

## Charlotte Searle commemorative lecture

Kotzé W

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We are attending a gala dinner tonight, and I have been invited to deliver the Charlotte Searle commemorative lecture. The term "gala" indicates festivity! The term "commemorative" asks for celebration in memory of something or someone. It asks us to reflect and remember, and to celebrate in doing so! Colleagues, we have good reason to engage in festivity. However, we must never forget the nursing heroes who paved the way over decades for what we celebrate tonight. As nurses of South Africa, we are blessed with roots and a history of which we can really be proud.

I found myself faced with a formidable challenge in my preparations for the occasion. Without doubt, Charlotte Searle was the most exceptional nurse to have emerged from South Africa to date. She was, and in terms of Mary-Parker Follett's principle of "invisible leadership", she remains, the role model and mentor for thousands of nurses in this country and across our borders. She brought hope and opportunity to the lives of many school-leaving South Africans, as well as qualified nurses, by opening the doors of the world to academic nursing. She relentlessly pursued the establishment of national awareness of the critical value of the nursing role in health care throughout her career. Therefore, whatever I summarise with respect to Charlotte Searle and her standards will be deficient.

Who was this remarkable woman? Charlotte Searle was born on 17 June 1910, as the youngest and only daughter of Gideon and Margaretha Pietersen. Her father was a farmer and her mother a voluntary midwife, on whom a chapter appears in the book by Ken Anderson entitled *Heroes of South Africa*.

Charlotte trained as a general nurse at the Kimberley Hospital, and as midwife at the Mothers' Hospital Nursing School in Durban. She was awarded both qualifications with distinction. From 1946-1964, qualifications in nursing

education and nursing administration, a Bachelor degree in Social Work, a Master's degree in Sociology, and a Doctor of Philosophy degree followed.

Charlotte Searle was a founder member of the South African Nursing Association in 1944 and its President for the 10-year period from 1973-1983. She was also a founder member of the South African Nursing Council, on which she served for 50 years. She served as member of the South African Medical and Dental Council (SAMDC) for a period of 35 years as well. At the time of her retirement from the SAMDC in 1989, Charlotte Searle, a nurse, was the SAMDC's longest serving member!

Her most important legacy is her work, over at least four decades, to establish nursing as academic discipline through under- and postgraduate programmes at the University of Pretoria and the University of South Africa, and in addition to that, being instrumental in the establishment of nursing schools and programmes at most of the other universities in this country and in Namibia. She played a key role in the transformation of the nursing college system in the 1980s and in linking them to mainstream national education.

She was a prolific writer. Publications in every conceivable format came from her pen. Certainly, the most significant of these was her doctoral thesis, published in 1965 by Struik, entitled *The history of the development of nursing in South Africa, 1652 to 1960*. It was the first of its kind in South Africa, and was regarded at the time as one of the best publications worldwide on the development of nursing. Sadly, this book has since gone out of print. It was through this book that Charlotte Searle brought to life shadows from the past, and introduced them to us as the founders and architects of nursing as a profession, and as key contributors to the foundation from which health services in South Africa grew.

Charlotte Searle was a professional role model with a distinct identity. She had a powerful presence, was fearless in her pursuit of excellence, and forthright when addressing an issue or promoting the interests of a person in need, whether a patient, colleague or student. She was firm, but fair, and intolerant of laziness.

She was human, warm, available and constructive in her criticism. As her students, who had the privilege of sitting at her feet, we respected her and loved her to bits! She had the most incredible sense of humour. Her presence and voice are sadly missed, as well as the way in which she would rise out of her chair to make a typical Searle statement. Allow me to share some of these with you. At the SANA Biennial Conference in 1968, during an overheated debate, she stood up and said: "The Minister of Health (then Dr Albert Hertzog) will not teach us how to run the nursing profession or the health services in this country. I am not afraid of the Minister! I will chase hell with a bucket of ice water!"

During an open meeting of the South African Nursing Council in the 1990s, I was chairing the meeting and at the time approaching my 60s. Prof van Huyssteen (my senior by 10 years) and I got "licked" with the following interjection: "Madam President, the problem with you and Griet van Huyssteen is that you are both getting too big for your boots!"

On one occasion while driving in the Clifton and Hout Bay area in Cape Town, while admiring the mansions with their magnificent views of the ocean, Prof Searle, then already in her eighties, remarked: "Now this is where Arthur and I should buy ourselves a house when we are old!"

Having reflected on this pioneer and trailblazer (the Concise Oxford's interpretation is so precisely descriptive of Searle, i.e. "trailblazer": a person who marks a new track through wild country"), what have we learnt from her legacy? Based on my personal observations over many years, the difference that Charlotte Searle made was her leadership.

Her leadership provided her with a unique professional identity, and made her a legend, even in her lifetime!

She worked untiringly, innovatively, effecting change over the decades – making a profound difference!

Features of her leadership which stood out included the fact that Prof Searle:

- Had a strongly established life and world view. This, together with the strength of her character and personality, made her a powerful presence in all situations: forcefully there!
- She was acutely aware of herself; she believed in herself, she believed in people. She had an unfaltering belief in nursing and the reason for its existence. She was proud to be a nurse. She had a passion for nursing, a passion for people and a passion for her country.

- She remained a student herself. She was an enthusiastic energetic explorer and "doer", and in this she took her scholars along, exploiting their potential. She taught and mentored, building on the strengths of people. The high standards that she set for herself were similarly set for her students.
- She had a brilliant mind and tremendous vision. She was a global thinker, and the world was her playing field.

Prof Hilla Brink adds factors to this which enhanced Charlotte Searle's effectiveness as a leader, namely her:

- Natural charisma and seemingly effortless ability to persuade, inspire and infect others with enthusiasm.
- Extraordinary ability to perceive, anticipate and initiate action. She had the remarkable ability of always being a step ahead of others.
- Perseverance against all opposition and an incredible capacity for work.
- An intuitive and empathic understanding of and consideration for others.

Like the scholars of Florence Nightingale and Henrietta Stockdale, the scholars of Charlotte Searle can be found across the country, across the African continent and in many countries of the world, which strongly reminds me of the words of an unknown author: "A teacher affects eternity. He or she can never tell where his or her influence stops".

However, Charlotte Searle, doyen South African nurse leader of the 20<sup>th</sup> century, brilliant and visionary as she was, had the benefit of building on the foundations laid by predecessors, persons who collectively represent the giant on whose shoulders she had the privilege to stand, and whose pioneering work contributed to the foundations from which she could work. This needs to be acknowledged. I will refer to two such persons.

The first is Sister Henrietta Stockdale, who left her home country and arrived in Port Elizabeth in 1874 as one of the six members of the Anglican Sisterhood, in the Community of St Michael and All Angels. She worked in Kimberley under desperate circumstances, among the tens of thousands of ill-disciplined diggers who swamped the diamond fields. She initiated the training of nurses at the Carnarvon Hospital in 1877, and within a period of two decades laid the foundations from which nursing schools and nursing education would grow, and governance of nursing as profession in South Africa would develop.

Her insight and vision extended far beyond the boundaries of her own lifetime. In a tribute to Sister Henrietta at the time of the unveiling of the Henrietta Stockdale bust in the foyer of the South African Nursing Council building in 1991, Prof Charlotte Searle honoured her: "Henrietta Stockdale, founder of professional nursing and nursing education in South Africa, remains the epitome of a professional role model".

Secondly, there was Sister Dora Nginza, who trained as a nurse at the Victoria Hospital, Lovedale, during World War I, and who passed the qualifying SAMDC examination for registration as a nurse at the Port Elizabeth Provincial Hospital in 1919.

Dora Nginza:

- Single-handedly, amid witchcraft, superstition, poverty, ignorance about healthy healthcare practices and the devastating 1920 labour unrest, established a comprehensive health service in New Brighton, Port Elizabeth.
- Gained recognition as a key contributor to a major medical breakthrough in the diagnosis of typhus fever during the typhus fever epidemic. She taught the doctors!
- Excelled as a role model nurse and leader in the Xhosa and broader community during her lifetime. This earned her the title of *A!Nobantu* (mother of the nation).
- Was bestowed the chieftainship in 1945 by the paramount chief of the Ama-Rarabe after the death of her husband, headman, John Henry Nginza. She remained the representative of the Eastern Cape urban area until her death in 1966, a position that was exceptional for a woman at the time.

The tremendous contributions of Dora Nginza were recognised locally and internationally with numerous awards. The Dora Nginza Hospital is a monument in recognition of her exceptional service to the Xhosa people in Port Elizabeth and its environment over a period of 35 years. In 2001, an Honorary Doctor's degree was awarded posthumously to this great nursing pioneer by the University of Port Elizabeth.

Why this reminiscing? Why this history lesson? After all, we are in the 21<sup>st</sup> century and we have far outgrown those early years. My concern is that it has become simpler not to remember. Because it is easier to take for granted what we have, we have become inclined to forget that we now are writing the history of our profession, laying the foundations and determining the course of nursing for future generations from which other nurses will work.

I want to repeat my opening statement. We, the nurses of South Africa, are blessed with roots and a history of which we can really be proud. Nature has taught us that roots serve as an anchor. They provide the pathways through which to feed and secure the growth and the quality of the harvest. It has also taught us that adverse circumstances and the protective closeness of fellow trees in a forest encourage stronger growth and the capacity to overcome. Also, the stronger and taller the trees grow, the better the chances of vistas opening up, and ultimately, of unobstructed views.

I have touched on the legacy of three nurse leaders who changed the course of nursing in South Africa. Strength of personal conviction, steadfastness of purpose and

magnitude of faith, a deep regard and concern for others, and strength of community conscience and consciousness were common characteristics which they shared. Also, it should be noted that they were not satisfied to wait for things to happen. They took charge of their situations and orchestrated change in the most difficult circumstances.

There are many more unsung nursing heroes across the length and breadth of our country who need to be identified, and their legacies researched and placed on record. I want to express appreciation for the databank developed by the Nursing Education Association to create a historic record of retired nurses in South Africa. I deeply believe that we have a moral duty in this regard. The importance of students getting to know and appreciate the lives and work of nursing pioneers, in order to enhance pride in the origins and traditions of this great profession, cannot be overemphasised.

Nurses need to be aware, and to strengthen their awareness, that what we celebrate today was not accomplished overnight and did not come easily, that pioneering work refers to the creation of new pathways and structuring of the future, and is the result of decades of purpose-driven work, involving determination and perseverance, wisdom and having a vision, and that such an achievement can only come from truly understanding the role of nursing within the dynamics of a healthcare environment.

Before I conclude, I'd like to make few remarks. Over the last decade, I have had the privilege of observing nursing "from a distance". Some issues concern me, and I believe they represent a special challenge for nurse leaders at policy-making level, in practice areas and in nursing schools in South Africa.

The first observation concerns the striking contrast between perceptions and attitudes in different nursing circles. On the one hand, there is enthusiasm and a high level of activity, commitment to quality and a caring nursing paradigm. On the other, there is indifference, and lack of understanding of the nursing role and the meaning of commitment and professionalism. Inevitably, this manifests as an eroded work ethic. I am well aware that this has always been a challenge, but not to the extent observed nowadays. This must have a devastating influence on the professional socialisation of students and the public image of the profession. It was already indicated in countrywide research in the early 1980s that this was the prime reason why basic nursing students at all levels of academic programmes dropped out early.

The second observation, which deeply concerns me, and which I believe requires the serious consideration of the profession's leadership, is the growing spirit of mediocrity. This attitude is in direct conflict with the profession's quest for excellence. Like the spirit of indifference, this must have a

serious eroding effect on quality, not only in nursing practice, but also in the nursing schools.

A profession that so strongly depends on excellence and strong leadership in school and service environments cannot afford the thwarting effect of a spirit of mediocrity which will ultimately lead to inadequacy and incompetence at all levels of functioning. It reminds me of the problem described as the "Peter principle" in the book under the same title by the authors, Peter and Hull.

I have had the privilege of having access to extraordinary role models in my nursing career. The two persons who undoubtedly had the most profound influence on my life, providing direction to my growth as a person and professional, were my mother, who will remain my inspiration for as long as I live, and secondly, my professional mentor, Charlotte Searle. I learnt from both my mother and my mentor that nothing worthwhile results without the will and courage to pursue one's dreams, and once a commitment has been made to achieving this, to stretch to full capacity, with eyes on the goalpost, while maintaining faith in yourself. It's also important to enjoy the journey, creating "breathers" and celebrating small successes *en route*: "Do not dare to stop until you have finished what you started". On a personal level, they taught me the value of investing in a stable family life, with personal sacrifice and the correct ordering of priorities being essential first ingredients.

What has nursing taught me? It has taught me to appreciate life and the incredible joy that is felt when you unexpectedly realise that you have made a just a small breakthrough or difference to another person's life. Nursing brought me to my

knees and taught me that I had no hope of survival without an intimate lasting relationship with God. Nursing teaches one to be humble, and about the beauty of being able to serve!

Awareness that there is a need for persons who can address the needs of others characterises the work of all nursing pioneers. I can still hear the voice of Charlotte Searle: "It is the service rendered, the serving attitude and approach that make a professional distinct in the world of science". I add my own voice to this: "It is the service rendered by professionals that brings science to life and makes it functional, and brings truth to the statement that 'science serves'".

The most important legacy from our nurse pioneers is the lesson that they did not serve to only meet needs. They served to effect change.

What will keep nursing alive and trailblazing in a competitive healthcare environment is our understanding and embracing of the universal truth that we are the servants of our people, that our qualifications and titles are nothing more than opportunities to serve, and that the pursuit of excellence is non-negotiable.

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