

NURSING JOURNAL EXCHANGES

**"OH WAD THE POWER, THE GIFTIE GIE US TO
SEE OURSELS AS ITHERS SEE US"***From The Trained Nurse and Hospital Review***That Nurse of Ours***DENNIS MACK, Minneapolis, Minnesota*

SHE came to our home on short notice, in an emergency, as is so often the way with nurses. The doctor had promised to do his best for us from among the nurses he knew, but when he inquired he learned they were all on assignment. At the exchange, the only one available that seemed to approach requirements was a stranger to him, but he took her. She was young, not long graduated from a reputable hospital training school, strong, willing and low of voice.

While experience and maturity are major desirables in a nurse, much can be said in favor of the recent graduate. We were disposed to be optimistic, if dubious. Would she not have the latest in instruction, be free from those errant notions which so many older folk carry round with them, be up to the minute on all sanitary observances? We felt we should have to be alert to measure up, and we wanted it so.

The patient was an elderly woman with a low-grade pleural pneumonia. The "we" means the two other adults that, with the patient, comprised the family. All bedrooms were on the second floor.

The doctor had prescribed hot packs every two hours in the day, to be replaced by application of hot camphorated oil at night. Within ten minutes after her arrival, the nurse, in changing the pack, hung a wet towel on a door knob. Next she draped another damp cloth over a hot-air register. Not in decades had any of our family hung a wet towel on a door knob. It dawned upon us that here was a lady who was inclined to be somewhat careless, who would perhaps need watching.

It was a twenty-four-hour case, the nurse staying with her patient continuously, taking her rest in the afternoon and being on duty at night. It became evident that she was wearing her street shoes at all times in the house, shoes soundless of either heel or sole—that she had not brought any other shoes. Click-click, they went whenever off the rugs, especially when on the tiled bathroom floor and she never tiptoed. How an occasional penetrating footfall can irritate and annoy!

But noise seemed not to bother her, at least not if she made it herself. There was a noisy faucet in the bathroom, and thereby hangs a tale of much grief for the ten days she was in the house. One of the characteristics of a good nurse on private duty is, I take it, her adaptability, her readiness to fit into the conditions she finds and must work with. We were prepared and eager to provide every convenience she should ask for, for her patient and for her own comfort, but there is always some fixture in every home, so caught by illness, that is not operating at peak efficiency and that can not be restored to normalcy until after the family is. With us it was that faucet. It was the hot water faucet of the lavatory. For several weeks it had been "acting up," running water all right but with such a jumble of squeaking, jarring and thudding as would almost take fillings out of teeth. It was a spring-faucet and if, in closing it, the grip were released suddenly instead of being eased back to place, the resultant pounding could be heard all over the house. At night, when the city pressure was strongest, we of the family had not been using that fixture. To be sure, all it needed was a new washer and a little adjusting, but they had to wait.

Well—the nurse evinced a seeming partiality toward that noise-maker. Just as one of us would drop off for a little sleep at night—r-r-roo-ump would go the faucet! Now the hot water faucet of the tub was well behaved and quiet, and the family had been favoring it while deferring, as families will, the call to the plumber. Off and on, we took turns suggesting to the nurse—adroitly, for we were anxious not to hurt her feelings—that she would do well always to take hot water from the tub faucet. Though she would comply for the next time or two, she invariably swung back to the one with the nerve-thumping jar. She meant well, wasn't obstinate or refractory; she simply hadn't been reared that way. It wasn't in her training, at home or in school.

But there was worse. Why she preferred to run water at the hand-basin for rinsing the bedpan, we do not know. There were the tub faucets, easier to get at, with more room under them, but she ignored them except when now and then it was suggested to her that the tub faucets might be more "convenient." Why not have supplied a rubber hose attached to any quiet faucet so that she might wash that bedpan direct into the toilet? (Oh, yes, she always *emptied* the rinsing into the toilet.) Well-meaning inquirer, you didn't know our nurse. Given a hose, she might have soused the floor, the walls and the ceiling.

You try rinsing a porcelain bedpan under a basin tap. We became so accustomed to the clink and clatter of the pan against the faucet and the basin itself that, after the nurse had gone and the patient was up and around, I used to give that basin a few commemorative raps with a desk shears at night before we all could get to sleep. It was like the case of the sleepless hotel lodger waiting for the other shoe to drop.

Why didn't we order her flatly to "lay off" that basin faucet rinsing? Because we are considerate folk, too timid, if you will. It is hard for us to intimate to another, especially one in our own home, that she has been reared with insufficient tact, industrious, attentive as she was, and all that, she simply had not learned those fundamental observances that are so important from an esthetic if not a sanitary standpoint. Obviously her home training had failed to include consideration for others, but had not her hospital school an obligation to detect the shortcomings and correct them before passing her on to the public as a "graduate nurse?"

Then there was the hot water bottle—and the camphorated oil! The bottle was used both day and night, supplementing the packs and the oil. The illness befell in January during a spell of mild weather, when the furnace had to be run low to keep from overheating the house. As a result, water in the pipes heated through the furnace coil was at times not so hot as desired for use in the bottle. The house was not equipped with instantaneous heater attachment to the plumbing system, and it was inconvenient to run to the basement to light the other kind every time a little hot water was needed for the bottle. So water was heated to the desired degree on the kitchen range. This resort wasn't ideal, admittedly, for it did occasion some inconvenience to the nurse. But one can not always have the house in perfect working order in expectancy of entertaining a nurse.

For certain fairly apparent reasons, one might think the thing to do would be to take the kettle of hot water upstairs to the bathroom and there empty out and refill the bottle. However, not so with this nurse. She would go down to the kitchen, put on the kettle and turn on the range current. She would return to the sick room for the bottle, bringing it, just off her patient, to the kitchen. What business a hot water bottle, one in use, has on a kitchen table or bread board may be hard for the sanitarian to perceive; its contact with vessels or surfaces where foods are prepared does not seem quite the thing.

She had a habit of putting down that bottle, containing steaming hot water, on the painted enamel ledge of a cupboard in the kitchen. One was loath, to

show the discoloration and loosened paint every time she did such a trick, lest the telling impair her co-operation and estrange her interest in her patient. She would doubtless have thought us a most finicky family; plainly she had never taken such oversights seriously. Possibly she had never thought of such actions as oversights at all. Granted that her technical training in nurses' school had been of the highest, it had not gone back, seemingly, to correct her careless bad home habits.

And the camphorated oil. Nurse would come down stairs with oil on her fingers. She was wont to put her hands behind her, palms out, and back up against a door while talking with one or the other of us in the kitchen. Impressions of her fingers were left on the enamel of that door, and surely pneumococci must have been spread over many things she touched for her hands must have touched the patient's secretions.

These are the highlights. Lower tones there were, too. I recall the hail of hairpins while she was with us. Her bob may have required them, but they refused to stay put. We found hairpins daily all over the house: in the halls, on the stairs, in living room and kitchen. I doubt whether she missed them herself; we never caught her picking them up, and the supply seemed inexhaustible. Too, she did not know what door knobs were for, unless to hang things on. Was it "expressing her individuality" when she refused to use a knob unless the door were fully closed? She preferred to grasp the edge of the door high up, often leaving a mark where she touched, in opening or closing. It was the same way with window shades. Not for her were the rings on cords. She ignored them, grasping the shade itself for up or down work.

A nurse on private duty takes care of the patient's room, of course. I saw our nurse gathering the dust off the floor outside the rugs. She did it right, getting down on her knees with the dusting cloth instead of worrying it round the room with a broom. She was willing enough; we cheerfully concede that. Yet, after so dusting the floor, she ran the same gritty cloth over a mahogany table used by the bedside, chest of drawers and the mahogany frame of a mirror. A lack of a sense of nicety.

I've mentioned that she came with only her streetshoes. She was short on apparel that one would think a registered nurse, subject to emergency duty, would always have in stock. She hadn't a bath robe or any such garment that she might slip on over her uniform against a fall in the room temperature when she was sitting up with her patient. So we contributed a blanket, one of our choicest—light, woolly, of delicate color. She accepted it with appreciation. Ever after we observed that when she wanted to step out of it, she'd just drop it on the floor. We wouldn't ever have treated it that way.

And she habitually got the soaps mixed—the patient's and the individual bars of the others in the house.

All in all, may be we shouldn't have been so critical; at least she never emptied the bedpan in the sink!

If dissatisfied, why didn't we dismiss her and try for a better? We didn't, because we had in mind the circumstances of our getting; and, besides, we own to that common trait of preferring rather to "bear those ills we have than fly to others that we know not of." Also, despite her faults, we liked her. She was kind to her patient.

I am curious as to whether high-standard schools for nurses accept or disclaim responsibility for the sort of thing to which I have objected. If they do not purport to teach the fundamental esthetic and sanitary niceties to students who lack them, then they should not admit such students; or, if inadvertently admitted, they should not continue them in attendance. If they do purport to teach such niceties, they should actually teach them before bestowing their fiat of competency and releasing graduates upon a trusting public.