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## An Investigation of the Feasibility of Raising the Level of Nursing Education in the Nyadiri Mission Hospital School

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COLLEGE OF MEDICAL EVANGELISTS

School of Graduate Studies

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Thesis  
1958

AN INVESTIGATION OF THE FEASIBILITY OF RAISING  
THE LEVEL OF NURSING EDUCATION IN THE  
NYADIRI MISSION HOSPITAL SCHOOL

by

Elma J. Ashby

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A Thesis in Partial Fulfillment  
of the Requirements for the Degree  
Master of Science in the Field of Nursing

47133

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June, 1958

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I certify that I have read this thesis and that in my opinion it is fully adequate, in scope and quality, as a thesis for the degree of Master of Science.

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## CHAPTER I

### INTRODUCTION

For several years Church Missions in Southern Rhodesia, Central Africa, have supplied most of the educational facilities for the indigenous people. "Ninety per cent of all children in school are in Mission schools."<sup>1</sup> The local government has given full cooperation and some financial assistance in this work. The training of nursing personnel has held a prominent place in this educational scheme, but the emphasis has necessarily been on training numbers rather than a few of high quality.

Recently there has been a growing realization of the need for higher quality in nursing education, with special health emphasis, but no definite study of the situation or problems involved, has been made by the Mission groups concerned.

In raising the standards of nursing in any country it is important to work within the cultural patterns of the people and to begin at the level of nursing that exists within the individual country. It was said by Benjamin Paul:

People evaluate the acceptability of newly offered advice according to their own matrix of culturally conditioned understanding. New items of information must be fitted into this matrix if they are to be received at all.<sup>2</sup>

There are various training programs for native nurses in the

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<sup>1</sup>Arthur Henry Mochlman, and Joseph S. Rouseck, (editors), Comparative Education (New York: The Dryden Press, 1953), p. 430.

<sup>2</sup>Benjamin Paul (ed.), Health, Culture and the Community (New York: Russell Sage Foundation, 1955), p. 5.



different African territories, including the Union of South Africa. In Southern Rhodesia the nursing orderly and nursing assistant courses are offered, but no course on the professional level.

Gelfand, in describing the work of the nursing orderly says:

The role of the African nurse differs from that of the European nurse, male or female. Not infrequently the African nurse is placed in a position midway between that of doctor and nurse. Africa today requires the nursing orderly to assume responsibility in the dispensaries, clinics or hospitals.<sup>3</sup>

Nyadiri Mission is located eighty miles from Salisbury, the capital city of Southern Rhodesia, and it serves a large area. The Mission Hospital maintains a school for nursing orderlies which is approved by the government.

#### I. THE PROBLEM

Statement of the problem. It was the purpose of this study to discover what would be required to raise the level of nursing education at Nyadiri Mission Hospital School, from that of registered nursing orderly to registered nurse, and to determine if it would be feasible at this time to endeavor to meet these requirements.

Need for the study. The greatest need among the indigenous people is for health education, and it is essential that nurses be better prepared to participate in this important work. The professional nursing supply is infinitesimal compared with the needs.<sup>4</sup>

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<sup>3</sup>Michael Gelfand, African Medical Handbook (Capetown: The African Bookman, 1947), Preface.

<sup>4</sup>World Health Organization, African Conference on the Development of Nursing Education in Countries South of the Sahara (Kampala, Uganda, 28 September to 7 October, 1953), p. 35.



The rapid educational, industrial, and social changes now in progress give great urgency to the question of the training of young women nurses, and it is important that a sound educational pattern be developed. The Mission hospitals train only young women at present. The question of quality is a vital one as today's trainees will become the leaders or trainers of tomorrow.

The World Health Organization Conference on Africa in 1963, points up the trend for African girls to make nursing a career, which parallels the gradual improvements in general education for girls.<sup>5</sup> These girls should have an opportunity to obtain a professional education which will meet their needs physically, emotionally, spiritually and intellectually, and prepare them to meet more nearly the needs of the community.

## II. LIMITATIONS AND SCOPE OF STUDY

The problem is limited to one Mission Hospital of about one-hundred beds, located eighty miles northeast of the city of Salisbury, which is the capitol city and seat of the Federal Government of Rhodesia and Nyasaland. The hospital provides fairly good clinical experience, and it serves a large community but no figures are available as to the population of this area.

## III. METHOD OF STUDY

The normative-survey method was used in this study. Information was acquired through survey of literature, correspondence, and

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<sup>5</sup>Ibid.

questionnaires.

To study prevailing conditions and cultural influences which affect nursing in Southern Rhodesia, investigation was made in various aspects including the following:

1. Geographical and population factors.
2. Economic factors and resources.
3. Religious background.
4. Cultural and social factors.
5. Educational factors.
6. Status of nursing.
7. Status of Medicine.
8. Health needs and prevalence of disease.
9. Government requirements for qualified nurses' course.
10. The Nyadiri hospital and school of nursing.

Four different questionnaires were designed and sent: (1) to the Registrar, Medical Council of Southern Rhodesia, regarding the number and types of nurses registered; (2) to the Staff Matron, Department of Health, Salisbury, regarding government requirements for the registered nurses course; (3) to the Medical Superintendent, Nyadiri Mission Hospital, regarding resources available for nurses training; and (4) to African Secondary Schools, regarding number of students in the different programs, and the number desiring to study nursing. The data obtained was analysed and tabulated.

#### IV. DEFINITION OF TERMS

1. Registered nurse. In this study the term is applied to a person who has completed the four year course prescribed by the

government of Southern Rhodesia, and has successfully passed the examination set by the Medical Council, oral, practical, and written, in Medical and Surgical Nursing. Such a person is styled a "general nurse" and is also considered a "professional person".

2. Qualified nurse. The term as herein used simply means a registered nurse.

3. Midwife. A general nurse who has had six to nine months midwifery training, after completing her basic general course; or she may have had eighteen months to two years of midwifery training without having taken general nursing.

4. Fever nurse. One who has had special preparation in the nursing of fever cases, and, may or may not have had other basic training.

5. Maternity nurse. Those holding part I only of the midwifery certificate. This means that they have had basic training in maternity nursing, but have not completed the full midwifery course.

6. Mental nurse. One who has had three and one-half or four years of basic training in a mental hospital.

7. Matron. A term applied to a woman who has official charge of the domestic arrangements of a hospital, school, prison, etc.<sup>6</sup> As used in this study, the term also means a professional person and nurse, as described in number one above. The Matron is usually a person of considerable experience and may or may not be a married woman.

8. Sister Tutor. A term applied to one who teaches or instructs

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<sup>6</sup>C. T. Onions. (ed.), Oxford Universal Dictionary on Historical Principles (3rd ed.; Oxford at Clarendon Press, 1955).



in nursing. Such a person has had a post-basic course in teaching and possesses a Tutor's diploma.

9. Ward Sister. The term Sister means a member of a body of nurses. A head-nurse having charge of a ward or wards in a hospital is termed a Ward Sister.<sup>7</sup>

10. Nursing orderly. A man or woman who has completed a three year educational program for nurses as prescribed by the Rhodesian government for Africans, has passed the examination given by the Medical Council in medical and surgical nursing and is registered with the council.

11. Midwifery assistant. A person trained in a two year course for midwifery and having passed an examination set by the Public Health Department. This course is on a sub-professional level.

A nursing orderly may take an additional year's training in midwifery and be recognized as a midwifery assistant as well as an orderly. In general she does about the same work as a fully trained midwife.

12. Training School. In this study a hospital School of Nursing is styled a Training School. The Matron of the hospital is often "Head of the Nursing Service" and "Head of the Training School." She is responsible for the satisfactory conduct of the educational programs within the school, as well as for providing a safe level of nursing care.<sup>8</sup>

13. Standard VI. A primary school term which approximates the

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<sup>7</sup> Ibid.

<sup>8</sup> Charlotte G. Searle, "Nursing Education in South Africa," International Nursing Review, 57:49-52 (May, 1957), p. 56.

eight grade level in the United States.

14. R. J. C. or Junior Certificate. Those holding this certificate have completed a two year, post-standard VI course, or two years of high school work.

15. U. J. C. or Union Junior Certificate. Those holding this certificate have completed three years of high school work.

In the Union of South Africa a "Junior Certificate" signifies that the student has had at least ten years of successful schooling and has enjoyed three years of high school.<sup>9</sup> This level of achievement is often called Form III in Rhodesia.

#### V. SUMMARY

Education of the African in Southern Rhodesia has been largely carried on by Church Missions with government support, and the training of nursing personnel has held a prominent place in the educational scheme. This training has been on a sub-professional level due to the educational background of the trainees and the urgent need for numbers of workers.

The greatest need among the indigenous people is for health education, and it is essential that nurses be better prepared to participate in this important work.

Due to the rapid educational, industrial, and social changes now in progress, great urgency is given to the question of the training of young women as nurses. These young women should have an opportunity to

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<sup>9</sup>Ibid., p. 50.

obtain a professional education which will meet their needs physically, emotionally, spiritually and intellectually, and prepare them to meet more nearly the needs of the community.

It is hoped that this study will "pave the way" for such a professional course to be established at Nyadiri Mission Hospital. The following chapter will give the geographical and cultural background as related to the development of nursing in Southern Rhodesia.

## CHAPTER II

### FACTORS INFLUENCING THE STUDY

In this study the chief concern is directed toward answering the question of what would be required to raise the level of nursing education at Nyadiri Mission Hospital, but it is also important to understand the environmental and cultural patterns of the people especially as they are related to the development of nursing and nursing education.

#### I. GEOGRAPHICAL AND POPULATION FACTORS

A report in the Rhodesian Herald said:

The Federation of Rhodesia and Nyasaland is in South Central Africa and extends for a thousand miles from south to north. It consists of the self-governing colony of Southern Rhodesia and the Protectorates of Northern Rhodesia and Nyasaland.

The area of the Federation is approximately 490,000 square miles or an area as large as the combined areas of the United Kingdom, Ireland, France, Belgium, the Netherlands, Switzerland, Western Germany and Denmark.

Of this Federal area, 150,333 square miles are in Southern Rhodesia, 290,323 in Northern Rhodesia and approximately 49,000 in Nyasaland (including 12,000 square miles of water).<sup>10</sup>

Reference to Figure 1, will show the exact location of the Federation, and the capital city of Salisbury.

The population of the Federation officially reported in 1956 was:

7,261,000, of whom 251,000 are Europeans, 6,980,000 Africans and 30,000 other races (almost all Asians and Coloured).

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<sup>10</sup> N. S. Ferris (ed.), Know Your Rhodesia and Know Nyasaland. Three hundred Selections from the Rhodesian Herald (Salisbury, Southern Rhodesia: Rhodesian Printing and Publishing Company, 1956), Preface.

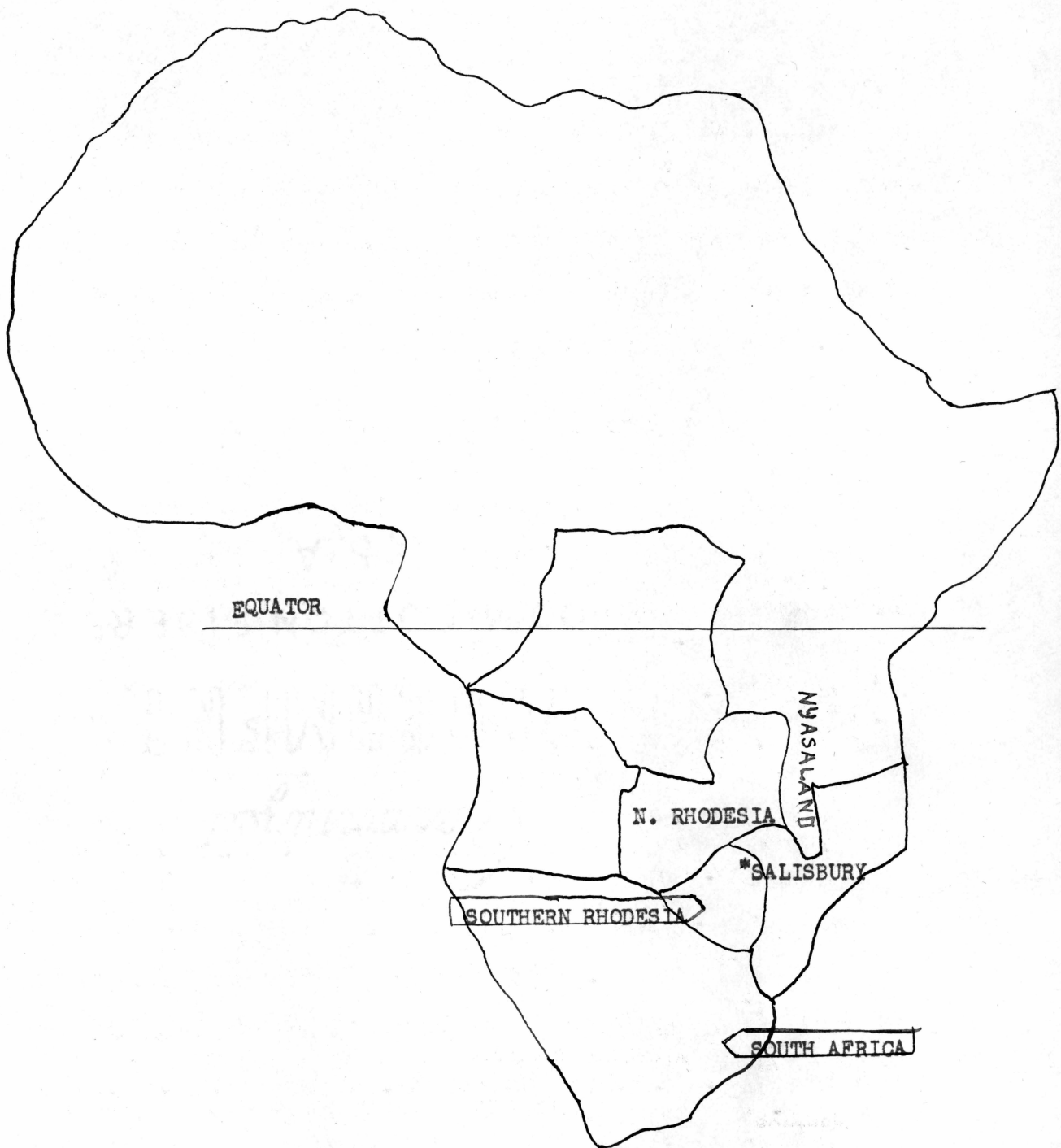


FIGURE 1  
MAP OF AFRICA SHOWING  
THE FEDERATION



In Southern Rhodesia there are 178,000 Europeans, 2,290,000 Africans and 13,200 other races. For Northern Rhodesia the respective figures are 66,000, 2,110,000 and 7,100. For Nyasaland they are 6,800, 2,580,000, and 9,800.

Salisbury, in Southern Rhodesia, is the capital and largest city of the Federation. The municipal area and suburbs have a population of over 200,000 (62,000 European, 142,000 Africans and 3,800 other races).<sup>11</sup>

Climate. The country is wholly within the tropics, but the upland areas have a temperate climate, the lowlands along the basins of the largest rivers have a subtropical climate.<sup>12</sup> There are definite wet and dry seasons. Rain falls in the summer months from November through March. During this period in rural areas roads often become impassable. River beds through which one can drive a motor car easily in the dry season become raging torrents in the rainy season. Where there are fairly good roads, bridges are often damaged or covered with water and impassable when rivers are in flood.

Regarding transportation Simmons says:

The colony is reasonably well supplied with all weather roads and rail connections. . . . Air transport is maintained between Salisbury and Bulawayo and other countries of Africa, Great Britain and continental Europe.<sup>13</sup>

Nyadiri Mission serves a large farming area. Reference to Figure 2, will show the location of the mission work. Homes are scattered and distances are great when one thinks of traveling mostly by foot or bicycle. There are some country roads over which cars can travel at least

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<sup>11</sup>Ibid.

<sup>12</sup>James S. Simmons, and Others, Global Epidemiology - A Geography of Disease and Sanitation, Vol. II, "Africa and the Adjacent Islands" (Philadelphia: J. B. Lippincott Company, 1951), p. 194.

<sup>13</sup>Ibid., p. 196.

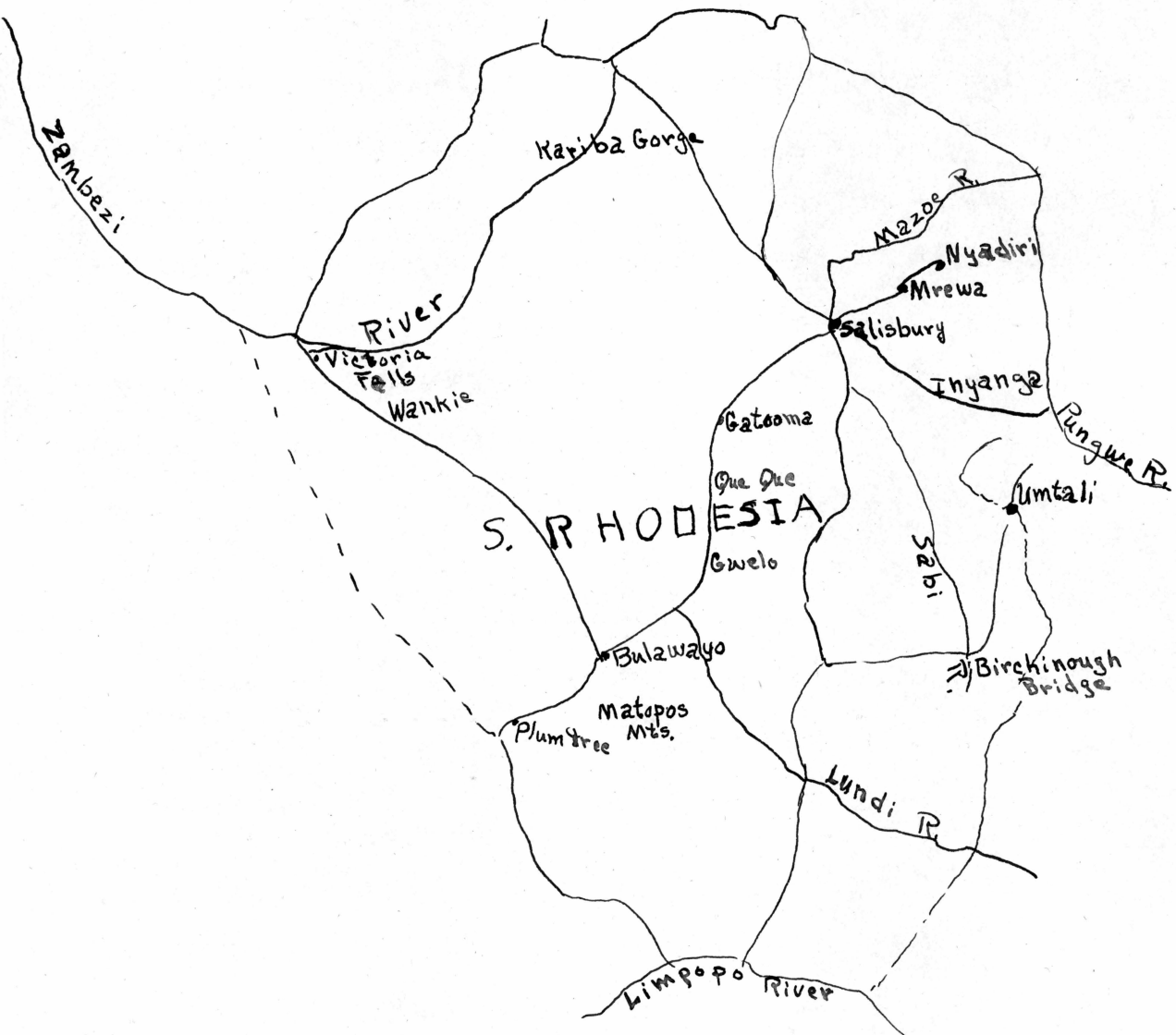


FIGURE 2

MAP OF SOUTHERN RHODESIA SHOWING  
LOCATION OF NYADIRI AREA

during the dry season.

Housing. It varies from the poor mud hut to the good brick house. In towns and cities housing projects for the Africans are bringing wide spread improvement.<sup>14</sup> In rural areas a family of four to six or more persons may live in one small mud hut about fourteen feet across, no windows and often no door. They may or may not have a separate small kitchen. The only furniture is a reed mat which when spread on the ground floor serves as table and chairs by day, and becomes the bed by night. Usually there are no sanitary facilities and the only water supply is a river heavily infected from soil contamination. In the Native areas or reserves, water supplies are generally inadequate and always contaminated.

During the rainy season the people have little protection, houses are damp and the weather is often quite cold especially at night. The only comfort comes from a little fire in the center of the floor, which fills the room with smoke causing eye irritation. Frequently a small child is severely burned by accidentally rolling into the fire at night while parents sleep. Because of poor housing pneumonia is a common occurrence, especially among the children.

## II. ECONOMIC FACTORS AND RESOURCES

Southern Rhodesia is an agricultural country. There are many small independent African farmers, however, the women and children and older men do most of the farming. The Department of Native Agriculture conducts an agricultural extension work in all native areas. Cattle

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<sup>14</sup>Ibid.

raising is important to the African farmer, and in local areas wealth is reckoned by the number of cattle owned. The people have a tendency to overstock these animals and soil erosion results.<sup>15</sup>

Ferris says:

Southern Rhodesia has a wide diversity of farming and ranching interests with tobacco the largest crop in monetary value. The products of the mining industry include gold, asbestos, chrome and coal. There is an important iron and steel industry. Manufacturing industries have expanded greatly in recent years.<sup>16</sup>

The younger African men work mostly in the mining and manufacturing industries and as laborers on European farms. They are often away from home and family for long periods of time.

This absorption of young men into industry makes the task of education for the professions more difficult. As soon as they have acquired a measure of education these young men look for an occupation which brings immediate reward, rather than spend long years in preparation for a more exacting profession. This is one of the reasons that young women are taking over in the nursing profession as has already been cited.

It has been said that at the present rate of increase the African population in Southern Rhodesia would double itself in twenty years. It is therefore important to increase African productivity in order that they may play their part in the creation of national wealth on which their rate of progress depends. There has been an increased efficiency of the African employed in industry, but still there are large numbers

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<sup>15</sup>Mehlman and Roucek, loc. cit.

<sup>16</sup>Ferris, loc. cit.



who are not producing enough wealth.<sup>17</sup>

Rhodesia has almost unlimited resources for development. One of these which indicates bright prospects for expansion is the Iron and Steel Commission. The present output is about 35,000 tons a year. The need in the two Rhodesias alone is over 120,000 tons a year.<sup>18</sup>

There are immense coal deposits in several parts of the country but only one field is being worked and the demands for coal far exceed the supply.

Under normal climatic conditions Southern Rhodesia provides most of its own basic foodstuffs and there are some exports. The most valuable exports are tobacco and chrome.

### III. RELIGIOUS BACKGROUND

African people are not all alike--there are many differences in tribal customs and language. This study deals chiefly with the people of "Mashonaland," the area in and about Salisbury, in the Northeastern part of Southern Rhodesia. The language of the area is called "Shona."

According to Dr. Gelfand, the religion of the Mashona people was really a spirit worship--the "Ancestral Spirits." There were the immediate family group, and the larger family group of spirits. The Shona respects the dead and fears his ancestral spirits. He would use charms, medicines and carry out many rites to please or appease the spirits. He looked upon the "spirits" as having supernatural power and ready to

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<sup>17</sup>A. W. Wells, Southern Africa - Today and Yesterday (London: J. M. Dent and Sons, 1956), p. 179.

<sup>18</sup>Ibid., p. 198.

punish if he did something wrong. For this reason he was a law-abiding citizen in his own environment. Every effort has been made to replace his beliefs by those of Christianity.<sup>19</sup>

The education of the African people has been largely in the hands of the Protestant and Catholic Missions and thousands have become Christians. Accepting Christianity has not been easy for the African people. The fear of jealous ancestors and witchcraft were almost universal and society allowed no individuality. In the early days of Christian Missions anyone departing from the old spirit ways might be put to death.

#### IV. SOCIAL AND POLITICAL FACTORS

Civilization as we know it came to Central Africa at the close of the nineteenth century, and is only a little more than sixty years old.

The tribal beliefs were one of the strongest supports of the native social order. Tribal society was essentially democratic. There were village meetings and a tribal council. The chief was a constitutional monarch, and no decision could be made except on advice of his council. The council was closely bound by the will of the people expressed in the village meeting. The British maintained this tribal social order in the large native areas and the chief still functions, but today there is a breaking down of the old tribal society even in the back villages, and especially in the town locations.<sup>20</sup>

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<sup>19</sup>Michael Gelfand, Medicine and Magic of the Mashona (Capetown: Juta and Company, 1956), p. 168.

<sup>20</sup>Charles Bullock, The Mashona and the Matabele (Capetown: Juta and Company, 1950), p. 216.

Nationalism is very strong--it is patriotism expressed in terms of race, but the African people realize that Africa needs all the races to reach maximum development.

The most interesting political development recently was what Wells called "The Birth of a Nation," the Federation of the Rhodesias and Nyasaland. He describes this government as follows:

Each of these territories continues to enjoy the same constitutional status as before the Federation, but now there is a Federal Assembly, consisting of 35 members, of whom 14 are elected from Southern Rhodesia, eight in Northern Rhodesia, and four in Nyasaland; six African members, of whom two are elected in each territory; three European members charged with special responsibilities for African interests of whom one is elected in Southern Rhodesia and the other two appointed, one each by the Governors of Northern Rhodesia and Nyasaland. . . . The African in the Federation . . . is to share in European privileges to the full as he attains to European educational, ethical, and cultural standards. . . . There is to be ultimate partnership between European and African.<sup>21</sup>

Gunther says:

The ratio of black to white is thirteen to one in Southern Rhodesia, 42 to one in Northern Rhodesia, and 588 to one in Nyasaland. . . . The idea is to melt them down into a multiracial harmony, . . . with the Africans being gradually permitted more share in government and administration.<sup>22</sup>

Further evidence of the new outlook in Rhodesia was the election of Garfield Todd, spoken of today as the new Premier of Southern Rhodesia, as its leader in ethical, commercial, industrial and racial affairs. Mr. Todd "has been superintendent of the Dadya Mission in the heart of the bush; and the fact that a typical white community in Africa should elect a missionary as its leader . . . is quite extraordinary."<sup>23</sup>

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<sup>21</sup>Wells, op. cit., p. 172-173.

<sup>22</sup>John Gunther, Inside Africa (New York: Harper and Brothers, 1955), p. 603.

<sup>23</sup>Wells, op. cit., p. 173.



## V. EDUCATIONAL BACKGROUND

In Southern Rhodesia standards of education are relatively high.

Simmons says:

Primary and secondary schools are maintained by the government for European, Indian and Coloured children. However, native education is largely in the hands of the Protestant and the Catholic Missions, though controlled by the government through grants to approved schools. . . . The government has made a consistent effort to raise the standard of living on the reserves; the maintenance of agricultural schools . . . , and the employment of trained demonstrators to advise the people regarding home building, village planning, and improved methods of agriculture are prominent features of the educational program.<sup>24</sup>

In speaking of education in Central Africa, Moehlman and Roucek have said that "Ninety per cent of all children in school are in Mission Schools."<sup>25</sup>

These authors also point out that emphasis is being placed on the importance of education in the control and prevention of disease.<sup>26</sup>

Reference to Figure 3, will explain the system of education used in Southern Rhodesia.

The Church Mission schools are largely of Central Primary level. The Government maintains two Secondary Schools for Africans. Equal opportunities are provided for both girls and boys. Schools are co-educational, but boys usually outnumber girls two to one and more in the upper classes. This is due in part to the cultural pattern and belief that women do not need an education, and in part to economic factors. The girl may have to stay home and work the fields to make it possible

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<sup>24</sup>Simmons, op. cit., p. 195.

<sup>25</sup>Moehlman and Roucek, loc. cit.

<sup>26</sup>Ibid., p. 431.



FIGURE 3

COMPARISON OF THE EDUCATIONAL GRADE PLACEMENT OF SOUTHERN  
RHODESIA WITH THAT IN THE UNITED STATES

				Arts and Sciences only in 1957-58			
				Rhodesian Certificate			Qualifies for entrance to
United States Grade Equivalents	14	Form VI	Senior				University
	13	Form V					
	12	Form IV					Medicine, higher teacher training and other vocations
	11	Form III	Junior	U.J.C.			Higher teacher training, higher nurses training and other vocations
	10	Form II		R.J.C.			
	9	Form I					
	8	*Std. VI					Teacher training, nursing, agricultural and vocational training
	7	Std. V					
	6	Std. IV					
	5	Std. III					
	4	Std. II					
	3	Std. I					
	2	Sub B					
	1	Sub A					

\*Standard

for the boy of the family to attend school.

The African is very much aware of the need for education and great strides are being made in this area. Fifty years ago few African children had ever seen a school. Today almost every child has the opportunity of at least two or three years of schooling. At present only a selected few go above Central Primary.

One of the two government secondary schools, Goromonzi, opened in 1946 follows the Cambridge School Certificate. This level is equal to four years of high school in the United States. Ferris says:

In 1954, 58 pupils passed the examination for this certificate. The school has now expanded to include forms five and six, and the first group of pupils to take the Higher School Certificate did so in 1955, four passing. The Higher School Certificate is the qualifying examination for entrance to the new Rhodesian University. . . . The majority of the pupils leave school at the end of the School Certificate course. Nine of the former students of the school are taking medical training at Natal University and three at the University of the Witwatersrand. Most pupils of the school follow careers such as teaching, clerical work, commerce and newspaper work.<sup>27</sup>

The universities mentioned above are in the Union of South Africa. The Rhodesian University opened in March, 1957, and is inter-racial but there is no medical training facilities as yet.

## VI. STATUS OF NURSING

Within the British territories there are various standards of nursing, but it is believed that nurses should administer nursing service and teach nursing. A few African nurses are becoming qualified for these higher posts by taking courses in the Union of South Africa.

In Southern Rhodesia, as has already been pointed out, the African

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<sup>27</sup>Ferris, op. cit., p. 23.

nursing orderly is frequently placed in a position midway between that of the doctor and nurse, and must assume responsibility in dispensaries, clinics and hospitals.

Nurses training is on a sub-professional level due to the lower standard of education. The educational prerequisite for nursing is standard VI, or eighth grade.

The World Health Organization Conference on Africa in 1953 points out the fact that a decreasing number of male nursing orderlies or medical assistants were being trained, and some of those already in the field were leaving the medical work for other services. Young men who obtain a higher education are going on to be medical doctors.

This loss to nursing is being offset by the increasing trend for African girls to make a career of nursing, but this also creates new problems. In traditional African society young unmarried girls had little or no status and few responsibilities, though following marriage, in general, women played an important part in public and community activities.

It was felt that girls in training faced a new kind of life to which adjustment was very difficult. They needed a good deal of help to resolve the personal conflicts of a changing culture, and they found it very difficult to pass on knowledge to their own people. This problem was a big one especially in the health services.<sup>28</sup>

Native nursing orderly training schools are operated in Bulawayo and Salisbury, and also maternity assistant training. Five Mission

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<sup>28</sup>World Health Organization, African Conference on the Development of Nursing Education in Countries South of the Sahara (Kampala, Uganda: World Health Organization, 28 September, to 7 October, 1953), p. 35-46.



schools have nursing orderly training courses.<sup>29</sup>

## VII. STATUS OF MEDICINE

Health Services. The Public Health Department of Southern Rhodesia with headquarters in Salisbury maintains curative and preventive services under the authority of a Medical Director. Curative services include hospitals, maternity homes and clinics, laboratory and training facilities, liaison with mining companies, missions and other agencies. Preventive services include sanitation, control of Communicable Diseases, maintenance of medical, dental, and nutritional services in schools, regulation of industrial health conditions, training of native hygiene demonstrators, and conduct of research in bilharzia and malaria. A full-time medical officer is in charge in Bulawayo, and in Salisbury.<sup>30</sup>

Medical institutions. The Public Health Department operates fifteen hospitals with European and Native sections, which provide 614 beds for Europeans and 1,258 beds for Natives and other non-Europeans. There are about 90 rural dispensaries for Natives, an 80 bed Maternity hospital in Salisbury and another in Bulawayo, two Leper hospitals, one Mental hospital, a Tuberculosis sanatorium, two Infectious Disease hospitals, and various Mission hospitals partially supported by government subsidies.

There are no medical schools--both medicine and dentistry are

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<sup>29</sup>Native Nursing Orderlies Training Rules (Federal Government Notice No. 269 of 1955, Southern Rhodesia: The Government Printer, 1955), p. 4.

<sup>30</sup>Simmons, op. cit., p. 199.

taken in the Union of South Africa or Great Britain.<sup>51</sup>

The Rhodesian Government is making plans for the development of medical education in the near future. In 1956 a new African hospital was being built Southwest of Salisbury, to provide 1,200 beds, and an out-patient department able to deal with 1,000 persons a day. The hospital has been so designed that it can be used as a teaching hospital for medical students. Almost an exact counterpart is being built in Bulawayo.<sup>52</sup>

#### VIII. HEALTH NEEDS AND PREVALENCE OF DISEASE

A World Health Organization report points out the problem in Africa of providing basic services. It is considered that adequate and safe water supplies, plus adequate sewage control would result in great diminution, and in some areas disappearance of malaria, various forms of dysentery, of hookworm, bilharziasis, sleeping sickness and various flyborne diseases. Improved housing and better nutrition would check the spread of tuberculosis, which in part is due to pressure of increased population on available food supplies. An evident increase in population is in some extent at least, due to health programmes carried out in the past which have greatly lessened the toll of many of the big endemic diseases.<sup>53</sup>

Much has been done to provide better water supply and sanitation. This is an enormous task which can only be successful insofar as the

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<sup>51</sup>Simmons, op. cit., p. 200.

<sup>52</sup>Ferris, op. cit., p. 280.

<sup>53</sup>"Africa Sets a Problem," World Health Organization News Letter (May, 1952), p. 2.

people are educated to understand and practice healthful living.

Bilharzia is a number one problem in Southern Rhodesia; it affects between seven and ten per cent of European schoolboys, and 1,500,000 of the colony's total African population of over 2,000,000.<sup>34</sup> Typhoid and dysenteries are prevalent especially in rural areas. Ancylostomiasis or hookworm incidence is high. Respiratory diseases are prevalent, and tuberculosis is a major problem. Pneumonia has a high mortality among the natives. Eye diseases, especially trachoma is common among the indigenous population. Venereal diseases are also prevalent. Leprosy cases treated in 1948 numbered 1,739 including six Europeans. Tropical ulcers are prevalent in all parts of the country. Nutritional diseases, pellagra, rickets and kwashiorkor, are common in all sections. Small-pox has practically been eliminated by a program of vaccination. There are still small localized outbreaks of diphtheria. Measles, mumps, chickenpox and whooping cough are endemic.<sup>35</sup> Records of the prevalence of disease are incomplete in all areas.

A special issue of World Health Organization News Letter said: "The total African population South of the Sahara numbers approximately 132,000,000, 88% live in malaria infected areas."<sup>36</sup>

A government pamphlet on malaria says:

For those who live outside the big towns, malaria is one of the most important diseases in Rhodesia. Each year it kills many African children, makes unhealthy thousands more, and takes its toll of

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<sup>34</sup>"Bilharzia's Grim Threat," The Rhodesia Herald, October 21, 1957.

<sup>35</sup>Simmons, op. cit., p. 201-205.

<sup>36</sup>"Malaria Eradication," World Health Organization News Letter, 1956.

European life and health.<sup>37</sup>

In underdeveloped territories it is generally advisable to start with emphasis on curative work, and gradually developing preventive services as the people gain understanding and confidence. This practice has been followed in Southern Rhodesia. Health education has made comparatively slow progress. Cultural background and customs of the people hinder progress. Nursing personnel and other health workers have difficulty really believing and practicing the health principles which they are supposed to teach. Custom dictates how things should be done. Offending an ancestor or a spirit is a serious matter and exposes a person to revenge. This may take the form of bewitchment, or infliction of a curse upon the victim. Illness and death or other misfortunes then follow unless the curse is removed by appropriate measures. Western practices are considered to be competent to cure certain physical symptoms and conditions, but not to remove a curse. The "Nyanga" or witch doctor is the only one who can remove the curse.<sup>38</sup> It is only when Christian principles have been thoroughly assimilated that superstition is broken down.

In 1949 the birth rate among the indigenous population was estimated at about 46 per 1000 and a death rate of 18 per 1000. The infant mortality averaged at least 130 per 1000 live births and probably was higher in many areas.<sup>39</sup>

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<sup>37</sup>Department of Health, Malaria and How to Prevent It (Pamphlet No. 13, Salisbury, Southern Rhodesia: The Rhodesian Printing and Publishing Company, 1952), p. 1.

<sup>38</sup>World Health Organization, op. cit., p. 44.

<sup>39</sup>Simmons, op. cit., p. 195.



The greatest need is for health education coupled with maternity and child-welfare work.

#### IX. SUMMARY

Rhodesia is a country of almost unlimited economic resources and with rapidly expanding industries. It enjoys a subtropical climate in the lowlands and a temperate one in upland areas, and has a wide diversity of farming and ranching interests. The African people, for the most part, live in scattered villages and there are many small independent farmers. Communications are fair except in the rainy season when roads often become impassable.

In the village areas housing is poor, few if any sanitary facilities exist and the water supply is often inadequate and almost always contaminated.

The younger men often work away from home in industry and other occupations, and the older men, women and children do the farming. Education of the African is largely in the hands of the mission groups and thousands have become Christians. It is through this group that fear and superstition are broken down and progress is made.

In the new Federation the African is to share in European privileges to the full as he attains to European educational, ethical and cultural standards. It is planned that there will be ultimate partnership between the races.

Educational facilities and opportunities for Africans are rapidly expanding and a few are attaining the university level. Nursing education is on a sub-professional level but holds a place of respect in society. Health services are far from adequate but are rapidly expanding.



The greatest need is for more and better trained personnel for health education, coupled with maternity and child-welfare work. The development of nursing will receive further consideration in the next chapter.

## CHAPTER III

### DEVELOPMENT OF NURSING AMONG THE AFRICAN PEOPLE

It is the purpose of this chapter to present briefly a picture of the development of nursing in general and of the Nyadiri hospital school in particular, together with present trends which point out the need for raising the level of nursing education, and the resources necessary for establishing such a program.

#### I. TRENDS IN NURSING IN SOUTHERN AFRICA

This study is concerned with British territories, therefore nursing education is necessarily of the British pattern. It is hospital centered and they believe that learning by doing is most important. The basic course is not an all-embracing one. There are basic courses leading to registration as general nurses or medical and surgical nurses, as mental nurses, and two types of midwifery courses. The length of such courses vary from eighteen months to two years for midwifery, and three and one-half or four years for the general and for the mental nurses. Students provide most of the labor force of the hospital. They receive a training allowance and free tuition. In these territories there are various levels of nursing, due to the level of education which candidates for nursing are able to attain in a particular area. In the past, few students progressed beyond standard VI or eighth grade, and a greater number failed to reach that level.

A report of the World Health Organisation on nursing education in

Africa South of the Sahara, points out the fact that education is still largely in the early stages of development, and that nursing services and training vary considerably from country to country. No attempt had been made to study the various training schemes until 1953, when a nursing consultant of the World Health Organisation Regional Office for Africa, made a survey of nursing education and personnel in fifteen territories of Equatorial Africa. Her report served as a basis for discussion at a conference held in the Autumn of 1953 at Kampala. It brought together thirty-three delegates from twenty-three countries, to exchange views on nursing education, and consider the needs and problems of the areas represented.<sup>40</sup>

British territories sent only nurses to the above mentioned conference which seemed to indicate that they believed nurses should be in charge of nursing programs. Other areas sent only doctors.

The British philosophy of nursing education holds that nurses should administer nursing services, and teach and supervise nursing staff. This led to the establishing of post-graduate courses for Sister Tutors and nursing administrators and supervisors in the field of nursing education in Great Britain.<sup>41</sup> The same policy has been followed in the Union of South Africa. A few African nurses from Southern Rhodesia, who have trained in the Union of South Africa are now becoming qualified in these postgraduate fields. This same report showed that the professional

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<sup>40</sup>"Nursing Education in Africa," Reprint from the Chronicle of the World Health Organization, September, 1954, International Nursing Review, 1-2 N. S.: 13-15, (April, 1955), p. 13.

<sup>41</sup>World Health Organization, African Conference on the Development of Nursing Education in Countries South of the Sahara (Kampala, Uganda, 28 September to 7 October, 1953), p. 32.

nursing supply was infinitesimal compared with the needs.<sup>42</sup>

In the past most of the trained nurses or medical assistants were men, and they are still considered an essential part of the health services in many areas, especially in rural clinics. However, due to rapid educational, industrial, and social changes now in progress everywhere in Africa, men no longer carry the main part in this work. There is an ever increasing interest in nursing as a career for African young women, which parallels the improvement in the general education for girls.<sup>43</sup>

There is an increased emphasis on bedside nursing with individual patient assignment, and interest in the whole patient which would help the student to get a concept of responsibility for health teaching as well as the curative phase of patient care. In all nursing schools and especially in advanced schools, emphasis was placed on the patient.<sup>44</sup>

Dr. Gelfand has said, "Not infrequently the African nurse is placed in a position midway between that of doctor and nurse."<sup>45</sup> "Nurse" in this instance means the professional person, though the African nurse" is an orderly. Therefore specialized training connected with pathology, diagnosis and treatment is needed. These nurses were called medical assistants in some territories. "As education advances and as more of the people of the country are educationally fitted for full medical training," the work of the "Medical Assistant" will be taken over by doctors who are fully trained for it, though it will be some time

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<sup>42</sup>Ibid., p. 35.

<sup>43</sup>Ibid.

<sup>44</sup>Ibid., p. 37-39.

<sup>45</sup>Michael Gelfand, African Medical Handbook (Capetown: The African Bookman, 1957), Preface.



before there are enough African doctors to supply the territories.<sup>46</sup>

The speed with which changes are taking place and the urgency for training young women in the field of nursing, should not lead to hasty planning in nursing education. The report of a study of the World Health Organization further says:

The building of a new profession of nursing for women in African society rests fundamentally on the status given to the nurse. . . . Achieving the desired status depends on the recruitment of highly educated members of the community for nurses' training, gaining and keeping the support of influential groups of women in the population, and the breadth and depth of education, technical and cultural, given to students.<sup>47</sup>

This report indicates a belief that the level of nursing education should be raised. In order to accomplish this end, higher education must be required for students entering nurses training, and qualified teaching and supervisory personnel must be provided for the nursing schools. The question of the preparation of qualified personnel for the nursing schools is a difficult one. The Union of South Africa provides such training, but only a very limited number of students from Rhodesia are permitted to train there. According to Searle, courses are provided for the Matron, Ward Sister, and Sister Tutor, in post-basic work on the collegiate level in the clinical, administrative, or teaching fields respectively. These courses range from six months to two academic years. In the clinical area courses are given at hospital schools of nursing and experience is paramount.<sup>48</sup>

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<sup>46</sup>World Health Organization, op. cit., p. 11.

<sup>47</sup>"Nursing Education in Africa," op. cit., p. 15.

<sup>48</sup>Charlotte Searle, "Nursing Education in South Africa," International Nursing Review, Vol. 4, No. 2 (May, 1957), p. 60-61.

## II. THE NURSING ORDERLIES TRAINING SCHOOLS

Southern Rhodesia has nine nursing orderlies training schools, five are Mission schools, two government, and two operated by mining companies. The applicant for this course must have passed standard VI, and must be at least eighteen years of age. The training period is three calendar years, and includes basic nursing and ward work, anatomy and physiology, hygiene, medical and surgical nursing, and the care of children. A minimum of twenty-four lectures each in medicine and surgery must be given by a doctor.<sup>49</sup>

In these hospital schools the student supplies most of the nursing service, under supervision. She is assigned by the Matron in charge of the nursing school. As has been indicated, graduates from these schools must assume a great deal of responsibility in the dispensaries, clinics and hospitals.

## III. REQUIREMENTS FOR THE REGISTERED NURSES COURSE

This is a review of the Nurses Training Rules published by the Government of Southern Rhodesia, in 1953.

Entrance requirements. (1) A three year course in secondary school, post-standard VI; (2) candidate must be at least seventeen years of age; (3) she must have a certificate of good health; and (4) a testimony of good character.<sup>50</sup>

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<sup>49</sup>Native Nursing Orderlies Training Rules (Federal Government Notice No. 269, Salisbury, Southern Rhodesia: Government Printer, Dec., 1955).

<sup>50</sup>Nurses Training Rules, Supplement to the Southern Rhodesia Government Gazette, September, 1953.

Institutional requirements. (1) A minimum daily average of fifty occupied beds; (2) its qualified nursing staff are registered nurses, number not specified; (3) it has a medical superintendent, or one or more resident medical officer, and (4) in the opinion of the Council, it has an adequate number of medical, surgical, and gynecological beds, a ward for sick children and an outpatient department; (5) in the opinion of the Council, a sufficient number of major and minor operations are performed.<sup>51</sup>

Training period and type of course. The training period is four full calendar years. Pre-nursing subjects of Anatomy and Physiology and Hygiene are given. The course is basic medical, surgical and general nursing including tropical diseases and children's diseases.<sup>52</sup>

#### IV. TRENDS IN GENERAL EDUCATION AS THEY AFFECT NURSING

The Rhodesian Government has launched a new five year plan which will greatly advance educational opportunities for African youth.

In 1955 more than 90,000 pupils enrolled in Sub A, or first grade, but in the same year only 5,000 completed eighth grade. Of 8,500 teachers in 1954, 4,665 were untrained. The five year plan aims to train 4,000 teachers by the end of 1960. This number will change the percentage of trained teachers from thirty-six to seventy-five per cent, for the primary grades. Higher training courses are also aiming to train at least 1,000 more teachers for the central primary grades, or standard IV to VI. More primary schools are being established in the villages. Additional secondary courses, or high schools are being established, and

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<sup>51</sup>Ibid.

<sup>52</sup>Ibid.



also more technical schools.<sup>53</sup>

At the beginning of 1958, in the Methodist Mission, Old Umtali, Southern Rhodesia, the secondary school opened with two sections each of ninth and tenth grades, and one new section of the eleventh grade. In 1959, the twelfth grade will be added to complete the four year secondary course. "In secondary, the enrollment has grown from twenty-two in 1950, to one hundred twenty-four in 1957, and one hundred eighty is expected at the peak in 1959." In 1957, sixty-one completed the course while in the past five years the school has had only sixty-five complete the course.<sup>54</sup>

These figures indicate rapid progress in secondary education in one secondary school, and there are others which would duplicate the picture. The African is eager to avail himself of every opportunity for advancement.

The U. J. C., Union Junior Certificate Course, or eleventh grade is stated as required by the Rhodesian Government for the registered nurses course, however, the tenth grade level is still acceptable in the Union of South Africa, according to Searle, 1957.<sup>55</sup>

#### V. DEVELOPMENT OF NYADIRI MISSION HOSPITAL AND SCHOOL OF NURSING

Nyadiri Hospital dates from 1923, when its work was begun in a few African style huts by Dr. Samuel Gurney. In 1923, a small five room

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<sup>53</sup>"Africa South of the Sahara, Progress in Education for Girls," Eighteenth Annual Report of the Woman's Division of Christian Service of the Methodist Church (New York: June 1, 1957 - May 31, 1958), p. 112.

<sup>54</sup>Ibid.

<sup>55</sup>Searle, op. cit., p. 49.



cottage was built. The only nurse was a faithful African medical assistant trained on the job by the doctor. Dr. Gurney died in 1924. Ona Parmenter, the first Missionary nurse was appointed. In 1931, when she went on furlough, Alice Whitney was appointed for this work. From 1927 to 1940, nurses carried on the work without the regular services of a doctor. The only training of nursing personnel was "on the job" training of girls as assistants. The Missionary nurse was "on duty" twenty-four hours a day. In 1940, a new twenty-five bed hospital was built and a new Missionary, Dr. Anderson, arrived for full-time work. The next year a nursing school for young women was opened with a class of five students. It was designated a three year nursing assistant course under the Government Department of Health. Applicants must have passed standard VI, or eighth grade, and must be at least eighteen years of age. Only girls of good character were accepted and the majority were Christians. This course was basic medical, surgical, and general nursing, but included hygiene, childcare, and midwifery. All these subjects were taught in a simplified form, and in English. Students supplied most of the nursing service. These nurses contributed greatly to the development of the work "by their ability, faithfulness, and integrity."<sup>56</sup> In 1945, Dr. Anderson became ill and had to leave the work. From 1945 to 1949, nurses again carried on alone, but for irregular visits of a Government Doctor. Alice Whitney left on furlough, November 1945, and the writer was in charge of the work during this period. The daily patient load averaged fifty to seventy-five much of the time. In 1949, Dr. John Sheldon arrived and plans for further advance were soon under way. January 1950, a new

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<sup>56</sup>Carolyn and Marvin Piburn, "We Help a Hospital Grow," The African Christian Advocate, 14: 8-11 (October - December, 1956), p. 9.

class of twelve students began the nursing orderlies course, which is a three year general nursing course. In January, 1957, a one year course in midwifery was added, following the completion of the three year nursing orderly course. This made four years of basic training, but not all of the nurses took the midwifery course. A new eighty bed hospital wing was completed and opened for use in 1957.

## VI. SUMMARY

Nursing education in Southern Africa is of the British pattern and the nursing schools are hospital centered. There are basic courses leading to registration, as general nurses, as mental nurses, and two types of midwifery courses. The length of such courses vary, from eighteen months to two years for midwifery, and three and one-half to four years for the general and mental nurses. Students provide most of the labor force of the hospital, and in return they receive a training allowance and free tuition.

There are various levels of nursing in the different territories, due to the level of education which candidates for nursing are able to attain. Relatively few students attained even an eighth grade education.

In the past most of the trained nurses or medical assistants were men, but today there is an ever increasing interest in nursing as a career for African girls. There is increased emphasis on bedside nursing and interest in the whole patient, which would help the student to get a concept of responsibility for health teaching, as well as the curative phase of patient care.

A report of the World Health Organization brings out the need for raising the level of nursing education, and the fact that higher education

must be required for students entering nurses training.

Educational requirements for entrance to the registered nurses course in Southern Rhodesia is a three year secondary school certificate.

Present trends in general education indicate that more students are acquiring higher education, and this would make it possible to obtain candidates for nursing on the higher level.

The institutional resources necessary for the higher nurses course as of 1953, are: (1) a minimum daily average of fifty occupied beds; (2) qualified nursing staff are registered nurses, no number specified; (3) a medical superintendent, or one or more resident medical officers, and (4) in the opinion of the Council, has an adequate number of medical, surgical, and gynecological beds, a ward for sick children and an out-patient department.

Nyadiri Hospital began its work without the assistance of nursing personnel. Later, missionary nurses carried on the work with little or no assistance from medical doctors, and did some "on the job" training of nursing assistants. In 1941 a nursing school opened which trained young women as nursing assistants. The educational requirements were a standard VI pass. This same requirement is still in effect for the present nursing orderly course which was established in 1950.

The next chapter will describe the methodology of this study.



## CHAPTER IV

### METHODOLOGY AND SELECTION OF PARTICIPANTS

The purpose of this survey was to learn what would be required to raise the level of nursing education at Nyadiri Mission hospital school, from that of registered nursing orderly to registered nurse, and to determine if it would be feasible at this time to endeavor to meet these requirements.

The normative-survey method was chosen as the best plan by which to secure information regarding current conditions concerned in this study.

A survey of literature revealed little published material concerning nursing in Southern Rhodesia, other than the government bulletin of nurses training rules for 1955. However, useful information concerning development of nursing and present trends was found in a study made by the World Health Organization of Nursing in Africa South of the Sahara, and from articles concerned with nursing in the Union of South Africa.

To obtain the necessary information from Southern Rhodesia it was decided that four different questionnaires were needed, each concerned with different data. The four questionnaires were tentatively prepared as follows: The first was designed to obtain information regarding the number of nurses, in all categories, registered in Southern Rhodesia, and the ratio of nurses per unit of population; a second was designed to learn the latest government requirements for the registered nurses course; a third questionnaire was designed to obtain information regarding the resources available for nurses training at Nyadiri Mission hospital; and



the last questionnaire was designed to learn the number of students in the different secondary school programs, their age on completion of the program, and the number desiring to study nursing.

These tentative questionnaires were discussed with a thesis committee; adjustments were made in wording and the final questionnaires prepared. No pilot study was carried out.

As all nurses are registered with the Medical Council in Salisbury, Southern Rhodesia, the Registrar of the Medical Council was the one to whom questionnaire number one was sent, regarding the number of registered nurses.<sup>57</sup>

Questionnaire number two, regarding the latest government requirements for the registered nurses course, was sent to the Staff Matron or Matron in Chief, in Salisbury, who is in charge of all nursing services.<sup>58</sup>

The third questionnaire, concerned with the resources available for nurses training at Nyadiri Mission hospital, was sent to the Medical Superintendent at Nyadiri.<sup>59</sup>

All three of these questionnaires were returned promptly, with the full information requested. Responses have been analysed and tabulated.

It was intended that the fourth questionnaire, prepared for the purpose of obtaining information regarding the number of students in the African secondary school programs, and the number desiring to study nursing, would be sent to all such schools in the area from which candidates for nursing might be drawn.<sup>60</sup> In order to save time in correspondence, this questionnaire was sent to a friend of the writer--a principal

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<sup>57</sup> See Appendix, p. 62.

<sup>58</sup> See Appendix, p. 63-64.

<sup>59</sup> See Appendix, p. 65.

<sup>60</sup> See Appendix, p. 66.

of the secondary school of the Methodist Mission--in Southern Rhodesia, with the request that copies be sent to the various secondary schools. The number of secondary schools were not known to the writer, but it was believed that there were no more than five. Therefore, only five copies of the questionnaire were sent.

It was found that sixteen secondary schools were listed. Additional copies of the questionnaire were made and a copy sent to each of the sixteen schools.

Twelve of these questionnaires were returned promptly. One was returned too late to include in the study. Seventy-five per cent returns were received and the results were tabulated.

One of the twelve questionnaires was returned blank as no secondary school was maintained at that time.

The accumulated data from all questionnaires was analysed and interpreted and conclusions drawn as to what would be required to raise the level of nursing education at Nyadiri Mission hospital school, and the feasibility of endeavoring to meet these requirements at this time.

The normative-survey method was used in this study. Questionnaires were designed, sent, and the returns were analysed and interpreted.

## CHAPTER V

### ANALYSIS AND INTERPRETATION OF DATA

This chapter is an analysis of the information obtained through the different questionnaires, and in some instances, comparisons are made with data obtained from certain publications.

This survey was designed to learn what would be required to raise the level of nursing education at Nyadiri Mission hospital school, from that of registered nursing orderly to registered nurse, and to determine if it would be feasible at this time to endeavor to meet these requirements. Four different questionnaires were designed to obtain the information. These were sent, and the returns were analysed and tabulated.

#### I. THE QUESTIONNAIRE TO THE MEDICAL COUNCIL

This questionnaire was designed to learn the number of nurses, in different categories, registered with the Medical Council of Southern Rhodesia, and the ratio of nurses per unit of population.<sup>61</sup>

Results. The report was made as of December 31, 1957, listing the following:

1. The number of registered, general nurses (all races) = 2,491.
2. The number of midwives = 1,250.
3. The number of special nurses:
  - a) fever nurses = 63.

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<sup>61</sup>See Appendix, p. 62.

- b) maternity nurses - 121, (holding part I only of the midwifery certificate).
  - c) mental nurses - 108.
4. The number of nursing orderlies registered - 531.
  5. The number of midwifery assistants - 737, (not registered by the Medical Council - the figures were supplied by the Health Department).

The ratio of nurses per unit of population was given as 0.9 per 1,000.

Interpretation of data. The nursing orderlies and midwifery assistants, are all from the programs for African students, on the sub-professional level. The other categories named include all races, and represent the professional nursing supply for about two and one-half million people. This would seem to validate the statement made in the Kampala report of the World Health Organization, that the professional nursing supply was infinitesimal compared with the needs.<sup>62</sup>

To summarize, the results from this questionnaire reveal a total of 4,035 professional nurses in all categories registered in Southern Rhodesia. This represents the professional nursing supply for two and one-half million people. The total number of nurses listed on the sub-professional level was 1,268. The stated ratio of nurses per unit of population was 0.9 per 1,000.

## II. QUESTIONNAIRE TO THE STAFF MATRON, SALISBURY

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<sup>62</sup>World Health Organization, African Conference on the Development of Nursing Education in Countries South of the Sahara (Kampala, Uganda, 23 September to 7 October, 1953), p. 36.



The purpose of this questionnaire was to obtain the latest information concerning the government requirements for the registered nurses course.<sup>63</sup>

Results. In answering, the Matron noted that the following was an approximate picture of the nurses training schools in Southern Rhodesia.

1. The basic educational requirements for entrance - Form III, pass in English and Arithmetic, which usually equals the three year secondary course.
2. The minimum age at entrance is 17 years.
3. The basic training period is four years.
4. An average of sixty qualified nursing staff to one hundred ten students, or a ratio of approximately one qualified nurse to two students; this includes the Matron, Assistant Matron, two Sister Tutors, sixteen Ward Sisters, and forty qualified nurses.
5. Requirements necessary to be recognized as qualified nurses -  
Supervisory--Ward Sisters--must be a registered nurse with some administrative training and about five years experience.  
Teaching--Sister Tutor--must be a registered nurse, with about five years experience and possessing a Tutor's diploma. A qualified nurse is a state registered nurse.
6. Hospital facilities considered adequate for such a school -
  - a) The minimum number of beds--one hundred.
  - b) Daily patient average of ninety to one hundred.

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<sup>63</sup>See Appendix, p. 63-64.

- c) Separate wards for surgical, medical, pediatric and gynecological patients.
- d) The number of surgical operations, major and minor, not specified.
- e) Requirements for an outpatient department, not specified.
- f) Medical officers required--one medical superintendent.

At least three medical officers and house surgeons, including the superintendent.

Comparison of findings. The "Nurses Training Rules," published by the government in 1953,<sup>64</sup> stated the same entrance requirements--three years of secondary school, and the minimum age of 17 years. The training period was four full calendar years, as specified above. The institutional requirements, both for hospital facilities and staff were considerably lower than those just named. A minimum daily average of fifty occupied beds were required, and the only mention of staff is that its qualified nursing staff are registered nurses. A medical superintendent, or, one or more resident medical officers are required.

Interpretation of data. The approximate picture as given by the Matron in Chief, of medical and nursing staff needed, shows an aim toward a higher quality of nurses training. The listing of forty qualified nurses in general ward work would seem to indicate less dependence on the student for nursing service.

In summary, the approximate picture of nurses training requires

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<sup>64</sup>Nurses Training Rules (Supplement to the Southern Rhodesia Government Gazette, September, 1953).



the candidate to have three years secondary school, and to be at least seventeen years of age. There must be a qualified nursing staff of approximately one staff nurse to two students. The institutional facilities considered adequate are mainly, a minimum of one hundred beds with a daily patient average of ninety to one hundred. At least three medical officers are required.

### III. QUESTIONNAIRE TO THE MEDICAL SUPERINTENDENT, NYADIRI HOSPITAL

This questionnaire was designed to obtain information regarding the hospital facilities available at Nyadiri for nurses training, including the number of medical and qualified nursing staff.<sup>65</sup>

Results. The hospital now has one hundred beds, with a daily patient average of ninety to one hundred, and an outpatient department which treats an average of forty to fifty patients daily. The number of beds designated as medical--fifty-six, surgical--twenty, gynecological--eight, pediatrics--sixteen. The number of surgical cases in 1956 was: major--forty-two, minor--six hundred thirty-seven; and in 1957, major--eighty-one, minor--seven hundred sixty-eight.

There is only one resident medical officer at present and no additional officer is expected in 1959-1960. The qualified nursing staff numbers three, with one additional member expected in 1958.

#### Comparison of these findings with the stated requirements.

1. The government requires a minimum of one hundred beds, with

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<sup>65</sup>See Appendix, p. 65.

a daily patient average of ninety to one hundred; Nyadiri hospital has one hundred beds with the required patient average.

2. Separate wards for medical, surgical, pediatric, and gynecological patients, and an outpatient department are required; Nyadiri has separate wards in these areas and treats forty to fifty outpatients daily.
3. Government requirements state an adequate number of surgical operations; in 1957, eighty-one major, and seven hundred sixty-eight minor operations were done at Nyadiri hospital.
4. At least three medical officers, and a qualified nursing staff to a ratio of one staff nurse to two students are required; Nyadiri hospital has only one medical officer, and a qualified nursing staff of four.

Figure 4, shows the different categories named in requirements, the actual requirements, and facilities available at Nyadiri hospital to meet these requirements.

Interpretation of data. It is evident from this comparison, that Nyadiri hospital has the necessary bed capacity and other physical facilities required for the registered nurses course. The greatest problem is qualified medical and nursing staff. Anticipating about thirty students in the school, approximately fifteen qualified nursing staff would be required. At least one additional medical officer must be supplied, to meet the minimum requirement listed in the 1953 rules, which might be acceptable in consideration of a smaller number of students, and the urgent need for such training.

To summarize, the results from this questionnaire bring out the



FIGURE 4

COMPARISON OF GOVERNMENT REQUIREMENTS FOR NURSES TRAINING  
AND AVAILABLE FACILITIES AT NYADIRI HOSPITAL

CATEGORIES NAMED	GOVERNMENT REQUIREMENTS	NYADIRI HOSPITAL FACILITIES
1. Number of beds	100	100
2. Daily patient average	90 - 100	90 - 100
3. Separate wards for Medical Surgical, Ped., & Gyn.	Required	Available
4. An outpatient department	Required	Treats 40-50 patients daily
5. An "adequate number" surgical operations	An adequate number	In 1957, Major-31 Minor-768
6. Medical Officers and Surgeons	At least 3	1 available
7. Qualified Nursing Staff	A ratio of 1 staff nurse to 2 students	4 available (A school of 50 students would require 15)

fact that Nyadiri hospital has the required one hundred beds, with a daily patient average of ninety to one hundred. Other physical facilities are adequate to meet the requirements as designated for the registered nurses course. The hospital does not have the required medical and nursing staff.

#### IV. THE SECONDARY SCHOOL'S QUESTIONNAIRE

This questionnaire was designed to gather information regarding the number of students completing the two different secondary programs in African schools, in Southern Rhodesia, and the average age on completion of the course. This information covered a three year period, 1955 through 1957. The number indicating a desire to enroll in a registered nurses program was also determined for the class of 1958, 1959, and 1960.<sup>66</sup>

Questionnaires were sent to sixteen secondary schools. Replies were received from twelve, or, seventy-five per cent. Of the twelve questionnaires returned, one was blank as no secondary school was maintained at that time. One school had just opened in January, 1958, and could only give the number of students desiring to study nursing for that year. All others completed the questions. The results were analysed and tabulated.

Results. The findings were tabulated under two main headings. First, the number of students completing two and three year secondary school programs, and the average age at completion of program, as shown in Figure 5. Second, the number of secondary school students indicating

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<sup>66</sup>See Appendix, p. 66.

a desire to study nursing, as shown in Figure 6.

The number of students completing two and three year secondary school programs, and the average age at completion of program.

1. For the year 1955, nine schools reported that a class had finished. The number of students graduated--two hundred twenty-eight boys, and twenty-eight girls, making a total of two hundred fifty-six. The average age at completion of program was nineteen.
2. For 1956, eight schools reported a class had graduated. The number of students was two hundred fourteen boys, and forty-seven girls, making a total of two hundred sixty-one. The average age at completion of program was 18.2 years.
3. For 1957, ten schools reported. Five hundred forty-four boys and eighty-five girls had graduated, a total of six hundred twenty-nine. The average age at completion of program was 17.5 years. Figure 5 illustrates these findings.

Number of African secondary school students indicating a desire to study nursing. Seven of the participating schools were in the two year secondary program, and four in the three year secondary program.

1. For the year 1958, the number of students indicating a desire to study nursing, from the two year secondary program, was thirty boys and fifty-eight girls; from the three year program, twenty-nine boys and fifteen girls. The average age on completion of the two year program was 17.2 years, of the three year program, 18 years.
2. For 1959, the number of students indicating a desire to study



FIGURE 5

NUMBER OF AFRICAN STUDENTS COMPLETING TWO AND THREE YEAR SECONDARY SCHOOL PROGRAMS, AND AVERAGE AGE ON COMPLETION OF PROGRAM

Years	Number of schools reporting	Average age as stated	Number of boys	Number of girls	Total number
1955	9	19	228	28	256
1956	8	18.2	214	47	261
1957	10	17.5	544	85	629



nursing, from the two year program, was eighteen boys and forty-one girls, and from the three year program, twenty-nine boys and twelve girls. The average age of those in the two year program was 16.6 years, and in the three year program, 17.4 years.

3. For 1960, only the four schools from the three year secondary program were able to report. Thirty-six boys and twenty-one girls indicated a desire to study nursing. The average age on completion of the program was 17 years.

This analysis is illustrated in figure 6. It is worth noting the increasing number of girls desiring nursing as a career. One secondary school principal stated that actually eighty per cent of the girls in secondary school had indicated a desire to study nursing.

Interpretation of data. This survey showed that the number of students completing secondary school programs in 1957 had more than doubled the number reported in 1955. They are also completing at a much younger age. This study did not determine the age on admission to secondary school, but the figures given indicate that the boy or girl who completes standard VI, or eighth grade was on the average, about 15.5 years of age. Those desiring to enter nursing cannot be accepted in the present orderly program until they are eighteen years of age. This means that unless these students go on to secondary school, a large majority will probably be lost to any educational program. Because of these circumstances it is often only the poor or slow student who applies for a place in the nursing orderly program. They complete standard VI at or near the age of eighteen.

Students completing even two years of secondary school, are

FIGURE 6

NUMBER OF SOUTHERN RHODESIAN SECONDARY SCHOOL STUDENTS  
INDICATING A DESIRE TO STUDY NURSING

TWO YEAR PROGRAM SEVEN SCHOOLS REPORTING				THREE YEAR PROGRAM FOUR SCHOOLS REPORTING		
Class of	*Average age	Number of boys	Number of girls	Average age	Number of boys	Number of girls
1958	17.2	30	58	19	29	15
1959	16.6	18	41	17.4	29	12
1960	--	--	--	17	36	21

\*Average age as reported on questionnaires.

unwilling to enter the lower level nursing programs. Some try to enroll in nursing in the Union of South Africa, but only a few succeed. All this means that unless the level of nursing education for the African is raised, there will be many potential candidates lost to the profession. This loss nursing can ill afford with a ratio of nurses per unit of population of 0.9 per 1,000.

To summarize, the number of African students completing secondary school programs is steadily increasing. In 1957, the figure more than doubled that given for 1955, and a total of six hundred twenty-nine students completed from schools reporting. Students are also completing at a much younger age. In 1957, the average age was 17.5 years. From those schools reporting, a fairly large number indicated a desire to study nursing. In 1956, seventy-three girls and fifty-nine boys indicated such a desire. In 1957, the total number of girls completing the secondary school program was eighty-five. This would indicate a very high percentage of those completing would like to study nursing if the registered nurses course was available to them.

#### V. SUMMARY

The questionnaire survey revealed many pertinent facts, namely:

1. That the ratio of nurses in all categories, per unit of population was 0.9 per 1,000, and that there was approximately 4,000 professional nurses to a population of 2,500,000 people.
2. The entrance requirements for the registered nurses course is a Form III, or eleventh grade pass, and the applicant must be at least seventeen years of age.



3. Qualified nursing staff required to implement such a course is a ratio of one staff nurse to two students.
4. Hospital facilities required are: a minimum number of one hundred beds, and a daily patient average of ninety to one hundred.
5. At least three medical officers and surgeons are required.
6. Nyadiri hospital now has one hundred beds, and a daily patient average of ninety to one hundred, but only one medical officer and a qualified nursing staff numbering four. A school of thirty students would require approximately fifteen qualified nurses.
7. The survey of secondary schools showed that the number of students completing had more than doubled in three years. They are also completing at a much younger age. A relatively high per cent of those completing indicated a desire to study nursing.



## CHAPTER VI

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

It was the purpose of this study to discover what would be required to raise the level of nursing education at Nyadiri Mission hospital school, from that of registered nursing orderly to registered nurse, and to determine if it would be feasible at this time to endeavor to meet these requirements.

#### I. SUMMARY

The results of this survey emphasized the need to raise the level of nursing education for the African in Southern Rhodesia. It revealed the fact that there are approximately 4,000 professional nurses to a population of 2,500,000 people. The ratio of nurses in all categories, per unit of population was stated as 0.9 per 1,000.

The approximate picture of nurses training on the professional level, as given by the Staff Matron, requires the candidate to have completed three years of secondary school or, the eleventh grade, and to be at least seventeen years of age. There must be a qualified nursing staff of approximately one staff nurse to two students. The institutional facilities considered adequate are mainly, a minimum of one hundred beds with a daily patient average of ninety to one hundred. At least three medical officers are required.

The questionnaire to the Superintendent of Nyadiri Mission hospital showed that the physical facilities are adequate to meet the government

requirements, as designated for the registered nurses course, mainly, there are one hundred beds with a daily patient average of ninety to one hundred. Nyadiri does not have the required, qualified, medical and nursing staff. There is only one medical officer and four qualified nurses.

The survey of African secondary schools brought out the fact that the number of students completing the course had more than doubled in 1957, and that the average age on completion of the tenth grade was 17.5 years. This is the minimum age for admission to nurses training. This study did not determine the age on admission to the secondary schools, but the figures given indicate that a boy or girl who completes standard VI, or eighth grade, was on the average, about 15.5 years of age. Those desiring to enter nursing cannot be accepted in the present orderly program until they are eighteen years of age. This means that unless these students go on to secondary school, a large majority will probably be lost to any educational program. These circumstances also mean that only the poor or slow student who completes standard VI, at or about the age of eighteen, applies for a place in the nursing orderly program.

This survey also showed a relatively large number of secondary students indicating a desire to study nursing, if the registered nurses course was available to them. The number of young women indicating a desire to study nursing is showing a rapid increase. One secondary school principal stated that eighty per cent of the young women in secondary school, indicated a desire to study nursing.

## II. CONCLUSIONS

The following conclusions were based on the analysis of data in



relation to the purposes of this study.

First, what would be required to raise the level of nursing education at Nyadiri Mission Hospital?

1. According to suggested standards a candidate for nursing on the professional level, must have completed the eleventh grade, or three years of secondary school, and must be at least seventeen years of age.
2. There must be a qualified nursing staff of approximately one staff nurse to two students.
3. The institutional facilities considered adequate are mainly, a minimum of one hundred beds with a daily patient average of ninety to one hundred.
4. At least two and possibly three medical officers are required.

Second, is it feasible at this time to endeavor to meet these requirements?

1. A sufficient number of students are completing two and three year secondary school programs to make it possible to secure candidates for nursing, at least on the tenth grade level. Some schools in the Union of South Africa are still accepting students on the tenth grade level.
2. Nyadiri accepts only young women in the nursing school. An ever increasing number of young women are completing the tenth and eleventh grades, and a relatively high per cent indicated a desire to enroll in nursing if the qualifying course was available to them.

3. Nyadiri hospital facilities are adequate to meet the minimum requirements, of one hundred beds, and a daily average of ninety to one hundred patients.
4. The required number of qualified medical and nursing personnel are not available at Nyadiri. There is only one medical officer and four qualified staff nurses. However, if one additional medical officer could be secured, a small beginning might be made with a class of five or six students.

### III. RECOMMENDATIONS

The following recommendations are suggested.

1. It is recommended that the Board of Missions and Nyadiri hospital administrators, make a concerted effort to obtain additional qualified medical and nursing staff, to implement the higher nurses course at Nyadiri.
2. It is recommended that Nyadiri make application, and seek permission to begin the higher course by accepting one class of five or six students only, and keeping within the required ratio of one staff nurse to two students.
3. It is recommended that the nursing orderlies course should be continued, and be gradually eliminated as the students in the higher program replace the nursing orderlies.
4. It is recommended as necessary for future planning, that a study be made in evaluating the teaching possibilities for experience in the various hospital units and the community, in order to determine the best possible utilization of this experience in curriculum planning and student assignment.



PARLIAMENT

1907-8

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APPENDIX

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PARLIAMENT  
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P. O. Box 287  
 Loma Linda, Calif., U. S. A.  
 March 1, 1958.

The Registrar  
 Medical Council of Southern Rhodesia  
 Salisbury, Southern Rhodesia

Dear Sir:

I am making a study of Nursing in Central Africa and the information sought is to be used in the preparation of a Master's Thesis in Nursing. An abstract of the completed work will be sent to you if you desire it.

The latest information is desired from Southern Rhodesia regarding the following:

1. Number of Registered Nurses--European and African \_\_\_\_\_
2. Number of Midwives--European and African \_\_\_\_\_
3. Number of Nursing Orderlies \_\_\_\_\_
4. Number of Midwifery Assistants \_\_\_\_\_
5. Number of Special nurses--list by proper titles \_\_\_\_\_

Note: Registered Nurses means the "General Nurses," and Others, all those listed by the Medical Council.

6. What is the ratio of nurses per unit of population? \_\_\_\_\_

Please answer immediately and by air mail. Self-addressed envelope is inclosed, and postage.

Yours in sincere appreciation,

(Miss) Elma Ashby



P. O. Box 287

Loma Linda, Calif., U. S. A.

February 10, 1958

The Staff Matron

Department of Health, P. O. Box 8093

Causeway, Salisbury, Southern Rhodesia

Dear Madam:

I am making a study of Nursing in Central Africa and the information sought is to be used in the preparation of a Master's Thesis in Nursing. An abstract of the completed work will be sent to you if you desire it.

The latest information is desired from Southern Rhodesia regarding the following:

1. The basic educational requirements for students entering nurses training (to become Registered Nurses), European and (or) African. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Number of qualified nursing supervisory and teaching staff required for such a school (the student staff ratio). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What requirements are necessary to be recognized as qualified staff?

Supervisory \_\_\_\_\_

Teaching \_\_\_\_\_

4. What is the length of the student training period? \_\_\_\_\_

5. What is the minimum age required for entrance? \_\_\_\_\_

6. Hospital facilities that are considered adequate for such a school:

a. minimum number of beds \_\_\_\_\_

b. minimum daily patient average \_\_\_\_\_

c. minimum number of beds in the following services (if this is a separate consideration) Surgical \_\_\_\_\_

Medical \_\_\_\_\_ Pediatric \_\_\_\_\_

Gynaecological \_\_\_\_\_

d. minimum number of surgical operations which should be performed - major \_\_\_\_\_ minor \_\_\_\_\_

e. minimum requirement in an outpatient department \_\_\_\_\_

f. the required number of medical officers \_\_\_\_\_

Please answer promptly and by air mail. Inclosed you will find a self-addressed envelope and an international postal order.

Yours in sincere appreciation,

(Miss) Elma Ashby



P. O. Box 237  
 Loma Linda, Calif., U. S. A.  
 February 10, 1958

The Medical Superintendent  
 Nyadiri Mission Hospital  
 P. B. 636 E., Salisbury  
 Southern Rhodesia, Africa

Dear Dr. Piburns:

The following information is needed as a partial basis for a Master's Thesis in Nursing. Prompt reply by air mail will be much appreciated. A self-addressed envelope and postage is inclosed.

1. Number of approved beds \_\_\_\_\_
2. Daily average number of inpatients \_\_\_\_\_  
 Daily average number of outpatients \_\_\_\_\_
3. Number of resident medical officers at present \_\_\_\_\_  
 Number expected in 1959-60 \_\_\_\_\_
4. Number of qualified nursing staff (R. N.) \_\_\_\_\_  
 Foreign \_\_\_\_\_  
 African \_\_\_\_\_
5. Number of beds which might be designated as Medical \_\_\_\_\_  
 Surgical \_\_\_\_\_ Gyn. \_\_\_\_\_  
 Pediatrics \_\_\_\_\_

(Note) The above means the number of patients being treated in each category named.

- |                                  |       |   |       |
|----------------------------------|-------|---|-------|
| 6. Number of surgical cases in - | 1956  | : | 1957  |
|                                  |       | : |       |
| Major                            | _____ | : | _____ |
|                                  |       | : |       |
| Minor                            | _____ | : | _____ |

I would appreciate receiving a copy of your yearly government report for 1956 and 1957.

Sincerely yours,

Elma Ashby



P. O. Box 287

Loma Linda, Calif., U. S. A.

February 13, 1958

African Secondary Schools

Southern Rhodesia, Africa

I am making a study of Nursing in Central Africa and the information sought is to be used in the preparation of a Master's Thesis in Nursing.

The following information is desired:

1. List the number of students that have finished U. J. C. and R. J. C. in your secondary school as indicated below -

	1955	:	1956	:	1957
Girls		:		:	
Boys		:		:	
Average age		:		:	

2. List the number of students now in your school who would study nursing if a full qualifying course (leading to Registered Nurse) was available in Southern Rhodesia.

	Class of 1958	:	Class of 1959	:	Class of 1960
Girls		:		:	
Boys		:		:	
Average Age		:		:	

Please answer promptly and by air mail. Inclosed you will find a self-addressed stamped envelope.

Yours in sincere appreciation,

(Miss) Elma Ashby

COLLEGE OF MEDICAL EVANGELISTS

School of Graduate Studies

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AN INVESTIGATION OF THE FEASIBILITY OF RAISING  
THE LEVEL OF NURSING EDUCATION IN THE  
HYADIRI MISSION HOSPITAL SCHOOL

by

Elma J. Ashby

---

An Abstract of a Thesis  
in Partial Fulfillment of the Requirements  
for the Degree Master of Science  
in the Field of Nursing

---

June, 1958

## ABSTRACT

This study has been conducted to determine what would be required to raise the level of nursing education at Nyadiri Mission Hospital, from that of registered nursing orderly to registered nurse, and to determine if it would be feasible at this time to endeavor to meet these requirements.

The normative-survey method was used in this study. Four different questionnaires were designed, sent, and returns analyzed and tabulated.

The survey revealed that the requirements for the registered nurses course consisted of the following:

1. The candidate for nursing must have completed the eleventh grade and be at least seventeen years of age.
2. There must be at least two medical officers and a qualified nursing staff of approximately one staff nurse to two students.
3. The institutional facilities considered adequate are a minimum of one hundred beds with a daily patient average of ninety to one hundred.

It was also learned that a sufficient number of students are completing the tenth and eleventh grade to make it possible to secure candidates for nursing at that level. Nyadiri accepts only young women in the nursing school. The survey showed that an ever increasing number of young women were completing the tenth and eleventh grade, the average age on completion was 17.5 years, and a relatively high per cent indicated a desire to study nursing if the professional course was available



to them. Hyderi hospital facilities are adequate to meet the minimum requirements, but the institution has only one medical officer and four qualified nurses.

In the light of these findings it was concluded that it would be feasible to raise the level of nursing education at Hyderi Hospital, and if one additional medical officer could be secured, a small beginning could be made with a class of five or six students.