TRAINING SCHOOLS FOR NURSES IN HOSPITALS FOR THE INSANE.

By P. M. WISE, M. D.,
Prest. N. Y. State Commission in Lunacy.

That a prophet is without honor in his own country and his own time cannot be said of our honored ex-president who, in 1879, conceived the ideal training school for insane hospital attendants and subsequently under considerable difficulties and without precedent carried it to realization for the first time in any country. It is true that from Nightingale's efforts at the St. Thomas Hospital the general hospitals gradually developed efficient training schools; but their adaptation to insane hospitals presented difficulties that seemed insurmountable. It was the work of Dr. Edward Cowles in the McLean Hospital to illustrate his teachings. It is just to state that this example, supplemented by constant and indefatigable efforts to spread and teach the principles that must underlie successful efforts, and the spirit that must prevail and be sustained within the organization, has had the greatest influence in hastening the success that now appears to prevail in some degree quite generally. A few contemporary efforts were made to teach attendants by lectures and recitations in other institutions, but they failed of the success sought for by reason of immature and ill-digested methods. The speaker can refer freely to failures as he was a party to an unsuccessful effort.

The occupation of attending and nursing the insane has never, previous to the present epoch, been sufficiently attractive, nor has it offered inducements of a nature to attract to it persons capable of the training that now seems desirable and even necessary for the modern insane hospitals. Attendants, as a rule, belonged to the servant class. The motive could only be a philanthropic one when exceptions existed, else the service was one of necessity to gain a livelihood only, and consequently was made a makeshift to more permanent and congenial employment. The

future of an asylum attendant was not alluring, much less than that of the country school-teacher. There was no potency in anticipation. Life in an asylum ward, with its humdrum routine, was not more attractive than that of a kitchen maid and about as remunerative. The foreign element in public institutions, in its paid and in its dependent population, was proportionate when the former was not in excess. This remains true at the present time of some institutions into which the spirit of reform has not yet filtered, but with the blessing of progressive enlightenment, an improvement in the character of employees entitled to the name of nurse may be anticipated.

The primary cause of failure in insane hospital training may be safely assumed to have been the lack of inducements sufficient to attract into the service of the hospitals a class susceptible of training or having the necessary preliminary education for it. To such a class there were open other avenues of occupation more alluring. The selfish motive of training nurses for the care of mental diseases only, which would require them to continue in the service of an institution, repelled the better class of applicants; and it was not until the hospital feature was vitalized and emphasized, and the training gave the student an anticipation of future usefulness outside the hospital that improvement in the character of applicants for the training school became apparent. I believe I am stating the common experience.

To attract and retain desirable candidates for the training school, the recognition of training school students as a class is requisite. I believe this class distinction should be quite arbitrary. An inquiry extending over a number of years and applied to a large number of desirable persons at the time of their retirement from the hospital service, leads me to believe that without the grading of nurses apart from ordinary attendants, especially in the large public hospitals, improvement in the character of applicants will be very slow.

Among the chief reasons alleged by attendants of the higher order for leaving the service was the quality of their associates and their aversion to mixing with them socially. If they held aloof, they were assailed by subtle but nagging reflections which it is not within the power of any superintendent to prevent. A difference of title alone exerts an influence that may create quite

sufficient class distinction. In New York the superintendents acting with the Commission have created a schedule of employees which grades them to distinguish members of the training school from ordinary attendants, and when graduated from the training school they are scheduled as nurses and receive advanced pay. The result of this distinction has unquestionably been to attract into the service persons of higher grade. Any superintendent acquainted with the service in New York hospitals before and since this practice went into effect must admit this as an influence in improving the nursing service. It would be desirable when it is practicable to make a distinction also in living accommodations. A separate mess might be desirable. Social functions for students and graduates only would increase the desire of attendants outside the favored circle to so improve and conduct themselves that they might also gain this privilege. There would be a constant example of a higher order of things available to the worthy and the seeker. I have known attendants whose preliminary education precluded their entrance into the class, stimulated with a desire that led them to study and an earnest effort to retrieve their wasted opportunities, in several instances with marked success. Doubtless, ability gained by such exertion is reasonably certain to be progressive.

It may appear a trivial question—that of considering all the environing influences which go to make or unsettle the prospective nurse, but I believe this consideration is necessary and human motives must be recognized and treated with an almost commercial tact. If the reasons for individual discouragement are secured, they can lead only to the conclusion that the true nursing spirit must be abetted by material things that will bring physical contentment as well as foster aspirations, and be free from degrading associations. This, I know, is often devoutly to be wished for where it is in great part unobtainable, but it is wonderful how much can be accomplished under adverse circumstances when the enthusiasm of the superintendent becomes contagious. The stimulation of a proper *esprit de corps* and attention to the individual welfare of the aspirant, are potent elevators of the nursing service and cannot be ignored.

In ward promotions also, graduates and advanced students should have a prior claim, even if a practical purpose can be

better served in the promotion of an ordinary attendant. This should be an established principle which should not be disregarded frequently. No particular claim for promotion by virtue of training school connection need be recognized until the student has successfully entered the second course of study. Students should not be permitted to pass beyond the primary course of study if they are unfitted for superior work, by temperament, physical weakness or idiosyncrasy. Incompetency of any kind should be a sufficient bar to advancement, and where the latter is permitted it should be *per se* evidence of capability.

It is a mistake that has frequently been committed by hospitals in their primary efforts to establish a training school, to depend upon lectures by the staff as the basis of the school, and as its chief feature. These should always be considered as supplemental to class room and clinical instruction, and their value lies in giving the student an opportunity to receive another form of instruction upon subjects taught in other and, I believe, in more effective ways. It drills the nurse in exercising a careful observation and retention of spoken language, especially if the practice of note-taking be insisted upon. It trains the attention and it presents important subjects in a new and attractive manner. It has been the practice, and I believe it still is in a few hospitals, to depend wholly upon lectures for instruction. This may be very useful and the effort is not lost, but it does not constitute a training school by any means. It should not be called one, for such a designation would be misleading. A practice that had been followed to some extent by my associate medical officers, was to give instruction by lectures to attendants not in the training school, in order to make them more familiar with the rules of the institution and to demonstrate the proper custodial care of the mentally disabled, but these lectures were not considered as constituting any part of the training for nurses.

Another mistaken effort leading almost invariably to failure is the dependence upon medical officers for the required work of training. The successful school needs an organization in which medical officers should be a part, but not the larger part. It cannot be expected that they will spend a great part of their time at the bedside and in the class room with students when they have the medical care of a hundred and sometimes hundreds of pa-

tients. They can well supply the animation and the *vis a tergo* when the superintendent keeps the pot boiling, but the details are beyond their possibilities and should not be dependent upon them. We are promised a manual of organization from a master, and the committee on training schools may report it at this meeting. In view of this, any suggestions I might offer now upon this feature would be superfluous. I will only emphasize what is truly important, in fact what is a *sine qua non* for a training school, which is a thorough organization, with the several departments of the school properly adjusted and harmonizing—working together.

The hospitalization of our asylums assumes the creation of hospital wards in their general sense, and where these are properly organized, clinical teaching in general nursing becomes a simple matter, and at once promotes the training school to its proper dignity. In our large public hospitals for the insane there is a sufficient number suffering from bodily diseases, which, if aggregated, would make a respectable general hospital. There should be a number of these wards adequate to permit each student three months' service under skilled direction in each year of the course. There is also a number of special cases requiring a special nurse, and these cases usually require skill both in mental and bodily nursing. There should also exist a sufficient flexibility of the ward service to permit the senior students or graduates remaining in the service to respond to outside calls. If the physicians in the community know that nurses can be obtained from the hospital, there will be a sufficient number of calls to provide an impetus for superior work and a knowledge of general nursing. Each nurse engaged in outside work will be an advertisement for the school, and will assist materially in diffusing a knowledge of the hospital's usefulness and beneficent work. It will also promote encouragement for superior persons to engage in the service.

In my introductory talk to those intending to enter the training school, I have usually described in considerable detail the chief distinction between a training school course in a general and in an insane hospital, in order to give the candidate an opportunity to retire before the course is begun. I consider this important, for, with all the instruction that may be given by circulars and

letters, applicants misapprehend the purpose of the school. I believe that nurses properly trained in an insane hospital are better adapted for the care of most bodily diseases than nurses trained in general hospitals. I do not hesitate to tell the class so nor do I hesitate to tell them why. As Dr. Cowles has said, the effect of the training in an insane hospital develops certain qualities of patience and tactfulness, which general hospital nurses often fail in, but which the general physician is quick to appreciate. This is developed by the tact and patience demanded in the care of nervous and insane cases, and the general hospitals have not the conditions for cultivating it as well. In order to prevent future discontentment and regret, it is well to have the student understand at the outset the particular advantages presented by the course to be undertaken. At the same time it is better to give frankly the deficiencies that are unavoidable for some branches, particularly surgical and obstetrical nursing, but to encourage the student in anticipating a post-graduate course to supply them.

For the foregoing reasons it is a serious error, as a rule, to draw teachers for the school from general hospital graduates. They have been taught too strictly objective symptoms, and there must be temperature, redness, pain or swelling to attract them. Psychic pain and psychic fever do not appeal to them, for they have not been taught to observe the subtle mind symptoms that really exist in some degree in nearly all serious diseases; whereas the special hospital nurse has lived in an atmosphere of disordered mind signs, and the recognition of nervous symptoms, their proper observation, care and record have become almost intuitive. It is better to select nurses who have developed in the right direction and have the general qualifications from the home school, and supply their deficiencies by liberally sending them to the needed post-graduate courses, keeping in their view the reasonable length of service they owe to the parent school.

I have failed to speak heretofore of the care which should be exercised in issuing certificates to nurses that graduate out of experimental schools. The work of the engraver is not required until the school is undoubtedly a success. A motive for undertaking the course should not be the possession of a beautiful diploma with a seal and a red ribbon attached. I have often been

embarrassed by the application of persons for the nursing service in recent years whose qualifications I could not approve, who would indignantly show me a diploma which I had authorized during my infant efforts at training a decade before, but had wholly forgotten. Unless the training is sufficient to produce a nurse in a general sense, the certificate should state what the possessor is capable of doing and should not certify to her proficiency in nursing. I am sorry to say that there are many of such unearned certificates floating about my own State.

Another error may be made in the enthusiastic early efforts in establishing a curriculum that will require the student to study theory to a needless degree. The safe limit is to teach only necessary things. In insane hospitals a natural tendency is to go too deep into psychology, and the effort to make the student comprehend subjective psychic states may be carried to excess and interfere with more important matters. The nurse requires only that knowledge of mentalization which will give her the capacity to recognize the commoner mind symptoms entering into ordinary clinical observation. Any attempt in the training school to make psychologists in a two years' course will lead to lamentable failure. The same precaution applies to any department of didactic teaching. There must be a careful discrimination of the border line between nursing and medicine. Of what possible value, may I ask, is the quite complete course in *materia medica* required in some general hospital training schools. For these reasons and others which I have failed to state, I believe the successful training school must have a well-digested curriculum established for the full course, with its limitations well defined, and should also have a complete calendar. In this way only can the ground be covered. Desultory teaching is impracticable where the time is so short and the student has other duties to perform, but the exact day and hour when each subject will be considered should be appointed at the beginning of the course for the year. This should apply not only to lectures and recitations but to clinics and practical work. Appointments should be observed with exactness and the same precise methods should be taught by school example as is expected of the nurse in her official work.

The superintendents and the State commission in New York have taken concerted action toward establishing uniform methods

in the training schools. Thus far there has been accomplished a uniform course of two years, with the use of the same text-books, and progress has been made toward the adoption of a uniform curriculum. Students from all the schools are required to pass the same examination which is under the charge of a committee appointed by the board of superintendents. When the plan was put in operation an examination was made of all graduates from former training schools to ascertain their merit and fitness; and such as were found qualified were certified as nurses, and received that title to distinguish them from attendants. They also received additional pay. It cannot be anticipated that absolutely uniform efficiency will prevail in the several schools except as an evolution, but this may be hastened and directed by concert of action. There are local conditions which may retard or facilitate a desirable standard. These if unfavorable may be greatly modified if the presiding officer is determined and persistent.

DISCUSSION.

DR. H. M. HURD.—I desire to state that Dr. Cowles has written me that he will not be able to present his manual at this meeting, but that he has made excellent progress upon it. He has been under a severe strain in building and organizing the new McLean Hospital. I think, however, you can confidently expect the manual by the next meeting.

I have been interested in this paper of Dr. Wise in connection with the conclusions we are reaching in general hospitals regarding the teaching of nurses. When training schools were first opened, it was customary to ask the physicians of the general staff to deliver lectures, because it was thought that many of the nurses could not apply their minds to abstract processes and sit down to learn from books. Hence, lectures were given, as they are still in many of our medical schools. This practice continues in many training schools. It is, however, becoming evident in all good training schools that more attention must be paid to recitation and class-room work, and that certain subjects must be taught almost wholly from text-books. I predict that within the next five years the curriculum will embrace more text-book instruction and less lecturing.

Another point which is to be considered is the necessity for a longer period of training. I know of many training schools with but a single year of teaching, which we all know to be too short. When a movement was first made in favor of lengthening the course to two years, everybody said there was great danger of overtraining the nurse. Experience has shown that there was no danger of that, and it has since been found that two years are not enough. The best training schools are now adopting a three-year course, and within a short time there will not be a good hospital training school in the country with a course of less than three years. I believe that training schools in institutions for the insane must adopt a course of equal length. It is unfortunate that we can not combine the teaching of nursing the insane with the teaching of general nursing. If some method could be discovered whereby water and oil could be mixed, whereby nurses beginning in an asylum could be interested in general hospital work and vice versa, much good would result. In the near future no hospital for the insane will be satisfied with less than a three years' training.

DR. GEORGE T. TUTTLE.—I agree with Dr. Wise that the organization of a school is very important. A wrong beginning necessitates changes, causes loss of time and perhaps discouragement. Some one person under the direction of the Superintendent of the Hospital should be in charge as Superintendent of Nurses. The question at once arises whether one would better go outside his hospital for such an officer or take some one from his own institution. If the former course is pursued, it would be better to secure the services of a graduate of some training school of a hospital for the insane rather than of a general hospital, because the latter is not accustomed to the work that would be required of her and probably would not be successful. In my opinion it would be better to select a head nurse or supervisor who is already familiar with the hospital and its methods and send her to some school for a course of study.

The selection and instruction of such a person is a long step in the right direction toward the organization of a training school. Then, as Dr. Wise has said, it is further necessary that there be a large corps of instructors. Nothing is more important than this to give permanence to a school.

There is a movement now in the direction of an increased length of the course of study, and I agree with Dr. Hurd that three years is none too long, although it may be some time before it can be everywhere accepted.

It is universal experience that it is easier to establish and maintain a school for women than for men. Women are naturally better fitted for the work, and there is a greater demand for their services after graduation. It is for them a profession, while few men nurses are regularly employed in private work, perhaps because they hold their services at such high rates. It may be that a greater supply would regulate the price and create a demand. The home treatment of the insane is certainly increasing, and it is rendered possible only by the fact that competent nurses can be obtained. It may be that in time this problem will solve itself and the male nurse will have a fair chance for employment if he has fitted himself to render proper service.

However that may be, we must instruct the men in the hospitals. There is quite as much need of intelligent service from them in our wards as from women. A few of them come to the McLean with the intention of studying medicine, and they find the instruction in the school and their work with the patients of great advantage to them.

Thus far we have not been able to keep so many of our graduates in the service of the hospital as we desire. Quite a number of the women go to the training school of the Massachusetts General Hospital each year for further instruction and experience in the care of ordinary acute diseases, and there is an arrangement whereby they receive a diploma from this school at the end of one year. While many go to the General Hospital, it is exceptional for one of their nurses to come to us. The General Hospital nurse is not interested in the care of the insane, and if such knowledge is to be obtained, it must be had before she has become accustomed to the care of the acute cases of ordinary diseases.

I think the very best sort of a nurse, other things being equal, is one who has taken a two years' course in a hospital for the insane, and, after this, a year in a general hospital.

DR. H. C. EYMAN.—I cannot do more than say what we have done at the Cleveland Hospital. In 1891 we organized, but un-

fortunately started wrong. We then thought the instruction could be carried on entirely by lectures. Now it is mostly done by the use of text-books. We use Dr. Wise's and Dr. Burr's, as well as other text-books. Our instructors, however, are taken wholly from our medical staff. We have four regular physicians who do the teaching. Of course, those who have graduated in the school act as clinical and bedside instructors. I have experienced the same trouble spoken of—that of getting a less intelligent class of male than of female attendants. I attribute that to the fact that we give the females a pretty fair salary, and while the males get a little more, it is not a fair salary. Our course is two years, and we have graduated sixty-three nurses and the school has been a great advantage in raising the intellectual standard of our employees.

DR. ARTHUR W. HURD.—The training school of the Buffalo State Hospital has reached the age of thirteen years, and while I was not connected with the institution at the time of its inauguration, I have been familiar with it for nine years and can say that no other one agency has been of such utility, not only for the benefit of the patients, but for the attendants and physicians as well. We are now called upon to supply nurses in many private cases of illness in this city and in Western New York, and are frequently asked for nurses for other institutions; and only recently one of our graduates was appointed head nurse in a city accident hospital over forty-six competitors. We have had the same trouble as Dr. Tuttle, viz., in retaining our nurses for ward service, as they are somewhat sought after. The methods of teaching, of course, have changed; there is less didactic work and more of text-book and recitation work.

The remuneration which they receive from private patients is allowed to the nurses wholly, and it is one of the rewards of the school. We have applications constantly from a number of medical students, and we have several now on duty. The whole tendency of the school has been to elevate the profession of nursing the insane to establish a certain *esprit de corps* unknown before. It results in our getting a much better class of applicants, which is of great benefit to the staff, as any one who has experienced the beneficial effects of teaching can testify.