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After 12 years, Ruth Ngbokota is calling it a day, for now. She spends at least nine hours of her day crammed into the overcrowded dispensary at Michael Mapongwana Day Hospital in Khayelitsha.

"The stress has become unbearable and I don't feel I have the support from middle-management that would go a long way in helping us cope."

As the only pharmacist, the hospital relies on her to dispense an average of 350 scripts a day. This figure can easily rise to over 400 on a busy day.

"I think I was basically the only pharmacist prepared to work here. They were hard pressed to find nurses to work here, never mind a pharmacist," says the diminutive woman, who was born in the United Kingdom, but immigrated 12 years ago in the hope of making a contribution.

All scripts are generated by hand. A brand new computer is packed away in the corner. There is no printer, no paper and no software.

Ngbokota says that there has never been anyone to 'cover' for her when she wants to go to meetings or when she is off sick.

"I've now reached the end of my tether. Management has just got worse and worse and I am expected to work with no resources. It's too revolting."

a Pharmacist

Ruth Ngbokota

of Michael Mapongwana Day Hospital, Khayelitsha, Western Cape

"The levels of absenteeism are extremely high, but it is understandable."

There have been days when Ngbokota has had to work on her own as overworked staff call in sick.

One of the pharmacy assistants has used up all her sick leave four months into the year, and it's all stress related.

Ngbokota says that it is usually herself and one pharmacy assistant on duty. During her nine years at the hospital, there has never been more than herself and two assistants on duty dispensing a range of medicine from drugs for chronic illness to tuberculosis medication, antiretroviral, dentistry drugs and so on.

She does receive a scarce skills allowance of R1 000 per month, but according to Ngbokota it is not enough to keep her in the job.

Ngbokota claims that "things have just got worse around here", but she has no ambitions to migrate to the private sector.

Ngbokota will be returning with her family to the United Kingdom where she will work in the National Health Service.

"I plan to come back after a number of years, but right now I need a break."

"I don't feel comfortable making a profit out of people's illness. It's a moral religious stand, but the reward is no longer worth the stress and aggravation."