

Nursing Education

The value of the nurse to the community is better understood by people in general than ever before. Nurses' work in the war is perhaps partly accountable for this; but it is chiefly the progress of medical science that is responsible. New remedial treatments require more nurses and more nursing. The advent of preventive medicine, the child welfare movement, and other features of medical progress are dependent for their success on nursing power. Hence education in nursing has become a work of national importance.

During the recent dearth of applicants for training in nursing, some attention was usefully directed to conditions of training—some **not** usefully. None, however, was bestowed on the most vital of all aspects of training—the amount and quality of the teaching given in the hospital training-schools.

Yet this is a factor influencing the position probably more, though indirectly, than the question of the number of hours worked, or the nature of the work.

Good **trained** teaching removes drudgery, minimises labour, shows the scientific value of every service required and its relation to the benefit and cure of the patient. It takes account of the personality of the trainee and bestows individual care. The supply of probationers is from widely-different sources—the college, the farmhouse, the artisan's cottage, the station home, the immigrant ship, the city home; princess and peasant may together serve the sick. And all probationers must be brought to measure up to a certain standard of knowledge and skill.

How is it done? Surely it should be done by experienced, selected nurses, who over and above their general experience have been trained to train probationers in the wards.

It is in the ward that the nurse must apply the lessons she learns in class. In the ward she requires individual teaching; in the ward the highest teaching and training-power should be available. Yet this is rarely the case. The average sister—unlike all others who undertake edu-

cational work—knows little or nothing of the art of teaching. Often, indeed, she has but recently qualified.

In what other profession does a pupil pass without special preparation from the class to the tutorial chair? Because a nurse has succeeded in gaining her certificate, it by no means follows that she is fit for the very great responsibilities of sistership, even if she spends some time as a staff nurse. Many heartburnings might be avoided if this simple truth were fully appreciated. It is one thing to do good nursing, and another, and far more difficult thing, to do good nursing through pupil nurses.

Class teaching and all the work of the sister-tutor in the study is invaluable, but the expression of the nursing art is in the ward. **Every ward sister should be a sister-tutor.**

Who has not heard nurses relate stories—humorous and otherwise—of their training days? They begin: "I was told without warning to do so-and-so: I knew no more why, or how, than the man in the moon," etc., etc.

The further education and the training of the ward sister is the keynote to the probationer problem. In the well-ordered ward of the efficient sister, organised down to the last pen-nib, economy of energy is practised as well as economy of time, and there is no strain for the probationer.

A College of Nursing in New Zealand may be, as yet, an ideal; but a preparatory training-course for sistership is a necessity—a need crying for fulfilment. The nurse is a national asset—an integral part of the medical service,—and her education and development is a matter of national policy.

The normal school for the training of school teachers is an example of what facilities are needed by hospital sisters for **their** preparation. Like the school teacher, the sister should be selected, trained, given opportunity to qualify for a diploma in her work. Such a course should follow registration, and be completed probably in the year after graduation, or thereabouts.