) of the nursing auxiliaries had no formal training (figure 4.6). The rest of them underwent training, although the duration of the training periods varied, for example, 6 months (41%), 12 months (38%) and more than 12 months (11%). The 41% group was the first group to be trained under the SANC guidelines (SANC 1972). The training period was later extended to 12 months as per regulation R1571 of 21.07.1989 (SANC Regulation R.1571, 1989, Paragraph 6(1).
* A significant number of nursing auxiliaries (46%) are being left in charge of a ward/unit at one stage or another, mostly during the

night (58%). More than 50% were left in charge of the hospital wards (62%), whereas 38% were left in charge in the community services. The periods of being left in charge ranged from 1 hour to 48 hours.

* There were no more than 32% of the nursing auxiliaries doing some form of private studies to improve themselves. The majority of those studying are studying towards a standard ten certificate (84%).

5.4 Conclusions

The conclusions which could be drawn from this study are now discussed as they relate to the research questions stated in chapter 1, point 5,namely:

- ARE ENROLLED NURSING AUXILIARIES NECESSARY FOR THE PROVISION OF HEALTH SERVICES IN GAZANKULU?
- ARE ENROLLED NURSING AUXILIARIES PERFORMING DUTIES THAT ARE OUTSIDE THEIR SCOPE OF PRACTICE?

5.4.1 The promotion and maintenance of health

5.4.1.1 The necessity of having auxiliaries in the health service.

From table 4.2, only item 1.7, that is, administration of immunisation drugs, had a low response rate from the respondents. The rest of the items, that is, giving health education talks, discussing patients' conditions with them, their relatives and with other health team members, doing home visits to trace defaulters and for follow-up purposes, were performed by more than 50% of both the experienced and the inexperienced nursing auxiliaries. These high response rates are a clear indication that nursing auxiliaries are providing a valuable service in the improvement and maintenance of health at the primary, secondary and tertiary levels.

5.4.1.2 Scope of practice

Some nursing auxiliaries are functioning outside their scope of practice when they administer immunisation drugs which was performed by 29.6% of the experienced and 20% of the inexperienced nursing auxiliaries (table 4.2). Immunisations involve giving of injections and this is contrary to Mackinon

(1985:81) and Sorrentino's (1987:12) views who stated that nursing auxiliaries may never give medications, including oral, rectal,intramuscular, intradermal or intravenous drugs. However, according to Stevenson (1993:201-104), nursing auxiliaries are taught how to administer subcutaneous and intramuscular injections.

More than 50% of both the experienced and inexperienced group of nursing auxiliaries reported that they discuss patients' conditions with patients and relatives (table 4.2, items 1.2 and 1.3). These findings contradict the views of Mellish (1985:85) and Sorrentino (1987: 12) who stated that nursing auxiliaries are not expected to give opinions or discuss diagnoses. Patients and relatives should be referred to the professional nurse or to the doctor for the relevent information.

5.4.2 The provision of health and family planning information

- It is important that family planning information reaches every person in the community in order to prevent population explosion which our country cannot afford. Nursing auxiliaries are taught about family planning during their training. The high response rate of above 90% to items 2.1 (explain the advantages of family planning) and 2.2 (explain different methods of family planning) in table 4.3, indicate that nursing auxiliaries are deeply involved in giving both formal and informal health education regarding planning of families to clients. They are thus fulfilling an essential health care role in this regard.
- Nursing auxiliaries are functioning outside their scope of practice when they "prescribe a family planning method to clients", which was reportedly done by 56,9% of the experienced group and 44,9% of the inexperienced group(item 2.3, table 4.3). Both Mellish (1990:153) and Stevenson (1993:321) stated that nursing auxiliaries should refer clients to professional nurses and doctors who are fully trained to offer the best advice and prescribe the appropriate method to clients.

5.4.3 The execution of a nursing care plan for a patient.

As explained in Chapter 4, the items under this heading were subdivided into five main areas, that is ,

* admission procedures
* routine nursing procedures
* advanced nursing procedures

* recording and reporting
* discharge procedures

5.4.3.1 **Admission procedures**

- As indicated in table 4.4, the high response rates of above 80% of both groups on the items relating to the admission of patients, weighing of patients, doing urine testing, kitting patients' clothes and valuables, measuring patients' height and collecting specimens for investigations, are a clear indication that nursing auxiliaries are performing these necessary, basic nursing tasks on a daily basis. They are offering a noteworthy contribution to nursing and this leaves more time to professional nurses to concentrate on the more advanced nursing procedures. These findings correspond with the literature reviewed (Mackinon 1985:13; Mellish 1990:16; Regulation R.2598, 1984, Chapter 6) which limits the scope of practice of nursing auxiliaries to basic nursing.
- Nursing auxiliaries are functioning outside their scope of practice when they "draw up nursing care plans" which was done by more than 50% of nursing auxiliaries (item 3.6. on table 4.4). These findings contradict what has been discussed in the literature. Mellish (1990:15) stated that the nursing auxiliaries should assist the professional nurses and should not start treatment on their own, except in emergencies, where they must give first aid if they are able to do so. The SANC regulation R.2598, 1984, chapter 6 also stresses the fact that nursing auxiliaries carry out nursing care plans which have been planned by professional nurses.
- More than 70% of nursing auxiliaries reported that they take patients' histories. It is however common practice that nursing auxiliaries check the vital signs of patients both at hospitals and community levels. The patients are then referred to more senior personnel for history taking, examination, diagnosis and treatment. The respondents most probably misinterpreted this item and the percentages are probably not a correct reflection of what is happening in real practice.

5.4.3.2 **Routine nursing procedures**

- Nursing auxiliaries are rendering a valuable service to patients as evidenced by the high response rates on most of the items listed in table 4.5, for example, doing simple wound dressings, doing barrier nursing, doing terminal disinfection and sterilising intruments. These functions are performed by between 66% and 92% of the nursing auxiliaries.
- An average of 47% of the nursing auxiliaries give oral medicines, and an average of 17% administer intramuscular injections. Both Mellish (1990:92) and Stevenson (1993:196) agree that nursing auxiliaries be taught how to give oral medicines. However, Mellish (1990:92) states that nursing auxiliaries should only be allowed to give simple hypodermic injections, whereas Stevenson (1993:201-204) proposes that they be taught how to give subcutaneous and intramuscular injections as well. According to Sorrentino(1987:11-12) and Nuttelman (1981:8) nursing auxiliaries should not be allowed to perform these procedures. Even though they are taught how to perform these activities, it is not recommended that these duties be delegated to them. Nursing auxiliaries might not be aware of the actions and reactions that might arise from the administration of the wide variety of drugs used and this might lead to a safety risk for the patients.

5.4.3.3 **Advanced nursing procedures**

These procedures were listed in table 4.6.

- Nursing auxiliaries are making a considerable contribution towards patient care when they make observations and take vital checkings on unconscious patients. These activities were done by more than 60% of the nursing auxiliaries where they nursed unconscious patients (items 3.28 and 3.29).
- Although the responses to the other items were considerably lower, nursing auxiliaries are functioning outside their scope of practice when they perform these advanced procedures.

* It was noted with great concern that an average of 13% of the nursing auxiliaries gave intravenous injections which is never taught to them during their training (item 3.12).

* Taking blood specimens (item 3.13) might be dangerous to patients if done by nursing auxiliaries who might use unsterile methods and cause infection to patients. It was however done by 17% (on average) of the respondents.
* Putting up blood transfusions which was reportedly done by 6% of the nursing auxiliaries is a complicated procedure which need careful monitoring of the blood group and the cross-matching and compatibility results from the laboratory. This should never be delegated to nursing auxiliaries.
* A significant percentage (9% on average) reported that they suture wounds (item 3.15). Auxiliaries are not taught how to suture wounds during their training, this being the duty of professional nurses and doctors.
* The application of skin plaster of paris and skin traction (items 3.16 and 3.17) which was performed by an average of 8% of the nursing auxiliaries, should likewise only be done by professional nurses with specialised training and doctors. It might be dangerous for the patient if applied incorrectly by nursing auxiliaries as healing might take place with the bone not in the right alignment.
* Changing of intercostal drainage bottles was done by an average of 43% of the nursing auxiliaries (item 3.18). This might equally prove to be a dangerous practice as the procedure involves a high standard of aseptic technique and there is a real danger of fluid back-flow, if not properly handled.
* Prescribing medicines for patients which was done by an average of 14% of the nursing auxiliaries is a duty of doctors and professional nurses with specialised training (Regulation R.2598,1984, chapter 2(2)(a,b)). Nursing auxiliaries are not taught the effects, side effects and dosages of medicine during their training and this function might have severe medico-legal implications for the health service.

The above-mentioned procedures are amongst those functions which the nursing auxiliaries are restricted from performing, according to the literature(Nuttelman 1991:8;Sorrentino 1987:11-12; Regulation R.2598, 1984, chapter 6).

5.4.3.4 **Recording and reporting**

- Nursing auxiliaries are valuable members of the health team and the role they are playing in recording and reporting of observations made on the patients should be appreciated. Recording and reporting forms part of their daily practice as so

many of them are doing it. Table 4.7 indicated that 85% of the nursing auxiliaries report about changes observed in the patients' condition, an average of 68% record changes observed in the cardex, and 61% (on average) write patients' reports.

- From the responses it is apparent that nursing auxiliaries are aware of the importance of recording and reporting of observations and findings made on patients. According to Stevenson (1993:284); Mellish (1990:17); and Mackinon (1985:13), record keeping is one of the tasks of an auxiliary nurse.

5.4.3.5 Discharge procedures

Over 80% of the respondents are actively assisting when patients are transferred to other wards and discharged (table 4.8). These high response rates indicate that nursing auxiliaries perform these activities on a daily basis. One of the biggest problems in rendering nursing care is the fact that patients are discharged regularly from hospitals without the relevant knowledge regarding their disease conditions, the necessary follow-up treatment, the expected action of the medicines they are provided with and the signs and symptoms to be on the look out for in order to obtain medical assistance in time. It may thus be reasonable to assume that most of the patients discharged by nursing auxiliaries are not provided with this essential information as the nursing auxiliaries might not posess the relevant knowledge/information to inform the patients accordingly.

5.4.4 The promotion and maintenance of the hygiene of a patient

- The high response rates of between 72% and 94% on items related to maintaining patients' hygiene, for example doing bedbaths, bathing babies, doing mouth washes, assisting patients to dress and shaving of male patients, is a clear indication of the fact that through these activities nursing auxiliaries are providing a valuable service (table 4.9).
- Nursing auxiliaries are functioning outside their scope of practice when they do non-nursing duties. More than 90% reported doing damp dusting and sluicing soiled linen (item 4.6 and 4.7, table 4.9). It is not cost-effective for nursing auxiliaries to perform duties which can be done by general assistants. Nursing

auxiliaries should devote their time to nursing care.

- From table 4.9, an average of 53% of the nursing auxiliaries indicated that they do vulval swabbings. This is a very important function for gynaecological patients, which involves aseptic technique. Sorrentino (1987:11-12) lists performing procedures which require sterile technique under those duties which nursing auxiliaries are never allowed to do. There is the danger of patients being infected if the nursing auxiliaries are not proficient in performing this task.

5.4.5 **The promotion and maintenance of the physical comfort of a patient.**

Maintaining the physical comfort of patients is certainly a duty of nursing auxiliaries as supported by Mellish (1990:15); Stevenson (1993:163); Nuttelman (1991:8); Mackinon (1985:13); Caldwell and Hegner (1980:7); Bregman (1974:4)and Sorrentino (1987:11). Over 90% of nursing auxiliaries reported to be putting patients in the correct positions, changing soiled linen and making beds, (table 4.10). Through these activities, nursing auxiliaries are making a valuable contribution to the patient's comfort and care which is an important aspect of patient satisfaction.

5.4.6 **The prevention of physical deformity and other complications in a patient.**

- Almost 90% of the nursing auxiliaries change positions of bedridden patients, help patients do passive exercises, treat back and pressure parts and get the patients out of bed, (table 4.11). They are fulfilling an important role in the prevention of pressure sores and disfigurement in patients.

  The high rates of responses to these items concur with the literature, in the sense that these are duties which fall within the scope of practice of nursing auxiliaries (Mellish 1990:88); Stevenson (1993: 182-183).
- Performing antenatal and postnatal exercises (items 6.5 and 6.6) is also a duty of nursing auxiliaries which contributes to the preparation of pregnant women for delivery. These activities are performed by an average of 50% of nursing auxiliaries.

5.4.7 **The supervision over and maintenance of a supply of oxygen to a patient.**

- Nursing auxiliaries are making a contribution to patient care when they nurse

nursing auxiliaries who stated that they administer oxygen and monitor patients on continuous oxygen. (items 7.1 and 7.2, table 4.12)

- Nursing auxiliaries are functioning outside their scope of practice when they suction patients (50% on average) and do mouth-to-mouth respiration (43% on average). Mellish (1990:70) clearly stated that suctioning of the air passages should be done by a professional nurse. Doing mouth-to-mouth respiration may be a dangerous practice as it goes together with external cardiac massage which is a serious life-saving measure.
- However, if the nursing auxiliaries are properly trained to perform these procedures correctly, they could be saving lives and making a noteworthy contribution to nursing care.

5.4.8 Taking of the vital signs of a patient.

- Nursing auxiliaries are practising within their scope of practice when 95% to nearly 100% of them take and record temperature, pulse, respiration and blood pressure readings, as well as report abnormal vital signs readings to seniors, (table 4.13). It is clearly stated that vital signs checking is their duty by Stevenson (1993:244-251);Mellish (1990:86); Nuttelman (1991:8) and Regulation R.2598, 1984, Chapter 6(h).
- Vital signs checking is an extremely valuable nursing function because both doctors and nurses base their diagnoses on these findings. It must be taken into consideration that grave consequences might arise if vital signs are not monitored correctly and if the findings are not reported in time. The importance of monitoring vital signs correctly and reporting any deviation from the normal should be stressed to nursing auxiliaries.

5.4.9 Maintenance of intake in a patient.

- Nursing auxiliaries are playing an important role when they involve themselves in preparing meals and help in supervising and feeding patients. Through feeds patients gain strength and are assisted towards recovery. The high response rates in table 4.14 indicate that most of these activities are done as part of the nursing auxiliaries' daily work, for example, dishing out meals for unit patients, feeding

helpless patients, feeding babies, preparing oral rehydration fluids and recording intake .

- Nursing auxiliaries are functioning outside their scope of practice in inserting naso-gastric tubes (item 9.3) which was reported to be done by approximately 16% of the respondents. They are taught on naso-gastric feeding but not how to insert naso-gastric tubes (Stevenson 1993: 66-69).
- It is also not in the scope of practice of nursing auxiliaries to put up intravenous infusions (item 9.7) as this is a complex task which involves venipuncture. This is never taught to nursing auxiliaries during their training. It was however reported to be done by an average of 21% of the nursing auxiliaries.

5.4.10 **Maintenance of elimination in a patient.**

- It is appreciated that nursing auxiliaries are providing a valuable service to patient care by improving the situation with regard to the excretions of a patient. These are seen as vital, basic duties of nursing auxiliaries which help to make the patient comfortable. More than 80% of nursing auxiliaries reported to give patients bedpans and urinals, empty urine collecting bags, observe stools, vomitus and sputum, report observations and record output (table 4.15).
- A small but significant portion of the respondents as indicated in table 4.15, (items 10.2 and 10.3) indicated that they are practising outside their scope of practice by inserting female and male catheters (an average of 15% and 12% respectively). They are taught how to care for patients with indwelling catheters, but not how to catheterise patients (Stevenson 1993: 263; Nuttelman 1991:8; Sorrentino 1987:12).

5.4.11 **The promotion of communication with a patient during his/her care**

- Nursing auxiliaries are aware of and are functioning within their scope of practice as evidenced by the high rate of the responses of 77% to 81% on the activities related to explaining the hospital routine to patients and explaining nursing procedures to patients (table 4.16). It is indeed important for patients to be familiarised with the staff and surroundings on arrival as it helps to allay anxiety. Rules concerning visiting hours, meal times and consultation with doctors are also

explained to patients and this assist patients to familiarize themselves with the hospital and its routine.

5.4.12 The preparation of individuals and groups for the execution of diagnostic procedures and therapeutic acts by a registered person

Nursing auxiliaries are performing an important function in preparing patients for diagnostic procedures, provided that they have the knowledge thereof. As shown in table 4.17, an average of 48% of nursing auxiliaries prepare patients for barium meals, an average of 44% for barium enemas, an average of 39% for ultrasound investigations. Nursing auxiliaries need proper supervision and training regarding these tasks and a procedure manual should be readily on hand to guide them in the correct preparation of patients for these investigations. Patients who are not properly prepared are sent back to the wards, with the result that they have to stay longer in the hospital which is a costly waste of time.

5.4.13 The preparation for and assistance during surgical procedures under anaesthetic.

Nursing auxiliaries are performing an important task when they prepare and support patients during surgical procedures. According to table 4.18, nearly 75% of the nursing auxiliaries prepared patients for operation, and 86% transported patients to theatre for operation. This they do with the assistance of porters. Although at first glance nursing auxiliaries are practising outside their scope of practice in the following cases, the responses to the items most probably indicate a misunderstanding of the relevant items:

* Scrubbing for operations (item 13.4) was reported to be done by 34% to 39% of the nursing auxiliaries. This question was probably misinterpreted by the respondents, and could have been seen by nursing auxiliaries as assisting the theatre sister, for instance as the running nurse.
* Sixty-five percent to seventy-five percent of nursing auxiliaries reported that they explained the operation to patients and are usually overseeing the signing of a consent form for operation (items 13.1 and 13.2). The most probable explanation for these high percentages are that patients ask nursing auxiliaries about the operation after signing the consent form with the sisters and doctors. The duty of the nursing auxiliary is to establish what the doctor has already told the patient and to add to it by answering questions in simple language.

* Nursing auxiliaries might be receiving patients back from theatre (item 13.6) as assistants to the sister who takes charge of the patient and takes report from the theatre nurse. This might explain the average figure of 83% obtained for this item.

5.4.14 **The care of a dying patient and a recently deceased patient.**

- It is important that care and support is given to the dying patient and his family and friends. Nursing auxiliaries are performing a valuable service when they take care of dying patients. According to table 4.19, an average of 70% of the nursing auxiliaries remain with a dying patient, 88% on average lay out the dead and an average of 86% identified corpses for removal from the mortuary. This indicates that nursing auxiliaries perform these activities as part of their daily duties.
- Breaking the death message to relatives is outside the scope of practice of nursing auxiliaries, although it was reportedly done by an average of 24%. According to Stevenson (1993:158) it is the duty of the nurse in charge to notify the family.
- The porters are supposed to wheel the deceased to the mortuary and the nursing auxiliaries should only accompany them to the mortuary to ensure that the death register is completed (Stevenson 1993:160). This however, was done by an average of 77% of nursing auxiliaries.
- Issuing out of corpses to the relatives is the duty of the mortuary attendant. The duty of the nursing auxiliary is merely to identify the corpse for removal. This question might have been misinterpreted as it was reportedly done by an average of 73% of the nursing auxiliaries.

5.4.15 **Routine ward administration**

According to table 4.20, the high rate of responses of above 80% on the following items indicated that nursing auxiliaries are involved in a number of non-nursing duties as part of their daily routine.

* Item 15.1- count dirty linen to the laundry (89,5% on average).
* Item 15.2- receive clean linen from the laundry (89% on average).
* Item 15.6- taking specimens to the laboratory (91% on average)
* Item 15.7- collecting supplies from stores (90% on average).
* Item 15.8- taking patients to different treatment areas (89% an average)

It seems to be that some qualified nurses are unsure about the scope of practice of nursing

auxiliaries as they delegate non-nursing duties to nursing auxiliaries. Most probably nursing auxiliaries have to perform these duties, because there are no ward clerks available and because there is a shortage of general assistants in all the hospitals included in this study.

5.4.16 **Duties which are performed by nursing auxiliaries but which nursing auxiliaries think should be done by general assistants.**

* Out of the total of 325 nursing auxiliaries who participated in this study, only 277 responded to this question. It is possible that one respondent might have listed more than one duty.
* Some of the nursing auxiliaries seem not to be conversant with their own scope of practice as they listed some purely nursing duties as duties which should be done by general assistants, as per table 4.23 and 4.25, for example, serving of meals (19,1%), checking vital signs (6,9%), doing bedbaths (5,4%), feeding patients (3,2%), and doing wound dressings (1,4%).
* Some nursing auxiliaries are practising outside their scope of practice as they indicated that they are performing duties which in reality should be done by general assistants, ward clerks and porters,for example:

. Sluicing soiled linen and counting soiled linen (see table 4.22).
. Collecting feeds from the kitchen and washing dishes (see table 4.23).
. Collecting supplies from the stores, pharmacy and stationery departments (see table 4.24).
. Mortuary services (see table 4.26).
. Burning things in the incinerator and daily counting of thermometers (see table 4.27).

5.4.17 **Duties performed by nursing auxiliaries but not included in the questionnaire.**

- From a total of 325 nursing auxiliaries who participated in this study, only 66 responded to this item. In table 4.28 it is indicated that transferring patients to other hospitals had the highest response rate (35 of the respondents- 53%), assisting doctors during consultations (16 responses) and preparing packs for

autoclaving (9 responses). The item on assisting in the labour ward was done by 3 nursing auxiliaries. The rest of the items were done by an insignificant number of respondents, that is, one or two nursing auxiliaries.

- It was noted from table 4.28 that nursing auxiliaries are engaged in a variety of duties and that they are useful members of the health care team. They are able to perform duties which should rightfully be performed by senior members of the health team, for example, eye swabbing and irrigation (8 responses), being an anaesthetic nurse (5 responses), taking of the heamoglucotest (3 responses), removal of sutures (3 responses), taking of malaria blood specimens (2 responses), writting up a duty delegation list (1 response) and checking of an emergency tray (1 response).
- Nursing auxiliaries are practising outside their scope of practice and performing duties which can be delegated to general assistants. They reported to be transporting patients to the bus station (3 responses), taking the placenta to the incinerator (2 responses), cleaning cupboards and lockers (2 responses), making tea for sisters in the ward (1 response), cleaning the kitroom and storeroom (1 response) and taking books to the matrons' office (1 response).

5.5 Limitations

5.5.1 The study was conducted during the period of transition and change in South Africa. This was the period of amalgamation of the Gazankulu, Venda, Lebowa and the Transvaal Provincial Administration into one health administration of the Northern Transvaal Province. Although the findings could well be generelised in Gazankulu,which is now a portion of the Northern Transvaal Province, the findings cannot be generalised to the whole province .

5.5.2 As indicated in chapter 3, point 3.9, page 46, all the hospitals involved in the study were hit by the nurses' strikes during the data collection phase and this limited the response rate from the subjects.

5.5.3 Not all the hospitals in the Gazankulu Health Administration were included in the study because of time and financial constraints. The sample would also have been too large to handle within the prescribed time schedule.

5.5.4 There were many nursing activities which the nursing auxiliaries added. Some

of them could perhaps have been included in the questionnaire. However, this would have added unnecessary length to the questionnaire.

5.5.5 Some items were apparently misinterpreted by the respondents, with the result that wrong conlusions could be drawn from the responses, for example:

- item 3.5: taking patients' histories
- item 13.1: explaining the operation to patients
- item 13.4: scrubbing for operations.
- item 13.6: receiving patients back from theatre
- item 14.6: issuing out corpes to relatives

5.6 Implications of the findings.

The results of this study have significant implications for the nursing profession which should be considered seriously in order to improve the standard of nursing and to utilise the nursing auxiliaries more effectively.

5.6.1 The role and function of the nursing auxiliaries seem to be undergoing a positive change. The entry grade has been upgraded to standard eight and the training period has been extended to one year. Taking this into account, nursing auxiliary practice will certainly improve.

5.6.2 The South African Nursing Council provides health services with the broad framework of the scope of practice through its rules and regulations. From the study it is evident that the scope of practice of the nursing auxiliaries is intepreted with marked differences from hospital to hospital.

5.6.3 Nursing auxiliaries appear to be utilised incorrectly by professional and enrolled nurses who have little knowledge of the scope of practice of nursing auxiliaries and who then delegate non-nursing duties to them.

5.6.4 Most of the non-nursing duties that nursing auxiliaries perform are purely domestic duties. For example, in table 4.21, cleaning/scrubbing and sweeping floors was done by 38% of the nursing auxiliaries; collecting feeds from the kitchen (table 4.23) was done by 31 % of the nursing auxiliaries; and washing of dishes (table 4.23) was done by 22% of the nursing auxiliaries. Such duties might lower the standard and image of nursing in the eyes of other professions, patients and the public alike.

5.6.5 Senior nursing personnel wrongly regard some of the vital nursing functions as of lesser importance and leave them to be done by nursing auxiliaries alone, for example, items 8.1 in table 4.13 which are involved with the taking of temperature, pulse, respiration and blood pressure are performed by 94% to 99% of the nursing auxiliaries. This might imply that these duties are solely delegated to the nursing auxiliaries, while the monitoring of the vital checkings for the critically ill patients should actually be done by professional nurses.

5.6.6 Lack of students' training posts lead to the position where candidates with standard ten were taken as pupil nursing auxiliaries. They should have started as pupil nurses or student nurses if there were enough nursing posts. For example, from figure 4.5, it was indicated that 36.3% of the nursing auxiliaries had standard ten. This leads to a slow progression of these nursing auxiliaries who may end up leaving nursing and getting employed elsewhere.

5.6.7 It is apparent that there is a shortage of senior nursing personnel, hence auxiliary nurses are left to function outside their scope of practice.Nursing standards and the image of nursing may be lowered if nursing auxiliaries are left in charge of wards and departments with their limited knowledge of ward management and their restricted scope of practice.

5.6.8 Professional and enrolled nurses need to work together with nursing auxiliaries as a team and support each other. Their acceptance of nursing auxiliaries as team members will encourage nursing auxiliaries to render more quality nursing care.

5.7 Recommendations

5.7.1 The findings revealed that nursing auxiliaries are functioning outside their scope of practice in many cases. It is recommended that regular in-service education programmes be conducted on the scope of practice of the nursing auxiliary for both the professional and enrolled nurses who act as supervisors to the nursing auxiliaries. This would help them to guide and delegate the appropriate duties to nursing auxiliaries in order to utilise them properly and effectively.

5.7.2 Regular in-service education should be given to nursing auxiliaries themselves on their scope of practice in order to make them aware that they are often functioning outside their scope of practice. It would also empower them to object if duties which are outside their scope of practice are delegated to them. It would

also reorientate them regarding their prescribed functions.

5.7.3 There is an apparent shortage of both senior personnel in nursing as well as general assistants. It is thus recommended that a situational analysis on post structures of the concerned hospitals be conducted. The information thus obtained should be used to convince the government to create more posts. This would help to relieve nursing auxiliaries from performing the functions that are outside their scope of practice, for example, drawing up nursing care plans (table 4.4), putting up blood transfusions and prescribing medicines for patients (table 4.6); taking specimens to the laboratory and collecting supplies from stores (table 4.20).

5.7.4 Nurse managers need to develop job descriptions for nursing auxiliaries and make sure that there are appropriate guidelines for nursing auxiliaries within their hospitals to guide their practice.

5.7.5 Regular workshops within the hospitals should be conducted by clinical tutors for nursing auxiliaries and professional nurses. These workshops can provide a specific opportunity for the nursing auxiliaries to discuss their work, resolve any actual or potential difficulties in the execution of their duties.

5.7.6 With the great emphasis that is put on the primary health care approach in order to attain health for all by the year 2000, more staff need to be allocated for community services, including nursing auxiliaries. A community-based training programme for nursing auxiliaries working in primary health care settings need to be instituted in order to prepare them for the service.

5.7.7 There should be a standardised set of duties which nursing auxiliaries are legally allowed to perform. This would lead to uniformity in practice and ultimately to job satisfaction, because the nursing auxiliaries in one hospital will feel that they perform largely the same duties as those in the other hospitals.

5.7.8 It is recommended that the scope of practice of the nursing auxiliaries be extended by including some of the duties which they are presently prohibited from doing. From the study it appears that at present they are performing them safely in real practice, for example, administration of oral medicines, checking the flow rate and site of intravenous infusions, suturing superficial wounds and lacerations.

5.7.9 The enrolled nursing auxiliaries should be accepted by all the other health workers as an integral part of the nursing profession.

5.7.10 It is recommended that the South African Nursing Council should list the duties which nursing auxiliaries should never perform, except in emergencies.

5.8 Recommendations for further research

5.8.1 Despite the fact that nursing auxiliaries are the primary care givers of patients both in the hospital and in the community, studies which used nursing auxiliaries as subjects are minimal. Therefore more studies of this nature are needed to yield additional data about this segment of the labour force that works so closely with patients.

5.8.2 This study was conducted using only six hospitals in the Northern Transvaal Province. It is hence suggested that this study be repeated on a larger scale in order to get a more comprehensive picture of the role and functions of the nursing auxiliaries in the health services.

5.9 Final comments.

The research findings in this study provided significant evidence to make the following conclusions:

5.9.1 The majority of the nursing auxiliaries are mature in age, stable and experienced health workers.

5.9.2 Nursing auxiliaries are deployed in all areas of hospitals and community settings.

5.9.3 Nursing auxiliaries perform a wide variety of duties which are not confined to those prescribed by the South African Nursing Council in all settings. There is a clear discrepancy between the limitations placed on their duties by the South African Nursing Council and their actual practice.

5.9.4 Nursing auxiliaries are stable and do not often move from one hospital to onother, because they are often recruited from within the communities that they serve.

5.9.5 More recognition should be given to the work done by nursing auxiliaries .

5.9.6 Nursing auxiliaries are required to practice under the supervision of professional nurses and never as independent practioners.

5.9.7 Nursing auxiliaries are currently an essential component of nursing services in Gazankulu as evidenced by the different aspects of nursing care which they perform in their work situation.

5.9.8 Most of the items did not show a significant difference between the experienced

and the inexperienced nursing auxiliaries. There were significant differences noted on the following items:

* item 1.7- administering immunisation drugs
* item 2.3- prescribing a family planning method to clients
* item 3.8- collecting specimens for investigations
* item 3.11- giving intramuscular injections
* item 4.2- doing baby baths
* item 4.5- shaving male patients
* item 6.6- performing post-natal exercises.
* item 7.3- suctioning of a patient

The differences were to be expected as items that are outside their scope of practice were done more frequently by the experienced than the inexperienced group.

BIBLIOGRAPHY.

Bregman, M.S. 1974. Assisting the health team: an introduction for the nurse assistant. Saint Louis: Mosby.

Brink, H.I.L. 1987. Statistics for nurses. Pretoria:Academica.

Cole, A. 1989. View from the frontline. Nursing times, 85(7): 32-33.

Cowper-Smith, F. 1978. Untrained nurse, unsolved problem. Nursing times, 74(8): 306-309.

Europe: Euro reports and studies into the training and use of auxiliaries in the provision of nursing/midwifery care. 1982. Copenhagen: World Health Organisation. (ICP)/MPM 023).

Ferguson, V. 1990 The nursing shortage : Dynamics and solutions. The nursing clinics of North America, 25(3): 503-506.

Great Britain: The Dan Mason Nursing Research Committee of the National Florence Nightigale Memorial Committee of Great Britain and Northern Ireland. 1962. London.

Hardie, M. 1983. A case of professional neglect. Nursing times, 79(28): 68-69.

Hardie, M.& Hockey, L. 1978. Nursing auxiliaries in health care. London: Croom Helm.

Harrison, D. 1988. Nursing auxiliaries- an asset not to be wasted. Senior Nurse, 8(3): 29-31.

Hegner, B.R.& Caldwell, E. 1992. Nursing assistant: a nursing process approach. 6th edition. Albany: Delmar.

Hennel, J. 1979. Don't call them "nurses". Nursing Mirror, 149:14.

I suggest a small disc device. 1992. Nursing news, vol. 16. February:2.

Johnston, M. 1987. A helping handbook. Senior nurse, 6(2): 10-11.

Leedy, P.D. 1985. Practical research: planning and design. 3rd edition. New York. Macmillan.

Lowane, L.B. 1990. Nursing students' perceptions of clinical learning experiences. Pretoria: University of South Africa.

Mackinon, C. 1985. The nursing assistant in South Africa. Pretoria: Sigma press.

Mellish, J.M. 1990. A basic history of nursing. 2nd edition. Durban: Butterworths.

Mellish, J.M. 1992. Preparing the nursing assistant: a comprehensive text. Durban: Butterworths.

Mellish, J.M.& Brink, H. 1986. Teaching the practice of nursing. 2nd edition. Durban: Butterworths.

Nuttelman, D.G. 1991. Managing a nursing assistant training program. Albany: Delmar.

O'Connor, T. 1993/94. Top job closed to nurse aides. Nursing New Zealand, vol. 9: 18-19.

Opening address: Full Council. September 1972. 91/S72, 5-7. Pretoria: The South African Nursing Council.

Parsons, R. 1982. Some aspects of the report on the role and function of the enrolled nursing aide in New South Wales. The Lamp, 39(1):13-27.

Polit, D.F., Hungler, B.P. 1991. Nursing research: Principles and methods. 4th edition. New York: Lippincott.

Rautenbach, C.T. 1981. A definition of the role and function of various categories of nursing personnel in the Republic of South Africa and an analysis of the effectiveness to fulfil these functions. Port Elizabeth: University of Port Elizabeth.

Rogers, R.E. 1991. Giving nursing assistants what they want. Journal of gerontological nursing, 17(8): 3.

Salvage, J. 1988. In the ghetto. Nursing times, 84(32): 22.

SANC. 1972. Guidelines for the certificate for enrolment as a nursing assistant. (based on Regulation R.1834, 1972). Pretoria: SANC.

SANC. 1989. Guidelines for the certificate for enrolment as a nursing assistant. (Based on Regulation R.1571, 1989). Pretoria: SANC.

Seaman, C.H.C. 1987. Research methods: Principles, practice and theory for nursing. 3rd edition. Norwalk: Appleton & Lange.

Searle, C. 1965. The history of the development of nursing in South Africa 1652-1960. Pretoria: the South African Nursing Association.

Searle, C. 1987. Ethos of nursing and midwifery. Durban: Butterworths.

Searle, C., Pera, S. 1992. Professional practice: A South African nursing perspective. 2nd edition. Durban: Butterworths.

Searle, C., Kotze, W.J., Muller, O.H; van Niekerk, C.F. 1980. Nursing service in the Republic of South Africa 1914-1974. Pretoria: The South African Nursing Association.

Sorrentino, S.A. 1987. Mosby's textbook for nursing assistants. 2nd edition. St Louis: Mosby.

South Africa. 1973. Regulations regarding the conduct of enrolled nursing assistants which shall constitutes improper or disgraceful conduct. Regulation R.428 in terms of the Nursing Act, 1978 (Act no. 50, 1978, as amended). Pretoria: Government Printer.

South Africa. 1978. Nursing Act, no. 50, 1978(as amended). Pretoria: Government Printer.

South Africa. 1984. Regulations relating to the scope of practice of persons who are registered or enrolled under the Nursing Act, 1978. Regulation R.2598 in terms of the Nursing Act, 1978 (Act no. 50, 1978, as amended). Pretoria: Government Printer.

South Africa. 1985. Regulations related to the approval of and the minimum requirements for the education and training of a nurse (general, psychiatric and community) and midwife leading to registration. Regulation R425 in terms of the Nursing Act, 1978(Act no. 50 1978, as amended). Pretoria: Government Printer.

South Africa. 1989. Regulations relating to the minimum requirements for a course for a certificate leading to enrolment as a nursing assistant. Regulation R.1571 in terms of the Nursing Act, 1978(Act no. 50 1978, as amended). Pretoria: Government Printer.

South Africa. 1992. Nursing Amendment Act, no.21, 1992. Pretoria:Government Printer.

Stefler, V. 1989. The future role of the RNA. Dimensions, 66(6):10-11.

Stevenson, J.C. 1987. The nursing assistant's guide. Cape Town: Juta.

Stevenson, J.C. 1993. The auxiliary nurses's guide. Cape town: Juta.

The South African Nursing Council. 1994. Statistical returns for the calender year 1993. Pretoria: The South African Nursing Association.

Treece, E.W., Treece, J.W. 1986. Elements of research in nursing. 4th edition. St. Louis:Mosby.

Vlok, M.E. 1991. Manual of community nursing and communicable diseases. Cape Town: Juta.

We are nothing. 1990. Namibian Nursing Association Newsletter, 39th edition: 2.

WHO. 1966. Auxiliary personnel in nursing: A survey of existing legislation. Geneva.

Why nursing auxiliary? 1992. Nursing News, vol. 16. April:6

ANNEXURE 1

MFUMO WA GAZANKULU
GAZANKULU — REGERING
GAZANKULU GOVERNMENT

Tsalwa/ Verw/ Ref. No.: 2/P

Swivutiso/ Navrae/ Enquiries: J.V. Mufamadi

Riqingho: Tel. No: 23151X2048

DEPARTMENT OF HEALTH AND SOCIAL WELFA
PRIVATE BAG X628
GIYANI
0826

30 September 1993

Miss. T.E. Mabunda
Elim Hospital
P.O. BOX 12
Elim Hospital
0960

PERMISSION TO CONDUCT RESEARCH: YOURSELF

I have the pleasure to inform you that your application to conduct research has been approved.

Wishing you success with your studies.

DIRECTOR GENERAL: HEALTH AND SOCIAL WELFARE
/rrm

GAZANKULU

DEPARTMENT OF HEALTH AND SOCIAL WELFARE (ANNEXURE 1)

APPLICATION TO CARRY OUT NURSING RESEARCH

1.1. Personal details regarding researcher:

Name: MABUNDA, TIYANI EDITH

Address: P.O. BOX 1297 GIYANI 0826

Employer: DEPT. OF HEALTH AND SOCIAL WELFARE, GAZANKULU GOVERNMENT. Official title: NURSING SERVICE MA

Academic/Professional qualifications: R/N; R/M; R/PSYCH; C.H.N; NURSING EDUCATION; NURSING ADMINISTRATION; B.A. CUR; HONS. B.A. CU

1.2. Personal details regarding officials supervising the project.

Name: PROFESSOR S.W. BOOYENS; DR S. KOCH

Address: DEPT. OF NURSING SCIENCE, P.O. BOX 392, UNISA, PRETORI

Rank: PROFESSOR

Station: UNIVERSITY OF SOUTH AFRICA — PRETORIA

1.3. Details regarding the research if it is for study purposes.

Present course followed: MASTERS DEGREE IN NURSING SCIENCE (M.A. CUR.)

Educational Authority: UNIVERSITY OF SOUTH AFRICA

Name of study leader: PROF. S.W. BOOYENS

Address of study leader: UNIVERSITY OF SOUTH AFRICA P.O. BOX 392, PRETORIA, 0001

2. Details regarding research project.

2.1. Research protocol/design attached - [X] YES [ ] NO

2.2. Research instrument attached [X] YES [ ] NO

2.3. Letter from the university attached [X] YES [ ] NO

2.4. Facilities required:

2.4.1. Institutional/Extra institutional services:

USE OF SIX HOSPITALS, NAMELY ELIM, LETABA MALAMULELE, NKHENSANI, SHILUVANA AND TINTSWALO HOSPITALS

/2...

2.4.2. Personnel (Specify)

ENROLLED NURSING AUXILIARIES USED AS TARGET POPULATION WILL BE NEEDED TO COMPLETE THE QUESTIONNAIRES.

2.4.3. Patients (Specify)

N/A.

2.4.4. Records (Specify)

REGISTERS FOR ENROLLED NURSING AUXILIARIES.

3. Estimated time period for research: THREE YEARS.

3.1. Beginning 01 JUNE 1992.

3.2. End DECEMBER 1994.

4. I TINANI EDITH MABUNDA

agree to undertake the above project in accordance with the requirements mentioned in the application form.

4.1. I agree to carry out the project without incurring any expenses not budgeted for by the Department, and to bear the full responsibility for the project. Should it be necessary to deviate from any procedure or to terminate the project I shall notify the Secretary for Health and Social Welfare.

4.2. I undertake to obtain full consent from patients who are legally in a position to give this.

4.3. I agree to submit all the results of the project to the Secretary: Depart= ment of Health and Social Welfare.

4.4. I understand that the Department in granting permission for the execution of the project places itself under no obligation and will not necessary grant permission for publication.

/3...

1.5. I assure that:

1.5.1. All information obtained will be treated confidentially.

1.5.2. That services will not be interrupted during the conduction of the project.

SIGNED: .....

DATE: ....1993.-.06.-.01.....

APPROVED BY: .....

SECRETARY: HEALTH AND SOCIAL WELFARE

DATE: 93.06.03.....

ANNEXURE 2

Box 12
ELIM HOSPITAL
0960

1993 July, 12

The Matron.....
.....
.....
.....
.....

Re: RESEARCH PROJECT ON ENROLLED NURSING AUXILIARIES.

Dear Madam,

I am a student with the University of South Africa (UNISA) doing a research project on "The role of the Nursing Auxiliary in the health care services."

I am at the present moment preparing the questionnaire which will be completed by the Nursing Auxiliaries for this study.

You have been selected to assist in testing the instrument for face validity. Will you be kind enough to go through the questionnaire, and please add some items which you feel should have been included, and point out where you think the items/questions are not clearly stated or should have been omitted.

NB.: You need not fill in the questions.

Thank you for your assistance.

Yours faithfully

T.E. MABUNDA

ANNEXURE 3

Box 12
P.O. ELIM HOSPITAL
0960

3 JANUARY 1994

Dear Nursing Auxiliary,

I am a student with the University of South Africa (UNISA) registered for the M.A. (Cur) degree (Master of Arts in Nursing Science.) I am currently busy with research on "The role of the Nursing Auxiliary (Nursing Assistant) in the health care service."

Permission was granted to me by the Department of Health and Social Welfare, Gazankulu Government Service, to undertake the research in the selected Gazankulu Hospitals. All Nursing Auxiliaries in these selected hospitals are included in the sample.

Nursing Auxiliaries make a major contribution in the health services. The information which you will provide will be very important to this study.

I am quite aware that you are very busy and short staffed, but I will nevertheless appreciate it if you would complete the questionnaire attached. It would take you 20-30 minutes to complete the questionnaire.

All information will be treated as confidential. Your name will never be identified with the information that you will provide.

Your time, interest, co-operation and information are highly valued.

Thank you for your assistance.

Yours faithfully

TIYANI EDITH MABUNDA

ANNEXURE 4

THE ROLE OF THE NURSING AUXILIARY IN THE HEALTH SERVICE

QUESTIONNAIRE

SECTION ONE (1) : GENERAL INFORMATION

All information will be treated as confidential.

(i) Please do not identify yourself on this questionnaire.

(ii) Please answer all questions by placing an X in the appropriate column.

1. What is your age ? ------YEARS

2. What is your present rank ?

   Senior Enrolled Nursing Auxiliary --------

   Enrolled Nursing Auxiliary.--- ---

3. For how long have you been an Enrolled Nursing Auxiliary ?

   ----------YEARS

   ---------MONTHS

4. Indicate the type of ward, unit or area where you are working at present. ----------

5. What is the highest standard that you have passed at school ? Standard----------

6. Length of training that you have undergone as a nursing auxiliary.

   --------YEARS

   ------MONTHS

   NO FORMAL TRAINING----

7. Is the scope of practice regulation readily available at your place of work ?

   YES-------

   NO-------

8. Are you sometimes left in charge of a ward or a department ? YES------

   NO------

   If the answer is yes :

   8.1. Which department ?----------

   8.2. During which shift ?----------

   8.3. For how long ?----------

9. Are you at present undertaking any studies ? YES-------

   NO-- -----

10. If the answer to 9 above is yes, what are you studying ?----------

SECTION TWO (2)

It is generally accepted that the Nursing Auxiliary plays an important role in the nursing care of patients. In order to assist in identifying the duties that you perform, please indicate which of the following duties you perform and how often they are done.

Please note the following:

(i) Answer all items.
(ii) Do not identify yourself on this questionnaire.
(iii) Mark the appropriate column with an X.
(iv) Indicate only one X per question or item.

Use the following as a guideline for your answers.

Always means that you do the task as part of your routine work, on a daily basis.
Sometimes means that you only do the work at intervals, for example, once in a month to once in three months' time.
Seldom means that you do the work rarely, once in four months to once in a year.
Never means that you never do the task.

As part of my duties, I perform the following functions :

1. The promotion and maintenance of health

	ALWAYS	SOME TIMES	SELDOM	NEVER
1.1. Give health education talks				
1.2. Discuss patients' condition with them				
1.3. Discuss patients' condition with relatives.				
1.4. Discuss patients' condition with other health team members.				
1.5. Do home visits to trace defaulters.				
1.6. Do home visits for follow-up purposes.				
1.7. Administer immunisation drugs.				

2. The provision of health and family planning information.	ALWAYS	SOME TIMES	SELDOM	NEVER
2.1. Explain advantages of family planning.				
2.2. Explain different methods of family planning				
2.3. Prescribe a family planning method to clients.				

3. The execution of a nursing care plan for a patient.	ALWAYS	SOME TIMES	SELDOM	NEVER
3.1. Admit patients.				
3.2. Weigh patients.				
3.3. Do urine testing.				
3.4. Kit patients' clothes and valuables				
3.5. Take patients' histories.				
3.6. Draw up nursing care plans.				
3.7. Measure patients' height.				
3.8. Collect specimens for investigations e.g. urine, stools, sputum				
3.9. Do simple wound dressings.				
3.10. Give oral medicines.				
3.11. Give intramuscular injections.				
3.12. Give intravenous injections.				
3.13. Take/draw blood specimens for tests.				
3.14. Put up blood transfusions.				
3.15. Suture wounds / lacerations.				

	ALWAYS	SOME TIMES	SELDOM	NEVER
3.16. Apply skin plaster of paris (POP)				
3.17. Apply skin traction.				
3.18. Change intercostal drainage bottles.				
3.19. Give inhalations.				
3.20. Report observations made about patients' condition e.g. sudden deterioration.				
3.21. Record on cardex changes in patients' condition.				
3.22. Write patients' reports daily.				
3.23 Prescribe medicines for patients e.g. at a clinic.				
3.24 Assist the Professional Nurse in giving schedule 5-7 drugs.				
3.25. Do barrier nursing for e.g. Typhoid patients.				
3.26. Do terminal disinfection.				
3.27. Sterilise instruments by e.g. autoclaving				
3.28. Nurse unconscious patients with e.g head injury.				
3.29. Nurse unconscious patients with e.g Diabetic coma.				
3.30. Transfer patients to other wards.				
3.31. Discharge patients.				

4. The promotion and maintenance of the hygiene of a patient.

	ALWAYS	SOME TIMES	SELDOM	NEVER
4.1. Do bed baths.				
4.2. Do baby baths.				
4.3. Do mouth washes.				
4.4. Assist patients to dress.				
4.5. Shave male patients.				
4.6. Do damp dusting.				
4.7. Sluice soiled linen.				
4.8. Do vulval swabbings.				

5. The promotion and maintenance of the physical comfort of a patient.

	ALWAYS	SOME TIMES	SELDOM	NEVER
5.1. Put patients in correct position.				
5.2. Change soiled linen.				
5.3. Make beds.				

6. The prevention of physical deformity and other complications in a patient.

	ALWAYS	SOME TIMES	SELDOM	NEVER
6.1. Change position of bedridden patients.				
6.2. Help patients to do passive exercises.				
6.3. Treat back and pressure parts.				
6.4. Get the patient out of bed.				
6.5. Do antenatal exercises.				

	ALWAYS	SOME TIMES	SELDOM	NEVER
6.6. Do postnatal exercises.				

7. The supervision over and maintenance of a supply of oxygen to a patient.

	ALWAYS	SOME TIMES	SELDOM	NEVER
7.1. Administration of oxygen.				
7.2. Monitoring of a patient on continuous oxygen.				
7.3. Suctioning of a patient.				
7.4. Do mouth-to-mouth respiration.				

8. Taking of the vital signs of a patient.

	ALWAYS	SOME TIMES	SELDOM	NEVER
8.1. Take/ record temperasture •				
8.2. Take/record pulse •				
8.3. Take/record respiration •				
8.4. Take/record blood pressure •				
8.5. Report abnormal vital signs readings to seniors.				

9. Maintenance of intake in a patient.

	ALWAYS	SOME TIMES	SELDOM	NEVER
9.1. Dishing out meals for unit patients				
9.2. Feed helpless patients.				
9.3. Insert naso-gastric tubes.				
9.4. Give naso-gastric feedings.				
9.5. Feed babies.				
9.6. Prepare oral rehydration fluids.				
9.7. Put up intravenous infusions (drips)				
9.8. Change intravenous infusion bottles (drips)				
9.9. Record intake.				
9.10. Change balfec charts.				
9.11. Ensuring sufficient drinking of water / other fluids in patients.				

10. Maintenance of elimination in a patient.

	ALWAYS	SOME TIMES	SELDOM	NEVER
10.1. Give patients bedpans and urinals.				
10.2. Insert female bladder catheters.				
10.3. Do male catheterisation.				
10.4. Empty colostomy bags.				
10.5. Empty urine collecting bags.				
10.6 Give enemas.				
10.7 Pass rectal tubes.				
10.8. Observe e.g. stools, vomitus, sputum.				
10.9. Report observations e.g. blood in stools, diarrhoea, vomiting.				
10.10. Record output.				

11. The promotion of communication with a patient during his care.

	ALWAYS	SOME TIMES	SELDOM	NEVER
11.1. Explain the hospital routine to patients.				
11.2. Explain nursing procedures to patients.				

12. The preparation of individuals and groups for the execution of diagnostic procedures and therapeutic acts by a registered person.

	ALWAYS	SOME TIMES	SELDOM	NEVER
12.1. Prepare patients for X-rays.				
12.2. Prepare patients for diagnostic tests e.g. (a) Barium meal				
(b) Barium enema				
(c) Intravenous Pyelogram				
(d) Ultra sound.				

13. The preparation for and assistance during surgical procedures under anaesthetic

	ALWAYS	SOME TIMES	SELDOM	NEVER
13.1. Explain the operation to patients.				
13.2. Overseeing the signing of a consent form for operation.				
13.3. Prepare patients for operation.				
13.4. Scrub for operations.				
13.5. Transport patients to theatre for operation.				
13.6. Receive patients back from theatre.				

14. The care of a dying patient and a recently deceased patient.

	ALWAYS	SOME TIMES	SELDOM	NEVER
14.1. Remain with a dying patient.				
14.2. Break the death message to relatives.				
14.3. Laying out of the dead.				
14.4. Wheeling the corpse to the mortuary				
14.5. Identifying a corpse for removal from the mortuary.				
14.6. Issue out corpses to relatives.				

15. Routine ward administration.

	ALWAYS	SOME TIMES	SELDOM	NEVER
15.1. Count dirty linen to the laundry.				
15.2. Receive clean linen from laundry.				
15.3. Daily ordering of meals for patients in the unit/ward.				
15.4. Do inventory.				
15.5. Collecting drugs from pharmacy. (except schedule 5-7 drugs)				
15.6. Taking specimens to the laboratory.				
15.7. Collecting supplies from stores, e.g. stationery				
15.8. Taking patients to different treatment areas, e.g. X-ray, theatre, physiotherapy, occupational therapy.				

16. List duties which you perform which you think should be done by General Assistants

	ALWAYS	SOME TIMES	SELDOM	NEVER
16.1.				
16.2.				
16.3.				
16.4.				
16.5.				

17. List other duties which you perform which have been left out.

	ALWAYS	SOME TIMES	SELDOM	NEVER
17.1.				
17.2.				
17.3.				
17.4.				
17.5.				