

The professional nurse's scope of practice: a historical, South African perspective

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Abstract

Nurses often reminisce about the “good old days” of nursing by sharing old photos and anecdotes. Historical artifacts illustrate changes in society and nursing. This article explores the history of nursing, and identifies some of the changes evident in the South African professional nurse's scope of practice. The 19th century basic hygienists evolved into 21st century, independent, scientifically minded, professional practitioners who have the potential to contribute significantly to the multidisciplinary healthcare team.

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Introduction

Nurses often reminisce about the “good old days” of nursing. On social media they share dated black and white photos which portray serious young women in long, wide, starched dresses wearing short white veils or small caps. Few modern nurses would attempt to don the elegant, but cumbersome (consider mobility during a resuscitation) long-sleeved (every infection control practitioner is cringing right now) dresses. These old nursing photos illustrate not only how fashion changed, but also how the status of women in society changed over the years. In comparison with 19th century women, most modern women enjoy a greater measure of social, political and economic freedom.

If historical artifacts such as these old photos effectively illustrate changes in society, what does it tell us about the scope of nurses' practice? Are there changes evident as well? This article explores the history of nursing and identifies some of the historical changes evident in the South African professional nurse's scope of practice.

The scope of nursing practice in the 19th century

“It is the surgeon who saves a person's life. It is the nurse who helps this person to live” – Florence Nightingale

The effect that the year 1854 had on warfare, newspaper reporting and nursing was unexpected. For the first time

in the history of modern warfare, France and England's defense of Turkey against Russian invasion was not reported by the generals, but by a civilian reporter of the *The London Times*. The plight of soldiers wounded in the Crimean War was brought to the attention of the British public. It caused a huge outcry, especially when it became evident that the French army, with their Sisters of Charity in attendance, was able to provide better care to their wounded.

Then Florence Nightingale, her group of 40 nurses and Scutari Hospital entered the history of nursing. The initial nursing challenges were basic ones – food and hygiene. Florence Nightingale commenced caring for the injured soldiers “by setting up five diet kitchens and a laundry”. Within six months, from February 1855 to June 1855, the death rate of the wounded soldiers reduced from 42% to only 2%.

Florence Nightingale was a brilliant administrator, and also introduced nursing to the principles of science. She used mathematical and statistical principles to illustrate the value of proper nursing care, wrote the first book on nursing, and placed nurses' feet firmly on the scientific nursing process pathway. She believed that a holistic healthcare approach should be used in nursing, and that prevention was better than cure. Florence Nightingale's beliefs were carried through the world by those she trained, and in this, the religious sisterhood played an important role in bringing these nursing ideals to South Africa.



Source: McGregor Museum, Kimberley

A document in the archives of Kimberley's McGregor Museum summarises the 1896 *Rules and regulations for the guidance of the nursing staff*. The list of duties for sisters and staff nurses included the following: "They shall attend personally to and make the beds of the most serious cases", and "They shall take care that the diets are properly and duly distributed". In fact, one of the rare photos of Henrietta Stockdale shows her presiding over the distribution of food to patients.

Of course the McGregor archival document also contains gems such as: "They shall from time to time carefully inspect the patients' lockers in order to prevent any prohibited articles of diet or any liquor being provided to them by their friends", and "They shall, subject to the approval of the medical attendant, see that every patient who is well enough has a cleansing bath on admission, and afterwards at least once a week, and that patients who are not well enough to take a bath are properly washed in bed".

It is evident that 19th century nurses were engaged in basic healthcare matters relating to food and hygiene. It is also interesting to note that the nurse needed the approval of the medical practitioner to perform a basic task, such as a bath. 19th century nurses depended on the medical practitioner's guidance, and their independence and scope of practice were limited.

The scope of nursing practice in the 20th century

"Nursing has progressed from the task-oriented technical procedure situation of the servant nurse during the pre-Nightingale period to practice by a specially prepared person whose education enables her to exercise the discipline of nursing" – Charlotte Searle

Although nurses in the 20th century still busied themselves with the management of the patient's basic needs, e.g. diet, hygiene and exercise, the role of the professional nurse

became more sophisticated. Nurses no longer needed to receive the medical attendant's approval before a patient received a bed bath. To this day, giving a bed bath to a weak patient is a daily occurrence managed (independently) by nurses. Nursing in the 20th century became a humanistic science with a holistic healthcare approach, just as Florence Nightingale envisioned. Modern day nurses still determine patient care priorities by using Florence Nightingale's scientific nursing process.

The scope of the professional nurse broadened, and those working in the 1950s were required to provide nursing care which addressed the patient's physical, social, emotional and mental health needs. Then, in the 1980s, the nurse's scope became even more comprehensive owing to the fact that "nursing has steadily absorbed functions which were once medical functions".

The extent to which medical duties were being transferred to the nurse was determined in a 1986 World Health Organization study. It was found that in the 81 countries that were part of the study, at least 15 functions previously regarded as the sole responsibility of the doctor became the responsibility of the nurse. These included examining the sick person, identifying the reason for the illness, treating acute illness, and even managing major health problems in communities. These nursing actions became especially evident in the intensive care and primary healthcare sectors.

Nursing tasks increased, and the professional nurse's independent function was confirmed in the scope of practice issued by the South African Nursing Council (SANC). It is explained in the scope of practice of the registered nurse that the nurse is responsible for "diagnosing a health need and prescribing, providing and executing a nursing regimen to meet the needs of a patient or group of patients". This statement confirms the changing scope of nurses from being dependent, basic hygienists in the 19th century to independently functioning scientific and holistic care givers in the 20th century.

It is comforting that the tasks historically given to nurses are still evident in the scope of practice. The professional nurse is still held responsible for "prescribing, promoting or maintaining the hygiene, physical comfort and reassurance of the patient", as well as "facilitating the maintenance of nutrition of a patient".

The scope of nursing practice in the 21st century

The role of nursing in the 19th century extended to attending to the basic needs of the patient, and being the hand maiden of the medical practitioner. Today, nursing is an independent, scientific profession. The International Council of Nurses (ICN) explains that the profession now accepts responsibility

for "giving direct care, supervising others, leading, managing, teaching, undertaking research and developing the health policy for healthcare systems".

These complex roles are easily recognisable when the professional titles currently evident in nursing are considered. The SANC issued a position paper in 2012 in which the ICN definition of an advanced practice nurse (APN) was accepted. A nurse in this category has obtained a Master's degree. The SANC differentiates between two categories of an advanced practice nurse in the 2012 position paper, namely:

- The nurse specialist who has a postgraduate diploma in a specific field of nursing, e.g. pediatrics, trauma and theatre), and is therefore considered to be an expert in the field
- The advanced nurse specialist is recognised as a nurse specialist who has expertise in a specific field of nursing, and also participates and contributes to the profession by being involved in research and/or contributing to the formulation of health policies.

Society, politics, technology and environmental factors are changing the 21st century professional nurse's scope of practice. Vasuthevan states that "these realities transfer multiple challenges onto nurses and midwives, which require significant dedication to obtaining the knowledge and new skills necessary to maintain safe, quality service delivery". This statement is in line with the ICN's position which states that nurses must conduct research that will contribute to the unique body of knowledge in nursing.

The ICN also calls on nurses to actively participate in formulating health policies which are to the benefit of the community. The current South African healthcare system is "nurse based". Who can better speak on behalf of health care than its backbone, the nurse?

Conclusion

Historically, nurses' uniforms changed, and so did their scope of practice. The 19th century basic hygienists evolved into

21st century, independent, scientifically minded, professional practitioners who have the potential to contribute significantly to the multidisciplinary healthcare team.

The professional nurses' broadening scope of practice requires expert, knowledgeable nurses, who are required to effectively manage the time that they have available for nursing tasks. These are the challenges of nursing in the 21st century. How they solve it will become a matter of history.

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