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CHAPTER ONE

INTRODUCTION

In the present study, the researcher shall attempt to analyse the late Thembani Grace Mashaba's nursing contributions within the culture care context. The aim of this thesis is to provide a reflection on Mashaba's transcultural themes. According to Honore (1988:v), a collection of themes [in this case transcultural themes], centred on one person, *must have as its unifying theme the particular gift, intellectual, spiritual, or artistic, through which that person has stimulated the imagination of the others.* In this study, therefore, an examination of the transcultural themes covered by Mashaba during her professional and academic experiences will receive the researcher's attention and scrutiny. An attempt is also made to assess and evaluate more closely the degree of Mashaba's success in the delivery of transcultural meanings to her audience.

The selection of Mashaba as a subject for this study was stimulated by a number of related factors. Mashaba was a remarkable nurse, as she was the first Professor and Head of the University of Zululand Nursing Department. She had been a Matron (Nurse Administrator) of various

KwaZulu Government hospitals before being an academic. She was one of the first two Black South African nurses to be awarded a doctoral degree in nursing education in South Africa - the degree was awarded by the University of South Africa (UNISA).

What is worth noting is that Mashaba achieved academic and professional heights during the apartheid era. Therefore, she completed her university education when few women were accomplishing this goal.

As a Professor of Nursing, Mashaba was greatly respected in the University of Zululand community for her significant contributions. These have occurred over a sixteen-year period in which she served the University in various capacities. She was described by Dr Edwards, Professor and Head of Department of Psychology at the University of Zululand, as *"a role model, an outstanding leader and developer in her chosen academic profession."*

Her name has appeared in the histories of numerous institutions (Empangeni, Ngwelezana, Benedictine, and University of Zululand). Besides occupying the matron posts and headship of university nursing department, she was elected to the leadership of regional and national nursing organizations. Mashaba was also a prolific writer, publishing numerous articles, writing a book on nursing history, and coauthoring a nursing education book.

Against the above-mentioned factors it can be argued that the quality of Mashaba's works/activities, her scholarship, and her perhaps less obvious but nonetheless apparent contemporary significance are indications that an extensive research on her ought to be carried out. It is obviously necessary to go beyond merely echoing Mashaba's worth as a nurse leader and a scholar. Her contributions must be thoroughly examined and analysed hence this study is an attempt to map out some of these.

However, in the examination of her contributions, the researcher shall, of necessity, not explore contribution in all her works. The researcher shall, as it has been mentioned, pursue transcultural themes. Mashaba was a Black nurse, a Zulu nurse, a scientist, an artist and a humble human being - all traits which informed her thematic output. Mashaba's concerns for the Black people are some major indications of her transcultural interests. She noted, for example, the contributions only people familiar with the Black culture could make. Nursing education and practice (the cultural health practices) of the Blacks were all subjects of her extensive chronicle. Some of her themes, for example, focus upon the health beliefs, traditions and practices of the Blacks (particularly of the Zulus), while others step outside the culture-specific focus and instead identify and examine concepts common to people from many cultures in South Africa. Furthermore, some of her themes advocate for nurses to acquire skills in dealing with clients on a one-to-one level as

well as skills needed to work with and within communities and their organizations. The researcher shall then pick on certain of her writings/themes that more or less portray to us, those transcultural nursing themes Mashaba intended to communicate.

STATEMENT OF THE PROBLEM

With the advent of the White people (European) and their Western civilization in South Africa, our traditional health practices started emulating the Western ways of healing. This resulted in a number of our traditional healing methods being undermined and underrated. It is for this reason that the researcher appreciates people like Professor Mashaba who, as it will be demonstrated, preserved this cultural wealth in her writings and nursing practice. She has worked to raise and stimulate awareness and informed support for ways and means to hasten the end of this particular Eurocentric (and thus ethnocentric) orientation in nursing care.

Transcultural nursing is developing through research and experience with ethnic and cultural groups. Regretfully, not all who have contributed to the body of knowledge as transcultural experts have been acknowledged. It is unfortunate that Mashaba did not leave a legacy of works entitled

"Transcultural Nursing Themes." As a result her potential and role, as a transcultural nurse, are unrecognised within the transcultural nursing context. She did, however, leave a philosophy that can help nurses prepare for this specialisation.

While Mashaba, who was both a practitioner and a researcher within the nursing profession, has been working to generate knowledge of nursing of clients/patients from a cultural perspective, little has been written about her contributions to nursing, and more particularly her contribution to transcultural nursing. To date, as a result, directions for the systemic integration of such knowledge into South African nursing curricula has not generally been made available in the literature.

PURPOSE OF THE STUDY

Specifically, this thesis sets out to do two things; firstly, to describe aspects of transcultural themes from Mashaba's point of view; and secondly, to assess the degree of her success in the delivery of transcultural meaning to her audience, i.e. the readers of her works.

Generally, this study purports to provide direction for those planning, developing and revising nursing curricula in schools of nursing. It is

hoped that there will emerge what the researcher has thought important and profitable to talk about - as far as transcultural nursing is concerned - and perhaps, some profitable doctrine and some indication of directions that might profitably be followed.

SIGNIFICANCE OF THE STUDY

With the recent changes of government and the country of South Africa - after the rebirth of a democratic state as per April 1994 Election - our cultural perspectives have expanded. Not only are people around South Africa more aware of each other, they are also intermingling to a greater extent as immigrations and migrations make SA a giant mobile society - especially after the removal of, among other laws, the Group Areas and Separate Amenities Acts. The ultimate outcome of these changes is an increased merging of the South African population, which brings with it demands for a new cultural understanding. Nursing is one of the frontline professions that keenly feel the impact of this diverse population shift. According to Tripp-Reimer (1984:253), it is no longer sufficient to practise an ethnocentric nursing protocol and expect it to meet needs universally (in this case nationally). Each South African culture has a set of values and beliefs that are inextricably intertwined with health care behaviours. The need has arisen today to understand the meaning of the observed

(cultural) behaviours of all the South African people.

In this ever increasing pluralistic South African society, the researcher believes that nurses need the widening perspective of transcultural nursing to understand populations and changes. Research and the acquisition of a sound knowledge base are crucial to the development of transcultural nursing. According to Leininger (1990:54) - one of the pioneers in the area of transcultural nursing - the primary goal for health personnel working in transcultural settings (such as South Africa's) is to determine the dominant cultural values, priorities, and characteristics of a cultural group, and then ascertain how best to provide for the needs of people. Leininger also believes ethno-scientific methods, which are studies of cultures, should be implemented first on a small, individual/case study scale (like this study) and then be followed up with field studies.

The knowledge base gradually expands as more in-depth studies, such as this one, are conducted and variety of cultures are compared and contrasted. Ultimately such (transcultural) knowledge - after classification and testing - should generate new theories, different practices, and clues for the prevention of illness.

Mashaba weaved traditional and western nursing care (these are part of transcultural nursing care) throughout her teachings and writings. A

better understanding of the science and art of nursing, particularly as it relates to transcultural care, may be gleaned by reviewing these traits in her timeless thematic contributions.

Although it can be said that Mashaba's transcultural themes have yielded valuable interpretations on their own, some of them, especially her essays and lectures, become even more meaningful in the context of her life. Therefore, throughout this thesis, and when appropriate, the researcher gives a general and specific background to help in determining guidelines of interpretation and analysis of her transcultural contributions.

STUDY ASSUMPTIONS

This study rests on assumptions which are related to the development and utilization of a body of transcultural nursing knowledge. It is assumed that:

- what constitutes efficacious or therapeutic nursing care is largely culturally-determined, culturally-based, and can be culturally-validated;

- symbolic forms of nursing care and their referent meanings [themes] are closely linked to cultured norms and beliefs and need systematic study, as they are important modes for understanding and helping people of a particular culture;

- it is by sharing transcultural information/themes that the best culture care efforts of the members of an occupation may be effected; knowledge and experience developed and kept in isolation is of little use to a profession; knowledge and experiences must be widely disseminated so that every member of the discipline who wishes to do so may have access to that knowledge; and

- Culture Care can be rendered more effectively by a philosophical analysis of themes/thoughts of Mashaba; such an analysis offers the possibility of developing in individuals the abilities needed to confront the complexities of our multicultural society.

RESEARCH QUESTIONS

Preliminary research questions were formulated to guide this study. The questions were designed to encompass the theme of transcultural nursing.

The questions are as follows:

- What were Mashaba's transcultural themes?

- What conclusions can be drawn from Mashaba culture care themes?

- How did Mashaba's philosophy or ideas fit within the context of transcultural nursing?

These questions (about Mashaba) have helped facilitate the discovery

of transcultural themes for this study because the researcher believed that

> By searching among the facts of a subject's life [philosophy], the biographer tries to discover thematic patterns in that life; he must then endeavour to translate these themes into the patterns of form in his book (Petrie, 1981:50).

Influenced by the above excerpt - of "patterns of form" - the researcher will, in the following section, give an overall picture of the body of the thesis. The researcher believes that this will function as a guide which will assist in avoiding inconsistencies and irrelevance in the forthcoming discussions. It also gives an indication as to how each chapter is organised.

ORGANIZATION OF THE STUDY

This study comprises of seven chapters.

- Chapter One (the current chapter) is an introduction. In this chapter, a broad outline of what the researcher's aim in this study is given. This includes: introduction to the study, research purpose, a statement of the importance of the study, assumptions, and study questions.

- Chapter Two is the review of the related literature. The key terms used are defined to clarify any misconceptions in terms of their employment in this study.

- In Chapter Three, entitled *Methodology,* the researcher explains the following: the chosen design, where and how the data was collected, and how it was used.

- To assist the reader to understand Mashaba, the researcher thought it wise to look at her parents and siblings, the family, social and educational background. That is why the researcher - in Chapter Four - has written some biographical notes on Mashaba. However, the researcher has portrayed Mashaba's life history especially in so far as it is relevant to her transcultural focus.

- The generic or folk system - cultural care themes that are unique and specific to the Zulu health care systems. These were discussed in Chapter Five;

- Professional care systems - cultural care themes that are unique and specific to the Western care systems. These were discussed in Chapter Six; and

- As the discovery of common and varying features is done, the implication(s) on nursing care and nursing education have been explored. This is done in Chapter Seven. This chapter also comprises of summary, recommendations, and conclusion.

To assist the reader to understand Mashaba, in Appendix A, the researcher gives her biographical details. This study, also includes the poem (written in Zulu) on Professor Mashaba. Poems (praises or *izibongo*) are important particularly in the Zulu culture because they,

> Recount a person's deeds and attributes up to a specific point in time. Further praises are added according to additional exploits or revelations about a person (Ntuli, 1984:25).

The title of the poem is **NTABA-KAYIKHONJWA (KuDokotela T.G. Mashaba**) meaning **("MOUNTAIN THAT YOU MAY NOT POINT A FINGER AT" I.E. A HIGHLY RESPECTED PERSON) DR T.G. MASHABA.** It was written by Khumalo (1990). A poetic translation was given by Dr. Ntuli - a well-known poet and Professor of African Languages at the University of South Africa (UNISA). The researcher - instead of direct Zulu-to-English translation - sought a poetic exposure by a mature poet.

According to Ntuli (1984:45),

> There is no reason, from the literary point of view, for translating if the product will be nothing more than a copy of the original. Therefore, translation [of a poem] should not end at merely supplying equivalents of words (Ntuli, 1984:45).

Also stressing the importance and method of translation of a poem, Jansen (1969:65) outlines the obligation of a translator:

> A translator (if he has not lost that name) assumes the liberty, not only to vary from the words and sense, but to forsake them both as he sees occasion.

With special reference to this poem on Mashaba, Ntuli has this to say:

- This poem is written in typical traditional "izibongo" (praise poem) style - used in praising highly respected achievers like kings and military heroes.

- More than 600 lines - one of the longest poems in Zulu - a sign that the poet was exceptionally inspired and had sufficient material for the composition.

- Note very positive images - egret for beauty: heifer symbolizing youth, freshness and productivity: the white "cow" - special white beasts used to belong to royalty.

- Note metaphors like "bull", "giraffe" symbolizing potential to succeed under otherwise difficult circumstances.

- The poet makes effective use of formal poetic features - like repetition, linking, parallelism, to make this one of the best written poems in Zulu.

The following chapter is the review of the related literature. The key terms will be defined. Also, the study's theoretical underpinning is discussed. The dominance of Leininger transcultural themes - in the literature review - is worth noting. Leininger is the founder and leader of the transcultural sub-field of nursing. She was, before her retirement, a Professor of Nursing, Anthropology and Human Care Research, Colleges of Nursing and Liberal Arts in Wayne State University, USA. She has held both faculty and administrative appointments in nursing education and has published extensively.

It is, of course, worth noting that Mashaba was Leininger's personal friend. They have similar understanding and philosophy about culture; they invited and visited each other (in their respective nursing Departments), they shared the platform in presenting their cultural themes - Leininger contributed a chapter on *Transcultural Nursing* in the nursing education book coauthored by Mashaba in 1994.

CHAPTER TWO

LITERATURE REVIEW AND DEFINITION OF TERMS

INTRODUCTION

> All humans are primarily cultural beings with their own unique beliefs, values, and life ways. Culture is the broadest way to understand people care. Culture is the powerful factor to the influence of human behaviour and life ways in wellness and illness states (Leininger, 1990:40).

The above excerpt reinforces the understanding of the concept of culture with its many related ideas and theories. The implication for nursing is that,

> It is necessary for the nurses to develop an awareness of the multiple of cultures acting to shape their views of people [patients/clients] and the situations they are in (Lynam, 1992:151).

The linkage between Leininger (1990) and Lynam (1992) is a universal confirmation of the significance of appropriate nursing care - which can only be provided through transcultural nursing care. According to

Leininger (1990:305), *nurses' knowledge of diverse cultures (especially where working) would influence the effectiveness of the nurse to care for people of diverse cultures and subcultures.*

The ideas that are presented in this study are developed from a philosophical and theoretical perspective that recognizes the uniqueness of views held by all clients (client-sensitive care). It also acknowledges that people's views are shaped in part by the groups of people with whom they interact (cultural norms and values). Specific concepts such as the expressions and meanings of culture, culture care, and other transcultural nursing themes take on meaning for nurses with regard to past and current life situations or in specific nurse-client situations - hence these terms must be clearly defined.

The term "CULTURE"

Culture can be defined as *a system of values, beliefs, and customs that an individual learns while growing up in the environment; it is an unconscious learning process* (Leininger, 1990:52). The culture concept comes from the field of anthropology and is one of the most central and important theoretical constructs in the discipline (Herskovits, 1955:306).

Describing the concept of culture, Herskovits (1990:306) - who was an anthropologist - made the following postulates about the nature of culture:

- Culture is universal in man's experience, yet each local or regional manifestation of it is unique.

- Culture is stable, yet is also dynamic, and manifests constant change.

- Culture fills and largely determines the course of our lives, yet rarely intrudes into conscious thought.

Each of these somehow paradoxical statements reveals attributes associated with the concept of culture. With further thought to Herskovits's statements, Leininger (1990:54) found that

- Culture is a universal experience, yet there are no two cultures which are precisely the same.

- Some cultures are strikingly different from others, while other cultures show only slight differences from another culture.

- The more obvious the cultural differences between particular cultures, the more clearly one can learn to appreciate and understand the concept of culture.

In this study, culture is viewed as an integrated system of learned patterns of behaviour, ideas (themes) and products characteristic of a society member(s). It is a philosophy of life and death - which can be known through the study of themes of the society members. This, the researcher assumes, may provide some ready-made solutions to life problems of existence and to goal achievement. This definition recognizes that culture, as it is passed on by friends and family, is a reflection of broader societal values and that a cultural perspective can be further acquired during programmes of systematic enquiry (such as this research), for it is during these times that people may be further socialized to hold a particular world view - this, of course, is the aim of this study.

THE SIGNIFICANCE OF CULTURE TO NURSING

Social significance

> Nursing occurs within a social system and it bears features of social science. This fact compels nurse practitioners to try and come to grips with social reality through a proper understanding of the dynamics of society and social behaviour of individuals, groups and communities. Comprehension of social processes, the concepts and how they operate, is basic to improving and strengthening the quality of nursing intervention. Among others, one of the concepts of social dynamics that is of interest to nurses is "culture" (Mashaba, 1995:252).

The above excerpt demonstrates the understanding of the concept of culture by Mashaba. There is a link between her cultural understanding and those of Leininger (1990), Tripp-Reimer (1984) and Lynam (1992). According to these writers, culture influences the values, beliefs, and behaviour of individuals, families, and communities regarding health and illness. It is, therefore, necessary that nurses are cognizant of the way in which the patient or client is enculturated to view his or her condition of illness - hence, with this study, the researcher intends to reveal cultural themes.

Ethical significance

One obligation of nursing, as a profession, can be seen as the education of practitioners who are able to provide nursing care that is meaningful for, and sensitive to the needs of, clients of all cultures. According to Leininger (1967:32), nurses are professionally obliged to learn about transcultural nursing because;

- Nurses function with clients of many diverse cultures or subcultures in any typical day or night;

- Nurses must know specific cultures and not impose their beliefs, values and practices onto the clients;

- If care is not congruent, the client will not be cooperative with the nurse and may pose a serious problem for her/him; and

- Transcultural nursing care is an ethical responsibility to provide care that is not counter culture or that is disturbing or unduly stressful to the client.

Perhaps one of the greatest mistakes nurses make in working with culturally different people is transferring their expectations based on their

own cultural background. In her study of health care workers who were involved in cultural settings different from their own, Leininger (1990:53) identifies the following problems:

- Lack of knowledge about diversities in cultural beliefs and practices

- Health care personnel difficulties in identifying relationships between social structures and health systems

- Cultural shock, or feelings of helplessness and disorientation felt by the health giver, leading to ineffectiveness

- Cultural imposition, or the imposition of the health worker's beliefs on another cultural group, resulting in distrust and, many times, failure of proposed health interventions.

Nurses should learn to identify cultural variables and be able to alter nursing interventions so that they are congruent to the patient's cultural pattern beliefs. Consideration of individual value systems and lifestyles should be included in the planning and health care for each client - this can only be done by nurses who are in possession of transcultural nursing knowledge.

Ethnographic Significance

> Early in the history of social science, individuals interested in culture found that the ways of traditional science were inadequate to discover the nuances of people who live together and share similar experiences (Streubert & Carpenter, 1995:89).

The above excerpt reinforces the understanding of different research approaches that can be adopted in the study of the concept of culture. References to the value of ethnographic approaches as a means to study nursing culture can be found as early as the 1970's. Early nurse ethnographers embraced the methods of anthropology to study phenomena which they perceived were not reducible, quantifiable, or able to be made objective. This, according to Streubert and Carpenter (1995:89), led to the beginnings of ethnography as a means of studying the life ways or patterns (themes) of groups of individuals.

Leininger (1991:5) stresses the importance of knowledge gained from direct experience or directly from those who experienced (such as in this study) and label such knowledge as *emic* or people-centred. This is contrasted with *etic* knowledge, which describes the professional perspective. Leininger contends that *emically* derived care knowledge is essential to establish nursing's epistemological base for practice. According to Malinowski (1961:25), a study on culture requires the researcher to learn the "natives' point of view."

The term "CULTURE CARE"

Culture care can be defined as

> The subjectively and objectively learned and transmitted values, beliefs, and patterned life ways that assist, support, facilitate, or enable another individual or group to maintain their well-being, health, improve their human condition and life way, or to deal with illness, disabilities or death (Leininger, 1991:47).

From this definition it can be assumed that culture care is the *broadest holistic means to know, explain, interpret, and predict nursing care phenomena to guide nursing care practices.*

According to Leininger (1990:53), culture care is a new dimension for nursing. She further states that nursing has passed three era/dimensions.

- During the first early era of health services, considerable emphasis was given to the physical and protective needs of patients/clients.

- The second era gave emphasis to the psychological aspects of the patients' sick behaviour, but combined the physical aspects with the psychological so that a

psychophysiological approach to patient treatment and care was evident.

- The third and the new era is busy trying to give emphasis upon cultural and social factors related to the patient's illness.

The progress, in the third era, will be dependent upon health care professionals to have substantive knowledge about socio-cultural themes influencing patient behaviour and care. It is, therefore, reasonable to predict that this new trend will receive more attention in the next decade. Intending to make explicit the range of Mashaba's transcultural themes, this study is a very good example of such an attention/interest.

The term "TRANSCULTURAL NURSING"

People of different cultures define health in different ways. According to Tripp-Reimer (1984:253), "*timely and appropriate*" nursing care can be hindered by a basic lack of knowledge about client/patient culture. Learning about other cultures - which is the philosophical essence of transcultural nursing - increases one's options by providing a wider perspective out of which decisions can be made. What, then, is transcultural nursing?

According to Leininger (1989:4), transcultural nursing refers to

> A formal area of study and practice of diverse cultures in the world with respect to their care, health and illness values, beliefs and practices in order to provide culture specific or universal nursing care that is congruent with the client, family or community's cultural values and life ways.

This definition contains many important ideas because it emphasizes the importance of nurses studying different cultures in order to know and understand specific values, beliefs, and life ways of cultures - so as to be able to make appropriate decisions and actions. One can also note from this definition that transcultural nursing is a major study and practice which requires in-depth study of different cultures in any local or/and national setting, so that nurses can be knowledgeable about clients' cultural background in order to provide culture specific care or to some universal (common human) needs. Most important, this definition sets the goal for nurses to look for culture-specific beliefs and practices that can help the client, group, or family to regain health or to accept disabilities, or face death. The beliefs and practices can be presented, like in the present study, in thematic form.

The term "TRANSCULTURAL THEMES"

The word "theme" is often associated with the work of art, especially poetry and languages - in which writers make use of carefully selected words to convey meaningful messages that communicate to the reader the reflection of an external reality. According to the Oxford Dictionary (1989:1343), a theme can be defined as a *subject on which one speaks, writes, or thinks.*

Qangule (1979:13) does not confine the term "themes" within the ambits of poetic and linguistic definitions or descriptions, but he suggests that its definition can be extended to include ideas and experiences. This extension of the definition of "themes" illuminates the intentions of this study. This study, therefore, realises themes as a term that transcends simple poetic and linguistic paradigms. In its context, themes refer to Mashaba's philosophy of transcultural nursing care - her transcultural approach to nursing and above all a nurse educator. Given a wider amplitude, this includes and embrace her conceptions, opinions and beliefs.

There is a need for culture-specific themes as information that is meaningful on a broader conceptual level. A review of such themes can reveal a range of approaches within a topic of transcultural nursing. In this study themes have been evaluated by their uses to which they can

be put. It is hoped that such an evaluation has provided a framework for both expansion and elaboration of cultural nursing knowledge.

Nurses' interest in transcultural nursing certainly was not generated in a vacuum; rather, it emerged simultaneously with concerns in society at large. Transcultural nursing was conceived and began to take roots in the mid-1950's as an area of formal study and practice of nursing to meet a rapidly growing multicultural world (Leininger, 1970, 1978). Such was the case with the South African society.

For a better understanding of the transcultural themes - as they are used in this study - it is necessary to understand the context in which they are used. This calls for us to review the health systems - that are in operation in South Africa. In the conceptualization of transcultural health care systems, there are generally two kinds: the traditional and professional health care systems (Leininger, 1978:64). A definition of these terms is in order.

Traditional health care system

Sometimes called indigenous, generic or folk, traditional care system - in this case, the Zulu health care system - has been in existence for many years and reflects the use of Zulu medicines, Zulu/traditional care agents, home treatment practices, and a range of other health practices. In

Chapter Five, an analysis of Mashaba traditional theme has been done.

Professional health care system

For this study, the term professional health care was used interchangeably with the term Western health care system. The professional health care system reflects a Eurocentric/Western system ascribed and maintained by people who have pursued a formal programme of study. A discussion of this term has been done in Chapter Six. An in-depth analysis of Mashaba's professional transcultural themes has also been done.

Mashaba's themes about these systems include the characteristics and specific features of each. The researcher is of the opinion that the information allows for the identification of similarities and differences or cultural care universality and cultural care diversity.

Culture Care Diversity

In this study, this term refers to the particularistic values, beliefs and patterning of behaviour that tend to be special or unique to Zulu culture and which do not tend to be shared with members of other South African cultures.

Culture Care Universality

In this study, this term refers to commonalities of values, norms of behaviour, and life patterns that are similarly held among South African cultures about human behaviour and lifestyles.

THEMATIC RESEARCH: An Empirical and Conceptual Review

The Rationale for thematic research

A basic thesis drives the applied focus of this (thematic) study. It rests on the importance of interpretation and understanding of some key features [themes] of social life. As a distinctly qualitative approach, thematic research attempts to make the world of lived experience - in this case Mashaba's - directly accessible to the reader(s) (Denzin, 1989:14). It is worth noting that ethnography and biography - which are approaches used for this study - are both qualitative in nature.

As indicated in the previous chapter, the focus of this interpretive research is on those transcultural life experiences that shape the cultural care meanings which Mashaba gave to herself, her life and professional projects. According to Spradley (1980), generally three types of

information are used to generate cultural inferences; cultural behaviour (what people do), cultural artefacts (the things that people make and use), and speech messages (what people say). A significant part of culture is not readily available. This information is called *tacit* knowledge (Streubert & Carpenter, 1995:96). This knowledge consists of information [themes] members of a culture know but that they do not, for some reasons, talk about or express directly (Hammersley & Atkinson, 1983; Spradley, 1980). It is the researcher's belief that, in addition to accessing explicit or easily observed cultural knowledge, nurses have the responsibility of describing *tacit* knowledge as well. This, the researcher declares, can only be made possible through the scientific/systematic discovery of cultural themes.

Discovering Cultural Themes

> The ethnographer then is concerned with meaning and understanding, recognising that individuals interpret situations and act in accordance with their interpretation and understanding of each situation (Atkinson, 1979:130).

The above excerpt reinforces the understanding of the concept of culture themes. The implication for this thematic study is that,

> The discovery of cultural themes requires the ethnographer to look carefully over the data collected and identify recurrent patterns (Streubert and Carpenter, 1995:108).

The linkage between Atkinson (1979) and Streubert and Carpenter (1995) is a confirmation of the fact that cultural patterns/themes need to be excluded or discovered for appropriate nursing care - which, according to the theme of this study, can only be provided through transcultural nursing care. Following the above formula, the researcher studies Mashaba's cultural themes/patterns to ensure their soundness.

In addition to exploring and recording Mashaba's themes, the ethnographer also must consider the situation/context under which they were said. The researcher believes that this "*wide-angle*" view of the situation provides the opportunity not only to detail what is said - by Mashaba - but also to share what may be implicit in the situation.

Streubert and Carpenter (1995:100) maintain that

> A wide-angle approach affords the ethnographer to observe all individuals, activities, and artifacts that are part of the social situation, not merely focus on the interactions between the subject in the report. Attention to all parts of the social situation will contribute to a richer description of the cultural scene.

The researcher is of the opinion that the empirical review of the literature may help towards the operationalization of the above philosophy. Therefore, at this point, the examination of some studies done on themes

is in order.

Thematic Research Studies

Few studies have been conducted that illustrate the life ways of the individuals and their thematic contributions. These studies, the researcher believes, can provide rich opportunities for researchers - in this case nurse researchers - interested in using the ethnographic approach.

In 1977, Safier published her research study in a book entitled *Contemporary American Leaders in Nursing: An oral history.* In this biographic study - which is not ethnographic - Safier demonstrates clearly how themes of a nurse leader can be identified. Using Oral history methodology, this researcher structured two types of interview questions - for the seventeen research subjects (who were prominent nursing leaders). Firstly, general questions of a biographic nature were designed for all interviewees. Secondly - after scrutiny of the answers to the first questions - a list of specific questions was prepared relative to each leader's career. Before the structuring of the specific (thematic) question, Safier (1977:6), did a preparatory reading about her research subjects and their activities, and was engaged in informal conversations with people who had worked with them or who knew them well. It is worth

noting, as far as this nursing study is concerned, that the dominant nursing themes - which are well-known - are; administration, research, education, and clinical practice. For her study Safier operationalizes thematic contributions as

> The ideas and activities [by the nurse leader] that have produced a major impact upon the course of nursing.

There is a linkage between Safier's study and Robnett's 1986 research study - entitled *The Growth of a nursing leader: Myrtle Kitchell Aydelotte*. With this Masters research study, Robnett (1986) - just like Safier's - focussed on a nursing leader and her contributions to nursing. Both studies, also, use biographical interpretation of life ways of their subjects. However there are two differences that can be deduced from these studies. Firstly, the latter - unlike the former - focuses on a theme (which is *nursing administration*). As aforementioned, Safier's focussed on four nursing themes. Secondly, Robnett's study focuses on one research subject whilst the former researcher had seventeen subjects for her study. It is worth noting that transcultural nursing aspects were not the major emphasis in both studies - although socio-political trends and issues were utilized to provide a framework for interpretation of the research subjects' philosophies and actions.

Another thematic study of a nursing leader was conducted by Halloran in

1996. In this study - entitled *Virginia Henderson and her timeless writings* - Halloran provides a reflection on the written works of Miss Virginia Avenel Henderson. Halloran used his research subject's interests, professional and academic qualification, to identify the guiding themes for his study. As Henderson is a nurse, a scientist and nurse teacher, accordingly Halloran identifies her nursing themes as: nursing practice, research and education. Therefore, Henderson's philosophy and actions were analysed on the three aforementioned themes. Unlike the aforementioned researchers, Holloran used only written documents as data sources.

In response to the apparent lack of *studies into aspects of Zulu poetry*, Professor D.B.Z. Ntuli, for his doctorate, did a study on *best known Zulu Poet,* Dr BW Vilakazi - entitled *The poetry of B.W. Vilakazi.* With this study, Ntuli (1984) assessed or examined the degree of Vilakazi's thematic success. For this study the word "theme" *was used in a broad sense* (Ntuli, 1984:98). Ntuli operationalized the concept "theme" to include *the subject matter and the underlying idea in Vilakazi's poem* - in the present study, the researcher has also broadly defined the term "theme." Ntuli emphasises that his main aim was to analyse the poems, and not so much to classify them. Classification [of themes] was done merely as a framework within which to analyse. However, Vilakazi's poems are classified into themes on: nature, history, inspiration, death, philosophy, and nostalgia. Concentrating on the content of Vilakazi's

poetry, Ntuli considered the common ideas and themes and assessed the degree of his success in handling them.

There are about five studies that have been done on Samuel Edward Krune Mqhayi - one of the most famous Xhosa writers. These studies are: Qangule, 1979; Kuse, 1979; Opland, 1989; Ntuli & Swanepoel, 1993; and Saule, 1996. All these studies assess Mqayi's writing art in terms of the quality of his literary contributions together with his activities as a writer and a social figure. These studies of necessity cover a wide field which, for the purpose of facilitating comprehension and management of each individual study, have to be scaled down to a particular focus.

In his doctoral thesis entitled *The Images in some of the Literary Works of SEK Mqhayi,* Saule (1996) scaled down the scope of the study to (only) include the following: "*unpublished*" essays from *Umteteli Wabantu; uAdonisi waseNtlango;* fieldwork which includes interviews; selected poems from *Inzuzo* and selected poems from *Imvo Zabantsundu.* Another "*scaling down*" example can be seen in the study by Qangule (1979). In his research entitled *A study of Theme and Technique in the Creative Works of SEKLN Mqhayi,* Qangule describes Mqhayi's prophetic utterances and visions. With all the above research studies, endeavours are being made regarding Mqhayi's interesting themes and images in the Xhosa language. The methods used in these studies are purely descriptive, investigative, interpretive and analytic with specific aims of

elucidating Mqhayi's ideas, ideals and thoughts [themes].

Another thematic study was conducted by Obee (1994). With this study, entitled *A Dialogue of Two Selves: Themes of Alienation and African Humanism in the Works of Es"Kia Mpahlele*, Obee describes, compares and contrasts two major themes - of Alienation and Humanism. This researcher specifies, as her major study objective, the elucidation and portrayal of Professor Mpahlele's ideas and thoughts [Works] as a contribution to the two aforementioned themes. Once again, the method used in this study is descriptive, interpretive and analytic.

For the Master's research project - entitled *Traditional Concepts and Literary Conventions Sinxo's Works* - Satyo (1977) described and analysed some traditional themes. This study demonstrates the literary difficulty that is being experienced in the convention of indigenous concepts into foreign languages. Sinxo's thematic contribution in this regard is the sole purpose of the study.

The concern over the rigid following of Western structural poetic patterns, at the expense of the primary essentials of Zulu (traditional) poetic essentials, motivated Mlondo (1994) to scrutinise the *meaning* in Ntuli's poetry. With a specific aim of critically analysing Ntuli's poetic contribution in mind, Mlondo undertook to examine various themes covered by Ntuli in his poetry. Emphasis was, however, on the

techniques this literary artist has used to relay *meaning* to his readers. For this doctoral study, Mlondo uses theories of sense, intention, feeling and attitude as basic yardsticks in his scrutiny of *meaning* in Ntuli's works. According to Mlondo (1994:24), *"there are several kinds of meaning."* Ntuli's meanings in his traditional Zulu poems on different themes are contrasted with Western structural poetic patterns.

THEMATIC RESEARCH: Implications for the research design

Combining Ethnography and Biography

As it can be observed, the methods used in the above studies are descriptive, investigative, interpretive and analytic - with specific aims of elucidating research subjects' ideas and thoughts [themes]. It is, also, worth noting that due to its descriptive, analytic and investigative nature, ethnography, as a design, is philosophically similar to a biography. In all the above studies, both biographical and ethnographical (**ethno-biographical**) designs are used. This ethno-biographic style is fancied for this study because:

- This study is ethnographic. Its major emphasis is on exploration, description and analysis of Mashaba's

transcultural themes. Culture research, comparison, cultures care analysis, cultural situational analysis methods - the ethnographic approach - must be used for this study; and also

- This study is biographic. Another major emphasis is on the life, lived experiences, analysis and interpretation of Mashaba's behaviours - the biographic approach.

It is worth noting that these research methods - because of their subjective and descriptive modes; interest in human phenomena; and focus on social experience - are qualitative (Streubert & Carpenter, 1995: 2). The discussion of these qualitative approaches is now in order.

ETHNOGRAPHIC RESEARCH APPROACH

Defining Ethnography

According to Spradley (1980:3), "*ethnography is the work of describing culture.*" The descriptions of culture or cultural themes, Streubert and Carpenter (1995:90) believe, must be guided by an intense desire to understand the lives of individuals. Spradley (1980:5) warned, however, that "*ethnography is more than the study of the people/individuals.*

Ethnography, according to him, means *"learning from people."* How, then, can we operationalize this definition for our mission. Although a detailed answer is offered in Chapter Three - entitled *Methodology* - in the following section, the researcher motivates for the applicability of this method for this study.

Ethnographic Approach Applied to Nursing Practice

According to Streubert and Carpenter (1995:89), ethnographic research method is used because "*individuals interested in culture found that the ways of traditional science were inadequate to discover the nuances of people who live together and share similar experiences."* Accordingly, this led to the beginnings of ethnography as a means of studying the life ways or patterns of groups of individuals.

References to the value of ethnographic approaches to nursing can be found as early as the 1970s (Leininger, 1970; Ragucci, 1972). According to Tripp-Reimer (1984:254), ethnographic research was adopted as a legitimate approach because some, if not most, nursing phenomena are not "*reducible, quantifiable, or able to be made objective.*" Leininger (1985) went on beyond the borrowing of ethnographic research method to develop what she called ethno nursing research - the conceptual framework of ethno nursing method forms the theoretical underpinning of the present study.

A Review of Different Types of Ethnographies

According to Sanday (1983:23), there are three types of ethnographic designs. The first one, and the oldest, is called "*holistic*" ethnographic interpretation. The commitment of researchers in this design is to the study of culture as an integrated whole. The underlying commitment, according to Sanday (1983:23), is "*to describe as fully as possible the particular culture of interest within the context of the whole.*" The second is the *"semiotic"* ethnographic interpretation. The focus of the *semiotic* biographer is on gaining access to the native's point of view. According to Geetz (1973:30), one of the exponents of semiotic method, the only way to understand to achieve cultural understanding is through *thick descriptions* - which can be understood as the description of the large amounts of data (description of culture). The third design is the *"behaviourist."* In this approach, the researcher is most interested in the behaviour of a member of a culture - the main aim being "*to uncover covering patterns in observed behaviour*" (Sanday, 1983:33). For this study, the researcher will situationally use all the above named ethnographic methods. As mentioned above, an in-depth discussion will be done in Chapter Three.

BIOGRAPHIC RESEARCH APPROACH

Defining Biography

Biography is classified under exploratory-descriptive genre - the method by which researchers explore/observe phenomena and describe what they see. The theoretical component of biographical research uses the information on the biographical subject as a basis for comparison, classification, interpretation, and generalization.

As mentioned above, biography uses qualitative methods. In order to be classified as a qualitative research strategy, the biographical research must satisfy the following criteria - these also apply to ethnography:

- The research must be conducted within a holistic framework;

- It's aim must be to examine meaning; and

- The emerging results must be theoretical.

In other words, the study must identify concepts, examine relationships, draw inferences and emerge with an increased understanding of the

impact of the studied event on the meanings we place on events of the present and our striving towards the future - such will be the major emphasis of this ethno-biographic study.

Biography Approach Applied to Nursing Practice

According to Novarr (1986:5), the objective of reading biography was "*not merely to imitation, but inspiration.*" In addition to increasing our understanding of our profession, many biographers believe that the greatest value of biographical knowledge is an increased self-understanding. The philosophy of biography is a search for wisdom with the biographer examining what has been, what is, and what ought to be.

A Review of Different Types of Biographies

According to Clifford (1970:84), there are five types of biographical designs. The first one is called "*Objective*" biography. An objective biographer seeks to assemble everything relating to the subject and present it without editorial comment or structure. The second is "*Scholarly-historical*" biography. In this one there is some "*selection of evidence, but no unacknowledged guesswork, no fictional devices, and no attempts to interpret the subject's personality and actions psychologically*" (Clifford, 1970:84). The basic technique is careful use

of selected facts, strung together in a certain structure/order, with some historical background. The third division (the one chosen for this study) is called "*Artistic-scholarly*" biography. It involves the same exhaustive research, but once the evidence has been assembled, the biographer considers his/her role that of an imaginative creative artist, presenting the details in the liveliest and most interesting manner possible. Nevertheless, there is no conscious distortion of evidence, or making up of conversations or events. The fourth type is called "*Narrative*" biography. Once the narrative biographer has collected all the evidence, he/she turns it into a running narrative, almost fictional in form. However, this does not mean that he/she makes up the conversations, for he/she always has documentary support for what he/she does. The fifth type is "*Fictional*" biography. Here, imagination is given full reins, for the fictional biographer thinks of him/herself almost as a novelist. Most of the details and the important scenes come right out of the mind of the "*novelist-biographer.*"

The choice made for this study was artistic-scholarly biography. Surely the researcher's inclinations (a scholarly - doctoral study), and artistic (most interesting manner possible) presentation of the theme of the study played a role as far as the choice of this design is concerned.

According to Denzin (1989:37),

> The subject matter of interpretive research is biographical experience. Interpretive studies [such as this one] are organised in terms of biographically meaningful event, or moment, in a subject's life.

Mashaba's transcultural events, how they were experienced, how they are defined, and how they are woven through the multiple strands of her life, constitute the focus of this interpretive (**ethno- biographic**) study.

Towards the Thematic framework

Spradley (1980:139) identifies four *universal themes* that, the researcher believes, may be helpful in the analysis of Mashaba's cultural themes. It must be noted that, although these themes - as they are presented below - are meant to explain patterns, a detailed analysis technique will be covered in Chapter Three. The universal themes, as they will be sought from Mashaba's themes, are as follows:

Social conflict - what types of conflicts are occurring between health care givers and health care receivers in some health care social situations?

Cultural contradictions - is there information derived from the health care receivers (as a cultural group) that appears to be contradictory?

Informal techniques of social control - are there informal patterns of behaviour (by a health care giver) that result in social control?

Managing interpersonal relationship - how do members of the group (Zulu's) conduct their interpersonal relationship?

The researcher demonstrated, in detail, the usage of the above themes in both Chapter Five and Six. It is worth noting that their usage was, of course, guided by this study's *Conceptual Framework* - which is now discussed.

CONCEPTUAL FRAMEWORK

A challenge that must be addressed when introducing a cross-cultural theme is how to achieve a balance between the introduction of knowledge that is ethno-specific and the introduction of themes or processes that are useful in achieving an understanding of people across cultures. Transcultural nursing is based on the premise that the peoples of each culture not only can know and define the ways in which they experience and perceive their nursing care world but also can relate these and perceptions to their general health beliefs and practices. Based upon this premise, nursing care is derived and developed from the cultural context in which it is to be provided.

Unfortunately several theories do not include transcultural nursing factors. According to Giger and Davidhizar (1991:3), theories of transcultural nursing with established approaches to patients/clients from varying cultures are *relatively new*. One of the most comprehensive theoretical tools used for nursing cultural assessment is the *Outline of Cultural Material* by Murdock et al. (1971); however, this tool was primarily developed for anthropologists who were concerned with ethnographic descriptions of cultural groups. While the tool is well developed and contains 88 major categories, it was not designed for nurse practitioners - thus it does not provide for a systemic use of the

nursing process. Another theoretical model is found in Brownlee's (1978) *Community, Culture and Care: A Cross-Cultural Guide for Health Care Workers.* Brownlee's work is devoted to the process of practical assessment of a community, with specific attention given to health areas. It deals with three aspects of assessment: what to find out, why is it important, and how to do it. Brownlee's model, according to Giger and Davidhizar (1991:4), is *too comprehensive, too difficult, and too detailed for use with an individual patient.* While this framework was developed for use by health care practitioners, it is not - unlike Leininger's Culture Care model - exclusively a nursing theoretical framework. In 1979, Gunter and Estes published an *Interactive Model* in which culture is included in all domains of nursing and aging. According to this model, gerontological nursing is a health service that integrates nursing and scientific knowledge about the aging process. From this knowledge basis, nursing care is provided to increase health behaviours; minimize the impact of losses and impairments due to age; provide support during distressing conditions, including death and dying; and to facilitate the treatment of diseases in the aged. This theoretical model was, however, specifically designed for the aged - it is age-bound.

In response to the apparent lack of nursing oriented transcultural models, Leininger developed the theory of Culture Care Diversity and Universality - upon which this study is based. Currently, this *Culture Care* theory remains the *only theory explicitly focused on human care and health and*

the major theory of transcultural nursing (Leininger, 1994:215). Leininger further states that:

> The theory of Culture Care has been a valuable guide and interpretive model to guide nursing teachers when teaching the central focus of transcultural nursing. Research findings are still generated from this theory. The theory can be used worldwide and is not culture-bound. This means that the theory has linguistic referents and components that are found in all cultures.

The researcher agrees with the above statement - hence the theory has been adopted for this study. The explanation of this Culture Care theory is now in order.

According to this theory, nursing care can only take on meaning and become helpful to people if understood within a culture's values and life ways (Leininger, 1989:10). The purpose of this culture care theory was to obtain knowledge and insight in order to improve client care or initiate new type of nursing service. Named as Culture Care Diversity and Universality, this theory seeks to provide cultural congruent care or culture specific care while at the same time look for cultural commonalities or universals (Leininger 1989, 1990a, b).

Commenting about the credibility of Leininger's Transcultural Theory, Glittenberg (1978:vii) had this to say:

> Leininger's scholarly work is based upon nearly 20 years of systematic study and research based in nursing and anthropology to provide a sound conceptual framework for understanding culture diversity and humanistic nursing care.

In the above excerpt, Glittenberg reflects, among other things, Leininger's many years of work in developing content, teaching, and carrying out research in transcultural nursing - each aspect of her work was based or centred around holistic and humanistic bases - the main theme of Culture care Diversity and Universality.

Culture Care Diversity and Universality theory is depicted in the Sunrise Model. The Sunrise Model, with its modes for nursing care decisions and actions, was used to discuss Professor Mashaba's transcultural themes. According to Leininger (1991:40), it is within the Sunrise Model where *culture congruent care is developed.* Using the **world view and social system** aspects, this model directs the researcher in studying the nature, meaning, and attributes of Mashaba's transcultural care. According to Leininger (1991:40), the *cultural world view flows into knowledge* [themes] *about individuals, families, groups, communities, and institutions in diverse health care systems.* These, the researcher suggest, provide culturally specific meanings and expressions in relation to nursing and

health care.

The next focus was on the **generic or folk system, professional care systems, and nursing care**. Themes about these systems include the characteristics and specific features of each. It is believed that the information allows for the identification of similarities and differences or cultural care universality and cultural care diversity.

The last focus was on nursing decisions and actions which involve

- **culture care preservation and/or maintenance**. This includes those *assistive, supportive, facilitative, or enabling actions and decisions that help people of particular culture to retain and/or preserve relevant care values so that they can maintain their well-being, recover from illness, or face death;*

- **culture care accommodation and/or negotiation**. This includes those *assistive, supportive, facilitative, or enabling creative actions and decisions that help people of a designated culture to adapt to or negotiate with others for a beneficial or satisfying health outcome with professional care providers.*

- **culture care restructuring and/or repatterning**. This includes those *assistive, supportive, facilitative, or enabling actions and decisions that help a client (s) reorder, change, or greatly modify their life ways for new, different, and beneficial health care patterns while respecting the client(s) cultural values and beliefs and still providing a beneficial or healthier life way than before the changes were co-established with the client(s).*

This is the creative and challenging aspect of transcultural nursing and becomes the guide for providing culturally congruent care - as far as Mashaba's thematic contribution is concerned.

From the above discussion, it can be inferred that the South African nurse's awareness of general and specific cultural aspects remain largely underdeveloped - especially when the past existence of culture barriers are considered. Through analysis and exposure of some of both Zulu traditional health care themes (the specific cultural aspect) and Professional health care themes (the general cultural aspect), this research can, therefore, be viewed as an attempt to rid the South African society of some of the cultural barriers. In the following chapter the researcher will explain the following: the research approach, where and how the data were collected, and how it were analysed.

CHAPTER THREE

METHODOLOGY

INTRODUCTION

> Get all the facts in the book first, provisions may be made at any later date for cutting and shaping this raw material so that it will be readable (Petrie, 1981:67)

The approach employed by Petrie (1981), above, was employed for this study. All the facts that are connected with the life and works of Mashaba were gathered. Substantive data for this project were gleaned from Professor Mashaba's written works. Luckily, for the researcher, Mashaba was meticulous in saving written documents, retaining carbon copies of letters she wrote and labelling pictures. The materials available for study provided a fascinating view of her personal and professional nursing activities.

The researcher studied as many of them as he could find. It was not possible to include every detail, since, as it has been mentioned, the aim

of the study is to provide a reflection on the transcultural themes only.

RESEARCH APPROACH AND DELIMITATION OF RESEARCH

In the study of Mashaba's cultural themes, the researcher shall, of necessity, not explore meaning in all her works - as it has been said, she was a nurse educator, writer, scholar, administrator, community nurse, and midwife. The researcher shall pursue themes on nursing education - that have implication on the education of a South African (culture-oriented) nurse. The researcher shall then pick on certain of her writings, actions, and speeches that more or less portray to us, those experiences/implications Mashaba intended to communicate.

Therefore, the fact that is worth noting is that the present study has no pretensions of being exhaustive - as far as Mashaba's nursing education contributions are concerned. It should be taken and viewed as a start, in other words, it can be said that the researcher's aim is to stimulate some intensive research into other aspects of Mashaba nursing contributions.

RESEARCH DESIGN

The design used in this study is purely descriptive, investigative, interpretive and analytic with the specific aim of elucidating Mashaba's ideas, ideals and thoughts. This approach will help bring to light the value of themes while at the same time focusing attention on its transcultural nature. As it has been said - in the previous chapter's *Conceptual Framework* - Leininger's Cultural Theoretical Model will be applied in the analysis of her themes.

DATA COLLECTION

This study is based on essays and articles contributed by Mashaba. A number of literary/scholarly articles and essays by Mashaba (on nursing education, learning, teaching, and culture) were published in books, journals and periodicals. The researcher had the honour and happiness of enjoying Mashaba's cooperation almost throughout the study - before her death, towards the end of this study. She, from time to time obligingly satisfied the researcher's inquiries by communicating the incidents of her early years, making available material concerning her, and providing access to her colleagues and friends. For this reason, the major source

of information was Mashaba herself.

Every publication by Mashaba was reviewed in order to investigate the aspects of culture and cultural themes discussed in this study. Mashaba was also generous enough to give her personal copies - in relation to the copies that could not be obtained in the local library. A final critique, for inclusion under this cultural thematic study, was made in the light of readings on culture. Direct quotations have been made. It should be pointed out that an attempt has been made to capture as far as possible the thought behind Mashaba's text. The major emphasis, of course, was on its cultural thematic contribution.

As mentioned, in chapter one, the poem written about Mashaba is a step-by-step tabulation of Mashaba's contributory works - as it is based on thorough research by a qualified poet. This poem, therefore played a major role, a data pool, in this study.

Fieldwork

Information about Mashaba's life and career - with special reference to culture - could be gleaned from individuals who lived during her time and from institutions that worked with her or with whom she was in contact. Such information was used to good effect to interpret and revive her cultural themes.

As a matter of fact fieldwork for this study was undertaken with the prime aim of selectively visiting some of Mashaba's long-term institutions in the province of KwaZulu-Natal - these included Magogo at Nquthu District, the University of Zululand and Ngwelezana Hospital (both at Empangeni District) - to investigate and analyse the socio-cultural conditions and find out whether there was any discernible influence on her works arising from the situation prevailing at that time. Such an undertaking afforded an opportunity to rub shoulders and share ideas as well as engage in discussions with people who knew Mashaba personally or had a relationship with her in one way or another.

One of the places which made an impact on Mashaba was the rural setting of KwaZulu-Natal, more specifically the Nquthu region (where she was born) and the Ngwelezana region where she worked. It was in these regions where she was initiated into the life and customs of traditional Zulu people.

Needless to say, it was the observations and studying of such events of the Zulu people's way of life that gave her inspiration to compile the research material for her book *RISING TO THE CHALLENGE OF CHANGE: A history of Black Nursing in South Africa.* This book was a shortened version of her D. Litt et Phil thesis.

Commenting on this book, Searle, the South African nursing pioneer, describes Mashaba as

> A pioneer of Black nurses. She has contributed to the richness of South African nursing and to our national cultural heritage.

It was also at Magogo rural region that Mashaba, at a young age, was introduced to both the purely traditional Zulu background and the Christian (Western) way of life.

It was therefore felt that fieldwork of this nature would help reveal some information which would help the imagination in the creation of a holistic perspective about Mashaba's cultural thematic contribution.

Interviews

Some interviews conducted as part of this research appear in appendix B. They have been written and some transcribed from tapes to facilitate reference. Open-ended questions were asked - these can be viewed in appendix B. It should be noted that only the interviews considered to have more relevance to the study have been included. What the researcher did when examining these objects was to recreate and understand the context of their origin and use so as to make intelligent

and informed inferences concerning what they reveal to us about Professor Mashaba's transcultural thematic contribution. The following is a brief outline of the interviews with the informants who were the most well informed about Mashaba.

The senior members of Mashaba's family, some who grew up with Mashaba, Mrs Koloti and her first-born son, Sibusiso, were interviewed. The aim of this interview was to find out what memories they had of Mashaba. Mrs Koloti, formerly Mbatha and a University of Zululand lecturer knew Mashaba from childhood years. In Mrs Koloti's mind, Mashaba's memories were clearly alive and well. It was interesting to note that throughout our interview, she never referred to her by her names. To her she was ***Usisi*** and Mashaba/or Grace/or Thembani were not proper names for calling. This is one of the good sociolinguistic(thematic) aspects of the Zulu culture that involves ***hlonipha*** - it is customary for the youth not to mention the name of the elder member of the family and any discussion involving such a name should be avoided as a sign of respect.

The members of staff of both Ngwelezana hospital and the University of Zululand were interviewed. All of them had great admiration for Mashaba as a nurse administrator and scholar. Some of the respondents started Ngwelezana Hospital with Mashaba. The information gathered from the interviews proved to be valuable in terms of assessing

Mashaba's personality and talent - within the scope of transcultural nursing. Furthermore, through the interviews a remarkable amount of new information emerged. This information has been utilised in the forthcoming discussions.

DATA ANALYSIS

Mashaba's writings, actions, and speeches were looked into closely as to what extent they convey transcultural significance/meaning to the nursing audience. The main stress was however, on action, speech, or sentence as a totality, not just on single words/action/utterance in isolation - operationalization and contextualization.

The Sunrise Model, with its modes for nursing care decisions and actions, was used to describe, investigate, interpret, and analyse Professor Mashaba's transcultural themes. Using the world view and social system aspects - as described in the last chapter - this model directed the researcher in studying the nature, meaning, and attributes of Mashaba's transcultural care themes.

The information gathered allowed for the identification of similarities and differences or cultural care universality and cultural care diversity. With

regard to the aforementioned, the focus was on:

- **the generic or folk system** - cultural care themes that are unique and specific to the Zulu health care systems. These have been been discussed in Chapter Five;

- **professional care systems** - cultural care themes that are unique and specific to the Western care systems. These have been discussed in Chapter Six; and

- **nursing care** - as the discovery of common and varying features is done, the implication(s) on nursing care and nursing education was explored. This has been done in Chapter Seven.

It can, therefore, be seen that - for an in-depth analysis - the definition of the term "theme" was extended and given a wider amplitude, to include and embrace the subject's conceptions, opinions, and beliefs. In other words ***themes*** explain Mashaba's philosophy of nursing as far as it can be ascertained from her caring and curing works. This extension of the definition of "themes" illuminates the intentions of this study.

ETHICAL CONSIDERATION

Validity and Reliability

> Truth - both the word and the idea - must be the point of departure in any serious discussion of biography (Petrie, 1981:1).

One of the chief tasks facing the researcher - in accordance with Petrie's yardstick - was evaluating the validity and reliability of the facts assembled. According to Cliford (1970: 69), to check the truth of an item/statement/action, *the researcher must use more than one source : "substantiation elsewhere."*

To pay a particular attention to the above effect, the researcher discussed Mashaba's transcultural contributions with some of her contemporaries who knew her. Most of what Mashaba told the researcher has, of course, been verified from other sources, including press reports and interviews with other people. But the most important confirmation of her views was through her public announcements - her speech and her articles.

What is worth mentioning is that "*substantiation*", has, actually, been

carried out from the first page - by the poem - and throughout the study. According to Ntuli (1984:21), the praise poem carries with it a big margin of truth and validity:

> Normally, praise poems have no artificialities. The praises add a measure of authenticity to the poems where they occur. The poet always has a good knowledge of the subject he is handling.

Admittedly, the researcher knew and liked T.G. Mashaba. The aforementioned confession may give - to some critics - a room for some skeptical outlook as far as the truthfulness of this study is concerned. On the contrary, according to Petrie (1981:65), such close knowledge should count to the researcher's advantage:

> The biographer, because of his "intimate relationship" with his subject should be uniquely equipped to offer: analysis, interpretation, and speculation.

Consent and Confidentiality

After the subject was selected - the reasons for selection are discussed in chapter one - she was given a letter in which the researcher identified himself, informed the subject that she had been selected for the study, asked if she could be interviewed in depth, explaining the research project, and requesting her curriculum vitae (and some of autobiographical information) to help prepare specific interview questions.

During the first meeting with the subjects the researcher explained/described the purpose of the research. The consent addresses the release of material in the interview and the questionnaires. Also, the main character was informed of the fact that her life history, more particularly her transcultural nursing contribution, would be the focus of the study and would thus be exposed to a wider/public audience, (see Appendix C and D for informed consent and the explanation of the research project). Therefore, permission for use of personal documents to be reviewed and included in this research project was sought and granted.

It has been emphasized from the above sections - entitled *Data collection* and *Data analysis* - that all the facts that are connected with the life and works of Mashaba must be gathered. That is why the researcher - in the

following chapter - wrote some biographical notes on Mashaba. According to Ntuli (1984:1),

> Biographical notes always help critics in making a reliable evaluation of an artist's work. In fact a critic may be assisted by his knowledge of the writer's life history and he might make some correct interpretations of the work under scrutiny.

In agreement with Ntuli (1984), the researcher felt he must include some biographical data because these help to clarify what would otherwise be obscurities in her transcultural themes.

CHAPTER FOUR

A SKETCH OF T.G. MASHABA'S LIFE HISTORY

INTRODUCTION

> Childhood and family influences, intellectual and social environment, teachers and guides (living and dead), practical experience in the affairs of the world - all these are shaping forces that we expect to see in any worthwhile biography (Clive, 1978:31).

The approach suggested by Clive, above, was employed for this study. In this chapter the researcher gives a sketch of Mashaba's life history especially in so far as it is relevant to her creativity.

FORMATIVE YEARS

> It is a truism that no man's life or career can be understood without an assessment of his background and formative years (Willam, 1979:13).

To assist the reader to understand Mashaba, the researcher looked at her parents and siblings, the family, social and educational background.

The Family background

Mashaba's life began in the small region of Magogo in Nquthu magisterial district (KwaZulu-Natal). She was born Thembani Grace Mbatha (her maiden name). Coming third from a family of four girls of the Mbatha family - the other sisters are: the late Jabulile, Nomvula, and the late Doreen Twana. Thembani Grace Mbatha, grew up an ordinary Zulu girl in the early 1930's - her actual date of birth is 17 October 1932.

Her mother (Zikithi) died of heart failure just when she began schooling. Like most of the rural Zulu men, her father (Albany) worked away from home and their grandparents brought them up. Her grandfather was

unemployed but assisted in the local Anglican church as a catechist.

The Socio-economic status

The socio-economic state of Nquthu - as one of the rural areas - is accurately described in the Buthelezi Commission book of the 1980's - when its author was still the Chief Minister of the former KwaZulu Government. According to The Buthelezi Commission (1982:70), three quarters of the KwaZulu community reside in rural areas. The Commission further pointed out that the major part of KwaZulu is not developing on a large scale and is characterized by:

- scattered homesteads;
- small agricultural settlements; and
- very small villages centred on a service such as a store, school, or clinic.

Infrastructure services were (and still are), in general, absent from rural areas. Judging from the poor socio-economic status of the black people of this era, it can be said that Thembani's grandfather kept well ahead of

the locals.

Mrs Koloti confessed that Mashaba's family lifestyle was above that of the families in the surrounding community.

> My grandfather built a decent house according to the Western style. He planted a large orchard of peaches and apricots, made a thriving vegetable garden, planted wattle trees for firewood, cultivated maize and other local crops and root vegetables, reared chicken and huge herd of cattle, plus a large flock of sheep, as well as a few pigs.

In Mashaba's words *"the local community looked up to him."* In the following chapters it will be gathered that Mashaba also *"looked up to him"* for her guidance as a social figure and a devoted Christian. On looking back the researcher cannot help but associate Mashaba's early years of her upbringing and socialization with her desire to and intention to keep ahead of others - a pioneer (like her grandfather).

In 1948, when Mashaba was sixteen years old, the Mbatha family moved to Swaziland. The movement was necessitated by her father's employment opportunity - her father got a post as a school supervisor in Swaziland. This was one of the demonstrations of the extremes the Mbatha family went to, in order to pursue their social development. Judging from Mashaba's professional history - to be told below - it can be deduced that her family's quest for social development had an impact on

her.

The Education background

Education was highly valued by the Mbathas. Her father was a teacher and all her sisters were educated: Jabulile died during her training as a nurse in King Edward Nursing College; Nomvula was a teacher; and Twana was a University nursing science lecturer at the University of Zululand.

Mashaba started her primary education at Magogo Primary School in 1941. On passing standard four in 1944 she left Magogo School for Greytown intermediate school where she did standard five and six, then to Endlozana school to do standard seven. She did standard eight and nine at Nazarene school, Bremasdorp in Swaziland, then she proceeded to Inkamana High School, near Vryheid in KwaZulu-Natal, where she completed her Matric, acquiring the Joint Matriculation Board Certificate in 1950.

In the following section, the poet tells us about Mashaba's educational history.

Iphuz'amanz'aMagogo,
Yawagojela
Yaphuz'awoMgungundlovana
Yawagojela
Yagojela aweHoly Rood
ENdlozana
Yagojel'aweNazarene kwaNgwane
Lapha kwaManzini

KwelikaSobhuza benoMswati
Amabombo yawasingis'ekhaya
Ingasadle nkobe zamfazi
Yangqongqoza kuMaRoma
AMaRom'aKhatholika
Yakhala ngaphakathi
Yaphuz'amanzi eNkamane
Laph'eFilidi yawagojela
Ibisigojel'uMatekuletsheni.

- **where she was educated**

- **A bird metaphor is used - this bird flew to a number of places - Magogo, Greytown, Holy Rood, Nazarene etc. where she "drank all the water" (acquired all the available education).**

Most probably, a **bird metaphor** was used to signify the freedom of movement (flying) from one place to another. This *freedom of movement* was continued by Mashaba throughout her personal and professional life. Personally, she had to reallocate herself in pursuit of her family unity and happiness. Professionally, she had to move from one institution to another - sometimes within a short space of time - in pursuit of nursing leadership positions. The above comments link very well with the concept **gojela** - which has been repeatedly used by the poet. As the concept signifies success, the poet successfully depicts Mashaba's personal and educational life.

The Christian-Zulu upbringing

Living at Nquthu in the 1930's, Mashaba grew up in a world that combined the traditions and identity of the Zulus with the values and way of life of a Christian mission community. From the Christian family, Mashaba took with her the characteristic values and ideals of Christianity. She was to remain committed to these for the better part of her life - for example, during her headship of Ngwelezana Hospital she encouraged her staff to do morning prayers.

With deep interest and knowledge of the culture, history and traditions, she combined a faith in the Western and African (tradition/way of life) and an adherence to morality that came with it. In her writings - that received fuller attention in the following chapters - she had managed to demonstrate that morality can be combined in health care. As the connecting link between two very different cultures and societies, Mashaba saw herself assuming the leadership of one of the cultures in the hope of achieving incorporation.

PRELIMINARY STAGES OF THE NURSING CAREER

Entrance into Nursing Profession

After completing her high school education, Mashaba decided to make Nursing her career. Entrance into nursing profession was not her first choice - in fact there was very little choice available to her. In Mashaba's words:

> The only career avenues open to Black girls in the 1950's were teaching and nursing. I cannot say I loved nursing, but I had no other alternative.

The last thing she wanted to become was to be a teacher. Therefore, she had to take nursing. Little did she know that the occupation she reluctantly chose, would become an excellent career spanning more than thirty years.

So in 1952 she embarked upon nursing education and training in order to become a professional nurse, at McCords Hospital in Durban - KwaZulu-Natal.

Commenting on the origins of this hospital, Marks (1994:81) states that,

> McCord Zulu hospital was named after Dr. McCord of the Congregationalist American Zulu Mission, who was the first to train African nurses in Natal - in 1910.

Soon after acquiring the certificate for General Nursing in 1955 she enrolled at King Edward VIII Hospital in Durban for Midwifery training. At that stage she observed

> I do not know why but the potential to become a good nurse unfolded more in me at this time. This must have been the reason why I passed the final Midwifery examination with honours.

Also, it was at this stage that she aspired to becoming a nurse teacher, contrary to her earlier convictions. Her Nursing College teachers were responsible for such a change of heart. She commented:

> Miss Pinson and Mrs Brown, my midwifery tutors made such a lasting impression on me that I began investigating ways of undertaking the tutor's course.

The nursing (practice) experience

She worked as a nurse practitioner at Greytown Provincial Hospital, then at Edendale Hospital. Her marriage to Solomon "Solly" Mashaba of Ladysmith in 1958 compelled her to go and work at Ladysmith Provincial Hospital, near her new home. At this hospital she was allocated to work in the Operating Theatre and she worked there for the rest of her nine-year stay.

Entrance into Nursing education

In January 1968, Mashaba enrolled for the Tutors' Diploma course in the Medical Faculty of the University of Natal, in Durban. For this move, Mashaba is forever thankful to Miss Turnbull, the Matron of Ladysmith Hospital, for her permission and supportive attitude throughout her studies. Her husband was also supportive in that he allowed her to leave the family, amid opposition from his family - according to Zulu culture she (as a new bride) was obliged to stay home and take care of her new family, more particularly the elder members of the family.

On obtaining the tutor's diploma, in July 1969, she joined the teaching staff of Edendale Hospital under the mentorship of Mrs Knox, the Matron of Edendale Hospital. At this stage Mashaba had emerged, to a large

extent, from her childhood shyness and self-limiting tendency and she had become a person in her own right.

ADVANCED STAGES OF THE NURSING CAREER

BECOMING A MATRON

In 1969 Mashaba had to join her husband who had found a job at Eshowe in Zululand. She can still remember the conflict in her mind:

> I felt ashamed that I had served on the Edendale Hospital's teaching staff only for about a month and a few weeks, and I was already thinking of moving elsewhere, but I had to go and join my husband.

In the above comment she portrayed her dedication to her husband and her family - these, of course are the virtues that an ideal Zulu woman must possess. Fortunately for her the Matron of Edendale, Mrs Knox, was very understanding and supportive. The matron further encouraged her to apply for a Matron's post that was being advertised for a hospital that was to be opened shortly at Empangeni about 70 kilometres away from Eshowe where her husband was. She can remember her doubts

about the post:

> I told Mrs Knox that I was not cut out to be a Matron, I will never make it, so I dare not even attempt to apply. Moreover there will be applicants that have the relevant experience and possibly relevant qualifications. Mrs Knox very politely told me to leave the decision in the hands of the very capable selection committee.

We can learn - from the above excerpt - that Mashaba was a humble and polite person. She was humble because she did not consider herself to be the best of the best; she was also polite because even though she had her doubt about applying for the post, she took her senior's (Mrs Knox) advice to apply for the post. The above virtues represent both *ukuhlonipha* (respect for other people), *ukuzithoba* (being humble), and *ukulalela* (to take other people's advice) - these are the basic fundamentals of *ubuntu* (humaneness).

Mashaba was appointed Matron of Ngwelezana Hospital near Empangeni and was to start work the following month (February 1970). She became the first Black Matron in KwaZulu-Natal to be entirely in-charge of a hospital and the second in South Africa (Second to Miss. Harriet Shezi of Springs).

Preparation to start a new hospital

Mashaba began her career as a Matron at Empangeni Provincial Hospital in November 1969. The hospital for which she was appointed was not existing then. Under the matronship of Mrs. Malan, this Empangeni Hospital was to serve as the preparation area for a new hospital, Ngwelezana. Empangeni Hospital authorities were charged with the responsibility of recruiting and appointing the staff that was to move over with Matron Mashaba to Ngwelezana Hospital.

However, Mashaba could still remember some of the problems she encountered. The following are her comments:

> Quite a number of personnel/staff who were originally appointed specifically for Ngwelezana Hospital remained behind at Empangeni Hospital. Eventually the administrative, nursing and domestic staff that moved over with me to the new hospital was made up of mainly, disgruntled and antagonistic people. Many of them were not so good in their work but I had to make the best out of what was given to me.

Taking charge of Ngwelezana Hospital

Mashaba opened the gates of Ngwelezana Hospital in February 1970 to accommodate 100 Black convalescent patients. Initially only the medical,

surgical, and paediatric wards were opened. Gradually more wards were opened and the staff gradually increased. At this stage Ngwelezana Hospital was regarded as a wing of Empangeni Provincial Hospital, so it depended on this provincial hospital for everything.

In the following section, the poet has some few comments on Mashaba's professional experience.

Yahlaban'eMgunguNdlovan'esibhedlela
Yahlaban'e-Edendal'eMgungundlovu
Yakhumbul'emzin'eMnambithi
Yakhiph'unyawo kwesakhona
Yahabul'ihelehele lolwandle
ITheku lathathela, layikhanukela
Layibiz'eKing Edwedw'esibedlela
Sahlabana singasaqal'isithole
Isithole sikaNdaba
UNdaba omkhulu
Wathi kant'uwuNdaba
Wakhumbul'eBukhosini koMkhulu
Wazinz'eBenedictine kuMaroma
Lapha kwaNongoma
Yadl'ubhedu
Kant'usufik'ekugcineni

Lokh'izinqapheli zinjonjo
Ziqaphelisa amazenga
Zayelamela isivuthiwe
Ivuthelw'ukovul'amasango
Amasango eNgwelezana
Laph'eMpangeni
Yawavul'avuleka
Yawasingath'asingatheka
Amatom'onke iwaphethe
Iwabambe ngononina.

- **the hospitals where she trained as a nurse.**

- **She is described as a "heifer" (a positive image) which was victorious at a number of places.**

- **She eventually "opened the gates" of Ngwelezana hospital. The poet paints a picture of a graceful dancing woman who manages to achieve what others are unable to.**

Ngwelezana becomes an Independent Hospital

All the Zululand hospitals taken over by the Central Government including Ngwelezana were, later on, ceded to KwaZulu Government Department of Health. Naturally, a brief overview of KwaZulu Government is necessary to put the reader into the picture.

The KwaZulu Government

The seat of KwaZulu Government was at Ulundi where the bulk of KwaZulu Civil services and structure of government were situated. There were eight KwaZulu government departments which were Chief Minister,

Economic Affairs and Finance; Justice; Interior; Agriculture and Forestry; Education and Culture; Health and Welfare; Works; and Police. This research will concentrate on the department of Health and Welfare for nursing falls within its sphere.

The Department of Health

KwaZulu was divided into six regions for the purpose of health administration. Each of these was divided into subregions which are further divided into rural and urban services. The names of the six regions were:

- Edendale region consisting of Edendale and Montobelo health wards;

- Ubombo-Ingwavuma region which was made up of Bethesda, Manguzi, Mosvold, and Mseleni health wards;

- Madadeni region which was made up of Madadeni, Church of Scotland, and Charles Johnson Memorial health wards;

- Nongoma region consisted of Ceza, Hlabisa, and Nkonjeni health wards;

- Ongoye region consisted of Ngwelezana, Mbongolwana, Catherine Booth, and Nkandla health wards; and

- South Coast region which was made up of Prince Mshiyeni and Assisi health wards.

Each region consisted of a large regional hospital (of which Ngwelezana was one), smaller district hospitals (Mbongolwana, Catherine Booth, and Nkandla), and a number of satellite clinics (to these hospitals).

She is promoted to Principal Matron position

When Ngwelezana Hospital changed hands, Mashaba was instated into rightful position of being the Matron-in-charge. She spent the year 1972 at the University of the North in Pietersburg studying for the Diploma in Nursing Administration. She returned to Ngwelezana Hospital in 1973 and was promoted, by the Department of Health, to the rank of Principal Matron. She was the first black person to be made Principal Matron in the whole of South Africa. Commenting on her matronship, the poet had the following words:

Uprincipal Matron kwelakithi
Laph'eNgwelezan'esibhedlela

Sathi sisababaza sishay'ihlombe
Yakopolotwa ngabangenhla phezulu
Phakath'kwezigidi zezingqondo
Izihlabani zeNingizimu ye-Afrika
ISouth African Nursing Council
Iyikhombel'ubungqalabutho
ENatal nakwaZulu
Ukuviviny'abaHlengikazi
Beyibon'ikhono nokuzinikela
Beyibon'ukuvuthwa komqondo
Beyibon'ukwephusa komqondo
Kufakazwa nganeno nangaphesheya.

Yath'ihlab'ikhefu
Yamenyezwa kweliphesheya
Yathi ingaphesheya
Yamenyezwa ngabanganeno
Yath'inganeno
Yabizwa kwamakhelwane
Kunjalo-ke ukuzal'usakabhudu
Kunjalo-ke ukuzal'uchwazane
Kuphambanis'ikhanda
Esokubek'isinqe ngabasemzini
Esokubek'uhlangoth'abakhwekazi
Ingan'ibimenyezw'imenyeziwe
Sabel'uyabizwa weMenyeziwe!
Ubizwa kumabhod'ezikole
Laph'eNgwelezana
Ubizwa kwesokuqondis'amahlongandlebe
IReform School
Ubizwa kubhodi yabacwaningi
Nabagcini ngononin'eJabulani
IJabulani Rehabilitation Centre

- **she was the first black principal matron in Natal and the first black to be a member of the South African Nursing Council**

- **She got the elevation in recognition of her ability, devotion, intelligence and maturity. She was kept very busy as she had to honor numerous appointments at various places.**

BECOMING A UNIVERSITY OF ZULULAND EMPLOYEE

Mashaba was hired by the University of Zululand in May 1977. At the time she was hired, the University was not offering any nursing programme. Therefore, she joined the staff of the University of Zululand as a Warden at the ladies's residence. In the meantime she completed her Bachelor's degree (Nursing) in 1978. The KwaZulu Government and the University of Zululand recognized the need for training nurses and acknowledged a shortage. To meet this need the leaders of the nursing profession developed and sought acceptance for various plans which would increase the supply of nurses. Among these plans was the establishment of a Nursing Department in the University of Zululand.

Starting a new University Department

When Mashaba completed her B.A.Cur Honours degree in 1981 at the University of South Africa she was appointed lecturer and Acting Head, and was charged with the responsibility of establishing and running the of Department of Nursing Science in the Faculty of Arts. She was delighted to have been able to resume her teaching profession with the establishment of the Department of Nursing Science in the University of Zululand in 1981.

Yakhethelwa zintaba zePitoli
Laph'izomisa khona
ISibani sezwe likaNdaba
Ubhaq'olokhelwe qede
Lwachonywa othini
Phezu kwezintaba zoNgoye
Lwavutha lwalanguza
Kwangathi luyavuthelwa
Luvuthelwa zivungu[illegible]
Luvuthelwa ziphephophepho
Ikloba lakhoth'umkhathi
Isibhakabhaka sansondo
Sabheja sayigazi
Sagqunqa sayilahle
Siqhweb'ababuqamama
Siqhwb'abamaduze
Ukuzobek'izandla
Lokhu sekubasiwe kwethu
Lokhu sezizele kwethu
Bazozifikisela ngendwamba
Indwamb'angishiyele
Umondli wezintandane
Ifa lezimpabanga
Basondela bephangelana
Batheleka belakanyana
Bebon'ukuvela kwevelakancane
Umuthi wamakati
Isigwac'esihle ngesishoshayo
Esiphephela kwelikude
Ngokuhlabela phambili
Ezinye zibe ziququbele
Ziqub'oqungquluzini
Zifihl'amakhanda
Zithi zicashile ziqedile
Okwezimfene zizikhohlisa
Zithi zicashile ziqedile
Zisho zival'amehlo
Ubukhophoco busobala

- **she started the department of nursing at Unizul. The torch she brought from Pretoria was eventually put on the mountains of Ngoye.**

There are four important metaphors found in this portion of the poem. Firstly, Mashaba is referred to as *ubhaqa* (light). As the "light" in the darkness, she was very strong and shone like a star - to help many people see their way. Like a star, she also attracted a lot of people. Secondly, Mashaba is referred to as *isibhakabhaka* (sky). This metaphor is used to demonstrate the width and depth of Mashaba's spheres of both knowledge and influence. As the sky is visually accessible to everyone - rich or poor - Mashaba was also accessible to both the rich and poor. The third metaphor: *umondli wezintandane* (keeper of the orphans) and the fourth: *ifa lezimpabanga* (estate of the poor) refer to Mashaba's charity works. As it can be seen in her curriculum vitae - in appendix A - Mashaba was involved in a number of charity activities. All these metaphors depict Mashaba as a person with *ubuntu* (humanness). The *ubuntu* concept - as part of Mashaba traditional health care theme has been discussed in details in Chapter Five.

Few notes on the Department of Nursing are in order.

The Department of Nursing Science

From its inception in 1981 this Department offered a three-year B Cur (E et A) degree, two year Diploma in Nursing Education, one year Diploma in Nursing Administration, and Diploma in Community Health Nursing.

The four-year B Cur (Basic) degree was introduced four years later in 1984. Courses offered were as followed:

- General Nursing Science
- Midwifery
- Psychiatric Nursing
- Community Nursing
- Human Anatomy and Physiology
- Medical Biophysics and Biochemistry
- Ethos and ethics of Nursing
- Nursing Education, and
- Nursing Administration.

These courses were characterised by the fact that Diploma students attended the same lectures and classes and wrote the same

examinations as degree students. So, their courses were not taylor-made for Diploma students. This meant that on acquisition of the diploma these students already had degree courses for which they would gain credits should they wish to subsequently pursue degree studies. The Department owes this dimension of its image to Mashaba's foresight generated by her wide and rich experience in nursing and health matters. This showed that she was able to vividly see future implications for current practices and issues.

She is promoted to Nursing Professor position

In 1987 Mashaba was made Professor and Head of the Department of Nursing Science, the first of its kind in South Africa for black nurses. In 1988 Mashaba became vice-Dean of the Faculty of Arts. This was another unusual "first" seeing that this Faculty is the largest at this University and there were many males and senior academics.

Mashaba attributed some of her success in meeting the demanding schedule to a supportive University administration and a good faculty at the Department of Nursing. During her years at the University of Zululand, Mashaba interacted with two university principals: Nkabinde, 1981 - 1993 and Dlamini, 1994 - 1995. Her correspondence over the years reveals an open, continuous, mutually supportive relationship as Mashaba pursued university resources for the department and negotiated

programme change. Nkabinde was the principal who hired Mashaba and welcome her to the *"University of Zululand family."* He was also the principal with whom Mashaba enjoyed the longest relationship. Their correspondence included numerous notes showing a warm respectful relationship. Further evidence suggests frequent get-togethers and gift exchanges. When Mashaba was awarded her doctoral degree in 1985, Nkabinde's presence exemplified his feelings.

Mashaba had the highest regards for Nkabinde's contributions - in the upliftment of the statuses and the academic standard of Black nurses.

> Historically and traditionally in South Africa the black nurse could not be relied upon to function efficiently in positions of responsibility without close and direct white supervision, regardless of the fact that nurses of all races and colours have always sat for the same South African Nursing Councils examinations in order to register as qualified nurses. Therefore, appointing a black nurse to be in charge of a University Department constituted setting a precedence in South Africa.

In 1995 Mashaba resigned as the Head of Department of Nursing Science of the University of Zululand. After her Headship, she continued serving as Professor in the department. In the following poem, the poet focuses on Mashaba's contributions as Professor and Head within the Department of Nursing Science in the University of Zululand.

Hlambeza Hlambezile

Hlambeza Phuzingwebu kaNdaba
Nkomo zaphuz'esiphethwini
Isiphethu seLembe
Isiphethu sikaSiShaka
Isiphethu soMthonjaneni
Zagwansa!
Ezinye ziphuza zish'amabele
Nkomo zaphusa zinamankonyane
Ngokuntul'abanakekeli
Nkomo zagudw'abezizwe
Ngokuntula abelusi
Nkomo zisemasisweni
Ngokuntul'abelusi
Nkanti wothi laph'azalwa khona
Kufik'uSikheshekheshe kamafika
Umafika kaWashesha
KungemfokaMehlokazulu
Ezinsizweni zikaZulu
Umabuyis'izinkomo zikaNdaba
Ezibuyisa emasisweni
Ayishay'uphawu lukaNdaba
Labuya eleNkosi!
Ulilande khona kanye koMkhulu
KoMkhulu ePitoli
Wabuya nal'emini kwabha
Ongabonanga obengathandi
Intokazi kaNdab'ingena nalo
Kunxulumakazi likaNdaba
Zonke zagqumshela
Kwacebelele kwanced'omhlophe
Ziqholoshel'ezeziny'izibaya
Sezitholene jokeni linye
Ijoka likaNomfundo
Ezakithi ziphekw'uMhlophekazi
UMhlosheni kaMloshela
Zobambana kodel'umakhasana
Kudela oyobebona
Wobhem'akholwe
Ngimfung'eseNkandla

Basakhala ngani?
Amakati ekhala ngobisi
Namuhla sinendlondlo bashise
Uqhamuka kubhej'igazi
Kushayan'amadolo kunoma wubani.

Thokoza!

Thokoza ngesithukuthuku sakho
Thokoza ngesinwe ntokoza
Inhlanhl'enj'eyabambalwa
Abambalw'enkulungwaneni
Ayandele noma bani
Ukuzikhunga ngetomu lensimbi
Okomntakabani?
Okukanoma ubani
OkomntakaShandu kaNdaba
UNTABA KAYIKHONJWA
KITHI KWANOBAMBA
UNOBAMB'OBAMB'AMADODA!
SAZINQUM'AMAKHANDA SAZISHIYA
UMTHANIYA WASHAY'INQULU
MAQEDE WASHIKILA
WAMAMATHEKA WAQHEPHULA
UTHOTHO OLUTHOTHONGENE
KWAYE KWAVELA ELOMHLATHI
KANTI UFIHL'AMABAMBA
USEMASHUMI MATHATHU NAMBILI
ISENATE NECOUNCIL
YANGQUMUZA YAGCULISWA
YABAPHOSE NTSHONTSHO
LABUYA NENHLANHLULA
YANYATHELA KWELOKUGCINA NGCI!
IZWE LESETHEMBISO!
IZWE LOPHULOFESA!

- **how she was promoted to the rank of professor. She has reached the pinnacle of her academic career.**

According the poet, Mashaba - through her hard work as the Head of Department and a nursing scholar - left the University of Zululand's Council with no choice but to give her the professorial ranking. It is also evident from the above passage that her likable personal attributes (charisma) did play a major part to both her personal and professional development (upward mobility).

MASHABA, THE PERSON

The physical features

Mashaba considered herself to be least beautiful and the least intellectually gifted of the four Mbatha girls. She recalled:

> I thought I was nobody (compared to my sisters) and I preferred to remain in the background when in the company of my sisters

Contrary to her belief, Mashaba could be described as a beautiful, tall woman. According to Mrs Koloti, "*Usisi Thembani was very shy, and self-conscious. She was very beautiful.*" In addition the poet, in the following section, accurately describes her features:

Iland'elincwabakazi likaNdaba
Inyoni kayiphumulkaNkombane
Ngiyibuke qede kwangisuka
Ngisukwa wusinga
Ngavukw'amadlingozi
Ngibon'imiqeku yemithantikazi
Imithantikazi kaNdaba
Ikhethelo likaSibagoja
Ngayibuka qede ngakhangeka
Ngikhangwa iqeqeba leqhwa
Liqaqel'izintaba ezimangelengele
Izintaba zakithi kwaMthaniya
Izintaba zoNdi noKhahlamba
Zisibekelwe nguwe Nolanda
Uzisibekele ngamaphikokazi

Amhlophe hhu
Okwengwebu yamagagas'olwandle
Kazi lubekwa yin'eMagogo
Abant'abadala bakhuz'umhlolo
Lokhu sebeya egodini
Kaze bewelamele lo mhlolo
Kaze bewuzwe nangokhokho
Balibik'ukubhubha ngozamcolo
Bayibona belanywa bengweva
Kepha namuhla sebelubone ngosi
Kabasaluzwa ngakuxoxelwa
Lokhu seluphakathi eMagogo
Bathi "SESOFA SIDELILE"
Lungenise ngomful'uMkhabase
Kudekud'esitol'eMangeni,
Lapha kwaNkalankala
Lukhongw'uBhebhenene
UBhebhenene kaMloshela
UMloshela kaNgogo
Khona kuMaMbatha
Elukhong'eMaKhabeleni
Lapha eMangweni
Phansi kukaHlazakazi
Lwangen'emabalen'aMaMbatha
Lungenisa ngesithhole sikaMkhabela
Lwethulw'umageza ngobisi
Ngo'amanz'embangel'ububha
Embangel'ubugwala nobuvaka
Embangela isigcwagcwa!
Wavul'amehl'umageza
Itshitshi likaNdaba
Kwaxeg'amadolo kumabhungu
Amabhungwan'enelw'ukucasha
Funa amelwe izinhliziyo
Elabalabe'utalagu
Zephuk'ubufahlafahl'ezabafokazi
Zephuk'ubuphoqophoqo ezabafokazana
Akwaba ndaba zalutho

Awakude nawanganeno
Efik'efikile
Ethelek'ethelekile
Eny'ikhishwa ngenye
Ziphangelana ngomdaka
Sengath'uyabaleka
Kanti ayizange yazika
Igeleze ngaphezulu

Kutshem'ukuthi zidulel'amanzi
Ziwadulel'emhlane wedada
Nokumavokoviyane kuthi kuyazazi
Kugadla ngezimpoqompoqo
Impoqompoqo ngeyemisenge
Impoqompoqo ngeyeminduze
Nakho sekuthi akuwabiye
Fun'inhlanhl'ikwehlele
Hlez'abakubo bakuweze
Bekuweza ngelibanzi
Ingabe wawukuzwaphi ngimfunge
Ukubhekana nomalund'aze
Sayikhiph'isithole sikaMaMkhabela
Azaphinde zacabanga ukubuya
Azafisa nankotshana zendawo
Zajokola amalombo

Izinsuk'azifani mntakaShandu
Wathuk'usuphezu komalunda
Wazithela phezu kwezimbila zithutha
Ziholwa emhlophekazi phambili
Wahlangana nokungahlanganwa naye
UMahlaba zihlangane wangoqobo
Lona onjengetsheketshe
Inkunzi yakith'eNkunzi
KoMashaba eMnambithi
Wathi kant'uhlez'ukwenza
Wafika kwkangqingetshe
Wafika kwabokugcina
Kwash'amadam'anamanzi
Kwaphel'amazwan'emlonyeni
Wajike wakufunza awakhe
Wakufunza wawagwinya
Kant'usekugabhil'ungigabhile
Isingen'imbal'emmhlophe kathandeka
Uqhakazile kayengekile OYengweni
Wasala ludengwan'umuzi
Umuz'omkhulu waseMagogo
Kwahlabana owaseNkunzi
Khona kany'eWesselsnek
Lapha kwelaseMnambithi

- **her beauty as a young woman**

- **Describes her figure and complexion**

- **She is compared to a beautiful white bird - the egret (ilanda)**

- **It seemed as if she used to "wash her face with milk". Young men were scared of approaching her. Those who had courage could not win her heart - their "fighting sticks were broken". Eventually she could not resist the young man of the Mashaba clan in Ladysmith.**

The working Zulu woman

Mashaba was married to Mr Solomon Mashaba. She is a mother of three sons: Sbusiso (born on the 12 April 1959); Dumisani (03 October 1963); and Sipho (14 July 1965). Personal tragedy struck in November 1975 when Mashaba's husband died. Despite this and some of the interruptions in her normal routine, Mashaba continued to gain experience and knowledge in nursing and maintained a steady pace in her nursing administration.

Much like any married woman, part of her life was spent shopping for groceries and clothing for her kids, cleaning the house, and visiting her

friends and relatives. As important as professional services were to Mashaba, her family was of equal importance. She had to sacrifice even some teaching and administrative posts just to be with her family.

Combining Western and African lives

According to the Zulu culture, she - as a bride - had to immediately join the groom's (the Mashaba) family. However, this "*immediate joining*" was delayed by her nursing training - at McCord Hospital. On completion of her nursing programme, Mashaba joined her family-in-law in Ladysmith. This was - without doubt - Zulu traditional practice, as far as family life and values are concerned.

Mrs Mashaba managed to maintain a healthy balance of business and social activities. She considered her hobbies to be reading and churchgoing. She maintained membership in the Anglican church and was a regular church attender. She particularly enjoyed spiritual music. She made many friends in church and social circles. This was - without doubt - Western/Christian traditional practice.

THE NURSING SCHOLAR

Commitment to Life time education

After passing Matric at Inkamana High School, Vryheid in 1951, Mashaba's commitment to further her studies was demonstrated by the following achievements. She:

- underwent General Nurse's training at McCords Hospital, Durban

- did Midwifery training at King Edward VIII Hospital, Durban, passing with honours

- obtained the Diploma in Nursing Education at the University of Natal, Durban

- obtained the Diploma in Nursing Administration at the University of the North, Sovenga

- obtained the Certificate in Family Planning at Montana House, Durban

- obtained the B.A. Cur, B.A.Cur (Honours), M.A. Cur. and DLitt et

Phil degrees - all through UNISA.

Mashaba began her graduate study for her BACur and BACur (Honours). She did these degrees with University of South Africa. Despite a sudden change in the family(losing her husband), Mashaba was able to continue her education at Unisa up to doctoral degree. In 1985 Mashaba fulfilled the requirement of her doctoral degree: her thesis was entitled "*The Education and Training of the Black Nurse in South Africa 1900 to 1982.*" Few nurses had a doctoral degree in 1985. By this time in her life Mashaba was displaying characteristics indicative of leadership potential. She had a solid education based on strong beliefs and values.

Contacts with other scholars

Mashaba was a very sociable person. Friends were also important to Mashaba. She had many friends in nursing and other fields. She was well known throughout the province of KwaZulu-Natal. Among her friends were academics, politicians, artists, labourers, students, citizens and their families. It would be impossible to discuss or even to list all of them.

Noteworthy of mention here is Mashaba's long time mentor and friend Searle, (A nursing professor and a former Head of UNISA's Nursing Department). Under the guidance of this contact, Mashaba did all her degrees. It was also through the help of this contact that she manage to

establish and run the nursing science programmes at the University of Zululand. Together - with this contact - she shared problems and solutions. The most important problem worth noting was that of the lack of the documented siocio-historical data for the Black nurses of South Africa. As a doctor of sociology, this contact promoted Mashaba's doctoral thesis - on the history of Black nursing education - to success. It is hardly suprising, therefore, that - in the *Ubuntu* theme of *ukubonga* [giving thanks] - Mashaba recommended that the University of Zululand awards an honorary Doctor of Philosophy to Searle in 1992. It should be mentioned that Mashaba was not the only black person promoted by Searle as she was also helpful in the establishment of the other Nursing Science Departments; these include, among others, University of Transkei's, University of Venda's, and many others.

Another Unisa collegial contact was Brink (A professor and a prominent nursing writer). Apart from sharing the same passion of nursing education, Mashaba and Brink have been involved in some collaborative written projects. It was her collaboration with Brink, for example, that led to her contribution to the book titled: *Nursing Education: An international perspective.* In this book - which she coauthored together with Brink in 1994 - both national and international nurse writers (her contacts) have contributed with chapters.

Mashaba even kept in contact through the years with friends from USA

(Michigan, Florida, New York and Chicago), etc. For example, Mashaba's prominent nursing friend from the USA was Leininger - this contact has already been discussed in Chapter One.

Mashaba interacted with a wide variety of people. She did not limit herself to people within the health sector. Her realm of company included a number of men. For example she was a (family) friend to A.C. Nkabinde (the former professor in African languages and Rector of the University of Zululand). Also, in 1986 Mashaba was invited by Prince MG Buthelezi (the then Chief Minister of the KwaZulu Government) for the official opening of the KwaZulu Legislative Assembly. The researcher - who was Mashaba's student - kept her company.

It can be deduced from the above discussion that Mashaba was familiar with national and international leaders (with whom she corresponded regularly). For Mashaba the opportunity of meeting with different nursing leaders was an ideal situation that secured access for her to the larger nursing audience. The amount and extent of exposure(both nationally and internationally) were important in giving her the opportunity to establish her reputation as a nursing scholar - and more particularly a transcultural nursing writer.

Learning from the role models

Mashaba's greatest predecessor as a South African nursing leader was Searle. One is tempted to say that the two had something in common. Apart from being the first to head their respective institutions, they also had special passion for both nursing education and history.

While Mashaba was working at Ngwelezana Hospital as a nursing administrator in 1970's, Searle was already well established as the South African nursing scholar - she was then teaching at the University of Pretoria - and in 1975 she became the head of Department of Nursing Science in the University of South Africa.

Searle undoubtedly provided Mashaba with an example to emulate, and when Mashaba pursued her nursing degrees under the guidance of Searle, the two seemed to have become - despite their difference in color - good friends.

THE PHILOSOPHY OF LIFE THROUGH HER ACTIVITIES

Before looking at Mashaba's transcultural philosophy it is worthwhile to mention some of her values and ideas related to life in general.

- Some of Mashaba's comments about herself as a child are also descriptive of her in later years. What Mashaba describes as "*shy and naive*" might in later years be related to her willingness to listen carefully to others before making a decision.

- Not wanting others to see her in a difficult situation could be indicative of why many of her colleagues - both at Ngwelezana Hospital and University of Zululand - recounted never seeing Mashaba as extremely angry or upset. She was described - by some colleagues in the Nursing Department - as rarely displaying extreme emotions even relative to difficult problems.

- Doing most of the things people asked her to do could explain why Mashaba served in numerous elected positions in the nursing organizations, and in other appointed positions in the University of Zululand.

- Mashaba's participation in the Girl Guide Movement and in Basket Ball was indicative of her concern for the growth and development of the young people in the community. The disciplinary attitude she obtained from these youth groups would be good experience for what was to come in the future. The Law and discipline of the aforementioned activities were actually descriptive of matron Mashaba's beliefs.

- Mashaba was a humble person. Her comment on her abilities displayed a modesty that surfaced in her writings about herself. Although she is part of South African nursing history, which she helped to compile - she had difficulty in mentioning her name. Her colleague in the Nursing Department testified to Mashaba's humble attitude. According to her, Mashaba, "*Rarely in her correspondence did she* [Mashaba] *ever say anything negative about people, in general or in particular.*"

- Mashaba considered it her job to maintain a climate which encouraged people to accept responsibility for participation in the organization and activities of the school, and community. She believed in disseminating leadership,

rotating assignments for important functions. Through Mashaba's recommendations, the nursing department was divided into four subdepartments, each having subdepartments and a subdepartment leader. Although Mashaba herself fulfilled leadership positions for many years, there came a time in 1995 when she suggested that other people should have the opportunity, and she stepped down from the headship of the Nursing Department of the University of Zululand. This major decision was apart from other nominations she sometimes declined. Mashaba trusted her personnel/collegues and was not afraid to delegate authority and responsibility. She did not believe she was indispensable or the department could not run without her. When she took a sabbatical leave during the period 1992 to 1993 to study in the USA, she delegated the administration responsibilities to her colleagues - specifically to Prof. Nzimande. This allowed her to be away from the university and had confidence that things would run smoothly in her absence.

- At the core of Mashaba's personal philosophy was a principle of service to the community. She saw the institutions, (the hospital and the university) as community resources and felt an obligation to consider the

community's needs when administering service and when educating students. The community service concept could be related to Mashaba's interests in Community Health Nursing. She pursued and obtained a degree in Community Health Nursing Science. Stressing the need for education, Mashaba felt strongly that individuals should use their own strengths to develop themselves so that they could engage in work useful to society. She felt it was important to provide for the continuing development of students and the teaching personnel as professional people and as active citizens of the university and the total community. Her own education continued throughout as she enrolled for courses and classes and attended workshops.

- Mashaba's role with her personnel did not stop with the required work of the school. She was also a friend, attending wedding and funeral ceremonies, and other social festivities. This demonstrated that she was sincerely interested in their personal and social development as well as their professional development.

- Mashaba's door was always open to students, as it was to the her personnel. She, over the years, held conferences

with students for discussion of personal and educational problems. Mashaba's most significant effort to socialize students into the profession was the book, *Nursing Education: An International Perspective* written with Brink, a University of South Africa nursing professor. Mashaba was also concerned with the student wastage. This was the reason that compelled her to undertake - with one of her students, Thokozani Mhlongo - a research entitled: "*Student nurse wastage*: *A case study of the profile and perceptions of students of an institution.*" Mashaba also felt that students should keep contact with the associations so that they could keep abreast of nursing issues. Another mechanism used by Mashaba to interact with students was to give speeches. She gave speeches at capping, pinning, and graduation ceremonies. Mashaba was devoted to scholarship funds for students who needed financial assistance. She established the Mashaba Scholarship Fund. Although the Mashaba Scholarship was the one Mashaba supported most consistently, it was not the only educational or charitable fund she supported. She donated to other nursing related funds such as Beatrice Msimang Scholarship.

- Socio-politically, Mashaba adopted a "Neutral Stance" - she

never belonged to any political party. Judging by what happened to South African political activists during this era, Mashaba's political stance of "Neutrality," - which some critics may (mis)interpret as a pro-apartheid stance - seems to have helped her in climbing the social ladder. For example, her main mentor and supporter was Searle - who was a white "*Afrikaner*" and some critics might have viewed her as a pro-apartheid individual. She was also working for the KwaZulu Government - during Mashaba's era Inkatha Freedom Party (IFP) was the only political party in government. Lastly, Mashaba was lecturing at the multi-party (but neutrality-demanding) environment at the University of Zululand. She, therefore, was clever enough not to align - at least in a prominent way - to any political party.

Testifying to the above effect, the poet - in the following poem - portrayed Mashaba as a spiritual. She, according to the poet, was good enough for heaven.

Yahlabela phambil'ingqongqo
Isiphendl'indlel'ebanzi
Ebang'emadlelwen'aluhlaza
Kwathi konk'ekwenzayo
Yakwenyusela koPhezukonke
Ikubonga kongabonwayo
Ingathi ikhumbul'isethembiso
Mhla ikucelayo

Yathi iyobonga
Yahlal'eNkosini kwaphucuk'amadolo
Yethembel'eNkosini kwenzek'izimanga
Kwavulek'amafasitel'eZulu
Izibusiso zehla ungehla
Seziphangelan'ukufika
Nesinye sithi "Yimi kuqala"
Nesinye sithi "Yimi kuqala"
Ingan'ubeyihlol'iNkosi
Njengokwethembisa kwayo
Wayifun'ebandleni wayelamela
Wayifun'eNhlanganweni yonina
IMother's Union, awayeswela
Wakhangw'isithomb'esimamathekayo
Engathi okunye ikuzwa ngendaba
Sengathi ukuhlupheka ayikwazi
Ayigayelwa mphako kwezeVangeli
Ngiyethulel'isigqoko isiseMkhadlwini
Umkhandlu weBandla
Lapha kwaMalus'omuhle
KwesakwaNdlangezwa
Yashicilela kwamakhul'amabhuku
Lapha kuSifundandini saseMfolozi
Mazansi nezwe lakithi
Ogwini lolwandlekazi lwaseNdiya
IbisinguNobhala-jikelele

- **she was active in her church at Dlangezwa and Mfolozi.**

- **Because of religious involvements, the "gate of heaven" opened and showers of "rain" fell on her.**

In both Chapters Five and Six, the researcher has highlighted some cultural differences - as portrayed in Mashaba's health care themes. In the second place the researcher concentrated on how people react to

cultural differences by indicating - in Chapter Five - the way in which African culture is regarded by both Westerners and Africans themselves. In the third place Western culture and its relationship to the nursing profession will be discussed - this has been done in Chapter Six.

The researcher hopes that the discussions in these two chapters have brought us, fourthly, to the main thesis for this study, viz. the reason/need or importance of cultural diversity - as a promoting factor of transcultural nursing care. It is also hoped that the above thesis - as found in Mashaba's transcultural themes - can enable us to evaluate cultural differences fairly and correctly, thus providing us with standard or criterion according to which we may decide which characteristics of African and Western culture are desirable and acceptable (thus requiring both **preservation and/or maintenance** and **accommodation and/or negotiation**) and which are not (thus requiring **restructuring and/or repatterning**).

CHAPTER FIVE

THEMES ON TRADITIONAL HEALTH CARE SYSTEM

INTRODUCTION

Kwagqumshela uMaqhwakazi
Esethokoza
Ebon'ukukhephuzela kwekhaba
Ikhaba lezintaba
Esezenaba mawala
Bethi bayayithena
Kwaba bayibangile
Zahlanz'intululwane yamaklinti
Zenabel'eNhlanganweni yabaHlengikazi
INhlangano edingid'ezinohlonze
Kongoti nabachushisi bamalandakazi
ITutor's Discussion Group
Kwakhal'ubuwoklowoklo behlombe
Ihlombe lozakwenu
Ukuthol'isanndl'esifudumele
Esifuze esikaMthaniya
Umame wesizwe sikaZulu
Kanti kuya lapho
Ingan'awuzenzeli ngakuqonda
Konke kwedlul'eNkosini
UMenzi wezinto zonke.

- **she became a leader of the Tutors Discussion Group - one of many position she occupied. Her colleagues clapped hands for her.**

- **Mashaba used her personal characteristics, mannerisms, and charisma.**

It is evident from this poem by Khumalo (1990) - and the Appendix references - that Mashaba has become something of a legend to those who knew her. She had continued to be a great name in nursing science. But while her reputation as a superb nursing teacher and administrator had been maintained, her fame as a really great nursing activist/teacher in traditional health care had been allowed to fade. Her achievement in creating a new and enduring approach to culture care nursing had not been properly understood.

In the present chapter, as aforementioned, the researcher did an in-depth analysis of Mashaba's traditional (Zulu) themes. To assist the reader to understand the context within which Mashaba's theme operated, the researcher, as a matter of necessity, gave an overview background (socio-historical) information on the Zulus, as a cultural group, and their traditional health care system.

Zulus in Zululand

Zululand is on the Eastern Coast of KwaZulu-Natal where various people have existed over the years; the hunter gatherers, "First People" as the Kung or San described themselves, the Nguni (*Zulu*) pastoralists and later Afrikaans, European and Asian people of South Africa (Readers Digest, 1994). KwaZulu-Natal is today one of nine provinces or regions of the post apartheid (new) South Africa which came into being on the 27 April 1994 - with the first democratically elected government under President Nelson Mandela.

Zululand is the English equivalent for the more correct term *KwaZulu* or place of the Zulu people. This is the very place where the famous King Shaka formed various tribes of Nguni people into the Zulu nation (*Amazulu*) in the early nineteenth century.

While there are certain highly developed areas in KwaZulu such as Empangeni; Richards Bay and Vryheid, the area is generally rural and economically underdeveloped. In the rural areas, the Zulus live mainly in the extended family homestead or *umuzi* (under the governance of the eldest member - usually the male or the father) that are scattered over to form a ward or *isiGodi* (under the governance of the headman or *induna*). Various *iziGodi* are controlled by tribal authorities or chiefs known as *Amakhosi* (or *abanumzane*) who traditionally all fall under a King or *Isilo*

SamaBandla onke (or *Izulu Eliphezulu*).

As a Zulu - born and bred in Zululand - Mashaba was aware of all the traditions and customs of the Zulus. As it shall be discussed in this chapter, her themes on traditional health care system include some characteristics and specific features that are unique and specific to the Zulu health care system. The discussion of traditional health care system is now in order.

Traditional (Zulu) Health Care System

Zulu traditional medicine provides numerous remedies for most illnesses, and, at least in a general way, is known to all members of the cultural group. A great variety of herbs, roots, sticks, twigs, wild flowers, and objects are used for curative purposes. Traditional rituals are performed to restore health, and are also used as preventive measures. Traditional healers are consulted for different traditional rituals. Mashaba confirmed this:

> To date traditional healers are a force to reckon within health care services for Blacks (Mashaba, 1985:619).

Traditional healers have long been the spiritual and cultural providers and protectors of their communities - officiating at special community

gathering. Although various traditional specialists exist, they're basically three types:

- The traditional doctor (*inyanga*) - who specialises in herbal medicines. He is the general practitioner: he diagnoses from a history and dispenses medication (*ukwelapha ngamakhambi*). An *inyanga* sometimes passes his skills on to any of his sons who show an interest in medicine.

- Traditional diviner (*isangoma*) - who specialises as diagnostician (*abashaya umhlahlo*) through their medium with the ancestral shades (*babuza kwabaphansi or bacela emadlozini*). An *isangoma* - usually a female - is a person chosen by the ancestors to become a diviner; the ancestors bestow clairvoyant powers upon her. The *isangoma* acquires comprehensive knowledge of traditional medicines from an *inyanga*, but in addition some medicines are said to be revealed to her by the ancestors. The training of a diviner is a long, arduous process, lasting from five to seven years. True diviners - due to bad effect of poverty and urbanisation, they can be false/fake diviners - have extrasensory perception, a concept Westerners may find difficult to understand; they are somehow similar to fortune tellers or palm readers in the Western societies. As

interpreters of the ancestral will, *izangoma* are consulted by people when with unknown and unpredictable situations.

- Faith healers (*abathandazi*) - who specialise in praying and have the ability to predict, heal and divine, and who draw power to do this from God. In some cases, it is thought to come from God indirectly through the healer's ancestors. A period of training may or may not be necessary.

The above named traditional specialists are still widely consulted by Zulu patients/clients. According to Uys and Middleton (1997:128), *for the majority of Black people there are in effect two forms of health delivery systems (traditional and western), which operate concurrently.* Edwards (1995:12), estimates that traditional healers cater for 80% of the health needs of the African population and are usually consulted before Western doctors. According to Mashaba (1985:617),

> It can be deduced that in spite of exposure to scientific [Western] medicine some nurses still adhere to cultural beliefs. Some of these beliefs are contrary to Western medical practice. These nurses are likely to encourage patients, behind the scenes, to go against medical advice if the need arises.

Explaining this scenario further, Mashaba (1985:92) stated that Africans still *heavily rely on traditional healers, inspite of the availability of medical*

[western] *facilities*. Central to an understanding of the traditional health care system is an understanding of theories of illness - the health-illness belief system. With regards to this Mashaba (1995:253) explains that,

> It needs to be recognised that a person's reaction to illness and health maintenance is as much influenced by his cultural background as any other facet of his/her life

One of the essential traditional distinctions made by Zulu people about illness, is on the basis of their causes. According to Uys and Middleton (1997:128), *most African people conceive of life in a dualistic fashion; the natural and the supernatural exist side by side.* This dualism, therefore, accommodates the conspiracy theory of witchcraft and and the theory of [western] medicine. According to Ngubane (1977:20), there are two distinct explanations of illnesses. Firstly, there is *umkhuhlane* - which refers to illnesses by natural causation. *Umkhuhlane* is a comprehensive term referring to diseases that range from common cold to serious epidemics. Diseases in this category do not result from any personal malice or fault on the part of the patient; the measures used to cure *umkhuhlane* are therefore not ritualised. African people readily consult Western-trained professionals for treatment of the diseases in the *umkhuhlane* category (Edwards, 1988:5; Uys & Middleton, 1997:129).

There are two important points that can be deduced from the above passage: these are:

- African people consider the Western-trained professionals as healers of diseases in the *umkhuhlane* category, and

- western healing measures cannot be ritualized.

Secondly, there is *ukufa kwabantu* (disorders of the African people) - which refers to illnesses by human causation. In contrast to the Western system, the traditional form addresses itself not only to the *How, Where,* and *When* of disease causation but also to the *Why.* African people - within the cotext of *ukufa kwaBantu* - hold the belief that sickness, accidents or misfortunes are intentionally caused by persons or personified beings and cannot accept the hypothesis of chance or accident as the final explanation of misfortune. When something goes wrong and the sickness strikes a family, the African wants to know the cause and, naturally, the prescription to restore balance or good health. The ultimate intention of any occurance must be sought and it is through the process of divination - done only by the qualified *sangoma* or *umthandazi* - that the spiritual forces behind a calamity can be determined. The aforementioned African diviners are therefore always involved when people feel that they are being bewitched.

The examples of *ukufa kwabantu* syndrome - where primary etiology is culturally attributed to factors external to the afflicted individual - include the following:

- **Ancestral wrath (*abaphansi basifulathele*).** The ancestors are believed to be influential in the African world-view. They are responsible for the explanation of the meaning of existence. The ancestral belief of the African people rests on the view that death is not the end of a person's life but a transition into a spiritual world that is, in certain respect, the replica of person's earthly existence. According to the belief system, therefore, the deceased (*abalele*) possess the capacity to continue having an influence on the fortunes of their nearest relatives. This involves influence not only for good but also for evil; the ancestors are capable of punishing their living relatives by illness or even by death if the relatives arouse their displeasure - that is why they are also referred to as *izithutha* (fools). Ngubane (1977:51) confirms the above:

> When good things in life are realized people say the ancestors are with us (*abaphansi banathi*). When misfortune happens they say the ancestors are facting away from us (*abaphansi basifulathele*).

Therefore, without the ancestral protection an African becomes vulnerable to all sorts of misfortune and disease. Because the philosophy of causality is based on African culture - which involve ancestors - the treatment of disease is based upon those [ancestral] factors believed to have caused the disease. The ancestral functions are also to protect the living against powers of sorcerers or other evil forces, hence ceremonies for ancestors are protective, and neglect of them triggers anxiety and leads to psychosomatic and psychological illnesses (Ngubane, 1977). African people regard their ancestors with great respect and affection. They believe that the ancestors hover around them (*abaphansi basibhekile*), thus protecting the living from harm and evil forces. As a result they appeal to their ancestors, through animal sacrifices (*ukuhlabela amadlozi*), in times of stress, danger and illness.

As a matron of an African institution, Mashaba had to entertain some cultural ceremonies: both legally, by allowing patients' relatives to perform them within the hospital premises; and physically, by attending some community functions. To the above effect, Mashaba always emphasized the importance of respecting the patient's

cultural traditions and values. These are her comments:

> Nurses need to make it their business not only to respect cultures of their patients and students but also to try and be familiar with at least, those cultural beliefs and practices that pertain to health, illness and treatment (Mashaba, 1995:256).

The important theme to be deduced here is that the identification of cultural values, norms, and practices of a particular group provides primary and important data for health personnel working with that group. Mashaba viewed health and illness as integral aspects of a culture, and so the health and illness behavior of people are studied within the total culture context. Mashaba felt that it was extremely important for nursing personnel to see health and illness within a culture framework as there are multiple factors - one of them being the ancestral belief system - which is constantly bearing upon the maintenance of health and prevention of illness.

- **pollution and unfortunate life stress factors (*isinyama*).** Ecological influence on health is also one instance of the causality of illnesses as interpreted within the scope of African cosmology. Africans believe that the environment is polluted by the sorcerers who use harmful medicines. They believe that these can be inhaled, thus causing

illnesses. Ironically, the dangerous environmental situation can be aggravated by some of the methods used in the treatment of disease. According to Ngubane (1977:50), *it is believed that certain diseases, especially mental illnesses* [ukuhlanya], *can be taken out of a patient and discarded.* Having been discarded, they may hover in the atmosphere until they attach themselves to someone else and again cause an illness.

- **sorcery** is the use of medicine or magical substances to harm people. Sorcerers (*abathakathi/abakhunkuli*) are evil people and practise negative medicine. They are feared and are generally disliked. They are believed to be directly or indirectly in contact with supernatural forces of bad or evil. African people also believe that one of the many ways in which illness can be caused by poisonous substances that has either been put into a person's food (*idliso*) or spread across the door of the house at night (*umeqo*). When the person steps out of the house in the morning, the medicine strikes through the feet and makes the person sick or even paralyses him/her.

There are two important deductions that can be made from the above passage: these are:

- Illnesses under the *ukufa kwaBantu* category are caused by witchcraft, sorcery or ancestral displeasure and they do not respond to Western types of treatment. In the *ukufa kwabantu* syndrome, suggestive interpersonal factors play an important role in both etiology and treatment; a person's culturally (traditional) embedded ideas about why he/she becomes sick may differ widely from biomedical (western) etiologies - as a result persons interpret and respond differently to symptoms.

- While Western medicine might not be able to explain the *Why* of the sickness phenomenon adequately, traditional healers - more particularly, *isangoma* - are able to provide assurances and explanations that are consistent with the person's world-view.

Mashaba was very much aware of the above conclusions. She emphasized that individuals' traditional beliefs and customs should be recognized and taken into account at all times because they have a meaning within the sociocultural and environmental context. As both a matron and nurse teacher, she was more concerned with the socio-

educational context. According to Mashaba, nurses should understand the concept of cultural diversity and relate it to patient and student behavioural responses. She states that,

> Nurse educators must be aware of the traditional beliefs so as to understand the behaviour of some of their students (Mashaba, 1985:502).

However, apart from being widely consulted, traditional healers - with their traditional health care activities - are still not professionally recognised. Such a scenario is caused by the fact that traditional health care systems

> Are generally believed to cure mysterious illness in Black communities, Western medicine frowns upon them (Mashaba, 1985:618),

From the above statement we can deduce the stereotyped ideology against the traditional health system. In addition to challenging the wrong assumptions against traditional health care, Mashaba's main objective was to create an awareness for some culturally specific illnesses - which require traditional health care. This, of course, should be the prerogative of every nurse who is caring for Zulu patients/clients - so as to address the needs of Zulu patients/clients in a more meaningful way.

In the process, Mashaba fought for the overdue recognition of the contribution made by the traditional healers:

> Traditional healers could sit around the table and share ideas with their Western counterparts (Mashaba, 1985:619).

Mashaba's active involvement in the fight for the recognition of Zulu traditional/cultural health care systems is this chapter's point of emphasis.

T.G. Mashaba: A Zulu nurse

Mashaba identified herself as the *Native-centered* nurse. This sentiment, which characterises her as a black/native oriented nursing individual, is shared by Searle (a well known South African nurses pioneer). Commenting on Mashaba's cultural contributions, Searle (1995:vii) recognises the fact that:

> Grace Mashaba has rendered the nursing profession in South Africa a major service by recording the rise of the black nurse. Such a history is not only part of the great nursing heritage. It is also an important section of cultural heritage of the South African nation.

Another interesting point that emerges from the above excerpt is that

Mashaba aims at giving a faithful picture of her people whose culture she represents. If one contextualizes the socio-cultural environment that prevailed during Mashaba's professional times - the enormous odds that faced Mashaba during the Apartheid "cultural oppressive" years - one can, perhaps, understand some of the aspects that seem to have contributed to the special obligation she felt towards her people. As a nurse educator, she saw the obligation extending to the education of an African nurse:

> The ratio of Black Tutor to student nurses was poor. This means there was an absence of Black leadership in the education field. This category would have been in a position to advise and recommend to authorities the training of students that was meaningful to Black culture and community, instead of imposing western standards only.

What is discernible from the above statement is the fact that Mashaba was inspired by social and political conditions to make the kind of observation she made on specific nursing issues. Other than to advance health care ideology through theme and content, one becomes aware that she is engaged in an attempt to use a nursing education platform as a weapon to address, among other things, the question of (Zulu) Black nurses' cultural struggle at that time. It is true that Mashaba recognized that there were conflicts within cultures and it is to her credit that she did so.

According to Mashaba (1985:454), nurses must remember that:

> It is up to Blacks [themselves] to investigate means of trying to disengage from the undesirable traditional practices.

There are two deductions that can be drawn from the above excerpt. Firstly, we are told that no culture - either Western or African - is perfect: that is why we should try to investigate some means to improve it. Secondly, Mashaba is drawing our attention to the (ethnocentric) danger that is normally done by the non-natives professionals: that they have the power to decide what is right or wrong for the native people - this certainly was the case during the Apartheid (Mashaba) era.

The maxim that she was a "*Black* [Zulu] *Nursing pioneer*" is often associated with the extent and quality of her literary, administrative and scholastic contributions. As a writer, primarily on nursing education philosophy - as can be seen from the list of her works in the Appendix - Mashaba not only moved towards breaking away from a Eurocentric (and therefore one-sided world vision) but she portrayed herself as a traditional (Afrocentric) thinker as well as - to be more specific - a Zulu/traditional health care writer. Mashaba advocated that the Western-trained professionals should follow a policy of neutrality, allowing patients to go to traditional healers while encouraging them to continue the particular treatment that they prescribe.

She commented:

> Nursing education should try and contribute to the resolving of this conflict, to see if a reconciliation between modern and traditional health care practice cannot be affected (Mashaba, 1985:619).

Mashaba's *cultural world view flows into knowledge* [themes] about individuals, families, groups, communities - in this case the Zulus. Therefore Mashaba could be called, and most appropriately so: *a Zulu-oriented nursing practitioner.* Mashaba may have learned the Western language (English), copied some of Western mannerisms and learned some of Western health care skills but this was only the very surface of acculturation. Mashaba remained rooted in the culture of her home where she spoke her own (Zulu) language and was immersed in the traditional way of life of her people in both Ngwelezana Hospital and the University of Zululand.

Mashaba's patriotic tendencies, however, are not confined to her immediate (Zulu) group but were aimed at embracing as many Black population groups as possible within the parameters of what she views as Black nurses of South Africa. Most of her articles - including her Doctoral research and textbook (and some articles listed in her curriculum vitae, in appendix A), which are inclusive of all South African Blacks - are a clear testimony to this assertion. Mashaba believed that

educational institutions should not simply strive for academic excellence, but should actively become involved in the daily issues and should help to find solutions for problems which beset society. She also believed that South African - not only Zulu - educational institutions should no longer be a perfect imitation of European-American institutions, but should adjust to the African circumstances, and have a clearly African character.

The above introductory section has paved the way for the following sub-topic to give a penetrating descriptive-analysis of Mashaba's transcultural themes on Zulu culture.

THEMES ON TRADITIONAL HEALTH CARE

Recognition of Traditional (Zulu) culture

From the above sections it is clear that Mashaba was impressed by the amount of health care rendered by traditional health care givers. Some critics may point out that Mashaba presented most of her work in the form of (only one) particular culture - the Zulu culture. Most unfortunately, such a view may cause a possible misunderstanding that Mashaba - in highlighting Zulu culture - was simply propagating *apartheid or tribalism*.

The reply to such a misunderstanding is that - in a spirit of cultural dialogue (a most important factor to transcultural care) - the real differences should not be regarded as trivial, of minor importance or be ignored. The fact that Mashaba accepted cultural diversity as well as the freedom of cultural expression - promoted by her recognition of Zulu culture (for example recognition of ancestral ceremonies) - does not mean that she was *ethnocentric.* The relative of the above possible misunderstanding is that - to a lesser or greater extent - *acculturation* between the two cultures has taken place with the result that they cannot be distinguished so clearly from each other any more. We see such an attitude when people talk about so-called universal concept such as respect or beauty (Miss or Mr South Africa) - all of us, according to this school of thought, are so culturally similar that we can afford, generally speaking, to have a similar outlook to beauty or respect.

In disagreement with this assertion, Mashaba believed that the strong character traits of the Zulu culture tend to persist even where substantial acculturation has occurred:

> Some tenets of culture are enduring and persist through generations. Other tenets change or get replaced (Mashaba, 1995:254).

With the above excerpt, Mashaba points to the need for recognition of Zulu culture. Basing her argument on Leininger's Culture Care Theory -

reviewed in Chapter Two - Mashaba also reminds us that no culture is perfect - thus some of its *tenets change or get replaced.* Fundamentally, it can be said that Mashaba's transcultural themes are concerned with comparitive human behaviours, that is, how Zulu patients/clients differ from, or are similar to others (Westerners) in the caring and related aspects of health behaviour. At the core of her culture care themes - this will be demonstrated later in this chapter - are the humanistic caring expressions and caring processes of helping people through a variety of diverse types of personalized relationships based upon cultural values or norms of client and his/her group.

Mashaba thought of her cultural thematic contribution as a social obligation. Since educational institutions get their mandate from society, Mashaba (1995:264) believed that *they* [education institutions - and educators included] *must transmit those values that are established as legitimate by a society*:

> Nursing occurs within a social system and it bears feature of a social science. This fact compels nurse practitioners to try and come to grips with social reality through a proper understanding of the dynamics of society and social behaviour of individuals, groups and communities (Mashaba, 1995:252).

Mashaba's societal obligation was - first and foremost - towards the Zulus. There are several reasons for her pro-Zulu stance. Firstly, it must

be remembered that there were emotional as well as philosophical reasons for Mashaba's presentation of the order of the tribal (Zulu) cosmos. Secondly, being a traditional (Zulu) nurse, she had achieved a great measure of personal identification with the people she lived with - she was born and bred by/among the Zulus. Third and lastly, like most health practitioners who struggled to understand the meaning of tribal activities to the people concerned, she saw Zulu society as a system which was admirably balanced and poised.

She resented, almost passionately, attempts to change primitive customs by force and felt, as have many of us, a protective feeling towards the people with whom she lived so closely for the best part of her life span. Her interest in practical/clinical cultural nursing care warned nurses against the sudden disturbance of primitive custom, not only on intellectual, but also on emotional grounds. Mashaba believed that:

> All health care workers and health professionals are bound by the ethics of [holistic] care and cure (Mashaba, 1995).

To be able to practise holistic health care, professionals have to consider all the person's life aspects: the socio-cultural, psychospiritual, economical and physical. Therefore, health care professionals, according to Mashaba, will have to accept cultural pluralism - which is promoted by cultural individualism - as something positive and valuable.

Recognition of Traditional (Zulu) language

Different literary expressions have different functions in different languages. The important transcultural principle is to identify the local names used to describe the behaviour units or concepts. Knowledge of the local language and its linguistic structure is necessary for an accurate identification of the categories and their attributes.

An example of an unsatisfactory translation is the very title of the "*Traditional healer*" which is given as a "*Witchdoctor.*" Truly speaking a "*Witchdoctor*" or "*Umthakathi*" is not a healer in Zulu. The word refers to someone who is a *sorcerer* - which is a direct opposite of caring and healing. The words which may mean a traditional healer are:

- *Inyanga* - the doctor or surgeon (usually a male)

- *Isangoma* - bone throwing diviners (usually a female)

- *Umthandazi* - a faith healer (can be either male or female)

As it can be seen, from the above example, some descriptive phrases/concepts from English's (Western paradigms) to Zulu have been unsatisfactorily translated. Such descriptive phrases - which, of course are used daily by professional health care givers - lack originality

because,

> Translators translate without translating the cultural overtone which makes that particular phrase meaningful to a Zulu native speaker (Khanyeza, 1983:22).

Therefore the native linguistic labels of different categories have meaning and one must try to identify these categories and their local meaning and use. Mashaba also concurs with the above statements.

She was also of the belief that language, as the element of culture, must be linked to history.

> Without a firm base of knowledge of historical aspects of a given culture and its language, nurses may make biased judgements and interpretations about the people. They may not appreciate *how* and *why* a designated culture came to develop its beliefs and practices (Mashaba, 1995:252).

Therefore, it can be inferred from the above statement that Mashaba views *language, culture, and history to complement each other.*

Mashaba (1995:252) also believes that:

> The nature and scope of the phenomenon "culture" is how it is perpetuated and sustained from one generation to the next. The meaning that one derives from the many facets of one's physical, geographical, social and economical sphere is largely learnt from the older and more experienced members of one's ethnic group and therefore culturally determined.

Mashaba's intention was to try and give, after a lapse of much more than three decades - during the Apartheid era - a clear notion of her contribution to her chosen subject, in terms of its meaning for a student today. In an attempt to promote the abovementioned, she did a careful collection of historical facts of the African nurses and their nursing care activities. She embarked on this position/project in both her Masters and Doctoral degrees. Her historical contribution is now discussed.

Recognition of native nurses' history

> After the training of Black nurses had passed the so-called experimental stage the professional image of the Black nurse still remained doubtful. This was due to people coming to unscientific conclusions about Blacks resulting in suspicions, misconceptions and unfair generalisations, arising probably from the problems encountered by the Black neophyte in nursing who found adaptation to western culture very taxing and who had also to be socialised into a western subculture called "nursing" (Mashaba, 1985:147).

According to the above excerpt, Nursing profession - with its Western-oriented scientific methodology - is a foreign concept to Black nurses. Some competency assessment methods are not valid and reliable in assessing the intellect of a Black nurse. As a result, people can be encouraged to draw unfair generalizations about the educability status of the Black nurse. For example, most Black nurses do find it difficult to express themselves in English - which happens to be the medium by which assessment is done. Therefore adaptation to this western [nursing] was very taxing.

Generally, Mashaba's desire to be a nurse historian was stimulated by the fact that *published works about Nursing Education in South Africa are not enough to nurture and support an extensive dynamic entity like modern nursing education* (Mashaba, 1985:3). Specifically, the lack of African versions of African nurse history was a major stimulant. Mashaba believed that knowledge of the nurses' history can help us to come to grips with social reality - including culture - through a proper understanding of the dynamics of society and social behaviour of individuals, groups and community. Mashaba (1985:2) explained:

> The achievements of the Black nurse are the achievements of her specific group and demonstrate what that group is able to do. In a sense the record of Black nursing education and training is a major aspect of the education and training of all Black people.

One of the important thematic contributions of Mashaba to transcultural nursing is probably the highlighting of the fact that people's history is vital if their culture is to be (contextually) understood. From the above statements, one can also see that the ultimate goal of Mashaba was to make nursing knowledge and practices culturally based, culturally conceptualized, and culturally operationalized.

Mashaba was also interested in people's own concept of their history. She stressed the significance of a people's own view of their past. The functional concept of history and customs was implanted in students mind by Mashaba by her teaching and actions.

One of the colleagues in the University of Zululand explains:

> Mashaba indeed instructed her students to include aspects of patients/clients history in their nursing fieldwork activities.

In support of the above excerpt, we can examine Mashaba's influence in teaching and learning in her Nursing Department of the University of Zululand: in all the Ethos and professional practice courses (which are offered in all nursing programmes offered in the Department) - her textbook that tells of the South African Black nursing history is prescribed.

Mashaba's philosophy - of obtaining local cultural viewpoints, values, and perceptions in order to determine nursing care practices - seems compatible with the views of Leininger.

According to Leininger (1978:16),

> Studying local viewpoints and values about health and nursing care is extremely timely activity in the light of our present age of consumerism, in which we try to know and understand the recipients of professional health care services.

People's viewpoints can then be used to develop therapeutic or efficacious nursing practices. In this chapter, the researcher - through the introduction of Mashaba's traditional themes - identifies the need to understand the basic transcultural care assumptions in the culture care of (Zulu) clients. These are:

- What constitutes efficaciously or therapeutic nursing care is largely culturally-based, culturally-determined, and can be culturally-validated; and

- Cultures have their own naturalistic or familiar modes of caring behaviour which are generally/traditionally known to the people, but are frequently unknown to nurses of other cultural background.

In the following section, in which Mashaba's cultural activities are described to illustrate cultural differences, the researcher provides the *emic* dimension of her transcultural themes - the local/indigenous perceptions and cognitions about her transcultural themes.

THEMATIC ILLUSTRATIONS OF CULTURAL DIFFERENCES

- ***Orphans and problem children*** are drawn into society and absorbed by other families in the case of traditional inclusive Zulu culture. Everyone becomes the mother, father, sister or brother of such children. In the West we isolate orphans and problem children in orphanages and homes where professionals take care of them. This often means that children are separated from normal, everyday life in society and are not easily integrated at a later stage.

  As an executive committee member of Ngwelezana Reformatory School, Mashaba encouraged the family to adopt and help the children with problems. Mashaba was a proud sponsor (up to University level) of one student. She, in addition, instituted the Dr Mashaba Bursary Fund, which is administered by the Anglican Parish Council at KwaDlangezwa.

As a Zulu child, Mashaba, herself, was a beneficiary of the traditional inclusive African spirit. She, together with her three sisters, lost their mother at a very early stage of their lives. Her father also worked away from home. In a true Zulu tradition, they were incorporated in their *umndeni* (relatives), more particularly their grandparents.

Utilization of family members, although manifested in a culturally specific way by the Zulu people, is truly a transcultural event. Further studies should be done on how people in various settings, including clinical, use relatives and/or friends for health knowledge and health care.

- ***Youthfulness and age*** are also approached in a different way. In many Western countries youth is desirable and old age undesirable. One therefore has to appear to be young (cosmetics are invaluable if one is no longer in that fortunate position) and acts youthfully. Old age is dreaded, elderly people are unwanted and are placed, outside society, in homes for the aged. In Zulu tradition exactly the opposite applies. The African respects people, especially older people. The youth are tolerated - one day they will be grown up. One should therefore not act youthfully, but prove oneself to be mature. Conversely, age is desirable and the aged are revered as an important group of society because of

their experience and wisdom - to emphasize this philosophy, the Zulus have a saying that "*Indlela ibuzwa kwabaphambili*" (you can only ask a way to people ahead of you).

An elder member of her department, Mashaba - with her strong emphasis on *ukuhlonipha* (respect) - commanded respect from both students and nursing colleagues. She, in turn, was very humble and respectful of older people (and young people too). In the bid to set high standards, Mashaba solicited help from experts - the elders in the field of nursing education - on setting up such a Department. It was in this vein that she entrusted her promoter and mentors from UNISA, particularly Professors Searle and Brink, with the duty to prepare for the launching of her Department.

Therefore, Mashaba demonstrated that age, which is feared in the West (because one will supposedly then be worthless), is still viewed in Africa as an asset. Young persons are expected to respect elders, this, among other things can be shown by:

- avoiding their names;

- not looking directly in their eyes;

- not sharing the same facilities;

- the head of the families, clans, and heads of tribes enjoy more respect than their subjects in their respective social units.

Mashaba must have learnt this respect for older people from her grandfather during childhood as she speaks very highly of him.

- ***Relationship towards self and community*** also differs. It is impossible for Africa to understand a human individuality, because the "individual" only exists in a community. This is reflected in the Zulu saying "*Umuntu ngumuntu ngabantu,*" which means that the person is a reflection of the community. This concept is popularly known as ***ubuntu.*** Explaining the concept of ubuntu, Mbiti (1970:14), an African, puts it as follows: *I am because we are, and since we are, therefore I am.* Mbigi and Maree (1995:2) correctly write: *The cardinal belief of Ubuntu is that man can only be man through others.*

On the other (Western) hand the opposite is true. According to van der Walt (1997:19), the *West cannot understand and appreciate genuine community, because a* community *is simply viewed as the collection of a number of independent individuals. Community is an expression of the individual will."*

Mashaba was aware of the concept of *ubuntu*. Practical examples on *ubuntu* were demonstrated by Mashaba during her nursing care activities. These included the following:

- Taking a hospital as a Zulu household, Mashaba, in her own words stated, *"I insisted on respect not only for patients/clients, but for patients' relatives."* In any Zulu household a stranger or visitor is a respected person. He/she is treated cordially, given water to wash, food to eat and place to sleep. He/she would in turn spread the good news about that particular household.

- Mashaba emphasized *"good nursing practice, with some personal sacrifices."* It is *ubuntu* to help the weak, the sick and the lame. Giving all of yourself and expecting nothing in return is *ubuntu*.

- Virtues of sharing and compassion were regarded very highly by Mashaba. As an *umuntu* (human/individual), she believed she has a social commitment to share with others what she has (both academically and professionally).

- From their perspective - in which the community receives all the emphasis - Zulus also see their ***relationship towards God*** as

something communal. Before the advent of Christianity a whole clan or ethnic group adhered to traditional Zulu religion (*Omkhulu, Okhokho, Amadlozi, noNkulunkulu, Umvelinqangi*).

If we compare this with the West, we again find a totally different perspective. From its starting point of *individualism*, van der Walt (1997) states, the relationship towards God is regarded as something individualistic requiring personal conversion, confession of guilt, faith and finally also personal salvation.

Mashaba's religious teaching was influenced by her African heritage. At Ngwelezana Hospital, nurses were encouraged not only to pray before the commencement of their duties, but also to pray together as a group - this was her communal emphasis. Coming from a Zulu traditional community, Mashaba could realise this notion because her (Nquthu) village was knit together by a social fabric which encouraged a collective behavioural pattern.

Different criteria for treating people are also common. In the West, if you are first, you have the right to be served first. In Zulu culture, however, service is dependent upon a person's status or rank.

In recognition of these cultural facts, Mashaba established the

side units/wards at Ngwelezana Hospital - to cater for the members of the royal family and to some dignitaries.

Mashaba knew most of the royal protocol and procedures (*inhlonipho yasebukhosini*). There was a firm background for such a knowledge. Mashaba, besides the fact that she grew up in rural Zulu homesteads of Nquthu, where cultural traditions were still kept, was a Mbatha (her maiden-name) - this is one of the most (historically) famous clans among the Zulu kingdom.

CHARACTERISTICS OF A GOOD TRANSCULTURAL NURSE: The influences of Zulu (African) culture.

Incorporating the *Ubuntu* element

Mashaba had her own ideas of what the "ideal nurse" should be and this is determined - as could be expected - by the importance that she allocates to personal relationships. Leading by example, Mashaba devoted her personal, professional, and academic life to the ideal view of a nurse from the *Ubuntu* perspective: Kindness and good character, hard work, discipline, showing honour and respect and living in harmony

with her personnel. Abiding with the *Ubuntu* protocol, Mashaba was opposed to stealing, untrustworthiness, laziness, gossiping, looking down on others and any other form of disrespect.

Mashaba's message is clear: *Ubuntu* is the cornerstone of all good nursing care. She was convinced that a nurse endowed with *Ubuntu* would be resilient enough to survive all life difficulties. With some strong Christian convictions, Mashaba maintained that any nurse who adheres to the *Ubuntu* code of conduct will not have necessity to receive any compensation from society, but will be rewarded by the Almighty God. Mashaba's view on *Ubuntu*, therefore, had strong inclinations towards Christianity.

Therefore it can be concluded that the nurse must, of necessity, become a person through relations with others (*umuntu umuntu ngabantu*). Against this background of priority of interpersonal relationships, the researcher has to note the fact that Mashaba - theoretically and practically - inculcated characteristics such as friendliness, helpfulness, modesty and compliance in her students and colleagues. In the following passage, the poet portrays Mashaba as an *Umuntu*:

Iqhikiz'ezintombini zeRiphabliki
Iqhikiza ezintombini ziphelele
Umagiya ngesinqindi
Isinqind'asishiyelw'uyise
Uyis'uBhebhenene

Yagiya yajakaj'eNgwelezana
Kwathi'ivalw'ukuhlabana
Kanti kumhla iqalayo
Yatheleka komkhulu ngezinkani
Isizokoth'umlilo
Isizokhong'isihlob'esihle
Khona kany'eNgwelezana
Yasilobola saloboleka
Yazishaya zonkana
Ishumi lenkomo nenkomo
Yayithengis'okwebhay'intokazi
Intokaazi ingeyomnumzane
Ibilobol'iKolishi labaHlengikazi
Laph'eNgwelezana
Lwasina udwendwe
Zawushay'udede
Wangen'umakoti ekhaya
Wabasa, wapheka
Kwashunq'intuthu yaphusha
Yabheka phezul'emafini
Amaf'ayemukela ngazo zombili
Kwabhebhethekwa ngomfutho
Kubangwe kweliphezulu
Khona emkhathini
Ngabe ngibholoz'ilumbo
Uma ngingathi vu
Ukuthi kogcinwaphi
Ingathi lisadlondlobala
Usuku nosuku yikho

Babonga bayanconcoza ozakwenu
Babong'abayivali imilomo
Ngokuhlala nengqongqo yengqondo
ULizibethe kuMantungw'eMnambithi
Ulanda leyo ndaba
UTankiso kaDambuza e-Edendale
BenoNora kaKhathide e-Edendale
Kungasa beyilanda
URegina kaSibiya ngeNkomo
EBenedictine kuMaRoma
Khona kwaNongoma
Kungathi qhibu eyithamunda
UMadgalene kaSoKhumal'oNdini
Uyaxakaniseka, abibitheke
UHermina kaMkhatshwa kwaHlabisa
Untula isihloko sokuyithabatha
UJoyce Mthalane eNgwelezana

Ubong'uSomandla ngesibusiso
Isibusiso sokuhlala nejongosi
Ijongosi likaShandu kaNdaba
Hlabana nhlabavu kababa,
Inhlabel'ecijw'iMagogo,
IMagogo noHlazakazi eMangweni,
Ekhaya konyok'eMakhabeleni!
UMaqwakaz'esong'izandl'ebukela
Kunamuhl'uwufakaz'oqand'ikhanda
Umahlabana kumfanele
Wahlabana ngengqongqo
Undabamlonyeni kwezobuNesi
Indondo yokuqala kwabakithi
AboMdab'eNatal nakwaZulu
Yokushay'amaphiko jikelele
Inhloko yezinhloko
Ungqoshishilizi koMathiloni
INkulumandla bephelele

- **her colleagues at the various hospitals hold her in high esteem**

- **We are given names of appreciative colleagues who admired this prosperous "young woman".**

Native context for native students

> In accepting the challenge of a westernised system of education and training, the Black nurse of South Africa has had to overcome difficulties of being educated in a foreign language and to adjust to Western professional norms and values. (Mashaba, 1985:653).

From such a scenario it is within the premises of logic that African students may have difficulty in expressing ideas or views in a foreign language - thus a foreign cultural context. Language is culture-bound. Relating his views to Landar (1966:225) - who defines language as a "*social institution* - Khanyeza (1983:3) regards language as a cultural aspect created by human beings *"for the purposes of communication."*

The foreign language - as a contextual problem - was more pronounced at the tertiary education level. According to Mashaba (1985:437), a high number of African nurses - at the university level:

> Lacked language proficiency to enable them to effectively attempt university studies.

Therefore, the use of foreign language proficiency as a

> Criteria in identifying the potential to be a good nurse is still debatable.

Regarding culture as the *symbolic blueprint for thought and action*, Mashaba was concerned with the methods employed in the teaching and evaluation of the African students. By way of illustration she mentioned the present debate on standards and relevance - of instruction and assessment methods - in the field of nursing education. She commented:

> The intellectual ability for Blacks is defined according to Western norms, and highly westernised, urbanised (Mashaba, 1985:320).

Generally, there is no cultural-based assessment format which has been defined and adopted by academic institutions - except for the recognition of language ability. Mashaba did raise the argument to this effect. In so doing, she identified herself as a person who did not accept Eurocentrism - as applied ethnocentrically in our nursing education. She believed that Western-oriented methods of teaching and evaluation have some negative effects on African students. Mashaba never believed that *the Black student nurse suffered from limitations in the concept formation and intellectual ability.*

> Persons long in the field of Black nursing realised the problem lay not in conceptualising ability but in the use of a foreign language and the total lack of previous exposure to the type of situation that had to be conceptualised. It is difficult to conceptualise something that is culturally foreign (Mashaba, 1985:320).

Within nursing itself, there are some health care activities that are similar to all cultures of the world: Leininger (1978) called this Culture Care Universality. By the same breath there are particularistic values, beliefs and patterning of concepts that tend to be unique to western (scientific) professional culture: Leininger referred to these Cultural Diversity. Nightingale's nursing - just like Jesus's christianity - has got both culture care universal and (western) unique concepts. Just like Christianity (which originated within the Jewish community), Professional nursing originated within western (European) culture - therefore, just like the former (that uses many Jewish-Hebrew cultural concepts), the latter uses Western (European) concepts. Professional nursing therefore, according to Mashaba, needs to be incorporated (or operationalized) within the consumer's cultural world to be effective.

With regards to the above statement, the following comments are discernable:

- it can be recommended that a nurse educator should speak the same language as the students. This can serve as a basis for establishing trust and building a strong caring alliance - which is very crucial for both therapeutic caring and teaching milieu;

- students may be in a position where they spontaneously express feelings in words that are most comfortable to them;

- Zulu students, and patients/clients alike, expect to be treated differently on the basis of their age and gender. The clear example to this effect, is the use of call names. The use of terms which show respect to older patients/clients, these are terms like "*mnewethu* " (a big brother), *"dadewethu"* (sister) *"baba"* (father), *"mama"* (mother), *"mkhulu"* (grandfather). The use of clan names is the most preferred way of addressing people, for example "*Njomane"* (for Mhlongo) or "*Mageba*" (for Zulu).

Considering the above cultural facts, it can be deduced that native (local) context must be considered in planning for instructing and evaluation of native students. The nurse will also need to be aware of the nonverbal expression such as follows:

- for example, it is important for a nurse to be aware that avoiding eye contact - by a Zulu student - is a sign of politeness and respect, not one of lack of interest or respect.

- In certain situations, the nature of the problem may require the teacher/clinician to be a particular sex. For example, issues related to pathology of the reproductive organs (*izifo zocansi noma zezitho zangasese*) are better discussed with members of the same sex.

Mashaba's explanation of transcultural facts lies not only in the part culture plays within an integral education system, but also in the manner in which cultural aspects are related to each other within the patient psycho-social aspect, and in which the system is related to the total (holistic) patient care. This also includes how health and ill-health is perceived.

While it can be said, without doubt, that Mashaba had her roots in traditional Zulu culture, as it has been highlighted in the present chapter, her understanding and experience extended far beyond her immediate cultural grouping. In the following chapter the researcher has described Mashaba's traditional health care themes.

CHAPTER SIX

THEMES ON PROFESSIONAL HEALTH CARE SYSTEM

INTRODUCTION

> Health care across cultures is the strongest single challenge facing nurses all over the world. The nurses who will accept this challenge are generally those who are committed to good quality care (Mashaba, 1995:256).

Mashaba's themes did not reflect Zulu/native culture care concerns only, but as it is seen in the above excerpt, were also inclusive of all the people of the South African country: both black (native) and white (western) - that is why she should be regarded as a true transcultural nurse. She owed such a cross-cultural understanding to the exposure she had to the Western way of life: by virtue of her formal education, her work experience as a nurse, a university teacher and above all a scholar. These attributes brought her into contact with ideas from across the whole spectrum of the Western world.

Mashaba was aware of the presence of other cultures in South Africa. She also explained the socio-political origin of the transcultural nature of South African society:

> Due to the forms of social mobility such as migration, colonization, people of different cultures find themselves living side by side in a particular neighbourhood but their own culture. This is a case of cultural pluralism where for instance there is coexistence of indigenous and foreign cultures (Mashaba, 1995:254).

The two above introductory excerpts reflect the *etic* dimension of Mashaba's transcultural themes - the universal aspects of knowledge domains about her transcultural themes. This dimension will form the discussion framework of this chapter. Expressing her belief on the etical/universal aspect of transcultural nursing, Mashaba (1995:252) commented like this:

> If nursing intervention is going to be relevant and effective, the nurse should use other cultures as a point of departure to ascertain the nature of the person (the patient/client). What beliefs and attitudes control and direct the person's behaviour? What is the person's understanding of well being, unwell being, death?

Therefore it is useful to consider comparable cultural approaches by different health care systems - in this case: traditional versus professional health care system. Hence, for further analysis of Mashaba transcultural

contribution another major theme to be considered is her focus upon Professional/Western health care system.

Professional health care system

In South Africa, professional health care systems are based on Western culture. This situation, of course, also applies to professional nursing - as one of the health care systems. According to Mashaba (1985:1),

> The rise of the Black nurse in South Africa and indeed in Africa is part of the westernising process of the Black population. The Black nurse had to adjust to the Western culture (Mashaba, 1985:3).

This scenario is hardly surprising - for the founder leader and culture heroine of professional nursing, Florence Nightingale, was a product of Western culture. The scenario is also, as far as Mashaba (1995:252) is concerned, inappropriate because *for the Black man, complete acceptance of Western medicine meant severing ties with the old. This constituted the loss of one's identity. It was as if the idea of immortality was being wrested away. The Black nurse had to exercise diplomacy in dealing with this issue if she were to survive (Mashaba, 1985:295).* As it can be seen from the above statement, the Western approach may be inappropriate for non-western people.

It is worth noting, however, that it is not only the nursing profession which is slow in developing culturally-based care. According to Herbst (1990:20),

> Medical practitioners, dentists, social workers, and many other disciplines have so far been mainly uniculturally and ethnocentrically based primarily on Anglo-Saxon and white American Caucasian beliefs, values and practices.

Fortunately, the South African Nursing Council - through its definition of *Nursing* - demonstrates the awareness of the importance of culture (South African Nursing Council, 1983:1-2). The important phrase in its definition - as far as transcultural nursing is concerned - is "*personalised nursing health care.*" To make health care *personalised*, means, inter alia, to adapt the health care of the individual to his/her culture.

However, Nursing Council's *awareness* is not enough - because it is only on the theoretical (perception) level. According to Herbst (1990:21),

> An additional challenge remains, and that is to apply this *awareness* so as to assist people in all their needs taking their cultural background into consideration.

Therefore, it can be concluded - from the above discussion - that transcultural nursing in South Africa is still in its infancy. A lot still needs to be done to make nursing a transcultural health care profession.

As a health care professional, Mashaba tried to address this issue. She believed that we need to compare and contrast our nursing education with those of the other countries. According to Mashaba (1985:3), *consideration needs to be given to the extent to which nursing education for South Africans is keeping pace with nursing education in western countries like the United States of America and the United Kingdom.* Mashaba was committed to the above comparative philosophy. As a writer and researcher, Mashaba addressed some international and cross-cultural issues. As the time went on, Mashaba developed a large personal acquaintance with nursing scholars all over the world. She understood the fact that no culture is perfect. Mashaba believed that we should, apart from appreciating the West, look critically at its influence - because it, like all other cultures, has both the good and the bad. However, to her, an over-appreciation of the West - at the expense of the African traditional values - must of necessity imply under-appreciation of African culture. Taking language as an example, she believed that:

> By giving preference to foreign languages, people unwittingly endorse those languages [thus their culture] as superior and therefore African culture as invariably inferior (Mashaba: 1985:312).

During Mashaba's times - the *Old South Africa*, both English and Afrikaans (which are both Western) were the only official languages. People, therefore, *"were more concerned about speaking and writing*

good English to the detriment of a Native language" Saule (1996:14). The major cause for such an unpatriotic behavior was, according to Saule (1996:40), that "*all African languages were relegated to ethnic languages and the people who spoke them to non-citizens of South Africa whereas English and Afrikaans were elevated to official national languages.*" Describing the situation further, Mazrui (1967:109) states that, "*there was a time when fluency in the English language was for an African more than a status symbol....there was linguistic extravagance as some Africans tried to display their knowledge of the English language.*"

According to Mashaba, the above statement has some retarding effects to nursing practice and education. However, some critics may point out that Mashaba - in view of the fact that she was a nursing professor and worked as a nursing professional - was a Westerner who presented most of her work in the form of (only one) particular culture. Most unfortunately, such a view may cause a possible misunderstanding that Mashaba - in her pursuit of academe - was simple propagating *Westernisation*.

The reply to such a misunderstanding is that - in a spirit of cultural dialogue (a most important factor to transcultural care) - the real differences should not be regarded as trivial, of minor importance or be ignored.

> Africa and the West are different. Their ontologies (understanding of reality), their anthropologies (views of man), views of society, theories of knowing (how knowledge of reality is obtained) and axiologies (norms and values) are often diametrically opposed (van der Walt, 1997:29).

Both Africa and the West have their own health care practitioners. According to Mashaba, no practitioner - from the aforementioned cultures - should regard him/herself as superior to others. Although Mashaba writes from the point of view of traditional health care system, she was not entirely exclusive since she prefers a reconciliation of health care systems, maintaining that with compromise and understanding, there would emerge a unifying culture purely South African.

In order to succeed with the above approach, Mashaba had to draw some parallels between the West and Africa. The Western-oriented schools and nursing colleges made it possible for Mashaba to draw some relevant parallels between the cultures. It is, therefore, appropriate to say something about Mashaba's professional life. In the following section the researcher has exposed Mashaba's professional work - as far as transcultural care is concerned.

MASHABA'S RECOGNITION OF THE WESTERN INFLUENCE

Major conflicts - whether to accept/accomodate or to reject - were experienced when traditional values were to be challenged with the advent of modern values brought about by the arrival of Europeans. This scenario may produce either a negative or positive attitude towards the West.

Positive attitudes towards Western health care

According to Mashaba, the first step towards rendering transcultural nursing care would be first to recognise that there are some cultures in existence. More significantly, we need to recognise their influence to the native people - especially to their health care system.

> The more the country became industrialised, the more advanced became the socioeconomic position for all races. This was accompanied by an increased demand for more sophisticated health services. Western health care service became a valued asset to Blacks (Mashaba, 1985:215).

Mashaba's recognition of western influence is visible from the above excerpt. Her acknowledgement and concern for the westernization of her

people is evident from these words:

> The more the Black man came under the influence of European culture, the more he aspired to European living standards and value systems. Along with this came the acceptance of western [professional] health care with the concomitant rise in outpatient attendance and in the number of hospital beds (Mashaba, 1985:111).

With the above excerpt, Mashaba draws our attention to the fact that it is rather difficult for a traditional system to maintain its existence completely in isolation and without reference to the values and practices of the other cultures. This should also be true for professionals as their services should be closely related to the norms of the society. Mashaba was mindful of the fact that traditions, much as they are valuable, should adjust to fall in step with the values of the present society. Change - which is an inevitable concept - affects all society's spheres of life: including tradition.

Christian (western) doctrine

As a South African, Mashaba lived in a pluralistic society - with its populations reflecting different cultural and racial groups. It was this South African environment and her primary culture group (her family) that acted as socializing agents that taught her values, customs, behaviours,

and attitudes of families and other groups. One of these values was the Christian value. Her grandparents received the credits for this:

> My grandfather helped in the local Anglican church as a catechist

Her grandfather, was responsible for bringing Mashaba and her two sisters up - her mother died of heart failure just when she began schooling. And, like most of the rural Zulu men of that time, her father worked away from home. Among other things that her grandfather was to become responsible for was Christianisation of Mashaba. He (and the church environment) must have been a reason why Mashaba was, according to Rev. Mbatha a *"devoted Christian."*

As a Christian, Mashaba sometimes judged Zulu culture from a Christian-religious viewpoint. As a member of the Anglican Church, Mashaba's religious beliefs were clearly Western in nature. Therefore, she could not free herself of some degree of Western Eurocentrism. This, of course, was bound to have an effect on her professional nursing world view. Christianity - like all the religions of the world - is more than an institution, but it constitutes the individual's way of life and the philosophical outlook.

This explains why Mashaba viewed professional nursing in a Christian eye. In an attempt to associate nursing and her (Christian) religion, she believed that:

> In electing to become a nurse accepts the tradition of humanitarian care based on Christian principles and the need for high moral standards. Nursing students and young professionals would need not only to learn from the range of theoretical and conceptual learning, but also to adopt the moral principles that inform their practice.

Although Mashaba's belief was pro-Christian, as it can be seen from the above passage, her positive stance towards the West was not too simplistic. She did not simply, without any criticism, accept the major influence that Western culture had on the African culture. As it will become abundantly clear in the next section, Mashaba - as both African and Western-trained (Christian) nursing professional - had to choose between certain aspects of both an African and Western culture, because both of them contain good [hence they must be ***accepted and preserved***] as well as bad elements [hence they must be ***restructured***].

MASHABA'S REACTIONS TOWARDS WESTERNIZATION

- Her first reaction was ***nonacceptance***. Mashaba, as an African, did not believe that it is only Western culture that must be considered *positive*. Her high (Western-oriented) education and training did not cause her to abandon her culture (which, as it has previously said, may not be compatible with West) and acquire (in a non-critical manner) Western qualities and virtues. As a self-respecting African, Mashaba believed that African people did not hear of health care for the first time from Europeans. To her Zulu people had a health care philosophy of great depth and value which some Westerners refused to recognise. However, Mashaba did agree that in her culture, like all cultures of the world, there were some bad elements. The major focus is, unfortunately, particularly paid on the bad side of the native culture: for example that, most of the time a traditional healer (*inyanga, isangoma* or *umthandazi*) is referred to as whitchdoctor (*umthakathi*) - this, as it has been explained means a sorcerer.

The following comment gives us the historical background of the problem:

> The tragedy was that in the process [of severing ties with cultural customs that were adverse to health], even beneficial customs were lost. This was tied up with the misconception that Black or Native was synonymous with everything crude, cruel or barbaric. White or European was synonymous with everything good, Godly and affluent (Mashaba, 1985:232).

- ***Rehabilitation*** - which, according to van der Walt (1997:6), is the development of cultural consciousnes - was another type of Mashaba's reaction. With her rehabilitative ideology, she attempted to raise/develop *cultural consciousness* within the nursing and health care circles. According to Mashaba, professional nursing should not be the monopoly of Western ideology. As an advocate of this viewpoint, she believed that the Africans, in their own way, can make contributions to health care. Such contributions - such as the care practices of health care healers (as mentioned in Chapter Five) - to be exposed to South African Nation and the world. It was upon such an idea, fully embedded in her mind, that Mashaba taught her (African) students, published (culture care) articles, and conducted research on the history of (Black) nursing.

- Mashaba believed that both West and Africa have positive qualities - much as they both have negative qualities. Therefore, a ***compromise*** with Western culture was deemed possible.

Mashaba recognised that the two cultures, Zulu and Western, which existed side by side, were bound to influence each other, with one perhaps dominating the other, and that subsequently a new culture might emerge which would unite the people of South Africa rather than divide them. In order to achieve oneness, people of both cultures would have to sacrifice some of their most cherished values.

Therefore, Mashaba sought to interpret professional health care trends in a manner that would create harmony without sacrificing traditional (cultural) normative standards. That is one of the reasons why Mashaba embarked on a campaign for cultural understanding as well as cultural tolerance. She saw the need for compromise, a measure which would allow all health care givers to study the situation and concentrate on commonalities rather than on differences. She had hopes that the two cultures would in time grow towards each other and ultimately merge, resulting in a culture that was ***client-centered***.

It can be inferred from the above reactions that Mashaba wanted to get

rid of the imperialistic tendencies in both Western and African culture. Intrinsic to this idea is the notion of intercultural convergence or cultural integration or cultural coexistence. It is upon such a fertile ground that a ***multi*** - or ***transcultural*** consciousness can be raised and developed. This, of course, should be reflected by the character that a nurse demonstrates. In other words Mashaba believed that transcultural philosophy should form the professional and ethical yardstick by which nursing behaviours should be judged.

CHARACTERISTICS OF A GOOD TRANSCULTURAL NURSE: The influence of Western culture.

Academic and professional freedom

Mashaba was a liberated academic because she regarded academic freedom (with freedom of expression) as the highest professional value. Although she believed that *Knowledge imparts power*, she also believed that *power* does not have any value in itself if it is not used to serve. Therefore, students and lecturers who are high achievers should receive recognition, but they, according to Mashaba, should not be lionised when they are not willing to use their achievements in the service of the whole

community.

Mashaba also highly regarded traits such as resoluteness, frankness and honesty - *even if this* [according to one of her University colleagues] *might lead to a clash with both her colleagues and students*. Some critics often viewed her as harsh and rude. Mashaba was not afraid to take a stance - even the unpopular one - in the name of good patient care and good professional conduct.

We can deduce the freedom and independence in the tone of her comment:

> I was determined to adhere to these expectations [of good patient care and professional conduct] from my staff so long as it was ultimately of benefit to patients even if it was uncomfortable to some staff members. As a result I became a target of criticism which, at first, left me raw and bleeding inside. However, gradually I developed a hard core against these because I knew that I was standing for what was right and honourable. I had no body to run to for consolation. It was indeed a very lonely road.

Understanding of the concept of *caring*

There is an overlapping of themes in both traditional and professional health care systems. According to Mashaba, this is made possible by the fact that *both systems have, as their guiding philosophy, a caring component.* Mashaba further explained:

> In exploring ideas about *ubuntu* (humanism) further, one realizes there are some possible universal concepts about *ubuntu* which could be studied cross-culturally, namely people's ability to be empathetic, compassionate, and sympathetic towards others as well as their general reverence for life itself - these should form pillars of the professional nursing care curriculum.

Ubuntu or *Ukuhlonipha* [respect for fellow human beings], as a transcultural concept, can also be found in the West. Ethically, professional nurses have some rules and regulations that govern their practice. As a professional nursing leader, Mashaba was mindful of this ethical implications.

Leading by example, Mashaba demonstrated "Interdisciplinary respect" - which is a "*pillar*" of *Ukuhlonipha* - in the following manner:

- She spoke in a quiet manner and controlled herself;

- She never argued or shouted to others in public and patient settings;

- Even when she was "off-duty," she maintained a professional attitude; and

- She never smoked, or drank liquor - as this would have been viewed as a smudge on her professional character.

Cultural empathy

A transcultural nurse must be a flexible professional person who is willing to adapt to health and nursing care needs of people wherever the people live and work. This nurse is also characterized by taking time to learn new cultural beliefs and practices, and then to adapt her values and beliefs to a strange culture to provide culturally-based care. Granted, the transcultural nurse must learn how to be flexible, patient, empathetic and sincerely interested in a cultural group.

Mashaba's major transcultural thematic condition was that any cultural philosophy should be positive and not employed negatively to defend an ideological, dogmatic position in an aggressive and intolerant way. Therefore, instead of opting for one or the other of the two extremes, her

own viewpoint was more holistic and balanced.

Both the present and previous chapters offer some prominent differences between African and Western culture. Basically, the following chapter is a general conclusion for this study.

CHAPTER SEVEN

GENERAL CONCLUSION

INTRODUCTION

In the present study an attempt has been made to reflect upon T.G. Mashaba's transcultural themes. For the purpose of this study, the researcher had to differentiate between traditional and professional cultural themes. All of these were mirrored in some of Mashaba's works through the employment of descriptive devices in a manner that enables one to picture her philosophy of transcultural nursing care, her ideas and ideals, conceptions, opinions and beliefs.

Specifically, this thesis sets out to do two things; firstly, to describe aspects of transcultural themes from Mashaba's point of view; and secondly, to assess the degree of her success in the delivery of transcultural meaning to her audience.

Generally, this study purported to provide direction for those planning,

developing and revising nursing curricula in schools of nursing. It is hoped that there has emerged what the researcher has thought important and profitable to talk about - as far as transcultural nursing is concerned - and perhaps, some profitable doctrine and some indication of directions that might profitably be followed

SIGNIFICANCE OF MASHABA'S THEMES: Revisiting the Study Questions and Study Assumptions

Responses to Study Questions

Preliminary research questions were formulated to guide this thesis. The questions were designed to encompass the theme of transcultural nursing. Throughout this study, an attempt has been made to answer these questions. With this section, the researcher takes a specific focus on these questions - as a matter of concluding the discussion on them.

The questions and their responses are as follows:

- ***What were Mashaba's transcultural themes? - are there conclusions that can be drawn from Mashaba's culture care themes?***

The following conclusions can be drawn - as far as Mashaba's transcultural themes are concerned. First, the holistic approach which Mashaba used in understanding cultural groups is extremely valuable for nursing personnel to understand people from different cultures. With the holistic approach, one looks at the many facets of the culture before focusing upon special problems in areas of interest to the nurse practitioner.

Second, the firsthand knowledge which Mashaba had of both cultures is extremely valuable to understand people, for it provides a rich comparative viewpoint.

Third, the identification of cultural values, norms, and practices of a particular group provides primary and important data for health personnel in working with that group.

> Nurses need to make it their business not only to respect cultures of their patients and students but also to try and be familiar with at least, those cultural beliefs and practices that pertain to health, illness and treatment (Mashaba, 1995:256).

Fourth, Mashaba felt that it was extremely important for nursing personnel to see health and illness within a culture framework as there are multiple factors which are constantly bearing upon the maintenance of health and prevention of illness. This notion of consideration of patients' culture as the basis of a systematic patient care is one of the basic guiding principles for transcultural nursing care.

Revisiting the Assumptions for the Study

In order to assess Mashaba's nursing philosophy: whether it fits within transcultural nursing context, the researcher - in Chapter One - formulated assumptions. This was - in one way or other - in line with the following question: ***How did Mashaba's philosophy or ideas fit within the context of transcultural nursing?***

ASSUMPTION ONE

> WHAT CONSTITUTES EFFICACIOUS OR THERAPEUTIC NURSING CARE IS LARGELY CULTURALLY-DETERMINED, CULTURALLY-BASED, AND CAN BE CULTURALLY-VALIDATED.

The above assumption - which was, together with assumptions two and three, discovered to be valid for this study - highlight the fact that the patient's culture, apart from being a right, has some therapeutic health care significance. There is, therefore, a need for the patient's culture to be appreciated, respected and preserved.

Implications for Culture Care Preservation/Maintenance

Culture Care Maintenance includes those *assistive, supportive, facilitative, or enabling actions and decisions that help people of a particular culture to retain and/or preserve relevant care values so that they can maintain their well-being, recover from illness, or face death* (Leininger, 1991:40). Practically all cultures have persons in curing and caring roles. Such indigenous roles must be identified and respected.

Themes using accommodation as a mode of nurse care decisions and actions as portrayed by Mashaba were discovered in this study - this was done in Chapter Four. Mashaba's transcultural themes that focus on

preservation/maintenance include behaviours such as:

- Identification and evaluation of patterns of behaviour related to expressions or manifestations of culture values and action patterns in relation to an individual's cultural group values and beliefs.

Mashaba's transcultural themes - of Culture Care Preservation/Maintenance - are of major ethical relevance. Nurses should understand, accept and respect their patients/clients because:

- Patients have the right to have their socio-cultural background understood; and

- It is unsafe and unscientific to treat patients alike. People, as individuals differ. For, as it has been mentioned, patients and nurses employ different cognitive systems for understanding illness and disease - therefore, people, as patients, require individualized and holistic health care approach.

ASSUMPTION TWO

> SYMBOLIC FORMS OF NURSING CARE AND THEIR REFERENT MEANINGS [THEMES] ARE CLOSELY LINKED TO CULTURE NORMS AND BELIEFS AND NEED SYSTEMATIC STUDY, AS THEY ARE IMPORTANT MODES FOR UNDERSTANDING AND HELPING PEOPLE OF A PARTICULAR CULTURE.

It was Mashaba's major theme - in line with the above assumption - that each culture has got each unique feature(s). It was also her belief that each culture has some strengths and weaknesses. This - has been discussed in the following section - has some significance on *Culture Care Negotiation.*

Implications for Culture Care Accomodation/Negotiation

> A culture can be enriched through cultural diffusion, which is selective borrowing of behaviour patterns or material artifacts of one culture by another culture. This usually has an enriching effect on the original culture. These culture changing and culture expanding processes can be used by nurses to deliberately but diplomatically inculcate health values and habits in their clients that previously did not form part of their culture (Mashaba, 1995:254).

The above excerpt portrays Mashaba's theme on Culture Care Accomodation/Negotiation. Leininger's (1991:40) conceptual framework defines this aforementioned as those assistive, *supportive, facilitative, or*

enabling creative actions and decisions that help people of a designated culture to adapt to or negotiate with others for a beneficial or satisfying health outcome with professional care providers.

The nurse should observe and assess the health care rituals of the native people and determine how they can be incorporated into nursing care practices in a familiar and therapeutic way. According to Mashaba (1995:256),

> Professional people who fail to realize the importance of the indigenous health care system may significantly miss the means to understand the people's values and needs and to provide their health care linkages with modern systems.

In identifying the two systems, Mashaba was attempting not only to help nurses to become aware of these systems, but to consider ways to make reciprocal interfaces with the two systems. She also offered advice that can help to connect the two systems:

> Negotiation and communication can be used to bridge the gap between the nurses (scientific) and patients' (popular) perspectives. Nurses can, through a negotiation step out of their ethnocentric professional framework and provide relevant and pluralistic nursing care (Mashaba, 1995:256).

According to Mashaba, Culture Care Accomodation/Negotiation is a necessity for good client care. Rituals of caring provide important clues developing nursing care plans and in determining what behaviours need to be reinforced and preserved for the client's survival and well-being.

> In instances where the nurse's cultural background is different from that of the patient the teaching plan will not be effective no matter how good the nurse's teaching skills are (Mashaba, 1995:257).

However, Mashaba was aware that no culture is perfect. We cannot afford to take everything we receive from our clients because:

> In those instances where the culture of origin is still adhered to, it can either promote or militate against provision of good quality health care (Mashaba, 1995:260).

According to Mashaba, nurses should examine caring rituals for both their efficacious and less functions - the latter should lead to *culture care repatterning/restructuring.*

ASSUMPTION THREE

CULTURE CARE CAN BE RENDERED MORE EFFECTIVELY BY A PHILOSOPHICAL ANALYSIS OF THEMES/THOUGHTS OF MASHABA. SUCH AN ANALYSIS OFFERS THE POSSIBILITY OF DEVELOPING IN INDIVIDUALS THE ABILITIES NEEDED TO CONFRONT THE COMPLEXITIES OF OUR MULTICULTURAL SOCIETY.

In both Chapter Five and Six our attention has been drawn to the fact that *no culture is perfect* - therefore, in one way or other culture does or will have to change. In addition, we have also been told that cultures do influence each other. Through their multicultural - and sometimes critical outlooks - Mashaba's themes do have the significance in *Culture Care Restructuring or Repatterning.*

Implications for Culture Care Repatterning/Restructuring

Culture Care Restructuring includes those *assistive, supportive, facilitative, or enabling actions and decisions that help a client (s) reorder, change, or greatly modify their life ways for new, different, and beneficial health care patterns while respecting the client(s) cultural values and beliefs and still providing a beneficial or healthier life way than before the changes were co-established with the client(s)* (Leininger, 1991:40).

As far as cultural care repatterning is concerned, Mashaba issued a warning:

> One criticism of this [cultural negotiation] approach is that nurses can potentially manipulate rather than negotiate cultural care. Nurses can use the information about patients to make them do what nurses want (Mashaba, 1995:256).

The above scenario, apart from being ethically wrong, can never result to permanent change in patients' behaviour. For a permanent change or *restructuring* to occur, people (the natives) need to be involved.

> The community has something to contribute for they know what is good for them (Mashaba, 1985:480).

The restructuring system whose philosophy is service for the people by the people may flow from securing the community's contributions. Mashaba (1985:479) warned against "top-down" approach to restructuring:

> Imposing a "ready-made" service on a people is out of place in modern society. Unless nurses create opportunities to collaborate with various sectors of the community, practical and meaningful links will not be created.

Unless the question [of community involvement] is pursued - which is

facilitated by transcultural studies such as the present one,

> Health care providers and educators of nurses are paying lip service to the concept of involving the community in a service rendered to them (Mashaba, 1985:478).

Culture Care Repatterning/Restructuring - which requires community participation - is only possible when both health care systems are combined. Mashaba had this recommendation:

> Harmonise professional and traditional health care systems using the best of both systems. Essentially this involves using Culture Care Transcultural theoretical model. It is known that caring is a unifying and dominant domain in nursing. Viewing caring from a cultural point of view, Leininger's theory may serve as a useful guide.

According to Mashaba, the above suggestion is possible with the nursing professionals. Tracing the history of culture care *repatterning or restructuring*, Mashaba had this to say:

> Professional nurses were destined to set the pace in severing ties with cultural customs that were adverse to health (Mashaba, 1985).

RECOMMENDATIONS FOR FURTHER STUDIES

The following aspects, stated or implied in this study, could open yet another trend in the study of Mashaba:

- Although Mashaba was a transcultural nurse, she played a prominent role in the politics and leadership of South African nursing - the role she played and posts she occupied are tabulated in the appendix. Her contributions and views in these spheres would certainly interest nursing scholars with a socio-political focus.

- Her historical writings, especially in her doctoral research have been analysed from a transcultural nursing care point of view. A researcher of history would find these worth looking at as Mashaba wrote historical accounts from a Black/African point of view - sometimes using oral evidence in support.

- Mashaba was essentially a nursing philosopher and studying her thoughts within a pure philosophical parameter would be interesting.

- The similarity between certain western approaches and

traditional healing, and the call to integrate traditional and western approaches to healing necessitate a closer look at this area.

This study, therefore, should be taken and viewed as a start. It is aimed at stimulating some more intensive research into the other aspects of Mashaba's nursing contributions.

CONCLUDING REMARKS

As mentioned earlier on, Mashaba's contribution to culture care nursing education seems to us to have been considerably undervalued. It was therefore important to trace the growth of this concept in her work.

Mashaba's thematic contributions should be judged not in terms of the quantity of her work and her personal involvement only, but also on the quality, effect and impact of the ideas. Marked caring differences among health care systems exist as well as similar features. Efforts were made - by Mashaba - to explicate these caring aspects in order to provide a sound rationale and therapeutic nursing care.

In her career Mashaba set herself some goals towards which she worked

resolutely. One of these goals was transcultural nursing care. After realising the difficult situation - into which Western oriented health care, a Eurocentric (and ethnocentric) situation which she believed was sometimes incompartible with the native's beliefs and attitudes - she set herself a goal to correct such a situation by planting ideas which would help change attitudes.

In order to achieve these ideals, she made use of the tools available to her:

- her natural leadership qualities; she was an elite (Professor, scholar, a nurse leader) who worked very closely with the people on the ground;

- that she was a national nursing leader gave her enough recognition and a chance to exert her influence not only on the rank and file but also on the higher authorities; and

- the university and hospital gave her the necessary prominence whereby a platform was created from which she could channel her ideas.

In her efforts, she was a moderate who believed that engagement in a dialogue would bring better and more lasting solutions than war. Her

realm of operation was fashioned to elucidate the themes of nursing care, education, and transcultural nursing care.

Culture care themes in Mashaba's work form some golden threads which make her transcultural contribution to be more than just a material for reading. It is the thoughts and ideas behind the themes that make one define her works as philosophical.

It has been said repeatedly - in this study - that Mashaba used the Culture Care theory of Leininger as her model. It would, however, be wrong of us to conclude from this that Mashaba's transcultural work is worthless because she took over so much from Leininger. No scholar can claim to be completely independent and original. As Garrison (1952:576) puts it:

> If originality were defined as the creation of entirely new products or ideas, without dependence upon the work of others, few if any of the world's masterpieces could be termed original.

In this study, therefore, the researcher's task was to assess not evidence of thematic originality, but instead whether Mashaba did anything positive with transcultural themes.

This research study on Mashaba gives us a picture of a gifted and

hardworking woman. She was ambitious and had set definite goals for herself. Her sense of cultural observation and imaginativeness elevate her to a spokeswoman for the underprivileged, not only of her race, but of any nationality. This gives her work the universal relevance and appeal.

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APPENDIX A

CURRICULUM VITAE

NAME: Dr Thembani Grace Mashaba, DLitt et Phil(Unisa), RN. Sigma Theta Tau

POSITION: Former Professor and Head : Nursing Science Department; University of Zululand

EDUCATION AND TRAINING

THEMBANI GRACE MASHABA nee MBATHA, after passing Matric at Inkamana High School, Vryheid in 1951:

- underwent General Nurse's training at McCords Hospital, Durban
- did Midwifery training at King Edward VIII Hospital, Durban, passing with honours
- obtained the Diploma in Nursing Education at the University of Natal, Durban
- obtained the Diploma in Nursing Administration at the University of
  the North, Sovenga
- obtained the Certificate in Family Planning at Montana House, Durban

- obtained the B.A. Cur, B.A.Cur (Honours), M.A. and DLitt et Phil degrees - all through UNISA.

NURSING AND ACADEMIC ACTIVITIES:

- served as a Ward Sister and a Tutor in different Natal institutions (Greytown, Edendale, and Ladysmith)

- opened Ngwelezana Hospital, Empangeni in 1970 and served as its first Principal Matron for the first six years of its existence

- served as the Principal Matron of Benedictine Hospital, Nongoma

- served as SANC External Examiner for Edendale Hospital's DCCAI Course

- started the Department of Nursing Science at the University of Zululand in 1981

- served as Professor and Head of the Department of Nursing Science, University of Zululand

- was visiting lecturer to the University of Transkei in 1987

- was Vice-Dean of the Faculty of Arts, Unizul, in 1988

- was co-opted by the Ciskei Nursing Council for conducting an inspection in 1989

- instituted the Dr Mashaba Bursary Fund, which is administered by the Anglican Parish Council, KwaDlangezwa

- was an external examiner to UNISA Masters students in 1990 and 1991, 1994 and 1995
- was external examiner for post-basic students at the University of Zambia in 1993 and 1994

- accepted a request to be external examiner for a Master's degree student of the University of Namibia

PROFESSIONAL AND SOCIAL ACTIVITIES, AND COMMUNITY WORK:

- served on Executive Committee and later as Chairperson of the Ulundi branch of SANA in the early 1970's

- served as chairperson of KwaZulu-Natal Tutors' Discussion group from 1986 to 1989

- served on St Mary's Hospital Board, Melmoth from 1986 to 1989

- has served on various school and Anglican Church committees

- served on the committee investigating feasibility of establishing a community based Medical education at the University of Zululand from 1988 to 1989

- was a founder member of the International Organization: Women Working for Change, launched at Coventry, U.K. in 1989

- served on the committee for Research and Documentation Centre of University of Zululand from 1986 to 1990

- was Chairperson of the Students' Society Council from 1986 to 1996

- served on the Joint Committee for BCur degree from 1985 to 1996

- served as the chairperson of the standing subcommittee to the Joint Committee from 1985 to 1996

- served on the committee for University Heads of Departments of Nursing from 1984 to 1996

- launched the Health Centre and Community outreach health programme attached to the Department of Nursing Science in 1992

- was Vice-President of the SANC in 1994 and serving on the executive committee of this body

- served on the KwaZulu-Natal's regional Institutional Cooperation Project: Health Education

VARIOUS ASSIGNMENTS OUTSIDE SOUTH AFRICA

- visited British nurse-training institutions in 1992 in London and Sheffield

- attended a course on Innovative Community development at the University of North Carolina, USA in 1982

- was on the Peoples-to-People Nurse's delegation to the USA in 1983

- went on a Faculty Fellowship development programme to the University of Illinois at Chicago, USA in 1991

- attended a meeting of WHO collaborating centres for nursing development at Fernery Voltaire, France and attended World Health Assembly in Geneva, Switzerland, in 1992

- read a paper at the Primary Health International Congress at Sydney, Australia, in 1992

- read a paper at the International Community Health Nursing Congress, at Edmonton, Canada, in 1993

- was invited to participate in international assessment of the basic nursing degree curriculum held in Hong Kong in 1994

HONOURS

- was listed in Fair Lady's WHO's WHO; Cape Town in 1982

- was decorated as a Kentucky Colonel by the governor of Kentucky, USA, 1983

- was listed in the 7th edition of WHO's WHO in the world, Chicago, 1984

- was listed in the 8th edition of world's WHO's WHO of women, Cambridge, 1985

- was listed in the 1st edition of the International Directory of Distinguished Leadership, North Carolina, in 1987

AWARDS

The following awards were granted (to her) by the:

- SA Union of Jewish Women to conduct research for Doctoral degree from 1982 to 1986

- British Council to visit nursing education institutions in the UK, in 1982

- de Beers Chairman Fund to attend a course at the University of North Carolina, USA, in 1982

- British Council to attend a seminar on Women Working for Change at Coventry, UK, in 1989

- Consortium of USA Universities to go on a Faculty fellowship development program at the University of Illinois at Chicago, in 1991

PUBLICATIONS

- University of Zululand Series:

  The Legal Aspects of Health Care, 1984. University of Zululand; Series C(9)

- The Health Survey for KwaZulu with emphasis on Ngwelezana (co-author) 1985. University of Zululand Series B(39)

- The Socio-economic background of students of Nursing and its implications for nursing Education, 1987. University of Zululand Series A(65)

- University Nursing Education as an instrument to professional development and usefulness, 1987. University of Zululand Series A(29)

RESEARCH AND JOURNAL ARTICLES

- 1987. The Origin of the Nurses Day of Prayer. South African Nursing Journal XLV(1), p14

- 1981. The dynamics of the Nursing Process. Curationis 4(1), pp 28-32

- 1981. The Composition of the Nursing Profession in South Africa in the mid-seventies. Journal of Advanced Nursing 6(5), pp 339-347

- 1983. A Glimpse of the Nursing Education System in the United Kingdom with special reference to the Sheffied School of Nursing. Curationis 6(4), pp 30-36

- 1985. Implications of the Education system for Blacks in Nursing Education. Curationis 9(3), pp 1-4

- 1986. Interpreting the regulation relating to the scope of practice of Professional nurses in South Africa for Nursing Education. Nursing RSA 1(6), pp 12-13

- 1986. The Significance of Secondary School education for education and training of nurses in South Africa. Journal of Advanced Nursing11(1)

- 1987. Imfundiso yabazali ngokuhlanzeka kwezingane. Intuthuko 28(2),pp 10-12

- 1994. The status of students of the basic nursing course. Nurse Education Today 14(4), pp 306-313

- 1995. Student nurse wastage: a case study of the profile and perceptions of students of an institution. Journal of Advanced Nursing 8(22), pp 364-37

BOOKS AND CHAPTERS IN BOOKS

- Mashaba, TG & Brink, HIL. 1994. *Nursing Education: An International Perspective*. Cape Town; Juta
(has written chapters 1, 4, 18, and 20 of the abovementioned book).

- Mashaba, TG. 1996. *Rising to the Challenge of Change.* Cape Town; Juta

INTERNATIONAL CONFERENCES AND SYMPOSIA ATTENDED

- 1988, workshop on "Alternatives in Medical Education," Witwatersrand University, Johannesburg; South Africa
- 1991, Centenary celebration conference on "Excellence in Nursing," SANA, Bloemfontein, South Africa. Presented a paper: "Education for maximum transfer/application of knowledge to nursing practice

- 1991, Conference on "Transcultural Nursing," in Detroit, Michigan, USA

- 1991, Conference on "Orem's theory of Nursing," in Kansas City,USA

- 1991, Conference on "Nursing Research," in Los Angeles, USA

- 1991, Conference on "American Public Health," in Atlanta, Georgia, USA

- 1992, Symposium on "Continuing Nursing Education," UNISA, Pretoria, RSA Presented a paper "Contemporary health problems, implication for continuing Nursing Education

- 1992, Conference on "Primary Care: Development and Diversity," University of Sydney, Sydney, Australia. Presented a paper "Health
  Promotion."

- 1993, Conference on "Community Health Nursing Research," in Edmonton, Alberta, Canada. Presented a paper "Reconciling

Traditional and Western healing practices in South Africa."

- 1994, Conference on "Affirmative Action" in MEDUNSA, Pretoria, RSA. Presented a "Summary of the proceedings."

INTERESTS AND HOBBIES

- Fund raising through a "Dr. TG Mashaba Bursary Fund" in order to assist in education of under-privileged high school African students.

- Movement of women's development nationally and internationally Women's activities in the local Anglican Church.

- Singing and listening to sacred music.

APPENDIX B

PART A

QUESTIONNAIRE

PART 1. (To Professor Mashaba)

EARLY LIFE

What is your family background?
What early childhood experience(s) were influential in your life and career?

HER FAMILY

Marital status
Children (number and name(s))
Could you say something about combining marriage and a career?
Could you please comment on your own experience?
Did you ever feel that your home life was neglected because of your career?
What help did you get along the way?
What social and personal conflicts did you have?
- how did you resolve them?

NURSING PROFESSION

What then do you consider to be your greatest satisfactions in your

nursing career?

What do you consider the biggest changes in nursing?

Where do you think nursing is going?

What were the greatest challenges you faced

- in your personal career?
- in the nursing profession as a whole?

International nursing activities

What factors in your training period influenced your subsequent participation in the affairs of the profession?

Do you think that the nursing profession in South Africa coped with challenges?

What would be the most important advice you could give to the profession to ensure its growth, development and status in the community?

What was the most satisfying accomplishment(s) in the field of nursing that you have ever made?

Professional experience

- nature, place and dates of experience

Could you comment on your early career.

Membership of professional association(s)

- name of association and date of membership
- office held - nature and date
- any special aspects

EDUCATION AND NURSING EDUCATION

What type of education did you receive?

Did you have any scholarship

- type
- purpose
- date awarded

Awards and honours

- nature
- date and citation
- essence of citation

School - primary
Secondary
Tertiary

Qualifications - academic
professional
none university

Professional registration

Professional training (in respect of each qualification)

- where
- when

Why did you enter nursing?

What was your nurse's training like?

Comment(s) on her training

How was your education financed?

How did you become a interested in nursing?

What influence your choice of training school?

Did you enjoy your basic training period?

- How so?

What influenced you to undertake post-basic nursing education?

What influenced you to follow an education and administration career?

What made you decide to pursue studies in education and administration?

What are your opinion about:

- University education for nurses for basic registration
- University education for nurses for post-basic registration
- the use of enrolled nursing personnel
- the role of the ward sister in the nursing system

NURSING ADMINISTRATION

- Matron - Ngwelezana Hospital

How did it come about that you went to Ngwelezana?
Was it difficult for a person such as yourself to attain a matron rank in the Department of Health?
What would you say there was about that the early nursing leaders and other leaders perceived in you as a potential leader?
Were you ever discouraged in your work?
Is there anything else you would like to add about the matron's role generally?
What are ingredients, or advice would you give on how to be a successful administrator?
What skills, talents, training, or whatever?
So how did you get nursing into the structure?
What frustrations, obstacles, and disappointments did you encounter?
Why did you stay (or, if you left, leave)?

Head of Nursing Department - University of Zululand (Unizul)

As the Head of Nursing Department at Unizul, what problems did you have?
What brought you to Unizul?
I would like to turn to your leadership role in the development of the BCur degree program:
- Where did you get the idea? How did it evolve?
- Could you add anything about your leadership role there?
Do you care to add to your feelings about nursing education?
What was your biggest jobs?
What about some of your other problems?

What have been some of your strategies?

LEADERSHIP

What would you consider your first leadership position?
-how did you get it?
What do you consider to be some of your strategies in terms of working with people?
Who helped you to have the courage to persevere in the face of any or all obstacles?
What would you say you have accomplished during this period of time?
Would you comment on your work with SANC?
What have been some of your biggest disappointments?
Did you feel during this time and later on that nursing was really going in any direction? Did you see the direction?
Did you ever tell them off, the ones that made you mad?
Did you ever think sometimes you might be just a little paranoid?
What frustrations, obstacles, and disappointments did you encounter?
Why did you stay (or, if you left, leave)?

RACIAL CONFIGURATION DURING THE APARTHEID ERA

Did you ever feel discriminated against?
- by whom?
Do you feel that a black nurse who had the same qualification and education could get a job as a white nurse?
Would you say that during your years of nursing employment you have been given equal opportunity for promotion and continued education as compared with your white counterparts?
Did you feel that there was discrimination at the school?
- what was your reaction?

Do you think opportunities for black nurses have improved?

- in what way? Also, what was your role in bringing about some of these changes?

Do you think you are not considered radical and activist enough by some black...

- that you are too conservative because you seem to stress working through the channels.

CONTRIBUTIONS

What do you consider your unique contribution(s) to nursing?

What are your work habits?

What is your life-style?

Were you influenced by other nurse leaders in developing your contribution to the development of nursing?

What do you consider your major contribution(s) to nursing?

Were you concerned with, or make a contribution to the following issues:

- legal status of nurses
- the image of the nursing profession
- the socio-economic status of nursing
- the educational problems in nursing
- the need for publication of nursing literature
- the need for nursing research
- the need for advanced education in nursing
- the need for scholarship for post-basic education

Do you believe that you have contributed to the nursing in KZN?

What was you contribution (if any) to the above? (give numbers)

In which area(s) have you contributed specifically to nursing?

How would you describe yourself? Your personality.

What, if anything, would you now do differently in your life if you had the opportunity?

Other community activities(membership, etc)

WRITING AND RESEARCH

Do you like to write?

Could you say something about your work habits in writing? Do you find that you set aside a certain number of hours a day?

How many paper(s) have you presented at professional meetings?

How many nursing publication(s) have you had?

How many nursing administrative procedures or policies have you written?

What are the title(s) of the procedures or policies that you have written (state titles)

How many research project have you completed?

APPENDIX B

PART 2

NB: These are persons who were deemed, by the researcher, to be in a position to observe and assess the contribution(s) of the subject under study.

1. How many years have you known Mashaba?
2. In what capacity did you make contact with her?
3. In your opinion what impact has she made on the development of the nursing aspect of the following:

3.1. improvement in service condition

3.2. the image and status of nursing amongst nurses and the public

3.3. her contribution in her place of employment

3.4. the professional association

3.5. the development of nursing education

3.5.1. university education for nurses

3.6. her contribution to the community

4. In your opinion what is her attitude and philosophy towards transcultural nursing
5. What do think are/is her most outstanding characteristic(s) as a transcultural nurse?

APPENDIX C

EXPLANATION OF THE PROJECT

I am a doctoral candidate at The University of South Africa. The topic of my thesis is, **"Towards culture care nursing education : a study of Professor Mashaba's transcultural themes."**

The purpose of this study is to explore Mashaba's contribution(s) to the field of nursing in South Africa, more specifically in Transcultural nursing. You were selected as a participant for this study. You have been identified by the researcher and were deemed to be in a position to observe and assess the contribution(s) of the subject under study.

Please bear in mind that you are under no obligation to participate in this study. If you decide to participate, and later change your mind you are free to discontinue participation.

Your completing and returning the questionnaire will be taken as evidence of your willingness to participate, and your consent to have the information used for purpose of the study. If you would like to contact me for any questions or for clarification, please feel free to do so. My address is:

PO Box 277
ULUNDI
3838
KwaZulu-Natal

APPENDIX D

CONSENT

I, ----------

am making a decision to participate in this study. My signature indicates that I have read the information provided on the *Explanation of the Project* and have decided to participate. I know that I may withdraw without prejudice after signing this form should I choose to discontinue participation in this study.

---------- ----------

Signature Date

Name and Address

APPENDIX E

A POEM ON MASHABA

(Written by Mr Z.L.M. Khumalo and translated by Dr. D.B.Z. Ntuli)

NTABA-KAYIKHONJWA

(KuDokotela T.G. Mashaba)

("MOUNTAIN THAT YOU MAY NOT POINT A FINGER AT" I.E. A HIGHLY RESPECTED PERSON)

T.G. MASHABA

Iland'elincwabakazi likaNdaba
Inyoni kayiphumulkaNkombane

- **Describes her figure and complexion**
- **She is compared to a beautiful white bird - the egret (ilanda)**

Ngiyibuke qede kwangisuka
Ngisukwa wusinga
Ngavukw'amadlingozi
Ngibon'imiqeku yemithantikazi
Imithantikazi kaNdaba
Ikhethelo likaSibagoja
Ngayibuka qede ngakhangeka
Ngikhangwa iqeqeba leqhwa
Liqaqel'izintaba ezimangelengele
Izintaba zakithi kwaMthaniya
Izintaba zoNdi noKhahlamba
Zisibekelwe nguwe Nolanda
Uzisibekele ngamaphikokazi
Amhlophe hu
Okwengwebu yamagagas'olwandle
Kazi lubekwa yin'eMagogo
Abant'abadala bakhuz'umhlolo
Lokhu sebeya egodini
Kaze bewelamele lo mhlolo
Kaze bewuzwe nangokhokho

Balibik'ukubhubha ngozamcolo
Bayibona belanywa bengwevu
Kepha namuhla sebelubone ngosi
Kabasaluzwa ngakuxoxelwa
Lokhu seluphakathi eMagogo
Bathi "SESOFA SIDELILE"
Lungenise ngomful'uMkhabase
Kudekud'esitol'eMangeni,
Lapha kwaNkalankala
Lukhongw'uBhebhenene
UBhebhenene kaMloshela
UMloshela kaNgogo
Khona kuMaMbatha
Elukhong'eMaKhabeleni
Lapha eMangweni
Phansi kukaHlazakazi
Lwangen'emabalen'aMaMbatha
Lungenisa ngesithhole sikaMkhabela
Lwethulw'umageza ngobisi
Ngo'amanz'embangel'ububha
Embangel'ubugwala nobuvaka
Embangela isigcwagcwa!
Wavul'amehl'umageza
Itshitshi likaNdaba
Kwaxeg'amadolo kumabhungu
Amabhungwan'enelw'ukucasha
Funa amelwe izinhliziyo
Elabalabe'utalagu
Zephuk'ubufahlafahl'ezabafokazi
Zephuk'ubuphoqophoqo ezabafokazana
Akwaba ndaba zalutho

Awakude nawanganeno
Efik'efikile
Ethelek'ethelekile
Eny'ikhishwa ngenye
Ziphangelana ngomdaka
Sengath'uyabaleka
Kanti ayizange yazika
Igeleze ngaphezulu
Kutshem'ukuthi zidulel'amanzi
Ziwadulel'emhlane wedada
Nokumavokoviyane kuthi kuyazazi
Kugadla ngezimpoqompoqo
Impoqompoqo ngeyemisenge
Impoqompoqo ngeyeminduze
Nakho sekuthi akuwabiye

Fun'inhlanhl'ikwehlele
Hlez'abakubo bakuweze
Bekuweza ngelibanzi
Ingabe wawukuzwaphi ngimfunge
Ukubhekana nomalund'aze
Sayikhiph'isithole sikaMaMkhabela
Azaphinde zacabanga ukubuya
Azafisa nankotshana zendawo
Zajokola amalombo

Izinsuk'azifani mntakaShandu
Wathuk'usuphezu komalunda
Wazithela phezu kwezimbila zithutha
Ziholwa emhlophekazi phambili
Wahlangana nokungahlanganwa naye
UMahlaba zihlangane wangoqobo
Lona onjengetsheketshe
Inkunzi yakith'eNkunzi
KoMashaba eMnambithi
Wathi kant'uhlez'ukwenza
Wafika kwkangqingetshe
Wafika kwabokugcina
Kwash'amadam'anamanzi
Kwaphel'amazwan'emlonyeni
Wajike wakufunza awakhe
Wakufunza wawagwinya
Kant'usekugabhil'ungigabhile
Isingen'imbal'emmhlophe kathandeka
Uqhakazile kayengekile OYengweni
Wasala ludengwan'umuzi
Umuz'omkhulu waseMagogo
Kwahlabana owaseNkunzi
Khona kany'eWesselsnek
Lapha kwelaseMnambithi

- **her beauty as a young woman**
- **It seemed as if she used to "wash her face with milk". Young men were scared of approaching her. Those who had courage could not win her heart - their "fighting sticks were broken". Eventually she could not resist the young man of the Mashaba clan in Ladysmith.**

Iphuz'amanz'aMagogo,
Yawagojela
Yaphuz'awoMgungundlovana
Yawagojela
Yagojela aweHoly Rood

ENdlozana
Yagojel'aweNazarene kwaNgwane
Lapha kwaManzini
KwelikaSobhuza benoMswati
Amabombo yawasingis'ekhaya
Ingasadle nkobe zamfazi
Yangqongqoza kuMaRoma
AMaRom'aKhatholika
Yakhala ngaphakathi
Yaphuz'amanzi eNkamane
Laph'eFilidi yawagojela
Ibisigojel'uMatekuletsheni.

- **where she was educated**
- **A bird metaphor is used - this bird flew to a number of places - Magogo, Greytown, Holy Rood, Nazarene etc. where she "drank all the water" (acquired all the available education)**

Yahlaban'eMgunguNdlovan'esibhedlela
Yahlaban'e-Edendal'eMgungundlovu
Yakhumbul'emzin'eMnambithi
Yakhiph'unyawo kwesakhona
Yahabul'ihelehele lolwandle
ITheku lathathela, layikhanukela
Layibiz'eKing Edwedw'esibedlela
Sahlabana singasaqal'isithole
Isithole sikaNdaba
UNdaba omkhulu
Wathi kant'uwuNdaba
Wakhumbul'eBukhosini koMkhulu
Wazinz'eBenedictine kuMaroma
Lapha kwaNongoma
Yadl'ubhedu
Kant'usufik'ekugcineni

Lokh'izinqapheli zinjonjo
Ziqaphelisa amazenga
Zayelamela isivuthiwe
Ivuthelw'ukovul'amasango
Amasango eNgwelezana
Laph'eMpangeni
Yawavul'avuleka
Yawasingath'asingatheka
Amatom'onke iwaphethe
Iwabambe ngononina.

- **the hospitals where she trained as a nurse.**
- **She is described as a "heifer" (a positive image) which was victorious at a number of places.**
- **She eventually "opened the gates" of Ngwelezana hospital. The poet paints a picture of a graceful dancing woman who manages to achieve what others are unable to.**

Iqhikiz'ezintombini zeRiphabliki
Iqhikiza ezintombini ziphelele
Umagiya ngesinqindi
Isinqind'asishiyelw'uyise
Uyis'uBhebhenene
Yagiya yajakaj'eNgwelezana
Kwathi'ivalw'ukuhlabana
Kanti kumhla iqalayo
Yatheleka komkhulu ngezinkani
Isizokoth'umlilo
Isizokhong'isihlob'esihle
Khona kany'eNgwelezana
Yasilobola saloboleka
Yazishaya zonkana
Ishumi lenkomo nenkomo
Yayithengis'okwebhay'intokazi
Intokaazi ingeyomnumzane
Ibilobol'iKolishi labaHlengikazi
Laph'eNgwelezana
Lwasina udwendwe
Zawushay'udede
Wangen'umakoti ekhaya
Wabasa, wapheka
Kwashunq'intuthu yaphusha
Yabheka phezul'emafini
Amaf'ayemukela ngazo zombili
Kwabhebhethekwa ngomfutho
Kubangwe kweliphezulu
Khona emkhathini
Ngabe ngibholoz'ilumbo
Uma ngingathi vu
Ukuthi kogcinwaphi
Ingathi lisadlondlobala
Usuku nosuku yikho

Babonga bayanconcoza ozakwenu
Babong'abayivali imilomo
Ngokuhlala nengqongqo yengqondo
ULizibethe kuMantungw'eMnambithi
Ulanda leyo ndaba

UTankiso kaDambuza e-Edendale
BenoNora kaKhathide e-Edendale
Kungasa beyilanda
URegina kaSibiya ngeNkomo
EBenedictine kuMaRoma
Khona kwaNongoma
Kungathi qhibu eyithamunda
UMadgalene kaSoKhumal'oNdini
Uyaxakaniseka, abibitheke
UHermina kaMkhatshwa kwaHlabisa
Untula isihloko sokuyithabatha
UJoyce Mthalane eNgwelezana
Ubong'uSomandla ngesibusiso
Isibusiso sokuhlala nejongosi
Ijongosi likaShandu kaNdaba
Hlabana nhlabavu kababa,
Inhlabel'ecijw'iMagogo,
IMagogo noHlazakazi eMangweni,
Ekhaya konyok'eMakhabeleni!
UMaqwakaz'esong'izandl'ebukela
Kunamuhl'uwufakaz'oqand'ikhanda
Umahlabana kumfanele
Wahlabana ngengqongqo
Undabamlonyeni kwezobuNesi
Indondo yokuqala kwabakithi
AboMdab'eNatal nakwaZulu
Yokushay'amaphiko jikelele
Inhloko yezinhloko
Ungqoshishilizi koMathiloni
INkulumandla bephelele

- **her colleagues at the various hospitals hold her in high esteem**
- **We are given names of appreciative colleagues who admired this prosperous "young woman".**

UPrincipal Matron kwelakithi
Laph'eNgwelezan'esibhedlela

Sathi sisababaza sishay'ihlombe
Yakopolotwa ngabangenhla phezulu
Phakath'kwezigidi zezingqondo
Izihlabani zeNingizimu ye-Afrika
ISouth African Nursing Council
Iyikhombel'ubungqalabutho
ENatal nakwaZulu
Ukuviviny'abaHlengikazi

Beyibon'ikhono nokuzinikela
Beyibon'ukuvuthwa komqondo
Beyibon'ukwephusa komqondo
Kufakazwa nganeno nangaphesheya.

Yath'ihlab'ikhefu
Yamenyezwa kweliphesheya
Yathi ingaphesheya
Yamenyezwa ngabanganeno
Yath'inganeno
Yabizwa kwamakhelwane
Kunjalo-ke ukuzal'usakabhudu
Kunjalo-ke ukuzal'uchwazane
Kuphambanis'ikhanda
Esokubek'isinqe ngabasemzini
Esokubek'uhlangoth'abakhwekazi
Ingan'ibimenyezw'imenyeziwe
Sabel'uyabizwa weMenyeziwe!
Ubizwa kumabhod'ezikole
Laph'eNgwelezana
Ubizwa kwesokuqondis'amahlongandlebe
IReform School
Ubizwa kubhodi yabacwaningi
Nabagcini ngononin'eJabulani
IJabulani Rehabilitation Centre

- **she was the first black principal matron in Natal and the first black to be a member of the South African Nursing Council**
- **She got the elevation in recognition of her ability, devotion, intelligence and maturity. She was kept very busy as she had to honor numerous appointments at various places.**

Yahlabela phambil'ingqongqo
Isiphendl'indlel'ebanzi
Ebang'emadlelwen'aluhlaza
Kwathi konk'ekwenzayo
Yakwenyusela koPhezukonke
Ikubonga kongabonwayo
Ingathi ikhumbul'isethembiso
Mhla ikucelayo
Yathi iyobonga
Yahlal'eNkosini kwaphucuk'amadolo
Yethembel'eNkosini kwenzek'izimanga
Kwavulek'amafasitel'eZulu
Izibusiso zehla ungehla
Seziphangelan'ukufika

Nesinye sithi "Yimi kuqala"
Nesinye sithi "Yimi kuqala"
Ingan'ubeyihlol'iNkosi
Njengokwethembisa kwayo
Wayifun'ebandleni wayelamela
Wayifun'eNhlanganweni yonina
IMother's Union, awayeswela
Wakhangw'isithomb'esimamathekayo
Ngathi okunye ikuzwa ngendaba
Sengathi ukuhlupheka ayikwazi
Ayigayelwa mphako kwezeVangeli
Ngiyethulel'isigqoko isiseMkhadlwini
Umkhandlu weBandla
Lapha kwaMalus'omuhle
KwesakwaNdlangezwa
Yashicilela kwamakhul'amabhuku
Lapha kuSifundandini saseMfolozi
Mazansi nezwe lakithi
Ogwini lolwandlekazi lwaseNdiya
IbisinguNobhala-jikelele

- **she was active in her church at Dlangezwa and Mfolozi.**
- **Because of religious involvements, the "gate of heaven" opened and showers of "rain" fell on her.**

Mhlafuni wenqobolonjwana
NgeyakokaThezisa
Kwath'okaThwishika washaqeka
Washaqeka wama khwimilili
Amath'abuyela kwasifuba
Esezw'ezitheleka nomoya
Zibikw'abasiki bebunda
Abangakhi phansi
Bethi siyachichim'isilulu
NgesikaNtabaziyadilika
Injongosi likaMaMkhabela
Sichichim'ezinyoni kayiphumuli
Intombi ezimhlophe zabon'umuzi
Umuzi kayihlo ngamehlo
Ekhaya kini eMachwebeni
KwaMatsh'amhlophe
Sengath'ahlal'echoshwa zimvula
Izimvula zobusika nehlobo
Ingan'ungen'usisitheka nomnyaba
Owuthole eHlathini kokaThezisa
Lapha koMkhul'ePitoli
Izalukazi zakhuz'umhlolo

Zith'ungenis'idungamuz'ekhaya
Kanti phinde akusilona
Umnyaba weJakharanda
Iziqu zobuHlengikazi kwezemfundo
Imfund'ephakem'iB.CUR.

Mfasi wenkomo ngomchilo
Ithul'ingathi nyaka
Ayiseng'azayiphind'umphehlu
Amadod'ebeyifasa ngesifaso
Igxum'iwakhahlela
Esehlamb'izandla
Akhex'imikhono
Wafas'inkomo kaSearle
Lapha kuPhulofesa
Wayikhiph'inkani
Wayisenga waphinda
Into eyizwa ngendaba
Usengisisa yona eyabaHlengikazi
Waze wayobuya nebilugodlile
Ith'ilugodl'elinkonyane
Kumhla eyikazela ngeze-Onazi

- **refer to the academic qualifications - degree she received from UNISA - B.Cur and Hons - under Searle. She is compared to giant who is able to tie a rebellious beast so that it cannot move - Searle could not find any reason to stop her.**

Kwagqumshela uMaqhwakazi
Esethokoza
Ebon'ukukhephuzela kwekhaba
Ikhaba lezintaba
Esezenaba mawala
Bethi bayayithena
Kwaba bayibangile
Zahlanz'intululwane yamaklinti
Zenabel'eNhlanganweni yabaHlengikazi
INhlangano edingid'ezinohlonze
Kongoti nabachushisi bamalandakazi
ITutor's Discussion Group
Kwakhal'ubuwoklowoklo behlombe
Ihlombe lozakwenu
Ukuthol'isanndl'esifudumele
Esiffuze esikaMthaniya
Umame wesizwe sikaZulu
Kanti kuya lapho

Ingan'awuzenzeli ngakuqonda
Konke kwedlul'eNkosini
UMenzi wezinto zonke.

- **she became a leader of the Tutors Discussion Group. Her colleagues clapped hands for her.**

Yakhula yadlondlobala
Yathi kant'ibisishiy'izingan'eze
Izingane zika P.W. ludengwane
Yanikela kkhona ePitoli ngamajubane
Kwangath'ibizwa'emendweni
Umagoy'emzini ngethemba
Ogoy'emzini kaNolwazi ngesineke
Maqede kwakhehlek'imibomvana
Ingathi besekudilik'udonga
Udonga lwempophoma
Impophoma yeHartbeespoortdam
Umsinga wathululeka
Ubheke ngqo kwaMalandela
Kumhl'ibuya ngomsinga
Umsinga wamanz'eMbozama
lMaster's degree kwaBamhlophe
Kuzo bel'ezoBuhlengikazi

- **she received her M.A. degree from UNISA**

Yakhethelwa zintaba zePitoli
Laph'izomisa khona
lSibani sezwe likaNdaba
Ubhaq'olokhelwe qede
Lwachonywa othini
Phezu kwezintaba zoNgoye
Lwavutha lwalanguza
Kwangathi luyavuthelwa
Luvuthelwa zivunguvungu
Luvuthelwa ziphephophepho
Ikloba lakhoth'umkhathi
Isibhakabhaka sansondo
Sabheja sayigazi
Sagqunqa sayilahle
Siqhweb'ababuqamama
Siqhwb'abamaduze
Ukuzobek'izandla
Lokhu sekubasiwe kwethu
Lokhu sezizele kwethu
Bazozifikisela ngendwamba

Indwamb'angishiyele
Umondli wezintandane
Ifa lezimpabanga
Basondela bephangelana
Batheleka belakanyana
Bebon'ukuvela kwevelakancane
Umuthi wamakati
Isigwac'esihle ngesishoshayo
Esiphephela kwelikude
Ngokuhlabela phambili
Ezinye zibe ziququbele
Ziqub'oqungquluzini
Zifihl'amakhanda
Zithi zicashile ziqedile
Okwezimfene zizikhohlisa
Zithi zicashile ziqedile
Zisho zival'amehlo
Ubukhophoco busobala

- **she started the department of nursing at Unizul. The torch she brought from Pretoria was eventually put on the mountains of Ngoye. Its light was very strong and it attracted many people.**

Mtholeli wamalongw'ezizweni
Abuye naw'ekhaya kwaZulu
Ahhobele ingoklowane
Inkehlewane exhibeni
Ixhiba likaMthaniya
Ath'enekhalis'unyembezi
Eyaxak'umakoti egoyile
Egoye emzini
Owakho wangenga
Okwezinkuni zehlanze
Kwafudumal'exhibeni
Izalukazi zamanqika
Zafis'ukusale sezendlala
Zendlale ziphumule
Ngenxa yentokomalo

Inyoni kayiphumuli kababa
Umakhalima kuvum'amawa
Esenanel'ingani bese ibhonsile
Kubhons'inzimakazi kaNdaba
Ingazenzi yenziw'ukushiswa wubisi
Khala Nkomo kaNdaba!
Ekhalim'egqumen'eNgwelezana

Kwath'iJabulani neThinasobabili
Zaphathisan'umdumo
Seziwedlulisel'eNdabayakhe
Ukuwedlulisela kweliphambili
Iwedlulisele eNiwe
Phezu koMhlathuze
Kwenanel'imivenv'ezisingeni
Iyaluza ezihulugwini
Isifun'izintuba zokufohla
Ifohl'inikele konina
Ingani sekumemez'uNondlini
USishongozi kaNdaba
Kithi eMagogo
Ibingasekulinda malusi
Umalusi wokuyivulela
Isiyehla ngapheshey'eZangomeni
Lapha phesheya kweNkonjane
Ibange ekhaya phakathi
Ingani sekuyinhlazane kubo kwaZulu
Yangena qede yazungez'isibaya
Kwakhal'uSokhaya mangenhla
Mangenhla nodukathole wesibaya
Amzumbe amzulumbana
Mehl'awphathelwan'emkhosini kaNomdede
Bhekizizwe kaNdaba wakithi kwaNobamba
Ngokunyenyezelw'uNomkhubulwane
INkosazana yenhlabathi
Ekufafaza ngemikhizwana
Ekunyenyeza ngemikhemezelo
Ehlobe ngoThingo lwenkosazana!

Yanikelw'umthakathi wezindaba
Lokhu vele ibisiyisenga
Ngenxa yokwehlisa
Ngokuphazima kweso
Umvmve wakhihliz'amagwebu
Kwakhal'ubuklu,klu,klu,klu,
Lamemeza emansumpeni
KuMhlosheni kababa
Ibisengw'umfokaNkabinde
Lapha kubelus'abanqala
ENyunivesi yakithi kwaZulu
Incikenkomo kumlingani wayo
Kungqalabutho zakithi kwaZulu
Intombi kaGatsheni kumaNzimande
Ziguduzi imigudu emingcingo
Zagalela kwezwakala

UZulu wabhema wakholwa
Nanamuhl'usalinde lukhulu
Kinina mavulandlela
Phambili mantombazane!
Jakaja majakaja!
Nkunzi ejakaj'ezibayeni zabezizwe
Akwaba ndaba zalutho
Wajakaja ngesinqindi sobuntombi
Kwathul'umsindo du
Wajakaja eSheffield
Akwaba ndaba zalutho
INdlovukazi emhlab'uhlangene
E-United Kingdom
Yakhexa umlomo yakhamisa
Ibon'ukuhlatshwa konyawo
Unyawo lwakithi kwaMthaniya
Maqede yakuklomelisa ngendondo
Wajakaja kwlaMaMelikana
Akwaba ndaba zalutho
Wagojel'amanzi emiful'emibili
Amanz'eMissori neMississiphi
Imifulakazi kwelaseMelika
Bakwethulel'isigqoko kweliphesheya
ENyuvesi yaseNtshonalanga Carolina
Nanamuhl'usalunywa zindlebe
Nanamuhla imikhonzo isatheleka
Izingcingo zingena zidedelana
Zifuna wena Ndaba.

- **refers to overseas countries and places she visited. She is described as a "bull" which made its mark at different places overseas, e.g. Sheffield, Missouri, Carolina.**

Mema mamema
Wamema kwasuke kwakufanela
Ngikuthand'uyindlanza nozakwenu
Nibange khona kany'eMelika
Niyonxusel'elakithi koMkhulu
Usihlangu sithwelwe wudibi
Abakhuzi belengis'izipopolo.
Behlozinga, becwaninga
Igumbi negumbi
Babuya begezekile
Izinhliziyo zimhlophe.

- **was one of the South African delegates to the States. Because of her presence that was a very successful**

mission.

Indlulamith'entamokazi
Enikele kweliphezulu
Yabuya nalo
Zonke zibe zigcina ngokuphathisa
Ziphathisa ezekhethelo zakubo
Zithi uz'usiphathele dade
Eliqhwakele kwelenyoni
Lapho kugcina khon'ezeZulu
Kuthilileka zona zodwa
Nazo ngokuphaphel'emafini
Imindozol'ibigcina ngeyethile
Mabal'abucwazicwazi
Ingath'izicwala ngongiyanee
Kanti ngomlalamvubu
Okuhlobis'imihla namalanga
Inhlamvu yelanga iguqe
Ihlabe phansi ngedolo
Um'ifun'ukukunyala
Yoz'ithumel'imisebe
Ukuzokhuleka kuzancinza
Yoz'ikhwath'imvulamlomo
Lena ekufudumala
Bes'uswabuluka unyelele
Wehlis'iNkonjane neMangezi
Uyongen'eMhlathuze
Ubange olwandle
UMashabashek'isithole sikaNdaba
Esishabasheke phansi phezulu
Sehla senyukanyuka
Siphandel'izingane zeSilo
Izimpabanga zikaPhunga noMageba
Sivul'imithelela yemifula nemifudlana
Sivul'imithelela yamachibi namachitshana
Sikanisa magumb'onkana
Zaphuza zadela
Zaphuza zanela
Zaphuza kwadamuk'ufasimba
Zaphuza kwaqaquluk'inkungu
Ethe khuhle emehlweni
Ingani zichushisw'iqhikiza
Umakadebon'ezintombini zakithi
Izintombi ze-Afrika iphela
Ingqungqulu kumaqhikiza
Ingqungqulu kumagqinkehli
Qwaqwada maqwaqwada

Mqwaqwadi wamaQadasi
Ephelele koMkhul'ePitoli
Aqhansul'amehl'amhlophe
Elabalabel'izigqoza
Izigqoza ngezoMbuyazwe
Elabalabel'amadlel'aluhlaza
Kwelakithi kwaMthaniya
Kant'asekhe phansi
Aseshaye phansi kwashunqa
Isikhon'inkunzi'eluvava
Evave khon'ePitoli
Ivavwe zinkonjane
Yadl'ubedu yaluphindelela
Endlini yeziGele ePitoli
Maqede yash'ayamaphiko
Kwenanel'i-UNISA
INyuvesi yeNingizimu Afrika
Yehluleka ukuzibamba
Isiviliyel'ishay'indesheni
Ishayel'intokazi kaShandu
Esixhegul'ezezingwazi kongoti
Ixhegule ezobuDokotela
KuBahlengikazi boMzans'Afrika
Yasiyindlazela ngezibubende
Kwagwej'imiful'emikhulu
Kwabhej'uThukela
Kwabhej'uMhlathuze
Agcwalisek'amaphupho.

- **she received her doctorate from UNISA - promoted by Searle**
- **She is described as a "giraffe" with a long neck which enables her to reach for the leaves on the highest branch.**

Hlambeza Hlambezile
Hlambeza Phuzingwebu kaNdaba
Nkomo zaphuz'esiphethwini
Isiphethu seLembe
Isiphethu sikaSiShaka
Isiphethu soMthonjaneni
Zagwansa!
Ezinye ziphuza zish'amabele
Nkomo zaphusa zinamankonyane
Ngokuntul'abanakekeli
Nkomo zagudw'abezizwe
Ngokuntula abelusi
Nkomo zisemasisweni

Ngokuntul'abelusi
Nkanti wothi laph'azalwa khona
Kufik'uSikheshekheshe kamafika
Umafika kaWashesha
KungemfokaMehlokazulu
Ezinsizweni zikaZulu
Umabuyis'izinkomo zikaNdaba
Ezibuyisa emasisweni
Ayishay'uphawu lukaNdaba
Labuya eleNkosi!
Ulilande khona kanye koMkhulu
KoMkhulu ePitoli
Wabuya nal'emini kwabha
Ongabonanga obengathandi
Intokazi kaNdab'ingena nalo
Kunxulumakazi likaNdaba
Zonke zagqumshela
Kwacebelele kwanced'omhlophe
Ziqholoshel'ezeziny'izibaya
Sezitholene jokeni linye
Ijoka likaNomfundo
Ezakithi ziphekw'uMhlophekazi
UMhlosheni kaMloshela
Zobambana kodel'umakhasana
Kudela oyobebona
Wobhem'akholwe
Ngimfung'eseNkandla

Basakhala ngani?
Amakati ekhala ngobisi
Namuhla sinendlondlo bashise
Uqhamuka kubhej'igazi
Kushayan'amadolo kunoma wubani.

Thokoza!
Thokoza ngesithukuthuku sakho
Thokoza ngesinwe ntokoza
Inhlanhl'enj'eyabambalwa
Abambalw'enkulungwaneni
Ayandele noma bani
Ukuzikhunga ngetomu lensimbi
Okomntakabani?
Okukanoma ubani
OkomntakaShandu kaNdaba
UNTABA KAYIKHONJWA
KITHI KWANOBAMBA
UNOBAMB'OBAMB'AMADODA!

SAZINQUM'AMAKHANDA SAZISHIYA
UMTHANIYA WASHAY'INQULU
MAQEDE WASHIKILA
WAMAMATHEKA WAQHEPHULA
UTHOTHO OLUTHOTHONGENE
KWAYE KWAVELA ELOMHLATHI
KANTI UFIHL'AMABAMBA
USEMASHUMI MATHATHU NAMBILI
ISENATE NECOUNCIL
YANGQUMUZA YAGCULISWA
YABAPHOSE NTSHONTSHO
LABUYA NENHLANHLULA
YANYATHELA KWELOKUGCINA NGCI!
IZWE LESETHEMBISO!
IZWE LOPHULOFESA!

- **how she was promoted to the rank of professor. She has reach the pinnacle of her academic career.**
- **how her department grew.**

COMMENT BY DR DBZ NTULI

(A well-known Zulu poet and a Professor of African Language at UNISA)

1. Poem witted in typical traditional "izibongo" (praise poem) style - used in praising highly respected achievers like kings and military heroes.

2. Over 600 lines - one of the longest poems in Zulu - a sign that the poet was exceptionally inspired and had sufficient material for the composition.

3. Note very positive images - egret for beauty: heifer symbolizing youth, freshness, productivity: the white "cow" - special white beasts used to belong to royalty.

4. Note metaphors like "bull", "giraffe" symbolizing potential to succeed under otherwise difficult circumstances.

5. The poet makes effective use of formal poetic features - like repetition, linking, parallelism, to make this one of the best written poems in Zulu.