Early 20th century untrained nursing staff in the Rockhampton district: a necessary evil?

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Aim. This paper explores the role of untrained nursing staff within the nursing services of the Rockhampton region, Queensland, Australia, throughout the early 20th century. It details who these nurses were, where they worked and how their work was affected by factors such as legislation and social changes.

Background. Despite the increasing prevalence of trained nurses from the late 19th century, nurses who had never undergone any formal training continued to gain work in hospitals, institutions and their local communities.

Method. This paper is an historical analysis of a wide range of primary source material relating to untrained nursing staff. The primary source material used related specifically to a limited geographical region in Australia.

Findings. Untrained nursing staff primarily worked as private duty nurses at the beginning of the 20th century. However, as the century progressed, their opportunities to work as untrained nursing staff tended towards institutions dealing with the chronically ill and the aged. As a result of this transition, their profile altered from that of a married/widowed woman living at home with dependents to one who could live on-site at the institution with no dependents. Furthermore, the level of autonomy of the untrained nurse decreased dramatically throughout this period from being relatively independent to being under the control of a trained nurse within the institution.

Conclusion. Consideration of the historical evolution of untrained nursing staff challenges some of the assumptions made about this category of nurse, assumptions that can affect current relationships between professional nurses and others who undertake nursing work.

Keywords: Australia, history, nursing services, untrained nursing staff

Introduction

The Nightingale legend paints a picture of nursing being wrested from the control of Sarah Gamps, drunken and unskilled women of low moral and social standing, and reformed by trained nurses, angels of sanitation (Godden *et al.* 1992–1993, p. 27; Nelson 2002, p. 176). While there is certainly much evidence to support the dramatic effects associated with the introduction of trained nurses from the late 19th century, the image of untrained nursing staff has rarely been challenged. Indeed, the lack of attention paid to non-professional nursing staff in contemporary literature suggests that there continue to be issues about the role and image of untrained nursing staff. This paper outlines the changing role of untrained nursing staff within nursing services in the Rockhampton district, Queensland, Australia, during the first half of the 20th century. Its focus on a limited geographical area allows several factors to be highlighted, including the transition of untrained nursing staff from independent practitioners to employees within institutions.

Despite the local nature of this research, the rise of professional nursing was similar in Australia to other Western countries. Therefore, the issues analysed here are likely to have existed elsewhere.

This paper is derived from a broader study of the history of nursing services in the Rockhampton district. As the study progressed, it became increasingly evident that untrained nursing staff continued to play an important role in the delivery of nursing services in this region. While it was expected that legislation such as the introduction of nurse Registration in 1912, or the establishment of a separate nurses' Registration Board in 1928 would see the elimination of untrained nursing staff, this was not the case. Indeed, untrained nursing staff were employed in a number of institutions, although they became less evident in private duty nursing and lying-in hospitals. This paper examines where untrained nursing staff worked and how prevalent they were in the study region, and considers the changing opportunities these nurses found within nursing services.

Background

Prior to the expansion of nurse training hospitals in the late 19th century in Western countries, including Australia, most nursing was provided by men and women who met their nursing responsibilities as best they could, drawing on previous experience and knowledge (Pearson & Taylor 1996, Madsen 2003). Consequently, the effectiveness of nursing activities varied widely. It is not difficult to locate accounts of slovenly, unsanitary nursing in this period. Indeed, Lucy Osburn's descriptions of nursing staff at the Sydney Hospital are likely to be representative of a number of institutions (Bashford 1994, Godden 2001). However, there is a tendency in the literature to associate *all* untrained nursing staff with ineffective, uninformed and misguided interventions, while the introduction of trained nurses corresponded with a 'coming of the light'. This image has been challenged by a small number of authors. Barbara Mortimer (1997, pp. 142–145) outlined the early 19th century domiciliary nurses of Edinburgh, noting that these women tended to be older and probably well-respected, both socially and by the medical profession. Similarly, Annette Summers (1997, 2000) found that community midwives in South Australia who, although not formally trained, met the midwifery needs of women relatively successfully. These older women were often drawn into nursing through circumstances such as the need to support their families after the death of their husbands. Phillipa Martyr (2002, p. 225) has identified a north Queensland doctor who acknowledged the skill and knowledge of lay midwives during the 1930s. Saunders and Spearritt (1996) have noted that all women in northern Queensland were called upon to assist in childbirth during the 19th century, and indeed pointed out maternal mortality was the same in 1870 as in 1922, despite the rise in medical and trained obstetric nursing staff. These accounts of the *success* of lay midwives provide a more balanced perspective to the trained vs. untrained debate, epitomized by the controversy associated with Sister Kenny and her treatment of poliomyelitis sufferers from the 1930s in Australia and abroad (Martyr 1997, Denton 2000, Rogers 2000). Furthermore, although small in number, these studies suggest that the issues relating to untrained nursing staff were similar in Australia and other Western countries.

Method

This paper uses an historical method, as outlined by Tosh (1991). Primary source material was gathered from Queensland government records, nurse Registration records, professional nursing organization minutes and membership lists (as recorded in *The Australasian Nurses' Journal*), *Post Office Directories*, Rockhampton City Council correspondence records and minutes of hospital committees. The data were categorized according to individual nursing services and analysed by considering the social, political and medical contexts of the events described. This included extensive literature searches relating to nursing services throughout the 20th century both in Australia and other Western countries. Furthermore, literature relating to social history, political developments and medical changes was accessed to provide the background against which the primary source data were analysed.

Findings and discussion

During the early 20th century a range of nursing services were evident in Rockhampton and the surrounding district (circumference of 50 km), giving a reasonable representation of nursing in Australia. There were two public hospitals that provided general nurse training, and two smaller public hospitals that provided midwifery and children's nurse training, respectively. After 1925, these smaller hospitals amalgamated with the Rockhampton Hospital. Four small private hospitals also offered general nurse training. In addition, there were a number of non-training facilities and services: a small public hospital, tuberculosis sanatorium, school nursing, a maternal and child welfare service, nursing home, charity-run maternity hospital, nurse-owned lying-in hospitals, and private duty nursing.

At the turn of the 20th century, untrained nursing staff in the Rockhampton district were mostly confined to private duty nursing, nurse-owned hospitals and charity institutions. Of these, private duty nursing was the main avenue of employment. *The Post Office Directories* indicate that 10 women operated as private duty nurses in Rockhampton in 1901, with a further three in the neighbouring town of Mount Morgan. Smaller surrounding communities did not have any nursing services, private or otherwise, at this time. All these nurses had been married but were mostly widowed. None appear to have registered with the Australasian Trained Nurses Association (ATNA), but a branch was not established in Queensland until 1904 (Strachan 1996, p. 37). This number of private duty nurses remained similar in Rockhampton until 1912, when four of the 10 ceased to advertize their services. This rather abrupt drop in numbers is likely to be related to the introduction of nurse Registration as part of the Health Act Amendment Act (1911) (*Government Gazette 1912*). This legislation not only provided for the Registration of nurses, but also included regulation of private hospitals, including lying-in hospitals, whereby a nurse had to be Registered in order to run a lying-in hospital. Untrained nursing staff were provided with the opportunity to register with the Queensland Nurses' Registration Board (QNRB), thus allowing them to run lying-in hospitals. Private duty nurses were not obliged to register. Private duty nursing continued to be dominated by untrained nursing staff until the 1930s in the Rockhampton region, although the total numbers remained small. For example, in 1935, at least four of the six private duty nursing staff advertized in the *Post Office Directory* were untrained. It is possible the untrained status of private duty nursing staff in the Rockhampton region during the economic difficulties of the 1920s and 1930s may have contributed to their economic viability. As untrained nursing staff, they were more likely to undertake domestic duties in addition to their nursing duties. Indeed, Saunders and Spearritt (1996, p. 11) assert that the main difference between trained nurses and untrained private duty nursing staff was that the latter continued to be willing to undertake domestic duties to which trained nurses increasingly objected.

Lying-in hospitals in Rockhampton were required to be registered with the City Council from 1916. From then until 1930, when records cease to exist, a total of 26 people ran lying-in hospitals, although not all simultaneously. Of these, 20 were untrained nursing staff. These figures support Wendy Selby's (1992, p. 96) research, which indicated that around 70% of practising midwives in Queensland in 1913–1914 were untrained, decreasing to 38% by 1923. Indeed, of the nine people running lying-in hospitals in Rockhampton in 1930, six (67%) were untrained nursing staff, suggesting that a higher prevalence of lay midwives continued to exist in private practice, at least in Rockhampton and possibly other regional Queensland districts.

Hospitals which were not training institutions seem to have employed untrained nursing staff as assistants in nursing (AINs) in a similar capacity to nursing students. That is, they undertook the bulk of the nursing work, being overseen by a small number of trained staff, or a matron. For example, the Yeppoon Hospital had two trained staff and five AINs in 1929 (Secretary of Rockhampton Hospital Board to Under Secretary 1929, Home Office 19 August). One AIN worked at the Emu Park Convelescent Home under the direction of a matron (Edna Besch memoirs). Westwood Sanatorium also relied heavily on AINs: four of the seven staff in 1932 were untrained (Edna Besch memoirs), while in 1949, 19 of the 33 staff were untrained (Health and Home Affairs Department Report 1949). The Albert Private Hospital operated in Mount Morgan from 1917 to 1925, and was owned by an untrained woman, Sarah Molloy, who employed three nursing workers (Mount Morgan Historical Museum), none of whom were likely to have been trained.

Although it was unusual for training hospitals to employ AINs, two in the Rockhampton district did so. Mount Morgan Hospital employed two AINs in 1941 while also having 17 trainees and six trained nurses on staff (Health and Home Affairs Department Report 1941, 9 December). Two AINs worked in the non-maternity section of the Women's Hospital in 1922 (Women's Hospital Committee minutes 21 September 1922), dealing with medical and surgical cases.

It is impossible to determine absolutely the number of untrained staff in the Rockhampton district, or indeed to gain an accurate picture of the proportion of untrained nursing staff compared with trainees and trained nurses. However, the available data provide insights into where untrained nursing staff worked, and to some extend their prevalence. Table 1 summarizes these data, which are drawn from different years and so cannot be directly compared; nor can they be used for statistical analysis. Furthermore, the training status of individual nurses is often not available. In these cases, it has been assumed the person involved was untrained. These figures indicate untrained nursing staff continued to be included in nursing services throughout the early 20th century, and suggest that untrained nursing staff moved from being primarily in the community, in lying-in hospitals or as private duty nurses to being located more in institutions, such as Westwood Sanatorium and Eventide Nursing Home. It is noteworthy that these latter two facilities catered for chronically ill and aged patients. This matches Edwards'

Table 1 Location and number of untrained, training and trained nursing staff in the Rockhampton district 1901–1950

Nursing service	Year	Untrained nurses	Trainee nurses	Trained nurses
Private duty nursing	1901	13	–	–
	1930	6	–	1
Lying-in hospitals	1916–1930	20	–	6
Rockhampton Hospital	1941	–	63	14
Children's Hospital	1923	–	Approx 8	3
Women's Hospital	1922	2	7	3
Emu Park Convalescent Home	1925	1	–	1
Yeppoon Hospital	1929	5	–	2
Mount Morgan Hospital	1927	–	21	3
	1941	2	17	6
Westwood Sanatorium	1932	4	–	3
	1949	19 (male and female)	–	14
Eventide	1950	9	–	3
Leinster Private Hospital	1915	–	7	1
	1930	–	7	4
Tannachy Private Hospital	1940	–	9	5
Hillcrest Private Hospital	1938	–	13	4
Mater Hospital	1942	–	Approx 8	Unknown
Salvation Army Maternity Hospital (Bethesda)	1913	4	–	1
	1938	–	–	3
Bethany Nursing Home	1940	Small number	–	1
Albert Hospital	1920	4	–	–

(1997) assertion that AINs have formed the backbone of such nursing services in the UK throughout the 20th century.

Several factors are likely to have contributed to the move of untrained nursing staff from the community, as relatively independent practitioners, to being under the control of trained nurses within institutions. These include the campaign to discredit untrained nursing staff by trained nurses, especially via the ATNA, the effect of various pieces of legislation, and changing community views and demands regarding hospitalization. However, it should be noted that the changing location of work available to untrained nursing staff had profound effects on who undertook this type of work. During the early 1900s, when untrained nursing staff worked as private duty nurses and ran lying-in hospitals, they were generally married and likely to have had family responsibilities. Nursing work allowed them to earn an income while still tending their own families. Institutions, however, generally required nursing staff to live on the premises. Consequently, these latter untrained women were probably single and without family responsibilities. Therefore, while untrained nursing staff were still required as the 20th century progressed, this avenue of nursing was closed to women who had dependents.

Minutes of the Queensland branch of the ATNA (QANTA) and letters to the Editor of *The Australasian Nurses' Journal* often contain references to 'Gamps' (alluding to the Charles Dickens character Sarah Gamp) and the dangers associated with unsupervised, untrained nursing staff who threatened the safety of the community. For example, in 1907 a matron of a country hospital described two births overseen by 'Gamps' where the placenta had not been completely expelled and the women became acutely ill (*The Australasian Nurses' Journal* 1907, p. 313). The Editor's reply stated that there was 'no law defining what was meant by a midwife, and so there [was] nothing to prevent anyone accepting fees to act in this capacity'. Another 1907 letter mentions a country town where a number of 'Gamps' resided who were considered to be incompetent (*The Australasian Nurses' Journal* 1907, pp. 380–381). By 1921, there were calls for private duty nurses to call themselves 'Sister' to distinguish them from untrained nursing staff who were allowed to call themselves 'nurse' (*The Australasian Nurses' Journal* 1921, p. 153). Indeed, most of the letters referring to 'Gamps' seem to have originated from country areas, suggesting that untrained nursing staff were more prevalent outside metropolitan areas. The high numbers of untrained nursing staff in private practice in the Rockhampton area would also support this.

While there would certainly have been instances, perhaps many instances, of ineffective and even life-threatening interventions by untrained nursing staff during this time, this was not universal. Untrained nursing staff in the Rockhampton region who undertook private duty nursing and managed lying-in hospitals did so for a number of years. For example, Nurses Pollard, Burns and Flenady nursed privately for at least 11, 12 and 21 years respectively. Mrs Willis nursed privately for at least 17 years before running a lying-in hospital from 1917 to 1921, while Mrs Eckel nursed privately for at least 20 years prior to registering her lying-in hospital from 1920 to 1928. This suggests that these women were long-term residents of the community in which they worked, and reinforces Summers' (1997, p. 14) view of them as married, older and local residents. Furthermore, the longevity of their practice suggests that these women were respected and competent practitioners within their communities. The people of Rockhampton and the surrounding districts were not restricted in their choice of nursing, and appear to have chosen to support these nurses in preference to other options such as hospitals which offered the services of

trained staff. For example, in 1920, lying-in hospitals provided 65% of the maternity beds in Rockhampton (Town Clerk, Rockhampton City Council to Under Secretary 1920, Home Office 11 December). In 1932, the Rockhampton Hospital maternity ward, the largest maternity service in the district, only accounted for 27% of all births in the region (Memorandum, Home Office 1937, 9 November), although this figure grew considerably over the next few years. This support from the community existed despite the higher cost associated with lying-in hospitals: in 1922 the Women's Hospital charged one guinea per week as opposed to the three guineas normally associated with private nursing. It is unlikely that such support would have endured if the services were perceived as dangerous. Furthermore, no accounts of puerperal fever have been found for lying-in hospitals in Rockhampton, despite the need for regular inspection by a medical officer, the close association these homes had with general practitioners, and the legislative requirements associated with this infection. Thus, there does not appear to have been a high level of concern about the competence of the untrained nursing staff in the Rockhampton district. This suggests, then, that the concerns about the safety and overall effectiveness of untrained nursing staff tended to be restricted to professional nursing circles. Consequently, historians of nursing need to be cautious when examining views of untrained nursing staff found in professional nursing primary sources because these could be quite biased and not necessarily reflect the reality of untrained staff.

In contrast to untrained nursing staff working independently in the community, AINs working in institutions were subject to much greater control. The role and duties of the AIN were not well-defined and probably depended not only on the institution but also the matron. In 1928, the QATNA noted that these employees had no defined duties and that the matron had the power to detail what activities they undertook (QATNA minutes 1928). On the whole, professional nursing associations such as the QATNA did not address issues relating to AINs until later in the 20th century, probably because most of the QATNA council came from large metropolitan nurse training hospitals where there may have been relatively few AINs. In 1943, the QATNA council was confronted, however, with the reality of many smaller, regional Queensland hospitals, when the Bundaberg Hospital Board asked if an 'experienced nurse' could be appointed as an acting staff nurse at the Gin Gin and Lady Chelmsford Hospitals (QATNA minutes 1943). The reply was that this would be in breach of the Nurses' and Masseurs' Act. However, this illustrates how reliant some hospitals were on such staff and that some were considered as competent as trained staff. This issue of the scope of practice and competence of non-professional nursing staff undertaking nursing duties continues to be problematic, and warnings from within professional nursing ranks continue to be sounded. For example, unlicensed personnel are being employed as surgical assistants in the USA rather than Registered Nurses (Eckberg 1998).

While the QATNA wanted untrained nursing staff to be removed from the private duty nursing market through legislation, by the late 1940s they seem to have more readily acknowledged the presence of AINs. In 1947 *The Australasian Nurses' Journal* published an article proposing that AINs should be registered. It noted that no figures were available on the numbers of AINs, but that they were 'to a great extent' staffing institutions such as homes for long-term patients, non-training hospitals, sanatoria, private hospitals, convalescent and rest homes ('Proposed registration of Assistants in Nursing' 1947). This high prevalence was reflected in the Rockhampton district. Yet, in 1949, their role was still not defined other than as working under the direct supervision of a trained nurse (QATNA minutes 1949), although the difficulties were acknowledged that this generated for matrons of small country hospitals where AINs constituted the majority of staff. Indeed, the QATNA noted that the association arbitrated for AINs but did not recognize them, and in fact seem to have diverted responsibility for their control to the QNRB (QATNA minutes 1950).

The state government in Queensland introduced a number of legislative acts that affected nursing services. As mentioned earlier, it appears that the Health Act Amendment Act (1911) had the effect of decreasing the number of untrained nursing staff in the private duty nursing market, although it did not actually prohibit them from working. Furthermore, this legislation allowed experienced, untrained nursing staff to Register with the QNRB for a number of years after the Act was introduced QNRB (1912–1925). This 'grandfather clause' was eventually removed during the early 1920s and effectively stopped untrained nursing staff from opening lying-in hospitals. Although those already running lying-in hospitals could continue to do so, many of these women in the Rockhampton district were older and they ceased operations over the next decade. Therefore, untrained nursing staff had little choice but to work as AINs in institutions. It is interesting to note that, although the legislation worked against untrained nursing staff, the main avenues of work that opened up to them were provided by government-funded facilities, in particular Westwood Sanatorium and Eventide Nursing Home. This apparent contradiction suggests that untrained nursing staff were not, on the whole, seen as problematic by the government, except when operating independently.

What is already known about this topic

- Untrained nursing staff worked in institutions for chronically ill and aged people throughout most of the 20th century.
- Nursing generally moved into institutions during this time, at least in industrialised countries.

What this paper adds

- The role of untrained nursing staff involved a wide variety of nursing duties, many of which were similar to those of trained nurses and those in training.
- In the transition from private practice to work in institutions, untrained nursing staff experienced reduced levels of autonomy.
- In the past, professional nursing organizations have not always responded constructively to the presence of untrained nursing staff.

It is widely accepted that throughout the first part of the 20th century the general public in Western societies increasingly sought out hospitals rather than community-based services. This was particularly so for childbirth. In the UK, where up to 75% of births were conducted by midwives in home settings at the turn of the 20th century, this figure was reduced to 50% by 1948 (Dawley 2001). Indeed, in Queensland, where the Labour Government had been actively building and funding maternity hospitals since 1922, 67·2% of all babies were born in a public hospital by 1945/1946. Why women were attracted to hospitals for birthing is subject to speculation. However, Robertson's (1992) oral history research in South Australia identifies three contributing factors: acceptance of the medical profession's argument that hospital birthing was safer, pain control and cost. Martell (2000) confirms these factors within the USA, and adds the dislocation of the extended family and increased urbanization as further factors. It was noted earlier that increased medical intervention in childbirth prior to the 1930s was not safer than community-based midwifery; however, Martyr (2002, p. 260) found that the medical profession was very adept at using the media, particular in the 1930s, to promote their image as the sole authoritative voice on healing and birthing. This may account for some of the attraction of hospitals. Reiger (1985) also notes that childbirth had been increasingly 'medicalized' after the first world war, but that the issue did not seem to have been publicly debated. Rather, there was a general sense of acceptance by the public of hospitalization. Integral to this increasing hospitalization was the lure of a pain-free birth. Saunders and Spearritt (1996) also suggest that the introduction of chloroform was a chief incentive, although not without its dangers. Regardless of the reasons for the public's increasing attraction to hospitals as the locus of health care services, the result for untrained nursing staff was an ever-diminishing opportunity to practise independently within the community.

The observation that untrained nursing staff became increasingly institutionalized throughout the early 20th century, and subsequently lost much of their independence, is one that appears to be fairly widespread in Western societies. Whether the factors explored in this paper contributed to this transition in other geographical areas is uncertain. Therefore, the specific issues highlighted here may not be applicable to other states or countries, and more research is required in order to understand more fully these changes from an international perspective.

Conclusion

Untrained workers are undertaking nursing roles in many nursing services in Western societies at the beginning of the 21st century, and have been for more than a century. However, this is a situation which has rarely sat comfortably with professional nurses as it strikes at the very heart of what constitutes 'nursing', and hence the foundations for claims of professionalism. The response of professional nurses over the years has been either to complain about the incompetence of untrained personnel or to ignore their existence. This response has not diminished the prevalence or role of untrained staff. By considering the historical evolution of untrained nursing staff and the relationship they have had with trained staff, this paper challenges some past and current assumptions about untrained nursing staff held by professional nurses. It is only through honest evaluation of the relationships that professional nurses have had with untrained staff that some of the current issues about both role developments may be resolved.

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