AN IMPROVED SYSTEM
OF
NURSING EDUCATION
FOR
NEW ZEALAND

REPORT OF DR HELEN CARPENTER
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1. SUMMARY OF RECOMMENDATIONS

1.1 That discussions be held with appropriate authorities in the universities listed below with regard to the appointment of a suitably qualified nurse as a faculty member; and this faculty member develop one or more nursing subjects for registered nurses who enrol in these universities, and also undertake research in nursing.

University of Canterbury .......... to the Department of Education
University of Manawatu .......... to the Department of Education or
Victoria University .......... to the Department of Social Science

1.2 That discussions be held with appropriate authorities at the University of Otago with regard to the appointment of a suitably qualified nurse to the faculty of the Department of Preventive and Social Medicine; and that this faculty member contribute to teaching (with particular reference to public health nursing and nursing service administration), and also undertake research in nursing.

1.3 That appropriate authorities in the universities be consulted with regard to the acceptance of the Diploma of Nursing from the New Zealand School of Advanced Nursing Studies as a pre-requisite for admission into courses leading to a diploma or a degree.

1.4 That appropriate authorities in the universities listed below be consulted with regard to the development of a nursing course similar in some respects to the pharmacy course at the University of Otago and the nursing course at the University of Edinburgh for university students who are interested in qualifying in nursing.

University of Manawatu
University of Otago

1.5 That a nursing programme leading to a (undergraduate) diploma or a certificate be established in a college for the preparation of health services personnel established in an appropriate educational setting; this programme to be developed in co-operation with selected hospitals and other health agencies in the vicinity of the college; and that when the above programme has been successfully established, it be developed in regional colleges of health sciences in co-operation with hospitals and other health agencies in the regions; and that as the above programmes are established on a regional basis, the existing hospital schools be phased out.

1.6 That the Minister of Education be requested to appoint a committee to study the proposal for the development of colleges of health sciences for the preparation of nurses and other categories of personnel needed for the health services, and that this committee make recommendations to the Government concerning the most suitable educational setting for the development of these colleges.

Inset 1
This committee should comprise:

- representatives from the Department of Education,
- representatives from the Department of Health—the Deputy Director-General (Administration), the Assistant Director, Division of Nursing (Education), and the instructor responsible for the preparation of tutors in the School of Advanced Nursing Studies should be members of this committee,
- the vice-chancellor of a university,
- the head of a university department of education (Professors Hill and Lawrence were interviewed by the consultant),
- the clinical dean of the Medical School, University of Otago,
- the principal of Wellington Polytechnic,
- a principal tutor and a representative of nursing service nominated by the New Zealand Registered Nurses’ Association,
- the president of the New Zealand Student Nurses’ Association,
- a member of the public nominated by the Society for Research on Women.

1.7 That the Wellington Polytechnic be asked to develop a programme to prepare “Community Nurses”, and that when this programme has been successfully established, it be developed on a regional basis in a suitable educational setting in co-operation with the appropriate hospitals and other health agencies in each region.

1.8 That when nursing education is established in universities and in colleges of health sciences, the School of Advanced Nursing Studies become a component of one such university or college, and develop continuing education programmes; that in the interim, the School of Advanced Nursing Studies provide courses for registered nurses who are not enrolled in the universities; and that the school study the feasibility of organising these courses so that they can be offered on a regional basis to strengthen nursing education and nursing service in the regions. The co-operation of universities, teachers’ colleges, and technical institutes should be sought in the development of these regional courses.

1.9 That until such time as the existing training programmes for nurses are phased out:

1.9.1 The preparation and career structures for tutors be examined with the objective of improving both.

1.9.2 An interim curriculum guide be developed by the Education Committee of the Nurses and Midwives Board to permit registered psychiatric and psychopaedic nurses to qualify for registration as general nurses allowing maximum credit for the programmes these nurses have completed.

1.9.3 The 3-year programmes in psychiatric and psychopaedic nursing be phased out.

1.9.4 The curriculum guide for the general programme be reviewed by the Education Committee of the Nurses and Midwives Board with a view to including preparation in psychiatric nursing to qualify the graduates for practice in this field.
1.9.5 The number of schools of nursing be reduced to not more than 20.
1.9.6 Schools of nursing restrict the annual intake of students to one, or at most two classes, and admit approximately equivalent numbers to each class.
1.9.7 Staffing patterns be established for the nursing service of public hospitals with the objective of increasing the proportion of qualified nursing staff in order to reduce the dependence on students.
1.9.8 Hospitals employ the staff needed for clerical, housekeeping, messenger, and pharmacy services, so that nurses will be relieved of responsibilities in these areas.
1.9.9 Hospitals investigate the factors leading to student withdrawal and student unrest.
1.10 That in order to encourage registered nurses and registered community nurses to practise nursing, the need for suitable incentives be taken into account in negotiations for salaries and other conditions of work.
1.11 That in order to encourage tutors to make a career of nursing education, the need for suitable incentives be taken into account in negotiations for salaries and other conditions of work.
1.12 That both the Department of Health and the New Zealand Registered Nurses' Association launch public relations programmes with the objective of informing the health-related professions and the public concerning the roles and responsibilities of nurses and the preparation they should have for these roles and responsibilities.
1.13 That the Department of Health include in its annual collection of data such additional information as—the cost of the present system of training nurses, nursing manpower, turnover of employed qualified nurses, and that the department pursue with the Nurses and Midwives Board the introduction of annual renewal of registration as a means of collecting data.
1.14 That the State Services Commission give approval for the appointment of additional staff to the education section of the Division of Nursing, in order that the Department of Health may fulfil its responsibilities for nursing education and may be able to assist in the implementation of the consultant's report.

2. FACTORS LEADING UP TO THE REQUEST FOR THE STUDY

"It is clear that we make progress in our society under the stimulus of both national leadership and concern brought to an effective action through responsible community action ... the patterns which were appropriate for earlier needs and situations and contributed positively to the health of the community become outdated and even detrimental ..."*  


Inset 1*
Over a considerable period of time, the Division of Nursing, Department of Health, the Nurses and Midwives Board, and the New Zealand Registered Nurses' Association had expressed dissatisfaction with the existing methods of preparing nurses for practice.

While problems were clearly identified and some solutions postulated, it was recognised that the situation was complex and that change would be difficult. It was also appreciated that, as nursing is an essential service, it was imperative that the wisest possible decisions should be made about the future system of nursing education. The value of securing the assistance of a nurse with knowledge of different systems of nursing education was recognised. Consequently, the New Zealand Government approached the World Health Organisation for the appointment of a short-term consultant.

The terms of reference agreed upon at the time of the request were:

1. To study available pertinent information and data which might provide a basis for an objective analysis of the basic nursing education in the country.
2. To determine to what extent the objectives of the basic nursing education curriculum were actually being realised by the programme of studies and learning experience provided to the students.
3. To use the results of the evaluation to identify strengths and weaknesses in basic nursing education and to suggest changes which may lead to an increasingly effective education programme.
4. To undertake related duties upon request and submit a report at the end of the assignment.

In consultation with the Director-General of the Department of Health, the Director of the Division of Nursing, the Assistant Directors of Nursing, and the Principal of the School of Advanced Nursing Studies the terms of reference were reviewed, and with the consent of the World Health Organisation, were redefined:

1. To study pertinent information with regard to the system of education for nurses at all levels, and to consider this system in relation to the systems of education for the other members of the health team*.
2. To study pertinent information and to secure the opinion of authorities concerning:
   (a) social change in New Zealand and the influence of this on recruitment, education, and employment within the health services;
   (b) trends and developments in the health field;
   (c) trends and developments in education.

*The system of education for nurses at all levels means the nursing programmes, basic and post-basic, that are under the jurisdiction of the New Zealand Department of Health.
(3) To make recommendations to Government with regard to the system of nursing education in the light of the findings.

3. THE PRESENT SYSTEM OF PREPARING NURSES

3.1 Introductory statement

The system for preparing nurses in New Zealand has its roots in the English Nightingale tradition. However, unlike the school established by Florence Nightingale, the New Zealand schools were placed under the direct control of hospitals. An apprentice-type training was developed, the students being employees of the hospitals, learning as they worked. The beginning of these programmes dates back to 1884, and although certain improvements have been made, the system remains relatively unchanged. Developments in the health field have increased the complexity of the hospitals in which the programmes are based. Advances in society have modified the roles and expectations of women. Improvements in education have influenced the primary and secondary schools and have led to the expansion of the universities, teachers' colleges, and technical institutes. As a result, the system for preparing nurses is outdated and is no longer suited to the needs of the students nor to the health services.

This situation is not unique to New Zealand. Other countries with similar traditions and comparable economic development have been faced with the same problems. In many of these countries, preparation for nursing is now accepted as a responsibility of education departments and universities.

New Zealand is a progressive country and one that has given leadership in nursing. It was the first to introduce legislation for the registration of nurses, a measure designed to establish and enforce minimum standards of practice. Attempts to improve the system of nursing education met with less success. It was disappointing to those who, in 1920, foresaw the need for better preparation, that nursing education remained isolated from the mainstream of education in the country. Continued isolation will have serious implications. Reform is urgently needed in order to maintain the standard of New Zealand's health services.

3.2 Features of the system

The Minister of Health is charged with the responsibility for providing health services. The administration of the public hospitals is vested in elected hospital boards, the representation on which is primarily on a population basis. There are 31 boards responsible for a total of 199 institutions—72 general hospitals, 84 maternity hospitals and 43 special institutions and old people's homes. The legislature is considering a proposal for the transfer to the hospital boards of the psychiatric hospitals administered by the Department of Health. Encouragement is being given by the Department of Health to the amalgamation of the smaller boards and this may reduce the number to 20.
Boards that serve large urban centres are responsible for a number of hospitals. The schools of nursing established by the majority of these boards are operated as central schools. One such school may provide teaching for large classes of students who are seconded for employment to the hospitals administered by the board. Such a school may admit two types of students, one type in a 3-year and one in an 18-month programme. The school may admit up to four classes in each category annually.

From the beginning of their training, all students are paid a salary and following the preliminary introductory period they provide nursing service to the hospitals, leaving the wards ½ to 1 day a week (or the equivalent) to attend the school. Registered nursing staff are expected to assist the students to apply the theoretical content of the course. The usual staffing pattern provides for the students to work three shifts, on a weekly-rotation basis, with approximately half of the time on the afternoon or night shifts. Relatively few of the registered nursing staff are required to work the latter shifts.

The total nursing staff employed in hospitals in which student nurses obtained clinical experience (as at March 1970) was 13,725. Of this number, 47 percent were registered nurses or registered "Community Nurses" and 53 percent student nurses or student "Community Nurses". Seventeen percent of the registered nurses were employed in administration and 24 percent in direct patient care. The remaining 6 percent were registered "Community Nurses" (table I, annex 2). A hospital with 200 occupied medical-surgical beds could have only one registered nurse on duty from 6 o'clock in the evening until the next morning. The Department of Health recognises that while this situation continues, standards are bound to be variable, as a high percentage of registered nurse time should be devoted to the supervision of the students. Unfortunately, the time required cannot be provided as insufficient qualified staff are employed by the hospitals.

3.3 Basic programmes leading to registration as a nurse

There are three programmes leading to registration as a nurse—the general, psychiatric, and psychopaediatric. These programmes are each 3 years in length and are strongly oriented toward hospital nursing service. The School Certificate has been established as the minimum admission requirement for the general programme and is being considered as the minimum for the remaining two programmes. (No specific subjects are required.) This standard is reached by 54 percent of the students in the psychiatric programme and by 38 percent of those in the

*The title "Community Nurse" is used in New Zealand for the nurse who is qualified to give basic care under the supervision of a registered nurse or a doctor in a hospital or in the community. Consideration is being given to a different title for this category of nurse.

†These programmes qualify nurses for the care of the intellectually handicapped.
psychopaedic programme. Two-thirds of the students who enter the general programme have at least 1 year of education beyond the minimum required, and one-third of these have University Entrance or a higher qualification. The majority of the students are female, in the age range 17 to 18½ years. Larger numbers of men enter the psychiatric programme, and the students in this programme tend to be older (tables II, III, annex 2).

Theoretical content in the general programme which takes up to 7½ months over the 3-year period, provides teaching in medical-surgical nursing and the care of mothers and children, with a brief introduction to community health nursing and psychiatric nursing. The content of the psychiatric and psychopaedic programmes is less extensive and can be covered in 3½ months. Clinical experience for the latter programmes is arranged in psychiatric and psychopaedic hospitals. Graduates of the general programme are not qualified for practice in these specialties.

3.4 Basic programme leading to registration as a “Community Nurse”

The “Community Nurse” programme, 18 months in length, qualifies graduates to give basic care under the supervision of a registered nurse or a doctor in a hospital or in the community. Although no minimum admission standard has been established, 76 percent of the students have completed 2 to 3 years of secondary school. Over 80 percent are in the age range 16½ to 20 years. The curriculum consists of basic nursing with application to mothers and children and to medical and surgical patients. One month is spent in district nursing. The theoretical content is arranged in a 4-week introductory period followed by 15 study days (or the equivalent) spread over the remainder of the first year (tables IV, V, annex 2).

3.5 Number of schools

The fact that the boards have established schools to meet the service needs of the hospitals is reflected in the number of programmes. There are 53 three-year programmes—41 general (31 for female and 10 for male students), 8 psychiatric, and 4 psychopaedic. In addition, there are 54 “Community Nurse” programmes associated with general or maternity hospitals except one which is associated with a psychiatric hospital.

3.6 Enrolment and withdrawal rates

In 1970, 5,323 students were enrolled in the 3-year programmes and 1,831 in the “Community Nurse” programmes. Entrants during this year consisted of 2,328 students in the 3-year programmes and 1,580 in the “Community Nurse” programmes (tables II–V, annex 2). Withdrawal rates are high. The overall average withdrawal in the 3-year programmes is approximately 39 percent, with the highest average rates in the psychiatric and psychopaedic programmes (61 percent and 57 percent respectively). The average withdrawal rate from the “Community Nurse” programmes is 45 percent. The wide variation in withdrawal rates,
some reaching as high as 60 to 70 percent, is illustrated in table VIII. Students tend to withdraw during the end of the first year and give as their reasons, study problems, dislike of nursing, health, and other reasons (tables VI, IX, annex 2).

3.7 Registration examinations

The registration examinations set by the Nurses and Midwives Board consist of three papers for students in the general programmes and one paper for students in the psychiatric, psychopaedic, and "Community Nurse" programmes. Students in the 3-year programmes may write the examinations when they are 20 years of age, have completed 35 months of training, and have passed the final examinations set by their individual schools. "Community Nurse" students write the examinations at the end of the first year of their programme. Absences due to illness or other types of leave must be made up if in excess of 1 month.

Students who fail the registration examinations are permitted second and third attempts. These students may remain in the employ of a hospital up to 4 or 5 years before qualifying for registration (tables X–XIII, annex 2).

3.8 Tutors

A total of 343 tutors are employed to teach in the basic programmes. The recommended ratio of tutors to students is 1:20, but over half of the schools have a less favourable ratio, 11 having ratios ranging from 1:25 to 1:38. Although the minimum recommended qualification for tutors is the diploma of the School of Advanced Nursing Studies, only 29.7 percent of the tutors have this qualification. Some of the remainder may have taken a short introductory course in teaching. Twenty-one tutors are enrolled (part time) in the universities. This represents 50 percent of the nurses who in 1970 applied for study leave with pay. These tutors are usually only able to take one subject at a time (tables XIV, XV, annex 2).

The qualifications of the tutors compare unfavourably with secondary school teachers, over 50 percent of whom have a university degree and the remainder qualifications acceptable to the Department of Education (table XV, annex 3).

Due to the unfavourable tutor:student ratios, and the number of classes admitted annually, there is little opportunity for the tutors to teach the students in the clinical setting or to keep up to date in the practice of their profession.

3.9 Post-basic certificate courses

Ten certificate courses, 4 to 6 months in length, are available. Nine of these are offered by hospitals, and one by a voluntary organisation. The curricula are submitted to the Nurses and Midwives Board for approval. The content of the programmes is arranged by tutors with the assistance of medical specialists.
It is generally recognised that these certificate courses need to be examined in the light of the roles nurses are expected to fill, the advances in medical science and technology and the trends in education. The midwifery course is the only one that attracts an appreciable number of students (table XVII, annex 2).

3.10 Post-basic diploma programme

A 9-month programme is offered by the School of Advanced Nursing Studies of the Department of Health for public health nurses, tutors, ward sisters, supervisors, and matrons. The enrolment in 1970 was 57—22 in nursing service, 17 in nursing education, and 18 in public health nursing.

The curriculum consists of six courses, five of which are taken by all the students. The sixth subject is in the field of specialisation. The school also offers short courses for tutors and senior nurses.

The teaching staff consists of the principal and six tutors, two of whom have preparation at the master's degree and two at the baccalaureate level*. The school is operated by the Department of Health, in association with Victoria University which is represented on the management committee. Three Victoria University professors are visiting lecturers and these professors contribute to three subjects. Students who have the University Entrance qualification may take psychology (stage I), and receive university credit for the successful completion of this subject. The remainder take social studies in the university's division of extension. The signature of the Vice-Chancellor of Victoria University appears on the diploma awarded to the graduates.

3.11 Comments regarding the school

The School of Advanced Nursing Studies is situated in a location which isolates it from other educational institutions. The staff lack the stimulation of day-to-day contact with others involved in education at the tertiary level. The teachers think the diploma course is unsatisfactory because the students have an inadequate knowledge of nursing upon which to build, and because the school is unable to meet their needs in a 9-month programme. The students are a heterogeneous group representative of a broad range in age, experience, and educational background. The staff think that the students who have the necessary qualifications should have the opportunity for a full university education to prepare them for leadership positions in nursing in the clinical and functional areas.

The majority of the students plan to return to administration and teaching positions in the hospitals. Due to the pressures in the hospitals and the limitations in their preparation, they are able to make little progress towards improving the system.

*The degree held by the staff are: M.Sc.App. (McGill) and M.A. (Columbia); B.N. (McGill) and B.A. (Auckland).
4. SOME TRENDS OF SIGNIFICANCE TO NURSING

4.1 Social change

The population of New Zealand, which is between two and three million, is increasing by approximately 2 percent annually. The rate of increase of the Maoris (5 percent) is over twice that of the Europeans. By 1986, it is estimated that the population will be over four million, the increase due in part to immigration from the Pacific islands. As a result of urban growth and a trend toward settlement of the North Island, it is expected that 48 percent of the people will reside in four main centres, with Auckland having 23 percent of the population.

New Zealand's economy depends largely on the export of agricultural products, a large proportion of which are sent to Great Britain. Discussion with regard to British entry into the European Economic Community has implications for New Zealand's economy. A minor recession within the last 5 years has contributed to the somewhat conservative attitude toward expenditures in new undertakings. Industrialisation and tourism are expanding and may replace the country's dependency on agriculture. However, to diversify the economy, skilled and unskilled manpower are needed. For these reasons, and due to the traditional conservatism of nurses, it is unlikely that a significantly higher proportion of men will be attracted into the profession.

Women are developing a greater awareness of the role they should play in the society*. Traditionally, they have been educated in separate schools and many have been directed towards pre-vocational subjects, such as homecraft and commercial courses. More married women are working and as they marry when they are relatively young, they are able to contribute to the labour force for a long period after their children reach school age. This trend may have a beneficial effect on the economy and on the health of married women. At present, there is a relatively high incidence of hospitalisation among women 20 to 30 years of age (not associated with childbirth) and a high incidence of attempted suicide (121 for females compared with 52.8 for males per 100,000 of the population 15 years of age and over). Contributing factors may be the loneliness felt by women when children reach school age or leave home, and also the lack of a stimulating occupation.

4.2 Education (See Annex 2)

With the introduction of free secondary education and compulsory schooling to 15 years of age, a steadily increasing proportion of children continue in secondary school. Two of every five who qualify for university entrance are girls. In 1956, 5.5 percent of the girls and 11 percent of the boys who left school intended to enrol full time in a university. The girls tend to take literary or social science courses while the boys take the more specialised courses such as engineering, commerce, law, and medicine. The strong literary emphasis in all levels of girls' education, compared with the mathematical and scientific bias of boys' education, has resulted in girls being less able to compete for entry to a wide

*See Bibliography, Nos. 47, 53, and 58.
range of occupations. They are at a disadvantage as far as vocational training and economic potential is concerned. However, this trend is gradually changing with girls having more opportunities than formerly to study the physical science subjects and mathematics. As greater numbers will in the future be working with people, more emphasis will need to be placed on helping students to understand human behaviour and to develop communications skills. In addition, all members of the labour force will have to be prepared to undergo re-training as advances continue to be made in science and technology*.

Technical institutes which are established at the tertiary level offer courses for large numbers of students. New institutes will be built as the demand for this level of education increases. A Central Institute of Technology has recently been established near Wellington. It will offer courses required nationally and also develop new courses that may later be needed regionally. Examples of the new course offerings are pharmacy, chiropody, and industrial and commercial design. Five regional institutes have been established which offer trade and technical training as well as preparation for such fields as secretarial work, journalism and commercial art.

The teachers' colleges offer courses for primary and secondary school teachers. There is a trend toward the establishment of closer relationships between the teachers' colleges and the universities. Consideration is being given to permitting “cross-credits” in the universities for subjects completed at the teachers' colleges. Such credit may also be granted to students who have high standing in certain courses given at the Central Institute of Technology, and technical institutes.

New Zealand has six universities. All appear to be expanding and increasing their facilities to meet the needs of larger numbers of students and new courses. Financial assistance is available and students who hold the admission requirements can gain entrance to the universities. A degree of uniformity is maintained to permit students to move from one university to another during their undergraduate years.

The two medical schools, situated at the University of Auckland and the University of Otago (Dunedin), are planning for an increase in enrolment with the objective of improving the doctor:population ratio from 1:820 to 1:750. The first class will graduate from the University of Auckland Medical School in 1972. As Dunedin lacks the clinical resources to meet the needs of the Medical School at the University of Otago, consideration is being given to the establishment of clinical schools at Christchurch and Wellington for the fourth, fifth, and sixth years of the programme. An alternative proposal is for a third medical school to be established at Victoria University (Wellington).

See Bibliography, numbers 14 and 24.
The University of Otago also offers courses in home science, pharmacy, dentistry, and physical education. The Department of Preventive and Social Medicine of this University offers post-graduate courses in public health, industrial health, and medicine. Staff who hold senior administrative positions in the health services may secure additional preparation in this department or may attend the New Zealand Administrative Staff College.

As the health services are expanding and larger numbers of the various categories of personnel are needed, concern is expressed with regard to their preparation. Some groups are actively exploring alternative locations for the programmes that are urgently needed. Several are dissatisfied with the apprentice-type training offered by the hospitals and are interested in the possibility of establishing courses in a suitable educational setting. Among these are the physiotherapists, occupational therapists, dietitians, social workers, and medical technologists (annex 2).

4.3 Health

The expenditure of public funds by hospital boards has increased by 110 percent in the 8-year period ending in 1967. In view of this, there is interest in an evaluation of the need for hospital care (as against the demand) and a search for new ways to meet the need without undue escalation of costs.

The gulf between the psychiatric and general hospitals is being narrowed with the introduction of psychiatric beds in the general hospitals, and the proposed transfer of the administration of the psychiatric hospitals to the hospital boards. Due to advances in psychiatry and a greater emphasis on home care, new admissions to psychiatric hospitals may be discharged in less than 3 months and often in less than 1 month.

The following predictions have been made by senior medical authorities in New Zealand and Great Britain*. Community health centres, staffed by multi-disciplinary teams of doctors, nurses, social workers, and laboratory technicians will be introduced. When these centres are established, they will provide the first line of preventive, diagnostic, and therapeutic services, thus relieving the pressure on hospitals for in-patient care. The prevention of illness and the promotion of health will be an increasing responsibility of all health professionals. Nurses will tend to accept more independent responsibilities in a multi-disciplinary team. Future educational programmes for health professionals will be geared to "a world of change". The teaching of principles and concepts with an understanding of the need for flexibility and adaptability will replace the emphasis on techniques which are subject to rapid obsolescence. Health professionals will need broader preparation in the social sciences as a basis for understanding human behaviour and increasing skill in communication and human relationships. High

standards of care will be demanded by the public. Economy and efficiency in the use of resources will be essential. Representatives of the public will expect to participate with health professionals so that rational planning will be assured and suitable ways found to maintain a high quality of care at a reasonable cost.

5. METHODS USED IN THE STUDY

Statistical and descriptive data based on reports submitted by the hospitals, and observations made by the Division of Nursing, Department of Health, were prepared in advance of the consultant's visit. These data provided background information with regard to the system of preparing nurses in New Zealand and the health services in which nurses participate.

As these data provided up-to-date information assembled by well-qualified New Zealand nurses, it was decided during the consultant's visit to extend the data by obtaining the points of view of key people associated with the health services, and with tertiary education (annex 5). Interviews were arranged with a large number of individuals and groups with the objective of ascertaining their points of view, with regard to the present system of preparing nurses, and to secure their opinions concerning modifications that appeared desirable in the light of social change in New Zealand and the advances in the health services and in education. A letter was sent in advance to each individual (or group) stating the purpose of the interview and enclosing a copy of the terms of reference for the study.

A wide range of references was read (see bibliography). The staff of the Division of Nursing and the Executive of the Registered Nurses' Association assembled data requested by the consultant which were of assistance in increasing the consultant's understanding of the system for preparing nurses and the points of view held by those who prepared these reports.

6. THE FINDINGS

POINTS OF VIEW

6.1 The students and their teachers

From the point of view of the students and their teachers, the employee-based system of nursing training is unsatisfactory. The students who were interviewed were highly motivated and intelligent young people. Their primary concern was the level of responsibility they are required to carry with only minimum preparation. They are concerned for the patients. Within the first year following the introductory period, they may be "in charge of" a medical or surgical unit of 30 to 40 patients on afternoon or night shifts with only remote supervision. The patients for whom they are responsible need care of an exacting nature, including, for example, medications, surgical dressings, and
complex treatments. The students are expected to observe and report conditions that require the attention of a doctor or a nursing supervisor. They may have such a heavy assignment that they have very little opportunity to communicate with their patients. They may not have time to speak to the patients who, although ill, do not require special medications or treatments.

The students stated that they entered nursing to “care for” others. They need the same satisfaction as doctors, school teachers, and others who work with people. They would like to be able to plan and give nursing care and to assess the results of the care. The human relations aspects of caring for people are an important component of their work. As the service is at present planned in many of the hospitals, students soon find that nursing consists of a number of activities to be completed accurately and quickly and under pressure. The tension that results when insecure and inadequately prepared young people, 17 to 20 years of age, are delegated responsibilities of this kind is unfortunate for the patients, students, and the qualified staff. One of the most unfortunate outcomes is the strained relationships that ensue.

Rigid rules and routines have been established to avoid errors. The students are “trained” to undertake activities in a certain manner, rather than taught to think through the application of principles to different situations and apply these in an appropriate manner. An example is the giving of medications during the evening hours. As students are not permitted to dispense certain drugs, they must be supervised by a registered nurse when these drugs are dispensed. If, for example, the medication prescribed for a patient is a sedative, the patient may be awakened or urged to take the medicine whether or not it is needed at the time. If the patient does not take the medicine, the student will have to relocate the supervisor to check the drug back into stock. The same problem arises during the night if a patient needs a medication repeated. This is not only undesirable for the patients and a poor learning situation for students, but is also wasteful of the time of the registered nursing staff.

The quality of the training programmes is a source of concern to the students and their teachers. Both are aware that the tutors do not have the preparation they need. Students leave secondary school with more knowledge than formerly but the tutors lack a comparable educational background. They are out of touch with the schools and the system of education at the secondary level, and according to the students, treat them as 12- to 14-year-old children. Knowledge well within the reach of the students is denied them by many tutors who do not have the breadth and depth of knowledge they require.

The curricula consist of lectures and other classroom and clinical activities taught by nursing tutors, doctors, and other special lecturers. Due to the pressures under which they work, the contribution made by each is poorly related. The content of a lecture may be above or below the students’ level, and may not be applied in the clinical situation as the students are unable to make the application without the assistance of qualified clinical instructors.
An additional problem arises as a result of the conflict between the service needs of the hospitals and the educational needs of the students. As the students are employees, the tutors feel obliged to keep them occupied the entire class day whether or not this enhances the students' learning. For example, if a tutor arranges a study period in the library or permits the students to work on an assignment away from the school she may feel obligated to check on the use the students make of the time. Students who are relied upon for the most responsible behaviour one could expect of those entrusted with the care of the sick, are treated as irresponsible children when "off the wards". The same attitudes appear to permeate the nurses' homes. For example, in one situation students are locked out of their "home" at night unless they return on the hour or half-hour, as the door is only unlocked at these times.

A psychologist who addressed an international meeting a few years ago commented on the outcome of these practices:

Where the conditions of life in a profession are in sharp contrast to the spirit of the time and the way of life in other professions, young people will look to different work or rebel during training and leave the profession.

There is some preliminary evidence to suggest that where nurses are trained with the full status and freedom of students rather than under the strict discipline of a hospital employee, their attitude to nursing is very different at the end of their training*.

A high turnover of tutorial staff is caused by the lack of a career structure for teachers. In the majority of hospitals control over policies relating to admissions, number and size of classes, placement of students on the wards as well as the roster system are vested in nursing service personnel. In addition to being isolated from teachers in other disciplines, the tutors are in a "conflict" situation with their peers in nursing service. They recognise their knowledge is inadequate to meet the needs of the students for whom they are responsible, and they tend to become defensive. Upward mobility in the hospital hierarchy is denied them and as a result many withdraw from teaching.

6.2 Administrators of nursing service

The system for preparing nurses contributes to the difficulties faced by the matrons of the hospitals, and those responsible for public health or district nursing services.

As modern working conditions have been introduced into the hospitals (including the 8-hour 5-day week) the problem of providing continuity of care has increased. The roster system provides for the students to alternate weekly on the three shifts. With 1 day (or the equivalent) for classes, the students' contribution to patient care is subject to frequent interruptions. An additional factor that adds to this problem is the

number of classes of "Community Nurse" and general students admitted annually, and the fact that these classes tend to vary in size. When a class is removed for teaching, the service suffers, particularly when the class is a large one.

The introduction of special units (for example, intensive care) in which patients require skilled nursing has resulted in the placement of registered nursing staff in these units. The doctors may also request the best qualified staff to nurse patients who are seriously ill. Although the students need the experience with such patients, the system may not provide for this as the tutors do not have time for clinical instruction and the qualified nursing service staff is also under pressure. The larger hospitals may experience greater difficulties of this kind than the smaller ones. The apprentice concept upon which the system was initially built is no longer operative. In fact, the qualified staff may, as a result of pressure and poor communication with the tutors, encourage the students to disregard the teaching they have been given in favour of more expedient methods.

The matrons have had little opportunity in New Zealand to secure preparation for the senior administrative responsibilities they carry. They expressed concern with regard to the quality of care and their dependence on the students to meet the service needs of the hospitals. They fear a change in the system may further influence the quality of care as it might be difficult to secure registered nurses who would be willing to staff the three shifts. Upward mobility is only available in the administrative posts. There is little recognition that patient care is the essence of nursing. New Zealand nurses tend to leave nursing entirely, seek better conditions abroad, or when employed in their own country seek positions in nursing service administration, private hospitals, public health, or district nursing. As the training programmes are so highly hospital-oriented, the nurses who practise in the latter two fields are not as well qualified as they should be for this work.

6.3 Medical administrators and representatives of the medical profession

The superintendents of the hospitals, all of whom are members of the medical profession, were reluctant to discuss the difficulties associated with the system of nursing training. Their reluctance was shared by official representatives of the medical profession. However, their colleagues in the Department of Health, including those responsible for district health services, seemed to be more aware of the problems. Medical superintendents are responsible for the administration of the hospitals. Due to rising costs, the hospitals have in recent years been placed on budgets, and this restriction in expenditures has resulted in economies in nursing and related services. Any suggestion of a change in the system is looked upon as impossible due to these restrictions. However, to date none of the hospitals have undertaken a cost analysis of the present system.
Members of the medical profession concerned with preventive and rehabilitation services in the community health agencies recognise that the content of the training programme does not qualify nurses for the services required in these specialties. A diploma programme in public health nursing is offered by the School of Advanced Nursing Studies, but at present only 34 percent of those employed in this field have this qualification. (Although data are not available, probably few district nurses have this qualification.)

New developments in medical practice and the impact of these on nursing do not seem to have been studied. The medical superintendents seldom commented on the level of responsibility carried by students with little preparation for such responsibility. General practitioners are seeking financial support from the Department of Health for the employment of nurses to undertake delegated activities in their offices and in patients' homes. Doctors practising in rural areas have already secured support for this type of assistance. The implications of this development on nursing and on the district health services should be given further consideration. As the need for discussions seems not to be fully understood by the medical profession, an atmosphere of uncertainty and apprehension has developed among members of the nursing profession. However, the fact that these problems may receive more recognition than they have to date is reflected in the observations of the Clinical Dean of the Medical School of the University of Otago.

The 1970s will see a greater emphasis on the community health team. The roles of the nurse, social worker, public health nurse, and other paramedical auxiliaries will change significantly and should be ascribed greater importance in medical practice. The reallocation of medical tasks is a challenge that is not being answered quickly enough and every aspect of the organisation and education of paramedical personnel must be studied early in the 1970s, together with the overall problem of redistribution of medical manpower. Nursing education requires assessment with particular reference to the extent to which university training is necessary.*

6.4 The Executive of the New Zealand Hospital Boards' Association

Representatives of the Hospital Boards' Association were interested in the trends in nursing education in other countries and recognised certain problems arising from the system in New Zealand. They are aware of the high withdrawal rates from the schools, and the unrest among the students, some of which appears to be an outcome of traditional practices that are no longer relevant to modern society. For example, these board members are concerned with the withdrawal of the students from the residences and indicated this may be due at least in part to outdated attitudes and regulations. Although these men have a responsibility for the provision of hospital services, they were willing to consider the possibility of introducing a new approach for the education of nurses.


Inset 2
6.5 The Executive of the New Zealand Registered Nurses' Association

The executive members discussed a paper prepared by the association with regard to the future roles and preparation of nurses. In their opinion, nursing is under more pressure than before due to greater numbers of patients, more specialised units in hospitals, and more “disturbed” families in the community. They think that due to these pressures, and the deficiencies in the training programmes, nursing is becoming fragmented. Other paramedical personnel are taking over responsibilities formerly considered to be a part of nursing, while nurses are “filling in the gaps” when certain types of staff are not available in sufficient numbers and on a continuous basis.

The association believes student nurses should be relieved of service responsibilities and given true student status. The members also believe that non-nursing personnel should be employed for such activities as clerical work and housekeeping duties. Nurses should have a broader education in preparation for employment in the various health services. Those who accept responsibility as staff sisters and supervisors should have more clinically-oriented roles as leaders of the nursing care team and co-ordinators of the services provided for patients and their families. Nurses also need to be prepared for management and for teaching.

To fill these roles, the association envisages a need for three categories of nurses. One category should have a university education to qualify them for the most responsible positions in the clinical areas, and for teaching, administration, and research. The second category should be prepared in a suitable educational setting, and qualified for nursing in hospitals and other community health agencies. It should be possible for the graduates at this programme to undertake later specialisation if they so desire. The third category should also be prepared in an educational setting in a 9- to 12-month programme to qualify them to give basic nursing care under the supervision of a registered nurse. The association recommends that a more suitable name be selected for this category than the one now being used (i.e., “Community Nurse”).

6.6 Educators (Department of Education, University Grants’ Committee, universities and technical institutes)

Administrators in the education field and professors in universities tended to view the problems of the nurse-training system with objectivity and to support the need for change. They recognised that there are many interesting educational opportunities opening up for women, and they expressed the opinion that fewer able students will enter nursing if the system is left unchanged. They confirmed the fact that no other group of students in New Zealand is at present receiving such a narrow preparation for its work. No other group learning to work with people is being trained almost exclusively “on-the-job”. Educators are aware of the need to relate educational programmes to the intellectual abilities of the students. They agreed that it is desirable for students who have high academic standing to have the opportunity to enrol in a programme
planned to suit their capabilities. At the present time, these students have no other recourse if they wish to qualify in nursing than to enter one of the 3-year programmes. From the group who enter with high academic qualifications and a high level of motivation should come some suited for advanced preparation for senior responsibility.

The educators thought the rigid hierarchial structure of the hospitals is a deterrent to personal growth. The damage done to the personalities of students as a result of tensions under which they work and the frustrations of the existing system were recognised. This was thought to be particularly unfortunate as many nurses will in the future be mothers, and will have responsibility for moulding the personalities of their children.

The isolation of the tutors in schools of nursing was also thought to be undesirable. It was apparent to those who specialise in education that teachers need the stimulation of their peers. An educational programme inevitably stagnates if kept in isolation from the educational system of the country.

7. DISCUSSIONS AND RECOMMENDATIONS

7.1 General remarks

The critical issue that must be resolved is whether nurses can continue to be prepared on an employee basis. Should preparation for a service not precede acceptance of responsibility for that service? Should registration, signifying a minimum standard of safe practice, not precede employment?

The hospitals are becoming more complex with advances in science and technology and the introduction of new types of personnel needed in the care of the patients. Hospitals serve all ages and cultural groups and many conditions. Admissions to hospitals have increased and the length of stay decreased. New methods of the delivery of health care have precipitated the movement of patients from diagnostic to intensive care units, to intermediate but acute care areas, and later to rehabilitation centres, long-stay hospitals, or to their own homes. Hospitals have accepted responsibility for the planning and delivery of care to all these units including the homes. Hospitals, however, take little responsibility for services designed for the promotion of health and prevention of disease, and for the diagnosis, treatment, and care of illnesses that do not require hospitalisation. Nurses contribute to the latter services and need preparation for these services.

It is clear that nurses will be working in a world of change and in a field that is “constantly on the move”. Hospital-oriented training programmes should give way to more broadly-based health-oriented education. The curricula should provide for study in the humanities, biological and social sciences, with nursing related throughout. Emphasis should be placed on principles with provision for the application of these in a variety of settings. In addition to technical skills, nurses should be skilled in communications as they will be relied upon for care on a
continuous basis and for interpreting the needs of patients and their families to the other members of the health team. One writer has described the role of the nurse in these words:

The nurse is truly unique simply because she is the one and only person who can and will attend a patient on a continuous basis. To do this, she must be willing to perform, in part, the role of almost every other health occupational group as well as the care specialist... Where attention is continuously needed, the nurse's role becomes that of sole provider of "co-ordinated continuity" in effecting cure and rehabilitation of the sick person. Some of this co-ordinated continuity is provided through the nurse incorporating the therapeutic activities within herself so that she is a bit of a physician, a bit of a dietitian, a bit of a physiotherapist and social worker as well as primary care giver. She must be all these things partly because it is uneconomical to provide round the clock attention for these many and varied personnel, and partly because nursing research itself has shown how detrimental it is to patients to be attended by many different people coming and going at all hours of the day*.

Nursing in New Zealand will, in the decade ahead, require educational programmes at three levels. Based on the available data, approximately 15 to 20 percent of the nurses should have a university education in preparation for positions in the clinical specialties, as well as for administration, consultation, teaching, and for research. Approximately 15 percent of the nursing service staff of the hospitals at the present time are registered "Community Nurses" or student "Community Nurses". Although the optimum ratio of registered "Community Nurses" to registered nurses has not been established, it is probable that this proportion will be needed to augment the registered nursing staff. Approximately, 60 to 70 percent of the nurses should be prepared at the intermediate level in a suitably planned programme established in an appropriate educational institution, this group to replace the nurses now prepared in the 3-year programmes. The curriculum should be modified and strengthened so that graduates will be qualified for nursing in all settings in which their services are needed. Each of the three categories should be prepared within the educational system of the tertiary level.

At a later date, consideration should be given to the possibility of preparing two, rather than three groups. Advances in the health field may modify the need for the third category. If the education and working conditions of nurses improve, sufficient students may qualify at the registered nurse level and contribute to the nursing services following graduation. The delegation of non-nursing activities to appropriate personnel may further reduce the need for the "Community Nurse".

7.2 University education

The vice-chancellors and heads of university departments agreed in principle to the need for a proportion of nurses to have a university education.

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*V. V. Murray, Nursing in Ontario, A Study for the Committee on the Healing Arts, Queen's Printer, Toronto, Canada, 1970, p. 31.
education. The method by which they should be prepared was discussed and alternative avenues explored. One approach that could be implemented without delay is to encourage graduates of the existing 3-year programmes to enrol in the universities in courses that are already available. These nurses can select subjects from the biological and social sciences, and education or administration. As the graduates of the 3-year programmes need a sounder foundation in nursing, it is desirable for those who follow this plan to have the opportunity to study nursing concurrently with their other subjects. Professors associated with university departments of education suggested it would be reasonable to request the universities to appoint to these departments nurses with suitable qualifications for university teaching. The University of Otago could also be requested to appoint a nurse faculty member to the Department of Preventive and Social Medicine. Such nurses would develop nursing subjects for inclusion in the programme of registered nurses who enrol in these universities. These faculty members would also initiate studies in nursing. For example, one such nurse might study an aspect of nursing education that would contribute to the development of the educational programmes recommended by the consultant*.

It was also suggested that, in universities in which the departments of education accept an approved diploma for admission to the course leading to a diploma in education (for example the University of Canterbury, and the Victoria University of Wellington), a request be made that the diploma of the School of Advanced Nursing Studies be accepted as one of the approved university diplomas.

7.2.1 Recommendations

(1) That discussions be held with appropriate authorities in the universities listed below with regard to the appointment of a suitably qualified nurse as a faculty member; and that this faculty member develop one or more nursing subjects for registered nurses who enrol in these universities, and also undertake studies in nursing.

University of Canterbury  
University of Manawatu  
Victoria University of Wellington

\{ to the Department of Education or the Department of Social Science \}

(2) That discussions be held with appropriate authorities at the University of Otago with regard to the appointment of a suitably qualified nurse to the faculty of the Department of Preventive

*A partial list of nurses with university preparation was assembled by the Division of Nursing. This information is tabulated in annex 3.
and Social Medicine; and that this faculty member contribute to teaching (with particular reference to public health nursing and nursing service administration), and also undertake research in nursing.

(3) That appropriate authorities in the universities be consulted with regard to the acceptance of the Diploma of Nursing from the New Zealand School of Advanced Nursing Studies as a prerequisite for admission into courses leading to a diploma or a degree.

Within a few years, one or more of these nurse faculty members should have been able to develop a series of nursing courses (for example, Stage I, II, III, and perhaps IIIA or Special). Senate approval should be sought so that full recognition is given these subjects. A nursing course comparable in some respects to that in pharmacy at the University of Otago could then be developed. This consists of 2 years in the basic sciences followed by 2 years in pharmaceutics. The proposal of the Faculty of Medicine of the University of Otago for the establishment of clinical schools for the final years in medicine could also be studied with respect to the application of this approach to the teaching of nursing. A basic university nursing programme similar in some respects to the one offered in the University of Edinburgh might be developed (annex 6). This course which is 4½ years in length leads to a bachelor of science (social science in nursing).

(4) That appropriate authorities in the universities listed below be consulted with regard to the development of a nursing course similar in some respects to the pharmacy course in the University of Otago and the nursing course at the University of Edinburgh for university students who are interested in qualifying in nursing.

University of Manawatu.
University of Otago.

7.3 Colleges of health sciences

Several of the health-related professions require practitioners prepared in an appropriate educational setting in courses in which a broadly-based general education in the humanities and sciences is integrated with a field of professional specialisation. This level of preparation falls between the technological and the technical as defined in annex 5. Nurses prepared at this level will provide direct patient care and be the "general practitioners" of the nursing profession. They will staff the nursing departments of hospitals, health centres and other community health agencies and also provide nursing service in the homes. In many of these settings they will have the guidance, and if necessary, the supervision of, doctors and more highly qualified nurses. In some, they may have only remote supervision. They will be depended upon for independent judgments and critical observations in some of these settings, for example, during evening hours and weekends, and in isolated communities.
The difference in the education of these nurses from those prepared in the universities is in the depth of study of the sciences and principles underlying nursing practice. University education is more liberal and theoretical, whereas education at the (undergraduate) diploma or certificate level is more closely related to the application of knowledge to a special field.

There is a precedent in New Zealand for the establishment of courses leading to a degree and to an undergraduate diploma in a university (for example agriculture and home science). However, teachers' colleges have been established by the Department of Education as separate institutions while at the same time some of the universities have established education departments. The teachers' colleges are now developing closer relationships with the university departments of education. Students with interest in and potential for a full university education may receive credit for certain subjects completed at the teachers' colleges.

It is understood that two levels of preparation for librarians, offered to date outside the tertiary educational system, may be accommodated in one of the universities. Two levels of preparation are offered for pharmacy, one at the University of Otago and the second at the Central Institute of Technology. The geographic separation of these colleges results in some difficulty in articulation as well as the necessity to duplicate courses. It is too soon to know whether technical institutes will develop courses of a technological nature leading to degrees, or whether the universities will accept a greater commitment for professional education.

At this stage in the development of tertiary education in New Zealand, it is recommended that a committee be appointed to study the requirements of the main categories of personnel needed for the health services. The trends in the three types of tertiary level institutions should be studied, and a plan developed that will ensure the most effective use of the facilities and resources needed for the education of the health professionals and at a reasonable cost. Duplication of facilities and overlap in function should be avoided. Student status should be assured those who are preparing for the health services, and these students should not be responsible for services until they have secured the minimum qualification required for practice. When they have secured this qualification, and are registered (or licensed), they should be free to accept employment wherever their services are needed. No limitations should be placed on their freedom to choose a suitable position in New Zealand.

7.3.1 Recommendations

(1) That a nursing programme leading to an (undergraduate) diploma or a certificate be established in a college for the preparation of health services personnel established in an appropriate educational setting; this programme to be developed in co-operation with selected hospitals and other health agencies in the vicinity of
the college; and that when the above programme has been successfully established, it be developed in regional colleges of health sciences in co-operation with hospitals and other health agencies in the regions; and that as the above programmes are established on a regional basis, the existing hospital schools be phased out.

(2) That the Minister of Education be requested to appoint a committee to study the proposal for the development of colleges of health sciences for the preparation of nurses and other categories of personnel needed for the health services, and that the committee make recommendations to the government concerning the most suitable educational setting for the development of these colleges.

This committee should comprise:

- representatives from the Department of Education
- representatives from the Department of Health—the Deputy Director-General (Administration), the Assistant Director, Division of Nursing (Education), and the instructor responsible for the preparation of tutors in the School of Advanced Nursing Studies should be members of this committee
- the vice-chancellor of a university
- the head of a university department of education (Professors Hill and Lawrence were interviewed by the consultant)
- The Clinical Dean of the Medical School, University of Otago
- the Principal of Wellington Polytechnic
- a principal tutor and a representative of nursing service nominated by the New Zealand Registered Nurses' Association
- the President of the New Zealand Student Nurses' Association
- a member of the public nominated by the Society for Research on Women

7.4 The preparation of the "Community Nurse"

The Wellington Polytechnic has developed a pre-nursing course for students who need strengthening in their general education before entering nursing. This institute might be willing to establish a course for "Community Nurses" in co-operation with selected health agencies in the vicinity of the institute.

The "Community Nurse" programme that is now offered is unsatisfactory as a large proportion of those who enrol withdraw and few accept employment in hospitals following graduation. In 1970, only 19 percent of the graduates of this programme were employed in public hospitals. The withdrawal appears in part to be related to role confusion.
and conflict. The objectives of the programme should be reviewed and a curriculum developed to prepare this category in a minimum period (for example, 9 to 12 months). The theoretical content of the course should be applied in the settings most suited to the employment of the graduates of the programme.

If the Polytechnic develops a demonstration programme, it should be planned in co-operation with those responsible for planning the university and undergraduate diploma or certificate programmes so that articulation is assured. Following the satisfactory development of the programme, it should be established in appropriate settings on a regional basis.

7.4.1. **Recommendations**

That the Wellington Polytechnic be asked to develop a programme to prepare "Community Nurses", and that when this programme has been successfully established, it be developed on a regional basis in a suitable educational setting in co-operation with the appropriate hospitals and other health agencies in each region.

7.5 **Continuing education**

Continuing education programmes should be developed by each of the universities and colleges of health sciences as all members of the team should have the opportunity to up-date their knowledge at regular intervals in order to keep abreast of changes in the field.

University nursing graduates should have the opportunity for post-graduate work, and be encouraged to enrol in suitable courses with the other members of the team who also have an interest in post-graduate university education. Nurses should also be encouraged to gain greater knowledge and skill in specialized clinical areas. Post-basic certificate courses should be established in the universities and colleges in co-operation with the hospitals and other health agencies that can provide suitable clinical experiences in these specialties. This development would follow the principle suggested in this report, namely, that the responsibility for the education of health professionals be placed in appropriate educational institutions. Hospitals should participate in the preparation of these personnel by making suitable clinical resources available and arranging for qualified staff to participate in clinical teaching. Representatives from the health services should be associated with the planning and implementation of the educational programmes at all levels.

7.5.1. **Recommendations**

That when nursing education is established in universities and in colleges of health sciences, the School of Advanced Nursing Studies becomes a component of one such university or college, and develop continuing education programmes; and that in the interim, the School of Advanced Nursing Studies provide courses for registered nurses who are not enrolled in the universities; and that the school study the
feasibility of organising these courses so that they can be offered on a regional basis to strengthen nursing education and nursing service in the regions. The co-operation of universities, teachers' colleges, and technical institutes should be sought in the development of these regional courses.

7.6 Interim steps

The present serious situation with regard to the preparation of tutors needs immediate action. Tutors who have an interest in university education should be encouraged to enrol in university courses leading to a Bachelor of Arts, Bachelor of Science in Education, or Bachelor of Science Degree or a Diploma in Education. Financial assistance should be made available in a similar manner to that provided for other teachers. In addition, hospital boards should request the Department of Health to develop regional courses for tutors who are unable to enrol in a university in order to assist them to gain additional nursing knowledge and to improve their teaching abilities. These courses could be developed by the School of Advanced Nursing Studies in co-operation with the education departments of universities, departments of university extension or teachers' colleges.

When psychiatric and psychopaedic hospitals are transferred to the hospital boards, the psychiatric and psychopaedic nursing programmes should be phased out. The general programme should be revised to include additional theoretical content and clinical experience in psychiatric nursing. The 2-year general nursing programmes for registered psychiatric and psychopaedic nurses should also be revised to enable these nurses to qualify for registration as general nurses in a minimum period.

The planning for further hospital board amalgamation should assist in the consolidation of the existing schools of nursing and reduce the number of schools to not more than 20. These schools should work towards reducing the number of classes to one (or at most two) each year and admit approximately equivalent numbers to each class. Tutors should have the opportunity for a planning period between classes. They should have time to maintain their knowledge and skills in the clinical fields related to their teaching. During this interim period the curricula should be examined and steps taken, in co-operation with nursing service administrators, so that there is as much co-ordination as possible between theory with practice.

Hospital boards should understand that when students are withdrawn for classes, the tutors should have freedom to use the time available so that learning will be maximal. A degree of flexibility should be possible during these teaching periods.

In preparation for the phasing out of hospital schools, steps should be taken by hospital boards on a planned basis to increase the registered nurse and registered community nurse staff. To ensure a satisfactory standard of care it is urgent that there be less dependence on student nurses for services.
A qualified counsellor should be appointed to each school of nursing. Those who are charged with responsibility for the nurses' residence should be selected for their interest in and concern for young people. Existing policies with regard to the nurses' residences should be reviewed and students consulted with regard to modifications that are needed. Although students should have a choice with regard to their living arrangements, those who elect to live in the residences should have the freedoms granted other young people. Residence life should be developed as an educational experience, and an environment fostered conducive to personal growth.

7.6.1 Recommendations

That until such time as the existing training programmes for nurses are phased out:

(1) The preparation and career structure for tutors be examined with the objective of improving both.

(2) An interim curriculum guide be developed by the Education Committee of the Nurses and Midwives Board to permit registered psychiatric and psychopaedic nurses to qualify for registration as general nurses allowing maximum credit for the programmes these nurses have completed.

(3) The 3-year programmes in psychiatric and psychopaedic nursing be phased out.

(4) The curriculum guide for the general programme be reviewed by the Education Committee of the Nurses and Midwives Board with a view to including preparation in psychiatric nursing to qualify the graduates for practice in this field.

(5) The number of schools of nursing be reduced to not more than 20.

(6) Schools of nursing restrict the annual intake of students to one, or at most two classes, and admit approximately equivalent numbers to each class.

(7) Staffing patterns be established for the nursing service of public hospitals with the objective of increasing the proportion of qualified nursing staff in order to reduce the dependence on students.

(8) Hospitals employ the staff needed for clerical, housekeeping, messenger and pharmacy services, so that nurses will be relieved of responsibilities in these areas.

(9) Hospitals investigate the factors leading to student withdrawal and student unrest.

(10) That in order to encourage registered nurses and registered community nurses to practise nursing the need for suitable incentives be taken into account in negotiations for salaries and other conditions of work.

(11) That in order to encourage tutors to make a career of nursing education, the need for suitable incentives be taken into account in negotiations for salaries and other conditions of work.
7.7 Public relations programme

It is apparent that the responsibilities nurses in New Zealand assume in hospitals and other community health agencies are not fully understood by their associates in the health team nor by the public. These responsibilities will be greater in the years ahead with the advances in science and technology and the expansion of the health services. Although the medical schools hope to attract larger numbers into medicine, and to prepare doctors who will be interested in general practice in the rural as well as the urban areas, experience in other countries suggests that doctors will tend towards the group practice of medicine in the more urban and semi-urban communities. Nurses will be called upon to provide some of the services at present given by physicians especially in the more sparsely populated areas.

It is unfortunate that the word “nurse” is used to describe members of the health team who are not engaged in nursing as it is generally understood. For example, school dental nurses are dental practitioners who do routine dental work for children under the supervision of a dentist. Karitane nurses care for mothers and young children, not suffering from an illness but requiring assistance a family member would ordinarily provide.

Prepared as they are in hospitals that have made heavy demands on both the students and the registered staff, nurses have not written extensively nor sought publicity from the news media. There is some indication that students who wish to write may be discouraged from doing so, particularly if they consider writing about existing conditions in the schools or nursing.

In order to inform their colleagues and the public with regard to the roles and responsibilities assumed by nurses, and to interpret the problems associated with the present system of nursing training, a public relations programme should be launched by both the Department of Health and the New Zealand Registered Nurses' Association. Qualified and experienced public relations personnel should be secured to assist in this programme.

7.7.1 Recommendations

That both the Department of Health and the New Zealand Registered Nurses' Association launch public relations programmes with the objective of informing the health-related professions and the public concerning the roles and responsibilities of nurses and the preparation they should have for these roles and responsibilities.

7.8 Department of Health

It is important at this time that hospital boards and the schools of nursing operated by these boards be given assistance as suggested under the recommendations 7.6.1. Plans should be made by the Education Section of the Division of Nursing for the annual collection of additional data needed to assess the current problems, and to keep abreast of changes that have implications for nursing. Steps should be taken to
recruit back to New Zealand qualified nurses who have been attracted to other countries (annex 3). To undertake these additional activities and to assist in the implementation of the recommendations made by the consultant, additional staff will be needed in the Education Section of the Division of Nursing.

7.8.1. **Recommendations**

(1) That the Department of Health include in its annual collection of data such additional information as, the cost of the present system of training nurses, nursing manpower, turnover of employed qualified nurses, and that the department pursue with the Nurses and Midwives Board the introduction of annual renewal of registration as a means of collecting data.

(2) That the State Services Commission give approval for the appointment of additional staff to the Education Section of the Division of Nursing, in order that the Department of Health may fulfil its responsibilities for nursing education and may be able to assist in the implementation of the consultant’s report.

8. **ACKNOWLEDGMENT**

The writer would like to express her appreciation to the staff of the Department of Health and the president and secretary of the New Zealand Registered Nurses’ Association for the many courtesies extended to her during her visit in New Zealand. The assistance of Dr D. P. Kennedy, Mrs Shirley Bohm, and Miss Elsie Boyd warrant a special tribute. Their counsel, support, and assistance in the planning and execution of the study made it possible to complete the work entailed in this project within a 3-month period. The contribution of all who took part in the study by assisting in assembling data and by participating in the interviews is deeply appreciated.

9. **BIBLIOGRAPHY**

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ANNEX 1—SYSTEM OF PRIMARY AND SECONDARY EDUCATION IN NEW ZEALAND

Post-primary
Form 6 (upper) Higher School Certificate.
Form 6 (lower) University Entrance.
Form 5 School Certificate.
Form 4.
Form 3.

Primary
Form 2.
Form 1.
Standard 4.
Standard 3.
Standard 2.
Standard 1.
Primer 4.
Primer 3.
Primer 2.
Primer 1.

Information concerning the system
1. Children commence school on their fifth birthday. Usually children complete primary school at 13 years of age.
2. Completion of forms 3 and 4, usually at 15 years of age (which is the age at which children may leave school), leads to apprenticeship trades.
3. The school certificate is the minimum entrance requirement for 3-year general nursing programmes. Two-thirds of those who enter nursing have a higher qualification.
4. Form 6 (upper) leads to university scholarship examinations.
5. Tertiary education is provided in universities and technical institutes.
## ANNEX 2—STATISTICAL DATA

### TABLE I—Numbers and Percentages of Registered and Student Nurses Employed in Hospitals Where Student Nurses Obtain Clinical Experience, by Category of Staff and Type of Hospital As at 31 March 1970

<table>
<thead>
<tr>
<th>Category of Staff</th>
<th>General</th>
<th>Psychiatric</th>
<th>Psychopaedic</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual No.</td>
<td>Percentage of Sub-category</td>
<td>Percentage of Total Staff</td>
<td>Actual No.</td>
</tr>
<tr>
<td>Matron/Head, Assistant Matrons, and Head Nurses</td>
<td>132</td>
<td>2.4</td>
<td>1.1</td>
<td>62</td>
</tr>
<tr>
<td>Supervisors/Sisters-in-charge</td>
<td>275</td>
<td>5.0</td>
<td>2.3</td>
<td>27</td>
</tr>
<tr>
<td>Tutors</td>
<td>313</td>
<td>5.7</td>
<td>2.6</td>
<td>21</td>
</tr>
<tr>
<td>Ward, Department, Sisters-in-charge</td>
<td>1,183</td>
<td>21.6</td>
<td>9.8</td>
<td>252</td>
</tr>
<tr>
<td>Staff Sisters and Staff Nurses</td>
<td>2,800</td>
<td>51.0</td>
<td>23.3</td>
<td>385</td>
</tr>
<tr>
<td>Registered Community Nurses</td>
<td>783</td>
<td>14.3</td>
<td>6.5</td>
<td>31</td>
</tr>
<tr>
<td>Sub-total</td>
<td>5,486</td>
<td>100.0</td>
<td>45.7</td>
<td>778</td>
</tr>
<tr>
<td>Students, 3-year programmes</td>
<td>4,620</td>
<td>70.7</td>
<td>38.5</td>
<td>477</td>
</tr>
<tr>
<td>Student Community Nurses</td>
<td>1,819</td>
<td>27.9</td>
<td>15.1</td>
<td>12</td>
</tr>
<tr>
<td>Eighteen-month Maternity Students</td>
<td>89</td>
<td>1.4</td>
<td>0.7</td>
<td>..</td>
</tr>
<tr>
<td>Sub-total</td>
<td>6,528</td>
<td>100.0</td>
<td>54.3</td>
<td>489</td>
</tr>
<tr>
<td>Total</td>
<td>12,014</td>
<td>100.0</td>
<td>1,267</td>
<td>100.0</td>
</tr>
<tr>
<td>Age at Entry to the Programme</td>
<td>General</td>
<td></td>
<td></td>
<td>Psychiatric</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------</td>
<td>-----------</td>
<td>-----------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td>Number</td>
<td>Total</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td></td>
<td>M.</td>
<td>F.</td>
<td></td>
<td>M.</td>
</tr>
<tr>
<td>Under 17 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 and under 18\frac{1}{2} years</td>
<td>3</td>
<td>1,562</td>
<td>1,565</td>
<td>13</td>
</tr>
<tr>
<td>21 and under 25 years</td>
<td>7</td>
<td>61</td>
<td>68</td>
<td>28</td>
</tr>
<tr>
<td>25 and under 30 years</td>
<td>1</td>
<td>9</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>30 years and over</td>
<td>.</td>
<td>5</td>
<td>5</td>
<td>0.3</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>1,943</td>
<td>1,959</td>
<td>89</td>
</tr>
</tbody>
</table>
TABLE III—LEVEL OF GENERAL EDUCATIONAL ATTAINMENT OF STUDENTS IN THE THREE 3-YEAR BASIC PROGRAMMES AS AT 31 MARCH 1970 BY NURSING PROGRAMME AND SEX

<table>
<thead>
<tr>
<th>Degree—</th>
<th>General</th>
<th>Psychiatric</th>
<th>Psychopaedic</th>
<th>Total—Male</th>
<th>Total—Female</th>
<th>Sum Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M.</td>
<td>F.</td>
<td>M.</td>
<td>F.</td>
<td>No.</td>
<td>Percent</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No.</td>
<td>Percent</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degree—</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masters</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
<td>0.02</td>
</tr>
<tr>
<td>Bachelors</td>
<td>3</td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td>Teachers Dip./Dip. Fine Art</td>
<td>2</td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td>University Entrance</td>
<td>4</td>
<td>1,332</td>
<td>30</td>
<td>59</td>
<td>41</td>
<td>15.5</td>
</tr>
<tr>
<td></td>
<td>1,336</td>
<td>30</td>
<td>59</td>
<td>41</td>
<td>1,406</td>
<td>27.8</td>
</tr>
<tr>
<td>Sub-total</td>
<td>5</td>
<td>1,336</td>
<td>30</td>
<td>59</td>
<td>1,406</td>
<td>27.8</td>
</tr>
<tr>
<td></td>
<td>1,447</td>
<td>27.0</td>
<td>27.0</td>
<td>27.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lwr. Glt. Form/E.S.C.</td>
<td>1,264</td>
<td>16</td>
<td>18</td>
<td>34</td>
<td>1,294</td>
<td>25.5</td>
</tr>
<tr>
<td>School Certificate</td>
<td>1,877</td>
<td>42</td>
<td>95</td>
<td>137</td>
<td>2,014</td>
<td>39.6</td>
</tr>
<tr>
<td></td>
<td>1,406</td>
<td>27.7</td>
<td>27.7</td>
<td>27.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-total</td>
<td>18</td>
<td>3,141</td>
<td>58</td>
<td>113</td>
<td>3,398</td>
<td>63.8</td>
</tr>
<tr>
<td></td>
<td>3,398</td>
<td>63.8</td>
<td>63.8</td>
<td>63.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 years' or more secondary</td>
<td>71</td>
<td>55</td>
<td>84</td>
<td>139</td>
<td>239</td>
<td>4.7</td>
</tr>
<tr>
<td>1 year but under 3 years' secondary</td>
<td>12</td>
<td>37</td>
<td>36</td>
<td>50</td>
<td>63</td>
<td>2.2</td>
</tr>
<tr>
<td>No secondary education</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>8</td>
<td>0.2</td>
</tr>
<tr>
<td>Others</td>
<td>31</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>32</td>
<td>0.7</td>
</tr>
<tr>
<td>Sub-total</td>
<td>2</td>
<td>118</td>
<td>95</td>
<td>123</td>
<td>344</td>
<td>6.8</td>
</tr>
<tr>
<td></td>
<td>478</td>
<td>9.0</td>
<td>9.0</td>
<td>9.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sum-total</td>
<td>25</td>
<td>4,595</td>
<td>183</td>
<td>294</td>
<td>5,058</td>
<td>100.0</td>
</tr>
<tr>
<td></td>
<td>5,323</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### TABLE IV—Level of General Educational Attainment of Students in the Community Nurse Programme as at 31 March 1970

<table>
<thead>
<tr>
<th>Level of General Education</th>
<th>Male Number</th>
<th>Female Number</th>
<th>Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Certificate or better</td>
<td>1</td>
<td>217</td>
<td>218</td>
<td>11.9</td>
</tr>
<tr>
<td>3 years’ or more secondary education</td>
<td>13</td>
<td>1,165</td>
<td>1,178</td>
<td>64.3</td>
</tr>
<tr>
<td>1 to 3 years’ secondary education</td>
<td>13</td>
<td>373</td>
<td>386</td>
<td>21.1</td>
</tr>
<tr>
<td>No secondary education</td>
<td>..</td>
<td>23</td>
<td>23</td>
<td>1.3</td>
</tr>
<tr>
<td>Others</td>
<td>..</td>
<td>26</td>
<td>26</td>
<td>1.4</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>1,804</td>
<td>1,831</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE V—Numbers and Percentages of New Entrants to the Community Nurse Programme for the 12 Months Ended 31 March 1970 by Age at Entry

<table>
<thead>
<tr>
<th>Age at Entry to the Programme</th>
<th>Male Number</th>
<th>Female Number</th>
<th>Total Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 16% years</td>
<td>..</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>16% and under 20 years</td>
<td>10</td>
<td>1,236</td>
<td>1,246</td>
</tr>
<tr>
<td>20 and under 25 years</td>
<td>10</td>
<td>166</td>
<td>176</td>
</tr>
<tr>
<td>25 and under 30 years</td>
<td>3</td>
<td>41</td>
<td>44</td>
</tr>
<tr>
<td>30 and under 35 years</td>
<td>..</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>35 and under 40 years</td>
<td>1</td>
<td>18</td>
<td>19</td>
</tr>
<tr>
<td>40 years and over</td>
<td>5</td>
<td>39</td>
<td>44</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>1,551</td>
<td>1,580</td>
</tr>
<tr>
<td>Stage Duration</td>
<td>Total Intake</td>
<td>Number M.</td>
<td>Number F.</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------</td>
<td>------------</td>
<td>------------</td>
</tr>
<tr>
<td>0 to 3 months</td>
<td>6 1,125</td>
<td>390</td>
<td>392</td>
</tr>
<tr>
<td>3 to 6 months</td>
<td>6 299</td>
<td>436</td>
<td>440</td>
</tr>
<tr>
<td>6 to 12 months</td>
<td>6 81</td>
<td>138</td>
<td>145</td>
</tr>
<tr>
<td>Sub-total</td>
<td>18 1,125</td>
<td>1,131</td>
<td>2,256</td>
</tr>
<tr>
<td>Second year</td>
<td>1 401</td>
<td>402</td>
<td>803</td>
</tr>
<tr>
<td>Third year</td>
<td>1 66</td>
<td>66</td>
<td>132</td>
</tr>
<tr>
<td>No. of students resigning</td>
<td>7 1,592</td>
<td>1,599</td>
<td>2,191</td>
</tr>
<tr>
<td>Total intake for period</td>
<td>35 5,659</td>
<td>5,694</td>
<td></td>
</tr>
<tr>
<td>Stage of Programme When Resignation Occurred</td>
<td>Resigned</td>
<td>Reason Given for Resignation</td>
<td>Number</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>----------</td>
<td>-------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>0 to 1 month</td>
<td>116</td>
<td>Study problems</td>
<td>217</td>
</tr>
<tr>
<td>1 to 6 months</td>
<td>298</td>
<td>Dislike of nursing</td>
<td>96</td>
</tr>
<tr>
<td>6 to 12 months</td>
<td>220</td>
<td>Health</td>
<td>118</td>
</tr>
<tr>
<td>12 to 18 months</td>
<td>136</td>
<td>Marriage</td>
<td>71</td>
</tr>
<tr>
<td>Not stated</td>
<td>—</td>
<td>Personal/family reasons</td>
<td>159</td>
</tr>
<tr>
<td>Total resigning</td>
<td>770</td>
<td>Dismissed</td>
<td>74</td>
</tr>
<tr>
<td>Total intake for period</td>
<td>1,700</td>
<td>Miscellaneous/other</td>
<td>35</td>
</tr>
</tbody>
</table>

*True Loss—This analysis includes only those students who commenced the programme after 1 January 1967 and had the opportunity to sit the registration examination by May 1969.*
<table>
<thead>
<tr>
<th>Percent of Total Students Resigning (Apparent Loss)</th>
<th>3-Year General</th>
<th>Psychiatric</th>
<th>Psychopac-</th>
<th>Community Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-69.9</td>
<td>..</td>
<td>..</td>
<td>1</td>
<td>..</td>
</tr>
<tr>
<td>60-64.9</td>
<td>..</td>
<td>..</td>
<td>2</td>
<td>..</td>
</tr>
<tr>
<td>55-59.9</td>
<td>..</td>
<td>1</td>
<td>2</td>
<td>..</td>
</tr>
<tr>
<td>50-54.9</td>
<td>..</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>45-49.9</td>
<td>..</td>
<td>..</td>
<td>..</td>
<td>7</td>
</tr>
<tr>
<td>40-44.9</td>
<td>..</td>
<td>4</td>
<td>..</td>
<td>13</td>
</tr>
<tr>
<td>35-39.9</td>
<td>..</td>
<td>1</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>30-34.9</td>
<td>..</td>
<td>4</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>25-29.9</td>
<td>..</td>
<td>8</td>
<td>..</td>
<td>7</td>
</tr>
<tr>
<td>20-24.9</td>
<td>..</td>
<td>7</td>
<td>..</td>
<td>1</td>
</tr>
<tr>
<td>15-19.9</td>
<td>..</td>
<td>5</td>
<td>..</td>
<td>2</td>
</tr>
<tr>
<td>10-14.9</td>
<td>..</td>
<td>3</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>Total Schools of Nursing</td>
<td>34</td>
<td>9</td>
<td>4</td>
<td>52</td>
</tr>
</tbody>
</table>

*Note—See Table IV.
TABLE IX—NUMBERS AND PERCENTAGES OF STUDENTS IN THE THREE 3-YEAR NURSING PROGRAMMES WHO RESIGNED BEFORE QUALIFYING, BY REASON GIVEN FOR RESIGNATION*

<table>
<thead>
<tr>
<th>Reason</th>
<th>General</th>
<th></th>
<th></th>
<th>Psychiat</th>
<th></th>
<th></th>
<th>Psychopaedic</th>
<th></th>
<th></th>
<th>Total—All Students</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M.</td>
<td>F.</td>
<td></td>
<td>M.</td>
<td>F.</td>
<td></td>
<td>M.</td>
<td>F.</td>
<td></td>
</tr>
<tr>
<td>Study problems</td>
<td>3</td>
<td>412</td>
<td>415</td>
<td>7.3</td>
<td>46</td>
<td>62</td>
<td>108</td>
<td>9.9</td>
<td>27</td>
<td>50</td>
</tr>
<tr>
<td>Dislike of nursing</td>
<td>3</td>
<td>331</td>
<td>334</td>
<td>5.9</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>2.8</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Health</td>
<td>6</td>
<td>194</td>
<td>194</td>
<td>3.4</td>
<td>7</td>
<td>45</td>
<td>52</td>
<td>4.8</td>
<td>1</td>
<td>26</td>
</tr>
<tr>
<td>Marriage</td>
<td>2</td>
<td>179</td>
<td>179</td>
<td>3.1</td>
<td>3</td>
<td>33</td>
<td>36</td>
<td>3.3</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>Personal/family reason</td>
<td>2</td>
<td>304</td>
<td>306</td>
<td>5.4</td>
<td>95</td>
<td>139</td>
<td>234</td>
<td>21.5</td>
<td>33</td>
<td>54</td>
</tr>
<tr>
<td>Dismissed</td>
<td>2</td>
<td>28</td>
<td>28</td>
<td>0.5</td>
<td>31</td>
<td>19</td>
<td>50</td>
<td>4.6</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Miscellaneous/others</td>
<td>2</td>
<td>144</td>
<td>146</td>
<td>2.6</td>
<td>53</td>
<td>53</td>
<td>106</td>
<td>9.8</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>No. of students resigned</td>
<td>10</td>
<td>1,592</td>
<td>1,602</td>
<td>28.1</td>
<td>245</td>
<td>371</td>
<td>616</td>
<td>56.7</td>
<td>74</td>
<td>164</td>
</tr>
<tr>
<td>Total intake for period</td>
<td>35</td>
<td>5,659</td>
<td>5,694</td>
<td></td>
<td>425</td>
<td>662</td>
<td>1,087</td>
<td></td>
<td>128</td>
<td>326</td>
</tr>
</tbody>
</table>

*Note—See Table IV.
TABLE X—SUCCESSFUL CANDIDATES IN STATE REGISTRATION EXAMINATIONS—3-YEAR PERIOD, 1967-69

3-YEAR GENERAL PROGRAMME

<table>
<thead>
<tr>
<th>State Examination Dates</th>
<th>First Attempt</th>
<th>Second Attempt</th>
<th>Third Attempt</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent of First Sitters</td>
<td>No. of All Candidates</td>
<td>Percent of First Sitters</td>
<td>No. of All Candidates</td>
</tr>
<tr>
<td></td>
<td>Percent of Successful Candidates</td>
<td>Percent of Successful Candidates</td>
<td>Percent of Successful Candidates</td>
<td>Percent of Successful Candidates</td>
</tr>
<tr>
<td>May 1967</td>
<td>83.2</td>
<td>614</td>
<td>23</td>
<td>48.0</td>
</tr>
<tr>
<td>November 1967</td>
<td>89.1</td>
<td>451</td>
<td>91</td>
<td>85.8</td>
</tr>
<tr>
<td>Sub-total</td>
<td>85.7</td>
<td>1,065</td>
<td>114</td>
<td>73.1</td>
</tr>
<tr>
<td>May 1968</td>
<td>93.0</td>
<td>668</td>
<td>44</td>
<td>95.7</td>
</tr>
<tr>
<td>November 1968</td>
<td>97.2</td>
<td>467</td>
<td>7</td>
<td>63.6</td>
</tr>
<tr>
<td>Sub-total</td>
<td>94.7</td>
<td>1,135</td>
<td>82</td>
<td>85.4</td>
</tr>
<tr>
<td>May 1969</td>
<td>94.2</td>
<td>677</td>
<td>23</td>
<td>71.4</td>
</tr>
<tr>
<td>November 1969</td>
<td>88.1</td>
<td>357</td>
<td>35</td>
<td>78.7</td>
</tr>
<tr>
<td>Sub-total</td>
<td>92.0</td>
<td>1,064</td>
<td>37</td>
<td>87.5</td>
</tr>
<tr>
<td>Total</td>
<td>81.6</td>
<td>3,264</td>
<td>233</td>
<td>6.4</td>
</tr>
</tbody>
</table>
### TABLE XI—SUCCESSFUL CANDIDATES IN STATE REGISTRATION EXAMINATIONS—3-YEAR PERIOD, 1967–69

**3-YEAR PSYCHIATRIC PROGRAMME**

<table>
<thead>
<tr>
<th>State Examination Dates</th>
<th>First Attempt</th>
<th>Second Attempt</th>
<th>Third Attempt</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 1967</td>
<td>34</td>
<td>24</td>
<td>70.6</td>
<td>6</td>
</tr>
<tr>
<td>November 1967</td>
<td>40</td>
<td>39</td>
<td>97.5</td>
<td>12</td>
</tr>
<tr>
<td>Sub-total</td>
<td>74</td>
<td>63</td>
<td>84.9</td>
<td>18</td>
</tr>
<tr>
<td>May 1968</td>
<td>24</td>
<td>16</td>
<td>66.7</td>
<td>10</td>
</tr>
<tr>
<td>November 1968</td>
<td>22</td>
<td>22</td>
<td>100.0</td>
<td>8</td>
</tr>
<tr>
<td>Sub-total</td>
<td>46</td>
<td>38</td>
<td>82.6</td>
<td>18</td>
</tr>
<tr>
<td>May 1969</td>
<td>37</td>
<td>32</td>
<td>86.5</td>
<td>1</td>
</tr>
<tr>
<td>November 1969</td>
<td>43</td>
<td>39</td>
<td>90.7</td>
<td>4</td>
</tr>
<tr>
<td>Sub-total</td>
<td>80</td>
<td>71</td>
<td>88.8</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>192</td>
<td>158</td>
<td>82.3</td>
<td>25</td>
</tr>
</tbody>
</table>
TABLE XII—SUCCESSFUL CANDIDATES IN STATE REGISTRATION—3-YEAR PERIOD, 1967-69
3-YEAR PSYCHOPAEDIC PROGRAMME

<table>
<thead>
<tr>
<th>State Examination Dates</th>
<th>First Attempt</th>
<th>Second Attempt</th>
<th>Third Attempt</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 1967</td>
<td>12</td>
<td>11</td>
<td>91.7</td>
<td>2</td>
</tr>
<tr>
<td>November 1967</td>
<td>14</td>
<td>12</td>
<td>89.7</td>
<td>1</td>
</tr>
<tr>
<td>Sub-total</td>
<td>26</td>
<td>23</td>
<td>88.5</td>
<td>3</td>
</tr>
<tr>
<td>May 1968</td>
<td>17</td>
<td>15</td>
<td>88.2</td>
<td>2</td>
</tr>
<tr>
<td>November 1968</td>
<td>16</td>
<td>11</td>
<td>89.8</td>
<td>2</td>
</tr>
<tr>
<td>Sub-total</td>
<td>33</td>
<td>26</td>
<td>87.8</td>
<td>4</td>
</tr>
<tr>
<td>May 1969</td>
<td>23</td>
<td>19</td>
<td>82.0</td>
<td>4</td>
</tr>
<tr>
<td>November 1969</td>
<td>15</td>
<td>15</td>
<td>100.0</td>
<td>3</td>
</tr>
<tr>
<td>Sub-total</td>
<td>38</td>
<td>34</td>
<td>89.5</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>97</td>
<td>83</td>
<td>85.6</td>
<td>14</td>
</tr>
</tbody>
</table>
## TABLE XIII—SUCCESSFUL CANDIDATES STATE REGISTRATION EXAMINATIONS—3-YEAR PERIOD, 1967–69
### COMMUNITY NURSE PROGRAMME

<table>
<thead>
<tr>
<th>State Examination Dates</th>
<th>First Attempt</th>
<th>Second Attempt</th>
<th>Third Attempt</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>May 1967</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-total</td>
<td>547</td>
<td>505</td>
<td>92.3</td>
<td>16</td>
</tr>
<tr>
<td><strong>November 1967</strong></td>
<td>269</td>
<td>252</td>
<td>93.7</td>
<td>5</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td>769</td>
<td>755</td>
<td>94.8</td>
<td>26</td>
</tr>
<tr>
<td><strong>May 1968</strong></td>
<td>446</td>
<td>419</td>
<td>93.9</td>
<td>13</td>
</tr>
<tr>
<td><strong>November 1968</strong></td>
<td>350</td>
<td>336</td>
<td>96.0</td>
<td>23</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td>796</td>
<td>751</td>
<td>94.8</td>
<td>36</td>
</tr>
<tr>
<td><strong>May 1969</strong></td>
<td>519</td>
<td>496</td>
<td>95.6</td>
<td>8</td>
</tr>
<tr>
<td><strong>November 1969</strong></td>
<td>422</td>
<td>387</td>
<td>91.7</td>
<td>15</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td>941</td>
<td>883</td>
<td>93.8</td>
<td>23</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,284</td>
<td>2,143</td>
<td>93.8</td>
<td>75</td>
</tr>
<tr>
<td>Schools of Nursing</td>
<td>Total Number of Tutors</td>
<td>Total</td>
<td>Hours Employed</td>
<td>Sex and Marital Status</td>
</tr>
<tr>
<td>--------------------</td>
<td>------------------------</td>
<td>-------</td>
<td>---------------</td>
<td>------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Full Time</td>
<td>Part Time</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No.</td>
<td>Percent of Total</td>
</tr>
<tr>
<td>General/Obstetric</td>
<td>313</td>
<td>263</td>
<td>84.0</td>
<td>50</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>21</td>
<td>17</td>
<td>81.0</td>
<td>4</td>
</tr>
<tr>
<td>Psychopaedic</td>
<td>9</td>
<td>8</td>
<td>88.9</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>343</td>
<td>288</td>
<td>84.0</td>
<td>55</td>
</tr>
</tbody>
</table>
TABLE XV—NUMBERS AND PERCENTAGES OF REGISTERED NURSES WITH A DIPLOMA OF NURSING WORKING IN HOSPITALS WHERE STUDENTS OBTAIN CLINICAL EXPERIENCE, BY CATEGORY OF STAFF AND TYPE OF HOSPITAL, AS AT 31 MARCH 1970

<table>
<thead>
<tr>
<th>Category of Nursing Staff</th>
<th>General</th>
<th>Psychiatric</th>
<th>Psychopaedic</th>
<th>Sum Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>With Nursing Diploma</td>
<td>No.</td>
<td>With Nursing Diploma</td>
</tr>
<tr>
<td></td>
<td>No.</td>
<td>Percent</td>
<td>No.</td>
<td>Percent</td>
</tr>
<tr>
<td>Matrons/Assistant Matrons, Head Nurses' and Assistant Head Nurses</td>
<td>132</td>
<td>103</td>
<td>78.0</td>
<td>62</td>
</tr>
<tr>
<td>Supervisors/Sisters in-charge</td>
<td>275</td>
<td>91</td>
<td>33.1</td>
<td>27</td>
</tr>
<tr>
<td>Tutors</td>
<td>313</td>
<td>98</td>
<td>31.3</td>
<td>21</td>
</tr>
<tr>
<td>Wd. Dept., Sisters, Charge, and Deputies</td>
<td>1,183</td>
<td>57</td>
<td>4.8</td>
<td>252</td>
</tr>
<tr>
<td>Staff Sisters/Staff Nurses</td>
<td>2,800</td>
<td>7</td>
<td>0.3</td>
<td>385</td>
</tr>
<tr>
<td>Total</td>
<td>4,703</td>
<td>356</td>
<td>7.6</td>
<td>747</td>
</tr>
</tbody>
</table>
### TABLE XVI—Qualifications of Teachers (as at 31 March 1969)

#### 1. Teachers in state primary schools

<table>
<thead>
<tr>
<th>Teaching Qualifications</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>First- and second-class honours degree</td>
<td>31</td>
<td>0.5</td>
<td>7</td>
</tr>
<tr>
<td>Masters degree</td>
<td>37</td>
<td>0.5</td>
<td>5</td>
</tr>
<tr>
<td>First degree</td>
<td>441</td>
<td>6.6</td>
<td>187</td>
</tr>
<tr>
<td>Special qualifications</td>
<td>117</td>
<td>1.8</td>
<td>83</td>
</tr>
<tr>
<td>Diploma of teaching</td>
<td>360</td>
<td>5.4</td>
<td>118</td>
</tr>
<tr>
<td>Certificated</td>
<td>5,381</td>
<td>80.9</td>
<td>8,397</td>
</tr>
<tr>
<td>Uncertificated and 1 year teachers (including probationary assistance)</td>
<td>286</td>
<td>4.3</td>
<td>1,200</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>6,653</td>
<td>100.0</td>
<td>9,997</td>
</tr>
</tbody>
</table>

#### 2. Teachers in State Secondary Schools

<table>
<thead>
<tr>
<th>Teaching Qualifications</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>First- and second-class honours degree</td>
<td>589</td>
<td>12.3</td>
<td>242</td>
</tr>
<tr>
<td>Masters degree</td>
<td>703</td>
<td>14.7</td>
<td>160</td>
</tr>
<tr>
<td>First degree</td>
<td>1,359</td>
<td>28.5</td>
<td>1,077</td>
</tr>
<tr>
<td>Special qualifications</td>
<td>526</td>
<td>11.0</td>
<td>113</td>
</tr>
<tr>
<td>Diploma of teaching</td>
<td>308</td>
<td>6.4</td>
<td>131</td>
</tr>
<tr>
<td>Secondary grading qualification Nil</td>
<td>1,292</td>
<td>27.1</td>
<td>1,435</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4,777</td>
<td>100.0</td>
<td>3,158</td>
</tr>
</tbody>
</table>

*Note—Data provided by New Zealand Post-primary Teachers' Association.*
TABLE XVII—*POST-BASIC CERTIFICATE COURSES*

1. *Offered by Hospitals*

<table>
<thead>
<tr>
<th>Course</th>
<th>Number of Programmes</th>
<th>Enrolment*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwifery</td>
<td>3</td>
<td>92</td>
</tr>
<tr>
<td>Premature baby and neonatennursing</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Psychiatric nursing</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Operating room nursing</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Intensive care nursing</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Cardio-thoracic nursing</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Orthopaedic nursing</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Plastic surgical nursing</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Neuro-surgical nursing</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

2. *Offered by the Plunket Society*

<table>
<thead>
<tr>
<th>Course</th>
<th>Number of Programmes</th>
<th>Enrolment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care of infants and children</td>
<td>2</td>
<td>14</td>
</tr>
</tbody>
</table>

*Enrolment for January to June 1970.*
### ANNEX 3

NEW ZEALAND REGISTERED NURSES WHO HAVE UNIVERSITY QUALIFICATIONS*

<table>
<thead>
<tr>
<th>Level of Preparation</th>
<th>Residing in New Zealand</th>
<th>Residing in Other Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Degree Obtained</td>
<td>Student</td>
</tr>
<tr>
<td>Bacc.</td>
<td>27</td>
<td>3</td>
</tr>
<tr>
<td>Masters</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Ph.D.</td>
<td>1</td>
<td>1†</td>
</tr>
<tr>
<td>Total</td>
<td>33</td>
<td>6</td>
</tr>
</tbody>
</table>

*A partial list was assembled by the Division of Nursing. The division is securing more data to complete this information.

†This nurse is about to commence post masters degree.
ANNEX 4

INTERVIEWS AND VISITS UNDERTAKEN BY WHO CONSULTANT, DR HELEN CARPENTER, AS PART OF THE STUDY OF NURSING EDUCATION IN NEW ZEALAND

WELLINGTON

Department of Health
Dr D. P. Kennedy, Director-General of Health
Dr G. Blake-Palmer, Deputy Director-General
Mr E. G. Heggie, Deputy Director-General (Administrative)
Dr H. J. Hiddlestone, Director, Division of Hospitals
Dr S. W. Mirams, Director, Division of Mental Health
Dr A. W. S. Thompson, Director, Division of Clinical Services
Dr W. Murphy, Deputy Director, Division of Public Health
Dr G. H. Leslie, Director, Division of Dental Health
Dr I. J. Jeffery, Health Services Research Unit
Mr E. A. Kennedy, Deputy Director (Admin.), Division of Hospitals
Miss F. Davidson, Advisory Dietitian
Miss J. I. Bunt, Advisory Occupational Therapist
Miss G. Park, Advisory Physiotherapist

Division of Nursing
Mrs Shirley M. Bohm, Director
Miss J. Sutherland, Assistant Director (Public Health)
Miss N. Kinross, Assistant Director (Nursing Service)
Miss E. B. Salmon, Principal, School of Advanced Nursing Studies
Miss E. A. Boyd, Assistant Director (Nursing Education)
Nurse advisers and instructors
Mr W. P. P. Cleverton, Executive Officer

Dental School
Principal of the Dental School

Professional Associations:
New Zealand Registered Nurses' Association—President and Secretary
National Executive, New Zealand Registered Nurses' Association
National Executive, New Zealand Student Nurses' Association
Executive of the New Zealand Hospital Boards' Association
Medical Association of New Zealand
New Zealand Hospital Matrons' Association—Executive

Wellington Hospital
Mr Tucker, Medical Superintendent-in-Chief
Miss B. J. Hough, Matron-in-Chief
Miss Cheetham, Principal Tutor
Observation of Nursing Service—Hospital and District Nursing
Department of Education
Director-General of Education, Dr Sheen
Director, Technical Education, Dr Lee (and also Mr Nelson)

Technical Education
Principal, Wellington Polytechnic, Mr Potter
Principal, Central Institute of Technology, Petone—Mr Bateman

New Zealand Council for Education Research
Director, Mr J. Watson

Victoria University
Vice-Chancellor, Dr Taylor
Professor Fieldhouse (Department of Education)
Professor Robb (Department of Sociology—Social Science)

University Grants Committee
Professor Danks
Mr Broad

Auckland Hospital
Medical Superintendent-in-Chief, Dr W. E. Henley
Matron-in-Chief, Miss E. M. Millar
Principal Tutor, Miss M. Hosking
District Nursing Service—Dr Lopdell; Mrs Holdgate
Auckland District Health Office—Dr Barnett; Miss A. R. Middleton,
Senior Nurse Inspector

Auckland University
Vice-Chancellor, Mr K. J. Maldment
Dean of the Medical School, Professor Lewis

Hamilton University of Waikato
Vice-Chancellor, Dr D. R. Llewellyn

University of Manawatu
Vice-Chancellor, Dr A. Stewart
Head of the Department of Education, Professor C. Hill

Christchurch
North Canterbury Hospital Board
Medical Superintendent-in-Chief, Dr L. McH. Berry
Matron-in-Chief, Miss D. Newman
Principal Tutor, Miss P. Caukwell
Sunnyside Hospital and School of Nursing, Mrs M. Bazley
University of Canterbury
Vice-Chancellor, Professor W. C. Phillips
Head of Department of Education, Professor P. J. Lawrence

DUNEDIN

University of Otago
Vice-Chancellor, Dr R. M. Williams
Clinical Dean, Medical School, Professor R. O. H. Irvine
Head of the School of Home Science, Professor P. Coleman
Head of Diploma of Public Health Course, Professor C. W. Dixon
Head of School of Pharmacy, Professor F. N. Fastier

Plunket Society (Dunedin)
Director of Medical Services, Dr Neil C. Begg
Director of Nursing Services, Miss M. Nicholls

Masterton Hospital
Miss Joyce Anderson, Matron
ANNEX 5
DEFINITIONS OF RECOGNISED LEVELS OF SKILLS WITHIN THE WORK FORCE

Technologist*
A British White Paper on Technical Education† (1956) defined a technologist as one who has the qualifications and experience required for membership of a professional institution. He has studied the principles of his chosen technology and should be able to use his knowledge and experience to initiate practical developments. He is expected to accept a high degree of responsibility and, in many cases, to push forward the boundaries of knowledge in his particular field.

Technician*
In a submission to the New Zealand University Senate, 1958, Dr C. E. Beeby, then Director of Education, wrote of the technician as one who may or may not have taken full apprenticeship in some trade but who will almost certainly have a more immediately practical background than the average technologist, and in addition will have sufficient knowledge of his own specialty to enable him to take responsibility for applying accepted scientific principles in circumstances presenting no great degree of novelty. Or, working under a technologist, he will be able to devise ways and means of applying to novel situations scientific principles that the technologist sees in more general terms. Occupations that could be classified under this heading include draughtsmen, quantity surveyors, refrigeration engineers, and engineers' assistants. The Commonwealth Conference on the Education and Training of Technicians held at Huddersfield in October 1966 clearly considered that the definition of technicians should not exclude those working at appropriate levels in the fields of commerce and management‡. Their disciplines, therefore, are not necessarily based on mathematics and the sciences.

*New Zealand Education Today (Reed), p. 112–113.
†Command paper 9703, 1956.
ANNEX 6

UNIVERSITY NURSING PROGRAMME
UNIVERSITY OF EDINBURGH

Degree of Bachelor of Science (Social Science—Nursing) (UCCA 4950)

1. Regulations

These regulations are additional to those applying to the degree of Bachelor of Science (Social Science).

1.1 The programme, which includes practical nursing, is completed in 4\(\frac{1}{2}\) years. On successful completion of the programme, the Certificate of the General Nursing Council for Scotland (Registered General Nurse) is also awarded.

1.2 Candidates should have knowledge of physical or biological sciences attested by passes in the Scottish Certificate of Education or its equivalent in one subject at the higher grade or in two subjects at the ordinary grade.

1.3 During the period of full-time academic study normal university fees will be payable. During the final practical period a fee of £3 and a composite fee of £10 will be payable to the university for each academic year or part year.

1.4 Students must complete a period of nursing practice as required by the General Nursing Council for Scotland. Provision is made for some of this practice to be carried out during summer vacations.

1.5 A medical examination carried out by the University Health Service is required before final acceptance for admission of any student.

2. Normal curriculum

Not less than eight courses, as follows:

2.1 Science type

- 891J  *1. Biology (Medicine)
- 835J  *2. Chemistry (Medicine)
- 928A  *3. Nursing Studies 1
- 467E  4. Physiology 2 h with 891H Biology 2 h (Science)
- 467F  5. Physiology 3 h, with 464D Pharmacology 3 h (Science)
- 928B  6. Nursing Studies 2
- 928C  7. Nursing Studies
- 8. A first ordinary course in the Faculty of Social Science

*These courses must be taken in the first year.
2.2 Social science type

923A 1. Nursing Studies 1 (to be taken in the first year)
923B 2. Nursing Studies 2
923C 3. Nursing Studies 3
4. One of the following:
   934A    Psychology 1
   937A    Social Anthropology 1
   943A    Sociology 1

5, 6, 7, 8 Four other courses from the Faculties of Social Sciences or Arts selected so that all eight courses meet the requirements of regulations.

2.3 Four for the degree of Bachelor of Science (Social Science). Biology (Medicine) may also be chosen and taken in the first year.
ANNEX 7

GUIDELINES FOR THE DEVELOPMENT OF THE RECOMMENDED PROGRAMMES

1. The objectives of each of the programmes should be clearly defined.
2. The standard for admission to each programme should be established.
3. The students should have the status of students at all times.
4. Health, recreational, and counselling services should be provided, and the students should have the time needed to make effective use of these services.
5. Living arrangements should be of a suitable standard. Residence life should contribute to the objectives of the college and the education of the students.
6. Opportunities should be provided for nursing students to share learning experiences with students who are enrolled in different educational programmes in the college. Residences should be shared with students in a variety of programmes.
7. The teaching staff should evaluate on a regular basis the student selection in relation to the failure and withdrawal rates and any other factors that contribute to student loss.
8. Curricula committees for each type of programme should be appointed and should include representatives from the fields of nursing education and general education.
9. Students should be encouraged to participate in the development and evaluation of the curricula, and in committees responsible for making recommendations with regard to the educational programmes and related matters, such as residence life and student activities.
10. The curricula should be evaluated and revised at regular intervals.
11. Arrangements should be made with the hospitals and other health agencies that can provide exemplary services for the use of their resources for clinical experience and practice.
12. The teaching staff should be encouraged to keep up to date in the practice of nursing, and should accept responsibility for teaching nursing service provided by hospitals and other health services.
13. Channels of communication should be established between the staff of the college and of the health services, to ensure that the objectives, policies, and programmes of each are mutually understood. Arrangements for student experience and practice should be made by the staff responsible for teaching the nursing subjects, in consultation with the nursing service staff of the hospitals and other health agencies utilised for clinical experience.
14. The teaching staff should be responsible for relating the theory and practice of nursing, and should accept responsibility for teaching the students in the classroom and in the clinical setting.
15. The length and content of the clinical experience should be planned in relation to the learning needs of the students. Theory and practice should be related, and the clinical experiences planned in each year of the course related to the student's level of knowledge in each year.

16. Provision should be made for the continuing education of graduates of each programme, and, in addition, opportunity should be provided for graduates who have left nursing but are interested in returning to this field, to be brought up to date.

THE CURRICULA OF THE UNIVERSITY AND UNDERGRADUATE DIPLOMA PROGRAMMES

In planning the curriculum, consideration should be given to the relationship between the general education and nursing subjects. In order to capitalise on the student's motivation, and to provide for enrichment of the learning in each area, nursing should be introduced early in the course and related to the humanities and sciences in each year. The courses taken in the first year should be basic in nature, with provision made for building on the student's knowledge and understanding through more advanced courses in each area in the later years.

The health and social implications of nursing are as essential in the preparation of the nurse as are the care and rehabilitation of the sick. In each of the nursing subjects, consideration should be given to the prevention of illness and the promotion of health, with concurrent experiences arranged in the community health and social agencies, as well as in general and special hospitals.*

The content and arrangement of the curriculum should be planned by a curriculum committee. Examples of subjects that may be included are:

1. General education subjects
   1.1 Humanities: e.g., English, a second language, philosophy.
   1.2 Social Sciences: e.g., psychology, sociology, anthropology.
   1.3 Biological Sciences: e.g., biology, zoology, chemistry, physics, physiology, anatomy.

2. Nursing: An introduction to the theory and practice of nursing; the nursing role in the prevention of illness and in the care and rehabilitation of the sick; the meaning of illness to the individual, family, and community; the history and philosophy of nursing; trends in nursing and in the health services. Concurrent clinical experience in maternal-infant nursing, medical-surgical nursing, paediatric nursing, psychiatric nursing, and community nursing.

A SUGGESTED PATTERN FOR THE CURRICULA

I. University Programme

1. Basic

Four years

<table>
<thead>
<tr>
<th>1</th>
<th>BIOLOGICAL SCIENCE AREAS</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>HUMANITIES APPLICATION IN CLINICAL SOCIAL SCIENCE</td>
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<tr>
<td>3</td>
<td>CONCURRENT</td>
</tr>
<tr>
<td>4</td>
<td>GENERAL EDUCATION SUBJECTS -</td>
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2. For registered nurses

Three years

<table>
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<th>1</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>SOCIAL SCIENCES or SPECIAL</td>
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<tr>
<td>3</td>
<td>BIOLGICAL SCIENCES</td>
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</table>

II. Undergraduate Diploma Programme

Two to 2½ years

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<tbody>
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<td>SOCIAL SCIENCES in CLINICAL</td>
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<tr>
<td>3</td>
<td>BIOLGICAL SCIENCES</td>
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</table>

III. Programme for Nursing Assistants

Nine to 12 Months

<table>
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<th>NURSING</th>
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<tbody>
<tr>
<td>2</td>
<td>FUNDAMENTALS WITH APPLICATION</td>
</tr>
<tr>
<td>3</td>
<td>NURSING in CLINICAL AREAS</td>
</tr>
</tbody>
</table>
BACKGROUND INFORMATION ON PREPARATION OF OTHER HEALTH PROFESSIONALS

DIETITIANS

Location of programme

Otago University, i.e., students must have successfully completed a diploma of home science (3 years) or bachelor of home science (4 years) before undertaking the one year “training” programme in one of four hospitals, i.e., Auckland, Wellington, Christchurch, and Dunedin (in fact, Dunedin is non-operational as a training school at present).

The student enters either the diploma or degree course. The only other stipulation is that she majors in “food service administration”.

Selection of entrants

This is virtually nil. The only “selection” made is the award of the 18 available bursaries which are worth $200 per year above fees and allowances bursary and bonds the student for 2 years.

Sex: There have never been any male applicants but should the situation arise, although some modification of the diploma programme would be required, it could be done.

Intakes: Governed by the university academic year.

Age: No minimum age for entry to university but a dietitian cannot register before 21 years of age.

Status on qualification

Registered dietitian.

Loss

During the diploma or degree programme—not known.

During 1-year training course—marriage and travel account for those who withdraw. In 1969, 25 commenced and 20 completed the course and in 1970, of the 22 student dietitians one has withdrawn to date.

General

In terms of future prospects, there is little difference between the diploma and degree graduate except in some difference in salary and in reciprocity if the student wishes to travel overseas.

There is nothing in terms of an “establishment” of dietitians, therefore, “shortages” or projected needs are not known.

Senior dietitians believe the present programme is not wholly satisfactory for present-day needs and are hopeful that a special committee will be set up to study the dietetic profession in New Zealand. Apparently, the New Zealand pattern developed in line with the United States, i.e.,
the dietitian here has a responsibility to improve food service whereas in the United Kingdom, the emphasis is on therapeutic dietetics which probably accounts for the number of nurses in this field in the United Kingdom.

Until last year, registered nurses could undertake the training programme for dietitians but this is no longer possible.

There are no post-graduate programmes available in New Zealand.

**Occupational Therapists**

*Location of programme: Avondale, Auckland.*

The one national occupational therapy school is administered by the Department of Health. Lectures in psychology are given by Auckland University staff. The Auckland Technical Institute provides a tutor for physiology and some practical work is undertaken at the institute's trade workshops.

*Length of programme: Three years.*

*Selection of entrants*

There is provision for 48 students a year and the number of applicants is double the places available.

*Sex: Female and male.*

*Age: Minimum 17 years, average 18–20 years.*

*Education: University entrance.*

*Interview:* Selection panel comprising the principal of the Occupational Therapists School, a clinical psychologist, and the occupational therapist advisers.

*Finance*

Students receive payment, i.e., salary, at the rate of—

<table>
<thead>
<tr>
<th>Year</th>
<th>Salary per annum</th>
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<tr>
<td>1st</td>
<td>NZ$1,285</td>
</tr>
<tr>
<td>2nd</td>
<td>NZ$1,411</td>
</tr>
<tr>
<td>3rd</td>
<td>NZ$1,536</td>
</tr>
</tbody>
</table>

Students find their own accommodation.

As from 1971, a bursary system is to be introduced for the first 2 years (same as physiotherapists) and a salary will be paid for the third year.

With both salary and bursary system, a 2-year bond is in operation.

*Status on qualification*

New Zealand registered occupational therapist (provisional registration until the Occupational Therapists Board meets).

*Effects of marriage*

Married students are not usually accepted. If marriage occurs during the programme, the student may continue if it is likely that she will complete the programme.
Recommencement of programme

Applications are considered individually by the Occupational Therapists Board.

Loss from programme

An employment survey was undertaken in 1968. The survey showed that 10 years post graduation 12 percent of a given class were practising but 20 years later the proportion had increased to 33 percent.

No refresher courses are available due to lack of teaching staff but the need is recognised.

General comments

The administrative responsibility for the training of occupational therapy students is currently being negotiated and at this stage it is not known whether it will remain with the department, or transfer to a hospital board or the Department of Education (Central Institute of Technology).

The future function of the Occupational Therapists Board will depend on the outcome of these negotiations.

Physiotherapists

Location of programme

Dunedin only. A special school is administered by the Otago Hospital Board and closely associated with Otago University.

Length of programme

Approximately three academic years (32 months).

Selection of entrants

Age: 17 years to 35 years, most are 17½ to 18 years old at entry.

Education: University entrance minimum level of general education; 65 percent have higher school certificate. Subjects are not specified but intending applicants are advised to take at least one of the following: physics, chemistry, mathematics, biology and/or human biology.

Sex: Both male and female students are accepted, approximately 10 percent are male.

Health: Good health and physique are essential. All other things being equal preference is given to applicants whose height is 5 ft 3 in. or more.

Interview: This is undertaken by the Charge Physiotherapist in the hospital nearest to the applicant's home. This is not considered satisfactory, as there is a lack of uniformity in assessments of applicants' suitability.
Intakes: There is one intake at the beginning of the academic year. The limited physical facilities and shortage of qualified teachers precludes more than 70 students being accepted as first year students. This number includes students who, because of examination failure, are required to repeat the first year.

Financing of students

(i) A few students pay their own fees and other expenses.
(ii) The Department of Health provides 70 bursaries each year. (Prior to this year, 50 bursaries were available each year.) Bursars are bonded to service for 2 years, where directed, after completion of the programme.
(iii) Four overseas external-aid students may be accepted each year—otherwise overseas students are not accepted.

Cost of training

Total—approximately $1,150, covering all tuition fees, textbooks, etc., class uniform, accommodation during the first and the second years (at a nominal rate of $8 per week), examination fees, and registration fees.

The figure does not include travel, subsistence during vacations, or personal expenses such as clothing, etc.

Note: Physiotherapy students receive salary (at rate of $1,663 per annum) during the third year of training, but not during the first and the second years. Bursaries are tenable over the first 2 years.

Nature of programme

The course of training includes theoretical and practical instruction, there being no clear division of the classroom activities. Percentage of time in the classroom is as follows:

1st year approximately 75 percent of total time.
2nd year approximately 50 percent of total time.
3rd year approximately 25 percent of total time.

The remainder of time is given to instruction, plus experience under supervision, in the clinical field.

Status on qualification

Registered physiotherapist.

Recommencement of programme

This situation does not arise very often but each case is considered on its merits by the board.

Effect of marriage (females)

It is rare for a married student to apply; marriage would not prevent acceptance but preference probably would be given to the female applicant who is single.

Some students marry during the programme.
Student loss

Unfortunately, figures prior to 1967 are not available. The average drop-out since 1967 is approximately 11 percent of the total intake.

Losses during first 5 years after qualification

Accurate figures are not available. A rough calculation from replies to a questionnaire to all registered physiotherapists in 1968 shows that approximately 70 percent worked for less than 6 years after qualification. However, it is not known whether these years worked were all in the immediate post-qualification period or whether there was a break and return to work later. An estimate has been made of the "working life" of a physiotherapist; this has been estimated at 12 years but this must be viewed with caution—the 10 percent male component is a significant factor.

Post-basic programmes available

(i) Teacher of Physiotherapy Certificate—(New Zealand School of Physiotherapy, Dunedin only).

This 18-month course is open to registered physiotherapists who have completed a minimum of 2 years' post-registration experience. Only two candidates can be taken each year. They are appointed as student teachers and paid accordingly, then bonded to the Otago Hospital Board for 1 year after qualifying.

There is no pressure for the two available places.

(ii) A 3-month course is available at Christchurch Hospital. This is concerned with a "higher level of physiotherapy" in the area of treatment by movement. The course is open to registered physiotherapists. There can be one or two courses each year with a maximum of six students in each. The number of applicants is restricted by the general shortage of physiotherapists which prevents release of hospital personnel for the period of the course.

(iii) A 3-month course in intensive respiratory care has been commenced at Wellington Hospital. There are four students in the first course, now in progress.

In addition, there is an 8-week in-service programme at Queen Elizabeth Hospital (cerebral palsy). Short-term courses and seminars in various subjects are conducted from time to time.

General comments

There is an estimated 20 to 25 percent shortage of physiotherapists in hospital services, but the number able to be prepared is limited by the physical facilities available and the shortage of teaching staff in the area of the one training school.

With a second school for physiotherapists in the offing an exercise is being undertaken trying to assess the true need for physiotherapists in the New Zealand health service; population is being used as a basis for this assessment.
One factor which makes assessment difficult is the variation in utilisation of physiotherapists by medical practitioners. Another difficulty is unknown desirable expansion, were physiotherapists to be available in greater numbers.

SOCIAL WORKERS—DIPLOMA OF SOCIAL SCIENCE

Location of programme: Victoria University, Wellington.
Length: Two years.
Entrance: Pre-requisites for admission.

1. (a) Over 21 years of age;
   (b) University graduate (any field); or
   (c) Have had practical experience in social welfare work.

2. Sex: Male or female: males were predominant, but recently approximately equal numbers of both sexes (1970: first year students, 8 female, 12 male; second year students, 10 female, 9 male).

3. Age: Minimum, 21 years—tendency for average age to be early thirties. Tendency now for more graduates to apply (younger age group), but average age higher through presence of one or two "older than usual" students.

4. Interview: Selection procedures involve applicants to the course coming for the day, in a group. Each is involved with:
   (a) Completion of an application form.
   (b) A short essay on why he/she wants to train as a social worker.
   (c) Intelligence test (otis) and a group personality test (roschach).
   (d) Participation in a small discussion group (and is observed).
   (e) Two individual interviews (one with a man and one with a woman).

At the end of this day, those involved with selection confer. The following day, each applicant is interviewed individually, and told whether or not accepted, and if not accepted, as far as possible, why. Some are advised to re-apply later.

Applicants are never taken to fill places. Maximum number each year is 20, 1 year out of 45 applicants, 7 accepted. In general, approximately half are declined. This is variable, of course.

Until recent years, public servants applying were also interviewed by the Public Service, but this is not now done.

Intakes: Once a year, at the beginning of academic year.

Finance: In the past, the majority of students have come from Government departments, and have had study awards (Health) (Mental hospital social workers) (Maori welfare) (Social Security), etc., but Child Welfare predominates.

Some students take the course independently, and various voluntary/church organisations sponsor students.

Bonds: These depend upon the sponsoring agencies.
General comments

1. Gradually, an increasing number of non-nurses enter the medico-social field.

2. Nurses tend to go into this work because they have been away from active nursing (e.g., overseas) and feel the return to nursing is too great to cope with; or they may have aged relatives to care for, and the hours at the hospital are inconvenient.

A master of arts course in social administration is to commence in 1971. This is intended to cater for two streams, and provide:

(a) Professional training in social work (parallel to existing diploma course) for those in clinical/field work; and

(b) Social administration for those concerned with the administration of social services. N.B., graduates only will be eligible.