As a rule qualified nurses in these hospitals work eight to nine hours a day, exclusive of meals, and have a day off a week, thus equalling forty-four to forty-eight hours a week. These hours are not considered unreasonable.

On the other hand there are still a few hospitals where nurses work an eight-hour day exclusive of meals, and only have two days off a month. During the year the number of these hospitals has decreased, as additions to the buildings have provided more staff accommodation and made possible an increase in staff. Within a few months it should be possible for all institutions to be able to put into effect the shorter hours.

If any additional reductions are to be made this will probably require a complete change of policy, with a different system of training altogether, which will involve considerable additions to the staff and buildings.

(*b*) *Maternity and Midwifery Training-schools.*

The weekly hours worked in these hospitals throughout the Dominion are forty-eight hours, exclusive of meals. A very careful investigation was made into this matter, and if the present system of case assignment is continued it was found impossible to reduce these hours without extending the period of training.

It was decided that it would be a very retrograde step to lower the standard of training in any way, and not desirable to increase the period of training, as the period of training in obstetrical nursing is now longer in New Zealand than in most other countries. Maternity hospitals as a whole are small, and the maximum use is made of them as training-schools so as to permit as many maternity nurses as possible being trained; but on account of their limited number of patients more nurses cannot be employed without reducing the amount of clinical experience at present required.

In view of these facts the Government has agreed to the hours of maternity and midwifery trainees being retained at forty-eight hours a week, particularly as the term of training is limited.

Qualified nurses in these hospitals work a forty-eight hour week, but the total number per week is reduced to average forty-four hours by giving three weeks' leave twice a year instead of four weeks annually as previously.

Any other arrangement meant a lack of continuity in the supervision which is so essential for the welfare of the patient.

(*c*) *Domestic Service.*

As each hospital has been revisited an inquiry has been made into the hours worked by the domestic staff. In many instances it was found that these ranged from forty-eight to fifty-six hours weekly, and in a few cases slightly longer. In the State hospitals a reduction has been made to forty-two hours a week, and in the majority of hospitals an endeavour is being made to reduce the hours to forty-four hours a week. Some have already accomplished this, but great difficulty is being experienced by other hospitals, particularly those in country districts, in obtaining competent domestic help. Wages have risen considerably, but even the increase in wages has not provided a solution of the difficulty.

Nursing Technique.

Visits of inspection continually reveal the great need for the closest supervision of all nursing procedures, and the examination of the technique of all procedures in the light of modern bacteriological knowledge. It should be, and is, I am sure, considered a disgrace if transference of infection takes place in a hospital. If all patients were treated in such a way that detailed asepsis was followed in connection with every case, all danger would be avoided. Some may think this is the counsel of perfection, but it is possible to carry out this system, particularly if patients were nursed on the case-assignment method as is done in obstetrical hospitals. Admittedly it would entail increased staff, but it would ensure better care of the patients and better training of the nurses.

Dunedin Hospital, which during the poliomyelitis epidemic had as many as 140 cases at one time, perfected the detail of their nursing technique with great success, and are to be congratulated on the fact that no member of the staff contracted the disease.

Hospital Staffing.

During the year, because of difficulties in obtaining satisfactory staff, there have been insistent demands from some Hospital Boards to have various small hospitals approved as training-schools. Consideration has been given as to whether these hospitals have the necessary variety of clinical material, also whether they have proper facilities for adequate preliminary training. A training-school cannot be established merely because it ensures stability of staffing.

Some hospitals of from thirty to sixty beds never experience any undue difficulty with staffing problems, while there are others continually in trouble in this matter, which it is evident arises because those in charge do not understand the problem of controlling a staff largely composed of registered nurses, which is a very different problem from that of controlling one consisting of pupil nurses. At the moment it must be admitted there is a shortage of junior trained nurses willing to accept staff nurses' positions at £80 to £100 per year. This is due to several factors:—

(*a*) The increased number of qualified nurses employed by all Hospital Boards (a matter of congratulation, as it ensures a better standard of care of the patients).

(*b*) The decrease in the number of entrants accepted in the year 1932–33, due to the effect of the depression, so that a smaller number of nurses have been sitting for the State Examinations. (This position will rectify itself this year.)

(*c*) In 1932 the period of training was increased by three months, which caused a further delay in nurses qualifying.

(*d*) A very large number of nurses over the past eighteen months have left New Zealand for overseas experience, and the number known to this office who have left during the last six months of this financial year was 120.

(*e*) Better times generally have meant that many more nurses are kept continuously busy in private nursing, which, at four guineas a week, appears to be more remunerative and also allows the nurse freedom to move about New Zealand if she wishes.