

prise—namely, the education of the student nurse. . . . There is no more valid reason, when all the facts of the situation are impartially weighed, why, for instance, the State should pay the costs of normal school education than that it should pay the cost of educating student nurses. It is admitted that the State is justified in insisting upon adequate standards of nursing education, involving efficient inspection and supervision of the nurse in training and in service, as a condition precedent to the granting of financial assistance. And such competent supervision, kept clear of all partisan influence, would be welcomed by the true friends of nursing education. . . . From a financial viewpoint, nursing education should be made an integral part of the provincial educational system as is the education, for instance, of the teacher. . . . Furthermore, it is scarcely subject to serious doubt that the adequate training of the nurse is at least as complex as that of the teacher. Fully as much laboratory equipment and library facilities, for instance, should be available for the professional education of the former as for that of the latter. The quality of the instruction in each case should be reasonably equivalent. That this relative equality by no means exists—with the exception of certain nursing schools in medical centres or university courses for public health nurses—will be manifest to anyone who impartially studies the situation. From the viewpoint of teaching facilities and equipment as well as quality of instruction, the standards obtaining in the average training school for nurses in Canada are distinctly inferior to those found in the average high school or collegiate institute, not to mention the average normal school. As a matter of fact, the full-time instructor, even in the best type of training school for nurses, is a comparatively recent innovation. . . . Poorly equipped schools for the training of doctors, lawyers, or teachers are no longer tolerated. And there is no valid reason for the training of nurses being placed in a different category. To use Lord Durham's classic stricture in a new setting, the nursing profession cannot 'remain an old and stationary society in a new and progressive world.'"

II.—EDUCATIONAL STANDARDS.

The Survey points out the glaring disparity between the best and weakest schools in regard to

1. *Preliminary Education.*—In some of the small schools, students with only grade VI. standing (elementary schools) are found. In the large schools some university graduates are enrolled—yet all are preparing for the same R.N. examinations.

The requirement of two years of High School specified by most Registration Acts in Canada is frequently flouted or ignored.

2. *The Content of the Curriculum* as between the poorest and best training schools shows great variation, such as would never be tolerated in High Schools or Normal Schools.

3. *The R. N. Examinations* are, on the average, a sieve with wide meshes.

The failures on the departmental examinations (conducted by the various provincial departments of education) are, in percentages, about 4 times the failures on the R. N. examinations, yet the former are educationally very reasonable.

The methods of marking the R. N. examination papers show wide variabilities as shown in the Report. For instance, in an experiment conducted by the Survey fifteen experienced examiners (who teach in Training Schools) awarded percentages ranging from 11 to 58 for the same examination paper.

4. *Lecture Method in the Classroom.*—In the average training school, this method usurps about 75 per cent. of the time given to instruction. Students are "lectured at" more than they are taught.

5. *Housemaid's work*—which after the first six months or so has lost its educative value in the actual nursing training, accounts for nearly 37 per cent. of the student's time in the average training school. This means work that a housemaid could be reasonably trained to do.

6. *Size of hospital conducting a Training School.*—The minimum size, according to medical and nursing evidence, should be 75 beds with a daily average of 50 patients. Closure of schools under the above size would reduce the number of student nurses by 13 per cent.

7. *Theory and Practice.*—Medical and Nursing evidence shows that too much time, in an absolute sense, is not given to theory in the training school, but that much of the curriculum in general should be subject to revision. Practice should not be increased at the expense of properly selected theory.

III.—OVER SUPPLY OF NURSES.

At present there is no correlation between the needs of nursing services and the supply of nurses being turned out. The hospital hands each of the members of the graduating class a diploma, wishes her God-speed, and feels no further responsibility. It doesn't matter how serious the unemployment problem may be; the hospital takes in its same quota of student nurses each year.

At the time the field-work of the Survey was completed (autumn of 1930) it was estimated that there was a surplus of graduate nurses in Canada—with the exception of public health nurses and full-time instructors, of whom there is a shortage—of about 40 per cent. It is a serious and critical situation that about 40 per cent. of the private duty nurses in Canada as a whole are almost continuously unemployed, about another 20 per cent. are only intermittently employed.

IV.—DISTRIBUTION OF NURSING SERVICES.

Although 40 per cent. of private duty nurses are constantly unemployed, the amazing fact is disclosed by the Survey that 60 per cent. of the cases of average acuteness (not colds or minor illness) in Canada are reported to be cared for by non-trained attendants. A density and distribution map shows in graphic form that 25 cities, which account for one-third the population of Canada, have the services of about two-thirds of all active registered nurses.

There is also evidence that only 3 out of 8 patients of moderate means who need the graduate nurses are able to engage her. Hence the need for a socialization of Nursing services.

V.—SOCIALIZED NURSING SERVICE.

There is a growing dissatisfaction throughout Canada with the high cost of health services. Unthinking people have blamed this on the nurse, but now an informed public sentiment is looking towards some form or method of socializing health services. Socialization would largely bridge the gap between the needy patient, unable to pay graduate nursing fees, and the unemployed graduate nurse, unable to market her services in over 60 per cent. of the cases of illness.

(To be concluded.)

A claim that the human soul can be photographed at the moment it leaves the body on death was advanced, says the *Times*, by Professor Tucci at a congress held at Verona of those interested in the cult of divination (Rhadbomancy).

The professor exhibited to the astonished gathering a photographic apparatus with which he says such "snaps" can be taken.

He also brought with him a number of photographs in substantiation of his claim, and these are to be submitted to a committee of distinguished scientists.

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