

The Education and Training of Nurse-Assistants.

The Committee appointed by the American Hospital Association to investigate the nursing of people of limited means in their homes, and the education and training of nurses for this work, presented the following report at the twelfth annual meeting of the Association, and we quote it from the *International Hospital Record*.

REPORT OF THE COMMITTEE.

The Committee discussed the problem by considering the following ways in which patients of moderate means are being at present cared for in various places:—

1. Trained attendants.
2. Individual hourly nursing.
3. Individual experienced nursing.
4. Insurance.
5. Under graduate nursing.
6. Graduate nurses under endowment.

1.—**TRAINED ATTENDANT.** The attendant performs an excellent service for the community so long as she does only the work for which she is trained. The difficulty appears to be, according to the evidence of her teachers and the registries under whose supervision she works, that she is likely to overstep the boundary of her legitimate field and encroach upon the work of the graduate nurse. As she gains the confidence of the community and the doctor, her charges and her self-confidence gradually increase, and she is caring for acute cases and others for which she has not received the proper training.

There seems to be a use for these attendants. One practical way of managing them is to have them work under the supervision of graduate nurses. Where a state has a proper registration law, and a suitable directory where both nurses and attendants may register, it is feasible for the person in charge to carefully explain the difference between nurses and attendants to people applying for nurses, and be sure that the physicians understand which they are getting. In this way the responsibility is placed upon the physician and family of the patient. A method by which the services of attendants may be utilised under supervision will be discussed later.

2.—**HOURLY NURSING BY INDIVIDUALS.**—This seems to be impractical for the individual nurse owing to the expense involved in its business management. The hourly nurse needs to have a capable person always on hand to answer calls, arrange conflicting dates, and exert a personal influence in the general arrangement of the work. The only case we have found of

successful individual hourly nursing is where the nurse is working among wealthy patients, with her home conditions favourable to a reduced expense account.

3.—**INDIVIDUAL EXPERIENCED NURSING.**—By the term "experienced nurse," we mean one who has had no hospital training, but who has acquired some experience through caring for sickness in her own or in other households under the doctor's direction. She will be considered later with the trained attendant, under the supervision of the graduate nurse.

4.—**INSURANCE.**—A form of insurance which would mean the payment by an insurance company of the wages of a graduate nurse during the illness of the policy-holder or his family.

From the evidence we have obtained from people of authority in large insurance companies, we do not believe that responsible insurance companies would interest themselves in this, owing to the lack of morbidity statistics, the possibilities of malingering, the lack of knowledge of the individual, and the general difficulties of its business management. Possibly local or fraternal organisations could make a success of it because of their intimate knowledge of their members.

5.—**UNDERGRADUATE NURSES.**—Undergraduate nurses, under the supervision of their training schools, are being used in small cities where the families to which they are sent are known, or information about them is easily obtainable. It does not seem a practical plan for the large city or manufacturing community, where the possibilities of abuse are difficult to overcome, and the routine work of the training school in its relation to the hospital more exacting. It can never be wholly satisfactory, neither can it become a general custom because of its ill effects upon the training of the nurse due to the lack of supervision of her work. This practice may be used to increase the earning capacity of the hospital and the necessity for increased earnings prohibits proper supervision. Consequently, the plan can never be a favourite with those who believe in thorough training for nurses.

6.—**NURSING BY ENDOWMENT.**—This plan, we believe, offers the best solution of the problem. The question is not wholly one of nursing practice. In many families in moderate circumstances, sickness involves domestic problems, the daily housework, and the care of children.

With a central organisation, under practical business management, it should be possible to use to advantage the graduate nurse, the trained attendant, the experienced nurse, and the necessary domestics.

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