

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

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No. 1,876.

NOVEMBER, 1924

Vol. LXXII.

EDITORIAL.

"WEEDS."

It is instructive to note how, in each country in which nurses are striving to obtain the establishment of an adequate uniform standard of nursing education, recognised by the State, their efforts are depreciated and ridiculed by certain members of the medical profession or of hospital boards. The latest instance of this is in Norway, where the nurses have a vigorous Association which has taken a very live interest in promoting State Registration of Nurses.

In the *World's Health* for October Dr. K. M. F. Sinding Larsen, Medical Superintendent of the University Clinic, Rikshospitalet, Kristiania, contributes an article on "The Training of Nurses," in which he arrogantly states his opinion and that of "most Norwegian doctors" with regard to this matter as it affects Norway. He writes:—

"A Committee of 15 was appointed in 1915 by the Norwegian Medical Association to formulate a scheme for the legal licensing of nurses. The majority (eight doctors, including myself, and five representatives of schools for nurses) proposed in 1918 the licensing of two classes, one with a training of three years, the other with a training of a year and a half. Nurses in this class who wanted, and were suited, for further training, should be able to extend it to the three years' course. The minority (two nurses representing the views of the Norwegian Nurses' League) voted for the licensing only of nurses with at least three years' training (all honour to them.—ED.), which should be valid only in hospitals with at least 100 beds. In other words, according to the minority report, all nursing in small hospitals and nursing homes should be done only by fully qualified, three-year trained nurses, whereas at all the larger hospitals with schools for nurses, a great share of the nursing (50 to 60 per cent.) should be done by probationers."

In the first place we unhesitatingly assert that a committee of fifteen persons, only two of whom are trained nurses, is not an adequate body to decide upon the length and quality of a nurse's training. The committee, which should have formulated the scheme above referred to, should have been appointed not by the Norwegian Medical Association, but by the Norwegian Nurses' League.

He complains that since the finding of the committee "the Norwegian Nurses' League has conducted an energetic and inconsiderate agitation for the licensing only of nurses with at least three years' training, and

has done all it could to prevent the enactment of a law allowing also for the licensing of nurses with a training of less than three years."

Again he writes: "Norway has already had for many years, and still has, in addition to fully trained, three-year nurses, others with shorter training (now up to two years), *i.e.*, nurses of the Red Cross, Sanitäts and Lutheran Foundations." (The depreciation of Nursing Standards by the Red Cross in every country but America and Denmark, where the organisation of the Nursing Divisions is in the hands of trained nurses is too well-known to require comment).

Dr. Sinding Larsen asserts that the work of these short-trained nurses "has been eminently satisfactory, not to the Norwegian Nurses' League, which calls them 'weeds,' but to the sick and doctors," and the Storting last year included them in the State Pension Scheme.

Dr. Larsen divides the life of nurses into "high life" and "low life." Of the duties of all nurses he places first that the nurse must be "obedient to the doctor," then that she must "nurse and help the sick of all kinds, and under every possible condition." "Nursing in large, modern, completely equipped hospitals with refined hygienic comfort, and luxuriously fitted nurses' homes," he characterises as the nurses' "high life." Nursing in the slums, in lonely inclement rural, mountain, and coast districts, where the nurse must share with the poor and Spartan inhabitants their hard life, or work in simply equipped hospitals and nursing homes, chiefly intended for patients with chronic internal diseases, under the direct supervision of a doctor. This is the nurses' "low life."

He further expresses the opinion that "it is more important to teach nurses *how* their work is to be done, than with more or less success to strive to inculcate a 'scientific' understanding of the *why*." He in short advocates an ignorant rule of thumb nursing.

What right has a medical man, however eminent he may be in his own profession, to dictate to nurses whether they may use their brains or not?

It is an extraordinary fact that a doctor who presumably would not advocate the establishment of an inferior grade of medical education should desire two standards of nursing education, one for the nurses of the rich and another for the nurses of the poor.

We exceedingly appreciate the apt description by the Norwegian Nurses' Association (or League) of short term trained nurses as "weeds," for we know how weeds grow apace and choke the good seed. Exactly the same thing is happening in the Nursing Profession by the cramming of short term nurses—a most unfair and unsound method of training.

[previous page](#)

[next page](#)