

Feb - 1948

INTER-ISLAND NURSES' BULLETIN

Official Publication of the Nurses' Association, Territory of Hawaii

BULLETIN COMMITTEE

VIOLET L. BUCHANAN, R.N., Leahi Hospital, Honolulu, *Editor*

MARY J. THOMAS, R.N., Leahi Hospital, Honolulu, *Co-Editor*

BESS HAMMER, R.N., Hawaii, *Secretary*

ELSIE HO, R.N., Honolulu, *Secretary*

ELVIE MANLEY, R.N., Kauai, *Secretary*

SYMPOSIUM: THE PRACTICAL NURSE IN HAWAII

Held at the Annual Meeting of the Hospital Association of Hawaii in December 1947 was the panel discussion on practical nurses in the Territory, with Miss Virginia Jones, Mrs. Mildred Pinner, Mrs. Marjorie Elliott and Mrs. Esther Black, speakers; and Miss Charlotte Kerr, co-ordinator. The symposium was again presented at the City and County of Honolulu Nurses' Association meeting in February 1948. The subject is receiving a great deal of attention throughout the nation at the present time and is one in which nurses particularly are interested. It will undoubtedly be welcome reading for those who did not have the opportunity to attend either meeting at which the material was presented.

THE PLACE OF THE PRACTICAL NURSE IN THE HOSPITAL AND IN THE COMMUNITY

MRS. MILDRED PINNER, R.N., M.S.*

There are two types of nursing schools: the professional school, with which you are all familiar, and that type which is mushrooming the country over today, the practical school. It is true there is as much variation in the standings of the practical schools, which have been in some instances the correspondence type, as there has always been and still is in the professional schools.

In order to clarify our thinking, it seems advisable to define the term "practical nurse." She is "a nurse who can be prepared to care for subacute, convalescent, and chronic patients and to assist the registered professional nurse in the care of others. She works under the direction of a licensed physician and the supervision of the registered professional nurse. She may work in homes, hospitals, institutions, public health agencies, doctors' offices, and in commercial and industrial firms."

Even though many hospitals have used practical nurses exclusively, the additional need for practical nurses started during the war years. At that time, we called on volunteers as well. These people have become interested in nursing and are a stimulus today in the role of developing schools and utilizing the services of practical nurses.

There has been an insufficient supply of nurses to meet civilian needs. This is due to several factors, such as the increasing demand of the public for nurses, the requirements of the government services, and the failure of nurses after discharge from the armed services to return to civilian work. The loss of nurses has been due to two major factors: first, the failure of the profession to attract and hold young women, chiefly for economic reasons; second, the complaints of nurses that they are bored with routine work.

Medicine has been and is becoming increasingly complex, hence the need for more education for the professional nurse. Each additional didactic course in the curriculum of the student leaves less time for bedside care. To make effective use of the advance in medical knowledge, the doctor must be able to look to the professional nurse to relieve him of certain responsibilities and to assist him with new ones such as blood transfusions, intravenous injections, hypodermoclysis, gastric lavage, blood pressure reading, skin tests; intramuscular injections of drugs including penicillin, et cetera; irrigation of catheters and drainage tubes, application of polio packs, and performance of exercises under the direction of the physiotherapist. The professional nurse's knowledge and skill can benefit only as many patients as the limits of time and energy permit.

Because of these many changes, it seems feasible to train practical nurses and utilize their services in either augmenting or supplementing the duties

* Director of Nursing, St. Francis Hospital; President, Hawaii League of Nursing Education.

of the professional nurse. In these early post-war years, there have been both fear and confusion on the part of both groups, fear from the poorly qualified professional nurse that she will be replaced by the practical nurse and confusion or misunderstanding among the public as to the allocation of duties.

There are two primary ways in which this problem can be met: first, by improved utilization of existing nurse power, and second, through the judicious use of supplementary nursing personnel. Both are important and one does not exclude the other; a workable combination will meet our nursing needs today.

To provide adequate nursing care, hospitals must study nursing needs seriously and make an intelligent assignment of all available personnel, including clinical personnel, messengers, and those persons we know of as practical nurses. The latter group must be thoroughly trained for and assigned to the type of work they can best perform as a supplement of the work of the professional nurses. In consideration of the health of our nation, we cannot afford to use unqualified people.

Practical nurses with a program of nine to twelve months should, upon graduation, be ready to take their place in the hospital nursing staff where they should be able to give elementary care in medicine, surgery, pediatrics, and obstetrics. They should be trained also to work in homes under the supervision of public health nurses. They should be able to care for chronic disease patients, convalescents, and the aged in hospitals and homes with somewhat less supervision than in acute hospitals. In order to assure the proper preparation of practical nurses, a uniform course of instruction should be offered for licensure. For additional effectiveness, a national standard of education and licensing should be adopted.

With the practical nurse adequately trained for certain specific work, her duties need not conflict in any way with those of the professional nurse. A clean cut job description will preclude any possibility that the two will work at cross-purposes. There should be an eventual fusion of the functions of both. One type of service should supplement the other. The care of each patient must remain an inviolable whole from the patient's point of view. Good planning can achieve this.

Summary

The urgent need for trained practical nurses has been created by the following contributing factors:

1. The use of practical nurses in the care of a large percentage of subacute, chronic, convalescent, and

aged patients in institutions and in private homes has become a necessity if the health needs of a large segment of the population are to be met satisfactorily. The advanced skills and technical knowledge of the professional nurse should be applied primarily in situations requiring a professional background of preparation and experience.

2. The increasing longevity of the population is creating a larger number of patients requiring the services of the practical nurse.
3. Thousands of war veterans will require practical nurse service in institutions and homes for many years.
4. Expanding facilities and improved care of chronic, mental, and tuberculous patients are accelerating the demand for trained practical nurses in institutions.
5. The many recent changes in medical treatment during various types of illnesses have brought about related changes in nursing needs which can be met in part by well-prepared practical nurses.
6. Extensive nation-wide plans for augmenting general hospitals and health facilities will require a corresponding increase in all types of personnel. It is anticipated that this development will involve the employment of large numbers of practical nurses.
7. A wide variety of additional employment opportunities in which the practical nurse works directly under professional supervision has developed during the past ten years. Practical nurses are now employed by visiting nurse associations, industries, disciplinary institutions, day nurseries, children's shelters, school infirmaries, homes for the handicapped, and in physicians' offices.

We should develop other practical nurse programs which can be called Vocational Training programs on the outer islands, as well. The one now in operation which has been sponsored by the D.P.I. is housed at Washington Intermediate School. It needs a separate location from the Professional School of Nursing as there is a distinct difference in the objectives of each. The practical nurse is being trained for a vocation, the professional nurse is being educated as a health teacher and leader in nursing.

LICENSING OF PRACTICAL NURSES AND THEIR PLACE IN THE NURSING PROFESSION

VIRGINIA JONES, R.N., M.A.*

Since 1919 more than 20 states have enacted laws providing for the licensing of practical nurses, attendants and other auxiliary workers in the care of the sick. Within that time the need for such workers has increased, and along with it, the need for control of this group if the public is to be protected from the "Sairy Gamp" kind of nursing care. At a meeting of representatives

* Associate Professor, University of Hawaii; chairman, Board for Licensing of Nurses; President, Territorial Nurses' Association.

of state nurse licensing boards which I attended in Seattle in September, all 48 states reported efforts to procure laws requiring licensing for practical nurses.

Hawaii's law making licensing mandatory for all those who nurse for hire was enacted in 1945 and revised in 1947. In that law a registered nurse is defined as: "A person who (a) performs any professional services requiring the application of principles of nursing based on biological, physical and social sciences, such as responsible supervision of a patient requiring skill in observation of symptoms and reactions and the accurate recording of the facts and carrying out of treatments and medications as prescribed by a licensed physician, and the application of such nursing procedures as involve understanding of cause and effect in order to safeguard life and health of a patient and others."

A practical nurse is defined as: "A person who (b) performs such duties as are required in the physical care of a patient and in carrying out of medical orders as prescribed by a licensed physician, requiring an understanding of nursing but not requiring the professional service as outlined in (a)."

Since 1945, 767 licenses have been granted to practical nurses by the Board for Licensing of Nurses, which is responsible by law for setting standards for training, examining and licensing of all persons who nurse for hire.

Professional nurses have come to realize that with expanding medical care programs and increased responsibility for modern medical procedures left to the registered nurse, they cannot possibly provide all the nursing care needed by the sick. They believe that certain routine procedures can be done adequately by less skilled workers who are trained to do the work expected of them. This will leave the time of the registered nurse for such skilled procedures as: intramuscular treatments, intravenous injections, irrigations and other treatments formerly done only by the physician.

Professional nurses are thoroughly convinced that the practical nurse group must be selected and trained for their jobs and aided in developing their own ethics and standards. Since doctors and registered nurses have developed their professional status and educational standards through licensing, it is felt that licensing is a first step for practical nurses. Only with licensing can qualifications be required, workers selected and examined and a registry of persons so qualified maintained.

There have been certain objections voiced to the licensing requirement. The hospital adminis-

trators say there will not be enough people qualified to carry on the work needed. Over 100 people of suitable material applied for the first school course about which you will be informed later. It is expected that during this first year at least 70 of them will be graduated from the school. As this school expands its facilities and others are set up on the other islands, a sufficient number to meet the replacement needs should be qualified for licenses.

The physicians say this law requires anybody who carries a bed pan to a patient to be licensed and that the licensing fee is a hardship on the persons working in this capacity. The interpretation of the law states that persons *specifically hired* for certain nursing duties occasionally are not included. Much difficulty comes because persons hired for janitorial or clerical duties may be asked to give part time to nursing. A redistribution of duties where more than one such worker is employed would eliminate the necessity for licensing the individual who is doing janitor work.

Professional nurses, especially those doing private duty, see the practical nurses taking away their cases because they work for less. This threat seems unlikely. Less than 10 of the practical nurses now licensed have done, or are expecting to do, private duty nursing. The prospect that there will be more nurses than there is care to be given is remote. The professional nurse also is afraid that because of confusion in the public's understanding of the difference between the training of the two groups, the practical nurse will usurp the functions and prerogatives belonging to the professional nurse. This, it is hoped, will be avoided by developing in the practical nurse an appreciation of her status and limitations, during the period of training. Strange as it may seem, the people from whom there have been no objections are those who must apply for the license and pay the fee.

Because the Nurses' Association, Territory of Hawaii, feels that the practical nurses must have recognized status in the nursing care program and that the only way such a status can be established and maintained is through group action of those concerned, a committee has been appointed to study ways and means of assisting practical nurses to form an organization within the Nurses' Association. This is an issue which the national nursing organizations are studying and on which they will take some action at the biennial meeting in June, 1948. It is hoped that some plan will be in operation here before that date so that both professional and practical nurses may share the

responsibilities for providing adequate and safe nursing care for the public.

Summary

In this presentation, differentiation has been made between three groups of workers needed to provide adequate nursing care, namely: the professional nurse who gives the care which requires skills, knowledge of cause and effect and ability to interpret reaction to treatment; the practical nurse who is prepared to give safe, comfortable physical care to the patient; and the auxiliary workers such as porters and maids who help to maintain an environment which makes good nursing possible. The latter two groups are supervised by the professional group.

In Hawaii, the professional and practical nurses are required to be licensed, the auxiliary workers are not. The responsibility for becoming licensed rests with the individual worker but the responsibility for making sure that the unlicensed person is not assigned nursing duties rests largely with the employer.

Recommendations for the selection, training, assignment of duties and supervision of practical nurses are made by and stated in publications of the U. S. Office of Education, the U. S. Public Health Service and a joint committee of six national nursing organizations.

The question has been raised by physicians and hospital administrators, "Can we train a sufficient number of practical nurses to meet the needs?" The question will be asked, "Is there danger of training too many?"

Along with the hospital survey and planning program should go a survey of nursing needs and resources, so that the planning and training programs for both professional and practical nurses may be approached intelligently according to need. This will necessitate not only a study of numbers of nurses needed, but a job analysis to determine the number of each kind needed to provide adequate nursing care in the Territory. We hope the Community Nursing Council will follow up its fine work of promoting the school by attacking this problem.

That the public is concerned with the provision for adequate nursing care has been evidenced by the response to this new program for training of practical nurses. Hospital administrators and physicians have encouraged their workers to become licensed. Hospitals are giving the time of staff members and the use of facilities for clinical practice. School personnel, starting with Dr. Carey of McKinley High School who called the first group together to discuss the problem, through

the Department of Public Instruction and the faculty and staff of Washington Intermediate School, have accepted the program as theirs. Organizations like the Red Cross have given supplies. Radio, newspaper and publicity agents have given time and space to its interpretation. Not least has been the financial support given by the Chamber of Commerce Public Health Committee, and the interest and enthusiasm shown by the many applicants for the course.

With all of this cooperation and the patience and understanding of those needing and employing practical nurses, there is little doubt that the program will reach its goal of helping to provide more adequate nursing care.

HISTORY OF THE COURSE FOR TRAINING PRACTICAL NURSES; ACTIVITIES OF COMMUNITY NURSING COUNCIL

MRS. GARDNER BLACK, R.N.*

Here in Hawaii during the war years there were two separate groups concerning themselves with nursing shortages and the growing need for secondary nurses. The professional nurses became increasingly alarmed. There were fewer of them, and their services were being used to the utmost in the more highly skilled and supervisory field. The actual bedside needs of the patient were suffering accordingly. The Board for the Licensing of Nurses instituted a survey, Territorial in scope, to determine nursing needs. This was done by Miss Josephine Valentine of New York, expert in the field, in the fall of 1946. In her report, at the completion of a very thorough inspection, she recommended among other things, the immediate institution of a school for practical nurses. A committee appointed by the Board for Licensing of Nurses was set up in September of that year to investigate the possibilities of such a program. The problems studied were: (1) Administration and finances; (2) Facilities and requirements for admission; (3) Curriculum and examinations for licensing. After due deliberation and investigation in these various phases, a set of minimum regulations to govern courses and policies of such a school was submitted to the Board for Licensing of Nurses. These regulations were accepted by that Board and now constitute the standard for governing of such schools.

At the same time that the hospitals and nurses were formulating their plans, a group of educators were also surveying the field, with the thought of providing suitable vocational outlet for a growing group of local young women. This group

* Member, Board of Directors of Community Nursing Council; Chairman, Committee on Practical Nursing, Board for Licensing of Nurses.

crystallized into what was then known as "Dr. Carey's Committee". After study of the community and its most vital needs in employment, practical nursing seemed to be the vocation most essential and most suited to the group. As a result of this early pioneering on the part of the educators, the Community Nursing Council was formed, having as its members, both professional and lay persons; in fact, those people vitally interested in this field of community need.

The Committee appointed by the Board for Licensing of Nurses and the Community Nursing Council worked in close harmony with the Vocational Division of the Department of Public Instruction toward establishing the school for practical nurses. The D.P.I. included the expenses of such a school in the budget submitted to the last legislature. Members of the Community Nursing Council appeared before the House Finance Committee to explain the need and to make a plea for the inclusion of the school expenditures, but to no avail, as it was disallowed by that body.

In July 1947 the D.P.I. found that it could finance the salaries of the required faculty and provide suitable housing facilities for the school, but lacked the amount of cash necessary to purchase equipment, supplies and establish a small operating fund. The Nursing Council then applied to the Public Health Committee of the Chamber of Commerce for this additional fund and the sum of \$8,000.00 was generously given to the Vocational Department of the D.P.I. and earmarked for the School of Practical Nurses. This amount in addition to the public funds will see the school through the first two years, it is hoped. It is expected by that time that the project will have proved itself to such an extent that the legislature will appropriate sufficient funds to insure future training of practical nurses. It is also hoped that interested persons, institutions, etc., will provide scholarships, i.e., help finance the living of some of the students while they are attending the school.

The Community Nursing Council is devoted to the following purposes:

1. To study nursing in relation to the total community needs.
2. To provide a forum for the producer and consumer to promote mutual understanding and joint action.
3. To serve as a clearing house on all matters pertaining to nursing care in the community.
4. To carry on programs which are of interest to more than one group, but do not fall within the responsibility of any agency.

OBJECTIVES AND CURRENT PROGRAM OF THE TRAINING COURSE FOR PRACTICAL NURSES

MRS. MARJORIE ELLIOTT, R.N., B.S.*

There is a practical nurse training course—here in Honolulu! In this school we work to teach students the nursing procedures and skills that are commonly used in the care of chronic, sub-acute and convalescent patients; at the same time limiting the scope of the practical nurse's activities to those procedures which she can safely carry out under the supervision of a physician or a professional nurse.

A practical nurse in order to perform her nursing duties safely and intelligently, must know more than the mere technique of basic skills and procedures and the use and care of equipment and supplies. In our school we teach her the background, and related knowledge and information that will enable her to perform her duties understandingly, intelligently, and with safety to the patient. For example, the untrained practical nurse may know how to give a satisfactory bed bath to the chronic diabetic, but lacking knowledge of the nature of the disease and its effect on the circulatory system, she would not be likely to give as meticulous care to hands and feet and breaks in the skin as the nurse who has studied the disease and understands the complications that can so easily develop.

The Practical Nurse Training Course has been set up under the Vocational Department of the Department of Public Instruction and is located in Washington Intermediate School. There we have a foods laboratory, a small furnished apartment for use in the teaching of Home Management and one large class room and nursing laboratory.

The faculty consists of myself (instructor in charge) and Mrs. Myrtle Schattenburg (co-ordinating instructor) who teaches nursing procedures and serves as co-ordinator between our school and the various affiliating organizations. Miss Mary Murai, hospital dietitian, teaches Foods and Home Management on a part time basis. We also have a part time student secretary.

The school is greatly benefited by the able advice and assistance of an Advisory Committee comprised of representatives of hospitals and various community organizations, headed by Mr. Clarence Ferdun of the Vocational Department of the D.P.I.

We are accepting three classes of students a year for courses of 39 weeks each. The first class

* Instructor in charge of practical nurse training, Department of Public Instruction.

began on October 20, the second will begin on January 5, and the third on March 15. Classes are limited to 24 members, the students being selected to give as large a representation from the outer islands as possible, up to one half of the class. The present class includes three students from Hawaii, four from Kauai, two from rural Oahu and the remainder from Honolulu. The students, who range in age from 18 to 50, are selected by consideration of a number of factors including basic qualifications, nursing aptitude tests, references, and personal interviews.

We hope that it will be possible to soon have a class of male practical nurses, for it is realized that this group, commonly called orderlies or attendants, is as essential in the care of the sick as the women nurses are.

The 39-week course consists of 9 weeks of intensive theoretical training followed by 30 weeks of clinical experience obtained by affiliation. During the 9 weeks period students receive a total of 265 hours of instruction divided between nursing procedures, food, preparation and meal planning, ethics and personal and professional relationships, care of the chronic and aged, infant and child care and development and anatomy, physiology and personal hygiene.

Affiliations for the purpose of practical experience have been arranged with Leahi Hospital, Kapiolani Maternity Hospital, Shriner's Hospital for Crippled Children, and Maluhia Home. Students will have experience in the care of the child through an affiliation with Central Union Pre-School. Practice in the home care of the mother and new baby and chronic and convalescent cases is being planned in the hope that it will be possible to add a part time supervisor of home nursing to the present staff.

All practical experience will be closely supervised by a member of the hospital staff who is a well qualified professional nurse and who will work with the co-ordinating instructor.

The possibility of sending students back to their respective islands for a part or all of their clinical experience is being seriously considered. This will depend upon availability of hospitals that can furnish an adequate variety of services and well qualified individuals for supervision and continuance of the class work as planned for the period.

The student graduating from the course in practical nurse training will clearly understand the distinction between her own skills and those of a professional, registered nurse; the difference in the range and depth of training in the two fields and her relationship to the physician in charge

and to the professional nurse. The untrained practical nurse frequently fails to realize these distinctions.

Students of the course will wear a standard uniform of an aqua colored Indian head material with white collar, cuffs and buttons. After graduation a cap of aqua and white will be added. This uniform will help to set her apart as a *trained* practical nurse. On graduation from the school the students will be eligible to take the licensing examination for practical nurses.

Rapid expansion of the school is being planned to meet the varied needs of the community. This will permit evening classes and part time day classes for persons already employed as practical nurses who cannot for financial reasons take the regular course.

As facilities become available on the other islands, practical nurse training schools will be set up there also. When such schools are established, many of the problems in regard to the securing of trained practical nurses on the outside islands will be solved.

NEWS ABOUT NURSING*

Approximately 40,000 new student nurses were enrolled in the nation's 1,227 schools of nursing during 1947, according to Emilie G. Sargent, Chairman, National Committee on Careers in Nursing.

This figure establishes a peacetime record. It indicates an increase of 1,900 students over the previous peacetime high in 1940 and 9,000 over the 1946 total.

Miss Sargent reported that the American Hospital Association's Student Nurse Recruitment Committee voted at its meeting in October to approve a goal of 50,000 new nursing students for the 1948 campaign. Proposed advertising layouts, copy and other materials have already been prepared by the J. Walter Thompson Company, which is volunteering service on the program.

The importance of the hospital to the community will be featured in addition to nurse recruitment promotion during the 1948 campaign. In preparation are a new series of newspaper advertising mats, national radio allocation, full colored mailing pieces for young women interested in professional nursing, an advertiser's campaign guide, car and bus cards, and outdoor billboard displays and posters.

A special public relations guide to aid the organization and development of a public relations program aimed at recruiting students will be mailed to all hospitals and schools of nursing this month, with supplements to follow.

The Women's Auxiliary of the American Medical Association has again pledged active assistance for the 1948 nurse recruitment campaign. Other civic and health organizations such as the Rotary International, The American Dental Association, the National Tuberculosis Association, the General Federation of Women's Clubs and the American Legion, cooperating in the 1947 drive, are being invited to continue support of nurse recruitment activities during the coming year.

* Release from Nursing Information Bureau