

relic of the bedpan age

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Dear Faith

I was disturbed to hear you have met Angela Plume and am taking this opportunity to warn you against her. I will deal with your queries, but I need to point out that she represents a bygone age which we have fought to eradicate. In her day, service to patients was the purpose of nursing. Nurses talked of having a vocation and ran round getting doctors tea and chocolate biscuits. We have moved on and are now highly qualified professionals. In your course modules you will learn to be autonomous, assertive, empowered, creative and critical. You will learn to use your 'self' therapeutically, and to let the doctors give *you* the biscuits!

So Angela told you the quaint exhortation that nurses learnt in the past: 'Carry that bedpan to the glory of God'. Yes, I know this was how most nurses were inducted into a tradition. How else would anyone be persuaded to carry receptacles filled with urine or vomit, touch caked and slimy dentures, and wash urine-soaked and faeces-speckled skin? We have done away with all that now, leaving those revolting jobs to 'care assistants'. A nurse does not need a diploma or degree to deal in human squalor. I know Angela believes in God but, despite opinion polls to the contrary, remember that no-one else does nowadays. It has long been proved by research that 'God' is used as a prop to justify the expectation that women would do such filthy task-orientated work and call it 'vocation'. As you have surely learnt from your spirituality module, 'God' is one word that causes extreme embarrassment and must be avoided.

Yes, I know Angela quotes recent research that people enter nursing because they want to help people, and use the term 'vocation' rather than 'career', but you must remember to use only those statistics which fit with what you are taught here and ignore all others. By the time nurses have finished their education with us we have changed their minds. They realise the importance of money, status, courses, clip-boards, sharp suits and shoulder pads (if in fashion). Who in their right mind wants to wear a ghastly uniform anyway?

On this question of recruiting nursing students, I too have seen the report by the Qualifications and Curriculum Authority that only 9% of colleges ask for a 'C' in GCSE Maths. Entry requirements are deliberately flexible, a few GCSEs or failing them, entry tests, are quite adequate - we have an extreme shortage of nurses, and many are leaving, so we need to attract people in. I know Angela says that in the old days what she calls 'moral character' was a crucial criterion for recruitment, but thank goodness we no longer ask anything like this.

I refute your point that nurses need to be able to count in order to calculate drugs and use computerised equipment. How many times have you been told in your course modules that nursing is about risk-taking and learning by experience? A few mistakes are part of the learning experience, and patients do understand this. As for the QCA, well they have had their way with education of children and teacher training, and we must in no way allow them to poke their noses into the education of nurses. Let the fact that over the last decade we followed the model of teacher training remain a secret. And keep repeating the myth that nurses in the past were not scientifically developed. We must forget that Doreen Norton's work with pressure sores comes out of that tradition. We did not want to build on the old tradition, we wanted to start afresh. *Vive La Revolution!*

Which reminds me of the report chaired by an educationalist, that was, in my view, quite correct in its scathing reference to the views of the layperson about the move into higher education we proposed. We knew that the public would not want nurses to stop training at the bedside - marching to the drumbeat of service - to become amateur sociologists and psychologists. But I was never too happy with the wording of the statement in the report ridiculing the public's view. It was a mistake to say that the layperson would 'grunt heartfelt approval' to the idea of keeping the apprenticeship. It rather implied we thought the layperson to be a pig. And, whatever the QCA opinion, similar liberal dogma in teaching has been a real boon which has produced quality results in children's learning.

On this point of university education you tell me you are disappointed not to learn more basic biology and that you find the course heavily weighted with psychology and sociology. Recent studies have shown this to be a common criticism from nursing students but they soon grow out of it. You must realise by now that Marx and Freud are far more relevant to patient care than any of the old medical models we had in the past.

If Angela Plume has told you that physicians and surgeons used to teach nurses relevant knowledge in the old days this just goes to

show you how wrong the system was.

Patients should not get diseases or be 'ill'. So called 'illness' is far more likely to respond to massage or counselling. This health-orientated model is surely a great improvement in helping people to be self-caring and not a burden on either the State or nursing. It might even sound the death knell of medicine and an end to the Sir Lancelot Spratts.

You say you are embarrassed because you do not feel competent in techniques; you say you have never been shown how to make beds, take blood pressures, do dressings or even wash patients. You are not alone, as these studies show. But you are wrong to complain. This is victim culture. We are educating you, not training you for irrelevant tasks. You are a professional, it is up to you to direct your learning requirements. Decide for yourself what is *important for you*, then look it up in one of our many nursing journals. True, they may not deal with such basic matters (which care assistants do anyway), but you will learn much about postmodern nursing theory in them. My own study 'Postmodern Concepts of Gender Specific Denture Cleaning' is published in one. I know that when faced with a real situation, such as which dressing to use for a leg ulcer, there may not be time to literature search the relevant evidence and analyse its validity, but your professional code of conduct tells you it's up to you to decide your level of competence.

If Angela Plume gave you the example of a nurse who found a patient having an arrest on her ward, and walked off to the library to look up the procedure only to find the patient dead on her return, this is a myth. Anyway, patients appreciate nurses who feel comfortable with themselves. The purpose of education is to feel more positively about your capabilities. Neither we nor the professional bodies believe in objective measurements, another relic of the past. As we have said many times, this limits creativity and flexibility.

And you must tell Angela that studies show that while many newly registered nurses are not competent practically, they nevertheless impress managers and doctors alike by their ability to be constantly critical of everything they are told; far better than the days when there was authority in hospitals. Now it is free and easy. If you want a quick smoke you just pop off the ward. Nursing students do not need to learn such techniques as you describe anyway, because they will not go near patients apart from supernumerary visits to the ward. Then, they are quite at liberty to refuse jobs they do not want to learn. 'I have given a commode once and do not need to do it again because my learning experience is completed' is all that needs to be said politely.

Most nurses specialise after becoming registered. They go into lecturing, research or management. They call themselves 'practitioners' and generally advise doctors on how patients should be treated. Yes, I know Angela Plume thinks a 'nurse-practitioner' is a non-specific term which may mean anything, but that is part of the mystique that all professions need. The nurse whom you mention, who was appointed a 'pain specialist' but knew nothing about pain, was soon given the know-how by a consultant (though she wisely keeps this quiet). And as I keep on telling you, do you think doctors are any better? And on this matter I am not happy about nurses being trained by doctors to take over their work, becoming anaesthetists, or stripping veins, for example. What kind of laziness is this? We do not expect nurses to become pseudo-doctors, and that is why we ensure their education does not prepare them as such.

Angela has told you her concerns that quality nursing is disappearing. I appreciate her view that all human beings have basic needs which when they are indisposed they cannot meet. But surely, in this technologically advanced society machines should be able to toilet people three hourly, put food in their mouths, wash and dress them, and even prop up their pillows when they are dying? I would not mind myself in the hands of a robot, so long as its mechanical arms were padded. Nurses are now much too overqualified to do this kind of work and we should be looking at alternatives.

As to Angela's musings about whether nurses should surrender the title 'nurse' to care assistants, and perhaps one day even to a machine, I give you a categorical answer: Our image consultant has advised us that the brand name 'nurse' must in no way be lost because the public holds it in great esteem and we can use it in salary bargaining. The 'angel' image may be hateful, but it is the 'aah' factor . . .

Angela Plume is a relic of the bedpan age. The last thing you must do is take her seriously.

With all good wishes

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The letters of Sister Plume are a series of satirical letters published in the *Nursing Times* during the 1980s and revived in 1997, anonymously written under the pen name 'Sister Angela Plume'. They portray the vocational nurse and nursing tradition as archaic, reactionary and ridiculous. The epithet 'Sister Plume' is now used to stereotype any nurse who dares look back with nostalgia. This letter is written by Ann Bradshaw in this spirit and with apologies to C S Lewis and his *Screwtape Letters*. Ann Bradshaw is a practising nurse and Clinical Fellow at the Royal College of Nursing Institute, Oxford Centre, Radcliffe Infirmary, Oxford