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Editorial.

What is Our Solution ?

THERE ARE MANY PITFALLS in the path of human endeavour. For so complacent are we, so much a Johnny-head-in-the-air, so sure our theories are right, that we are often brought up short with a rude jolt on the very verge of the pitfall. Our rescuer is sometimes an inner warning voice, sometimes a clear-eyed "outsider," for how true it is that the onlooker sees more than the participant.

It may well be that such a one is Prebendary H. J. Reginald Osborne, Vicar of St. Saviour's, Walton Street, Chelsea, who has caused a wave of indignation and recrimination, according to the way we look at his remarks, to sweep over the Nursing Profession. In his Parish Magazine he accuses Nurses of being "callous, rude and insulting," of taking no interest in their work and neglecting their patients. Hard words indeed, and coming from such a source words that cannot be lightly passed over as having been spoken in heat by one smarting under a fancied or apparent slight.

Can it be that we are losing the noble traditions of our profession? Are those ideals of service at which we aimed too high a moral standard for the new generation of Nurses? What can be at fault that one, who by virtue of his position should not speak falsely, can consider us on the level of the Sarah Gamps of the past?

There are some of us who can agree with Mr. Osborne, others who feel that while there can be cause for complaint, deplore his somewhat sweeping condemnation. "If 'tis true, 'tis pity, and pity 'tis, 'tis true." Those of us in positions of authority in training schools have a heavy burden to bear to combat the well-known tendency of youth to be callous and indifferent to the sufferings of others. In the days when Ward Sisters were less occupied with doctors' rounds they had more time to oversee the younger Nurses and spot with their eagle eyes any youthful tendency to "get away" with neglect of duty.

One must remember also that the average age of the trainee is lower than it was.

Moreover no one has been put on the Wards to take the place of those hours of supervision lost by the reduction of hours of duty. No doubling of Staff Nurses, themselves often little more than children, and trained largely in the classroom, can take the place of the Ward Sister's guidance and supervision.

One must face the fact that hour for hour there is undoubtedly less supervision of the Student Nurses than two or three decades ago.

What of the Nurse herself? If by "improving" her training to make it more attractive to the many and

less hard labour for the devoted few drawn in by true sense of vocation, we have produced a state of affairs warranting the accusation of "Hospitals like prisons" then we have failed in our task. Is the English Health Service with its ideals, something that could only function in a Utopia? It requires many Nurses, and one cannot achieve quantity on a large scale without some loss of quality in the main, though quality is still there.

Can we be at fault in our method of training? Repetition has been condemned by the Working Party as needless over a certain figure. But already much repetition has been lost by shorter hours of duty and longer hours in the classroom. Surely the speed and efficiency that comes after long practice is of great benefit to our patients. The more deft our movements are through practice, the more work we can achieve in a given time with less effort to ourselves. These important and routine duties are now, in practice, often left to the junior Nurses on the Wards, who scramble through like the blind leading the blind, perpetuating clumsy movements and bad faults, which while injurious to our patients are also harmful to the Nurse, because they lead to weariness with its accompaniment of inattention and loss of interest. Our Senior Nurses are too busy with the many and complex treatments and investigations demanded by medical science, and have little time for these juniors. Is this too depressing a picture? It is often all too true.

What then of the patient, does he perhaps need less attention than hitherto?

If one looks at the Wards one sees rapid change over. Now instead of a comfortable two to three weeks in bed after operation, he is up in a few days and home almost before he is into the "Ward Routine." Does this affect the Nurses? Of course it does. One remembers the strain of operating days and the blessed relief of the second and third week after when those patients could help themselves a little. Now there is no little group of convalescents, but every bed holds an acute case and "fresh and fresh" they come every week with no respite—no easy week. No wonder under the strain some of our Nurses might forget their manners. What can we do to help? Only hope to get in more Nurses and try to train the almost untrainable. Our long waiting lists do not allow the Medical Staff to ease up on the intake. A reduction in the number of Doctors might help, for they also have their limit of human endeavour; though this would mean a still longer wait for patients to whom the wait might condemn to a life of suffering.

We should feel grateful to Mr. Osborne for making us stop and think. Having thought, now, what is our solution?

D. W.

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