

Planning for the Future —

The Need for Research

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TODAY we are faced with two tasks, firstly, within the present framework of nursing and nursing education, to organise and perform our work as well as existing possibilities allow us ; secondly, to foresee future developments in nursing and, well in advance, to re-plan nursing education to meet the new developments.

Sometimes it may be tempting to let our thoughts run ahead and delight in outlining and planning for the future, forgetting the present and our immediate responsibility for the situation in which we find ourselves here and now.

In order, however, to plan wise for the future, it is essential for us to look upon the present.

When we consider the stage that has been reached to day in nursing education, we at once note some essential points, which are not specific to any one country, but are common to all countries, where nursing education has been in constant development during the last 25 years or so. What has been attained may naturally vary from country to country, but the trends have been the same.

The first thing which strikes us is the **higher standard of education**, both general and professional, the better educational background of the students who enter nursing, and the greater care with which they are selected ; the raising of educational requirements in the actual teaching programme in the schools of nursing ; the wider inclusion of the sciences ; the stress on promotion and maintenance of health ; and the improved methods of teaching.

Secondly, there is the development of **technical skills**. Many nurses working within the new specialised services are technically

highly skilled. This has been a requirement and must not be underestimated because treatments, and results of treatments, may depend on them. If highly technical skills are needed where a nurse is working, she will only be giving her patients good service if she is as competent as possible in this regard.

In this day of mechanisation, we will, however, have to ask ourselves to what extent we wish nurses to continue to develop a high degree of technical skill which takes up much of their time, and whether we consider these skills to be an essential part of nursing care ; or whether we would prefer to have technicians assist the nurses in looking after machines, and preserve the nurses to give nursing care.

The following remark was made at the Nursing Section of the International Congress of Surgeons held in Rome in the Spring of 1960 : "**Our nurses are now so busy looking after machines that we shall have to find other people to care for the patients**".

I leave this thought with you.

Thirdly, there is the whole question of **Nursing Care**—what that includes and whether there is a "unique function of nursing." Miss Virginia Henderson in the small book "Basic Principles of Nursing Care," compiled for the ICN, gives a definition of the unique function of the nurse, as being that of substituting for what the patient lacks in himself at that moment, whether it is physical strength, power of concentration and of solving problems, ability to walk, to feed, bath or dress himself, things which he would otherwise do independently ; and in helping another person in this way

the nurse has to think of every possible means by which she can bring him to the stage where he can again, with ease and confidence, do all these things for himself.



Miss Ellen Broe

This concept of the nurse as a substitute for what the patient lacks in himself, seems at first a limited one, but the more we consider it, the more it seems to embrace. In order to be able to help and understand each of her patients' individual needs in the right way and at the right time, the nurse must in a sense be able to identify herself with each patient, and not only look at the patient but "through his spectacles."

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We would, I believe, like to think of nursing care as including what I have just described.

With better professional knowledge and improved techniques, have we then, generally speaking, been able to produce better performers in nursing?

Nurses are better prepared today than they were 25 years ago. They have much more background for understanding their work. They are taught according to principles which can be applied in different situations, and helped to use judgment in distinguishing between the duties they themselves have to perform, and what they should be able to delegate to the auxiliary staff, at different levels.

But it is a dilemma for the nurse that the further she progresses in professional education, the further she seems to move away from the patient. This we must take into account—and prevent—whatever programme changes it may be necessary to make.

When we get down to the question of change, and study it thoroughly, we will see that it is not people that are different, neither the sick nor the well. It is not their needs that have changed to any great extent, although nurses may have to work in a way different from that of former days in order to meet people's fundamental needs.

Let me mention a few examples.

Under the column, "Talking Point" in the *Nursing Times* (August, 1960) there is a discussion of the editorial of the July issue of *Nursing Outlook*—based on a visit with a supervisor in Public Health Nursing, who says that the kind of help young staff nurses need most of all today is with simple, basic nursing procedures. It appeared that an alarming number of recently qualified nurses had never performed the most elementary type of treatment and care. The editorial goes on "have we drifted towards an extreme where **skill and deftness in the use of our hands** have become a lost or scarcely valued art?"—and the "*Nursing Times*" adds, "Probably we shall die in our beds and at our bedside

we shall need a nurse. Then that skill and deftness in the use of her hands will be needed by each one of us." It concludes, "Sometimes I wonder if we are slipping back into the pre-Nightingale era, with a degree under our arm instead of a bottle of gin. Both might be consoling, but neither will be of much comfort to the dying or suffering patient."

From a study on patients' attitudes to nursing care on discharge from hospital, carried out by the Nursing Studies Unit, Edinburgh University,* it appears that the lack of **communication skill** in nursing, looms very large in patients' minds. Some remarked rather unfavourably on the relations between medical and nursing staff, and between nursing staff and patients. It was noticed that little time was spent with individual patients, and on their small needs, and that the nursing staff was withdrawn in order not to become personally involved with the patients.

Florence Nightingale said, in "Notes on Nursing," "Good nursing consists simply in observing little things, which are common to all sick and to each sick individual"; and further, "It is just the observation of all these little things, no unintelligible influence, which enables one woman to save life; it is the want of such observation which prevents another from finding the means to do so".

From these three examples taken from very different sources, it seems that it is something to do with personal relationship, or the lack of development of personal qualities, which accounts for the observations I have quoted. If students have not been able to develop such qualities, it may depend on a number of things in themselves and in their environments; but in order to accept them and make them their own, students must see continuously in practice the things which have been discussed with them. According to a

*McGhee, Anne. "A Study on Patients' Attitudes to Nursing Care on Discharge from Hospital." Nursing Studies Unit, University of Edinburgh, 1960.

just-completed study on "Stress among Students Nurses" by Isabel Menzies, hospitals use a system of work by which the nurses are protected and can keep themselves detached in carrying out their work: She mentions in particular the system of working in Rounds. In this way nurses may do a few things each for many patients, instead of giving total nursing care to a few patients. They do not become involved with any individual patient and the emotional stress, which the nursing of very ill people can be, does not weigh so heavily on the individual. The question is raised whether this is a good way of protecting nurses and of developing right attitudes, psychologically speaking, and three methods that are possible in cases of stress are noted:

1. To give in (which nurses are taught would not be proper as a professional attitude).

2. To become aloof and detached.

3. To face the problem and work through it, instead of constantly evading it and never solving it.

I am convinced that it is important that in nursing education, we should try to guide the students according to the third approach.

I have mentioned three points which may seem rather trivial: that nurses should be able to observe, to communicate and to work out positive relationships with patients. I mentioned those points especially, as I believe that, important as they are today, they will be of even more importance in the type of nursing which I visualize in the future.

To my mind there will be two main areas to think of in planning nursing education for the future in order to keep abreast with the developments which we see taking place around us.

1. The nurse should be prepared to be a family worker

There seems to be a trend towards community care, rather than institutional care. Hospital nursing will naturally always be wanted

for the acutely ill who need the facilities of the modern technical equipment and the constant attention and care of doctors and nurses but there will in the future be more people who will be looked after in their own homes, and who can be treated at out-patient clinics, rehabilitation and training centres. There will be day hospitals and night hospitals for many people who can be considered "border-line" patients ; Monday-to-Friday wards for investigations ; six-week-terms of hospital stay for old people, who otherwise live with their families, when the relatives need a breathing space ; and probably many other new centres in the community. The reasons for this development will be various—but they will mainly be economic, social and psychological. The nurse must be able to move freely between hospital and home and the different centres. She must be able to work with the same ease, understanding and good organisation of work, in all situations. She will, perhaps have the responsibility of providing nursing and health care for a group of families in the home, clinics and hospital. She must be able to help all these people personally, in co-operation with other workers in the social and medical fields, and through various kinds of assistants, to whom she must delegate certain duties, and give preparation and supervision.

2. The nurse should therefore learn to work with people

Nurses must think in terms of "people", people with a variety of needs. The responsibility for the care of a patient goes beyond the brief period of time he possibly spends in the hospital, and includes his rehabilitation which begins the day the patient is admitted to the ward. This requires forethought, planning and teaching on the part of the nurse. In the process of rehabilitation, the patient must be helped to play an increasingly active part. The continuity of care must all the time be secured. Good hospital care assures only a successful cure, if the aftercare is given full attention. The family

must therefore be drawn into this type of care, whether it takes place in the home or in the hospital.

The wide scope of care presupposes that nurses, are able to work in close co-operation with other groups of personnel, doctors, therapists of various kinds, social workers, dieticians, librarians, and with the social and health agencies outside the hospital.

She must further be able to distinguish between the duties she herself has to perform, and *what should be delegated to auxiliary staff at different levels*. As she will often be working alone in the patient's home, she must be able to use her own judgment, for instance, with regard to referring patients to the community services that may be of help in the actual situation. This places a heavy responsibility on the nurse's shoulders, and it will demand that she masters the three abilities which I mentioned a little while ago : the capacity for observation and judgment, for co-operation and communication, and for establishing positive and working relationships with the patients.

May I elaborate a little on a couple of these very necessary abilities ?

Observation—the art of observation—is, you may say, a combination of professional skill and intuition. The personal attitude and experience of the nurse are also involved in the difficult and important skill of observation, and in the assessment of sickness and health. Much can be learned, however, and this learning must, in order to be a success, take place in the practical situation where there is a need and interest ; an exploring, erring and correcting of errors ; a testing and verification ; all carried through by the student herself under close supervision. If we are tempted to present our students with a summary statement of our hard-won conclusions, we will largely fail. We do not learn by having conclusions presented to us. Therefore it is of great importance that classroom teaching and field experience supplement each other ; and that there is constant effort on the part of everyone working with the

students to produce positive learning experiences. This is underlined in the interim report* of a very able assessment of the Experimental Course of Nurse Training in the Glasgow Royal Infirmary. Miss Scott-Wright in the report says that the experimental nurses in the two-year programme were not ready to assume responsibility in their third year. It was obvious that the abrupt change from student status to acting staff nurse in the third year, could not be relied upon to take place automatically. She continued that, if this experimental programme should form a pattern in Schools of Nursing, the interne year of experience must be planned for, and supervised as carefully as the two previous years.

Further, we should teach students to make decisions and to take on responsibility according to their readiness, capacities and skills, both alone and in co-operation with other workers, whether these are nurses or other related groups of personnel ; and we should teach them the basic principles of co-operation.

We talk much about teamwork, it is one of our present-day slogans but the nurse should realise her own responsibility towards good team relations. This topic has many facets ; I shall only mention three things which seem essential—

Sound knowledge and understanding of one's own work, and ability to interpret it to the other members of the team.

Respect for the other person's work, and his right to hold a point of view which may differ from one's own.

Willingness to co-operate, including exchange of ideas and sharing of experiences.

These questions are not unique to nursing. They are also known,

*Scott-Wright, Margaret. Experimental Course of Nurse Training at Glasgow Royal Infirmary. Summary of Interim Report of Assessment Committee, Usher Institute, University of Edinburgh, 1960 (unpublished).

for instance, within the fields of medicine and social work. We can therefore be helped by discussing our problems with these other professions, and can learn from their experience in studying and assessing their own work and education.

I also feel certain that, in due course, nurses will be able to make their special contribution among other professional groups.

It was interesting to read in the *Observer* of the 22nd January articles concerning the future of medical education in Great Britain. The chief concern of the contributor, a final-year medical student, was that the teaching hospitals were not preparing good general practitioners. This student criticises the medical schools for neglecting the needs of the 30 or 40 per cent. of students who are destined to become general practitioners. As it is now, apprenticeship comes after qualification, and it is then that the knowledge acquired during training, begins to combine with clinical experience and responsibility for patients. A suggestion in a reader's letter on the following Sunday is that, in addition to the compulsory pre-registration year in hospital, all newly-qualified doctors should spend a similar time in general practice. It struck me that here was a case where nurses perhaps already have something to contribute to the medical profession from their own experience, knowing as they do, the value of well-planned and well-supervised field-work within their basic preparation. As nurses get a better grasp on their own education and the way in which they should work, they will to an increasing extent be able to contribute to and, influence other professions in such questions. If they find it difficult at the moment to discuss such things, it is probably due to the fact that they, in many cases, feel that their social placement is different from that of the physician and that they are not sufficiently skilled in communication. Both these handicaps should be overcome through better education.

It would be impossible internationally to design a special curriculum, or to set definite standards of nursing education. Nor would it be indicated to suggest whether a school of nursing should be developed within the framework of a hospital, college, university or other teaching institutions. A suggestion which one can discuss is the possibility of developing a "Core Programme", as a basic requirement, embracing the liberal arts, the social science and general nursing and health; and on the basis of which the students should be able to branch off into their selected fields whether these be a clinical specialty, public health nursing, social work, occupational therapy, midwifery, teaching, etc.—any one of these functions which all have a place in the community care programme. Corresponding to each part of the programme there should be well-planned, supervised field experience.

The broad basic preparation would then be followed by further educational work in the form of in-service programmes and formal advanced studies.

Is there a need for Research?

There is a great deal of discussion today on the question of research, and whether nurses should carry out research.

Many inquiries into nursing and education for nursing have been undertaken either by nurses, or with the participation of nurses. How far these inquiries have carried us it is hard to say. Some answers have certainly been found, and some of the recommendations that have emerged may become of great help to international, as well as national groups. I am thinking of studies such as "Spotlight on Nursing Education" with its sound and clear recommendations, and the curriculum study, carried out at the University of Washington

*The report for the pilot project for the evaluation of schools of nursing in Canada. Published by the Canadian Nurses' Association, 1960.

School of Nursing in Seattle**

On the background of such developments as have been sketched here with community health programmes, and the preparation of nurses directed towards the work with families—it seems that we will need to study our situation very carefully, and not only study it, but also experiment with different types of educational programmes in different settings.

This will require of us a complete open-mindedness, a willingness to change, to accept failure, and to persevere—perhaps over a very long time—in the search for the best possible education for nurses.

I believe there is a need not only for national groups to get together, but also for an international group to meet and discuss the type of inquiry into nursing education which we ought to have. Internationally the important thing is to discover all the profound things people have in common, rather than the superficial things in which they differ. The time now seems to have come when we should consider examining: what do people entrusted to the care of nurses expect from them? What, in their opinion, can nurses help them with in a better way than other members of the health team? On this basis we could in a realistic way study the functions of nurses, and thus plan for the future of nursing education.

In examining our functions we must look at our traditions and see whether they keep us back, or lead us on in our work for the future. The best inheritance we can carry over from the past is the unshaken faith in the course of nursing.

The spirit which continually drives nurses on to seek better ways, as Miss Nightingale spoke about it, will stimulate the nurses of the future not to leave any stone unturned in their attempts to improve nursing care through the improvement of nursing education.

** Basic Nursing Education Curriculum Study Series. Under the Editorship of Ole Sand. G. P. Putnam's Sons, New York, 1958.