

THE SOCIAL VALUE OF NURSE TRAINING.

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IN the rearrangement of social forces that is taking place to-day, every phase of social life is being scrutinized and revalued. "We live," says Walter Lippman in his *Preface to Politics*, "in a revolutionary period and nothing is so important as to be aware of it." The measure of our self-consciousness will more or less determine whether we are to be the victims or masters of change. Nowadays, life has very complicated interests, and seeing, reading, listening, thinking, means largely the study of public problems, pressing for attention. The issues are so many, and the unrest is so great—labor, capital, the immigrant, child labor, commercialized vice—the public problem is to construct order out of this chaos of restless forces. Social leaders are trying to teach that human life and happiness are paramount. Political leaders are being forced to see that laws and conventions are valuable only as they are contrivances to further social progress. The keynote to the age that is coming is the study of man's possibilities and the subordination of all other interests to the end of developing the best in his nature.

To-day, any one entering a vocation which demands long preliminary training, must ask himself about the possible growth of that profession. What is to be, in the future, the social value of his work, and how is the necessary training to fit him as an individual to play his part in civic life? Every alert and thoughtful young man or woman, either consciously or unconsciously, faces these questions. Very often the choice of a life work is dictated by a special talent, but more often than formerly, and more often than we realize, the social importance of the work is the determining factor. In the case of physicians the social aspect of their work is frequently its greatest attraction. In the case of nurses this fact is more often true because the intellectual and technical appeal is so much less. A nurse in training, or a girl about to enter a hospital, may stop to ask herself what part she is to play in this day of awakening, and what is the social value of her instrument, the training she is receiving. The constantly improving educational and technical equipment of nurses, the power of numbers, of constantly increasing numbers, destines them to take part in social changes.

A glance at the prospectus of a training school catalogue, gives a clear idea of the technical equipment of a nurse. At graduation she is

supposed to know with definiteness, and to be able to apply the important general facts and their consequents concerning anatomy, physiology, bacteriology, medical and surgical diseases, obstetrics, the care of infants and children, dietetics and practical cooking, and the ethics of the profession. Public health is the most vital problem of the day, and is so much a matter of housekeeping, individual and municipal, that a nurse's training gives her a leverage upon it that no other social worker has. She is better trained in the knowledge of real, versus apparent, cleanliness, of personal hygiene, and the significance of slight deviations from the normal. In visiting nursing, the nurse tries to correct the mistakes in living which have led to illness in the house. She teaches the screening of windows, the feeding of the baby on fresh and not condensed milk, protection of food, etc. There are plenty of simple things to teach, and often what, "the nurse says," carries more weight than other advice. In schools she often prevents contagion by recognition of early symptoms, and does much practical work along the lines of preventive medicine. She often saves a child to good citizenship by seeing a curable physical condition as the basis of apparently hopeless mental defects. In factories and hospitals, she tries to secure healthful working conditions for employees, cares for those injured while at work, follows up cases of illness, and is general friend and consultant about health problems. In tuberculosis nursing, milk or baby hygiene work, board of health nursing, she does a definite and valuable work. She fits into a place which no one else can fill, a social worker without hospital experience and training could not do it, and the doing of it by doctors is unnecessary and expensive. All these points in the valuation of a nursing education are very obvious and are much emphasized at present. A training school prospectus and a Journal of Nursing furnish one with links at both ends of the chain. Lying between them are the years of training the social value of which is not so much considered, and which, after all, are the important and determining years.

To me, the most real social value of a nurse's training is the insight into general human experience that the training gives. Many girls entering hospitals are already enriched by knowledge derived from previous social work, most often teaching of some kind, but frequently from business careers. By far the greater number are fresh from home or school, quite without any practical or even theoretical knowledge of certain phases of the social life of our times. Most girls come with two purposes; primarily to learn a profession and secondarily to respond to a definitely felt but vaguely-formed desire to be of social use. The amount of insight given to such a girl, even by ordinary routine hospital experience, is very large. If broadened by special work in the out-patient department, on the district, or in some branch having to do with social service, direct instruction,

gives point and force to the observations already made. Beside the insight into individual characters, both lovely and unlovely, gained from attendance upon patients, their physical condition and the cause of it, gives insight into varied phases of social conditions. The traumatic cases, seen in the male surgical wards, the crushed, maimed or septic arms and hands, the countless fractures and amputations, all show how improperly protected from industrial accidents the worker is. The occupational diseases, such as some forms of tuberculosis, or lead poisoning, or the diseases due to crowded living, like typhoid and contagious diseases, all have their significance to the nurse. So many of the gynecological cases, so many of the cardiac cases, or the nerve cases, impress the fact that ignorance is the cause of much disease.

The value of a nurse's training does not consist merely in the fact that such cases come to her attention. The mass effect that she gets and the forcibleness with which that effect is driven home, are the things that count. People in private life know of individual cases and social workers see that unjust and uncivilized living conditions produce diseases and vice, which both unite to produce more abject poverty. The nurse, however, learns the story the other way about. She does not hear that James Blank was injured in a wreck and dies in a certain hospital, but the bruised body is brought into the accident room to die on the table under her own eyes. Seeing a weak and feverish patient gradually lose his strength through long nights of painful coughing, cannot fail to make her appreciate the importance of fresh and dust-free air in home and work-shop. What nurse who has the responsibility of watching for the critical emergencies of typhoid, or of giving six sponge and three slush baths in a single night or whose hands are sore from wearing rubber gloves soaked in corrosive, does not meditate concerning flies, plumbing, and crowded tenement houses? Caring for a series of syphilitic-aortitis cases, or gynecological cases in which the infection was undoubtedly innocently acquired, makes a nurse realize how closely allied are ignorance and disease. Very often she must wonder if she is not standing on the stormiest shore of the sea of life, with never-ending floods of wreckage pouring in.

Any nurse in training will admit that her insight into social conditions is dependent on episodes, and is therefore too fragmentary to be of much practical value. It is a true and a just criticism that most training schools make little attempt to bring to a focus the social knowledge that the nurses gain, or to crystallize the spirit of social service that is awakened in them during their training. Nurses feel this lack, and the hospital also feels it, because an added inspiration to good work is lost. If superintendents of nurses, or outsiders doing welfare work, were to speak on social subjects from time to time, the students might have an opportunity to unify their scattered impressions. At least,

glimpses beyond the hospital horizon would serve to keep their enthusiasm alive.

A nurse who is fortunate enough to receive, while still in training, a course in social service or public health nursing, has an opportunity to get a background for her hospital impressions. In talking with patients, in home visits, the nurse comes to know the ordinary living conditions of her hospital patients. She knows the kind of home from which many of them come and to which they return after their hospital treatment. It is worth much to have visited in tenement homes, from the worse to the better types, and to see what care and intelligence can do under difficult conditions. To see the almost incredible conditions brought about by ignorance and carelessness is a painful but valuable experience. Many social service problems are chiefly concerned with family finances. The family history shows the connection between low wages, poor housing, poor food, lower earning capacity, poorer living conditions, and resulting chronic illness and dependency. She sees many homes in which conditions need not be as bad as they are. Fresh air, soap and water, regularity as to food and sleep may be had. So many mothers know next to nothing about proper food for children. They honestly wonder why a child, living chiefly on baker's rolls, jam and tea, should be pale, sick and fail to grow. Often there is not much money to be spent, and what there is, is sadly misspent.

In addition, social service opens an entirely new field of interest to the nurse. To have made the required investigations of home and finances in cases of phthisis, debility, mental defectiveness, and other forms of illness, gives one a hint as to the complexity of the causes underlying ill-health and dependency. Seeking relief for such persons also gives a hint as to the number of organizations which are struggling with various phases of social problems. Such an experience creates an interest in public effort which is usually lacking unless awakened by some such line of work. The insight into the size of the public health problem, into its origin, into organized investigation, co-operation and relief, cannot be obtained from the hospital course. It is a valuable reinforcement of the sympathy and interest aroused by a hospital training.

However, such a statement of the limitations of a hospital course ought not to cause anyone to under estimate its value. Nurses do not have the same semi-scientific knowledge of social conditions that the social worker has but they do have an insight that only sympathy and personal care of the suffering can give. It is not personal ambition, or love of its technique that holds a nurse to her work but rather love of service to those who need it. Patience with seemingly fancied wants, neurasthenic complaints, and unreasonable desires, is no less a tribute to the value of a nurse's training. Any nurse who comes to know some

of the brave and wonderful women who pass through the wards, must feel for them the deepest respect and reverence. Or what nurse who realizes that the greater part of civilization is chiefly men's work, work in which they have spent themselves, can fail to feel that she is part beneficiary of their contribution ?

I saw him pouring molten brass into the mold for the engineer's brake valve,
 In the superheated air of the foundry. I saw the flakes of poison floating.
 Upon his white face I saw written grim, waiting death.
 The things which he thought were far distant ; he saw not the grim, waiting death.
 Nameless and alien, he obeyed all day long without understanding.
 Faithfully, without philosophy, he poured the molten brass.
 The train, jolting, stopped, obeying the hand of the engineer.
 Under the car, I heard the air-brakes hissing.
 I walked to the great chasm at the end of the track.
 I was glad I was saved with the rest.
 Then I remembered him with the grim, waiting death on his face,
 For me, pouring brass in the poisoned air of the foundry.

John Palmer Garit.

Does not such a realization rouse one to do her part in compensation ? If any one can have, a nurse should have, social sympathy and idealism : sympathy, because she is given to see most clearly the price that is paid ; idealism, because she cannot fail to see how preventable much of the sickness of the present time really is. Looked at from the point of view of present conditions, hospitals are an inestimable blessing, but viewed ideally, they are just as truly monuments to social mismanagement. Sympathy and idealism give the nurse two leverages upon her work. Whether she goes into public welfare work or stays in institutional work for the purpose of directing the streams of influence, or later in private life becomes a centre of inspiration, is a matter of choice. She has a most important part to play in the molding of public opinion on all questions pertaining to social welfare. The greatness of the present opportunity should stimulate her to join the forces of her profession, that the great army of nurses may not be far from the front in the long march to a real, humane civilization.