

XVIII. INTEGRATION OF HEALTH TEACHING IN SCHOOLS OF NURSING

Loise Rose

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About two years ago there was a picture produced by the Division of Visual Experimentation of the Harmon Foundation, called "Nurses in the Making". This picture showed the highlights of a nursing Curriculum. It showed the careful selection that is made in accepting young women for schools of nursing. It showed the provisions that are made for the students health. Parts of the program for the students' recreation were shown. The nurses were shown at work in various departments of the hospital. In each instance it was carefully brought out that the students were receiving proper supervision while they were doing this practice nursing. The classrooms and laboratories in which the student nurses are first taught the various nursing procedures were shown. But this picture did not stop with just showing "Nurses in the Making" within the hospital walls. It goes on to show the nurse in the making in the community. It showed her in the home, in the school, in the industrial plants, with the American Red Cross, with the social agencies. (1)

This picture "Nurses in the Making" was valuable in that it brought out the fact that one of the important places for the modern nurse of today is in her community. For it is in the community where the nurse comes in contact with her

patients as they really live. It is there that she can make observations of problems, however great or small they may be, which beset people. She has the opportunity to see why a very minor incident apparently can be so upsetting to a mother. Perhaps observing such an incident will bring numerous patients to her mind that she cared for in the hospital who seemed so nervous and worried while they were patients, which of course only made it more difficult for them to get well. Perhaps it was a mother with a new baby which she remembered. It was a mother who just could not nurse her baby, even though the nurses worked so long to help her do it. Perhaps they finally gave up the effort, not knowing that what was really wrong with the mother was that she was so worried about the little child that was at home, sick, or the husband who was away.

Health is a possession to be desired by most individuals above all other things. Health is desired even more than money. Although that is to be doubted when one realizes that more money is spent on the upkeep of beauty and on the upkeep of cars than is spent on the upkeep of health. In 1929 there were nearly eight billions spent for the purchase and upkeep of private automobiles, while three and six tenths billions were spent for medical care of all sorts. (2) Never-the-less if a man loses his health, he is quick to give his money in an attempt to regain that which he has lost. Unfortunately man is not aware of his health until something is wrong with it. That is why it is so difficult to teach conservation of health. A well person will rarely

inconvenience himself to insure his good health. A simple example of this is the man who enjoys eating to the point that he overeats. He no doubt thinks of the dangers of becoming overweight and if he does not think of them his friends will tell him. But this individual has very little interest, if any, in exercising self control to cut down on the amount he wants to eat. Just let this individual become sick, and if the doctor tells him he must reduce, he follows directions well as long as his health is in danger. But after he is well again he will probably become overweight all over again. If man is more interested when he is sick in making an effort to learn how to make and keep himself well, why then is it not the place of the nurse to be his teacher, as well as the doctor. The nurse is with the patient longer periods of time and can observe the progress the patient is making more easily than the doctor. It is quite evident that one of the roles of the nurse could be that of a teacher. But a survey made in New York by the National Organization for Public Health Nurses, under the Commonwealth Fund in 1934, found that nurses were at their lowest performance in teaching.

Mayhew Derryberry, Ph.D., the Senior Public Health Statistician in the United States Public Health Service studied the "Nurse as a Family Teacher". He found that a sick person will follow a routine to get well which a well person will rarely do because of his lack of interest. He observed that an individual must be motivated to active rather than passive response. An over-emphasis is often placed on the accomplishment in the desired results by the nurse, which takes away

the desire of the patient to take any initiative of his own. Dr. Derryberry's advice to nurses was, "Do not be dictatorial; rather motivate". (3)

Conservation of health might be called the cardinal principle of nursing. Health is the basic principle back of every effort, or activity of nursing. It seems to be such a clearly defined and obvious goal, but even so it is often lost sight of. We become so involved in carrying out the various procedures which will build toward health that we forget that the untimate goal is Health.

In the field of Public Health Nursing the goal has been set towards Family Health. Certain principles have been formulated to attain this goal:

1. Care of the sick.
2. Prevention of disease.
3. Health Education.

After even a small amount of observation it is evident that Public Health Nurses are aware of their goal of teaching Family Health and are constantly working towards it. If Public Health Nurses have been made aware of their goal of health teaching, why then are student nurses not made more aware of their opportunities for health teaching?

In relation to the student nurse, health teaching might better be referred to as health nursing. For most of their teaching is to be accomplished through actual nursing. This may be where much of their opportunity to teach is lost. A nurse can care for a patient day after day and still the patient has actually learned but little that he can apply to

his own situation. This situation is brought so clearly to mind when the day arrives for a patient to go home. The nurse may suddenly realize that this patient is going away from the supervision of the hospital and that now he must depend upon the little information that the individual has picked up to keep him from breaking down again. How often the nurse wishes that she had taken time to teach the patient more, because she has such a wealth of knowledge which would be of so much value to the patient.

We have considered that Health is a thing greatly desired by man, but that he does not become very interested in obtaining and keeping the best health until he becomes ill. Nurses in hospitals, which includes student nurses, are in the most advantageous position to teach health conservation, but unfortunately one of the nurses' poorest qualities is teaching. If this is the situation, and there seems to be much evidence that it is true, where lies the difficulty? Can it be with "Nurses in the Making" ?

In an article "Channels for Improvement" written by Elizabeth Fox, Director of the Visiting Nurses Association in New Haven, Connecticut, she brought out the fact that we must become aware of the obstacles in our path and then tackle them. What then are some of our obstacles?

1. Fundamental education of the nurse.
2. Case loads too heavy for quality.
3. Staff education program.
4. Adequate supervision.

5. Lack of awareness of observing patient as an individual, a part of a family and of the community.
6. Inability of the student nurse to realize her position as a community health teacher through her hospital and other social agencies.

1. Public Health Nurse - November, 1937.
2. An Introduction to Public Health - Harry S. Mustard, M.D.
Page 177.
3. Health Officer - January, 1938. "The Nurse as a Family Teacher" Page 357. M. Derryberry, Ph.D.

Fundamental Education of the Nurse

Nearly fifty years ago Florence Nightingale incorporated into nursing the elements of health nursing as well as sick nursing. She expressed in her teachings that the nurse must minister to the patient as a whole and not just to his bodily needs. It seems that in seventy years this idea could have been more firmly established in the aims of nursing education. For years many nursing educators have felt that their duty in educating nurses lay in teaching them the basic courses in sick nursing, and thus keeping the supply of bedside nurses up with the demand. They felt that health nursing and the preventive aspect should belong to a special field, as the public health nurses. (1)

Fortunately those interested in nursing education today are more aware of the greater aspects of nursing, although it is a slow process to get the cooperation of every school of nursing to apply this approach in planning their educational program. The National League of Nursing Education Expressed their position in the "Curriculum Guide". (p. 21) Briefly stated, our position is that "Health" nursing is just as fundamental as "sick" nursing and the prevention of disease at least as important a function of the nurse as the care and treatment of the sick. Indeed, these functions cannot be separated though they are undoubtedly represented in different proportions in the different fields of nursing. Moreover, the nurse is essentially a teacher and an agent of health in whatever field she may be working, though here again the emphasis varies. All nurses must be concerned with the social conditions which so directly affect the condition of the patients

and their prospects of cure. The subordination of the "human" element in our work to the physical and technical is one of the severest criticisms we have to meet in nursing today, and it seems strange that there should be any question that a much stronger emphasis on these human and social factors is needed, whether we are dealing primarily with sick nursing or health nursing.

The Grading Committee suggested eight conclusions under the title "What is Good Nursing?"

1. All professional nurses, irrespective of the special field in which they have elected to practice, should be able to give expert bedside care. They should also have such knowledge of the household arts as will enable them to deal effectively with the domestic emergencies arising out of illness.
2. All professional nurses, irrespective of the special field in which they have chosen to practice, should be able to observe and to interpret the physical manifestations of the patient's condition and also the social and environmental factors which may hasten or delay his recovery.
3. All professional nurses should possess the special knowledge and skill required in dealing effectively with situations peculiar to certain common types of illness.
4. All professional nurses should be able to apply, in nursing situations, those principles of mental hygiene which make for a better understanding of the psychological factor in illness.
5. All professional nurses should be capable of taking part in the promotion of health and the prevention of disease.
6. All professional nurses should possess the essential

(6 - cont'd) knowledge and the ability to teach measures to conserve health and to restore health.

7. All professional nurses should be able to cooperate effectively with the family, hospital personnel, and health and social agencies in the interests of patient and community.

8. Every nurse should be able, by means of the practice of her profession, to attain a measure of economic security and to provide for sickness and old age. It should be possible for her to conserve her physical resources to seek mental stimulus by further study and experience, and to follow that way of life in which she finds those spiritual and cultural values which enrich and liberate human personality. (2)

This same study further divided the activities of a nurse into four main groups:

1. Those activities which have to do with the organization and management of the patient's environment in providing for his physical and mental comfort and well being.

2. Those that have to do with the personal hygiene of the patient - sick or well.

3. Those that relate to diagnostic and therapeutic measures in which the nurse assists the physician or carries out procedures directed by him.

4. Those that have to do with community health services involving the care of both individuals and groups. (2a)

From an observation of these qualities that a nurse must possess, and the activities in which she must engage, it is evident that those who plan the education of student nurses have a great responsibility. Many volumes have been written on how to plan a Curriculum for a School of Nursing.

It is sometimes to be wondered if some schools refer to these guides, but in any event they are available for reference. The fine points of planning a curriculum will not be discussed in this paper, but a few of the major points will be enlarged upon, which have more direct effect on the nurse as a health teacher. This must not be misunderstood to mean that all parts of a nurses' education do not have a bearing on her ability as a health teacher. For there is no small part of the course of study that can be neglected. Anyone who desires to teach must first have a sound content of knowledge as a background for sound teaching.

The admission of students to schools of nursing seems to be the most logical place to put the first emphasis on qualifications that are desired in applicants for schools of nursing. These qualifications must be more than just limitations on size, weight, age, and color. These requirements of health and age, etc., are only a means of selecting those young women who are more mature emotionally and physically. Some young women are fully developed physically without developing emotional stability by the age of eighteen or twenty. These would require more educational experience, opportunities for development of social ease, and observation of the problems of life that must be met with a balanced mental and emotional outlook. Others have developed mentally, emotionally, and physically so that they are ready for a nurses' education at the finish of highschool. But it is desirable for applicants to have had one or two years of educational preparation beyond highschool. Those young student nurses who have maturity and stability in their outlook and approach to life have a much better foundation for their professional education.

The "Curriculum Guide" (p. 63) enumerates several recommendations on which more emphasis should be placed in the course of study.

1. The Social Sciences:

The fact has been mentioned that a student nurse should have some mental and emotional maturity in her adjustment to life. But it is still the duty of the school of nursing to help her to continue to make her adjustments. As a nurse it is not only her problem to make her own approach to life but also to help her patients with their adjustments and problems.

The addition of more social sciences will assist the nurse in meeting these demands which arise from such close human relationship. The course in Psychology places the emphasis on the adjustment that the individual makes in meeting the requirements of this ever-changing environment. Sociology deals with the social and economic factors of people that affect them as they live in groups. This enables the nurse to better understand her patient as he is a part of a family and a community.

Classes in Professional Adjustment must be given to show how the principles learned in psychology and sociology can be applied to the particular problems that arise in nursing. Professional adjustment must be made between the nurse and her patient, and between the nurse and the medical profession.

2. The Biological and Physical Sciences:

These sciences have a very important purpose in helping the nurse to adjust to her physical environment. From these subjects are also learned the principles back of the prevention of disease.

3. Nursing and Health Arts:

In this group of subjects the emphasis is to be placed on the fact that nursing is health conservation. If these nursing arts are properly introduced and presented, the student will approach her patients as individuals, each one of whom has his own particular personality and problems. The laws of learning must be kept in mind in presenting this material. If in planning the lesson course it is kept in mind that learning proceeds in an orderly fashion, then the student will more quickly grasp the material presented. If the student clearly understands the principles, she will find it easier to apply this knowledge in caring for and teaching her patient. Also she will retain that which she has learned much longer.

In applying the laws of learning the first to be considered is:

1. The Law of Readiness or Interest.

Before any subject is presented the place of greatest interest of the student must be determined. It is obvious that the student will be the most interested in her own health conservation, so it would be logical to start with the student's own health. She can be taught how to protect herself from disease and to conserve her own health.

2. The Law of Exercise.

By the time the student has learned how interesting and important it is for her to conserve her own health, she will be in the various departments learning to care for the patients. Here she has an opportunity to practice what she has learned, and she is eager to do it. Not only will she take great pride in turning a square corner on the sheet, or adjusting a pillow to

make a patient comfortable, but she will also be keenly interested in telling the individual patient points of interest and help in obtaining and keeping better health. This desire and eagerness to help her patient is most natural in the young student.

3. The Law of Effect.

The effect seems to be satisfactory to both the patient and the nurse. The patient is also eager to learn all that he can do to regain his normal health. He appreciates the extra time that this young student takes to answer his question. The nurse feels that she has accomplished something because her patients respond to her care. So, consequently, she is prompted to put forth an even greater effort to apply what she has been taught in the classroom - Health Conservation.

Up to this point the laws of learning have applied very normally, and the young student nurse has reacted to her opportunities very naturally. She has shown interest and enthusiasm in her opportunity to teach others. The results or responses from her patients have no doubt given her satisfaction and a feeling of accomplishment. She is enthusiastic to find other opportunities to teach and help her patients. If allowed to continue, these young students would become better prepared to teach and would take more advantage of their opportunities to teach. Then the time would come when patients were not leaving the hospital entirely unprepared to continue their proper convalescent care at home. They would have some knowledge of how they can continue to gain normal health that will insure against a relapse or returning to the hospital, perhaps.

The students activities along these lines are rarely allowed to continue long, as their case loads become heavier and heavier, and the pressure of work does not allow them enough time for much personalized care. This point will be commented upon later.

4. Mental Hygiene:

This course should be given not only to familiarize the student nurse with the care of patients with definite recognizable symptoms of psychiatric disorders, but also to prepare the student to give the most individualized care that she can to those patients who are not diagnosed as mental cases but who show certain symptoms of mental disorder along with other diseases.

5. Child Care:

More emphasis should be put upon the care of well children, child development and parent education. This is another opportunity during the student nurse's education when she can be impressed with the opportunity that she has for family education, for in dealing with children the parents are the important ones to educate.

6. Nutrition and Food Preparation:

Often the nurses feel that the diets of the patients are the responsibility of the dieticians. The nurse should also feel her responsibility for this part of the patient's case. The diet of most patients is quite an important subject to them, and often discussed with the nurses, who if they are adequately prepared can advise and assist the patient to become more interested in eating the proper balance of diet that is required for them. The nurse can also be of great assistance in

helping the patient to adapt the type of diet he has been having in the hospital to his own budget and type of diet that he will have when he goes home.

7. Certain diseases which have importance from the general public health standpoint are presented with greater emphasis, such as syphilis, gonorrhea, tuberculosis, cancer, etc.

8. It is suggested that special importance be placed on the teaching functions of the nurse, and that it should be stressed from every angle in all classes. If this point of the nurse as a teacher is presented to the student in her class work, she must be given an opportunity and encouraged to put it into practice when working with the patients. It is doubtful how well this is being done.

9. More interest must be shown in the student nurse's own health. This goes back to the laws of learning again, if the student has the principles of health conservation firmly fixed in her own mind in regard to her own health, she is much better prepared to teach her patients these same principles.

10. The final recommendation made was for enrichment of the cultural and social aspects of the student nurse's life. How important this phase of the student's preparation for life is, whether she plans for a professional or a private life.

1. A Curriculum Guide for Schools of Nursing - page 21.
- 2, 2a. Activity Analysis of Nursing. E. Johns and B. Pfefferkorn.
Committee on the Grading of Nursing Schools. 1934.N.L.N.E.

Effect of Case Loads on the Quality of Nursing

The student is taught in the class room that each patient is an individual that requires individualized care. As she starts working with the patients and as she gradually learns more procedures, there are more and more demands made upon her. Instead of having one or two patients to whom she can give complete and personalized care, she now has more patients than she thinks she can adequately care for. She is quite right in assuming this attitude. The administrators of the students' curriculum and the older nurses might profit by listening in on the conversations carried on by the younger nurses among themselves when off duty. It would not be all praise that these "listeners in" would hear. For the students become very much upset over the conflict that has arisen between what they have been taught in the classroom, which follows their natural instincts of kindness and aid to those that need it, and their practice as they are allowed to do it on the wards. These young students are concerned with the indifference which the older nurses show in their attitude towards their work and towards their patients. Many a young nurse makes a promise that she will never allow herself to become indifferent and hardened in her approach to her chosen work, regardless of the pressure of work upon her.

Another thing that these "listeners in" might hear would be these young students' ideas as to what is the source of trouble or the cause of their conflict. There are two possibilities, the patients and the hospital staff. As can be expected these young students rarely comment on their

patients as causing their troubles. Placing the blame on the patients is a topic of discussion left for the older nurses. No, the students quickly place the source of trouble in their administering staff. But the students who dare to carry their discussions to the point of criticising their superiors in this way have a very guilty feeling of disloyalty to their institution, and so such conversations are indulged in rarely and then very quietly. It might be to their advantage if occasionally administrators could take part in these "off-duty-gab-fests" in which all student nurses indulge. Not that they would be a source of a great deal of constructive criticism, but they might awaken the staff to some of their points of weakness.

But the young students soon become resigned, retrogress from their spirit of rebellion, which has been caused by the conflict between what they have been taught in principle and what they do in practice, and assume an attitude of mere acceptance. Many students find that this approach of accepting is the line of least resistance, and much easier to follow. They find that to accomplish all that is expected of them they must assume the attitude of mass production, and the individualized approach is subordinated.

This attitude of acceptance by the students of all they see, hear, and are told seems to be what is expected of them by most administrative staffs of schools of nursing. Not that every student does not have a certain amount of adjusting to do to adapt herself to any institution, but this adjustment should be a normal reaction that brings satisfaction to the student

as well as to the institution. Nor is all the blame to be placed on the administrative staff, for they have the pressure behind them of smoothly administering a hospital with all of its hundred and one daily requirements plus emergencies which are always arising. It is no easy task.

Part of the difficulty goes back to the time when the hospitals established schools of nursing as a means of supplying their hospital with cheap nursing care. The purpose of these schools was not the education of the nurse, but rather the economic value that the students had to the hospital. In such situations the clinical experience of the nurse was planned to meet the nursing needs of the hospital. Gradually a change in attitude has been taking place until now the purpose of the schools of nursing is the education of the nurse. Now also, the needs of the nurse as an individual, and the needs of nursing on a community basis are considered in planning the education of the nurse. It has only been in the last generation of nursing educators that this new approach has been put into effect, so that a complete change of attitude has as yet not been accomplished.

Those hospitals with schools of nursing education that are accepting students because they are an educational institution, and not because there is an economic value in students, are finding that they must depend on a graduate staff and not on the students to carry the case load. They realize that the students' program is over-balanced on the part of hospital duty if the graduate staff is not large enough to carry the bulk of the case load.

The ideal desired as set forth in the planning of the education of the nurse, by the modern educators, is to divide her time so that there will be a proportionate amount of time spent between the classroom and ward practice, and still have time left that will be leisure time for the nurse. There must be a close correlation between what is taught in the classroom and the practice given in the wards. Opportunities must be provided for the student to apply what she has been taught in the classroom to actual nursing experiences. It is not the responsibility of the student to make this correlation herself, unless the situations are arranged for her. If the student is not given the opportunity to see such a relationship, as soon as the newness wears off certain procedures, she will become mechanized and anything that is mechanized becomes impersonal.

Psychologists have shown that the ability to adjust to life situations is in relation to the individual's personality adjustment. In helping the nurse to plan her leisure time activities the school of nursing is assisting the nurse in her personality adjustment. A nurse has a greater physical and emotional strain than is found in most types of education. The real life situations constantly around her require a well-poised and integrated personality to meet them. So the nurse needs planned leisure activities as well as time that is entirely her own. More can be gained through this leisure time if some thought is given as to how it is to be spent. Facilities should be made available, as a game room, kitchen, small rooms for entertaining, library, etc. Someone should be available for advice and leadership in these extra-curricular activities.

A plan or program should be made of what activities will be made available to the students. In all of this the students should be allowed to take the initiative.

So we see that even if some thought is given to the preparation of the course of study of the student nurse, if the case load is too heavy, the quality of nursing work done and the resulting educational product will be poor.

Staff Education Program

We all know from experience that the knowledge which we can put into actual use is the knowledge which is the more permanent. So it is with the education of the student nurses. How much better they can remember the steps in nursing procedures than to enumerate the circulation of the blood from the toe to the ear, for instance. Then the most effective way to integrate health nursing or health teaching is to present nursing situations in which the nurse can experience health teaching. We have discussed that the case load must not be so heavy that the students do not have time to take advantage of these learning opportunities when they arise. Another important requirement to assist the student in this health nursing integration, is to have a staff who have the same health teaching approach. It is only fair that the staff nurses have some idea of the objectives of the faculty in the education of the students, for so much of the student's time is spent under the supervision of the staff nurses. So in planning a curriculum in which health teaching is integrated, some thought must be given to the education of the staff.

Much is being said about staff education programs. Their value seems to be in proportion to the active part the individual members of the staff take part. It seems almost inconceivable that there might not be some form of staff education in all hospitals which have training schools for nurses. But there are staffs in hospital training schools that are completely unaware of the objectives in student education.

This is a deplorable fact. How fruitless are the efforts of the faculty in the classroom if the students go into the wards to practice under the supervision of nurses who know nothing of what these students have been taught. Many supervisors have a book outlining the various procedures as they are taught, and further than this they have no knowledge of the content of the curriculum. The same can be said in reference to the staff nurses, with whom the students are in closer contact than even the supervisors. When this situation takes place, it seems to be such a short-sighted approach to education. It is like teaching someone how to drive a car without any car to drive or to use for practicing. The value of staff education programs is not only in its relation to the education of the student, but also to the continued education of the graduate nurse.

The staff education programs are held at regular times, usually once a week. Time should be provided for them in the time on duty. Some staffs have found it more interesting to follow a certain theme for a length of time. The discussion method tends towards a more informal meeting, which brings forth more group participation.

Ruth Chamberlin, R. N., has described the staff meetings of the Roper Hospital School of Nursing, Charleston, South Carolina. In their meetings they spend a few minutes on each of the following subjects; ward problems, new methods, current events, committees, reading suggestions, the topic of the evening, the plan for the next meeting. A few recommendations were given for other hospitals to use if they wished

in their staff programs.

1. Choose a topic interesting to all graduates.
2. Provide a variety in each program.
3. Include every member on the program as often as possible.
4. Avoid domination by any member or by the leader.
5. Never discuss personalities.
6. Never discuss interdepartmental problems unless they are experienced quite generally.
7. Close the meeting on time.

The advantage and the necessity of staff education programs is not difficult to realize. It is impossible to teach health in the classroom and then put the nurse on duty where the practice of health nursing is not conscientiously observed and expect the student to put into practice that which she has been taught. Through staff education programs the cooperation of the staff can be obtained for the coordination of the students' education.

Another way that the cooperation of the staff may be obtained in assisting with the education of the students is the old problem of reducing the case load. For it is just as impossible to suppose that the graduates will find time for health teaching and finding opportunities to assist the student in health teaching, with too heavy a case load, as it is to expect the student to carry a heavy case load.

Katharine Tucker, R. N., in discussing the education of the staff in this health approach makes this statement, "I think it is far more important, if a choice

"must be made, to provide some kind of affiliation in a public health nursing agency for those members of the faculty and staff of a school of nursing who have had no such experience, than for the students themselves, if we really are to reach our goal." This is one method of educating the graduate so that she knows how and what to teach.

Any hospital should be enough interested in the quality of their nursing care, to allow graduates time off duty to take advanced education. A hospital should encourage this interest among its graduate staff.

One goal in staff education is the method of supervision to be used by any of the graduate staff in relation to the students. This in itself will have a great effect on the type of nursing care given by the students. Someplace back in the ages the idea arose that a supervisor, to do her job efficiently, must be severe, stern, a driver, and anything but human. It is an antiquated idea, but nevertheless still possessed by some. The military type of management may be required in the army, but a militaristic order is not desired in nursing. It has been shown without a doubt that no one can do his best work under the pressure of fear and compulsion.

Under the compulsion type of supervision the one who is responsible for the work being done and who is supervising is apt to dominate the situation, taking all the responsibility from everyone else. When this occurs no interest and initiative is developed in the other nurses under her

supervision. Each nurse must feel that she has a part in the work, and is given some opportunity to plan her work. This does not occur when the supervisor takes all the responsibility for everything done. A supervisor who uses this method may think she is being kind to those nurses under her by taking so much of the worry and responsibility, but on the other hand she is doing them an injustice. She is not thinking of the time that an emergency might arise when anyone of these nurses might be required to assume full responsibility and she would not be there to supervise. Comments from the students on their likes and dislikes of various supervisors do not give the popularity vote to these supervisors who rule with an iron hand.

Students must learn the importance of the work that they are doing, but how much better if they learn it through education and not through fear. The supervisor who always is the favorite in a training school is the one who can motivate her students and her graduate staff to meet nursing situations because they are interested and want to rather than because they know they must. When emergencies arise it is so much easier for a supervisor to take over the situation without thinking of the educational opportunity for the students. If the supervisors are fully aware of the objectives of the education of the students, she will be more conscious of their learning situations. Nor is it just at the time when unusual nursing procedures are to be done that the education of the nurse must be considered. It is during the everyday work

and routine that most of the opportunities arise for health teaching. As long as the students are encouraged to look for these new situations for health teaching that are constantly arising, their nursing will continue to be a great adventure, and will never become perfunctory.

1. A Staff Nurse Program - Ruth Chamberlin, R. N.,
American Journal of Nursing - January, 1939. vol. 39, No. 1.

Nurse's Place as a Community Health Teacher

For so long hospitals have been institutions that have produced nurses to meet the supply and demand. Laws and regulations were made in the various states in regard to nursing which also met the demand for nurses. All of this was done with very little thought being given to the fact that the community's requirements for adequate nursing care were not being met. Along with the idea of supply and demand was the idea that the one duty of the nurse was the care of the sick. If his wants were cared for, then her responsibility was ended. But a larger concept of the place of the nurse has developed. It is now thought that the nurse not only has a responsibility to the sick in her own hospital but also to the health of the community. This takes the nurse's interest outside of the four walls of her own institution. Where do the nurses start to become aware of this larger concept of their responsibility to their community as nurses?

We have mentioned that the student must be taught and allowed to consider the patient as an individual through her fundamental education and through her practice nursing. In thinking of the patient as an individual she cannot help but be aware that this person is not an isolated individual, but that he is a member of a family, that he has friends, that he has responsibilities that are worrying him while he is ill, and that he has all the other associations that every normal individual has.

Through the study of psychology and sociology and other subjects related to man and his adjustment to his environment, the nurse is better able to appreciate the mental conflicts that prevent a patient from a rapid recovery. But just presenting these subjects is not enough. The subject matter must be integrated into the training course so that the student feels that a direct application is being made between what she studies and what she practices.

There are two angles from which this integration might be approached, so that the nurse sees and treats her patients as individuals. The first is through the basic curriculum and the directed nursing practice which occurs within the hospital. The second angle of approach can be made by taking the nurse out of her hospital and introducing her to her patients as they live when well in their community.

The first angle has been discussed in detail in previous chapters, but to review it briefly. The first approach to the student is through her own health, how she knows when she has good health, how she can conserve her health, what she can do if she begins to lose her health. This is very interesting to the student, and she grasps it readily. After she has learned this lesson well, then these ideas of the value of good health can be introduced to her in relation to other people. If the student herself is convinced of the importance of her own health and how to keep it, she will be eager to teach her patients. She then becomes a health teacher without being aware that the emphasis of her

whole education is on this point; it is a spontaneous, natural action on her part, and so much more effective and lasting. From this point on the student will progress naturally and continue to apply that which she learns to the nursing care that she gives. That is, she will progress naturally if thought is given to the correlation of that which she is taught to that which she practices. In other words if her ward nursing is planned to coincide with the classroom teachings, the student can continue to be a health teacher. The nurse will stop to think of the disease in relation to the individual patient. She will ask herself if this disease might have been prevented, or if it might be prevented from occurring again in this patient's family through a little education of that family, or if the disease is likely to occur again in that individual if he is not taught how to prevent a reoccurrence, or why does it need to occur at all, and numerous other questions that will provoke thought to action. It is the responsibility of those planning her education to aid her in finding the best possible solution to her questions and problems.

The second angle is the introduction of the student to the patients in their homes and communities. Some hospital training schools have arranged with their outpatient department or medical social workers so that the student can be given this experience of visiting the patients in their homes in the first few weeks of her training period. Other hospital training schools have arranged to wait until their nurses have completed most of their basic courses and are almost ready to graduate before placing them with a community

health organization or with their outpatient department for this field work. There are points in favor of either plan.

In either program there are fundamental principles that must be discussed before it can be considered as a desirable affiliation with the nurses' curriculum. This is just to mention a few:

1. Qualified supervision.
2. Time allowed for individual and group conference.
3. Staff and program of public health nursing service with whom affiliation is made;
 - a. is the staff large enough to have time to give to the students.
 - b. are they equipped so that they can assume educational responsibility for the students.
 - c. is their program sound in community organization and relationships.
4. The correlation of what the students learn in the classroom to what they observe in their field work in the community.
5. The cost of such a program in proportion to the results obtained.

(1)

There are numerous other points that would have to be considered . The above are just a few very generalized ones. For instance, how effective would an affiliation with a public health agency be for seniors from a training school that had not through their course of study impressed their students with the idea of health teaching, and individualized nursing service? There seems to be more logic in presenting the patients' home life to the students very early in their training before they are set in their approach

to their patients as set apart in hospital life from any family relationship. If the young student gets this impression of the patients in their homes, it seems that she will always look upon the patients in the hospital as a part of some family and community. On the other hand it is thought by some that the students should be older and have finished their basic education before being put in contact with problems which arise in the home from illness, because they will be more observant, and be better qualified to think out solutions to the problems. It all seems to be a matter of proper and adequate planning and supervision.

A great deal of community organization and community health problems can be presented in the curriculum without an affiliation with any public health organization or outpatient department. This can be done through classroom teaching and field trips. The student does not have an opportunity to make actual visits into the homes, but they do learn about the place they have as health teachers in the community.

A very detailed outline of how the community might be studied was presented in the "Our Town" by Sylvia Perkins, R.N.; the objectives of this study are:

1. To stimulate the interest of the nursing school faculty in the hospital as a part of a community project for the benefit of the public.
2. To help them to understand the hospital's problems, policies, and efforts in regard to the economically insecure.

3. To interest the group in becoming members-in-purpose of the community's organizations for disease prevention, health preservation, and adequate standards of living.
4. By first-hand knowledge to make known the work, needs, and interrelationships of hospitals, health and welfare agencies, and local, county, state, and federal programs.
5. To create a better understanding of the customs and problems of the townspeople so they may be better neighbors.

To make the study more effective she has divided the program into the following logical units of study:

1. The private institutions in the community for the care of the sick.
2. Other non-official facilities in the community for the care of the sick, prevention of disease, and conservation of health.
3. The parts played by the local, state, and federal governments in these programs.
4. The general information one should have concerning the programs of national organizations, foundation, life insurance companies, etc.
5. Other organizations within the community working for the welfare of the people.
6. A study of the townspeople.

So it is to be anticipated by nursing educators today that if the student is introduced to her profession in such a way that she sees her patients as individuals and as members of families and communities, and if her interests in nursing are enlarged to include the possibilities of health teaching in the community as well as in the hospital that nurses will eventually feel their full responsibility of conservation of health.

1. "Public Health in the Curriculum" - Katherine Tucker, R.N. American Journal of Nursing - January, 1939.
2. "Our Town" Sylvia Perkins, R.N. American Journal of Nursing - December, 1938.

BIBLIOGRAPHY:

- Gardner, Mary Sewall R.N. M.A. : Public Health Nursing - Third edition.
New York; The MacMillan Company 1936.
- National League of Nursing Education: A Curriculum Guide for Schools of Nursing: Second revision; Published by the National League of Nursing Education, Curriculum Committee; New York, 1937.
- National Organization for Public Health Nurses: Principles and Practices in Public Health Nursing: The MacMillan Company , New York, 1932.
- Beard, Mary R.N. : Nurse in Public Health: New York, Harper and Brothers 1929.
- Conrad, Howard, and Meister, Joseph : Teaching Procedures in Health Education: Philadelphia, W.B. Saunders - 1938.
- Hart, Joseph K. : Community Organization : New York, The MacMillan Company, 1920.
- Mustard, Harry L. : An Introduction to Public Health: p.127,
- Johns, E., Pfefferkorn B.: Activity Analysis of Nursing: Published by the Committee on the Grading of Nursing Schools of the National League Of Nursing Education, 1934.
- Fox, Elizabeth : " Channels for Improvement". Public Health Nurse : June 1934
- Faville, Katherine : " Channels for Improvement." Public Health Nurse: June 1934
- Titus, Shirley C. : " Present Trends in Nursing Education." American Journal of Nursing : May 1935.
- Mitchell, Harold H. : " Nurse Teacher Rapport." Public Health Nurse : December, 1936.
- Tuttle, Mildred : " Nurses' Contribution to Health Education." Public Health Nurse : September, 1937.
- " Nurses in the Making. " Public Health Nurse : November 1937.
- Tucker, Katherine : " Public Health in the Curriculum." The American Journal of Nursing : January, 1939.
- Perkins, Sylvia : " Our Town." : The American Journal of Nursing : December 1938.
- Derryberry, Mayhew : "The Nurse as a Family Teacher". Health Officer January, 1938.
- Chamberlin, Ruth : " A Staff Nurse Program." : The American Journal of Nursing January, 1939.