

THE INTEGRATION OF THE SOCIOLOGICAL AND
PSYCHOLOGICAL FACTORS AS APPLIED TO THE THEORY
OF NURSING EDUCATION

VII

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When we look about us and see on all sides the great masses of humanity that are merely existing at poverty level, with hunger, emaciation, misery, morbidity, and mortality on the one hand; and on the other an abundance of food, much of which is being wasted, and an over supply of those other commodities that make for the happy life, we are faced with the question of causation and remedy. The question however, is not new. We have always had the poor, sick, and helpless; but constantly and increasingly we are hearing the question, "Why is so much relief necessary, where is the money going, and is it being properly used?" And just and legitimate questions these are.

Our problem is to get at the bottom of the cause and by such remedial measures as are possible, furnish relief where necessary, and with emphasis on preventive measures, bring out of this chaotic mass of seething humanity, in as far as it is possible, a state of well-being.

We have social ill-being to-day to the extent that adaptive culture has not kept pace with material culture. The increase in the complexity of life and social standards in the last half century has added greatly to our problem. Social and economic maladjustment of the less fortunate is the result. It is not that

people are biologically less efficient mentally and physically than they were a century ago; but their inability to keep pace with material culture, which by its great accumulation has been much accelerated. Hence social ill-being should not be interpreted so much in the cost of progress; but rather in the failure of social inventions and institutions to keep pace with the exploitation of nature, with the economic organizations, and with the development of individual initiative.

Under the socially maladjusted or social ill-being we shall consider the dependent children, the poor, the physically ill, the mentally ill, the aged, the crippled, the injured, the feeble-minded, the delinquent, and the criminal.

According to statistical data (which should be used with caution) the extent of social ill-being in the United States is as follows: 15 per cent of our population live at poverty level; 3 per cent are seriously ill all the time, another 3 per cent are ill but not seriously so. Approximately 25,000 permanent disabilities and 600,000 serious injuries occur annually. Among the many persons of low intelligence at least a half million are in need of institutional care. More than a quarter of a million are in hospitals for the mentally sick; more than a half million would be, if institutional facilities permitted. This bare enumeration is enough to indicate a distinct lack of well-being in a considerable proportion of the population of the United States.

An enormous sum of money is expended annually for social welfare. New York State alone spends approximately \$200,000,000 annually for social welfare, an amount equal to two-thirds of the federal budget in 1926 or more than 3 per cent of the total income

of the United States. The expenditure for social service in the United States is \$2,000,000,000 annually, an amount which approximates that expended for public schools. But as staggering as the budget may be, the cost of social ill-being to society is much greater than that represented by the welfare budget. Certainly with a budget cost of \$2,000,000,000 it is a problem of the first magnitude.

Social well-being is our ultimate goal. It is a matter not only of moral and ethical interest, but a matter of economic concern. Society has been called a "social organism". By this we mean the web-like character of society itself, with part delicately bound to part, so that the whole system is made one; and to the extent that we have harmonious integration of these parts we have social well-being or social ill-being. "The ideal type of the socialized personality recognizes that his own best interests and those of society are one, and acts accordingly."I

Social well-being has many and varied factors, one of which is income. Real income consists of those commodities and services that will satisfy human wants. Money income is sought after only that real income may be obtained and enjoyed. Income is an important factor in our physical well-being. It conditions our advent into the world; it retards or promotes our development and largely determines our social contacts and our opportunities in life. A large per cent of the deaths of babies occur the first few days of life. Breast feeding we know is an important factor in infant mortality. This is closely linked with economic conditions. The lack of income prevents the mother from having adequate care; and often results in her inability to nurse her baby.

1 Davis, Stanley P., Social Control of the Feeble-minded, ch.I, p 17.

4

Statistical evidence shows a marked correlation between the earnings of fathers and infant mortality. Proper nutrition which is vital to any aspect of life and growth has an economic basis. We admit that there is much unwise expenditure of money; but there are levels at which all the knowledge in the world could not procure an adequate diet.

An adequate diet conditions physical and mental health. In mental health its influence is apt to appear indirect and subtly veiled. Mental capacity is thought of as an hereditary equipment, but according to Tredgold, "However good the potentiality or equipment, it is clear that development cannot take place in the absence of a food supply which is inadequate in quantity or quality." This inadequacy leads to mental retardation and mental and nervous changes. As a result we not only have a less efficiently developed mentality but these children must leave school early and find their place in the industrial world because of the economic status of the parent. Thus the most poorly developed mind gets far the least opportunity for training and makes inferior social contacts and adjustments. With this poorly nourished mentality and the deprivation of training which often rob the individual of ambition and opportunity, we repeat over and over the economic cycle or vicious circle. A poor job does not make for ambition, self esteem, or self respect. It has been conceded that drunkenness has often grown out of the deep seated longing to regain, even temporary self respect, confidence, and the roseate outlook otherwise denied. Again inadequate income often leads to rationalization, which in turn ^{may} leads to rejection of the propriety of the generally accepted standards. This is an important factor in the crime situation. Low economic status is close-

ly correlated with crime in that it necessitates living in poor and undesirable districts which results in poor associations. Often both parents are away at work and the children are left free to roam at will in this undesirable environment. Poverty seldom forces people to steal or commit other crimes to escape starvation; but it often results in an indifferent attitude toward law and order.

Mental health is often *conditioned* by economic security or lack of it. "The pace that kills is not work; but to live constantly in the shadow of the uncertainty of the morrow is the enemy that destroys. Worry, generated by inadequate income is more detrimental and breaks a greater number of people than the dissipation which its abundance permits." † In short, mere existence is one thing; and living a full free healthy life is quite another.

The conditioning influence of income permeates every aspect of our lives. Its adequacy encourages, opens to us new possibility, stimulates better performance, and softens the seriousness and sting of failure. Everywhere its inadequacy wreaks its blighting curse. We are not necessarily thinking in terms of dollars, but income as those things which make for the most efficient, wholesome, and happy life.

Studies in economics, sociology, psychology, physiology, and biology reveals the facts that our economic well-being is largely dependent upon the physiological, sociological, psychological, and biological factors; and each condition of well-being depends in turn upon the interrelation and influence of these varying factors. Finally we recognize the fact that each of these factors in well-being is so intricately a part of other factors that it is impossible to consider or treat any phase of ill-being independently of another; † Bossard, James H. S., Problems of Social Well-being.

but rather, we must integrate them into a harmonious whole.

What is to be the part of the nursing profession and the individual nurse in this process of integration and bringing out of the existing state of ill-being a condition of well-being? Has the nursing profession made the best of its opportunity? Are the nurses prepared to assume the responsibility of recognizing these factors, and to assist the patient in meeting and overcoming these social, economic, and psychological problems? Does she really understand them herself? Has her academic training been efficient? Has her practical training taught her to see the correlation between these factors in their various relations to health and illness? To all these questions there can be but one answer-no.

It is impossible for any nurse, however capable she may be, or however efficient her practical training may have been to have an intelligent and sympathetic understanding of the influence of these interrelated factors upon the mental and physical health without greater academic knowledge of each individual subject.

Nursing has been referred to as a calling but according to Dr. Butler's definition, nursing is not a calling but a profession. He says, "In order to qualify as a profession, a calling must rest upon a substantial foundation of scientific knowledge, together with an adequate period of technical training or service in the application of this knowledge to the practical matters with which the calling deals." In this we recognize that nursing is both a calling and a profession. When we realize the youthfulness of this profession and are conscious of the stupendous growth it has made and the achievements accomplished in the different branches we realize that it is not only a profession but one among the greatest of professions

and must continue to advance. And this advancement will depend largely upon the nursing profession itself, the various branches of the profession, and the individual within the profession. It will depend upon the aims and ideals, upon the timber of which it is constructed, upon the efforts and purposiveness of the individual as well as upon those of the outstanding figures in the profession.

Some have referred to nursing as menial work; but how little do they understand of its breadth, of its height, of its depth, and of its possibilities. Such think of nursing as consisting of the general routine of making beds, giving baths, taking temperatures, giving pills, and administering only to the material and physical comforts. It is true that nursing includes all of these things; but as important as they are, they are only the minor part of real nursing. It is generally conceded that a sound body, or at least a well one, is necessary to the normal functioning of the mind; and both a sound body and a sound mind are pre-requisites to the greatest efficiency and happiness. Hence with sick body we do not expect an absolutely normal functioning mind. The nurse must stand in the same relation to the patient as the mother to the child. She must assist, direct, and even control this mind weakened by organic conditions, emotional disturbances, and worries over home and economic situations. Again she must bridge the gap for the unconscious patient until he can come back and plant his feet on firm ground. It may not always be the big apparent problems in the individual's life that are sucking his life blood away; But it is often the seemingly trivial things that are unnoticed and unheeded that secrete the venom into his system, robbing it of the ability to respond to nature and to treatment. Knowledge, vigilance, keen insight, tact,

8

and real human interest are necessary to the sympathetic understanding, alleviating and controlling these conditions. The material nursing is important; but the nurse who cannot or does not combine these factors is not rendering a true nursing service, and is unworthy of the name.

When the patient says, "I could make no response, I felt myself slipping but I knew you were there, bearing me up leading me over the rough places, and helping me I did not worry but trusted you." Whether the patient realizes it or not if the nurse is conscious that she has assisted the patient, all that might be termed menial loses any sting it might have had in the light and joy of its connection with the greater thing that has been accomplished. After all is there any greater service than leading and guiding back to health? The nurse who sees only drudgery in her work should get out of the profession (in fact she has never been in it) and stay out, not only for her own sake; but for the sake of the patient, the doctor, the profession, and everyone concerned.

In its inception the nursing ideal set for itself very high standards, but some way in our economic struggle, it lost the lighted path. Our American schools are copied more or less directly from the Nightingale School which was established at St. Thomas' Hospital, London in 1850, but we lost the traveled way.

There was no ambiguity or uncertainty about the objectives of the Nightingale School. They were decisive, crisp, and were as follows:

1. To train nurses for hospital service.
2. To train district nurses for the sick poor.
3. To train nurses to train others.

Implied are two other objectives:

4. To demonstrate and promote the new system of nursing.
5. To demonstrate and promote the new system of education.

There is no lack of evidence as to what Miss Nightingale considered the objectives of the new system of nursing or the new system of nursing education. The first might be briefly summarized as follows: Nursing was to be:

1. A secular vocation or calling pursued primarily from religious or humanitarian motives.
2. A fine art requiring native talent and superior personal qualifications as well as prolonged training.
3. A branch of medical science closely associated with the practice of medicine and public health but not under the control of either branch.
4. Devoted primarily to the prevention of disease, and the care and cure of the sick.
5. Concerned with sick minds as well as sick bodies, and with the mental and social as well as the physical environment of the patient.
6. Concerned with the health of families and communities as well as with individuals.
7. Securing results through education as well as through ministration.

In regard to the system of education or of training, she was equally specific. We need not take time here to define what she meant by training. It was certainly not limited to the acquisition of routine skills though she put much stress on learning by doing. The main features of her system may be summarized as follows:

1. Training to be directed toward the all-round and continuous development of the individual nurse - her mind, spirit and character,

as well as her senses and physical equipment

2. Training to include practical experience, systematic instruction and moral discipline in the amounts and proportions necessary to produce the kind of service described

3. Training to be thorough, and supervision continued long enough to ensure safe and efficient practice and the continued growth of the worker

4. The system of education to be directed and administrated by nurses with special qualifications and training, the preparations of such leaders to be provided by the school

5. The system of education to provide for progressive improvement in the practice of nursing and for the constant adjustment of practice to contemporary needs and conditions.

The significant thing is that this nursing school considered education to be its primary concern - not only the preparation of nurses, but the preparation of teachers and trainers of nurses and also the education of the public in the main features of the new system. The first Nightingale School was not only a nursing school in the proper sense of the term but it was also a normal school and a demonstration and experimental school as well. Nothing is said about the school being established to care for the sick of St. Thomas's Hospital, though some of these nurses were destined for hospital service and for the reform of nursing in this and many other hospitals. To be sure, some service to the hospital would be expected as a by-product of the practical training, and a good nursing service was certainly regarded as a necessary pre-requisite for a good system of training. But the needs of the country generally were to come before the needs of St. Thomas's, and the all-

round development and ultimate service of these pioneer nurses were not to be sacrificed to meet the immediate economic exigencies of one hospital. If the narrower objectives had won out, it is very doubtful whether the Nightingale nurses would have made the record they did in world service.

Not only was education given first place as an objective but all the other elements in the plan were set up to support and carry through this main purpose. Admissions were selective and the unfit were relentlessly weeded out. The student body was limited to the number that could be properly trained. A paid staff formed the backbone of the nursing service and it was assumed that the ratio of students should not be more than about one-half of the graduate group. This was increased later when the course was lengthened, but there were always enough graduate nurses not only to direct and to teach, but to carry the heaviest responsibility for the actual nursing work; and the program of instruction was carefully worked out from the educational standpoint.

In regard to the resources and facilities for carrying out this program of instruction, Miss Nightingale knew that it was useless to set up an educational program no matter how good, without the machinery and the resources to carry it out. She put great emphasis on the teaching and administrative personnel of her school, their personality, and character, their competence in their subjects, their professional experience and maturity, their proven ability as teachers, trainers, and leaders. The nursing staff was composed of a highly picked group of graduate nurses selected primarily from the standpoint of their supervisory and teaching duties but also serving as members of the hospital nursing staff. The school paid

12

them extra for their teaching and, although their salaries were small, there was an advancing scale of remuneration and an assured position with a social and professional prestige which we have never been able to approach in our more democratic system. The clinical resources were also regarded as of great importance in the scheme of education and Miss Nightingale specifies that in building a school, the hospital selected must be specially organized for teaching, with trustees and staff interested in facilitating and not obstructing the educational aims of the school. There must be an adequate number of patients to give experience in medical and surgical nursing, and the hospital plant must provide adequate space, safe and sanitary conditions and adequate equipment for the proper performance of the nursing work.

All this sounds like a League of Nursing Education program in the year 1931! How was the Nightingale School able to command these resources and to secure the necessary freedom to develop its educational work on such a high level? This is the crux of the whole situation: The school had a large endowment and it was set up as an independent organization with an influential board of trustees responsible for supporting and promoting the educational program of the nursing school. To secure a good educational program they had to have control of the nursing service, and to secure this clinical experience for their students, they had to enter into a cooperative arrangement with the trustees of St. Thomas's Hospital. But they were very careful to safeguard the position and prerogatives of the school and its director and to keep the student nurses entirely under their control. Of course the hospital safeguarded its own rights by stipulating as a part of the contract that

13

the students should carry out the orders of the hospital regulations so far as the patients were concerned, but the school was responsible for the students and they were responsible to the school not directly to the hospital." !

Nursing education was certainly set in a broad straight path; but somewhere it strayed. The road was too high or too steep or else it was crowded off by forces over which its leaders had no control. Once off the traveled way it was difficult to regain its former position; but after years of struggle we see leaders here and there, merging from the cloistered hospital walls, joining forces, and gradually leading it back and winning recognition.

We must remember the Nightingale School was endowed; and had the means with which to carry out its objectives; while this was not true with the American Schools. Our training schools were established early, and patterned largely after the Nightingale School; but from there inception there seemed to be some doubt as to there real objectives. Was its purpose to train nurses or was it to supply a better nursing service to the specific hospital? Out of this confusion of ideas the two aims seemed to have evolved into one, namely, service to the hospital. This is not at all surprising, as nursing in America arose out of a philanthropic ideal to care for the sick poor. Its first ideal was to care for those in need of immediate attention. In this, it either lost sight of, or had never discerned the fact, that if the patients were to have efficient care that nursing education was a first and necessary pre-requisite.

Nurses, Patients, and Pocketbooks have summed up the reasons why hospitals run training schools as follows: "The first reason is that it is cheaper to run a poor school than it is to employ graduate

nurses. Hospital trustees and administrators, however, have for so many years regarded themselves as public benefactors because they have been conducting schools of nursing that it is going to be a surprising and unpalatable suggestion when they are told that from some of them such educational service is not only no longer needed, but no longer desired. It is rather pathetic to listen to the occasional sincere, but not especially thoughtful, representative of a hospital training school argue for lower state standards of registration, on the ground that his hospital cannot afford to conduct a school which will meet the minimum state requirements; and then to watch his confused indignation when it is suggested that his hospital give up the school entirely and care for its patients with graduate nurses. Such a hospital man, be he administrator or trustee, is apt, with apparently perfect sincerity, to state that his hospital is losing money in conducting its training school; and within the next five minutes to admit that the reason the hospital wants to run the school is that graduate floor duty nurses cost too much. It is an extraordinary thing, but it seem to be a fact, that hospitals regard the suggestion that they pay for their own nursing service as unreasonable. They have been receiving free service from students for so many years that they regard it as an inalienable right.

This is not true of all of them, of course, but it comes painfully near to being true of most of them. Witness the cost accounting studies purporting to show the cost of nursing education, which have charged salaries of head nurses and supervisors, and even sometimes the cost of upkeep for the nurses' home, to

education, as though, if no school existed and all the work done by graduate nurses, there would be no need for any supervision or any place for nurses to live! There is great need for a good cost accounting study which will show the true contrast between student labor and graduate labor, but when it is made it is to be hoped that the theoretical value placed on student labor will be decided not upon some imaginary charge, but upon what it would cost the same hospital to replace the eight hours a day of floor service which each student now gives by another eight hours of floor service rendered by graduate nurses.

Nursing education - if it is of high grade - is undoubtedly expensive, and it is going to be more expensive as time goes on. There is real question whether the ordinary hospital can possibly afford to conduct a high grade nursing school. It is a fortunate thing, perhaps, that the Supply and Demand figures indicate that there is no longer any reason for any hospital to conduct a school solely because it feel that more nurses are needed. That time has apparently gone by.

The second reason why hospitals conduct training schools- and this probably applies to most of the large and famous schools, as well as to many small ones - is that it is easier to handle the nursing service of a hospital with student nurses than with graduate nurses. This is an extraordinary thing! Who can imagine a bank, for example, openly preferring to staff its offices with utterly untrained students, teach them all it can in three years, and as soon as they have learned the rudiments of banking, discharge them all and seek a new supply of untrained students to take their places?"¹

¹Burgess, Mary Ayres, Nurses, Patients, and Pocketbooks, Chap.XX, pp. 235-237.

10

Hospital managers seemed to have thought if the hospitals could be supplied with well-organized and well run student nurse service that it would automatically insure good training. Education under this system necessarily became a by-product. As we have seen, the student's first duty was to supply nursing service to the hospital regardless of all else. Educational claims or social claims to the community took secondary place.

Because of economic conditions the earlier schools both in England and America were gradually absorbed by the hospitals. As new hospitals developed the hospital apprentice school became the dominant type with the result that the power of the governing board was greatly reduced until finally eliminated and the school became a part of the hospital family.

Undoubtedly hospitals did accept their new responsibility and did their best for their schools but usually had no funds for education and few had any adequate understanding of its needs. Finally there grew up the idea that the hospital had the first claim on the student and education was fitted into the marginal time, which was much like the core of the negroes apple, "There wasn't any core."

Service must come first. Service, of course, is the end of all professional education, but the conception of service was narrowed to the specific hospital and not to humanity at large - thus professional service was ultimately impaired by ~~over~~ emphasis on routine service at the expense of fundamental education.

In many instances education was not only narrowed and subordinated but in time it came to be looked upon as a dangerous rival whose appeal to the interest of the student was viewed with

suspicion or actively opposed.

These pioneer nurses who were occupied in the establishing of hospitals and actually caring for the sick were primarily hospital administrators rather than educators. They were indoctrinated with the system under which they had trained and naturally succumbed to it. No doubt many of them struggled with conflicting responsibility to the school and to the hospital and patient. There were many salient factors, not under their jurisdiction, to rob them of the opportunity of accomplishing the things they really desired; and nursing education all but became a buried ideal. With conditions as they were it is not surprising that they often lost sight of educational aims in the constant pressure to get the hospital work done. There crept in that idea of disloyalty to the patient when they pushed the claim for their young students for more adequate education. The amazing thing is that out of this economic situation, confusion of ideas, and struggle that there arose leaders with fore-sight and untiring effort who have gradually led the way back to that higher road, fighting for wider opportunities for themselves *as well as their students* and building up the educational ideal. Gradually admission standards advanced; hours of duty reduced; curriculum enriched; better teaching; better provisions for training leaders; etc. have been the result of their constant efforts.

Let us not be the weight that holds back or deters the work which they have so ably advanced, but let us rather take a view of the situation as it exists to-day and put our shoulders to the wheel.

Since nurses and physicians work side by side and hand in

10
hand with the patients let us see what physicians have to say about the nursing profession. The returns on 1,459 questionnaires sent out of physicians by the Committee on Grading Nursing Schools reveal^{the facts:} that 90 per cent of physicians like their nurses and want them back. In general they want skill in giving general care and in making the patient comfortable; skill in observing and reporting symptoms; care in following orders; good breeding and attractive personality; young women of good social and intellectual background; young women of high professional principles, and who have had thorough training and experience in the actual care of patients. Many of them deplore the fact that nurses generally are poorly prepared for the care of the psychopathic patient, the tubercular patient, and those suffering from other infectious diseases. Their attitude toward practical nurses is loosing rapidly. A little over half the physicians report that there is a strong demand for "practicals" among their patients; but they also say that the demand comes from the need of some one to do the housework. One half of these physicians feel that an adequate supply of competent servants at reasonable rates would decrease or wipe out the demand for practicals. There seems to be no doubt that physicians tend to appreciate intelligent nursing, the fact is, they are realizing more and more that they must have it.

Quoting from Nurses, Patients, and Pocketbooks. An Ohio doctor says, "In experience with a typhoid fever epidemic where outside nurses were called, found them as a whole very satisfactory. -----Their work was hard and discouraging but they saved the day." The points emphasized were willingness to work, loyalty and cooperation, initiative and intelligence, resourcefulness, tact

and general consideration for the patients and their friends.

A Michigan physician says, "I called a nurse for a bilateral pneumonia, three miles in the country. I didn't want to ask her to do twenty hour duty, but she saw the situation and offered to do twenty hour duty until the patient had passed his crisis, and has been very observance and efficient in every way."

West Virginia - "I have not had a nurse for more than five years that I could make one single complaint of. The nurses are getting more competent each year, and my patients always speak in the highest terms of the treatment they receive."

Kansan City - "The best educated nurses have proven the most satisfactory to my needs. My disappointments have almost ^{all} been due to a lack of preliminary education. (The case referred to is an old man who had a ruptured gall bladder). One nurse is a college girl, the other only two years in high school. There is no comparison."

We see here the appreciation of good nursing and the decided preference for the better educated nurse. It coincides with the higher ideals that the nursing profession is advocating. Each year we are requiring higher and higher standards in every angle of the work and here are testimonies of the results.

An Oregon doctor advocates, "That nurses have best home training before taking their nursing course." We realized that in the past many of our nurses have come from poorly equipped and poorly organized homes; but this deficiency will need to be taken care of in the process of training as there is not uniformity in the various homes; and much division of opinion as to what constitutes "best home training."

Illinois - "I have long observed the lack of preliminary education among nurses. They take orders and execute them fairly well under instruction and sometimes supervision; but seems to lack initiative and technical training."

No doubt this is true in many cases but under the old routine of training all the natural inquisitiveness and initiative was pretty well curtailed or suppressed. Do your detailed work and speak when spoken to attitude, largely prevailed. Under such conditions one would hardly expect the nurse to come out bubbling over with initiative and confidence. We are glad to realize that to-day wholesome inquiry and initiative are considered as assets rather than faults.

We always have to take the bitter with the sweet. In regard to poor nursing doctors have made comments like the following:

Illinois.-"Psychiatric post-graduate training of graduate R.N's. is too rare and there are not enough really well trained psychiatric nurses for private duty. There are not enough nurses for institutional work either. There are too many half trained nurses and attendants posing as nurses."

New York says, "Failed to observe the patient who was suffering from lobar pneumonia was becoming cyanotic and evidence of circulatory failure was impending. I feel that this nurse needed a little more schooling in observing and reporting symptoms."

Illinois. - "The criticism that I might offer would be that I fear she did not realize quickly a rather sudden change for the worse and notify the physician in time."

If these nurses had had efficient academic training together with proper correlation in practical training these two conditions

would not have occurred.

State unknown. - "Good nurse, knowledge, of nursing technique etc. She was too ready to give advice to members of patients family.

Pennsylvania. - "My chief objection to the older graduate nurse is that her ways of training are always best - shudders at the thought of some new method of treatment and technique other than she received in her course in training."

This of course is human nature in the raw. This tendency to be static we recognize is a lack of education and experience.

Texas. - "Those that are tactless, inattentive and indolent make poor nurses regardless of their training."

We agree, they not only make poor nurses but certainly make poor anything unless by chance they get a new vision of life with new ambition which brings about a complete change. If two years of college work were a pre-requisite such people would never get to the hospital except as patients. We recognize the fact that poor material does get into the nursing schools but we are urging that more careful selection be made and more rigid weeding out take place in all nursing schools. As soon as the supervisor and superintendent realize that a girl does not have the characteristics that are pre-requisite to good nursing. It is only a kindness to the girl to tell her the facts of the case, and let her go, to say nothing of the kindness to the patients who were unfortunate enough to fall under her care. This need not be done in a cruel way. The girl who has made the error in choice must have every kindness, consideration and assistance possible shown to her in selection of a more suitable profession. Too often busy over-worked supervisors and superintendents allow the girl they have accepted as a prospect to go out

feeling that she is a complete failure and there is nothing for her to do. How can she go home to parents and friends without all kind of emotional upsets which may perhaps be followed by inferiority complex that may never be eliminated.

If the girl has had two years of college life in basic subjects she will not be so apt to err in choice, but if she does, it will not be difficult for her to see the sanity of the decision and shift to some other line of work with ease and confidence. There may be a loss of time but such *experience* if handled correctly will constitute a very valuable experience of her life and aid in solving future problems.

Virginia.- "I dislike very much to say that nurses are very disappointing in the general run of cases. That is, the ones we get here. So much so that people well able to pay them do not employ them if practical nurses can be used, tho they would much prefer a graduate nurse."

We take some consolation in the fact that nursing standards are not too high in the southeast. There seems to be some contradiction here. I am asking the question, may it not be that these people are inclined to look upon the nurse because she is in the home, as a sort of general servant. This servant attitude they can exact from the practical. It seems to be a servant rather than expert efficiency that many people are looking for.

West Virginia says, "Nurses are too particular about preserving their professional dignity and absolutely refuse to do simple things such as sweeping out the patient's room."

We must admit that this is true of many nurses. They should preserve their professional dignity but should use intelligence and

discretion in so doing. We must remember also, that with many people the nurse could soon become a house servant if she permitted it. Again why should nurses who have spent years in preparation for expert service expect to, or be expected to devote their time to general routine work in some one's home. We do not find such conditions in other professions. Division of labor has long been recognized as an economic measure. An able attorney might be ever so efficient a stenographer; but does he devote his time to that division of the work? No, he hires a stenographer and spends his time and energies in that field of work in which he has had special preparation; and that field in which he derives the most joy; and that ^{field} in which he is of most service to the world. Why should not the nursing profession be granted the same privilege? Of course there often arises conditions under which adjustments must be made.

Delaware. - "Many of the younger nurses are too much interested in having a good time and are not in love with their work."

Bless their hearts, why shouldn't they have a good time? Nurses are human and have the same urges and responses that are permissible to the rest of the race. Who wants a nurse in the sick room that cannot enjoy and radiate life? The sick room certainly should have serious attention; but it does not need "wet blankets" unless a hot pack has been ordered.

Arkansas. - "I think more care should be exercised in the selection of nurses for pediatrics than in any other branch. I do believe that the nursing association should allow pediatricians the same courtesies of twenty-four hour duty as they allow obstetricians - because we often have difficult feeding cases that requires prolonged nursing care. The parents are unable to keep a day and

34

night nurse and at the same time should have just one nurse in charge because she learns the peculiarities of the case."

Nurses should not have to do all their learning on the case. After all, these "peculiarities" are quite common and with more efficient education and training, so much time should not be required to analyze the situation. He says they require prolonged care. How about the efficiency of nurses on twenty-four hour duty for prolonged periods? How about ^{her} health?

California. - "Girls of good personality and with an education such as needed to become an efficient nurse seem to be going into other occupations."

Why not? When they are expected to do twenty-four hour duty; be on call day and night and expected to do anything that appears necessary to be done from cellar to garret, ⁱⁿ Private homes, etc. If the nursing profession is going to attract and hold the right type of girls it must make itself attractive. It must give something satisfactory in return.

California also says, "Selection of material for entrance and from which to train the nurse-to-be is entirely too lax. Young women who have no powers of observation of no nucleus for training in this special field are readily admitted. We cannot hope to develop Easter Lilies from onion slips. Burbank is no longer with us."

North Carolina. - "The problem I am most often baffled by is competent registered graduate nurses willing and wanting to do tuberculosis work and having, besides the proper training, the social and educational background to remain with the case long enough to really help the patient over such an acute complication as a hemorrhage etc."

This is but another monument to an inefficiency in training. When a better system is put into use and nurses have the proper understanding of the diseases and efficient training in caring for it, we hope this will not be true. We realize that there are several branches of the work that must be given decidedly more consideration. Among them are tuberculosis, psychiatric, orthopedic and general contagion. We are hoping in the near future to have such efficient training in contagion that contagious cases will be cared for in the general hospitals without causing any concern on the part of doctors, nurses, or the public. This means that not only nurses must be more efficiently educated and trained; but the public must be educated to understand that this can be done without causing further spread of the disease.

Michigan, too is having trouble with contagious diseases. "My commonest quarrel with the nursing profession is to have them refuse to take cases that are in dire need of nursing care because they are in the home and are of a contagious nature. I was utterly unable to secure a nurse for my last case of diphtheria when I desperately needed one. To my knowledge there is only one "private duty" nurse in town who will nurse diphtheria."

Since contagious cases are not kept in general hospitals the student nurse rarely comes in contact with them. Her practical training in the care of contagion is absolutely nil. She perhaps retains a hazy conception of what the treatment should be but she certainly lacks practical experience and assurance. It is no wonder that she hesitates or refuses. The nurse who refuses the case because she feels inefficient in such cases is to be commended rather than censured. The nursing schools must provide adequate training if we are to have efficient and willing nurses in that field.

Massachusetts doctor is distracted because he cannot find nurses to take home cases in obstetrics. Nurses to-day know the danger of obstretical cases in the home. It is usually twenty-four hour duty and often the family to take care of besides.

Another asking that nurses do twenty-four hour duty says, "His mother has been ill for over a year, that he has been obliged to have a graduate and a practical; while if the graduate nurse had done twenty-four hour duty with the assistance of the daughters in the home he would have been saved consdierable expense."

We realize this is true but how about the graduate nurse who does twenty-four hour duty for a year. It is easy to see that nurses are looked upon by some as something super-human in some ways. We as nurses know that we have not reached that state of perfection exalted in the Philosophy of Perfectionism and must direct our efforts accordingly.

Patients have plenty to say about poor nursing. We must admit that much of what they have to say is not ungrounded; but people as a whole tend to be very appreciative of good nursing. We must also remember that there are nurses and would-be nurses-- as there are teachers and would-be teachers-- and we must remember that there are patients and patients -- some of whom it is a glory and privilege to care for -- others -- well an angel from heaven could not satisfy . In many cases criticisms are contrary to the facts of the case.

Example. The patient complained that the nurse refused to give morphine when she had a P.R.N. order, (when ever necessary) because she did not want to be bothered or was too lazy. Any one who knows the nursing game knows that it is the lazy nurse who does give mor-

phine at every provocation. The patient did not understand that P.R.N. meant when ever necessary (not when desired) , that the doctor expected the nurse to use her discretion in the matter; and to act in accordance with that which in her own good judgment would be for the patient's best advancement. We have said before that the mind of the sick does not function normally; thus, the nurses mind must function for him.

We hear much about doctors and nurses treating patients like they were so many machines. We must admit again that there is much mechanical and routine work around the hospitals; and this is of necessity. The ordinary individual has not the slightest knowledge about hospitals, their management and working routine. They come to the hospital with the idea that there are nurses everywhere with folded hands waiting their beck and call; that their wish will no sooner be expressed than granted. Like the impatient chinaman, who asked for a pitcher of fresh water and upon being told by the nurse that she would get it as soon as she completed that which she was doing for another patient, replied, "I want it dis now." Patients do not realize how many and varied are the duties of the nurse whom they consider their own particular nurse; nor do they have any conception of what is going on behind that face - now smiling and condescending, subjecting her own feelings when perhaps burdened almost beyond endurance - now wearing a mask of apparent indifference where anxiety or pity would be disastrous to the patient. For this she is accused of being mechanical and un-feeling. Some, a little more generously have applied to her the term, "poker face."

As to education and breeding there seems to be a very distinct desire on the part of patients for the more refined and

25

educated girls as nurses. Many of them say, "The nurses seem so young" in a manner, which to the keen observer betokens a lack of confidence. Even tho it does carry the sentiment of admiration, it is essential that the patient have confidence in the nurse.

Answers to questionnaires sent to patients reveal that some were dissatisfied with their nursing care but most of them hastened to add that it was not the nurses fault, but that she had too much to do. Many of the testimonials were very flattering to nurses.

Indiana patient says, "She forgot to wash the babies mouth, was more concerned about charting how many times he urinated in a day than in keeping his legs from chaffing, etc, Did not remove the band around the breast and abdomen when giving an alcohol rub."

This of course cannot be countenanced in any nurse. But perhaps we should lay this at the hospital door rather than upon the shoulders of the student who is rushed for time and may also lack proper supervision.

A letter from a patient who had been a former patient in the same hospital and had been thoroughly satisfied writes, "I knew that the former superintendent had resigned but I had no idea that that could have such an effect upon the quality of nursing service. No nursing care provided during labor. The night nurse on the floor went off for a rest period, only nurse left was the one in charge of the babies. Since there were about twelve of these to be taken out for feedings, she had no time to watch antepartum case, and had never seen a woman in labor-----I hadn't the faintest idea that there wouldn't be any one to answer my calls when the need arose. After barely escaping being a precipitate she tells of how some five hours or six hours after delivery the nurse brought bowl, cloth

etc. and instructed me to take a bath. I remarked that I wasn't
sure ^{that} I could. I was still pretty dopy with morphine. Where upon
the nurse waxed pretty tact - as a matter of fact I had had a hem-
orrhage and the doctor had given morphine and urged especial quiet
and watched sometime by my bed to make sure I got it; after his de-
parture the nurse swung into her routine adopted to cases a little
more fit. Nurses grumbled openly, 'This is nothing but an enema shop,
they make me sick ! referring to other patients. Poor training for
baby feeding habits. Time varied ninety minutes constrasting with
the clinic doctors advice to nurse the baby on the hour. Not five
minutes before or after. The patient then described an appalling
lack of decent bed pan technique. On the whole I felt sorry for the
nurses. I felt sure that conditions could not be good or such whole-
sale attitudes of dejection and irritability could not have prevailed.
I feel this especially as I had had two highly satisfactory experi-
ences in the same hospital, same grade of room etc. I felt (a) nur-
ses had too much to do - one nurse with assistance of floor ward
had ten to fourteen patients to care for; according to the nurses
account. (b) Supervision - real supervision seemed almost totally
lacking. An assistant supervisor came once a day to collect the
napkins (this I cannot understand.) Neither supervisor or assist-
ant supervisor made any inquiry as to patients condition nor kind
of care she was getting. They never accompanied student nurses to
see how they were doing their work. The nurses seemed left to their
own devices.-----Surely something was lacking or those girls
would not have grumbled so much and might have displayed more pride,
in their jobs. Of fourteen different nurses only three seemed to have
ideals of helping the patient. One said, 'Wouldn't it be lovely to

have only one patient'. You could make her so comfortable.' But she was tired and worried, most of the others grumbled openly or shrugged and were apathetic. Surely some spark of enthusiasm and hopelessness and pride of work could have been infused by a good supervisor."

This is a criticism against a famous hospital in a large city and by the wife of a clergyman. Whether she was seeing through smoked glasses or not we cannot say. Apparently only the worst side is given. An experienced unbiased person can see much between the lines, but we do know that nurses in hospitals have more than can get done and often there is inadequate care of the patient in labor - not so much inadequate care, as the fact that such women need some one with them; some one in whom they have confidence. This however is a situation that the hospitals must meet; but it will have to be met through superintendents and nurses. The condition whether true or not is apparently true in the mind of the patient.

California.- "Probation^{er} on night duty, ~~no night~~ superintendent, attempted catheterization and failed."

No hospital permits probationers to catheterize. This nurse was probably a student; but evidently had not had the proper supervision and training. The night superintendent might not have been in that particular department; but it is reasonably certain that she was somewhere on duty.

A mother complains that her baby was brought to her wet and cold because it had to be changed in her turn but adds that the woman in charge of nursing was the loveliest woman she had ever met.

Several have objected to nurses because they talked to much. One especially liked her nurse because she did not discuss other

patients. She felt she was free to tell her everything without the possibility of its being repeated. Nurses might do well to observe the old adage: "Five things observe with care; to whom you speak, of whom you speak, and how and when and where."

Another complains that nurses are too touchy about taking suggestions from patients. "For instance in the care of a baby not so on her dignity that the patient is afraid to ask for what she wants. This a common fault and makes patients nervous and uncomfortable. If the nurse feels she knows best she should be willing to talk it over with the patient."

It is quite necessary that the nurse be skillful and considerate enough to satisfy the child's parents and at the same time follow the doctor's instructions.

Oklahoma patient says, "I would have liked her better if she had had a more pleasing personality and more general education. I like to think of a nurse as being more than a servant or someone just to carry out orders. Certainly they should be psychologists."

Missouri - "I think we should try to raise the standard of nursing by raising the requirements for admission into training schools, which should work with a university and give a degree to graduate nurses."

Pennsylvania - "Nurse worked only with the thought of gift in mind."

We have no quarrel here. It is obvious that this girl should never have attempted to have been a nurse.

Nebraska - "Could not carry on an intelligent conversation."

From the above we see that the concensus is for more general education; though there seems to be no complaint of the nursing

32
service.

While some patients criticize their nurses, others are as high in their praise.

"They make one feel as though she was on a visit instead of in a hospital. They were always jolly and happy. It made you feel happy too and you forgot your own trouble, and then the operation was a success."

"Tips - no, we wanted to but she told us that we had paid her for service rendered and the quality of service would not be affected by tips or no tips."

Connecticut patients says, "For ten months we had the same two nurses on a case of encephalitis, patient needed constant care and was not left alone ten minutes at a time either night or day. I was thankful I could afford the best, and give my time to their care. God bless trained nurses! "

Pennsylvania enthusiast says, "I could begin to-day and talk for a month of the wonderful nurses I had."

Kentucky says, "She was a mother to me although I was older."

If we ever need a mother, certainly it is when we are ill.

California says, "She had the ability to have me do the things I did not want to do; and to make me feel that it was really what I wanted to do. She was a joy to have near you although she was not young or good looking."

Idaho - "She was firm in carrying out the doctor's orders regardless of my whims or wishes. I know now that is what saved my life."

New Jersey - "She said things at times that annoyed me and I thought it a bit hard, but since, and considering that my nerves

were a great part of my trouble, I have come to the conclusion that it was just what I needed and she knew it."

Many patients do not get to the point of reflection that these last two reached; but go on magnifying their abuses until the whole army of graduate nurses are included. Like scandal, the false conception in life are those that travel.

California - "The nurses made me feel that they were interested in me personally. Although it wasn't necessary, it made one feel at home and not hemmed in by four walls."

"One immediately felt that she knew her business, and there was delightful sense of peace that came with perfect understanding between friends."

The above are testimonials to the fact that nurses are doing their bit in the world, and that there is no lack of appreciation; but certainly we recognize the fact that some complaints are just; for everyone of us have trained with nurses to whose care we would not consider trusting our loved ones.

Nurses have a few things to say regarding their work and patients.

Massachusetts - "People think for the money they pay a nurse that she is some kind of a machine."

New York - "I like private duty nursing when I am working but it is that "on call" that kills. Work a week or two, then home for two weeks. One has to live, expenses are going on."

California - "If a large corporation were selling our services they would figure our wasted time as overhead, and the public would pay. As now our prices are considered exorbitant. Auto breakdowns, plumbing breakage, fires are all paid for; but our

work should be done for love.

I have given five of the best years of my life - have less nervous stability, fewer friends, (no time to give to them; we soon drift apart) I have only a few pieces of household furniture."

This is rather a drab picture; but it is too true to be funny.

California nurse says, "Too much lady's maid in private duty nursing and not enough of that for which we were trained."

"Until I took this position as supertintendent I had done nothing but private duty nursing in homes and hospitals. I was unable to earn a decent living, besides finding the work nerve-racking, exhausting, and confining. I have gone seventy-two hours without removing my clothing, and many times (I am not keen on these endurance tests) I was too tired for social life, even a picture show----- I will never return to private duty."

California - "You can do more for humanity in public health than in any ^{thing} else in the world."

Another California nurse says, "Income is more certain than private duty nurses,----- School nurses have contracts for the year the same as teachers do."

"I like school nursing work and yet it lacks the satisfaction of the actual nursing of the sick people back to health."

Others who have done private duty for years prefer public health because it relieves of the responsibility of life and death. One writes, "It is impossible for me to take any longer, the responsibility for life and death."

Another says, "My choice in public health nursing was first due to my physical condition. Had done night duty then several years of twenty-four hour duty. I felt the need for shorter hours."

The most significant factors stressed by those going into public health nursing are as follows:

1. Better opportunity to serve humanity.
2. Shorter hours, which gives time for self.
3. Regular salary.
4. Better health opportunities.
5. Opportunity for advancement and contact with other people.
6. A chance for a certain amount of normal social activity.

Some nurses prefer institutional work.

California - "I prefer institutional work on account of regular hours."

Another prefers it because of "Regular (monthly) salary, and chance for advancement; always something new to learn."

Pennsylvania - "I prefer institutional nursing. I have regular hours---, regular pay, and an opportunity to attend college in the evening. It also gives me a home where I can entertain my friends under conditions more nearly normal than any other type of nursing."

California - "It is the most strenuous of any work I have done; but the satisfaction is greater, and I believe it has a big future."

"Institutional nursing gives (1) a keener interest in my profession, engendered by contact with professional people, I would especially stress the very interesting and valuable contacts with student nurses. (2) Educational opportunity offered by fixed hours of duty allowing study courses etc, as against the uncertain hours and conditions of private duty. (3) Economic reasons. I may reasonably expect to increase my value to the insti-

tution where I work as my experience and knowledge grow."

Figures indicate that public health and institutional nurses are in general fairly well content in the fields in which they are working and are not particularly anxious to change. They do say that their work is hard and hours are long; but it affords opportunity for professional contacts and evening school, fixed hours, and more or less fixed income. Almost half of the private duty nurses are either definitely intending to leave private duty, or are seriously considering doing so. The younger and more educated the nurse is the more likely she is to leave private duty.

How is the private duty situation to be solved? A certain number are in demand. A serious case cannot go to the hospital to-day with the assurance of adequate care unless he makes provisions for a special nurse.

Pennsylvania patients say, "Without a special nurse I would not go to the hospital again. The regular staff did all they could with so many to care for." She complained of the long hours that a nurse was not available, especially when patients were being prepared for, and being returned from surgery.

From the above conditions it is clearly seen that nurses realize their lack of education and general knowledge; and are desirous of an opportunity for further advancement. Many of them are making desperate attempts after long hours on duty, to become more efficient. This, of course, is better than no advancement; but we seem to be going at the job wrong end to. However, it is an indicator of the potential changes in the field of nursing education.

While nurses sometimes resent being told that their work is a work of charity, a labor of love; I believe that there is no other profession in the world, as a whole, that does so love its work. Down in their hearts the thing they resent is the attitude that such remarks often carry: namely, that remuneration is of secondary consideration, that if they receive no pay, it is a part of the profession. But let me repeat; nurses are human, they must live and have their being, they are not super-human, they have their material needs the same as other people. And further, the individual who is able to live the most efficiently rounded out, wholesome, normal life socially, physically, emotionally, and otherwise, (other things being equal) is always and by far the most efficient and understanding nurse.

Nurses do like their work; but they want their profession to have the four attributes which characterize other professions: namely,

1. Reasonable hours.
2. Adequate income
3. Constructive leadership
4. Opportunity for growth

Let us get away from this sentimentalizing, and face the facts of the case. Nursing has become a social necessity, a public need; and the demands made upon the profession are becoming greater and greater. They have increased almost to the breaking point; and if nursing is to go on as a profession and keep pace with the social and economic changes of the day, certainly there must be some radical changes made in the system of nursing education.

We must have better preparation and better training for our

nurses. Fewer nurses and more efficiently trained, until such time as more are needed.

Even though we realize our deficiencies, we cannot change the conditions over night. We must be patient, but insistent, and proceed cautiously. First, there must be a sufficient and unbiased recognition of the short comings of the profession by all those who may, in anyway, be responsible ^{for;} or who may, in anyway, be able to assist in the alleviation of the situation. With this there must be the whole-souled desire and cooperative attitude toward sane remedial measures; and this desire must find expression in overt action.

This changing process is not entirely up to the nursing profession. It is the public which is most vitally concerned in this whole question of nursing education. It is the public that will suffer most if it fails to function properly. In fact, it is the public that suffers when any system of education fails to function at its best. What has the public contributed to nursing education? It has cost them practically nothing for the hundreds of thousands of nurses that have been produced; and who have spent their lives in its service. Nurses have paid for their own education; and through their services, as students have contributed millions of dollars toward the care of the sick in hospitals. When we consider the cost to the public for training teachers, soldiers, or workers in agriculture and home economics; and then consider how little nurses training has cost them; and how little they have been concerned about the matter, it seems almost like a travesty of justice.

Somehow we must make the public face this question squarely, and see how nursing schools need the same kind of support which is

39

given to normal schools and colleges. Nurses are as much a public necessity as teachers; but they cannot put this movement over or through alone, as legislation is involved where public money is to spent. The movement is recognized by educators and political leaders as a just and worthy cause. The next thing is to get it organized, and to get the public back of it. The time is ripe for such a movement.

Our ideals of Modern Nursing Education do not differ greatly from the broad inclusive ideals of Nursing Education in its inception. There will be need of adjustment to our present social, economic, and cultural conditions. A few states have already met the challenge, others are due to follow. We are proud to see that Oregon is taking the forward step in the system of Nursing Education.

The Nightingale ideal of the nursing school, separate from the hospital jurisdiction can be accomplished by establishing Schools of Nursing Education in the universities or colleges that work in cooperation with the hospital; the hospital being a sort of laboratory necessary to the proper understanding and application of the academic work. Two years of preparatory work in a University School of Nursing before admission to the hospital should be a minimum requirement. This should include a well balanced curriculum worked out by educators with definite aims in view, in which physiology, psychology, normal and abnormal, biology, chemistry, sociology, etc. should find there respective places. This program will be very effected in increasing the age requirement for admission which should be not less than twenty or twenty-one years. There should be two years of intensive training in the hospital, together with further academic work; and with the fifth or senior

year on the campus with emphasis, if desired, upon any division of the work which most appeals to the individual. Aside from the two years work on the campus some states are requiring a ten weeks preparatory course prior to the advent into the hospital. In Oregon this session is held at the School of Nursing Education at the University of Oregon. It seems to be working out with gratifying results in the Portland Training Schools.

We do not under-value those captains of the army who have struggled through the previous conditions, fighting for efficiency in their training schools, as best they could. They learned by the trial and error method which we must admit has resulted in the production of some very excellent nurses and nursing educators.

There is general agreement among the doctors, hospital authorities, patients, and nurses as to the inadequacy of the nursing care given in the average hospital for the seriously ill patient. The hospitals should provide such excellent care on general service that specials would be needed only in extreme cases. (Of course a cry will go up as to the economic basis. I realize that this is important and must be met in some way; but that is not the purpose of this paper. We are interested in the production of efficient nurses.) The hospital must employ an adequate number of graduate nurses, who working in conjunction with the student nurses will be able to supply such service.

This procedure would automatically bring about the choice of a more selective group of nurses, nurses who are nurses because they really desire to be nurses; and at the same time would eliminate those would-be-nurses who have entered training, not because of a real interest in the work; but because they are intellectually

lazy or cannot afford to go to school and nursing appeals to them as an easy way out to something higher and more desirable than they could otherwise attain. When training schools begin to train nurses only because more nurses are needed; and are really interested in the product which they turn out, rather than training them because it is a cheap way to get institutional work done, the production of "over-supply" and poorly prepared nurses will be greatly reduced. Of course this will necessitate re-adjustment on the part of hospitals, to meet the needs of these more carefully selected and better prepared students; and finally a better product. If we raise the standard for students, most certainly the same must apply to those who are to guide and train them. This means better prepared superintendent of nurses, better prepared supervisors, better prepared instructors, better prepared head nurses, and better prepared ward nurses.

A doctor from California says, "It is most important when a patient enters a hospital with the understanding that he is paying a given rate per day for hospitalization and nursing that they receive adequate and efficient nursing care. Few patients can afford to pay six dollars per day for room, twelve dollars per day for nursing, plus laboratory, surgery, anesthesia, and board and room for nurse. Consequently most people leave the hospital a week too soon."

Kentucky doctor thinks, "All hospitals should take care of their own cases in as far as possible. Specials cause friction."

Vermont doctor also thinks, "Only exceptional cases should require specials."

In the letter from California we see where there would arise

an unexpected economic situation for the patient, which literally bowls him over; but he has been convinced that he must be operated so submits. With this economic problem there often arises a psychological one which retards the improvement of the patient. Add this condition to an early departure from the hospital and you have anything but that which is desired. On the other hand, doctors are aware of the situations in hospitals and if they would inform the patient that he would need a special nurse, much of this misunderstanding would be eliminated. In general, we quite agree that all three of the above letters are justified in their criticisms.

Records reveal the facts, that of all the cases in the hospitals who have special nurses, that the cases in which the doctors request specials are 40 per cent, the cases in which the family request specials are 33 per cent, the cases in which the hospital service is inadequate are 22 per cent, the cases in which the hospitals wanted specials are 3 per cent, and the cases in which patients had specials because friends had had them are 2 per cent.

If the more serious cases which involve real nursing skill are all given over to special nurses, pray tell me, where the student nurse is to receive any training where skill and nursing technique are required. Certainly, if we are to succeed in adequately training nurses, the hospital must supply the laboratory. This would not tend to decrease the efficiency of the nursing service to the patient. Further, if the hospitals provide an adequate nursing service it will not take long to induce the public to go to hospitals in preference to having a trained nurse in the home. The average patient cannot afford both hospitalization and the services of a special nurse. The hospital is the place for

any individual who is ill enough to require the services of a trained nurse. The advantages of hospitalization are many:

1. The patient has a better opportunity to recover away from the worry and fretting about the home.

2. The home situation would be left in a more normal condition. The need of adjustment of the home to the patient and the nurse would be eliminated.

3. The question of home inconvenience would be eliminated.

4. The lament of physicians, "That nurses do not want to take home cases" would be heard no more.

5. The patient would be under expert observation at all times.

6. Expert assistance, if necessary, is to be had *at all* times.

7. Proper equipment, in case of crisis, can be had at a moments notice.

8. Doctors make rounds at the hospitals every day.

9. Not only would the patient receive excellent care; but at a cheaper rate in the long run.

If hospitals are going to render this service, they should make themselves ready. Under these conditions the hospitals would be full to capacity; and this would be no small item in solving the economic problems. Every one knows that after the overhead is taken of the cost is less per patient. Further more (though it is not the purpose of this paper to solve the economic situation, if I may be permitted to inject this thought) I would say that since nursing is a public necessity and is becoming more and more a public service, that hospitalization should be furnished on a non-profit basis, whether it be through social insurance, group insurance, state hospitalization, or state medicine, it seems clear that the time

when it must come, is not far distant. This plan would provide a more efficient nursing and medical service to humanity at large; and last, but not least, it would provide a satisfactory laboratory and facilities so necessary for the production of well-trained nurses. After all is said and done, no matter how fine the teaching in the classroom may be, no hospital is a good teaching field for student nurses unless the patients in that hospital are getting an adequate and high grade nursing service. In training nurses, first and above all, it must be remembered that the student is in the hospital to learn the nursing game, and not to become a mere automaton to carry out routine orders. She must not only gain more knowledge but should be supervised and assisted in the application of this knowledge to the understanding of the patient and his needs. She must be taught to observe and to understand the influence of the psychological and sociological factors and their effect upon the physical condition; and in turn, she must understand the influence which the physical condition exerts upon the psychological and sociological factors. She must be taught to watch for, and recognize the indications of such disturbances. She must learn to get the confidence of her patient so that the story of the disturbing factors (whether they be recognized or not by the patient, as such) flow to her freely through uninterrupted channels. At the same time she must bear in mind, "I will hold in confidence-----through the practice of my profession."

There should be time for careful and close supervision of all procedures, both the patient's sake and that of the student. No student should be detailed to perform a procedure alone, when she

is uncertain of herself. Under such conditions, unless she has unusual success her efficiency is lessened and confidence shattered. She should know the purpose of the procedure and the results to be expected or hoped for. There must be time for the student and supervisor to see and understand the patient together, for the supervisor to point out from time to time the changes that occur in the patient's condition as he progresses or declines. Cardinal symptoms of specific diseases and conditions should be pointed out; and the way in which these symptoms may vary from patient to patient. The supervisor who has more than one patient suffering from the same malady has an excellent teaching opportunity, which under no circumstances should be over-looked. The nurse should have an intelligent understanding of what she is doing and the end to which she is working. In short, if she is to do a good job she must know what it is all about.

The nurse must have time to listen to and to be interested in the patient; and interested to the point where she gives careful thought and consideration. There must be understanding supervisors on the floor to whom the student ^{may go} for aid in interpretation of the situation, and for guidance in rendering alleviation. There should be time for conferences between student and supervisor. There should be time to look at the patient. There should be time to think about the patient. There should be time to really understand the patient, and his individual problems. There should be time to be kind and considerate to the patient. There should be time to be kind and gracious to the patient's family. There should be time to apply to the best advantage, in the care of the sick, all the knowledge that the nurse possesses.

The case history method will be very instrumental in bringing about a comprehensive understanding of the patient and the inter-related factors that may be influential in determining his condition.

Experience in the out-patient department, in which the student accompanies the visiting nurse to the home, where she sees the actual living conditions as they are; social, economic, etc., will be invaluable and should constitute a part of every nurse's training. She should have a knowledge of the purpose and working basis of the various social welfare agencies; and know how to approach them for assistance for those patients who are temporarily in need of such help. Many a man has been able to recover from an illness because someone had vision enough to see that an economic crisis due to his incapacity was deterring his progress. Temporary relief afforded to the family while he was unable to provide, relieved him of worry and immediate responsibility; and the patient was soon on the way to recovery.

When nurses have completed their training they should have a comprehensive knowledge of the relationship existing between the physiological, psychological, sociological, and economic factors, and the varying influences that they may bear upon each other. They should be able to make the patient understand the inter-relation of these factors, and to see the devastating influences they are having upon his condition. She should, in as far as possible, be able to assist him in eliminating the undesirable factors and complexes which are destructive to his health; and to assist him in building up and integrating those factors which are desirable into a well synthesized being, a fundamental requisite

47

to health, realizing that the goal to be desired is the healing of the entire being, not merely the healing of physical conditions.

If modern nursing is to find recognition among the higher profession a number of adjustments will be necessary: namely,

1. A new ideal of Nursing Education must be universally established and managed by educators.

2. Better understanding on the part of the public as to the necessity of well trained nurses; of its duty toward promoting Nursing Education, and of its duty in bearing the cost.

3. More efficient hospital boards and managers.

4. Hospitals regime adjusted to meet the changing conditions in the educational system.

5. More efficiently trained superintendents of nurses.

6. More efficiently trained supervisors.

7. Better prepared instructors.

8. More and better ward supervisors.

9. Supervisors on the wards at night.

10. More nurses on the wards at all times.

11. Hospitals must furnish adequate and high grade nursing service.

12. Fewer hours for students on duty and more effectual work.

Miss Nutting gives a very excellent summation of the situation in the following quotation: "One cannot hand the art of nursing out to anybody. The tools of nursing are many of them simple enough, but the range of sources from which they are drawn must be very wide, and their uses perfected by long and arduous effort. Senses and perceptions must be trained to their finest adjustments. Behind that quick sure touch, that fine and delicate manipulation, must be months

of toil and practice, experiment and failure, as well as progress. Behind that sure judgment lie long stretches of experience and careful study of persons and situations; of comparison of methods and results. The relation between patient and nurse is a peculiarly intimate and vital one, and it should contribute richly and constantly to our knowledge and understanding of our art. It should be preceded and accompanied by careful^{ly} directed study of the interdependence of mind and body; of those psychological truths which can serve in some measure to guide us in the conduct of helpful human relationships. Every branch of nursing stands in need of just such serious and scientific study of the problems inherent in its particular sphere. Emphasis has been laid in nursing always on the development of skill in technique, and that is essential, but equally so, will be found training of these other kinds, if we are to prepare nurses adequately for the infinitely varied and complex needs which are inherent in the work awaiting them." ¹

1. Nutting, Mary Adelaide; A Sound Economic Basis for Schools of Nursing. Page 357.

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