NURSING PROBLEMS IN MAINE

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(Paper read by Miss Dennis)

CO-OPERATION among graduate nurses is one of the most important subjects for discussion today, for it is only by a condition of mutual agreement and perfect understanding of each others' needs that we are going to be able to accomplish the recognition which we want for our profession.

In a city where there are many hospitals turning out nurses from their training schools, the nurses from each school are likely to feel that their training was superior to all others and consequently do not affiliate with nurses from other training schools. It is perfectly absurd for nurses who are graduates from large training schools to assume that they are better fitted for private duty work than those from small hospitals. Indeed in many instances I have found it quite the reverse. Therefore I feel that all graduate nurses from reputable institutions whose nurses are eligible for R.N. in the states in which they were trained should meet each other on a common ground and get together and discuss subjects pertaining to their future welfare, such as hours of labor, price, etc. There should be a uniform price for graduate nurses, for trained attendants and for practical nurses. We cannot expect to control the price for the non-graduate until we can come to a mutual agreement as to our own.

In every city of any size there will be found women who have had some training but who for one reason or another did not complete the course. These women are the greatest enemies of the graduate nurse, some of them are very capable, perfectly familiar with hospital methods and technique, they are the ones who are most apt to pass themselves off to the unknowing public as graduates, demanding the same pay and wearing the same uniform. It is surprising to know how many people there are who think that a white gown and a cap are positive proof that a nurse is a graduate. Then if she happens to fail, either because of her lack of skill or for any one of the many reasons which we might expect from one who did not complete the training, all graduate nurses must share in bearing the blame. It certainly seems too bad that a graduate nurse's uniform is not protected by law and that is one thing which can be brought about by coöperation among nurses.

Having conducted a registry for nurses the past four years, I have had some amusing and some very tragic experiences with the class of women who assure me that "they are just as good as trained nurses, indeed people would not know the difference if I did not

tell them." They felt perfectly able to do all the things that a trained nurse could, therefore they see no reason why they should not have the same pay. That is what a great many of them are doing. Now it is hardly necessary for me to add that in almost every case of this sort it is the nurse herself who has told me of her wonderful qualifications, it is seldom backed up by any one whom she has ever nursed or by a physician. There are few exceptions, for in Maine we are unfortunate enough to have some physicians who back up these nurses and who openly proclaim their preference for the untrained women. When one carefully looks into the standing of these physicians in their own profession we are obliged to admit they are the men who have never reached any great heights, yet they are physicians and have oftentimes a good practice and employ a great many nurses. No doubt their lack of appreciation of the trained nurse is due to their own lack of skill plus their fear that she may recognize their failings.

All classes of nurses, i. e., graduates, semi-trained, and practical, are carefully listed at the Central Registry according to their training and experience in one of these classes and we are very careful that the physician or people employing them know perfectly to which class they belong and what price they should be paid. * * *

Recently we have been hearing much about the over trained nurse. We are constantly being reminded that any woman who knows how to read the thermometer and give a bath can take care of a patient if she only does what the attending physician tells her. Nurses who have had a wide experience in private nursing know how absurd this is, for many times the doctor is miles away and sees the patient only once in 24 hours. The observation of symptoms in his absence is most important, but observation of symptoms would be nothing to the nurse who did not know what to do once those symptoms were noticed. Good nursing means more than a woman in a white dress who knows how to take a temperature, give a bath, or write a tidy record, she is not born, she is made, and she is not made by mail or in a few weeks. She is developed after months and years of carefully planned and taught routine in the care of the sick.

PRIVATE DUTY NURSES AS EDUCATORS IN VENEREAL DISEASES

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THE intimate relationship existing between the profession of medicine and the profession of nursing has interposed new responsibilities upon both. The evolution of the nurse from her lowly position of drudge and servant to the highly specialized worker of the present