

savor of compromise and are hedged about with precautions.

"As I have already said it disclaims an economic reason for the development of the sub-nurse. Upon a wage basis it admits no room for any material distinction between types of nursing service. Yet it proposes the institution of 'sub-nurses' with nine months' training and without high school education, of whom the public cannot expect a salary level much below that of the registered nurse, while the latter still carries a high school diploma and completes from three to five years of professional education, and would earn practically the same wage.

"It finds the sole argument for the institution of the 'sub-nurse' in the recognition of a distinctive service she may render, and at practically the same cost as the graduate nurse, in the care of mild and chronic illness or convalescence.

"One cannot help but ask wherein society is to be profited in receiving less valuable service at approximately the price of superior nursing. Apparently this will not lessen the burden of illness for those upon whom it falls most heavily.

"The distinction between the two types of illness to be served severally by the graduate nurse and the 'sub-nurse' is to be made, the Report suggests, by the physician; but how often is the physician not called in in 'mild cases'; how often does the mild case drift into the serious illness; how unexpectedly do serious and even fatal symptoms appear in convalescence; how difficult to handle, even for the most accomplished nurse, is the chronic patient!

"The Report surrounds the proposed institution of the 'sub-nurse' with difficult and involved safeguards and conditions. It recognises clearly that 'the dangers of a loosely defined and unregulated group of partially trained workers in the same field as a more highly educated type constitutes a real and serious complication.' It refers to graduates of short courses who 'after 48 hours' training have practised as graduate nurses, and received 5 dollars a day for their services! It says that the control of 'sub-nurses' after graduation 'is loose and unsatisfactory,' so the Report (in *Conclusion* 9) proposes legislation to regulate the education and the practice of the 'sub-nurse.'"

Dr. Beard points out that the Committee does not suggest how the expense of the course of eight or nine months' nursing education in small unaffiliated general hospitals is to be met, and that apparently it does not realise that the "sub-nurse" will not be able to return to the hospital the value of her education in nursing service—a value which the institution certainly receives in full during the three years of the training of the regular nurse.

"There yet remains the open question of the social demand for the 'sub-nurse.' There is room for doubt whether anyone wants nursing service of an inferior type. And there remains the larger doubt whether the young woman of good red blood and normal ambition is to be

found anywhere, in any material numbers, who wants to be a 'sub' of any kind. It has not yet been demonstrated that she does.

"With so clear an eye to the economies of the present nursing situation it is strange that the Committee has not realised the economic results of the invasion of the nursing field by a new and inferior type. As the figures of the Report show, the graduate nurse of to-day is unemployed, upon an average, one-fourth of her time. The estimate is further made that over one-fourth of her time is occupied with mild, convalescent, or chronic cases which are to be assigned, theoretically, to the "sub-nurse." This done, the graduate nurse would be left without employ for more than one-half of her time. The inevitable economic deduction follows that her present wage must be increased by one-third; or that, in the proportion of one-third of her group, she must go out of business. The inevitable end result is the reduction of the registration of student nurses in hospital services just when an increase is most needed, a reduction that would spell economic disaster to the hospitals—a deepening of the privation they have been suffering since the war. The economic shortsightedness of the proposition is astonishing.

"Hardly can we dismiss the revolutionary proposal of the 'sub-nurse,' not original, by the way, with the Committee, without reference to the Committee's own recognition that an inferior type of nurse has always been with us. If 150,000 practical nurses still remain in the United States why add to the mass of inferiority by the introduction of a new sort? It is one of the virtues of the practical nurse that she does not pretend to an education save in the school of experience and hard knocks; that she usually recognizes her limitations; that she seeks but a lesser wage. The 'sub-nurse' with her store of little knowledge will be dangerous simply because she does not know the end of her tether. No tag will efficiently label her. No law will keep her within safe bounds. No economy will be realised, as the Report admits, in her employ. The mere fact that a certain section of the medical profession wants, or think it wants, a less highly-trained nurse, is not enough."

Dr. Olding Beard has marshalled his arguments inexorably and convincingly. We do not think they can be gainsaid. We do not believe that the difficulty of attending chronic cases is to be met by creating an inferior type of nurse, but by the appropriate apportioning of cases. Anyone who has suffered from a chronic illness—for instance, rheumatoid arthritis—knows the comfort of being handled by an experienced nurse. We must remember that there are a large number of nurses who between 45 and 60 years of age are capable of doing good work, and have many years of experience behind them, who feel the strain of acute work, and are glad to take the milder and more chronic cases. Again, nurses who have had a long spell of acute work are quite glad, from time to time, to take a case which does not make so

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