LEAGUE OF RED CROSS SOCIETIES.

STAFF NEEDED FOR A SCHOOL OF NURSING.

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This paper is written not from the point of view of what would be ideal for a modern school in America or England, but from that of a school started in a country where nursing is practically unknown as a profession requiring a definite course of study, within a stated period, under conditions of strict discipline, of regular hours of work and leisure.

Three disabilities are usually encountered by those who start a school—lack of organisation, lack of money and lack of knowledge of what is required of the nurse.

War has opened the eyes of the Balkan nations to the need of good nurses. The presence of nurses in service during the war has shown them what she should be, and what she can do, and has awakened in them the desire to have each their own corps of women to undertake preventive and curative work. The league of Red Cross Societies and the American Red Cross, by means of conferences, literature and concrete examples, have whetted that desire, so that there is not a nation in Europe that does not wish to possess its own training school. But they have only seen the finished article and often they do not understand what goes to turn out a good nurse. They think that if they obtain girls of good character and of sufficient education to pass a few examinations, and able to give treatment, as distinct from nursing (that is the care, the cleanliness and the comfort of the patient) that they have all that is necessary. But of the daily and hourly watching of every action, the meticulous care over every little detail, the insistence on absolute veracity in reporting, the awakening of a conscience in carrying out orders, training the pupil to observe till she can compile a veritable record for the doctor in such a way that he can repose perfect confidence in her work, is an education not dreamt of by many who desire good nurses. Our own nurses before they are trained are of course ignorant of much that they have to learn, but there are few who have not known what it is to have a trained nurse in the house, or have friends in the profession or have visited hospitals or seen the visiting nurse at work, and so know pretty well what the training entails and what the world expects of a nurse. When she enters the hospital these are traditions for her to carry on, the reputation and standards of the hospital for her to live up to. There is already the atmosphere of order, punctuality, industry and obedience.

The patient is of course of paramount importance, but the nurse has also her share of consideration, thought is given to her health, her amusements, respect is shown to her and time for recreation and study is insisted upon.

All these things are wanting in the hospitals in many parts of Europe I ought perhaps to make an exception of those hospitals nursed by the religieuses, where, I believe, respect is invariably shown, and where they have regular hours for their religious exercises.

Labouring under these disadvantages it is apparent that the work of those who train the pupils is very great; even where there is a willingness on the part of the medical staff to co-operate. There are usually one or two who present an interruption in the usual order of things. Even amongst those who want trained nurses there is the notion that they are there solely for service and to be taught, and an unwillingness to allow of their being moved from one sphere of work to another has to be overcome.

Now as to the staff which shall cope with these peculiar difficulties:

In the nurses' home there should be—

A matron.
A sister tutor.
A home sister.

The two latter will undertake the six weeks' preliminary training. The number of assistants in the hospital must depend on the size of the wards, and the number of the beds the authorities wish to be taken over, the disposition of the beds, whether ten or twenty in a ward, and the amount of unskilled assistance that can be depended on for cleaning.

Naturally it is a much simpler matter if the decision of all these questions is left in the hands of the matron, but I imagine that concessions and compromises must be made in every case, and that it is not possible to lay down hard and fast rules.

For one sister a small ward of ten beds and two pupils is ideal for a beginning. As the pupils gain experience and the new ones come on the area of the work can be increased.

The first class might be composed of eight or ten pupils. The home sister who will take some share in the teaching will be able to give more help in the beginning than later on when the household increases.

The following time table has been found to work well:—

A.M.		P.M.	
7	Breakfast.	12–30	Dinner.
7-30—9	Housework.	2—3	Practical Demonstration.
9-30—10-30	Surgical Dressings, Padding splints, etc.	3—5	Recreation and Tea.
		5—6	Lecture.
10-30—11-30	Lecture.	6—7	Study.
11-30—12-30	Study.	7	Supper.
		10	Lights out.

The two sisters will jointly overlook the housework (of this I will speak later on) till 9 a.m.

From 9 till 12-30 the sister tutor will then take possession of them till dinner.

Home sister will resume responsibility till 3 and at 5 the sister tutor will take charge till supper. With the exception of the two hours of recreation and exercise the pupils should be supervised from 7 till 7.

The six weeks' preliminary training is perhaps as important a period as any during their course. It is not only a question of teaching them fresh subjects educationally, but teaching them manners, changing their habits, building up their characters, altering their outlook on life and settling their standards.

At first sight it appears as if there were long periods when neither assistant had much to do. Take however the duties of the home sister. In addition to the training she will be responsible for the housekeeping, probably she will do the shopping, some accounts, the laundry, overlook the cooking, attend to sick nurses and take charge of the uniforms.

The sister tutor will have the lectures to correct, and there always may be backward pupils who are too good to loose and who need extra coaching, she will keep the records of the pupils, later on the doctors' lectures will begin and this sister must attend them, not only for the purpose of coaching the pupils but also to see how far her own have been a fitting preparation for them.

I will not deal here with the curriculum but only refer to the fact of its entering into the division of labour.

There must be lectures on—

Elementary Anatomy and Physiology.
Hygiene.
Nursing with demonstration, including bandaging.
Cooking with demonstration.

Each sister should take a demonstration course, which is practical and much more easily grasped than a merely abstract demonstration of theory and involves less strain in teaching.

Let one take Anatomy, Physiology and Nursing. The other may take Hygiene and Sick Room Cookery. The teachers are not so likely to become stale if they can change over the work every few months. I have tried this plan in England and found it to work very well. The time table I have laid down is suitable for five days in the week, it is better to give very little fresh work on Saturday, the past should be reviewed and a test paper given to see how much of the teaching of the week has been assimilated. The pupils can practise bandaging and mend their clothes. An hour can be given up to informal talks with the pupils, and at this time instil the ethics of the profession, not too much in the form of a lecture but rather in such a way as to stimulate enquiries and discussion. Sunday, with the exception of the housework, should be a holiday.

I have suggested as a commencement eight or ten pupils, to be reduced later to six, as the home sister's work increases and she thus has less time to teach. But the size of the class must really be regulated by the amount of supervision that can be accorded to them in the hospital. It is useless to turn out numbers in the wards unless there is a sufficiently large staff of trained sisters to teach them, or if the number of pupils is out of proportion to the patients.