THE TRAINING OF NURSES.*

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THERE is something in the dry yet intoxicating atmosphere, both physical and mental, of the United States that stimulates the reforming spirit, which occupies itself not only with the States themselves but with other countries less favoured both in climate and social conditions. With the aid of the vast sums of money provided by the Rockefeller Trust, its directors are able not only to carry on investigations and crusades in the New World to an extent hitherto deemed impossible in the more lethargic Old World, but actually to extend their activities to all the quarters of the globe, in the hope of making the whole universe a place fit for Americans to live in and to be satisfied with. Hence the Rockefeller Foundation is familiar to the well-informed of all countries as a patron of research, an organizer of investigations and a munificent benefactor to those who may persuade the almoners of this great trust that their work is valuable.

For this reason any volume which appears before the world with the imprimatur of the Rockefeller Foundation is bound to be read and received with serious attention and anxious consideration. The report under review, dealing with a problem long familiar to the United States and England, and of pressing importance in other countries where the nursing of the sick is not yet highly organized, should be and will be read by everyone, in every country, who is interested in the development and progress of the profession of nursing.

But a word of warning must be uttered lest the recommendations of the Rockefeller Committee be taken as applicable to every hospital in every country, however primitive. The old parable as to the putting of new wine into old bottles is still apt, and there is a very great danger that the new wine of the Rockefeller Foundation may burst the bottles in many a country of Eastern or even Western Europe, if poured in too rapidly. With this warning let us review the main conclusions arrived at by the Committee.

Preliminary Education.

The Committee think it should be laid down as a general principle that every training school should require that all applicants for admission should have taken a full high school course of training; and it distresses them to note that there has been a striking decrease between 1911 and 1918 in the number of training schools in the United States requiring the full high school course before entrance. The percentage fell from 40·6 in 1911 to 28·1 in 1918.

* *Nursing and Nursing Education in the United States.* Report of the Committee for the Study of Nursing Education. 1923. New York. The Macmillan Company.

It may be said at once that even in England it is impracticable to *require* a full high school course from every applicant. To do so would merely result in an insufficient supply of nurses. As nursing service in hospitals in England is still voluntary, one must take the best applicants one can get, and it is difficult to see how one is to obtain a higher standard of preliminary education except by the co-operation of high school head mistresses and by propaganda in schools in support of nursing as a profession. And head mistresses rightly say that it is difficult for them to help the hospitals to any appreciable extent as long as there is any considerable interval between the age for leaving school and the age for entering a hospital; for in this interval the girls pass out of the sphere of influence of the head mistress and take up some other occupation or profession.

HOSPITAL TRAINING.

The Committee is strongly opposed to the existing "apprenticeship" system of training nurses. It is stated that:

"Gradually it has become apparent that the old system is a slow and cumbrous method of education; that it often has not even the virtues of a true apprenticeship wherein pupils work directly under the eye of a master. For in the hospital ward the immediate superior of the new student is the head nurse, responsible for the management of the ward unit, large or small, according to circumstances. Her duties are principally executive; as a teacher she is rarely equipped. With the best teaching equipment, she must in any case, after satisfying the imperative claims of ward management, have but the scantiest margin of time or attention available for the students. Often, indeed, she is herself a student learning administration, the practical running of a ward with its countless details as to supplies, assignment of nurses, household management, etc."

The remedy suggested is that the hospitals to which training schools are attached should be staffed almost entirely by trained women and that the probationer nurses should enter the wards on much the same footing as medical students; to be taught, but not to do the work. And the trained nurses are to be relieved of most of their routine work by the introduction of a lower grade of nurse, or nursing worker, a child of Gibeon, who shall hew the wood and draw the water while the trained nurse does the really useful things.

The main objection of the Committee to the present system of nursing training is that it involves routine duties, and these are abhorrent to the Committee. They state:

"The probationers' time is as plainly misused as in excessive ward work when they spend weeks in making surgical dressings for the hospital which they could learn to make in a week, or waste months in the diet kitchen preparing salads for private patients, cooking in quantity for the wards, or cleaning vegetables. Such time is worse than wasted, for the unreasonableness and monotony of such assignments naturally tend to chill the beginner's enthusiasm and responsiveness to the first flush of interest in her new career."

One may say at once that cleaning vegetables and cooking for the wards is *not* done by the nurses in English hospitals, but by the kitchen or domestic staff, but there are many routine duties which must be carried out daily by

nurses both while in training and in private practice; and routine is not only a valuable factor in education, but a most valuable assistance to intellectual development. One must be always thinking. In this connexion it may be permissible to quote from Professor A. N. Whitehead, one of the most distinguished mathematicians and philosophers in England, who is shortly going to the University of Harvard as Professor of Philosophy:

"It is a profoundly erroneous truism, repeated by all copy books and by eminent people when they are making speeches, that we should cultivate the habit of thinking of what we are doing. The precise opposite is the case. Civilization advances by extending the number of important operations which we can perform without thinking of them. Operations of thought are like cavalry charges in a battle—they are strictly limited in number—they require fresh horses, and must only be made at decisive moments."

This is an admirable apology for routine as an educational factor. Operations and services performed day after day throughout a period of three years become bone of one's bone, automatic but thoroughly accurate, reliable and unforgettable. To keep nurses learning new things every day without considerable intervals of routine will lead either to superficiality or mental breakdown.

LENGTH OF CURRICULUM.

The curriculum is to be intensified and shortened by the reduction of the present three years to two. The Committee states:

"In our opinion the reduction of the present three-years' course is of the first importance both in order to aid in meeting the increased demands for nursing service of all kinds in all parts of the country, and to aid in recruiting students who may well hesitate to devote three years to a training to which they may be willing and able to give a shorter period of time. The three-years' course not only should be radically reduced by about one-fourth, but can, in our opinion, be so reduced to the advantage of training."

The curriculum suggested is given below:—

CURRICULUM.

Proposal for Preliminary Terms (15 *weeks*).

Subjects.	Total hours	Hours per Week Lecture	Laboratory
Chemistry	60	2	2
Anatomy and Physiology	90	2	4
Bacteriology	45	1	2
Elementary Nursing (including Bandaging and Hospital Housekeeping) *	90	2	4
Personal Hygiene	15	1	—
Dietetics and Cookery	60	2	2
Introduction to Social Aspects of Disease	15	1	—
Drugs and Solutions	15	—	1
	390	11	15

* In addition to instruction, in the preliminary term, additional hours in nursing procedures are planned for the summer term.

Proposal for Division of Services.

	Months
Medical, including Medical Wards, Communicable Diseases, Diet Kitchen *	6
Mental and Nervous	2
Surgical including: Surgical, Gynæcological and Orthopædic Wards, Operating Room or Accident Room *	6
Obstetrical	3
Pediatric *	2
Dispensary, including Medical Clinics, Surgical Clinics, Children's Clinics	3
Vacation	2
	24

Proposal for Theoretical Instruction.

	Hours
Nursing in Medical Diseases	45
Elementary Pathology	15
Materia Medica	30
Diet in Disease	15
Massage	15
Nursing in Surgical Diseases, including Gynæcology, Operating Room Technique, Orthopædic Nursing	45
Nursing in Special Diseases, Eye, Ear, Nose, Throat and Skin	15
Obstetrical Nursing	30
Nursing in Diseases of Infants and Children	30
Nursing in Communicable Diseases including Venereal, Tuberculosis	45
Nursing in Mental and Nervous Diseases	45
Applied Medicine and Public Health	30
Elementary Psychology	30
Social Aspects of Disease (supplementing preliminary course)	15
History of Nursing, including Ethics, Professional Problems	45
Total: 2 years, 15 weeks.	450

On reading this through I feel like the Harvard student, who, after one of his courses of intensive study, was asked what he thought about it: "Well, Doc!" he said, "I feel just numb."

As a curriculum for a woman doctor it is inadequate; for a nurse it is excessive and superfluous. The Committee appears to look upon a nurse as a person to be trained to become a sort of doctor's assistant. This is not her function. Her duty is to carry out accurately the instructions of the doctor as to the nursing of the patient; it is not her duty to assist in treating the patient. The argument that she should be in a position to understand all that the doctor is doing and ordering is fallacious. To do so she would have to have a full medical education, and become a doctor herself.

* In addition see under Dispensary.

A curriculum such as that outlined, though it looks well on paper, will fail in practice. What the nurse will be taught will be beyond her powers to absorb in the time allotted, and she will only get a dangerous smattering of many subjects which she cannot thoroughly grasp. It is far better that she should accept a more modest programme and learn it thoroughly.

I have read this important volume carefully through from cover to cover; but I must say that I am not as yet converted to the view that the apprenticeship system of training nurses is a failure. I have often taken American visitors over my hospital and answered their enquiries. I am always amazed at the apparent hopelessness of our methods as seen by their eyes, and at their espairing admission that after all we turn out in England a nurse who is second to none. As one responsible to some extent for the training of nurses in my own hospital I feel rather like the artist in Don Quixote who, being asked what he was painting, answered modestly: "That is as it may turn out." We do our best according to our lights, and must be judged by the result. And I do not think that everything lies in intensive courses and "quizz" classes.

I feel that in our hospitals we may to some extent resemble Oxford, as viewed by Professor Stephen Leacock.

"Oxford is a noble University. It has a great past. It is at present the greatest university in the world; and it is quite possible that it has a great future. Oxford trains scholars of the real type better than any other place in the world. Its methods are antiquated. It despises science. Its lectures are rotten. It has professors who never teach and students who never learn. It has no order, no arrangement, no system. Its curriculum is unintelligible. It has no president. It has no state legislature to tell it how to teach, and yet—it gets there. Whether we like it or not, Oxford gives something to its students, a life and mode of thought which in America as yet we can emulate but not equal."

We in England are conservative, bound to some extent by tradition, influenced by atmosphere and antiquity, self-depreciatory and yet hard to move.

Are we right or are we wrong in our methods? I feel that the result, and not the theoretical curriculum, is the criterion by which we should be judged.

Probationers' Accommodation and Social Life.

There is no space in this short review to dilate upon the report of the Rockefeller Committee on this aspect of a nurse's training. One statement impressed me very much: "No Training School of the group studied has as yet provided single rooms for all its students." Privacy for a probationer is quite as desirable as 45 hours' instructions in bacteriology.

It appears very doubtful if the recommendations of the Committee either as regards the shortening and intensifying of the curriculum or the provision of a lower grade of nurse will meet with the approval of the Medical and Nursing Profession in the United States. It is almost certain that they will not be approved in England. Nevertheless the report of the Rockefeller Committee is such an important piece of investigation and such a stimulating document that, as has been said above, it should be read by everyone who is interested in the training of nurses in any country.