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leaves only machines behind.
An office worker leaves a desk...*

A Nurse Leaves A Human Life

By

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"Nurse!"

In 1956 that piteous cry of the sick brings to the hospital bedside a trim, efficient, sympathetic woman with several years of scientific training behind her. Only a hundred years ago, the cry was likely to be answered—if answered at all—by a man or woman drafted from a local prison or workhouse, filthily dressed, often as not drunk or diseased, at best indifferent and at worst sadistic. Although there had been some sporadic attempts to establish nursing groups in the country before that, as late as 1872 a visitor to Bellevue Hospital reported: "Occasionally patients were found dead in the morning, who had been overlooked. Rats scampered over the floors at night."

The year following that visit, though, was a milestone in nursing history: 1873 saw the founding of the now-famous Bellevue Training School for Nurses and two other schools in New Haven and Boston. At one of them, the 1873-74 winter course consisted of: Positions and Manners of Nurses in Families, Physiological Subjects, Food for the Sick, Surgical Nursing, Childbed Nursing, The Use of Disinfectants to Prevent Contagion, General Nursing. The training took one year.

The modern nurse reads that list with a smile—doubtless a rather wry one—for she has had at least a high school education plus three years of intensive training in a hospital or institu-

tional school of nursing. If she has followed the growing trend, she even has a B.Sc. that stands for five years of college and nursing training combined, and she has a knowledge her predecessor of a century ago never dreamed of. Just possibly her dreams might have encompassed the significance of courses like Nursing and Social Order, Philosophy of Nursing Education, or Society's Medical Care, for the idealism of the profession has been high since the early days when the only uniform requirements were a cotton dress and a pair of felt slippers. But what could its pioneers know of training in chemistry, biology, nutrition, pharmacology, psychology, diet therapy, or sociology—to name just a handful. And what would "specialization" mean to them—the special training in pediatrics, gynaecology, surgery, obstetrics, psychiatric or orthopedic or tuberculosis nursing.

For it is the incredible expansion of medicine, of course, that has been the largest factor in the ever-changing role, the increased training, and complicated functions of nursing. Medicine has grown more in the past century than in all the hundreds of years before, back to Hippocrates. It's hard for us to realize that in 1856 nobody even knew about germs—let alone antisepsis. The number one anæsthetic, if any was used at all, was whiskey, and most surgery was refined butchering. X-ray, hormones, artificial lung, electrocardiograph, vitamins, antibiotics—today's bywords were

terms not even the wildest imagination could conceive.

Another influence on the nurse's changing role, an inevitable one, has been the sheer growth in the country's population and, as a result of the medical advances, the changes in life expectancy. Born in 1856, you could expect to live about 40 years. Now the average is approaching the traditional three-score and ten. There are more people to take care of for a longer time. Not only the greater number of hospitals, but also the hospitalization plans that have enabled millions of people to enter hospitals when they need to, are other factors that have prompted the cry of "Nursing shortage!" as well as affected the education and duties of today's nurse.

There are still other influences. The public image of a nurse may be that of a white-uniformed figure with stopwatch on wrist and thermometer in hand, treading softly through a hospital ward. But the fact is that only about half the nation's approximately 400,000 active professional nurses work in hospitals. Public health nursing and industrial nursing claim a good part of the rest. And there are many other areas. So varied and complex has the field become that the American Nurses' Association, numbering about 177,500 professional registered nurses, breaks nursing down into seven major categories: general duty—the traditional hospital nurses; private duty—those who contract independently in hospital or home; educational—including those engaged in school administration, teaching, consulting; institutional nursing administrators—those working in a hospital or institution on an administrative level; industrial nursing; public health nursing; and special groups, which include nursing registrars, office and clinic nurses, and those who do the myriad odd jobs in organizational work that require an R. N.

The truth is there's no longer a typical nursing education, typical nursing duties—or a typical nurse. No one has realized that more than the nurses themselves. One could say that the matter

of greatest concern to the ANA convention in Chicago last month was the question "What does a nurse do?" A nurse once listed among the qualities of a nursing supervisor: the determination of a taxi driver, the diplomacy of a wayward husband, the assurance of a college boy, the energy of a bill collector. That was for fun. Perhaps more than any other personality trait, a nurse needs a highly developed sense of humour.

Nevertheless, the roughly 10,000 women who attended the convention were in dead earnest about much more than psychological qualification. In these times, they asked, what should be the fundamental educational requirements for a nurse in a particular field? What should be her duties in her particular job? And her responsibilities (which are often quite a different thing from duties)? What standards should be met in order to protect the public from semi-skilled or second-rate, or possibly even untrained care where expert skill is needed?

The convention was the high point of a reappraisal that has been going on for some time. During the past few years, a committee in each of the occupational groups mentioned above drew up a statement of its own functions, standards, and qualifications. It was sent to thousands of nurses throughout the nation to ponder, alter, expand, approve, or disapprove, out of the wealth of their own experience and observation.

It was on their own initiative, too, that more formalized research has been carried on. Around 1950 the nurses themselves underwrote comprehensive studies of nursing functions in more than 20 localities. Miss Smith in Maine and Mrs. Brown in California chipped in small amounts and later contributed through dues, to finance the study. In January 1955, the ANA announced formation of a membership corporation, the American Nurses' Foundation, Inc., essentially for research work—though it also has charitable, literary, and educational purposes. The hope was that, with the required and awaited approval of the U. S. Attorney-General, funds from

sources other than nurses' salaries, grants and gifts from the general public, could be acquired.

One of the biggest thorns in the side of the profession is that, while it attempts desperately to analyze, define, and improve its own standards, the public and law-makers in general remain apathetic, behind the times. A woman wrote the ANA: "In the state where I live, a woman cannot have her hair waved in a beauty salon or a man cannot get his hair cut in a barber shop unless the operators are examined and licensed by the state government. Yet a person suffering from a malignant disease requiring 24-hour nursing attention and the constant administration of drugs can be attended by anyone who walks in the door wearing a white uniform."

The right to license practitioners in any field is reserved, in our country, to the states. Each has its own ideas of protection—54 separate state and territorial laws. In only about a quarter of them do the laws require a license for the practice of professional nursing! In others, the nursing-practice acts merely prohibit the use of "R.N." unless a person has been licensed. For years, nursing organizations have been pressing, and are continuing to press, for state laws that will properly regulate practice in the field.

No one with a get-rich-quick—or a get-rich-at-all—goal goes into nursing. Poor pay and employment conditions, frequently far behind the times, have more than a little bearing on the difficulty of recruiting and holding nurses today. It's another case, like that of our teachers, where maximum service to the people gets minimum financial recognition. In fact, nurses as a whole earn less than teachers—and we all know how little that is.

The relatively small percentage who work for the federal government, under Civil Service or the Veterans Administration or in the armed services, are "well off." A nurse starting in Civil Service may earn from \$ 3,670 to \$4,480 a year. But the vast majority of general duty nurses, according to an ANA spot check,

start at \$ 241 a month. If the nurse lives in with maintenance provided in addition to her salary, she earns the huge sum of about \$ 210. A supervisor begins at \$ 300, and a director of nursing service, the top in a hospital nursing career, starts at about \$ 350.

These salaries apply for the most part to a 40-hour week. Although that is now generally accepted by most hospitals, there are still areas in the country where nurses work 44 hours or more. If there should be a general nursing exodus westward, it could well be because the Pacific region of our country seems to have more respect for the fact that nurses have to eat and live normally. Its salaries are by far the highest, both starting and average.

There has been a trend toward improvement, however. Organized nursing constantly works at getting federal and state legislatures to improve the laws, and at setting up local programmes for getting higher salaries and shorter hours. Nurses' associations in several states have won public recognition and worked out improvements with employers. It is only with public backing that a major economic change can be achieved, for the nurses themselves have renounced one of the major measures used in other fields to secure improvement—the strike. **A dissatisfied factory worker who walks out leaves only machines behind. An office worker leaves a desk. A nurse leaves a human life.** The "no-strike" policy always generally adhered to in the profession saw formal adoption by the ANA in 1950. In part it says the Association "reaffirms professional nurses' voluntary relinquishment of the exercise of the right to strike and of the use of any other measures wherever they may be inconsistent with the professional nurses' responsibilities to patients."

Another part of the resolution sees the voluntary relinquishment as imposing "on employers an increased obligation to recognize and deal justly with nurses through their authorized representatives." Unfortunately, many employers have not met this with the same sense of reasonableness displayed by the nurses. Some just won't listen. Nevertheless, determi-

nation and dedication keep the nurses at the job.

That quality of dedication is historic. It has been part of the bloodstream of the profession ever since man undertook to heal man, and it is in healing that nurses find their fulfilment. Not every nurse—because they are first of all human beings. But nurses as a whole find tremendous satisfaction in the very nature of their work.

Some even find adventure. There's the kind of unlooked-for-adventure that came to the now-famous eighth floor of the Fitzsimmons Army Hospital when the President of the United States was admitted as a patient. Incidentally, there was no frantic scramble through the Denver nurses' registries to find the "best" nurses available. The best were considered to be those regularly assigned to the Fitzsimmons staff, the ones who were caring every day for the G. I.'s.

There's also the adventure a nurse can seek out for herself. She may find herself in Cairo on an embassy staff. She may be hurtling along in ski pants, parka, and mukluks, behind a team of huskies in Alaska—which had about 50 nurses 30 years ago and today has about 500. She can work on an ocean liner or on Indian reservations. She may run a health education radio programme or find herself drafted for a live television show.

A new frontier for adventuresome nurses lies in the Pacific Islands, where a patient arrives in an outrigger canoe at a hospital that may be a quonset hut. Through the International Council of Nurses' exchange programme, or through the World Health Organization or other international organizations, a nurse can seek assignment almost anywhere in the world. And not to be overlooked is the fact that a United States admiral wears a size 12 dress—nurse and Assistant Surgeon General Lucile Petry Leone, who started out by spending a college vacation working as a \$ 25-a-month nurse's aide (See "How Did She Get There?" CHARM, May 1956) on New York's Lower East Side.

The quality of dedication existed when wives followed their husbands in the Revolutionary War; when Clara Barton, later to found the American Red Cross, crossed the Rappahannock to stay with troops under fire; when Lillian Wald braved Congress, and interests that benefited from child labour, to help bring about the United States Children's Bureau. But it exists, too, in everyday duties, some dramatic, some sheer drudgery. Even with the tremendous change and advances in prospect, a hundred years from now dedication will probably remain one thing common to all who sign "R.N."

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Nurses who attended the Pediatric Refresher Course held at the Niloufer Hospital, Hyderabad.

