

CORRESPONDENCE.

To The Editor of the

POST-GRADUATE MEDICAL JOURNAL.

DEAR SIR,

THE NURSING PROFESSION.

The long criticism of my recent pamphlet on nursing education, which you published as an editorial to the last issue of the Journal, contains so many inaccuracies and gives such a misleading view of the suggestions which I have put forward that I would beg the courtesy of your columns to offer some reply. I am quite prepared to believe that the reforms which I have suggested may be unacceptable to many members of both medical and nursing professions; but I do not want to be credited with ideas which I do not hold and which I should not think of propagating.

1. The "hospital matron of considerable experience," who writes the review, suggests that I am trying to turn out nurses "similar to medical students," whereas, she adds, the nurse "does not wish to be a medical student." I absolutely agree with her, and nowhere in my book have I suggested that she should be trained to be a medical student, or go through any such detailed curriculum as that required of the potential doctor. What I plead for is a different basis of *nursing* (not medical) education, based upon intelligent clinical instruction, so that the nurse may learn not merely *how* to do things, or how quickly they can be performed, but *why* they are done, and what purpose each particular form of nursing practice serves in relation to the very patients she is attending at the time. I do not want to see nurses turned out as theoretical laboratory workers, or "half-baked doctors." But I plead for systematic bedside instruction throughout the whole of the nurse's course, instead of the divorce between lectures and practical ward duties which now exists, and which the writer of the review would see made absolute throughout the whole first year of a probationer's training.

2. The matron suggests that there is a "lack of consideration" in my book for the "care of the patient." I think anyone who carefully reads my chapters on "The System of Training" and "The Misuse of Authority" will not fail to notice that one of my chief reasons for attacking the present system rests on the fact that it tends to dry up sympathy between nurse and patient, and that the patient suffers. It is the present method of training, with its constant sense of rush and its regimental system of discipline, which only too often lacks consideration for the patient, and which I would like to see altered.

3. The matron suggests that I want to do away with such duties as "bed-making, washing of patients, attention to sanitary requirements, etc." in a nurse's training. I have never made any such proposition. What I have protested against is the altogether disproportionate amount of time given to the repetition of such duties, after they have lost educational value, during a period of training when time is so precious and there is so much else to be learned and understood and practised.

4. The matron states that "the suggestion that probationer nurses should be tempted by a much higher wage is to be deprecated." So far from ever making any such suggestion, I have deliberately advocated the abolition of all so-called "wages" to nurses undergoing training, and the substitution for them of better educational and social inducements, in the shape of a more up-to-date and attractive system of instruction and the improvement of all the amenities of the probationer's life.

5. Finally, the matron states that "not a few of the reforms suggested have been in force for some time in many hospitals." One may be permitted to ask where any of the nine suggested reforms, summarised at the end of my book, are yet in force. One of them—a maximum 48-hour week for all nurses during training—is being tried out in a very few hospitals, mainly those connected with Middlesex County Council. But what of the other eight reform projects? At least half of them have not yet been attempted in a single hospital, and the other half, only in a very small percentage of the whole.

In conclusion, may I suggest that the nursing problem, as it affects members of our profession, really needs to be divided into two quite separate questions. There is, on the one hand, the serious qualitative problem ahead—how to attract the better educated type of girl, who to a less and less extent is at present entering our nursing schools, to take up nursing as a profession, and thus fit herself for one of the many posts in which high intelligence and a scientific nursing training are essential. There is on the other hand the great quantitative problem—how to make up the existing shortage, and provide sufficient workers for the ordinary nursing services required throughout the country. I believe that it will ultimately be found that those two problems require entirely separate study, and quite distinct lines of treatment.

I am,

Yours, etc.

HAROLD BALME.

9th November, 1937.

11, Wimpole Street, W.1.

We have submitted the above letter to our reviewer and have obtained the following reply.

SIR,

In the review of Dr. Balme's pamphlet on Nursing Education it was far from my wish to be either inaccurate or misleading. The impression which I obtained from its perusal was that the education of the nurse as a student was felt to be of more importance than that of training her as a practical nurse, and hence my use of the phrase "turning her into a student similar to a medical student," which is hardly as Dr. Balme quotes it in his letter. Many people agree at the moment that there is a grave danger of the loss of the good practical nurse and that the theory of nursing is being pushed to the detriment of practical training. In any well equipped hospital ample instruction of the probationers is available. Not only is the ward sister constantly instructing her juniors in the why and the wherefor of such and such a method of treatment, but there is in addition the sister tutor whose whole time is devoted to instruction of this nature in small classes.

I'm afraid that Dr. Balme and I must agree to differ regarding any supposed effect of "The System of Training" and "The Misuse of Authority" in drying up "sympathy between nurse and patient," and I can only refer him to the interest of patient in nurse and of nurse in patient which persists long after the conclusion of the illness and is one of the most human touches in the whole hospital system.

But I cannot agree with him that bed-making, washing of patients and attention to sanitary requirements can be entrusted to any other individual than the nurse, for the important reasons which I detailed in my review. I might ask whom Dr. Balme suggests should perform these duties when "they have lost educational value" but still remaining of the greatest therapeutic value to the patient.

I admit that Dr. Balme did not specifically mention among his "nine articles of reform" increase of so-called wages, but that he would entice recruits by increase in kind, by better educational and social inducements and improvements in the amenities of life. However, even such inducements are not new for scholarships are awarded to trained nurses wishing to specialize in any branch of nursing when extra qualifications or training are required, and both the Universities of London and of Leeds now grant Diplomas in nursing.

And finally, surely Dr. Balme himself supplies corroboration of my statement that "not a few of the reforms suggested have been in force for some time in many hospitals," when he can only reply that "at least half of them have not been tried in a single hospital." As a matter of fact at least 7, and of the 9 recommendations the only ones that are of real importance, are undoubtedly being developed in most advanced hospitals, so that strictly speaking they cannot come under the heading of reforms.

I am,

Yours, etc.

THE REVIEWER.

20th November, 1937.