HUMAN PROBLEMS OF STUDENT NURSES

By **Eve R. D. Bendall**

HOSPITALS are different places to different people. To the patient, they represent a temporary "guest house", where he comes when he is ill or in need of treatment. But to a large number of people they are a permanent place of work, and for many of the nursing staff they are also "home" for 46 to 48 weeks of the year.

Each year, about 20,000 young men and women enter some 450 of our hospitals to start training as student nurses —and for many the hospitals become almost their total environment for the next year or two. An increasing number are now able to "live out" with friends or relatives during the second half of training, but the vast majority are resident for the first year or eighteen months—which for many is a crucial and difficult time.

NEED TO ADJUST

The new student has to make adjustments—professional, social and emotional. The easiest are the professional, learning the "tools" of the job; some 23-26 weeks in 3 years are spent in the school of nursing, including an 8-12 weeks introductory period. Here the theoretical part of training is given, following a definite syllabus, and most problems are understood and catered for.

Social adjustment is more difficult for some than others. Most students live in Nurses' Homes, which vary in size and organisation but which have a wider range of problems than the average university hostel. For instance, the fact that the home is open 365 days of the year; the needs of the night staff who have to sleep during the day; the viewpoint of the older members of the senior staff who may live in the same building, and, in many training schools, the fact that students have to move frequently from one residence to another, and so rarely have a room to call their own for more than a few months at a time. Rules and regulations vary from hospital to hospital; the 18-year-old, coming straight from boarding school, will often find many similarities; the 20-year-old, who has held a responsible job for some years and lived in digs or her own flat, may find the restrictions irksome. To many, coming from a large family with brothers and boy-friends as constant companions, a largely female community may be strange and depressing.

SOCIAL PROBLEMS

All young people coming into nursing realise, in theory, that it involves a 24-hour service to patients. But they do not always realise what this means in practice—that they will be working in the evenings, at weekends, at night and on Bank Holidays; that it is impossible to attend a course of classes at night school, or always to be sure of being off duty for a particular social occasion. Another problem is the very real feeling of loneliness for the girl a long way from home, when she finds that the 3 or 4 particular friends she made during the introductory course may only be off-duty at the same time as she is once in a week. Some hospitals do their best to cater for students' social needs, but it is a difficult problem and a satisfactory solution is not always found.

For most student nurses, emotional adjustments form the most difficult part of the early months of training. Some, it is true, are secure and mature enough to meet the new demands made on them with a minimum of trauma. But for many, barely through the upheaval of adolescence, the new world of pain, illness, death and bereavement is a shock. Even though situations vary widely in different hospitals, the same problems are brought up again and again by student nurses when they are asked to comment on the things they found difficult.

Two situations seem to cause the greatest mental and emotional trauma.

The first is the amount of disabling or incurable disease which is encountered in hospital wards today. This is, to some extent, a very modern problem. Ten or 15 years ago, any ward had in it a number of patients who were not gravely ill, or who were convalescing. But today, more and more medical conditions are treated at home by the general practitioner, or on an out-patient basis; more and more minor surgery is done in "Monday to Friday" wards, or even with the patient coming in the morning and going home that night. Major surgery has advanced to a fantastic degree, and conditions are now often treated successfully which were thought to be untreatable a few years ago. The results are marvellous—but the mortality rate for some conditions is fairly high, and the picture seen by young students may be distorted.

When a ward is a specialist unit—as so many are today—she is faced with a continuous stream of patients with similar conditions, with the inevitable results that she feels every third or fourth person must have the disease. Certain situations are intrinsically disturbing—the ward full of old people, so few of whom seem to recover; the child with a serious deformity or an incurable disease; the young man or woman in her own age group, badly damaged in a road accident. These, she finds hard to accept.

TOO MUCH RESPONSIBILITY

The second problem which heads the list is the frequency with which young students are placed in situations they feel unable to handle. Being asked to carry out, on their own a nursing procedure which they may have seen in the classroom, but which they have never done before; being left alone for ¾-1 hour in the middle of the night with a ward full of patients; being sent to care for a seriously ill patient, with a good deal of apparatus attached, with the minimum of explanation—these result in fear, and a feeling of inadequacy which can be overwhelming. In some cases, the situation is caused by lack of thought by someone e
But in many it is simply the result
a system which exists in most of
best known hospitals, where 75% of
nursing staff are students, and it
quite impossible to cover every w
with experienced staff 24 hours a

A close third is the problem of h
to handle the fears and worries
patients and their relatives. By vir
of her junior position, the you
student does most of the basic nurs
care for her patients—making be
bathing, etc.—which brings her i
closer contact with them than her m
senior colleagues. Also, she still h
about her a lack of professionali
and a very warm human sympat
which makes the patient feel she
understand. The result is that, in ma
cases, he tells her his troubles m
readily than anyone else—and so
his relatives.

To many 18- or 19-year-ol
struggling to manage their own em
tional upheavals, the added burden
the fears of a man old enough to
their father, or the tears of a mot
whose child is not getting better,
be devastating. They feel an emotio
involvement, but have neither
knowledge nor the authority need
to give factual reassurance, nor p
vious experience on which to draw.
they can do is to hand over to so
one else—and this leaves them feel
useless and inadequate.

The first death of a patient for wh
the student has cared is a big hurd
In this situation (as in most of
others mentioned) the way in wh
she is handled by her older colleag
will critically affect her reaction, a
so her subsequent attitude. She of
finds it difficult to control her own d
tress in front of relatives, and nee
help in this.

Without any doubt, the attitude
more senior staff is the single bigg
factor in deciding whether the stud
comes through these situations as
mature person, who has learnt c
structively from her experience—
whether she does not. If she is p
pared, by having obvious difficult
discussed beforehand; if she is gi

professional and emotional support in the situation itself; if she has someone to go and talk to, when things get on top of her—then she will usually manage very well. But if these things are lacking, one of the following usually happens: she may go off sick—a continual string of minor ailments is a clear indication of an unhappy student; she may leave; or she may finish her training and emerge with her innate sympathy and love of people so blunted, that she will in her turn treat succeeding generations of students in the way she was treated. Nurses inevitably grow a "shell", and this is a very necessary part of their training. Unfortunately, many forget, far too quickly, their own early reactions to hospital life, and fail to make allowances for others. Today's student nurses have great potential and a spirit of service towards the sick as good as in previous generations—though they may not express it in the same way. Many of them manage the difficulties of training magnificently. The tragedy is that the more intelligent and sensitive students—who would make the best nurses in the long run—often suffer most in the early days.

These are at least some of the reasons why for every 20,000 who enter training each year, 8,000 leave before finishing—most of them in their first year.

MENTAL SUBNORMALITY AND INDUSTRIAL WORK*

by **Alan Stoller**

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A SOUND and well-integrated programme of industrial opportunities for the subnormal in any society depends on its level of economic and technological development. There needs to be enough social organisation for subnormal people to be accepted in the community. Placement into industry is then the last stage in the operation of a coherent programme. This should involve such things as early diagnosis, support to parents, nursery and day training centres, vocational guidance, sheltered workshops and hostels.

TOLERATED

In most developing nations, subnormal people are tolerated in rural areas and small towns. But with the introduction of industrialisation and compulsory education, the subnormal person becomes a problem, both to his family and to society. It is difficult to see how this evolutionary process can be avoided, or how an integrated programme can be evolved without industrial organisation and wealth to support it. Besides, in a newly growing community, educational priorities obviously go to those who are normal.

"Mentally Subnormal" is defined here as those below the I.Q. of 70-75. Those with I.Qs. above this level should usually profit from ordinary education, and go on to work in open employment, even if performing only simple jobs. The "Educable Group" (I.Q. 50-70) should also be able to attain a high level of success in their jobs. Collmann and Llewlyn have determined the outcome for this group in England and demonstrated 66% complete success, with only 10% completely unemployable; the latter being predominantly so because of physical and temperamental handicaps. The "trainable group" (I.Q. 30-50) are unlikely to become occupationally independent, but a good number can work in sheltered workshops, whilst living in hostels or at home.

Mentally subnormal people from the last two groups may be prevented from attaining occupational status because of physical, emotional and social handicaps, but prompt and adequate diagnosis early in life, remedial treat-

* Based on a paper delivered at the 17th Annual Meeting of the World Federation for Mental Health, in Berne, Switzerland, August 1964.