

And where will we go? . . . To the Hills . . . up from the dust and the dryness, up, up, up to the Hills! To the Pulneys, to beautiful Kodai; to the Nilgiris, to lovely Ooty; to the Himalayas, to Darjeeling enshrined about by majesty, and Kashmir, Garden of the gods!

And we will come from Siam and Ceylon; from Burma and Arabia and Persia; and from the Innermost as well as the Uttermost parts of India . . . unto the Hills to lift our eyes, and be strengthened and renewed and inspired.

What we will do, and what we will not do, is pretty much a matter of individual choice, but we can maintain our individuality and the better develop and perfect it, by contact with each other. For the days that lie before us and the work that awaits us and the interests of the Trained Nurses' Association of India and our Ministry of Healing, we will do well to get together as a group for exchange of ideas and discussion of problems, and to get acquainted. "My presence or my absence doesn't make a particle of difference," spells "Misfit" or "Inferiority Complex," except in cases of unavoidable absence.

DISCIPLINE IN SCHOOLS OF NURSING

BY MISS ALTA I. GRIFFIN

I was suggested to me at the nurses' picnic at Ootacamund that I write a paper on "Discipline" for the T. N. A. I. Conference. I replied that as I had not solved many of the problems myself yet, I didn't think it was best that I write it. It was suggested then that I send out a questionnaire to Superintendents of Nurses and the Principals of Training Schools. Accordingly, 22 questionnaires were sent out and to the fifteen who returned theirs to me so carefully filled out, I am indeed grateful.

The questions and replies are as follows:—

I. (a) Do you have to discipline your nurses frequently?

Ans.—7 replied yes. 8 replied no.

(b) Can you tell us the secret of your success?

Ans.—"I try to use harsh discipline as little as possible by endeavouring to give the nurses a sense of vocation. That we must do all to the glory of God. This I know is easier in a small hospital. I have two Trained Nurses and six probationers in Training."

"Too much discipline I feel only tends to destroy a Nurse's self-respect and makes her bitter. I try to believe the best in them unless confronted by direct disobedience and carelessness. In that case I would have a frank talk with them about it first and in case that failed would have to punish them."

"On the whole they are very good and do not require much disciplining. I try to make them feel the health of a patient depends on

them and that for the patient's sake and the honour of the hospital, they must work well and faithfully and they usually do."

"In our punishments we usually try to touch a girl's pride."

"Putting a girl on a less responsible duty also hurts. Forfeiting a P. M. rest also advertises some "Mistake".

One reply which seemed very wise to me was:—

"It seems to me the more of a routine for everything the better. Often a word of praise and appreciation will go much farther than any kind of discipline. Hospital work is hard in itself and strain to any one, and some times when too severely disciplined does it not tend to create a spirit of bitterness which is a great hindrance to good work? In cases of direct disobedience I would say "Let the punishment be prompt and thorough". In all corrections the nurses must understand that it is for the mutual good of the patient and herself, (to make her a better nurse) that it is being done, and never in spirit of spite or antagonism."

II. (a) Have your nurses ever been late to duty?

Ans.—8 seemed to have only a little difficulty. 7 replied yes.

(b) If so, what means have you found to make them want to be on time?

Ans.—"If a nurse is late, she is scolded. If it happens again her rest time is cut short by twice the number of minutes she had been late".

"I cut off an hour of their off-duty time next day".

"We mark them for punctuality and their marks are posted on the Bulletin Board each month. It seems to help."

"If returning late, from vacation, I would explain to them how it upsets hospital regime and would deduct the time from their next vacation. I have found the example of a competent head nurse who is always early very helpful for day duty."

III. (a) Have you ever found your night nurses going to sleep on night duty?

Ans.—7 said no or rarely. 8 said yes.

(b) If so, how do you prevent their wanting to do so again?

Ans.—"Make them stay in bed an hour longer for the remainder of their night duty."

"We do not have much trouble now, one of us makes unexpected rounds in the middle of the night, the nurse never knows when that will be."

"I don't prevent their wanting to do so but we give them simple sewing or dressings to make to occupy their time. Also we have never made it a hard and fast rule that no night nurse should sleep. If they have no work they can arrange for two at a time to sleep but two must be on duty always."

"Once a nurse was found asleep and I promptly took her off night duty and told all the staff why I was doing so. They do like to be trusted."

"The first time they are fined and warned that if it happens again they will be instantly dismissed."

"I allow the night nurses strong coffee, a good lantern and a place to sit and read or sew, then make "rounds" at unexpected hours so they are never sure of not being detected, also I try to make them feel responsible and put themselves in the place of a patient who wants a bed-pan and can't get the nurse."

IV. Do your night nurses sleep or remain in bed the required number of hours in the day time ?

Ans.—5 said that they had difficulty to get them to remain in bed. One said that she had no difficulty with girls but she did with the boys. 10 had none or very little difficulty.

"My nurses stay in bed since we have suitable accommodation for them at the Nurses' Home. They sleep usually from 8 a.m. till 4 p.m. without getting up between times as they used to do. I make a point of keeping the building quiet for them when they are sleeping."

"The nurse stay in bed, except that they will get up in the middle of the day for their meal. They say they are hungry and can't sleep if they do not have it."

V. (a) Do you have standing orders in your hospital ?

(b) If so, do you have any difficulty in their not always carrying them out and how do you make them want to always carry out such orders ?

Ans.—3 said that they have no standing orders. 5 have standing orders but little or no difficulty. 7 have standing orders and have difficulty.

"We try to appeal to each nurse's honour."

"If they are not reminded of the orders fairly often they do get slack about them, but, on the whole, are very good or if they are made to go and read the orders out loud it usually makes them remember again for some time."

VI. (a) Are your nurses ever careless about reporting symptoms ?

(b) If so, what do you do to make them interested and keen enough to report them ?

Ans.—7 said they had little or no trouble. 8 said they had difficulty.

"It is the same round over and over as each class comes in trying to teach them what to report and how."

"The best method I find is being extremely interested myself and eager for any thing they will report. In this too, the head-nurses and the supervisors are most helpful. They need to be constantly interested in the things to watch for, in all new cases."

"We do not have a lot of trouble. We try to list up all the symptoms that must be watched for, and then try to have them interested in individual cases."

"Discuss the individual cases in class and call their attention to the result of their failure and what might have been done if symptoms had been reported."

"Reporting of symptoms is a trouble. As far as possible I try to teach on the patients in the ward and so make the link between their practical and book work."

"By showing them the consequences of not reporting and making them realize that to a large extent lives are in their hands which is a "Divine trust". I believe that the following method that I found when on furlough, being used in the best schools, is a very good one; Each nurse writes a case study on each of

a number of patients whom she cared for. In this case study she writes up the symptoms, the treatment prescribed by the doctor, the progress of the patient, the care that she gave the patient, also the patient's social background. Another method is for the head nurse to have little clinic each morning calling on a nurse unexpectedly to give a history of the case of one of her patients for whom she was caring. The nurse must tell of the symptoms, treatment, and care of the patient."

VII. (a) Have your nurses ever given the wrong medicine or medicines to the wrong patient? And if so, how do you prevent its recurrence?

Ans.—4 seemed to have difficulty. 5 seemed to have little difficulty. 6 seemed to have more difficulty.

"For one of our nurses who gave mag. sulph. to the wrong patient I had a dose ordered and gave it to her. I also make the nurse wear her own clothes as Probationers do, and do Probationers' work"

"They have made such mistakes. But it has been when orders have been given by word of mouth or when a senior nurse has given a powder or such to another to deliver. I have punished by making nurses write rules for giving of medicine several times and handing to me."

"The nurse was suspended from work for some time."

"Discipling by taking from them for a while such responsible work."

"The nurse sometimes continues to give a medicine which has been discontinued. If so, the doctor writes her orders in the vernacular which they consider a great disgrace and to avoid it they are most careful to give the medicine ordered."

VIII. (a) Have you had any difficulty in getting your nurses to collect specimens?

(b) If so, how did you help them be interested enough to always collect them?

Ans.—5 said that they had no difficulty. 2 said very little difficulty. 8 had difficulty.

"I try to make them realize that without them the doctor cannot treat the case properly and the patient's life and health depends on her getting proper treatment?"

"They show less reluctance now than before, but still they collect the specimens (sputum and stool) through the patient's relatives, if possible."

"Partaking in some routine examination in the laboratory makes them more interested."

"I have difficulty in getting them to send the name of ward with the specimen. I haven't any remedy for this."

"I think having tags prepared which might be tied on the bottle would help."

"I have no difficulty. If a patient is admitted before noon the day nurses must collect specimens of urine and examine it and put stools for examination before 3 p.m. Otherwise the night nurses put the specimens."

"In the beginning we did have trouble, but not so much now as we have a laboratory technician and she seems to help a lot."

IX. (a) What do you do about breakage? And does it lessen the breakage?

Ans.—9 retorted that it lessened breakage.

"I forgive it the first three times and afterwards make them pay half the cost."

"If unreported breakages are found out, the nurse or nurses in charge pay in part for them."

"Fine the senior nurses half the price of the article broken. Make the juniors who haven't money write out fifty times "I must be more careful and not break hospital things."

"If a breakage is immediately reported by the person responsible for same I do not punish unless it is gross carelessness. If a breakage is not reported and I find out the responsible person, she is fined. If I do not find out who has done it, all the nurses are fined or have to replace article. We do not have many breakages."

"If breakages are reported the nurse may be charged half price. If not reported the whole. In this one must use discretion in each case."

X. (a) Do your nurses ever fail to chart medicine or treatment?

(b) If so, how do you give the desire to make them to never fail in charting them?

Ans.—3 had little or no trouble. 4 had their nurses do little or no charting. 8 had difficulty.

"I find praising a well-kept chart helpful."

"It means daily supervision by the nurse supervisor."

"For making them feel ashamed when the doctor does her round."

"Constantly remind them how valuable the chart is to the doctor, sister and nurse."

"We can only explain to them the necessity and the use to doctor, patient and nurse for charting and call them from the rest hours to the charting."

XI. (a) Do your nurses ever fail to give a medicine or treatment at the proper time?

(b) If so, how do you create the desire in them to give them at the proper time?

Ans.—7 had little or no trouble. 8 had difficulty.

"I think having one nurse whose sole duty it is to give all medicines, helpful in this as they are not diverted by other calls."

"If a nurse fails badly in this respect I degrade her as unfit for responsibility. And they feel it pretty acutely."

"By trying to make them realize that possibly the patient's life might be lost, if they fail to carry out the treatment, properly and regularly."

"I make the offending nurse write all orders in Tansil and make them call me when they are giving the medicine or treatment."

XII. (a) Do your nurses ever tell untruths?

(b) If so, what do you do about it?

Ans.—5 had little or no trouble. 10 had more or less trouble.

"Some few instances of untruth have been revealed. They were warned that if it happened again they would be sent away."

"The young probationers sometimes do. I refuse to let them sign on, until they have proved themselves worthy of their calling."

"Untruths when detected I deal with in a private interview or try to give the girl a sense of shame and desire to be keen and just in all her dealings, this is difficult in a land where the command seems to 'Thou shalt not be found out'."

"It varies so with the story that it makes the punishment varied. It usually is to cover some other mistakes and we just increase any punishment, though I have suspended a girl for being unreliable."

"Depends on the individual offence. It is really a planned lie. I usually go slowly and ask God first just what should be done or said then do as I feel lead. Usually strong words of reproof."

XIII. (a) Has one of your nurses ever abused another nurse, using unkind words, etc.?

(b) If so, what have you found effectual in preventing its recurrence?

Ans.—3 have little or no difficulty. 12 have more or less difficulty.

"I find that it is mostly a double game and whether I think one is more to blame or not I usually punish both. I find making a copy of some lesson a very effective punishment, also taking away rest hours or half-day."

"One girl was expelled because of her abusive tongue."

"There is something that can be done. I have taken away the privilege of girls going to hospital roof, which is the recreation place for the nurses. I bandaged one girl's mouth during her rest time for a couple of days, but the cause has usually arisen from those friendships between two girls and a third girl causing trouble. I try to give them healthful recreation, something to occupy them during their rest times. Giving them better ideas of what friendship may mean is what I am trying to do. I make them come to me together and talk the matter out thoroughly and insist on the guilty one apologizing, if I can find out which is the worst offender because there are always faults on both sides. Or make them apologise to each other. Then we pray together. Appeal to the very highest that is in a girl."

"I was called upon to settle a nurse's quarrel some months ago when I returned from the hills in which a couple of senior nurses and a few juniors were implicated. I simply said 'My business here is not to settle quarrels among you. Ladies do not quarrel. Ignorant people and coolies quarrel. I hope you and I are trying to be ladies at least and not coolies. I would advise you to forget your differences at once.' They looked at one another in astonishment. I walked out and I have heard nothing since about the quarrel."

XIV. (a) Has one of your nurses ever been unkind to a patient?

Ans.—4 have no such difficulty. 11 have difficulty in this matter.

(b) If you have difficulty, how do you prevent its recurrence?

"If I find a nurse being unkind to a patient I give her hard work on inanimate objects. And as far as possible stop her dealing with patients for a space."

"Take her off her case and put her back on probationer's work again. This hurts them very much. They would rather have any punishment but that."

"Reproof sometimes helps them. I have even resorted to suspension in an extreme case and it helped."

Several others said that they had used suspension as a disciplinary measure for this.

"If practicable and possible for the patient I generally talk it over with the two together. It is sometimes due to a misunderstanding on the part of the patient. If the nurse is to blame I talk it over more seriously with her. If she is ashamed and penitent I let it go at that. If it occurred again I think I would fine her."

"I make her apologize to the patient and before who ever heard and saw her."

XV. Has a nurse ever been rude to the assistant physician, a charge nurse or to yourself.

Ans.—About 5 had not had trouble in either case and about 10 had had difficulty in each case. In case of rudeness to the assistant physician, one says,

"Let them settle the matter themselves."

"I suspend the nurse until she apologized."

"In the only instance she had of this. I simply sent her off duty to think and pray, she felt ashamed enough to apologise of her own will."

In cases of rudeness to the charge nurse:

"By preaching and teaching hospital ethics, I think also by striving to inculcate a mutually helpful spirit between the two."

In case of rudeness to the Nursing Superintendent herself.

"That she gave them junior work to do."

"One look is enough to check one girl. Another girl I sent to the nurses' quarters to think it over and she returned later to apologize."

XVI. Do you have any rules for nurses in your hospital or School of Nursing?

Ans.—Four had none or very few. Five seldom had difficulty in the nurses breaking them. And six had some difficulty.

Two said that they found fines helpful in preventing the breaking of rules.

One took the half day away from the guilty one.

One said making them write the rule fifteen times helps to prevent the recurrence.

One said that they treated the case according to circumstances, punishing only as a last resort.

XVII. (a) Do your nurses eat at regular hours?

(b) How do you help them to have the desire to eat at the appointed time?

Ans.—(a) They do now. (b) First of all by eating with them and secondly by insisting that they eat at stated times.

"Yes" They talk and laugh and seem to enjoy it when together.

"All take morning food directly after prayer and exercises together. At noon there are two relays but in the evening all have the night nurses eat together again. Have gotten them to do this since being in the new home."

Two only seemed to be having difficulty altho' others had had.

Several said "That inflicting a fine according to the vote of the majority of the nurses, had proven effectual."

"That she advised them not to eat sweetmeats."

XVIII. Do your nurses ever get lice in their hair?

Ans.—Three never had had difficulty. One had had such a student who was later dismissed for theft. Three said that they did not know. And eight had some difficulty.

One said, "That they had a case some years back. The head nurse had gotten after her so effectively that she was thoroughly ashamed and between them she got cleaned up."

"We do not have much trouble now. I used to have their heads gone over and then if there were lice and nits, punished them."

"I make them clean each other's heads and this they dislike very much."

"We make a point of treating patient's heads and in teaching personal hygiene to the nurses."

XIX. Are you troubled with bugs in your nurse's beds?

Ans.—Only 5 had difficulty and their nurses used mats, while nurses of the other ten seemed nearly all to have beds. One who has no difficulty said that she had floor in sleeping room cleaned frequently with phenyl sol.

XX. What do you do when a nurse is inclined to be careless in losing uniform jackets and saries?

Ans.—Three had no difficulty as the nurses supplied their own jackets. Several had difficulty.

"If the nurses are very careless about uniform, I keep them rather short and give them patched uniforms to wear."

"In order for a nurse to get a new uniform, I make her turn in her old one. They don't lose many. Only one girl has lost a jacket in 3 years. I take the dhobi account and have a book that they write their clothes in each time and when the clothes return, I sort them and check them off, so that I know each girl gets back what she sent. Then there is no chance to say she didn't."

XXI. Have you ever been troubled with undesirable kinds of friendships and, if so, how have you been able to give them a distaste for it?

Ans.—Five had had no trouble. One had very little trouble. Nine had trouble. Several said nurses have had to be dismissed because of this.

"I try to instil in them the beauty of real friendship and its purity."

"There was a case recently. The other nurses themselves all refused to have anything to do with either one of the girls off duty. One left after a short time and the other was much ashamed and matters righted themselves."

"In one dangerous case, through much earnest prayer for her followed by earnest talks with her the problem was solved."

XXII. Are your student nurses allowed to make friendships with Doctors and charge nurses and if so does it cause difficulties in the wards?

Ans.—Two allowed friendships with charge nurses only. Six allowed friendships with both Doctors and charge nurses. One of these thought that it caused difficulties and the others did not. Six did not allow it as they thought that it caused trouble such as partiality, etc.

XXIII. Do you have regular recreation planned for the nurses?

Ans.—Three replied that they had. Several said that they hope to have soon. The games available were:—Badminton, Tennis, Volley-ball, A book of games, Dominoes, Drafts, and Bean bags. Several reported Girl Guide Troops. One or two spoke of moonlight walks and car rides.

The books and magazines available were:—

'The Treasure Chest.'

'The Nursing Journal of India.'

'The American Journal of Nursing.'

'Trained Nurse.'

'The Christian Herald.'

'Woman's Friend' (in Kanarese).

'Mathar Bothini' (Tamil).

'Pokkishabarani' (Tamil).

Kanarese vernacular weekly and monthly Papers.

Several reported that nurses didn't read any way so what was the use of supplying reading matter.

More than half of those who replied thought that because of their interest in giving the nurse pleasant off-duty hours their disciplinary problems were less.

XXIV. (a) What standard of education do you require for entrance to your school of nursing ?

Ans.—One requires completion of 6th form. Two requires 3rd form, English pass. One requires Lower Secondary, Vernacular. One requires 8th standard for girls and 4th form for boys. 3 require 3rd form pass. 4 require 3rd form. 3 try to require 8th standard but one of these does accept fifth standard pass.

(b) Do you find that nurses with the better education give less trouble than those with less ?

Ans.—A few said yes. One said no. One Superintendent of Nurses who has 6th form students said,

“There is much less trouble in the trivial parts of discipline among girls with a High School education than among others.”

XXV. Other problems which some have asked to be discussed here are :—

1. The dirty habit of eating palm off-duty as well as on duty. It is against the rules but they do it.
2. Writing letters to other nurses' so-called brothers and to their own so-called brothers.
3. In other hospitals are the letters sent by the nurses and received by the nurses, first read by the Superintendent.

4. Receiving presents from patients.

How can it be turned into general giving instead to individuals, for I don't believe it can be stopped absolutely. The people are at present a giving people and feel that they must give, but how can we have a general fund. I've tried and given up.

5. How to prevent nurses borrowing from other wards, theatre, dispensary, and not returning what they borrow or asking permission from the nurse in charge, I fine the seniors Re. 1, when I can prove it and Juniors have to write out fifty times, “I must not borrow without permission.” But it still goes on to a lesser extent.

Larvicide Lake, a disused manganese quarry at Uluburu on the B.N.R. holds a secret, the solving of which presents tremendous possibilities to Malaria Research workers. It is filled with rain water and seepage, as are the thousands of tanks in this land, yet in it mosquito larvae cannot live.