REPORT ON NURSES REGISTRATION ACT, MIDWIVES, AND PRIVATE HOSPITALS.

By Miss H. MACLEAN, Assistant Inspector of Hospitals.

SIR,—

I have the honour to report concerning the administration of the Nurses Registration Act, 1901, the Midwives Act, 1904 (Consolidated Statute, 1908), and Part III of the Hospitals and Charitable Institutions Act, 1909.

THE NURSES REGISTRATION ACT.

During the year two examinations were held by the State. There were 124 candidates, of these 111 passed, and their names were placed on the register of trained nurses.

The receipts of fees for examination and registration were £167, the expenses in connection with the examination were £164 2s. 9d.

There has been little change in the manner of conducting the examinations or in the preparation of the nurses in the various hospital training-schools since my last report. The affiliated training in the district hospitals and the several dependent institutions, recommended by the Department, has been instituted by two more of the Hospital Boards—namely, the Waikato and the Wairarapa Boards.

Careful administration is needed by the superintendents of nursing to so allot the changes in duty from one institution to another that all probationers receive a fair share of the practical and theoretical teaching of the school. In some cases a double set of lectures is necessary. Co-operation of the principal Matron with the Matrons of the smaller hospitals is imperative, the principal Matron being responsible for the training of all the pupils of the school. So far as it has gone the system is satisfactory.

During the year twenty-seven nurses from Great Britain were registered in New Zealand and seventeen from Australia. Many of these nurses are travelling from place to place and remain but a short time.

The shortage of trained nurses for the various hospital staffs has considerably diminished, and there has not been the same difficulty in keeping a sufficient number of Sisters and charge-nurses, especially in the larger hospitals—no doubt the coming into force of the new rule for remaining a fourth year has affected this. At the same time the Hospital Boards have nearly all found it necessary to increase the salaries offered: these now range from £56 per annum for charge-nurses to £80 and £100 for Sisters.

There has been considerable delay in obtaining from England the twelve nurses for whom the Department was authorized to send, but, now that the offer of the Government is understood in nursing circles at Home, many more applications than are necessary have been received. A notice published in the *Nursing Mirror* has brought it prominently forward. The British Women's Emigration Association is assisting greatly in finding suitable nurses, and several well-trained, well-recommended women are to arrive in April, others in July. Some of these are sent through the High Commissioner's Office, in charge of the immigration girls for domestic service.

A discussion on the hours of duty for hospital nurses was brought up by a paper read at the Conference of Hospital Boards in June. In consequence of a request from the delegates a circular was sent to all the chief training-schools asking for the opinions of their officers as regards the following points:—

1. *Q.* The influence of the system on the carrying-out of treatment ordered by the medical staff. Is the system in the best interests of the patient? *A.* With the exception of two training-schools which maintain the opposite to be the result, all agree that this system is not in the best interests of the patient.

2. *Q.* The influence on the training of young women as nurses, especially with regard to the necessary qualifications of a nurse—viz., patience, gentleness, tact, observation, attention to detail, thoughtfulness as to comfort of their patients, trustworthiness, sense of responsibility, &c. *A.* It is considered by most that the cultivation of the necessary qualifications of a nurse is not affected by this system; others contend that short hours on duty mean a greater rush and worry, which, with long hours off duty, often spent till the last minute in running about from one place to another, make a nurse far more tired at the end of the day than if she worked for a longer period at lower pressure. Nurses who are on afternoon duty will often return just in time for duty after a long morning out, when most people would be fatigued—and nurses are no exception to this rule. Tiredness, of course, brings irritability, and irritability the converse of all those qualities we look for in a nurse.

3. *Q.* The influence on the length of training necessary in order to give in the larger schools adequate experience in all the branches of work. Can this be accomplished in the three years' course of training? *A.* Every one agrees that it would be an advantage for the period of training to be increased by one year, and that it is not possible to train nurses efficiently in all branches of their work in three years with an eight-hour system.

4. *Q.* Is it possible to give experience in theatre work during the time the nurses are actually on duty, or do the nurses attend operations in their hours off duty? *A.* Most training-schools have found that it is not possible to give adequate experience in theatre work to nurses while on duty.

5. *Q.* The influence on the health of the nurses since the system has been adopted. *A.* The health of nurses under either system does not differ materially. One Medical Superintendent emphasizes the necessity of nurses learning mental and physical endurance and suppressing self-consideration, and speaks of the great importance of the careful selection of nurses as regards their health, suggesting that candidates be examined by a doctor, who would be immediately responsible to the Hospital Board for them.

6. *Q.* The influence on the discipline and loyalty of the nurses to their training-school. *A.* One Matron contends that discipline and loyalty are affected by the system; all others say the contrary.