

JUDY JONES' MEMORIES OF THE NHS

As a young student nurse from 1957-1960, it's difficult to look back and compare the service as it was then with the NHS of today. The NHS was very young, and most people were very grateful for free care, despite the fact that a lot of buildings were old, many ex-workhouses, large rooms with high windows, and not appropriate for nursing sick patients with privacy.

Student nurses were subject to strict discipline, having to be resident in the nurses home, to be in by 11pm, and have to pass Matron's quarters to get into the home. The hours were long, 48 hours per week, with 4 days of split shifts of 7.30pm - 8.30pm and three hours off in the middle of the day, an early finish at 6pm one day off, and a late start to follow. No wonder there were few overweight nurses, as the work was also physical hard.

In many cases, when you completed the three year course, and had passed the necessary theory exams, you had to agree to working an extra six months before you were awarded your hospital badge and SRN registration. As a young student in 1957, I recall going to the sluice area (the meeting place of all junior staff) and the newly qualified staff nurse about to embark on the extra six months showed us her wedding ring. She got married during her afternoon off, and because marriage was disapproved, she kept her wedding secret until she was awarded her badge and registration, wearing her ring on a chain round her neck.

As a student midwife, the hours were similar, and the most noticeable change has been the provision of maternity beds. In 1960 most births were at home or in small units with provision only for normal births. Hospital bookings were only for problem pregnancies or problems occurring during labour. This was accepted by most women, again grateful for the free service, and it was only later towards the end of the 60's that more hospital beds were provided and women given the choice of place for delivery. With this change came medicalisation of births, and more sophisticated management of pregnancy and labour, and also the rights of pregnant women to plan her care. Advance in screening for abnormalities, has also led to women having to make hard choices regarding the outcome of pregnancy.

Knowledge of the adverse effects of smoking, alcohol and drugs has also led to problems related to the rights of women and the rights of the unborn baby, but more importantly the care of babies damaged by these toxins.

With advance in knowledge, drugs, surgical techniques and technology the need to change training for both nurses and midwives became apparent in the nineties, and so project 2000 was put into plan to educate students to a higher academic level and also to encourage the trained staff in post to graduate. This has led to big differences in nursing care with lower grade staff doing basic care, and nurses carrying out the more complex procedures. That and the rapid turn-around of patients undergoing surgery and procedures eg childbirth, has placed a terrific strain on staff who now manage a huge work load with the added problem of lack of accommodation for the patients.

Compare the surgical technique of a hernia repair, 10 day hospital stay in 1960, to the surgery of today. Women delivering normally, or by Caesarean section, stayed in bed at home or in hospital for several days in the 60s compared with the few hours stay of today. The nurse/patient relationship has changed in some areas, but the qualified nurse or midwife of today has more choice as to the type of care he or she provides.