Staff Education

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From time immemorial, a program of staff education has been carried on in hospitals. But we did not use so ambitious a term. We called in "learning on the job." Nurses were prepared in a hit-or-miss fashion for positions of responsibility, the underlying motive being the improvement of the hospital service rather than of the nurse herself. The staff conference is a case in point. At first these conferences were quite simple, though sometimes extremely painful. I remember one young superintendent who said that her first staff conference gave her an idea of what it would be like to have an autopsy without an anaesthetic.

Staff conferences are not always as depicted in the hospital magazines; a group of morning stars singing together. They are sometimes an orgy of fault-finding at which the nursing service gets the worst of it. The staff conference, as such, is not in any true sense an educative process. But it does make a beginning. It brings departments together. It gives the head nurse a chance to look at the head of the laundry and to have the head of the laundry look back at her. Presently the head nurse begins to understand why the clean linen was late and why radiators make noises which cannot immediately be stopped. The engineer begins to understand that it may be necessary to keep the radiator going and the windows open. In other words, the staff conference makes the wheels of the hospital revolve more smoothly. It is an eminently practical thing. It benefits those who give and those who take, but it is not educative in the broad sense.

Most of us believe that an executive, a really good executive, like a really good teacher, is born and not made. On the other hand, she may be either developed or frustrated by the people responsible for directing her. Let us see what we have

been doing, more or less unconsciously, to try to develop nurse executives. Any wise superintendent of nurses looks over her staff and gives Miss So-and-So an opportunity in a certain department because she feels that later on she may be able to take some definite responsibility in that department. She tries her out and perhaps even allows her to assume charge when the regular head is away. She watches her and nurses her along. That is staff education. Nor is all such education confined to large institutions, Far from it - the superintendent in a small hospital may be a true educator, a real leader.

Now, let us look at the broader field of staff education. In some of our hospitals there already is a deliberate plan to improve, toeducate, to help our graduate nurses. You say it ought to be done everywhere. It should be, but it cannot be done everywhere because there is a certain environment, there are certain conditions, which must be present if staff education is to be intelligently carried on. Superintendents of nurses will agree that no program can hope to succeed in any hospital unless the women who are going to participate want it themselves. Sometimes they do not want it but would prefer to dance and amuse themselves. After all, why not? They are young! And it is possible that they may be reaching out after something else than "lectures", something definitely cultural in its values, something which has no direct connection with nursing, but which they know would enlarge their mental horizon and stimulate their imagination. What has been tried?

One experiment is now being tried out which is being watched with great interest, and that is the form of staff education which is effected by exchanging nurses from one hospital with nurses from another. That plan is being carried on under the auspices of the Canadian Nurses Association, in a modest way and has some interesting implications.

ho ¶ There are now in Canada- I happened to meet them in Montreal the other day, - nurses from New Zealand, from Australia, from Norway and from England, all getting experience as staff nurses, and some formal education along with it, under a scheme which drew them from the far corners of the earth. Obviously the chief value of this exchange does not lie in the learning of nursing techniques, which after all are much the same in all countries, but in the fact that it ~~does~~ opens the windows on the mind to live in a country other than your own, even to struggle with a language not your own. So you see that we have already gone far.

It will be claimed, and I think rightly, that these programs are more likely to be successful when they are applied to the teaching aspects of nursing. Then the hospital will retort: "We don't want to develop teachers; we want to develop administrators." And the hospital is right. But the hospital will have to face this situation: every head nurse, though she may be primarily an administrator, is whether she wants to be or not, a teacher. And some of the most effective teaching is given quite unconsciously. So we cannot split hairs here.

There is a need, which we hope may be met, of a deliberate plan to make experience of this kind worth while. I can imagine no better place in which it could be studied than in the nursing section of a hospital association. I refer to a possible interchange of nurses between different hospitals within any city or province. This immediately opens up another question. If we sent our nurses to a new hospital environment are we sure that they are going to get the sort of experience that we want them to have? It has been my privilege to have the direction of students overseas and also in this country for whom such opportunity was sought, and I may say that as yet there are relatively few hospitals, even where an elaborate teaching program is being carried on, where you can be certain that a young nurse seeking experience on the wards will really get it. Why? ~~Because~~ Because the hospital load is heavy, because the care of the patients, the administration of the

ward, must come first. The observer sits in a corner; if she is alert she may see something. On the other hand she may feel(and students often do), frustrated and bored because there is no one to put her in touch with the valuable opportunities which she knows are there but does not quite know how to utilize. Even when there is time, it is an extremely delicate task to interpret to the student what is worth watching and what may be disregarded. The student herself may not know what to look for and there is need for developing in our hospitals someone who is able to separate the essential from the non-essential, the interesting from the dull, the unusual from the repetitious, and thus to make the experience worthwhile. It cannot be done by a busy hospital head nurse and carried along with the rest of her duties. That is not possible.

I stress field work,(and this is field work) because I do not believe that it is possible to develop executives unless they know how it feels to be "on the job." It simply does not take. They get a great deal through University courses, from cultural reading, from direction along this, that and the other line; but you know yourselves - those who are head nurses or who have been - that there is no way to get the thing under your skin unless you "take the buffet and cushion the shock." You don't learn these things by observation entirely, though you do in part. You learn them by experiencing them, and there the hospital comes in.

We must not jeopardize our patients by allowing responsibility to be taken by young women not yet ready to handle it, and yet as I look about our country and seethe terrific load that we place on the student head nurse, the wicked amount of responsibility that is placed, in too many instances, on student nurses, almost unsupervised, at night, I think perhaps we need not be too anxious about giving a bright, young, alert young graduate a little more rope.

Now let us turn to what might be done by way of supplementing experience by

theory. I have said that first you must be certain that your staff nurses want it. Furthermore, you must be certain that they are not too dead tired to profit by anything except a bed where they can put their feet up. It is useless to give tired women the best course of lectures in the world. I know of no group of students who are what I would call "lecture-resistant" to the point that nurses are. You may have a large audience in front of you, as I have this afternoon, and you may say to yourself: "I have five, ten, fifteen interested listeners". But you may be deceiving yourself. The truth may be less flattering.

I can illustrate that by a little story: In one of our large Canadian hospitals they have a good course for their young student nurses on "Professional Problems." I don't know whether The Canadian Nurse was looked upon as a professional problem, but anyway I was asked to come up and speak to them. These were charming girls, in their senior year, thirty or forty of them, bright, pretty, alert. I said to myself: "What a chance," and did my level best. Sitting right in the front row was one young thing who never took her eyes off me during the whole of the twenty-minute talk. I thought to myself: "There is a young soul which I have really kindled", and went away with a distinct glow. About two weeks later, the same earnest young soul turned up in my office and said, "I came down to ask something about the Canadian Nurses Association and I was told I had better ask you about the Journal. I said: "Were you at the meeting the other night"? "Oh yes, I was there". So I drew her out a bit, and not one single thing, though I had poured out my soul before her, not one thing had stuck. I finally asked her, "Did you hear anything I said?" And she replied, "Well, you know, I was the chairman of our graduation dance and I had a lot to think about".

I have found that there are a good many "chairmen of the graduation dance" in any nursing audience, and you may have a row of young graduates, in a staff education lecture course who will not hear one word. That is what I mean when I say

we are lecture-proof. It rolls off us like water off a duck's back. We have been so bludgeoned by the lecture method all through our training in most schools that we can give the appearance of listening when we are not. Whatever form your program in theory is going to take, don't confine it to the lecture method. If you do it will not stick. Either you must have a lecture course so arresting that they cannot possibly think of the "graduation dance" or its equivalent; or you must somehow arrange that they themselves participate. And there must be at some point in that course, and at intervals all through it, physical as well as mental activity.

Suppose you do find your group really wants a program, the next thing is to find out how often they want it and whether you are duplicating any other nursing activity which may be going on in your district. Then find out what nights in the week are distinctly unpopular; there are nights that are, and you should be intelligent enough to know them. Having done that, then you must get the nurses to co-operate with you and listen to what they tell you. If they decide they do want a few lectures, all well and good, but it seems to me that if staff education is to be of any use at all, it must draw out the capabilities of these young women; in other words, make them participate, and do things.

How can that be done? I am not speaking here of large cities that have tremendous resources, I am thinking of the smaller towns. It is no use giving a repetition of the undergraduate course or having men come in and give a re-hash of the lectures already given in the School of Nursing. The program has got to take another and more vital form.

In my experience, one of the things that does interest is something like a jury panel or a mock trial. A group of nurses once had a "trial" of a certain authority whom they considered stiff in her attitude towards them. It was extremely good tempered and funny and it brought out some excellent points in administration. I grant you that humour of this sort is a two-edged sword. But whatever the topic,

handle it by debate or by demonstration and not by the lecture method alone.

We all know students strike fire from one another. A group of women who see one another day after day naturally has its little antagonisms and disagreements and is not going to enjoy being "educated" all by its lonesome. There is a great deal to be said for co-operation on the part of a group of hospitals in a given centre, visiting from one to another, putting on demonstrations, in which they have the satisfaction of showing "The General" or "St. Joseph's" how much better they are than the "General" or "St. Joseph's" respectively. Bring in the human motive of competition. Above all, remember that these women are young. I have always felt that no woman is fit to be a superintendent of nurses if she has completely forgotten how it feels to be twenty-three.

Let us suppose that three or four hospitals have decided to pool their resources, and thatA,B, and C. will put on such and such a demonstration or lecture. These hospitals shpuld be willing to spend a little money as well as effort to built up staff education. Certainly the hospitals will never do this until we nurses somehow or other contrive to catch the imagination of our Hospital Boards. I don't think we have succeeded in doing that yet, except in some isolated cases. I sometimes wonder whether we should not interest both the physicians and the hospital administrators far more if we could occasionally catch one of them and just let him see something of this kind going on. In every hospital we have Dr. So-and-So, who the moment he walks in at the door, causes everybody to feel a thrill of apprehension until he departs. He may be one of the best and most valuable men the hospital has, but he is everlastingly critical and is eternally saying:"Nursing is not like it was when I was young". It is no use pitying the gentleman and his lost youth, which has gone along with his other illusions. Don't worry about that, but if he can be inveigled(and he would have to be inveigled) into watching good team work in nursing procedure, done by young graduate nurses whom he had been accustomed to see around his wards, I believe that that terrible word "Nursing Education" or even the word "Curriculum" might be accepted calmly without the violent agitation that goes on every time these things are mentioned.

This agitation reminds me of a little story:

I was brought up in North Wales and we had a little donkey that was the pride of our hearts and which we used to take out along the winding roads. It was long before the days of automobiles, but as we went along. we did occasionally meet that terrible monster, a traction engine. Whenever that donkey was confronted with that traction engine he used to go into a sort of a trance ith his four feet stretched out, and his head bowed down as in an attitude of deep thought, or prayer. He didn't in any way antagonize the traction engine; he didn't attack it, he didn't even try to escape from it. All that he did was to pretend it was not there.

This is what the administrators and the medical men are doing with regard to nursing education. They don't attack it- at least not much - they don't fight it, unless they think they can get away with it. They ignore it; it is simply not there. They think that if only they can ignore it long enough it won't be there. But it is there, to stay. And we nurses have our traction engine, that is the subsidiary worker, in hospitals and out. For years, the nursing group, when confronted with the question of the non-professional worker has put out its feet, bowed its head and tried to pretend she is not there. We have got to face our traction engine too.

But let us get back to staff education. I am not going to put forward any detailed program. I am simply going to reiterate that there are certain things that are essential to success. First, there must be direction, a guiding mind. Second, there must be a group that are willing to sacrifice a certain amount of time and leisure, but not too much. Third, that you must not confuse and duplicate similar work being done under other auspices. Fourth, that you get the interest of your medical men and hospital administrators, because without that there is no tr e staff education.

The hospital is an educational institution. If not a single lecture were given in it, it would still be one of the greatest of schools. Certainly no one with any kind of heart or intelligence can live in such an environment and not learn.

Yet a young general duty nurse said to me: "They are talking about having a program of staff education, but what is there in it for me? Salaries are poor; there is very little chance of promotion. Would it be worth making the sacrifice?" We need to think of the general-duty nurse, her status, her scope, her possibilities. There is raw material for your staff education. It is from among these girls that the head nurses of tomorrow are going to come. It is from their ranks that the superintendents, and the supervisors are going to be drawn, and it is to them that the appeal must be made.

The hospital is one of the institutions of learning in this or any other country. Education of some kind is going on in every hospital whether you realize it or not, and you are not long inside the door before you know what kind it is. Staff education is not confined to the nursing group. It is participated in by everyone from the Board of Directors down. Either it is rationally and deliberately planned, or it is haphazard. But there is no discharge in this war. It goes on. Let me leave one word with you: <u>Staff education to be of any use at all should be enjoyed and enjoyable.</u>