Nursing Service-How to Meet the Demand in Psychiatric Nursing

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The shortage of personnel in psychiatric hospitals in a problem which is studied in many countries nowadays, and which asks for an improvementas it, seriously menaces the interests of our patients. When I am about to deal with certain points of this problem, which seem to me to be of interest, you will understand that I shall base my statements mainly on the situation in my own country, and I shall be very glad to hear in the discussion how the situation is in your country.

In the first place I want to draw your attention to the fact, that in Holland we have had, right from the beginning in about 1885, two kinds of training for nurses, one for general nursing and one for the nursing of nervous and mental diseases. Since 1921 these two certificates A and B are Certificates of the State and, as such, both are equivalent in importance and legally protected.

Before World War II the situation in Holland was as follows: We always had enough students for both trainings at our disposal. The female students always had an inclination after receiving the Certificate B for mental nursing, to acquire also Certificate A; the male nurses with Certificate B had much less opportunity to follow a training for Certificate A in a general hospital. As a result we had usually a large staff of qualified male personnel and a rather large number of qualified female personnel.

After the War these numbers diminished quickly and to a serious extent. The number of students in the general hospitals too, at first left much tobe desired. But this is over now and in the psychiatric hospitals too the number of students is increasing again. But we had in the first years after the War great difficulties in this connection, and even now the quality of the probationers for Certificate B leaves much to be desired. This fact again illustrates clearly, that the young Dutch women like the work in a general hospital better than the work in a mental one, a fact to which I will return shortly. But in our hospitals, as well as in general ones we have an immediate need for *qualified nurse*. Obviously they have a lot of opportunities in the world of today to find a suitable position, which gives—or seems to give—more satisfaction than the work in the clinic itself. And it is a fact that a trained nurse can find employment everywhere: in the Army, in Indonesia, in social work which evolves more and more in our country, etc. etc.

The result of this is, in general hospitals too, that a large number of wards stand empty for shortage of personnel; and in psychiatric hospitals there are many complaints that inexperienced students have to fill important posts much too soon.

The problem how to meet the demand has caused a lot of trouble to Dutch minds for a long time. Everone, the Dutch Government also, understands the danger of this situation, if it should endure. For in this case, nursing would fall back to a level which is contrary to our standards of a civilized nation. Mental nursing would mean then, a putting aside only and an application again of coercive measures of all kinds, which have nothing to do whatsoever with nursing and treatment nowadays. And it is asking for an immediate improvement too, as we know by an experienee of more than twenty years, what fine results can be reached by the treatment, which in Holland is called after Simon in Gutersloh (Westphalen), the "social treatment". And this is a kind of treatment which only has results, if one has enough trained personnel.

When we perceive that there is no fall in the level of nursing in our hospitals, the reason is found in the fact that the atmosphere, created by the social treatment, is kept up too by the patients themselves.

Especially the so-called reactivation of our occupation therapy took its part in this. As a result, at least in the clinic where I am working as a matron, a large number of patients are doing the work which was done formerly by our personnel. While we had, before the War, one nurse on every four patients, we only need one nurse on six patients now, while the number of hours of work per week was reduced from 54 to 48 hours. But still we have to account for the fact that, should this shortage continue, the level of nursing consequently must fall.

I want to illustrate the meaning of this by stating the fact that in Holland with a total population of 10 million, no less than 30,000 mental patients are hospitalised. This means that 3 out of every 1000 Dutchmen are in need of mental nursing and it is a *matter of honour* of the Dutch people that we are able to give this nursing in a way, which has been found to be good, and that we *do not* give up any of the standards which we accomplished in better years for our patients. Therefore the problem is, stated briefly, what can we do and what must we do to meet the demand of this shortage in personnel ?

In the first place an improvement in the labour covenants is necessary. Fortunately the Dutch Government became aware of this and we may expect, that all *justified* demands will be accommodated in due course. It was judged as very important in Holland, to create an "information service", aiming to clear and to arrange the numerous misunderstandings of the general public in regard to the nursing of mental diseases, by a steady flow of information. In these last two years we experienced very clearly how badly such an information service is needed, and we feel it will have to work for a long time, organizing lectures by skilled nurses in the top forms of our high schools and other educational institutions, organizing excursions to psychiatric hospitals, organizing radio-information and so on.

lectures by skilled nurses in the top forms of our high schools and other educational institutions, organizing excursions to phychiatric hospitals, organizing radio-information and so on.

Furthermore, we considered the possibility to create a joint certificate A and B here in Holland. This however met with practical objections as the number of students in general and mental hospitals differs greatly. As a result we still have to aim at the goal that all administrative personnel in nursing, and all nurses who work independently, as for instance district nurses, must be in the possession of both certificates. Should the Government require this, much would have been won. The difference in the appreciation of general and mental hospitals would diminish, the number of students in our hospitals, too, would increase.

But I did not mention the most important thing yet: as a result of it, more attention will be given to the mental aspect of the nursing of the physical patients; how these patients view their illness, and the mighty influence of the mind and the mental state of the patient on his physical troubles, will be revealed. And, in reverse, in psychiatric hospitals one will receive a better understanding of the physical condition of the patient, in the treatment and care he needs in numerous cases.

The following points which I like to mention have a more local character but I think they too have enough importance to draw your attention to them. In the first place they have to do with the care of the residence, in the widest sense of the work, and with the advancement of a good spirit in the working community of the hospital. Theoretically everyone will understand the importance of this topic, but everyone does know that in practice a lot of things are needed still, too often. We, elder ones, very often make the mistake of not understanding what modern youth expects from us; we often cling too much to an antiquated system of house regulations and to a proceeding which is out of date for years already, and which we could handle more easily and kindly, without inflicting our authority on the public and personal moral codes. Here everyone has to search his own heart to wear the fitting cap:

For those students who only recently commenced training I should like to plead emphatically for a good organized pre-training, where attention should be drawn to a short and clear summary of normal evolutionary psychology and to the psychology of human relations.

As to the qualified female nurses, here in Holland the idea is ripening that they too, just as their male colleagues, eventually may have the right to live out. With a well organized nurses residence which meets modern demands, we do not think a great many will express an inclination to live out, and consequently the interests of duty will not suffer.

More attention has to be drawn to "post graduate lectures" and to group discussions with qualified nurses on the work itself or on other topics of general interest.

I think, looking over these points once again, that much can be done in the interest of our good case; and that we may harbour justified expectations of keeping in this way, the nursing of our mental patients in the right direction (that is, in an upward direction); this has to be so in a living and healthy human community.