Nursing Service How to Meet the Demand

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The health of future generations may be materially improved if our discussion this morning leads to a solution of the problem "How to Meet the Demand" of the Health Service. The wider conception of preventive medicine, and improved technique in diagnosis and treatment of disease, have led to an expansion of the health service far in excess of recruitment. While discussing how to attract women and men to the profession, how best to train and then retainer them, we must keep before us the aim to bring about such changes as are necessary, without diminishing the service already available, during the transition period.

Why has nursing as a career, with its full satisfying life of infinite variety, failed to attract the numbers it requires? At one time, adequate staff was provided by those who entered as a result of vocational urge, and although, fortunately, this source is still available, it cannot now fulfil all needs. Why does nursing fail to compete successfully with the many other avenues now open to women who seek a career of social value, while remaining part of, and not apart from, the community?

The main reasons for this fact are, I suggest (1) that the nursing profession has tended to seek its inspiration from the past, forgetting that to be effective, a service must be capable of adjustment to changes in the life and custom of the community it serves. We have forgotten that traditions must be pruned and nourished if they are to bear fruit. I ask you now if it can be said of all nursing communities that this has been done, or, if it is the case that sometimes the dead wood has been allowed to remain until the vital stem is almost choked, and barren. Does the chilly artificial atmosphere in which nurses sometimes exist, under the false idea that they are being "professional", make good fellowship almost impossible? Has the starch of the uniform penetrated to the soul? (2) That in trying to meet the demand, the nursing profession has shown great self-sacrifice and endurance in bearing with unsatisfactory conditions in order to fulfil their obligation to the public. The public conscience rightly condemns these conditions, especially when they are applied to the young, but forgets its responsibility in creating the necessity. Plans for new clinics, hospitals, and health schemes continue to be drawn up without reference to staff available.

Together, these factors impede recruitment. Adverse publicity cannot but affect the reputation of our service, and this may lead parents and their children to look elsewhere when the choice of a career arises.

Without curtailting our service then, how can we break the vicious circle of the shortage which begets shortage—at what point must we break in? Wisdom and vision are required to plan wisely, and courage and initiative to
put these plans into effect. Only with whole hearted co-operation can we hope to pass through the transition period which will increase temporarily the burden of all concerned. I suggest, therefore, that the first step must be to review personnel relationships within the profession.

**Leadership.**

The head of any unit, be it a clinic, a district home, a ward, or a hospital, is the one on whom rests the responsibility for setting the standard and tone. Her principles and ideals must be of the highest and she should live so that her spirit shines forth to be reflected from her staff. She who acknowledges goodness and truth as the ultimate realities, will seek and find them in all things and people. By her constant faith in, and love of others, she will draw forth and strengthen the best. Never was a soul saved by adverse criticism. She will seek to make each member of staff individually capable to self-judgment and self-condemnation, and will advise, comfort and guide them as they seek to improve. She will temper justice with mercy. Thus self-discipline is voluntarily accepted, and the rules necessary for attaining the desired end are accepted gladly.

The leader should keep in touch with progress in other fields and should implement the changes necessary to keep her department abreast of the time. She must have intelligence of a high order, and the special qualification necessary for her position if she is to take her place in professional and national spheres. She must have the humility to recognize the need for spiritual guidance, and the power to use reason, humour and courage in carrying out what she thinks is right in as pleasant and courteous a way as possible.

In the atmosphere thus created there will be no place for the autocracy with its petty tyrannies which springs from the worship of self, and of power as an end in itself. Instead, real co-operation will release all the forces necessary to proceed to plan with vision how we can provide those material improvements in training and conditions which will fulfil the needs of the student, and create for the trained nurse a career capable of providing an even more satisfying happy life.

**SUGGESTIONS FOR DISCUSSION.**

**The Patient:**

- How can we help to prevent illness and thus lessen the need for nursing service?
- How can clinical instructions be given with least inconvenience to the patient?
- Can we establish the patient's needs in nursing hours? Perhaps American delegates will be able to help us find the answer to this question.