

COMPULSORY STATE REGISTRATION OF NURSES.

BY

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The suggestion that State Registration of Nurses should be compulsory is one that every now and again forces itself before us in these days when all sorts of problems have to be met in connection with improved conditions for the sick, professional organisation, economics and the like. It is therefore satisfactory that time should have been set aside at one of the Sectional Meetings of the International Congress of Nurses to discuss, as far as possible, some aspects at least of the subject. I am, of course, aware that in certain countries and states forms of Registration of Nurses are already compulsory and it will be interesting to learn, in the subsequent discussion, to what extent these tend to protect the interests of the sick and the nurses.

There would appear to me to be no very reasonable ground upon which to establish opposition to the amendment of existing Registration Acts with the object of carrying their powers far enough to secure compulsory Registration on the part of all nurses who, as such, charge the sick and the public for their services. That there are difficulties is admitted. But the matter really resolves itself into a question whether any measure, which does not nowadays go so far as to provide for compulsory Registration, can be calculated upon to give adequate protection to the sick and to the nurses. It is now some fourteen years since our Registration Acts were established in Great Britain; at the time when the Bills were introduced into Parliament strong opposition had to be encountered, and it would have been futile then to seek more far reaching powers. During the period, however, in which the Acts have been in operation, the public and the nurses have been educated, to some extent, to a realisation of the protection they afford and it ought to be possible, given a degree of support from both, to persuade legislators that it is advisable that any system of Registration should now apply to all those practising as nurses. Were Registration made compulsory a clear line of demarcation between the nurses and those who have reached no definite minimum standard of training would soon become more apparent. In effect the title of nurse would be protected by a system of compulsory registration, and such protection would, I venture to say, prove of even greater value to the public, who employ the nurses, than to the nurses themselves. I need not waste time in pressing such a point of view. It is sufficiently obvious and one which should appeal strongly to those who have the interests of the sick at heart.

Compulsory Registration would also tend to level upwards the ordinary teaching and training of nurses. It would no longer be a matter of any degree of indifference to a nurse whether she might or might not, through examination, gain admission to the Register. She would practically have no choice but to submit to examination nor would she be likely to regard this as any hardship.

One aspect of the matter is the effect which compulsory Registration might be expected to have in protecting the economic interests of the nurses. At the present time, with regard to economics, the whole position is chaotic as between the trained and the untrained. The unregistered are quite frankly in competition with those who have the State's recognition that they are qualified to nurse the sick and this applies especially to private nursing practice, just the branch in which there is least supervision. Co-operations of good standing refuse to accept unregist-

tered nurses and frequently they drift into quite a fair connection as free lances, if they succeed in impressing a few medical men with the possession of experience to meet temporary requirements, personal qualities, or adaptability in the home, none of which, however valuable, can take the place of real all round knowledge. Constantly cases come to our notice where unregistered and partially trained women are charging not merely the recognised fees for private nurses but even more, for often they are under no controlling authority and their lack of training is at times actually compensated for by an overcharge if the patient, as sometimes happens, values the article according to the price he pays for it. Only recently a case came under my observation where a nurse found her duty inordinately heavy because the nurse with whom she worked was incapable of properly performing the treatment required by a patient in an extremely critical condition. The same fees were charged for both nurses but, in the case of the less efficient, two-thirds of the amount, paid by the patient, was retained by the proprietress of a nursing home who employed her. Ultimately it transpired that the nurse in question had spent a year in a very small fever hospital in an outlying district of Scotland; that, and presumably experience picked up at the expense of the patients in the nursing home, gave to her employer the power to exploit both her and the public as well. The position is even more serious when such unqualified women charge less than the qualified, for then the factor of finance comes into the patient's point of view and often the Registered Nurse finds herself pushed aside for one with but an inadequate knowledge of nursing.

But it is not only in private nursing that some kind of reform is called for. Under certain public authorities women are being employed for work connected with health visiting and other branches of Public Health activities, who have to their credit but a short term of special training such as, for instance, in orthopaedics; others have never been inside the walls of a hospital. Quite recently a case came under our notice where women, with orthopaedic training only, receive higher salaries than nurses with long experience and the State qualification; this naturally gives rise to no inconsiderable indignation and indeed discouragement for those who have qualified themselves up to the standard of the State Register. Those specialists are in precisely the same position as the Registered nurses from the point of view of those for whose benefit they are employed. Yet they must possess but the most rudimentary knowledge of all the manifold aspects of hygiene, anatomy, physiology and other branches of knowledge without an understanding of which they really cannot be regarded as competent to deal proficiently with their own subject; in public health work the ramifications of the preventive teaching given to poor mothers are often as important as is the treatment supplied to cure conditions of health that are below the normal. With the title of nurse definitely protected, the poor, in such cases, would know where best to turn for advice on matters of hygiene, particularly as it relates to diet; and the work of the nurse would be free from harassing complications and the confusion that sometimes arises from the "multitude of counsellors," some with and some without wisdom.

But there is still another point having an indirect economic bearing on the matter. At the present time a considerable percentage of women, who fail in the State examinations, do not re-enter for examination. They leave the hospitals at the close of their training and obtain appointments in nursing homes, are occasionally employed as "assistant nurses" in institutions, or they pick up posts of one sort or another in spite of having failed to meet the State's requirements. Meantime the hospitals go on taking more and more probationers, and it is a recognised

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