

# An international experience

## Saudi hospital shows way forward for local healthcare

In many hospitals in South Africa support services for nurses are inadequate, often leaving them with no option but try to carry out such work themselves. The inevitable result is that, through no fault of their own, they have to neglect their primary responsibility of caring for their patients.

This common experience of nurses in South Africa stands in sharp contrast to what Tshabane Motswasele experienced when she spent a spell of six years, between 2002 and 2008, working in a hospital in Saudi Arabia.

The opportunity to work in the government-owned specialist eye hospital came up at an appropriate time, when the good pay on offer would help her towards paying her children's university fees, so she had no hesitation about grabbing it. Colleagues already working abroad told her that the money was good, working conditions excellent and the support system outstanding.

"I was given a warm welcome when I arrived and spent the first two weeks being shown around by another South African nurse who they allocated to help orientate me to the workings of the hospital," recalls Motswasele.

She was impressed above all by the support system. "The support system is wow!" she enthuses.

"A patient education department person comes on a daily basis to explain to patients the conditions they have been diagnosed to be suffering from. A dietician also comes to the ward on a daily basis to see if any of the patients have dietary problems. Also a social worker comes daily to check if there are any social problems that need to be attended to.

"Respiratory department nurses visit the ward to see if any patients require nebulisation and to put on oxygen patients who have been brought in from theatre. The biomedical people come in regularly to check if any of the equipment needs to be serviced or replaced.

"The linen department also comes in daily to stock up the linen room

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and keeps an inventory of how many sheets and blankets are needed. If any screens need to be replaced you just inform them and they take responsibility for it. The fire department comes to check the fire extinguishers and makes sure that the nurses know how to use them.

"The pharmacy comes round on an hourly basis to collect prescriptions. Housekeeping staff walk through the ward day and night, so nurses never have to worry about having to get hold of a mop to clean up. The supervisor is on call throughout the night to deal with any other problems that may arise."

In short, says Motswasele, the support system is such that at no time do the nurses have to concern themselves with dealing with problems outside their primary nursing duties, other than notifying the department or person responsible.

"Each nurse is allocated five patients. You do everything for the patients — giving them their medicine, making their beds, seeing if they have any problems and accompanying them to the theatre. Each patient that has gone into theatre is brought back afterwards by a porter accompanied by a theatre nurse.

"We, the nurses, don't have to go to the pharmacy or anywhere else. We stay with our patients in the ward. The nurses do what they are trained to do — take care of patients.

We do, of course, talk to our patients and answer their questions, but if a patient needs more information about his condition then we call in someone from the education department to inform him fully."

Motswasele says that in South African hospitals it is a common occurrence that nurses have to take on the burden of doing many of the support functions because there is no one else on call to do them. "There is no end to the things we have to do because the right person responsible for the task in question isn't around," she comments.

In Saudi-Arabia, she adds, there's never a problem with shortages of nurses. "They have a job bank. If I'm about to leave, for example, then the hospital contacts the job bank to provide a nurse to take over from me when I go. All nurses are trained to use a computer as they provide regular free courses in which we are taught computer skills, enabling us to do all our documentation online," she concludes.

Motswasele has been in nursing for the last 30 years. She has worked her way up through the ranks, starting as a professional nurse at Chris Hani Baragwanath Hospital where she did midwifery and ophthalmic nursing science.

She subsequently studied at UNISA and majored in communication, industrial psychology and ergonom-

ics and also did a safety course with NOSA. She spent several years working as a safety coordinator at Afrox's Brenthurst Clinic in Johannesburg and later served as a manager in charge of all the safety coordinators at Afrox's hospitals around the country.

She reverted to ophthalmic nursing during her time in Saudi Arabia and was promoted to unit manager in charge of the King's ward and glaucoma ward at the eye hospital. On one occasion she met the late King Fahd when he was admitted to the King's ward for treatment.

"As a unit manager I had a lot of say in the budget of my department. I could sit down with my staff and discuss with them what was needed in the way of new equipment, beds and so on. I had ownership of my department and the nurses too were given ownership to the extent that they could be my partners by participating in making these decisions," Motswasele points out.

She sees her stint in Saudi Arabia as providing a model of the ideal to aim for regarding the provision of support services for nurses in South Africa.

Following her return to South Africa she obtained a nursing education diploma from Pretoria University and is currently doing a three-year degree course in nursing administration and community nursing.