

M I S C E L L A N E O U S

THE AUXILIARY NURSE

Basing itself on material available to it at the end of 1965, the World Health Organization has produced a survey of comparative health legislation in connection with auxiliary nursing personnel. This has now appeared in the International Digest of Health Legislation¹ and whilst its purpose is not to give an account of legislation in all countries, it enables conclusions to be drawn from certain general tendencies.

We know that the Red Cross is concerned in the training and status of nurses on a world-wide scale and that in this connection it has close contact with the International Council of Nursing. Now, as regards auxiliary nurses a certain confusion exists at present. Divergence of views can be explained no doubt not only by the variety of terms used to designate this profession, but also by the different concepts of the rôle and functions the auxiliary nurse is expected to assume.

We have therefore thought it to be of interest to reproduce the introduction of the above-mentioned survey which is followed by a study of legislative texts established in thirteen countries and teaching programmes for auxiliary nurses.

In certain countries, the training of nursing auxiliaries is at such a level that the dividing line between their duties and those of fully qualified nurses has become difficult to draw ; provision is even made, in certain countries, for the nursing auxiliary to acquire the title of qualified nurse. In other countries, on the other hand, the training prescribed is not sufficient to make it possible for greater responsibilities to be given to nursing auxiliaries.

¹ WHO, Geneva, vol. 17, N° 2, 1966.

MISCELLANEOUS

As long ago as 1953, the report on the Working Conference on Nursing Education noted that "with economic and social development, there is a trend towards increased hospital facilities, thus creating more demand for skilled nursing". This demand is such that it is often no longer possible "to support a service, either in institutions or in the home, undertaken mainly by the nurse... This means that certain functions of nursing care will again be undertaken by the family and the auxiliary worker, this time at a higher level of competence."

The demand made on the services of nursing auxiliaries has increased to such an extent that Brown¹ has stated that the whole character of the nursing profession has been changed, nurses now carrying out only those procedures which require a high degree of skill and judgment. It has been necessary, therefore, in a number of countries, to recruit large numbers of unqualified persons in order to carry out certain essential duties in hospitals. Brown also stated, in this connexion, in 1961, that the National Association for Practical Nurse Education and Service had devised a programme of study whereby it hoped that instruction could be given to at least a proportion of the approximately 200,000 untrained practical nurses employed in the USA.

In a number of countries, at the present time, the profession of nursing auxiliary is governed by legislation, but in most cases this legislation is fairly recent, having been promulgated during the course of the last ten years. The legislation of the following countries will be studied in this survey, the dates given in parenthesis after each country referring to the most important items of legislation: Australia (South Australia) (1962), Belgium (1957), Brazil (1961), Canada (1947-1962), France (1956), Japan (1948), New Zealand (1945), Peru (1958), Poland (1961, 1963), Sierra Leone (1955, 1959), South Africa (1963), Switzerland (Canton of Vaud) (1963), United Kingdom (1943, 1961 and 1964).

The terms used in the legislation to designate nursing auxiliaries vary quite widely from one country to another, and are a possible source of confusion. It may be noted that, in some countries, a

¹ Brown, E. L. (1961) in: *Aspects of Public Health Nursing*, Geneva, WHO (Publ. Hlth Pap., No. 4), p. 9.

certain development in the terminology has taken place. Thus, in Belgium, the old name of "sick-nurse" [*garde-malade*] has been replaced by that of "hospital attendant" [*hospitalière*], while in the United Kingdom, "assistant nurses" became "enrolled nurses" in 1961. In other countries, the nursing auxiliary is called an "auxiliary nurse" (South Africa), a "nurse aide" (South Australia), "auxiliar de enfermagem", "enfermeiro prático" or "prático de enfermagem", according to the qualifications possessed (Brazil), "nursing aide", "licensed practical nurse", "nursing assistant" or "registered nursing assistant" (Canada), "aide-soignante" (France), "licensed practical nurse" (USA), "nursing aid" (New Zealand), "auxiliar de enfermería" (Peru), "nursing assistant" (Sierra Leone) and "aide-soignante" or "aide-hospitalière", according to the training received (Switzerland, Vaud). It will be realized that the terms given here refer only to auxiliary nursing staff as such; in certain countries, provision is also made in the legislation for various classes of specialized nursing auxiliaries especially in the fields of psychiatry and paediatrics.

Definitions are given in the legislation of certain countries as to the character of the profession of nursing auxiliary, or concerning the duties which such personnel may be assigned and the procedures which they may carry out. In Canada, for example, the legal definition in the Province of Prince Edward Island lays down that a "nursing assistant" is a person trained to care for certain types of patient among those who are convalescent, or sub-acutely or chronically ill. She assists the professional nurse in a team relationship in the care of those more acutely ill. She may be employed both in institutions and in private homes. It is also laid down in a general way in this definition that a nursing assistant may work only under the direct orders of a physician or the supervision of a registered nurse. The legislation of the Province of Manitoba is even more explicit in character, giving not only a definition of the term "practical nurse", but also stating that she may carry out the duties which she has been trained to perform in mild types of illness, chronic illness not requiring the services of a registered nurse, before and after childbirth, in the absence of complications, etc. It is laid down that, if so required by the physician, these duties must be performed under the supervision of a registered nurse.

MISCELLANEOUS

The most detailed enumeration of the procedures which nursing auxiliaries may perform is given in an Instruction promulgated in Poland in 1961. Apart from the list of normal nursing procedures involved in the care of patients, this Instruction also lists the various activities for which they may be responsible in the fields of aseptic and antiseptic measures, diagnostic procedures and the administration of medicaments and medical procedures. The last-named include subcutaneous and intramuscular injections, the application of dressings, administration of enemas, etc. In Switzerland (Vaud), it is laid down that a nursing aide has the duty of caring for chronic patients, in institutions for such patients, under the instructions of a qualified nurse. She may also look after, independently, adults and children needing assistance other than nursing care, for example, in old-age homes, convalescent homes, etc., and assist qualified nurses in the care of chronic patients hospitalized in general hospitals. She may not give others the impression that she holds a nursing diploma. In South Africa, a Government Notice of 1963 lists the procedures, the performance of which by an auxiliary nurse is forbidden. Thus the administration of an anaesthetic is strictly prohibited, except in an emergency, and the same provision also applies to the administration of intravenous injections and the taking of blood. On the other hand, she is permitted, under the orders and on the responsibility of a physician, to perform intramuscular and hypodermic injections.

Very brief definitions are sometimes found in the legislation, for example, in Japan, where a law of 1948 defines the term "assistant nurse" to mean a female who has been licensed by the Governor and who, under the direction of a medical practitioner, a dentist or a nurse, provides nursing care to the injured, the sick or women in childbed, or any other assistance connected with medical examination and treatment. At its first session (1950), the Expert Committee on Nursing made a distinction between "nurses" and "auxiliary nursing personnel", the latter being defined as "those who give, in comparison, less exacting care which supplements that given by nurses, or those whose duties are confined to some particular phase of nursing care (e.g. vaccinators)." The rôle of the nursing auxiliary has also been defined, in 1957, by the National Federation of Licensed Practical Nurses (USA). The same basic

principle is found here too, namely that the rôle of the auxiliary is to provide nursing care where the constant attention of the professional nurse is not required. Nevertheless, the ultimate responsibility for developing plans for nursing care and for delegating nursing functions rests with the professional nurse. The same considerations apply to training. The Federation also drew up in 1957 a list of the duties which auxiliaries may perform.

An article published in 1962 in *The American Journal of Nursing*, by the American Nurses' Association, emphasizes that there exist, at the present time, two attitudes towards auxiliary workers in nursing service. The first of these allows them to take on more and more responsibilities for nursing procedures, so that eventually, with little or no preparation, they are actually assigned to nurse patients, while the second tends to limit their tasks so that they cannot make the contribution to patient care which they should.

There is no doubt a great deal more that could be said on this subject. In fact, in a recent article (1963), F. S. Beck emphasizes how difficult it is to define precisely the duties of nursing auxiliaries. She points out that, over the years, the duties for which the nurse herself is responsible have also been changed, and that certain duties previously performed by the physician are now carried out by the nurse. The Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel (1961) put forward the view that "the need for the auxiliary to act frequently as a substitute for, rather than as assistant to, professional personnel dictates the exercise of care in supervision, in order to achieve a feeling of adequate support for the auxiliary rather than one of discipline." One cause of misunderstanding is undoubtedly the consequence of the training received by auxiliaries, which may vary considerably from one country to another.

The age laid down in the legislation at which training may be begun varies from 16, in the case of the "auxiliar de enfermagem" in Brazil, to 19 for the nursing aide in Switzerland (Vaud). It is 17 in South Australia, as in Switzerland (Vaud) for hospital aides, and 18 in New Zealand, Peru and the United Kingdom. It is prescribed, in most countries, that the theoretical training must be carried out in schools approved to this effect, and the same provision

MISCELLANEOUS

applies to the hospitals in which the practical training is carried out. The South African legislation goes into considerable detail in this connexion, and lays down the number of medical, surgical and paediatric beds which must be available, while not more than 20 students may be admitted for each registered general nurse. In South Australia, the approval given to a training school may be cancelled by the Nurses Board by written notice addressed to the person in charge of the institution in question.

In Belgium, training centres must have nursing sections, established, subsidized or recognized by the State as entitled to grant the certificate of hospital attendant (male or female). The Director of the centre must be a person holding a nursing diploma, scientific supervision of the training being the responsibility of a physician who is given the title of Medical Director. In Canada (New Brunswick), the Director of the school must be a registered nurse who has demonstrated administrative ability and with professional experience in nursing. In France, the training of nursing aides is carried out in public or private establishments approved by the Departmental Directorate of Health. In Japan, training schools are approved by the Governor of the Prefecture on application by the founder of the school; the application must include information such as the school regulations, the number of pupils, the teaching equipment, the number of patients, etc. The Japanese regulations give details as to the number of hours of instruction to be given in the various subjects and the way these are to be divided up between the physicians and nurses on the teaching staff. In New Zealand, no hospital may be approved as both a nurses' training school and a nursing aid training school. In its application for approval, the governing body of the hospital, as in Japan, must give information to the Nurses and Midwives Board as to the teaching staff, the number of patients, the teaching equipment, etc.

The variation found in the length of the training period and in the curriculum prescribed for nursing auxiliaries confirms what has already been pointed out, namely the very different ideas which exist as to the rôle and duties to be assigned to such auxiliaries. In addition, changes have taken place in these ideas within individual countries. In Belgium, for example, the former sick-nurses, whose course of training lasted for one year, have been replaced

by hospital attendants, for whom the period of training is two years. A similar development has taken place in the United Kingdom, where the "assistant nurse" has become the "enrolled nurse", who is required to undergo a training course lasting two years. These new requirements, which make it more difficult to obtain the title of nursing auxiliary, are counterbalanced by the fact that it is now possible, in Belgium and Poland for example, for the auxiliary to obtain the nurse's diploma. On the other hand, thanks to the establishment of the profession of nursing auxiliary, it is possible, in certain countries, for a pupil nurse who has not completed the full course of training or who has failed the final examination, for example, to qualify, under certain conditions, as a nursing auxiliary. This provision is contained in the legislation of the following countries: Australia, Canada, Poland, South Africa and the United Kingdom.

Thus in South Africa, for example, a person who has completed the prescribed period of training for a registered general nurse, but has not taken the final examination, is exempted from the entire training period for auxiliary nurses. The same exemption applies to student psychiatric nurses, mental nurses and nurses for mental defectives. Exemptions from part of the period of training may be granted to student nurses who have completed a period of training of length ranging from 9 months to 2½ years.

Under normal conditions, however, the length of the training period for auxiliary nurses in South Africa is 18 months, as compared with 12 months in South Australia, two years in Belgium, 18 months for the "auxiliar de enfermagem" in Brazil, 10 to 12 months, according to the province, in Canada, two years in Japan, 10 months in France, 18 months in New Zealand, 6 months in Peru, two years in Poland, two years in the United Kingdom, 12 months in Sierra Leone, and 18 months in Switzerland for the nursing aide. . . .

Questions concerning the organization of the profession, the training and the registration of auxiliaries, generally come within the jurisdiction of the body which is responsible for the affairs of qualified nurses, and it is rare to find boards set up specially to deal with questions of auxiliary nursing. Nevertheless, in order to assist the central body in the performance of its duties and to enable auxiliary nurses to be represented on it, it is laid down that one or

MISCELLANEOUS

more representatives of the profession of auxiliary nurse must be included among the members of the central council. In the United Kingdom, certain questions concerning auxiliary nurses are dealt with by the Enrolled Nurses Committee, which is attached directly to the General Nursing Council for England and Wales. In South Africa, the enrolment of candidates who satisfy the prescribed conditions as to training or who possess a recognized equivalent qualification, is the responsibility of the South African Nursing Council. In South Australia, enrolment is the responsibility of the Nurses Board. In Canada, in Manitoba, for example, the Advisory Council is empowered to issue, suspend or cancel certificates of qualification and licences to practise as a practical nurse. Students are entered in a special register. In Nova Scotia, certain provisions of the regulations permit the registration of nursing auxiliaries trained in other provinces or in another country, if their training is considered to be similar to that prescribed in the regulations. In Japan, the licence to practise is granted by the Governor of the Prefecture. The list of assistant nurses is kept up to date at the Prefecture, and entry in this list constitutes the licence to practise. An assistant nurse who wishes to begin, or who has ceased to practise, must inform the Governor of the Prefecture in which her place of work is situated to this effect.

In New Zealand, nursing aids are registered with the Nurses and Midwives Board, after having passed the examination in an approved school, or if they hold an equivalent certificate. As in most of the Anglo-Saxon countries, a person who has not been duly registered as a nursing aid may not, whether by wearing the uniform, the badge or in any other way, give the impression of being a registered nursing aid. A practising certificate, which must be renewed annually, is given to registered nursing aids. The purpose of registration is solely to protect the title of nursing aid, and does not have the effect of restricting the performance of the corresponding duties exclusively to holders of the certificate. In the United Kingdom, the General Nursing Council for England and Wales is responsible for keeping the Roll of enrolled nurses. In France, the nursing aide's certificate is issued by the Departmental Director of Health.
