

## CONTRIBUTED ARTICLES.

## VOCATION AND TRAINING OF NURSES.

BY MISS WILKINSON.

IT is with much diffidence and many apologies that I again read a paper before this Conference. But having promised Miss Griffin to get a paper and having failed to persuade any one to write one, the task falls upon me if I am to keep my pledge.

I do not find the choice of a subject easy. That which I have chosen is one upon which I am hoping to receive much practical help and ideas from members of this Conference.

There has been in my mind for a long time the thought as to whether, in our struggle, which is a right and necessary one, to obtain a just legislation and rightful recognition of our profession, and in our efforts to turn out Indians and Anglo-Indians as efficient nurses, we are pushing into the background the vital need of a full realization of nursing as a vocation.

In India, perhaps more than anywhere, it is so essential that this side should be in the forefront with all who have in any way to be responsible for the training of Indian nurses, and also perhaps nowhere else is it more difficult to keep it there. To begin, with the exception of two or three of the large general hospitals, Nursing Superintendents and Sisters are obliged to combine several posts, the administrative work, general supervision, keeping up of stocklinen, running wards, and then just the getting of things done, which in India means much effort. All these fill up practically the whole of one's time, taking one's vitality and patience until there is little or nothing left to give out; and yet, without the witnessing of the whole of nursing, *i.e.*, vocation and profession, how can we train thoroughly and well.

Let us divide the matter into four heads:—

1. What is our aim and object in coming to India and in taking posts which involve the training of Indians and Anglo-Indians as nurses-dais and health visitors?
2. What have we to give to this task?
3. What are the great difficulties and obstacles which we are up against in this country?
4. (a) How can we best present our gift?  
(b) Overcome the difficulties and obstacles and succeed in winning for our beloved profession in this country that honoured position it has reached in others.

1. *Our aim.*—The aim of us all is, I take it, to raise and maintain to the high standard of nursing which has been given to each one of us in our own training schools. The standard of self-sacrifice, loyalty and integrity, the spirit of *esprit de corps*, the maintaining of the true dignity of our profession, that no act or word of ours may in any way bring dishonour upon it. So to

teach and show this to the nurses whom we train that they may become filled with a like spirit, and by their devoted service win honour for their profession which is withheld from it in this country, or only very grudgingly given even by our own people. To help and inspire them to be responsible, reliant, and efficient, capable of taking charge and working side by side on an equality with us.

To make them so understand the full meaning of service that nothing is considered too high or too difficult, or more especially, nothing too menial or dirty, that the careful, kind giving of a bed-pan is as important a part of a nurse's work as the preparation for a theatre and doing a dressing. To teach them when trained to be keen to teach and train their juniors and inspire them with zeal for their profession. Truly a tremendous task.

2. *What have we to give to it?*—Do not our minds go back to our old training schools with the long tradition of loving service, as in Barts' and St. Thomas' Hospitals in London dating from the twelfth century? in Guy's, the Westminster and many another, to those Sisters who trained us, some of them in my day being almost amongst the great pioneers of what we call modern nursing, and yet before them, for centuries the self-sacrificing lives of the Sisters of religious houses showing forth the true spirit of nursing. The utter giving of themselves for the healing of the bodies, souls and minds of their patients. In spite of many a throw back, in spite of much that is wrong, this ideal of nursing has been passed on from generation to generation, and whether we will or no the torch is put into our hands by these our forbears, and we too have to make the history of nursing, and we too must take our share in improving and passing in that which has been handed down to us as an age long trust. Here in India, are we fulfilling this trust, giving of our uttermost as did those pioneers who made the nursing training schools what they are in England, Scotland, Ireland and America; who won through many oppositions and hardships.

3. *The difficulties and obstacles we are up against.*—These are many and often seem well nigh hopeless and impossible to overcome. To enumerate some:—Superstition, as in the case of a lying-in woman being considered unclean; dirt, belief in kismet, relations, the love of seeking many physicians, these for the patients. With the nurses:—The lack of sympathy and true kindness, the lack of the power of observation, keenness, perseverance, their untidiness, want of method and lack of cleanliness. One of the chief difficulties is that so many of our probationers have had such a very elementary education, and also there is behind them the hereditary of caste prejudices for generation upon generation, which even if they are Christians makes it more difficult than perhaps we can realize for them to do all the necessary offices for their patients. Then there is often the lack of the strict observance of etiquette in the wards, and the lack of appliances, chief of all a constant supply of hot water; and lastly, the lack of continuity of workers, much change.

4. *How can we overcome the difficulties and obstacles.*—Is it not only by insisting upon and striving for the work in the wards to be done in the manner in which we ourselves were taught? We must work side by side with our



probationers, remembering that they need to be shown how things should be done, and this in detail. We must insist that no nurse is a good nurse and cannot really care for the welfare of her patient unless she does carefully and willingly all that is necessary for her, as in the giving and taking away of bed-pans, and that it is a great disgrace to allow a mehtrani to have anything to do with this. I have several times had it said to me that in India it is impossible to train nurses to do this on account of the prejudice against it, that it gives them a bad name. My own experience is that this is quite false, and that by perseverance and showing this can be overcome. Let a Sister give and take away a few bed-pans, help in the giving of these, help to change a dirty patient and you will find this attitude undergoes a complete change. It becomes a dastur and is recognised as part of a nurse's work. After many years of struggle we have at last succeeded in having the wards closed at certain hours and the nurses give bed-pans all round. They have found what an immense saving of time and trouble this is. One great reason for this need of insistence upon this work is that it is absurd to teach a nurse the importance of the observation of all excreta and yet allow her to think she can leave the taking away of bed-pans to a mehtrani.

Another way to overcome some of the difficulties is by endeavouring to get the schools to realize more that a higher standard of education is an essential for the girls they send for training. With well educated girls many of the disabilities would disappear.

Then once again I would make a plea for more co-operation between hospital and hospital, province and province; using and helping to improve those Boards of Examinations, etc., which are already in existence instead of setting up new ones. A multiplicity of these makes for weakness. We know little or nothing in one province what the ideals, hopes and possibilities are in another. Of course one way to remedy this is by each one working steadily for an All-India State Registration Bill. This could be won if each province working in consultation with others passed its own Registration Bill. But this should not be done solely by a medical board but through the co-operation of *all* hospitals training nurses which have fully certificated nursing superintendents, and the Council for such ought to have a full representation of trained nurses on it. I believe such is not the case in some provinces where there is already a form of registration. This is absolutely wrong and unjust.

*How can we best present the gift we bring to those whom we have to train?—*

First and most important, we must never lower our ideals and standards in any one thing. We must always try to make a nurse think that she can in time reach up to them; and try to inspire her with the desire to do so. One must never allow any excuse for work left undone or badly done. We must never despair, never give up, be always optimistic, believing firmly that in time there will be a nursing profession in India, a realization of vocation in regard to this work. We must strive on undauntedly, determined to break down all obstacles, and give ourselves freely, unstintingly to the work.

To conclude, let us be as :—

One who never turned his back but marched breast forward,  
 Never doubted clouds would break,  
 Never dreamed though right were worsted, wrong would triumph,  
 Held, we fall to rise, are baffled to fight better, sleep to wake.

### SANATORIUM NURSING.

BY MISS BLAIR.

Do we when we think of sanatorium nursing take it for granted that it is very much the same as general hospital nursing? I have not had extensive experience in either, but my limited experience in both has proved to me that these two branches of nursing are indeed very different.

Let us consider just for a minute patients entering a general hospital. They come there with great hopes of rapid recovery and at least a great number of them go away with perfectly restored health. Their stay in the hospital has been, if not a pleasant one, at least an interesting and unusual one and not in the least monotonous, and to them doctors and nurses are people who alleviate suffering and often restore health. In general hospitals the nurses does not usually feel it one of their greatest and most important duties to make the patient feel that the hospital is his home. They endeavour so far as possible to make the patients comfortable and happy during their stay and rejoice with them when they are ready to go back to their own homes.

It may be that sanatorium patients do not always come with the idea of staying for a long time, but most of them find out during their first week at the sanatorium that if they are to benefit by their stay they must make up their minds to stay for at least six months, perhaps much longer. Their stay will be to them long, tiresome, uninteresting and very monotonous. Let us therefore keep this in mind as we consider a few of the characteristics, problems and difficulties of sanatorium nursing.

These patients must during their long stay be separated from their own people—most of them from their families. What can the nurse do to make a home for them during this time. You have often heard the statement "the cure of tuberculosis is 50 % mental." Another thing to be kept in mind always is that exertion and excitement often give a rise of temperature—[may I just add here that in speaking of sanatorium nursing I think chiefly of the care of patients who are able to be up and about those who are confined to their beds will need general hospital nursing].

Remembering then that the patient must be kept content but must not have much exertion or excitement, what can you as a nurse do to help both the patients and the doctors in their fight against tuberculosis. First of all try to establish among patients and staff a home atmosphere of quiet contentment with variations and entertainment in such form as will not unduly excite the patient.

Endeavour to get the patients interested in keeping their beds and wards tidy and clean, make them feel that the sanatorium is their very own home—encourage them to take an interest in all sanatorium activities, try to make