Bedford Pierce, On the Training of Nurses in Institutions for the Insane (1903)

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ABSTRACT OF A PAPER BY

BEDFORD PIERCE, M.D., M.R.C.P.,

Medical Superintendent of The Retreat, York.

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ALL will agree in the wish to secure the services of intelligent high-principled women upon the nursing staff of our institutions for the insane. I myself, and no doubt many will agree with me, believe that we are more likely to obtain this kind of woman from amongst the middle class than from the artisan or domestic servant class; and I am prepared to go further, and say that the well-educated portion of the former (the upper middle class) is most likely to supply the best type of woman for our purpose. It is generally admitted that this is so as regards our general hospitals, and, in my opinion, the same considerations apply to our hospitals and asylums for the insane.

The present position of affairs is peculiar—the sick poor are nursed by educated women, often of gentle birth, whilst insane gentlewomen are frequently nursed by those not far removed in culture from their maid-servants. Our efforts in the Retreat have been directed to remove this paradox. In the nursing world to take up asylum work is generally looked upon as taking a step downhill professionally, a prejudice not without some justification in the past. In the future, in my opinion, the nursing of the insane will become a branch of the

profession in no way behind other branches. It will become a vocation for cultured women, wherein they will find ample scope for the exercise of their powers.

Such women will not merely become more competent and the better able to render intelligent obedience than often obtains at present, but the wants of our patients will be more readily anticipated, and their mental outlook and peculiar difficulties will be better understood.

In these remarks I do not for one moment wish to suggest that women who have had few educational advantages may not make good nurses, or that amongst the less educated classes we do not find as much kindness of heart as exists higher in the social scale. We all know that virtue is not confined to one class. But I venture to think that, if the nursing in asylums is left as it has been, we practically exclude the class of women most likely to help us in our work.

It is found wise in general hospitals not to be too strict in insisting that gentlewomen only need apply, and I believe, that in the best of them, women of very different social position are working side by side. This should be the case in our institutions for the insane. We should provide an opening for any conscientious woman with refined instincts and the necessary qualities of intelligence, tact, and patience.

In order to obtain the services of the women I have in view, it is, in the first place, necessary to provide the nurses with greater privacy and comfort when free from duty than generally obtains at present. To this end the Committee of the Retreat built, in 1898, a nurses' home, the first, I believe, in any institution for private patients in Great Britain. At the same time the hours on duty at the Retreat have been reduced, the holidays lengthened, and it has been found wise to give each nurse on every full working day an hour free from duty in addition to meal-times. The salaries of the senior nurses have been raised, but the probationers receive rather less than formerly. No doubt in course of time, when the value of a sound training is better recognised than at present, the junior nurses will be glad to come at a much reduced salary. But at the same time the more responsible posts must be much better paid than is now usual.

With regard to the organisation of the staff, I find myself at variance with Dr. Robertson, who, in his excellent paper in

the April number of the *Journal of Mental Science* on "Hospital Ideals in the Care of the Insane," advocates the introduction of a number of assistant matrons, each of whom superintends the work of a ward or group of wards. These are in his scheme hospital nurses, often without any asylum experience, and are additional members of the staff. Dr. Robertson claims that they do not interfere with position and promotion of the other nurses, though they are superior officers and receive a higher salary. The wiser course appears to me to follow the organisation of a general hospital. The head of the nursing staff is the matron, who, in a large institution, will doubtless require one or possibly more assistants, to whom she will assign certain duties, such as oversight of linen, clothing, and the service of meals. The assistant matron, however, does not form an intermediate officer between the nurses and the matron, and has no special territorial sway, but rather constitutes an extension of the matron's faculties where one person cannot possibly undertake all the duties of the position.

Each ward is under the charge of a thoroughly qualified nurse, who, at the Retreat, following the practice of general hospitals, is called the Ward Sister. She receives the instructions of the medical officers as to the treatment of her patients, and generally is mistress of the ward. She should be well educated, and experienced in both hospital and mental work. The sisters at the Retreat form a class by themselves, they have meals together, and possess several privileges that the nurses do not enjoy.

The nurses are divided into staff nurses, who hold the Association certificate, and probationers. The sisters, staff nurses, and probationers wear distinctive uniforms.

There is in this organisation little difference from that usual in most institutions for the insane, the chief distinction being that the ward sister under this arrangement becomes a more important officer than the charge-nurse was apt to be, there is more decentralisation of authority, and she bears a title which emphasises the fact that she holds a distinct and important place upon a hospital staff.

In many institutions where private patients are received ladies' companions are employed to assist in the occupations of the patients. Though for special reasons we have two

companions still in the Retreat, I consider it a necessary corollary to the introduction of well-educated women as nurses and probationers, that no untrained officer be placed over them in any capacity, to do the more agreeable part of the duties and escape the more unpleasant.

It is also essential that a thoroughly good training be given the staff. I look upon the engagement of a probationer in the light of a contract with two sides to it ; she undertakes to give her best services and to take every pains to learn how to become an efficient nurse, and the Committee of the institution undertakes to give her every reasonable opportunity of doing so. But the usual terms on which nurses are engaged are much the same as those for domestic servants, and no undertaking is given to provide any training whatever. If a person is engaged by the month, the engagement gives no suggestion of a long course of instruction and training for the acquisition of a profession. It, moreover, has the hurtful effect of the nurse feeling free to leave directly she thinks she knows her work, a result that has too frequently followed success in obtaining the Association certificate.

I therefore strongly recommend the adoption of the hospital system of receiving probationers for a definite term of years. At the Retreat, after a period of trial for two months, the nurses enter for a four years' engagement. The agreement that the nurses sign after the time of trial has elapsed may not be very binding in the legal sense, and it is not intended to compel a nurse to stay who does not want to, for such an one would be of little use ; but it constitutes a clear understanding quite sufficient for honourable persons. The Committee reserve the right to terminate the engagement at any time, and if a nurse wishes to be relieved before the end of the period agreed upon she must apply to the Committee, who will, no doubt, liberate her if sufficient reason be assigned.

On entering, the nurse is provided with a statement setting forth the conditions of service, the character of the training, and is informed that she is expected to enter for the Association examination at the end of her second year, and at the end of the third year for the examination for the Special Certificate of Training at the Retreat.

In deciding to engage nurses for such a long period as four years, twice as long as is thought necessary to qualify for the

certificate of proficiency given by this Association, I was influenced by the following considerations:

1. I satisfied myself that two years was too short a time to turn an untrained woman into a qualified nurse, and that in reality four years' experience of mental diseases was necessary.

2. A four years' engagement would tend to secure the services of a greater number of experienced nurses in the institution, by preventing the resignation of those who had obtained the Association certificate.

3. I considered it probable that a four years' engagement, as is commonly the case in good general hospitals, would in reality be more attractive than a shorter period to the kind of woman whose services I wanted to secure.

It should, however, be explained that it is understood that the training, so far as lectures and classes and examinations are concerned, is complete in three years, and that during the fourth year the nurse either takes up a position of greater responsibility in the wards or enters the private nursing department, where she will gain self-reliance and additional experience. In the latter case she receives a commission upon her earnings in addition to her salary.

The teaching that the nurse receives at the Retreat during the first two years corresponds to that laid down in the *Handbook*. If an average woman is to understand what is there set forth she will require to work hard through two winter sessions. In the course of the forty lectures and demonstrations given by the medical officers of the Retreat in these two years every effort is made to avoid theoretical subjects, and to deal with practical matters. The matron and ward sisters also give the nurses instruction in the wards.

In considering this one cannot but realise that the real training the nurse receives depends upon the discipline in the wards, the cultivation of orderly habits, of obedience, and the development of powers of self-control and patience; and the question naturally arises in respect to the dogmatic teaching upon the outlines of anatomy and physiology, *cui bono?* The answer appears to me to be precisely the same as that we give the medical student, who asks what is the good of learning the anatomy of the amphioxus or the development of the chick.

It is evident that much that we have learnt as students, and

much we teach the nurses, is purely educational, and has often no direct utility. It affords part of the equipment which enables us to perform our work intelligently. A knowledge of the composition of the atmosphere may not be needful to enable a nurse to ventilate a room properly, yet acquaintance with this makes the simple duty more interesting, and may add to her influence over a patient who objects, as she is no longer ignorantly carrying out an instruction.

One difference between the nursing of the sick and the nursing of the insane is that, in the latter case, many more faculties are called into play. Thus social gifts and accomplishments, as they are called, fill an important place in asylum life, and they should be assiduously cultivated. Moreover the medical treatment covers a wider field, and there are a number of special methods of treatment of value in certain cases that rarely are used in general hospitals. These two facts seem to me to make it clear that we should train our own nurses, and not look to general hospitals for assistance. So far we have been compelled to do this, as there were so few well-trained and well-educated women, with asylum experience, available for responsible posts, but I trust this will not long be the case.

Among the special methods of treatment I may mention open-air treatment as for phthisis, massage and various forms of medical gymnastics, the use of special dietaries, Turkish and electric baths; and in all these we require the assistance of intelligent nurses.

Whilst one can hardly expect any nurse to be familiar with all these, and the many other "cures" that may be thought specific in mental cases, it has been decided at the Retreat to give systematic instruction in medical gymnastics and massage to the nurses in their third year after they have obtained the Association certificate.

In America this is a recognised method of treatment, and considered of great therapeutic value. So far as I have tried it, I can confirm this. In America and on the Continent many asylums have well-equipped gymnasia which, I fear, are not found at present in England. I further think it would be a wise departure to require all the junior attendants and nurses to take a regular course of Swedish drill. Its value does not depend upon the muscle it may develop, or on the hygienic results as regards health, so much as upon the training of the

attention. It is an essential part of the Swedish system that prompt obedience to commands be given, which cultivates an alertness of mind of much educational value. Arrangements have already been made to hold classes of this kind at the Retreat, under the care of qualified instructors, for men and women respectively, in addition to the classes in medical gymnastics and massage which the senior nurses attend.

A class in invalid cooking has also been held for the instruction of the senior nurses, and the medical officers have given them an additional short course of lectures on the nursing of mental and nervous diseases.

Dr. Robertson, in the paper I have already mentioned, suggested that nurses upon the insane should first train in general hospitals, and afterwards take up their special branch of work. Life is too short for this. A course of training in one of the larger hospitals occupies four years, and includes much surgical work not necessary in an asylum. We can hardly expect all our nurses to devote six years to their training. It seems to me much wiser for the probationer to commence amongst the insane, and find out early whether she possesses the needful qualities. It must be remembered that the duties in a general hospital are entirely unlike those in an asylum; the discipline is quite different, and by no means necessarily assists the nurse in learning how to manage properly the insane. On the contrary, on undertaking mental work the hospital nurse has to unlearn not a little. It is evident, however, that the training undergone in hospital, on the whole, is helpful, and should materially shorten the time necessary to obtain proficiency in mental nursing.

In order to cope with the bodily disorders that so frequently accompany mental disease, it is certainly desirable that nurses upon the insane should have some hospital experience, but it is not easy to secure this without incurring considerable expense. I hope, however, that some co-operation between the hospitals for the sick and for the insane will be possible before long, so that nurses intending to undertake mental work may obtain on easy terms a year's experience in a large hospital or infirmary.

But it must, in the first place, be thoroughly understood that a nurse trained as I have suggested is not qualified to undertake the nursing of bodily illness unless she has taken a full

course of hospital training ; nor, on the other hand, must the fully trained hospital nurse be considered qualified for mental work unless she has undergone an adequate course of training in a well-equipped asylum.

If there is to be co-operation between the two branches of the nursing profession, neither branch must assume proficiency without proper justification.

I make no claim for originality as regards the proposals in this paper ; many of them have been practised in America, and many are but an adaptation of hospital methods to asylum life. I can only say that the scheme sketched out has, up to the present, been attended with success. It has largely attained the end I had in view, *viz.*, the introduction of a greater number of well-educated women upon the nursing staff of the Retreat, and this has, in my opinion, proved to be an unmixed benefit to the patients under my care.

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