

Editorials

September 1946—a pivotal month

Pearl Harbor—nurses following the flag across the seven seas; the War Manpower Commission declaration of nursing as an essential service; the Bolton Act with acceleration of the curriculum and recruitment and teaching of enormous classes of student nurses; the May Bill to draft nurses¹; V-E Day; V-J Day; and the end of hostilities but—

V-J DAY brought no respite to nurses. While the profession was still reeling from the dizzying effect of its swift-paced war effort, those in a position of leadership set the dates for a series of meetings that should make September a pivotal point in nursing history. It is fortunate that the universities may be expected to enrol more nurses than ever before. Long-range programs cannot be translated into effective action without greatly augmented numbers of nurses equipped by knowledge and experience to cope with the demands of a changing social order.

I. The Grand Council of the International Council of Nurses meeting in London, September 3-5, will consider such important matters as a study of nursing education upon which to base fundamental standards for use throughout the world; methods for developing an effective relationship between the ICN and the new World Health Organization in the United Nations; and effective methods for assisting with the development of national nursing organizations and of promoting unity of purpose, implemented by dynamic programs, among the nurses of the world.

II. The Grand Council of the Florence Nightingale International Foundation, meeting in London, September 11-13, will review the entire structure and program of the Foundation in order that its program for the development of nurse leadership through the advanced education of selected nurses shall be co-ordinated with that of the ICN without duplication of function or effort.

III. The highlights of the biennial convention of the three national nursing organizations in Atlantic City, September 23-27, have been kept before the profession for several months by the *Journal* and *Public Health Nursing*. The magazines have provided a considerable body of factual information on some of the major issues.

The National Nursing Council, now rapidly winding up its affairs, will make a final report. It is no secret that the very human tendency to confuse *methods* which are obvious with *purposes* which have not always been so clearly stated as to be readily understood, has tended to create distrust.

¹This bill died in Committee.

The acid test which thoughtful nurses will apply to that report in Atlantic City will be, "Could the profession have accomplished so much in wartime without the Council and does it leave the profession in a stronger, or a weaker, position than that of 1940?"

The staff of the Raymond Rich Associates is now hard at work on the "Structure Study" of the national nursing organizations and Mr. Rich will present his report at the convention. Such a study should have a very salutary influence at this time. If it reveals weaknesses or duplications of function or program the profession itself, as represented by its organizations, will decide what should be done about them. As nursing faces a future of unparalleled opportunity it may be well to remember that the professional organizations and their publications are all means to one end—the *progressive development of nursing to meet the changing needs of society*. In so doing the personal welfare and professional status of nurses can best be safeguarded by professional organizations to which the profession entrusts these responsibilities.

Shall nursing continue in the meek rôle of a relatively malleable and essential service or will it accept the challenge of the times to become a creative force in the total health program of this democracy? Over and beyond all else the September meetings provide an unparalleled opportunity for nursing to translate its ideals of service into a dynamic force for "the healing of the nations."

IV. The Seventy-ninth Congress passed two substantial pieces of health legislation which will have a marked influence on the development of nursing. They are the National Mental Health Act and the Hospital Construction Act. Also, on the eve of adjournment, the Congress doubled the appropriation of the Children's Bureau. The impetus thus given to a program already in operation is a matter of immediate concern to nurses. As Katharine F. Lenroot, Chief of the Children's Bureau, has said:

This is the greatest step forward in behalf of the health and welfare of children since the Social Security Act was passed in 1935. Now with \$22,000,000 from the federal government, sup-

plemented by funds which the states will add, we ought to be able to save lives of many thousands of mothers and children and assure hundreds of thousands a better start in life than has been possible to them in the past.

The Children's Bureau has special responsibility for the following programs under the Social Security Act: Maternal and Child Health, Services for Crippled Children, and Child Welfare Services.

The service of the Nursing Unit of the Bureau is fundamentally a public health nursing service which presently has a staff of thirteen public health nurses. Through the Emergency Maternity and Infant Care (EMIC) program set up to care for the wives and children of men in service, many hospital nursing services have profited from the expert consultative service of some of those nurses, all of whom have had advanced education in maternity, pediatric, or orthopedic nursing. Since some 50 per cent of the Social Security health budget appropriated to the Bureau is being spent by the States for nursing services and nursing education, the doubled appropriation is a matter of immediate and almost overwhelming importance to the profession.

The pediatric nursing needs of hospitals call for over 4,600 nurses for administrative, supervisory, and teaching positions alone; the obstetric nursing needs of hospitals call for almost 10,000 nurses for the same types of positions. Because there are still relatively few advanced clinical courses in these specialties, it is hoped that each of them may have a maximum enrolment of carefully selected nurses. Nor should it be forgotten that there is urgent need for more clinical specialization in all branches of nursing.

September is always a time of beginnings. September 1946 is a fateful month. When the ANA celebrates its one hundredth anniversary let us hope that the nurses of 1996 may have pride in pointing out the significance of some of the decisions made by the profession in September 1946.

Upward trends

IN THE fiscal year ending June 30 the number of nurses in military service had been reduced from over 50,000 to 12,000. Probably at least one-half of the 35,000 nurses to be graduated within 1946 had completed their basic education. Despite these facts, at midsummer the quality of hospital nursing service was generally believed to be dangerously low and the flood of publicity about nursing shortages, much of it seeming to place the entire onus on nurses, was continuing unabated.

Hoping to find the tide beginning to turn toward more wholesome conditions for both patients and nurses, the *Journal* telegraphed the directors of some fifty widely scattered schools requesting information about the immediate plans of this year's graduates most of whom, it will be recalled, were members of the U. S. Cadet Nurse Corps. We asked, specifically, for information about the interest of these young nurses in institutional nursing.

Once again we wish to record our appreciation of the co-operative assistance of busy superintendents of nurses. Their replies were gratifyingly prompt. They represent approximately 2,000 recently graduated or soon to be graduated nurses. So small a sampling is of little statistical value but it provides some evidence of important trends. The replies indicate that a high percentage of this year's graduates are entering institutional nursing. The reported percentage of each class now in or planning to accept hospital positions ranges from less than 20 per cent to 96 per cent with many more above 50 per cent than below. A few of the directors of the schools indicated that they have very little information about the whereabouts of nurses graduated early in the year; also a few provided very little information about the plans or hopes of those still to be graduated.

Because the first few telegrams caused our spirits to soar, we quote them in full:

1. "One hundred thirty-one graduating in 1946; at least 95 per cent so far are in some hospital position. A few of the married are not settled yet but all plan to do essential nursing as defined by the Cadet Corps."
2. "Graduating 34; remaining home hospital 18; small community hospital employment 13; public health 1; pregnant 1; undecided 1. All seem to appreciate great need and plan to remain in essential nursing."
3. "Twenty-five in class of 1946; 96 per cent have accepted hospital positions. Very helpful in taking responsibility in nursing during the early evening and night hours."

All honor to the fine spirit of these young nurses and to the others like them whose schools did not happen to receive this inquiry.

A few of the replies however are in sharp contrast with those cited. What intramural, professional, family, and community influences helped to create the attitudes revealed by the following respondents? The profession must accept the burden of leadership in securing constructive community action in changing this trend before it is too late.

1. "Patient care at lowest ebb during afternoon and evening hours. Nurses resisting afternoon assignment in both hospital and private duty. Want jobs without Sunday work; also resist obstetrics at a time when census of mothers and babies has reached an all-time high."
2. "Situation here desperately acute. Very few seniors will remain. Too fatigued and remuneration better elsewhere. Service load carried . . . detrimental to physical and mental health."

There are a number of references to the very high patient census coupled always with a serious shortage of nurses.

This small spot check seems to indicate that even if the urgent needs in other fields were ignored and every graduate of 1946 accepted a hospital position the nursing services would still be inadequately staffed. The classes of 1946 cannot, alone, stabilize the nursing services of hospitals, but they can and are making an extremely important contribution to them. Several reports state that auxiliary workers are not available. Conversely an important school in an industrial city reports a "trend toward 8:00-4:00 and 5-day week, no night duty requested," adding that patient