

LOOKING AT NURSES' TRAINING FROM A COUNSELLOR'S PERSPECTIVE

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OPSOMMING

'n Belangrike aspek wat dikwels met betrekking tot die huidige verpleegpersoneelkrisis verontagsaam word, is dat veral jonger verpleegkundiges aan besondere emosionele spanninge onderworpe is en dus persoonlike ondersteuning nodig het. Hierdie spanninge spruit voort uit faktore in die samelewing, die jong mens self, die verpleegberoep en die onder-rigsituasie.

Emosionele ondersteuning van die studentverpleegkundige is noodsaaklik vir optimale persoonlike groei, en dus ook om haar ontwikkeling tot 'n navolgenswaardige verpleegkundige te verseker.

INTRODUCTION

The current personnel crisis in hospitals has given rise to serious reflections and numerous investigations. Service conditions, salary structures and other issues have been a pet subject of the public media for a long time. One factor is rarely mentioned although it is far more important, namely that **nurses need personal support.**

Some help is offered through the introduction of professional counselling services for students and other nursing staff. However, the intimate personal contact in counselling has shown that nurses' needs are much more complex and pervasive than had been suspected.

Nursing is one of the professions which represents worthwhile ideals. The projected and cultivated image of the successful nurse depicts a person, who is well educated concerning the scientific foundations of her profession. Her practical skills are recognised and admired in the hospital as well as outside. Her professionalism and efficiency are well known and sought after by private industry and commerce, especially for well paid positions dealing with the public and personnel.

NURSES' NEEDS

The shady side of this bright image

is that of a person who, in spite of all her efficiency and expertise, finds it difficult to manage her emotional life successfully. Because nursing demands the whole personality, not just scientific knowledge or practical skills, it is vital that some attention is paid to this condition. This situation which causes so much unnecessary agony and frustration, should be corrected.

At this stage it appears as if the problem is mainly due to lack of information and awareness of the specific vulnerabilities and needs of those involved in the nursing profession.

There can be little doubt that most nurses love their profession. They have demonstrated their loyalty to their calling in spite of lucrative rewards offered by commerce and industry. Some conditions of service really need improvement (this is recognised) and they are being attended to by the authorities at the moment. Nurses have shown their dissatisfaction through passive modes of resistance, as has been discovered in several investigations. The rate of absence due to minor illness, change of positions, resignations, even the preoccupation with *further studies* for promotional purposes indicates some deep-lying dissatisfaction and anxiety.

Possible causes for this state of

affairs can be found in

- our society
- young people today
- the profession
- the education for nurses.

SOCIETY

Nurses have to cope not only with the demands of the profession itself but also with the prevailing conditions of the society in which they find themselves. Present South African society is characterised by a drive for progress and development which gives rise to intensive competitiveness and an emphasis on materialistic values. It is required implicitly by this society, that a young person should do better than his/her parents. This may mean obtaining a higher degree of education, but more often it means making more money and accumulating more possessions.

Another characteristic which South Africa shares with every modern society is the very fast rate of change and a growing feeling of the uncertainty of life and the relativity of values.

Traditional values are no longer regarded as absolutes, the search for acceptable and workable alternatives has generally remained unsuccessful. There has been a breakdown in family life, a loss of certainty with regard to religious be-

liefs, and a higher incidence of mental breakdown than ever before.

The nursing profession does not offer sufficiently high status levels to be accepted as a *progressive profession* in the eyes of society. Hence those who become nurses do so against the stream of society, which is extremely difficult for anybody, but especially for a young person who feels committed to serve.

Similarly, the kinds of values needed to nurse successfully, such as a sense of caring, loyalty, and duty, are generally regarded as old fashioned. It is evident that nurses need considerable personal support in order to survive in an environment which, although their own home ground and eager to make use of their service, rejects all their values and what they stand for.

YOUNG NURSES

In addition to this the position of a young person entering the profession needs to be considered very carefully. The school environment, although competitive, was also protective. There the emphasis was on obedience rather than autonomy; reliance on others rather than acceptance of responsibility for self and/or others. The development of personality and character was secondary to the accumulation of academic knowledge and prestige on the sporting fields. Suddenly, on entering the nursing profession, the young nurse is faced with an enormous responsibility — that of other people's lives. No period of adjustment to this new responsibility is granted to the young person who is required to jump the gap from adolescence to adulthood instantaneously without adequate support or guidance. The situation is exaggerated by the shortage of trained nursing staff — necessitating the giving of even greater responsibility to the untrained.

Nursing education is concerned with practical efficiency and theoretical knowledge — but such skills are far less important than the capacity to relate to other people. In former times nurses were required to be aloof from their patients and concerned exclusively with their professional duties. Now

the stress is on personal content. Nurses are in contact with people of both sexes, all ages, all walks of life and every kind of personality.

They are expected to understand the needs of all these different people and satisfy those which fall within the field of nursing. The correct understanding and interpretation of the patient's expressed needs requires discernment, knowledge and wisdom far beyond the scope of a young and inexperienced person. It takes all the resources of a mature adult.

Therefore nursing education should pay balanced attention to the development of all dimensions of personality in order to help the nurse to become a whole person who will be able to cope with the most important tasks of life and her profession.

THE NURSING PROFESSION

Another difficulty facing young nurses on entering the profession is the contrast between the increasing democratic system at home and, to a certain extent in the school, and the defined hierarchical structure in the nursing profession. The need for the expression of opinions is more and more recognised in the homes. Teenagers have formed a definable subculture which thrives on peer group support and resentment of established authority.

The argument that this is an unhealthy development does not alter the fact of its existence and it complicates the adaptation which is required of the aspirant nurse to the disciplinarian structure of the profession and it can become traumatic. She has to deny the norms and values of her peer group but finds little understanding or support in the new environment of her choice. This indicates the need for some sort of accommodation and compromise.

Recognition has often been reduced to the surface issue of salaries. It cannot be denied that salary has always been a form of showing appreciation and nurses should not be blamed if they protest against such little tangible recognition of their vital service. However, because nurses are mostly idealists at heart the lack of recognition in

terms of consideration or understanding of their needs or support, cuts much deeper and hurts much more. Obviously the attitude of society towards the nursing profession must be changed. The first step towards this would be to help those who are presently nursing to feel proud and happy in their profession by respecting and recognising their dedicated service.

A related problem is that the lofty image of nursing as a profession involved with helping ill people to become well — playing a vital role in modern medicine and caring for the needs of the ill — is at odds with the reality of the relatively mundane routine tasks required of the young nurses when they enter the profession. Marlene Kramer has referred to this as *Reality shock* and observed that it leads to great disenchantment, dissatisfaction and often premature departure from the profession. (Many of the senior practitioners who should serve as an example are poor representatives of the caring ideal).

EDUCATION ASPECTS

The student nurse has a very heavy schedule.

On the one hand there are the demands of an increasingly large body of theoretical knowledge — obviously nurses must be kept informed about the latest developments in nursing and other relevant sciences. On the other hand, the work-load in the practical ward situation has also increased because of the critical shortage of staff. These two demands leave the young nurses so exhausted that there is virtually no energy left for any kind of social life.

This syndrome of unrelieved exhaustion is known as the *burn out syndrome* and is also observed in similar service professions. The present training schedule for nurses leaves no room for integrating theoretical knowledge and practical experience. This integration, however, is a vital process in the growth and character formation of the young person. It will determine **how** the nurse will be able to manage her own caring, her dedication to help people in need, and her emotional attachment-detachment balance

which is crucial for her professional efficiency and her personal survival as a nurse.

SYNOPSIS

The above observations are by no means exhaustive. The objective is to draw attention to the dilemma of a young person who feels called by her faith, her ideals or even her own personal needs to serve her *neighbour in need*.

The young person is

- unprepared by home or school to shoulder the tremendous burden placed on her and finds little support or help
- in conflict with the practices of

society, although she follows some declared mythical ideal

- herself in a transitory phase and thus faces the task of developing coping mechanisms for her own life
- not only confronted with her own developmental adaptation but also the problems of her patients
- faced with illness, pain, suffering and death at a much more frequent, intense and intimate level than most other people.

Furthermore

- hospitals, colleges or universities maintain the school emphasis on practical skills and academic knowledge but leave no room in their schedule for personality development or the time-consum-

ing process of maturation

- counselling and other personal services are offered as sporadic, remedial or emergency measures but not as a continuous constructive service which fills the gap between theory and practice for the individual.

Nursing education should aim at:

- developing human as well as practical skills
- fostering wisdom as well as theoretical knowledge.

If some individual support would be given to the young nurse, she would not only be given the optimal conditions for her own development, but also for becoming a model nurse.

BOOK REVIEWS

BOEK RESENSIES

GERONTOLOGY AND GERIATRIC NURSING:

Sir W Ferguson Anderson *et al*
Hodder & Stoughton, London, 1982

This soft cover book results from the transatlantic alliance of three physicians in a Scottish Department of Geriatric Medicine and an Associate Professor of Nursing at Cornell University, New York, who believe that many aspects of the ageing phenomenon and the commitment to care for aged citizens, are universal.

The text concentrates for a large part on the acknowledged universal aspect of ageing be it physiologic, pathologic, psychological or emotional. Nursing techniques and physical facilities — specific to each institution — are not mentioned and too much detail on social and cultural aspects is avoided although the close link between these factors and specific communities is stressed.

The chapters on the ageing process, sensory loss in the elderly and home/community services for the elderly are brief but enlightening. The two chapters regarding evaluation of the elderly patient and the elderly in hospital are of particular importance for teaching basic students and for complementing post-basic studies on the aged. Chapters 7 to 20 deal clearly and concisely with diseases with a high incidence amongst the aged, mental disorders, incontinence, pressure sores, nutrition, medication, counselling and surgery in the aged.

A very valuable feature is the regular brief summaries of keywords and concepts which can promote the learning experience while captions such as the one to figure 2.3 *Concepts of ageing in the whole animal* are less attractive.

However, this well bound soft cover with its clarifying illustrations should complement the library material made available to nursing students concerned with and interested in the care of the elderly.

THE HUMAN SIDE OF HEALTH ADMINISTRATION

Robert L Veninga
New Jersey Prentice-Hall 1982

The *Human side of Health Administration* is a book for those humans who, although administrators in specific situations, still experience feelings of frustration, anxiety, incompetence, insecurity, disillusionment and disappointment. This valuable contribution to the study material for all types of health administrators, including nurse administrators, aims at promoting *conscious competence* by advising on ways and means of limiting and/or avoiding negative feelings. The author integrates real life examples and theoretical data from a number of disciplines in order to outline a positive approach which can enable the administrator to meet his/her own needs as well as those of the organisation and each individual employee. The author believes that every administrator can and should become *consciously competent* as administrative competencies can be learnt. His belief is supported in a framework for understanding this concept followed by a discussion of the following managerial competencies as well as suggestions for improvement in this regard:

- understanding the culture of an organisation
- managing one's time and work
- communicating effectively
- selecting, motivating and evaluating personnel
- developing **productive** committees
- understanding the causes of disruptive conflict
- resolving disruptive organisational conflict
- managing organisational change
- managing occupational stress and job burnout.

I believe a nursing student will never be too junior or too senior to learn something from this book.