

# The Farce of Nursing Education

by

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What I have to say here of nursing education may not be true of all schools of nursing, but it is true of all I happen to know personally. I am concerned, not with the teaching of chemistry, anatomy and such other basic subjects, but with the instruction in actual bedside, nursing and ward management. In short, I am concerned with the manner in which a nurse is taught to care for a patient.

This care is important. In these days of complicated nursing techniques it can mean the difference between life and death. It can certainly mean the difference between comfort and agony in the carrying out of such techniques as catheterizations of female patients, intramuscular injections, enemas, etc. A nurse is with a patient for 24 hours out of the day. It is therefore of the greatest importance to the patient that the teaching and supervision of the nurse who looks after her is of the highest quality, and that such teaching is aimed at her needs and comforts rather than the fulfilment of a rigid (and often outworn)

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**Dr. Atlee has given nurse educators plenty of food for thought. After teachers (and departmental sisters) have done some thinking on the matter, we should like to have their views.**

**We would also like to hear from student nurses. What do they think of their nursing education—is it a real education—is it stimulating, interesting, satisfying, and does it measure up to their expectations?**

—Ed.

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curriculum laid down by superintendents of nurses who themselves have not nursed for many years, and whose ideas may be rooted in a superseded past.

The hospital in which I work is a large and good one, dedicated not only to the teaching of nurses but also of medical students. Its method of recruitment of its nursing instructors and their use is probably typical of many hospitals of its size and character. What happens is this: a nurse shows outstanding ability as a charge nurse. She is a first-class manager as well as a first-class nurse. She runs an excellent floor or ward, and she sees that her patients get the best nursing care. Because of this, she is made a nursing instructor. Commonsense would dictate that she be left in charge of her ward—where she has shown such excellence—but be given sufficient help so that she can undertake the required clinical teaching which she is so obviously so capable of carrying out not only by precept but by example.

Commonsense, I repeat, would dictate this. But it is not what happens. Instead, this bright and able nurse is lifted out of her milieu of achievement and dumped into a classroom. She is no longer a nurse nursing; she is only a teacher teaching. She may or may not come back to the ward from time to time to find out what is new in nursing care. She may actually do some nursing in the ward. She may bring groups of nurses to the floors to demonstrate techniques over which she once presided as charge nurse. But because she is no longer a charge nurse, because she is probably not even nursing any more, she loses touch

with the advancing front. Slowly but surely her ideas become antiquated. All sorts of changes in techniques are occurring of which she may never become aware, or at the best, after considerable interval. What she now teaches is what she once did—and what she has since learned, not from actual practice but second-hand. What she should be teaching is what somebody else who replaced her as a charge nurse is now doing. Slowly but surely her teaching suffers and—unless matrimony rescues her in the meantime—she becomes a nursing hasbeen. More and more she is forced to depend on something she reads in a text-book, and less and less on what is actually being done in her own hospital.

Let me give you an illustration of this. In my ward, which is a gynæcological one, we use the metal catheter, and have devised a quick and simple technique of catheterization. Its speed and efficiency is important because all specimens for examination have to be catheter. All the members of the attending staff of our department use this metal catheter technique in their private practice and have found it quick, safe, and comfortable to the patient. Yet, despite the fact that in all the years we have been using it there has been no untoward result, this technique is not taught in our nursing school. In fact, until recently, our undergraduates were actually warned that they must not use it! Somewhere it is written in a book that solid catheters are bad medicine—so the dead book in the library becomes more important than the living practice in the ward. Now I happen to have lived long enough to know why solid catheters were given up. In those days they were made of glass which, after boiling, became extremely brittle and would shatter at a touch. Some of these shattered while inside a bladder. Thus the solid catheter became taboo. But metal is not glass.

Let us return to this farcical system of taking good nurses away from the bedside to make eventual failures in the lecture room. This was the system in vogue in the education of doctors up to a century ago. Most of the teaching in clinical

medicine was done in a lecture room, often by doctors who simply read from notes they had copied from a book the night before. But, increasingly, in the last 50 years clinical education has moved from the lecture room to the bedside. Medical students are taught medicine on the actual patient in the actual ward by a doctor who is actually looking after the patient. Why has nursing education lagged in this respect? Are nursing superintendents and others guiding the destiny of nursing education more timid, more reactionary, less progressive than doctors?

I maintain that no nurse can teach clinical nursing forcefully, and completely unless she is at the same time actually practising nursing. I maintain furthermore that, until the nurses in charge of floors and wards, (in the same manner that the doctors working in these floors and wards, teach medical students) do the actual instruction in clinical nursing, nursing education will remain a farce and a delusion. When doctors complain that nurses these days are being taught too many unnecessary subjects, they really mean that they are not being instructed effectively in clinical nursing. Not that they are learning too much anatomy, but too little about the actual care of the patient. If medical education is right in insisting that clinical teaching be done by a clinician who has charge of patients at the actual bedside of the patient, then nursing education is wrong in its present methods of teaching techniques on a dummy in a class-room by a nurse who is not nursing. A nurse cannot be seconded from actual nursing and expected to maintain the fine-drawn closeness to the subject of nursing that good teaching calls for. Instead, she undergoes that slow death of the mind that separation from its lifespring entails.

But this slow death is not the worst feature of the situation. These seconded nurses, who represent the cream of the crop, have been taken away from care of the patient at which they were so proficient. The actual nursing of the patient suffers by being relegated to the less efficient. It might actually have improved

if these nurses had been left in charge of wards but had been able also to teach. Hospitals should be run primarily for the cure of the sick, and this can be best achieved by having the ablest nurses doing nursing and not something else.

Another bad factor arises out of a situation where charge nurses and graduates have no real integration into the system of nursing education in their hospital. Led to believe that nursing education is no part of their job, they tend not only to carry out their work independently of the undergraduate nurse, but to feel that it is none of their business really to instruct the latter. As a result, a barrier gradually grows up, with the actual practising graduates on one side of it and the personnel of the school of nursing on the other. This barrier tends to rise higher and higher as the clinical teaching on one side diverges further and further from the actual practice on the other. This is not good for the patient, the hospital, nor nursing education.

While there will probably always be some barrier between management and workers, this certainly will not be so high if every graduate taken on the staff of a teaching hospital becomes a part of the faculty of the school of nursing, in the same way that every doctor taken on to the staff of a teaching hospital becomes part of the faculty of medicine. The nursing graduate on the staff of a teaching hospital should mean as much to the learning nurse as the doctor does to the learning medical student.

One of the arguments I have heard raised against this idea is that there aren't enough good graduates available to teach as well as nurse. Of course that's frivolous argument. Such good graduates can be found if they are sought for. And if such good graduates are not now available, we should so revamp our system of nursing education as to produce them.

If all the able nurses now rusticated as teachers in classrooms were brought back to the floors and if, in addition, all those others doing jobs for management

that could as readily be done by an intelligent clerical worker, were set free to do the job for which they spent three years in training, a considerable group of nurses capable of both teaching and nursing would become available. Our larger schools of nursing might even consider paying more to get the superior type of graduate, capable of both parts of the programme. If the doctors attached as clinicians to such hospitals are paid for teaching why shouldn't the graduate nurses be? (In parenthesis, may I say I pray nightly that we will some day be wakened sufficiently from our stupidity to pay the charge nurse, who runs an efficient ward or floor, approximately what she is worth).

I cannot persuade myself that the school of nursing, which completely controls the education of the nurse irrespective of nursing needs within the hospital, is the whole answer to the educational problem. No system of nursing or medical education is good which is not fully integrated to the very best interests of the patient. If the instructors in such schools are seconded from nursing to become mere teachers, and if the instruction in nursing techniques is given by them rather than the floor charge nurses, the old inequity remains. Nursing is being taught by some one who is no longer a nurse. This, I repeat, is as stupid as placing medical students under the tutelage of a doctor who is no longer seeing patients.

The validity of the concept that practical nursing procedures should be taught by the charge nurse and her associate graduates must be apparent to anyone who follows such procedures on any progressive ward or floor. These procedures change from day to day. In those wards dedicated to speciality work, they are very often at variance from those carried out on general medical and surgical wards. Nobody not nursing on those wards can be completely abreast of such changes.

The difficulty, of course, is to set the charge nurse and her graduates sufficiently free from routine that they will

have time for such teaching. The two great wasters of the nurse's time are paper work and answering the telephone. The bigger the hospital, the bigger this wastage. As a result, in many hospitals, the most expert nurse on the floor spends most of her day, not at the nursing at which she excels but, in making out slips, filling in forms and charts, and answering the telephone. The other day I saw the two graduates on duty doing paper work at the desk while the actual nursing in this 24-bed ward was being done by a "probie" and an undergraduate. Surely this is the *reductio ad absurdum* in the disposal of nursing skills. This sitting at a desk all day may be broadening to the fanny, but is it broadening to the nursing outlook?

This situation is not peculiar to my own hospital. Not long ago I had occasion to visit a lady who was a patient in one of the better American hospitals. I could not be immediately admitted because she was being catheterized. In the meantime I sat near the charge nurse's desk. She spent the time alternating between paper work and the telephone. When I asked her if this was what she did all day, she replied that it was, and added: "I have to snatch a few minutes once a day to run around and see my patients, but otherwise, here I sit." When I was finally admitted to see the patient, I found her in a state of shock. A very junior nurse had been trying for half an hour to catheterize her, admitting when she finally struck urine that this was only the second catheterization she had ever done, (which caused one to wonder again if hospitals are run for the patients or the paper work).

The silly part of it is that practically all—certainly up to 90 per cent—of this paper work could be done by a lay person trained on the job. I know, because we have tried it in our ward and it is working. We took an intelligent married woman with no clerical experience, and trained her in two months to handle our paper work and answer the telephone. She also makes herself useful in other ways. In addition, we have worked out

a system of charting that cuts this element of the paper work to a minimum. As a result, our charge nurse and her graduates spend most of their time actually nursing and supervising undergraduates.

To any hospital managers who declare that their graduates on the floors are too busy to teach, my reply is: "That's because you lack the initiative and resourcefulness to set them free from non-nursing routine." Set free, as I have indicated above, the charge nurse of every ward and floor, could be a part of the faculty of the nursing school and carry out all the instruction in nursing techniques. This would take the teaching of nursing techniques away from the dummy in the class-room and put it where it should be—at the bedside of the living patient. It would bring to the teaching of nurses the methods used in the teaching of medical students.

A further benefit from this scheme would be that charge nurses, with teaching as part of their duties, would be forced to maintain a high standard. When procedures are being carried out under the sharp eyes of a group of young onlookers they tend to become more precise. When one is watched one tries to excel. Every medical teacher will agree that he does better work when he is being followed by a group of medical students. All of which redounds to the good of the patient.

In order, however, that teaching by ward and floor nurses can be carried out effectively, nursing school offices must so arrange schedules that any given group of nurses remains attached to that floor or ward for the definitely recognized period required. Only thus is it possible for the charge nurse and the resident to work out a comprehensive schedule of instruction. If undergraduates in such a group are shifted to another ward after a week or ten days and replaced by others who have had to break away from other schedules, they will not reap the proper benefits of any systematized and sensible educational scheme. To be effective, clinical nursing must be taught in a systematized and organized way, and

the ward personnel conducting it must not be frustrated by this constant transferring of undergraduates to other parts of the hospital before they have completed their instruction.

While sickness, vacations, and the many unforeseen demands that bedevil the situation, even in the best run hospitals, may make it difficult to carry out such a system, nevertheless, it should be possible for rotation of nurses from department to department to approach the systematization of that of our internes. If it can be done for internes who also get sick and have vacation, why not for nurses? Would it not be possible, for instance, to set up a small group of supernumerary undergraduates—to remain on such a group for a month—who could be thrown into all the breaches without disrupting the schedules

of the rest?

In my own hospital there are charge nurses of high intelligence and ability who have been in command of wards and floors for years. They have developed outstanding efficiency and shrewdness in nursing techniques and supervision. Yet they do no systematized teaching. It is true that crumbs from their rich table are being picked up by those undergraduates fortunate enough to serve under them. But why crumbs? Why not the whole bread of knowledge that could so ably be served? It is this wastage of outstanding experience in our teaching hospitals that constitutes the farce of nursing education as I have known it. Can nothing be done to shake our schools of nursing out of the rut of the past and into a realization of the facts of modern nursing?

## Gilchrist Educational Trust Scholarship

The Committee have pleasure in announcing that the Trustees of the GILCHRIST EDUCATIONAL TRUST have decided to award a scholarship of £400 for a GENERAL TRAINED NURSE from one of the Commonwealth Countries to undertake a post-certificate course in Great Britain during the academic year 1958-59.

Scholars who must have had from three to five years' post-certificate experience, according to the subject to be studied, may join recognised courses at the Royal College of Nursing, or other Institutions, if accepted as follows:

**NURSING ADMINISTRATION**  
(Hospital, Public Health, Occupational Health), or

**NURSING TEACHING** (Health Visitor Tutor, District Nurse Tutor, Occupational Health Tutor).

In certain cases a scholarship might be awarded for a specially planned course which has the approval of the Committee.

The Scholarship covers tuition fees, board, lodging and incidental expenses.

The cost of travel to and from Great Britain will be the responsibility of the selected scholar.

During the course the scholar may reside at Florence Nightingale House, 173, Cromwell Road, London, S.W. 5, which is the International house for nurses undertaking post-certificate study in London. This is administered under the National Florence Nightingale Memorial Committee of Great Britain and Northern Ireland.

Applications should be forwarded immediately to Miss M.E. Craven, R.R.C., Hon. Secretary, National Florence Nightingale Memorial Committee of Great Britain and Northern Ireland, 7, Grosvenor Crescent, London, S. W. 1. and in no case later than June 30th, 1958, giving the details asked for on the form; forms available at TNAI Head Office.

The courses commence in September, 1958, and particulars may be obtained from The Director in the Education Department, Royal College of Nursing, 1a, Henrietta Place, Cavendish Square, London, W. 1.