

The nurse registration movement in Great Britain

This historical investigation focuses on the early nurse registration movement in Great Britain and the problems encountered by British nurses involved in the movement. Events in Great Britain enlightened American nurse leaders and guided their struggle for registration and licensure. Although the registration movement in the United States began 16 years after the British movement, American nurses were successful in achieving their goals well in advance of their British counterparts.

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HISTORIANS have long recognized the influence of British nursing on the education of nurses in this country. The most obvious example is Florence Nightingale's system of nurse training. Although there was significant modification when the system was implemented here, it nevertheless provided a valuable model for American nursing schools. With respect to credentialing, British nurses once again demonstrated important pioneering qualities. It was they who initiated the process that ultimately produced the RN title.

NEED FOR REFORM

The status of nursing in mid-19th century Britain was in marked disrepute. Care of the sick was entrusted to nurses who lacked appropriate preparation and who were frequently harsh and negligent. The desperate conditions prompted concerned individuals to seek ways to raise nursing

standards and to provide legal recognition for nurses who qualified.

A physician was the first to recognize the value of registration for nurses. In 1874, Dr. Henry Wentworth Acland expressed regret that the Medical Act of 1858 had failed to include trained nurses as candidates for registration. Even earlier, however, Acland's interest in promoting suitable standards for the education of nurses had been evident.

In 1867, as a member of Britain's General Medical Council, he had sought to include within that body's jurisdiction the training, examination, and certification of nurses. During the preparation of this proposal, Acland corresponded with Florence Nightingale to solicit recommendations and support. Nightingale's replies repeatedly and clearly indicated her aversion to the plan. She expressed her opposition to the Council's intervention in the preparation of trained nurses and emphatically concluded that neither the character of the nurse nor the practical nature of nursing could be effectively examined or registered. On the basis of this response, Acland substantially altered the original petition. Despite his efforts, however, the Council failed to act and the issue remained unresolved for many years.¹

Nurse registration became an open issue in 1887, when it engendered considerable acrimony and divisiveness among members of the British legislative, medical, and nursing communities.² The circumstances that generated the registration movement and subsequent activities associated with it are germane because of their impact on American nursing.

Orchestration of nurse registration in Great Britain must be credited to Ethel

Gordon (Manson) Fenwick, whose fervent commitment to the elevation of educational standards in nursing spurred nurses throughout the world to action.

Manson's training as a nurse began in April 1878 at the Children's Hospital in Nottingham, England, and continued later that year at the Royal Infirmary in Manchester. After her training, she spent a brief period at the London Hospital and, in 1881, assumed the duties of matron of St Bartholomew's Hospital in London. Nightingale's reforms had not yet reached St Bartholomew's, and the conditions described by Manson required immediate attention. Nursing care was being provided by women of questionable reputation who lacked formal training and ethical standards. Infectious diseases accounted for an excessively high mortality rate, and the general state of the hospital was abysmal. The training school had few applicants; of those who entered, few obtained a certificate of completion.³

During her six-year tenure, Manson instituted numerous improvements with respect to the nursing staff, training school, and conditions in the hospital. When she resigned to marry Dr. Bedford Fenwick in 1887, a certificate of completion of training from St Bartholomew's was respectfully acknowledged.⁴ Manson's experience at St Bartholomew's focused her attention on the abuses underlying the chaotic state of nursing and formed the basis for her conviction that the registration of appropriately qualified nurses would benefit both the public and nursing. After her marriage, she devoted considerable energy to the achievement of that goal.

In 1886, Henry Burdett, a layman experi-

enced in hospital management, organized the Hospitals' Association, which included the registration of nurses as one of its stated purposes. The following year, Fenwick and other members of the nursing subcommittee of that association submitted a registration plan requiring a three-year training period. Burdett did not support the idea and made a counterproposal requiring only one year of training. The subsequent adoption of Burdett's proposal convinced Fenwick and her colleagues that the association's interest in registration was a spurious scheme to exploit nurses and control the affairs of nursing. These conditions were anathema to Fenwick and provoked her resignation from the association.⁵ She then embarked on a campaign that would last 32 years and affect nursing education throughout the world.

ORGANIZATION OF BRITISH NURSES

Fenwick and a group of nine interested hospital matrons met immediately to discuss the feasibility of organizing the British Nurses' Association, with the principal objective of attaining a system of registration for nurses whose training adhered to specific standards.⁴ To gain needed support, membership in the newly formed association was extended to physicians as well as nurses. A general meeting in 1888 generated widely representative attendance. The founding of the association became a milestone in the development of modern nursing; it marked the initial attempt by an organized nursing group to control the future direction of the profession.

The young association soon became the

The founding of the British Nurses' Association marked the initial attempt by an organized nursing group to control the future direction of the profession; its principal objective was registration for nurses.

object of scurrilous attacks by Burdett who had reversed his position on registration and was publishing his diatribes in his newspaper, *The Hospital*.⁶ Burdett was not alone in opposing registration and the aims of the British Nurses' Association.

Officials from a number of prominent London hospitals also voiced staunch anti-registration positions.⁷ These men apparently believed that higher standards would severely limit the number of nurse trainees and produce a nursing shortage: a perceived threat to the future labor supply with serious financial ramifications. In 1888, Henry Bonham-Carter, Secretary of the Nightingale Fund, published an anti-registration pamphlet that contributed to the growing conflict.⁸ In 1889, Eva Luckes, matron of the London Hospital, followed with a publication demeaning the British Nurses' Association and its goals.⁹

REGISTRATION

Nightingale was the most significant opponent of the registration movement, and her unalterable disapproval effectively delayed passage of a nurse registration act in Britain for more than a quarter of a century. Many noteworthy interpretations of her position can be found in the literature, but it is unlikely that all the nuances

are or can be fully understood. Nightingale was a complex individual whose views on the subject were often enigmatic; no single rationale can explain her rejection of legal controls.

One factor was her firm belief that it was impossible to evaluate a nurse's moral fitness or practical ability by a written examination. Her system of training was exceedingly practical and required close supervision of students to ascertain that skills and character were being properly developed.¹⁰

The proponents of registration denied any claim that these qualities could be tested, but they emphasized that within the proposed three-year training period, ample time would be available to observe and assess both qualities.¹¹

Nightingale also feared (1) that the growth of the individual would be subordinated to the standard set for the collective, reinforcing stagnation rather than progress,¹² and (2) that the education of nurses would become overly theoretical to the detriment of the practical proficiency promoted in the hospital setting (personal communication, May 1881).

Members of the British Nurses' Association contended that registration would, at the outset, invoke a higher minimum standard for the profession as a whole, thereby protecting the public from the inferior nursing of the unqualified. The elevation of professional standards, they maintained, would enhance the image of nursing and attract more desirable candidates.¹³ Moreover, they recognized the high degree of correlation between scientific advances in the care of the sick and the need for expanded knowledge in nursing.³

Nightingale frequently expressed her

strong aversion to the term *profession* in relation to nursing. She preferred to identify nursing as a calling whose requisites were "dedication," "discipline," and "duty." Professionalization, in her view, signified a preoccupation with status, wages, and similar mundane matters.^{14,15}

Willis¹⁰ described this position as unrealistic and unmindful of the need to control the economic victimization of trained nurses, which was fostered by competition with the less skilled. Willis further speculated that Nightingale's ideas may have been grounded in her lack of concern for earning a livelihood; the private income supplied by her aristocratic family had removed the necessity for such concern.

Less easily understood is Nightingale's failure to foresee the growing relationship between the disenfranchisement of women and nursing. Her indifference to the organization and progress of women, during the latter years of her life, seemed to be a denial of her previous views on social and educational emancipation.¹⁶ With remarkable perseverance and courage, she had overcome the stereotypical notions of acceptable behavior for women by earning public recognition as the founder of modern nursing and by achieving prominence as an outstanding statistician and administrator.

Palmer offers the following as a rationale for the inconsistencies in her position: "The strict Victorian attitudes and culture rejected by the young Nightingale were accepted by her in later life and her semi-cloistered living may have contributed to her role as obstructive reactionary."^{17(p88)} Palmer's argument may be justifiable in light of Nightingale's advanced age, reclusiveness, and semi-invalidism during this

period. Her withdrawal from active participation in nursing probably contributed to reducing her receptiveness to the validity of the registrationist claims.

Woodham-Smith emphasized that Nightingale did not object to the improvement of educational standards for nurses but to the British Nurses' Association and its registration plan as the mechanisms to achieve desirable outcomes. Nightingale believed that the proposed course of action would impair the system she had painstakingly implemented, and she denied the possibility that the contemplated legal controls might enhance the reputation of the vocation she had struggled to make respectable.¹⁸

On the other hand, the registrationists viewed registration neither as a universal cure nor as a means for undermining the credibility or contributions of Nightingale.¹³ Rather, they saw it as the first step toward improvement, and they were equally unyielding in the determination to succeed. Their efforts were openly supported by a number of physicians, including Acland and Sir Joseph Lister.^{19,20}

In 1891, the British Nurses' Association sought to legitimize its status and legislative goals by applying to the Board of Trade for a royal charter. Through the intervention of Sir Harry Verney, Nightingale's brother-in-law, denial of the application was effectively manipulated.²¹ The association then requested and received Queen Victoria's permission to use the word "Royal" in its title.

In 1892, the association renewed its petition for incorporation by royal charter with inclusion of the right to register nurses, and a committee of the Privy Council was convened in November 1892. The fierce

controversy generated by the petition erupted into an unfortunate debacle, which came to be known as "The Battle of the Nurses" in both the British press and the published proceedings of the council.²²

Nightingale proved to be a formidable adversary. Without ever making a personal appearance, she adroitly exerted her powerful influence toward defeat of the application. British researchers affirm that "Miss Nightingale's papers include the manuscript and two typed copies of the work prepared as part of the case against the Royal Charter argued before the Privy Council in November, 1892."^{23(p134)}

The decision handed down by the council in 1893 granted the Royal Charter but denied registration. Instead the Royal British Nurses' Association could publish a list of the names of nurses who presented applications for inclusion.⁶ This was a repudiation of the association's primary objective.

Subsequent efforts to secure registration continued to meet with failure, and it was not until December 1919 that the goal was finally reached. Fenwick²⁴ identified the opposing stand as a conservative device to maintain the status quo and attributed the multiple defeats to lack of public support, particularly on the part of the privileged class.²⁵

When the goal of registration was finally reached, Fenwick identified the opposing stand as a conservative device to maintain the status quo and attributed the defeats to lack of public support, particularly from the privileged.

Regardless of repeated failure, Fenwick remained committed to nurse registration as the route to professional standards. In 1892, she was instrumental in ensuring visibility of nursing at the World's Columbian Exposition to be held in Chicago the following year. An impressive number of American nurse leaders convened at the exposition, and Fenwick's efforts toward registration influenced them.

Bowman suggests that Fenwick's involvement with the Chicago Fair during the crucial years 1892 and 1893 may have decreased the effectiveness of the appeal for registration then in progress in Great Britain.²⁶ No conclusive evidence has been found to support this view. Considering that the locus of power and prestige was solidly on the opposing side and that there existed varying degrees of commitment among registrationists themselves, it is hardly likely that the outcome would have been different.

Always seeking new ways to promote nursing, Fenwick, in 1893, acquired the *Nursing Record* (renamed the *British Journal of Nursing* in 1902). Although published reports of events in Great Britain were already available to American nurses, Fenwick used the editorial pages of the *Nursing Record* to foster organization and registration and to publicize her views on

the advancement of nursing. She was a prolific writer whose progressive ideas received wide dissemination through that medium. The British conflict provided a valuable learning experience for American nurses who were equally dedicated to upgrading nursing standards. Beginning with organization of the leadership group²⁷ and later the rank and file,²⁸ nurses in this country approached the issue of legislation from a position of strength.

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British nurses were the first to attempt enactment of legal regulatory mechanisms for nursing education and practice. Developing from the need to protect the public from the incompetent, the struggle to implement standards in Great Britain served to encourage nurses with similar goals in other countries. American nurses, in particular, heeded the lessons of the British experience when designing their own more successful strategies. Despite an early victory in the United States, the contribution of British nurses cannot be overlooked. For their leadership, courage, and tenacity, the nurses involved in pioneering the credentialing movement and motivating the subsequent improvement in nursing education deserve grateful recognition.

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