

State Registration of Nurses as Affecting Special Hospitals.*

By MRS. C. E. MATTHEWS,

Late Matron of the Grove Hospital, Tooting.

I have had the honour of being asked to contribute a paper on the State Registration of Nurses as affecting special hospitals, and I have agreed to do so, knowing that I have more time at my disposal than many others who are far more competent to deal with the subject.

In considering this question, I propose to take special hospitals from the point of view of training-schools for nurses, and at the outset I am struck with their widely varying value as such. For example, I may take the case of an Eye Hospital, which, however valuable its experience may be, is less valuable from the point of view of training than, say, a Hospital for Diseases of the Chest. Again, take the special hospital from the point of view of size. It will hardly be doubted that more opportunities of learning nursing are offered in an infectious hospital of 500 or 600 beds than in a Throat Hospital of 20 beds or less. These are, no doubt, extreme instances, but they prove that some test must be imposed as to the fitness of special hospitals to train nurses. I would suggest the following conditions:—(1) That the special hospital should contain at least 50 beds, and (2) that it should give systematic instruction to its nursing staff.

From information kindly given to me by the Matrons of various special hospitals, and from my own experience, I may state that the system of nursing the wards is on the following lines, viz.:—First, a Sister or nurse in charge, holding a certificate from a recognised training-school; second, probationary nurses, with no previous experience. These latter may be promoted to staff nurses, but are not eligible for any higher appointment. It is of this class that I wish to speak—viz., those nurses whose training is limited to work in a special hospital—and the question I have to consider is, how will State Registration affect them? A precise answer to this question is rendered difficult from the absence of any definite information as to the requirements proposed with a view to Registration. But I think it may be taken for granted that, with the above reservation, special hospitals will at least be included in the list of partial training-schools for nurses.

For special hospitals provide, to a large extent, the means whereby women can be taught nursing. What does "training" imply? In the first place, it implies, in the words of Miss Isla Stewart in her book on "Nursing," "the cultivation of habits of

observation, punctuality, obedience, cleanliness, a sense of proportion, and a capacity for, and a habit of, accurate statement," and, in the second place, it implies the acquisition of experience in dealing with patients and of knowledge of ward routine. This training can be acquired to a large extent in special hospitals, and, this being the case, it follows, as a matter of course, that the period of training in a special hospital should be taken into account by the General Nursing Council when it draws up a nursing curriculum.

This is a point which, I trust, will receive your warmest sympathy and approval. But, while claiming due recognition of the training given in special hospitals, I do not wish to contend that it is as valuable as that obtained in a general hospital.

How, then, are special nurses to obtain this general experience?

One way, and I believe the most satisfactory, would be by a system of affiliation between general and special hospitals. Under such a system, I imagine it would be possible for the special nurse to join the staff of a general hospital for a shortened period, and thus complete her training. In return for this, the special hospitals would train those members of general hospitals who wished to obtain special experience.

One may even suppose that under a system of State Registration a candidate may be required to produce a certificate from at least one special hospital in addition to that from her general training-school. Now that so many diseases are not admitted to the general hospitals, the nurses in these institutions frequently complete their training without seeing, much less nursing, the class of cases admitted to special hospitals. This state of affairs should prove a strong inducement to hospital authorities to inaugurate the system of affiliation. The need of such a system I have frequently felt when working in fever hospitals, where it sometimes happens that a certificated nurse is placed in charge of a ward containing patients suffering from diseases which she has never had the opportunity of nursing.

This must be a common experience in all special hospitals whose Sisters are appointed from general hospitals, a practice which, however unavoidable, is not conducive to the well-being of the patients nor to the discipline of the ward.

The difficulties in the way of affiliation are, however, very great, and we may have to wait for the millennium before it comes along. Although affiliation appears to me to be the proper solution of the problem, in the absence of such a system my second suggestion is that special hospitals themselves should be regarded as training-schools, subject to whatever conditions may be determined by what I will call the "General Nursing Council."

This body would naturally draw up the details of

* Read at the Conjoint Conference held in London, May 8th.

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