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RESUME OF MEETING HELD AT BENDIGO BASE HOSPITAL ON TUESDAY 20th FEBRUARY, 1962
MEMBERS OF THE BENDIGO BASE HOSPITAL HOUSE COMMITTEE AND THE NORTHERN DISTRICT
SCHOOL OF NURSING EDUCATION COMMITTEE WITH REGARD TO BENDIGO BASE HOSPITAL'S
REQUEST TO WITHDRAW FROM THE CIRCULAR TRAINING SCHEME.

Mr. Stanistreet (Chair) welcomed School Committee members and thanked them for their attendance and expressed the hope that the matter could be amicably discussed and arranged to the mutual advantage of all.

Mr. McClelland then read correspondence leading up to the meeting.

Mr. Stanistreet stated that the scheme was instituted for five years, which period has now nearly expired. The Bendigo Hospital Committee feel that it has had some effect on the life and organisation of the Hospital. Those who wish to train at Bendigo on hearing that they must transfer to District Hospitals have declined to enrol. The Hospital Committee feels that the full training time should be spent in the parent Hospital.

The meeting was then thrown open for discussion:-

Mr. Walters (School) Your letter states that you are under the impression that no good has accrued from the scheme which has had bad effects, but at no stage have you supplied definite information which proves the point. We are dealing with assumptions only - what evidence is there?

Mr. Hyett: It is difficult to prove intangibles - Our figures have shown a sharp drop in recruitment since circular training was introduced. Girls have no feeling of belonging in any real sense. They must go to the School and for periods of 6-12 months at District Hospitals. It is most important to have a sense of belonging and a sense of stability. Royal Melbourne Hospital's recruitment was increased when a similar scheme was abandoned. The other factor which is disturbing is that when the girls complete training they are no longer staying on as Staff Nurses. This we feel is because they have no sense of "belonging". There are other factors, but we believe that a lot of time is lost in the "chopping and changing" and adjustments to be made.

Mrs Hawley: From the parents point of view - a mother much prefers her daughter to stay near home as long as possible. She does influence her daughter to accept a position in the home area.

Mr. Duus: A girl leaving Bendigo to go to a smaller hospital gains no extra experience. Training here is the same, except that it would be to their advantage to remain here. Nothing is gained by going to a smaller hospital. We are quite happy to receive girls from smaller hospitals to receive the advantages of a larger Hospital but a girl cannot gain anything by going to a smaller hospital. Recruitment figures have proved over the last 5 years, that there is something wrong, as to why figures in this hospital have not been maintained. The girls commence, knowing that they would be transferred. It is only after they have stayed for 12 months, made friends etc. - being transferred several miles away becomes upsetting. In no way do we wish to depart from the School of Nursing. We feel that they are doing a grand job and are happy for our girls to train there. We were in favour of the scheme 5 years ago as an experiment, but we have come to the conclusion that the advantages of the student nurses going away are far outweighed by the disadvantages.

Miss Steel: Nobody has proved that the drop in recruitment is due to the transfer. There is a greater scope of occupations open to girls and I find this is one very big reason why recruitment of Nurses and Teachers has gone down. Better jobs for lower qualifications - a real cause for the drop in figures.

Mr. Hyett: Ballarat and Geelong are not experiencing the same position.

Miss Scott: Ballarat and Moorabbin are very much down in the last two years, taking into consideration wastage and failure rates.

Mr. Hyett: What advantages accrue to girls of Bendigo by going to District Hospitals?

Dr. Pannifex: Staff requirements. If used as staff replacements they get a broader experience by doing things in a different manner and they get good general nursing experience in another hospital with a broadening of their general outlook.

Mr. Stanistreet: Would a girl be sufficiently advanced in training to assimilate that change?

Dr. Pannifex: I think so. It is a matter of what can be conveniently done.

Sr. Turner: The reason for the transfer in their second year is so that the parent hospital has them in their senior year.

Mr. Hyett: They are our nurses.

Mr. Walters: Surely you are not only concerned with training people for Bendigo Hospital. Many will seek fresh fields and pastures now and might land in one of the smaller hospitals which you seem to despise. I have been in small and large hospitals, my personal experience is that I have received more loving care in the smaller hospitals. You must think of the future of the community and nurses not only training for Bendigo. I am not convinced that you have produced one shred of evidence - opinions yes, but not evidence.

Mrs. Hawley: What do you mean by evidence?

Mr. Walters: Questionnaires should produce evidence as to the definite cause. You have not faced the fact that we are dealing with a phase of social phenomena. The conditions offering today are so widespread that girls are not looking to the field of service to which a nurse is supposed to subscribe. The problem is not peculiar to Bendigo. It is world-wide.

Mr. Stanistreet: I have figures which show the actual recruitment. Royal Melbourne recruitment has shown a definite improvement since circular training stopped. It is estimated that 50 of the applicants recently have asked immediately if they will be trained at the one hospital or will they have to move.

Mr. Walters: That is the evidence I am asking for.

Mr. Duus: By the time the girl is to be transferred, she has had 12 months at the hospital, interested and feels she is wanted; learned to know the Doctors and her time has come to shift, and she becomes hostile to the transfer and not the same girl when she returns. It takes a long time to find her way back. She has to feel her way back into the social structure.

Miss Madlocks: Is Mr. Duus aware that we are exchanging Nurse for Nurse.

Mr. Hyett: We are not looking for the girls from the smaller hospitals. If you send them we will accept them, but we are not looking to increase our staff by using girls from the smaller hospitals. It is our belief that our recruitment will be increased and ^{as a result} will finish with a better training by studying here.

Miss Scott: The students are not forced, but are asked to go on exchange, and given the opportunity to say "No."

Miss Turner: When the girls apply for training they are sent data about the training in the area, ^{when} they come to the Selection Committee when they are aware that they will be asked to transfer. If parents are with them they are asked and are aware that girls will be transferring. Rosters are set up on the Notice Board when the exchanges will take place, and they know exactly when and where they will be going. In the First Year Block they are approached again and advised of exchange and as far as I can say, no one has been antagonistic. District Hospitals may transfer to Base Hospitals. When the scheme was first instituted, it was to be on a Nurse for Nurse basis. P.T.S. Students are asked if they prefer to go to Echuca or Castlemaine, whichever is nearer to their home. They are approached in such a way that we have no worries.

Mr. Stanistreet: We have the idea that our recruitments would improve if these girls did the whole of their training at Bendigo. Bendigo Base Hospital came into the scheme for 5 years. It is now time to reconsider whether it has worked and we feel that it has not.

Mrs. Hawley: We are not concerned with those who apply but with those who have not applied because of circular training.

Miss Steel: What evidence do you have? Nobody has produced figures which state that girls will not commence training because of transfer. I always talk with the girls who are going in for Nursing and find that those who are going to Melbourne are doing so because relations have trained at that hospital. This would not apply for bursary holders, because they have to remain for Staff Nurse year. Naturally, they seek further fields after 3 years of training. Never have any of them objected to transferring from Bendigo Base Hospital to another Hospital. We have recruitment talks at the School. I do not think you have interviewed any girls who have definitely stated that they would not commence training because they have to transfer.

Miss Scott: We have had girls on transfer wishing to stay on at a district hospital. Some girls are happier in a smaller hospital with time for clinical teaching and happy association. Some who have graduated have returned for Staff Nurse year.

Dr. Pannifex: You feel that circular training is the only cause of drop in recruitment. Do you think there could be some other factor? Everybody is down on figures at the moment. With the present economic situation a lot of school leavers might increase the number of applicants for this year.

Mr. Stanistreet: According to figures, we have shown a steady decline from 46 to 25 in 5 years. We have done a lot of research for the last 4 or 5 months, but cannot find anything but circular training which caused the decline.

Miss Scott: Wastage rate is very high. Many girls doing Nursing Aide course. Some doing First Professional and 18 months training then qualifying as Q.N.A.

Mr. Hyett: In 1955 there were 27,500 Nurses in Australia, 1959 - 34,370.

Mr. Walters: Increase in population. Bendigo is not attractive enough to hold young people, you have not given us *no* evidence. I am not convinced.

Mr. Stanistreet: We are convinced as a Committee that our Hospital will be far better off without circular training. We have seen it in other Hospitals e.g. Royal Melbourne.

Miss Scott: Bendigo cannot be compared with ^Melbourne. Two Base Hospitals serve a very wide area, for clinics and specialised treatment. People will come to the Bendigo Clinics as a regional scheme. Nurses from Royal Melbourne Hospital do go to the Childrens hospital for 6 months. Bendigo would receive 2nd year nurses from two or three country hospitals.

Mr. Stanistreet: What is the effect of Bendigo withdrawing to itself as far as your Committee is concerned. We feel that having been tried for 5 years we have not had the result. Could you show us where we should look for the result we are not getting.

Miss Maddocks: Have you any recruitment figures for this year? *They are* ~~Are they~~ increasing?

Mr. Stanistreet: No, but I understand that they are on the increase, but this will not overcome our problem. We want recruits "married" to this hospital for their training. We wish to keep our students to ourselves.

Mr. Walters: If this circular training is to discontinue the smaller hospitals are going to suffer. You are creating great problems because nurses can only do two years at District Hospitals. They must do their third year at Bendigo.

Miss Scott: Service to the Community in the region must be considered. We do feel the Bendigo girls can learn a lot from the smaller hospitals.

Mr. Speedy: As far as Bendigo is concerned we will accept nurses from other hospitals to come here, but we do not want to send Nurses from here. We want them to complete their 3 years at Bendigo Base Hospital.

Mr. Duus: We have gone thoroughly into the matter and whether we are right or wrong, we feel that we should be given the chance to withdraw from the scheme to see if this is the answer to our problem. We must try and we are hoping that we have found the solution to our recruiting problem. We came into the scheme to help everybody.

Dr. Pannifex: You stated that you came into the scheme to help other hospitals. If you withdraw, that will not help.

Dr. Duus: We are hoping to put our finger on the spot. Royal Melbourne recruiting increased since their withdrawal from circular training. There is definitely a problem to be solved.

Miss Maddocks: Figures are improving.

Mr. Hyett: Why has there been no other scheme established elsewhere.

Miss Scott: Lack of finance. When the School was opened, it was done in a hurry because of an impending change of Government. There has been a shortage of money ever since, but the regional scheme has been developed.

Mr. Hyett: If this is a worthwhile scheme, money would have to be found.

Miss Turner: These students are students of the Northern District School of Nursing for training in this region therefore the School is responsible for seeing that they have the best standard of training. They are issued with a School certificate and badge on completion of training.

Miss Scott: The Northern District School of Nursing is not just a building in Rowan Street, it is the whole of the hospitals in the region.

Mrs. Hawley: We are not concerned with the girls we have, but those we have not.

Miss Scott: You are not concerned with Nurses already training. You are concerned with recruitments.

Mrs. Hawley: If the girls feel they are going to be transferred they will feel that they would prefer to remain in the one hospital.

Miss Scott: Have the students been questioned and interviewed for other causes?

Mrs. Hawley: The Committee is concerned with students we have not got. We have not got names, but people have spoken to parents, they prefer their girls to do their training at the one hospital.

Miss Scott: I would not call that evidence.

Mr. Walters: Would you explain what you mean?

Mr. Stanistreet: I feel we have had a general discussion. The School has asked us to produce evidence, on the other hand we have indicated to your Committee that we have tried every possible avenue but have not been able to carry out what is in the best interest of the Bendigo Hospital. Neither side is convinced that we have made our points. I hope we have been able to place our points clearly before you, but this remains to be seen, but I do feel that as a Committee of this Institution we have done everything possible, and we feel that the only avenue left is to withdraw from circular training.

Mrs. Hawley: Before it is summed up, could we ask what exactly do you feel are the advantages.

Mr. Walters: I think that as the School Education Committee we are concerned with the ^{whole} region. It is not in the advantage of the region or the smaller hospitals. You have not produced any definite evidence. If you have been working for months surely some one would have said "Lets get this into logical shape and produce some evidence" My ommittee feel that you have not put your finger on the pulse. If you had convinced us that this was the only consideration we would have been very happy to accept it. We are not happy to feel that you are not with us. I don't think you have explored the other variables. My Committee is not satisfied or convinced. We await your further points. We will meet next Monday.

Mr. Stanistreet: Thank you for your attendance and we hope this has not been of no avail. You are looking for concrete evidence and we feel that we have found it. The matter must rest until we find a higher arbiter.