School of Nursing and Midwifery

Nurse education in Western Australia from 1962-1975: A historical perspective of influences and changes

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This thesis is presented as part of the requirements for the award of the Degree of Doctor of Philosophy of the Curtin University of Technology

June 2002

I certify that this thesis is my own work and no part of it has been submitted for a degree at this, or any other university.

I certify that any assistance received in preparing this thesis and all sources used have been acknowledged in the thesis.

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Carol Ann Piercey
June 2002

ACKNOWLEDGEMENTS

In the course of writing this thesis I am indebted to many people. Primarily this substantial work could not have been undertaken without the love and support of my devoted husband. His patience and pride in my accomplishments have been undaunting.

I would also like to thank my family who never doubted my ability to pursue my goals. Especially my two sons John and Paul thank you for your support and a message: we never stop learning no matter how old we are.

To Audrey Martins my supervisor, mentor and friend I owe my heartfelt thanks and gratitude.

In the process of collecting and collating information and writing the story, my acknowledgements would not be complete without showing my deep and warm appreciation to Helen Bailey and Merle Parkes. Sadly Helen you are not here to see the completed thesis but I know your thoughts are with me. This thesis was Helen's and Merle's story, I hope I have done justice to your work and capsulated your visions for the profession.

And finally to all those many people who gave their time to share their reflections on nurse training and education.

ABSTRACT

National trends in nurse education have changed from the Nightingale system of on-the-job training to a professional preparation in institutions of higher learning. Western Australia was one of the first States in Australia to commence a professional preparation of nurses at an institution of higher education in 1975. Graduates of the program were presented with their Bachelor of Applied Science from the Western Australian Institute of Technology (now Curtin University of Technology), in March 1979. This thesis seeks to answer the question concerning the genesis of such an event. The focus of the study is primarily to follow the progress of general nurse education in Western Australia and to highlight the accompanying influences that shaped its development.

The purpose of this study was to explore, analyze, interpret and describe the history of nurse education in Western Australia from 1962-1975. The study used a pluralistic approach employing a variety of historical methods. The research commenced with broad questions and ideas developed from documents and people. The process of data collection, historical criticism and analysis took place simultaneously. The synthesis was written as a chronological narrative. The material of the study thus 'spoke' for itself by providing answers to questions raised during the investigation.

The history of nurse education from 1962 to 1975 revealed visible milestones that represented nurse education reform. Beginning from the antecedents of the study these were the sanctioning of a review of nurse training in 1960 together with the commencement of the Western Australian Nursing Survey and the appointment of the Nurses Registration Board Education Officer. In 1962 the survey was completed. It exposed the deficits of nurse training which led to the development of a new Hospital Based Diploma curriculum and an Associate Diploma in Nursing in 1966. The establishment of the College of Nursing Australia Western Australian Branch in 1966 paved the way to solve the shortage of tutors to implement the Hospital Based Diploma. The Nurses Act in 1970 enhanced the plans for implementing the Hospital Based Diploma and conferred autonomy to the Nurses Registration Board. In 1973 the first independent school of nursing came into being. The Western Australian School of Nursing carried the hopes of a continuation of hospital nurse training. In 1974, however, the entry of students to the Western Australian Institute of Technology School of Nursing saw a turn of events that led to a degree for nurses in 1975 and a decision for the transfer of all nurse education in Western Australia to the Western Australian Institute of Technology. These milestones did not emerge as an accident of history. There were forces that facilitated and impeded the perceptibility of the reform landmarks. These were crucial in the shaping the history of nurse education in Western Australia from 1962-1975.

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ABBEVIATIONS

ACAE	Australian Commission of Advanced Education
ATNA	Australasian Trained Nurses Association
ANF	Australian Nurses Association
AMA	Australian Medical Association
CNA	College of Nursing Australia
FH	Fremantle Hospital
FNMC	Florence Nightingale Memorial Committee
FNIC	Florence Nightingale International Committee
GNC	General Nursing Council for England and Wales
HBD	Hospital Based Diploma
ICN	International Council of Nurses
KEMH	King Edward Memorial Hospital
NNED	National Nurses Education Division
NRB	Nurses Registration Board
NBWA	Nurses Board of Western Australia
NSW	New South Wales
NZ	New Zealand
PHD	Public Health Department
PMH	Princess Margaret Hospital
RANF	Royal Australian Nurses Federation
RPH	Royal Perth Hospital
SCGH	Sir Charles Gairdner Hospital
SJGH	St John of God Hospital
UK	United Kingdom
TED	Technical Education Division
WAIT	Western Australian Institute of Technology
WANA	Western Australian Nurses Association
WASON	Western Australian School of Nursing
WATEC	Western Australian Tertiary education Commission
WHO	World Health Organisation

CHAPTER 1

'Rules!' said Edison, 'hell! there ain't no rules around here! we're tryin' to accomplish sump'n'[1].

STUDY OVERVIEW AND METHOD

Introduction

National trends in nurse education have changed from a Nightingale system of on-the-job training to a professional preparation in institutions of higher learning. Western Australia was one of the first States in Australia to commence nurse education at such an institution in 1975. A four-year, undergraduate nursing program was developed and submitted to the Australian Commission of Advanced Education (ACAE) for funding. The ACAE approved funding for a three-year pre-registration diploma course and recommended that the two-year registered nurse program should remain at a diploma level.

This was an unprecedented step of interfering with previously held responsibility of the State accrediting authority and the autonomy of the Western Australian Institute of Technology (WAIT). The Western Australian Tertiary Education Commission (WATEC) conferred the level of awards and the granting of the qualification and WAIT determined the length of courses. Western Australian nurses refused to accept the award of a diploma. They felt that they had studied for and deserved a 'well' earned degree award. Feelings of resentment and protest were demonstrated by a mass boycott of the graduation ceremony in 1979. This action turned the tide in favour of granting a degree but only to registered nurses enrolled in the two-year degree course. The persistent efforts of Western Australian nurses had finally overcame the political obstacles with the graduates from the 1975 program being presented with their Bachelor of Applied Science from the Western Australian Institute of Technology (now Curtin University of Technology) in March 1979. This

historical occasion established Western Australia as the first state to confer a nursing degree. Eighteen years later the first nurse in Australia graduated with a PhD in nursing from the same university. These milestones in nurse education did not occur in a vacuum. What was the genesis of such landmark events? How did nursing education unfold in the years prior to the establishment of nursing education in institutions of higher education? No text has traced these events prior to this study. The gap created by this omission needs to be filled to provide a tangible reflection of the history of nurse education in Western Australia. There is also a need for nurses to understand subsequent changes that have occurred in nurse education.

Basis for the study

The first guidelines for a generalized curriculum to be conducted as a Hospital Based Diploma were developed during the intervening period between 1962 and 1975. During the same period an Associate Diploma in nursing was also developed. The focus of this study is primarily to follow the progress of general nurse education in Western Australia and to highlight the accompanying influences that shaped these developments. Within this context the purpose of the study evolved.

Purpose of the study

The purpose of this study was to explore, analyze, interpret and describe the history of nurse education in Western Australia from 1962-1975.

Research guidelines

The researcher was guided by the following broad areas of investigation.

1. Changes in nurse education from 1962-1975 in Western Australia.
2. Factors which influenced changes in nurse education in Western Australia within the time frame.
3. Major patterns or trends occurring prior to and including the period of study that impeded, or facilitated change.

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[1]Fischer, D. (1970). *Historians fallacies: Toward a logic of historical thought.* New York: Harper & Row. p.PXIII.

Rationale and time frame for the study

Few facts have been recorded regarding the changes and the factors influencing the changes in nurse education between 1962 and 1975. Two published sources were identified which described some of those changes in Western Australia. White[2] presented a review of the history of nurse education in a sequence of major events and connected these to trends in general education. This was an unpublished paper that failed to reach the mainstream nursing audience. The second source of the history on nurse education in Western Australia was by Victoria Hobbs.[3] The author presented a chronological progression of nursing from 1829 to 1979. This publication whilst portraying a history of nursing in Western Australia made scant references to nurse education *per se*.

Two studies conducted in Western Australia considered the politics involved in the transfer of nurse education from a hospital based training to higher education. Henderson used interest group theory to portray the political activities of nurses in Australia from 1961 to 1984.[4] Although this study was conducted in Western Australia the dynamics of the profession from a national perspective was considered. Martins analyzed the implementation of the Commonwealth government nurse education transfer policy in three Australian States.[5] One of these was Western Australia. The milestones that led to Western Australia being the first State to confer an academic award and a first qualification in nursing has yet to be documented.

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[2]White, M. (1987). Nurse education in Western Australia: Some historical perspectives. Western Australia: Unpublished paper.

[3]Hobbs, V. (1980). *But westward look: Nursing in Western Australia 1829-1979*. Western Australia: University of Western Australia.

[4]Henderson, A. (1988). *The politics of nurses education in Australia 1961-1984*. Unpublished Masters Thesis. Western Australia: Murdoch University.

[5]Martins, M. (1990). *The transfer of nurse education from hospital schools of nursing to higher education institutions: A study of the implementation of educational policy in a federal system.* Unpublished Doctoral Dissertation.

Other published sources which contained brief glimpses of nurse training were the recorded histories of Fremantle,[6] Royal Perth[7] and Princess Margaret hospitals.[8] Each of these publications provided aspects of the working world of nurse and their living accommodation from the 1900s. The histories of the hospitals were similar in that they portrayed a growing population and an embryonic health service for the citizens of Perth and the surrounding suburbs. These secondary sources provided useful information and uncovered primary sources concerning nurse education in Western Australia.

The various Nurses' Registration Acts from 1921 to 1968 (see Appendices 5, 7, 8 9 & 12) contained the syllabi for nurse training. They provided a valuable resource from which to gain insight into the preparation of trainees for nursing. The 1922,[9] 1960,[10] 1947[11] and 1968[12] syllabi were published in the Government Gazette of Western Australia. These primary sources itemized the subjects that were taught during nurse training and set out the statutory regulations for nurse training. Nurse trainees were required to learn these subjects in order to pass the Nurses Registration Board examinations and qualify as Registered Nurses.

The paucity of literature on the history of nurse education in Western Australia led the researcher to a wider search to uncover other studies of a similar nature and time period. Creighton and Lopez compared Australian and international influences and developments on nurse education in NSW from 1900 to 1970.[13]

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[6]Garrick,P. & Jeffery, C. (1987). *Fremantle Hospital: A social history to 1987*. Perth: Fremantle Hospital

[7]Bolton, J. (1982). *History of Royal Perth Hospital. Nedlands*: UWA Press.

[8]Marshall,J. (1996). *Starting with threepence: The story of Princess Margaret Hospital for Children*. Fremantle: Fremantle Arts Press.

[9]Government Gazette, 3 November, 1922, Government Printers, WA, pp2047-2049.

[10]Government Gazette, 10 February, 1947, Government Printers, WA, pp1-27.

[11]Government Gazette, 25 October, 1960, Government Printers, WA, pp 3279-3285.

[12]Government Gazette, 26 September, 1968, Government Printers, WA, pp2846-2866.

[13]Creighton, H. & Lopez, F. (1984). *A history of nursing education in New South Wales.* Sydney: Lopez.

Another study on nurse education was by Russell who described general nurse education in New South Wales.[14] The researcher focused on emerging patterns between 1960 and 1980. Nurses in New South Wales underwent a comparable form of nurse training to that in Western Australia. They were trained in the Nightingale system and until the early 1960's the syllabus remained virtually unchanged. In Western Australia a similar system was employed. The factors that led to the development of a comprehensive curriculum and the eventual transfer of nurse education into higher education institutions, however, was dissimilar to that of Western Australia.

Much of the changes that have occurred in nurse education from post World War II to the 1970's can be attributed to Helen Bailey. This remarkable woman and visionary leader was instrumental in implementing changes across three decades and significantly turned the tide of nurse education in Western Australia. Bailey's personal accounts and private collection of official records, documents and letters were made available to the researcher. Much of this information captured the essence of these changes. None of these papers that are held by the author of this study have been archived. These will be presented to the James Sykes Battye library for safe keeping following completion of this thesis. Personal interviews with Bailey together with facts discovered in Bailey's papers have provided vital information for the study. This data was a vital omission from previously published texts. The material forms the antecedents to the time period selected for the study. It also provides the missing links to the genesis of later events.

Merle Parkes played a leadership role in nurse education in the latter half of the 1960s. She was instrumental in amalgamating the College of Nursing Australia Western Australian Branch with the Western Australian Institute of Technology. As the inaugural head of the School of Nursing at the WAIT she developed the pre-registration program. In establishing the first degree program for nurses in Australia, Parkes had to manoeuvre through a political landmine.

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[14]Russell, L. (1990). *From Nightingale to now: Nurse education in Australia*. Sydney: Harcourt Brace and Jovanovich.

The time frame for this study (1962 to 1975) encompasses thirteen years of nurse education. The commencement date was chosen as it marked the endorsement of the 'Western Australian Nursing Survey 1960-1962' by the Nurses Registration Board of Western Australia. This survey was a watershed in nurse education. Its recommendations brought about the changes in nurse education through the 60s. The survey and the factors that surrounded its *raison d'être,* forms the backbone of this study.

The termination date of this study was selected because it marked the most significant event in contemporary nurse education. This historical milestone signaled the end of the Nightingale system of nurse training and the beginning of professional nurse education. The first student nurses entered the WAIT in February 1975 and a degree status was conferred in March 1979.

Research design

Intellectual historians disagree amongst themselves on the form and structure of historical inquiry. Historical research methods employ subtle different ways of handling and interpreting data. This has led to a pluralistic approach.[15] [16] [17] Historiography is generally conceived as a process or a particular way of conducting history rather than a reduction to form or topic. [18] With no formalized widely accepted set of research procedures the craft of intellectual history has been open to all disciplines as a form of 'critical pluralism'.[19] [20]

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[15]Harlan, D. (1989). Intelllectual history and the return of literature. *American Historical Review*. 94, 581-609.
[16]Himmelfarb, G. (1989). Some reflections on the new history. *American Historical Review*. 94, 661-670.
[17]Hollinger, D. (1989). The return of the periodical: The persistence of historical knowing. *American Historical Review*. 94, 610-621.
[18]Hamilton, D, (1993). The idea of history and the history of ideas. *Image*. 25(1)45-48.
[19]Hollinger, D. (1989). The return of the periodical: The persistence of historical knowing. *American Historical Review*. 94, 610-621.
[20]Megill, A. (1989). Recounting the past: Description, explanation and narrative in historiography. *American Historical Review*. 94, 627-653.

In order to investigate the changes in nurse education in Western Australia from 1962 to 1975, this study used a variety of historical methods. The research began with broad questions and ideas developed from documents and people.[21] [22] These ideas were then placed together to 'fill the gaps' with data from the past to form a coherent whole.[23] The process of data collection, historical criticism and analysis took place simultaneously while the synthesis was written in part as a chronological narrative. The narrative was written in terms of what was known at the time and place. The explanations provided were within the context of the period and not from the researcher's perspective in hindsight.[24] The material of the study thus 'spoke' for itself by providing answers to questions raised in the investigation.[25] [26] Using this methodology the researcher became the medium through which the past was transmitted.

Significance of the study

Examining the changes that have occurred in nurse education and the factors that have influenced those changes can assist in clarifying and reflecting on the process for future changes. Knowledge of where nurse education has been and what has been accomplished helps in defining the 'here' and 'now'.[27] History also serves as a point of reflection for policy makers. Professional nurses have an obligation to transmit the history of nursing to those entering the profession. This allows a critical self-understanding of nursing culture[28] and an appreciation that nurses have

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[21] Kruman, M. (1985). Historical method: Implications for nursing research. In M. Leininger (Ed.), *Qualitative research methods in nursing.* United States of America. Grune and Stratton.
[22] Lancy, D. (1993). *Qualitative research in education.* Toledo: Longman.
[23] Berkhofer, R. (1969). *A behavioural approach to historical analysis*. New York: Free Press.
[24] Lancy, D. (1993). *Qualitative research in education.* Toledo: Longman.
[25] Tuchman, B. (1981). *Practicing history*. New York: Knoph.
[26] Gordon, L. (1991). Comments on 'That noble dream". *American History Review*. 3(96)683-687.
[27] Bullough, V. (1993). Inquiry, insights, and history: A new phase. *Journal of Professional Nursing.* 9(1)3.
[28] Burns, M. and Grove, G. (1993). *The practice of nursing research*. Philadelphia: Saunders.

generated and rejected ideas concerning contemporary nursing issues.[29] A record of the changes that led to the transfer of nurse training from hospitals to institutions of higher education can assist neophyte nurses to have a dynamic view of their profession. This study is significant because of these factors. Nurses need to understand their cultural heritage and how their educational patterns have contributed to their place in society. Primary data of incidents and events, personal archives and documents surrounding changes in nurse education will provide a repository for future studies. This research also adds to the limited number of historical studies of nurse education in Australia. Finally, this study is significant as it is the first historical thesis of nurse education in Western Australia.

The study's approach

This thesis used a variety of historical methods to answer the research question and portrayed it in a narrative style. As a nurse I belong to the world of nursing. The questions posed to elicit information were within the context of my experience and perspective on what was significant to nursing (see Appendix 1).

The eclectic approach to this study included the scientific and artistic perspective. The scientific element involved using the principles of historical criticism to test the validity and reliability of the data collected. The raw material or 'statements' were tested for truthfulness before being adopted as 'facts'.[30] The artistic or qualitative perspective involved the interpretation of oral history and the human experiences that were lived and perceived by the informants. A dialectic process was used to understand the people's perspective of an event. This involved the identification of contradictions and opposing forces to the situation. Moving between people and documents allowed me to capture the richness and diversity of the situation and to

[29]Hamilton, D, (1993). The idea of history and the history of ideas. *Image*. 25(1)45-48.

[30]Hockett, H. (1955). *Critical method in historical research and writing*. New York: Macmillan.

place significant events within a historical context. Additionally, the artistic element was portrayed in the synthesis of the material and the writing of the narrative.

Steps of the approach

The location of data

Although the period of this study was from 1962 to 1975 the genesis of changes to nurse education can be traced to significant events that occurred in Western Australian history prior to these dates. Since settlement in 1829 much of Western Australia history has been recorded and kept in the archives of the Western Australian libraries, museums and private collections. The time consuming task of pursuing evidence to answer the research question was made relatively straightforward by using these archives.

To shed light on the past events in nurse education every effort was made to seek primary sources of information. Many of the people who were involved in nurse training and education during the time frame of this study were retired and available to assist in the quest. There were, however, limited times when secondary sources were used.

Much of Western Australia's early history was lodged in the James Sykes Battye Library. This material included archival material in the Western Australian Public Records Office from the Nurses Board of Western Australia and the Health Department of Western Australia. Professional nursing organizations such as The Royal College of Nursing Australia, The Australian Nurses Federation, The Florence Nightingale Committee and schools of nursing in Western Australia have recorded and stored information. Such data sources were made available to the researcher in Canberra, Melbourne and Western Australia. Data was also collected from Federal and State government reports and publications. Other important documents such as minutes of meetings, log books, personal letters also provided primary sources of information. In addition secondary sources were used such as old copies of journal articles, textbooks and individual personal discussion papers. This was to ‘get a feel’ for situations and events and to clarify the time of occurrence. These sources were

the glue that enabled me to fit together the mosaic of nurse education in Western Australia.

Helen Bailey, the principal informant for the early years of this study, made available her private collection of archival material. These consisted of past records and documents pertaining to the Nurses Registration Board, minutes of significant meetings, personal letters, journal articles, discussion papers and government documents. Some of these papers revealed the names of other people relevant to this study. Authors of documents and names of people on minutes of meetings provided a person trail. Helen Bailey also provided a valuable list of other significant people together with their location and suggested places where documents may have been archived. My personal knowledge of significant people and nursing organizations also helped in the collection of information.

Helen Bailey had transcribed tape-recorded meetings of the Nurses Registration Board, which were valuable sources information. Listening to the tone of voices and the manner in which individuals interacted with each other helped interpret notions of interpersonal relationships and power play.

The process of data collection

It was evident from interviewing retired nurse tutors in preparation for my Masters thesis that nurses had important stories to tell.[31] Some of these leaders were able to illuminate the milestones in nurse education. Most had kept many documents that supported their story. Thus, evidence was collected from both people and documents. I began the process of data collection by interviewing Helen Bailey, who led me to other informants. Additionally, other informants from outside the nursing profession who had contributed to nurse education during the time frame study were also sought. These informants were medical practitioners, educationalists and civil servants. This method of locating people provided a rich source of informants who were able to add to the story and corroborate its validity.

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[31] Piercey, C. (1991). *Motivational orientations of registered nurses participating in continuing education in Western Australia.* Unpublished Masters Thesis. Western Australia: Curtin University of Technology.

All informants were contacted by telephone or by letter to request an interview. A letter was sent following a telephone call confirming details of the location, time of the interview and the general aim of the study (see Appendix 2). Most informants elected to be interviewed in their own home. This was beneficial for me as I was able to get to know the informant as a person by observing their interaction in familiar surroundings providing a springboard to collecting data. I was able to start a conversation about the respondent's personal life gleaned from surrounding items such as photos and *objet d' art*. The pattern of data collection moved from personal to general to a focused history of people and events relevant to the time. By preparing some specific questions gleaned from interviewing people and from reading documents I was able to keep within the context of the study.

The questions were structured in order to allow the informant to express the role they played in an event or situation in question. My questioning technique for the first interviews always started with general questions about the experiences the informant had in their occupation within the time frame of the study. During the course of data collection questions were modified to explicate other information in an effort to gather more evidence about the facts. I asked more focused questions when I felt the informant was comfortable with the interview. I slowly progressed with information collection by capturing the thoughts and feelings of people who were part of the event.

I learned to question each piece of evidence that related specifically to nurse education. This process helped to prevent me from circular thinking and kept me focused on the study's objectives. It also assisted in identifying significant relationships between documents and people. As the picture of an event began to emerge I checked with the informants to see if this was a true representation of the event. I had to be careful that the evidence itself did not become the focus of the study. By concentrating on the bigger picture and guided by the research question I allowed the evidence to 'speak for itself'.

Data collection was assisted by my knowledge of the education scene during the time frame selected. Although my basic nurse training was under the Nightingale system

of the 1960s in England I had worked and studied in Western Australia since 1972. This personal background enabled me to develop a positive relationship with my informants. Prior to each interview I prepared areas of questions. This helped me to develop a 'mind set' aligned to the time, place and context of the era. My past experiences made this task relatively easy. At the same time I was cognizant of the need to validate my interpretations and perceptions.

The interview schedule was semi-structured from the research guidelines and from previously collected data. Open-ended questions were used to allow informants to respond with personal feelings, views and thoughts. I endeavoured to maintain a neutral stance when conducting the interview. This allowed informants to tell their story from their perspective. I used a flexible questioning technique. Thus, moving from general to more focused questions (see Figure1.1). On completion of the interview permission was sought for follow-up telephone calls and/or interviews to clarify information and collect additional data.

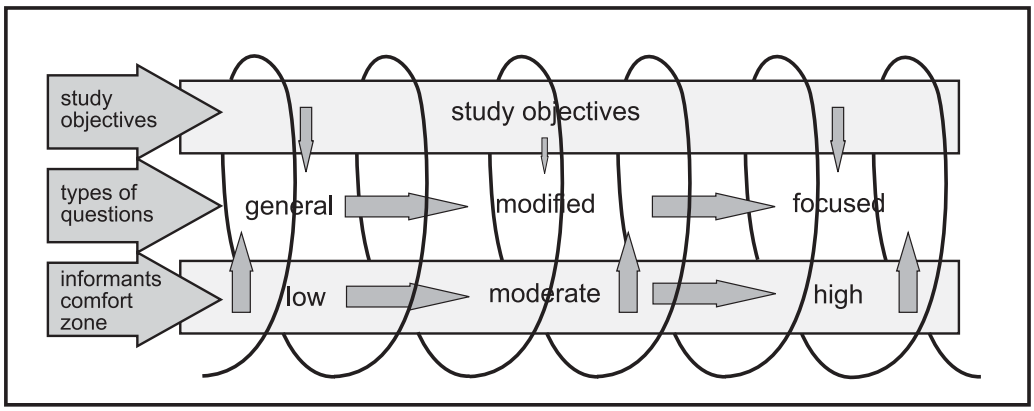

Figure 1.1: **Process questioning technique**

Helen Bailey was the main informant for the early years of the study. She was instrumental in leading the wave of changes that occurred in nurse education before and during the time frame of this study. She held several senior positions in nurse education including Organisor of Nurse Training and Principal Tutor of the Central Training School from 1947-1951 and Principal Tutor at Royal Perth Hospital 1954-1959. Her major role was as the inaugural Education Officer on the Nurses Board of

Western Australia from 1960 until her retirement in 1970. This position afforded Bailey the opportunity to usher in changes to nurse training in Western Australia.

Helen Bailey's personal archives were a valuable and major source of data. I sifted through this material deciding what was mildly interesting and what was pertinent to nurse education. In doing so I employed the principles of historical criticism. This process involved examining each piece of evidence for authenticity and classifying it into categories for future reference. The constant responsiveness and adaptability to people was also a skill I adopted when collecting evidence from documents and records. As I sorted through Helen Bailey's archival material I consciously placed each piece of evidence in chronological order and under categories that would make it easier to locate later. As I performed this task I became immersed in the story that was beginning to unfold. This helped me respond to the data and adapt my thoughts and feelings to the context of the period under study. This meant changing my present day perspectives on nurse education to those of the past. As a person looking back on the past I tried not to get caught up in the passions of emotive issues of the period under study.

Having standards to guide the process of data collection is the best check of validity. One of these standards is to spend a long period of time in the field. This is often cited as a critical condition to ensure validity.[32] I spent three years in reading, scrutinizing and collating Helen Bailey's private collection of papers. In doing so I questioned, recorded and noted other pathways to transgress. I cross checked information retrieved with other informants and documents to build a discernible pattern.

The researcher as the instrument

As researchers personally gather data they become the research instrument. My personal involvement could be viewed as a bias especially if there is an overemphasis on one source of information at the expense of another. To diminish

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[32]Kirk, J. and Miller, M. (1986). *Reliability and validity in qualitative research*. Beverly Hills: Sage.

this potential bias I consulted both documents and people. By keeping a diary of my interview together with notes made during the process, I was able to progress in a systematic manner. A separate book was kept which recorded theoretical concepts and specific questions that needed to be addressed during the process of scrutinizing information from either documents or from other people. Once the documents were discovered a bibliography was established to allow cross-referencing of information.

During the interviews with retired nurses, I kept the flow of conversations focused on specifics rather than generalities. By listening carefully to informant's dialogue I was able to sort the 'nice to know' from the 'need to know'. The ability of the informants to self disclose and speak freely of the past, was due in part to my sensitivity to question in a non-threatening manner. This helped to develop a positive rapport and a trusting relationship.

Data analysis

A historical event can be viewed as both a structure and a process. The structure of the situation is the social environment in which the event took place. It can either limit people's freedom or it can open up wider possibilities. From this perspective the individual and the roles that they play interact interdependently within the social environment. Changes to the structure are not always random but follow patterns and trends through time. These can be regarded as a process.[33] Both structure and process are 'fundamental to any systematic study of change'.[34] I followed this approach by looking at both the structure and process of an event. This allowed me to dig deeper into a situation and gain a more global perspective of the situation. I constantly switched from documents to people and back to documents collecting evidence in an effort to gain an understanding of situations, circumstances and events.[35] When using this method of moving between people documents and back to people, I developed hypotheses that led me to either confirm or refute the evidence.

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[33]Social Science Research Council (1954). *The social sciences in historical study: A report of the committee on historiography*. Bulletin 64. New York: Social Science Research Council. p. 96.
[34]*ibid*. p.96.

This cyclical approach was a process of 'finding, examining and analyzing the data and deciding more precisely on what was needed next'. The cycle was repeated again until the data was redundant.[36] Thus, data collection and analysis took place simultaneously.

Historical inquiry is a constant interplay between evidence and interpretation with new insights and new questions surfacing during the process of analysis. In this manner new facts were uncovered as I kept on the trail of evidence until an interpretative stance was reached.[37] These were confirmed or denied from the data and interpretations were judged valid if there was no contradictory evidence.[38] This systematic technique of obtaining and analyzing facts from people and documents assisted me to piece the evidence together before proceeding to the next point of collection. The picture emerged from the story of events only after the entire historical record had been reviewed and interpreted.

Synthesis of data

The final phase in this study's approach entailed the synthesis of information. This process required the organization and integration of evidence into a logical sequence with the events being connected and molded into a related whole.[39] The synthesis of information of this study is presented in a narrative form. It comprises a descriptive element which addresses the how, who, what, and where, together with an interpretive element which addresses the why.[40] I described both the ordinary and the most exciting events to create an atmosphere for the reader.[41] In doing so I

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[35]Bardach, E. (1974). Gathering data for policy research. *Urban analysis.* 2, 117-144.

[36]Krathwohl, D. (1993). *Methods of education and social science research: An integrated approach.* New York: Longman. p.507.

[37]Lancy, D. (1993). *Qualitative research in education.* Toledo: Longman.

[38]Hughes, H (1964). *History as art and as a science: Twin vistas on the past*. New York: Harper and Row.

[39]Streubert, J. and Carpenter. D. (1995). *Qualitative research in nursing: Advancing the humanistic imperitive*. Philadelphia: Lippincott.

[40]Sarnecky, LTC. M. T. (1990). Historiography: A legitimate research methodology for nursing. *Advances Nursing Science*. 12(4), 1-10.

[41]Gottschalk, L. (1963). *Generalisation in the writing of history*. Chicago: University Chicago Press.

allowed the evidence to speak for itself. In writing the historical narrative I selected facts that were then arranged, emphasized, or minimized and placed in some sort of causal sequence, to establish relationships. This was based on the premise that 'like consequences are derived from like antecedents'.[42] Accordingly, the narrative portrays patterns and trends in nurse education in Western Australia by revealing some of the antecedents and consequences of significant events.

As the narrative unfolded it was important to organize the facts and juxtaposition these to find comparisons and contrasts. In this fashion I was able to infer relationships whenever appropriate. Like other historians I 'lived' with the historical evidence I had collected for a long time before a pattern emerged. There were no rules to guide me in creating the synthesis of information but I was aware that there must be a logical flow of ideas. Accordingly, this thesis focused on pertinent issues and events that formed the milestones in the history of nurse education from 1962-1975.

Ethical considerations

Historians have the responsibility for interpreting the past with dedication to truth and rigorous scholarship. Ethical principles guided the historical inquiry in order to assure professional competence and accountability. In keeping with ethical standards and to guard against possible exploitation of people participating in the study I obtained permission to conduct all the interviews. At the same time I gained permission to use the informant's name in the thesis and when speaking to other informants. Informants were informed of their rights in a letter (see Appendix 2*)*. The researcher endeavored to conduct interviews in a sensitive manner with objectivity, honesty and integrity. All personal information gathered was treated strictly confidential unless the informant permitted otherwise.

Permission was given in writing by the nursing organizations and the Health Department of Western Australia to access official records in the Battye library. Archival material was also accessed in The Royal College of Nursing Australia,

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[42] *ibid*. p.277.

Canberra. Care was taken to preserve the integrity of the documents and to accurately report the relevant contents in an unbiased manner. Permission was also granted from the Curtin University of Technology's Human Research Ethics Committee to conduct this study (see Appendix 3). This thesis presents the historical truth insofar as could be determined from the data collected.

Summary and future chapters

In summary this chapter sought to lay the foundation of the study. The major thrust was to describe the process of how and why the study was conducted and to identify the steps in the approach. These steps provided the reader with a systematic view of the process but in reality the process of data collection and analysis took place simultaneously. The synthesis of information was not attempted until there was a naturally evolving story with sufficient corroborating evidence.

The following chapters will be in a narrative form. The story of the changes in nurse education and the factors surrounding those changes begins in chapter two. The context of the study together with a brief account of the foundation of health care in Western Australia is also presented. The time frame of the study prevented an in depth recording of all events in relation to nurse education in Western Australia, prior to 1962. The body of chapter two portrays the foundation of the regulating authorities and the formation of nursing organizations. The genesis of educational standards for nurses was traced back to the founding of such establishments. Nursing practice and nurse education have been responsive to the unique vagaries of the social, political and economic situation of the time. Chapter two provides a prelude to the following chapters. This is in terms of the factors and the antecedents to the time period selected in this study.

Chapter three begins with the backdrop of changes that were pertinent to nurse training of the 50s. The chapter provides an overview of the population expansion of Western Australia in the 50s and 60s. It was this expansion together with post-war reconstruction and an improved economic climate that led Western Australia to lay foundations in health and education. With an increase in the population and advances in medical technology there was a corresponding increase in hospital beds

that led to a shortage of nurses. With few registered nurses and an apprenticeship system of nurse training the hospital authorities believed that increasing trainee intakes would remedy the situation. Chapter three discusses the predominance of workforce needs over trainee learning needs together with the consolidated moves made by the Nurses Registration Board to play a more active role in nursing training.

The spotlight of chapter four focuses on reform and reconstruction in nurse education. Social changes in women's roles and girl's education during the 60s had changed the characteristics of the school leaver anxious to make nursing a career. Nurse education reform was the focus of debate internationally. Influential nurse leaders, as members of the nursing organizations pressured for major reconstruction. Many of these leaders in Western Australia had returned from the College of Nursing Australia with post- graduate qualifications and were eager to play an active role in nurse education reform. It was the major role played by the educators on the Nurses Registration Board and in particular the Education Officer that inroads were made to change nurse education. This chapter will detail the 'Western Australian Nursing Survey 1960-1962' that was the catalyst to major nurse education reform during the period of this study. Chapter four closes with some recommendations of the 'survey' such as the formulation of a new Nurses Act that would allow the NRB to become an autonomous body.

It was clear from the 'survey' that the syllabus no longer met the needs of the Western Australian community. The Nurse Registration Board mooted that a more general form of training would improve the situation. Whilst the 'Board' had approved in principle to such a change there remained much to achieve in developing a comprehensive curriculum. The Education Officer was aware that to effect change, numerous people needed to be involved. Bridges had to be crossed and new bridges formed in order to gain positive outcomes. Thus, chapter five details the strategies involved in building the curriculum and the issues that arose in its development. The chapter will focus on the individuals involved in change and the interaction of some of the key people. It will conclude with a brief explanation of the legislative changes that were critical to the implementation of the curriculum that became known as the Hospital Based Diploma.

The simultaneous development of two comprehensive curricula, the Hospital Based Diploma and the Associate Diploma meant that there was a dual thrust to change nurse education. Both of these curricula were developed to better prepare nursing students to meet the health care needs of the Western Australian community. The Hospital Based Diploma was developed for the majority of students in the hospital apprenticeship system of training. The Associate Diploma was to be for potential nurse leaders and would be implemented at the Western Institute of Technology. Many delays including major changes to the tertiary system of education prevented the smooth passage of implementation. Paradoxically, the delays prevented progression of the Associate Diploma, but it facilitated debate amongst nurses to identify more precisely the direction nurse education was to pursue. Delays were also experienced with the implementation of the Hospital Based Diploma. An insufficient number of qualified tutors held back the momentum for change. How Western Australia dealt with these issues forms the thrust of chapter six. The interaction between the College of Nursing Australia, the Nurses Registration Board and the Technical Education Division is the body of the chapter. This thesis timeframe is from 1962-1975 and a discussion on the political events that surrounded the total transfer of nurse education to a higher education sector are not part of the remit. Nevertheless, the chapter will briefly provide an overview of factors leading up to the first basic pre-registration students entering the Western Australian Institute of Technology. This event was the *coup de grâce* for the nursing profession in Australia.

Chapter seven picks up the threads of the thesis and provides a conclusion and a postscript. The milestones of nurse education that occurred from 1962–1975 are identified together with the forces that facilitated or impeded change. This chapter identifies and highlights some of the subtle and sometimes explicit actions that occurred that eventually led to the transfer of nurse education to the Western Australian Institute of Technology (later to become the Curtin University of Technology). This brings the chapter and the thesis to a close.

CHAPTER 2

Whoever wishes to investigate medicine properly should proceed thus: in the first place consider the seasons of the year...then the winds...peculiar to each locality...consider its situation...consider most attentively the waters the inhabitants use...and the ground and the mode in which the inhabitants live...their pursuits...drinking and eating to excess, and given to indolence, or are fond of exercise and labor.[1]

PRELUDE TO THE STUDY

Introduction

The time frame of this study was from 1962 to 1975, but many important events in nurse education between those years were predicated on earlier times. To gain a wider appreciation of those events it is necessary to briefly discuss some aspects of Western Australian history juxtaposed against an emerging health care system. The 'how' and' why' of nurse training methods evolved from the health care needs of the people and the embryonic health service which addressed those needs. The prelude to the study lays the foundation upon which the remainder of the thesis can be interpreted.

There have been many factors that have contributed to changes in nurse education in Western Australia. These can be divided onto two broad categories namely external and internal influences. Under the umbrella of external influences were the isolation and vast expanses of the State of Western Australia, the growth and diversity of the population and the emerging health care system. Internal influences were the formation of nursing organizations and the outstanding work of particular nurse leaders. These leaders were sensitive to the health care needs of the community and to the professional development of nurses. They acted as catalysts in the interplay between people and organizations in an effort to align nursing practice to nurse education.

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[1]Hippocrates. (1938). On airs, waters and places. *Medical Classics* 3, 19-42. p19.

Geographical features of Western Australia

Many of the influences that were instrumental in shaping nurse education can be traced to the early history of nursing in the Swan River Colony and the geographical isolation of Western Australia. The health and welfare of West Australians have been contingent on the vast distances and isolation from the rest of the world. The land of New Holland (later to become the State of Western Australia in 1901) was described by William Dampier in 1688 as:

> dry rocky and barren... The inhabitants are the most unpleasant looks and the worst features of any people I ever saw...We were sadly pestered with flies, which were more troublesome to us than the sun, tho'it shone full and clear upon us all the while, very, very hot. Without finding good fresh water...and my men growing Scorbutick for want of refreshments, I had little encouragement to research further...I resolved to leave the coast.[2]

This description, however, pertained to a part of Western Australia that lay facing the Indian Ocean that is to day known as the Kimberley (see Map 2.1). If Dampier had ventured further south he would have discovered the Hamersley Ranges with its many gorges and crystal clear creeks bordered by red rocks and green foliage. Western Australia is a land of magnificent contrasts that had and continues to yield an abundant harvest of wheat, wool and mineral wealth. It was the mineral wealth that initiated many industrial projects of the 1960s and led to an upturn in the State's economy.

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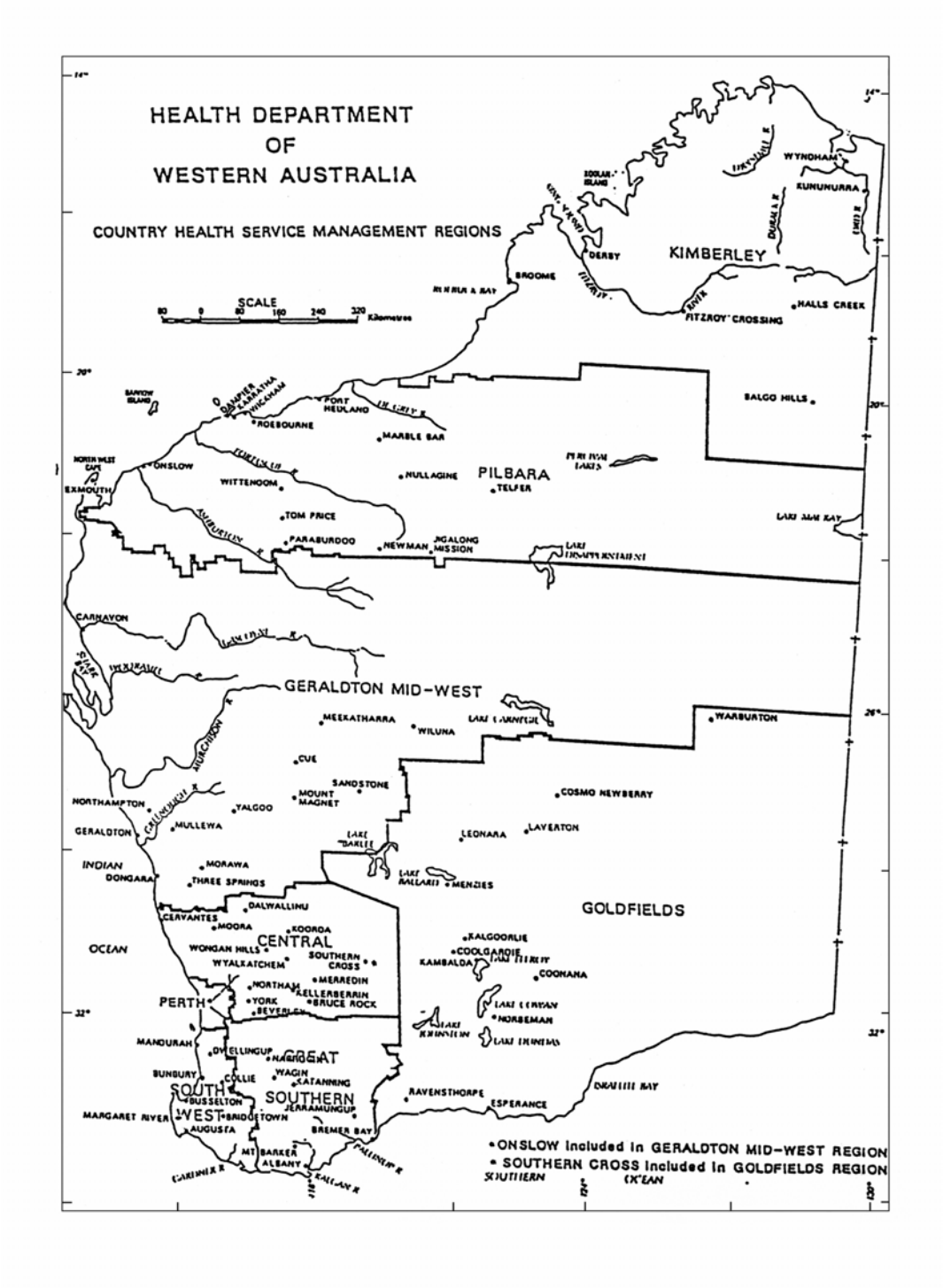
[2]Hancock, D. (1979). *The Westerners: The making of Western Australia* New South Wales: Bay Books, p.8.



Map 2.1 Metropolitan and regional areas of Western Australia (source HDWA 1997)

Western Australia covers one third of the continent of Australia. It extends 2,400 kilometers from the Kimberly in the northwest of the State to its most southern tip where it meets the Southern Ocean. Across the widest point from the Pilbara to the borders of South Australia and the Northern Territory is 1600 kilometers of scrubland and desert, with sparsely populated small mining towns and Aboriginal communities. Two thirds of Western Australia lies below the Tropic of Capricorn where the climate is sub-tropical. The remaining one third is tropical with the climate similar to that of South East Asia. Perth is the capital city of Western Australia and lies midway between the Pilbara and the Great Southern region (see Map 2.1). The Swan River meanders through the city and is surrounded by an escarpment of hills to the East. The busy port of Fremantle is situated at the mouth of the Swan River.

Population

In 1962 there were 765,715 people in Western Australia and 348,647 resident in the Perth metropolitan region[3]. This pattern of population distribution was established in the colonial years of the first settlement. Western Australia unlike the Eastern States began as a free settlement. Landowners needed workers to assist in preparing farms. This saw the transportation of convicts, which increased the population from the original 1,300 people in 1829 to 5,886 in 1850. The steady increase changed dramatically with the discovery of gold in the late 1890s. The development was so rapid that in the last decade of the nineteenth century the population of Western Australia almost quadrupled from 48,502 in 1890 to 179,967 in 1900 (see Appendix 4).[4] Over the years cultural and ethnic diversity resulted in Western Australia becoming a multicultural society during the 1960s. A large population of indigenous people in the State particularly in the rural areas of the north of Perth added to Western Australia's polyglot community. In 1961 it was estimated that there were 10,000 Aboriginal people. This figure was an approximation since at the time there

[3]Commonwealth Bureau of Census and Statistics Western Australian (1967). *Western Australian Year Book*. Western Australian office. Perth: Commonwealth Bureau of Census and Statistics. p. 130

[4]*ibid*. p.130.

were as many as 2,000 indigenous people living 'beyond the confines of civilization'.[5] Health care services were obliged to take account of the multicultural diversity of the people and the vast distances between health centres across the State.

The emergence of a health care system

A picture of the Western Australian population, the environment and the conditions that surrounded people's lifestyles provides an orientation to the health and welfare of the community. The growth of Western Australia population during the early 1900s, flourished in the rural areas. Railway loop lines and were built from the main railway to service new farms. New settlements sprouted along these lines to outlying areas that penetrated both the inland and coastal areas. Between 1902 and 1919 the government built 2,000 miles of railway. This was in addition to the 1,540 miles of lines that were established by the convicts prior to Federation.[6] The roads traversed the outback as towns were established at the intersection of major roads. The rural population identified a need for medical services, particularly for pregnant women. This led to the emergence of cottage hospitals. Throughout the 'wheat belt' in central Western Australia and the 'timber country' in the South West of the State twenty-one hospitals were established during this early period of State expansion. Most of these small hospitals were within a 300 to 400 mile radius of Perth.[7] Many remain today with some larger ones taking on a mantle of a regional health centre to service the needs of the rural community (see Map 2.2).[8]

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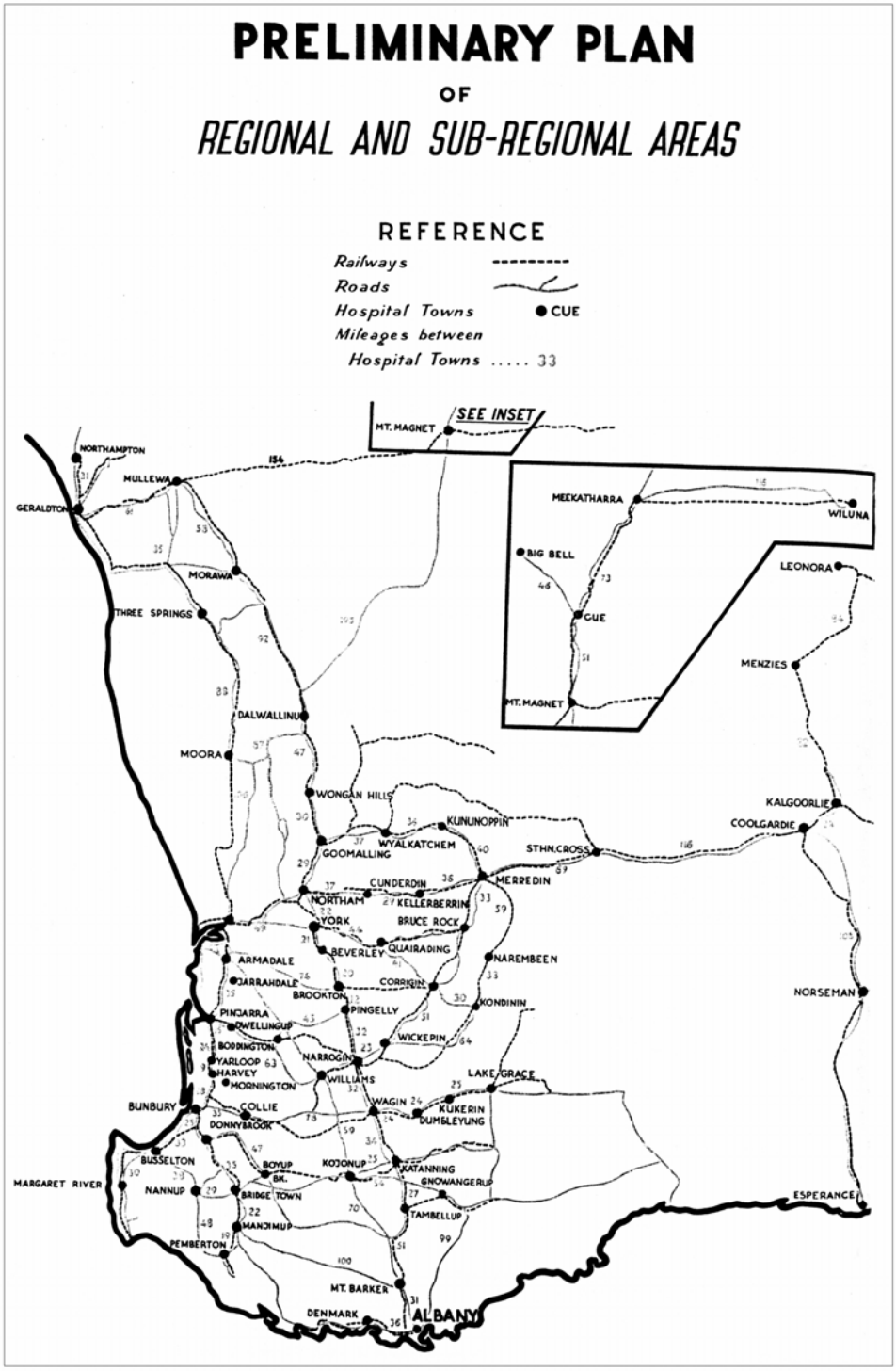
[5] *ibid*. p.132.
[6] Cowley, F. & de Garis, B. (1969). *A short history of Western Australia*. Melbourne: Hinemann.
[7] Annual report Central Board of Health, 1910, p.11.
[8] personal communication. Vicky Hobbs. 17 January. 1995.



Map 2.2 Preliminary plan of regional and sub-regional areas in the South West of WA

The Hospitals' Act 1894 reformed hospitals conditions and set standards across the State. Under the Act, any place or places named as a public hospital were required to appoint a board of management. The 'Board' had discretionary powers regarding financial contributions, fee for services, employment of staff including medical officers, nurses and attendants, regulation of admission and discharges, moral and religious instruction of patients together with the order, discipline, decency and cleanliness of patients.[9] The Act did not specify whether the students were nursing or medicine but it stipulated the study of surgery and medicine. The first three hospitals to be controlled by the Act were Coolgardie, Kalgoolie and the Colonial Hospital in Perth. These three hospitals were the first recognized as general nurse training hospitals by the Australasian Trained Nurses Association (ATNA) in 1900. Other hospitals in the rural areas relied on the benevolence of country women to assist in caring for the sick and to help women in child birth, until trained nurses were available.

The formation of the Australasian Trained Nurses Association

The foundations for regulating nurse training began at a time when Western Australia was consolidating its progress and development. In the first two decades of the new century the State could be characterized by its population growth, rural expansion, social reform and philanthropic endeavours. Female suffrage had been introduced in the Parliament of Western Australia in 1893. This assisted the establishment of the Children's hospital and later the King Edward Maternity hospital in 1916. Most medical practitioners at the time criticized the building of separate institutions for women and children but the female philanthropists who were also wives of prominent political leaders found a new and persuasive voice in supporting such a notion. For example Lady Edeline Strickland was the wife of the Governor of Western Australia.[10]

Trained nurses empowered by their successes in gaining the vote formed an action group to challenge health policy. The community had demonstrated a need for

[9]Hospitals Act, 1894.

professional nursing and the profession had a mandate to serve the community. The time was ripe for the establishment of a Western Australian nursing organization that could formalize the profession's objective. Accordingly, a branch of the ATNA commenced on 31 October 1907.[11]

The ATNA was founded in New South Wales under the leadership of Miss Susan McGahey. In 1899, McGahey the Matron of the Prince Alfred Hospital in Sydney represented NSW at the second annual conference of the Matron's Council of Great Britain and Ireland. The conference was held at Mrs Ethel Bedford-Fenwick's home in London and followed the closure of the Congress of the International Council of Women.[12] This assortment of women's organizations in Britain and the United States of America enjoyed some public influence. Mrs Bedford-Fenwick a protagonist for nurse registration seized this opportunity to further the cause of nurse registration at an international level.[13] At the meeting of the Matron's Council, Bedford-Fenwick proposed the 'international idea' to unite nurses across the globe. Accordingly, the International Council of Nurses (ICN) was launched at the Annual Conference of the Matrons Council in 1899. This momentous step in the history of nursing was to play a vital role in the future of nurse education in Western Australia.

The constitution of the ATNA made provision for the formation of State branches with the headquarters in Sydney. Four States quickly followed the lead set by NSW. The Queensland branch was established in 1904, South Australia in 1905, in Western Australia 1907 and Tasmania in 1908.[14] The State of Victoria, although affiliated with NSW established its own authority the Victorian Trained Nurses Association.

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[10]Marshall, J. (1996). *Starting with threepence: The story of Princess Margaret Hospital for Children*. Fremantle: Fremantle Arts Press.
[11]The Australasian Trained Nurses Association. Battye Library. ACC2914, AMN791, File 7. 1907.
[12]Bridges, D. (1967). *A history of the international council of nurses 1899-1964*. Toronto: Lippincott.
[13]Rafferty, A. (1996). *The politics of nursing knowledge*. London: Routledge.
[14]Hobbs, V. (1980). *But westward look: Nursing in Western Australia 1829-1979.* Perth: University of Western Australia. p.18.

This early competition between nursing organizations in Victoria and New South Wales was a characteristic of nursing politics over the ensuing years. It was also a major factor that influenced nurse education in Western Australia in the late 1960s and early 1970s.

The timely introduction of a new Health Bill in 1907 in Western Australia, created an opportunity for the ATNA to assume a political role. One of the objectives of the constitution was the establishment of a system of registration for trained nurses (see Appendix 5). The strategic move to include both nurses and medical practitioners on the executive committee of the ATNA in Western Australia assisted the passage of the Western Australian nurse registration Bill in 1921. Athelstone Saw the first president of the ATNA Western Australian Branch and Hon A. H. Panton MLA a member of the Perth Public Hospital Management Board supported nurses. This was important as parliamentarians played a significant part in the registration debate.[15]

Formation of the Australian Nurses Federation

The economic climate of the State declined during the 1930s and ushered in changes in nursing. The union movement accelerated and conditions under which nurses were expected to function were no longer tolerated. Coupled with these factors nurse leaders who had a better general education and more experience in administration occupied positions of authority in nursing organizations and hospitals. Unity of nurses under the banner of nursing organizations forged ahead in a quest for professional recognition. A modernized nursing network and communication system assisted the leaders to debate the future of nursing and to challenge the *status quo*. Standards in nurse education became a major unifying factor. Most of the negotiations to rectify anomalies in nurse education took place in the Eastern States because the bulk of the population were and continue to be in Victoria and NSW. Events in Western Australia concerning the union of nurses, however, afforded nurses an advantage.

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[15]Western Australian parliamentary debate: Legislative Assembly 2 November. 1920, p.1348.

Nurses in both Victoria (Trained Nurses Guild) and Queensland had registered with appropriate authorities to form separate unions in each of these States. The ATNA branches in South Australia, Tasmania, Queensland and Western Australia were concerned about the disunity of nursing organizations in Australia. The need to remedy this problem became an urgent matter if nurses were to change their working conditions in hospitals. Some unity was achieved as the branches of the ATNA agreed to form a Federal council with representatives from each State. In May 1924 a newly formed Federal body was established which was named the Australian Nurses Federation (ANF). The ATNA branches in each state retained their title with the addition of ANF. In Western Australian the branch was named the ATNA WA State Branch of ANF.[16] Under this new body State branches of ATNA could exercise greater autonomy from the federal council. In Western Australia the bargaining power of the ATNA had diminished since nurses had gained State registration in 1922. The ATNA still retained some influence as it was responsible for the 'Schedule of Study' which guided nurse training methods (see Appendix 5).[17]

In the 1930s nurses' working conditions in hospitals in Western Australia were deteriorating. In these early years of nurse training the trainee was relegated to the 'pan room'. Depending on the situation this room could be a haven to escape the furious anger of senior nurses or be the sole destroying drudgery of cleaning mountains of dirty bedpans and sputum mugs.[18] Nurses worked fifty-four hours per week on day duty and sixty hours on night duty.[19] There was also a disproportionate amount of cleaning and other domestic chores to be performed compared with nursing care.[20] It was these conditions that led to the first Industrial Award for nurses in Western Australia in 1935.[21] This milestone for Western Australian nurses could

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[16]personal communication. Vicky Hobbs. 17 January. 1995.
[17]The Australian Trained Nurses Association. Battye Library. ACC2914A, MN791, File13, 18 February. 1936, p.9.
[18]personal communication. Vicky Hobbs. 17 January. 1995.
[19]The Western Australian Industrial Gazette. March 17. 1936, p.240.
[20]personal communication. Vicky Hobbs. 17 January. 1995.
[21]The Western Australian Industrial Gazette. 17 March. 1936, p.236.

not have been achieved without the unity of trained and trainee nurses.

As the name suggests members of the ATNA were trained nurses. They gained membership following successful completion of their training and having their name entered on the register. The organization maintained the register of trained nurses and stipulated the 'Schedule of Study'. Whilst the 'objects' of the ATNA was to consider work related issues the primary aim was to promote the interests of trained nurses.[22] Trainee nurses formed the bulk of the workforce and needed representation by a recognized organization to change their working conditions, salaries and hours of work. Other outside organizations such as the Hospital Officer Association offered to act on the nurse trainee's behalf. This move posed a threat to the integrity of the ATNA. Nurses would be represented by a non-nursing organization and might consider continuing their membership on completion of their training. These concerns forced the ATNA to amend membership options. They had to decide whether to affiliate with an established West Australian union of workers or form a separate nursing association.[23]

Two hundred and sixty nurses the majority of whom were trainees supported trainees becoming members of a nursing organization. The name given to the new nursing organization was the Western Australian Nurses Association (WANA). This was the same name that had been used in an earlier attempt by a small number of nurses and philanthropists to form a new organization in 1909.[24] Accordingly, WANA was registered as an industrial union on the 19th September 1934.[25] Even though ATNA WA Branch of the ANF and WANA were separate organizations the constitution of the WANA was adopted from the rules of ATNA. Members of one organization were also members of the other. This situation of having the same leaders of nursing representing different organizations in such a small population of nurses led to a

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[22]The Australasian Trained Nurses Association. Rules and regulations and constitution. 1900. State Library New South Wales. MSS 4144, MLK2665.
[23]The Australasian Trained Nurses Association. Battye Library. ACC2914A, MN791, File13. 25 June. 1934.
[24]*ibid*.
[25]Certificate of Registration and Incorporation. 19 September. 1934.

cross pollination of ideas and unity of purpose being enacted. A solid foundation was thus set for the future of nurse education through to the 1960s.

The purpose of forming WANA was to address the conditions in hospitals that were accredited as nurse training schools.[26] Failure of the public hospitals to adopt the proposed conditions saw WANA taking the matter to arbitration. Mr Justice Dwyer disagreed with the union on the abolition of domestic work for nurses. In his opinion 'the practical knowledge of domestic work was an essential ingredient in the qualification of a nurse'. He further contended that there was nothing degrading or undignified in performing domestic duties. 'They form part of woman's special prerogative and sphere of action in the natural scheme of things' he added.[27] These statements reflected the prevailing attitude of society towards nurses. Several days of hearings that included nurses, medical practitioners and administrators culminated in Dwyer recommending that the domestic chores performed by nurses should not override nursing care.[28] It also led to the first award for nurses in Western Australia on the 1st November 1935.[29]

The Nurses Registration Board of Western Australia

The ATNA maintained a national register of trained nurses in Sydney. It was not compulsory for nurses to become members even though they wrote the ATNA examinations. This posed a problem for Western Australian nurses as there was little evidence that a person was a trained nurse. Legislation was needed to protect the public from unqualified people calling themselves nurses. In order to pursue this goal it was necessary to introduce a nurse registration Bill. Nine years had elapsed since a similar Bill was passed which had led to the enactment of the Midwives Registration Board in 1911.

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[26]The Western Australia Nurses Association. Battye Library. ACC2914A, MN791. October. 1934
[27]The Western Australian Industrial Gazette. 17 March. 1936, p.237.
[28]*ibid*. p.237.
[29]*ibid*. p237

Dr Athelstone Saw (formally the inaugural President of the ATNA) was a keen supporter of nurses. As a member of parliament he stated that Western Australia owed a debt of gratitude to the nursing service. In particular nurses who had served so valiantly in the army during the war.[30] During the passage of the Nurse Registration 'Bill' the Attorney General concurred with Athelstone Saw and expressed the view that recognition should be given to women and the part they had played during the critical times of the First World War.[31]

A well-informed faction of parliament including Edith Cowan finally allowed the Bill to pass with few amendments. These people were the Minister of Health and members of the Perth Public Hospital Board of Management. Edith Cowan was the first woman to be elected to an Australian parliament and championed the cause of 'education of women in every field'.[32] The Nurses' Act was assented to on the 31st January 1922. Under the proviso of the Act a Nurses' Registration Board (NRB) was established for the registration of trained nurses.

The main aim of the NRB was to assist the Minister of Health to administer the Nurses' Act. Under the terms stipulated in the Act, the NRB was governed by the Medical Department (a branch of the Public Health Department of Western Australia). The chairman had a dual responsibility as Commissioner of Health and Principal Medical Officer of Western Australia. When the NRB commenced operating in 1922 it consisted of five members with the Principal Medical Officer being *ex officio*. The other members consisted of one medical practitioner and three registered nurses. Up until the late 1930s the NRB focused on the registration of nurses. This occurred by placing on the 'register', the names of nurses who had successfully passed the State final examinations.[33]

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[30]Western Australian parliamentary debate: Legislative Assembly. 2 November. 1920, p.1348.
[31]*ibid*. p.1348.
[32]Cowan, P. (1976). Edith Cowan. *Early Days: The Royal Western Australian Historical Society* 7(8)55-68.
[33]Government Gazette, 3 November, 1922, Government Printers, wa, pp.2047-2049.

The Nurses' Act of 1921 dealt with the training of the nurses and the accreditation of hospitals for such training. An anomaly of the Act was its failure to stipulate compulsory registration. Hence many nurses who completed their training prior to 1921 were not registered with the NRB. This oversight was partly addressed as the 'Board' requested trained nurses to submit their credentials. Many took this opportunity to register but some including Mary Nicolay the first Nightingale nurse at the Colonial Hospital refused.[34] Under these circumstances it was difficult to ascertain the number of trained nurses. Statistics were gauged by a list of trainee's names being forwarded to the NRB annually by the matron of the training hospital. A comparison was then made with the name of nurses who wrote the final examinations. A more precise figure was established during the middle of the World War II. In order to maintain adequate staffing of hospitals during a time of crisis the Commonwealth government compelled trained nurses to register.[35]

Establishment of hospital training schools

The foundation of hospital nurse training schools in Western Australia can be traced to the early medical services and the forces that brought about the establishment of such institutions. There were four major hospitals in Perth that conducted nurse training during the time of this study. Three of those hospitals, Royal Perth (RPH), Fremantle (FH) and the Princess Margaret (PMH) were constructed in direct response to the health needs of citizens in the city of Perth at the turn of the last century. The fourth hospital, Sir Charles Gairdner (SCGH), was not established as a general training school until 1963. Originally there were two country nurse training hospitals namely, Kalgoolie and Coolgardie. Once the population drifted to Kalgoolie and Perth, Coolgardie became a sanatorium catering for people with tuberculosis on the Goldfields. The majority of these patients were miners who were particularly susceptible to tuberculosis because of the dry, dusty conditions both below and above the ground.[36] The Coolgardie hospital was considered

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[34]Nurses Registration Board. Letters to trained nurses requesting information regarding qualifications for registration. State Records Office of Western Australia. 1922.
[35]The Editor *The Journal of Western Australian Nurses*. 8 June. 1943, p.7.
[36]Public Health Department: Annual Report. 1910, p.11.

inappropriate as a sanatorium in 1909 because of the unsuitable climate and insufficient number of hospital beds. It accommodated sixty males and thirty-five females. At the time there were 1,155 cases of tuberculosis in the State and one fifth of these were single men.[37] People in the city of Perth who needed treatment for the disease were accommodated in an infectious disease hospital at Shenton Park. This hospital was situated on the outskirts of the city in bushland and administered by the State government. It later became the Royal Perth Rehabilitation Hospital. At the time, however, the infectious disease hospital was too small to accommodate the number of cases that needed hospitalization. In 1912 there were 429 hospitalized tuberculosis cases in the State and 220 deaths.[38] Consequently a new sanatorium designed to accommodate three hundred patients was constructed at Wooroloo that was 30 kilometres from Perth (see Plate 2.1). With the closing of Coolgardie and the transfer of patients to the Wooroloo sanatorium Coolgardie hospital lost its recognition as a general training school.

Royal Perth Hospital

The genesis of Royal Perth Hospital (RPH) can be traced back to first settlement and the formal possession of the Swan River in 1829. Health care for the first immigrants began in a tent on the beach at garden Island.[39] This frail canvas tent served as a home, hospital and surgery. This was until Charles Simmons the first Colonial Surgeon moved into a rented room in the new capital of Perth. From this ignoble beginning the Colonial Hospital was established.

A new two-storey brick and shingle Colonial hospital was built by the convicts and completed in 1855 (see Plate 2.2). It had originally been planned to locate the hospital in the central part of Perth replacing the old hospital but residents objected to being associated with the pauper patients. The location of the hospital was convenient for people from the 'poor house' to find work and receive medical treatment.

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[37] *ibid.* p.14.
[38] *ibid*. 1912, p.9.
[39] Garrick, P. & Jeffery, C. (1987). *Fremantle hospital: A social history to 1987*. Fremantle: Fremantle Hospital.

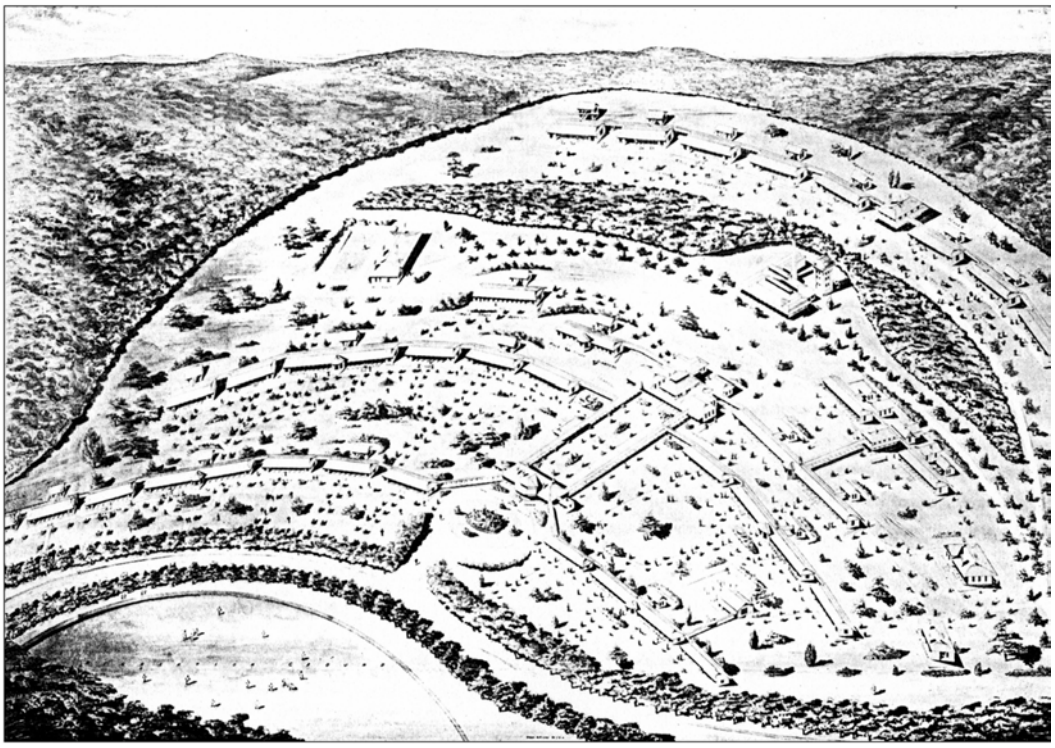

Plate 2.1 Wooroloo Sanatorium Hospital (source Public Health Annual Report 1915, p.4)

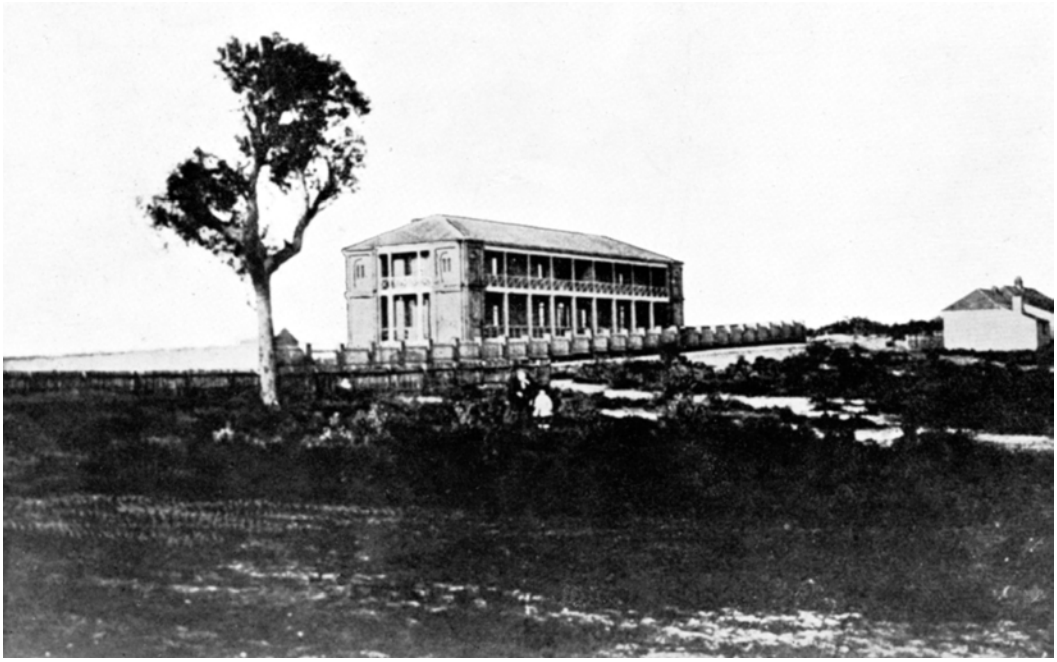

Plate 2.2 Colonial Hospital circa 1855. (later Royal Perth Hospital. Source RPH Journal July 1955, p.36)

Many of these people were immigrant girls from the potato famine in Ireland and the cotton mills in England.[40] During this time the hospital's resources were stretched and conditions deteriorated with the influx of destitute and sick people from the 'goldfields'.

The transition period between self-rule and Federation witnessed major changes to the Colonial Hospital. In an effort to shrug the mantle of a charity and in keeping with the Hospital Act, 1894, the Colonial Hospital changed its name to the Perth Public Hospital.[41] It was during this time between 1895 and 1897 that Matron Gordan commenced a two-year training program. The first trained nurse, Annie Kirkman later recalled the small size of the hospital compared with later years. In 1896 the hospital accommodated thirteen men and nine women. At the time Coolgardie was at its peak with many typhoid patients being transferred to Perth. Such was the shortage of hospitals beds that a galvanized iron building was erected that could house fifty extra beds. Sanitary conditions were primitive as there was only a pan system with no flushing toilets. Nursing care consisted of many hours of sponging patients to reduce fevers. Nurses had little to 'learn as there were no modern apparatus and drugs to use'.[42] In 1900, the Perth Public, Kalgoolie and Coolgardie hospitals were all registered together as nurse training schools by the ATNA.[43]

The Perth Public hospital was registered as a training school but no provisions were made for nurse training. Lectures were conducted in the 'Board ' room and teaching aids were limited to a blackboard and a skeleton. A library consisted of a few textbooks that were kept in a locked cupboard.[44] The ATNA 'Schedule of Study' stipulated that practical instruction was to be given by the matron and the lectures by

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[40]Millet, E, (1872). An Australian parsonage. London ('Western Australian Hospital System') Health Department of Western Australia.
[41]Bolton, G, Joske, P. (1982). *History of Royal Perth Hospital*. Nedlands: UWA Press.
[42]Clark, A. (1954) Reminiscences of Sister Annie Kirkman. 1896. The Royal Perth Hospital Journal. November. p.11.
[43]The Australasian Trained Nurses Association State Library New South Wales. MSS 4144, MLK2665. 1900, pp. 42, 49 & 53.
[44]personal communication. Vicky Hobbs.17 January. 1995.

a medical officer (see Appendix 5). Over the years this system of nurse training underwent minor modification. The matron was eventually replaced by senior nurses and qualified tutors. Lectures continued to be conducted by medical practitioners through to the 1960s. At the Perth Public hospital in the early 1900s the method of training consisted of a replacement system. This involved one trainee nurse or probationer (as they were called) being replaced when a resignation occurred. Lectures would commence as the numbers of probationers became sufficient to form a class.[45] Prior to her transfer to the Children's Hospital in 1900, Matron Anderson remarked that the conditions at the Perth Public hospital compared well with other training hospitals in Australia and in particular the Melbourne Hospital where she completed her training.[46]

Preliminary Training School

It was during the depression years that the voices of nurses were heard by the members of the public. Nurses were dissatisfied with training and nursing conditions in general. This led to the formation of the Western Australian Nurses Association (WANA) and the first Industrial Award for nurses. Previous to this event nurses had little opportunity for recourse to change hospital conditions or the system of training. It was the Court of Arbitration that recommended the establishment of a central training school as a preliminary to training. [47]

Miss McNevin as Matron of the Perth Public hospital and Hon A.H. Panton MLA (speaker of the Legislative Assembly and member of the Perth Public Hospital Board of Management), suggested that all trainees attend a central preliminary training school before commencing ward work. It was argued that the nursing shortage in the country could be addressed if applicants for nursing could receive their preliminary training in the metropolitan area before returning to their home in the country.[48]

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[45] *ibid*.
[46] *ibid*. p.22.
[47] The Western Australian Industrial Gazette. 17 March. 1936. p.237.
[48] letter to Chairman of the Perth Public Hospital Board of Management from Matron McNevin. 17 October. 1934. (Royal Perth Museum).

Prior to the Arbitration Court hearing Matron McNevin had visited Victoria and NSW to examine and report on training methods. At the time both Sydney and Melbourne had implemented a Preliminary Training School (PTS) on similar lines to those in England. A sister tutor was in charge of the class with a second tutor employed 'to demonstrate and coach nurses in ward duties and studies'.[49] On her return to Perth, Miss McNevin recommended that a similar system be established at the Perth Public Hospital. She argued that a PTS with a qualified tutor would provide a standardized method of training and an improved service to the community'. This would benefit the reputation of the hospital.[50] The Perth Public Hospital Board of Management agreed with this initiative and granted permission for the necessary equipment to be purchased.[51] Following the establishment of a preliminary training school the hospital assumed the mantle of a formal training school where all nurse trainees were able to receive their lectures and practical demonstrations in a classroom.[52]

The first preliminary training school commenced in May 1935. Twenty-three trainees undertook a four-week preliminary training that was later extended to six or eight weeks. [53] The syllabus consisted of general nursing, anatomy and physiology, hygiene, first aid and bandaging. This new initiative was not regarded as a solution to the training problems. Some felt it was a threat to their authority and were skeptical as to how much could be taught and learnt in the classroom. The emphasis in training was on recall, routine, precision and dexterity. The 'how' of nursing, rather than the 'why' of nursing. Lectures and examinations were conducted in off-duty time. For those nurses who were on-duty it was mandatory for them to be excused.[54]

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[49]*ibid.*
[50]*ibid*.
[51]*The West Australian*. June. 1935.
[52]personal communication. Vicky Hobbs. 17 January. 1995.
[53]extract from report on the preliminary training school. October 1935. (Royal Perth Hospital museum).
[54]personal communication. Vicky Hobbs. 17 January. 1995.

The replacement system of employing trainee nurses gave way to establishing three to four intakes a year. This continued through the 60s and 70s. The number of trainees in each intake depended on the number of nurses required to staff the hospital. Other nurse training hospitals in Western Australia followed this system in successive years. The Perth Public Hospital continued to grow and became the Royal Perth Hospital with the largest training school for nurses in Western Australia. In 1962 the hospital had a bed capacity of 760. At the time there were 125 trained nurses and 504 student nurses.[55] The compliment of student nurses increased at different times during the year when students from the Princess Margaret Hospital were seconded to the RPH for experience in casualty and adult nursing.

Fremantle Hospital

The port of Fremantle has over the years provided an important junction for many travelers and immigrants. Its importance in terms of providing a health service in the late 1800s was closely related to the increased diversity of cultures and ethnic backgrounds of the population. The Colonial Hospital in Perth was in close proximity to the city residents. This was out of reach to the sick in Fremantle who could not transverse the distance without their condition deteriorating. They made the journey by horse and cart until the railway was completed in 1881.[56] When the convicts arrived, a convict depot, goal and a small medical facility were established. These facilities were for convicts, soldiers, civil servants and their families. Those who did not fit into this class had to make the arduous journey to the Colonial Hospital. Amongst these were casualties from the docks often suffering pain from broken limbs.[57] Only in an extreme emergency were patients in Fremantle treated by the medical practitioner in the convict depot.

Prior to the 'goldrush' of 1890s the increase in the population overstretched the medical resources in Fremantle. Inadequate facilities led to community outrage 'at

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[55]Bailey, H. (1962). *Western Australian Nursing Survey 1960-1962*. Perth*:* Public Health Department. p.28.
[56]Stannage, C.T. (1979). *The people of Perth*. Perth: Perth City Council.
[57]Garrick, P. & Jeffery, C. (1987). *Fremantle hospital: A social history to 1987*. Fremantle: Fremantle Hospital.

the barbarous indifference to suffering'.[58] Politicians discussed the merits of building a wall between the goal and the medical facility to provide a hospital but this was thought impractical at the time. The decision was finally made to convert the 'Knowle' in 1887 when the comptroller of convicts vacated the building.[59] In the meantime a small boarding house served as a temporary hospital facility. Two nurses were employed over a twenty-four hour period to care for twenty-five patients. It was very likely these nurses were dedicated women without formal qualifications who were hired to care for the sick. This was because nurse training did not commence in Western Australia until 1896.

Staff at the temporary quarters endured similar conditions such as long working hours and small wages, as those at the Colonial Hospital in Perth. A lack of staff and unsatisfactory conditions for both staff and patients were factors that soon took their toll on the matron. The patients were moved to the 'Knowle' in January 1897. This was the period between the resignation of the matron and the appointment of Bessie Steel the first trained nurse. Bessie Steel undertook her nurse training at Adenbrook's Fever Hospital in Cambridge England.[60] Her training in fevers served her well as pneumonia and typhoid were the most common medical problems encountered in Fremantle at that time. It was during Bessie Steel's time that a form of nurse training commenced at the Fremantle Hospital, but this was not recognized by the ATNA. Nurses who trained under Bessie Steel were admitted onto the register as trained nurses in 1900.[61]

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[58] *The Inquirer*. 7 March. 1888.
[59] Garrick, P. & Jeffery, C. (1987). *Fremantle hospital: A social history to 1987*. Fremantle: Fremantle Hospital. p.30
[60] Garrick, P. and Jeffery, C. (1987). *Fremantle hospital: A social history to 1987*. Fremantle: Fremantle Hospital.
[61] Hobbs, V. (1980). *But westward look: Nursing in Western Australia 1829-1979.* Perth: University of Western Australia. p.209.

Nurse training continued along similar lines for many years with nurse trainees receiving lectures by the medical practitioners and practical demonstrations on nursing procedures from the matron, or senior registered nurse. Helen Bailey was employed in 1946 as the tutor. She found that the second and third year students had not received any lectures. This was because the Matron had been occupied in the operating theatres and could not afford the time to teach trainees. Teaching was rudimentary and didactic and not perceived as a priority by the hospital administrator. An example of this perception was when Bailey was told by the Medical Superintendent that all she would need to do when teaching was 'to read a chapter from Miss Burbridge's book and teach the girls how to bath patients, make beds and put on bandages.[62] This practice of reading to trainee nurses can be traced back to an earlier time in 1936 as one trainee at Fremantle hospital recalled how Matron Sarah Jones' nursing lectures were uninspiring 'all she did was read them and we copied them down'.[63]

Helen Bailey introduced a twelve-week preliminary training school (PTS) in 1946. This brought the Fremantle training school in line with Royal Perth hospital, which had initiated a PTS in 1935. Fremantle Hospital had considered the idea earlier but concerns over the dwindling nursing workforce during the Second World War had taken precedence. Again in 1944 the issue was raised and Fremantle Hospital combined with the Children's hospital for a six week PTS. This arrangement proved unsatisfactory as a number of trainees failed their exams.[64] When Helen Bailey was appointed Principal Tutor, another attempt was made to implement a pre-clinical period for probationers.

Helen Bailey also introduced the 'block' system of training at Fremantle Hospital. The 'block' system consisted of a number of weeks in a classroom with a condensed theoretical component of the syllabus being taught. This allowed the trainee to take on the role of a student without the responsibility of patient care. The 'block' system

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[62] personal communication. Helen Bailey. 17 November. 1999.

[63] interview with Sister Allen, conducted by C. Jeffery. 28 August. 1985, In Garrick, P. & Jeffery, C. *Fremantle hospital: A social history to 1987*. Fremantle: Fremantle Hospital. 1987, p.247

often left fewer trainee nurses on the ward to provide nursing care. Ward 'sisters' were expected to manage the extra work during these times if trainees were not replaced. This problem frustrated the ward 'sister' but the advantage was a 'fresher and more receptive approach the student would have to their study away from physical work'.[65]

A modified form of 'block' was introduced at the Fremantle hospital. The modifications included doctors giving *ad hoc* bedside conferences in the ward and lectures on scheduled study days. The teaching facilities for trainee nurses were a makeshift arrangement. Lectures were conducted in an old dispensary, nurses' bedrooms and a passageway. Old and chipped utensils were used for demonstrating nursing procedures. The promise of a purpose built Training School did not eventuate until 1948. It was in January 1947 that the title of 'student nurse' instead of trainee, or probationer, became more permanent in Australia. This change took place following the recommendation of the Federal Council of the Australian Nurses Federation on uniform standards of nurse education.[66]

Despite the constraints of the learning environment three third year finalists gained the top three places in the State at the final examination in 1948. Helen Bailey felt that this positive outcome of nurse trainee learning was related to the 'block' system. In 1948 the probationers moved to a prefabricated building that was later dismantled in 1961 to make way for engineering workshops (see Plate 2.3). In 1959 the Mosman Park Annexe, served as a temporary training school until a more permanent structure was built in 1961.[67] This was the redevelopment of the State Education Infant School that was located next to the hospital (see Plate 2.4 and 2.5).

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[64]*ibid*. p.247.
[65]The Editor. *Journal of Western Australian Nurses*. 20 April. 1947, p.17.
[66]*ibid*. 20 May. 1947, p.4.
[67]personal communication. Judith Lancaster. 23 August. 2001.

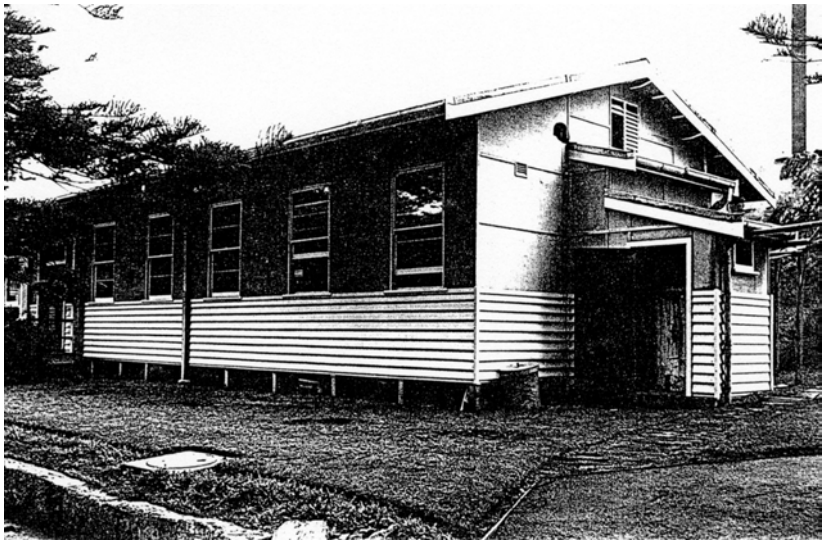

Plate 2.3 Fremantle Training School 1961 (source FH)

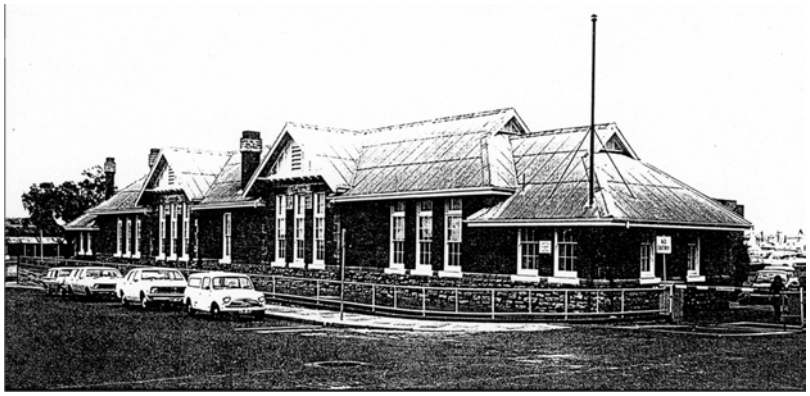

Plate 2.4 Fremantle Training School 1962 (source FH)

Plate 2.5 Fremantle Training School May 1962(source FH)

Princess Margaret Hospital

In response to the high infant mortality in the early 1900s a children's ward was added to the Perth Public Hospital. The ward was inappropriately located next to the mortuary and close to the chimney stacks of the gas company.[68] Children from more affluent families were more fortunate as they were nursed at home mainly by a private trained nurse.[69]

The plight of children in Perth from 'respectable poor' families touched the sympathies of philanthropists in Perth. Twelve years of public meetings, fund raising and lobbying, finally culminated in a Children's Hospital being opened in 1909.[70] Charles Moore was the driving force in raising the money. The twelve years of fund raising was fraught with criticism from local general practitioners who were anxious about losing their home visiting fees to private nurses. The Perth Public Hospital Board of Management was just as vitriolic in their criticisms as they felt it was untimely for such an initiative. Overcrowding at the Perth Public Hospital had stretched resources leading to the belief that money for a Children's hospital would be better spent in increasing the accommodation of convalescent patients in Perth, enabling them to be discharged sooner. This would provide more room at the Perth Public for the more acutely sick.[71]

Moore's plan to build a hospital specializing in children's complaints was an overt expression of the change in society's perception of children. At the time there was a belief that children were small adults and that they did not require special care. The small population of children in Perth in the early 1900s may have contributed to such a notion. The State government was reluctant to support a plan for a specialist children's hospital. Philanthropic pressure, however, culminated in the provision of

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[68]Stannage, C.T. (1979). *The people of Perth*. Perth: Perth City Council.
[69]Marshall, J. (1996). Starting with threepence: The story of Princess Margaret Hospital for Children. Fremantle: Fremantle Arts Press.
[70]*ibid*. p.11.
[71]*The West Australian*. 7 September. 1907.

a subsidy of 1,250 pounds annually for maintenance of the hospital. This was on the proviso that the Board of Management would be responsible for the administration.[72]

The Children's hospital was opened on 5 July 1909.[73] It provided nursing care for children aged between birth and twelve but children with infectious diseases were transferred to the infectious disease hospital at Shenton Park. Hospitalization for these patients was often harsh. Whilst in bed they were expected to lie still and quiet. Those children that were physically able spent time rolling bandages, darning socks and handing out the bread and butter. There was also an expectation that the less sick would dust and tidy.[74]

Annie Anderson had previously held the position of matron at the Perth Public Hospital before being appointed as the inaugural matron of the Children's Hospital. She was well qualified for the position being 'technical fit' as a matron and holding certificates in general nursing, midwifery and infectious diseases.[75] Within her first year of service the Children's Hospital was registered with ATNA as a nurse training hospital and followed the ATNA nurse training 'schedule of study' (see Appendix 5).[76]

Trainee nurses at the Children's hospital lacked experience in adult nursing. In 1937 this anomaly was addressed with the passing of an amendment to the Nurses' Act. A register specifically for trainee nurses at the Children's hospital was created. This required that the three-year training be extended by six months during which time trainees gained experience in adult nursing and casualty at Perth Public Hospital. Nurses who trained at the hospital, thus became known as 'children's nurses'.

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[72]Marshall, J. (1996). Starting with threepence: The story of Princess Margaret Hospital for Children. Fremantle: Fremantle Arts Press Marshall, 1996, p.11.
[73]*The West Australian*. 6 July. 1909.
[74]Marshall, J. (1996). Starting with threepence: The story of Princess Margaret Hospital for Children. Fremantle: Fremantle Arts Press Marshall, 1996, p.17.
[75]*The Western Mail*. June. 1909.
[76]Hobbs, V. (1980). *But westward look: Nursing in Western Australia 1829-1979.* Perth: University of Western Australia. p.209.

In 1949 the Children's Hospital changed its name to Princess Margaret Hospital. By 1960 there were 7,451 in-patients being treated at the hospital. The average stay of patients had reduced from 8.80 days in 1958 to 7.36 days.[77] This allowed the opportunity for much needed alterations and maintenance work to be carried out and the closure of beds on verandahs. In 1961 there was a reduction in the number of working hours of nurses from forty-two to forty hours per week. This led Matron Kath Johnson to reduce the amount of cleaning and other non-nursing duties of trainee nurses and the employment of nursing assistants.[78] This idea was revolutionary since trainees were expected to perform domestic chores. There was a reciprocal arrangement between the Perth Public Hospital and the Children's Hospital for trainees of each hospital to gain nursing experience with adults and children during three years training.[79] Princess Margaret Hospital became one of the major teaching hospitals in Western Australia in the 60s.

Sir Charles Gairdner Hospital

The Sir Charles Gairdner hospital was built in 1958 and was formally known as the Perth Chest Hospital. It was built to accommodate patients needing surgical procedures as part of their treatment for tuberculosis. Previously these major procedures were performed at the Repatriation Hospital that was located in the suburb of Nedlands. In 1915 the Wooroloo sanatorium had boasted a well-equipped up-to-date sanatorium 'second to none in the commonwealth' and could accommodate 300 patients (see Plate 2.1).[80] With the advances in medical technology there was a decreased need for the specialist function of Wooroloo hospital. This necessitated a transfer of patients to the Perth Chest Hospital that was more centrally located near the University of Western Australia School of Medicine.

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[77]Princess Margaret Hospital Annual Report. 1960, p.17.
[78]*ibid.* 1961, p.6.
[79]The Editor. *Journal of the Western Australian Nurses*. 16 November. 1937, p.9.
[80]Public Health Department Annual Report. 1915, p.4.

Tuberculosis and other chest disorders were the focus of specialist nurse training in the 1950s. Initially this was conducted at Wooroloo and then the Perth Chest Hospital. Students in this specialty underwent the same training as general certificate nurses. They were prepared for the 'First Professional' examination on completion of their first year. On successful completion of the examination the trainee nurse would complete a further one-year training specializing in caring for people with tuberculosis. This system of training continued until general nurse training commenced at SCGH in 1963.

Following the opening of the Perth Chest Hospital in 1959 there was a downturn in the number of tuberculosis patients. A decision to change the focus of patient admissions was made in light of the overcrowding at the RPH and the need to prevent duplication of medical services.[81] Beds were thus made available for patients with general medical and surgical conditions.[82] The new role of the hospital called for a name change. The hospital was named Sir Charles Gairdner in 1963 to honour of the Western Australian governor.

In 1963 there were 140 beds allocated to general medical and surgical patients at SCGH.[83] This placed a strain on the workforce as nurses were trained in tuberculosis nursing and had little experience in caring for general medical and surgical patients. The SCGH became a general training hospital in 1963 to rectify the problem. The last intake of students undertaking training in tuberculosis nursing was in 1962.[84] The 1960 syllabus stipulated that student nurses must gain experience in casualty, out-patient's clinics, paediatrics, obstetrics and gynaecology. Accordingly, students were seconded for nursing experience to King Edward Memorial Hospital for Women, for obstetrics and gynaecology, Princess Margaret Hospital for children and Fremantle hospital for casualty and out-patient's clinics.

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[81] *ibid*. p.6.
[82] Sir Charles Gairdner Hospital: Annual Report.1963, p.6.
[83] *ibid*. p.6.
[84] *ibid*. p.6.

Olive Anstey the Matron of the SCGH was determined to provide nurse training that was in line with the World Health Organization's standards. This philosophy was developed through her involvement with the Royal Australian Nurses Federation (RANF). The RANF was affiliated with the International Council of Nurses (ICN), which had links to the WHO. Anstey wanted nurse training to have a wider perspective of health rather than that stipulated by the 1960 syllabus of the Nurses Registration Board. Within this context she supported one of the nurse tutors, Valerie Tozer, to study public health in Western Australia and included the findings in the SCGH nurse training.[85] This was seen as a step towards a basic general curriculum as recommended by the ICN (see chapter three).[86]

In 1964 there were three qualified tutors and two clinical instructors at the SCGH School of Nursing. Matron Anstey allowed sixty-two study days over a three-year period for classroom teaching. This was to assist in the consolidation of learning.[87] Unlike other schools of nursing the 'block' system of training was not implemented. In 1963 there were two intakes of twelve students. With such a small number of students the hospital could afford to choose the most suitable applicants. The internal policy of the hospital was to give preference to applicants who had received twelve years of schooling and had gained a 'Leaving Certificate' of education. It was felt that with this level of general education students would learn to provide high quality patient care.[88]

The Central School of Training

The question of centralizing nurse training in Western Australia was a concept debated in 1935. This was considered by the Western Australian Branch of the ATNA and debated in the local press. [89] The purpose of a central preliminary

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[85] *ibid*. p.6.
[86] Bailey, H. (1964). Trends and steps toward implementation of a basic generalized curriculum in Western Australia. 27 April, p.4. (Bailey private collection)
[87] Sir Charles Gairdner Hosptial: Annual Report. 1964.
[88] Bailey, B. (1964). Trends and steps toward implementation of a basic generalized curriculum in Western Australia. 27 April, p.4. (Bailey private collection).
[89] The Editor. *Journal of Western Australian Nurses*. 18 December. 1935, p.7.

training school in Perth was to relieve the difficulties in country hospitals by providing trainees with sufficient experience in surgical and medical conditions. Dr Aberdeen from Northam suggested that it would be more beneficial if training could begin at a general hospital as this would equip trainees to better fulfill their professional role and provide more trained nurses in the country.[90] At the time trainees moved between the smaller hospitals, such as Bunbury, Narrogin, Collie, Katanning and Albany for a six-month period. This was followed by $2^1/_2$ years at Wooroloo hospital. Trainees from Kalgoolie spent half their training at Wooroloo and the remainder at Kalgoolie.[91]

Only five country hospitals out of eighty-seven could be utilized as training hospitals. This number constituted only 27% of nurse trainees in Western Australia.[92] In 1947 the Nurses Registration Board accredited an 'A' class training hospital if the daily bed average was not less than forty beds excluding maternity. A training hospital categorized as a 'B' class was required to have an average of twenty beds with the exclusion of maternity.[93]

In 1935 the Australasian Trained Nurses Association and the British Medical Association considered 'a central preliminary training school'. This was to be the 'initial step in the formation of a College of Nursing with a recognized Diploma of Nursing to be granted from the university'.[94] The scheme recommended that the Perth Public Hospital act as the CTS and that it be enlarged to accommodate all trainees. This could be achieved if government hospitals in the city and in the country participated. It was envisaged that the trainees would attend general nursing lectures, invalid cookery and practical work in a designated hospital and lectures in anatomy and physiology and hygiene would be conducted in the University of Western Australia.[95]

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[90]The Western Australian Industrial Gazette. 17 March. 1936, p.237.
[91]Public Health Department of Western Australia. State Records Office of Western Australia, ACC1003, AN120/4, File 1042. 1935.
[92]*ibid*.
[93]The Government Gazette of Western Australia. No 8. 10 February. 1947.
[94]The Australasian Trained Nurses Association. 17 February. 1936.
[95]*ibid*.

The University of Western Australia was sympathetic to the improvements of nurse training but it could not undertake an extra program without financial assistance from the State government. The State government, however, was not in a position to grant such funds. The collapse of world prices for wool and the high unemployment rate had over stretched Western Australian resources. This prevented the ATNA from moving nurse education into the realms of higher education during the 1930s.[96]

The down turn in the State's economy was not the only reason that prevented nurses from entering higher education in the 30s. Some members of the nursing profession felt this was the right move. Others considered a diploma as an appropriate award for a post-graduate course rather than as pre-registration qualification.[97] There was also a faction of matrons and hospital administrators who felt that the centralization of teaching was impractical.[98] This response may have been associated with some hospital authorities not wanting to lose control over their trainees. In a letter to the under secretary of the Medical Department, Dr Aberdeen asserted that the three matrons of PMH, FH and RPH had sabotaged the idea of a centralized nurse training. He argued this was out of patriotism for 'their own training methods'. There was also an underlying fear that the workforce would be depleted if trainees were taken from the wards during the preliminary training period.[99] This workforce issue was to haunt nurse education reform in the late 60s as nurses again prepared to enter the higher education sector.

Dr Aberdeen doubted that there would be suitably educated applicants for admittance to institutions of higher learning. He suggested that 'the university idea may add dignity but not much apparent usefulness…Few girls will have qualified for

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[96]The Editor. *Journal of Western Australian Nurses*. 21 July. 1936, p.10.
[97]Nurses Registration Board: General Minutes. State Records Office ACC4558, Item 2. 9 June. 1936.
[98]*ibid*.
[99]Public Health Department of Western Australia. State Records Office of Western Australia. ACC1003, AN120/4, File1042. 1935.

'Learning'.[100] Whatever the reasons for the failure of the centralized training scheme, nurses in Western Australia did not enter the University of Western Australia in 1936. It was not until nearly three decades later in 1974 that higher education for nurses became a reality.

In 1947 the establishment of a Central Training School (CTS) was again raised in relation to the shortage of trained nurses in the country. The number of trained nurses needed for public hospitals in Western Australia was estimated at 275.[101] At the end of the World War II there was a 40% deficiency in trained nurses across the State. Dr Cecil Cook the Principal Medical Officer and Commissioner of Health stated that 50% of the State's sick were being denied nursing attention owing to this deficit. Since the metropolitan hospitals could only manage 150 trained nurses annually other measures were needed to fill the quota. Cook accepted the challenge of increasing the percentage of trained nurses by approving country hospitals with a minimum bed average of forty as full time nurse training schools for a period of three years.[102]

Cecil Cook's decision to use some of the larger country hospitals as training schools, did not meet with approval. Several medical practitioners voiced their criticism that alterations to country hospitals was a makeshift measure. They maintained that only when regional centres were established could effective nurse training be conducted.[103] Some nurses and medical practitioners considered the Royal Perth Hospital as the only appropriate nurse training hospital. Cook argued country trainees' grades were often higher than their city counterparts. He attributed this to the appointment of a permanent nurse instructor who provided closer supervision and built a rapport with the trainees. Unlike the previous debate over a central training school in the 30s, Cook considered that it was imperative for a medical student to experience a variety of cases, but not for the trainee nurse. Cook believed that the:

> fundamentals of nurse training [are] the same in each category of nursing activity and although the girl in the

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[100] *ibid*.
[101] Public Health Department: Annual Report. 1946, p.7.
[102] *ibid*. p.7.
[103] *The West Australian*. 6 February. 1947.

> small hospital may not see the rarer cases seen by the girl in the metropolitan hospitals, she will in the aggregate nurse as many cases in that category...There is in modern times far too great a tendency to regard the nurse as a medical student and to neglect those essential aspects of her training which concern the care of the patient as an incapacitated individual receiving attention from a medical practitioner.[104]

The intent for stating the case of the smaller hospitals to train and allow trainees to stay nearer their home was an attempt to provide a larger workforce for the country hospitals of Western Australia. Other measures introduced in response to the nurse shortage, was a wage rise, improved working conditions, hospital amenities and the introduction of a 'block' system of training. This consisted of a twelve-week preliminary training period followed by six weeks study each year and a week for revision before the preliminary and the State final examinations.[105] Included in this recommendation was a proposal that a training college would be established together with a reorganization of hospital staff to allow trained nurses to devote more time to professional tasks.[106] A training college for nurses in Western Australia, however, took nearly three decades to establish.

In Northam a CTS for nurses was founded on the 15th September 1947. Helen Bailey in her role as Organizer of Nurse Training forwarded a plan to Cecil Cook for a CTS to be located in the metropolitan area. This was based on her visit to a country hospital where she observed poor standards of nursing care that she attributed to low standards of training. For example at one hospital she observed a number of glass specimen beakers with stale, foul smelling urine that was covered with flies.[107] Bailey's plan for a CTS, called for students to be accommodated in Perth. Part of the training program was for trainees to attend lectures and receive clinical experience in the city hospitals. Bailey also requested that four of the new graduates she had taught from Fremantle hospital assist her in the CTS. These graduates were to

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[104]The Editor. *Journal of Western Australian Nurses*. 20 December. 1946, p.26.
[105]Clifford, C. (1997). Queen Elizabeth Hospital Nurse 1938-1957. Warwick: Brewin Books.
[106]The Editor. *Journal of Western Australian Nurses*. 20 June. 1947, p.3.
[107]personal communication. Helen Bailey. 14 March. 1996.

function under Bailey's supervision in the country hospitals as clinical supervisors. This would relieve the country hospital matrons of their teaching duties and provide a continuity of training.[108]

No suitable site in the metropolitan area was available for the CTS. The nearest temporary accommodation was at Northam Hospital a distances of 60 kilometres from Perth. This location, however, was cramped and inappropriate. Bailey recalled that an old infectious disease ward was used for residence and an unopened children's ward was used as a classroom.[109] By 1948 the CTS scheme and a 'block' system were fully established (see Plate 2.6). Suitable accommodation for the 'blocks' in the metropolitan area continued to pose a problem. The students were again temporarily housed. This time in the old part of King Edward Memorial Hospital for Women, the Country Women's Association holiday homes and the officer's quarters of the sea-planes base in Crawley. Premises at the Devonleigh private hospital were purchased. This hospital did not have enough space for lectures and the Medical Department requisitioned a marquee from the Northam army hospital prior to the erection of prefabricated classrooms.[110] Finally in 1955 the Law-Davies family home in Collins Street of West Perth provided a suitable permanent residence for the Central Training School.[111] The school was able to provide training facilities including a classroom and a demonstration ward and also housed the students. The number of students at any one intake was approximately twelve to fourteen and there were five intakes a year.[112] The CTS became known as the Government School of Nursing when it moved to its new premises in Collins Street (see Plate 6.1). This ceased to function independently when it amalgamated with the Royal Perth School of Nursing in 1972.[113]

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[108] *ibid*.
[109] *ibid*.
[110] *ibid*.
[111] personal communication. Vicky Hobbs. 17 January. 1995.
[112] personal communication. Edith Harler. 26 September. 2001.
[113] Royal Perth Hospital: Annual Report. 1972, p.18.

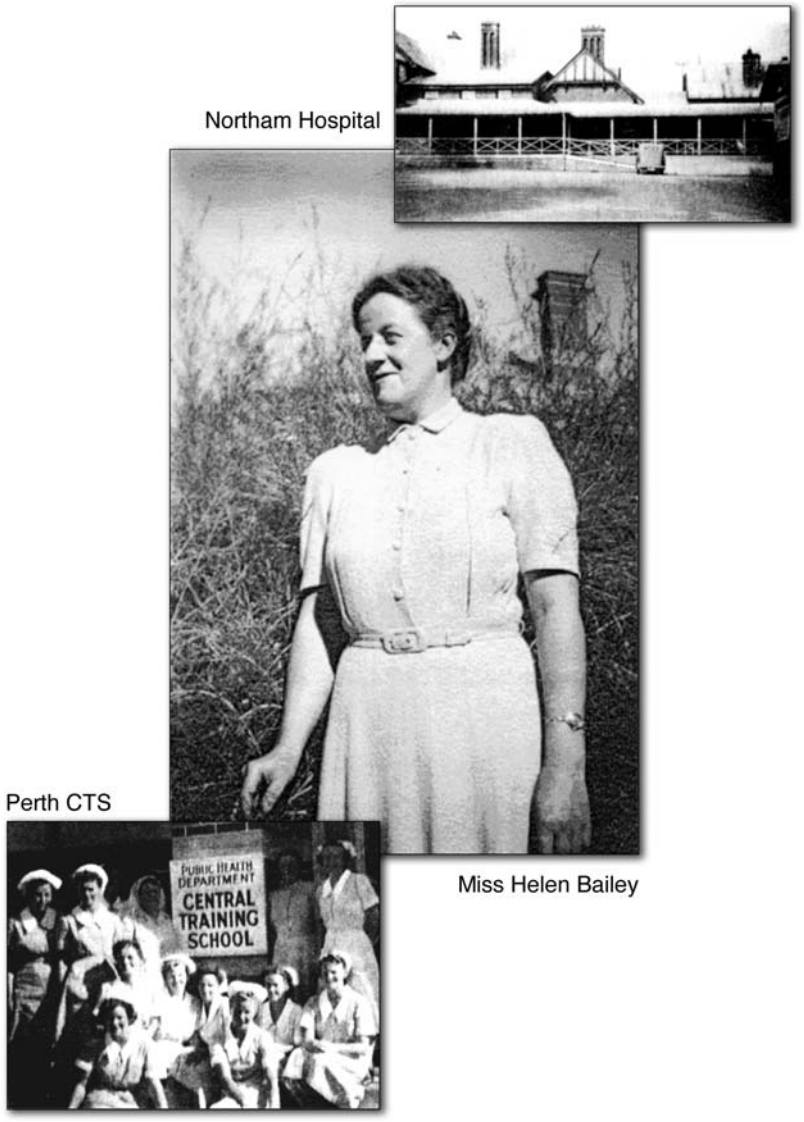

Plate 2.6 Central Training School Northam Hospital 1947 (source Helen Bailey)

Methods of training

The methods of nurse training throughout Western Australia followed a similar pattern from 1900 to 1960. The ATNA in 1900 stipulated the syllabus and the examinations. The Nurses Registration Act in 1922 enabled a 'Board' to be established that assumed responsibility of overseeing nurse registration and training. Training schools interpreted the Nurses Registration Board (NRB) syllabus and employed a variety of different training methods to suit their own hospital requirements.[114] Whilst a Preliminary Training School was introduced in all hospitals the time in school for trainees varied between six and ten weeks. A modified form of the 'block' system of training existed in the CTS, Fremantle and the Princess Margaret Hospital. The remainder introduced a number of study days for trainees to attend lectures. Most, however, required third year nurses to attend a condensed study period prior to writing their final examinations (see Appendix 6).

Nursing procedures were taught in the classroom by tutors during the designated study period. Until the advent of clinical instructors on the wards the bulk of nursing care was taught by trained nurses and in some instances senior trainee nurses. Such instruction occurred in an *ad hoc* manner when a learning need was identified. Senior nurses frowned upon trainee nurses who asked questions. Medical practitioners provided lectures when available on anatomy and physiology together with medical surgical nursing. The times for these lectures were irrespective of whether the trainee nurse was on duty and were often a treatise on medical procedures rather than nursing care.[115]

The syllabus for nurse training

The Nurses' Act 1921 gave the NRB a responsibility to control nurse training. It was stipulated that a trainee would receive systematic instruction in theoretical and practical nursing from the medical officer and the matron. The ATNA syllabus of 1900 laid the foundation for the NRB syllabus that was to last until 1968 (see

[114]personal communication. Edith Harler. 26 September. 2001.
[115]personal communication. Helen Bailey. 14 March. 1996.

Appendix 5). Whilst there were modification and adaptations the general content was similar in that it reflected the medical dominance of nursing care. An addition to the 1922 syllabus was the role of the nurse in housekeeping (see Appendix 7).[116] The idea that nursing was an extension of the role women played in society was not isolated to Western Australia as some nursing textbooks in the 50s provided instructions on vacuuming, cleaning, sweeping and dusting.[117]

Prior to registering with the 'Board' every trainee was to have successfully completed three years of training and have reached the age of twenty-one. The NRB was responsible for conducting the final examinations, endorsing hospitals as training schools and registering nurses annually. The nurse trainee paid a guinea fee for the final examination. They would automatically become registered on the proviso that they had successfully passed the final examination. This process remained in the hands of the ATNA until 1938.[118] Up until that time the NRB administered the papers and forwarded them to the ATNA national office in Sydney.[119]

Nursing skills in the early 1900s were mostly related to treating patients with fever.[120] Anti-biotics had not been discovered and it was the skill of the nurse that helped the patient to recover. Penicillin was not widely used until after the Second World War. Although there were a number of diseases with specific routine treatments to learn there were few diagnostics and a small amount of drug therapy.[121] In the first year of training there were twelve anatomy and physiology and twelve general nursing lectures. In the second year the trainee received twelve medical and twelve surgical nursing lectures. The final year was comprised of six invalid cookery and six hygiene lectures together with practical urine testing. Urine testing

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[116]Government Gazette. 3 November, 1922, Govt. Printers, WA, pp. 2047-2049.
[117]Doherty, M., Sirl, M. & Ring, O. (1953). *Modern practical nursing procedures*. Sydney: Snelling.
[118]Nurses Registration Board. State Records Office of Western Australia. ACC4558. File 2. 7 July. 1938.
[119]The Australasian Trained Nurses Association. Battye Library. ACC2914A, MN791. 18 February. 1936, p.9
[120]personal communication. Vicky Hobbs. 17 January. 1995.
[121]Personal communication. Helen Bailey. 17 May 1996.

consisted of mixing various chemicals that caused a reaction when added to urine. Using this method the urine could be observed for a positive or negative reaction.[122]

Prospective trainees were expected to pass a medical and educational exam, before commencing training for three years at a recognized hospital. In 1922 the recognized government hospitals in the metropolitan area were Perth Public, Fremantle and the Childrens Hospitals. Trainees in the country spent a six-month period, in either Bunbury, Narrogin, Collie, Katanning or Albany hospitals. The remaining time was at the Wooroloo sanatorium. Kalgoolie hospital kept their trainees for eighteen months before they were transferred to Wooroloo to complete their training. Wooroloo hospital provided the medical experience that the trainee required and also the workforce for the sanatorium. Applicants to nursing were required to complete an exam that was set and marked by the NRB. It consisted of English composition, précis writing and arithmetic. On successful completion of the examinations the trainee could enter employment at 18 years of age for a three-month probationary period.[123]

In 1946, prior to being appointed as the Organizer of Nurse Training Helen Bailey had observed that girls entering nursing lacked a comprehensive general education. Most girls left secondary school prepared to sixth year standard, English and Arithmetic. This was insufficient educational preparation for nursing. Grammatical corrections and inappropriate arithmetic characterized the NRB entrance examination. According to Bailey, the retired school teacher who conducted the examination was not aware that nurses had to write reports in precise correct form and that drugs had to be broken down and administered.[124]

In the intervening years between the establishment of the NRB and immediately post-World War II, the syllabus remained the same. Housekeeping was deleted in 1947, but nurse trainees were still expected to perform a range of cleaning duties as

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[122]personal communication. Edith Harler. 20 September. 2001.
[123]personal communication. Vicky Hobbs. 17 January. 1995.
[124]personal communication. Helen Bailey. 12 March. 1999.

part of their assigned work on the wards.[125] Invalid cookery remained but there continued to be an omission of lectures on the male and female reproductive system (see Appendix 8).

According to the 1947 syllabus, general nurse training was defined as those skills associated with hospital etiquette and focused on making a distinction between the nurse's and doctor's work. Clearly trainees were not permitted to make decisions regarding patient care unless a doctor or trained nurse had given them instructions. Other subjects that came under the heading of 'general nursing care' included bed-making, wound dressings and the taking of vital signs. The skill of taking and recording a patient's blood pressure was not included at this stage. Trainees learnt bed making for a variety of different patient conditions such as post-operative, admission, fracture and split beds for amputations. Practicing bed making and bandaging continued to take up a large part of the nurse trainee's time in the classroom through 50s and into the 60s. One nurse who trained in 1954 remembers that every day for approximately one hour she had to practice making beds and bandaging different parts of the body. These were usually performed on another student. She also remarked that she had to learn about the different types of windows. This she thought most unusual but upon reflection thought it might be related to ventilation and hygiene.[126]

The Florence Nightingale Memorial Committee

Registration for nurses was a goal that had originated in England at the turn of the century. With the formation of the ATNA nationally this goal had been achieved. In Western Australia the ATNA branch was concerned with the syllabus and the examination of nurse trainees until the NRB took over in 1922. The WANA covered issues of wages and working conditions. In 1934, a third organization the Florence Nightingale International Foundation (FNIF) was formed.

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[125]personal communication. Edith Harler. 20 September. 2001.
[126]personal communication. Beth Connolly. 23 September. 2001.

The International Council of Nurses (ICN) established the FNIF as a permanent memorial to Florence Nightingale. The memorial was to have an international flavour and take the form of an endowed trust for post-basic nursing education. Each national nursing organization affiliated with the ICN across the world was to set up a committee in order to raise funds. The international target was 200,000 pounds. Despite the multiplicity of nursing organizations in Australia none could boast a national membership and were, therefore, illegible for ICN affiliation. Such was the commitment of nurses to further their education, that they established a State Florence Nightingale Memorial Committee (FNMC) in Western Australia, South Australia and Victoria independent of the ICN. This would assist registered nurses to attain a post-graduate qualification.[127]

Prior to the establishment of the FNIF, nurses from around the world who wished to further their studies did so under the sponsorship of the League of Red Cross Societies.[128] Initially in 1920 the venue was Kings College London University but this later moved to Bedford College in 1921. Post-basic courses in hospital administration and teaching were conducted in cooperation with the Royal College of Nursing UK in 1924. As the reduction of funds threatened to close the door on post-basic education, the ICN and the League of Red Cross Societies combined resources resulting in the establishment of FNIF.[129]

Unlike the other organizations, such as the ANF and the WANA, most nurses in Western Australia found little benefit in becoming a member of the State Florence Nightingale Memorial Committee.[130] This may have been because nurses were expected to donate a shilling during a time of financial constraints. West Australian nurses had set the target of 250 pounds in order to send nurses to the Royal College of Nursing in England to undertake post-basic courses in a variety of areas such as education and administration. To become a Nightingale scholar the candidate was required to pay their fare. The scholarship provided all educational expenses and

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[127]personal communication. Merle Parkes. 18 May. 2001.
[128]Bridges, D. (1967). *A history of the international council of nurses 1899-1964*. Toronto: Lippincott.
[129]personal communication. Vicky Hobbs. 17 January.1995.

accommodation in London.[131] The journey to the UK was a sea trip of 3,000 miles. It took over two years for Western Australian nurses to raise the funds to send the first scholar. Unfortunately, Miss Campbell was unable to complete her studies upon reaching England, due to the interruption of the Second World War. This was a bitter blow to the sponsors and organizers who were committed to the cause of continuing education for nurses.[132]

Meanwhile in 1934 the State of Victoria established the Royal Victorian College of Nursing. This body was founded on the back of the disbanded Royal Victorian Trained Nurses Association. In March 1935, a two-year part time diploma in nursing was offered to prepare senior nurses for positions in hospital administration and training.[133] Although the course was offered in an extra mural mode the long hours that nurses worked, together with the low salaries restricted many from participating. Contance Livesey was the only nurse in Western Australia to benefit from the 'sister' tutors course.[134]

In 1946 following the cessation of hostilities in Europe, a Florence Nightingale Committee was established on a national basis with its headquarters in Melbourne. By this time in 1937 the ANF was recognized as Australia's national nursing organization. The Florence Nightingale National Committee together with the ANF and the Trained Nurses Guild in Victoria were the major forces in developing the College of Nursing Australia. The College took over the leading role in post-graduate education for nurses.[135]

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[130]*ibid*.
[131]The Editor. *Journal of Western Australian Nurses*. 21 April. 1936, p.3.
[132]personal communication. Edith Harler. 26 November. 1999.
[133]Schultz, B. (1983). *Founders of the College*. 17th The Patricia Chomley Oration. College of Nursing Australia. 18 May.
[134]personal communication. Merle Parkes. 10 December. 1999.
[135]Smith, R. (1999). *In pursuit of nursing excellence: A history of the Royal College of Nursing Australia 1949- 1999*. Melbourne: Oxford. p.19.

The College of Nursing Australia

The original objective for establishing a national FNMC was to provide for post-graduate studies at an Australian college of nursing. It was envisioned that these would eventually lead to a university qualification in nursing. Some nursing leaders viewed the FNMC as a mechanism for achieving national unity in post-graduate nursing education. Continual faction fighting and competition over the eventual location of an Australian college resulted in the New South Wales splitting from the group and establishing its own College of Nursing (NSWCN) in March 1949.[136]

Nurses in Western Australia continued to travel overseas during the development of the CNA. The FNMC and the Australian Red Cross provided the financial assistance. In 1949, three senior nurses Pat Church, Verna Steel and Kathleen Johnson were the first Nightingale scholars.[137] Both Church and Johnson were graduates of the University of Western Australia.[138] Pat Church and Verna Steel were the only qualified tutors in Western Australia until and Alice Harris qualified at the CNA Melbourne in 1950. Pat Church later became the Principal Tutor in 1950 at RPH and Kath Johnson the Matron at PMH in 1960 and the RPH in 1962.[139]

Victoria established the College of Nursing Australia with the financial assistance of the Victorian Hospitals and Charities Commission. The Commission's

> first duty was to see that Victorian nurses had facilities for post-graduate training, and as they couldn't get recognition without including the other States they were willing to include the other states to assist them.[140]

The College of Nursing Australia was founded in Melbourne in April 1949. Senior nurses at this historical occasion were made foundation members. Western Australian delegates were Agnes Walsh from the FNMC, Margaret Edis from ANF and Jean Freeman from the Trained Nurses Guild. By 1950 nursing scholars in Australia no longer were obliged to travel to the UK but traveling from Western

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[136]personal communication. Merle Parkes. 10 December. 1999.
[137]personal communication. Vicky Hobbs. 17 January 1995.
[138]*ibid*.
[139]personal communication. Vicky Hobbs. 17 January 1995.

Australia to the College of Nursing Australia in Victoria was still fraught with problems. These issues will be addressed in chapter six.

Summary

This chapter lays the foundation for the following chapters. It sought to describe how the health of Western Australians in the early years of the Colony necessitated a health care service that included nurses. The growth of a diverse population, the overcrowding, the infectious diseases and the appalling state of the hospitals caused a public outcry culminating in the first Hospital Act of 1894. This was an overt attempt by the State government to remedy some of the health problems of the community. It also was the stimulus for nurse training to commence in four of the larger hospitals in the State. The Colonial Surgeon made an effort to improve the conditions at the Colonial Hospital by heeding the reports on the effectiveness of the Nightingale system of training and employing the first Nightingale nurse. Other trained nurses from the Eastern States also accepted the challenge of helping the poor and the sick in the city of Perth and on the Goldfields.

The geographical isolation and the vast distances between country hospitals posed a significant problem in the provision of health care to West Australians. Farmers in the South of the State banded together to build cottage hospitals and sought government assistance to maintain a service for country folk. This was especially important for women during childbirth. In order to address the difficulties of providing sufficient staff trainees spent six months at some of these small hospitals. Later in 1947 a CTS was established to also help improve the staffing situation.

The initiative of the Commissioner Health to employ a Nurse Organizer in 1947, provided the impetus for a more systematic implementation of nurse training in Western Australia. Specifically, benefits were felt in those hospitals that conducted nurse training under the jurisdiction of the Medical Department. The acute shortage of trained nurses especially in the country areas was the stimulus for such an initiative. It was, however, the leadership and visionary drive of Helen Bailey as the

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[140]The Editor. *Journal of Western Australian Nurses*. 20 April. 1949, p.17.

Nurse Organizer that facilitated changes in standards of general nurse education. This was achieved through development of a CTS and improved teaching and training methods in country hospitals. It was the Matron, Medical Superintendent and Administrator, however, who controlled the training schools in the city.

The syllabus for nurse training was published in the Government Gazette under the Nurses Act of 1922. Minor adjustments had been made over the years, but the content reflected the age of infectious diseases and domesticity. Any changes to the syllabus were the responsibility of the Nurses Registration Board and could only be made if the 'Board' was convinced that the health of the public was jeopardized. In reality the NRB functioned as gatekeeper being involved with the examining and registering of trained nurses. A proactive involvement on educational matters was slow as there were no qualified teachers on the 'Board'. This was to change when Helen Bailey was endorsed as a member.

The question of nurse training, low standards of practice and the conditions nurses endured were the major priorities that stimulated the formation of professional organizations. The first national organization was the ATNA. It was formed as a result of nurses uniting internationally to protect the public from untrained nurses. Registered nurses achieved their license to practice following a recognized system of nurse training. The ATNA 'schedule of study' provided the mechanism for such a system. In Western Australia industrial protection for all nurses including trainees was the impetus for the formation of the Western Australian Nurses Association. The WANA 's constitution was developed from the rules of the ATNA. If the ATNA had opened its doors to trainee nurses it is likely that WANA would never have been established. Nevertheless, there was continuity between organizations regarding nurse training. More importantly, for Western Australia the members of the ATNA were also members of the WANA. This led to a sense of purpose with nurses working together towards a common goal of improving the working conditions of nurses and nurse education reform.

The women's movement and the two World Wars had empowered nurses to take action to improve standards of patient care. Major breakthroughs were established

when State branches of the national nursing organizations worked together for common goals. This unity would repeat itself in later years that demonstrated the value of close cooperation between nursing organizations. The establishment of a Federal industrial body of the Australian Nurses Federation, the Florence Nightingale Memorial Committee and the College of Nursing Australia in Victoria all provided major contributions to nurse education on a national front. Their presence and continual lobbying was also a steadying influence on State committees and the NRB.

CHAPTER 3

'It is a wretched waste to be gratified with mediocrity when the excellent lies before us'.[1]

CONSOLIDATED MOVES

Introduction

The continual expansion of the population in Western Australia was an underlying factor of nursing reform. Population growth called for more health services in the metropolitan and in the rural areas. In addition the advances in medical technology during the late 50s leading into the 60s led to medical specialization which called for registered nurses with comparable knowledge and experience to work in such areas.

The Nurses Registration Board through its registering responsibility was aware of the trained nurse shortage. It was also aware that the training of nurses needed attention if the changing health needs of the State were to be met. The consolidated moves made by the NRB to manage these issues, is explained in this chapter.

Trained nurse shortage

The 1950s and 1960s were characterized by a continual expansion of the States population. The population of Western Australia increased dramatically from 500,000 in 1947 to almost one million by 1970.[2] The population increased by 70,000 as a result of the Federal and State's immigration scheme. This rate of growth was more than any other State or Territory in Australia. A large proportion came from the British Isles with many immigrants from Europe. A number of these were displaced persons from Second World War refugee camps.

Fueled by this period of rapid growth the States health care system underwent changes. Its altered structure and shape was to last through to the next century. The

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[1] D'Israeli, I. (1834). *Curiosities of literature*. p.3.

teaching hospitals began to establish themselves as centres of science and technology. The corollary was an increase in specialty medical services and the need for an increase in hospital beds. In 1961 the Stephenson report estimated that there were 3.3 beds for every 1000 people.[3]

The Stephenson report was the culmination of an enquiry initiated by the Minister of Health to investigate and advise upon the needs of the community for hospital facilities in the metropolitan region. The report estimated that the existing hospital system in the metropolitan region was adequate but there was overcrowding at the Royal Perth Hospital. The Stephenson report detailed the shortage of available hospital beds but it was more focused on making a case for extra facilities for the medical school. For example the 'grossly overcrowded' clinical facilities attached to the medical school at the RPH. It was estimated that there should be a further 300 general hospital beds to meet the expanding population in the metropolitan region. The report further acknowledged that the RPH was unable to expand to accommodate this number and that a new 'main teaching hospital complete with a medical school' should be developed.[4] The Perth Chest Hospital was chosen. It was in an ideal position for such a development as it was situated next to the University of Western Australia. It was at this time in 1963 that the hospital changed its name to Sir Charles Gairdner (SCGH) and it commenced general nurse training.

The largest teaching hospital was the RPH with 760 beds. Hence there was an 'almost continual flow of building activity to provide new structures, or to recondition old wards'.[5] The RPH initially was meant to provide a service for people in the metropolitan area but people in the growing suburbs outside the city occupied approximately 18% of the bed capacity.[6] Extensions to all teaching hospitals of Perth

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[2]Western Australian Year Book (1967). Commonwealth Bureau of Census and Statistics. Western Australian Office: Perth. p. 132.
[3]Stephenson, G. (1961). *Report of the Minister of Health's Special committee of enquiry into metropolitan hospitals needs*. Perth: Public Health Department. p.25.
[4]*ibid* p.7.
[5]Royal Perth Hospital: Annual Report. 1963, p.12.
[6]Stephenson Report. 1961, p.7.

placed a pressure on nursing administration to provide adequate nurses for the additional patients. The response was to increase the number of preliminary training school intakes. At the RPH nursing school in the early 60s thirty to forty trainees were employed at approximately two-month intervals with the potential of producing 200 trained nurses a year.[7] The final number of trained nurses fell short of this target owing to the large attrition rates of trainees during the first year of training. By 1963 the number of trainees increased to forty-eight per intake with four intakes annually.[8]

It was anticipated that the bed occupancy at the RPH would be 560 in 1960 but in reality the bed average was between 600 and 680. Bed occupancy was an average figure that was calculated annually. Space for extra beds was at a premium with day rooms and verandahs being utilized. A nurse who trained during this phase of rapid expansion could recall that 'during the summer months the verandahs were boiling hot and during the winter freezing cold' (see Plate 3.1).[9]

Between 1960 and 1970 inpatients at the RPH increased from 14,284 to 22,186. With such an increase in patient population there was a shortage of nurses. Recruitment of trainees was undertaken as a matter of urgency. This was a difficult task to undertake as young women in the 60's had more opportunities for employment. With the long hours, low pay, together with the inadequate accommodation there was little to attract people to nursing. Nevertheless, by the time Matron Gertrude Siegele retired in 1962 there were 931 nurses employed at the RPH. Only 100 of these, however, were trained staff. The remainder of the nursing staff consisted of 90 nursing aides and 655 student nurses.[10] Student nurses, thus, represented the majority of the hospital workforce.

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[7]personal communication. Helen Bailey. 15 October. 1999.
[8]Royal Perth Hospital Annual Report. 1963. p.12.
[9]personal communication. Beth Connolly. 13 April. 2000.
[10]Royal Perth Hospital: Annual Report. 1963, p.42.

Plate 3.1 Royal Perth Hospital 1955 with blinds on the verandahs (top right insert). (source RPH Journal July 1955, p.1)

The early 1960s marked the completion of the first phase of a long-range plan for the development of Fremantle hospital. In this phase the hospital provided either new, or redeveloped departments increasing the bed capacity from 201 in 1952/1953 to 291 in 1962/1963. Amongst the developments were a new operating theatre, pathology, outpatients and casualty departments. These building initiatives and increased number of patients necessitated an increase in trained nurses. In 1963 seventy-six nurses finished their training compared with fifty-four in1962. The training school was temporarily divided between the old female medical ward and the East Fremantle Annexe. By 1962 the Alma Street infant school was converted to a training school employing two full-time qualified tutors (see Plate 2.4).[11]

Like other hospitals in Perth the Princess Margaret Hospital (PMH) also expanded its facilities. In 1960 the hospital accommodated 7,451 in-patients with 208 beds. In 1969 the in-patients rose to 11,165 and the number of beds increased to 300. Although the patient's stay in hospital was only 6.8 days there was an increase in the number of children requiring intensive therapy and specialist nursing care. On an average there were three critical burn cases a week, a number of road traffic accidents and a number of severe illnesses requiring 'intensive therapy'.[12] The hospital acquired a heart lung machine and a portable ventilator, as cardiac and respiratory problems were not uncommon.[13] Hospitalization of children was kept to a minimum, as the philosophy of the hospital was to keep the family unit together. This was feasible with the greater use of outpatient facilities, improved surgical techniques and the effective use of disease control by anti-biotics.[14]

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[11]Fremantle Hospital: Annual Report. 1962, p.23.
[12]Princess Margaret Hospital: Annual Report. 1961, p.21.
[13]*ibid*. p.21.
[14]Princess Margaret Hospital: Annual Report. 1962, p.4.

In 1960, Matron Kathleen Johnson was able to maintain a steady recruitment of trainee nurses at the PMH, as there was a preference of applicants to nurse children rather than adults. She introduced nursing assistants to perform the cleaning duties leaving nursing care to the trainees. The annual intake of trainees remained constant at approximately eighty.[15]

In 1961 there were approximately 4,550 nurses in Western Australia. Registered general nurses, however, formed a small proportion of this number. Non-general nurses specializing in tuberculosis, mental health, mothercraft, midwifery, dental and sick children together with nurse aides were also registered with the NRB. This left 1,800 general trained nurses to provide twenty-four hour care for a population of 731,033.[16]

A shortage of trained nurses in the State of Western Australia was a perennial problem during the 20th century. It was also a worldwide phenomena that was a legacy of the Second World War. The daily newspapers continually advertised for trained nurses particularly in the country areas. The urgency of the situation was reflected in the debate that took place in the legislative Assembly in 1960. Dr Guy Gavin Henn foreshadowed that the situation would deteriorate even further when hospital extensions in the city and the regional centres were completed.[17]

A compounding factor was the increase in medical technology and the structural changes needed to provide suitable accommodation for the number of specialties and diagnostic departments. Trainee nurses constituted the main workforce, therefore, as the number of patients increased extra trainees were needed. During the 50s and early 60s there was a greater concern on recruitment than on preparing the trainee nurse to

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[15] *ibid*.
[16] Bailey, H. (1961). Western Australian nursing survey 1960-1962. Perth: Public Health Department. p.16.
[17] Western Australian parliamentary debate. Legislative Assembly. 24 November. 1960, p.3242.

adapt to the changing climate of the hospital. Student intake was like a conveyor belt; constantly moving with trainees providing the workforce. This made it difficult for the few qualified tutors to develop and use suitable teaching strategies to maximize learning. This issue was prevalent in all schools of nursing. Beth Connolly a registered nurse at this time remembered her particular learning difficulties and how she was one of the lucky students to get some personal attention. Beth recalled that:

> all lectures were attended in the afternoon between 4-30 p.m. and 6 pm, or when the consultant was available. Attendance was compulsory irrespective of whether you were on duty or not. This meant that I had to get up in the afternoon after trying to sleep during the day because I was on night duty. Being tired and exhausted from working the previous night I found it very difficult to pay attention and consequently had a borderline pass in my nutrition exam. Miss Bailey felt that this was out of character as I had previously performed well 'what's happened here Hatch', she said, Hatch was my maiden name, 'we will give you another attempt and record your best mark.[18]

Beth added that such individual attention was a rarity due to the large number of students and the paucity of qualified nurse tutors.

Outcomes of trained nurse shortage

The role of the trained nurse was many and varied with the numbers of trainee nurses outweighing the trained nurse population on an average ratio of 1: 5.[19] Apart from providing actual or supervisory care in wards, clinics, casualty, operating theatre and doctor's surgeries, registered nurses were expected to participate in instructing and supervising trainee nurses, nurse aides, assistants in nursing and orderlies. With so few trained nurses there was a tendency for patient care to take priority over teaching.[20]

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[18]personal communication. Beth Connolly. 14 February. 1999.
[19]Bailey, H. (1961). Western Australian nursing survey 1960-1962. Perth: Public Health Department. p.16.
[20]personal communication. Marea Vidovich. 25 September. 2001.

The shortage of nurses and its consequences was a major concern to the Royal Australian Nursing Federation (RANF) and the Florence Nightingale Memorial Committee (FNMC) at the National level. In 1964 these nursing organizations combined to form the National Nursing Education Division (NNED).[21] One of the primary tasks of NNED was to conduct a survey to investigate the loss of trained nurses to the profession. The study was coordinated in Melbourne by Yvonne Jawawardena, the Director of the NNED. This was the first major nation-wide nursing survey and as such required a large number of people to participate.[22] The survey was limited to general registered nurses and was confined to graduates of 1957, 1958, 1959 and 1960. A random sample of the survey consisted of 6,700 respondents.[23] The NNED raised $48,000 towards the costs of the investigations as it lacked financial support to conduct the survey. Dr Ian Wark later remarked that 'this staggering effort was unmatched by any other profession in Australia'. He further added 'the institutes with which I am connected have usually managed to 'pass the buck' rather than dip into the pockets of their own members'. [24]

A Western Australian committee was established in order to formulate a coordinated response to the NNED survey. Professor Eric Saint, a leading physician at the RPH and the Medical School at the University of Western Australia, chaired the committee that had representatives from the CNA, FNC and RANF. Other members included Matron Siegele from the RPH, two tutors namely Pat Church and Helen Bailey and Miss Mitchell a representative from St Hilda's girl's high school. The completed NNED survey illuminated some perspectives on general nurse training in Western Australia in the late 50s early 60s.

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[21]National Nursing Education Division. (1967). Wastage of trained nurses in Australia; Survey report. Victoria: National Nursing Education Division.
[22]The Editor. *Journal of Western Australian Nurses*. April 1964, p.5.
[23]*ibid*. p.5.
[24]The Editor. *Journal of Western Australian Nurses*. April 1969, p.7.

The committee reported that there was a trend in Western Australia for financial resources in hospitals to be allocated to medical services at the expense of nurse training and education. A recommendation was that there should be an equal emphasis on education of student nurses and the service they provided in the hospitals. Doubt was expressed on the validity of treating trainees as full time students. The committee felt that such a change would compound the trained nurse shortage problem by removing trainees from the ward to attend lectures. [25] The committee also suggested that there should be a review of educational matters but added that the present apprenticeship system was satisfactory. Nurse training only needed to be adapted to meet the changing needs and complexities of the community. There was a doubt that a single system could be devised to cover all skills and knowledge required of a registered nurse.[26]

The NNED completed the survey in 1969. It reported on the high percentage (87%), of trained nurses who had left the profession for marriage and child rearing. It also commented on the dissatisfaction of nurses with employment conditions. A recommendation was made to attract nurses back to the workforce through the development of refresher courses.[27] The College of Nursing Australia (CNA) accepted this challenge.

Patterns of nurse training in Western Australia

To use the term nurse education prior to the move to higher education could be considered a misnomer in many respects. Not the least of which was the tendency to treat nurse trainees as cheap labour. Their value was seen in their numbers and their ability to provide a service.[28] This was irrespective of a student's individual potential and aspiration to be a trained nurse.

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[25]Royal Australian Nurses Federation. Battye Library. ACC 4481A, MN 791. 26 June. 1960.
[26]Royal Australian Nurses Federation. Battye Library. ACC4481A. Box 46-60. 1960.
[27]The Editor. *Journal of the West Australian Nurses*. April. 1969, p.6-7.
[28]Bailey, H. (1961). Western Australian nursing survey 1960-1962. Perth: Public Health Department. p.16.

A registered general nurse underwent three years training at an approved hospital and had to successfully pass two NRB examinations before being eligible for registration. Specialist nurses except for midwifery, underwent various forms of training that were considerably shorter than that of a general nurse. Short on-the-job training in specialty areas such as mental health and tuberculosis provided a quick labour force and an open door for those people who did not meet the educational criteria for entry into general nurse training. For example nurses at the Perth Chest Hospital underwent a two-year training program that prepared them for nursing patients with tuberculosis. This form of training ceased in 1962. The educational requirement for an applicant to the general nurses training was raised to 'Leaving Certificate' level in 1963 when the hospital was approved as a general training school (see Plate 3.2).[29]

[29]Bailey, H. (1964) Trends and steps towards the implementation of a basic generalized curriculum in Western Australia. 27April. (Bailey private collection).

Plate 3.2 SCGH Preliminary Training School 1963 (source SCGH Annual report 1963, p.12)

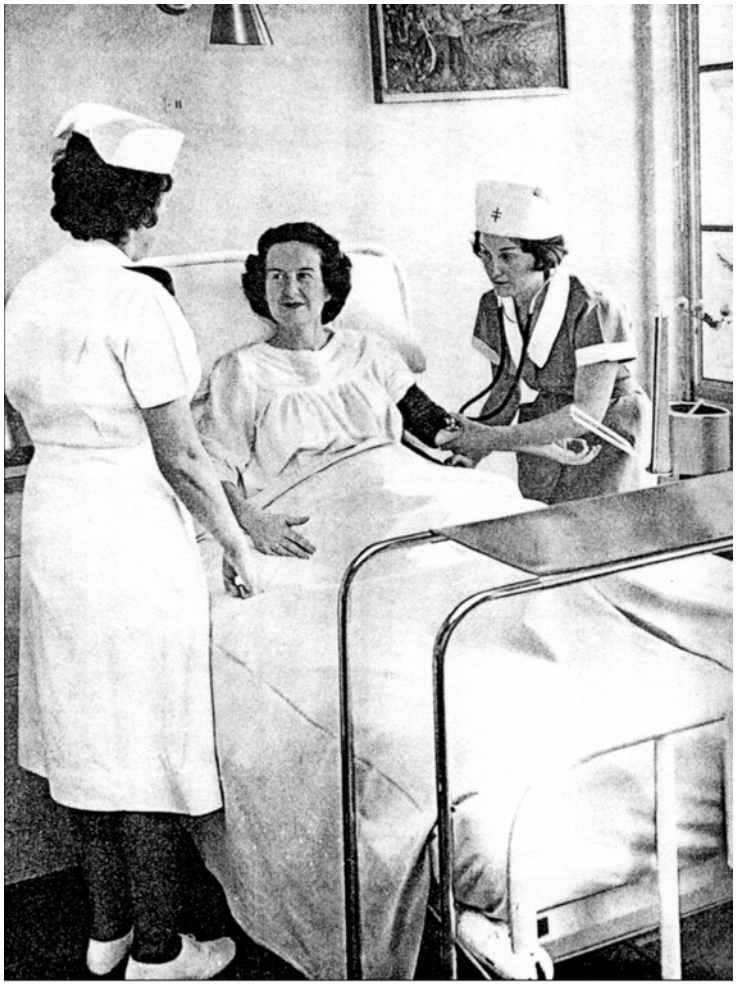

Plate 3.3 Patient Care SCGH 1964 (Source SCGH Annual report 1964, p.28)

In 1962 the tutor student ratio was below World Health Organization standards of 1: 30.[30] Trainee nurses were taught by tutors who were registered nurses transferred from the wards to the training school. They were often either due to retire or were unable to continue with physical work due to injury. Some made the move to teaching induced by an increase in wages.[31] In 1961 a registered nurse with three years experience received £7 1s for ward work. The same nurse could earn £9 18s a fortnight if she worked in a training school.[32] Generally, these unqualified tutors modeled their teaching on the pattern of teaching and learning that they had experienced in their own training.[33]

Nurses with a special flair for teaching were also given an opportunity of working in the training schools. In 1962 Merle Parkes, the Principal Tutor at the Royal Perth hospital, introduced clinical instructors to help students correlate classroom learning to clinical practice. Other training hospitals in the metropolitan area gradually followed the RPH lead. Prior to the appointment of clinical instructors the training and supervision of students was the responsibility of the ward 'sister'.[34] This task was often neglected due to the pressure of work associated with the use of more complex technical procedures and the complicated post-operative care of surgical patients.[35]

The general nurse training syllabus

The pattern of training in Western Australia was in part related to the syllabus that had been enforced by the NRB since its inception in 1921. Up until 1968 Helen Bailey suggested that 'there were few attempts to deliberately educate student nurses. Rather the focus was on providing technical training that supported physical

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[30] *ibid*. p.35.
[31] personal communication. Helen Bailey. 27 March. 1996.
[32] *Journal of the West Australian Nurses*. Nurses Public Hospitals Award No 19 of 1958. April. 1961 p.5.
[33] personal communication. Helen Bailey. 12 October. 2000
[34] personal communication. Beth Connolly. 14 February. 1999.
[35] Olive Anstey. (1957). *Trends in Nursing* Unpublished paper. p.7. (Piercey private collection).

medicine'.[36] Over the years the NRB syllabus had been modified from the original ATNA schedule of study used in 1900. Regulations and modifications occurred in 1922,[37] 1947[38] and 1960[39] (see Appendices 7, 8, & 9). These modifications to the syllabi were in the form of additions rather than deletions of content. For example the 1922 syllabus was identical to the original ATNA syllabus in all respects except with the addition of urine testing and hygiene. The 1947 syllabus omitted the reproductive system and gynaecological nursing. These topics were added in the 1960 syllabus (see Appendix 9). The format and content of the 1960 syllabus continued to include methods of cleaning and care of the furniture and equipment.

Specializations in various nursing fields prompted separate divisions of the 'register' and accompanying syllabus in 1947. These included mental health, infant health and midwifery. In 1960 other fields of nursing were added such as tuberculosis, mothercraft, dental, sick children and nurse aides. Student nurses enrolled in these courses were all expected to study the first part of the general syllabus in the first year of their training and write the 'First Professional' examination set by the NRB. On successful completion of the examination the students completed the remaining year of their training by studying the content specific to their chosen specialty (see Appendix 8).

The 1960 syllabus was divided into two parts. The first part dealt with anatomy, physiology and personal and communal health. On completion of this part of the syllabus the student was expected to write the 'First Professional' examination. This examination was established in 1949 by the NRB in response to concerns of a deficit in theoretical instruction in the first year of nurse training. It also aimed to ensure

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[36]Bailey, H. (1961). Western Australian nursing survey 1960-1962. Perth: Public Health Department. p.13.
[37]Government Gazette, 3 November, 1922, Government Printers WA, pp. 2047-2049.
[38]Government Gazette, 10 February, 1947, Government Printers WA, pp. 1-27.
[39]Government Gazette, 25 October, 1960, Government Printers WA, pp. 3279-3285.

that students had sufficient basis for the higher studies in second and third year of training.[40]

Part II of the 1960 syllabus included first aid, the principles and practices of nursing, the theory and practice of invalid cookery and nutrition. Prior to writing the final NRB examination the student nurse was expected to have studied principles of medicine and medical nursing, surgery and surgical nursing, gynaecology and gynaecology nursing and an introduction to Obstetrics. There were also lectures in paediatrics and sick child nursing (see Appendix 8). The syllabus was completely revised in 1968 following the recommendation of the Western Australian Nursing Survey 1960-1962 (see Chapter 4). Thus, nurses in training from 1900 through to 1968 would have followed a similar pattern of study (see Appendices 5, 7, 8, & 9)

The nurse training syllabi that were printed in the Government Gazette, were used as a guide by tutors. Many nurse tutors during the 60s, however, made changes to suit the training hospital and the changes in medical technology. For example disposable equipment such as underwater seal drainage and intravenous infusions were gradually introduced together with monitors and ventilators. These technologies were expensive for the training schools to buy. The trainee was often obliged to gain practical experience with this equipment on the wards as the need arose. With differing specialties in Western Australian hospitals there were major differences in clinical experiences, nursing knowledge, skills and outcomes of graduating nurses.

Country training was particularly susceptible to individual differences in teaching. There was belief that if nurses were not exposed to a particular disease or procedure then there was no need for them to learn about it in the training school. If a particular operation was not carried out in the hospital or if a patient with a particular disease were not admitted, the medical practitioner would often delete these topics from their teaching schedule.[41] Tutors in the rural areas also interpreted the syllabus to suit individual hospital's needs rather than teaching a student a variety of

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[40]Nurses Registration Board. 1st Annual seminar for schools of nursing. The first professional assessment for the general nursing course. 19 November. 1965. (Bailey private collection).

[41]personal communication. Edith Harler. 3 September 2001.

conditions, treatments and procedures. In this respect country trainees were less prepared for employment than their city counterparts.[42]

Part of the 1960 syllabus included hospital etiquette, which made a distinction between nurses and doctor's work and the levels of nursing hierarchy. Student nurses were instructed not to make decisions regarding patient care. This was the prerogative of the registered nurse usually under the instruction of a medical practitioner.[43]

Learning nursing skills in the classroom was often repetitious and boring. Trainees found they were repeating routine tasks such as bed making and bandaging.[44] These fundamental skills were important but they did not prepare the graduate nurse to cope and adapt to the changing health environment nor did the syllabus allow room for teaching the skills of learning how to learn. Training rather than education placed more emphasis on the receiving of a certificate than preparation into the professional world of nursing.[45]

Many nursing texts described the method of training undertaken by student nurses prior to university based education as an apprenticeship. Students in the RPH in 1961, were obligated to successfully pass an exam before the indenture paper was signed by the parents of the student and the administrator of the hospital (see Appendix 10). This paper was a legal document binding the nurse trainee to the hospital. Within the deed of apprenticeship the person undergoing training was referred to as a pupil and was bound by the indenture to obey reasonable directions and observe the rules of the establishment. The apprenticeship could be canceled for misconduct. Such behaviour was defined as having a general meaning between master and servant as well as willful neglect and dereliction of duty. The indenture

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[42]personal communication. Merle Parkes. 18 May 2001.
[43]personal communication. Rosalind Denny. 24 September 2001.
[44]Bailey, H. (1961). Western Australian nursing survey 1960-1962. Perth: Public Health Department. p.13.
[45]*ibid*. p.61.

was subject to the Nurses Act 1921[46] and the Industrial Arbitration Act 1912-1952.[47] It was also a mandate to train and technically instruct the pupil for three years.

Medical practitioners taught approximately two thirds of the syllabus.[48] Consequently, teaching was from a medical perspective with little regard to nursing applicability. Moreover, lectures were scheduled at a time convenient to the medical practitioner. This was generally in the late afternoon following surgery or attendance at out patient's clinics. Most medical practitioners displayed a paternalistic attitude that tended keep nurses in a subservient role. [49] An example of this attitude can be seen in Professor Eric Saint's opening statement to the Australian Nurses Federation in 1954. [50] Saint was the Professor of Medicine at the RPH and as such often lectured trainee nurses in the 1960s. In his address he made reference to nursing and medicine being 'inextricably bound together' and likened it to the 'bonds of marriage'. Given this notion Professor Saint felt that it was not altogether presumptuous that a doctor should talk about 'Nursing in a changing world'. He agreed that there were now 'some powerful drugs, technicalities of surgery and modern laboratory tests demanding a fairly penetrating comprehension of fundamental biological sciences,' but he did not agree with the 'dangerous tendency that nurses should share this knowledge with a doctor'.[51]

Commenting on the skill of taking a blood pressure, Saint firmly believed 'this was not a nurse's function'. He acknowledged that many nurses would have to work in isolated areas and be called on to do 'many tasks beyond the ordinary'. In the formative years of training, however, Saint argued that the young nurse should not 'bother her confused head about complicated bio-chemistry, or pathology and physiology of diseases'. Rather early years of training should be spent on learning to

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[46]Government Gazette, 3 November, 1922, Government Printers, WA, pp 2047-2049.

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[48]*ibid*. p.61.

[49]personal communication. Rosalind Denny. 24 September 2001.

[50]Saint, E. (1954). Nursing in a changing world. *The Journal of Western Australian Nurses*. October. p.13.

[51]*ibid. p.13.*

appreciate 'the true nature of the fit and proper obligations of nursing'. Apart from administering medications, measuring urine and preventing respiratory complications, the nurse should 'carry out instructions with meticulous uncompromising accuracy'. Saint concluded that the nurse should exercise 'faculty of judgment and common sense'.[52]

Trainee nurses were instructed and drilled to act without question when they performed tasks and procedures diligently. These procedures were taught with military precision that fostered dependence and stifled critical thinking. As mentioned previously ward 'sisters' were not prepared to teach. Much of the student Nurses' criticisms of their educational preparation were directed at their learning in the clinical field where problem solving was discouraged on the wards. A counselor appointed to survey students in 1968 provided some insights into the students' feelings regarding interactions with some 'sisters'. Verbal reminders such as 'any of you who don't want to cooperate can leave-there are plenty to replace you' were often heard.[53] This autocratic teaching style could be found in both the training school and on the wards.

Trainee nurses were often made to feel worthless. They had no status and received little or no respect. Their value was seen in terms of the service they provided. They often had questions to ask but did not know how to do so, besides they were also fearful of exposing their ignorance. In 1968 a student expressed her feelings to Janet Way the student nurse counselor reported that 'you can't ask some people' - 'no one has the time to explain'. There were also sharp retorts from ward 'sisters' such as 'you should know' - 'there isn't time' - 'don't bother me'.[54] Any dissent or criticism by a trainee nurse was crushed by a failing mark and a threat of dismissal.

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[52]*ibid*. p.13.

[53]Way, J. (1968). *Student withdrawal patterns - Implications for nurse education*. Paper presented at the Third Annual Seminar. Nurses Registration Board. 12-14 June

[54]Way, J. (1969). Report to the Nurses Registration Board Western Australia and the Education Officer, Helen Bailey. 10 June. p.4. (Bailey private collection).

Very little consideration was given to the fact that no two patients responded to similar situations in an identical manner.[55] The medical practitioners taught the medical model of treating diseases. This equipped nurses for a regimental role that they played as student nurses. Trainees were not prepared for the responsibility they would assume as a registered nurse. One nurse reminiscing on her training felt that the subordinate role that trainee nurses enacted led them to feel invisible. It was not surprising that many suffered from a low self-esteem and a feeling of worthlessness.[56]

Intervention by the Nurses' Registration Board

The NNED special sub committee in Western Australia had identified a need to change the present pattern of training. The NRB was the statutory authority that could implement such a change. Up until the 60s the major role of the NRB was to maintain the register of nurses. It was also responsible for formulating the syllabus and the setting and marking of the examination papers. These responsibilities were performed in accordance with the Nurses' Act 1921.[57] The chairman of the NRB was directly accountable to the Minister of Health. He also had a dual responsibility in the Public Health Department as Commissioner of Health and Principal Medical Officer of Western Australia. This position was held by Dr Linley Henzell from 1950-1962 and by Dr William Davidson from 1963 to 1974.[58]

In 1960 the NRB consisted of thirteen people. There were three ex officio members including the Commissioner of Health/Principal Medical Officer, the Inspector General of the Insane and the Principal Matron of the Public Health Department. The three non-nurses included an obstetrician, a medical practitioner (both of whom were nominated by the British Medical Association) and an officer of the Department Education. The NRB further elected four senior nurses who were on the staff of a

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[55]personal communication. Marea Vidovich. 25 September. 2001.
[56]*ibid*.
[57]Government Gazette, 3 November, 1922, Government Printers, WA, pp2047-2049.
[58]Snow, D. (1981). *The progress of public health in Western Australia*. Perth: Public Health Department.

training school. These nurses represented general, midwifery/infant welfare, mental health and nurse training. Nurses elected a further three nurses from each of the above categories. Their term of office was for three years. Government appointments were either renewed, or new ones established when necessary. The 'Board' had a registrar/secretary, an Education Officer and two permanent executive officers. The broad powers of the 'Board' allowed flexibility of decision making but under the direction of the Minister of Health.

Although there were more nurses on the 'Board' in 1960 the balance of power was held by the medical practitioners. This power structure was a legacy of the nurse doctor relationship that was part of the hospital culture. It was also associated with male dominance and the socialization of women. Some nurses of the 'Board' were schooled in hospital etiquette where independent thinking was not encouraged. In a restrictive, regimental atmosphere, creativity was neither promoted nor facilitated. This type of behaviour was more often frowned upon and independent thinkers were labeled troublemakers. For example a student of the time remembers how some ward 'sisters' displayed 'intellectual bashing' if students showed an aptitude for intellectual enquiry. She was constantly called to the senior 'sister's' office and admonished for her insubordinate behaviour.[59] The militaristic milieu in the hospitals was maintained by medical dominance. Hospital etiquette dictated that nurses in training could only speak when spoken to by senior nurses and medical practitioners. Any other type of communication was seen as inappropriate and insubordinate.[60]

Not surprisingly these behaviours and attitudes spilled over onto the NRB. For example Matron Rose and the Medical Superintendent of the PMH continually agreed on suggestions made at the NRB meetings. In this way he steered consensus of the 'Board' members to his way of thinking.[61] In the annual report of the hospital

[59]personal communication. Marea Vidovich. 26 September 2001.
[60]personal communication. Rosemary Keenan. 24 September 2001.
[61]personal communication. Walter Neal. 24 March 2000.

he made it known that changes to nurse training would severely alter the pattern of training and staffing of the wards. His concern was that nurses would only spend a small amount of time at the children's hospital and would deplete the complement of specialist nurses. He added that students would be of little value while they were engaged in learning paediatrics.[62] In an effort to keep Dr Godfrey happy his view was often assented to by Matron Rose. An example of this attitude appeared in the 1964 annual report of the PMH. Matron Rose stated that 'to give the student nurse the required practical experience means she must work in all wards, the main theatres and casualty department'. She further added 'this constant change of staff can be very irritating to doctors conducting clinics'.[63]

A dysfunctional pattern of communication became established as the 'nurse doctor' game was played out on the NRB. Hospital etiquette dictated that nurses could not make recommendations but they made suggestions in a manner that the medical practitioners took credit for the initiatives. This strategy continued at meetings of the NRB with the Chairperson Dr Linley Henzell usually in favour of decisions made by the medical practitioners.[64] Dr Walter Neal the educationalist on the 'Board' later commented that the medical officers on the 'Board' were treated as though they were the 'captain of the ship, with nurses serving as the crew'. [65] At NRB meetings the nurses sat back and only offered an opinion when requested by a medical officers.

In the late 50s and early 60s Helen Bailey was one of the few nurses who was not intimidated by such behaviour.[66] As other more assertive nurses joined the NRB such as Olive Anstey, the Matron of Sir Charles Gairdner hospital and Merle Parkes the Principal Tutor of the Royal Perth Hospital the dynamics began to change slowly to a more democratic process of decision making.[67]

Helen Bailey accepted the challenge to be assertive. It was at her suggestion that an educationalist from the State Education Department was invited on the NRB to assist

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[62]Princess Margaret Hospital: Annual Report. 1962, p.23.
[63]Princess Margaret Hospital: Annual Report 1964, p.23.
[64]personal communication. Walter Neal. 24 March. 2000.
[65]personal communication. Walter Neal. 24 March 2000.
[66]personal communication. Helen Bailey and Walter Neal. 24 March. 2000.

in general education matters. She also suggested that nurse training be examined in a scientific manner. Both of these suggestions were discussed and acted upon. Helen's assertiveness was often interpreted by female members of the Board as aggressive, which was unseen in nursing circles at that time. Her approach was looked on with distain and as inappropriate by some senior nurses who were considered to be 'refined ladies'.[68] [69] Medical practitioners felt that Helen would be able to bring about nurse training reform so they generally listened to her suggestions. Dr Letham considered her as a 'vanguard for change in nurse education' and the educationalists said she was a leader before her time. [70] [71] [72]

All through the 50s and the 60s there was an atmosphere of reluctance and resistance to change amongst the members of the NRB. A large majority of the nurses who were fearful of changes to the *status quo* were the matrons of the larger Perth hospitals such as RPH, PMH and Fremantle.[73] Olive Anstey, the Matron of the Perth Chest Hospital was not adverse to change and was active in furthering the cause of the profession. Olive was the president of the WA Branch of the RANF and an active member on a number of sub-committees. She was also the President of ICN from 1977-1981. Paying tribute to nurse education she stated that 'the standard of the profession will stand or fall on the standard of its educators'. She added, 'we need to recruit nurses at a higher educational level in order to have trained nurses capable of post-graduate education and to develop leaders of the profession.[74]

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[67] personal communication. Walter Neal. 24 March. 2000.
[68] personal communication. Walter Neal. 24 March. 2000.
[69] personal communication. Rosalind Denny. 24 September. 2001.
[70] personal communication. Dr D Letham. 18 January. 1997.
[71] personal communication. Walter Neal. 24 March. 2000.
[72] personal communication. Wally Howse. 10 November. 2001.
[73] personal communication. Helen Bailey. 15 October. 1999.
[74] Olive Anstey. (1957). *Trends in Nursing* Unpublished paper. p.7 (Piercey private collection).

Another nurse leader that played a part in bringing about nurse training reform was Kath Johnson. In 1962 Kath Johnson rose from the ranks of a trainee nurse at the RPH and the first matron to hold a university degree. Matron Siegele had previously held office for eighteen years.[75] Johnson had previously made improvements to the workload of nurses as Matron of PMH. This was through employing nursing assistants for ward cleaning when the working week of nurse was lowered from forty-two hours to forty hours in 1961.[76] Nurses on the NRB began to be more active at meetings and spoke with conviction and authority on nursing and education matters. This occurred in the early 60s when some of the matrons who were trained in the 1920s retired and some of the autocratic medical practitioners time on the 'Board' lapsed. The medical superintendent of the PMH was not pleased, as reflected in his annual hospital report in 1963. He stated that:

> the Board of Management finds it hard to understand why membership of the Registration Board, which is numerically substantial, does not include at least a representative of each of the training hospitals. It seems even more incredible that this, the only paediatric hospital in Western Australia, should not have representation; this a hospital second only to the Royal Perth Hospital in its annual output of trained nurses.[77]

Formation of the Education Sub-Committee of the NRB

The NRB was the statutory authority that could change the present pattern of training. Up until the 60s the major role of the NRB was to maintain the register of nurses, administer the examinations and accredit hospitals as nurse training schools. Accreditation was conducted on an *ad-hoc* basis by a variety of people. In the early 1900's Miss Nicolay was the first Inspectress of hospital standards and later Miss Bottle held the position of Senior Inspecting Matron. In 1950 the position title changed to Principal Matron. At that time Phyllis Lee held the position until her retirement in 1970[78]. This role was demanding as in addition to inspecting training

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[75]personal communication. Kathleen Johnson. 26 June 2000.
[76]Princess Margaret Hospital: Annual Report. 1961, p.21.
[77]Princess Margaret Hospital: Annual Report. 1961, p.7.
[78]Nurses Board of WA: Annual report. 1970, p.2.

schools the Principal Matron had numerous administrative duties concerning nursing issues in government hospitals across Western Australia. Some training schools were located in the country and this meant either a long car drive or a plane trip from Perth. With the tyranny of distance and a continual increase in the principal matron's administration responsibilities the inspection of training schools occurred infrequently.

The NRB had representation from nurses and medical practitioners but there were few who had expertise in educational matters. In 1953 Helen Bailey invited Dr Walter Neal the Superintendent of the Technical Education Division to speak to the NRB on the examination process.[79] At the time of his appointment to the 'Board,' Neal was involved in research and development for the State Education Department. He also had a background in high school teaching. Neal's appointment to the NRB was an important strategic move and a vital catalyst in nurse education reform. Neal did not have voting rights but he was able to convince other 'Board' members that changes to the method of nurse training were needed. Generally, it was the nurses who seemed more receptive to changes than the medical practitioners. At times, however, they were hesitant and needed to be convinced that changes to nurse training were for the benefit of patients and the profession.[80] Neal was able to act as an expert in educational matters and was an important liaison between general and nursing education.

Walter Neal was particularly useful in revising the accreditation criteria and the process for inspection of hospital training schools. He proposed that it would be more helpful if specific requirements and standards were formulated to guide training schools. He recommended that these standards and guidelines should be based on research of the current patterns of nurse training. Given the voluntary nature of the

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[79] Nurses Registration Board: General Minutes. State Records Office Western Australia. ACC4558. Item 3. 1953.

[80] personal communication. Walter Neal and Helen Bailey. 24 March. 2000.

'Board', Neal suggested that to enact this initiative a full time person be employed.[81] It was envisaged that the incumbent of the new position would relieve the Principal Matron of educational matters allowing her to focus on administrative details. He also proposed that the NRB establish an education sub-committee in order to concentrate on educational issues.

The RANF Tutors Sub-Section were also concerned about educational issues especially the examination process. Over the intervening years from the middle 50s they continually communicated to the NRB that a review of educational matters was overdue.[82] It was within this context that the NRB established the Education Sub-Committee. The committee included two tutors Bailey from RPH and Harris from Fremantle Hospital and two matrons, Siegele from RPH and Phyllis Lee the Principal Matron of the Medical Department. The remaining members were Dr Walter Neal and medical practitioners Drs Letham, Moynagh, Nattress and a surgeon Mr Le Souef. Once the Sub-Committee was established the RANF pressed for more tutors to be represented on the NRB. This request was favourably acknowledged but there remained four medical practitioners on the 'Board' who continued to sway decisions in their favour. [83]

It was envisaged that revision of accreditation standards for training schools would be time consuming. The information gathered, however, would not only provide the criteria for accreditation but also form a valuable resource for collating statistical material. Walter Neal proposed that the person employed to perform this task would have two broad duties. Firstly, inspection of existing training schools to assess their suitability for accreditation against the criteria stipulated by the 'Board'. Secondly,

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[81]Nurses Registration Board: General Minutes. State Records Office of WA. ACC4558, Item 4. 24 June. 1959.
[82]Nurses Registration Board: General Minutes. State Records Office of Western Australia. ACC4558. Item 3. 1953
[83]Nurses Registration Board: Minutes of Education Committee. ACC4559, Item 1. 24 June. 1959.

to act in an advisory nature for interchange of information between schools and the organizing of continuing education courses for registered nurses. The RANF Tutors Sub-Section was currently performing this role. The incumbent of the proposed position would need to possess a post-graduate qualification and recent experience in teaching, as well as good interpersonal communication skills.[84]

Along with the proposal for the formation of the Education Sub-Committee was the suggestion for a name change from Inspectress to Education Officer. The NRB felt that this change in title was pertinent given the impending review of nurse training. The local press viewed the appointment of an Education Officer an opportune time for the NRB to streamline the nursing syllabus for a rapidly changing society. The Minister for Health, the Hon R Hutchinson viewed the new position as a progressive step and in line with modern trends established by registering authorities in Australia and around the world.[85]

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[84] *ibid*.
[85] *The West Australian*. 23 June. 1960, p.26.

Note: For copyright reasons Figure 3.1 "Nurses get education aid", The West Australian Newspaper 23/06/60 has not been reproduced.

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In 1960 Helen Bailey was appointed to the position of Education Officer. She was ideal for the job as her position as a member on the NRB had provided her with the background information needed to commence research into nurse training in Western Australia. The position was advertised under the Public Service Act and as such the appointment was for a probationary period of six months. At the end of this time the appointment was to be confirmed if Bailey's 'conduct, diligence and efficiency were satisfactory'.[86]

In her new position of Education Officer Bailey began to systematically sort a large amount of information that had accumulated over the years. This information included nurse registration cards that dated back to the early 1900s, old examination papers and other assorted information. The job entailed regular inspection of all nurse training schools and to ensure that the prescribed syllabus was correctly executed. It also involved acting as a liaison between the NRB and hospitals. Whether it was Bailey or the job there were some matrons and some tutors who were not impressed with this intrusion of their training practices. In the past it was not uncommon for tutors to interpret the syllabus according to the needs of the hospital and act on their own initiative. Matrons were the head of the training schools and, therefore, responsible for nurse training. The appointment of the Education Officer meant that matrons were held accountable to a nurse educator. This did not bode well with matrons, as in the hospital hierarchy a nurse educator was subordinate to the Matron. Whilst the NRB members supported Bailey there were bridges to build amongst some members of the nursing fraternity who felt their authority was being usurped.[87]

The decision to establish the Education Sub-Committee and appoint the Education Officer, was born out of a recognition that changes to nurse training were taking place nationally and globally. Although significant in-roads into nurse training in Western Australia began with the establishment of the Education Sub Committee new initiatives were slow to follow. The medical practitioners were opposed to

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[86]personal letter to Bailey from the Secretary Public Health Department. 1960.
[87]personal communication. Helen Bailey. 15 October. 1999.

changing the *status quo* for fear of losing their authority over nurses. They held the balance of power and dictated the direction of the nursing syllabus by being involved with teaching, setting and marking of examination papers and conducting oral examinations of trainee nurses.

Some members of the RANF Tutors Sub-Section such as Helen Bailey and Alice Harris from the Fremantle Hospital were also members of the NRB. This was significant in that the same information regarding proposed changes to nurse education were often repeated at different forums. Leaders in nursing were either matrons or tutors and were members of the RANF and/or members of the NRB, the Florence Nightingale Committee and the College of Nursing Australia, Western Australian State Committee. This collective approach to planning and implementing changes to nurse education was characteristic of the nursing profession in Western Australia. Many senior nurses and leaders in the profession were committed to keeping nurse training in-step with the rest of the world. For example the World Health Organisation and the International Council of Nurses (ICN) had recommended that nurse education across the world should be of a comprehensive nature.[88] The Western Australian professional nursing organizations particularly the RANF that was a member of the ICN was keen to reform nurse training.

The RANF Tutors Sub-Section

During the 60s there was an increase in the number of nurses on the NRB with post-graduate qualifications in nurse education. The outcome was that educational matters were discussed objectively and according to educational principles. For example Vicky Hobbs, John Brett, Verna Steel and Merle Parkes were able to join forces with Bailey and the educationalist from the Technical Education Division to actively change nurse education. These nurses were also active members of the Education Sub-Section of the RANF.

The RANF Tutors Sub-Section had formed during the post-war struggles of 1945. A

[88]World Health Organisation Technical Report Series No. 60. (1953). *Working conference on Nursing Education.* Geneva: WHO.

small band of committed nurses met three times a year alternating between different training schools to allow a cross-pollination of ideas. Discussions at meetings related to problems common to all nurse teachers and particularly the lack of uniformity of nurse training methods across the State. As the number of qualified tutors increased so too did the number of meetings. It was during this time of rapid expansion that there was an increased awareness of the inappropriateness of current training methods in Western Australia.[89]

In 1961, there were ten unqualified tutors to assist in teaching and seventeen qualified tutors in Western Australia.[90] This number was insufficient for the basic general program, post-basic courses and the specialties for the six training schools in Perth. One of the principle aims of the Tutors Sub-Section was to 'encourage recruitment of tutors'. The other aims included 'the maintenance and improvement of the standard of nursing, the promotion of sound inter-hospital relationships, the stimulation of ideas and the provision of continuing education for members'.[91] It was acknowledged by the Sub-Section that the demands of a 'sister' tutor were special and required a post-graduate qualification with a general education to matriculation level in chemistry and physics. It was also an expectation that such a person would have a minimum of three years post-registration experience and have had the responsibility of being 'in charge' of a ward.[92]

In 1964 the aims of the Tutors Sub-Section were revised and a new name for the section was established. The name changed to RANF (Western Australian Branch) Industrial Union of Workers, Education Sub-Section. The title change was associated with the title change of the College of Nursing Sister Tutor Diploma course, to that of Diploma in Nurse Education. The new aims of the Education Sub-Section included 'to act in an advisory capacity in matters related to curricula and conduct of exams, to stimulate research into the education needs of nurses, to foster the correlation of theory to practice and to stimulate the ideas and the education of

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[89] personal communication. Helen Bailey. 27 April. 1996.
[90] Royal Australian Nurses Federation: Tutors Sub-Section Minutes. Battye Library ACC4481, Box 472 -1496. 1953.
[91] Royal Australian Nurses Federation: Tutors Sub-Section Minutes. Battye Library. ACC481A/1313. 1967.

members by all possible means'.[93] These aims were commensurate with changes that were beginning to take place in other professional organizations. This also fostered the notion that nurses had their sights set on bringing nursing into the twenty-first century.

There was a continual dialogue and cross pollination of ideas between RANF and the NRB. This was because all the tutors on the NRB were members of the RANF Education Sub-Section. By having a post-graduate qualification in education tutors were able to confidently tackle issues concerning the teaching learning process. They also had close contact with students in the classroom and on the wards allowing them greater assess to student's learning needs. By contrast the matrons and medical practitioners on the NRB had little knowledge of educational principles or the effects of examinations on students.

The Nurses Registration Board examinations

From 1949 until 1964 student nurses were required to sit two examinations conducted by the NRB. Student nurses wrote the 'First Professional' examination after eighteen months of their training. The second examination was written on completion of three-years training. The 'First Professional' examination was implemented in 1949. It aimed to maintain a minimum standard of education and to provide an incentive for students to perform well. It also eliminated those who could not cope with the duties and tasks expected of a trainee nurse.[94]

The 'First Professional' examination was composed of two parts. Part I consisted of anatomy and physiology, and personal and communal health. Applicants could bridge the gap between eighth standard education and the entry into nursing at $17^{1}/_{2,}$ by writing Part I at St Hilda's high school and the Perth Ladies College. Some secondary schools in the country also conducted the examination. Whilst girls from the city met with some success country applicants found studying difficult.

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[92]*ibid*.
[93]*ibid*
[94]Nurses Registration Board. First Annual Seminar for schools of nursing. The first professional assessment for the general nursing course. 19 November. 1965. (Bailey private collection).

Approximately one in every three individuals did not submit lessons to the teachers to be marked.[95] This problem was related to the shortage of nurses and the employment of sixteen-year old girls in the country as full time nursing assistants. In this role they performed various nursing tasks. This had the effect of reducing the incentive to study away from home for the registered nurse qualification.

Part II of the 'First Professional' examination consisted of a practical and theoretical component. The practical part was conducted in the wards with the ward 'sister' often acting as the examiner.[96] Ward 'sisters' were generally unprepared to take on this responsibility and to make objective assessments.[97] Marks were allocated for procedures and the student's ability to provide general nursing care to a specific patient. Subjective criteria included the student's appearance, manner, common sense, suitability as a nurse and the ability to teach and improvise.[98] Problems with practical examinations on the wards were not only related to the inadequacies of the senior nurses but also to the difficulty of scheduling adequate nursing staff during the examination period.

Up until the 60s the written examinations involved essay type questions that were set by the medical practitioners on the NRB. These medical practitioners were not necessarily the same as those who taught in the nurse training schools. Usually questions were set far above the educational level of the student particularly in the 'First Professional' examination. This led to many nurses discontinuing their training. Matrons found it a painful task and felt it unfair to reject individuals so late into their training.[99] In 1953 a second category of nurse was established that allowed trainees to study for two years to qualify as a nurse aide. Student nurses who failed their 'First Professional' were generally encouraged to continue in this form of nurse

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[95]personal communication. Edith Harler. 28 September. 2001.
[96]personal communication. Helen Bailey. 10 October. 2000.
[97]personal communication. Helen Bailey. 10 October. 2000.
[98]Ward assessments. 1960s (Bailey Private collection).
[99]Nurses Registration Board. First Annual Seminar for Schools of Nursing. The First professional assessment for the general nursing course. 19 November. 1965. (Bailey private collection).

training.[100] Nurse Aide training was conducted at the Merredin Hospital in the country and the Mt Henry and the Royal Perth hospitals in Perth.

Apart from the first and final professional examination student nurses were also subjected to a plethora of hospital examinations. These tests and assessments were scattered over the three-year training period and were part of a hospitals strategy for assessing the student work performance.[101] As previously mentioned many hospitals required a trainee nurse to pass an indenture exam. Additionally, most hospitals tested students weekly while they were in study 'block' and prior to the 'Board's' final examination. In addition to the written papers trainees also had oral examinations. Given the number of examinations and the forty-hour working week that was established in 1961 there was a high attrition rate amongst student nurses.

Problems with the examination process

Protracted arguments between the tutors and other members of the 'Board' were about the low minimum standard of general education required for entry into nursing. Tutors felt that the attrition rate of student nurses was related to this requirement and the high standard expected in the 'First Professional' examination. This anomaly was deemed inappropriate in light of the changes that had occurred in secondary education. Many more high school students were being encouraged to stay at school to study for the 'Leaving Certificate'. The tutors were also concerned that one study day a week, as mandated in some training schools, was insufficient for people at a low educational level to write the 'First Professional' examination.[102]

Despite entry requirement into nursing at eighth standard, the medical practitioners continued to set Part I of the 'First Pofessional' examination at a 'Leaving Certificate' standard. Not surprisingly trainees with a 'Leaving Certificate' faired better in their first professional examination.[103] The design of the papers in the 'First

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[100]personal communication. Edith Harler. 16 September. 2001.
[101]Nurses Registration Board: Education Sub-Committee minutes. State Records Office of WA. ACC4559. Item 1. 21 January. 1964.
[102]*ibid*
[103]Public Health Department. State Records Department of WA. ACC1003. AN120/4. File554/59. 22 October. 1962.

Professional' examination favoured literacy rather than factual knowledge. It was often a matter of luck whether the candidate's interpretation of the question matched the examiners. There was also a noticeable difference between examiner's standards of marking. An example of this discrepancy was in 1961 when an examination paper marked by three examiners resulted in three different marks of 59% 72% and 74%.[104]

The most disturbing feature of the 'First Professional' examination was that it mainly required an ability to recall factual data that was unrelated to first year nursing. It also bore little relationship to clinical practice. Consequently, students were forced to cram information to be successful. Walter Neal recalled how patronizing the medical practitioners were when lecturing student nurses and how they provided information at an inappropriate level.[105] A failure to recognize some of the fundamental principles of education widened the gap between theory and practice in the first half of a trainee nurse's life. Many senior nurses in clinical practice were heard to say that students should forget what they learnt in the classroom 'this is how we do it on this ward'. One nurse recalled how envious her peers were that she had learnt about caring for people with eye conditions before working on the opthalmic ward.[106] This was a rare instance when theory prepared a nurse for practice.

Tutors felt that the oral examination was both time consuming and unfair since 50% of the marks were allocated to this type of examination. Moreover, orals did not serve a real purpose and merely confused the results of the written paper. There was also a poor correlation between the written examination papers, the orals and the facts the hospital expected the trainee to remember. Other countries had disbanded the idea of orals, which gave weight to the argument that this form of examination was outmoded. Medical practitioner examiners, however, defended such examinations on the grounds that it gave the examiner a chance to adjust the marks

[104]Public Health Department: Examiners meeting. State Records Department of WA. ACC1003. AN120/4. File 2005/60. 8 June. 1961.
[105]personal communication. Walter Neal. 24 March. 2000.
[106]personal communication. Beth Connolly. 27 October. 2000.

of the weak student so that 'if possible she gained a pass'.[107] Bailey reflecting on this process provided an example of a medical practitioner's attitude. She said that

> at one time there was a trainee who had achieved a borderline mark in her written paper and was due to undertake her oral examination. The examiner asked if the girl was going to get married. I asked why? And the medical practitioner said because if she is I will pass her as she will leave nursing. If she is not I will fail her as she is not good enough to make a registered nurse.[108]

The bias of medical examiners also came under criticism from the tutors. It was felt that the student's knowledge of nursing skills took second place to surgical astuteness and treatments. Nurse tutors also felt that questions 'did not test underlying principles that were necessary for adaptation to altered patient symptoms. Nor did they test the student's ability to think in terms of total patient care and the availability of resources.'[109]

The RANF Tutors Sub-Section continually made suggestions to the NRB and recommended changes to the examinations. They were particularly concerned with the inappropriateness of the ward environment for practical examinations and the construction of the questions for the written paper. There were wide discrepancies between the content of the questions and the knowledge expected of the student. Examination papers set by the medical practitioners were often unrealistic in terms of English expression and comprehension. Tutors complained that they needed to teach fundamental English and Arithmetic in order for the students to write the examinations to the doctor's satisfaction. They stated that it was not only the new technologies that were troubling students but that their everyday vocabulary and capacity for written expression was deficient.[110]

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[107]Nurses Registration Board: Education Sub Committee minutes. State Records Office of WA. ACC4559. Item 1. Meeting with the surgical examiners and tutors. 18 January. 1961.

[108]Personal communication. Helen Bailey. 15 October 1999.

[109]Report of the meeting held between the Education Department representative of the NRB Dr Neal, NRB Education Officer Helen Bailey and the Sister Tutor Sub-Section of the RANF, at the Central Training School. 8 August. 1963, p.1.(Bailey private collection).

[110]Report of the meeting held between the Education Department representative of the NRB Dr Neal, NRB Education Officer Helen Bailey and the Sister Tutor Sub-

Process for changing the examination system

Continual efforts by the Education Sub-Committee of the NRB and in particular by Helen Bailey as the Education Officer were made to streamline the pattern of examinations and to lend some objectivity to the process.[111] This antagonized some medical practitioners.

From 1960 to 1964 the question of discontinuing the 'First Professional' examination was the subject of numerous discussions and a persistent debate between the NRB and the RANF Tutors Sub-Section. [112] It was not just tutors who were privileged to comment on the examination debate. The issue of papers being set beyond the educational level of nurses was openly debated in the *Journal of West Australian Nurses*.[113] There was a general reluctance on the part of the examiners to meet with tutors even though tutors were part of the examination process. A valid excuse was that there were as many as twenty-four medical examiners on the 'Board' at any one time.[114] This number escalated to forty-six in 1963.[115] In 1961 there were twenty-seven sets of examinations that were conducted. The number of students writing the 'First Professional' examination totaled 450 and the number of candidates for the final examination were 1,232.[116] Given the number of examiners and the working hours of medical practitioners it was not feasible to plan meetings to which all people involved could attend.[117]

Section of the RANF, at the Central Training School. 8 August. 1963, p.1. (Bailey private collection).

[111]Nurses Registration Board. Meeting held between Education Department representative Walter Neal, Education Officer Helen Bailey and the Sister Tutor Sub-Section of the Royal Australian Nurses Federation, at the Central Training School. 8 August. 1960. (Bailey private collection).

[112]Public Health Department. State Records Office of WA. ACC1003. AN120/4. File 2005/60. 18 January. 1960.

[113]The Editor. *Journal of West Australian Nurses*, November. 1963, p.17.

[114]letter to Royal Australian Nurses Federation Tutors Sub-Section, from Helen Bailey. 9 July. 1957.

[115]Nurses Registration Board: Education Sub Committee. State Records Office of WA. ACC4559. Item1. 29 May. 1963.

[116]Public Health Department Annual Report. 1961, p.71.

[117]personal communication. Helen Bailey. 20 April. 1998.

Bailey proposed and the NRB endorsed a triennial meeting between all examiners and the 'Board' in an effort to rectify the problem of examinations. It was envisaged that representatives from general education, medicine and all hospitals involved with nurse training would also attend. Meetings eventually took the form of a convention with invited speakers from all branches of health and nursing. The general purpose was to receive reports of changes to health care service particularly in Western Australia, together with changes to nursing and specializations. More importantly the all day conventions considered changes needed in the selection and training of nurses to meet community needs. Between these meetings tutors and medical practitioners met to discuss issues concerning the general, medical and surgical papers of the 'Final' examination. Guidelines were developed from the conventions to assist examiners in marking papers. Medical practitioners were not keen to follow these guidelines or the directions of the majority of members at the meetings. In particular they did not agree to submit themselves for briefing by a qualified tutor.[118]

Sandwiched between the scheduled conventions of examiners, were *ad hoc* meetings of representatives of the NRB and the RANF Tutors Sub-Section. The meetings were particularly useful in getting to the 'grass roots' of educational matters. Generally, however, they were devoid of sound educational principles. The arrogance of the medical practitioners stymied the tutors and sabotaged changes to nurse education. An example of this attitude was when Helen Bailey requested marking guides to questions on the examination papers. The retort to this request from one medical practitioner was that he was 'unable to do so as it was not the usual practice'.[119] Many medical practitioners felt that their role had been usurped and defended their special turf. During the 60s as tutors gained post-graduate qualifications in teaching medical practitioners lectures gradually decreased.

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[118]Nurses Registration Board: Education Sub-Committee minutes. State Records Office of WA. ACC4559. Item 1. 11 September. 1963.

[119]*ibid*.

Changes to the examination process

The education committee of the NRB recommended that training schools should reduce the number of examinations that were used to terminate trainees. Standardized ward reports to assess learning outcomes were suggested to replace some of the examinations. In testing for retention they stressed that essential and factual data be used. It was equally important to test the ability of a student to use such data for planning patient care. A further recommendation was that the patient centred incident type questions that required integrated answers, be used to test the application of anatomy and physiology and personal and communal health.[120]

The format of the examinations changed to 'incident' type in 1965. The following is an example of such a question.

> Mr Brown, a patient under your care develops diarrhoea
> 1. What immediate precautions would you take and why?
> 2. Give five SPECIAL nursing measures which form part of these precautions
> *3.* What dietary regimen should be instituted?[121]

The NRB introduced two papers for the final examination. Paper 'A' involved a wide area of the curriculum and paper 'B' was devised to test the ability of the student to problem solve in nursing care. A question from the 'B' paper was given in the example above. Examination papers and marking guides were set in collaboration between the medical practitioners and the tutors and the final mark was decided by a group of examiners. Additionally, samples of the scripts were checked for their validity and reliability.[122]

The ward 'sisters', however, preferred to keep the practical examination on the wards. This was surprising considering the changes that were needed for the staff rosters and the need to prepare suitable patients.[123] At a meeting of the Education Sub-Committee it was suggested that the training schools had a responsibility to

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[120]Nurses Registration Board: Education Sub-Committee minutes. State Records Office of WA. ACC4559. Item 1. 21 January. 1964.
[121]The Editor. *Journal of West Australian Nurses.* June. 1965, p.13.
[122]*ibid*. May. 1965, p.15.
[123]*ibid*.

provide in-service education to the ward 'sisters' to enable them to effectively participate in the continuous assessment of student nurses. The committee recommended that they assist in this process by coordinating and regulating such an activity.[124] The CNA accepted the challenge and conducted a session on the examination process.[125]

Given the discrepancies in the examination processes and the influences of social and educational factors, the 'First Professional' and the practical in the final examination were finally abolished in 1964.[126] By 1965 the number of full faculty examiner meetings was reduced to three a year. This did not include other meetings held between examiners for the medical and surgical papers. Examiners meetings of general nursing changed from being *ad hoc* to seven annually as the number of examinations decreased from fourteen to six.[127]

Attrition of student nurses

The decision by the NRB to abolish the 'First Professional' examination was not taken lightly. Several factors were taken into consideration and may have been the reason for the protracted deliberation. Discussions between members of the 'Board' and the Tutors Sub-Section over the examination process highlighted the complexities and deficiencies in Western Australia's secondary education system. Major issues addressed in the discussions concerned the changes that were occurring in general education and the high attrition rates of trainee nurses in their first two years of training. Some members of the NRB, including Walter Neal felt that there was a strong relationship between these two issues.[128] Whilst the attrition of trainee nurses added to the problem of the shortage of trained nurses there was a different set

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[124]Public Health Department. State Records Office of WA. ACC1003. AN120/4. File 2005/60. 11 September. 1963.
[125]The Editor. *Journal of West Australian Nurses*. June. 1962, p.13.
[126]Public Health Department. State Records Office of WA. ACC1003. AN120/4. File 2005/60. 5 July. 1963.
[127]Nurses Registration Board: Education Sub-Committee minutes. State Records Office of WA. ACC4559. Item 1. 26 May. 1965.
[128]personal communication. Walter Neal. 18 March. 2000.

of circumstances that were related to the failure to attract and retain recruits.

Prior to and including the 60s the employment opportunities for young women were limited. There was a general assumption that women could tolerate monotonous, tedious, sedentary jobs. Women were channeled into positions that had little career prospects and that were more suited to part time work. There was an assumption that girls would need employment for a short period of time, as they would leave to marry and commence a family. Teaching, hairdressing, clerical work and nursing were the few options from which girls could choose.[129] [130] [131] Conceivably some women may have entered nursing to escape tiresome uninteresting jobs. For others it was for altruistic reasons. Whatever the motive many nurses never married and spent their whole working life in the profession.[132] [133] [134] [135]

Potential candidates for nurse training were undergoing a different type of secondary education to that of the 'sister' tutors. General secondary education through the 50s and 60s was rapidly developing as it tried to keep pace with the increasing population and the associated demands on the education system. This was the direct result of the post war 'baby boom' and the increased migration of people to Western Australia. Progressive investment in secondary school education guided by principles defined as 'coeducational, comprehensive and community' saw an increase in student retention rates.[136]

State high schools in Western Australia in the 50s and 60s were divided into two categories. Junior high school catered for children from primary school, up to the age of fifteen. At this age those with academic ability wrote the 'Junior Certificate', a public examination set by the university. Those that demonstrated some ability and

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[129] personal communication. Pat Finucaine. 12 April. 2000.
[130] personal communication. Beth Connolly. 14 March. 2000.
[131] personal communication. Kathy Palmer. 12 April. 2000.
[132] personal communication. Helen Bailey. 15 October. 1999.
[133] personal communication. Rosalind Denny. 21 September. 2001.
[134] personal communication. Edith Harler. 28 October. 2001
[135] personal communication. Merle Parkes. 18 May. 2001.
[136] Porter, P. (1986). *Gender and education*. Victoria: Deakin University. p.21

aspired to a career requiring a university degree were channeled into a senior high school, to prepare for the 'Leaving Certificate' the second public examination. Criteria for assessing academic ability influenced teachers to concentrate on 'the examinable aspects of the curriculum almost to the exclusion of everything else**...**and acted as a constraint to proper curriculum development and teaching methods'.[137] The practice of grouping students according to ability was unacceptable to many educators. Streaming children for public examinations continued for many more years even though the Dettman report on Secondary Education in 1969, criticized this strategy as harmful and ineffective.[138]

In 1960 there were twenty-seven senior high schools in Perth and thirty-five junior high schools in the country.[139] A high degree of competitiveness existed for student places at the senior high school. This was especially for children from the country areas as few senior high schools in the metropolitan area could provide accommodation. Only those children whose families could afford to 'board' their children or those children who had won a bursary were able to attend senior high school. Bursaries were offered by the Medical Department in an effort to encourage high school students to stay until year twelve, before applying to a training hospital. This system commenced in 1955 and attracted ninety-three applicants. When parents became aware that following graduation the applicants would be bonded to the training hospital for one year only forty-four bursaries were awarded.[140] Over the years this number increased to seventy-four in 1963. The number of graduating students, however, still fell short of expectations. A total of 476 bursaries were granted over a nine year period but the total number of students graduating were sixty-one.[141] The scheme was partially successful in attracting young people to stay at school and recruiting them into nursing.

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[137]Education Department Western Australia. Secondary education. Dettman Report. 1969, p.1.
[138]*ibid*. p.3.
[139]Porter, P. (1986). *Gender and education*. Victoria: Deakin University. p.21.
[140]Public Health Department: Annual Report. 1955, p.6.
[141]Public Health Department: Annual Report. 1963, p.64.

The first contact a trainee had with the NRB was when their name was submitted for the 'First Professional' examination.[142] Prior to 1960 the matrons employed and dismissed trainee nurses according to their personal discretion. Attrition rates could only be calculated from the number of students sitting the final examinations at the end of the three-year training program. This did not account for the number of trainees who resigned prior to their 'First Professional' examination. In 1962 it was estimated that there needed to be 500 trainees to achieve 300 graduate nurses each year. These figures amounted to a 40% attrition rate.[143] Whilst there was an expectation that a certain percentage of trainees would 'drop out' the RPH recorded 43.8% in 1961.[144] Contrarily to the decrease in the number of applicants for general nurse training was the number of applicants for nurse aide training. These people had less educational qualifications and underwent a two-year training. Consequently, the RPH's answer to the problem of high attrition was to employ more nurse aides.[145]

The number of appropriately qualified applicants for general nurse training at the RPH did not equal the projected intake of 200 per annum. These low recruitment rates were attributed to several factors. These were the opening of the SCGH School of Nursing in 1963, the loss of potential students to other professions, the widening avenues of vocational opportunity, heavy workloads, over crowded hospitals and poor accommodation for nurses. There was also an element of unrest amongst nurses and a feeling of insecurity, possibly symptomatic of the 60s.[146]

Some members of the NRB saw a relationship between the attrition rates of trainee nurses and the changes that were occurring in general secondary education. Kath Johnson in her role as Matron of the RPH noticed that a significant amount of applicants to commence training cancelled when the results of the 'Leaving Certificate' were published. In most cases the applicants decided to undertake a

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[142]personal communication. Helen Bailey. 12 July. 1998.
[143]Bailey, H. (1961). Western Australian nursing survey 1960-1962. Perth: Public Health Department. p.24.
[144]Royal Perth Hospital: Matrons Annual Report. 1963, p.40.
[145]Royal Perth Hospital: Annual Report. 1965, p.44.
[146]*ibid*. p.40.

university course. This gave rise to an urgent need to examine the criteria for entry into general nursing, especially in light of the fact that in1961 the United Kingdom registration authorities had raised their entry level. This was important to the NRB since they did not want to lose reciprocity with the United Kingdom Central Council for Nursing.

Statistics on attrition rates at the RPH demonstrated that there was a better retention of trainees with the 'Leaving Certificate'. Yet the NRB standard for entry into nursing continued to be the eighth standard of secondary education. Despite the tutor's efforts to address this discrepancy the medical practitioners on the NRB refused to change the regulations. They continued to teach and set exams at a higher level than the secondary education of the trainee nurse would allow. As mentioned previously this often led to trainees leaving nursing after failing their 'First Professional" examination.

Pressure from qualified tutors and the nursing organizations both locally, nationally and internationally began to sway the balance of decision making on the 'Board'.[147] [148] [149] [150] The NRB finally acknowledged that a foundation in general scientific principles available at 'Junior Certificate' level was far better than the eighth standard.[151] When the 'First Professional' examination was discontinued the educational criteria for recruits was increased to a minimum of ten years schooling and five third year high school certificate subjects from the Education Department of Western Australia. These subjects included English and arithmetic and either geography, history or social science and two other subjects from the sciences. Although the NRB set a minimum educational entry to nursing, some hospitals set a higher standard. For example in 1963 Olive Anstey the Matron of the SCGH had set the entrance requirement at the 'Leaving Certificate'. This was in line with the modifications the hospital had made to the 1960 NRB syllabus. By 1964 the NRB

[147]personal communication. Helen Bailey. 15 October. 1999.
[148]personal communication. Kathleen Johnson. 26 June 2000.
[149]personal communication. Beryl Grant. 10 February. 1997.
[150]Personal communication. Walter Neal. 18 March 2000.
[151]Nurses Registration Board representatives, Walter Neal and Helen Bailey, meeting with the Royal Australian Nurses Federation. 8 August. 1960. (Bailey private collection).

estimated that 50% of trainees were presenting with twelve years of secondary schooling to all hospitals.[152]

With the discontinuation of the 'First Professional' examination and an increase in the entry level of student nurses it was expected that attrition rates of nurse trainees would decrease. This theory, however, was not supported by statistics. Figures between 1965 and 1967 were contrary to expectations.[153] It was argued that perhaps the syllabus was not challenging enough for the brighter students.[154] Olive Anstey remarked that if nursing recruited at a higher level then the type of training given, should sufficiently challenge a student's intellectual capacity.[155] This was one of the reasons that SCGH modified the syllabus in 1963.

Politicians blamed the changes to entry standards for the decease in trainee nurses. Some parliamentarians viewed nursing as women's work and as a naturally acquired skill rather than a profession. They said that 'too much emphasis was being placed on academic qualifications**...**to the exclusion of natural-born nurses'.[156] The prevailing attitude was that a girl should be allowed to start training earlier than $17^{1}/_{2}$. They should by 'all means have a 'Junior Certificate' but the subjects studied should not include the classics rather 'domestic science, music, art and tiddly-winks'. The ensuring discussion between the politicians centred on personal perspectives of what constituted an ideal nurse. Dr Henn commented that he 'did not want his blind to be thrown up in the morning by a blue-stockinged, horn-rimmed spectacled girl muttering some figures'. Rather he wanted 'an attractive girl who would realize at once his condition'. Higher qualifications were not for the majority of ordinary nurses who 'would work in the sick room'. It was the call for a higher educational standard that was being blamed for the nursing shortage.[157]

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[152]Bailey, H. (1964). Trends and Steps toward the implementation of a basic generalizes curriculum in Western Australia. (Bailey private collection).
[153]*ibid*. p.1
[154]*ibid*. p.2
[155]Olive Anstey. (1957). *Trends in Nursing.* Unpublished paper. p.7 (Piercey private collection).
[156]Western Australian parliamentary debate. Legislative Assembly. 24 November 1960, p.3242.

The NRB was continually under pressure from the RANF to increase entry requirements to a 'Leaving Certificate' level.[158] Evidence suggested that there was a correlation between the failure rates of trainees in their junior years and the lower educational standard. [159] Secondary education was changing whilst the 'Board' members were debating this issue. In 1967 home science, physiology and hygiene were examinable subjects at 'Leaving Certificate' level, resulting in many more girls aspiring to a higher standard of secondary education. Invalid cookery, first aid and home nursing were also included in the home science syllabus that provided a valuable preparation for nursing candidates.[160] In light of these changes and in preparation for a new basic general curriculum the NRB officially changed the entry requirement to 'Leaving Certificate' level in 1970.[161]

Curriculum review

The need to revise the nursing syllabus was mooted in 1961. This was prior to the debate on changing the educational requirements for entry into nursing and the statistics on nurse trainee attrition rates. Since 1947 there had been few official addendums to the syllabus. Even though the 1960 syllabus had been revised the content had quickly had become outdated. Tutors were continually frustrated with adding content to their teaching schedule and the perceived lack of action for a complete revision to the syllabus. [162] They felt the content of the syllabus was outdated and taking too long to complete. It was not designed to prepare a student for modern professional practice.[163] The scope of clinical practice had widened and there had been a noticeable increase in the number of medical specialties and

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[157] *ibid*. p.3242.
[158] Royal Australian Nurses Federation. *Journal of Western Australian Nurses*. Novemer 1965, p.8.
[159] Bailey, H. (1961). Western Australian nursing survey 1960-1962. Perth: Public Health Department. p.25.
[160] Porter, P. (1986). *Gender and education*. Victoria: Deakin University. p.23.
[161] Nurses Board Western Australia: General Meeting: State Records Office of WA. ACC4558. Item 7. 28 October. 1970.
[162] personal communication. John Brett. 10 January. 1997.
[163] Nurses Registration Board: Walter Neal and Helen Bailey. Meeting with Royal Australian Nurses Federation: Sister tutor Sub-Section. 8 August 1963. (Bailey private collection).

associated technology.[164] With the rapid changes occurring in medicine it was predicted that what was being taught would be out of date within a few years of graduation. The need to prepare a nurse to critically think and make informed decisions to cope with the changes in clinical practice was seen as imperative.[165]

In order to revise the syllabus it was first necessary to investigate whether nurse training was meeting the needs of the community and the profession. Using a systematic process of collecting and documenting data, Helen Bailey in her role as Education Officer embarked on a project unprecedented in Western Australian nursing history. The project known as the Western Australian Nursing Survey 1960-1962 would become the blue print for planning nurse education until the move to tertiary education.

Summary

Reforms in nurse education and the influences that led to those reforms had their genesis in post-war reconstruction. As the nation sought a more progressive and democratic stance, Western Australia accepted a huge tide of migrants. An increase in the population meant that there was a corresponding increase in the number of patients and the need for hospital beds. The exponential growth in building and reconstruction in most metropolitan hospitals and in particularly the RPH had partway addressed the problem.

A legacy of the second-world war was a national shortage of trained nurses. In Western Australia the hospital administrators felt that this problem could be remedied by increasing the number of trainees into nursing. The apprenticeship pattern of nurse training in Western Australia tended to use student nurses as a cheap form of labour. Their value was in their numbers and little time was allocated to their classroom learning. This led to service needs taking priority over training needs. With the increase in the number of trainees there was also a shortage of qualified tutors. Medical practitioners taught the theoretical component of the

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[164] *ibid*.

[165] Bailey, H. (1961). Western Australian nursing survey 1960-1962. Perth: Public Health Department.

syllabus, the tutors taught the nursing procedures and the ward 'sisters' taught and examined the clinical skills on the wards. This placed an extra workload on senior nursing staff and often led to trainees receiving inadequate clinical instruction.

The National Nursing Education Division (NNED) concerned about the shortage of trained nurses conducted a national survey. In Western Australia the sub-committee of NNED highlighted the reality of the situation. Nurses were resigning for a variety of reasons including marriage, long hours, low pay and inadequate accommodation. Young women in the 60s also had more opportunities for employment and did not consider nursing as career choice. There was also a trend for financial resources in hospitals to be allocated to medical services at the expense of nurse training and education. Clearly nurse training was not addressing the changing needs of the community.

The NRB was the statutory body that had the power to make changes to the syllabus. Over the years since 1900 modifications had taken place but the nursing syllabus remained essentially the same. The syllabus of 1960 resembled the role women played in society with domestic chores playing a large part of the student nurses work world. This problem was partially addressed in 1961 at PMH when the working week was reduced and nursing assistants were used for non-nursing duties. Trainees were kept in a subservient position by the paternalistic attitude of medical practitioners and some senior nurses. Parliamentarians also believed that girls and women had an inherent skill to nurse and needed very little training.

A dysfunctional pattern of decision making and a reluctance to change was a characteristic of the NRB in the early 60s. The doctor nurse game enacted in the hospital environment continued at the 'Board' meetings. Most decisions were made to further the medical dominance over the nursing syllabus. When the older matrons retired and people with post-graduate qualification in administration or education were elected a more democratic process ensued.

The NRB had both an educational and registration function. Little attention, however, was paid to educational principles. With only monthly meetings and

voluntary membership it was difficult to make changes. Nurse members of the 'Board' were also members of the RANF and the WA State committee of the CNA. These people were influential not only in changing 'Board' dynamics but also in keeping the 'Board' informed of educational matters in the workplace. In particular Bailey tried to get the 'Board' to recognize some sound educational principles and continued to be a major force for educational reform in her role as Education Officer.

As a male and a non-medical educationalist Dr Walter Neal was able to convince the medical practitioners and the Chairman of the NRB of the need to change nurse training. He also briefed the 'Board' of the major reforms that were occurring in secondary education. Neal suggested the formation of an Education Sub-Committee at a time when the RANF Tutors Sub-Section was pressuring for changes. Nurse members of the Education Sub-Committee were also members of the RANF. This was advantageous as issues discussed at the RANF were brought to the Board. From these discussions it was evident that tutors were dissatisfied with the training methods, the syllabus and particularly the examination process.

The Education Sub-Committee effectively focused back onto educational issues particularly the examination process. It was at this time that Neal suggested that the NRB create the position of Education Officer. It was envisaged that the Education Officer would inspect training facilities and coordinate all educational matters of the Board. This did not bode well with the matrons as they felt their position was being usurped. Personality clashes often led to hostility and heated discussions regarding changes to nurse training.

The NRB was the major authority that set the criteria for entry into nursing and the examination process. In the early 60s trainees were subjected to numerous examinations. Whilst there were only two examinations set by the 'Board' the training hospital set many more including an indenture paper. These tests and assessments were scattered over the three-year training period and were part of the hospitals strategy for assessing a trainee's performance. The examination process was seen as being related to the high attrition of trainees. There was a noticeable difference between the standards of marking between examiners. Tutors felt that the

student's knowledge of nursing skills took second place to surgical astuteness and treatments. There was also evidence to suggest there was a relationship between the trainee's level of secondary education and their ability to pass examinations. Examination papers were set by medical practitioners and according to the tutors these were not at a level commensurate with the eighth education standard of most trainees. With the introduction of the nurse aide category, trainees could transfer from pre-registration general training if they failed their 'First Professional' examination.

The more assertive nurses supported by Walter Neal slowly changed the examination process. The examinations were reduced in number and the format changed. Triennial meetings between all examiners partway addressed the problem of communication between examiners. Standardized ward reports were introduced to assess the learning outcomes of student nurses and the entry requirement was raised. The 'Leaving Certificate' was the official requirement in 1970.

The trainee attrition rate was not only related to the examination process and the entry level of secondary education but also to the training syllabus. Trainee nurses early in their training were unprepared for mastering technical knowledge that was involved with complex procedures. Trainees were expected to have a working knowledge of the equipment if it was present on the wards. Such demands caused frustration and high attrition rates. It also placed a heavy burden on ward 'sisters' to teach the students. Medical practitioners were increasingly expecting nurses to perform intricate and delicate treatments requiring higher level judgments. At the same time they were generally reluctant for nurses to gain an education commensurate with such tasks.

These factors created a need to review and revise the syllabus. People in hospital administration, medical practitioners and matrons needed to be convinced about the imperative for nurse training reform. Already there were consolidated moves being made by the establishment of the Education Sub-Committee and the appointment of the Education Officer. It was now time to provide conclusive evidence that reform was necessary.

The following chapter will take a closer look at some of the findings of the Western Australian Nursing Survey and the strategies used to implement the recommendations. It will also discuss international changes to nurse education and their influences on the nursing curriculum in Western Australia.

CHAPTER 4

'Future shock [is] the shattering stress and disorientation that we induce in individuals by subjecting them to too much change in a short time'.[1]

REFORM AND RECONSTRUCTION

Introduction

The previous chapter focused on some of the factors that contributed to the need for change in nurse training during the 1960s. At this time nurses were beginning to shed the mantle of Victorian domesticity and subordination. This was initiated by social changes that included reforms in general education. The characteristics of new entrants into nursing were of a higher calibre than before.

Professional nursing organizations in Western Australia in the 1960s were beginning to show overt signs of change. This saw the emergence of influential nursing leaders of the Royal Australian Nurses Federation (RANF) and the College of Nursing Australia (CNA). Through the work of these leaders the stranglehold of the medical practitioners on nurse education was beginning to ease. An increased number of senior nurses returned to Western Australia with post-graduate qualifications in education and nursing administration. This had given these nurses a confidence to voice their opinions at meetings that was traditionally dominated by the medical fraternity.

Nurse education reform was the focus of debate amongst nurses at the International Council of Nurses (ICN) and the World Health Organisation (WHO). Western Australia was not impervious to these events and changes of the time. At a national and international level there was pressure for a reconstruction of nurse education from within the profession. This created an awakening in Western Australia and nurse leaders took up the cudgels. The battle lines were drawn between the

[1]Toffler, A. (1970). *Future Shock*. London: Pan Books. p.12

reformers and the traditionalists. Most matrons, medical superintendents, hospital administrators and medical practitioners were adamant that the *status quo* of nurse training be maintained whilst nurse educators called for reform.

The Nurses Registration Board (NRB) was in a strategic position to bring about change. This statutory body approved candidates for nurse training and accredited hospitals as training schools. It also set the training syllabus and was responsible for the examination process. In light of the changes that were occurring in secondary education, together with the influence of the educators, the 'Board' began to assume a more prominent role in educational matters. Of particular importance in the process of change was the appointment of an Education Officer to coordinate the educational matters in 1960.

Nurse education reform in Western Australia did not occur in isolation. There was a vision and connected effort by those who believed it was time to change. This chapter discusses the 'how' and 'why' of reform in nurse training with reference to international and local issues. Special attention is given to the 'Western Australian Nursing Survey 1960-1962'[2] and the Education Officer's role in conducting the 'survey'. Recommendations for change are included together with the events that led to the establishment of a new Nurses' Act that allowed the NRB to become an autonomous body.

The Education Officer

The beginning of nurse education reform in Western Australia can be traced to the appointment of the Education Officer in 1960. This caused ripples of discontent amongst Western Australian matrons. Some senior nurses perceived the position as a threat to their authority. Helen Bailey was appointed to the position bringing with her a wealth of knowledge and experience in nursing, administration and teaching. Bailey had also traveled widely visiting nursing schools in UK, Canada and NZ. She observed how other parts of the world were implementing strategies based on the

[2]Bailey, H. (1962). The Western Australian Nursing Survey 1960-1962. Perth: Public Health Department of Western Australia. p.5.

sociological and technological changes in society. Through her travels Bailey developed a network with nurses who furnished further information when needed. This personal resource enabled Bailey to keep abreast of what was happening overseas and in Australia.[3]

The antipathy towards the Education Officer by the matrons was understandable when the nursing culture of the time is considered. The matrons felt that their authority was being undermined and were apprehensive that others might see changes to nurse training as a sign of their failure to manage.[4] This personal sense of failure was a legacy of past professional socialization. Nurses generally received very little praise for their work. This resulted in trainee nurses quickly learning the kind of behaviours that would be rewarded. Efficiency of time and resources were two such attributes that usually received positive feedback. It was considered 'good' nursing if tasks were completed on time and resources were used sparingly. This constant tendency to 'do the right thing quickly' to gain approval became a psychological agenda that older nurses have carried into today's nursing practice. It has remained an inherent part of nursing culture in Western Australia. Criticism about nurse education and the suggestion that nurse training was not meeting the needs of the patients was perceived as a grave insult to some matrons and senior nurses. They also feared that changes to the pattern of nurses' training would decrease workforce numbers and disrupt hospital service.[5]

It was envisaged that the Education Officer would 'integrate nursing education with general education' and coordinate 'the work of all institutions engaged in training nurses'. The NRB acknowledged that:

> following forty years of registration of nurses, it is possible that with the addition of new courses and new requirements, there has developed within the profession an unwieldiness which, by careful examination and discussion, could be reduced and simplified. Further, whereas in the past the need for a considerable part of general education has been met within the nurse's training, today external educational facilities and availability

[3]letter to Helen Bailey from Gladys Sharp. 17 September. 1963.
[4]personal communication. Vicky Hobbs. 17 January. 1996.
[5]personal communication. Vicky Hobbs. 17 January. 1997.

> thereof have improved to such a marked extent that it is possible that an increased use could be made of these to the advantage of the nursing profession.[6]

One of the tasks Bailey saw as a priority in her new role as Education Officer was to revise the NRB 1960s syllabus. To do this objectively she believed that a collection and analysis of statistics was necessary. This would convince the matrons, medical superintendents, hospital administrators, medical practitioners and other stakeholders in the system, of the need for educational reform.

Precursors to the Western Australian Nursing Survey 1960-1962

The issue of reorganization and restructuring of nurse training was continually debated through the 50s without affirmative action being taken. At this time Dr Linley Henzell the Commissioner of Health/Principal Medical Officer, was 'reconsidering the whole of the training scheme'[7]. Bailey suggested that preliminary investigations be conducted State wide and nationally. This she felt would be time consuming. Based on her observations of nursing and nurse training there needed to be a much broader perspective to the education of nurses. Part of this broader perspective was the question of general education and the need to develop nurses as public citizens. Bailey reminded Henzell that 'Florence Nightingale had raised the standard of nursing by training the character of the nurse and making nurses' homes places where character was developed, general culture acquired and moral standards learnt'. Bailey was critical of the lack of effort regarding this issue in Western Australia saying 'What do we do? Precious little at present'.[8]

There was no response to Bailey's suggestion for a survey in the 1950s. Part of this reaction was that there were few qualified nurses who had the skills to conduct such an investigation. It was also related to the attitude of some hospital administrators and matrons to Bailey's controversial suggestion of asking nursing staff for their opinions on nurse training. The hierarchical and autocratic nature of nursing and

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[6]letter to Matrons of training schools requesting assistance for Helen Bailey from the Chairman of the NRB prior to the WA Survey. No date. (Bailey private collection).
[7]letter to Dr Henzell from Helen Bailey. 17 November. 1951. Public Health Department. State Records Office of WA. ACC1003. AN120/4. File 2570/59.
[8]*ibid*.

hospital administration considered some of the questions highly inappropriate and insubordinate. Accordingly, a nursing survey did not take place at an earlier time.

International forces for change

During the 50s events in nurse education on the global stage were changing. Increased technology and sociological conditions were changing the nature of health care delivery and in particular the methods of nurse training. In Western Australia nurses were well informed about the global changes in nurse education. In addition to the informed debate within the nursing organizations, senior nurses returned from overseas study having observed the groundswell for nurse education reform. The momentum for reform was increasing with such speed that it was difficult for leaders in nursing to keep pace. This speed of change may have contributed to the reluctance of matrons to reorganize nurse education.[9]

The WHO recognized the significance of nurses and the vital role they played in health care. So overwhelming was the need to change the preparation of nurses that the WHO began publishing technical reports in the 50s on nursing in general and nurse education in particular. This was based on the recognition that generally nurses across the globe lacked knowledge and skills to effect change. Reports of conferences and guides to planning nursing education programs were published. These were of major importance and clearly influential to those trying to convince the authorities to take steps to change nurse education.

Amongst the twelve members of the WHO expert committee was Gladys Sharpe the Director of Nursing at Toronto Western Hospital in Canada.[10] In 1961, Sharpe stayed with Bailey *en route* home following the ICN Quadrennial conference in Melbourne. This chance meeting was significant for Bailey. She was impressed with the knowledge and experience of such a prominent nurse leader and felt that she had learnt a great deal about nurse education from this encounter. Canada had long been the centre of innovations in curriculum issues and many nurses around the

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[9] personal communication. Merle Parkes. 18 May 2001.

[10] World Health Organisation, Technical Report Series No 60. (1953) *Working conference on nursing education*. Geneva: WHO. p.9.

world had been influenced by such innovations. Nurse scholars such as Helen Bailey, Phyllis Lee and Merle Parkes had visited Canada on their way home from England where they had studied for post-graduate qualifications in nursing.

Of particular importance to Bailey and other nurse educators in Western Australia was the 1953 WHO 'Report on the working conference on nursing education'. The aim of the report was to provide assistance to nurse educators in 'considering the ever-present question: How can we prepare nurses to meet our needs?'[11] This report identified that a professional nurse should be 'equipped through a generalized preparation to work in all fields of nursing' and be 'prepared to give total nursing care including the physical, mental, emotional and social elements.[12] They believed that this type of educational preparation would prepare a nurse to take delivery of care across national and international boundaries. The WHO promoted the idea that nurses should be able to function as health professionals across the globe to better the health conditions of the disadvantaged'. This was a fundamental tenet underlying the establishment of the WHO.[13]

Concepts such as mental, emotional and social-health had not been previously part of the NRB syllabus. Although these concepts underpinned the art and science of caring fundamental to nursing, the physical nature of disease often took priority. The role of the nurse was to perform tasks ordered by medical practitioners in an effort to cure diseases. This type of nursing has since been labeled the medical model. Nursing knowledge and its philosophical underpinnings has been hidden or subsumed into this model.[14]

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[11] *ibid*. p.9.
[12] World Health Organisation, Technical Report Series No 60. (1953) *Working conference on nursing education*. Geneva: WHO. p.9.
[13] *ibid*. p.14
[14] Liaschenko, J. (1998). *The shift from the closed to the open body-ramifications for nuring testimony.* In S. Edwards (Ed). Philisophical issues in nursing. Basingstoke: MacMillan.

As mentioned previously (in chapter two) the ICN was an international nursing organization whose members were national nursing organizations. In 1959, the ICN made a decision to accept only those nurses deemed by them to be professional. This was born out of the need to standardize educational criteria for membership. A professional nurse was defined as:

> a person who [has] completed a program of basic nursing education and is qualified and authorized in her country to supply the most responsible service of nursing nature for the promotion of health, the prevention of illness and the care of the sick.[15]

The ICN stated that, the educational preparation for a professional nurse should be in line with the one adopted by the WHO. That is, basic nurse education should be generalized and 'that nurses who graduate from approved schools of nursing during, or after 1965 [will] be expected to have had such a preparation in order to qualify for ICN membership'.[16] The generalized basic education was comprehensive in nature and defined as one which:

> includes medical and surgical nursing of all age groups (including paediatric, and geriatric nursing), obstetric, public health and psychiatric nursing; any specialization in depth should occur at the post-basic level.[17]

Some matrons in Western Australia viewed the revised educational criteria for ICN membership as potentially creating workforce problems. It was envisaged that if a comprehensive curriculum were implemented there would be an extension of the hours allocated to the theory of nursing. This would result in an increase in classroom contact. A situation that would inevitably lead to reduced number of nurses in the workforce. In Western Australia the RANF Council members were senior nurses holding powerful positions such as matrons of a large public hospitals. It was not surprising, therefore, that the RANF council was reluctant to recommend to the NRB changing the syllabus to a comprehensive curriculum.

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[15]Recommendations of the International Congress of Nursing. Melbourne. 1961, p.25.

[16]International Council of Nurses. (1962). Inquiry into nursing education *International Nursing Review* 9(3)3-5.

[17]Jaywardena, Y. (1962). The ICN and educational criteria for membership *International Nursing Review* (5)55-58.

In addressing the issue of revising nurse training the ICN also considered the venue for nurse education. Nurse tutors globally continually subscribed to the notion that independent schools of nursing would prepare students more effectively for their roles as professional nurses. They argued that students were trained in an apprenticeship system rather than being educated for citizenship. They could not provide total patient care as described by the WHO. It was felt that as mature citizens, nurses would be more likely to adjust to societies needs and be stimulated to be life long learners. This was an enduring skill they needed to equip them for the future.[18] This notion was also part of Helen Bailey's philosophy of nurse education. She recognized that most young women entering the profession lacked a liberal education. Yet they were expected to converse with other health professionals and patients in a mature confident manner.[19]

In 1968, Dr Rae Chittick, an eminent nurse scholar and consultant to the WHO, identified the apprenticeship system of nurse training as contributing to nursing being considered a trade. Chittick stated that:

> at the age of seventeen, the entrance age to schools of nursing, students are cut off from any educational programme that would enlarge their vision, develop their potential resources and make them aware of the social, political and cultural problems they face as citizens. Nursing education at the basic level remains a trade, which students learn over a period of three to four years in a very limited environment. Perhaps no other group of young people in modern society receives such a narrow, restricted and unimaginative type of education.[20]

Nurses in Western Australia were not isolated from the ICN debate on nurse education. In 1960, the National Nursing Education Division (NNED)[21] had been established to function as an information centre. As previously mentioned (in

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[18]Lindstrom, A. (1957). New needs in basic nursing education. *International Review* 73-77.

[19]personal communication. Helen Bailey. 17 July 1999.

[20]Chittock, R. (1968). *Assignment report*. Manila: Regional office for the Western Pacific of the WHO. p.10.

[21]The National Nursing Education Division. (1967). Wastage of trained nurses inAustralia. Victoria: The National Nursing Education Division.

chapter three) it conducted an inquiry into the shortage of trained nurses. It also provided advise on specific aspects of nurse education including the ICN proposal for curriculum changes. In Western Australia the four nursing organizations, the NRB, the RANF, the CNA and the FNC, were all involved in the proposals. Members of one nursing organization were invariably members of the other organizations. This allowed quicker decisions to be made regarding nurse education issues and provided expedient distribution of questionnaires during the ICN debate on the generalized basic nurse education. This resulted in Western Australia returning more questionnaires to NNED on percentage basis than any other State.[22]

International and national events in nurse education during the 1960s led to continuous correspondence between the RANF, specifically the Education Sub-Section and the NRB. Constant pressure from the RANF regarding changes to the curriculum and the method of student examinations were prominent features of the correspondence.[23] This agitation for changes to nurse education was not surprising since the RANF had a vested interest as the Australian member of the ICN. Gladys Schott was the national president of the RANF and the 3rd Vice president of the ICN.[24] It was imperative that all Australian nurses should train within a comprehensive program or else RANF would lose membership of this prestigious international nursing organization.

In 1962 the RANF convened its first Biennial Convention following the ICN 12th Quadrennial conference in Melbourne. This convention heralded the need for education reform across Australia in line with the changes that had occurred in society, medicine and general education. Helen Bailey chaired one of the speakers presentation at which she argued that in general the syllabus in all States had been modified using a 'cut and paste' method rather than rethinking a curriculum designed

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[22]Royal Australian Nurses Federation: Council minutes. 4 August. 1964.
[23]Nurses Registration Board: General minutes.State Records of Office of WA. ACC4558. Item 4,5,6. 1959-1970
[24]Bridges, D. (1967). *A history of the international Council of nurses 1899-1964*. Toronto: Lippincott. p.212.

for the 60s.[25] Through her position on the NRB, Bailey was in constant contact with other nurse registering authorities across Australia. The NRB in Western Australia, however, felt that there was a general reluctance of the Eastern States registering authorities to form a unified approach to nurse education.

The situation in NSW began to change when Betty Lyons, a qualified tutor, was appointed as Nurse Advisor on the Nurse Registration Board NSW in 1962.[26] Lyons had gained valuable background knowledge in nurse education, as she had previously worked at the NSW College of Nursing. She was grateful for Bailey's assistance in the newly created role and continually corresponded with Bailey. Together they planned annual meetings between all nurse registering authorities across Australia and NZ. It was Gladys Sharpe who had suggested to Bailey in 1961 that New Zealand should be involved in the annual national NRB conferences. NZ had previously implemented a comprehensive curriculum in 1957 and was considered more progressive in nurse education.[27] It was hoped that the nurse registering authorities that met on an annual basis could work together to formulate guidelines that could be used as a basis for curriculum development. Bailey and Sharpe agreed that NZ nurses could be of value in diffusing any conflict that might occur at the conferences. It was the 1963 Conference on Nursing Education in Sydney that laid the foundations for the new comprehensive curriculum in Western Australia. The conference was particularly significant as it addressed the issues of pre-nursing education, basic education for the general nurse and the need for uniformity and standardization.[28]

Clearly, within the context of the international debate of nurse education the national nursing organizations needed to act. At the Australian Nursing Congress held in Melbourne in 1955, delegates from the CNA and the RANF were urged to lobby their State governments to conduct a survey on nursing. The Federal Health Minister advised the nurses that for the Federal government to conduct a nursing survey the

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[25]Bailey, H. (1962). Generalised training and the effect of its introduction in Australia. Paper presented at the 1st Biennial Convention RANF Sydney. September 1963. *Journal of West Australian Nurses.* June. p.20-22.
[26]personal communication. Helen Bailey. 17 July 1999.
[27]personal communication. Helen Bailey. 4 October. 1999.

State governments needed to make a request to the Commonwealth.[29] A year later (in 1956) the RANF formed a deputation to the Minister of Health Western Australia for nurse training to be revised. It was Matron Ferguson from the Repatriation Hospital who drew public attention to the lack of uniformity in nurse training. She commented on the urgent need for a similar general basic program of nurse education throughout Australia. The areas that needed urgent attention were the curriculum, the marking of examination papers and the reciprocity of nurse registration with overseas and interstate registration authorities.[30] A notice in the *West Australian Newspaper* confirmed that Emil Nulsen, the Minister of Health, had promised the RANF that he would help standardize methods of nurse training.[31]

The NRB Education Sub-Committee was conscious of the move towards a comprehensive curriculum. In 1959 a pilot course for general trained students to gain experience in obstetrics was integrated into general nurse training course. The course was seen as beneficial in allowing general trained nurses without midwifery training to assist midwives in the country. These nurses were not seen as being a substitute for a midwife. Great Britain had set the lead in widening nurse education to include maternity and this was the NRB attempt to maintain reciprocity.[32]

The NRB had a wider vision of nurse training. They envisioned that the maternity course would be an initial step in preparing a general nurse to assist mothers needing nursing care. It would also partly meet the aims of the comprehensive curriculum. The committee believed that nurse training should encompass a wider perspective of health care as identified by the WHO. Nurses needed knowledge of individuals ranging from normal to abnormal and from ante-natal to geriatric. This was the genesis for curriculum building to prepare nurses for the 'total health field'. Accordingly, maternity nursing was included in the general nurse program as a pilot

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[28]Australasian conference on nurse education. Sydney. 18-22 November, 1963.
[29]The Editor. *Journal of Western Australian Nurses*. December 1954 p.17.
[30]Public Health Department. State Records Office of WA. ACC1003. AN120/4. File 866. 1946.
[31]*The West Australian*. 21 June. 1956
[32]Bailey, H. (1964). Trends and steps towards the implementation of a basic generalized curriculum in Western Australia. Discussion paper. Nurses Registration Board. (Bailey private collection).

scheme. A shortage of qualified tutors, a lack of suitable maternity hospitals and competition for clinical experience from medical and midwifery students prevented the course from continuing.[33]

Nurses recognized the anomalies of the NRB syllabus but were powerless to make changes without sufficient data to support their claims. Besides they had been socialized into enduring problems in silence. This powerlessness was a feature of the nursing culture. A medical practitioner commenting at the time on a nurse's loyalty highlights the subordinate role that nurses played and to some extent continues to play. Charles Letourneau suggested that the nurse:

> must support the policies and practices of the hospital even though she may be out of sympathy with their underlying philosophy. If she disagrees with some of the methods in the hospital, the least that she can do is to maintain an attitude of neutral silence. Under no circumstances may she criticise the hospital administration, the doctors or the other employees in front of a patient. Nor should she express an adverse opinion outside the hospital.[34]

This attitude of medical practitioners permeated through nursing circles and was perpetuated by the submissive behaviour of nurses. A legacy they inherited from their professional socialization. Given the prevailing circumstances it was not surprising that the 'Board' took time to modify or adapt the methods of nurse training.

Bailey recognized that Western Australia's economic situation was starting to lift following the hardships of World War II and the Korean War. The increased economic growth facilitated changes to a variety of State government services including education and health. The State became more self-reliant and confident with the discovery of minerals in the 60s and growth in the economy. Given this climate, the Commissioner of Health supported Bailey's request to undertake the

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[33]Nurses Registration Board: General minutes. State Records Office of WA. ACC4558. Item 4**.** 21 June. 1960.

[34]Royal Australian Nurses Federation. State Records Office of WA. ACC 4481, AN1-15 MN 791. 1960.

‘Western Australian Nursing Survey 1960-1962’. This ushered in a watershed in the history of nurse education in Western Australia.

The Western Australian Nursing Survey 1960-1962

One of the prime movers to conduct a nursing survey in Western Australia was the lack of uniformity in graduating nurses applying for registration with the NRB. If the NRB was to maintain reciprocity with other countries then a revision of the syllabus was imperative. The 'survey' was the first step to determine the anomalies of the current training system.

At the time (in 1960) the Western Australian Nursing Survey[35] was a unique form of inquiry in Australia. Never before had an attempt been made to use a research method to investigate nurse training. Spasmodic efforts by various groups had produced broad generalized assumptions about nursing service but there were few endeavours to examine nurse training *per se*. The objectives of the 'survey' were to investigate current training patterns and their appropriateness for the health care needs of the Western Australian community. Bailey recognized that in light of social and economic changes there was a need for nurses to be prepared to meet changing community health needs. [36]

A review of nurse training was seen to be 'in line with progressive planning in other countries where much had already been done to adjust modern nurse training to existing community needs'.[37] There had been few and gradual changes to nurse training before the 'survey'. The initial deficits were still numerous and much remained to be achieved. There had been no deliberate attempts to educate nurses in Western Australia.[38] The apprenticeship system mainly focused on diseases and procedures. Many diseases were being treated with modern drugs or were prevented by immunization. These medical innovations made many nursing procedures no longer relevant. A revised curriculum to prepare nurses for a changed work world was imminent.[39]

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[35]Bailey, H. (1962). The Western Australian Nursing Survey 1960-1962. Perth: Public Health Department of Western Australia.
[36]*ibid*. p.5.
[37]Bailey, H. (1964). Progress in WA's comprehensive nurse training project. *Journal of West Australian Nurses*. January, p.4-12.
[38]*ibid*. p.23.
[39]personal communication. Merle Parkes. 18 May. 2001.

Note: For copyright reasons Figure 4.1 "WA nurses behind the times, says doctor", Western Australian Newspaper 10/04/69 has not been reproduced.

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Findings of the 'survey'

The 'Western Australian nursing survey 1960-1962'[40] exposed the syllabus as 'ill defined,' without aims and objectives or outcome statements comparable to modern methods of education. The content was stated in the number of hours of instruction that the student had to receive in each specified area. Matrons, medical practitioners and the hospital service needs influenced the syllabus. Students were expected to rote learn facts of diseases and treatments without correlation to nursing practice.[41] Most tutors were unqualified and not able to adapt areas of content to achieve a nursing focus

The findings of the 'survey' estimated that in 1961 there were twenty-three qualified tutors to 821 general nursing students in Western Australia. In addition there were 561 student nurses across the Perth metropolitan area in specialties such as paediatrics, midwifery, mothercraft, infant health, mental health, dental and tuberculosis nursing. The total number of students was 1,382. Issues in the work force often took precedence over the student nurse's educational preparation. In times of staff shortages students were expected to fill the gap even though they had not reached the appropriate level of training. This placed them under considerable stress as they grappled with their uncertainties and the responsibility of dealing with human lives. A gallant effort was made to learn quickly from other students to perform the required nursing tasks. This encouraged a mechanistic approach to nursing practice. A student at the time recalled how as a junior nurse she was placed in charge of the ward with her classmate at a subordinate level. This disparity in seniority was not an isolated case.[42] At Fremantle hospital in 1962, 'staff nurses generally appeared to have little idea of providing supervision to trainee nurses'. Usually a ward 'sister' instructed a trainee on nursing procedures' but with ward management and administration responsibilities, this role was often abdicated to a staff nurse or senior student nurse.[43]

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[40]Bailey, H. (1962). The Western Australian Nursing Survey 1960-1962. Perth: Public Health Department of Western Australia.
[41]letter to Gladys Sharp from Bailey. 17 September 1963. (Bailey private collection).
[42]personal communication. Beth Connolly. 17 April. 1998.
[43]list of tasks compiled by Sister Chidlow at Fremantle Hospital. December 1962. Fremantle Hospital museum.

Anomalies in the type of experience a nurse encountered were only part of the overall problem with the current training patterns. The syllabus did not prepare graduates in community, rural or public health. Other deficits in the training methods included the preparation for responsibility, lifelong learning and leadership. The most significant problem, however, was the trend towards technical training and the repetition of basic nursing tasks.[44]

The student nurse learnt tasks according to their seniority within a hierarchical ward system. For example at the Fremantle hospital, in 1962 the majority of ward cleaning was performed by junior student nurses. Four out of an eight hour shift was spent in the utility room cleaning such items as: bedside lockers, bedsteads, tables, fans, hand basins, walls and blinds, changing screen curtains, washing and stacking crockery and cleaning bedpans and sponge bowls. These non-nursing duties were performed as quickly as possible as the student was also expected to provide patient care. Interruption in the form of patient requests was the only respite the junior nurse experienced. Not surprisingly haste decreased efficiency and lowered the standard of nursing care.[45] Senior student nurses were allocated more complex tasks that included wound dressings, care of highly dependent patients and care of acute surgical patients. Improved anaesthetics had reduced the risks associated with surgery, which led to a shorter stay for patients and a quicker turnover. There was also an increasing trend for surgeons to use various tubes and drains and post-operative monitoring devises. These changes required nurses to learn new skills to care for patients with complex needs. To accommodate these trends most tutors taught topics not stipulated in the syllabus. [46]

Prior to publishing the 'survey' a special meeting of the stakeholders concerned with nurse training was convened at the invitation of Dr Henzell.[47] The RANF described

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[44]Bailey, H. (1962) *The Western Australian Nursing Survey 1960-1962*. Perth: Public Health Department of Western Australia. p.39.
[45]list of tasks compiled by Sister Chidlow at Fremantle Hospital. December 1962. Fremantle Hospital museum.
[46]Royal Australian Nurses Federation. State Records Office of WA. ACC 4481, AN1-15 MN 791, 21 September. 1963.
[47]Bailey, H. (1962) *The Western Australian Nursing Survey 1960-1962*. Perth: Public Health Department of Western Australia. p.9.

this meeting as 'marking the beginning of a new era in nursing in Western Australia'.[48] In his opening address Henzell outlined the aim of the NRB to revise the syllabus and reconsider the training of nurses for the total health needs of an individual. He added that in this respect nurse training had lagged behind other countries. This statement was a calculated move to provoke the audience out of their complacency. Bailey's presentation of statistics from the 'survey' at this historic meeting left no doubt of the imperative to reform nurse training. Henzell's statement concerning other countries did not reflect the amount of work that had already been undertaken to reorganize nursing in Western Australia. Bailey and other senior members of the nursing profession had worked tirelessly since the WHO had identified in 1953 the need for a general preparation of nurses in the 'total health field'.

The National Health and Medical Research Council at its 53rd session held in May 1962 made a similar recommendation regarding comprehensive nurse training.[49] It was suggested that nurses needed to be prepared in domiciliary nursing (community health nursing) at a basic level and a post-graduate level. There was a suggestion that 'a pilot scheme be established in each State whereby nurses in training received generalized experience in all types of nursing required in the community, general, maternity, psychiatric, public health and domiciliary nursing'. This type of nurse training was viewed as 'an extension of the best hospital care into the patient's home in such a way as to minimize the burden on the patient's family and to ensure the best care of the patient'. Two years later these recommendations were again forwarded to the Western Australian Minister of Health, Ross Hutchinson, with the emphasis on the establishment of a pilot scheme for domiciliary nursing.[50]

The 'Western Australian survey' was finally presented and endorsed by NRB in January 1963. Davidson said that:

> the 'survey' had carried out investigations in nursing on a scale unprecedented in the State. Findings, conclusions

[48]The Editor. *Journal of Western Australian Nurses*. November. 1962, p.14.
[49]National Health and Medical Research Council 53rd session. May 1962.
[50]letter to WA Minister of Health, from Federal Minister of Health 18 December 1964.

> and recommendations [will] be invaluable and stand as a permanent record of nursing as it is today and a blue print for the future.[51]

There was a noticeable undercurrent of animosity at meetings when the 'survey' was discussed. There was no denying, however, that the findings were a sad indictment of current training methods. The data illuminated deficiencies that needed to be addressed on all fronts. Changes could not be made unless there was a commitment from politicians, matrons, and other significant stakeholders. Commitment could only come about if people understood the rationale for changes and were involved in some manner. Once the Commissioner of Health endorsed the 'Western Australian nursing survey' the NRB members were forced to agree with the recommendations. If Western Australia wanted to keep abreast with the rest of the world and produce critical thinkers now was the time to make the move from a technical nurse training to a professional nurse education.

Recommendations of the 'survey'

A comprehensive list of recommendations from the 'survey' aimed to address changes to the NRB legislation, pre- clinical nursing, general-basic and post-basic education. The 'survey' also recommended a working committee to develop and coordinate these changes.[52] As previously mentioned the powers and responsibilities of the NRB were contained in the Nurses Act 1921 and were implemented by a committee of people in an honorary capacity. Many recommendations of the 'survey' were made to imbue the NRB with certain obligations and power to implement changes to nurse education.

Legislative changes

A significant number of recommendations of the 'survey' could not be implemented without some legislative changes. One of the recommendations of the survey was that all schools of nursing submit to the NRB their plans for implementation of the

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[51]Nurses Registration Board: General minutes. State Records Office of WA. ACC4558. Item 4. 18 January. 1963.

[52]Bailey, H. (1962). The Western Australian Nursing Survey 1960-1962. Perth: Public Health Department of Western Australia. p.41.

new curriculum. Furthermore, any changes to the program could not be made without the approval of the 'Board'.[53]

Although the examination of students was the responsibility of the NRB, the onus was on nurse tutors to implement the syllabus. The matrons of Perth teaching hospitals were represented on the various nursing organizations and often occupied positions on executive committees. As such they continued to make independent decisions on nurse training programs. For example when Sir Charles Gairdner Hospital commenced a general nurse training program in 1963, Olive Anstey initiated the inclusion of West Australian public health services into the syllabus.[54]

Matrons were reluctant to listen to people from outside the hospital such as the Education Officer and members of the NRB. These people were perceived as undermining the matron's authority and autonomy of training schools. Animosity between tutors and administrators was often the basis for the slow pace of educational reform.[55] A matron's job, however, was not an easy one. Most of matrons were managers and not educators and this made them feel intimidated when challenged on educational matters.[56] As a member of the hospital board of management the matron was responsible for the efficient management of nursing services. It was not surprising that when issues concerning nurse training were discussed it was mainly from a perspective of workforce needs. The matrons resisted changes to nurse training to avoid the risk of being labeled as inefficient managers. The 'survey' recommended legislation that would force matrons to consider the educational needs of the student. Bailey recommended that the NRB should establish

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[53]*ibid.* p.41
[54]Sir Charles Gairdner Hospital: Annual Report 1963.
[55]personal communication. Edith Harler. 15 April 1996.
[56]Janet Way, Report to the NRB of WA and the Education Officer, Helen Bailey. 18 June. 1969. (Bailey private collection).

a permanent executive Education Section to deal with these and all other educational matters of preparing nurses in Western Australia. This would allow matters of nurse training and registration to be conducted in a systematic manner with standardized record keeping. This recommendation did not eventuate until the NRB became an autonomous corporate body in 1970.

A general pre-registration curriculum

The most significant recommendation from the 'survey' was the plan to develop and implement a general pre-registration curriculum.[57] The new curriculum was to include the knowledge and skills required by a general nurse to function in specialties such as maternity, mental health and community nursing. The WHO had categorized these areas collectively as the 'total health field'. It was the influence of the WHO, the ICN and the needs of the rural communities in Western Australia that prompted this recommendation. The NRB approved in principle that a general pre-registration curriculum should be developed in May 1962.[58]

Pre-clinical education

The 'survey' recommended some interim measures be established prior to the development and implementation of the new curriculum. One of these was a pre-nursing school year. This initiative was seen as necessary educational requirement and a precursor to nurse training.[59] Such an initiative had been developed in Technical Colleges in the UK.[60] Entry to nurse training in Western Australia prior to the survey was the successful completion of third year high school or by passing a NRB entry examination. The new comprehensive curriculum was to be based on scientific principles and the required foundation of basic chemistry and physics. The 'survey', therefore, recommended the minimum criteria for entry to nurse training be a 'Junior Certificate' of education in science 'A' and arithmetic. For those applicants with a 'Leaving Certificate' the stipulation was English, biology and two other

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[57]Bailey, H. (1962). The Western Australian Nursing Survey 1960-1962. Perth: Public Health Department of Western Australia. p.41.
[58]*ibid*. p.12.
[59]*ibid*. p.41.
[60]personal communication. Dr Wally Howse. 12 October. 2001.

approved subjects. This level of education was generally out of reach for some students, particularly those in rural areas where there were few high schools. High school students were starting to stay longer at high school but the rural areas remained disadvantaged.[61] A pre-nursing course was seen as an advantage to bridge this gap.

There was a general agreement amongst the Education Sub-Committee of the NRB and the Education Sub-Section of RANF that a pre-nursing course be implemented for a minimum of six months and a maximum of twelve months. The pre-nursing course would include elementary physics and chemistry, anatomy and physiology, the theory and practice of nursing, sociology, psychology and the history of nursing.[62]

There was a suggestion that the pre-nursing course should to be conducted at the Technical College. This posed a problem as the Technical College had one annual intake of students. The matrons needed four intakes a year to fill the quota of student nurses for the workforce. The educationalist on the NRB suggested that two intakes would be possible and that negotiation between the Technical Education Division (TED) and the nurse training schools could be able to reach a compromise. The matron of RPH resisted this suggestion and was adamant about keeping four annual intakes of recruits. In June 1967 the NRB finally agreed that a pre-hospital year oriented towards health care be conducted by an approved educational institution. This would be an alternative to the prescribed minimum requirements as stipulated by the NRB for general training. It was not to replace the nursing orientation period at the hospital schools of nursing. The pre-nursing course was to be optional in the first instance and be conducted as a pilot course.[63]

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[61]personal communication. Dr Walter Neal. 24 March. 2000.
[62]Nurses Registration Board: Working Committee Minutes. State Records Office. ACC4562. Item 1. Meeting with Medical Superintendents. 3 March 1965, p.6. (Bailey private collection).
[63]Nurses Registration Board: General minutes. State Records Office of WA. ACC4558. Item 5. 21 June. 1967.

Post-registration education

The 'survey' had highlighted the current nurse training patterns and it also bought to the fore the need for nurses continuing education. The 'survey' recommended that post-basic courses be encouraged to prepare specialists in all fields of nursing.[64] There was also a suggestion that nurses keep–up-to date with current affairs and world trends in nursing. This was seen as especially important for senior nurses and leaders in the profession. Nurses needed to keep informed about the current and more importantly the future directions of health care, education and society in general.[65]

The 'survey' specifically called potential leaders in nursing to obtain post-graduate qualifications in administration and education. It was proposed that these nurses should attain a minimum standard of education stipulated by the NRB. This would only apply to those hospitals with a nurse training school. Support for post-graduate qualifications in the form of scholarships from the Medical Department had been in place since 1950 with eighteen receiving scholarships. By 1961 only eight tutors had gained teaching qualification.[66]

The 'survey' revealed an insufficient ratio of qualified tutors to the number of student nurses. It also identified that Western Australia was dependent on overseas tutors.[67] The tutor student ratio was below the WHO standards of 1:30.[68] In 1961 there were twenty-three tutors to 1130 general students. There were also another 558 students in specialty fields of nursing including infant health, mothercraft, midwifery, mental health, tuberculosis, nursing aides and dental nurses.[69] If the new

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[64] Bailey, H. (1962) *The Western Australian Nursing Survey 1960-1962*. Perth: Public Health Department of Western Australia. p.41.
[65] *ibid*. p.55.
[66] *ibid*. p.55.
[67] Bailey, H. (1962) *The Western Australian Nursing Survey 1960-1962*. Perth: Public Health Department of Western Australia. p.55.
[68] World Health Oganisation. (1955). *Report of the study group on Basic Nursing Curriculum in Europe. Brussels : 17-26 November.* Geneva: World Health Oganisation Regional Office.
[69] Bailey, H. (1962) *The Western Australian Nursing Survey 1960-1962*. Perth: Public Health Department of Western Australia. p.18.

curriculum was to be implemented then more tutors would need to undertake post-graduate qualifications.

Curriculum development

A final recommendation of the 'survey' dealt with the process of curriculum development. The proposed plan called for the establishment of a separate Working Committee of the NRB to work exclusively on the new curriculum.[70] The aims of the committee included increasing the standard of nursing service, rationalization of the number of nurses and the reorganization of nurse education.[71]

Bailey wasted no time in forming the Working Committee to develop the new curriculum. The 'survey' recommended strategies for developing a comprehensive curriculum. It also recommended as an interim measure that nursing applicants who had achieved a general education commensurate with the 'Leaving Certificate' should be selected.[72] This was not to disadvantage those who did not have a 'Leaving Certificate' but who had attained a comparable level of education.

Education statistics showed that in 1962, 66% of students attained third year high school, as compared with 25% in 1952. Students attaining fifth year high school had increased from 4·5% in 1952 to 13.5% in 1962.[73] The NRB found that in 1965 all but thirteen of the 485 nursing students who were admitted for general training had a third year or more high school education.[74] The NRB suggested that such students were more likely to cope with the examinations and be successful in their nursing career. It was also felt that raised entry level would enahance the student learning in the new general training course.

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[70]*ibid.* p.42
[71]Nurses Registration Board: 1st Interim report of the Working Committee 1965. (Bailey private collection).
[72]Bailey, H. (1962). The Western Australian Nursing Survey 1960-1962. Perth: Public Health Department of Western Australia. p.42.
[73]Nurses Registration Board: Working Committee Minutes. State Records Office. ACC4562. Item 1. 10 February 1965. (Bailey private collection). p.2.
[74]*ibid*. p.2.

The new Nurses' Act

As previously mentioned the powers and responsibilities of the NRB were written into the 1921 Nurses' Act[75] and were implemented by a committee of people in an honorary capacity. In light of the recommendation from the 'survey' regarding the new curriculum, it was time to make appropriate changes to the Nurses Act.

Revision of the Nurses Act 1921 had been considered on many occasions. Nurses through the RANF had continually agitated for a complete revision. They considered the Nurses Act to be archaic in light of the changes in nursing across the globe. A special committee of the RANF was formed in 1959 with representatives from all branches of nursing. Since its inception in 1921 the Nurses Act had been amended thirteen times with the result that it was hardly recognizable. It had been designed in such a way that every time there were changes to the syllabus and to the administration of the NRB, an amendment was added.[76]

Nurses were underrepresented on the NRB and were no longer prepared to suffer the inequities of membership. They resented the dominance of medical practitioners on the NRB. They felt it unfair that out of the thirteen members, only three nurses were elected by other nurses. The remaining members both medical practitioners and nurses were nominated by the Australian Medical Association, the Minister of Health and the Minister of Education. The Commissioner of Health and the Principal Matron were ex officio. The RANF felt that the time was right to throw down the gauntlet for change by seeking a revision of the Nurses Act. The medical profession had also came of age, severing their ties with imperialism. In 1963 the British Medical Association changed to the Australian Medical Association. The RANF felt that a new Act would allow more pertinent members to be elected to 'Board' such as those from the University School of Medicine, or College of General Practitioners.

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[75]Government Gazette, 3 November, 1922, Government printers, WA, pp 2047-2049.
[76]Nurses Registration Board: General minutes. State Record Office of WA. ACC4558. Item 3. 30 October. 1957.

This recommendation, however, was not ratified.[77]

The nursing profession was becoming increasingly disheartened with the lack of action to revise the Nurses Act. The Minister of Health continually delayed making moves with the excuse of having a heavy parliamentary workload.[78] Not to be thwarted the RANF made several deputations to the Minister in an effort to expedite changes but it was to no avail.[79] Seven years of delayed frustration reached a peak in 1966 and nurses once again expressed their concerns in a letter to Ross Hutchinson the Minister of Health. This time Bailey had prepared a great deal of information for members of parliament to use in support of legislative changes to the Nurse Act. This data facilitated the process of revising the Act. The NRB subsequently established a special committee to examine how the Nurses Act could be revised. Very little action, however, occurred until March 1967.

The RANF recognized that the fundamental cause for the delays in revising the Nurses Act were the insufficient number of nurses on the NRB special committee. The RANF offered its services and was eventually invited to join the 'Board' on the project.[80] Once the special committee was established it was Mr Leslie Le Souef, the chairperson, who delayed the process. Le Souef was a prominent surgeon at RPH and was well known for his abrasive manner. As chairperson he was given the task of investigating other Nurses' Acts in Australia. He reported that it was difficult to make comparisons between Western Australia and the other States, as there were many differences. It was especially difficult to compare the General Nursing Council for England and Wales to that of Western Australia.[81]

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[77]Government Gazette, 26 September, 1968, Government printers, WA, pp.2846-2866.

[78]letter to Royal Australian Nurses Federation from Minister of Health September 1963. *Journal of West Australian Nurses*. September 1964, p.3.

[79]Royal Australian Nurses Federation: Executive Secretary's report. *Journal of West Australian Nurses*. July. 1964, p.6.

[80]Nurses Registration Board: General minutes. State Records Office of WA. ACC4558. Item 5. 31 May. 1967.

[81]Nurses Registration Board: General minutes. State Records Office of WA. ACC4558. Item 5. 28 June. 1967.

Finally, Le Souef tabled his findings that allowed the NRB to make an historic decision. There were three choices offered. Firstly, to remain essentially the same with educational matters being subsumed under registration matters. Secondly, to focus on registration matters, with education functions forming a separate entity. The third choice was to form a nursing council that encompassed both registration and education in clearly defined areas. The Education-Sub-Committee favoured the third option, but with the power to appoint its own staff and conduct independent financial arrangements.[82]

The RANF urged a separation of the 'Board' from the control of the Medical Department. If nurses were to make independent decisions about nursing then they needed to be autonomous. The question of how the new 'Board' could be financed was answered by an anomaly in the existing 1921 Act. Under the present Act the initial registration fee for trained nurses was ten cents. Annual registration, however, was not compulsory. As an independent registration authority the 'Board' had the power to charge a compulsory annual registration fee. This increase in fees would provide revenue to pay the salaries of permanent employees of the 'Board'. All nurses on the 'Board' supported this recommendation. Most of them were also members of the RANF and were able to influence the NRB to become a corporate body.

It was not just the number of members or the composition of the NRB special committee that caused delays in revising the Nurses Act. The Minister of Health was fearful about the type of questions that might be raised in reading the Bill. The shortage of nurses had long been the focus of ministerial discussions and as far as he was concerned received 'undue press'.[83] He was particularly concerned with the relationship between general educational entry requirements for nursing and the shortage of nurses. Many parliamentarians felt there was a link between increasing the educational requirements for entry into nursing and the shortage of nurses. The RANF reminded the Minister that in 1943 when the 'Junior Certificate' was the entry

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[82] *ibid*.
[83] *Daily News*. 8 April. 1964.

standard there remained a deficiency of registered nurses. The Minister chose to disregard this information.[84] In 1967, following the last deputation to the Minister of Health, the NRB and the RANF met frequently to discuss and make recommendations for a new Nurses Act.[85] These recommendations were based on the unanimous decision to split from the Medical Department and to become an autonomous corporate body.

The Minister of Health was correct in foreshadowing the parliamentary debate that would ensue over the Nurses Act. Some parliamentarians felt strongly about a higher educational requirement for entry into nursing. The 'Board' had not stipulated the 'Leaving Certificate' for entry into nursing but most schools of nursing were beginning to request this standard in anticipation of a decision to implement the new curriculum. The decision was also made in light of the increased number of school leavers who had completed high school.

There was a paternalistic attitude of parliamentarians towards nurses and the Hon Dr Henn was an example. He was known for his patronizing remarks for which he made no apologies even though the Minister had labeled them as 'so much gobbledygook'. Henn had firmly fixed ideas about nursing in general and 'academics' in particular. He was aware of the fact that 'three members of Parliament in both 'houses' had daughters who had great difficulty in being admitted to hospitals**…**because they did not have their Leaving'. In an endeavour to sway the 'house' Henn continued to argue that:

> it [is] not essential for a general trained nurse, or any other nurse below that category to have anything more than a Junior certificate…in the nursing profession we are getting very excellent women and a few men, but they have, in my opinion a bent towards academic prowess which no average nurse would require…I am not denying academic prowess, but we could leave that to be applied to the Matron...When they become general trained nurses there is nothing to prevent their sitting for higher examinations…What I have said in the past has been

[84]Royal Australian Nurses Federation. State Records Office of WA. ACC 4481, AN1-15 MN 791, 24 Jan. 1967.
[85]Nurses Registration Board: General minutes. State Records Office of WA. ACC4558. Item 6. 31 January. 1968.

> pooh-poohed by the minister and some others…I have moved around hospitals, the best of the general nurses are those that have to look after patients in the hospitals-are the ones with average academic qualifications…I have worked with nurses for 30 years I cannot imagine a profession which exhibits more dignity, courage or high principles than this one…What person who has been in hospital has not relished the practical nurse rather than the one who gazes into space thinking of some mathematical problem of the great techniques of the minister and the high-ups talk about? Nursing has not changed at all. Medical science has, but not nursing…They go on talking glibly about the great academic standards which are necessary to cope with the advanced techniques in nursing today…I do not mind if higher examinations are set or a higher nursing certificate is issued. What could be more delightful for the academics?…They could even wear blue stockings when they have passed their examinations.[86]

The Dr Henn received support from Dr William Manning another medical practitioner from the rural town of Narrogin. Manning stated that a qualification in nursing was necessary but added that 'if ever a profession demanded a love for the job and a desire to carry out the duties involved, it was this one'.[87] Within the context of such a debate the notion that nursing should be a vocation with little educational preparation continued to plaque the profession.

It was the poor insight of politicians and medical practitioners that had kept the nursing profession in a state of mediocrity. Generally, politicians had very few concerns with the rationale for revising the Act. Even the Henn did not have a problem with the NRB becoming an autonomous body. He stated that 'nursing contains people of such integrity, common sense and standing in the community, that it is quite safe for it to run its own affairs'.[88] Most parliamentarians agreed that there was a need for changes to nurse training even though it would mean changing the level of entry into nursing. The Bill was finally passed in 1968.

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[86]William Manning. WA. Parliamentary debate. Legislative Assembly. 10 October. 1968, p.1641-1643.
[87]*ibid*. p.1642.
[88]*ibid*. p.1642.

NURSES' BOARD OF WESTERN AUSTRALIA
Inaugural Board 1970

Back Row: Mr. A. L. Cambridge (Registrar/Secretary), Mr. W. A. Booker, Dr. Alan Fortune, Miss O. E. Anstey, M.B.E., Dr. F. Bell, Miss N. G. Hook, Dr. D. D. Letham, Miss M. C. Leworthy, Dr. G. T. Dadour, Miss N. Woolcott, Mr. L. W. Louden.

Front Row: Miss V. M. Steel, Mrs. P. Lambert (Principal Education Officer), Miss P. F. Lee, O.B.E. (Resigned 25/8/70), Hon. G. C. MacKinnon (Minister for Health), Dr. L. E. Le Souef, O.B.E., E.D. (Chairman), Miss M. E. Beard (Appointed 25/8/70), Miss D. F. Wheatley, Miss G. T. Sibert.

Plate 4.1 Nurses Board of Western Australia 1970 (source NBWA Annual Report 1970

Accolades were forthcoming to the RANF from the Minister for Health as he supported of the profession. He commented on the profession's long wait for redress that nursing had long 'expressed its discontent' about being denied an opportunity to make long overdue changes to nurse training. He also added that the current role of the NRB was limiting and inadequate in its scope. Nursing was not alone in seeking autonomy and to control and train its members. Such a move the Minister suggested 'would bring nursing in line with other paramedical professions in the State'.[89]

The power of collective bargaining and unity of the profession was beginning to show clear signs of working. Even Le Souef in the circular he sent to the RANF regarding the new Nurses Act alluded to the accomplishments of the profession. The circular informed the RANF that by the authority of the new Act the 'Board' was now autonomous, an achievement he linked to leadership of nurses shown in Western Australia. The Nurses Board of Western Australia (NBWA) was the only autonomous nurse registering authority in Australia. The circular also elaborated on the need for nurses to keep pace in technology and techniques in medicine. It also stated 'that nurse education could be maintained by establishing a higher background level of general education and providing more opportunities for tertiary and post-graduate training and research'.[90]

Summary

This chapter illustrated the interplay of factors that changed nurse education in the 1960's. Ripples of discontent concerning nurse education were being felt across the globe as international trends in health care were changing. The nursing community in Western Australia also witnessed these concerns and trends. Most leaders in nursing had returned to the State having undertaken post-graduate studies at the College of Nursing in England and Melbourne. During this process they had

[89] *ibid*.p.1541.
[90] Nurses Registration Board: Circular no date prior Jan 1970.

observed nurse training methods. These experiences had served to heighten an awareness that Western Australian nurse training was out-of-step with the more progressive countries.

The work of the WHO had helped to cement reforms in nurse education across the globe. Following the WHO's lead the ICN supported the notion that all nurses should be prepared to provide total health care for individuals. Total health care concerned competencies in maternity and child health, general surgical and medical nursing, mental health and community health. It also encompassed the physical and psychosocial aspects of an individual's health. This idea was promoted through the change in criteria for membership to the ICN. To belong to this organization was indeed a prestigious accolade and one that the RANF took seriously. Nevertheless, to develop a general pre-registration program posed a challenge. This challenge was accepted by the RANF as an ICN member but more specifically by Helen Bailey as the inaugural Education Officer for the NRB of Western Australia.

Bailey together with other nurse tutors saw that changes to nurse education could not be achieved without the support of matrons, hospital administrators and medical practitioners. In order to achieve such a goal a 'survey' in Western Australia was needed to demonstrate the current state of nurse training. In terms of nursing education the 'survey' was a watershed in nursing history. It reviewed and reported on the whole nursing situation. This was an achievement that was unprecedented in Australia. The 'survey' uncovered a multitude of factors that demonstrated the ineffectiveness of current methods of training. In some instances training was not only inadequate, but also obsolete. The recommendations of the 'survey' supported the ICN edict concerning general basic nurse education and suggested strategies for developing such a curriculum.

The push for uniformity in training methods across Australia was fraught with difficulties. Whilst the State governments had a strangle hold on the profession nursing could do little more than continually lobby for changes. In Western Australia

this strategy paid dividends. After many years of harassing the Minister of Health, the RANF finally saw some action in terms of legislative changes. A combination of forces internal and external to the NRB saw an historic event take place in 1970. The Nurses Act of 1921 was repealed and the NRB became an autonomous body. This was the first in Australia. The new 'Board' changed its role and functions. These incorporated a clearly defined role in education, registration and disciplinary procedures.

Once the NRB had ratified the proposal for a generalized curriculum, a plan was developed and implemented to facilitate the process. The following chapter will discuss in detail the curriculum development plan and highlight the issues that evolved during the process.

CHAPTER 5

'If there is a golden rule for such planners, it is that the plan must be made to fit the local situation and that all who will have a part in carrying out the plan should have a share in making it' [1]

BUILDING BRIDGES

Introduction

It became clear by the 1960s that the Nurses Registration Board (NRB) training syllabus could not prepare nurses to meet the current health care needs of people in Western Australia. The term syllabus was understood to mean the subject content of the three-year training course. There was a concern that the type of training a nurse received was correlated to the types of diseases that were treated within a particular hospital. There was also a tendency for clinical experience to consist of performing routine nursing tasks. Medical specialization and accompanying technology tended to place student nurses in wards without the composite theoretical knowledge or skills. The nursing profession as a whole and the NRB in particular, were aware of the need to modify nurse training to meet the changing needs of health care.[2] With the advent of new vaccinations the use of anti-biotics and the availability of more advanced diagnostic techniques, a new pattern of morbidity had emerged. This was reflected in fewer infectious diseases and changed modes of nursing care.

A form of comprehensive training in Western Australia had been attempted in 1959, with the inclusion of maternity nursing in the general nurse training course. The course had been introduced as a pilot scheme following the WHO recommendation. A comprehensive curriculum had previously been introduced in NZ in 1959 and the UK in 1962. This was as an added incentive for the NRB to introduce a similar curriculum in Western Australia.

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[1]Lyman, K. (1961). *Basic nursing education programmes: A guide to their planning*. Geneva: World Health Organisation. p.76

[2]Nurses Registration Board: First Interim Report from the Curriculum Builders. August. 1965, p.8. (Bailey private collection)

In the past the syllabus was altered according to changes in technology. These changes were sometimes ratified by the NRB and at other times a nursing school made individual adaptations. Invariably the changes were not based on reliable and valid information.[3] It was argued that the syllabus could be interpreted differently in terms of course content and depth of subject matter.[4] In 1962 Helen Bailey had attempted to demonstrate the ineffectiveness of the syllabus by conducting the 'Western Australian Nursing Survey 1960-1962'. The 'survey' outlined a list of recommendations that were to be incorporated into the new curriculum for general nurse training. The recommendation for a general pre-registration pattern of nurse training was officially approved in principle by NRB on the 30th May 1962.[5]

Helen Bailey was aware that she needed to involve other professionals to bring about change. Bridges had to be crossed and new bridges constructed. To gain positive outcomes the main bridge to be built was the development of a new curriculum that straddled the outmoded ways of nurse training. By the 1960s nurse training had taken 'tremendous progressive strides' but there was much still to be accomplished as 'initial deficiencies still remained.[6]

This chapter will detail the strategies used to build a new nurse training curriculum and the issues that arose in its development. Special mention is made to the content of the curriculum and the interaction between key curriculum builders. The legislative changes that were crucial to implement the curriculum are also included.

Moves towards a new curriculum

Broad objectives of nurse education in Western Australia were formulated from the 'survey' and were used as a guide for future developments in nurse education. These objectives were:

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[3]Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. 10 February. 1965.
[4]Nurses Registration Board: First Interim Report from the Curriculum Builders. August. 1965, p.7. (Bailey private collection)
[5]Nurses Registration Board: General minutes. State Records Office of WA. ACC 4558. Item 4. 30 May. 1962.
[6]Bailey, H. (1962). *Western Australian Nursing Survey 1960-1962*. Perth: Public Health Department. p.1.

1. To meet the immediate needs of the WA community
2. To develop an adaptable service, of which the individual members will be constantly aware of changing social patterns. They will be able and willing to adapt to the new needs arising from change.
3. To educate the individual nurse:
   a) towards maturity for citizenship;
   b) for leadership-administration and teaching within the profession
4. In fulfilling of the objectives listed above, to have due regard to limitations placed by the national economy.[7]

A democratic approach to building a new comprehensive curriculum was a further objective added by Helen Bailey. This was 'to help towards a better mutual understanding among members of various health fields'.[8]

Establishment of a Working Committee

The nursing 'survey had recommended that a Working Committee be established to 'upgrade the standard of nursing service of the Western Australian community as part of the total Western Australian health service'.[9] It also stipulated that its function was to 'recommend a curriculum for nurse education'.[10] On the 18th December 1962 the Working Committee was established. Dr Henzell set out the following directives to act as terms of reference for the Working Committee:

1. The WC be charged with the task of making recommendations for the modification of all categories of nurses.
2. The WC had been informed the NRB had accepted in principle the introduction of a generalized basic curriculum to be followed by specialization according to the aptitudes and abilities of the individual nurse
3. The committee had been told that the total health field was to be considered in the planning of the basic generalized curriculum under the headings
   Maternal and Child health
   Public Health

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[7]Nurses Registration Board: Working Committee minutes. Meeting of Hospital Administrators. State Records Office of WA. ACC4561. Item 1. 10 February. 1965 p.6.

[8]*ibid*. p.3.

[9]letter to invite people onto the Working Committee. (Bailey private collection).

[10]Nurses Registration Board: Working Committee minutes. Meeting with the Nurse Education Sub-Section of the Royal Australian Nurses Federation. State Records Office of WA. ACC4561. Item 1. 24 March. 1965.

General 'core' medical
General 'core' surgical and
Mental health

4. 'Other education' was to be considered in relation to:
General education prior to entering nursing
Basic Science, Psychology and Sociology in association with clinical studies during the basic programme and post-basic studies.[11]

Members of the working committee

The Chairman of the NRB, Dr Linley Henzell, initially invited ten people to become members of the Working Committee. He believed that 'they personally and the interests that they represented would play an important part in future planning of nurse education'.[12] Henzell outlined in the letter of invitation to the members the objectives and clarified that the committee was to be concerned with nurse education and not hospital management.[13] Individual names were proposed and accepted by the 'Board'. The following is a list of the members of the Working Committee:

Dr J. Rowe Chairman (Assistant Principal Medical Officer)
Dr Letham Deputy Chairman (Physician Occupational Health Public Health Department)
Phyllis Lee (Principal Matron of the Medical Department)
Kath Johnson (Matron RPH)
V. Crowley (Matron Geraldton District Hospital)
Minnie Rose (Matron PMH)
Miss Sutherland (Deputy Matron RPH)
John Williams (Superintendent of the Technical Education Division)
Helen Bailey (Education Officer NRB)
Vicky Hobbs (Principal Tutor Government School of Nursing)
Merle Parkes (Principal Tutor RPH)
Ron Dee (inaugural Principal Nurse Educator Western Australian Mental Health Services)

Contribution of members

Members of the Working Committee had varying degrees of expertise in both nursing and education. The matrons contributed information on nursing management

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[11]Nurses Registration Board: First Interim Report from the Curriculum Builders. August. 1965, p.1. (Bailey private collection)
[12]letter to members of the Working Committee from Linley Henzell Chairman of the Nurses Registration Board. 18 December. 1962. (Bailey private collection).
[13]*ibid*

and workforce requirements of a hospital and the educationalists supported and guided the process of curriculum development.[14]

As a member of the Working Committee, Merle Parkes needs a special mention for her role as a curriculum builder and as a catalyst for change in Western Australia nurse education. During her time on the Working Committee Parkes was the Principal Tutor at the RPH the largest teaching hospital in Perth. She studied nurse education at the Royal College of Nursing in London in 1955 through a Florence Nightingale Scholarship and was awarded a Nurse Tutor Diploma. Parkes had traveled to other parts of the world and in particular Scandinavia and Canada where she observed schools of nursing functioning on the Nightingale system of nurse training. At the time, investigations were being conducted in Toronto on developing the first nursing program at the diploma level, within the general system of education. Parkes was so impressed with these developments overseas that she aimed to establish a similar system in Western Australia. Following the Canadian visit, Parkes was awarded a Rockefeller grant to investigate different systems of nurse education. It was on her return that Parkes was appointed to the position of Principal Tutor at RPH in 1962.

Merle Parkes was also actively involved with disseminating information concerning the need for change. Several of her discussion papers were published in the Journal of Western Australian Nurses. This included her address June 1963 to ex-trainees of the RPH on the current trends in nursing.[15] The Journal was later subsumed into a national edition published in Melbourne in 1970 as the Australian Nurses Journal.[16]

Merle Parkes met Phyllis Lee whilst she was studying in London in 1955. They became friends and allies for nurse education reform in Western Australia. Both Lee and Parkes, promoted post-graduate qualifications for registered nurses. They were influential as State Committee members of the CNA to establish a branch in Western Australia. Lee and Parkes both became National Presidents of the CNA. Lee in

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[14]Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. 28 October. 1964.
[15]*ibid.* p.13.
[16]personal communication. Wilma Gardner. 12 February 2000.

1968 and Parkes later in 1980 (see Plate 6.4). Lee in her role as the Principal Matron of the Medical Department was also able to influence Dr William Davidson the Chairman of the NRB on issues concerning nurse training.

The combination of visionary people such as Helen Bailey, Merle Parkes and Phyllis Lee helped to guide and foster nurse education reform. At different times each played a valuable role in changing nurse education. They were able to achieve this by being active members of the Working Committee of the NRB, the State committee of the CNA and the Royal Australian Nurses Federation (RANF). It was not easy to achieve unity of purpose amongst senior nurses especially as Parkes like Bailey was seen as an outsider in Western Australia. This perception of Parkes was because she had completed her nurse training in the NSW. It was only by tact, stealth and support from 'like minded' people that Parkes was able to fulfill her long-term goal of establishing nurse education that was independent of the hospital system. Unlike Bailey's English nursing background, Parkes being Australian trained was viewed in a somewhat more favourable light. Nurses in the Eastern States were seen as leaders in nursing. They had had established the ATNA, the RANF, the CNA and the NSW College of Nursing and maybe this was why Parkes was accepted[17]

The members of the Working Committee had varying degrees of expertise in both nursing and education but Helen Bailey in her role as Education Officer on the NRB stated that a 'powerful voice from outside would be the only possible means of getting above the individual State's subjective approach'.[18] She felt that the authority matrons held in the hospitals would cloud the long term plans for nurse education and slow the process of curriculum development. Helen Bailey suggested to the Working Committee that an overseas educationalist could help unify the process of curriculum development. Bailey tried to convince the NRB that Gladys Sharpe the former member of the WHO Expert Committee was well placed to provide the assistance that Western Australia needed.

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[17] personal communication. Merle Parkes. 18 May 2001.

[18] letter to Gladys Sharpe from Helen Bailey. 17 September 1963. (Bailey private collection).

Sharpe had been responsible for the Toronto Western Experimental School and was at the time a consultant to the Nightingale School project in Canada.[19] Unfortunately, the word 'Canadian' was seen as synonymous with 'American'. This in turn was viewed as placing an emphasis on nursing theory and moving nurse education into colleges. At the time there was a perception that a college prepared nurse would not be competent to work in a clinical environment. Bailey in her letter to Gladys Sharp argued that this perception was 'a sad thing and would need impressive people to break down'.[20] The NRB, however, did not follow through with the suggestion to invite an outside nurse educator to form the Working Committee.

Involvement the Technical Education Division

Involvement of the Technical Education Division of the Education Department Western Australia (TED) was vital in terms of the educational value it bought to the NRB and to curriculum development. Since the establishment of the Education Sub-Committee of the NRB, educationalists from the TED played an important part in influencing changes to nurse education. The educationalists being involved with general education curriculum had knowledge and experience that they shared with the NRB. These experiences bought an educational balance to the NRB meetings and specifically to the Working Committee.

The educationalists particularly John Williams as a member of the NRB, the Educational Sub-Committee and the Working Committee and Haydn Williams as the Director of the TED, were often requested to speak at conferences, seminars and workshops. Nurses, medical practitioners and hospital administrators attended these forums.[21] The educationalists supported the notion of reform in nurse education and were able to articulate to audiences the rationale for the proposed changes.

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[19]letter to Betty Lyons from Helen Bailey. 17 September. 1963. (Bailey private collection).

[20]letter to Gladys Sharp from Helen Bailey. 17 September. 1963. (Bailey private collection).

[21]Nurses Registration Board: Notes taken at conference held at the Princess Margaret Hospital. 10 January. 1964. (Bailey private collection).

The educationalists held senior positions at the TED. The initial educationalist on the NRB was Dr Walter Neal in 1954.[22] He was replaced by John Williams in 1961. Dr Wally Howse joined the 'Board' in 1966.[23] For a short period of time Dr Warren Louden, from secondary education was appointed to assist in educational matters on the Education Sub-Committee.[24] Over the years the input from these people resulted in an integration of general education and nursing education and was vital in the process of nurse education reform.

Nursing organizations input to curriculum building

The TEDS involvement was vital in terms of the educational value it bought to the NRB and to curriculum development. Nursing organizations such as the RANF and the CNA were also important in the context of other players in curriculum building. These organizations sought to keep themselves informed of the need to change and of changes being implemented locally.[25] Trends and issues in nurse education were continually discussed in nursing journals, seminars conferences and at scheduled meetings. Merle Parkes and Helen Bailey published several articles on the progress of curriculum development to keep Western Australian nurses informed.[26]

Of particular importance to the RANF, was the continual development of the curriculum along the lines of the ICN statements on nurse education. The ICN in 1966 had issued a statement that a curriculum should be planned according to the total health needs and the social and cultural background of the community in which the nurse served.[27] As mentioned previously the tutors Bailey, Parkes and Hobbs were members of the RANF Education Sub-Section and were also curriculum

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[22]Nurses Registration Board: General minutes. State Records Office of WA. ACC4558. Item. 2. 22 September. 1954.
[23]Nurses Registration Board: General minutes. State Records Office of WA. ACC4558. Item 5. 30 March. 1966.
[24]personal communication. Dr Wally Howse. 21 October. 2001.
[25]Bailey, H. (1964). *Trends and steps towards the implementation of a basic generalized curriculum in WA*. Nurses Registration Board. 27 April. p.5.
[26]Bailey, H. (1964). *Trends and steps towards the implementation of a basic generalized curriculum in WA*. Nurses Registration Board. 27 April. p.5.
[27]International Council of Nurses. (1970). Statements on nursing education, nursing practice and service and the social and economic welfare of nurses. Congress in Montreal 1969. *Journal of Western Australian Nurses*. September, 17-21.

builders. As such they had a dual responsibility to develop the curriculum in line with both the Working Committees dictates and the ICN definition of generalized basic nurse education**.**

The ICN defined generalized basic nurse education as one that included:

> Medical and surgical nursing of all age groups (including paediatric and geriatric nursing), obstetric, public health and psychiatric nursing; any specialization in depth should occur at the post-basic level.[28]

The RANF had conducted a discussion on implications of a comprehensive curriculum at the First Biennial Conference in Sydney in September 1962. The discussion was chaired by Helen Bailey and was later published in the Journal of West Australian Nurses. The seminar was a means of sensitizing nurses to the changed mode of nurse training. The Western Australian branch of the RANF also conducted study days and panel discussion on the implications of the proposed new curriculum. These study days were primarily for members of the RANF but non-members were welcome to attend.[29] The Education Sub-Section of the RANF was considerably active in formulating learning objectives and corresponding content of the curriculum.

The curriculum builders being fellows of the CNA were able to network with other nurses at their meetings. The State Committee of the CNA conducted refresher courses to help nurses return to nursing and residential courses for departmental 'sisters'. This helped to ease nurse shortage and widen the circle of nurses on the need for change to nurse training.[30]

The members of the Working Committee remained unchanged except at times when people resigned or took leave. In 1967 Pauline Lambert replaced Helen Bailey for a short period of time and Olive Anstey replaced Merle Parkes.[31].

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[28]Jaywardena, Y. (1962). The ICN and educational criteria for membership. *International Nursing Review* (5)55-58.
[29]personal communication. Wilma Gardner. 12 February. 2001.
[30]*ibid*. p.5.
[31]Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC 4561 Item 1. 13 January. 1967.

Curriculum building strategies

Establishing satellite committees

The plan to reform nurse training and develop a basic generalized curriculum was to involve people concerned with nurse education. These people were the matrons, medical superintendents, hospital administrators, tutors, student nurses and the nursing organizations such as the RANF and the CNA. Bailey believed that these 'stakeholders' in nurse education should have an input and be part of the decision making process. She also felt that this democratic approach was the most appropriate method of developing a new pattern of nurse education in Western Australia.

Changes to nurse education in the past had met with 'lip service' from the medical and nursing personnel. If the proposed changes were to be successfully implemented, then stakeholders in nurse education needed convincing that such changes were vital to meet the health needs of an expanding community. Following the publication of the Western Australian Nursing Survey 1960-1962 a meeting was convened at Princess Margaret Hospital in October 1962. Representatives from hospital medical superintendents, matrons and tutors were in attendance. The purpose of the meeting was to discuss the notion of a generalized basic curriculum. Dr Henzell the Chairman of the NRB regarded this meeting as the initial step in the democratic process of curriculum building. [32]

One of the first tasks of the Working Committee was to find a way to collect and disseminate information regarding curriculum development. Using a democratic approach that involved all the stakeholders of nurse education, Helen Bailey organized representation from each area of nursing categorized under the 'total health field' (see Appendix 11). Stakeholders included representatives from educational facilities such as high schools, the technical college, the university, the teachers training college and adult education. There was also representation from all hospitals through out the country regions of Western Australia. The divisional areas were the Kimberley, Murchinson, Great Southern and the Goldfields (see Map 2:1).

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[32]Nurses Registration Board: First Interim Report from the Curriculum. August. 1965, p.1.

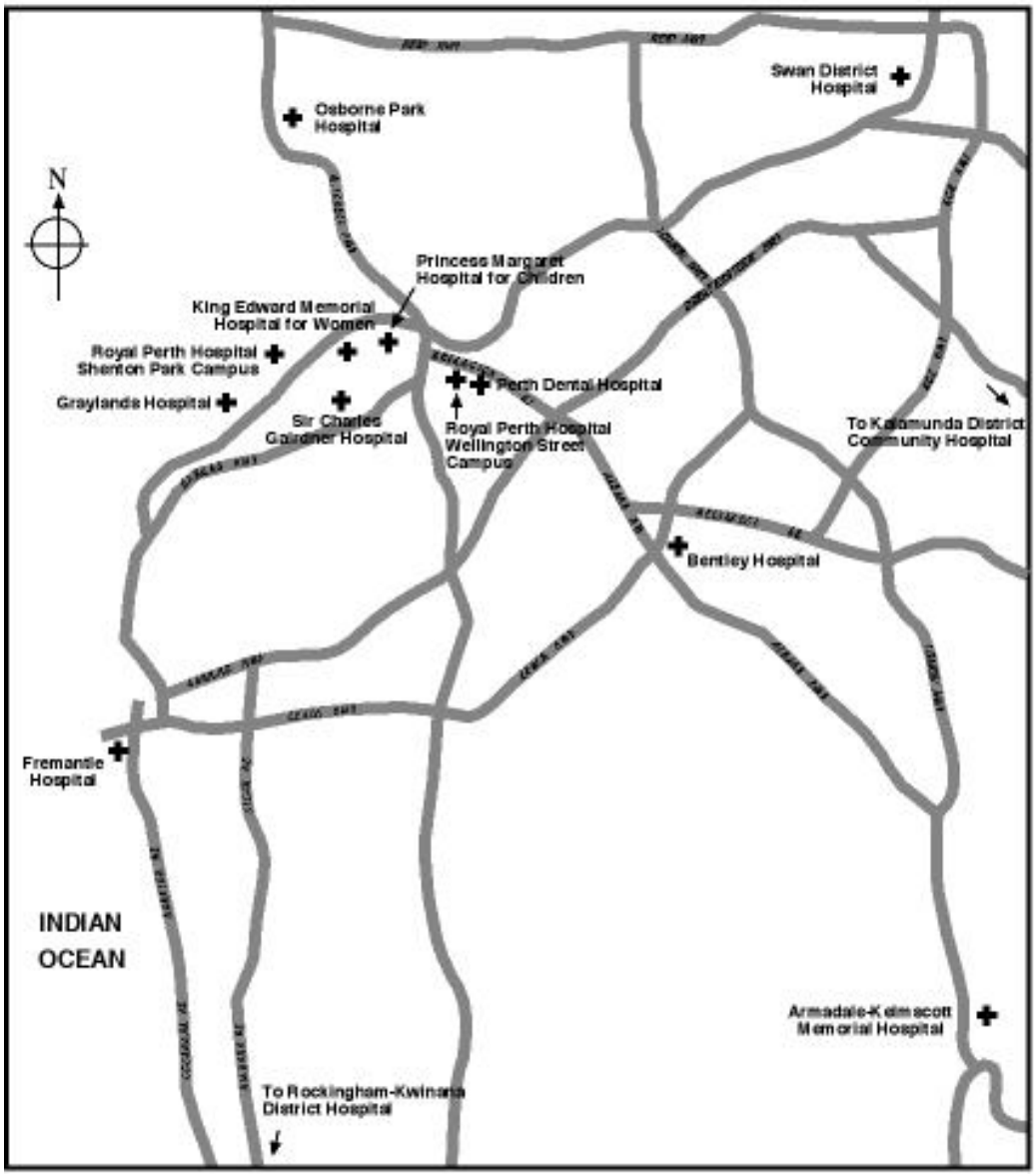
A pattern of representation emerged consisting of six satellite content areas committees, nine functional group committees and five geographical division committees. The Working Committee worked with these groups to collect and disseminate information relevant to the revision of nurse education.[33]

People outside the metropolitan area found it difficult to travel to Perth for meetings but Bailey kept the lines of communication open with letters and telephone calls. An additional advantage of disseminating information quickly was the location of hospitals in the metropolitan area. The large hospitals such as RPH, SCGH, PMH, KEH and St John's Hospital, together with the local nursing and medical organizations RANF, CNA, FNC and the AMA, were centrally located in the metropolitan area of Perth (see Map 5.1).

Helen Bailey coordinated and convened meetings between the various committees and stakeholders. She used every opportunity as a member of the professional organizations of nursing in Western Australia to provide clarification, information and make recommendations to the NRB. On several occasions Bailey was invited to present discussion papers at seminars and public meetings. This helped to keep a constant flow of information to the people of the proposed changes. The Western Australian Nurses Journal kept nurses across the State informed on the progressive changes to the curriculum. This included an abridged extract from the NRB meetings.[34]

[33]Bailey, H. (1962). *Western Australian Nursing Survey 1960-1962*. Perth: Public Health Department. p.54

[34]The Editor. *Journal of Western Australian Nurses*. September. 1962, p.11.



Map 5.1 Metropolitan public hospitals (source Telstra 1998)

The number of matrons, administrators, tutors and other resource people was quite small compared with the size of the population of nurses and the number of hospitals. This allowed meetings to be conducted at a short notice. Allowing individuals to voice their opinions and to reach consensus on issues, however, took time. Dr Letham said at the commencement of developing the curriculum 'it is going to be very slow to implement. I think our educators would agree that this is a slow process when you introduce anything new into the educational field. You have to be patient and it is going to be some time before everybody will be coming under the curriculum'.[35] This statement alluded to the length of time it would take to implement a new curriculum into all schools of nursing in Western Australia.

Curriculum building committee

A further division of the Working Committee was a sub-committee responsible to develop the curriculum. A small number of people were selected for this committee. This was to expedite the process of collecting information, building the curriculum and communicating drafts to the Working Committee. [36] The four people selected were Helen Bailey, Merle Parkes, Vicky Hobbs and John Williams. All were members of the NRB. [37] In 1966 Mr Feighan a nurse educator from PMH, replaced Merle Parkes while she was away on study leave. He was not a member of the NRB.[38]

With such an extensive input from a wide variety of people it was deemed important that lines of communication were established. All communication was steered towards the NRB with hospitals' boards of management communicating directly. During the process of curriculum development the six satellite committees and the area committees communicated with the Curriculum Building Committee. Reports and information were then relayed to the Working Committee. Minor modifications

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[35]Nurses Registration Board: Working Committee minutes. Meeting with matrons and tutors. State Records Office of WA. ACC4561. Item 1. 24 August. 1964, p.5.
[36]Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. 17 March. 1965.
[37]Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. 28 October. 1964, p.2.
[38]Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. 12 October. 1966.

to documents such as corrections of typographical errors were undertaken prior to endorsement of final reports being forwarded to the NRB by the Working Committee (see Figure 5.1).[39]

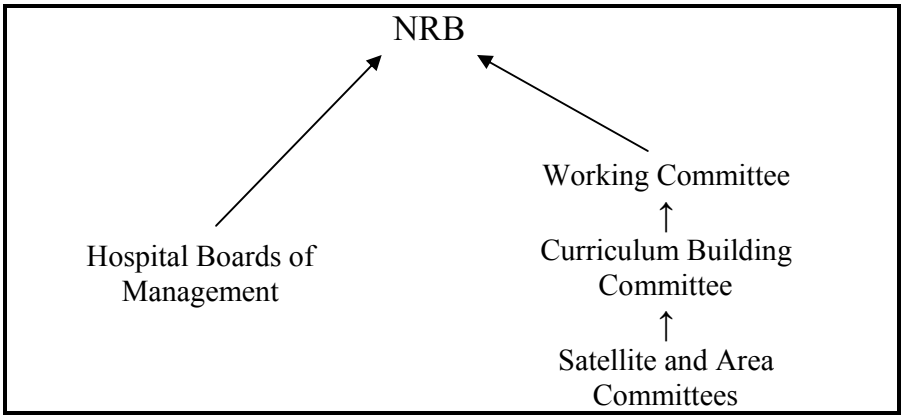

Figure 5.1 Lines of communication to the Nurses Registration Board. [40]

Purpose of the curriculum building committee

The curriculum builders were responsible for collecting and analyzing data from the hospital schools of nursing. Information collected pertained to the methods for selecting nurse trainees, the structure and the sequencing of study units and the type of clinical practice that could be experienced in each hospital. The curriculum builders also collected specific details of the methods of training and the evaluation of student learning. This included the classroom as well as clinical practice. Teaching strategies were also observed and any future plans of the training schools were noted. The process of information collection was from observations of the student's personal files, nursing notes and interviews with teaching staff.

Visits were also made to other institutions and voluntary organizations that were deemed as part of the 'total health field'. These organizations included the Lady Gowrie Kindergarten, the Silver Chain domiciliary nursing service and the Allowah Grove Aboriginal Centre. Further places that were visited included Armadale Health Services and the isolated nursing-post at Jarradale. These visits allowed the

[39] *ibid*

[40] Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. 18 November 1964.

committee to observe the social background of individuals and families and to gain a wider appreciation of mental and social health.[41]

Development of two curricula

The Working Committee envisioned that some nurses who aspired to positions of authority in nursing would study with other members of the health care team in a course with common core units. In 1964 it was mooted that some nurses would join with other health professionals in their education at a special college or existing technical school.[42] To this end, it was felt that the establishment of nursing as an area of tertiary education was an essential step. An alignment with an existing established college such as the Technical College or alternatively the setting up of a nursing college, was considered necessary and urgent.[43] With such an idea in mind the curriculum builders developed two curricula.

The two comprehensive curricula were developed simultaneously. One curriculum was to be conducted in a hospital training school and the other in a tertiary educational institution.[44] Both curricula contained the same common core clinical components and were built using the same 'broad areas' of study such as sociology, psychology, science and nursing skills.[45] Both curricula included experiences in the 'total health field' as recommended by the WHO, the ICN and the Working Committee.[46]

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[41]Nurses Registration Board: First Interim Report from the Curriculum Builders. August. 1965, p.4. (Bailey private collection)

[42]Bailey, H. (1964). *Trends and steps towards the implementation of a basic generalized curriculum in WA*. Nurses Registration Board. 27 April. p.1.

[43]Nurses Registration Board: Curriculum Builders Report study days 9, 12, 13 July 1965, p.1. (Bailey private collection)

[44]Bailey, H. (1964). *Trends and steps towards the implementation of a basic generalized curriculum in Western Australia*. Nurses Registration Board. 27 April p.1.

[45]Nurses Registration Board: First Interim Report from the Curriculum Builders. August. 1965, p.13. (Bailey private collection)

[46]Nurses Registration Board: Second Interim Report from the Curriculum Builders. April 1966. (Bailey private collection)

Sociology	
Unit I	Introduction to sociology and its basic concepts
Unit II	Social method
Unit III	Introduction to study of health problems of modern society
Psychology	
Unit I	Introduction to psychology and its basic concepts
Unit II	Individual psychology
Unit III	Social psychology including personality
Clinical nursing	
	The hospital as a health care center, Patients as people, Health, Disease
	Categories of clinical practice: Maternal and child health, Paediatrics, Medical, Surgical, Public health, Mental health
Science	
	Physics as applied to nursing
Anatomy and Physiology	
Unit I	The human body as a functioning entity
Unit II	Design and functioning of the human body
Unit III	The body and its power of adaptation to the environment
Unit IV	The body and its internal environment
Unit V	Reproduction

Figure 5.2: Associate Diploma curriculum[47]

The Associate Diploma was developed to run parallel to the more traditional form of nurse training in the hospitals.[48] The idea of a tertiary multidisciplinary education with core units in health sciences eventually took place at the Western Australian Institute of Technology (WAIT) in 1974. Both curricula were completed in 1966, but the Working Committee decided that there was priority to develop and

[47]Nurses Registration Board: Second Interim Report from the Curriculum Builders April. 1966.

[48]Bailey, H. (1964). *Trends and steps towards the implementation of a basic generalized curriculum in WA*. Nurses Registration Board. 27 April. p.1.

implement the hospital curricula. Consequently implementation of the tertiary curricula was held in abeyance (see chapter six for further details).[49]

During the process of curriculum development in 1966 the Working Committee decided to change the title of the pre-registration award from a hospital certificate to a Hospital Based Diploma (HBD). This change was related to the fact that graduates from similar courses overseas were awarded a diploma. It was also a local trend in vocational education for graduates to gain a diploma as an initial qualification.[50]

Broad vision for a new curriculum

The goal of the curriculum builders was to build a curriculum that would prepare the graduate to function in all health care settings and with all age groups who were sick or well. Underpinning these broad principles was the recognition that the student needed to be developed as a nurse, as a person, as a citizen and as a competent technician. The WHO recommended this notion of citizenship in 1953.[51] The curriculum builders agreed that 'never before had the educators of nurses sought to achieve this type of individual personal development of a nurse'.[52] This needed a flexible curriculum that could be modified to the changing needs of society. A macroscopic view was with sequential pre-requisites level to be completed before the next level (see Figure 5:3).[53]

It was felt a curriculum built on 'progressive units of study' would allow a student to progress from general education through vocational training to higher education. It was envisaged that students would develop knowledge, attitudes and skills in each content area before progressing to the next level. These areas needed to be sequenced through a three-year training program. John Williams described this

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[49]Nurses Registration Board: Third Interim Report from the Curriculum Builders. December. 1966. (Bailey private collection)

[50]Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. September 1966.

[51]World Health Organisation Technical Report Series No. 60. (1953). *Working conference on nursing education*. Geneva: World Health Organisation. p. 8.

[52]Nurses Registration Board: Curriculum Builders report study days 9, 12, 13 July. 1965, p.2. (Bailey private collection)

[53]Nurses Registration Board: Curriculum Builders Report study days 9, 12, 13 July 1965, p.1. (Bailey private collection)

element of curriculum building as 'a way of something to hang your hat on, something that during the course of training the student nurse will gradually be taken from elements of a particular area of skill, or knowledge, or what have you, to a somewhat more advanced insight into these things'.[54]

The Working Committee envisioned the new curriculum as a vital step from secondary education to post-basic education.[55] This would require entry levels of secondary education to be carefully considered to assist progression from secondary to higher education. The following diagram depicts the program.

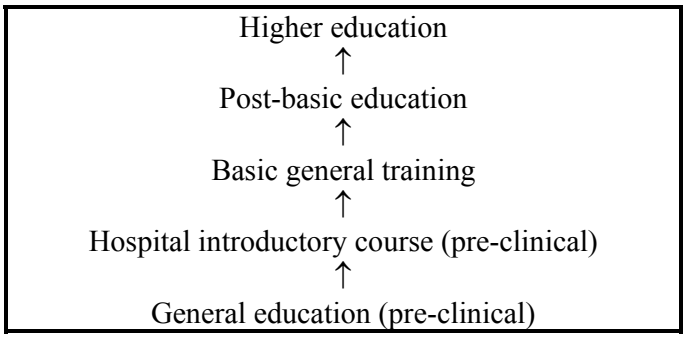

Figure 5.3 Progressive units of study

An integrated progressive curriculum was seen as an advantage to both student and teacher. It was seen to provide the student with a foundation of nursing knowledge on which to build new concepts that nursing would require in the future. It would be self-explanatory to prospective students and they would be able see the reason for pre-requisite knowledge before progressing to further units of study. Teachers would have a clearer picture of formulating learning outcomes for each area of instruction. John Williams pointed out that 'in the past there had been a misunderstanding of the needs of nursing because the course had not been set out so that it could be evaluated by others'.[56] This oversight could be rectified using the progressive units of study with learning outcomes for each unit.

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[54]*ibid.* p.2.
[55]letter of invitation to serve on the Working Committee. 18 December. 1962. (Bailey private collection).
[56]Nurses Registration Board: Meeting held at PMH. 7 September. 1964. (Bailey private collection

Developing a curriculum for a Hospital Based Diploma (HBD) was a major reorganization to curriculum building. Bailey suggested that a starting point would be to decide what would be an ideal curriculum and then to determine its feasibility by examining the availability of clinical facilities. Once these steps had been completed a workable curriculum was possible (see Figure 5.4).[57]

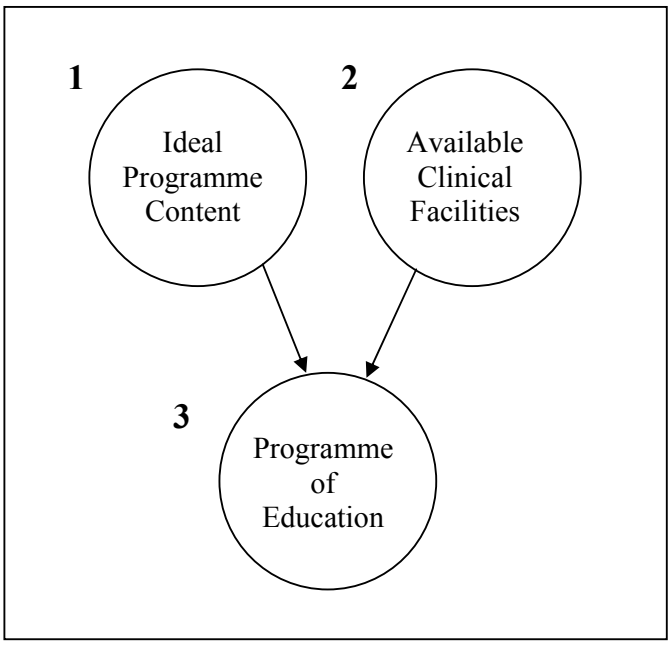

Figure 5.4 Suggested steps in planning a basic generalized curriculum[58]

The Hospital Based Diploma curriculum

The curriculum builders were guided by the WHO directives, which stated that:

> before any basic curriculum for professional nurses can be considered there must be a clear conception of the abilities and skills that she must acquire and of the responsibilities she has to assume. It must be recognized that the basic curriculum lays the foundation on which the nurse, may with future experience and education, become proficient in these responsibilities which may be tabulated as follow:
>
> 1. Ability to recognize basic physical, mental and social nursing needs in every field; institutional and communal (medical, surgical, paediatric, mental, obstetrical and public health).

[57] *ibid*.
[58] *ibid*.

2. Skilled and safe nursing care of the sick; assistance in medical treatment; explanation of diseases and reaching of health to the patient and his family.
3. Nursing and health teaching in the domiciliary and public health services.
4. Collaboration in the teaching and supervision of auxiliary workers and in the instruction of student nurses.
5. Understanding of the concept of team-work and participation in the team as member or coordinator.
6. Capacity to evaluate her own work and to take part in research.
7. Ability to understand and express the scope of her profession and its need to develop.[59]

The WHO further recommended that the professional nurse be equipped to provide nursing care through a generalized preparation in the 'total health field'. [60]

The curriculum builders aimed to prepare recruits to become professional nurses. The ICN defined the professional nurse as one:

> who had completed a programme of basic nursing education and is qualified and authorized in her country to supply the most responsible service of a nursing nature for the promotion of health, the prevention of illness and the care of the sick.[61]

This ICN definition was based on the WHO principle that nurses should be prepared for 'continuous evolution of modern health work'.[62]

Entry requirements

In Western Australia the levels of education required to enter nursing had changed over the years. This was related to changes in general education and improved educational facilities in high schools. In 1963 these requirements included a

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[59]World Health Organisation Technical Report Series No. 60. (1953). *Working conference on nursing education*: Geneva: World Health Organisation. p. 3.
[60]letter invitation to serve on the Working Committee. 18 December. 1962. (Bailey private collection).
[61]International Council of Nurses. Congress 1965.
[62]World Health Organisation Technical Report Series No. 60. (1953). *Working conference on nursing education*: Geneva: World Health Organisation. p. 3.

completion of eleven years of schooling with a satisfactory pass in English, a science and two other subjects chosen from high school subjects.[63]

The Working Committee considered the 'Leaving Certificate' of secondary education as an entry requirement in view of the content in the comprehensive curriculum. The entry requirement was a bold step at the time because even though there were 50% of nurse recruits with this level of education some potential recruits were disadvantaged.[64] This was particularly so with country residents. In the 60s not all high schools had the facilities or resources for senior high school study. There were also few opportunities for mature people to embark on studying for a 'Leaving Certificate'.[65]

The new comprehensive curriculum was built on scientific principles applied to nursing care. Such an approach would be difficult for students with a year ten entry into nurse training. These students would require extra guidance from tutors to reach an acceptable standard of a graduating nurse. In consideration of this the curriculum builders recommended a pre-clinical period in which the students could learn the fundamental of physics, chemistry, psychology and sociology in preparation for nursing practice.[66] It was envisaged that students would receive an education in communication skills and knowledge of the community including and understanding of the wider concepts of health and health needs.[67]

It was recognized that fourth year high school would bring everybody to the same level of education. Until this became a reality there was a need to provide a course for those students who were unable to study at this level. The curriculum builders

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[63]Bailey, H. (1964). *Trends and steps towards the implementation of a basic generalized curriculum in WA*. Nurses Registration Board. 27 April. p.3.
[64]*ibid*.
[65]Porter, P. (1986). *Gender and education*. Victoria: Deakin University. p.21.
[66]Nurses Registration Board: First Interim Report from the Curriculum Builders to August. 1965, p.2. (Bailey private collection).
[67]Nurses Registration Board: Meeting between Curriculum Builders and the Education Sub-Section of the Royal Australian Nurses Federation. 1 February. 1967, p.3. (Bailey private collection)

felt that a pre-clinical course would bridge the gap for students who had not reached the new entry requirements to nurse training. This would be especially important for mature aged women wanting to take up nursing but who had insufficient high school achievements, particularly those who had not attained a 'Leaving Certificate'.[68]

It was generally accepted that sociology and psychology were two 'broad area' subjects that were necessary for future nurses to study. These subjects could be taught in the pre-clinical course and would be appropriate for other health related professions to study.[69] The pre-clinical course was not intended to replace the introductory pre-clinical period in the hospital nor was it considered a compulsory prerequisite to nurse training.[70]

Units of study

John Williams the educationalist from the TED and a member of the Curriculum Building Committee suggested a plan for 'progressive units' using a broad area approach. This was based on units currently conducted at the Technical College. A broad area approach would cut across subject fields and integrate knowledge.[71] The fields of study were sociology, psychology, basic science and maintenance of the environment. Threaded through these areas were clinical studies covering the 'total health field' (see Figure 5.5). The Working Committee in reviewing the suggested plan for objective progressive education units, questioned the term 'hotel services'. Williams explained that one aspect of hotel services was food and that this would be used as an example of unit building.[72] The plan is depicted in the following figure.

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[68] special meeting requested by the Minister of Education to consider the possible provision of a course within high schools for health oriented vocational type programmes. 24 July, 1968. (Bailey private collection).

[69] Nurses Registration Board: First Interim Report from the Curriculum Builders August 1965, p.4. (Bailey private collection)

[70] Nurses Registration Board: Supplementary instructions for the implementation of the Hospital Based Diploma. 1968, p.4. (Bailey private collection)

[71] Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. 27 October. 1964.

[72] Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. 7 September. 1964, p.2.

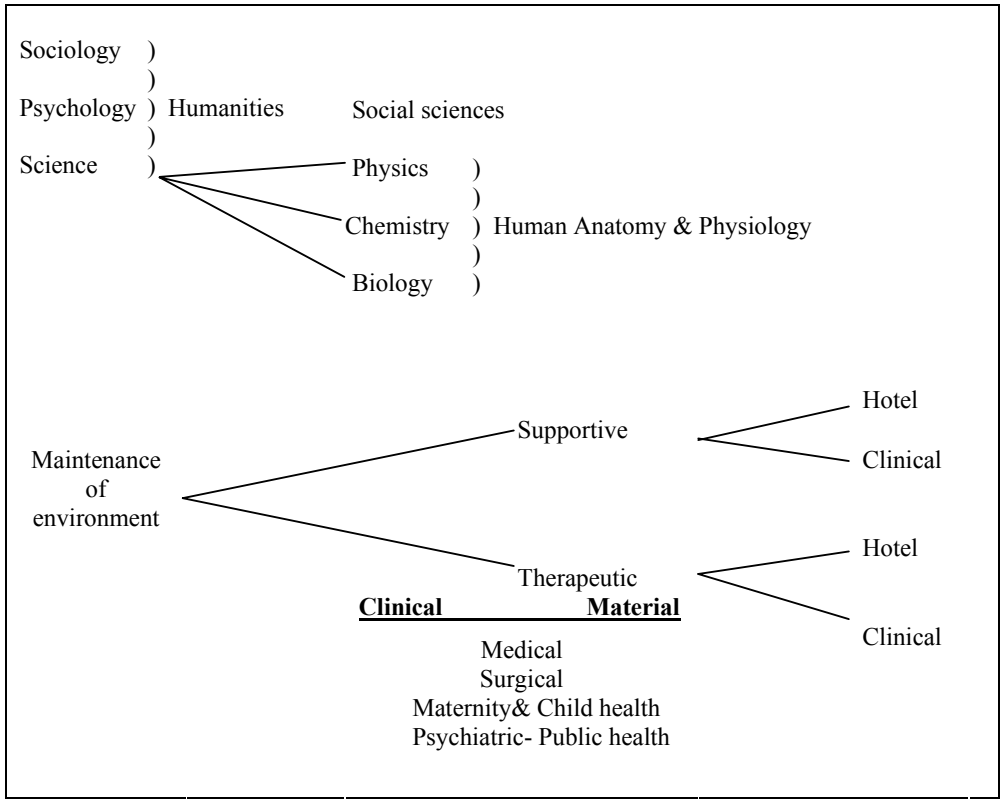

Figure: 5.5 Suggested plan for objective progressive education units[73]

The Working Committee members used the General Nursing Council for England and Wales (GNC) curriculum as a blue print. They believed that it had a wide approach to clinical studies.[74] The GNC curriculum had three streams: Man as a biological animal in his social environment, disease, disease process and nursing skills.[75] Disease was further subdivided into physical, psychological and social aspects. This concurred with the WHO definition of health that stated:

> health is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity.[76]

[73]Nurses Registration Board: Suggested plan for objective progressive education units. 27 August. 1964. (Bailey private collection).
[74]*ibid*. p.5.
[75]Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. 27 August. 1964.
[76]World Health Organisation. (1947). *Constitution of the World Health Organisation*. Chronicles of WHO1, p1-2.

Type of Disease	Medical Measures	Nursing skills
Congenital – Genetic		Support
Congenital – Accidental	Prevention	Observation
Traumatic – Planned	Investigation	Record keeping
Traumatic – Accidental	Diagnosis	Report making
	Therapy	Treatment
Invasion by foreign substances – Toxic chemicals		
Invasion by foreign substances – Microorganisms		Coordination and supervision
Metabolic		
	Follow up	Health teaching
Neoplastic		
Degenerative		Counselling

Figure: 5.6 Elaboration of the clinical field of nursing studies [77]

In 1964 the first draft of the curriculum framework was illustrated as a vertical and horizontal axis.[78] Within each vertical stream there was to be an inherent emphasis on viewing the individual person as a physical, psychological and social being. The horizontal axis linked with the vertical axis in that the types of diseases related to the required appropriate medical and nursing interventions. It was proposed that this framework would be people oriented, rather than a disease centred.[79]

The final HBD curriculum

In 1968 the draft curriculum underwent the final modifications before being printed in the Government Gazette. The curriculum was divided into five main streams of

[77]Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. Curriculum planning. 16 December.1964. (Bailey private collection)

[78]Nurses Registration Board: Working Committee minutes. Matrons and Tutors. 24 August. 1964, p.8. (verbatim notes. Bailey private collection).

[79]Nurses Registration Board: First Interim Report from the curriculum Builders August. 1965, p.11. (Bailey private collection)

learning. These were human growth and development, community organization, institutional organization, disease and disease processes and nursing skills (see Appendix 12).[80] It was recommended that wherever practical, the five learning streams would be integrated rather than taught as separate units of study.[81] As stated in the earlier draft of the curriculum the recipient of nursing care was to be viewed holistically with psychology, sociology and general science forming the basis of nursing practice. Student nurses could not gain clinical experience of the total health field in one acute hospital. They were required to move outside the training hospital to gain the essential learning experiences. For example students training at RPH went to PMH for child health experience and KEMH for maternity. Likewise student nurses undertaking basic general training at PMH would have adult nursing experience at RPH. This was already occurring during the process of curriculum building.

Human Growth and Development

The first learning stream was Human Growth and Development, which was designed from a physical and psychological perspective. It was organized under body needs rather than a body system approach. For example it discussed the respiratory system as the need for a supply of oxygen to the tissues. Human growth and development included traditional anatomy and physiology but from a holistic perspective with the development of the personality and human behaviour as well.[82]

Community Organization

The second learning stream of Community Organization was divided into four units of study. These were the individual, the family, the community and the nursing profession. The concept of health as a holistic entity was an introductory unit. This preceded and gave meaning to the other four units of the stream that followed. The focus in this learning stream was to develop the student's knowledge of society so that they could function as a valuable member of the health care team. The learning

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[80]Government Gazette, 26 September, 1968, Government Printers, WA, p.2846-2866.
[81]*ibid*. 2847
[82]*ibid*. p.2848.

stream was designed to promote an understanding that all individuals have a responsibility for their own health as well as for the community. The nurse's role in teaching prevention of disease and maintenance of health was emphasized.[83] To achieve these objectives a period of community practice was necessary. This was to take place prior to acute patient care in the hospital. The curriculum builders, however, felt that this kind of experience would be better placed later in the curriculum. This decision was based on the information gathered from students and registered nurses in clinical practice. It was argued that the community could be better served, if students had the knowledge and experience of acute illness and had gained a degree of professional maturity before venturing into domiciliary nursing.[84]

Institutional Organization

The third learning stream Institutional Organization was concerned with lines of communication within the hospital and the roles of other health care professionals within the organization. The emphasis of this learning stream was on effective communication between health professionals. Included in this stream were organizational skills in relation to the patient care. For example, patient admission, transfer and discharge procedure together with the giving and receiving of reports.[85]

Disease and Disease Processes

The fourth learning stream was centered on Disease and Disease Processes. The content related to the provision of scientific principles regarding treatment and care of an individual with a specific illnesses. This was envisioned as a foundation for providing the student with skills of problem solving and decision making in nursing practice. A requirement for this learning stream was a basic knowledge base of physics, chemistry, biology, psychology and sociology. In the past the emphasis had been on teaching a list of diseases and their medical treatment without providing a scientific rationale for nursing interventions.[86]

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[83]*ibid*. p.2847.
[84]Nurses Registration Board: Curriculum Builders report study days 9, 12, 13 July. 1965, p.5. (Bailey private collection)
[85]Government Gazette, 26 September, 1968, Government Printers, WA, p.2850.
[86]*ibid*. p.2858.

Nursing Skills

The final learning stream was Nursing Skills. This stream was integrated through out the curriculum. Skills development evolved from the scientific principles of physics, chemistry, biology, psychology and sociology. This provided a scientific rationale that would enable the student to adapt nursing skills in a variety of health care settings. Ethical performance was the cornerstone of skills development.[87]

Association of theory to practical

The curriculum builders were constantly aware and designed the new curriculum for a correlated integration of classroom learning and practice.[88] The old syllabus focused on training confined to the development of physical skills for specific service needs. This often resulted in theory being unrelated to practice.[89] The new curriculum was developed to correct this anomaly.[90]

The curriculum builders maintained that clinical practice should occur concurrently with theory and structured according to the complexity of experience throughout the program. Within this principle was the belief that the acquisition of knowledge and its use in developing competencies of practice required careful thought and planned instruction. The plan was to integrate theoretical and clinical learning experiences. This educational principle was deemed fundamental to the comprehensive curriculum. It would assist nurses to gain a basic understanding of the total field of nursing prior to specializing in post-basic education.

In the old syllabus there was an imbalance of clinical experience. This often resulted in some students having more experience in some areas of clinical practice than others. In the larger hospitals students had the opportunity to deliver complex nursing care involving technical skills. This was far more than their counterparts in

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[87]*ibid*. p.2858.
[88]Nurses Registration Board: Working Committee minutes. Meeting with matrons and tutors. State Records Office of WA. ACC4561. Item 1. 24 August. 1964.
[89]Nurses Registration Board: First Interim Report from the Curriculum Builders August. 1965, p.11. (Bailey private collection).
[90]Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. 16 December. 1964.

the country hospitals. Whilst this problem could not be easily addressed, it was felt that complex nursing skills could be taught in the latter half of the three-year training program. This was seen as a basic premise of educational principles in that subject matter should be arranged in progressive units of learning proceeding from the general to the particular and from simple to complex. In line with this principle, it was suggested that the student nurse spend up to six months in a specialized clinical area of choice prior to graduation.[91]

The curriculum builders were mindful of the WHO recommendation concerning teaching scientific principles underlying nursing care. The WHO argued that these were essential to prepare nurses for a continually changing environment. Teaching principles of care would facilitate the transfer of knowledge from one place of practice to another, especially for students trained in smaller country hospitals. This would allow the student to move from ward to ward and hospital to hospital, with a minimum of stress. If principles were taught instead of treatments and diseases then students could adapt to each situation instead of repeating the same task with varying techniques according to the whim of the 'sister in- charge'.[92]

A relaxed atmosphere on the wards was seen as essential for clinical practice learning to take place.[93] This could occur if the transfer from ward to ward was unhurried. It was recommended that the length of stay in general medical surgical wards be a minimum of ten weeks. Clinical practice in a specialty was stipulated as a minimum of six weeks. Prolonged stay over the recommended number of weeks was viewed as being detrimental to learning. Major moves from institution to institution were to be limited to provide continuity of learning and to prevent disruption to student welfare. It was suggested that at least half of the total health field clinical experience should be gained in one institution. As some hospitals did not cater for people with mental health, child and maternal health and trauma

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[91]Nurses Registration Board: Curriculum Builders Report study days 9, 12, 13 July. 1965, p.3. (Bailey private collection).
[92]*ibid*. p.23.
[93]Nurses Registration Board: Third Interim Report from the Curriculum Builders to December. 1966, p.6. (Bailey private collection).

problems, students would be obliged to make more than one move. The curriculum builders followed the General Nursing Council for England and Wales guidelines, which suggested that moves between departments and wards should be made at a minimum of two or three month intervals and major moves of not more than three times in three years.[94]

The curriculum builders believed that clinical practice should be scheduled according to the progress and ability of the student. It should also be planned in continuous meaningful progression with every student receiving instruction and supervised practice in all the 'core' areas of the curriculum and in the specialized areas of choice. Clinical experience should also be at the level of the student's professional educational progress. The planning of clinical experience should ensure that the student's responsibilities increased gradually.[95]

Clinical teachers were to play an important part in student learning. It was recommended by the curriculum builders that all learning be carefully selected planned and sequentially organized. The clinical instructor was expected to introduce the student to the new ward or department following classroom instruction. The location of essential equipment with an explanation of daily nursing routines was expected as part of orientation. The student's knowledge, skills and attitudes in clinical experience were to be assessed by clinical instructors. Student evaluation designed for this purpose would assist in objective student evaluation. Clinical instructors whose first responsibility was to the student's learning were ideal for coordinating such responsibility.[96]

A critical issue in terms of correlating cognitive and clinical learning was the need for training schools to obtain control of the student's time. Students were essentially an employee of the hospital and a major part of the workforce. Their education was

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[94]Nurses Registration Board: Curriculum Builders Report study days 9, 12, 13 July. 1965, p.5. (Bailey private collection).
[95]Nurses Registration Board: Third Interim Report from the Curriculum Builders. December. 1966, p.6. (Bailey private collection).
[96]Nurses Registration Board: Curriculum Builders Report study days 9, 12, 13 July. 1965, p.2. (Bailey private collection).

a secondary consideration by the nursing administration.[97] The curriculum builders felt that student nurses should be able to enjoy the same freedom, experiences, rights and responsibilities as other students in technical colleges and universities.[98]

Control of implementation

The comprehensive curriculum was presented to the hospitals in a broad outline. This was in contrast to the old syllabus that detailed content. The NRB felt that this format would allow for modifications in relation to future social and medical changes. Moreover, it believed this format would allow individual schools of nursing the freedom to develop details of their own program. The 'Board' had the power to approve programs and practice of training as well as to inspect hospital training facilities.[99]

The new comprehensive curriculum suggested that there be a minimum of eighteen weeks study with an increase to twenty-five. The study days were to be taken in the hospital time as part of a working day. Individual hospitals could vary in their arrangement of study days or blocks with approval from the NRB. [100]

Associated issues of curriculum development

During the process of curriculum development there were several issues that dogged the curriculum builders. At the heart of these issues was the traditionalist's perspective that change was unnecessary. Matrons were unaware of educational principles and balked at being told by subordinates that nurses training needed change. They were also uninformed of the changes that were taking place in secondary education and that these were effecting recruits to nursing. The democratic approach assisted in addressing these issues but delayed curriculum building.

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[97]Nurses Registration Board: First Interim Report from the Curriculum Builders August. 1965, p.7. (Bailey private collection).
[98]Nurses Registration Board: Curriculum Builders report study days 9, 12, 13 July. 1965, p.2. (Bailey private collection).
[99]Nurses Registration Board: Meeting with Royal Australian Nurses Federation Education Sub-Section. 5 January. 1967, p.8. (Bailey private collection).
[100]Nurses Registration Board: Supplementary printed instructions for implementation of the Hospital Based Diploma. 1968, p.4.

Delays in curriculum building

Curriculum development began with the completion of West Australian Nursing Survey in 1962. It took another six years before there was a consensus on the final document of the HBD and a further five years before it was implemented at RPH in 1972.[101] The gamble of using a democratic approach paid dividends in terms of involvement of all 'stakeholders' but at the expense of time.[102] There was an assumption that employers would allow time for members to attend meetings, however, this was not always possible. The missing of meetings tended to slow the progress of decision making. Protracted meetings, debates and discussions consumed time and many meetings were held before a consensus was reached. In the final analysis it was the routine work of registration duties and the increased work of coordinating the development of the two curricula that delayed curriculum building.

It took from April 1963 until June 1964 before any significant developments in the curricula occurred.[103] The delays were two fold. Firstly, Helen Bailey did not have support for her work in dealing with educational issues and coordinating nurse registration activities.[104] Secondly, progress was hampered by the part time position of Dr Rowe the Chairperson of the Working Committee.[105] Negotiations with Dr William Davidson, the Commissioner for Health/Principal Medical Officer and Chairman of the NRB for a permanent chairperson, were protracted and fruitless.[106] Helen Bailey felt that this lack of support for extra staff was related to Davidson's general unawareness of the time involved in the process of curriculum development.[107] In a memo written to Davidson requesting secretarial and clerical

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[101]Royal Perth Hospital: Annual Report. 1972, p.18.
[102]personal communication. Helen Bailey. 24 July 1999.
[103]Nurses Registration Board: Curriculum Builders progressive report. Introduction and background. 9 July. 1965, p.1. (Bailey private collection)
[104]Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. 24 August. 1964, p.31.
[105]letter to the Director General of Education from Dr Haydn Williams. 15 March. 1965. (Bailey private collection)
[106]Nurses Registration Board: Working Committee minutes. State Records Office of WA. 24 March. 1965.
[107]Helen Bailey written note on the bottom of the letter to Director General of Education from Dr Haydn Williams. 15 March. 1965.

assistance Helen Bailey pointed to the need for the information to be supported by statistical data. She stressed that:

> at the moment a tremendous lot of opinion is being advanced as argument without being based on statistical evidence. The terms "reliability" and "validity" are frequently being used in nursing argument divorced from their scientific meaning. Sound planning is impossible unless it is based on proper investigations. It is necessary that we seek the actual facts rather than opinion. For this to be possible, adequate staff must be available in this department.[108]

The enormity of the task of developing two curricula did not go unnoticed by Dr Haydn Williams the Director of TED. He had a grasp of the situation and of nurse education and understood that like other para-professionals nurses were seeking to advance their knowledge and skills. He was critical of the Medical Department for failing to realize the enormity of the task of developing and implementing a curricula. He commented that 'the approach used by Bailey could not be faulted on theoretical grounds it [is] probably the way a curriculum should be developed' but the democratic method being used to involve all the 'stakeholders' was unrealistic. He doubted that progress could be made on 'such ambitious project without the support and the commitment of TED'.[109] Williams was concerned that the resources did not match the 'ambitious scale of the project'.[110] He felt that the Working Committee had embarked on an overly ambitious nurse education reform and he balked at the extent of involvement expected of the TED without recompence. Williams felt that it was time the Commissioner of Health be made aware of the enormity of the project.[111]

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[108] memo to Commissioner of Public Health: Chairman of the Nurses Registration Board from Helen Bailey. 28 March. 1962.

[109] Report to the Director General of Education from H. Williams, Director of the Technical Education Division. 15 march.1965.

[110] report to Director General of Education from H Williams Director of Technical Education Division .15 March. 1965. (Bailey private collection)

[111] *ibid*

The slow progress of curriculum development was also related to the attitude of some members of the Working Committee to address agenda items.[112] Dr Haydn Williams in a report to the Director General of Education commented that this problem had led to a 'confusion and an inadequate grasp of the concepts and conflict in tactics amongst those cast as leaders'.[113] Dr Letham was also aware of the drawbacks of the Working Committee. He said that, it was inevitable 'with such diverse opinions misunderstandings and prevailing attitudes between matrons, educators, administrators and medical superintendents, conflict and hostility were not uncommon'.[114] When Dr Letham was appointed Chairman of the Working Committee and Don Dee relieved Bailey of registration duties on the NRB in 1964 the pace of progress increased.[115] [116]

Although Dr Letham was not employed full time he attended meetings regularly and was committed to improving nurse education.[117] He was not an educator but he was concerned about nurses and their education and supported their moves for reform. In later years Letham reflecting on the work of the curriculum building wrote to Bailey saying how he 'was impressed with the fact that the credo of knowledge, attitude and skills focused on the patient which contrasted to medicine'.[118] Letham valued the work of nurses whom he had worked closely at Wooroloo tuberculosis sanatorium from 1946 to 1956. He commented that 'up until 1951, before the advent of anti-biotics the nursing staff often risked their own health in the fight against tuberculosis'.[119] Dr Letham was impressed by this action as the nurses tried to keep families together while patients were isolated for many months. He was delighted to champion the cause of nurse education.[120]

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[112] report to Director General of Education from H Williams Director of Technical Education Division. 15 March. 1965.
[113] notes on letter to Helen Bailey from Dr Letham. 11 November. 1964. (Bailey private collection).
[114] *ibid*.
[115] *ibid*.
[116] letter to Merle Parkes from Dr Letham. 4 August. 1964.
[117] personal communication. Dr Letham. 20 January. 1997.
[118] letter to Helen Bailey from Dr Letham. 7 Febuary. 1986.
[119] personal communication. Dr Letham. 13 February. 1995.
[120] *ibid*.

Delays in curriculum development also came from the matrons and medical superintendents fear that the HBD would create a nurse workforce shortage. This fear impeded them from looking at the wider picture of nurse education and the need for reform. At meetings of the Working Committee the matrons generally focused on what they considered potential problems of implementation, such as workforce issues. This tunnel vision was to the detriment of curriculum development.[121] Many could not reconcile to the twelve-week hospital pre-clinical period recommended by the curriculum builders. They opted to allow students to enter the wards earlier by reducing it to eight-weeks.[122]

Pre-clinical course

In the initial discussions concerning a pre-clinical course, it was felt that it could be conducted in the hospitals with the TED's support. It was proposed that such a course would not be more than six months and less than twelve.[123] This idea did not eventuate because of an insufficient number of nurse tutors. The second option for the pre-clinical course was that it should be conducted at a technical school. Dr Wally Howse the educationalist at the time said that such a course 'because of its continuity with the general education field could be used by other health oriented occupations'.[124] He further suggested that if such a course was implemented the progress of the students into hospitals could be monitored closely, to identify their ability to cope with the comprehensive nursing program. At the time of these discussions the TED was developing an Applied Science course at Mt Lawley Technical College on a part time basis. It was suggested that this course might suit the NRB requirements for a pre-clinical course since it contained units of study that were pertinent to nursing.[125]

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[121] *ibid*. p.2.
[122] Nurses Registration Board: Supplementary printed instructions for implementation of the Hospital Based Diploma course. 1968, p.4. (Bailey private collection)
[123] Nurses Registration Board: Meeting between Curriculum Builders and the Education Sub-Section of the Royal Australian Nurses Federation 1 February 1967, p.3. (Bailey private collection)
[124] Nurses Registration Board: Technical Education Division Advisory Committee. 19 July. 1968. (Bailey private collection)
[125] *ibid*.

It was the usual practice of the Education Department of Western Australia to establish an advisory committee when developing a new course for industry. Thus, the TED approached the NRB to nominate two people to represent nursing in relation to a pre-clinical course. These two people were Kath Johnson and Olive Anstey, matrons of the RPH and the SCGH. They did not oppose the idea of a pre-nursing course, but they continued to argue about administrative details regarding the financial arrangements, living accommodation and the overall responsibility for students.[126] They made it clear that they did not support some of the proposed changes to the curriculum, because it would interrupt the smooth running of the hospitals and reduce the number of potential applicants to nursing.

Due to a lack of unity and protracted debates a pre-clinical course specific to nursing recruits was not implemented.[127] Educational developments in the TED had overtaken nursing. The Applied Science course was implemented at the Mt Lawley and Kalgoolie Technical Colleges. These courses serviced the needs of other health oriented occupations who also saw an increasing need to raise the educational level of their professions. The Applied Science course commenced at Mt Lawley Technical College in 1969. The course had a total of 28 hours and consisted of the following subjects:

English expression	3
Health Mathematics	2
Health science	3
Human growth and behaviour	4
Sociology and economics	3
Personal grooming	1
Graphic arts (half year)	2
Nutrition (half year)	
Visits	4
Library and Social activities	6
	Total 28 hours[128]

[126]letter to Working Committee from Kath Johnson, Olive Anstey and Minnie Rose. 26 Oct. 1966.

[127]Nurses Registration Board: Supplementary printed instructions for implementation of the Hospital Based Diploma course. 1968, p.4.

[128]memo to Chairman of the Nurses Registration Board from Bailey regarding a pre-nursing course being conducted by Technical Education Division. 30 April. 1969. (Bailey private collection).

The NRB suggested to nursing applicants, who had not reached the prescribed entry requirements, that they attend the Applied Science course. Most of the graduates of the course were accepted into RPH training school. Kath Johnson felt this was unfair as it left few places for high school recruits with a 'Leaving Certificate'. She requested that other hospitals accept the graduates. The NRB, however, did not have the authority to act on this request.[129]

Democratic approach to curriculum building

The democratic approach to curriculum development also created problems for those people used to autocracy. This was a particular problem for senior nurses who worked and administered with military precision and discipline.[130] Matrons could not conceive of the global picture of what the new curriculum was trying to achieve. One matron at a Working Committee meeting stressed that in administration they were taught to plan ahead and without an idea of the 'overall scheme' that they could not make plans. [131] They wanted to be told 'when' 'where' and 'how' the curriculum would be implemented, they were not generally concerned about the 'what', unless it took the student away from the bedside. Whilst these were valid questions that were asked at the beginning of curriculum development in 1964 [132] and continued through until the final draft of the curriculum was presented in 1968.

Although senior nurses acknowledged that some changes to the content of the curriculum were appropriate they could not reconcile to the drastic changes. Matrons felt that decisions were being made without their input. They accused the working party of 'going behind their back',[133] and continually criticized a general lack of communication about curriculum development.[134] They used this problem as an excuse for lack of progress and as a delaying tactic in implementing the HBD. In a letter from Merle Parkes to Helen Bailey both members of the Curriculum Builders Committee and the Working Committee, Merle commented that the 'usual dialectical

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[129] *ibid*. p.3
[130] Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. 24 August. 1964, p.24.
[131] *ibid.* p.28.
[132] *ibid*. p.28.
[133] *ibid*. p.30-32.
[134] *ibid*. p.16-17.

aggressive approach still existed'.[135] Attitudes such as these proved to be a major stumbling block to the progress of curriculum development. At a Working Committee meeting Dr Rowe said there had not been 'much time to meet since establishing the committee because there were lots of facts to get'. He assured people that the reason for the meeting was 'so no one was left out'. He also added 'people who are vitally interested and associated with nurse education should get together and be put in the picture before detailed plans are made. No plans can be made if everyone is not in the picture and no plans can be implemented if everyone is pulling against everyone else'.[136] In 1965, Bailey reiterated this message at another meeting where a lack of communication was an issue. Bailey said there had been:

> a need for careful preparation and collation of facts and that the setting up of the machinery had taken time. While it was desirable to give as much advanced information as possible a great deal of planning still represents general thinking. This fluid state is necessary until all information is collected and definite planning can go forward. In the past we had based our planning on thoughts and ideas rather than actual certified facts.[137]

The constant debate over implementation of the curriculum before it had been built inevitably lead to conflict between those that wanted change and those that were satisfied with the same pattern of nurse training. Medical Superintendents particularly Dr Godfrey from PMH was particularly vocal on the subject. His thoughts were made public and were printed in the hospital's annual report. He wrote that:

> it would seem that the large number of nursing executives in Australia whose duties involve the control of the trainee work force in the acute hospitals are firm in there opinion that present methods produce a capable and resourceful nurse who is welcomed everywhere for her competency. The 'Board, of management of this hospital and its advisers are well satisfied that present practices produce good practical nurses and it will need to be much

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[135]letter to Merle Parkes from Helen Bailey. 3 May. 1966.

[136]Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. 10 January. 1964, p.21.

[137]Nurses Registration Board: Working Committee minutes. Meeting with hospital administrators. State Records Office of WA. ACC4561. Item 1. 10 February. 1965, p.3.

> impressed with the reasons supporting changes before happily acceding thereto.[138]

Animosity towards tutors

The matrons believed that the traditional apprenticeship system was to be replaced with a 'student system.' It was a perceived loss of a workforce that irked them and a resentment of the tutors for clamoring for change. At a meeting in 1964 between the tutors and the matrons this issue of change to the training system caused a protracted and heated debate. At one point in the debate Minnie Rose Matron of PMH stated that she:

> had the greatest respect for the teaching department, but they are turning out teachers, while we have to look after sick people, we have to run our hospital we have got to nurse the sick and our nurses are very much the workforce of the hospital. Now what we all want is daylight are we going on turning our nurse more and more into a student? As Matrons we must know because we still have to care for the sick.[139]

As heads of training schools the matrons may have viewed the changes to be undermining their authority. They resented being told that the syllabus was out of date and did not fit the health care needs of the Western Australian community. Minnie Rose perceived a conspiracy between the tutors and matrons and stated that 'I still think we (the matrons) will go away wondering what you (the tutors) are really planning.[140] Another example of her frustration and resentment that echoed the feelings of her counterparts was this chide remark:

> you are only putting down in a different form what we have been teaching for years. You are not bringing out anything new in this at all. Each hospital must of course develop on it, naturally my thoughts fall in line with children, I must develop along the lines of children. Miss Anstey who has her different specialties in her hospital Miss Johnson hers, but there is nothing new in this at all.[141]

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[138]Princess Margaret Hospital: Annual Report. 1964, p.9.
[139]Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. 24 August. 1964, p.9.
[140]*ibid*. p.27.
[141]*ibid*. p.6.

When cornered with a curriculum issue, Olive Anstey pointed out to the tutors, 'that matrons on the committee had a background of administration to contribute and had a duty to express their opinions as to the practicability of schemes put forward'.[142] Tutors held the view that education was paramount as it was the key relationship between nurse education and patient care. They also believed that a better educationally prepared nurse would have more competence and confidence and generally more job satisfaction. This would lead to less supervision by registered nurses and a balanced workforce. Janet Way a Counseling Officer employed by the NRB in 1969 also stressed that wastage levels would improve if the base of nursing education was broadened and the teaching methods were modified.[143]

Some people perceived tutors as undermining the authority of the matrons as head of the training school and usurping their authority. The NRB was seen as the spearhead of such actions. Friction between the NRB and the matrons was evident when discussions took place regarding the Australasian Conference on Nursing Education in Sydney March 1963. The conference was one of the annual conferences to which all nurse registering authorities from Australia and NZ attended. Dr Letham the Chairmen of the Working Committee argued that the nursing profession had agreed unanimously to the appropriate 'attitudes expected in the nurse who has completed a basic general training'.[144] When he stated that the document had evolved by the profession, one person on the committee responded 'No I don't agree, it has been evolved by one section only, the Board's'.[145] The matrons viewed the new curriculum as being 'planned by people who were not practical nurses or matrons' that 'did not have their feet on the ground'. They argued that 'the NRB had no idea of how the new curriculum would affect the workforce'.[146] The matrons also demonstrated a degree of animosity towards the TED as they saw it taking over the

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[142]Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. 12 November. 1966, p.2.
[143]Way, J. (1968). *Student withdrawal patterns-implications for nurse education in WA.* Third Annual Seminar Nurses Registration Board. 12-14 June. 1968. p.6.
[144]Australasian Conference of Nursing Education. Sydney.18-22 November. 1963, Appendix II.
[145]Nurses Registration Board: Working Committee minutes. 24 August. 1964, p.6. (Verbatim report. Bailey private collection).
[146]*ibid*. p.15.

control of nurse training, which would leave them with little authority over nurse education. This issue would again resurface in 1970 when negotiations to amalgamate the WAIT and the CNA Western Australian Branch were in progress.

Comprehension of educational principles

There was a perception by most members of the NRB that changing the syllabus was a matter of rearranging the content followed by classroom teaching. Few grasped the notion of a curriculum framework, learning outcomes statements or the selection and organization of learning experiences to achieve predetermined outcomes.[147] Helen Bailey had an ally in John Williams the educationalist on the committee. She admitted that she would have been 'floundering' without his support. She said that 'the constant pressure of speaking alone on educational principles would have made the process of curriculum building intolerable.'[148]

The progressive nature of curriculum building was a difficult concept for some matrons and medical practitioners to grasp. Peripheral issues, therefore, continually clouded the early stages of curriculum building. These people dreaded the end of the apprenticeship system and a loss of cheap student labour.[149] This blinded them from seeing the relevance of a progressive curriculum and the broader picture of curriculum review. The value of having a 'Leaving Certificate' as an entry level to nursing was similarly blotted out by the need for student labour.

Olive Anstey had altered the NRB syllabus at the SCGH in 1963 when it became a general nurse training hospital. This was applauded by the NRB as a progressive step towards a general form of training as it contained some components of the total health field. Anstey, however, had implemented these changes without determining what she wanted her nurses to achieve on completion of the program.[150] The curriculum builders were working from a different perspective. They were starting

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[147]John Williams. Statement of Evidence in support of Helen Bailey's submission for salary increase 1965. (Bailey private collection).
[148]personal communication. Helen Bailey. 21 June. 1998.
[149]Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. 24 August 1964, p.9.
[150]*ibid*. p.17.

with an 'ideal program content', followed by investigation of 'available clinical facilities' before the final 'program of education' (see Figure 5.4).[151] It was these divergent viewpoints that slowed curriculum development.

When matrons were asked for their input into defining attitudes and behaviours for the new curriculum, they were unable to verbalize what they wanted the students to learn. John Williams explained this important step in curriculum building to the matrons and tutors 'as they were the experienced people'. He asked the matrons if they agreed with the attitudes defined by the delegates at the Australasian Conference on Nursing Education in Sydney March 1963. One matron responded 'I think these [attitudes] are desirable, whether feasible or practical !' John Williams replied:

> it seems to me that at the moment in discussing this business on attitudes we are concerned with what are these attitudes we want to develop. Irrespective of whether they are to be developed in a student's training under the new type of training or those who are still being trained under the old type of training we will still want to develop these attitudes, that is assuming people agree.[152]

Another concept that posed some difficulty for the senior nurses was the notion of 'total health field' in particular the mental health component. The National Health Council had recommended that nurses should have theoretical and clinical psychiatric experience. They also suggested that mental health be viewed as a continuum from positive health and the well-adjusted individual to the totally depended person needing institutional care. In line with this recommendation, psychology and human relationships were to be included as subjects for general nursing prior to practical experience in psychiatry.[153]

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[151]Nurses Registration Board: Working Committee minutes. Meeting with matrons and tutors at Princess Margaret Hospital. State Records Office of WA. ACC4561. Item 1. 7 September. 1964.

[152]Nurses Registration Board: Working Committee minutes. Meeting with matrons and tutors 24 August. 1964, p.3 (Verbatim report. Bailey private collection).

[153]letter to Nurses Registration Board from National Health Council. 31 January. 1968.

Matron's dual responsibility

Opposing forces in the reorganization of nurse education continually delayed the process of change. Matrons and tutors had different perspectives about the implementation of the comprehensive curriculum. This was evident by their active involvement in the RANF and the State Committee of the CNA and the correspondence between these organizations and the NRB. Matrons had a dual responsibility in the hospital. They were responsible for service delivery and the training school. It was this dual role that often caused professional and personal conflict.[154]

Most matrons rose to their position in the hospital hierarchy from the nursing ranks and did not always appreciate their obligation in integrating nursing education and nursing service. The matron in previous years had a multiplicity of responsibilities 'she was the hospital'.[155] Bailey and other senior nurses believed that the dual responsibility of matrons had become unproductive. One person could no longer do justice to both education and service. Any suggestion of separation of these two functions was often regarded as an accusation of mismanagement of the matron.[156] The topic was either avoided or heatedly debated at meetings. [157]

Medical superintendents and hospital administrators concerns

Matrons were in a difficult position of serving both the nursing profession's mandate to advance nurse education and the hospital's board of management for cost containment. Hospital administrators considered the change to nurse training would increase costs. The funding issues related to the implementation of the comprehensive curriculum were seen as more important than the educational needs of student nurses. Generally, nurse training did not form a separate item in the individual hospital budget.[158] Funds allocated to nurse training were, therefore,

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[154]personal communication. Kath Johnson. 13 April. 1997**.**
[155]Personal communication. Helen Bailey. 18 June. 1998.
[156]Bailey, H. (1968). A discussion on the organization and control of nursing service and nurse education within Western Australia. p.1. (Bailey private collection).
[157]Personal communication. Helen Bailey. 18 June. 1998.
[158]personal communication. Kath Johnson. 13 April. 1996.

dependent on the importance given to it by the administrator. Hospital administrators and medical superintendents envisioned students in the new curriculum would spend longer in the classroom and would need to be replaced on the wards. Both students and their replacements would be entitled to a salary that would strain the hospital budget.[159] Some administrators acknowledged the matrons dual role and supported the impending changes to nurse training. Mr Griffiths the Administrator from RPH for example commented that 'they took their teaching role seriously and tried to keep abreast of changes in education. They were aware of the student's educational needs and were not resistant to change. They were also aware of the ICN requirements'.[160]

The Medical Superintendents also raised their concerns over the proposed changes to nurse training. Dr Godfrey from the PMH vehemently opposed the change to nurse training. He argued that basic training was the same as general training and that basic nursing principles were learnt at the bedside.[161] He was also particularly vocal in regards to losing a workforce of nurses specially trained in children's nursing. Godfrey felt that it was important that the 'children's hospital should continue to provide children's trained nurses with the specialized knowledge that takes years to acquire'. He was fearful that general trained nurses would not receive sufficient paediatric training and that 'some child patients would suffer in time as a general trained nurse would have limited experience with children'.[162]

Implementation of the HBD curricula

The Working Committee envisaged that a pilot course and a transition period would occur before a full implementation of the HBD. At the outset it was estimated that it would take a year for curriculum development, four years for a pilot course to be evaluated and another five years before the HBD could be implemented in all schools

[159]Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. 10 February. 1965.
[160]*ibid*, p.2.
[161]Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. 3 March. 1965, p.4.
[162]Princess Margaret Hospital: Annual Report. 1962, p11.

of nursing.[163] This time line satisfied most stakeholders except Kath Johnson the Matron of RPH. She demanded an exact date for implementation so that she could have time to prepare staff allocation. The suggested time line of curriculum development and its implementation was overestimated. In reality it took eight years from the commencement of the curriculum development in 1964 to its official implementation in 1973. The RPH, however, were able to implement it ahead of time in 1972.

The Royal Perth Hospital accepted the HBD 'in principle' in 1968 but there remained a concern about staff shortages when it would be implemented.[164] The NRB responded to this concern by suggesting that 'trainee nurses being used to 'stop gap' staff shortages defeated the value of training and that perhaps a central training authority would be more desirable'[165]. Kath Johnson agreed that the HBD was visionary and could be completely implemented if trainees were afforded full student status. She supported the idea of an independent school of nursing and was instrumental in promoting the amalgamation of the Government School of Nursing, with the RPH to form the Western Australian School of Nursing.[166] Further discussion on this event will be addressed in chapter six.

Both the HBD and the Associate Diploma were completed in 1966.[167] It was felt, however, that it was more urgent to proceed with the implementation of the hospital-based course, as there was a greater number of students involved in this form of nurse education.[168] Moreover, no further action could be taken until the Commonwealth Committee on Advanced Education financially supported the tertiary course. Consequently, the NRB concentrated on preparing tutors and ward 'sisters' for their new role in the HBD.

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[163]Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. 10 February. 1965.
[164]Nurses Registration Board: Special meeting. 21 March. 1968, p.3. (Bailey private collection).
[165]*ibid*.
[166]personal communication. Kath Johnson. 13 April. 1997.
[167]Nurses Registration Board: Second Interim report from the Curriculum Builders April 1966. (Bailey private collection).
[168]Nurses Registration Board: Third Interim Report from the Curriculum Builders December. 1966. (Bailey private collection).

The HBD curriculum was published in the Government Gazette in 1968 and was to be officially implemented in 1973. The NRB had stipulated that there should be a ratio of 1:30, tutors to students and a ratio of 2:30 clinical instructors. Pauline Lambert, the Education Officer for the Western Australian Nurses Board doubted that that full implementation of the curriculum could be attained by the January 1st 1973 because of the shortage of qualified tutors. Western Australian schools of nursing needed twenty-six additional qualified tutors. The NRB viewed this deficit as critical which resulted in a letter being forwarded to the hospitals informing them of the situation. The alternative to having a lower number of tutors meant a corresponding lower number of students and this would lead to a shortage of nurses in the workforce.[169] The 'Board' was prepared for a period of leniency to extend to no later than December 31st 1974. The shortage of qualified tutors led the NRB to investigate the possibility of a nurse education course at the WAIT.[170]

Associated issues in implementing the HBD

Workforce issues were the major concern of hospital authorities in implementing the HBD. Underlying these concerns was the perceived loss of the student population to classroom instruction. Matrons were not appeased by the flexibility of implementation they were afforded by the NRB. Instead they were more concerned about losing registered nurses to post-graduate education particularly the Diploma in Nursing Education.

Loss of workforce

Implementation of the HBD was delayed by staff shortages, particularly at RPH. Kath Johnson doubted that the new curriculum could fulfill its objectives 'unless alternative means were found to staff the hospital particularly the night duty shift.[171] At the time few registered nurses were available for night shift. It was not unusual for student nurses to work seventy-one nights and be responsible for a minimum of

[169]Nurses Registration Board: General minutes. State Records Office of WA. ACC4558. Item 6. 28 June 1972.
[170]Nurses Registration Board: General meeting. State Records Office of WA. ACC4558. Item 6. 30 August 1972.
[171]Nurses Registration Board. General minutes. State Records Office of WA. ACC4558. Item 5. 26 Oct 1966.

thirty patients.[172] Student nurses worked in pairs on each ward on night duty with a registered nurse being shared between several wards.[173] This reliance on a student workforce was partly alleviated by employing married nurses, enrolled nurses and nursing assistants. Generally married nurses were not encouraged back into the workforce. The RPH was able to commence the HBD in 1972 as they had increased their workforce by amalgamating with the Government School of Nursing and had a sufficient number of qualified tutors.[174]

The other factor that matrons saw as contributing to a potential loss of a workforce was the question of secondment. Commensurate with the philosophy of allowing students a broader range of clinical experiences the curriculum recommended that a student of the 'mother ' hospital, be seconded to other clinical areas including the country. On this issue the curriculum builders suggested that the geographical surroundings of the smaller rural areas would present a more closely integrated hospital and community. Moreover, the less structured hospital setting was believed to develop a nurse's sense of personal responsibility for patients and facilitate citizenship[175].

In tandem with these notions was the idea that training should be broadly based to attain a satisfactory nursing service in Western Australian. It was argued that nurses could gain the confidence to practice in all areas following secondment to smaller hospitals.[176] Nonetheless the issue of secondment continued to evoke strong opposition from matrons, medical superintendents and hospital administrators.[177] This resulted in trainees being seconded between city hospitals. The Government School of Nursing continued to supply the workforce for the country hospitals but these students gained some of their clinical practice at the RPH.

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[172]Nurses Registration Board: General minutes State Records Office of WA. ACC4558. Item 6. 29 January. 1969.
[173]personal communication. Marea Vidovich. 12 September. 2001.
[174]Royal Perth Hospital: Annual Report. 1972, p.18.
[175]personal communication. Merle Parkes. 18 May. 2001.
[176]Nurses Registration Board: Third Interim Report of the Curriculum Builders December. 1966, p. 3. Appendix 3. (Bailey private collection).
[177]letter to Helen Bailey from Ron Dee 1967. (Bailey private collection).

The question of how to substitute students on the wards was partly addressed by increasing the number of nursing aides and nursing assistants. It was also suggested that married nurses be encouraged to return to nursing.[178] At the time marriage would have automatically forced nurses into retirement. This was because of prevalent nursing and societies' mores. It was common for nurses who married whilst employed being requested to resign.

There was, however, an increasing trend for married nurses to work as society's attitude changed. The issue of high wastage from training and the shortage of registered nurses was addressed by the State Committee of CNA that conducted refresher courses for such nurses. This ploy to attract married women back into nursing was successful in later years when married women were more accepted in the workforce. In 1965, Minnie Rose remarked that:

> although matrimony continues to and always will reduce the number of trained nurses, there is a marked increase in older married nurses returning to nursing. They are providing a very great asset, bringing with them a mature outlook and a great sense of responsibility, however, many of them have home ties and can only work part time'.[179]

Changing role of instructors

It was envisaged that other people such as clinical instructors and ward 'sisters' would be involved in implementing the HBD. This required a new concept of the teaching role involving post-basic education. Teachers would either teach scientific principles as the basis for the 'Why' as well as the 'How' of nursing. Alternatively, they could burden students with masses of factual data based on questions asked in the previous examinations. Whichever option the tutors chose to manage the situation, there would be a heavy teaching commitment in the classroom preventing the tutor from teaching in the wards. This was seen as detrimental to the tutor as they would not be able to keep up-to-date with the necessary clinical knowledge and

[178]Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. 5 August. 1964, p.1.
[179]Princess Margaret Hospital: Annual Report. 1964, p.15.

practice.[180] The new role for tutors was that they be exemplars of skilled nursing practice, teachers, counselors, colleagues and role models.[181] The problem was how were tutors to enact this role.

Post-basic education

Psychology and sociology were included in the HBD but few nurse tutors could teach and apply these subjects to nursing care.[182] At the time TED conducted courses that partway met some of the nurse tutors' learning needs.[183] They were amongst the 1500 students at TED eager to continue their education.[184] Nurse tutors were not the only senior nurses singled out for further studies. If the comprehensive curriculum was going to be effectively implemented then ward 'sisters' and administrators would also need to seek post-basic qualifications.[185]

The NRB stipulated that departmental heads, the critical clinical nurses and the future nurse supervisors would be required to hold a post-basic qualification prior to implementing the curriculum.[186] The Working Committee further believed that, should a nurse be appointed to such a position without a qualification that the position should be of a temporary nature until the incumbent received the necessary post-basic qualification.[187] Matrons supported and promoted the idea of post-graduate qualifications but only for nurse leaders in administration and education. Kath Johnson and Minnie Rose argued that 'the qualifications of the instructors was

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[180]Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. 2 July. 1964, p.1.
[181]Nurses Registration Board: First Interim Report from the Curriculum Builders August 1965, p. 8. (Bailey private collection).
[182]personal communication. Merle Parkes. 18 May. 2001.
[183]Nurses Registration Board: Working Committee minutes. Meeting between matrons and tutors. State Records Office of WA. ACC4561. Item 1. 24 August. 1964.
[184]Nurses Registration Board: Working Committee minutes. State Records Office of WA. 3 March. 1965, p.2.
[185]Nurses Registration Board: Curriculum Builders Report study days 9, 12, 13 July. 1965, p.3. (Bailey private collection)
[186]Bailey, H. (1964). *Trends and steps towards the implementation of a basic generalized curriculum in WA*. Nurses Registration Board. 27 April. p.1.
[187]*ibid*.

surely a matter for the hospital board of management and not the NRB. Dr Letham suggested that 'what is required is a standard and if the applicants were not available the NRB could approve other lesser qualifications.[188] This concept of post-graduate qualifications for registered nurses will be explored in chapter six.

One of the recommendations during the development of the curriculum was for a system of 'sabbatical' leave to be implemented to keep nurses in touch with the changes in nursing practice. It was argued that this system would bring new ideas in to the State and refresh the nurse's knowledge and experience. It was also recommended that teachers of nursing must keep up-to-date and well informed in their particular area of specialty and in nursing in general. In order for this to take place it was suggested that an educational centre be established.[189] At the time the CNA in Melbourne was identified as a nurse education centre

In 1964, the Working Committee recommended that it would be appropriate to use existing facilities at the University or the Technical College for nurses' continuing education. The benefit of such an arrangement would be that an association with other professions had both an educational and social value.[190] Pressure from Western Australia keen to undertake post-graduate qualifications in nursing education and administration resulted in the CNA granting permission for a Branch to be established in 1966.

Flexibility in implementation

All hospitals were invited to forward their comments to the Working Committee on curriculum implementation. The PMH wanted the NRB to stipulate minimum number of hours that a student would be required for theory and clinical practice. They feared that without this criteria recruitment levels at the PMH would decline. They argued it would be the 'thin end of the wedge' and would cause unnecessary

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[188]Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. 5 August. 1964, p.3.

[189]Bailey, H. (1964). *Trends and steps towards the implementation of a basic generalized curriculum in WA*. Nurses Registration Board. 27 April. p.2.

[190]*ibid*. p.1.

competition if other hospitals allowed more bedside nursing. Practical nursing was they believed an attraction to girls seeking a nursing career. This request to the NRB was extraordinary considering hospitals were calling for independence and autonomy. The NRB, however, was reluctant to stipulate a specific amount of time for students in the classroom or in the clinical field. This was because they favoured a more flexible approach to implementing a comprehensive curriculum.[191]

The Working Committee had no intention of dictating to the matrons how the curriculum was to be implemented. Individual hospitals would be allowed to decide upon the most appropriate strategies for administration and teaching in the curriculum. The NRB was only concerned with the content of the curriculum and the integration of the clinical and theoretical components.[192] It was made clear in the original letter that invited people onto the Working Committee that 'in light of recent changes to re-organize the education of nurses at all levels, the basic question here is the education of the nurse not the running of a hospital'.[193] This statement did not appease the matrons because they were continually concerned over the affect of change to the traditional method of training.

Changes to the Nurses' Act

Revision of the 1960 Nurses Act[194] occurred in tandem with the development of the comprehensive curriculum. The Nurses Bill was assented to in 1970 (see Chapter 3).[195] The NRB devolved responsibility for implementing the HBD to the matrons of the training hospitals. This was despite the matrons' reservations about loosing authority over nurse training. In light of this premise the new Nurses Act of 1970 needed to stipulate criteria for guiding schools of nursing.

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[191]letter to Nurses Registration Board from Princess Margaret Hospital. 21 March. 1968. (Bailey private collection).
[192]Nurses Registration Board: General meeting. State Records Office of WA. ACC4558. Item 6. 21 March. 1968.
[193]letter to members of the Working Committee from Linley Henzell Chairman of the Nurses Registration Board. 18 December. 1962. (Bailey private collection).
[194]Government Gazette, 25,October, 1960, Government Printers, WA, pp 3279-3285-
[195]Parliamentary debate. Legislative Assembly. 29 October, 1968, p.2202

The number of hours the student spent in the classroom had not been stipulated in the old syllabus. This had led schools of nursing to provide either study days or blocks of study during the three-year training period. The number of hours devoted to classroom learning varied between 40 to 136 hours (see Appendix 6).[196] In order to achieve the necessary changes to nurse training programs, a revision of the 1960 Nurses Act and concomitant legislative changes were needed. Without such legislation hospitals were not obligated to follow recommendations of the NRB. The Act was reviewed and changed in 1970 to accommodate the necessary legislative changes associated with implementing the HBD.

Prior to legislation training schools interpreted the syllabus to suit the hospital in terms of topics taught and the amount of time spent in the classroom. Service needs took priority over the students learning needs. This led to a wide variety of nurse training programs and graduate nurses with different skills. The 'Western Australian Nursing Survey 1960-1962'[197] had recommended legislative changes to enforce a more systematic implementation of a basic generalized curriculum. Although the NRB was responsible for overseeing the training of nursing it lacked the legislative power to follow through with its responsibilities in relation to implementing the HBD. It could not force schools of nursing to implement the HBD according to its guidelines. Inherent within the new Act was the ability of the NRB to enforce the requirements for entry into nursing, determine the length, character, content and conduct of training, the standards of examinations and the issuing of a certificate on successful completion of the final examination.[198]

The NRB also had the power to accredit hospital schools of nursing. A school of nursing could comprise one or more hospitals and associated agencies. This was so that the student could gain experience in the total health field. The combined daily bed average of a hospital or hospitals with a school of nursing was not to be less than 250 beds. It was stipulated that to effectively implement the comprehensive

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[196]Nurses Registration Board: Second Interim Report from the Curriculum Builders April. 1966, p.1. (Bailey private collection)

[197]Bailey,H. (1962). The Western Australian Nursing Survey 1960-1962. Perth: Public Health Department of Western Australia. p.5.

[198]Government Gazette, 26 September, 1968, Government Printers, WA, pp2845-2866

curriculum the 'mother' hospital was to be capable of providing a least 60% of the total clinical experience in maternity and child health, general medical surgical nursing, mental health and public health.[199]

Regulations needed amending in line with the NRB minimum requirements of numbers and qualifications of teaching staff. The ratio of qualified nurse educators and clinical instructors to students was to be 1: 30. Until this ratio was established the schools of nursing were not approved to implement the new curriculum. These stipulations were made in an effort to maintain 'an efficient, ethical, technical and professional standard in practice'.[200] It was also seen as a necessary step to improve the relationship between the matron as head of the training schools and the teaching staff. It was imperative that tutors had the necessary qualifications to blend nursing education with nursing service requirements. The curriculum builders argued that until this 'leadership was given and the total faculty were involved in the planning and implementing of the new curriculum there would be a continuation of the frustration and loss of enthusiasm of teachers', heads of wards and departments'.[201]

Summary

The Western Australian Nursing Survey 1960-1962 revealed the state of nursing in 1960. Previously there was, anecdotal evidence that suggested a need for change in line with trends nationally and internationally. The WHO had recommended a different approach as early as 1950 to meet the health needs of the community and the provision of quality care.[202] This was based on the prevention of disease and the promotion of health with the nurse encouraging individuals to take responsibility for their health. The ICN followed through with this notion and suggested that if nurses were to fill this role nurse education needed to change. This required an emphasis on the holistic health of an individual. That is the physical, psychological and social

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[199]Nurses Registration Board: Supplementary printed instructions for implementation of the Hospital Based Diploma. 1968, p.4. (Bailey private collection).

[200]Government Gazette, 26 September, 1968, Government Printers, WA, pp2845-2866.

[201]Nurses Registration Board: Curriculum planning. 2 July 1964, p.2. (Bailey private collection).

[202] World Health Organisation Technical Report Series No. 24. (1950). *Expert Committee on Nursing*. Geneva: World Health Organisation. p. 5.

responses to disease. Such an approach was applicable to all settings. Given the traditional methods of training with its emphasis on hospital care it was difficult to envisage an education that could prepare nurses for this comprehensive role.

Nursing practice had become fragmented by the increase in medical specializations. In Western Australia trainee nurses were expected to study an identical syllabus for the first year, which was inefficient and time consuming. After much debate the 'First Professional' examination was ceased. The way was now clear to prepare students with adequate basic skills in the total health field. The term 'total health field' was used by the NRB to describe the variety of clinical areas required during the three-year training program. These included: Maternal and Child health, Public Health, General 'core' Medical, General 'core' Surgical and Mental health. Within this context the Western Australian Survey was undertaken.

The data collected for the 'survey' provided evidence that the present forms of training were inadequate and in many cases obsolete. Within the hierarchical system of the hospital, the matrons, medical superintendents and administrators developed and enforced policies concerning nursing and nurse training. They had the authority to make changes and needed to be convinced that a comprehensive curriculum was necessary. The findings of the 'survey' provided information that could not be ignored. Most members of the RANF and in particular the Education Sub-Section supported the notion of a comprehensive curriculum. The RANF Council was also supportive as it could lose its membership to ICN, if nurses continued to be prepared in the traditional manner. With such an impetus the development of a new curriculum began.

A Working Committee was elected for the task. It spent time in ratifying recommendations, coordinating data collection and disseminating information as the development of the curriculum progressed. It was a small group of curriculum builders, however, who assumed the task of constructing the curriculum.

The curriculum builders believed that an integrated comprehensive curriculum should be built upon the notion of progressive units. This was seen as advantageous to both student and teacher. It would provide the student with a foundation of

knowledge on which to build new concepts that nursing would require in the future. Additionally, educational goals for developing post-basic courses could more easily be determined. The progression for the student from general education (pre-clinical), hospital introductory course (pre-clinical), basic generalized training, post-basic education and on to higher education, would provide a structured learning pathway for nurses to traverse. In light of this agenda there were two comprehensive curricula that were developed. One would be implemented in the hospital schools of nursing and the other in an institute of higher learning. Although both curricula were developed together the implementation of the Associate Diploma was held in abeyance pending funding from the Australian Commission on Advanced Education. During this time the Working Committee focused on implementing the HBD. At the time it was felt that more students would be likely to participate in the Hospital Based Diploma

Since the first interstate conference in the 50s, nurse registering authorities around Australia had worked at varying paces to standardize basic nurse education. Although these conferences were given status by the Federal Health Minister,[203] it made little difference to the progression of reform, even though nurses felt a growing need for uniformity in basic nurse training. A major step forward in unifying nurse education across Australia was made at the Australasian Conference on Nursing Education convened in Sydney March 1963. The conference was attended by representatives of all nurse registering authorities across Australia and NZ. Bailey was aware that the Eastern States support was vital to implement changes to nurse education in Western Australia. She organized the agenda for the conference with Betty Lyons Nurse Advisor with the NSW Nurses Board. The aim was to develop uniformity and standardization of general nurse education. It was the proceedings from this conference that were used as a stimulus and guide for the Working Committee in Western Australia. The conference was of major significance as it documented the necessary student attitudes that needed to be developed prior to clinical practice.

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[203] Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. 10 February. 1965.

It was clear that the curriculum could not be a product of a 'cut and paste' method using the old syllabus. Underpinning the broad principles of the curriculum was the recognition that the student needed to develop as a nurse, as a person, a citizen and as competent technician. The WHO recommended these principles in 1953.[204] Most of the matrons who had previously trained twenty years ago found this an alien concept. They were unfamiliar with educational principles and viewed the subject-oriented syllabus as appropriate. Some were of the opinion that classroom theory was adequate, whilst the Curriculum Builders believed that integration between theory and practice was needed.[205] They went ahead and used a framework to focus on relationships between theory and clinical practice.[206]

In the past the emphasis had been on teaching the student a list of diseases and their medical treatment without providing a scientific rationale for nursing interventions.[207] In the new curriculum scientific principles were to be used to guide the treatment and care of an individual with a specific illnesses. It was hoped that the student prepared in such a manner would be able to problem solve and make decisions in clinical situations.

The task of building the curriculum was time consuming. Helen Bailey and Merle Parkes were motivated by their vision for nurse education, but not all members of the NRB shared this vision. Helen Bailey had identified that to make changes she needed to convince others and enlist their support. In the 'Western Australia Nursing Survey' a plan was proposed that would divide the State into manageable proportions and include the people to be involved in curriculum development. This democratic approach kept everybody informed but there remained a group of people who felt they were being ignored. This approach also took time for people to reach a consensus.

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[204] World Health Organisation Technical Report Series No. 60. (1953). *Working Conference on Nursing education*. Geneva: World Health Organisation. p.8.

[205] Nurses Registration Board: Working Committee minutes. Meeting with matrons and tutors. State Records Office of WA. ACC4561. Item 1. 24 August. 1964.

[206] Nurses Registration Board: Working Committee minutes. State Records Office of WA. ACC4561. Item 1. 16 December. 1964.

[207] Government Gazette, 26 September, 1968, Government Printers, WA, pp.2846-2866

Some matrons, medical superintendents and administrators of the larger public hospitals, were concerned that the supply of trainees would diminish if the pattern of nurse training changed. Little thought was given to educational principles or for the learning environment of the student nurse. These issues continued to be a disrupting influence on curriculum building and its implementation. Diverse opinions, misunderstandings and prevailing attitudes between matrons, educators, administrators and medical superintendents, often caused conflict and hostility. The curricula were completed in 1966 but it took another six years before implementation of the HBD and nine years for the Associate Diploma.

The Western Australian Nursing Survey 1960-1962 had recommended legislative changes to enforce a more systematic implementation of a basic generalized curriculum. This was deemed necessary to enforce the NRB regulations on the hospitals. Legislation could not be enacted, however, until the Nurses Act had undergone revision and the NRB had gained independence from the Medical Department. In the meantime each training school made subtle changes to the existing syllabus. These were commensurate with a comprehensive pattern of nurse training.

A lack of teachers for the pre-nursing course highlighted the deficiency that was a barrier to implement the HBD. The Technical Education Division was quick to realize this problem. Their involvement during the process of curriculum building had been vital in convincing the 'stakeholders' that it was not only nurse education that was changing, but also the education of other health professional. At the time it seemed logical that nursing would join the ranks of these people in seeking qualifications from of higher learning institute. It was also evident that in order to implement the comprehensive curriculum there needed to be a mechanism in place for registered nurses to gain appropriate qualifications in teaching. This mechanism and the factors surrounding the move to tertiary education will form the basis of the next chapter.

CHAPTER 6

'It is a matter of perfect indifference where a thing originated; The only question is "Is it true in and for itself?"[1]

COUP DE GRÂCE

Introduction

During the 1960s nurse leaders were inspired to continue their quest for nurse education reform. Western Australian nurses moved quietly toward this goal as they simultaneously developed a Hospital Based Diploma (HBD) and an Associate Diploma curricula. At a national level the nursing profession was also beginning to identify more precise goals in nursing education. One of these was that higher education be available for all nurses across Australia. The pursuance of this goal was envisaged as a difficult task, due to a divergence of opinion between the traditionalist and the reformists. Amongst the traditionalists were nurse leaders in positions of authority and the medical practitioners who favoured the retention of an apprenticeship system of nurse training. It was the nurse educators who were the reformists. In Western Australia the main thrust of change to nurse education was to better prepare a registered nurse to deliver a service to the community. The 60s witnessed major changes to the system of tertiary education in Australia. These changes delayed the progress of implementing the Associate Diploma in a higher education institution in Western Australia but it facilitated debate amongst nurses, educationalists, medical practitioners and politicians, on the direction and the location of nurse education. It was these changes to tertiary education that indirectly promoted the transfer of pre-registration nurse education to a higher education institution in Western Australia.

The Hospital Based Diploma and the Associate Diploma curricula were developed to prepare nurses to meet the total health care needs of consumers. They could not be implemented, however, before two pertinent issues were addressed. These were the

[1]Georg Hegel (1770-1831). The philosophy of history, 1837

numbers of qualified tutors to implement the HBD and the venue for the Associate Diploma course. The answer to this problem lay with the College of Nursing Australia. At that time the College in Melbourne was the only venue for registered nurses to obtain a Nurse Education Diploma. This posed numerous difficulties for Western Australian nurses. How Western Australia dealt with these issues is the focus of this chapter. Special attention is paid to the events which took place at the start of the pre-registration nursing course at the Western Australian Institute of Technology (WAIT). This event was the *coup de grâce* for the nursing profession in Australia as it was the first institute of higher education in Australia to offer an undergraduate degree in nursing for both pre and post nurse registration in a school of nursing.[2]

The time frame of this thesis is from 1960-1975. A discussion, therefore, on the political events that surrounded the total transfer of nurse education in the 80s to a higher education sector will not be part of the remit. Nevertheless, a brief overview of the factors leading up to the admittance of the first nursing students to the WAIT is included.

The two pre-registration courses

In the last chapter details of the two curricula were provided. The Hospital Based Diploma and the Associate Diploma in Nursing were both pre-registration courses. These were developed with the aim of better preparing nursing students to meet the total and changing health care needs of Western Australians. The Hospital Based Diploma program was designed for a hospital school of nursing. The Associate Diploma was seen as preparation for future leaders of nursing and would be conducted in an institute of higher education.[3]

In the 60s there were seven hospital schools of nursing in Western Australia at which the HBD was to be implemented. These were the Government School of Nursing and schools of nursing attached to the hospitals of Kalgoolie, Sir Charles Gairdner,

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[2]personal communication. Merle Parkes. 18 May 2001.
[3]Nurses Registration Board: First Interim Report from the Curriculum Builders. August 1965, p.5.

Princess Margaret, St John of God (private hospital), Fremantle, and Royal Perth. All these schools of nursing were obliged to follow the guidelines as stipulated by the NRB. The comprehensive curricula of the HBD and the Associate Diploma consisted of experiences in the 'total health field'. This included maternal and child health, public and mental health, together with experience in general 'core' surgical and general 'core' medical nursing. [4] Most of the schools of nursing could not provide necessary experiences without the students moving between hospitals and other health care agencies. The NRB stipulated that the schools of nursing conducting the HBD should have 1:30 ratio of qualified tutors to students attached in the 'mother' hospital.[5] Both these issues needed to be addressed before the HBD could be implemented officially in 1973.

Implementation of the Hospital Based Diploma

The school of nursing at Sir Charles Gairdner Hospital (SCGH) had previously implemented a modified version of a general basic curriculum with the inclusion of public health. This practice continued when the HBD was implemented. As the hospital grew and developed with more specialties the student nurses spent less time traveling to other hospitals for their nursing experiences.

Princess Margaret Hospital as mentioned previously was a specialist children's hospital. This necessitated the students to obtain adult nursing experience at other hospitals. There was a reciprocal arrangement between the RPH and PMH schools of nursing for students to gain experience in child health and adult nursing. This initiative was implemented prior to the implementation of the HBD and continued unchanged. Clinical experience in the last week of the nine-week preliminary training school (PTS) was introduced with students being supervised by clinical instructors. Students had twelve study days and one week of block annually.[6] In 1969, the PMH had three qualified tutors and was operating under cramped conditions. Coupled with the introduction of the new curriculum the hospital was

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[4] *ibid*, p.1.
[5] Nurses Registration Board: Supplementary printed instructions for implementation of the Hospital Based Diploma. May. 1968.
[6] Princess Margaret Hospital: Annual Report. 1968, p14.

under duress to find solutions. The outcome was a new school of nursing and support for registered nurses to gain a qualification at the College of Nursing Australia (CNA).[7]

The St John of God Hospital was established as a training school in 1962. As such, the hospital had to follow the guidelines of the NRB in order to become an accredited school of nursing. The 'Junior Certificate' of general education was accepted on entry requirements but a 'Leaving Certificate' was preferred. The PTS was a six-week study block and there were twenty study days plus a two-week block in the third year of the program. The HBD was gradually implemented as the number of qualified tutors increased and clinical experiences were organized.[8]

The introduction of the HBD at the Fremantle hospital school of nursing made little difference to the pattern of nurse training. The blocks system had been established in 1946 and continued until the pre-registration nursing course was transferred to WAIT. There were two-week study blocks annually for the three-year nurse training program. In preparation for the new curriculum the Principal Tutor formulated a philosophy for the school of nursing. She also wrote the terminal behavioural objectives for each stream of learning in the curriculum. Apart from these educational initiatives the school of nursing continued to function as before.[9]

In contrast to the other teaching hospitals the RPH school of nursing had a greater number of student nurses. In 1968 there were seven qualified educators to teach 600 students.[10] The Principal Tutor at the time of preparation for the HBD was Merle Parkes. In addition to having insufficient tutors Merle Parkes also had inadequate facilities in the training school such as insufficient equipment for practical demonstrations and few textbooks in the library. There was also a problem with scheduling medical practitioners to teach. This made it difficult to keep to a planned timetable. In preparation for the HBD Merle Parkes formulated a philosophy of the

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[7] *ibid*. 1969, p.20.
[8] personal communication. Sister Vitalis. 20 November. 2001.
[9] personal communication. Enid Jenkins. 19 November 2001.
[10] personal communication. Merle Parkes. 16 September. 1995.

school of nursing and course objectives. The philosophy was adopted from the statement on nurse education made by ICN at the Congress in Montreal 1969 (see Appendix 13).[11]

An increasing workload of the ward 'sister' at RPH had contributed to a decrease in the supervision of student nurses during clinical experience.[12] This problem was also associated with student attrition.[13] To remedy the situation Merle Parkes had introducted clinical instructors. This innovative strategy allowed students on the wards to be supervised by a registered nurse whose primary responsibility was instruction rather than patient care. The introduction of instructors allowed tutors time to concentrate on classroom activities and administrative duties. It was envisaged that qualified nurse teachers would eventually replace clinical instructors.[14] In the beginning the ward 'sisters' felt threatened by the intrusion of clinical instructors into their 'domain'. They were eventually accepted as part of the ward staff with 'sisters' complaining if they were unavailable.[15] Most clinical instructors were experienced registered nurses with at least a year as a charge 'sister'.[16] [17]

Other hospitals in Perth were quick to follow the RPH lead in employing clinical instructors. This resulted in a steady increase in their numbers across Western Australia. The clinical instructors were enthusiastic and motivated to pursue further qualifications in teaching. More importantly they felt a need to clarify their role and function. This was seen as necessary as an anomaly had arisen whereby the clinical instructor was responsible for teaching nursing procedures whilst the ward 'sister'

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[11] *ibid*. p.1
[12] Merle Parkes, comments on circular regarding curriculum planning to the Nurses Registration Board. 1964. (Parkes private collection).
[13] Way, J. (1968) *Student withdrawal patterns: Implications for nurse education in Western Australia.* Third Annual Seminar Nurses Registration Board 12-14 June, p.4.
[14] Merle Parkes report on the curriculum development planning. 30 September. 1970. (Parkes private collection).
[15] personal communication. Merle Parkes. 16 September. 1995.
[16] personal communication. Pat Rapley. 19 November. 2000.
[17] personal communication. Enid Jenkins. 19 November. 2001.

performed the assessments.[18] In 1966 clinical instructors attended a workshop convened at SCGH with the aim of defining their role. Six categories emerged following discussions. These consisted of ward demonstrations and supervision; classroom demonstrations; assessment and recording of student nurse's progress; orientation to the wards and counseling. Inherent within these responsibilities was the inclusion of the setting and marking of student's hospital test papers. The clinical instructors at the workshop decided that the definition of a clinical instructor needed to be stated and included in the Nurses Award. The role was defined as:

> a nurse who is engaged full time in the teaching and evaluation of student nurses and/or nursing aides in the principles and practices of nursing.[19]

Without a formal post-basic qualification clinical instructors were educationally unprepared for their job. Most clinical instructors became members of the Education Sub-Committee of the Royal Australian Nurses Federation (RANF). They worked closely with the tutors in agitating for a specific education course that would prepare them for their role.[20] This was opposed by the CNA on the grounds that all who engaged in teaching should undertake a Diploma in Nursing Education.

There was another dilemma relating to student learning in the clinical arena at the RPH. The hospital had specialized wards that provided care using increasingly complex medical technology. This caused concern that the general core surgical and general core medical experience would no longer be available. Merle Parkes the Principal Tutor saw a solution to this problem with secondment of students to smaller hospitals. She submitted a proposal to the RPH Board of Management regarding the feasibility of using smaller hospitals in Perth for general nurse training. The use of smaller hospitals she maintained would provide the comprehensive nursing experience that a student nurse needed in the new curriculum.[21] The guidelines issued by the NRB for implementation of the HBD stipulated that the training hospital was to provide 60% of the 'total health field' experience. A school of

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[18]personal communication. Pat Rapley. 19 November. 2001.
[19]The Editor. *Journal of Western Australian Nurses*. 1966, p.6.
[20]personal communication. Merle Parkes. 16 September 1995.
[21]*ibid*.

nursing could, however, comprise one or more hospitals.[22] The recommendation by Parkes for the use of smaller hospitals such as Bentley, Osborne Park and Swan Districts Hospitals was approved in 1970.[23]

The collaboration of RPH with smaller hospitals was the catalyst to develop a large general training school for nurses in Western Australia. It was Merle Parkes submission to the RPH Board of Management for shared clinical experiences for students that led to the Government School of Nursing (see Plate 6.1) and the RPH to amalgamate to form the Western Australian School of Nursing in 1974 (see Plate 6.2). This amalgamation increased the number of students and swelled the nursing workforce. The Medical Department and the RPH spent approximately $1,060,000 in building a new Western Australian School of Nursing to accommodate an estimate of 1100 students.[24] Construction took place in 1973 and the WASON opened in 1975. The new independent school produced many registered nurses even though the warnings of its demise were foreshadowed before it was established. Whilst the RPH plans for WASON were in progress the NRB submitted a proposal in 1970 to the WAIT for an Associate Diploma in nursing.[25] The last intake of student nurses was in 1987 just over a decade from its inception.[26] The transfer of all general basic nurse education was completed by 1990.

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[22]Nurses Registration Board: Supplementary printed instructions for implementation of the Hospital Based Diploma. May. 1968, p.1.
[23]Royal Perth Hospital: School of Nursing Report to the Education Sub-Committee of the Nursing Advisory Committee. November. 1970.
[24]Royal Perth Hospital Annual Report. 1972, p.18.
[25]Nurses Registration Board: General meeting. State Records Office of WA. ACC4558. File 7. 29 March. 1972.
[26]Western Australian School of Nursing. Souvenir programme commemorating the completion of the Hospital Based Diploma (General) and (Enrolled) student nurse education. 13 September. 1990, p.3.

Plate 6.1 Government School of Nursing, Collins St 1960 (source ANJ Dec/Jan 1994/95, p.39)

Plate 6.2 The Western Australian School of Nursing 1987 (source RPH)

The idea to amalgamate and centralize nurse education was not new. In 1966 the Medical Department had directed Phyllis Lee the Principal Matron, to approach SCGH with a similar suggestion.[27] This was because the Government School of Nursing at the time had become expensive to operate.[28] Olive Anstey the Matron of SCGH, however, was not in favour of the idea. She feared that country students would lower the standards of care in the hospital.[29] This response was probably because a number of country recruits did not have a 'Leaving Certificate,' which was the entry requirement of SCGH in 1963. Olive Anstey was a strong advocate for the profession and of a comprehensive nurse education.

Implementation of the Associate Diploma

The Associate Diploma in Nursing was developed with a view to prepare future leaders of nursing. At the time it was envisaged that the traditional hospital training program would continue in the new HBD format for those students who preferred an apprenticeship system of training. A pathway for graduates from the HBD was open through work place promotion but these nurses would require additional study to assume a leadership status.[30] The Associate Diploma was seen as a short cut to achieve the same objective. The curriculum builders used the army to illustrate this idea by stating that 'some individuals went to officer's school and others came up through the ranks'.[31] It was envisaged that the HBD and Associate Diploma were to be conducted simultaneously, but at different venues. The former would be in hospital schools of nursing and the latter at an institution of higher education.

The curriculum builders had discussed the possibility of an independent nursing college in Western Australia but it was apparent that this vision was not imminent. As early as 1964, Bailey recommended that all health professionals study a 'core' curriculum in a special college or at the existing technical college. She believed that facilities already available within existing universities and technical colleges be

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[27] memo to Dr William Davidson the Commissioner of Public Health from Phyllis Lee. 6 February 1967. (Bailey private collection).
[28] personal communication. Edith Harler. 17 October. 2001.
[29] Sir Charles Gairdner Hospital: Board of Management Meeting. 21 March. 1967.
[30] Nurses Registration Board: First Interim Report of the Curriculum Builders. August. 1965, p.6.
[31] *ibid*. p.6.

considered. Both Helen Bailey and Merle Parkes felt that nurses who studied core subjects such as psychology, sociology and general science with other health personnel would be an educational and a social benefit. It was argued that this would not be possible if nursing functioned in isolation.[32]

Moves had already been made for nursing to be conducted in a higher education institution. As early as 1966, John Williams the educationalist on the NRB, informed Haydn Williams the Director of TED on the direction planned for nurse education in Western Australia.[33] He outlined the similarities of nursing and other health professional that were seeking assistance from educational institutions such as the WAIT, the UWA and other colleges of advanced education. John Williams reported that nurse teacher and nurse administrator courses would be sought at a certificate or diploma level. These would be short full time or part time.[34]

The increasing demand for better and more appropriate education for vocational and professional groups had placed a strain on the TED. The growth in vocational courses was related to Western Australia's increase in mining and industry during the 60s. As a consequence the Perth Technical College had outgrown its accommodation. Courses offered by the TED in the field of medical ancillary occupations amounted to $33^{1}/_{2}$ %. Of the total number of students enrolled annually. Physiotherapy, occupational therapy and chiropody were amongst these occupations. This placed the TED at the forefront of providing education for health professionals in Western Australia.[35]

Haydn Williams who was familiar with the trends in general education foresaw the need for an educational institute to met the needs of professionals. He stated that universities catered for people to develop knowledge but the new educational

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[32]personal communication. Merle Parkes. 18 May. 2001.
[33]report to Dr Haydn Williams Director of the Technical Education Division as a basis for submission to the Commonwealth Committee for Advanced Education, from John Williams Superintendent of Technical Education. 2 February. 1966. (Bailey private collection).
[34]*ibid*. p.3.
[35]Dr Haydn Williams *Professional training for the future*. Paper presented at the meeting between RANF and the Working Committee of the Nurses Registration Board. 1964. (Bailey private collection).

institute would be 'concerned with training those who take over this expanding knowledge and discover ways of applying it in a practical way to the dynamic day-to-day situation'.[36] Such a concept was difficult for people to grasp especially by some educators in other States. They viewed Williams as an idealist with an ambitious agenda.[37] This perception would later contribute to tension between the Chairman of the CNA Lawrie Shears also an educationalist and Haydn Williams the inaugural Director of WAIT (see page 221*).*[38]

The policy of the TED was to establish an advisory committee that would act as the interface between industry and education. Following this pattern an inaugural advisory committee for nursing was established in 1966. Members of the committee included senior nurses who were members of the RANF, CNA, and the Education Committee of the NRB. There were also representatives from mental health and domiciliary nursing. A hospital medical superintendent and the educationalist John Williams from the Working Committee of the NRB were also included. The Chairperson was Haydn Williams.[39] Some senior nurses on the advisory committee were not opposed to nurses undertaking continuing education at the Technical College but felt that a university was a more appropriate venue for post-graduate qualifications.[40] This undercurrent of sentiment continued in some quarters despite the WAIT being created as an institute of higher education in 1966.

Tertiary education grants were administered on a triennial basis and were a shared responsibility between State and Federal governments until 1972.[41] The submission for the 1967-1969 triennium for funding to establish a department of nursing at the WAIT and to conduct an Associate Diploma in Nursing was delayed. Contributing to the delays was the reluctance of some senior nurses to the Associate Diploma being conducted at the WAIT. The NRB had missed the submission date because several issues needed addressing. Firstly, the nursing profession, hospital

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[36]*ibid*. p. 4.
[37]personal communication. Dr Mark Liveris. 20 March. 2001.
[38]personal communication. Dr Wally Howse. 23 April. 1997.
[39]Nurses Registration Board: Advisory committee to the Technical Education Division. 31 May. 1966.
[40]personal communication. Merle Parkes. 18 May. 2001.
[41]personal communication. Merle Parkes. 18 May. 2001.

administrators and medical superintendents needed to be consulted and a majority decision made to proceed to WAIT. Secondly, teaching positions had to be advertised to appoint staff before the start of the first semester 1968. Such consultations were taking place but had not progressed to the extent that concrete steps could be taken.[42]

Some senior nurses at State and a national level were opposed to the idea of nursing being involved with the WAIT. They envisaged nurse education belonging either in a university as a separate school of nursing or remaining as an independent college. They were anxious that nurse training should remain under the control of nurses and not be lost to educational authorities. There was still a large percentage of the general populous that viewed technical colleges as less prestigious than a university. Although this perception was beginning to change in the light of the Martin report (1966) and Wark report (1968) nurses were still focused on the word 'technology' associating it with technical training. The WAIT as a higher education institute had evolved from the TED and was perceived as inferior to the more traditional forms of university education.[43] This clouded the role the WAIT could play in nurse education.

While the tertiary program was held in abeyance the NRB concentrated on addressing some of the issues arising from the implementation of the HBD.[44] The most pressing problem was the need for qualified tutors.

The need for qualified tutors and clinical instructors

A major issue that needed to be addressed before the HBD could be completely implemented was the shortage of qualified tutors. In 1962 there were only one or two qualified and twenty-three unqualified tutors employed in the seven training

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[42]report to Dr Haydn Williams Director of the Technical Education Division as a basis for submission to the Commonwealth Committee for Advanced Education, from John Williams Superintendent of Technical Education. 2 February. 1966, p.3. (Bailey private collection).

[43]personal communication. Merle Parkes. 20 February. 1995.

[44]letter to Parkes from Helen Bailey. 26 July. 1966.

schools.[45] A 'sister' tutor was pivotal in effecting the necessary changes to nurse education. The HBD required the tutor to use a variety of teaching strategies and assessments for classroom and clinical practice learning.[46] They were also expected to counsel and guide students through all levels of the curriculum. The unqualified tutors were keen to teach but they did not have the opportunity to gain a teaching qualification. Some moved to the training school as a means of promotion whilst others became tutors because they could no longer physically manage ward duties.[47] [48] [49] An increased workload in the training school together with a large number of students to teach limited the time available to study and qualify as a nurse educators.[50]

By 1972 the situation of tutor shortage had become acute. There were an additional twenty-six qualified tutors required to implement the HBD by January 1973.[51] The NRB explored all avenues to remedy this situation in time. A period of twelve months was granted to the schools of nursing an provision that a 1-30 student teacher ratio was achieved by 31 December 1974.[52] An additional problem that impeded the implementation of the HBD was the number clinical instructors that were required. The NRB had stipulated a ratio of two clinical instructors to thirty students.[53]

In an effort to remedy the shortage of nurse tutors the NRB had investigated the possibility of conducting a teacher training course at the WAIT prior to the official implementation of the HBD.[54] The course did not eventuate possibly because of the

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[45]Bailey, H. (1962). *The Western Australian Nursing Survey 1960-1962,* Perth: Public Health Department. p.1.
[46]Nurses Registration Board: First Interim Report from the Curriculum Builders August. 1965.
[47]personal communication. Merle Parkes. 18 May. 2001.
[48]personal communication. Pat Rapley. 19 November. 2001.
[49]personal communication. Enid Jenkins 19 November. 2001.
[50]Combined submission to the Australian Universities Commission on the future of Tertiary Education in Australia. College of Nursing Australia and Royal Australian Nurses Federation 1962.
[51]Nurses Registration Board: General meeting. State Records Office of WA. ACC 4558. File 7. 3 August. 1972.
[52]*ibid* 26 July. 1972.
[53]*ibid* 30 August. 1972.
[54]Nurses Registration Board: General Meeting. State Records Office of WA. ACC4558. Item 6. 30 August. 1972.

negotiations occurring to establish a branch of the CNA in Western Australia and because some tutors were attending the Technical College. The NRB conducted four workshops in 1972[55] and 1973,[56] at SCGH to prepare clinical instructors and ward 'sisters' in the fundamentals of teaching. Attendance at these workshops was between forty-six and one hundred nurses. Most nurses attended in their own time until the Minister for Health provided study days with full pay.[57] These workshops enabled a number of nurses to develop instructional and assessment techniques. But were a 'stop gap' initiative. A more concrete means was needed to prepare nurse tutors with a foundation knowledge of psychology and sociology and the scientific principles underlying clinical practice skills.[58]

The vital question was where were the tutors and clinical instructors to receive their qualifications? A qualification in nurse teaching could only be achieved at the UK College of Nursing, the College of Nursing Australia in Melbourne and the New South Wales College of Nursing. Registered nurses were encouraged to travel to the College in Melbourne to study for the Diploma in Nurse Education, but the cost in time and money together with family commitments was prohibitive. Another reason was that tutors were not keen to take a year off work without pay and receive a low wage on their return. This was despite having gained an extra qualification.[59]

Phyllis Lee the Principal Matron persuaded the Medical Department to provide scholarships as an incentive for nurses to obtain a teaching qualification.[60] These scholarships granted full pay and traveling expenses to study in Melbourne.[61] In return the Medical Department expected the graduates to complete a two-year appointment at a Western Australian school of nursing. The NRB advised matrons to encourage and nominate applicants to apply for these scholarships and liaise

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[55]Nurses Registration Board: General meeting State Records Office of WA. ACC 4558. File 7. 4 October. 1972.
[56]*ibid*. 29 November. 1972.
[57]*ibid*. 4 October. 1972.
[58]personal communication. Helen Bailey. 12 July. 1996.
[59]Nurses Registration Board: General minutes. State Records Office of WA. ACC 4558. File 7. 3 August. 1972.
[60]personal communication. Merle Parkes. 18 May. 2001.
[61]Public Health Department: Annual Report. 1951, p.13.

directly with the medical department.[62] Some matrons did not participate for fear of losing senior nursing staff from the wards.[63]

Another reason that prevented nurses from applying for scholarships was that they did not to meet the entry requirements of the CNA. This was not a recent phenomena the CNA submission to the Martin committee in 1962 had portrayed the sad indictment of nurses' literacy skills. Some were unable to read with speed and had deficits in comprehension, composition and speech.[64] Nevertheless a trickle of nurses made their way across Australia, leaving family and friends to further their professional development in Hospital Nursing and Ward Management, Nursing Education and Nursing Administration. On their return these nurses became advocates for post-graduate education and were strong allies of the education reformists.

More clinical instructors were needed until there were sufficient numbers of qualified tutors to teach in practice settings. As the number of clinical instructors increased so did the need for in-service and post-basic education in teaching. The RPH conducted in-service courses to help clinical instructors develop their teaching skills. This consisted of principles of teaching to assist in methods of instruction and assessment of clinical practice. Also included was basic psychology to help nurse teachers to understand themselves and meet the mental and emotional needs of their students.[65]

In-service education, however, was not conducted on a regular basis. This disadvantaged those clinical instructors who were unable to attend at the scheduled times. Some tutors who were keen on being better prepared for their extended teaching role required by the new curriculum undertook courses such as anatomy and physiology at the TED. These were designed for people who wanted to teach the subject at an advanced level. Thus, unqualified tutors were able to gain some

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[62]Nurses Registration Board: General minutes. State Records Office of WA. ACC 4558. File 73 August. 1972.
[63]personal communication. Pat Rapley. 19 November. 2001.
[64]Combined submission to the Australian Universities Commission on the future of Tertiary Education in Australia. College of Nursing Australia and Royal Australian Nurses Federation 1961, p.31.
[65]Royal Perth Hospital: Annual Report. 1965, p.45.

teaching skills without traveling to Melbourne. The answer to the problem of nurse tutor shortage was to establish a branch of the CNA in Western Australia.

Development of the CNA Western Australian Branch

Since 1961 the College had been under pressure from Western Australian nurses for a branch to be established in the State. It was aware that there was a need to increase the number of qualified tutors as evidenced in the submission to the Martin committee in 1962 [66] and of the difficulties found by Western Australian nurses to study in Melbourne. The College Council had agreed to branches being established in other States, but realized that if the process accelerated with a loss of students the headquarters financial viability would be compromised.

Thus, the establishment of a Western Australian branch of the College was continually delayed. Some nurses in Western Australia viewed this inaction as a lack of trust in their competence to manage College affairs.[67] [68] For a branch of the College to be established in Western Australia the State Committee of the CNA had to guarantee that there would be a suitable building, adequate sources of finance and sufficient numbers of students for at least three years. The nurses of Western Australia raised $50,000 for extensions to the Nurses Memorial Centre to provide the needed accommodation. Verna Steel, the Chairman of the Western Australian State Committee of the CNA in 1967, believed that the money raised was a small price to pay to have autonomy of post-graduate nurse education.[69] The Medical Department provided support by agreeing to fund 90% of the budget of the Branch.[70] [71]

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[66] Combined submission to the Australian Universities Commission on the future of Tertiary Education in Australia. College of Nursing Australia and Royal Australian Nurses Federation 1961, p.17).

[67] personal communication. Merle Parkes. 12 March. 1997.

[68] personal communication. Pauline Lambert. 14 May. 1997.

[69] Steel, V. (1967). Opening of College of Nursing Australia WA Branch. Royal *Perth Hospital Journal.* December. p.251-253.

[70] letter to Dr William Davidson from Pat Slater. 20 October. 1966. (Parkes private collection).

[71] letter to Dr William Davidson from Pauline Lambert President of the CNA WA State Committee. 29 March. 1972.

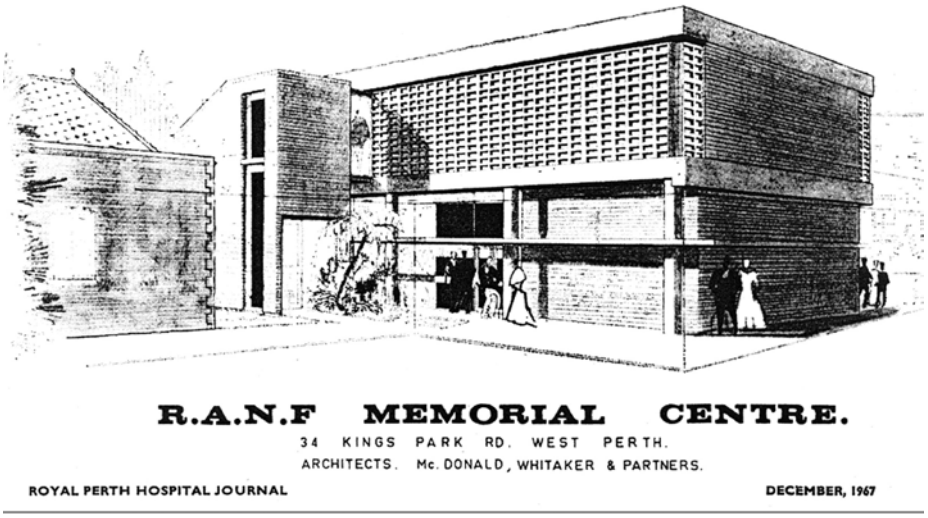

Plate 6.3 The CNA Western Australian Branch 1967 (source RPH Journal 1967, p. 251)

Plate 6.4 Merle Parkes Member Order of Australia, President of the CNA 1980, Distinguished Life Fellow 1997

Finally, a watershed in nurse education occurred on July 1966 when the College Council formally agreed to allow a branch to be established in Western Australia.[72] A Hospital Nursing and Ward Management course commenced on 7 June 1968 with eighteen students.[73] Pauline Lambert was appointed the inaugural Branch Principal.

The CNA was firm it its decision to open the Western Australian Branch of the College with the Diploma in Hospital Nursing and Ward Management. Before a Diploma in Nursing Education could be conducted at the Branch the College deemed it necessary for a feasibility study to be completed.[74] This was seen as a delaying tactic and the RANF Education Sub-Section informed the College that they would seek assistance from other educational institutions such as the WAIT and the Teachers College if the CNA repeatedly ignored the RANF requests to commence a Diploma in Nursing Education.[75]

Nevertheless a feasibility study was conducted in September 1969[76]. It argued against the commencement of a Diploma in Nursing Education because few students could be placed in the current schools of nursing for their field experience. This problem was based on two issues. Firstly, there were insufficient number of qualified nurse educators who could act as supervisors. Secondly, the College expected students to teach the same subjects in the field experience as those following graduation. This was a potential problem in light of the different subjects that would be taught in the HBD. If students were placed in hospital training schools prior to the HBD they would not be able to learn the subjects in the new curriculum.

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[72]College of Nursing Australia Western Australia State Committee: Annual report May. 1969.
[73]College of Nursing Australia Western Australia Branch report. October. 1968.
[74]letter to RANF from Slater 23 April. 1968. Royal Australian Nurses Federation: State Records Office of Western Australia ACC 4481A Box 548.
[75]Royal Australian Nurses Federation: Annual General Meeting. State Records Office of Western Australia. ACC 4481A. 24 August. 1968.
[76]College of Nursing Australia: Report of the Curriculum Development Officer to the Education Committee and Council. May. 1970.

The College also stipulated that students in the Diploma of Nursing Education could not undertake field experience in a school of nursing where they were employed. Thus, Western Australia was hamstrung. It could not qualify enough tutors to implement the HBD and without the HBD being implemented potential nurse educators would not be able to undertake their teaching practicum in existing schools of nursing. The College faced persistent pressure from Western Australia. They did not see the necessity of a separate course for clinical instructors and maintained that teachers in all settings should undertake a Diploma in Nursing Education. Pat Slater the Director of the CNA considered the dichotomy between classroom and clinical teaching as an anomaly.[77]

In 1971, there were nineteen applicants for the Nursing Education Diploma at the Western Australian Branch of the CNA.[78] Ten were accepted owing to the small number of teaching staff available and the size of the venue. Most of these people were clinical instructors from FH, PMH, SCGH and RPH.[79] Four of the ten applicants were willing to travel to Melbourne to study although they were unhappy with leaving family and friends.[80] Obtaining a Diploma of Education at the State Branch was a small victory for Western Australian nurses as the College decided to alternate the Hospital Nursing and Ward Management and the Education diploma courses in Western Australia.[81] The Diploma in Hospital and Ward Management was conducted in 1968[82] and the Diploma in Nursing Education in 1972.[83]

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[77] personal communication. Merle Parkes. 18 May. 2001.
[78] College of Nursing Australia Western Australian Branch: Report to Education Executive Committee. May-October 1971 p.1.
[79] personal communication. Pat Rapley. 20 November. 2001.
[80] *ibid*.
[81] personal communication. Merle Parkes. 18 May. 2001.
[82] College of nursing Australia: WA Branch report. October 1968.
[83] College of nursing Australia: WA Branch report to Education Executive Committee. February 1972.

Note: For copyright reasons Figure 6.1 "New course will give WA supply of nurse tutors", Daily News Newspaper 07/03/73 has not been reproduced.

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The Branch had received twenty applicants for the Diploma in Nursing Education scheduled to be repeated in 1974. This was more than the ten places set by the College.[84] This meant that half of the applicants would have to defer until 1976 when the next course was scheduled.[85] This prompted Western Australian nurses to look elsewhere for a course in nursing education.

Negotiations to affiliate the CNA WA Branch with the WAIT

An anticipated increase in the number of applicants for the diploma courses in 1973 at the Western Australian Branch concerned Merle Parkes. She was conscious that the facilities at the Nurses Memorial Centre were too small for an increase in student population. Parkes was constantly on the look out for suitable buildings to house the students. She later remarked how she had 'dreamed of accommodating the College Branch in some of the vacant office buildings in the Perth business centre'.[86] It was the potential strain on facilities at the Branch that prompted Parkes to revisit the question of affiliation with the WAIT.[87] This seemed the logical step since the WAIT could provide accommodation and it also had the credentials to bestow the necessary post-graduate qualifications. The Western Australian Branch had earlier entered into preliminary negotiations with the NRB in relation to the Associate Diploma being conducted at WAIT.

The notion of affiliation with the WAIT had occurred in 1964. At that time Dr Haydn Williams Director of the TED had alerted the CNA Western Australian State Committee the RANF and the NRB to trends in vocational training and the expansion of the TED. He also alluded to the plans for the WAIT at Bentley.[88] Serious negotiations with the College, however, did not occur until 1966. By this stage the curriculum builders had completed the Associate Diploma and were seeking funds to implement the program at the WAIT. Helen Bailey as the Education Officer on the NRB, curriculum builder and member of the CNA was

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[84]College of Nursing Australia Western Australian Branch: Report to the Education executive Committee 1 March 30 May 1973, p.4.
[85]*ibid*. p.4.
[86]personal communication. Merle Parkes. 18 May. 2001.
[87]*ibid*.
[88]Williams, H. (1964). *Professional training for the future*. Paper presented at a meeting between the RANF and the Working Committee of the NRB. 10 January.

keen to communicate to the College in Melbourne the situation of expanding nurse education to the WAIT.[89] Despite this information and the urgent need for qualified teachers to implement the HBD,[90] the College headquarters decreed that improvements to the hospital training programs should receive first priority in terms of funds and resources.[91] Members of the CNA WA State Committee, however, felt that the need for tutors was more immediate and should be the primary aim of further developments in post-graduate nurse education.[92]

Preliminary discussions in May 1966 concerning affiliation of the Branch with the WAIT, were motivated by the Martin and Jackson reports and the scarcity of suitable venues to conduct post-basic nursing courses in Perth.[93] The College directed Lawrie Shears to meet with Hadyn Williams, to discuss the placing of such courses at the WAIT. At the time both Shears and Williams were attending a conference in Sydney. Haydn Williams as a foundation member of the Wark committee significantly contributed to the policies on advanced education and the establishment of the CAE's. In this role Williams gained national visibility that helped the WAIT to achieve recognition beyond Western Australia's border.[94] Likewise, Lawrie Shears as the Principal of the Burwood Teachers College also held a prominent position in Victoria's post-secondary education system. As Chairman of the CNA, he was able to champion the cause of the College in Melbourne. He assisted the College to become affiliated with the Victorian Institute of Colleges and achieve the status of a College of Advanced Education. In 1973 he became the Director of General of Education in Victoria.[95] These personal and professional agendas gave rise to an undercurrent of mistrust between Williams and Shears.[96]

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[89]letter to L. Shears from Bailey 18 May. 1966. (Bailey private collection).
[90]College of Nursing Australia Western Australian State Committee: General minutes. 22 March 1966.
[91]letter to Hon. John Tonkin Minister for Education from Pat Slater Director of the College of nursing Australia. 6 May 1971. (WAIT. File E2108).
[92]College of Nursing Australia Western Australian Branch: Report to the Education executive Committee. 1 March - 30 May 1973, p.4.
[93]College of Nursing Australia Western Australian State Committee: Special meeting. 5 July. 1966.
[94]personal communication. Dr Mark Liveris. 20 March. 2001.
[95]Smith, R. (1999). *In pursuit of nursing excellence: A history of the Royal College of Nursing, Australia 1949-99*. Melbourne: Oxford University press. p.119.
[96]personal communication. Merle Parkes. 18 May. 2001.

Shears was suspicious that Williams wanted nurses as students at the WAIT, to increase its status rather than being interested in the professions educational goals. He was concerned that should affiliation proceed the CNA would lose its link and foothold with Western Australia. This could jeopardize its own educational plans for the future. In light of these anxieties Shears proposed that the College use the facilities and accommodation at the WAIT to conduct its own courses, but the syllabus for the courses be 'laid down by the college'.[97] Furthermore the College would require a suitably qualified person to spend a twelve-month orientation at headquarters. Williams argued that these proposals were unacceptable 'because any course would be expected to come under the administration of the Institute'.[98]

There was a perception by some members of the CNA WA State Committee that Haydn Williams did not appreciate the tradition and history of the College nor did he grasp the fact that it was the CNA Council in Melbourne that had the power of decision making.[99] William's attempts to satisfy the nurse education needs at the local level were hampered by what he saw as interference from Melbourne.[100]

From its inception the CNA was an autonomous independently financed educational institution. It had achieved this status by collaborating with the national bodies of the RANF and the FNMC. Each State including Western Australia had their own State Committee of the CAN which was ostensibly established to raise funds for the College in Victoria. This was accomplished by conducting continuing education courses, study days and adjudicating the entrance examinations of students prior to leaving for Melbourne.[101] The Branch was merely an extension of the College in Melbourne.

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[97]College of Nursing Australia Western Australian State Committee: General minutes. 5 July. 1966.
[98]*ibid*
[99]College of Nursing Australia Western Australian State Committee: General minutes. 24 May. 1966.
[100]personal communication. Merle Parkes. 18 May. 2001.
[101]Slater, P. (1973). The future development of the College of Nursing Australia and the proposed basic nursing course. *The Western Australian Nurses Journal*. 2(9)26-30).

Within the context of the CNA's history of an autonomous institution, it was not surprising that the College Council was fearful that nursing would be subsumed under the umbrella of the Department of Therapies if its Branch in Western Australia affiliated with the WAIT.[102] Nurses in the USA had alerted the CNA to be vigilant of a take over from other professions when contemplating a move to higher education institutions. They cited how in some States of the USA the teaching of nursing had deteriorated in some universities and colleges to a sub-tertiary level and that many heads of nursing schools were not registered nurses.[103] In addition to these issues the College was also concerned about events occurring in NSW. The University of New England had commenced a 'sandwich' course in nursing which combined a university degree with a hospital certificate. Unhappy about this development and the perceived threat of Western Australia's independence along similar lines caused considerable debate and discussion at the College headquarters.[104]

The College had fought hard to establish itself based on idealistic principles such as independence. It had retained its autonomy and had set the standards for nearly two decades. It was an achievement it was reluctant to surrender. Relinquishing control over nurse education to an education authority was against these founding principles. It was these threats that initiated the development of policies concerning professional nursing education programs in Australia. The policies were later forwarded to all Ministers of Health and Education in each State and the ACT in an attempt to place the College position in the public arena. They were also forwarded to Haydn Williams to reaffirm the College's position on the development of nurse education in the tertiary education institute.[105]

The policies stated that:

1. the discipline of nursing is accepted as the major field of study for an undergraduate programme and is of

[102]College of Nursing Australia: Report of the Education Committee to Council. 2 June. 1971, p.5.
[103]Bridgman, M. (1953). *Collegiate education for nursing*. New York: Russell Sage Foundation.
[104]College of Nursing Australia: Annual General Meeting, Hobart. 25 May. 1968.
[105]letter to Hon John Tonkin Minister or Education Western Australia from Pat Slater Director of the College of Nursing Australia. 6 May. 1971. (WAIT. File E2108).

comparable standards to other major fields of study within the university.

2. a nursing faculty consisting of university qualified nurses who also hold a nursing education qualification, is responsible for the development of the whole programme, for lecturing and tutoring in the nursing major and for advising students concerning related fields of study.

3. a department or school of nursing is established within the university which has the same status and powers as other departments or schools.[106]

Opposition to affiliate the Western Australian Branch of the CNA with the WAIT also came from some senior nurses influenced by the CNA agenda. These people viewed the College as a prestigious establishment that should continue to function in a similar manner as to when it was established in 1950. Any move to place nurse education in an outside educational institution was deemed inappropriate to professional nurses. Contrary to the College Council's perception, the time was right for nurse education in Western Australia to enter higher education. The NBWA and most members of the CNA WA Committee and the Education Sub-Section of the RANF felt that the issue was a matter of urgency.[107] Even though the finances were not available the NBWA continued to pursue its plans for implementing the Associate Diploma at the WAIT.

Merging of educational pathways

By 1970 the 'Board' had gained its independence from the Medical Department, and was now called the Nurses Board of Western Australia (NBWA). The 'Board' felt it needed to be expedient if it wanted the nursing course to be included in the 1973-1975 triennium proposals of the WAIT. As previously mentioned such a proposal was required to be submitted to the Australian Universities Commission in order for the Commonwealth to allocate funds. In December 1970 the NBWA submitted a proposal to WAIT in preparation for the implementation of the Associate Diploma. The submission argued that:

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[106]College of Nursing Australia: Education Policies, May 1969

[107]WAIT: Submission to the Commonwealth Advisory Commission on Advanced Education third triennium 1973/1975. August 1971.

> to fulfill health roles in both hospital and community setting, there is a need for nurses who are able to exercise responsible decision-making in planning, carrying out and evaluating technical and personal patient care activities. Such nurses must have a sound knowledge of human behaviour, a fundamental understanding of the physical, biological and social sciences and skills in health teaching. The proposed course is designed with these factors in view.[108]

The CNA had no jurisdiction over the NBWA plans but as some members of the 'Board' were also members of the CNA there was a keeness to follow the best pathway for the profession to enter higher education. Accordingly, the 'Board' initiated discussions with the CNA concerning its plans for implementing the Associate Diploma. The College supported the establishment of a three-year tertiary level program but remained concerned about the status and responsibility of a nursing faculty. They believed that:

> the faculty should have complete responsibility for the development and implementation of the curriculum with assistance as required from personnel from other departments in the institution who are experts in the science on which nursing is based.[109]

The CNA concerns were unfounded. Merle Parkes had reassured Lawrie Shears that when the Associate Diploma moved to the WAIT a registered nurse would be responsible to conduct the nursing course. This would be similar to the physiotherapists and the occupational therapists, who were heads of their own departments.[110] Dr Ronald Coombe the Assistant Director of Applied Science at WAIT clarified this issue earlier. In a letter to Betty Lyons, the NSW Nurse Advisor, Coombe spoke about the anticipated 'build up' of nurse education at the WAIT and that a separate department would be established right from the start.[111] The NBWA envisaged that the Associate Diploma would be initially conducted as a pilot program. At the time Pauline Lambert as Education Officer on the 'Board' had

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[108] *ibid*.

[109] letter to Hon John Tonkin Minister or Education Western Australia from Pat Slater Director of the College of Nursing Australia. 6 May. 1971.

[110] College of Nursing Australia: Education Committee report to Council. 2 June. 1971.

[111] Nurses Registration Board: General minutes. State Records Office WA. ACC4558. File 7. 23 September. 1970.

emphasized that the NBWA did not want to denigrate the HBD and, therefore, only 10% of students would be educated at the WAIT.[112] Nevertheless the CNA remained concerned about the developments in the West and requested the NBWA to clarify the situation in relation to the College policies. It requested additional information about the Associate Diploma in terms of its content, plans for maintaining nursing content and the control and scheduling of staff.[113] Some nurses in Western Australia viewed this request by the College as another stalling tactic to its plans to move to higher education.[114]

Lawrie Shears and Pat Slater were unconvinced that implementing the pre-registration Associate Diploma at the WAIT was in the best interest of the nursing profession.[115] Underlying the College concerns was the College's own plans to be the first to enter tertiary education. Jean Murray had commenced developing the curriculum for a basic nursing program at the College in Melbourne in 1971.[116] This development had been ongoing for some time and had gained momentum since the CNA had affiliated with the Victorian Institute of Colleges, as an independent fully funded college in 1970.[117] It was the funds from this affiliation that allowed the College to continue developing their pre-registration program. Lawrie Shears had assured the College Council that the relationship between the Western Australian Branch of the CNA and the basic general program proposed at the WAIT would not take place until 1977.[118] This statement was despite the fact Merle Parkes had informed the College Council of the Associate Diploma being a $3^1/_2$ year pre-registration course and that it would commence in 1974.[119] Plans for implementing

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[112]report from Pauline Lambert of the National Nurses Conference: University of New England Armidale New South Wales. 12 February. 1971. (Bailey private collection

[113]College of Nursing Australia: Education Committee report to Council. 2 June 1971, p.6.

[114]personal communication. Pauline Lambert. 30 March. 1997.

[115]personal communication. Merle Parkes. 18 May. 2001.

[116]College of Nursing Australia: Education Committee report to Council. 2 June 1971, p.6.

[117]College of Nursing Australia: Curriculum Development Committee. 21-22 March. 1969, p.6.

[118]College of Nursing Australia: Education Committee report to Council 2 June. 1971, p.6

[119]*ibid*.

the Associate Diploma at WAIT were dependent on Commonwealth funding being secured.[120]

Regardless of the NBWA plans for the pre-registration program the State Committee of the CNA had convened a special sub-committee to investigate post-graduate education in 1973. At the inaugural meeting three options for the future were identified. The first was the absorption of the Western Australia Branch into a multidisciplinary College of Advanced Education. The second option was to remain as an autonomous institution but to increase in size and activities. Finally, the 'Branch' could be phased out if post-graduate nursing education was taken over by other organizations. The committee felt that it was important to emphasize the need to retain the present position as a branch of the College. It was under no illusion that if it remained as an independent College it was unlikely to be supported financially by Commonwealth grants.[121] This would create an enormous burden on the profession and one that the Western Australian nurses could not afford. The 'Branch' operated as an off shoot of the College in Melbourne but its survival depended on the generosity of the Medical Department, the Western Australian State Committee of the CNA, the Nurses Memorial Committee and various other benefactors in Western Australia.[122]

There was doubt as to whether the Medical Department would continue supporting the 'Branch' in light of the 'binary system' of general education and the WAIT's new role as a CAE. It was decided that the State Committee request the College Council to either investigate the issue of post-graduate nurse education or allow the State Committee to make the necessary decisions. The annual meeting of council was planned for May 1973. With such a short time frame between the State Committee meeting in April and the College meeting in May, Merle had to quickly prepare information as she anticipated the Council would pose questions. There was no doubt in her mind that the WAIT was the most appropriate place to accommodate nurse education. Nevertheless, she needed to enquire informally about this

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[120]letter to Mr Le Souef from Haydn Williams 18 June.1971. (WAIT file E2108).
[121]College of Nursing Australia: Western Australian State Committee: Post-graduate education sub committee. 10 April. 1973.
[122]personal communication. Merle Parkes. 18 May. 2001.

possibility. She also needed to talk to Dr William Davidson the Commissioner of Health regarding the possible change in the financial situation, as the Medical Department would be affected by the closure of the 'Branch' and its amalgamation with the WAIT. On both accounts the discussions with the various parties were favourable.[123]

In terms of historical events in nurse education the council meeting in May 1973 was a watershed. Parkes had prepared well for the challenge of facing opposition from the College Council. Not unexpectedly there was a mixed reaction to the developments in Western Australia. Lawrie Shears the Chairman and Pat Slater the Director were unsupportive of the proposed move to the WAIT. College members in Queensland were happy and excited at this move because it was the opportunity the profession had been working towards. Whilst Shears and Slater were very protective of College standards they also had a great faith in Parke's ability to maintain the integrity of the 'Branch' and of her loyalty to the profession. Consequently, the Council approved the State Committee's request to investigate the future of post-graduate education in Western Australia.[124]

The challenges for the 'Branch' Principal were precariously balanced between what was right for the profession and what the College required. Parkes' daunting task was made easier because of the previous discussions with William Davidson and Haydn Williams. Williams was hesitant to open dialogue with Parkes since his meeting with Lawrie Shears in 1966 had not achieved a positive outcome.[125] Williams, however, was very supportive of Merle and the plans to affiliate.[126] The next step was for Parkes on behalf of the 'Branch' to approach the Western Australian Tertiary Commission (WATEC). The Commission did not hesitate to support the notion of incorporating the 'Branch' with WAIT. The timing was especially fortuitous as the WAIT was establishing a School of Health Sciences. This was another coup for West Australian health professionals as the philosophy of this initiative was the concept of an integrated school for health-related studies. The

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[123] *ibid*.
[124] College of Nursing Australia: Western Australian State Committee. 21 June 1973.
[125] memo to Haydn Williams via Norm Dufty from Dr Gilbert, Head of the Department of Therapy WAIT. 8 August 1969. (WAIT file E2108).
[126] personal communication Merle Parkes. 18 May. 2001.

Dean of Applied Science, Dr Mark Liveris was keen to promote a different form of integration. It was one that 'emphasized the respective roles within the total health care system'.[127] His vision was for health professionals who work as a team in the clinical field to study together. This would facilitate the sharing of information, specialist skills and resources amongst the disciplines.[128] In light of these developments at the WAIT the WATEC resolved that the WAIT was the appropriate institution for nurse education.[129]

Parkes had little trouble convincing William Davidson of the proposed changes. As far as he was concerned the health budget would benefit from the proposed move. The money that was invested in supporting the 'Branch' would revert back to the Medical Department. The financial implications of an amalgamation, was an important issue that needed to be precisely planned. The submission from the WAIT for the 1973/75 triennium, however, had received severe cuts. This made it necessary to postpone certain new developments within the Institution. One of these was nursing.[130] Again it was a problem with finances that posed a major hurdle to 'the principle that education for nurses should be absorbed into the system of higher education'.[131] The Associate Diploma would be delayed once again and secondly the plans for the 'Branch' to affiliate would also be affected. Successful negotiations between the Medical Department and the WAIT, however, made it possible for amalgamation to occur. The Minister for Health approved the funding for 1974-1975 providing the WAIT assumed full financial responsibility in 1975.[132]

The stage was now set for a formal letter from the College headquarters to request permission for the West Australian Branch to be incorporated within the School of Health Sciences at the WAIT. In the meantime the Federal government made a

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[127]personal communication. Mark Liveris. 20 March. 2001.
[128]*ibid*.
[129]letter to Haydn Williams from Mr Sinclair Assistant Secretary at Western Australian Tertiary Education Commission. 13 August. 1973. (WAIT File E2108).
[130]letter to Mr Smith Director of Administration Medical and Health Services from Haydn Williams. 9 July. 1973. (WAIT File E2108).
[131]World Health Organisation Technical Report Series No. 347. (1966). *World Health Organisation Expert Committee on Nursing*. Fifth Report. Geneva: WHO. p.17.
[132]letter to Liveris from Smith 13 December. 1973. (WAIT File E2108).

momentous decision that influenced the further development of nurse education nationally. The new Australian Labor government with Gough Whitlam, honoured its commitment to nurse education by announcing its intention to abolish fees to all technical and vocational institutes administered or maintained by a government authority'.[133] From the 1st January 1974 the Commonwealth government assumed full financial responsibility for higher education. This would include the three nursing diplomas at the WAIT. Thus, a momentous occasion occurred on 19th February 1974 when the College of Nursing Australia, Western Australian Branch was formally incorporated into the WAIT. This was the *coup de grâce* for West Australian nurses.[134]

The nursing department of the WAIT

In May 1974 an advisory committee for nursing was formed. This committee was to work closely with the WAIT Department of Nursing in the planning of courses in nursing for Western Australia. The outcome was a proposal for the development of an integrated four-year undergraduate nursing degree program. This was for students seeking to combine a tertiary education with preparation for initial registration as a general nurse. The program was scheduled to begin in February 1975. The news that there were cuts to new courses in the 1973-1975 triennium submission had stymied Williams in his attempt to appease both the NBWA and the CNA Western Australian Branch. The financial intervention by the Medical Department quickly laid these concerns to rest. The barriers to nurse education into WAIT had fallen. The last stage of the plan was to convert the Associate Diploma to a degree now that nursing had a foothold in tertiary education at the WAIT.

Parkes was appointed Head of the Department of Nursing at the WAIT in November 1974.[135] In this position she had to work quickly to convert the Associate Diploma to an undergraduate nursing degree. At the time Parkes had only two members of staff to teach in the three diploma programs and she also had to assist with teaching.

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[133] letter to Parkes from the Commonwealth Department of Education 1973. (WAIT File E2108).
[134] personal communication. Merle Parkes. 18 May. 2001.
[135] WAIT Council, 20 November, 1974.

This was in addition to the new administrative tasks of the Department of Nursing.[136] With support and guidance from colleagues at the Institution, the curriculum was completed and presented to the WAIT Academic Board and finally to the Courses Committee in December 1974. Approval was given for the first year of a pre-registration course to be conducted in 1975. The Western Australian Tertiary Education Commission (WATEC) indicated support for the WAIT's application to conduct a nursing degree course, as this was the aim of Merle and the Advisory Committee.[137] The curriculum approved was depicted in the following diagram:

1. Health Science		
I. Anatomy		
II. Physiology		
III. Microbiology		
IV. Chemistry		
V. Biochemistry		
VI. Nutrition		
VII. Pathophysiological processes		
	2. Nursing Science	
	I. Manifestation of physiology and pathophysiological processes	
	II. Epidemiology	
	III. Appropriate therapeutic indications: e.g. diet-drugs-medicine-surgery	
3. Behavioural Science		**4. Nursing studies**
I. Psychology		I. Social foundations of nursing
II. Sociology		II. The nursing process
III. Organisational theory		III. Nursing practice

Figure 6.2 Bachelor of Applied Science in nursing[138]

[136] personal communication. Merle Parkes. 18 May. 2001.
[137] Division of Health Science WAIT: Submission to the WAPSEC Committee of inquiry into nursing education. March. 1984, p24.
[138] WAIT School of Health Science Department of Nursing, Submission for the Award Bachelor of Applied Science. 1976, p.15. (WAIT File E2108).

Parkes simultaneously planned the pre-registration course and a course for registered nurses. A course in nurse education had at last begun in at an institution of higher learning. This would maximize resources and achieve the original goal set by the WHO in 1966 for all nurse education to be conducted in higher education institutions.[139]

The NBWA had originally envisaged that graduates from both the Associate Diploma and the HBD programs would be first level professional nurses.[140] They also believed that both programs would be conducted simultaneously but that the majority of students would continue in the apprenticeship system of nurse education. Parkes, however, recognized that the degree course would potentially cause conflict with the HBD. The experiences of students in a hospital training program would be limited with a major emphasis on the care of sick people. In contrast students in the degree program would be prepared to utilize an interdisciplinary problem solving approach to health care. They would have the same rights and opportunities as all other students in the higher educational system.[141] The answer to this anomaly was that all nurse education be transferred to higher education institutions.

Goals in nursing education

Lack of accommodation for the post-graduate diplomas at the CNA WA Branch was a major factor in stimulating debate over the future of post-graduate education in Western Australia. The special sub–committee of the CNA State committee had been established to investigate this issue and subsequently decided to affiliate with the WAIT. This decision was born out of the concerns that if 'the nursing profession in Western Australia could not meet the demands for post-graduate education then

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[139] World Health Organisation Technical Report Series No. 347. (1966). *World Health Organisation Expert Committee on Nursing*. Fifth Report. Geneva: WHO. p.17.

[140] report from Pauline Lambert the National Nurses Conference University of New England Armidale New South Wales. 12 February. 1971. (Bailey private collection

[141] Submission for the Accreditation of an Award from the Australian Institute of Technology Part II. 1976. (WAIT File E2108).

other bodies would assume this responsibility and the control of nursing education would be lost to nursing'.[142]

The decision to amalgamate with the WAIT opened the door of higher education to Western Australian nurses. This decision was not entered into lightly. Merle Parkes as convener of the committee had presented the options for the future of the 'Branch' based on evidence collected from the College policies, the RANF submission to the senate standing committee in 1971 and the Australian Commission on Advanced Educations third report 1973-1975.[143] It was within the context of these reports and the trends, that Merle Parkes was advised by the College Council that the Western Australian Sub-Committee be 'authorized to continue investigations concerning the future of nurse education in Western Australia'.[144] The Council also stated that all levels of nursing should be investigated and that the present Western Australian sub-committee should be authorized to undertake such research with Merle Parkes as the chairperson. The 14th August 1973 was a significant landmark in the history of nurse education in Western Australia. It marked the beginning of a new era in that the members were given the green light to negotiate affiliation with the WAIT. This was in keeping with Australia's thrust to reform nurse education. The Federal council of the RANF at the same time formed a national working committee on nurse education. The committee resolved that:

> a working party be set up with the College of Nursing Australia, in order to clearly establish goals in nursing education and that broad terms of reference be given to the committee to permit flexibility in its function.[145]

As an astute leader, Parkes identified that the profession needed to coordinate its education activities. She felt that the next ten years were crucial to determine the entire future of the profession. Specific goals and the organizing of activities to achieve these goals needed to be planned.[146] Nationally the profession over the years

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[142]College of Nursing Australia Western Australian State Committee; Post-graduate education Sub-Committee 10 April. 1973.
[143]College of Nursing Australia: Western Australian State Committee. 10 April. 1973.
[144]College of Nursing Australia: Western Australian State Committee. 14 August 1973, p.1.
[145]*ibid.* p.1.
[146]personal communication. Merle Parkes. 12 March. 1997.

was fragmented in its approach to nurse education. There were five national organizations and forty State associations addressing nurse education issues.[147] This fragmentation allowed the bureaucrats to make decisions about the type of education nurses should undertake. This often took place without the knowledge, or appropriate involvement of the profession.[148] The nursing profession found itself in a challenging situation. The RANF accepted this challenge by forming a unified national approach to identifying and establishing the Goals in Nursing Education.

The Goals in Nursing Education working party was the first overt sign that nurses nationally were united in taking an active stance in determining the future of nurse education. The College Council nominated Parkes and Slater to be the College representative on the working party. Each state was requested to provide information on aspects of nurse education. In Western Australia a joint State committee was established with representatives from all nursing organizations. This was possible since most members on one committee of a nursing organization were also members of other nursing organizations. This unity prevented a duplication of responses. For the first time in the history of nursing in Australia all nurses joined together under the banner of the four professional organizations in pursuit of a single purpose. The RANF, the CNA, the national FNC and the NSW College of nursing were unified and singularly determined to demonstrate to the politicians and members of the public a common goal in nurse education. Using a collaborative approach the four nursing organizations established the Goals in Nursing Education.[149] The 'Philosophy of Nursing' of the Bachelor of Applied Science curriculum developed by Parkes at the WAIT was adopted by the working party when it compiled its report in 1975 **(Appendix 14).**

Shirley Donahue was commissioned in 1974 by the RANF to conduct a survey that aimed to explore the views of selected key officials in the fields of nursing, education

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[147]Jarrett, L. (1971). The modern Student nurse and her professional organization. *International Nursing review.* 18(1)32.

[148]Donaghue, S. (1975). *Goals in nursing education Part I. Changing patterns of nursing education in Australia*. Melbourne: Royal Australian Nurses Federation. p.1.

[149]Goals in nursing education Part II: Report of a working party of the RANF, CNA, Florence Nightingale Committee and the New South Wales College of Nursing. Melbourne. February 1975, p.6.

and medicine in relation to proposed and/or implemented and/or desired changes in nurse education'.[150] The survey findings were a damming indictment of the nursing profession. It suggested that the profession was unaware and inadequately involved with nurse education developments. More specifically, the survey concluded that nursing education programs fell short in preparing nurses for the service needs of Australian's health care. The survey culminated in a report entitled 'Goals in nursing education Part I: Changing patterns of nurse education in Australia'.[151]

Nursing organizations were united in the quest for professional recognition. This included the move for all nurse education to take its rightful place alongside other professions in institutions of higher learning. Western Australia had through its nursing leaders played a major role in nurse education development. The philosophy underpinning this change was the care of all people sick and well. Nursing education and practice had always been interrelated and the standard of nursing practice has been and continues to be dependent upon the quality of education that the practitioner receives.

Summary

Progress in nurse education reform in the latter half of the 60s and early 70s was moving at such a pace that events often overlapped and paralleled each other. On the surface the sequencing of events often appeared haphazard. Essentially two programs in pre-registration had been developed simultaneously. The first was the HBD and the second the Associate Diploma. Both of these programs were scheduled to be implemented at the same time, but at different venues. In order to implement the HBD completely there was a priority for an increase the number of qualified nurse tutors. This could only be achieved by establishing post-registration courses for registered nurses in Western Australia. The eventual merging of the pre-registration Associate Diploma and the post-registration diplomas under the one umbrella at an undergraduate level was the focus of this chapter.

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[150] Donaghue, S. (1975). *Goals in nursing education Part1 Changing patterns of nursing education in Australia*. Melbourne: Royal Australian Nurses Federation. p.1

[151] *ibid.*

The development of the new curricula had been stimulated by the need to better prepare nursing students to meet the health care needs of the community. It was envisaged that students aspiring to a leadership position in nursing would choose to study in the Associate Diploma. At the time of its development the NRB anticipated a small number of students would enroll in this program. The majority of student nurses, however, would continue in the more traditional apprenticeship program in hospital school of nursing. Matrons and administrators supported this program as it would retain a student workforce.

The Royal Perth Hospital in particular supported the move to change nurse education in line with the HBD. As the largest of the teaching hospitals it was acutely aware that medical specialization was increasing and that there would be inadequate experiences for student nurses in core general, medical and surgical practice. As a corrective measure the RPH accepted the proposal to use smaller hospitals including the Government School of Nursing and built accommodation to support such an initiative. Unfortunately the focus on workforce issues prevented a realization that the wheels were already in motion for the future of nurse education entering an institution of higher learning. The rise and fall of the Western Australia School of Nursing (WASON) was disheartening for nursing as it represented the culmination of a vision for a school of nursing as an independent autonomous facility whose main aim was nurse education. If it had been established earlier in the 60s when it was identified that training was ineffective and inappropriate then WASON may have stood a better chance of survival. The first intake was in 1975 and this coincided with the first intake of pre-registration nursing students at WAIT.

An acute shortage of qualified nurse tutors in Western Australia to implement the HBD was a significant problem. Unlike the Eastern States registered nurses had to travel vast distances to gain the necessary qualifications either in Melbourne or in the UK at the College of Nursing. The CNA was aware of Western Australia's plight but its own agenda took precedence. The critics in the Western Australia State Committee of the CNA were frustrated by continually raising funds to keep the College in Melbourne financially afloat. They saw little benefit for their effort in terms of increasing the number of nurses with post-basic qualifications. Within the context of events in the Eastern States, it was understandable that the request from

Western Australian nurses to open a branch of the College was perceived by some as an irritation.

The College Council was aware that the NRB had planned to negotiate with WAIT regarding the Associate Diploma and it was also aware that registered nurses were seeking post-graduate qualifications at the WAIT. This motivated the College to consider opening a branch in Western Australia on the proviso that certain criteria were met. A suitable venue, lecturers and financial support had to be found. Realizing that there was much to be gained in establishing a Branch in WA the Medical Department came to the fore with financial aid.

With the establishment of a Branch of the College in Western Australia there was a belief that the shortage of nurse tutors would end. This was not so as the Diploma in Nursing Education was not conducted until 1972. This was six years after the College had granted permission for the Western Australian 'Branch' to be established. There was a conflict of interests between the nurse administrators and nurse education. Who had the priority? The CNA could see that their control of diploma post-basic nursing courses was becoming tenuous. Relationships with the CNA in Melbourne were cordial and became increasingly fragile because of the continual pressure to repeat the Diploma in Nursing Education.

Foreshadowing that a Division of Health Science was about to be established at the WAIT there was the potential for all health professionals to be accommodated and educated together in a tertiary institution. The College, however, was adamant that there should be a separate department of nursing stipulating that the head of the department should be a registered nurse.

Thus, with support and encouragement from a variety of people, both in nursing in academia, Merle Parkes was able to achieve what seemed to be at times an impossible goal. This was despite the political manoeuvring internal and external to the profession. It took courage determination and commitment by the protagonists in nursing reform for their goal to be achieved. The CNA Western Australian Branch finally amalgamated with the WAIT and the door was open for a pre-registration degree course to be established. This coincided with the setting of national goals of

nurse education that proposed that all nurse education be moved to institutes of higher education. Nursing was no longer going to take a back seat in determining its own destiny. The battle, however, was far from over in Western Australia. Whilst approval had been given for the first year of the four-year Bachelor of Applied Science degree at the WAIT, the Commonwealth Commission of Advanced Education attempted to place obstacles in the way of continuing with the program. Chapter seven will pick up the threads of the ensuing battle, as a conclusion and postscript to the thesis.

CHAPTER 7

'The present contains nothing more than the past, and what is found in the effect was already in the cause'[1]

REFLECTIONS AND POSTSCRIPT

Introduction

The period under study 1962 to 1975 witnessed a revolution in nurse education in Western Australia. Major changes occurred to prepare nurses to meet the challenges of practice in a health care environment that was in a constant state of flux. The population growth, the demand for an increase in hospital beds, together with the advances in medicine and changes in the pattern of diseases were all factors that created a need to change the syllabus and the methods of training nurses. Similar factors influenced other States to make changes to nurse education but Western Australia faced a different set of dynamics.

The advocates of nursing reform faced facilitating and impeding forces that influenced goal achievement. The forces were both a historical and a dialectical process. The facilitating factors were the changes in societal mores and in general education, coupled with political and economic forces that formed the levers for change. The emergence of nurse leaders and the prominence of nursing organizations together with a new found ability of nurses to engage in political lobbying also ushered in change. Underlying nurse education reform was the powerful resistance from people in positions of authority both internal and external to nursing. They steadfastly clung to the *status quo* of nurse training. Looking back over time there emerges a clearer picture of the sign of the times. This chapter is a reflection of the history of nurse education from 1962 to 1975 together with a postscript of the ultimate achievement of reform. This is portrayed in Figure 7.1.

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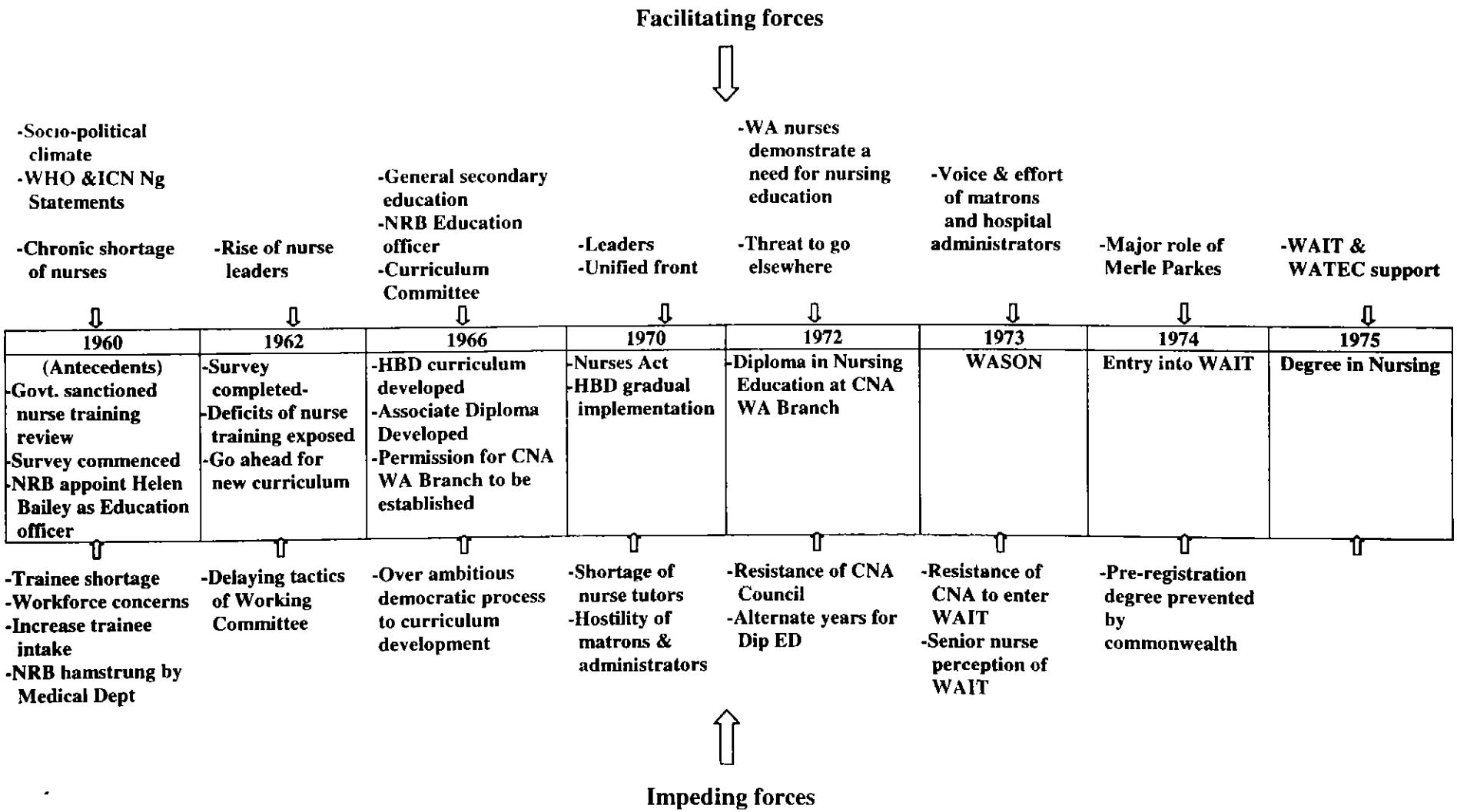
[1]Henri Bergson (1859-1941), *Creative Evolution 1907.*

Figure 7.1 **THE HISTORY OF NURSE EDUCATION 1962-1975**
EDUCATION REFORM MILESTONES



Milestones of Western Australian nurse education 1960-1975

Change did not occur in a vacuum. Taking a panoramic view of the events activities together with the interplay of people there emerges significant indicators. These milestones included the sanctioning of a Statewide nursing survey in the 1960 to investigate the adequacy of nurse training patterns to meet the health care needs of the community. This review took two years to conduct and revealed the deficits of nurses training. A watershed in the history of nurse education occurred with the development of a Hospital Based and Associate Diploma curricula. None of these advances would have been of significance if the Medical Department's control of the NRB had not been severed. In 1970 autonomy was granted through a revision of the Nurses Act. The CNA Western Australian Branch courses commenced in 1968 allowing nurses to access post-graduate nursing education more easily. The WASON opened in 1973, which epitomized the ultimate aim of separating nurse education from hospital control. This event was eclipsed by the entry of student nurses into an institute of higher education in 1974 and the culmination of the ultimate goal of nurse education reform with a pre-registration degree in 1975.

These milestones that were positioned prominently in the history of nurse education in Western Australia from 1962 1975 did not emerge with the passing of time. There were forces that facilitated their creation and contravening powers that opposed their development. Reflections are continued to make apposite the prevailing influences of the time.

Nurse education reform of the 60s

By the 1960s, Western Australia had shed the mantle of being a tiny pioneering community. The growth and industrial activity of the period typified one of the peaks in the States political and economic history. This led to an influx of immigrants that swelled the population. The result was a strain on the health care system.

The response of the State government was to build more hospitals but this compounded the problem of the shortage of nurses. Hospital administrators and matrons sought relief by increasing trainee intakes to staff the expanded facilities.

This was a stopgap measure that did not work. Attrition rates of trainees increased and the shortage of nurses became chronic. This became a serious problem, as trainees were the bulk of the nursing workforce. The linkage of an expanded health care system to nursing staff shortages, to the stopgap measures of increased trainee intakes and the limitations of the NRB, were the forces that impeded change.

Although the NRB was at the helm of nurse education it was hamstrung in initiating nurse education reform. It operated under the direction of the Medical Department that was the voice of the Western Australian government until it became an autonomous in 1970. Ironically, it was the chronic shortage of nursing staff that finally was a facilitating force for the State government to sanction the Western Australian Nursing Survey 1960-1962.[2]

The nod of approval for the Western Australian nursing survey given by the government marked a watershed in the history of nurse education in Western Australia. Inherent in this landmark decision was the work of Helen Bailey. She had worked tirelessly for a change to nurse training since 1946. The sanctioning of the 'survey' was the jewel in her crown of achievements. This was made possible by her official appointment as the Education Officer at the NRB. A position that was pivotal to the NRB decision making on nurse training.

The 'survey' took two years to complete. It had for the first time presented documented evidence of the anomalies of nurse training in Western Australia. The prevailing sociopolitical climate was conducive to nurse education reform. This was in tandem with the openness of nurse leaders particularly the educators to overseas nurse education movements. Statements by the ICN and the WHO were valuable inputs.

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[2]Bailey, H. (1962). The Western Australian Nursing Survey 1960-1962. Perth: Public Health Department.

The next step of the 60s was the development of a curriculum. This in line with the 'survey' findings would reflect a change of nurse training in Western Australia. Committees were established for curriculum development using a democratic process. Information was sought from the Medical Department; the administrators and matrons of hospitals; personnel from the community health; schooling and the higher education agencies and representative members of the allied health professionals. This was perhaps an ambitious task. The curriculum builders, however, maintained that this was necessary to seek information of importance from each of the several audiences to develop the curriculum. Approval, however, rested with the Working Committee. This was a mammoth task that encountered roadblocks and dead ends. The two years that the HBD took to complete was a remarkable endeavour. This was exceptional as two curricula the HBD and the Associate Diploma in nursing were completed in 1966. The process of curriculum development involved deliberate, planned change. The hospital administrators and matrons had a blind spot to the changes occurring in the health care system. Their main concern was that the curriculum be aligned to learning experiences in hospitals or acute care setting, and that trainees should learn in these locations by doing. Couple these obstacles to a slow moving Working Committee that was hampered by having a part-time chairman, then the impeding forces to curriculum development becomes visible.

The initial stages of the curriculum process required a great deal of debate and clarification. The Curriculum Building Sub-Committee rose to the task and contributed a great deal of time and energy. Their work was facilitated by the members of the committee. They had diverse backgrounds in education and nursing experience that aptly guided the process of curriculum development. The building of the curriculum did not occur in a vacuum. It was influenced by changes that were occurring in schooling and in the higher education system. Nurse training through a comprehensive, integrated curriculum was seen as the link between school education and entry into higher education. Such a conceptualization aided curriculum development. The entry level of trainees was raised to a 'Leaving Certificate' level and units of study in the sciences and humanities was structured in a sequential manner.

Nurse education milestones of the 1970s

Florence Nightingale predicted in the late 1800s that if nursing adopted a system of State licensure the result would be to stereotype mediocrity. There was much truth to the statement in relation to nurse education in Western Australia. The reason being that the NRB could not operate in the best interests of nurse training. All through the 60s the NRB was still bound by the Nurses Act of 1921. This meant that the chairman of the 'Board' as the Commissioner for Health was directly accountable to the Minister for Health. The Commissioner for Health was also the Principal Medical Officer of the Medical Department and as such had affiliations with other medical practitioners. With these restrictions the only course of action to bring about change was to work toward a revision of the Nurses Act. The dawning of the 70s brought new hope in another landmark in the history of nurse education in Western Australia. This was the passing of the new Nurses Act that made the NRB an autonomous body. Now was the time for the NRB to implement the HBD without being shackled to the Medical Department. One of the forces that contributed to the change of the Nurses Act was the united front of nursing organizations and the nurse leaders who held prominent positions within these organizations. Many of them were also members of the Working Committee of the NRB. Of particular note was the work of the Education Sub-Section of the RANF. The members tirelessly pressured the NRB to bring about change in nurse training. The NRB could only do so by having greater autonomy. A course was then set to change the Nurses' Act. History was made when the bill was assented in 1968 and the NBWA came into being in 1970.

The implementation of the HBD was ready to begin and reform nurse training in Western Australia. The NRB was able to guide the process of implementation in the spirit of change. There was one stumbling block that impeded the process. The hospital schools of nursing were hampered by a shortage of nurse tutors. This meant a slow change to the existing pattern of training and a gradual implementation of the HBD.

The next move forward was a battle to establish a Branch of the CNA in Western Australia. This would assist nurses to access a Diploma in Nursing Education more easily. To facilitate this move the Western Australian nurses rose to the task and expressed a willingness to undertake the diploma if the course was available in Western Australia. There was also a threat to use existing tertiary education institutions like the University of Western Australia and the WAIT to prepare nurses for their education role. Although the CNA council succumbed to pressure and permitted a Western Australian 'Branch' to be established in 1966 the doors did not open until 1968. This was a significant milestone in terms of nurse education in Western Australia. The resistors to nurse education reform, however, were yet to play their trump card. The CNA in opening the 'Branch' sanctioned only the Diploma in Hospital Nursing and Ward Management to be conducted. The Diploma in Nursing Education did not follow until 1972 and would be conducted alternatively with the other diplomas. Western Australian hospitals schools of nursing remained short of sufficient tutors to implement the HBD.

In the meantime the Medical Department of Western Australia was experiencing financial problems of maintaining the Government School of Nursing. The idea to amalgamate the school with the RPH school of nursing was seized and the WASON was established in 1973. The force in facilitating this milestone in the history of nurse education Western Australia was the powerful voice of the matrons and hospital administrators. Having a large hospital school of nursing was the answer to their dilemma of how to staff the hospitals if trainee nurses were withdrawn from the workforce during their classroom instruction. The matrons and administrators were also quietly confident that their workforce turf was protected by the delay in implementing the Associate Diploma course.

The Associate Diploma in nursing that was developed in 1966 lay on ice till the early 70s. A force that impeded its implementation was the uncertainty of Western Australian nurses to decide on the venue for the course. Some senior nurses did not see WAIT as a higher education institution that catered to the education of science and technology professionals. This was despite all health care professionals except the medical practitioners having commenced at the WAIT. Several senior nurses had an unfounded condescending attitude towards the WAIT. The fact that it grew out of

the technical education sector and was designated as a College of Advanced Education did not appeal as an education institute to prepare future nurse leaders. The powerful resistance of the CNA to allow courses at the Western Australian Branch to transfer to the WAIT resulted in a stand still.

The debate over affiliation with the WAIT served to heighten the CNA Council's awareness that nurse education in Western Australia was moving at rapid pace and that immediate action was required to protect the founding philosophy of the College. The CNA had fought hard to establish itself on idealistic principles such independence. It had retained its autonomy and had set the standards for nearly two decades. It was not going to surrender this achievement easily. Relinquishing control over nurse education to an education authority went against these founding principles.

Events in the transfer of nurse education to higher education in the USA had alerted the CNA to be vigilant. There was a concern that the University of New England had commenced a 'sandwich' course in nursing that combined a university degree with a hospital certificate.[3] It was these events that had prompted the development of policies concerning professional nursing education programs in Australia. This combined action, however, did not deter those who believed that the WAIT was sill the best option for the Associate Diploma in nursing to commence.

The facilitating force to move the Western Australian Branch of the CNA into the WAIT was the Branch Principal Merle Parkes. Merle Parkes was a member of the State Committee of the CNA, the RANF and a curriculum builder on the Education Sub-Committee of the NRB. Although Merle had the support of nurses in the State for nurse education reform there were many obstacles to overcome. Her vision and persistence, however, won the day when in 1974 a landmark decision was made. The green light to amalgamate the CNA Western Australian Branch with the WAIT was finally given.

[3]College of Nursing Australia: Annual General Meeting, Hobart. 25 May. 1968.

As an astute leader, Merle Parkes identified that the profession needed to coordinate its activities in terms of education. She felt that the next ten years were crucial to determine the entire future of the profession. Specific goals and the organizing of activities to achieve these goals were planned. This coincided with the establishing of the national goals in nurse education.

Postscript

A watershed in nurse education occurred in 1975. The first Australian degree in nursing was implemented in a higher education institution. The WAIT was an accredited College of Advanced Education and as such could confer the status of a Bachelor of Applied Science to those students who had successfully graduated from both the pre-registration and post-registration nursing programs. The eventual accreditation of the degree at the WAIT was the ultimate achievement of nurses in Western Australia. The final part of the chapter briefly explains as a postscript the circumstances surrounding this event.

Affiliating with an institution of advanced education was only half the battle for nurse education. Stymied by a continuous lack of funds the Nurses Registration Board continued to negotiate with the WAIT to have the Associate Diploma accredited. In May 1974 the advisory committee for nursing proposed that an integrated four-year undergraduate nursing degree program be developed for students seeking to combine a tertiary academic education with preparation for initial registration as a general nurse.

The Western Australian Tertiary Education Commission (WATEC) indicated approval for the first year course to be implemented in 1975.[4] It was envisaged that both the pre-registration and post-registration courses would commence in 1975. With support and guidance from colleagues at the WAIT, Parkes as Head of the

[4]Division of Health Science WAIT: Submission to the WAPSEC Committee of inquiry into nursing education. March. 1984, p24.

Department of Nursing converted the Associate Diploma to an undergraduate nursing degree.[5]

Impeding Western Australian nurse's goal of achieving recognition of a nursing degree was the political game being played between politicians in State and Federal parliament. Underpinning this obstacle was the notion that nursing was women's work and a natural activity that required training and not education. Alongside this notion was the belief that the trainee workforce would be reduced and this would add to the shortage of nurses.

Fierce political conflict between educational authorities in Western Australia and the Commonwealth marked the battle for a nursing degree course at the WAIT. In December 1972, the new Federal Labour government discontinued the shared funding arrangement for higher education between the States and the Commonwealth and assumed full responsibility for Universities and Colleges of Advanced Education. A separate Federal body the ACAE was established for each State to submit academic programs for accreditation. In 1974 the School of Health Science was established at the WAIT and the CNA Western Australian Branch was incorporated within its administrative structure. There was general agreement from WATEC and the internal academic boards of study at the WAIT, for a four-year undergraduate nursing degree. In January 1975 the ACAE had initially supported the development of a degree level course. This academic innovation, however, had ramifications for educational and health authorities at a national level. What ensued were delays, controversy and political 'scape-goating' as numerous discussions, submissions and committees were convened. The ACAE took the unprecedented step of interfering with the previously held responsibility of WATEC and the WAIT in an effort to stall the progress of nurse education. As nursing students commenced the first year of their degree program in January 1975 the Commission stated that:

[5]personal communication. Merle Parkes. 18 May. 2001.

> it did not wish Colleges to become engaged in a rush for status and that 'in the new and somewhat delicate field like nursing it would be unfortunate if too great a variety of courses at the pre-service level were established. Other colleges are introducing three year diplomas and the Commission did not wish colleges to become engaged in a rush for status particularly at this stage when the place of colleges in the pre-service education of nurses has yet to be established.[6]

Western Australia resolved not to allow the innovative step of being the first CAE to conduct a pre-registration course in nurse education to be abandoned. By June 1975 the four-year program had been reduced to three years in accordance with requests from the Federal body and was approved for accreditation by the Western Australian authorities in 1976. Once again the ACAE stepped in and refused to accept the WATEC's recommendation for a degree in nursing. The following four years witnessed political backlash and manoeuvering as changes were made to the nursing program. The Federal Liberal Government came to power and established an inquiry into nurse education and training. The Sax committee report was released in September 1978, but the nursing students at WAIT were not awarded their degree until March 1979. Although the time frame for this study is from 1962-1975 it is interesting to note that Neal Blewett the Shadow Minister for Health in the Federal Opposition Party in the Commonwealth Parliament in 1980 said:

> if the Australian Medical Association, or a prestigious organization such as that, had spent as long as the nurses preparing a case in this way and had received so much support from government reports there would be no doubt that it would have been granted the educational demands it made. This suggest to me that this elitist Government regards nurses as somewhat lower in the health care pecking order and that is why nurses' beliefs and their demands are not met with the same response. The Labor Party commits itself to the gradual and evolutionary shift of nursing training from hospital-based locales to colleges of advanced education and it will implement in the first instance the proposals of the Sax committee.[7]

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[6]letter to Haydn Williams from Mr L. P. Fricker. Secretary Australian Commission on Advanced Education. 21 January 1975.

[7]Neal Blewett, Commonwealth Parliamentary Debates, House of Representative, 11 September 1980, p.1170.

Further discussion on the subject of the political wrangling and the eventual transfer of nurse education into higher education has been the subject of other studies occurring outside the time frame of this thesis.[8]

The NBWA believed that both the Associate Diploma and the HBD programs would be conducted simultaneously but that the majority of students would continue in the apprenticeship system of nurse education.[9] Merle Parkes, however, recognized that the degree course would potentially cause conflict with the implementation of the HBD.[10] The answer to this situation was that all nurse education be transferred to higher education.

This vision of nurse leaders was the driving force behind nurses and nursing organizations to unite and eventually achieve the goal of a transfer of all nurse education to an institution of higher education. In Western Australia this began in 1975 with St John Of God the first hospital to discontinue hospital-based training. It was the forces that impeded and facilitated reform of nurse education in Western Australia from 1960-1975 that was critical in this historical study.

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[8]Martins, A. (1990). *The transfer of nurse education from hospital schools of nursing to higher education institutions: A study of the implementation of educational policy in a federal system*. Unpublished Doctoral Thesis. University of Western Australia.

[9]report from Pauline Lambert the National Nurses Conference University of New England Armidale New South Wales. 12 February. 1971. (Bailey private collection

[10]Submission for the Accreditation of an Award from the Australian Institute of Technology Part II. 1976. (WAIT File E2108).

APPENDIX 1

Location of the researcher within the context of the study

LOCATION OF THE RESEARCHER WITHIN THE CONTEXT OF THE STUDY

In historical inquiry the researcher plays an active role in integrating and interpreting the data.[1] Such a stance enables a researcher to make sense and gain meaning from the data. The 'ascribed status influences the meanings of the subjectiveness'[2] and determines what the researcher sees. Whilst an outsider or somebody far removed from the time frame may give an objective interpretation it is argued that only those researchers emerging from the life worlds of their subjects can adequately interpret such experience.[3] Accordingly, the following brief description of the researchers personal profile will enable the reader to understand the location of the researcher within the context of this study.

I began my nurse training in England in 1964. At that time employment for girls was limited to hairdressing, teaching and nursing. I was one of the fortunate student nurses who had grown up with the idea of becoming a nurse. Fortunately, I selected the appropriate subjects at high school that would benefit my career choice. Choosing science subjects such as chemistry and physics was not an easy task because they were topics traditionally taught to boys. 'Times they are a changing' sang Bob Dylan an American folk singer and an idol of the teenage hippies in the 60s. Certainly, I became more aware of the right to sexual equality as I had to compete with the boys in the class. Other changes in society such as racial discrimination brought about by the death of Dr Martin Luther King, the outcry over the Vietnam War and the movement to 'ban the bomb' were all part of my teenage and student nurse years. Personal rebellious tendencies, however, were tempered by authority figures such as matrons, home 'sisters' and doctors. All these people constantly reminded me that a student nurse should 'know her place'. It was impertinent to ask questions, or even to show initiative in nursing practice Routines were managed with military precision and interruption to this meant relegation to the sluice (cleaning bed pans, vomit bowls and sputum mugs), or tidying the linen closet.

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[1]Fox, D. (1970). *Fundamentals of research in nursing.* USA: Meredith

[2]Denzin, K. & Lincoln, Y. (1994). *Handbook of qualitative research.* Thousand Oaks:Sage.p.4.

[3]*ibid.* p.4

There was also an unwritten pecking order among the student nurses. Even those students that were six months ahead of me in training were to be acknowledged and respected in a compliant manner.

Nurse training consisted of twelve weeks of preliminary training school (PTS) followed by duties in wards. Allocation to the wards was according to staffing requirements. PTS consisted of 'book work' in the mornings and bandaging in the afternoons. All this was conducted with student nurses in full uniform: starched white collars, cuffs, aprons and caps and an equally stiff dress that hung down to the ankles. Thick stockings and lace up shoes added the final touch to this asexual being called a nurse. As a teenager during the sixties this uniform was especially inhibiting as female fashions such as the 'mini skirt' and 'platform shoes' were in vogue. This led to many of us furtively raising our uniforms to knee length. If we were caught changing our uniform by the administrative 'sister,' we would be instantly and severely reprimanded. Classes continued right through till Saturday lunch time when we could relax in our own clothes (mufti), and please ourselves what we did off duty. Even so with time on our hands we had to return to the nurses quarters by nine in the evening unless we had requested a late pass until eleven o'clock. This was only allowed once a week and certainly not while we were in PTS. These regulations were also part of our working life once we commenced on ward duties.

With PTS out of the way, student nurses were allocated to the wards where we worked a forty-two hour week. Night duty occurred several times during the year and consisted of twelve-hour shifts and lasted for three months. During the time on the wards there was no further instruction on how to nurse and we were left 'in charge' of the ward on night duty in our second year. What we learnt was generally on our own initiative and guidance of 'good' senior nurses who were willing and competent enough to instruct us in procedures. The majority of tasks performed in our early student period were menial duties such as cleaning and tidying. Cleanliness was seen as 'Godliness' a legacy from the spiritual associations that can be attributed to Nightingale. Students were judged on how quickly and neatly a task could be performed. Our manners and appearance were also major factors assessed, with marks being deducted for answering back, dirty shoes, aprons and hair on the collar.

In the following three years there were four weeks of study each year. These blocks of study were for eight hours a day and five days a week until a final series of lectures that were conducted prior to writing hospital exams. A final study block was designed to prepare for state examinations. Topics in the blocks were similar and included Anatomy and Physiology, Hygiene, Pharmacology, Surgery and Medicine. 'Sister' tutors taught the bulk of the theory and the associated practical nursing, but surgeons and physicians taught the surgery and medicine. These lectures were taught from a doctor's perspective as though we were medical students, often going into great detail about the procedures and manipulation of body parts. Practical nursing was taught in a logical sequential prescriptive manner and generally followed the doctor's lectures. More time was allocated to the doctor's lectures with nursing being squeezed in almost as an afterthought. Each block focused on a specialty of nursing. When we returned to the wards after the block, generally, it was not to the specialty we had just studied as service needs (in relation to staffing), took priority over learning needs.

As student nurses we were expected to have the social graces of ladies which meant no running, talking aloud and when in the company of seniors not to speak unless spoken to first. If any nurse decided to marry while she was a student she was instantly placed on night duty and given a harsh warning about managing a nursing career and marriage. Most senior nurses were spinsters and informed us that we were lucky to be allowed to work indeed it was a privilege as they had not had the choice during their training and subsequent career.

Looking back over my training I can see how new technologies changed the manner in which we performed nursing procedures. The advent of disposable equipment had made some of our tasks noticeably quicker. Plastics especially in the form of syringes, pots and bowels no longer had to be boiled for a minimum of five minutes. Drainage systems could be thrown away instead of cleaned and sterilized. Red rubber draw sheets and tubing were also made of plastic and could be thrown away after a single use. Older nurses, however, found this concept of disposable material difficult to endure. They interpreted it as a terrible wastage and often tried to reuse single use equipment.

Drugs and surgical procedures were constantly changing The liberal use of antibiotics had changed the type of disease and the patient's prognosis. Dialysis machines, portable cardiac monitoring equipment and other such machines meant that each day there were new technologies to be learnt. Minor surgical procedures were carried out more and more with the turnover of patients increasing exponentially. All these changes were taken in our stride as we endeavoured to keep 'a breast' of daily nursing activities.

The next phase of my nursing career was when I immigrated to Australia. I found that nursing was exactly the same even the 'block' system and the cleaning tasks. In the teaching hospitals the relationship between doctors and nurses was similar, but when I started nursing in the country hospitals of Western Australia my role as a registered nurse and midwife changed dramatically. No longer were there numerous doctors telling me what to do often there were no doctors in the immediate vicinity. As registered nurses we were expected to use our initiative and make decisions regarding the treatment of the patients. These decisions especially in emergencies could have been life threatening. I found I was ill prepared for such work and had to learn quickly tasks that had previously been the domain of medical practitioners. This learning on the job not only applied to routine hospital practice, but to the Royal Flying Doctor Service (RFDS). Every day at least one registered nurse would have to prepare and accompany the medical practitioner on flights across the outback to stations or communities. Again, I was ill prepared for this type of nursing, in an environment with little or no clean areas to examine and treat patients.

It was during my experience in the country hospitals of Western Australia I worked with a graduate from the tertiary nursing education program. My knowledge of the program was scant, which was not surprising since there was little communication between nursing education and nurses in clinical practice. This was all to change as I studied a Bachelor of Applied Science at the Western Australian Institute of Technology (WAIT) with a major in education. After many years of believing I knew all about nursing, I began through my studies to understand that nursing was based on scientific principles and that these were the foundation for all nursing actions. It was as if the light of knowledge illuminated the dark corners of my mind.

'The penny had dropped'. My clinical practice took on a whole new perspective as I realized the reasons for why I had performed nursing procedures in the way that I had since 1964.

I have been placed in a unique position in interpreting the data in this study because of my experiences, in hospital training and higher education. I acknowledge that I have a deep interest in nursing education and have endeavoured to seek all available sources of information. This task has been made easier since some of my contemporaries are still alive and have challenged my perceptions and interpretations. I have endeavoured to 'enter' into people's motives, their thoughts and feelings [4] reaching back and trying to understand events, behaviour and beliefs in their own time and context [5] An historian studies human activity in terms of how the actors themselves interpreted a situation how they use their environment and how they demonstrated their values attitudes and beliefs. Using this approach it is important to know something of the peoples aims, drives societal arrangements and the physical environment. I believe I have been able to perform this historical task having an understanding of nursing and nurse education.

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[4]Berlin, I. (1966). The concept of scientific history. In W.Dray, (Ed.), *Philosophical analysis and history*. New York: Harper and Row.

[5]Lynaugh, J. and Reverby, S. (1987). Thoughts on the nature of history. *Nursing Research*. 36(1)4,69.

APPENDIX 2

Letter to the informants

Date

Address

Dear

My name is Carol Piercey. I am researching the history of nurse education from 1962-1975 particularly the influences that have changed nurse education in Western Australia.

I have chosen this topic for a PhD thesis as I have found notable leaders of nursing have a story to tell which needs to be recorded In collecting information for my Masters research, I found there were many documents relating to nurse education in this State that have not been archived in the Battye Library. Such documents are treated with care and respect Following completion of the study you may like me to archive your material as this could be vital for future researchers and the history of nursing in Western Australia

I would appreciate speaking to you and recording your story. Should you grant permission for an interview I suggest you nominate a place and time that will be mutually agreeable. I plan to conduct the informal interview using prepared questions as a guide and to briefly discuss the questions before recording any information. You have the right to terminate the interview at any time.

As your story may take more than one interview, I may seek a follow up interview or telephone conversation.

I will be happy to discuss with you any queries you may have regarding the research I can be contacted at Curtin University of Technology 3512116 or at home in the evening on 2964005.

I look forward to hearing from you and recording your story on nurse education in Western Australia.

Yours sincerely

Carol Piercey

APPENDIX 3

Thesis protocol approval

MINUTE

Curtin
UNIVERSITY OF TECHNOLOGY

To	Mrs C A Piercey, c/- Associate Professor Audrey Martins, Nursing
From	Max Page, Executive Officer, Human Research Ethics Committee
Subject	**PROTOCOL APPROVAL – EXTENSION HR 210/94**
Date	12 February 2002
Copy	

Office of Research and Development

Human Research Ethics Committee

TELEPHONE 9266 2784
FACSIMILE 9266 3793
EMAIL t.lercht@curtin.edu.au

The Human Research Ethics Committee acknowledges receipt of your Form B progress report for the project *NURSE EDUCATION IN WA FROM 1962 - 1975: AN HISTORICAL PERSPECTIVE OF INFLUENCES AND CHANGES.*

Extended approval for this project is for the year to **14/Nov/2002.**

Your approval number remains **HR 210/94.** Please quote this number in any further correspondence regarding this project.

Thank you.

Tania Lercht

Maxwell Page
Executive Officer
Human Research Ethics Committee

APPENDIX 4

Population trends in Western Australia 1900 to 1989

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APPENDIX 5

ATNA rules and regulations and schedule of study

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APPENDIX 6

Table of comparison of first year programs of schools of nursing (1960)

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APPENDIX 7

1922 Nurse training syllabus

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APPENDIX 8

1947 Nurse training syllabus

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APPENDIX 9

1960 Nurse training syllabus

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Deed of Apprenticeship

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APPENDIX 11

Plan of Nurses' Registration Board working and satellite committees

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APPENDIX 12

1968 Nurse training curriculum

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APPENDIX 13

RPH: Report on curriculum planning development

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APPENDIX 14

Philosophy of Bachelor of Applied Science

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(A) PRIMARY UNPUBLISHED MATERIAL

Interviews

Letters/Memos

Submissions

Curricula

Minutes of meetings (Organizations only)

Discussion papers

Reports

Official and semi official documents

(B) SECONDARY MATERIAL

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Articles

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