

Ethical Issues In Practice For Nurses And Midwives: A Historical Perspective

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I wish to welcome you all to this Seminar on Ethical Issues in Practice for Nurses and Midwives and thank the sponsors and organisers. This is the first occasion when nurses and midwives are meeting together as a profession to discuss and address this highly important area of health care practice i.e. ethical issues. One could not even imagine that such a meeting attended by so many nurses and midwives could have happened as recently as one or two decades ago. This in a way reflects the great advances and developments that have been made in the delivery of health care world-wide, and particularly in nursing and midwifery practice in the Maltese Islands during the last few decades.

Nurses and midwives today are assuming much greater responsibilities in all spheres of health care, and a clearer image of the role of the nurse and midwife and their identity and status in the health care team has been slowly evolving during the last couple of decades. Today's nurses are much better trained and prepared to assume their role and to play their part in the team.

Recognition of the status of the nursing profession was formally acknowledged when the Reform and Reorganisation of the Department of Health was being planned ten years ago, (in which exercise, incidentally, I was involved), and a separate Directorate of Nursing at par with the other Directorates was constituted. In my opinion, one of the first tasks of this directorate will be to delineate the specific roles of the various classes of the nursing services and their ethical inter-relations within the nursing service and with other members of the health care team. The question of warrants and/or licences for nurses will need also to be tackled sooner rather than later.

When we come, however, to consider the actual and specific roles and responsibilities and the matters of warrants and licences for nurses in particular, we have to admit that there are problems. With regard to midwives these have had warrants, and their practice and responsibilities were regulated for hundreds of years, but this has not yet happened in the case of nurses whose image as a profession is still somewhat blurred and the identikit of the professional nurse is still being put in place.

Whilst some other professions allied to Medicine, such as physiotherapy and speech therapy, already have a clear image of their profession, this has not yet happened in the case of nursing.

An important reason for this discrepancy and difference in the recognition and estimation of these professions is the fact that professions such as physiotherapy and speech therapy are relatively very recent in Malta. Moreover, these professions, with an already established image, were called upon to treat a particular problem of rehabilitation or deficiency in the patient more or less independently of the medical profession. Nurses, on the other hand have always looked after patients working, in shifts, twenty four hours a day as an integral part of the medical team and in most cases dominated by the medical profession. Another reason, that has to be considered, is that the nursing profession, in addition, is still burdened with problems and images of the past which have been very difficult to shake off.

A historical perspective of nursing will help to enlighten us on the past and relatively recent difficulties and travails faced by this profession over the years. It will certainly hearten us when we look at the considerable gains achieved over the recent past, and in particular, during the last decade.

Although the art of nursing in the form of tending and caring for the sick and injured, nurturing the young and protecting the helpless is as old as history, Nursing, as a profession, is of comparatively recent origin.

The evolution of nursing in different countries has been extremely uneven. In some countries, such as the United Kingdom, the nursing profession started gaining identity, respect and status after the revolution brought about by Florence Nightingale in the middle of the nineteenth century, and was further enhanced and strengthened during the first half of the twentieth century. However, in the case of lay nurses, Malta was lagging well behind, for a number of reasons.

The widespread illiteracy that was present in Malta until well after the second world war of 1939 - 45 was a major negative influence on the quality of lay nurse recruits. For example, figures for illiteracy rates at censuses taken in 1911, 1921, 1931 and 1948 were 74%, 67%, 53% and 33% respectively. For this reason, recruits for hospital attendants in the 1930's, who later became State Enrolled Nurses in 1968 by an amendment in the Medical and Kindred Professions Act, were only required to have an ability to read Maltese or any other language.

A great pioneer in the development of the Nursing profession as we know it today was undoubtedly Professor A. V. Bernard, who had the vision and the abilities to start the modernisation of the Nursing Profession, when he first introduced the Register of Nurses in 1936. Professor Bernard was the Chief Government Medical Officer who was responsible in 1937 for the constitution of the Medical and Health Department as we knew it until very recently. He was responsible for the First School of Nurses on the Nightingale principle in 1938 (later interrupted by the 2nd World War), and for the Emergency Medical Service during the war years of 1940 - 45. He also selected Sister Aldegonda, the first Maltese Tutor and personally made arrangements for her to be admitted to the School of Nurse Tutors at Kensington College, London.

I am now going to quote one of his speeches to the Council of Government in October 1940 when he outlined his plans for the Nursing profession which gives us a good picture of the state of nursing

at the time and his vision for the future. Professor Bernard speaking in the Council on 16th October 1940 made the following statement :

In this connection, I wish to inform Hon. Members that the new scheme for the nursing staff of the hospitals provides for three classes.

1. *At the present moment we have the Sisters of Charity, some of whom have received a certain amount of training abroad.*

We shall retain the services of the Sisters of Charity. We cannot do without them. They are willing and devoted workers and they offer advantages which are not to be found in lay nurses, however willing the latter may be. They take no vacation leave, they draw a small salary and they do not marry, whilst in the case of the lay nurses, there is always the possible chance of a trained girl deciding to give up her job for a better life. But the Sisters of Charity have also to be trained. We cannot afford to allow even the Sisters of Charity to carry on and act as nurses in the Hospitals without proper training.”¹

2. *Then we have the class that used to be called “lay nurses”. These have only had a course of training for about 10 or 12 months at the Central Hospital (part time on 3 days a week). This class we propose now to call “Hospital Attendants”. They will receive the training as before, but the training will be of a more practical nature.*

With regard to these Hospital Attendants, up to one or two years ago there was a good number of them who for several years had

¹ The Sisters of Charity who had come to Malta in 1873 rendered an extremely efficient and dedicated service in the state hospitals and Institutions, and completely dominated the nursing service for the next 100 years until the early nineteen seventies. One possible negative effect of this domination has been the blocking of nearly all the senior positions in nursing and this might have been a deterrent in attracting suitably qualified young ladies for the new School of Nursing.

been performing the work of co-called Nurses in the Hospitals who had not been through any course of instruction.

3. *Another class of nurses which we are looking forward to have in the near future are the fully trained nurses, namely those young ladies who have been sent to English Hospitals for the full course of training which is necessary to obtain registration under the Nursing Council of England and Wales. We have 19 of these young ladies under training at present in England. We hope to have them back by the time the New Hospital will be able to function as a general hospital for these Islands. (These were caught up in the War and only a few came back to Malta)*

We have therefore, established a School for Nurses in Malta. The School is attached to the new hospital at Guarda Mangia. It was started two years ago (1938). We commenced with 6 probationers and now we have 25 (all Sisters of Charity). The curriculum will be exactly on the same lines of the English course and we hope that in time the course will be recognised by the Nursing Council of England and Wales, so that both the Sisters of Charity and the lay nurses will be fully trained in future.²

To assist them there will be the Hospital Attendants. The division of the Nursing Staff between an Upper and Lower Grade, which was established three years ago, was made principally to attract young ladies of good breeding to take up the nursing profession. One of the stumbling blocks even in countries bigger than ours was the fact that young ladies did not always like to go in for the menial part of nursing work. This has been taken away from the upper grade nurse and will be done by the hospital attendants. The upper grade nurse will undertake the technical and professional work. I may mention that a similar scheme is being discussed by the Nursing Council Of England and Wales. They have encountered difficulties in finding sufficient recruits of the right type for the

² As a matter of history this School was recognised by the U.K. nursing council in 1952.

nursing profession and they are thinking of having an upper grade composed of “Nurses” and a lower grade composed of “Assistant Nurses” The latter we in Malta have called “Hospital Attendants”.

It is well to record here that these Hospital Attendants with very little or no schooling were the main support for the Sisters of Charity during the War Years and for many years after.

Professor Victor Griffiths spoke very highly of their effectiveness and dedication, in spite of their lack of education, in his St. Luke’s Day Lecture, given on 17th October, 1992. “Wartime Surgery 1939-45: as I Saw It”. This is a good and vivid first-hand account of the surgical casualty organisation when war broke out on 10th June 1940. Prof. Victor Griffiths was still a medical student at the time, and was appointed Surgical Dresser. I quote:

Now we move into the wards with the patients, where these receive their vital further care from the nurses, all male for the men, many of them rough and uncouth, all female for the women and children. I have never doubted that this was honestly devoted care, even if not always tender. For the most part, it was not scientifically correct or up-to-date, but some primitive skills had been acquired over the years, at least by some. These ministrants of mercy had had little of life’s advantages by birth or upbringing ever coming their way, and of course they were miserably paid and grossly over-worked. Up to that time, Malta simply lacked the Nightingale ethos of nursing as a noble profession, deserving the noblest of recruits, the nurse was little better than a lowly menial.

They continued to give excellent service for many years after the War, and I personally have a great esteem for their dedication in the Wards which were under my care during the sixties and early seventies.

The new School of Nurses had great difficulty in attracting young adequately educated ladies; and, only small numbers were seeking

admission to the school. In some years such as 1956, there were no available candidates and no courses.

Another important and alarming new reality became evident in the years following the Second World War when vocations to the Order of the Sisters of Charity started to decrease to such an extent that the Sisters began to experience great difficulties in running the hospitals.

The problem of numbers of nurses for the ever expanding health services became critical during the late 1960's and one of the measures that was adopted in 1969, as was done in other countries, was to start a new School for Enrolled Nurses with a two year course and a requirement for lower educational grades. This measure helped to solve the problems of numbers at the expense of quality, and increased furthermore the blurring of the image of the professional nurse.

In the meantime, important amendments in the law relating to the Medical and Kindred Professions were being made that would have an effect on the image of the Nursing profession.

In 1948, a Roll of Hospital Attendants was made in which were included at first all those who had qualified from the one-year Course for Hospital Attendants. Later on, by amendments in the law, all the hospital attendants who were in service in a Government Institution were included in this roll after taking very simple theoretical and practical tests.

In 1968 a Roll for Enrolled Nurses was introduced in the Medical and Kindred Professions Act to include all those who passed the qualifying examination from the two-year course that was being introduced, and, after 1988, all those who followed later in the Certificate in Nursing Practice from the I.H.C.

In addition most, if not all, of the Hospital Attendants who were in the health service before 1968 were included in the Roll of Enrolled Nurses and eventually most of these became senior enrolled nurses.

The nursing service in the meantime continued to function as best it could. The more or less sudden disappearance of the Sisters of Charity from the wards of the hospitals in the 1970's did not help matters. The opening of urgently needed new services such as the Coronary Care Unit, The Intensive Care Unit, the Renal Unit and others put a further strain on the service.

In 1988 we took the bold step of founding the Institute of Health Care within the University of Malta against a background of a severe shortage of nurses and rapid advances in technology and medicine.

Fortunately, after some hard work by all concerned, the image of the professional nurse has become much clearer and brighter and more appealing to the general public, resulting in ever-increasing numbers of recruits for the diploma and degree courses. Courses for the Certificate in Nursing Practice have been discontinued for the last few years, and with the advancement of the SEN to SRN Conversion courses, programmes that are being run by the Department of Health, we will have eliminated one of the confusing factors that have surrounded the image of the professional nurse. Most important, we now have a Directorate of Nursing.

A lot of work, however, still needs to be done. In a way, we are in the same position that our predecessors were in, sixty years ago, when we had to work on a new scheme for the nursing profession, define the structures of the nursing service, and provide clear roles for registered and enrolled nurses, whilst not forgetting the all important community and primary services as well as present and future manpower needs.

Hopefully, we can now look forward to a future when we can really begin to have a clear image of the professionally trained nurse who knows his or her ethical and other responsibilities towards patients and the other partners in the health team.

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