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Editorial.

The Swing of the Pendulum

HISTORY HAS A TIREsome KNACK of repeating itself. Many events—like infectious diseases—occur in cycles and many thinking people are of the opinion that the affairs of the Nursing Profession have almost completed their first full cycle.

When our illustrious Florence Nightingale was an ardent girl, dreaming of making the world a better place for suffering humanity, nursing was at its lowest ebb. Only the illiterate, the poor and the outcast could be bribed into nursing the destitute sick, for nursing was considered to be beneath the notice of gentle ladies and educated persons. Florence Nightingale altered all that, so that before the close of the nineteenth century, ladies of breeding were entering the hospitals, strengthened by a vocational urge and a grand example.

The first twenty years of this present century saw the profession steadily increasing in importance, power and education, and in the quality of its members. Well educated girls were eager to take their training and they submitted themselves to a strict discipline; a straitened finance and long hours of work in order to attain their ambition. At that time—it must be said in fairness, that there were not many alternative careers to induce young women to look elsewhere.

Because of this the training of Nurses was selective and searching, thus only the best were eventually successful. Many of these pioneers went to the four corners of the earth and founded Nurses training schools after the British pattern, which exist and flourish to this day.

During the 1930s and 1940s came a sharp decline in the numbers of young people offering themselves for training. The reasons were manifold, some of which were more rewarding careers elsewhere; objections to a conventual type of discipline; dislike of domestic and practical work; dissatisfaction with salaries and emoluments and a desire for shorter hours of work on the wards, and more classroom teaching.

Similar signs of unrest and general dissatisfaction with prevailing conditions were noticeable in the country generally. Discipline—even self-discipline—became a burden not to be tolerated. There were general demands for more pay for less work and more time in which to become utterly bored and unemployed. Young Nurses looking for trouble found many willing and anxious to find it for them, and thus radical changes—not all necessarily for the better, slowly infiltrated the hospitals. Some of the changes were quite obviously long overdue. For example, older Nurses worked far too long hours for a mere pittance. The discipline was often humili-

ating to endure and the enslavement of Nurses to the Medical Profession was simply servile! Yet in many ways their training was far superior to that of the present time. It produced first class, reliable and self-reliant trained Nurses, who were the envy of the Nursing professions of other countries. Their quality and self-discipline was obvious to all and they made British Nurses famous and desirable.

With the passing of so many solid virtues from our training schools, what do we find in their places today? Quite frankly—nothing very much, and there lies the source of our troubles. We have an entirely different type of candidate presenting herself for training, meeting quite different conditions and standards of living. Many young people come into hospitals today to get service, not to give it and this is not entirely their own fault. They are given everything on a silver salver and they are waited on hand and foot. Their training is chiefly measured by hours in the classroom, rather than by practical observations and service at the bedside of the patients.

The spotlight has been switched from patients to Nurses, and the care of the health of the latter now takes precedence over that of the former. Our Nurses have become sickness-conscious and more concerned about themselves to a degree unknown ten years ago. The patients care and cure takes a very secondary place, which is very sad to relate.

Sometime—the sooner the better—the patient's need must take priority, and Nurses must be encouraged to be more sensible about their own minor ailments and discomforts.

Quite obviously we do not—and may never again in our time, get the girls with first class brains to take up nursing. This being the case we must adjust our training syllabus to suit the average type of intelligence now at our disposal. We must cut out from it the fancy subjects and introduce a better method of bedside teaching, and give more practical instruction. We must train Nurses to be adept at making their patients clean and comfortable in well-made and warmed beds. Is it not more sensible for Nurses to know how to make their patients relaxed and comfortable, rather than to teach them about their patients inhibitions and egos? We must try to bring Nursing out of its woolly and vague clouds and firmly set its feet on solid earth again, and get back quickly to good bedside nursing. This may mean allowing the pendulum to swing back a little, in order that we may have second thoughts along more common-sense grounds, before we set off again in our endeavours to take Nursing to the heights.

Also—it would be wonderful if we could teach our youngsters—by precept and example, the greatness and majesty of self-discipline; the sweetness of generosity

[previous page](#)

[next page](#)