

# Mr. and Mrs. Hospital Trustee— you have a *Big Job!*

By JANET M. GEISTER, R.N.

MR. and Mrs. Trustee, you have a most important new job in this war. Some of you are well aware of this but perhaps some of you are not. Recently two important subcommittees (Nursing and Hospitals) of the Health and Medical Committee of the O.C.D. sent out a grave plea. They asked hospital authorities, and I think that includes you, "to review the Manual of the Essentials of Good Hospital Nursing Service in relation to the personnel policies in their institutions." Now, why was it necessary to do this? Because hospitals are suffering the most serious nurse shortage in their history, and the situation is getting worse daily as the war encroachments continue. A shortage that was becoming serious before the war has now become precarious. Some of this situation cannot be helped because of military needs, but some of it *can* be helped. That is why the plea from the committees was sent out.

Here in part is the Committees' statement:

"Many inactive nurses and private duty nurses must be brought back into service into civilian institutions. . . . Many graduate nurses are being attracted into other occupations because of more desirable employment and salary conditions. . . . It is becoming increasingly difficult to attract well qualified young women into schools of nursing because of the competition with other fields . . . and we are faced with a serious shortage of graduates and student nurses."

Bluntly, this means that hospital staff nursing is not alluring to a lot of nurses. They feel they can be just as patriotic on \$125 a month as they can on \$60, so when "more desirable employment and salary conditions" are available elsewhere they feel no compunctions about accepting them. It means, too, that if we ask the private duty nurse to give up private practice in one of the rare periods of prosperity in her field, for the harder drive of general duty service, she should be fairly rewarded, both in money and in good working conditions. The committees referred, too, to the prospective recruits for our nursing schools. Young women of today, deciding on a field of work, have their eyes wide open. If hospital work has proved unattractive to considerable numbers of graduate nurses, it is not going to help the very important recruiting program.

The situation is very serious. Something must be done to remedy the remediable part of it. You, Mr. and Mrs. Trustee, have a real responsibility here. Of course, you rightly leave the administration of your hospital and nursing school to your administrators. I don't think there is anything harder for an administrator than to have board members interfering with administration. But that doesn't relieve you of responsibility in this situation. You hold the purse strings and you determine general policies and program. If many of you *still* persist in believing that the bulk of the nursing care in the hospital must be given by students, or that graduate nursing must be done at a sacrifice of health, wealth and future by the nurse, then you are helping create one of the most serious situations hospitals have ever faced—

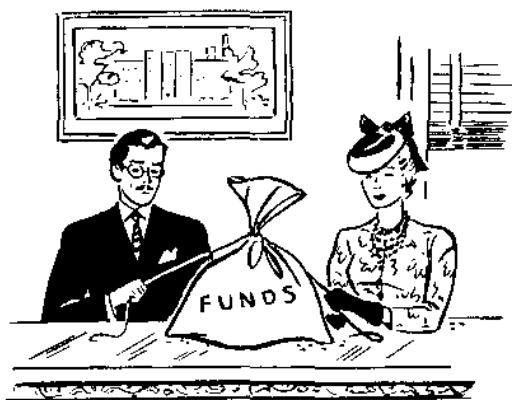
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and your administrators are helpless to improve conditions.

A hospital exists to serve the sick in the community. The hospital board is responsible to the community for the best care to its patients that modern science and modern practitioners can render. You cannot have this "best" care without good nursing. If you don't have good nursing your hospital isn't much of a place no matter how grandly it stands on the hillside. And you can't have good nursing if too many of your nurses are discontented, just waiting for a chance to better their situations.

A contented nursing staff is one of the soundest "pieces of equipment" a hospital could possibly acquire. We have all seen school boards erect magnificent school buildings and then staff them with the cheapest kind of help they



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can get. Those show-places are not good schools. Unhappily we have also seen some hospitals follow something of that same plan. Yet we know that while a handsome façade and air conditioning and shining equipment have their place, the most beautiful and desirable thing in the hospital is what Mary Roberts calls "the pool of contentment" around a well cared for patient. And a well cared for patient means a well cared for staff, a staff that has its self-respect, that knows it is going somewhere, and one that feels "This is *our* institution!" Personnel managers learned long ago that the happy worker is the best worker.

It is no secret that there has been a growing disaffection among general staff nurses in recent years. The pages of *THE TRAINED NURSE AND HOSPITAL REVIEW* have carried much information and discussion on the subject. The very existence of the "Manual of the Essentials of Good Hospital Nursing Service" testifies to the urgency that caused a joint committee of the National League of Nursing Education and the American Hospital Association to study the problem and issue the manual. Your particular institution may be one in which staff turnover is at a minimum, or was so before the war. Even so, it may, and probably does, suffer because the lack of good personnel practices elsewhere has made the field seem unattractive.

Some observers attribute the shortage to the higher educational requirements of modern nursing and to more rigid state licensing standards. It is significant, however, that the public health field with its generally high requirements felt no such shortage until well after the war had started. While these requirements may once have had *some* effect on the situation, I do not believe any qualified observer would today give them a major place in causes.

Many things, in addition to the war, have

combined to create the present shortage of hospital nurses. Among them are the unprecedented and rapid growth of graduate staffs, the development and consequent competition of new fields of nursing elsewhere, and the great pressure of modern diagnostic and treatment methods. But underneath all there is one basic reason for the discontent that has taken some nurses away from hospital practice, and that has made other nurses reluctant to return, and that gives pause to the prospective student. It is that some hospitals have modernized everything, *except* their personnel practices with regard to the nursing staff. Every helpful modern device that money can buy is proudly, and rightly, set up in the hospital, yet too often salaries, hours of work, living conditions, working conditions, opportunities for advancement, attitudes toward the help, date back almost to the pin-cushion era in the operating room. I say again this is by no means true of all, nor is it all true of some, but there is enough truth in the general statement to challenge earnest attention.

Nurses are really *not* hard to please. I think, by and large, they are as responsive and responsive a group as you can find in our whole society. And nurses aren't angels—and they do not like to be called angels! They are just fine people, the majority remarkably unselfish, who have voluntarily taken up a profession that they know involves hard work always, a profession that has occupational hazards, one that demands selflessness above self interest. It is a profession that offers a livelihood, but to many a precarious one, and to none does it bring affluence. Yet the majority of nurses love and honor this profession by giving it the best that is in them and they respond to good treatment like flowers to the sun.

What are the things then, that we call good personnel practices, the things nurses are asking for? Won't you send for the Manual\* and learn for yourself? Much has been written on the subject, all of it available to you through the nursing and hospital publications in your nursing school library. And I urge you earnestly to read Clare Dennison's "Nursing Service in the Emergency" in the July, 1942 American Journal of Nursing. It is a clear, sane, forthright and arresting discussion of hospital nursing. Miss Dennison is superintendent of nurses at Strong Memorial Hospital, University of Rochester, Rochester, N. Y.

\* Nat'l League of Nursing Education, 1790 Broadway, New York, seventy-five cents.

he knows her subject and she speaks well on

There is nothing revolutionary in the essentials of good nursing as set down in the Manual. In essence they seem to me to be the simple principles of the Golden Rule. They are completely reasonable; you can find their counterpart in scores of areas where the employer-employee relationship is working to mutual satisfaction. They ask only for a reasonable wage, a reasonable case load, reasonable working and living conditions, for educational opportunities and for a leadership that brings out the best in the nurse. This last item is even more important than the first. You can't raise crops without sun. Neither can you bring out the best in people without a comradely leadership that warms and inspires as it instructs and directs. The old idea—"Theirs not to reason why; theirs but to do and die," is passé in a world where men stand shoulder to shoulder, yet by no means has it been eradicated from some of our institutions.

The Manual asks for a wage commensurate with the service that is rendered. And why not! Where in our world do we get \$100 values for a \$50 outlay? When we do strike such a bargain some one has to sacrifice. I know a good many nurses who have been on the short end of such bargains. Nurses in general are not mercenary. But they have personal responsibilities just as other people have; they have professional responsibilities they must keep up to remain useful; and they must think of the day ahead (and it is an early one for many of them) when they can no longer earn. I have seen so many nurses in want and distress in their later years because they felt it was "unethical" to ask for a reasonable wage and because society made no provisions for these casualties of extraordinary strain and stress, that I cannot be too critical of the occasional nurse who counts dollars before services.

Money does not buy devotion and loyalty, but that is no reason why these qualities should

be exploited. We have all seen nurses and doctors work as hard on charity cases as on the well paid ones. We have all seen private duty nurses give up the care of one patient at \$6.00 a day to help out on general duty with a half dozen or more patients, at \$3.00 and \$4.00 a day. I don't think nurses in general have to be reminded that they have an obligation to society, but I think sometimes that society has to be reminded that it has an obligation toward its nurses. Our hospitals today are laboratories for trying out the ever increasing new findings of medical science. This places unprecedented demands on the nurses for versatility, skill, speed and endurance and these things have their price—and not only in money. Quality in nursing counts fully as much as quality counts in operating room equipment or in the drug room.

I've often wondered if you, Mr. and Mrs. Trustee, realize what the march of medical science has done to hospital nursing? The multitude of new procedures has made the nurse's job almost an assembly line task; miss a step in the speeded-up program and the whole day is out of kilter. The pressure of research and new treatment creates a drive that too quickly exhausts any but the young and strong. And the one thing that disturbs the good nurse more than anything else is to have to skimp on her care of patients. The majority of nurses want to do good nursing, yet how very often we hear, "I simply can't go back there. I can't bear to do that kind of nursing!" Give a nurse twenty patients to "do up" in one morning and skimping is inevitable. Inadequate nursing isn't her fault then, nor is it the fault of the nursing manager; the work simply must get done. In war time, some skimping cannot be avoided, but in pre-war time it could well have been avoided by the employment of enough nurses to cover the hospital needs.

There remain other factors in hospital nursing that might well be discussed here, but space is brief. Furthermore my main purpose is but to call your attention to the gravity of

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the situation and to the need for action on its remediable aspects, and to plead for your support of your administrators in taking such action. "But where will we get the money!" Probably from the same place you get money for other things for the hospital. I know that hospital costs have gone up greatly, but incomes have gone up too, though probably not so greatly. Balancing the money budget is one of the most perplexing preoccupations of hospital boards and hospital administrators today.

But there is another kind of budget that takes precedence over the money budget; it is the budget of human needs. Balancing this budget means the provision of safe, comforting, constructive care to the sick insofar as it is humanly possible to do so. This is the hos-

pital's *first* obligation to the community; *well earned* hospital deficits are honorable things. It is a poor community that does not support its hospital when it understands that the money budget was overdrawn in favor of human needs. The most extravagant thing in hospital administration is "cheap" nursing, and one of the greatest contributions the hospital can make to its community is the provision of adequate, efficient and devoted nursing. Hospital nursing should be one of the most attractive fields in all nursing. It is for some. It can be made so for all.

And when it becomes so through your support, Mr. and Mrs. Trustee, you will be thrice blessed—by your patients, by your community and by your and my beloved country.

## • • • • • Hospital Etiquette for Wartime Patients • • • • •

The old code of conduct for hospital patients here at home is out for the duration, but there are still some who fail to adjust their behavior. For the benefit of these few patients, we reprint from a St. Louis newspaper the following list of "don'ts":

- Don't kick if the crockery on your breakfast tray doesn't all match. Hospitals are short on china; training camps have first call.
- Don't seek hospital admission after 5 p.m. or before 8 a.m. except in emergency. Enter the hospital for admission between the hours of 8 a.m. and 5 p.m. When you go to a movie and insist on being admitted to the hospital at 11 at night for your next day's operation, you put a terrific strain on the hospital's overworked internes and night personnel.
- Don't ask for food not shown on the menu. Kitchen help for the hospital is as hard to get as household help in the home.
- Don't ask the hospital for trays for your guests. With reduced personnel, the hospital has its hands full serving the patients.
- Don't complain if your call light isn't answered immediately. Count ten first. Remember it's humanly impossible for five nurses on a division to do everything as promptly and as well as ten did a year ago.
- Don't encourage your friends to send flowers. Tell them you'd rather they make out a small check to the hospital with a note to the effect that they're sending it in your honor, perhaps to be used toward pro-

viding a nurse for some poor and desperately sick youngster.

- Don't let your visitors overstay. They may make it necessary for some overworked nurse to postpone treatments or medications and thereby upset her routine.
- Don't let your visitor send a nurse to the pharmacy for some gum or ask her to make a phone call. Every nurse in every hospital today has her hands full taking care of patients' needs.
- Don't let your visitors sit on your bed or throw their wraps on it. Tell them there's a hospital rule against it. Carelessly soiled bedspreads mean more work for the already overworked hospital laundry personnel.
- Don't take along your valuables and big money when you know you're going to the hospital for a stay. You will thus relieve the hospital of a little detective work.

The newspaper appends the following bit of explanation and consolation:

"Of course, when you pay your hard-earned cash to go to a hospital to get carved upon, you expect service. And you'll get it. Efficient service, but not the luxury type that was available in the good old days. Internes, nurses, all help connected with a hospital, are hard put these days to get their work done. When a nurse leaves for army service, chances are there's no one to take her place. The same thing goes for everybody on the hospital staff, right down to the guy who totes the dirty dishes."

*Bulletin Missouri Hospital Assn.*