

### Affiliation and Reciprocity.

By MISS NANCY E. CADMUS, R.N.  
*Superintendent, Manhattan Maternity and Dispensary, New York City.*

One of the most important points in the organisation of trained nursing through State Registration is undoubtedly that of affiliation of hospitals and reciprocity of training, and the following article from the *American Journal of Nursing* should be carefully studied:—

In the development of nurse-training schools, like all schemes involving much of vital human interests, when a need becomes pressing, channels have been opened through which a provision for supplying the demand could be made. Thus, as broader and more varied requirements arose many schools found their scope of work entirely too limited to secure to the nurses a comprehensive training, and they cast about them for ways and means whereby such difficulties might be overcome, with the result that to-day the advantages secured through affiliations are recognised by all. But a certain reluctance to avail themselves of affiliation is shown by many schools, not because of a lack of appreciation of the value of extended training, but because of the great difficulties which beset such efforts. The most serious of these difficulties is the lack of uniformity in nurse-training-school methods.

Hospitals usually are called into existence because of a local demand, a training school for nurses being the natural adjunct. Unlike other educational bodies, we have no tried-out, well-defined, centuries-old methods of operation, therefore we are, in a sense, still in the formative stage, and it belongs to us to do our part toward securing conditions where nurse training will rank as one of the educational forces of our country.

In many respects the principal of nurses in a small hospital meets problems unheard of in larger ones. First, it is much easier for large schools to secure greater numbers of desirable young women; second, the personal equation (particularly medically) usually figures much more prominently in the smaller schools, thus making the difficulty of sending out nurses to special schools far greater in the very ones that most need this further training; and third, it is not always easy to secure desirable affiliations. But, in this, as in all progressive work, unnecessary timidity is experienced in some instances. For example, to explain why unnecessary, let a school which has never given its pupils special training in obstetrics decide to do so, and in less than one year its medical men will demand these especially trained nurses in preference to the former graduates.

Another obstacle lies in the nurses themselves. For some unexplained reason pupil nurses oftentimes evince an antipathy toward the special schools that is very puzzling. Would it not be well if we could hear, through the *Journal*, some utterances upon this phase of the question? As the writer sees it, it is an exhibition of great shortsightedness on the part of the nurses; but there must be some cause for this. An argument used against being sent to secure special obstetrical training often is that the nurse will never practise obstetrics. Even so, a training is not complete without a good knowledge of obstetrical nursing, and the same might be said, in perhaps a lesser measure, of other specialties.

Affiliation has come to stay—now the question is, what are we going to do with it? That is, how are we going to handle affiliations between schools so as to secure the greatest good to the greatest number, and not cause the seeking of affiliation to be a burden upon schools limited in their scope? By *schools*, the comprehensive idea is desired, for, as in the hospital, the patients must be regarded as a central factor, so in the nurse-training school the nurse must be considered as an integral part in the making of conditions. If schools that already have none too many nurses are obliged to lose the services of one, two, or even three, the natural result is more work for those who remain. Again, to go back to the former statement regarding the lack of uniformity, the arrangement for instruction is so much subjected to the immediate environment, and local conditions have so large a controlling power that the question of passing such nurse over her entire home curriculum and still affording her special training is indeed a vexatious one.

What is being done, and what should be done, to bring about acceptable and progressive methods? It would be interesting to know the percentage of training schools employing affiliation. This being hardly possible, one fears little dispute when she states that it is a large one, and that State Registration has given the impetus which has brought about pronounced results within the last few years.

First let us consider the affiliating school. Granting that it is a foregone conclusion that a training school for nurses is under a moral obligation to give all the instruction its published curriculum calls for, it follows that such instruction should be supplemented by affiliation, when the home school cannot furnish it according to the laws such school is working under. If these laws are deficient, then it behoves the nurses of the given State to work to secure better. To attempt to remedy this

[previous page](#)

[next page](#)