

the objective, but rather to provide a key unlocking a very essential door to broader fields of opportunity for the welfare of those whom nurses serve.

Let us return for a moment to the care of the patients such as those in whom Mr. Beers was so deeply interested and consider the status of nursing that is usual or frequent within mental hospitals. Great progress has been made in the care of the mentally sick during the last 25 years. Although most of the cruelties practised by attendants a quarter of a century ago are no longer permitted, the advancement of nursing in mental hospitals has not kept pace with its advancement in general hospitals. No doubt some excellent schools of nursing are established in mental hospitals, and many remarkable women have received their training in these institutions, but such schools mark the exception and not the rule. Schools of nursing in mental hospitals are still on a much lower educational level than those associated with general hospitals.

In this connection an appropriate question for discussion would be the wisdom or desirability of perpetuating schools of nursing in special hospitals. As mental hospitals are by far the greatest number in this class, it is to these we refer when we allude to special hospitals. In the United States the number of beds provided for the mentally sick is greater than the number provided for all other types of patients. The number of separate institutions for mental patients, however, is considerably less than the number of institutions provided for the care of physically ill patients. The reason is obvious when one remembers the average size of the mental hospital as compared with the general hospital. A hospital with a bed capacity of 1,000 patients is an extraordinarily large general hospital and there are comparatively few of this size, while a mental hospital of 1,000 beds is considered as one of the smaller institutions.

Without accurate statistics to support the statement, it is reasonably safe to infer that the majority of patients in mental hospitals are at all times ambulatory, and many of these pursue some type of routine daily work which keeps them for most of the day outside the wards of the hospitals. The nursing care, therefore, which the majority of patients in the large mental hospitals receive is custodial, or related directly to general physiological hygiene. Various studies have been made which indicate that the reasons for establishing schools of nursing are fundamentally utilitarian and the schools are not established primarily for education. It is obvious, therefore, that the educational opportunity in preparation for the practice of nursing in its broader aspects is exceedingly limited in such mental hospitals.

In America, students in schools of nursing in mental hospitals who desire to register as graduate nurses must spend at least one year (in certain states one and a half years) of the three year course in training in a general hospital to qualify for examination for the degree of registered nurses.

In many countries in Europe such affiliations have not yet been made available, and the student must spend four, five or six years to become both a mental and general hospital trained nurse. This fact is worthy of consideration, for to-day the trend in nursing is for a shorter period of training and a more comprehensive knowledge in the care of patients ill from whatever cause. The opportunity for the nurse graduated as a trained mental nurse is not particularly advantageous outside the mental institution and for this reason the average young woman trained in the mental hospital must also take additional courses in the general hospital to compete professionally in the field of nursing.

It may be that the nursing profession in Europe is not as overcrowded as in America; but the fact that many

nurses trained in Europe come to America seeking work would seem to indicate that the demand for private duty or graduate nursing is not sufficiently large to offer adequate resources to the number of nurses yearly graduated from the various types of schools in Europe.

Nursing is practically the only profession still having the apprenticeship basis, and if it is to take its place with other professions and progress as they have progressed it is quite time for us to review some of our "cherished ideals and traditions" in the light of more recent achievement and knowledge. While we dare not lose a single valuable asset gained in the past half-century of nursing, we should study our ancient systems and separate the items which are essential to education in the practice of the profession from the things which for economic reasons contribute largely to the upkeep and welfare of the institutions. The genuine reason for long years of student service in one or many institutions is a subject that might very well be analysed by all of us who are engaged in the education of future nurses.

In America, in Europe and other continents as well the question of whether or not schools of nursing should be carried as a separate entity in mental hospitals requires our most careful consideration. Unless these institutions are vocational in nature and primarily organised for educational reasons it seems to me there is no justifiable excuse for calling them schools. Educators are in agreement that the primary objective of any professional school is to provide an education in order that the student may learn to function acceptably in the field in which she will practise and to enable her to make adjustments to her social environment.

Three years ago I had the privilege of visiting a large number of mental hospitals in several countries in Europe. I was greatly impressed with what I observed. Many conditions were not dissimilar from those in America. As in America the average type of nurse in the mental hospital seemed to be less well prepared by general education and background than the average nurse in the general hospital. She seemed less versatile, responsive and resourceful. While the patients appeared to be exceedingly well cared for physically, they received their nursing care in groups, and as far as could be determined, very little individual mental hygiene treatment was carried on by nurses.

The few exceptions to this prevalent method were extraordinarily marked, and these were found only in private institutions. In these institutions the nurses had been trained in general hospitals or were planning to take such training to qualify for registration.

In America, mental hygiene and psychiatric social work are more often carried on by social workers than by nurses, for the reasons expressed in the preceding pages. The training as a bedside nurse does not provide sufficient preparation for mental hygiene or psychiatric social work, any more than training as a mental nurse provides sufficient experience for the bedside care of the physically sick patient.

To learn to interpret intelligently the principles of mental hygiene a new type of teaching, a new group of subjects and a new point of view must be woven into the basic curriculum in all schools of nursing, and every nurse should have this point of view so as to understand the emotional reactions of patients to daily life and the inevitable situation with which, as an individual, every human being is confronted.

The opportunity for nurses to specialise in the field of mental hygiene will be presented when nurses are prepared for this branch of social welfare. If one can interpret actual trends, the time is not far distant when consciousness of the mental as well as the physical needs of patients will be essential to the giving of adequate nursing care, and

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