A Time for Work and a Time for Play

by Jean Gaddy R.N., B.A.

A n organised programme of recreation should be a "must" in every institution where nurses are being trained. We see the value of such a programme in our own institution.

Three years ago a first year student said to one of us, "Sister last night I dreamed that you came over to the nurses' home with rackets and shuttle-cocks in your hands. We were sleeping and you pulled us all out of bed, saying, "Come on! Let's play badminton"!" The dream resulted from Sister's unrelenting efforts to kindle a desire for sports in the hearts of her students. [Strangely enough she had first to kindle a desire in her own heart—the natural tendency being to let extra activities go]. Actually she never awakened any one from sleep!

But why have a recreation programme? Do nurses not get enough exercise in their daily eight or more hours of work? Why all this emphasis on sports? "Why"? Let us tell you a story about three girls named, shall we say, Chameli, Sneh, and Sheila.

Chameli and Sneh were very good friends and spent nearly all their off-duty time together sitting on one or the other's bed—just talking. Some noticed this but did not think too much about it—as a matter of fact, others were doing the same thing. One day an explosive situation brought the matter to the attention of sister. What had happened? Simply this—Sheila had also become Sneh's friend and Chameli didn't like it. Chameli and Sheila started fighting. Chameli, angry and crying, came to Sister. Sister began wondering how such matters could be avoided. Surely a recreation programme that required all nurses off duty to participate, either actively or passively, would eliminate their getting together two by two's into exclusive and unwelcome friendships.

Some of the students entered most enthusiastically into sports, while others joined in only through patient and persistent persuasion. Eventually these efforts bore fruit in the establishment of a recreation programme.

Between 4:00—7:00 p.m. some nurses have duty, others have classes; so most of the nurses have a free hour for sports only about three evenings a week. There are two badminton courts on which the nurses can also play volleyball and deck tennis. Also available are Chinese Checkers, Pachisi, and Karom etc., but most nurses seem to prefer the more active games. Many of the nurses enjoy the cycle most of all. Three years ago we bought a cycle exclusively for them. Since then many have learned to ride. We hope eventually to purchase a second one.

The first year students enjoy gardening under the direction of their Science Instructor. The staff nurses play ping pong and occasionally participate in such handicrafts as textile painting, weaving, and plaque making.

On Saturday nights from 8:00—9:00 p.m. the students come to the staff bungalow for games. Again, they seem to prefer the more active parlor games to the quieter ones. They are really quite clever in presenting entertaining skits.

Each month all staff and students, who have birthdays, are invited to the bungalow for a special tea party with appropriate decorations.

Once a year we plan a big outing for all the staff and students. A hired bus takes us to the picnic

Badminton is fun...

... And so is cycling

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spot. For the past two years we have gone to a lovely place called Sukhwan-Dukhwari, which is about 25 miles from our hospital. A minimum number remain to staff the hospital, then at a later date they too have their picnic. The hospital ambulance provides transportation for the smaller group.

A definite step forward this year was the formation of a Recreation Committee. In the staff in-service class a questionnaire was given to each nurse. Some of the questions asked were: “Do you think there should be a recreation programme for student nurses?” “If so, who do you think should be responsible for this programme?” “Would you be willing to help in such a programme?” Seven staff nurses thought there should be a programme. They also thought a staff member should be responsible and stated they were willing to help. These volunteers became the new Recreation Committee. The Committee elected a chairman. The Assistant Superintendent of Nurses works with the Committee in an advisory capacity. Complete arrangement for our annual picnic held in December this year was made by the Recreation Committee. They worked very hard and did an excellent job.

There are no male students nor male medical employees in our hospital, nor has any provision been made for boys to participate in these recreational activities. We plan in the future to have mixed socials for the nurses. Like all other hospitals we do have boy-girl problems. Adequately supervised mixed recreational functions may prove to be the solution.

A regular programme of recreation has helped solve our problem of unwholesome friendships. Such a programme is valuable, too, in the development of desirable character traits, if in sports an emphasis is placed on team spirit, co-operation, honesty etc. These virtues should make a nurse what she ought to be. In every area of her training—education, service, and recreation—instructors and supervisors, by word and by example, should exhort and encourage the student to aspire to the highest level.

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separate training with lesser entrance qualifications and of shorter duration, would attract different types of candidates. On the other hand, it might make it possible to organise nursing in such a manner, that the professional nurse can carry her full share of responsibility in the medical team. May I remind you at this moment of the voluntary act in becoming a profession, and the possibility of voluntary action for re-defining membership in the profession. Not all work with patients requires professional status; some of it requires the highest professional standards— in the psychological field perhaps, even more than is currently incorporated in any training syllabus. You may want to consider the organisational consequences of this situation.

In conclusion let me once more return to my central theme: does the nursing profession adequately protect its members and the needs of patients and the community? You can see from what I have said that I have no ready-made answer to that question. By virtue of claiming professional status, you are committed both to service and to self-protection. But as the profession is constituted today, you are facing grave problems in both respects which may yield only to radical thought and radical action. This challenge, I am sure, will not discourage you. For to search for the best balance between these twin tasks of professional organisation, and to adjust it to the ever changing needs of the community, is in keeping, not only with the great ideals of nursing, it is also the most human and most humane goal any profession can embrace.