

In 1895, a three year course of training for nurses was introduced in Wellington Hospital and, in 1901, the Nurses' Registration Act became law. This Act ensured that all New Zealand nurses, who had undergone a set programme of training and who had passed a State controlled examination, would have their names listed as being State Registered Nurses. This gave confidence and security to the nurses, to their hospitals and to the general public.

In 1900 a New Zealand Department of Health was formed and, subsequently, a Division of Nursing which organised a universal course of lectures in medicine and surgery for nurses, the lectures to be given by doctors in their particular fields. Allied to this instruction it was laid down for each nurse to have spent a minimum time in the wards in the various branches of nursing. The advantages of this controlled training were evident as, no matter in which sized hospital the nurse had received her training, the signed statements of the lectures and practical training given and the passing of the hospital final examination, were evidence of her eligibility to sit the papers to qualify as a State Registered Nurse.

By 1943 the interest and enthusiasm shown in the education of the nurses of Wellington Hospital by Mr. J. Cairney (later to be Director General of Health) was very evident. The time spent in the Preliminary School learning anatomy and physiology and practising nursing cares and techniques was now three months and the nurses were required to pass papers in all subjects. The remaining nine months of the first year was spent in further study of anatomy and physiology and nursing procedures. To assist this study, the nurse spent five mornings each week for four consecutive weeks in the School of Nursing, this being termed the "block" system of tuition. For the remainder of the term follow-up discussions and test papers were held weekly while the nurse gained practical experience in the various wards. At the end of this first year a State controlled examination, termed the State preliminary examination, was held; it was composed of a three hour paper in anatomy and physiology and a two hour paper in nursing technique. The successful candidate then became a second year nurse and her uniform changed from a pink candy-striped short sleeved frock with a white starched collar, to a mauve one worn under the white overall which was fastened at the back. The mauve "tail" which showed as the nurse walked was a matter of great pride and a sign of definite accomplishment.

The second year was divided into two terms, the first being spent in studying medical conditions, twenty lectures being given by a physician and their nursing cares and technique were taught by a tutor sister; also instruction in normal nutrition and diet therapy which was the province of a registered dietitian. The second term was given over to surgical conditions; this time twenty lectures were given by a surgeon with the dietitian and tutor sister again providing the follow-up instruction. Always throughout the training the care and the comfort of the patient was stressed.

To assist the staffing situation in the wards, for both terms the student was in the school in the mornings only for four weeks under the block system of tuition. In the afternoons or evenings she was in the ward for four hours. As the Hutt Hospital opened in 1944 and lacked tutorial facilities, and as some nurses from Wellington Hospital were required to help staff the Hutt Hospital wards, the nurses concerned were brought into Wellington Hospital by station wagon each morning and conveyed back to the Hutt Hospital for lunch and a four hour afternoon duty. It was a very long day for a young nurse if her ward duty was a late one, but the situation was understood and accepted cheerfully by these students. After the block period was over, the nurses were on normal duties in the wards. As far as possible, when studying medicine, the nurses were allotted medical wards and, when surgery was the subject, then surgical wards were chosen. These weeks the nurses valued as they enjoyed the ward activity and were happy to be with the patients of both sexes and all age groups. The knowledge gained in the tutorial department was thus consolidated by the clinical work and both became more meaningful. During this time, weekly follow-up tuition was provided by the tutors for a period of 6-8 weeks, culminating in examinations. The nurse now entered her third year of training and was regarded as a senior nurse.

The third year work was again divided into two terms. During the first, the subject was senior medicine and covered diseases of the various systems. Until the middle of 1946, the nurses were privileged to be taught by the late Dr. J.O. Mercer who gave twenty lectures on the subject and, in the second term of 1946, Dr. J. Cable commenced his many years of interest and participation in medical nursing education. As part of his great personal contribution in this field, his textbook "Medicine for Nurses" was written and was used not only by Wellington Hospital nursing staff, but also extensively throughout New Zealand. With the dietitian and tutor sister covering the follow-up pattern as in the second year, and with experience and more responsibility under supervision being undertaken in the wards, the nurse was then ready to sit her senior medicine examination. On accomplishing this, she proceeded to study senior surgery in the second term.

This time, the block time consisted of four weeks each of 5½ days and the lecturer was the Medical Superintendent, Mr. J. Cairney. No nurse who attended Mr. Cairney's lectures would ever forget his clarity of diction and explanation, his use of the blackboard and his humorous way of illustrating an important feature of some conditions. The dietitian and the tutor sister again covered the follow-up and revision. The nurses were particularly fortunate in that Mr. Cairney had written a textbook, "Surgery for Nurses". This relieved the tedious work of note taking and ensured accuracy in learning, and the diagrams in the book were very helpful because of their clarity.

After the four weeks full block, the nurses were again learning in the wards but also attended follow-up revision work for an hour twice a week in their own time. This continued for 8-10 weeks. The examination which followed was termed the hospital final examination and occupied two days. The first day was a three hour paper on medical nursing in the morning, with a two hour nursing paper in the afternoon; the second day saw a three hour paper on surgical nursing, followed by a two hour paper on normal nutrition and diet therapy. On passing this examination, the nurse was now a Wellington Hospital trained nurse entitled to a special certificate of verification. Provided she had had three years experience in nursing in the various wards, the nurse was now eligible to sit the State final examination.

In preparation for this, a two week full block study period was held, the nurse being relieved of ward duties. The week following this, the State examination was held in the Tutorial Department, but was controlled by a supervisor appointed by the Division of Nursing of the Health Department and she posted the examination papers to the Health Department at the completion of each session.

While the nurses were sitting the first paper, the staff of the ward in which she was on duty decorated the candidate's bedroom. Balloons and crepe paper were used and the bed and dressing table were covered with fruit and cakes and small gifts from her friends. The joy each nurse felt at having been remembered and shown that others cared was evident when she returned to the examination room in a light hearted frame of mind to tackle the second paper. This delightful procedure was instigated and performed as early as 1925 and continued until 1964. It was unique to Wellington Hospital. Later it was replaced by a dinner in the Nurses' Home - a special dinner - printed menu and all!!

After the examination results were published, a medal presentation ceremony was held in the Concert Chamber of the Town Hall and each nurse could invite three guests. The nurses wore full uniform and travelled by tram, and later by bus, from the hospital to the Town Hall. The Chairman and members of the Hospital Board and the Medical Superintendent and the Matron filed through the Concert Chamber and took seats on the stage. Then the nurses filed in and sat in the front rows of the hall and the ceremony proceeded. Each nurse received the Wellington Hospital Certificate and the coveted New Zealand Medal was pinned on her uniform by the Matron. Later supper was served in the main Nurses' Home and the evening was regarded by each nurse as one of the happiest of her life. From 1969 this ceremony took place in the newly erected Recreation Hall attached to one of the Nurses' Homes.

Many nurses felt that the training was incomplete without experience and tuition in obstetrical nursing so, after one or two years of general nursing, most obtained six months leave of absence and did their maternity training in a hospital which provided the facility. A special medal was proof of success.

Many changes were to take place in the next decade. Mr. J. Cairney taught surgery to the senior nurses for the last time in the first term of 1950 and then Mr. J. Pullar took over this responsibility very ably for many years.

Another change was caused because the block system of training came under review. Its advantages were that it guaranteed the nurse set hours for instruction and study apart from the responsibilities of ward duty. It also provided physical rest and tutor sisters were available to assist with individual learning problems. Test papers could be set and marked and returned quickly with free discussion by the class. This was particularly valuable as each nurse could learn the art of reading and answering questions correctly and in a set time in preparation for her various examinations. The main disadvantage was that the learning of much new work daily could be discouraging to some students, though others enjoyed it as it made the nursing care in the wards more understandable. Conscientious homework was necessary each evening in order to keep up, so the day was long. It was also tiring for the tutor sister.

The study day pattern - one day each week in school - was introduced in 1955 and this proved to have advantages for the students. It meant one day in school, one leave day and five days in the ward each week; later, when the forty hour week came into force, there were two leave days and four days in the ward. It meant that the nurse had a whole week to consolidate her theoretical instruction before receiving fresh knowledge. As these study days were spread over a period of 14-16 weeks the total load, both physically and theoretically, was lessened and this showed in a better nursing knowledge and theoretical standard. This type of tuition, with minor variations, continued most satisfactorily for many years. After it was well established, the study day pattern gave the tutors opportunity to go into the clinical areas and to work with the students. Also, the ward sisters were encouraged to ring the tutor when a student was having difficulty.

In 1958, the Nurses and Midwives Board instituted radical changes in the teaching pattern throughout the whole nursing curriculum. This improved format meant that, instead of receiving instruction in subjects, the nurse was taught all aspects of the particular system as a whole. Starting with the normal functioning (anatomy and physiology), leading to the abnormal (disease or dysfunction), the treatment (medical and/or surgical with drug therapy) and the nursing care, dietary pattern and rehabilitation of the malfunctions of each system, of both sexes and all age groups. As obstetrical nursing was now included in the basic curriculum, the subject was introduced in the first year and the State preliminary examination was replaced by the first professional examination which was a comprehensive type of paper. Teaching the answering of questions presented in this form was a further challenge for the tutorial staff and, in the future, all hospital and State examinations were set in this manner. Lectures in obstetrical nursing and in all other specific fields, including psychiatry for nurses, were given by doctors who were specialists in these areas. This changed pattern gave the nurse a more comprehensive and meaningful training, on the completion of which one State medal, the coveted five pointed star, was proof that the nurse had obtained her general and obstetrical nursing training.

The origin of the five pointed star was copied for the medal from the Emblem of the Priests of the Temple of Iris - healing order. The five points of the star:-

Hand. That my hand shall ever be extended to help comfort and relieve the sick and suffering.

Foot. That my feet shall not falter, loiter nor linger when journeying to alleviate the sick.

Knee. That my knee shall bow to the Almighty Creator in asking for guidance and aid in my endeavour to relieve the suffering of the sick.

Breast. That my breast shall be a safe and sacred repository for any secret entrusted to me or divulged through sickness or delirium or otherwise obtained.

Head. That I will constantly pursue in study of the secret arts that I will exercise my knowledge to the benefit of those suffering bodily or mental distress and will disseminate such knowledge amongst others as my preceptors authorise and direct.

Teaching Aids and Methods

Records show that, even from the early forties, student participation and the use of teaching aids were a feature of the hospital and the Wellington Hospital Board was always generous with equipment for the school of nursing. Each room had its set of wall maps and there were models of the eye, ear, brain, heart, a cross section of the head and neck and a life sized torso with removable organs. There was a life sized washable doll called Dolly Chase, from before 1975, and a skeleton known jocularly as Oscar. A well stocked library was provided and included helpful laboratory specimens and sections. In the classroom were ample blackboards, a flannel graft board, an epidiascope and a film projector. As new equipment came on the market, it too was purchased - i.e. - an overhead projector.

The student participation commenced in the preliminary school with techniques such as sponging a bed patient, treating pressure areas, cleaning a patient's mouth being practised on one another. As the nurse progressed in her training, senior techniques and nursing cares were also demonstrated and as this occurred weekly in the four weeks in the block system, there was considerable friendly rivalry between the teams, and the nurses well known ingenuity became evident in producing a lifelike situation when dealing with a sexless doll, giving considerable emphasis to each specific situation. Sometimes one of their class could be prevailed upon to act the part of the patient very realistically.

Written case studies provided liaison between ward and school - sometimes literally when a mobile co-operative patient would come to the classroom and discuss his or her condition.

Public health, community health facilities and prevention of disease was emphasised throughout and assisted by visits to the various fields- i.e. - Plunket and Kindergarten, etc., visiting with the public health and district nurses, as well as to other clinics and units within and outside the Wellington Hospital. The nurse received preparation for these visits and there was always follow-up discussion.

The challenging post war years saw rapid advances in all fields of medical knowledge and achievement and in educating the student for her nursing responsibilities, the school was always well aware of these changes and teaching methods and content had to be revised continually; a nurse in her final term had to be made aware of the current progress. In living memory some of these changes can be classified briefly as follow:-

1. Those associated with the advent of antibiotics and anti-bacterial agents leading to the reduction or prevention of infection, the reduction of infectious fevers (which led to the closure of the fever hospital) and of tuberculosis (which led to the closure of the Ewart Hospital as a T.B. Unit).
2. Immunisation programmes against diphtheria and whooping cough (former killer diseases) poliomyelitis (which maimed or killed) and later against measles are now available to all children and prevent much needless suffering and possible death.
3. Advances in anaesthesia and surgical methods made hitherto impossible surgery almost commonplace - e.g. - delicate and extensive operations on heart, lungs, bone etc., and nowadays transplant operations no longer make headlines. Early ambulation and the work of the physiotherapist assisted all surgical patients and led to early recovery and discharge.
4. Advances in medical knowledge - diagnosis, therapeutic agents, treatments, monitoring, early ambulation and nursing responsibilities etc.
5. Advances in pharmacology - i.e. - drugs and preparations for treatment of disease.
6. Advances in obstetrical nursing with the husband involved and, again, early ambulation and the examination of all new born babies for deformities - e.g. - congenital dislocation of the hip which is treated so easily at this stage and obviates that long hospitalisation in the frog position which was previously necessary.
7. Improved diagnostic methods.
8. The establishment of specialist units.

9. Changes in sterilisation and, later, disposable equipment reduced the possibility of infection, the nurses' work load and also led to a corresponding shift in the teaching of trays of instruments.

All of these factors, and others, gradually led to a change in population ratio - people lived longer and more emphasis had to be given to the care of the elderly and to geriatric nursing, and the occupational therapist contributed a great deal to these people.

Male Nurse Training

Men were permitted to train with their female counterparts from and eventually this led to changes in nurse terminology, the "ward sister" becoming the "charge nurse".

Nursing Standard of Education

The standard of training and patient care was very high over these years as thousands of nurses and patients of this era will testify; indeed, they may well liken these years of nurse training to the old adage attributed to Confucious:-

If I hear, I forget

If I see, I remember

If I do, I know

Over the years of 1944-1973 some three thousand Wellington Hospital nurses sat the State final examination and there was not one single complete failure - truly a magnificent record. There were some partial passes, but all of these nurses completed the following term.

Anecdotes

In the School

The relative tedium of marking test papers was always relieved by spelling mistakes which gave somewhat different meaning to the material! There was always at least one nurse who forgot the the 'w' and wrote that the patient was warmly 'raped' in blankets on the way to theatre, and others added an 'e' to have the 'bowel' boiled for five minutes then cleaned and stored!

A bright section of one class decided to turn the tables on the tutors and literally pounced on any spoonerism or slip the tutor made and, as one of their number was artistic, some of these were compiled and presented to the Principal Tutor at the State Final dinner. (A copy of this document is enclosed).

These slips were not confined to the nursing staff - a physician who was using the ward situation to emphasise a particular condition caused great merriment when he started by saying "one of my women in one of my beds".

Why did every State Final class complain to the tutor that "the juniors are so cheeky nowadays"!!

In the Wards

Before dietitians became a valued part of the hospital staff, patients' relatives often brought in extras for the tea meal and the nurses cooked these in the ward kitchen. One nurse decided that saveloys had to be boiled so she popped them in the kitchen steriliser - removing the grease from the steriliser was no fun.

A nurse, still in Preliminary School was asked to sponge a patient who had a bed cradle over an injured leg. As the nurse had never seen a bed cradle, she did not think she could remove it, so she washed each few inches of the leg in turn through the individual bars of the framework.

Overheard in a ward which had glass partitions on to the corridor - As a well built nurse hurried past the cubicle to answer the ward phone, a droll voice was heard to remark "Cows and women should never run".

Earlier, when thermometers were sterilised by being placed in a jar containing carbolic acid rather than in individual test tubes, a nurse became so concerned that they might not be germ free that she boiled them for three minutes in the ward steriliser, with disastrous results to the thermometers and a visit of explanation to the Matron.

In the early 1930s, the bed pans were made of heavy white china, and if a nurse was unfortunate enough to break one she was required to pay £1.6.6 out of her salary of £1.15.1 for four weeks work.

In the dark days of nursing children with diphtheria, some had such severe respiratory distress that the life saving measure was tracheostomy. When this emergency happened at night, the resident doctor had to travel $\frac{1}{4}$ mile along the main corridor to reach the child and perform the operation. His measured, steady jog was heard by the night nurses in the old wards which led off the main corridor and the nurse in the ward nearest the lift would immediately make sure the lift was down and would open the doors to save precious seconds in this race to save life.

In the times when the night nurse prepared her own meal and ate it in the ward kitchen, one nurse who was so passionately fond of omelette prepared this delicacy with regular monotony every time an egg was left for her meal. Regularly, just as she had put it on to cook a particular patient would ring for attention. After she had attended to him her omelette was always ruined. It was several nights before she realised that she always woke him with the sound of her egg beating.

In the Home

Meals in the Nurses' Home were adequate, but in the early days very monotonous. One always knew what would be on the menu on any particular day, so much so that, on one occasion a nurse thought she had made a mistake about the day and did not go on afternoon duty. When she was called to the Matron to explain the inexcusable fault of not going on duty, the nurse very sincerely said "but, Matron, it must have been Wednesday - we had corned beef for dinner" - and she was excused!

An extra wing added to the main Nurses' Home provided welcome bedrooms and a bathroom unit, but it proved to be so dark that it was dubbed 'Haining Street' after a Chinese street in down town Wellington. The name remains today.

A nurse in Home 2 saw the fire alarm unit on the corridor wall. She wondered what would happen if she broke the glass. She found out. Because it was a hospital alarm, three engines arrived simultaneously, one even carrying the extension ladder.

A few years went by, then a nurse wondered if the fire sprinkler system in her bedroom really worked. She stood on a chair and held a lighted cigarette near the fixture. She also found out, but this time the sprinkler system was turned on for the corridor and the three engines arrived in record time.

Long ago, duty hours were 6am - 2pm, 2pm - 10pm, 10pm - 6am. Nurses on the 6am duty left a note on their doors to be called by a night nurse at 5.10am. All down the corridor the night nurse could be heard opening doors and calling '10 past 5 nurse' as she switched on the bedroom light. Those on 2pm duty snuggled into the bed clothes and went to sleep again. One nurse on 2pm duty was woken at 10 past 5 am on two consecutive mornings though she had not left a note on her door. She decided to fix the night nurse and smeared her door handle with golden syrup. It worked, and the nurse was left to sleep in for the remainder of the week.

One delightful part of the 6am duty was that, after a quick cup of tea, one walked out into the fresh morning air to go to one's particular ward. For many months of the year it was "the darkest hour before the dawn" with the sky a deep blue and the stars twinkling brightly in the crisp cool air. It was just a few minutes to be in one's own world to commune with nature. Later, after returning from breakfast, it was light and everybody's busy world.