

African Safari Turns into Nursing Cultural Exchange

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Sometimes, it seems like events in the universe just fall into place and good things happen. Lucky for us, this was one of those times. We were about to leave on a much-anticipated African Safari and suddenly, Roz had a thought: "We'll be in Capetown for three days before going to Kruger National Park. Maybe we can get to know something about nursing in South Africa." Roz's husband went online and found the web site for Groote Schuur Hospital in Capetown, South Africa (<http://www.gsh.co.za/ab/heart.html>). Groote Schuur is the hospital where Christian Barnard did the first heart transplant, a fact you can't miss when you go to the site and see the red beating heart pulsating with pride. Roz searched for the nursing director, and in less time than you can say cyberspace, we sent the following email:

Dear Ms. Thorpe: My colleague, Terri Patterson, and I are coming to Capetown on Wednesday. We are both passionate about nursing and have written and spoken on various topics nationally and internationally. Would there be any opportunity to meet with some of your nurses, formally or informally? We realize that this is short notice, but if it's at all convenient, we'd love to know more about Nursing in South Africa.

Best regards, Roz Alfaro & Terri Patterson.

Within 24 hours we had a reply:

Dear Roz and Terri: We'd love to meet with you! We have a 2-hour managers' and

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educators' meeting this Friday. I'll cancel the agenda and put you in!

Best regards, Catherine Thorpe

A Surprise Greeting

Three days and 12,000 miles later, we found ourselves arriving by taxi at the large Groote Schuur Hospital complex. There were so many buildings, we decided to ask the driver to take us to the main entrance, where we could page Catherine. However, paging wasn't necessary. As we stepped back from the taxi, we heard a voice say, "That looks like a Roz." We turned to see a tall, well dressed woman in a lab coat standing at the entrance. Seeing our look of surprise, she had an amused "Got ya!" look on her face. Mary**—as we would soon find out was her name---was a nurse educator who was asked to greet us at the door. We all laughed. It's a strange (but wonderful) feeling to travel half-way around the world and hear someone call your name. But, as is often the case with nurses---even with nurses of different cultures---we found that bonding with South African nurses begins quicker than you can say *ARN meeting*. The three of us walked, talked, and laughed our way over to the meeting room.

Cultural Exchange

As we entered the large, sun-lit room, we saw about forty nurses sitting at tables arranged in a square around the room. Catherine rose to greet us, and we took our places at the table. She then asked the group to go around the table introducing themselves, giving names and specialty area. The diversity of cultures within Africa was immediately evident, as the nurses around the room looked and sounded different from one another. Catherine asked those with different native tongues, to pronounce their name in their own dialect. For example, she stopped one nurse and said, "Please say it in Xhosa (pronounced "Kosa") so that Roz and Terri can hear your language". Xhosa is a fascinating language in which many of the words begin with an interesting clicking sound. Not easy for us Americans to do.

** Name changed to provide anonymity.

We then had an active discussion, comparing our roles as nurses and finding we had common issues and challenges. We learned that African nurses have several avenues to practice. There are four-year diploma courses offered by colleges and universities. There are also subcategories of nurses, called Enrolled Nurses (two years' training) and Enrolled Nursing Auxiliaries (one year' training). Both of these programs are offered at hospitals, but they hope to move them to colleges, with the idea that students can exit the program after one year, two years, or four years. They also hope that students will be able to re-enter at appropriate points. We exchanged concerns about the nursing shortage, the growing aging and chronically ill populations, and the desire to help nurses gain more autonomy.

Throughout the meeting, we often saw nodding, knowing, heads around the room. We laughed at the common "never enough linen" problem. But their linen problems sounded worse than ours. Their linen often "walks". With so much poverty, a clean towel is in high demand. Once a Groote Schuur Hospital pillow case was found in a flea market in Holland.

We also learned our South African counterparts had some unique problems. Many of their patients have no phone, indoor plumbing, or electricity. They can't dial 911 for help. And, can you imagine sending someone who needs sterile dressing changes to a home with no electricity or plumbing? Often patients are kept longer than really needed because of the harsh home environment. South African nurses care for city-dwelling, English-speaking patients who live much like our middle class. But they also have to be able to communicate with a large population of patients who speak African dialects and have few resources and capabilities.

There is a nursing shortage in South Africa as well. Nurses are poorly paid. Catherine told us that one of their nurses' biggest challenges is being able to afford transportation to work. South African nurses are leaving for countries who can offer better pay (we learned six months later, that Mary moved to Saudi Arabia).

Hospital Tour

After the meeting, Catherine took us on a tour of a hospital unit. The neuro unit we visited was spotless, with several empty beds. There was one registered nurse and several support staff looking after 10-15 patients. Catherine pointed out how the linen was carefully rationed and guarded. It was a quiet day and none of the patients appeared acutely ill --- but we couldn't miss that they all seemed malnourished. The nurse on the unit was friendly, but we had the sense of deference, rather than collegiality (guess we looked like VIPs to her).

Later, after a brief visit through the Christian Barnard Museum adjacent to the hospital, where you can learn the history of the first heart transplants, we went through the radiology department, where Catherine mentioned that they were getting a new MRI machine.

Lasting Impressions

Although we shared only one brief morning in Capetown, we left with lasting impressions. We admired the intelligence and openness of the nurse managers and educators in our meeting. We were amazed that such a diverse group seemed to work so well together. Perhaps that was because Catherine was obviously a participatory leader, encouraging her staff to get involved. We were aware of our common challenges, but grateful for our wonderful resources here in the states.

We made a good friend in Catherine. We have stayed connected with her via email discussing nursing issues and world affairs (on September 11th, one of the first emails Roz received was from Catherine, saying, "We can't believe what is happening---we are all glued to the television in disbelief").

Africa is a country that you don't soon forget. The sunsets and wildlife are amazing. And, thanks to the magic of Africa's wide open spaces, we came home with not only incredible memories of seeing the "Big Five" (elephant, lion, leopard, cape buffalo and rhinoceros) in the wild, but also of a moment in time when nurses from two different worlds came together for an enlightening and enjoyable cultural exchange.