

this effect. Fortunately, the open door was to be closed December 31st, 1902, as after that date no certificate could be issued under section 5.

This point must necessarily be a difficulty in any Bill for registering members of a profession. Medical men, chemists, dentists, have each in turn had to submit, on first establishment of Registration, to the admission of some undesirable old hands to the Register, and the nursing profession cannot hope to escape. And, truly enough, section 5, with its open door, presented many difficulties during the first year. These difficulties were modified by (1) insisting on candidates having had some satisfactory training; (2) by requiring all candidates under this section to pass a Government examination before they could be registered. These slight barriers greatly reduced the number of candidates under section 5 of the N.Z. Act—less than twenty entered for examination, and the majority of those had had over two years in a public hospital. I make special note of this difficulty in working section 5 of our Act, because the experience might help the framers of any future Bill. There must be temporarily an open-door clause, but make its operative limit short and final, and raise the barrier of an examination.

Section 12 of the N.Z. Act says :—

“In all appointments of nurses in hospitals under the control of Boards constituted under ‘The Hospitals and Charitable Institutions Act, 1885,’ preference of employment in regard to future vacancies shall be given to registered nurses: Provided that nothing herein contained shall be construed to interfere with the employment of probationer nurses in such institutions.”

Although the New Zealand Act does not make registration by the State compulsory, it was very soon found by nurses that such registration was greatly to their advantage, and gave them a professional status hitherto lacking. The private nurses found it specially advantageous to them, for in New Zealand, as elsewhere, any woman who chose to wear a uniform was regarded by the public as a “hospital nurse.” The Trained Nurses’ Registration Act has made a clear line of demarcation, thereby educating the patient’s friends to inquire whether the uniformed young woman sent to them is a “registered nurse” or not. I unhesitatingly pronounce the effect of State Registration to be good from every point of view; it is proving of benefit to the public, to the medical men, and to the nurses themselves. Its force lies not in compulsion, but in steady pressure. I know of several young women who had been private nursing for years (having had absolutely no hospital training), and who within this last year have found themselves obliged to enter a general hospital for the three-year training with a view to registration, or to give up going out nursing. Of course, no Registration Act can be thoroughly effective until such time as the medical profession find it to their own and their patients’ interest to recommend the employment of registered nurses.

Examinations for the State Registration of Nurses are held twice each year—the first Tuesday and Wednesday in May and December. A list of registered nurses is published in the *Government Gazette* in January each year.

Intending candidates send to the Registrar a certificate form, signed by the medical officer,

Matron, and chairman of their training hospital, showing that they are eligible under the Act.

There is both a written and a practical examination. Papers are set by a different medical man each time, and he allots percentage of marks to the answers without knowing name or hospital of candidate. The papers, one on Anatomy and Physiology, and one on Nursing, are the same in every centre, and answers are written on the same day everywhere, under supervisors.

The practical examination of each candidate is held in the respective local centre by a medical man conjointly with a trained nurse (preferably a Matron); each nurse is examined in the operating theatre or wards of a hospital.

Such is an outline sketch of the working of the New Zealand Act for the registration of trained nurses. It has now been in operation for nearly three years, and works smoothly and automatically.

The fact of an independent examination being held at regular intervals by the State stimulates our training-schools. No hospital likes its nurses to come out bottom of the list, and, of course, if one hospital had persistently low percentages, or its nurses failed to pass, it would naturally lead to the conclusion that either doctor or Matron were not doing their duty so far as teaching their staff goes.

There is no line drawn by the New Zealand Act regulating the size of the hospitals permitted to send up candidates for examination. This has been criticised as a defect, for, naturally, a nurse having been three years in a small country hospital of some twenty or so beds could not have acquired the knowledge and experience of one trained in a larger hospital. Practically, in New Zealand, at any rate, it seems to work out satisfactorily. It is leading the smaller hospitals to employ registered nurses instead of attempting to train local girls as probationers. It must also be borne in mind that we have in New Zealand as Government officials an Inspector and Assistant-Inspector of Hospitals. Every hospital is visited at least once in the year, and a report is laid on the table of the House of Representatives annually with regard to each hospital and charitable institution. This keeps the Inspector, who is also the Registrar of Nurses, in touch with the methods and efficiency of every hospital.

A criticism of State Registration in a recent number of a Colonial nursing journal points out that, unlike a Nursing Association, it provides “no journal, no lectures, no sick fund, &c.,” but “leaves nurses to their own devices.”

Most assuredly. Registration of Nurses by the State has no patronage, benevolence, or spoon-feeding about it. Each individual nurse has to show a State-appointed and impartial authority that her training has been efficient and thorough, and she pays her fee for a certificate to that effect. It is a policy of self-reliance, not of humble dependence on crumbs from the table of patronage.

There is nothing to prevent any group of State-registered nurses from forming clubs or associations of any kind for purposes of social intercourse or study. But let it be clearly fixed in the mind that State Registration has no charity or sentiment about it. The Government or State gives each nurse her hallmark of efficiency if it is deserved and paid for, just as the State, in New Zealand, registers every medical man, chemist, and dentist,

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