

SOME IMPRESSIONS OF NURSING

In The United States and Canada

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THROUGH the generosity of the Rockefeller Foundation I was enabled to spend nine months in the hospitals of the United States and Canada studying their dietetic organisations, and at the same time gleaning a good deal of information as to the training and work of the nursing staff.

I feel some responsibility in giving my impressions, for so many nurses can only see the Western world through other peoples' eyes, and it is easy to create a wrong conception by passing on opinions lightly formed on a short acquaintance. Fortunately my memories are of the happiest, and my only regret is the width of the Atlantic which makes a second visit a dream unlikely to materialize.

A LAND OF CONTRASTS

One has to go to America to realize her vastness and her wealth, her beauty and her horrors, her freedom and her tyranny. Those who have not been there can never imagine the vast crowds who have come from other countries to settle in her midst. Imagine a quarter of the population of Italy living in one town together with as many Chinese, Lithuanians, Czechoslovaks, Jews of all nationalities, and twenty other foreign nations. That is one of the great problems which America has to face both in her national life and in her hospitals.

America is indeed a land of contrasts. One moment one is marvelling at the culture of her people, the next one is astounded at the ignorance of a college graduate. So it is with everything, architecture, music and science, hospitals, doctors and nurses. One sees the best and the worst, and the difficulty is to carry away a general impression which is in any way fair. My own experience of hospital life was one of happiness, generosity and enthusiasm, plenty of work and plenty of play. The efficiency of the nursing fluctuates just as it does at home. They criticise us and we criticise them. In America our general training would not for one moment be considered a complete one; while we would look upon some of their hospitals as more or less hotels or nursing homes and hardly a suitable training school for a nurse.

Though the practical facilities for training the American nurse vary considerably, the theoretical training seems to be more or less standardized in the United States and Canada. There are, however, a few Universities giving a nurse's training in connection with a University career, and

granting a degree or diploma in Nursing at the end of the training. An interesting experiment of this kind is being carried out at the Yale School of Nursing in connection with Yale University. Here all student nurses must have a college degree, or they must have done at least two years of college work before entering the school. They pay for their training and live the life of a college student as far as possible. Their teachers are University graduates and their school is under the direction of a woman Dean, Miss Goodrich, while they have a Superintendent of Nurses who takes charge of the actual nursing administration in the hospital. The degree is granted at the end of twenty-eight months, and this graduate is certainly a different type of nurse to any one would find from any other school. She has spent at least fourteen hours each week on theoretical class work, and she has been taught not only to nurse but to think. She does not consider the hospital as the beginning and end of the nurse's duty and career. With this end in view her training includes the general nursing of medical and surgical cases, obstetrics, dietetics, contagious diseases, and even an insight into social service and public health. She is taught to follow her patient from admission to discharge, and then into the home. All this in twenty-eight months!

Such an intensive course must be enough to try the mental and physical powers of even the most robust. This scheme could only have been conceived by an idealist like Miss Goodrich, carried through by a genius and instituted in such a country as America. Considerable expense is involved, for the instructors must be paid and the patient nursed. The wards are chiefly staffed by paid graduate nurses and ward helpers (superior ward maids), or orderlies, the latter do all cleaning, dusting, lifting, etc. By no other means could the nurses have enough time for the theoretical training. The practical work is in no way neglected, and the greatest stress is laid upon the actual care and comfort of the patients. These girls are certainly spared many of the "hard knocks" of the average hospital nurse, but I wonder how they will feel if they are ever plunged into the bustle of a busy hospital ward elsewhere. How are they to face working in other conditions, finding their ideals untenable one by one? Miss Goodrich would say they must never drop their ideals, they must raise others to their standard and never lower their own.

A SUPER TRAINING

It is unlikely that the general public will be prepared to pay such nurses at the rate which their education should demand. From what I gathered in America and Canada there is a growing restiveness amongst the doctors and the public because of the high fees of the American-trained nurse. They feel that such highly specialized and expensive young women will not long be the usual private nurses. There is a movement afoot

for the training of a "practical nurse" who will only be asked to keep her patient clean and comfortable, and to administer simple treatment under doctor's instructions. The nurse with her University degree will doubtless find her niche in organization and hospital teaching.

The University degree is the exception and not the rule in America, and their usual nurses' training is more like our own. They have to hurry and scurry (though in a more leisurely fashion) just as we do in Scotland. They have less cleaning, less lifting, less washing of mugs and cleaning of utensils. Each ward has one or more ward helps in addition to the usual ward maid, while in male wards there are orderlies.

Of one thing I am sure, the American nurse takes less responsibility than we do when she is in charge of a ward. Imagine the Chief's ward visit paid without the sister! Think of the patient's dinner being served without Sister or her assistant watching every tray, or imagine the doctor asking the patient when his last haemorrhage occurred or when he was last sick. All these things I saw not once but many times. My general impression of the "head nurse" was sitting at a desk in the corridor making out charts and reports, rather than being in the wards watching the patients or teaching the nurses. There are two good reasons for this. Firstly, the practical work is taught by a member of the teaching staff and not by the ward sister. Secondly there are very detailed reports kept for each patient, many hospitals charting each time a patient has an "alcohol rub" (*i.e.* his "back done"). Again, hospital ward work is not considered nearly so important or lucrative as private nursing, and the best nurses are apt to take up the latter branch of their profession. Then there are more resident doctors who take over a good deal of responsibility. The sisters only stay for a short time, and they do not look upon their wards or their floors as their little homes as we do here. Sister's sitting-room near the ward is an unknown thing—in short, "Sister" is not a very important person in some of these hospitals.

WIDER KNOWLEDGE

In Canada this is different. There the training and the spirit of the nurses remind one more of home. Canadian girls seem especially suited to nursing, and they are much in demand in the States. There is, I think, a feeling in Canada that the American training is a little unbalanced, swerving too much to the theoretical side, but the Canadian hospitals find it wisest to keep more or less in line with States as Canadian nurses so often want to follow their profession in U. S. A. Personally I envied the American and Canadian nurses their chance of studying such fascinating subjects as chemistry, psychology, history of nursing, and dietetics. The result may only be a smattering of such things, but it opens up a vista of attractive possibilities and throws a light upon many an everyday problem,

I know that our curriculum is often said to be overburdened by theoretica work; there are many who want the nurse to learn nothing but what she will actually use in her practical work, and in most cases perhaps this is right. Surely that would be hard on others who feel a real thrill in knowing a little more about the patient's mind and body, the air he breathes and the food he eats.

We all realize the difficulty of attracting well-educated nurses in this country. I do not believe that America finds this quite such a problem, and Canada seemed to be equally fortunate. Some reasons are perhaps that the training in those countries is less rigorous than over here; the food is better; more attention is paid to the social life of the nurses and far more fuss is made over the presenting of the badges or the graduation ceremony. The latter is marked by a reception, a short service, speeches, a tea, and finally a dance when all the graduating nurses appear in their smart white uniforms, white shoes and stockings, and their immaculately waved hair. This sounds fantastic to us who are used to our quiet Scot's ways of doing things without any fuss, but we must admit that the completion of our training does mark the triumphant end of three or four very strenuous and momentous years.

Which country equips the nurse best for the work which she is to do? No doubt we have gained some experience which the American nurses have missed. They are generous in their criticism of our nurses. They admit that no one can beat the old country nurse in the actual nursing of her patient, and that is the praise which is dearest to our hearts. But we must not rest on that reputation. We must see that we add to it in other ways. At the end of four years of training we cannot pretend to be equipped for all the emergencies into which our profession may lead us. We have no obstetric training, not always good experience with children, often no fever training, and only a smattering of dietetics. No doubt these things will come in time, but the lack is proving a great hindrance to some of our nurses who are anxious to take up nursing in Canada and U. S. A. If any of you are going over there do not have any delusions, they will tell you your training is incomplete, you will not get a good post unless you are state registered in those countries, and you cannot pass the examination without obstetrics, pediatrics, dietetics (in a special diet kitchen), and some experience in fever nursing. Once you are registered you will be sure of work for, fortunately, the British nurse has a reputation for conscientiousness, thoroughness, and sticking to her job. Long may she keep it!

A last word of warning. Do not go over there with the idea that you are going to show the Americans how to nurse, and try not to tell them more than once a day how we do things at home!