

Nursing at The London Hospital in the 1970s

When I tried to think what the main flavour of the 70's was I began to think that it was change but listening to everyone else of course this has always gone on.

The first event I am going to refer to is one that has affected all of us, that is the re-organisation of the National Health Service in 1974. Here as everywhere else this was undoubtedly a great upheaval. We had only just got used to calling ourselves The London Hospital Group, i.e. The London Hospital, Whitechapel, Mile End and St. Clement's and here we were with seven hospitals and joining with our colleagues in the Community. Looking back over these ten years I think we can sincerely say that a great deal of good has come out of this. We have heard about our colleagues on other hospital sites and about the work done in the Community.

There were many changes of note at this time. We lost Miss Friend to The Department of Health. We welcomed Miss Day as The District Nursing Officer and Miss Collins was appointed with another title as Director of Nursing Education.

Our Board of Governors dissolved, although they certainly went out with a bang. Overnight a garden appeared over the mounds of earth which had been there for about a year. The Board gave a Dinner/Dance at the Hilton Hotel which was much enjoyed by all the staff. Every employee in the three hospitals which formed the group was given a picture of The London Hospital in the 18th century as a memento. There was a special service at St. Phillips which was very rousing and included a fanfare of trumpets.

During the seventies the Administration bravely decided to do a survey about the opinions of staff about the management of their hospital. At the end of the day, many months later, we were told that really The London wasn't such a bad place to work in.

Looking at the effect on nursing of the changing society of the Seventies I think that care of the elderly must take a prominent place. Not only is this a need in the geriatric hospitals and community but also the rise in age is an important feature in the acute general wards. This means that the nursing staff must be very aware of the skills needed to nurse the elderly.

By the end of the decade I think that it is evident in this District we have a comprehensive health service for all ages and groups, and the facility to treat most of the conditions mankind is prone to. The mentally handicapped still need more provision, although this is not through lack of concern or forward planning it is impossible to do everything at once.

All this would seem to reflect our motto "Nothing Human is Alien to me".

The Moorgate train disaster was a horrifying event. We were extremely proud of our nurses and doctors from casualty who worked with extraordinary skill and compassion in the highest traditions of this hospital.

Medical technology continues to expand rapidly. Drugs are just bewildering and I am happy to assure Lady Mann that we still have a strict code of drug checking that closely resembles the one she was describing.

Intensive care is needed for many patients in the hospitals and not just those in the Intensive Therapy Unit, and this poses new challenges to nurses and to those who are training them.

A specially nice event was the birth of Baby Lee Edwards, born to a mother having continuous haemodialysis. Lee has thrived and at the time it was said to be only the second case of its kind in the world.

Our Consultant Orthopaedic Surgeon, Mr Freeman, a very inventive gentleman, developed a new type of knee replacement. It's well known that I'm not in any way mechanical and do not understand modern technology, and I was fascinated to see Mr Freeman operating on television watched by several hundred surgeons in Switzerland and carrying on a dialogue with them as he did so.

In summary, the basic education at The Princess Alexandra School of Nursing has developed steadily and relatively throughout the Seventies, with a great deal of help from all concerned. There are many outside influences including the changing needs of society, the requirements of the E.E.C., the ideas of the Briggs Committee and the requirements of the General Nursing Council.

Post-basic education, a fairly new expression, is becoming more and more necessary in these times of rapid change. It is essential that nurses be kept up to date and also that they are stimulated and supported in their often changing roles. We are fortunate that our District Management Team has always supported us and found the money for at least six clinical courses for newly qualified nurses and to support a very wide programme of in-service training for qualified staff. In addition a wealthy donor gave a large sum of money to be used as a scholarship for trained staff and this has already enabled a number of nurses to benefit by study and extending their skills both in this country and abroad.

Finally, financial anxieties have continued throughout the decade and this has recently inspired the formation of a group of "Friends of The London Hospital, Whitechapel". It has already shown a great deal of goodwill and loyalty towards our Hospital. This seems a good note on which to end. After all John Harrison founded the Hospital 200 years ago on £100, which even in 1740 was not much for that kind of project.

Joy Robbins.

Clinical experiences in the seventies.

I'd like to illustrate the 70's with three experiences of mine as a traveller in Sweden, a Ward Sister and currently as a clinical teacher. My own basic training was completed in 1970 just prior to the publication of the recommendations of the Briggs

Committee. I have been interviewed by members of the Briggs Committee as I had just been to Sweden to study nurse education and I realise that I saw there a similar system to the one proposed by Briggs.

I went to Sweden in October 1970 and spent two weeks in a hospital in Udevaller and two weeks in the University Hospital in Upsalla. The Swedish nursing students have full student status and their training is for 2½ years divided into five 20 week terms. They borrow a grant from the Government to pay for their training and pay it back over a period of 30 years. They are supernumerary to the ward team and do only three weeks of night duty throughout their training. I felt, however, that on qualification they still needed to develop skills of interpersonal relationships already acquired by English students.

The qualified nurses took blood, gave intravenous injections, set up intravenous infusions and defibrillated in the event of cardiac arrest without a doctor being present. I understand that these things happen in Britain to-day though not at The London as yet.

Nursing is becoming much more reliant on an understanding of modern medical technology. It is convenient to mention here also the vast increase of paper work the nurse has to do. The Swedish nurse in 1970 needed to be as technically minded as our nurses now do to prepare themselves for the 80's.

There were many men nursing in Sweden, and at The London to-day it is no longer unusual to see men at the bedside. Even the patients have stopped calling them doctor. With the advent of womens' rights in other areas of society, so the number of men in nursing increased in all levels.

As a ward Sister I was influenced by the large number of training courses available to the learners. These included degree and graduate courses and an integrated SRN, RMN course as well as the basic trainings for the register and the Roll. We are working toward the modular system and all students must gain experience in psychiatric, geriatric, obstetrics and community nursing in some form or another. As one who has never had any experience in psychiatry I can appreciate what an advancement we have made. I resolved my confusion as a Ward Sister by asking how much practical experience each student had had. Two third year nurses could in fact have had vastly different amounts of practical experience. There has been enormous relaxation in discipline and changing attitudes among the students.

We began in the Seventies to look at The Nursing Process. Patient and not task-oriented care was being introduced and a research post was created to develop the concepts of the nursing process in the wards. I was honoured when Turner Ward (my ward for four years) was chosen to implement a different and more efficient way of thinking about the care we had always given. Student nurses are encouraged to care for all the needs of a group of patients during a span of duty. It is hoped that a better understanding of the patient as a person with many and varied needs is obtained by the nurse. On admission a nursing history is taken. From this the individual needs of the patient can be identified and an eventual plan for discharge with appropriate community services can be made.

The Kardex has now been replaced by A4 sized binders in which the admission sheet and progress notes are kept. Although a little different at first it is easy to find the information you want once you get used to it. Students are encouraged to write the progress notes of the patients under their care with any additions made by the Sister or Senior Nurse. There is also a space to write any special instructions for that day's care.

With the increase in personnel requiring access to the wards has come an increase in noise. Patients are on the whole well entertained by the colour television sets in the day rooms and some bays and an excellent service is provided by our Metropolitan Hospital radio. A highlight of their work was The London Hospital Festival. Ron Moody opened the festival and the day drew enormous crowds and was a great success.

Industrial unrest in the late 70's left us with problems previously unforeseen. Waiting list admissions cancelled and wards reduced in numbers. A number of volunteers appeared from all over the hospital and all disciplined to provide essential patient services.

The Health and Safety at Work Act has influenced our care. Lotion cupboards are locked now adding to the weight of keys carried by the nurse. Technology has increased leading to more precise, and I am pleased to say, often more comfortable investigatory techniques. The latest of these is the computerised axial tomography machine and the CAT scanner which can take soft tissue X-rays of the brain.

With the shorter working week of the Clegg report our students will have a great deal of material to fit into what is in effect a reduced period of training. Staff turnover continues at a fairly constant rate although with the recent economic problems jobs are more precious. It seems that the trend at the moment is for more qualifications and specialisation to cope with the advancement of the 70's.

I left my post as Sister Turner to have Victoria, who was two last Thursday. In the 70's it became more acceptable for women to continue nursing after having a child and I now work part-time as a Clinical Teacher for four hours on each of Wednesday and Thursday evenings. After initial surprise the nurses are pleased to see me. The juniors can be helped when busy senior staff cannot supervise them and the Senior Students often take the opportunity of doing their practical assessments. I can envisage more part-time jobs in the future and hope it may enable the full time workers to have more sociable hours.

My husband supports me in my work and his services have been used as barman in the ward at Christmas and artist to help me draw some diagrams.

Listening to what has been said, it has been very interesting and a great deal has happened in the last 60 years. I wonder what will be said of our heritage in another 60 years' time?

Linda Cook - The Review no. 49 September 1980