Kelly on Hadfield, 'A Bold Profession: African Nurses in Rural Apartheid South Africa'

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Leslie Anne Hadfield’s monograph *A Bold Profession: African Nurses in Rural Apartheid South Africa* provides a much-needed, detailed narrative history of Black nurses in rural South Africa from the middle to late twentieth century. Using extensive oral interviews with sixty-seven retired nurses, Hadfield centers their experiences without losing sight of how apartheid worked as a disruptive force in the women’s lives, a lurking presence in the background. Three significant themes inform this monograph, which Hadfield weaves through each chapter. The first theme is how government policies shaped the health-care system in the rural Ciskei homeland over the decades. Second, she examines how the nurses, trained in “Western biomedicine,” engaged with “Xhosa medicine” in their clinical practice. And finally, and perhaps most vitally, the reader gets a glimpse of the personal lives of Black nurses, who navigated conflicting cultural and gendered expectations to deliver quality care to their communities.

Created under British colonial rule, the Ciskei eventually became one of the notorious homelands following the “reforms” of the late apartheid state and the Nationalist government. The Black nurses in Hadfield’s history worked in the Ciskei, where their daily encounters with the apartheid state were buffered through their relegation to Xhosa-dominated small towns and remote villages. Despite isolation, lack of resources, and their own exhaustion, these same women managed to provide a higher standard of care than what most Black South Africans found elsewhere in the apartheid state. What the nurses achieved during their tenure was impressive; one maternity register showed that between 1976 and 1995 out of 756 babies delivered, only 14 children died (1.8 percent neonatal mortality). Hadfield corroborates the nurses’ accounts with documented evidence from archival sources, complicating South African history further with nuanced personal details and evidence that some health systems worked despite apartheid.

Hadfield divides the book into two sections, one more focused on large-scale processes and the other on the personal recollections of the nurses. The first two chapters of the book focus on cultural concepts of healing and the government policies that created a dynamic health-care infrastructure. Chapter 1 gives important background history for the foundations of Black nursing in missionary education at Mt. Coke Hospital coupled with an in-depth explanation of the relationship between biomedicine and historical Xhosa healing systems. Hadfield shows how Xhosa understood ill-health through three mechanisms: “natural forces linked to one’s environment and physical state, spiritual
forces, and social forces,” which further informed the curative therapy for the patient (p. 22). Depending on the illness, Xhosa consulted either amaxhwele (herbalists) or amagqirha (diviners), the latter of which feature prominently in the study because they divine the causes of illness and determine treatment. Hadfield asserts that amagqirha employed empirical observation to make their diagnoses and experimentation in formulating remedies, similar to biomedical methodologies.

Chapter 2 delves into the complexities of health care in the Ciskei homeland, with data on the growth of the nursing profession within South Africa. Nursing offered Black women mobility, status, and financial security. Demand for Black nurses helped the profession expand from approximately five thousand nurses in 1960 to over twenty-four thousand nurses by 1984, more than ten thousand of whom worked in the homelands in the 1970s. As the Ciskei government’s authority increased, officials spent more on health care per capita than any other homeland to improve access to health care with more hospitals, satellite community health centers, and mobile clinics. Nurses planned their mobile clinic locations based on information gleaned from village health workers to satisfy the demand for well-baby checkups, vaccinations, milk distribution, and elderly nutrition. While mobile clinics provided much-needed outreach to remote areas, Xhosa and Nationalist Party politicians used health care as a political tool to promote their own agendas and foster loyalties, leaving some areas neglected.

Chapters 3 through 5 focus on different facets of the nurses’ individual and collective memories, organized from their professional to their personal lives. This section is the most exciting part in Hadfield’s book, making a significant departure from the extant scholarship.[1] Chapter 3 takes the reader through the nurses’ clinical duties, challenges, and points of concern. Hadfield centers the discussion on the issues that the women emphasized in their interviews, such as work hours, lack of rest, and the culture of respectability that the state demanded and that the women came to embody. Black nurses often worked solo in remote clinics, where they responded to knocks on the door through all hours of the night, aiding the injured or more frequently delivering babies for women in labor. Although none of the nurses Hadfield interviewed experienced harm, they did recall that nurses in other districts and stations had been attacked or the clinic robbed.

In chapter 4, Hadfield asserts that nurses understood that their patients’ trusted amagqirha remedies as much as they trusted the nurses’ biomedical care for them. Many nurses “straddled two worldviews in their position as Xhosa women and nurses,” which allowed them to perceive Xhosa medicine as a complementary healing system instead of dismissing it as superstition (p. 113). While not all Black nurses accepted Xhosa medicine as a parallel system, they knew better than to directly challenge their patients, choosing to encourage patients to take both curative therapies.

Apartheid always finds a way to interfere in Black South African lives, and nowhere is that more evident than in chapter 5, particularly as women struggled to find work that allowed for proximity to family and children. As an educated class of Black women, nurses earned enough to place their households into the small African middle class of South Africa; however, some cultural expectations about a woman’s subservience to her husband and his family created friction and increased isolation. Other nurses came from supportive families and formed companionate marriages that endured decades of hardship. Like for so many working women around the world, supportive husbands and families helped Black nurses find their work more fulfilling and facilitated their growth in the profession.
As is clear from the conclusion, Hadfield wanted to trace the story of the nurses up to the present, rather than ending when most of the women retired in the late twentieth century. Most had retired by the mid-1980s; many noticed a decline in resources, infrastructure, and the quality of care that nurses provided after 1994. A few retired nurses complained about the cruelty and bad attitudes of younger nurses, who shuttered their clinics to go out on strike. Six nurses claimed that democracy had robbed both nurses and patients of their sense of community, compassion, and love for what nursing could do for others. Despite their disappointment in the current nursing system, the retired nurses still cared about what was happening, and some suggested they wanted to work as consultants to make circumstances better.

As Hadfield demonstrates throughout the book, the women who became nurses and worked in the Ciskei during the apartheid years made consequential differences in the lives of their patients and communities. Hadfield’s book adds significant richness to the history of medicine, nursing, and women and gender in South Africa. Rather than heroic tales, the nurses’ personal accounts are deeply human, making their lives that much bolder.

Note


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