

The nurse and the humanization of the hospital

On several occasions the International Review has published articles and information on a problem which at the moment is holding the attention of people and institutions concerned in every country, that of the humanization of the hospital.

A considerable development is to be noted in this field and pilot-hospitals are showing the way forward with numerous innovations. These problems correspond to those of many National Red Cross, Red Crescent and Red Lion and Sun Societies, which possess their own hospitals and train nurses in their own schools.

During a talk given to the last congress of the National Association of Belgian nurses, Mr. Marcel Candille spoke about this problem recalling what must be understood by "humanization of the hospital", and the part which the nurse can play in the large-scale and necessary progress which this term implies. The wide-spread knowledge which Mr. Candille's work, as editor of the Review L'Hôpital et l'Aide sociale à Paris, which is publishing the text of this talk (1962, No. 16), gives him in this field, has led us to reproduce an article which will be of outstanding interest to our readers. Our thanks are due to the author. (Editor's Note.)

I

Humanization of the hospital: the expression has something unsatisfactory about it. Surely, the hospital, by nature and vocation,

is fundamentally and essentially a humane institution? The expression is not, therefore, fully acceptable to the mind unless it signifies that the hospital which is already an intrinsically humane enterprise, will never be humane enough, given that its subject is man at grips with the pain of living and the anguish of death. Since the hospital is already humane *in itself*, we must make it still *more humane*. Particularly, must it be the place where the quality of companionship, irreplaceable everywhere, but here more than anywhere, exists if possible unsurpassed.

If the expression and what it means, have only recently appeared, it is *because the obligation to humanize the hospital is recent in itself*. It is only at this late stage of our civilization that this serious problem has been raised. Why? Because like many other institutions, the hospital of today is very different from the hospital of the past.

Over a long period, the hospitals faithful to their primary vocation, remained asylums opened by charity to misery rather than to illness. One can quote the beginning of the 19th century as the period in which they became true *nursing houses*. But since the First World War and above all since the Second World War, increasingly rapid evolutionary tendencies have made them into health-creating *laboratories*, reserved for the most serious cases—no longer nursing establishments, nor even laboratories, but *factories*. The late Professor Delore, of Lyons, was able to imagine, without straining the bounds of credibility, to use his own words, a surgeon who, having rationalized all the mechanisms of his profession, finds a subject already asleep on the operating table whom he has never seen and whose face he does not know. He then operates on an arm or opens a stomach, never for a moment thinking of the patient as a man, by which I mean a human being.

A medical conversation took place recently on the theme of “therapeutic eagerness” and “the eagerness of investigation” was mentioned.

This example of the surgeon, these expressions which we have just quoted, show, if there was any need, that the hospital is amongst the most privileged of places where a thousand considerations arise over the relations of science and human beings

in the modern world. To possess a technique, yes. To be possessed by it, no.

Taking this view, the humanization required of the hospital can be defined as *the requirements of a sick man faced with conditions which are henceforth imposed upon him, or which risk being imposed upon him during his suffering, his illness or at his death.*

This is the claim of the sick man. Because the hospital was not made for the primary purpose of giving highly evolved medicine the opportunity to function and to develop—nor of enabling the nursing staff to practise its profession. The hospital is primarily and immediately for the patient and the patient alone. Doctors and nurses are the means, the patient is the aim. The humanization of the hospital must therefore act, in favour of the patient and the patient alone. Because he alone has caught a disease, because he is wasting away, because he is suffering and, possibly, risks dying, the patient is for this very reason the only direct beneficiary of the humanization of the hospital.

What does it consist of ?

The humanization of the hospital is the result of two factors of a very different nature and of differing importance: one material, the other spiritual, or rather psychological.

The will to humanize the hospital *on the material level* involves the entire hospital, its architecture and its fittings just as much as its structures and its methods of operation. Each problem, at the idea stage as at the organization stage, will have a different solution according to whether the willingness and desire are present or not present to fashion directly all the equipment and activities of the hospital for the greatest physical and psychological good of the patient. From this point of view, the perfectly humane hospital will be the one where all the material commodities facilitate the specific activity of each of the members of the hospital team, the director, the doctors, nurses, service staff, etc., for the greatest good of the patient.

But the humanized hospital should certainly not be the exclusive counterpart of abundant credits placed at the disposal of an ingenuity to create the most functional architecture and to incorporate in it the latest equipment.

This would be too easy. The nations best endowed materially are not necessarily those in which the hospital is the most perfectly humanized. Because the humanization of the hospital implies, besides the material factor which certainly is not negligible, *a factor which is still more important and of a spiritual character*. From this point of view, the most perfectly humanized hospital will be the one in which one best succeeds in reconciling the practice of the most highly evolved medicine with the maximum of human understanding. The humanization of the hospital is above all the humanization of the practice of hospital medicine.

What the patient demands, is not by priority more comfort or more luxurious equipment. Rather is it, with regard to the immense current possibilities of medical and surgical techniques, the right not to be treated as a mere clinical case—it is a medicine which applies to him as a complete man. What he does not want, is to be considered as an entity, an abstraction, as a mere object of scientific curiosity. What he has the right to ask, is to be considered as a person, a living reality who knows himself to be unique and irreplaceable. In fact, he asks that during his illness, those who look after him, those in whose care he has placed himself and whom, for the most part, he has not chosen, are interested in and deal with his entire being, and that the illness is not arbitrarily and artificially separated from the person who is suffering from it.

Thus the humanized hospital is the synthesis of two factors : on the one hand, the financial means in the service of a certain ingenuity—on the other hand, a certain state of mind, a certain conception of its rôle and its mission, the latter, directed entirely towards the man in suffering who has to be nursed and returned to health, and, if there is no hope for him, who has to be accompanied on the long journey into the hereafter.

As to the hierarchy of these two factors, the humanization of the hospital is firstly a problem of ethics and psychology and only secondly a problem of arrangements and organization. Because inert, cold technique by itself is no help to man in general, and even less so to man whose health and existence are in jeopardy, and one can perfectly well suffer without help and die desperate in a world over equipped and glittering with chromium and calculations.

In our conception, the hospital is the place, par excellence, where

although man has a duty to enlist techniques in his aid, he cannot and must not do so except in an upsurge of charity.

II

To say that the humanization of the hospital is primarily a problem of medical ethics and that therefore in this perspective, the humanization of the hospital is above all the humanization of medicine, is to devote the part of primary importance which is played in the enterprise to the doctor and to the team which surrounds him.

The nurse is an essential element in the composition of this team. However subordinate to the doctor it may be, her rôle nevertheless is of capital importance. Taken as a body, nurses form the largest group of any branch of personnel in the service of the patient. The nurse is in *permanent* contact, day and night, with the patient, and in *immediate* contact with him. As soon as the diagnosis has been made, she is the doctor's indispensable intermediary in the application of the treatment.

The task of conferring on the hospital an increasingly humane quality therefore rests, in large part, on the activity of the nurse and on the spirit and manner in which she understands it and carries it out.

In the first place, her professional competence is a humanizing factor. It is the first condition of her efficiency. Examinations, analyses, care and treatment become fuller, more complicated and more difficult every day. Goodwill alone and a spirit of charity are no longer enough. Technical qualification is necessary and not only to the patient, but also to the young nurses, trainees and recruits who could only receive valuable instruction and initiation from an experienced person. Furthermore, in the constantly changing world of modern therapeutics, the nurse must not content herself with established ideas, but must fight against routine and atrophy and perfect her knowledge by refresher courses and edifying lectures, that is to say bring her knowledge up-to-date by raising it to the level of the possibilities which fresh discoveries place within our reach every day. The humanization of the hospital in

large part goes hand-in-hand with the intellectual and professional value of the nurse.

Moreover, individualism has less and less place in the hospital. The nurse is a constituent cell of a working community, and over and above her own competence and qualifications, she must be imbued with the team spirit. This could not result from chance acquaintance, which has only a periodic juxtaposition of people confining themselves to working on long parallel lines and independently of one another, with a view-point limited to their respective tasks. The team requires a community conscience of each of its members. To be integrated in a team presupposes a true perception of the functional and spiritual links, non conventional and formalist, of which it is made up. Every nurse must therefore be animated by a sense of solidarity and responsibility before the common aim. The behaviour and attitude of each one of them gives the team that homogeneity and harmony, necessary to carry out a concerted action of high quality.

But there is more still, and here we reach the heart of the problem. By its nature, the nurse's day revolves round the patient. The hospitalized patient is a separate being (family, profession, habits) and more or less out of his mind with all sorts of anxieties. Even more so, if there is no hope for him. Faced with such a situation, the nurse must continually persuade and convince herself, that she is not only practising a profession which enables her to earn her living, but that in accepting her duties she has answered the call of a vocation. And this is so true that until quite recent times, nursing was practised almost exclusively by members of specialized religious orders, such as the brothers of Charity and the sisters of Charity of Saint Vincent de Paul. Logically, one only entered, one only enters, such an order to follow a two-fold vocation, one religious and the other nursing. This last point is so true that in most cases, the three habitual vows in any religious order, are supplemented by a fourth, the vow to devote oneself and pledge oneself to the solace of the sick.

The problem has not changed in nature or in form from the fact that, now-a-days, the nursing profession is practised by numbers of lay people. There is a form of implicit contract between the nurse and the patient, the contract to give of one's best to the

inhuman and incomprehensible world of suffering and death in hospital. To devote oneself wittingly and in all lucidity to this saving mission presupposes a depth of character and the possession of those outstanding qualities which are not the most fairly shared things in the world, selflessness and the thoughtfulness and politeness which come from the heart.

To accept the patient as he is, and God knows physical decay can sometimes take on trying forms. To look at him other than with a professional or administrative eye. To know him by his name and not to call him by his number. To question him, to take the time to question him. To stop by his bed for a few moments. To ask his news and to speak to him about his own affairs. To speak to him, but not in an off-hand manner, without excessive familiarity, which would be particularly out of place where old people are concerned. Not to give him the impression that one is in a hurry. To know him and to smile at him. To respect his modesty. To preserve his sleep, his rest, that is to say to fight against noise, which is to say frequently against oneself. Not to be abrupt with him. Not to consider him as a mere case, an object (a beautiful sputum, a magnificent cancer). Not to humiliate his dignity as a human being. Not to employ terms which would add to his confusion (cancer, syphilis, senility, taint). To tackle any job from the highest to the lowest, and the most prosaic, with equal care for work well done. To fight day after day against becoming accustomed to the physical and moral suffering of others.

All these are so many examples which could be multiplied ad infinitum, so sociologically diversified is hospital life. They require only goodwill and warm heartedness. The nurse who wishes to contribute towards making the hospital more humane, does not consider these acts as an *hors d'œuvre*, a charitable supplement, a bonus. They form part of the professional duty included in its integrality and they constitute by themselves a form of psychotherapy which is undoubtedly effective. In hospital, the nurse is at the service of the feeble and she owes him over and above her services and her devotion, the offering and the gift of her kindness, kindness which can be described as the only language enabling contact to be established between the world of the patient and that of the hale and hearty.

The death of the patient is a circumstance particular to, and unfortunately common to, the hospital. The hospital, despite all progress and because it is what it is, works in close co-operation with the cemetery. A well-known professor of a medical clinic, said fairly recently in his inaugural lesson " death in hospital is atrocious ".

I imagine that these words were aimed more at the material circumstances which, unfortunately, still too often accompany the end of a life, in particular the sight which is so depressing and hard for the neighbouring patients, and which arises from beds still too frequently being close together, noises, conversations, comings and goings. At the hospital less than elsewhere, one does not die alone.

What does the death of a patient mean to the nursing staff ? One cannot be engaged in a nursing relationship, whatever it may be, with a human being in the process of dying without being totally involved oneself in his feelings and his anguish at death.

In the first place, for the nursing staff, the death of a patient represents a failure for professional activity, that is to say for one's self-assurance. When a patient dies despite the nursing he has been given, it is I who am placed in question, it is my efficiency which is contested.

But, over and above this purely personal emotional reaction, what matters is the objective situation of the dying person who has to cross the most serious threshold of his existence. We must learn to accord the maximum respect to the death of others. Respect which is felt and therefore quite the contrary of habit influencing sensibility and of automatism influencing gesture. The respect which is lived and which is active: the presence of a nurse who retains her calm and self-control at the same time as her ability to sympathize, is of inestimable value to the person tortured by the suffering of living. Who can measure the weight of a look which understands but which smiles nevertheless, the price of an affectionate pressure of the hand at the decisive moment when someone is in the last stages ?

Here in particular, the nurse, scarcely less than the doctor, plays the primary rôle. From a general point of view, her job is to supply what the hospital, in its material aspect, can only incompletely and imperfectly achieve. It is her job to complete and perfect,

it is she who must infuse a spirit into that which, without her, will remain dull and cold. As medicine becomes more and more scientific and as it uses increasingly complicated apparatus, it is for her to personalize it in its application. Her indispensable technical competence can only have human value if it is illumined with faith renewed daily in each and everyone of its manifestations.

III

We have put forward an exacting conception of a profession which is difficult and arduous, both physically and mentally, of a profession which is stirring and also sometimes disheartening. But, if one can and must ask a great deal of the nurse on every level, one must—and this is only logical and just—do everything to facilitate her task. This will be that much more completely fulfilled when it is done more comfortably.

It is for those in charge in the hospital, it is the doctors' duty, to give the nurse their co-operation without which her rôle would risk not having all the effectiveness and all the humanity possible and desirable.

How in fact, can the nurse effectively carry out her rôle such as we understand it if, by force of outside circumstances which do not depend on her, she can only devote herself to it in a spirit of permanent and legitimate dissatisfaction ?

In the first place, over-working of nurses must be avoided. This is a question of staffing and it is common knowledge that recruitment suffers from a general shortage. Therefore, since all patients must be treated in some way or other, the nursing is spread out and is done hurriedly. However, a rhythm of work which is too intense is a factor in errors or omissions which can have dramatic consequences.

The nurse is sometimes in a position at meal time, either of having to leave the ward without being replaced, or of having to make do with a sandwich which she eats while working. In the evening, dead tired, she may well ask herself if she can carry on the next morning.

Rest periods, hours of work and annual holidays must be judiciously improved. It must be possible to reconcile personal life

and family life with carrying out a profession. If they were compromised, this could only lead to repercussions in the way the work was done.

For nurses who live in, a small room in an isolated corner of the hospital is no longer enough. Like the staff doctors, they must have their own quarters with rooms which are suitable, comfortable and modern, a hall, library, dining-room, garden, sports . . . in one word, all the commodities and facilities necessary to recuperate and relax.

Finally, remuneration must be in proportion to the training acquired and the work given, just as the consideration surrounding the nurse must go hand-in-hand with the technical and social obligations which she is being asked to assume.

Over-work, incompatibility of family and professional obligations, insufficient remuneration, are some of the points raised in a number of nurses' letters in reply to an enquiry instituted by the *Concours Médical* and they speak volumes for a certain state of mind, certain abandonments and certain vocations which have come to nothing.

The members of public assistance commissions, the hospital chiefs should never forget that the nurse's working and living conditions have a definite influence on the spirit in which the service is given. Consequently, the desire to humanize the hospital entails, by its very nature, the genuine anxiety to humanize the conditions in which the nursing profession is practised. In order of importance, the first problem is to obtain the necessary personnel; as long as this is not settled, the other undertakings will be useless and doomed to failure from the start.

Secondly, there can be no humanization of the hospital without humanization of the staff's living conditions.

It is only when these conditions are fulfilled that the nurse will be in a position to play the major rôle devolving on her in a direct humanization of the hospital, right by the patient, in the spirit and on the lines which we have set out.

As for the doctor, much could be said about his work in relation to the nurse. Let us merely give some concrete details.

He must promote the continued development of the nursing staff's knowledge and not content himself, for example, in the case

of a new medicament, with giving some details on the posology, but satisfy the nurse's desire and need to be better informed, because in this way she will be more fitted for her responsibilities.

What matters above all is that the doctor should be a real head of team. Everyone in his own place and at his own level must play the part assigned him.

Under these conditions, the doctor will merit the nurses' support and that attentive help which will enable him to admit to the patient the necessity for treatment and to obtain his participation.

Certain nurses assigned to particularly arduous and difficult posts, could not carry on their job if they did not feel they were supported by a head of the team who was fully aware of the mental tension to which they were sometimes subjected.

To sum up.

In the task of humanizing the hospital, the nurse has a positive rôle to play which depends entirely on her: proper technical training and a permanent desire to improve her professional competence—a sense of team spirit which over and above the increased therapeutic possibilities will bring out the permanent requirement of human service—an evolved moral conscience which reads the patient's psychology and gains his confidence.

But to play this rôle which is expected of the nurse, she must be able to count on the concern of the hospital authorities to provide the best possible conditions for technical and human work of optimum quality, and she must be able to count on the doctor promoting an effective association with the whole life of the team.

At this price, the hospital, side by side with the health values which it has to defend and promote, will safeguard the intrinsic dignity of the patient and the inestimable valour of man's suffering and anguish.

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