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EDITORIAL.

THE BREAKDOWN OF THE NURSING SERVICES TO THE COUNTRY.

Dr. Ernest C. Hadley's admirable article on "A review of training Nurses, in the light of Modern History," brings forward many interesting points, many of which have been ventilated in the Press on numerous occasions in the past.

Whilst agreeing with him on practically all points, I will go further than he has, and state quite definitely, that, owing to grave mismanagement of Nursing matters, by non-professional, and by weak-minded professional people, the Nursing and Midwifery Services to the country have completely broken down.

If the health of the British race is to be maintained at a high level, and the British People is again to become an A1 nation; if the birth-rate is to be raised, and infant and child mortality be reduced; if the tuberculous population of our country is to be rehabilitated, then the Nursing Profession must be re-created, and educated women again be attracted to this most essential and nationally important work.

In the terrible and likely event of another war, or of a major epidemic in the not-too-distant future, the result for England might well be catastrophic.

Referring again to Dr. Hadley, the iniquitous Nurses' Act of 1943 has undoubtedly put the last nail in the coffin of our long-suffering Profession. For the Government to bring into existence a lesser grade of Nurses than Registered Nurses; to give legal status and protection to this lesser grade, and then to place a financial burden on Registered Nurses, and compel them to finance this Second grade, to keep them in economic competition with themselves, is adding grave injury to insult. The result is only what was expected, namely that educated girls are not interested.

How, then, are we to rebuild and reorganise the Profession of Nursing? A very essential first step would be to repeal the Nurses Act of 1943 (which should only have been a war time expedient) and remove all traces of "control," which is another name for conscription, and allow Nurses and Students free choice in the matter of their career. Having thus removed the major obstructions, we now come to suggested new methods of training, which are long overdue.

The most important essential is the simplification of the existing curriculum of training, approved by the General Nursing Council. Nursing is essentially a practical profession, and this truth cannot be over-emphasised. All individual academic traits, and administrative bents, can be satisfied by special courses and degrees, in the post-training years.

In order to train proficient and truly practical nurses,

more ward orderlies and domestics must be employed in hospitals, and less numbers of Nurses trained. But the chosen few must be trained by actual contact and dealings with their patients, and therefore they *must* be employed on the wards. They must not be allowed to obtain clinical experience only—after the manner of Medical Students, by visiting the wards in groups with Sister-Tutor—actual nursing experience must be the basis of their training. Now that Ward Sisters are receiving really good salaries, they must realise their responsibilities to Students, and teach them patiently the art of bedside nursing.

Let us take, for example, a ward of 30 beds. It would be necessary to have on day-duty three Registered Nurses (for relief, etc., in view of the 48-hour week) four Student Nurses only, plus three ward orderlies and two domestics. Thus the ward cleaning, and non-nursing duties would not be carried out by the Students. They would be free to be taught nursing procedures by the trained staff on the wards, and they would also have plenty of time to attend theoretical lectures by Sister-Tutor. This would greatly decrease the demand for certificated Sister-Tutors, and would mean that there would be no shortage in this grade. The night-duty requirements for these 30 beds would be one Registered Nurse, one Student Nurse, and one or two ward orderlies. Whilst on night duty, the Student Nurses would not attend lectures, or only a maximum of one per week, in on-duty time, in order to keep them interested in their studies.

To carry this a step nearer to perfection, Student Nurses must be kept in groups, so that all members of a group who entered for training on the same date, should go on night duty together, and their attendances at lectures should remain at the same level. Naturally, accidents, such as illness, etc., might upset the scheme, but where smaller numbers are being trained, Sister-Tutor could give individual attention in special cases.

Under these circumstances four years' training would not be necessary, but three years at the very most should suffice. To ensure success for this scheme, only well-educated girls should be selected, and preferably those having received a course of Anatomy and Physiology in Secondary Schools, as recommended by the Pre-Nursing Courses. This would obviate the necessity of Preliminary Training Schools as we know them to-day, but instruction in bedmaking and the art of handling and lifting patients would be necessary, before a raw student was allowed to contact with sick people.

During training years, Students should receive pin-money only, and their health and interests could be better safeguarded, if they were resident in homes or hostels. Once registered, they would be eligible for

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