

# Trends in Hospital Nursing Service

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IF WE ARE TO VIEW the future, we must look to the past. As Swinburne significantly notes in his *Ode to England*, "All our past acclaims our future." Yet, to secure the proper perspective of the future it is necessary to search for sufficient similarity of results in both past and present in order to ascertain a trend upon which to hazard any forecast. Trends do exist. As Plutarch wisely wrote long ago,

It is no great wonder if in the long process of time, while fortune takes her course hither and thither, numerous coincidences should spontaneously occur. If the number and variety of subjects to be wrought upon be infinite, it is all the more easy for fortune, with such an abundance of material, to effect this similarity of results.

It is a truism that "There is nothing new under the sun." Correspondingly, it will not be strange if I repeat impressions already expressed by many of your leaders. In fact, lack of originality in this dissertation should be the greatest testimony to its worthiness.

The temptation is great to stress the present, especially when the present is in the midst of a truly world war with its exigent demands and distorted focalization. However, Thomas Moore reminds us that the present is "a narrow isthmus, 'twixt two boundless seas, the past, the future,—two eternities." So, the temptation is resisted. We discard the war from this discourse, with the appreciation merely of its ability to highlight the strength and weaknesses of our system, as well as to accentuate or to retard the evolution of the significant trends.

The future, of which we guess, is to be a post-war period and, consequently, considerably altered in any case. To what extent our social, political, and economic

system may be modified is beyond our immediate scope. Economically, deflation inevitably follows inflation. Yet, the high degree of central government control within this sphere should result in a long-time period of adjustment, which more nearly could be classified as prosperity than depression.

Let us examine a few of the trends which may affect the hospital nursing service of this future period to gain an understanding of them rather than to evaluate their desirability.

## I

### *Trends associated with an increasing demand for hospital nursing service:*

An extensive awareness of individual health and the advisability of its maintenance has been the result of many years of health education. This has evidenced itself in a rapidly increasing demand for hospitalization which now is utilizing the whole capacities of available facilities and which gives no indication of retardation in spite of any economic or political barriers.

The significant growth of hospitalization plans for the prepayment of hospital costs and the widening of the scope of governmental payments for hospitalization to include people not destitute have enlarged the demand by the removal of the economic barriers. Whichever method prevails in the future, it is sufficient for our purpose to forecast an increasing demand far beyond the conception of present-day health standards.

An increase in the congregation of larger proportions of the population in urban centers has contributed to an increase in the institutionalization of

health care. City planners forecast even a greater concentration in urban centers with resulting revolutionary changes in the planning of hospitals in order to accommodate the increasing demand.

Accompanying this demand is a sophistication which displays a feeling of ownership with inalienable rights and privileges in the facilities and skills available. Acquiring a new experience by repeated contacts, the demand has adopted a critical attitude which is awed no longer by an appreciation of unfamiliar mystery; which no longer accepts a hospital and its nursing service because it exists; and which no longer is confined to the acceptance of the hospital care of a given community but which may seek satisfaction elsewhere within the state or nation.

Likewise, there is dawning upon the more intelligent persons demanding hospitalization a cognizance of the fact that they are unable to make a sagacious selection of the producer of hospital care. Their tendency is to turn to other agencies for counsel or to join with other consumers in deputizing a representative organization to make this selection in their behalf.

The demand of the patient that the hospital supply all the nursing care needed, whether four hours or twenty-four hours, without the necessity of hiring special nurses by the patient, is increasing.

## II

### *Trends associated with the quantity and quality of nursing service:*

Although factual data for comparisons are meager, sufficient evidence has been arrayed to attest that the quantity and quality of nursing service afforded the individual patient have increased over a period of years.

Many activities have tended to *decrease* the quantity and the quality of nursing service. A growth in the num-

ber and complexity of nursing duties, brought about by the transfer to nursing service of functions formerly performed by physicians and by the rapid advancement of medical science itself, has required more nursing time. An increase in the number of non-nursing duties, due to advances in hospital administration, is evidenced by the maze of requisitions and reports with which a hospital nurse must concern herself. This has required more nurses. An increase in the technical personnel in the hospital organization makes significant inroads daily into the nurse's time. The assignment of nurses to hospital units other than patient wards, like the x-ray department, the basal metabolism room, et cetera, has diminished the supply of nurses available for bedside care. The decrease in the amount of the pupil nurses' time devoted to nursing experience, over 50 per cent in ten years, has resulted in a greater movement of personnel between ward units, which tends to lower the quality and has necessitated an increase in the number of nurses required to maintain the same quality standards. The growing immaturity of the student nurse group, requiring more supervision, has decreased the available supply of nurses for bedside care. The reduction of hours of duty has necessitated a greater number of nurses. The unusual expansion of other health services—for instance in public health and government agencies, transportation and industrial medical services—has required nurses, and thus has reduced the number available for hospital service. It would seem that the factors underlying these activities are sufficiently potent to indicate their continuance at an accelerated rate in the future.

In parallel, there have developed activities tending to *increase* the quantity and the quality of nursing service. There has been an increase in the number of pupil nurses graduated annually. In 1935 there were approximately 19,600; in

1940 there were nearly 23,600; and in 1941 the number graduated was slightly over 25,800. The most significant trend of our era has been the introduction of the graduate general staff nurse into the hospital organization. Although the most appropriate figures to measure this development accurately are not readily available, the trend is demonstrated by the fact that in 1930 there were approximately 78,000 graduate nurses employed in hospitals while in 1941 this number had increased to about 170,000 of which nearly 109,000 were general staff nurses. She hardly got started when the first real division of the functions of nursing service, extending even into bedside care, arose, and the specialization of tasks as well as the use of less skilled workers was permitted. Necessity saddled the general staff nurse with the supervision and training of a whole new group, the auxiliary workers—ward aides, ward helpers, and ward secretaries. This division of labor is the inevitable development when a sufficient volume of similar tasks is achieved and such specialization results always in an increase in the quantity and the quality of the service produced. More recently the expansion of the use of men nurses has indicated a trend of some importance in the future.

The high marriage rate among nurses has ever been present but the increased use of the married nurse in hospital nursing service demonstrates a new noteworthy trend, and brings with it many associated problems.

### III

#### *Trends associated with the integration of health services:*

Following an era of multiplication of separate organizations to furnish partial phases of health service, has developed the necessity for greater integration. The day is passing rapidly when adequate health service, sufficient to satisfy the critical demands of the consuming pub-

lic, can be furnished by a disjointed conglomeration of health agencies as they now exist. There is no more place for the theory of isolationism in the field of health than there is in political and economic realms.

It has been recognized generally that for best results related services should be co-ordinated under a single directing authority. This integration of intimately related units, it is felt, can be best secured by the development of a program based upon the hospital as the medical center. The hospital represents common ground upon which the patient, community, and professional groups can meet. It provides many of the specialized and expensive facilities needed. It occupies a strategic position in the community to co-ordinate various activities dealing with illness and embodies the general type of professional and lay organization which, with some alteration, can best meet the problem presented. As the medical center of the future, provisions for every form of prevention and treatment will be assigned to varying professionally classified hospitals, the activities of which will be co-ordinated within geographical health areas by a regional council.

In parallel, has developed the increasing dependence of the physician and the nurse upon associated services for the practice of their science. The nurse is increasingly dependent upon some health institution, with its own policies and practices, for opportunity to develop her career.

It has been recognized that there has been a maldistribution of available nurses both geographically and between fields of nursing. Licencing agencies, spurred by war needs, are beginning to set a pattern of assigning and distributing nurses according to community need with a lessening respect toward individual initiative. The future may tend to stress this feature.

Associated with these trends and incapable of being completely avoided, in spite of economics of co-ordination, has been a steady and continuous increase in the cost of health care to a point beyond the immediately available means of a large section of the population and undoubtedly beyond the possibility of the sick to bear alone.

## IV

*Trends associated with social security of the worker:*

Searching for social security, there is a greatly augmented mass effort which believes that true security is to be found in social solidarity rather than isolated individual effort. Within the nursing profession is growing evidence that some nurses believe that present personal abuses can be eliminated and that their own security can be acquired by joining such group action. Moreover, they appear willing to accept the accompanying regimentation with surprising contentment.

This trend has evidenced itself in general labor by strong labor unions, a labor monopoly, high wages although not necessarily a larger share in production gains, unemployment insurance, old age pensions, shorter hours, et cetera. It is becoming evidenced in the field of nursing by the demand for shorter hours, irritation at paternalistic practices of hospital management, search for emancipation from social restrictions associated with immaturity and boarding school life, a desire for a cash salary which affords comparison with compensation in other fields and permits greater individual freedom of action, and the necessity for definitive personnel relations which consciously build morale by a true integration of interests.

If accompanied by intelligent alterations in hospital management and by an attitude among the nurses which is appreciative of the time, rate, and degree of change possible within a given period,

the accursed mobility of nurses from one organization to another should be lessened. On the other hand, the hazards of unintelligent group labor consciousness versus inflexible management are ever present.

## V

*Trends associated with a greater centralization of government control:*

Political power has shifted from the middle-class property owner, whose respect for the nurse was maintained by intimate and frequent contact in common social endeavors, to the economically lower class labor group, whose contact is less frequent by force of numbers and whose intimacy is impeded by barriers of economic and educational levels.

Greater dependence upon and greater centralization of government by what has been aptly described by Kiplinger as "a self perpetuating system whereby a bloc of citizens, nurtured by money from Washington, tie themselves to government; the government nurtured by votes of this bloc, ties itself to them." Thus, government welfare is heading toward state socialism.

The modern voluntary hospital is the praiseworthy result of a sincerely interested philanthropy. It has become a monument, the finest in the world, to generations of men and women who have poured years of work and devotion into service. This monument should not be allowed to die. Yet it appears that the haphazardness of the establishment and financing of hospitals of the past can continue no longer. Dependence upon patients' fees and the vagaries of charitable funds will not be sufficient to stabilize the income and establish sufficient reserves for the achievement of health standards which will be required in the future for public welfare. The past and present are full of illustrations of institutions which have been forced to limit their progress by

the funds available. The temper of the public is to be content no longer to allow health standards to be limited by funds. Therefore, a basis for stabilizing the resources for health needs is necessary.

The concept of hospitals as public utilities is a reasonable one for the future. As an organization performing public service necessary for the improvement of the standards of life, a hospital may be permitted monopolistic powers, similar to those of other public utilities, as a means of securing necessary co-ordination and economy and of stabilizing its resources. Whether these funds are secured from government taxes or voluntary groups will not obviate the subjecting of such institutions to centralized support and regulation for the common good.

## VI

### *Trends associated with the emphasis on education:*

With each succeeding generation there has been evidence of the universality of formal educational experience upon steadily increasing levels. Recent statistics of the selective service process disclose a significant increase in both phases of this trend when compared to the statistics of 1917.

In its never ending desire to improve its professional standards, the nursing profession is seeking to attract young women with at least a minimum of universal education. Hence, the gradual change in educational requirements for schools of nursing from one year to four years of high school and, in a few schools, to one year of college or even four years of college. This may lead to the diversion of theoretical instruction from hospital schools to schools of education, and to a redefinition of the objectives of schools of nursing in hospitals.

Moreover, with the past decade there has developed extensive evidence that such educational processes shall not stop

with adulthood or employment. Evening classes in city schools and extension courses conducted by universities or state departments of education attract many students continuously, far into adulthood, and permit an increasing specialization in fields of applied education.

Under this same influence, advanced courses in nursing specialties may be introduced to follow the basic nursing course, to accommodate nurses who are employed on general staff duty in a hospital who desire to prepare themselves for advancement in the hospital organization.

It is not strange that in nursing education, with the advancement of medical science, there should be an advancement of nursing science and an increasing urge to augment the volume of theoretical instruction.

It is apparent that sufficient time is not available in the usual three years to secure adequate instruction in theory and adequate practical experience in accordance with the present defined objectives of schools of nursing. This may lead to a segregation into schools primarily devoted to training nurses for bedside care—like general staff nurses—and schools to train for the advanced and more specialized fields of nursing; or to an extension of the period to four or more years involving perhaps a year of internship in experience education.

There is a growing realization, in an increasing number of hospitals, that pupil nurses cannot be relied upon as the major source of supply for the backbone of the hospital nursing service.

With the increasing number of graduate nurses employed in a hospital organization, many of whom have received their basic training elsewhere, it is necessary for good management to establish in-service training programs to orient and instruct employees in the methods of a given institution and in the

rapidly changing nursing procedures. This trend, in itself, will require educational programs of sufficient size to monopolize all the nursing educational efforts in many hospitals.

#### CONCLUSION

Whether we like it or not, the trends appear to indicate that the frontier of future nursing practice lies within the walls of the modern hospital. The nursing profession cannot isolate itself from the rest of the social forces and work out its own destiny, independent of the fate of mankind in other professions and industries. It would be foolish to attempt to bring about a bright destiny for the profession by hugging its own liberty to your bosom and taking the position that you can save it for itself, regardless of the rest of the population. Organized nursing cannot become a citadel for the preservation of its own liberty, solely for itself.

With the substitution of the adult employed graduate nurse for the pupil nurse of undergraduate level in the hospital organization for nursing service, hospital management must institute modern personnel methods accompanied by standards of salary and working conditions commensurate with the standards present in other activities in the community which attract young women of like training and experience. On the other hand, nurses must remember that the hospital is a creature as well as a servant of society. Its development must conform in speed of attainment and in character with the dictates of that society. Unreasonable and unseasonal demands upon it may force it into patterns so altered as to lose more cherished benefits already enjoyed. Whenever the demands of any self-centered group exceed these dictates of society, a new group is formed by society to supplant the former. History is full of such illustrations. Moreover, the volume which

permits division of labor and specialization creates associated groups with divergent interests. Such diversion is already present in nursing service personnel. Unless these allied groups are absorbed by the nursing profession to give them the benefit of the idealistic codes of the nursing profession and stimulate their thinking toward true objectives of society, these allied groups may yield an unintelligent effect disastrous to the aims of the original profession.

There must be action and it must move rapidly because the forces back of many of these trends will crystallize patterns both within the war years and those immediately following. Both hospital management and the nursing profession should be flexible enough to meet consumer demand at a point where it will do the most public good and not wait until the demand achieves a potency to create a pattern for nursing practice which may not produce the most effective results. There is no one pattern for such adjustment. It would be foolhardy to wait for a national plan or until the complete features of any plan could be developed. None of the modern health organizations started out with a complete concept of its ultimate form. Therefore, the nursing profession should be urged to take an active leadership in developing at state levels, in co-operation with the hospital authorities, a program which recognizes the present trends as well as regional differences. The rapidly developing co-operative attitudes of the leaders of both the American Nurses' Association and the American Hospital Association, which have evidenced themselves in recent years on problems of mutual interest and which are so gratifying to many members of our association, are sufficient guarantee of fruitful results.

A college president of whom I am a great admirer, recently referred in his

baccalaureate sermon to a tribe who contributed much to King David in the time of great crisis in his reign. These men the Bible described as, "the children of Issachar, which were men that had understanding of the times, to know what Israel ought to do." There is need for a dynamic, forward-looking concept of the place and function of nursing service in our society. If we appreciate these problems, they should not be approached with a rearrangement of old prejudices but with an understanding of

the times, as did "the children of Issachar." There must be a clarity of objective, prompted by the urge of what is best for the patient and by a recognition of personal responsibility to society for the knowledge we have acquired. No one is expected to evidence this understanding and responsibility more than the nursing profession.

[Read at a general session of the American Nurses' Association at the Biennial Convention of the three national nursing organizations, Chicago, Illinois, May 21, 1942.]

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## *Hidden Hunger*

THE MOTION PICTURE "Hidden Hunger," starring vitamins and Walter Brennan, has been distributed directly to motion picture houses by the Federal Security Agency as an aid to winning the war on the food front. It tells Mr. and Mrs. America how to feed the nation so it will be strong and well.

This film is available in 16 mm. size to schools, clinics, educational institutions, and clubs. With it will be sent a simple, graphic manual for teachers of nutrition, a quiz, and another short film to tell a straight nutrition story.

M. L. Wilson, Director of the Nutrition Division, Office of Defense Health and Welfare Services, headed the group that assembled the scientific data for the film. "Hidden Hunger" brings the newer knowledge of nutrition to the screen in a poignant and understandable way. It points up waste of food through improper cooking and waste of money through improper buying. Each of the protective foods is given its proper share of attention.

The film's lively, amusing plot concerns Farmer Link Squire's (Walter Brennan's) exciting adventures during his one-month crusade to get people to stop extravagant waste of our abundant supply of foodstuffs

in this land where "we grow the greatest harvest in the world." Link doesn't ask people to "go on any new-fangled diet or cook in any new-fangled way." He preaches vegetables and meat, the right kind of bread, milk, eggs, fruit, sea foods, dairy products, whole grain cereals—the foods Americans have always eaten. But he points out dramatically the importance of a properly balanced diet. If the American people will buy and cook well-balanced meals so that they get all of the forty different elements the body needs, "they will get themselves an equal chance for health, the way they've got themselves an equal chance to vote."

"Hidden Hunger" is one of the results of the National Nutrition Conference called by President Roosevelt in May 1941. Its purpose was to outline a national nutrition policy which would successfully combat unnecessary and widespread malnutrition. It was faced with the fact—revealed in recent nationwide surveys—that in this land of surplus food, two out of every five persons are suffering from hidden hunger. It is Administrator McNutt's hope that every man, woman, and child in America will see this film.—Office of Defense Health and Welfare Services, Federal Security Agency.