

NORTH CAROLINA HOSPITAL ASSOCIATION
A PLEA FOR TRAINING SCHOOL STANDARDIZATION

MISS ELIZABETH M. REDWINE, Asheville, N.C.:

It seems to me that one of the biggest problems facing the hospitals today is that of training school standardization.

During my six years' work as inspector of nursing schools in this state I was more and more impressed with the absolute lack of correlation in methods and the wide diversity of the many essential points which make up an accredited school of nursing, namely: equipment, curriculum, records, supervisions, text-books, methods of teaching, class and study hours, hours on and off duty, probation period, monthly allowance, length of class term, etc.

In these matters each school, so to speak, is a law unto itself, there being evidently no thought given to the effect upon the student of these haphazard methods.

The changing conditions in the practice of medicine and nursing have made changes in the conduct of our nursing schools imperative and it has long been apparent to those of us interested in nursing education as such that something must be done if North Carolina is to remain true to her traditions, first in laws controlling the practice of medicine, first in laws controlling the practice of nursing, first in most things good.

While there are many of us, no doubt, who do not approve or wish an absolute standardization method which would naturally tend to take away the individuality of the hospital and the nurse as well, I am sure we all realize that we must approach standardization as nearly as possible in the matter of minimum requirements which every school must meet in order that young women desiring to enter the nursing profession may not become discouraged, but will appreciate to the fullest extent the opportunity that is theirs when they are accepted into any school of nursing in North Carolina.

The old apprenticeship method of former days is obsolete. The question before us today is not so much what does the student have to give the hospital, but what does the hospital have to give the student.

The school of nursing has taken its place among other educational institutions affiliating with colleges and universities. Our own North Carolina College for Women has recognized nursing as one of the highest professions open to women and has made it possible through the five-year combined course for our girls to obtain both a college degree and a hospital diploma, tuition free, provided that they will nurse in the state for two years after graduation. Are we going to make it possible through standardization for these girls to obtain hospital affiliation in this state?

Through the efforts of the North Carolina State Nurses Association, State Board of Examiners and League of Nursing Education, much has been accomplished, as a comparison of reports will show, but there is still room for improvement, if we care to see it.

In North Carolina there are seventy-four hospitals maintaining schools of nursing. In these hospitals there are three thousand, four hundred and thirty-five beds, exclusive of insane hospitals, with a daily average of two thousand, one hundred and sixteen patients, and in the schools there are one thousand and thirteen students, inclusive of insane hospitals, and one hundred and twenty-eight graduate nurses employed as superintendents, head nurses, instructors, laboratory technicians, etc. The hospitals are managed by state, county, city, church, individuals and private corporations.

Of the private hospitals forty-four are general, three special, and eight part charity.

The probation period varies from two to six months. The monthly allowance from \$5.00 to \$35.00 per month.

One school (colored) gives no allowance, but requires a deposit from the student. Twelve schools furnish books and uniforms, twelve furnish uniforms but not books, thirteen furnish books but not uniforms, and three pay probationers from the beginning.

Only eighteen out of the seventy-four schools keep good records of student, while six do not keep any at all.

There are five schools affiliating with other hospitals, while there are fifty needing to affiliate in one or more services.

The longest class term is nine months; the shortest six.

Thirty-five of the schools are using offices, dining' rooms and sitting rooms with no equipment and no demonstration rooms. Only twelve schools have really good teaching equipment. The class hours per week range from three to seventeen, with an average of five and eight.

Twelve schools employ whole-time dieticians. Six employ whole-time instructors. Three schools are without a nurse on the teaching staff.

Forty-seven schools employ no one especially for the dietetic department, this subject being taught by doctors, nurses, laboratory technicians, hydrotherapy nurses, domestic science teachers, and in one school, by a student, and in four schools not taught at all.

In fourteen schools practical dietetics consists of tray service only. Ten schools have only one graduate nurse on staff.

Ten schools are employing no licensed nurses and nineteen have superintendents who are not licensed in this state.

Thirty-five schools have poor or no children's service. Six have no surgical service, and seven no obstetrical service.

Thirteen schools give instruction in mental nursing, four in tuberculosis and fifteen in orthopedics.

Thirty-eight schools have a one-year high school entrance requirement, twenty-two years, and eleven require high school graduation.

Out of the one thousand and thirteen students only fifty are below the present educational requirement, which goes to prove that the standard along educational lines is taking care of itself.

There are in the nursing schools of our state today:

- 176 students with 1 year high school.
- 168 students with 2 years high school.
- 105 students with 3 years high school.
- 17 students with 4 years high school but no diploma.
- 219 students' high school graduates.
- 40 students with 1 year college.
- 16 students with 2 years college.
- 5 students with 3 years college.
- 14 college graduates.

And 204 whose educational advantages are undetermined, but all of whom have had some high school or normal training.

In the entire state there is a shortage of only seventy-seven students approximately.

In seven schools there is an eight-hour working day exclusive of class and study hours, while four schools require eleven hours.

The majority, however, require a ten-hour working day and twelve-hour night, exclusive of evening classes and lectures.

Two schools have no night service, and in two the students sleep on cots subject to call.

Practically all of the schools require or allow the students to do special duty in the hospital. The charge for this, collected by the hospital, varies from \$12.00 to \$40.00 per week. The average, however, is \$21.00 in ten hospitals, \$25.00 in eleven, and \$28.00 in fourteen.

In one school charging \$14.00 per week the student receives 10 per cent; in one charging \$15.00 she receives one-half, and in one charging \$25.00, 20 per cent. Two schools make no charges at all.

Thirty-two of these schools require student to do special at any time during training, and twenty-three during second and third years.

Five schools are sending nurses out on private duty.

Nurses' homes as a rule are above the average. Forty-one of these are in separate buildings, thirty are in the hospital, and three still in the basement.

Thirty-four superintendents received their nursing education in other states and forty-two in this state.

The vacation period through the three years' course varies from four weeks to three months. The average is six weeks, two weeks each year.

With these facts before us then, it should not be difficult to recognize the limitations of our nursing schools and attain at least a measure of standardization.

Summed up it is evident that we must have:

1. A general classification of hospitals and training schools as A,B,C, and D, according to equipment, class and number of patients treated, character of work done, and manner of meeting requirements.

(Classified in this way, there will be an incentive for the B, C, and D hospital to work up).

2. More and better qualified teachers in our schools of nursing.
3. Better lighted, ventilated and equipped class and demonstration rooms.
4. Uniform curriculum and standard text-books arranged to meet state needs and requirements.

5. Whole-instructors or teaching supervisors to teach, supervise study hours, and give more attention to the practical work of the students.
6. More correlation in theory and practice.
7. Longer services in dietetics, obstetrics and pediatrics.
8. A better method of teaching dietetics in the majority of schools. (This problem might be solved through the co-operative dietician, employed jointly by two or more hospitals in a community to teach theory and some practice giving an equal number of days to each hospital and co-operating with the housekeeper for the application of theory to practice).
9. Some practical work as well as theory in mental nursing, tuberculosis and orthopedics.
10. Less time devoted in schools of nursing to special branches, such as X-Ray, anesthesia and laboratory work, unless the student wishes to specialize, in which case it should be elective last six months.
11. A standardized unit system to comprise one year high school.
12. More graduate nurses (at least two) on the staff of every accredited school of nursing.
13. Regular and uniform class term, possibly nine months, though the present classification is not significant.

More and better work is often accomplished in the six or seven months' term systemically planned than in the longer period with lectures and classes constantly omitted on the slightest pretext.

14. Systematized class work and study hours.
15. Uniform minimum and maximum allowance.
16. Transfer system from one school to another for those students wishing to make a change.
17. Less routine house work, except what is necessary to instruct the student and give satisfactory service to the patients under their care.
18. More thorough teaching in probation period of personal and household hygiene and practical nursing procedures.
19. Thorough teaching of ethics and nursing history, state laws and requirements.
20. Good reference libraries containing latest books on nursing subjects, nursing and hospital magazines and instruction in how to use.
21. Non-employment at least on same footing as licensed nurse those who have not complied with state laws relative to registration.
22. Affiliation arranged to meet services required.
23. A more nearly equalized service in departments for the individual student. (Use of students in this way may partially explain the tendency among nurses to specialize, of which we hear so much compliant. The nurse only knows how to do the thing which she has had to do).
24. A simple but complete record system of the students' time, work, and deportment.
25. Provision for wholesome amusements at the hospital.

A shortage at the present time is significant. Students will not go where dissatisfaction prevails or where they cannot get proper instruction. Note that one school, colored at that, gives no alliance, but requires a deposit, yet there is no shortage.

Note the schools with only one graduate nurse on the staff. Is it possible for this nurse, who must serve as superintendent of the hospital, superintendent of nurses, housekeeper, dietician, anesthetist, laboratory technician, historian and roentgenologist, to give proper attention to the student?

The chief stumbling block seems to be the curriculum. It isn't possible for the student to do all the work of the hospital and still receive the necessary theoretical instruction, hence the oft reiterated statement that too much theory is being required or on the other hand where patients are few and more time is spent in theoretical drills, the course is too long. I am sure most of us agree with Miss Goodrich when she says: "Three years as presented in the majority of hospitals is an enormous waste, but three years properly distributed is not too long a time to devote to learning such an important work."

The curriculum should be arranged to cover the things a nurse has to do. That is she should take into the wards the knowledge she has gained in the classroom. The hospital has been compared to a machine or factory grinding out its annual product

(nurses) but is it not rather the laboratory where the nurse experiments with, through service to the patient, the knowledge gained in books?

As Dr. Osler has said: "To study the phenomena of disease without books is to sail an uncharted sea, while to read books without patients is not to go to sea at all."

In some of our schools subjects which are essentially first year work are given in the second or third year and vice versa because, perchance, it is more convenient, while all the time the student is trying to give treatments on the wards and care for patients of whose condition she has no knowledge whatever.

Many schools use the same text-books that were in use twenty or more years ago. All the nurses go to all classes for one hour each evening, taking up the subject just where the class happens to be when they enter the school and with so many pages assigned for a lesson, they go round and round memorizing the text so as to pass a creditable examination with absolutely no correlation to the practical work.

Other schools require graded work, but there is a deplorable lack of uniformity of methods and number of hours a subject needs to be taught before the student gains a comprehensive knowledge.

One of our leading schools puts out a curriculum covering 608 hours, another 480. The present state curriculum requires 398 hours theoretical instruction during the course, divided as follows: First year, 168 hours; second year, 128 hours; third year, 112 hours.

A recommended curriculum proposed for the three years calls for 489 hours as follows: First year, 236 hours; second year, 129 hours; third year, 124 hours.

It would seem that the solution of this problem is the teaching supervisor. That is, one graduate nurse whose sole duty is to plan classes and lectures, instruct students, supervise lectures, supervising at the same time the application of theory in the wards.

How often do we hear the question: How can we stimulate interest in our nursing schools? How can the student be interested when no one shows any particular interest in her, when there isn't anything specially to be interested in, the same class of patients (and few of them) perhaps day after day, lectures and study of quiz, books evening after evening with no relation to anything they ever see? One student spending the major portion of her time in the diet kitchen because she already knew how to cook before entering the hospital, another in the operation room because she is specially gifted that way or perhaps because she became efficient in this service in some hospital where she had previous training, and so ad in finitum.

The hospital which cannot or will not afford at least one person to give individual attention to the student has no moral; I wish I might say legal right to conduct a school of nursing. Of course it costs something, but that is your problem if you have undertaken the responsibility of a nursing school. The reward comes in the efficient nurses who go out from our hospitals, carrying the impress of their training schools and state standards. Can one make a better investment than money spent in the preparation of good nurses? Are they not after all one of our chief assets?

Nursing is essentially a woman's profession, founded by a nurse, fostered by nurses, and brought to its present state of standardization by nurses, but since we concede that the hospital is the laboratory where the nurse applies her knowledge, should not the owners of hospitals, also the doctors or laymen, be interested in and eager to assist in any movement which is brought about to safeguard the welfare of the community?

Then since we know the symptoms, let us get together, make the diagnosis and find the remedy, for it is only by expert consultation and co-operative treatment that a cure will be affected.

DR. EUGENE B. GLENN, Asheville, N.C., President:

The paper is open for discussion. We will be glad to have this paper discussed freely and thoroughly, because it brings up so many interesting points in such an able manner.

(No discussion).

We will adjourn for lunch and meet here again at 2:30. Dr. J.P. Munroe has a paper which is on the program for this evening.