H.—31.

Gradually the extension of public health nursing services and social services are absorbing many of the best members of the profession, and as these openings become more appreciated many girls who are interested in this more positive approach to health will be attracted into this avenue of the

70

profession.

The New Zealand Registered Nurses' Association is considering the registration of this association as an industrial union, with the object of forming industrial agreements with the various employing authorities so as to improve further the working conditions of nurses. This may sound a very material approach to an important subject, but the conditions of work of the nursing service are long overdue for reform, and this reform must come from within the ranks of the profession first. There is a need for a new outlook and understanding among many nurses, and should the association's proposal eventuate many changes will, of necessity, be enforced which will require sympathetic understanding if the best results are to be gained.

(2) A Re-organization of the Present System of Training Nurses.—If the figures relating to training-schools for nurses in this country are examined it will be found that the proportion of registered nurses to unregistered nurses has decreased from one to two in 1933 to one to three in 1938, so that the increased staff required owing to increased hospitalization has been largely made by increasing the

number of pupil nurses.

This is partly owing to the fact that there has been a shortage of young registered nurses due to the increased marriage-rate, emigration of nurses overseas, and the further absorption of staff owing to shorter hours; but also there is the reluctance of Hospital Boards to face increased expenditure,

and of Matrons to use registered nurses in positions customarily filled by pupil nurses.

What is required is an entirely fresh approach to the subject. This can be attained only by thinking

What is required is an entirely fresh approach to the subject. This can be attained only by thinking of the training-school as an educational unit, and not largely as a means of hospital staffing which ensures a comparatively cheap and stable staff. Although the original Nightingale School was founded

with this idea it has long been lost sight of.

For instance, while it is necessary that young nurses should have some grounding in personal hygiene and good housekeeping, many duties assigned to them could be delegated to the domestic staff. Though all hospitals in this country employ domestic staff to a much greater extent than formerly, there are still duties assigned to nurses, even in their second year, which could not be termed of educational value; and what is of more importance still, though adequate, well-graded theoretical instruction may be given, clinical instruction (which is, after all, of paramount importance) is rarely regulated according to the educational needs of the pupil nurse, nor is it in any way correlated to the theoretical instruction being given.

The questions asked, therefore, by every training-school should be, How many registered nurses and domestics are required for each ward to ensure satisfactory staffing, and how many pupil nurses can be given adequate clinical training? rather than, How many pupil nurses are required to staff

this hospital?

This point being determined, the next is the best method of approach.

Because nursing means bringing young girls into contact with disease at a period of their lives when they are susceptible to infection, and laying on them grave responsibilities, it is not the type of service to which it is advisable to introduce girls who are younger than eighteen to nineteen years of age. This immediately raises the question of bridging the gap between leaving school and entrance to the nurses' training-school for the girl who has to earn her living before she is eighteen years of age.

Various solutions have been suggested:-

(a) The Retention of Girls at School longer by means of grants or bursaries, during which time the teaching of anatomy and physiology and the elementary sciences should be carried out, these subjects the chiral physiology and the elementary sciences should be carried out, these subjects the chiral physiology and the chiral part was a first year of training school life agriculture.

being credited so as to make the adjustment to the first year of training-school life easier.

The objection to this course of action is a very real one in that the standard of teaching, if left to secondary-school teachers—because of their inadequate knowledge of the subject—would be inadequate and could not be given in the same sense as when given by a doctor who relates his teaching to the conditions to be observed by the pupil nurse. This objection would be exaggerated also by the fact that possibly only a percentage of girls in a class were going to nurse.

(b) Central Preliminary Training-schools, which would take the form of colleges where the same

subjects would be taught by carefully selected medical and nursing instructors.

This scheme has very definite advantages, as the curriculum can be planned with a very definite preventive bias, so laying the foundation for the newer conception of the health services of the country. The cost of such schools or colleges would require to be borne by the State, the students being given bursaries as is done in the Teachers' Training Colleges.

Objections may be said to be (1) that these colleges should be residential so as to provide suitable living for their pupils, which would add very materially to the cost, and (2) that these colleges would be completely separated from the hospital and the patient, and so from the atmosphere which the pupil is looking for. But both objections could be overcome by making use of youth hostels until funds for residential colleges were available and by planning the curriculum to give these young girls a sound knowledge of the development of the normal individual before they are introduced to the abnormal atmosphere of hospital.

(c) An Auxiliary Period of Training planned to bridge the gap. In New Zealand a new form of training is to be introduced whereby the young girl of seventeen may be given a year's training in personal hygiene and domestic science before her introduction into the abnormal atmosphere of the hospital patient. If during this year she can be given a thorough knowledge of the normal individual and his

requirements, a valuable basis for her future training will have been laid.