

## Comparative Value of Theory and Practice in Training Nurses.\*

BY MISS BRENNAN.

TWENTY-THREE years ago, it was said "that no refined, educated woman in this country could go through the severe practical training required to fit her to enter the profession of a Trained Nurse," whereas to-day in some of our schools a faint echo of the cry for higher education of women is heard. We take it as sign of the times, but hope when taking up the higher, the *lower* education of women may not be neglected. The young woman who enters a training school—mark! it is not a school for Nurses, but a *training* school for Nurses—is supposed to do so for the purpose of becoming, at the end of two or three years' training, a thoroughly efficient Nurse, and an intelligent assistant to the attending physician or surgeon; and the aim of all good schools is, in every way, to help, assist, and train the pupils to become such.

Now, no woman of education and refinement would spend two years in a large city hospital (and only those who have done so can understand what that means), unless she had some compensation in the form of theoretical teaching and study.

An uneducated woman may become a good Nurse, but never an intelligent one; she can obey orders conscientiously, and understand thoroughly a sick person's needs, but should an emergency arise, where is she? She works through her feelings, and therefore lacks judgment.

In this progressive age, training schools cannot afford to stand still any more than other schools and colleges, and each year the graduates should be more skilled, more cultured, and, for this reason, more practical.

A Nurse can always take better care of a patient if she understands the pathology of the disease her patient is suffering from; when typhoid, under no consideration will she allow him to help himself, neither would she, in pneumonia, turn him on his well side, &c., and I hold that all persons in charge of pupil Nurses should strive to give a reason for, and explain why, this is done or that is not done in each individual case.

The usual length of training is two years, and in that time how much has to be learned both practically and theoretically, but we must discriminate, and not sacrifice one for the other.

I have heard the study of the microscope advocated as necessary for the thorough education of the pupil Nurse: I acknowledge it to be a most interesting and

instructive one, but it requires a great deal of time and much patience. So, unless the Hospital be a small one, and the patients few, the pupil Nurse will not have the necessary time to devote to it, and would gain much more useful experience if she spent the half-hour she had to spare in studying the character of the pulse in the different patients in the ward, or finding out just why some Nurses can always see at a glance that this patient requires her pillow turned, or the next one her position changed.

These are all simple things, necessary to the comfort and well-being of the patient, wherein the microscope cannot help, no matter how proficient the Nurse may be in its use. And should the pupil practise her profession after graduating, she will find that even at a private case she has no time to use it, neither would the attending physician expect her to, any more than he would to diagnose the case or write prescriptions.

In the universities and colleges of the world the intention now is to make the teaching far more practical than heretofore; this is particularly so in medical colleges. We all know that the young physician (who most likely has stood first and taken all the honours of his class), when he enters the Hospital as interne, is utterly unfitted, in spite of his splendid theoretical knowledge, to put into practice what he can so fluently discuss.

Now, with the Nurse it is different, and just here the point *trained* comes in (I take it for granted that all training schools have the same fundamental principles); from the very first day she enters the school she begins with the practical, and takes up the theoretical to enable her to give intelligent care to her patients, and to expand her mind by contact with greater minds, in lectures and books, &c., not in any way to make her pedantic or superficial, but to fit her for immediate usefulness when she is graduated.

Theory in conjunction with practice is what we want, and although it is undeniable that theory has done more to elevate Nursing than any amount of clinical practice *alone* could have done, still we must remember that "too much reading tends to mental confusion."

Practice helps to impress and retain in the memory the knowledge obtained by theory, otherwise forgotten without the practical application.

Any one who has been ill knows that the height of good Nursing consists principally in what is done for the patient's comfort, outside of the regular orders. A theoretical Nurse performs her duty in a perfunctory manner and may carry out the doctor's orders to the letter, but the patient recognises there is something lacking, and *we* know that the skilled touch, the deft handling, the keenness to detect changes and symptoms, the ready tact, the patience, unselfishness, self-reliance and good judgment can be acquired only by much practice, and a Nurse without these attributes, despite her wide theoretic knowledge, will never be a successful one.

Now with our superior intelligence and advantages we must not ignore the necessity of possessing a large amount of *good plain common sense* to form a basis for the education of our Nurses, which will hold the theoretical and practical training in a state of equilibrium. Theory fortifies the practical, practice strengthens and retains the theoretical.

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