HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

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SOME FUNDAMENTALS

In these days of talk of hospital and training school progress and efforts for its realization in the way of matters educational for nurses, superintendents and others having in charge their work, whether practical or theoretical, sometimes permit themselves to lose sight for a time of the *fundamentals* of their nurses' training.

For this condition there can be no blame or criticism of the busy superintendent; she is making strenuous efforts to do the work of at least two people and at the same time maintain a spirit of enthusiasm for the work and promote an *esprit-de-corps* among her workers that would do credit to a commanding general of the army and an experienced diplomat all in one.

Reference may be made to those little acts of courtesy, thoughtfulness, nicety, carefulness of the patient's property, etc., that contribute to the comfort of her stay in the hospital and make upon her mind an impression that in the future will recall pleasant memories of the hospital as well as aid materially in recovery from the present ailment.

It not infrequently happens that the nurse has to act as the buffer between the patient and all else, hence she must be prepared for her office by adequate hospital training. If she has had a good home training upon which to build that of the hospital, she is, at the beginning, many degrees ahead of her sister nurse who has not had it. However desirable it may be, young women in their homes cannot all be trained to meet the requirements of the modern training school.

Of all the varied problems constantly before the superintendent of the training school, none seems so difficult of solution as that of how to meet and take care of the small things in hospital nursing work. Almost everyone seems willing to devote time and care to the great things, but the little things are too often left to themselves.

A nurse rarely forgets to take her patient to the operating room on time, but she may forget some little, apparently non-essential thing which deprives the patient of comfort; or she may forget to speak just the word that would give confidence to the patient and so help

her through a place very like the "valley of shadow" just before the operation—a time that can not be rightly appreciated except by those who have learned its full significance by experience.

It is no uncommon occurrence in hospitals great and small to find that patients, already wrought up to a high tension nervously, are taken to the anaesthetising room and kept waiting on a small surgical carriage for the much dreaded operation to begin. It is not often the fault of the nurse having the patient in charge, neither could blame be attached to anyone else, but the misfortune might be said to be due to a chain of circumstances. Either the operating surgeon is late in arriving or the operating room has not yet been vacated by the previous case whose operation proved more extensive than was at first thought to be necessary, or some other unforeseen difficulty has arisen. Although no blame can be attached to anyone, the patient is the sufferer and should be protected. She cannot know the reason *why*, neither does she care, she simply knows that she has reached the limit of endurance or perhaps she has passed beyond the limit and is no longer able to control her fear.

A late patient expresses the situation thus:

I waited in the anaesthetising room one-half hour for the surgeon, the anaesthetist, and the nurses to be ready. I had kept my courage up to that time, but the fright of that half hour, I shall never forget. The possibilities of what might happen simply would not be crowded into the background and I am quite sure that if they had kept me waiting another five minutes, they would never have performed the operation, for I would have rebelled from mere cowardice.

Such conditions often grow out of the desire of hospitals and nurses to avoid keeping the surgeon waiting a moment for his patient, consequently she is brought from her room to have her *handy*. Why not let the patient have the anaesthetic in her own room, when the surgeon has arrived and let her be taken to the operating room without knowledge of any of the attending circumstances or of the fact that she is late?

It may be argued that the odor of ether in her room will be conducted to the next room and others near by and be the means of striking terror to other hearts, but probably such would not be the case; if any impression is made upon neighboring patients it is likely to produce only sympathy for the prospective operative case. What could be better for the neighbors than to forget themselves for a moment to dwell upon the sufferings of others?

If perchance she must go to the operating room and be kept waiting, she ought not to be left alone for an instant but should have cheerful, agreeable companionship. It is not necessary that she have some

one talk to her every minute, but that she have the actual presence of a woman who shall give her an impression of support and strength and who shall speak the judicious word in season. Too much stress cannot be laid upon the amount and character of the conversation the nurse holds with her patient. Nurses have been known to be patronizing when they wish to be maternal and have not understood the patient's attitude of mind when failing to appreciate the effort. Here is room for a long and ardent plea for a high and yet higher character of the personnel in our training schools for nurses. Much can be done by persistent teaching of ethics, but nothing can really take the place of fine instincts and an ability to justly estimate a situation. Someone has said that to appreciate these conditions a nurse should be a patient for a time.

It was a favorite admonition that an older superintendent of nurses gave to her pupils who deplored the onset of an illness because of loss of time in training, in the remark that, "an illness is not necessarily loss of time for you now have an opportunity to not only learn how to do things but perhaps you will also learn how *not* to do them." Many a nurse has profited by the precept as well as the experience.

The ideal nurse not only will not keep her patient waiting for the least service that will in any way contribute to his comfort but she will eliminate any appearance of haste, because she fears the patient may fail to make known his wants if he sees her so busy that she must hasten with might and main from one thing to another. Patients have been known to refrain from asking for an extra blanket because disliking to interrupt the nurse.

Then too, there are nurses in training (and out) who are so interested in learning to be nurses as to forget their function, which is the care of the sick, either directly or indirectly. Notwithstanding we are told that hospitals have other functions beside the care of the sick, including "the prevention of disease, the scientific study of the cause and treatment of disease, etc.," the fact remains; because all the study and scientific work is but caring for the sick, possibly not for our present patients, but sick patients somewhere are going to be benefitted.

With all the legitimate efforts that are being made for advancement, for raising the standards and bettering the conditions of the nursing schools generally, it is well to occasionally hark back to the homely old principle, that hospitals and nurses were made for patients,—"Lest we forget."