

Single Registration - For the Sake of Change?

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Any change made to nursing registration must have sound rationale clearly understood by all who are affected.

Having studied the three articles on single registration in the Nursing Journal October-January 1988-1989, and the single registration paper presented by the Nursing Council in 1985, we are not convinced that a sound basis for change exists.

In amongst a very circular debate presented by the Nursing Council, New Zealand Nurses Association and the Department of Health and Education, few concrete arguments emerge. One is that single registration creates ease of administration for the Nursing Council.

Most of the arguments presented have at least two differing perspectives and it depends on your point of view whether you see these as supportive of single registration or not. The following are examples of this.

Single registration may lead to:

Either

1. Fewer legal restrictions for employers.

2. Potentially wider career pathways for nurses.

3. Provision of a 'focus' for nursing and a blurring of the medical model of nursing.

Or

1. Dependence of the nursing profession on employers to uphold their professional responsibilities.

2. Nurses being forced by employers into career pathways they do not choose; the public put more at risk of being cared for by nurses not educationally prepared (especially if employers do not support nurses to short courses etc.).

3. A redefinition of nursing by people other than nurses eg. Non nurse managers.

Whilst we accept that the move to single registration is, in essence, a move to 'focus' nursing, and we have no argument with that need, we do question the timing of this debate.

Our main concern is the introduction of single registration in the present economic and political climate.

The recent sweeping and often indiscriminate changes in the health system have placed many nurses, and ultimately their profession, in jeopardy. Now we want to introduce another change which relies on the employers being aware of their professional responsibilities. This would seem to be naive in today's climate. Employers are demonstrating throughout New Zealand that their main concerns are budgetary.

The time for thinking that employers care about the nursing profession is past, and nurses alone are responsible for the nursing profession.

The rate of change is always critical to the success of change, and it is obvious that the natural attrition of nurses and the recent cessation of all specialist first level nursing courses, will lead inevitably to single registration. Perhaps this slower process would be most successful.

As midwives we are concerned that any changes made to the registration of nurses may indirectly or directly threaten the maintenance of the midwifery register.

We believe it is essential to protect the midwifery register.

Midwifery has its own philosophy and body of knowledge which is different from nursing. Historically midwifery and nursing developed along parallel lines - nurses cared for the sick, midwives worked with women having babies. There are common elements but midwifery does not stem from nursing.

There has only been a short period in the history of the western world where the midwifery role has been confused with the nursing role, and only a few countries which have seen midwifery as advanced nursing practice. These countries include New Zealand, Canada and the U.S.A.

This confusion arose as a direct result of the medicalisation of birth and the take over by the medical profession who needed nurses to support this medical approach to birth.

The majority of maternity units in New Zealand today are staffed predominately by Registered nurses and Enrolled nurses, with midwives in the minority. These nurses are unable to fulfill the essential role of the midwife, and medicalisation abounds.

In countries such as the USA, which have lost their midwifery registration, progressive medicalisation of birth has meant that 1:4 women is delivered by Caesarian Section.

This erosion of women's control over their birth experience has brought with it an outcry from women for the re-instatement of the midwifery register and the traditional role of the midwife.

The concept of nurse/ midwifery has inherent problems, and the struggle for professional identity should not be at the expense of women and babies.

The move into primary health care for nursing in New Zealand should not be at the expense of the midwifery profession.

It is possible for the two professions to exist side by side.

We hope that nurses will support midwives in our efforts to maintain the midwifery register.

Women in New Zealand want midwives to help them have the birth experiences they desire, and increasingly are demanding a return to the traditional role of the midwife.

These women are prepared to actively campaign for the midwife as an autonomous practitioner, as is evidenced by remits passed by Parentcentre, the Home Birth Association, La Leche League and the Playcentre Association in 1988.

Women have also seen the need to set up specific groups such as "Save the Midwife" and "Maternity Action Alliance" to arrest the threatened demise of the midwife.

The existence of the midwifery register protects these women. It protects them because it enables qualified midwives to exist. The very real support that women give to midwives should tell us something about the importance of midwifery. Retention of a separate midwifery register and acknowledgement of women's specific midwifery needs goes some way towards protecting women's choices.

If changes in the Nurses Act allowing single registration are made, without also making changes to the Act which give autonomy to midwives and protects their register, then we would oppose any move to single registration. Registration, after all, is about protecting the public's health interests.

References.

Articles in the New Zealand Nursing Journal, October, November, December/January, 1988-89.
Nursing Council of New Zealand, "Towards a Single Registration", 1985.