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THE OVERTRAINED NURSE.

BY

W. GILMAN THOMPSON, M.D.

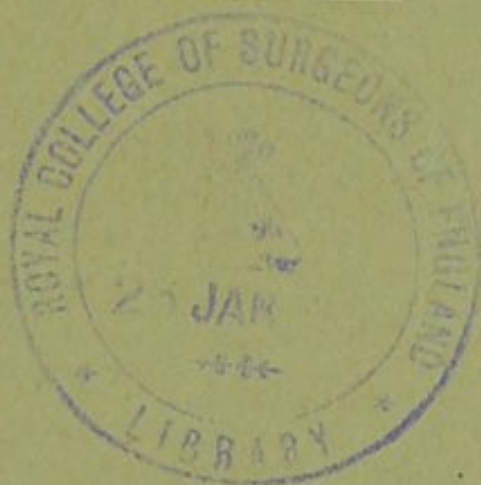
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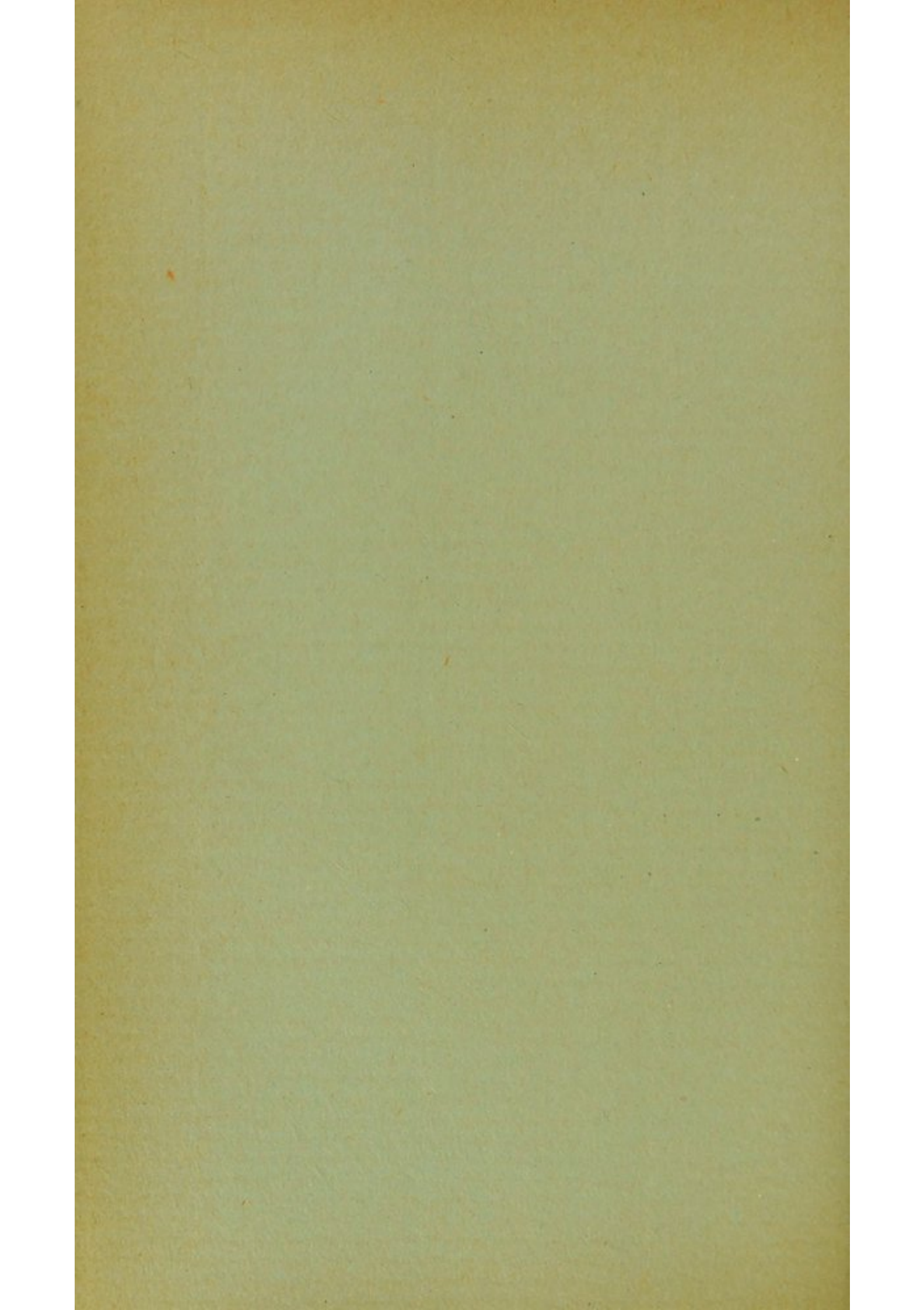
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THE OVERTRAINED NURSE.*

BY W. GILMAN THOMPSON, M. D.,
NEW YORK.

In the January, 1906, number of a monthly journal called *The Trained Nurse*, on page 35, appears the following statement:

"The whole question is this: Is nursing a subordinate profession to medicine, or is it a separate, distinct, and independent profession, which when it gets old enough and big enough, is going to sever every connection with medicine, and set up as an entirely separate science or art?"

Thereafter follows an argument upon the thesis that nurses do not have physicians always upon their examining boards, because doctors do not have nurses upon theirs!

With such a broad issue raised by the nurses themselves, it is high time that the members of the medical profession should give emphatic expression to their views regarding the whole question of the modern methods of training nurses, and of the results which such training has thus far produced. It is for this purpose that this discussion has been inaugurated, with the hope that a better understanding of the subject may be established, and that practical suggestions of value may be given publicity. In an excellent article upon *The Registered Nurse*, published in the *New York Evening Post*, March 24, 1905, the writer says:

"There is a strong feeling among physicians that the hospital training has become too institutional, the life of the hospital too mechanical, to fit women for private nurs-

* A paper read at the New York Academy of Medicine, March 29, 1906.

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ing. Conditions in the home are vastly different from those of the hospital."

In the *National Hospital Record* for February, 1906, a journal devoted largely and intelligently to nursing interests, the following editorial sentence appears:

"WHERE THE CHIEF FAILURE LIES.

"In view of the many adverse criticisms of the trained nurse of to-day—the product, partially at least, of our hospital schools—it behooves hospitals in general to examine themselves, and see wherein the institution is responsible for the widespread dissatisfaction that seems to exist with nurses in private practice."

A fundamental error obtains in attempting to designate the occupation of a nurse as a profession. It is a profession in no proper sense of the word, which "implies professed attainments in special knowledge, as distinguished from mere skill"—(*Century Dictionary*). The work of a nurse is an honorable calling or vocation, and nothing further. It implies the exercise of acquired proficiency in certain more or less mechanical duties, and is not primarily designed to contribute to the sum of human knowledge or the advancement of science.

In 1883 I published a small book, entitled *Training Schools for Nurses*, in which was given a history of the origin of such schools, with notes on the various schools at that time existing in this country. Of these there were twenty-two, situated in sixteen different towns, and with 150 teachers. In 1904, or twenty-one years later, there were 867 schools in the United States, among 1,484 hospitals, having 21,844 pupils. The ratio is thus shown to be considerably higher than one school for every two hospitals—(*U. S. Census Report on Benevolent Institutions*, 1904). In New York State alone are seventy-nine schools registered by the Board of Regents—(*Handbook 13, State of New York Education Department*).

The first schools were opened in this country in

1872, and the average rate of increase for the first decade was two new schools per annum, whereas the average for the two succeeding decades has been forty-two new schools per annum. This phenomenal rate of increase will probably be somewhat lessened in future, as the larger hospitals are supplied, yet many of the smaller institutions are likely to establish schools of their own. In fact, some hospitals containing only twenty to thirty beds have opened their own training schools and give full courses of training to five or six nurses at a time, furnishing the trained nurse diploma. In several of the larger cities there are as many as nine schools, and in Chicago there are thirteen. The present rate of *increase* of pupils in attendance at all the schools exceeds 500 per annum. This represents an enormous industry, and the financial investment in the elaborate separate training school buildings with which many large hospitals are now equipped constitutes an item of no small economic interest.

In former times much was written regarding the "sentiment" of nursing. We were told how a new vocation had opened for deserving poor women who could thus support their widowed mothers and help to educate their orphaned sisters! The pay of the trained nurse in hospital in some instances was \$12 to \$15 a month; her course of training was short, and she was promptly equipped to earn a living. To-day, however, one hears much less of sentiment among the schools, and much more of business. A large number of schools now pay their nurses nothing, and many of the larger ones are charging tuition fees. A statement is often made that the average number of years in which a nurse follows her calling is ten, the ranks being rapidly depleted by matrimony, illness, or otherwise, largely, it would seem, by furnishing superintendents for new schools! I have been unable to verify the accuracy of this estimate, but I believe it is approximately correct, and I have seen it made again in a medical

journal within a few weeks. The course of training is being rapidly lengthened. In considerably more than one half of the schools it is now three years; in several it is three and a half years; a school in Cambridge, Mass., advertises a four years' course, and, not to be outdone, Boston has seriously been contemplating a five years' course. As a purely business proposition, it is poor economics to spend three or more of the most active years of one's life in acquiring a training which, by the laws of chance, may not serve one more than ten years as a means of livelihood.

An editorial in the *Philadelphia Medical Council* (June, 1905) refers to the "overtrained nurse" as follows:

"What an indictment of her intelligence to assume that she is willing to undergo three years of arduous training for two or three years of subsequent work."

It is maintained by the advocates of prolonged training that the demands of modern medical science require it; that more and more time is needed for preparation for antiseptic operations in the surgical service and for preparation for such procedures as phlebotomy, transfusion, blood examinations, etc., in the medical service of the hospital.

It is a fair statement, however, that the desire for prolongation of the course of training and the increase in the training school curriculum has arisen, not among physicians, not even among many of the nurses, but among the managers of rival schools who each year in their State and national associations advocate it, sometimes despite the opposition of physicians. The medical profession has good naturedly looked on in wonder if not admiration, taking little or no active direction of schools which have been largely organized and endowed by lay managers. There are comparatively few schools to-day in which there is any medical representation whatever upon their board of management, or any

definite medical control, or supervision of the curriculum, and I have known instances where polite insistence of a medical board, that it should revise the curriculum, has been regarded as an almost unwarranted interference.

The result is that nurses are absurdly overtrained and wrongly trained. Their long period of hospital life, one third longer than that of members of the house staff, begets routine methods of work which often unfits them for the proper care of the individual patient, and the studies which they undertake in many instances belong to the first or even second year of a medical college course. As they are too busy with twelve hours a day of mechanical work to study any textbook subject thoroughly, they acquire a mere superficial introduction to many subjects which do not in the least concern the true office of the nurse, and, illustrating the danger of "a little knowledge," they acquire also an entirely wrong perspective. In support of this opinion, I will quote a series of examination questions asked the nurses at a well known school in the West, which are included as representative and model questions in the *United States Bureau of Education Report upon Nurses' Training Schools* for 1904:

"What are the following operations: colpoperineoplasty, cholecystectomy, myomectomy, colpocystotomy?"

"What kind of nerves are the fifth and seventh cranial nerves?"

"Name the bones of the head and face.

"Name five pyogenic germs that cause disease.

"What is immunity?"

"Does the presence of albumen necessarily indicate disease of the kidneys?"

"How do you test for free hydrochloric acid in the stomach contents?"

"Write 100 words [*sic*] of general urinalysis.

"Give a 30 line [*sic*] treatise on digestion." [perhaps of a "quick lunch?"]

I submit that that sort of examination does not concern nursing, but first, second, or third year med-

icine. To answer such questions with the slightest comprehension of their meaning requires months or years of study of the special subjects mentioned—otherwise they are farcical. What can a nurse write in “100 words of general urinalysis” that is worth the paper it is written upon, and what has a nurse to do with the analysis of urine or gastric contents, especially when she does not know, as many of them do not know after three years of this sort of “training,” how to count or describe a pulse properly, or even how to make a patient comfortable in bed! In one of the schools nearer at hand, it is seriously proposed to teach the nurses how to count leucocytes! In other schools courses in reading aloud and “voice culture” are given.

The following series of nurses' examination questions illustrates the tendency to introduce the dangerous topic of the treatment of disease into their work. Questions from the *Fourth Nurses' Examination*, New York State Board of Regents, January, 1906:

“State the probable cause of convulsions in the new born, and give treatment.”

“Describe cholera infantum and give treatment.”

“Give the treatment of croup.”

“Give the causes, symptoms, and treatment of rickets.”

“What does hæmorrhage before labor usually indicate? Give treatment.”

“Describe the process by which bacteria multiply.”

“Name three diseases in which bacteria are thrown off by the skin” [sic].

In an editorial in the *New York Medical Journal*, of March 10, 1906, the statement is made that “the nurse who has been stuffed with medical and surgical information which she has not thoroughly digested is a creature far too commonly met with.”

At a recent meeting of the Medical Society of the County of New York, in a paper upon The Relation of the House Staff to the Hospital Patients, I gave illustrations of the manner in which the overtrained nurse is usurping much of the work which ought to

be done by the house staff, while the latter betake themselves to the clinical laboratory of the hospital in self defence, and leave the patient to work out his own salvation. (Paper published in the *New York Medical Journal*, April 14, 1906.) Next day I received the following indorsement of my remarks from a very successful hospital superintendent (who was herself a trained nurse under the earlier system): "Running a hospital is sometimes made much harder because of the presence of the over-trained nurse—and the undertrained house staff."

Dr. Charles W. Kollock, of Charleston, S. C., in a letter to the editor of the *New York Medical Journal*, July 30, 1904, p. 235, wrote:

"I am inclined to think that a woman who has a good common school education (can write and speak correctly) and average mental capacity will, with other requisites (love and interest for her work), make a competent nurse after two years of careful and conscientious training."

Having had considerable experience in the employment of nurses from many different schools, and having been officially associated with several schools, I have no hesitation in asserting that, from the medical standpoint at least (I do not speak from the surgical aspect), nurses were quite as satisfactorily trained under the two years' system as under the three years'.

The *Hospital Record* for March, 1906, contains the following editorial reference to this subject:

"The extension of the term ought to mean a broader, more complete training, but it does not in many cases. It means often that the nurse keeps on doing the same thing the third year that she did in the first six months. It does not mean that the nurse is any better equipped at graduation than under the two year regime. It would seem that with the widespread dissatisfaction with nurses in private practice that prevails, and is discussed publicly and privately, and in every journal that has anything to do with nurses, in medical journals and in the public press, that hospital boards would have given some special attention to that weakness, and provided both for instruction in private

nursing and some experience for every pupil nurse in that kind of work before graduation."

I would urge the following practical suggestion. Instead of attempting to train all nurses in like degree with so elaborate a curriculum, it would be much better to *graduate all suitable pupils after two years of training, and give an additional certificate to such as desire to prolong their course for a year or more* by postgraduate work, thereby constituting a second group trained in particular methods, and having larger experience, from which could be drawn the superintendents of new schools, district nurses, nurses for sanatoria, and for other special services. By this means credit would be given for proficiency where it is due, and those who are compelled to follow the work of ordinary private nursing would be free to do so at an earlier period. One of the reasons given for extending the nurses' course of training from two years to three is that the hospital is better served by nurses having the longer experience. After personal trial of both systems, I have failed to be convinced of the force of this argument, and if the suggestion above made were carried out, there would always be enough nurses who would return for postgraduate work if an additional certificate were issued to them, to safeguard the interests of the hospital. It is good for them to return after a few years' experience with private cases, and keep in touch with new methods. In fact, the adoption of the third year course never arose originally from genuine educational demands. It was established in part to save a few of the larger hospitals the expense of hiring graduate head nurses, and the smaller institutions, not to be outdone, have felt constrained to "follow the leaders."

The recent (1902) successful effort of the nurses to secure State protection of their calling is likely to produce some undesirable results, results akin to the embarrassments attending the licensing of medical

practitioners under laws which vary in each State, or to the variations in the laws of divorce. Thus a nurse may accompany a patient going South, and, completing her service with that patient, may desire to take charge of another case before returning, but she is only licensed to nurse in her own State, in fact in her own county. She finds herself, for example, wedded to her calling in New York, divorced from it in New Jersey, and a sort of "grass widow" in Maryland, each of these States having its own peculiar registration laws.

One of the oldest, and long one of the best, of the schools in this country is in a neighboring New England State. The course of instruction comprises two and a half years, yet the graduates of this school have been refused registration in New York State. It happens that the final nine months of the training are spent in extramural work, but this reduces the actual time in hospital to twenty-one months, or three months short of the time prescribed by law in this State. It also happens that this excellent school is supported almost entirely by the outside earnings of its nurses. If it curtails these earnings, it will be bankrupt, and if it lengthens its term of service, it will be thrown into more serious competition with other schools which have an unnecessarily long course.

The establishment of legislative standards for nursing seriously interferes with the independence of hospitals which are compelled to adopt fixed training school standards which are not always in accord with what in individual hospitals might secure the best care of their patients. But the effort to rush into legislation has already revealed other drawbacks. The nurses have not yet agreed among themselves as to what they want. I quote the following paragraph from the Nurses' Columns of the *Dietetic and Hygienic Gazette* of March, 1906, p. 172:

"The nurses of the Empire State are not in the sweetest accord; their organizations have not as yet effected that complete harmony and union that should exist among members of a trained profession [sic]. It is so in other States."

The bill recently introduced in the New York Legislature (Senate Bill No. 462) to establish a State Commission for the regulation of the practice of nursing, would, if enacted, prove a decided boomerang for nurses, and teach the folly of rushing into legislation with such a simple matter as nursing.

In a paragraph in a late number of the *Journal of the American Medical Association*, headed "The Battle of the Nurses," it is pointed out that the question of parliamentary registration of nurses produced a secession from the ranks of the Royal British Nurses' Association, with formation of a new Society for the State Registration of Nurses, the main source of dispute being the question of the extent of control of the examining board by physicians.

The most serious feature of the State examination of nurses as at present conducted is found in the fact that, being for the most part a written and oral (not bedside) examination, it is even less a test for fitness to practice nursing than the similar regents' examination is an adequate test of the fitness of physicians to practise medicine. I have served on training school examining boards for twenty years in different hospitals, and testify that the very best nurses may sometimes pass the poorest written and oral examinations. In a discussion upon this topic at a meeting of the German Association for Public Health, Professor Petersen, of Kiel, said:

"that he was opposed to the proposed examination of nurses. One of the most desirable qualifications of a nurse was a kind and sympathetic disposition, and this could not be ascertained by a State license. He had often observed that very good probationers had failed in an examination. Moreover, a nurse might be extremely competent in a special branch of nursing, although unfitted for ordinary nursing. For these specialists a general examination would mean

their withdrawal from nursing work." (*Medical Review of Reviews*, December 4, 1905.)

In a recent article in *American Medicine*, the writer says:

"Nursing is more of an art than it is a science. And I believe that the higher qualities—devotion to human helplessness, self-consecration, tact, patience, and steadfastness—are vastly more essential qualities in the nurse than knowledge of *materia medica* and *uranalysis*, in which it is proposed in my State that the applicant be examined before being worthy of the R. N. I believe that these higher and essential qualities can never be shown by a State examination to be either present or absent."

We are in the hands to-day in this State of a nurses' trust. There is no more real need of State examination and registration of nurses than for the examination and registration of a group of persons employed in any one of the liberal arts, except the prevailing idea of trades unionism, which compels the unfortunate patient to pay the same rate for the poorest nurse that is demanded for the best. A very serious problem in this connection, which deeply concerns the public, is the fact that patients of moderate means must pay "union" prices for a nurse, or do without, for the trained nurses, by their monopoly of all hospitals, make it impossible for the humbler trained attendant to acquire any experience at all within their walls. Following is what the *Hospital Record* for March, 1906, says editorially regarding this matter:

"On the one hand we hear of *alumnæ* associations discussing the question of how to provide nursing for the small wage earner. On the other hand we hear the self-same people who are so solicitous about the small wage earner not only refusing to nurse him under twenty or twenty-five dollars a week but, in addition, combining to prevent the hospitals from sending a pupil nurse to care for him."

What the community needs is the establishment of a class of attendants who can take care of ordinary, simple cases, for ordinary moderate wages, or who can work with the trained nurse, and help in

more serious cases, like typhoid fever, for instance, where two or three trained nurses, with perhaps hotel bills besides, are likely to bankrupt the family. There are a few institutions (mostly branches of the Young Women's Christian Association) which, like an excellent one in Flatbush, Brooklyn, undertake to provide this class of attendants, but they are far too few, and not being connected with hospitals, from which they are crowded out by the trained nurse, no practise is obtainable in the actual handling of patients. An editorial in the *Philadelphia Medical Council* (June, 1905) contains the following statement:

"The overtrained hospital nurse, with her cynicism and her routine, at \$20 per week, may at times be inferior to her sister of less training but greater natural fitness for her work, besides being utterly impossible to people of limited means who can afford to employ the other at one half the cost."

In the *Charlotte Medical Journal* of June, 1904, Dr. J. T. B. Berry, of Brandon Miss., publishes a capital article entitled *The Country Surgeon and his Nurse*, in which he refers to the inability of country residents with moderate means to "secure the services of a trained nurse for two reasons. First, they are not able financially. Second, it would take too long to get one to the patient, for we would have to send off to some city to find one." The writer continues:

"We want more nurses in the country, cheap nurses, those who can afford to work from \$5 to \$10 per week. The necessity for such nurses has become imperative. We need them, and we must have them; but where are they to come from, and how are we to get them?"

The late Dr. Samuel D. Gross was the father of the whole training school system in this country, having introduced it in 1868 after a visit made to Europe for the purpose of studying foreign nursing systems. In the *Medical News* of September 15, 1883, he wrote an article entitled *Remarks on the*

Importance of Having Trained Nurses for the Smaller Towns and Rural Districts, and the Proper Method of Securing Them, and he repeated therein a suggestion previously made by him to the American Medical Association, namely:

"that district schools should be formed, and placed under the guardianship of the county medical society, the members of which should make it their business to deliver, at such time and place as might be most convenient, instruction in the art and science of nursing, including the elements of hygiene, and every other species of information necessary to qualify the student for the important, onerous, and responsible duties of the sick room."

I recently witnessed an exhibition drill of a group of probationers of a training school where six months is spent in study before ward responsibilities begin. The probationers had been trained for three months only in keeping clinical records, adjusting beds, and bed appliances, etc., and the comment of a physician present was, "Why not graduate these women now? they know how to do enough for ordinary cases, and how can they be occupied in the school for nearly three years more?"

What an elderly patient requires with paralysis lasting several months is not an overtrained nurse who can talk about "colpoperineoplasty" or write a thesis on uranalysis and give her views of Bright's disease, at \$100 a month, but some one who can feed her, adjust her pillows, and report any sudden change in her condition to the physician. No one can seriously question the desirability of having some nurses trained in all the possibilities of their work, but that they should all be overtrained by the same inflexible routine, to the same high degree, and to the complete exclusion of humbler attendants, is a serious detriment to the public welfare and a wrong pedagogic principle.

We are apt to lose sight of the true function of the nurse, in these days of scientific medicine, as we are apt to lose sight of the purely human side of

medical practise, in our enthusiasm for germ cultures. The function of the nurse, the good, old fashioned pretraining school nurse, was, first and last, *to make an ill person comfortable in bed*. The function of the trained nurse, as originally conceived by the physician, is, *in addition*, to observe and record certain data of the patient's condition, and, in the case of surgery, to learn how to clean her hands and cleanse instruments. It is not nursing to strap all the bed clothing in a ward so tight that every patient acquires talipes equinus because it looks better not to have a single coverlet disarranged! That may be discipline or training—it is not nursing. Nor is it nursing to fail to recognize after three years of training when a patient with cardiac orthopnoea needs a back rest and foot support; it is not nursing to awaken every patient in the ward every morning at 4:30 o'clock "for the convenience of the night nurse," so that she can get her ward in order and records finished in time for the day nurse to begin her duties with a free hand! It is not nursing to crucify the mildly delirious patient to the bed for hours on his back with fast bound hands and feet, when all he needs is to turn over into a comfortable position for sleep. This is not nursing, nor are these illustrations imaginary, but taken from recently observed fact. They denote the tendency of modern schools to dwell upon inflexible, unthinking routine, and advanced pedagogic methods, to the exclusion of cultivation of the nurse's individual judgment, tact and common sense. Dr. Edward J. Ill, of Newark, in an article upon *The Trained Nurse and the Doctor* (*Journal of the Medical Society of New Jersey*, August, 1905), has well said:

"The best all-around nurse is the good observer, the quick witted, conscientious, and resourceful woman. No amount of training will supplant these good traits."

The modern schools are tending to become young women's seminaries for pseudoscience teaching, in

laboratories and lecture rooms. It is a curious fact that, whereas the medical colleges are striving towards emancipation from didactic methods, with substitution of closer bedside study, in modern nursing the tendency is largely the other way.

It is easy to fix the responsibility for overtraining in the nursing industry. It lies wholly at the door of the medical profession. It is because physicians do not insist upon having what they want at the bedside that they do not get it. Dr. Edward J. Ill writes (*loc. cit.*): "We of the medical profession are much to blame for the faults found in the nurse." I should amend that by saying "the faults found in the *nursing system*," for the faults of the nurse are human and common to us all, whereas the faults found in the training system are superintendental. Physicians stand aloof, and criticise the lay managers of the schools for petting and spoiling the nurses, and they leave so much responsibility to the nurses that the nurses acquire a misconception of their functions, and their energies are often misdirected.

In conclusion, I would emphasize again the following suggestions:

1. The medical profession should define emphatically and clearly the limitations of the nurse's sphere of work and study.
2. Physicians connected with institutions fostering training schools should insist upon representation upon their boards of school management, not merely in an advisory but in a governmental capacity.
3. The curriculum of every training school should be submitted for approval and adoption by the physicians associated with the government of the school.
4. The period of work for the trained nurse's ordinary diploma should be two years, but subsequent training for a year or more should entitle the graduate nurse to an additional certificate.

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5. Hospitals should admit for brief periods of study (say 6 months) a class of trained attendants, who should be exercised in the care of ordinary cases of illness not involving special technical skill, or extended experience, and who could, in serious cases aid the trained nurse in the work, and during convalescence supplant her at less expense to the patient.

6. Provision should be made for the study of the nursing of private patients prior to graduation.

7. Whatever shortcomings may be demonstrated in criticism of the present system of nurse's training, the primary responsibility therefor belongs to the members of the medical profession, who, if they would devote as much time and thought to the problems of the training school curriculum, the relationship of the work of the nurses to that of the house staff in hospitals, and similar matters, as they devote to other medical duties, would soon produce ideal results in a system which, despite its serious shortcomings, has proved of the greatest possible benefit ever since it was established.

34 EAST THIRTY-FIRST STREET.