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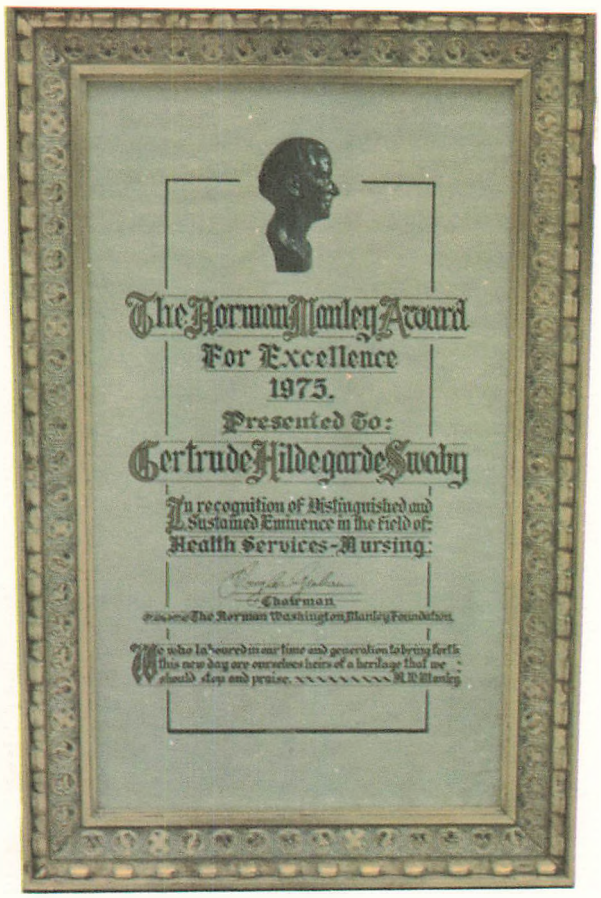
The Jamaican Nurse

The Life and Times of Gertrude Swaby 1912 to 1989



OFFICIAL JOURNAL OF THE NURSES ASSOCIATION OF JAMAICA VOL. 28 NO. 1



This Issue commemorates the life work of

Miss Gertrude Swaby

especially her selfless contribution to

The Jamaican Nurse.

It is dedicated to all those who learned

from her and to those whom these pages

will influence in the future

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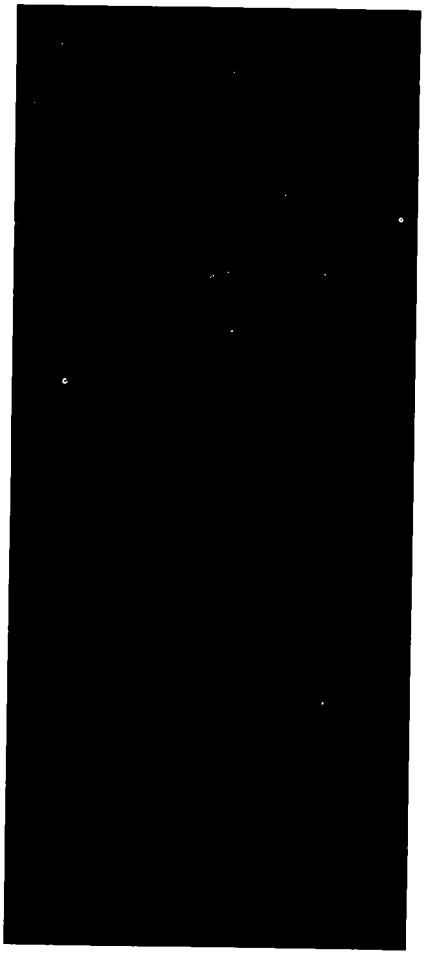
The Jamaican Nurse

FOUR-MONTHLY JOURNAL FOR THE NURSES OF JAMACIA. INDEXED IN THE CUMULATIVE INDEX TO NURSING LITERATURE.

VOL. 28 NO. 1

1990



Cover:
Miss Gertrude Hildegrade Swaby (1972)
As Hon. Secretary NAJ

The Jamaican Nuirse is the official organ of the Nurses' Association of Jamaica. It is edited by Mrs. Syringa Marshall-Burnett and published by the N.A.J. whose offices are at Mary Seacole Annex, 4 Trevennion Park Road, Kingston 5, Jamaica, W.I.

First Life Membership

Awards 1975

We note that on the completion of your general education at St. Hilda's Diocesan High School, the teacher in you was activated in the classrooms of St. Hilda's, St. Andrew's and St. Hugh's Preparatory Schools and Brampton School. But the ministry of healing beckoned and you followed its rigorous path.

At the Nuttall and Victoria Jubilee Hospitals, you acquired the arts of nursing and midwifery, and pursued post - basic education in public health, nursing education and administration at Toronto and Columbia Universities and the Royal College of Nursing. You sought to be knowledgeable, proficient and innovative in professional nursing, as well as in the literary arts, music and organizational work.

When you retired from the Government service in 1968, your achievements were already several pages of nursing history in Jamaica. But retirement from an exacting job was only a signal of freedom for you to explore and pursue your many and varied interests in nursing and related professions, the church and the community.

What, then, shall we select for your outstanding performances to extol? Is it your untiring efforts to professionalize the process of basic nursing education in Jamaica; or, it your activation of continuing education for nursed through the Annual Summer School of NAJ? Is it your co-founding of the "Jamaican Nurse", the official Journal of NAJ? Or your voluntary editorship of that magazine since its inception? No price can be assigned to your work as president, vice-president, recording secretary and executive committee member of the Association; nor to your pioneering efforts as its first organizing secretary, a post you held for over two years.



But the record shows that your commitment to and involvement with nursing profession has not been the confined to national boundaries. We note that you were a foundation member of the Caribbean Nurses Organization (CNO) and have give valuable services on several committees of that body, thus demonstrating your belief in regional cooperation and mutual progress. You have taken the "lighted lamp" of service on to the international scene as well. You performed with credit as our national representative on the Ethics of Nursing and Professional Services Committees of the International Council of Nurses (ICN) and we recall your contribution as delegate to several international meetings.

Such, Gertrude Swaby, is the magnitude and scope of your work and worth as your colleagues see it, in capsule. Your example, par excellence, of Christian citizenship and ethical practice of professional nursing will serve to inspire generations of Jamaican nurses yet unborn. These are only some of the reasons why we deem it a privilege to confer upon you LIFE MEMBERSHIP in your professional association, NAJ.

Signed: Mary J. Seivwright, President
Nurses Association of Jamaica
Merel Hanson, Secretary
Nurses Association of Jamaica
Date: May 12, 1975
International Nurses Day

An Essay on the International Code of Nursing Ethics

How it could be brought into nursing school, and ways and means of integrating teaching so that ethics may be included in all nursing subjects.

Re printed from the International Nursing Review, February, 1960. Pages 8-12

Gertrude H. Swaby, B.S. (Col), S.T.D., (London)



Seated at the Conference Table at ICN Headquaters, London, at the committee meeting of the Ethics of Nursing Committee of the ICN Left to right Ms. A. Cherian, India, Ms Gertrude Swaby, Jamaica, Ms Marjorie Craven , Great Britian, Chairman, Mis Nelly Goffard, Belgium, and Ms Helen Nussbaum, General Scretary, ICN

Have you ever tried to teach the International Code of Nursing Ethics to a group of student Nurses? I have, and I can tell you that it is a task which takes more than casual planning and consideration. To begin with, the average young person of today is not very interested in "do good" injunctions, rightly or wrongly. People tend to turn from such things as codes of morals and etiquette.

Can we find a way to make ethics real, contemporary and vital to every day nursing? What do we really mean by ethics , and what is this International Code of Nursing Ethics?It seems to me that " ethics" is not only a moral philosophy, as the dictionary puts it, but is one's way of life and implies one's whole set of values. It is tied up with how we react to everday problems and situations. The great Eastern mystic, artist, and poet Kahlil Gibran, says:

"Who can separate his faith from his actions, or his belief from his occupation?...

Your daily life is your temple and your religion."

Somehow we have to get across this concept of ethics as a vital and integral part of us, if we are to teach ethics. Much of nursing ethics grew out of the conviction that nurses ought to try to develop a code which would prove acceptable to nurses in all countries of the world. It would be based on broad principles which could be interpreted in the light of each country's own religion, customs and laws. It was and is the hope and heartfelt wish of the Ethics of Nursing Committee, formed

by the International Council of Nurses, that this Code would, in course of time, encircle the globe, and might be a means of helping "innumerable nurses to realise and understand the great ethical principles which underline their chosen profession." it is significant to bear in mind that in July, 1949, the International Council of Nurses was sent a resolution adopted by The executive Board of the World Health Organization at its fourth session in Geneva. This resolution noted with satisfaction that the World Medical Association was studying the matter of an International Code of Medical Ethics, and requested that this be brought to the attention of the International Council of Nurses, which was an event of deep significance to nursing profession. As we all know, four years later, at the Grand Council of the International Council of Nurses, in Brazil. The draft of our Code was presented by the chairman of the Ethics of Nursing Committee and was unanimously adopted. Our task now is to reach individual members in the nursing field, all over the world, and to try to " increase their awareness of the meaning and significance of ethics of nursing."

Why is this so important? Could it be that the very word itself, supplies an answer? the word "ethics", like the work "religion", implies something which binds together. A code of ethics, therefore, can help to bind together, in one body, members scattered throughout the world. In our efforts to practice nursing ethically in our separate countries, we can feel a sense of fellowship with others in distant lands, who are trying to do the same thing.

The possession of an International Code of Nursing Ethics is in itself an achievement of significance. Dr. Ralph Tyler, writing in the American Journal of Nursing names the existence of a recognized code of ethics as one of the two characteristics of a true profession. The other distinguishing feature, he says, is the " basing of its techniques of operation upon principles, rather than rule of thumb procedures or simple routine skills.

"It would seem that both these characteristics of a profession have direct bearing on our problem: How can the International Code of Nursing Ethics be brought into Schools of Nursing? How shall this subject be taught to student nurses, and how can graduate nurses learn to apply this code in a real and meaningful way? Let us begin with the student nurses. In curriculum development, it is generally accepted that one of the first requirements is a statement of the basic philosophy of the school. In a school of nursing, agreement has to be reached about the kind of nurse which the school aims to produce. Here a code of nursing ethics can provide the vantage point from which the ideal product is envisaged. One who embodies those ideals, both in precept and in practice, is surely the kind of nurse our schools seek to produce. This, then, is where it seems that the teaching of nursing ethics has to begin. We have to agree upon and state clearly our convictions and beliefs about what a nurse should be like, in other works, we have to state our philosophy."

The next step in curriculum development is the detailing of objectives, based upon this philosophy. Overall objectives of the whole nursing course have to be formulated, then the objectives of each separate area, for example, maternal and child care, medical surgical nursing, and physical, biological and social sciences. Each subject has its own ethical implications, and offers its own unique opportunities for inculcating ethical principles. Nursing ethics can be learned in every course offered in the curriculum and of course, it is also only too true that ethics as a regular "way of life" is learned, whether we like it or not, by all casual, extracurricular contacts and situations as well sometimes more effectively!

The student nurse who senses autocracy in the class room or hospital ward will not be receptive to lectures about the "essential freedoms of mankind." The nursing colleagues will not be wholly successful or effective when she tries to teach the Code's eleventh principle: " The nurse cooperates with and maintains harmonious relationships with members of other professions, and with her or his nursing colleagues." Even more alarming is the fact that, often unconsciously, " the pupil's attitudes... tend to shift toward the teacher's attitude, " as research in educational psychology has revealed.

How great then is our responsibility as teachers of nursing! This is indeed the hardest subject in the curriculum to teach, because it cannot be simply talked about; it has to be lived. All action rests on values, and all that we teach is in some way or other tied up with our values, and so with our ethics. To return to the curriculum : Having stated the school's accepted philosophy, defined overall and individual course objectives, specific learning experiences have now to be planned. In addition to including ethical principles in all course areas, the curriculum committee will probably find it necessary to plan a course devoted to the subject of nursing ethics, including knowledge of the

International Code. The objectives of this course will be clearly stated, as is usual, in terms of concepts and knowledge of facts and principles, skills and techniques, and attitudes. The lecture method will be reduced to the minimum, remembering that "Real teaching is not simply handing out packages of information. It culminates in a conversion, and actual change of the pupil's mind." Instead of too many formal lectures, we can have more discussions, role play, and participation in projects, as well as participation in real life situations; more reading, writing, listening and observing. Actual knowledge of the Code and of other ethical principles of nursing can be introduced by lectures. Some skill in applying these principles can be acquired in discussion, by project activities and role-play.

Attitudes evolve through cumulative experience, so teachers will have to provide as many opportunities for experiencing and participating in real life situations as possible. In these ways students can practice the application of the principles being learned, and develop wholesome attitudes. For discussion groups, I have found that the International Code of Nursing Ethics forms a useful springboard from which we can plunge into various controversial topics. I find too that student nurses sometimes display quite amazing facility for seeing relations and application of abstract theories to concrete life situations. They ask challenging questions, and demand answers which make sense to them, and which ring true. Inconsistencies, I find, are the greatest enemies to meaningful learning of ethics. Saying one thing and doing another defeats all that the books and lectures say. Young people of today have lost respect for talking which does not result in doing. They tire quickly of theories which are not practiced. Unless our International Code is going to be put into practice, teaching nurses about it can not only be meaningless but even harmful.

And so we get back to the fact that this matter of teaching nursing ethics is not an easy one. It goes deep, and demands that we live ethically before we even begin to teach a course in the school of nursing. Another important thing which the educator has to do is to evaluate. Evaluation of a course of ethics is no simple undertaking. I do not think that this is a subject which can be tested by formal examinations.

The nursing instructor will have to leave the classroom, and get out with her students into the wards, where the real business of nursing the sick goes on. Here she will find many opportunities for evaluating the quality of nursing ethics being practiced.

Here too her own standard of ethical conduct will be undergoing evaluation by her students, fellow-graduate nurses, and most importantly, by the patients. As she works closely with her students, in the service of the patients, her own expert skills, knowledge and attitudes, will be under observation, and can serve as a model for emulation. Such conditions can afford the teacher countless opportunities for teaching and for guiding the learning of nursing ethics. Here too she can so plan the learning experiences of the students that she has excellent opportunities for evaluation of their grasp of basic ethical principles, and provision can be made to meet the needs of individual students in this direction.

For example, the student nurse who has shown that she has difficulty in understanding the principle set forth in our international Code which reads: "The religious beliefs of a patient must be respected, " (Principle Four) could be helped to learn it through practicing it in the ward, in many simple ways. The patient may be forbidden by his religion to eat meat on certain days of the week, and he refuses his carefully prepared dish of roast chicken served to him by a busy nurse.

How she handles this seemingly trivial situation, with thoughtful understanding and patience, inspite of the personal inconveniences to herself, affords the observant teacher a pretty good way of evaluating how she has grasped, or is beginning to grasp and apply the principle. Again the student nurse who gives of herself, her skill, and her time, unreservedly, to the so-called "hopeless" patient, with the revolting malignant disease, taking infinite pains to make his few remaining days of suffering as tolerable as she can, demonstrates more clearly than any neatly written essay on a the paper, that she knows, understands and practices what the Code means about unrestricted nursing service to man kind, and the alleviation of suffering. (Second paragraph and first principle of Code.) The nurse who takes care to keep her own person as healthy, fresh, neat and immaculate as possible, not only for the sake of her own self-respect, but to bring cheer and a sense of well being to her weary, discouraged patients, often in pain and hopelessness, demonstrates by her very appearance that she understands the meaning of maintaining "at all times the highest standards." (Second Principle)

But it is not only for teacher and students of nursing that our

International Code of Nursing Ethics has challenging implications. All nurses who want to be worthy of the name" "professional nurse" find it in a timely reminder of the fact that, as professional people, we are expected to define our own responsibilities, to be concerned not only with our own competence and honour, but also with that of all fellow practitioners. (Eighth principle). No longer can we live our lives in splendid isolation, and forget that we are our brother's keepers. Modern scientific time and space and control and inter-communication have broken down the walls of partition between us and our fellow nurses beyond the seas. Our code reminds us of our obligations and responsibilities. Let us not fail. Finally, we find in our International Code a base, a floor from which to guage our ethical standards, a kind of yardstick with which to measure our conduct when the nursing profession is faced with issues and matters on which our concerted opinion in ethical matters is sought. All of us must have felt a thrill of pride and gratitude for the existence of our International Code, when recently the subject of euthanasia was under discussion, and the stand taken by the nursing profession was stated simply and clearly, in the words of the first of the fourteen principles of this Code. "The fundamental responsibility of the nurse is threefold; to conserve life, to alleviate suffering and to promote health." Indeed , this subject of ethics may be a very demanding yet rewarding one to teach throughout the nursing curriculum.

Ethical principles have to become so integrated within the nurse herself that they become an indestructible part of her. More important, and infinitely more difficult than integrating the subject throughout the course areas, is this integration of sound, unswerving principles of ethical behaviour, within nurses themselves.

Yet, surely this and nothing less, is what our schools of nursing are committed to, and this is what the society which we serve expects of us. Our world it seems, is desperately in need of people with sound values and convictions. Values seem to be becoming too elastic and relative. Foundations, once firm and immovable, seem to be slipping like a child's sand heap under our feet. Where do we look for a sure rock upon which to build our great new world of peace and plenty for all, of equality of opportunity for all mankind, and the realization of true brotherhood among all the nations of the world?

Second Biennial Conference of the Caribbean Nurses's Organization - "Planning for the Future

Gertrude Swaby

The second biennial conference of the Caribbean Nurses' Organization took place at the Educational Centre, Basseterre, St. Kitts, from Monday, 20th to Saturday, 26th August, 1961. It was attended by over 40 delegates representing seventeen areas of the Caribbean. The group was composed of senior members of the nursing service drawn together from lands as distant from each other as a thousand miles, yet united in their efforts to learn and discuss together their mutual problems, and share their experiences and aspirations.

Areas represented included Antigua, Barbados, Bermuda, British Honduras, Dominica, Grenada, Jamaica, Montserrat, St. Lucia, St. Kitts, Nevis, St. Thomas, St. Croix, Saba, St. Vincent, the U.S. Virgin Islands, and Trinidad. Apologies for absence were received by General Secretary, Mrs. Mavis Harney-Brown, from British Guiana, Puerto Rico, and Guadeloupe. The conference was also attended by Miss Verna Huffman, Nursing Consultant of World Health Organization, now stationed in Trinidad. Jamaica's representatives were Miss Clara Kidd, Senior Public Health Nurse, Miss Mary Seivwright Nursing Research Project Director, Gertrude Swaby, Senior Sister Tutor, Kingston Public Hospital, and Mrs, Leleka Champagnie of the V.D. Clinic, Higholborn St. All these nurses are members of the Jamaica General Trained Nurses' Association, which is a member Association of the Caribbean Nurses's Organization.

The theme of the conference was *Planning for the future*, and the programme included some very interesting and thought stimulating papers on various subjects of importance to nurses. There were also group discussions on significant aspects of nursing education and nursing service, which resulted in the drawing up and presentation of recommendations for future action. The Reports presented by the President, Miss Flora Blanchette of St. Croix, by the General Secretary, and by the Chairmen of standing committees and the member areas, showed that, although a good deal of progress had been made since the first Biennial Conference of the Caribbean Nurses's Organization held in Grenada in 1959, there was still a great deal to be done.

On Monday afternoon, a stimulating paper on Nursing Research was read by Miss Seivwright, which evoked much interest in the subject, and led to lively discussion. Next day was devoted largely to problems of nursing education, and this broad subject was dealt with as fully as time allowed, basing the thinking on matters and problems pertaining to pre-basic, basic, and post-basic nursing education in the Caribbean. The questions of recognition for locally trained nurses, registration, reciprocity within and beyond the Caribbean, curriculum development, the relation of theoretical to practical learning, in service nursing education, refresher courses, opportunities of Caribbean nurses to take postgraduate courses, and other related matters, formed some of the material considered together in this interesting session.'

Two papers were read on the

advantages and disadvantages of pre-nursing courses, by Mrs. Walwyn, Assistant Matron, St. Kitts Hospital, and Miss Kidd of Jamaica. This controversial subject gave rise to lively and stimulating discussion, and to the framing of recommendations discouraging the use of such courses.

On Wednesday, problems concerned with nursing service were discussed. Mrs. Humphery of Grenada read a revealing and challenging paper on " The needs of the Nursing Service in Grenada"; Mr. Bennett, Nurse Tutor of the Mental Hospital, Barbados, presented a stirring paper on "Relationships between Senior Nursing Personnel in Hospitals" and Mrs. Awon Khan, of Trinidad, sent a tape recorded address on " Communications". During another session, we heard form Mrs. Smith of Bermuda, of the important developments going on in that Island with regard to Family Planning, and " How to reach and teach people."

Special sessions were also devoted to the organization and smooth and effective functioning of Nursing Councils and Professional Nurses' Associations. Ms. Champagnie read a helpful paper on the latter subject, and nurses were able to share ideas and pool suggestions for improving their local organizations.

An election of officers for the ensuing term of office (two years) was held on the day before the conference closed, and the former officers were returned to office with a few exceptions. New standing committees were formed in Nursing Ethics, Nursing Research and Disciplinary Matters, in addition to those already active on Nursing Education, Constitution and Bylaws, Publicity, and Finance.

The social side of this interesting conference was by no means neglected. The Nurses's Association of St. Kitts, Nevis and Anguilla, was most hospitable, and the arrangements made by hostess territory were efficiently carried through, with the close cooperation of the lay public, who were most generous and kind in every way.

The Opening session was a very impressive one, and some able and inspiring speeches were made by the President of the Nurses' Association, Miss A. Turner, the Chief Minister, the Hon. Minster of Social Services, the Medical Superintendent, and Miss Blanchette, President of the Caribbean Nurses's Organization.

An enjoyable sea trip to Nevis, eleven miles by boat, took place on Sunday, 19th August, and after a pleasant day at the beach, we were entertained to tea at Government House. Several enjoyable cocktail parties were given in honour of the delegates, one by the Hon. Minister of Social Services, and one by Dr. and Mrs. Kelsick, and one by the Nurses's Association of St Kitts, Nevis and Anguilla. An 'impressive service took place in St. George;'s Anglican Church, Basseterre, on the Sunday before the Conference. This service had been specially arranged in honour of the visiting nurses.

The Caribbean Nurses's Organization is one which had been formed by nurses for nurses in all parts of the Caribbean. It is a self governing body to which local Nurses's Associations can become affiliated, but which admits individual nurse member also. It works to promote understanding and friendship between nurses in all areas of the Caribbean and between the lay and other professional groups in all these areas. It provides ways by which nurses can meet and exchange knowledge and experience, and aims to help, advise, and encourage nurses to uphold the highest principles thus throughout the whole Caribbean.

At the close of the conference an invitation was offered by the Nurses's Association in Dominica to the Caribbean Nurses's Organization to hold its next Conference in Dominica, which the Organization gladly accepted. Arrangements have already begun to hold this next conference in November, 1962.

Source The Jamaican Nurse, December 1961 Vol 1, No 2., p .17

Caribbean Nurses Organization News

The Caribbean Organization's Fourth Conference

THEME *Human Relationships*

The fourth biennial conference of the Caribbean Nurses's organization was held in St. Croix, U.S. Virgin Islands, from Sunday 8th to Friday 13th August, 1964.

Participants form 27 areas in and around the Caribbean attended, as delegates and observers, and consultants representing several important nurses's organizations and associations were also present. These included the international Council of Nurses, represented by Miss Frances Beck, the World Health Organization, represented by Miss Janet Thompson and Miss Nita Barrow, the Canadian Nurses's Association, represented by Dr. Helen Mussallem, the American Nurses Association represented by Miss Hastings, and the National League for Nursing (U. S.) by Mrs. Estelle Osborne, who was guest speaker at the opening session on Sunday night, at Christiansted.

Miss Eva Lowe, Acting Principal Nursing Officer, attended as an observer, on behalf of the Ministry of Health, and Misses O. Ennever, L. Dujon, L. Mitchell, (U.C. H) and G. Swaby, (K.P.H) were other members of the Jamaican delegation. The following areas were represented: Aruba, Antigua, Barbados, Bermuda, Carriacou, Bahamas, British Honduras, British Guiana, Dominica, Guadelope, Martinique, Montserrat, Grenada, Jamaica, St. Kitts, St. Lucia, Tortola, Trinidad and Tobago, Nevis, St. Vincent, Curacao and Puerto Rico, as well as many nurses from St. Croix and St. Thomas (U.S.V.I) the United Kingdom, United States and Canada brought the number of areas represented to 27.

The theme of the conference was "Human Relationships", and interesting papers were read on various topics, including Guidelines to Growth Activity, Human Relations in Nursing Administration, Human Relations in Nurses Association. Human Relations in mental health and Psychiatric nursing, and Human Relations in the training and utilization of Auxiliary Nursing Personnel.

The constitution and by laws of the Caribbean Nurses' Organization were reviewed and, after a full day of discussions on various clauses in the proposed constitution, it was formally adopted. On the last day of the conference, election of officers and standing committees took place.

There were various enjoyable social events, including a reception at the Government House in Christainsted (a beautiful relic of Danish architecture) a cocktail party at the Cover Crest Hotel at nearby Frederiksted, sponsored by Virgin Islands Medical Society, a day in St. Thomas, as guests of the Nurses's Association of St. Thomas, and a beach picnic at Cramer's Park with the Rotary Club of St. Croix, as our hosts.

There were also tours of the Charles Harwood Memorial Hospital, St. Croix, and of the Kund Hansen Memorial Hospital, St.Thomas, and a most interesting visit to the new College of the Virgin Islands in St. Thomas.

The conference closed with an impressive ceremony when the new officers of the Caribbean Nurses's Organization were installed, and the retiring President, Miss Flora Blanchette, of St. Croix handed the gavel to the New President, Miss Findlay, and Mrs. Osborne of the American N. L.N acted as leader of the ceremony.

It was indeed a week of stimulating discussions and inspiring fellowship, which served to strengthen the bonds of friendship which this young but vigorous, growing organization has been steadily forging between nurses in and around the Caribbean since its inception in 1958.

Much credit is due to the President and members of the St. Croix Nurses' Association who were the hostesses and to the careful organization and hard work of the President and General Secretary of the Caribbean Nurses' Organization who were mainly responsible for the success of the conference.

Source The Jamaican Nurse, December 1964, Vol 4, No. 3, P. 32

Some Thoughts on Administration

by Gertrude H. Swaby S.T. DIP, (Lon) B.S. (Col)

What do we mean when we think or talk about administration? The dictionary defines the word administration as "management." The administrator usually manages a business on public affairs, but I think that it is fair to say that in one way or another, everybody has to administer and manage, even if not on a large public scale. We have to manage our own personal affairs, however simple or routine they may be, e.g. getting on duty in time at 6.00 a.m., getting to Church in time, going abroad etc., and at work, administration comes into simple duties like giving a bed bath or an injection, and may involve "managing " matters concerning other people and things in an institution.

A famous writer, Ordway Tead, defines administration as "The comprehensive effort to direct, guide and integrate associated human strivings, which are focussed toward some specific ends or aims."

If the group efforts or associated efforts are to be reasonably productive and harmonious, there has to be good administration. What comprises good administration?

Perhaps we can discover together some of the common characteristics of good administration and arrive at some guiding principles. Good administration requires great skill, discernment and moral fortitude; it really is a fine art.

" If work with paints or clay, with combinations of sounds if music, and combination of words and ideas in literature- if these are sure together in purpose the organized relationships of individuals and groups to each other, is also very fine art. It is able to bring about the most fruitful possible collaboration in a word where associated effort is the typical expression of individuals who seek to be productively alive.

" administration, however, can be "humdrum, routine, impersonal and domineering, and can be come ugly and soul-destroying.

Administration requires a medium to work in, which appears to be threefold. Its full expression takes place in an **ORGANIZATION**, between human beings, and within a democratic society. The administrator has to be a creative artist and his canvas and medium are made up of the things mentioned above:

1 The organization as it is

2 The people who work in it and relate to it, and

3 The total environmental setting in which both 1&2 carry on.

We talk a lot about democratic administration. What do we mean by democracy? In its most general sense, Tead says, "democracy refers to that more or less formalized human community in which the total well-being of each participating person is a primary and controlling consideration. Responsibility is assumed by all for all." Lincoln calls a democratic government one which is of, for and by the people.

Good administration involves regard for each person's integrity, dignity and worth. "It is the utilizing of every resource of human wisdom to discover the ways and means to achieve the fulfillment of persons as creators in shared, good society." It requires more than just good will. The administrator has to be willing, patient and determined to discover, apply, adopt and readapt methods. History has shown time and again that the well-being of a society is not safe when "entrusted to the hands of a few self-appointed rulers."

The price of good government is self-government, and good administration encourages the release of creativeness, energy and potentialities of all the individual human beings within the organization.'

Brooks Adams defines administration thus:-

"Administration is the capacity to co-ordinate many and often conflicting social energies in a single organism so adroitly that they shall operate as a unity, " and Ordway Tead says, " it is possibly the highest faculty of the human mind.... Administration skill draws upon every resource of the mind and spirit if it is to measure up to it responsibility wit insight, intellectual power and human sympathy.

"In most organizations, long experience and logical analysis agree in suggesting that there are 5 major functional divisions required:

1 Production
2 Assuring public use,
3 Finance and accounting,
4 personnel,
5 co-ordination.

The administrator has been called the ENABLER. He or she has to

1 define and set for the aims etc . of the organization
2. lay down a broad plan
3 recruit and organize executive staff
4 provide clear delegation and allocation of authority and responsibility
5 direct and oversee general carrying out of plans
6 assure sufficient means
7 provide conferences. etc. for collaboration
8 assure stimulation and energizing of entire personnel
9 provide accurate evaluation
10 look ahead and forecast so as to keep ends and means united.

The work of administration has many aspects. It has intellectual and moral challenges: authority, leadership, personnel function, joint collaboration and co-ordination are all needed.

The rights of personnel have been describes as the :

1 right to be treated as an individual and respected as person,
2 right to have a voice in one own's affairs,
3 right to recognition for contribution made,
4 right to develop and use highest capacities,
5 Fairness and justice in all relations with superiors

The six Cs/of administration have been identifies as: co-ordinating/co-operating, Controlling, through communication and corporate, creative effort.

Good human relationships are essential for good administration.

Conflict though sure to be present in any vigorous group, can be constructively used to attain integration at a higher level

Not authority, Not compromise - Shared power through shared planning. Good human relationships require mutual respect. In addition, factors needed for organic unity or integration (harmony) are inclusion (everyone taking part), co-ordination, reciprocal co-operation (2-way), adequate communication (both trickling down and bubbling up!)

Leadership

The administrator or leader, then needs to be a real person, to think freely and independently, but needs to perceive rightly, to relate his feelings and emotions to reality and has to have the ability and yet humility to inspire confidence. He has to be able to help each member of his group to meet his own basic needs and share in the leadership. In each member the leader sees a "mirror of the world", and seeks to create some kind of real freedom for them to be themselves, and so to bring some order out of the chaos and inner conflict within each one.

He has to recognize the inter-dependence of all mankind, and that each one has basic human needs which have to be met if we are to be ourselves and to be real people. We all need:

1 affection (affirmative mutual respect)
2 sense of belonging
3 sense of adequacy and security (psychological more than physical)
4 sense of opportunity to express ourselves and to be creative.

The leader has to remember that human beings are not simple or mechanical but are really pretty complex beings. He has to learn to listen warmly, attentively and sincerely. He does not seek to punish but to create the climate or situation in which each member of his group exercises self-discipline. He dares to makes mistakes himself; he is not a perfect or unrealistic idealist, even though his aims and ideals are high. He needs to be permissive, understating and accepting, without trying to remake people, and to have enough self-respect and self-love to respect and love others. Mutual respect leads to co-ordination and to mutual adaptation, which is the essence of good leadership.

The administrator has to bear the responsibility for final decisions after he has learned with his group the decision which the group as a whole can accept, and the decision which the particular situation demands, in spite of his own personal feelings about the matter.

Thus it appears that the good administrator is an enabler. He creates the climate in which others can work and express their capacities to the full. He has to plan, organize and execute the business in close collaboration with his group. He must recognize the importance of good human relationships, and he must possess the qualities of good leadership.

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Source The Jamaican Nurse December 1961, Vol 1, No. 2, p 30

JAMAICA'S FIRST COMMUNITY COLLEGE PROGRAMME IN BASIC NURSING EDUCATION

by Gertrude H. Swaby

Part-time Lecturer and Clinical Instructor, Exed Nursing Education Department.

This method of basic nursing education represents a "break through" in nurse training. We have come quite a long way in our efforts to prepare practitioners of nursing in Jamaica; from the early days of hospital attendants, ward employees, probationers, trainees involves in weekly study days, study blocks of theory almost completely divorced from clinical practice, alternated with long of ward work often unrelated to current theoretical instruction. Even the carefully planned three-year hospital programme, tended to place more emphasis on quantity of hours and days spent in one particular ward or department and on numbers of beds in a special institution. These considerations out-weighed by far the emphasis on quality of learning experience, student participation and grasp of general principles in nursing education, and was almost exclusively hospital-based.

The 4 year degree programme has been indeed another breakthrough, but its length and University entrance requirements have somewhat limited its availability to many young women aspiring to become registered nursed in Jamaica.

To be able to go to school with other young people studying in a variety of programmes, to participate in College graduations, activities and sports, to share College facilities, e.g. laboratories, clubs and libraries, and to follow the same course of studies in the liberal arts and sciences-these are available to EXED nursing student and all enrich the specialized nursing courses, which are taught by professionals in the nursing area, and which prepare for admission to the qualifying examinations conducted by Jamaica's Nursing Council.

The EXED programme has some singularly unique features:

1 First it is wholly college-based with planned and supervised experience in a variety of hospitals, schools and community.

2 The philosophy and objectives of the curriculum are required to be in harmony with those of the Community College, and are the result of continuous joint planning by the staff of the Nursing Education Department, in collaboration with other members of the College staff.

3 Course outlines must reflect this overall philosophy through freedom to individual faculty members for flexibility and even carefully guided experimentation, is encouraged.

4 College courses which contribute mainly to the liberal arts and science subjects, are taught by specialists in their particular field, and continuous efforts are made to relate these subjects in a practical and realistic way, to the ongoing Nursing Courses.

5 These Nursing courses follow the traditional pattern; community nursing and preparation to function as a School Health Nurse, as well as a Registered General Nurse, on graduation, are requirements for all students in the EXED programme.

Another unique feature of this College-based programme is the fact that the cost is met, not by the Ministry of Education. This has been made possible by the fact that the Ministry of Education wishes to increase its number of available School Health Nurses , as an integral part of its educational policy.

Student-nurses in this programme gain 4-6 months in community health experience, so are qualified on graduation, to function as such. The course therefore covers a three-year period of preparation, in which general as well as specialized education are correlated and continuous. Quoting from a release from the College administration recently circulated:

1 a This is a programme of nursing training which has been financed by the Ministry of Education and exists under its auspices. The programme has received provisional approval by the Nursing Council.

b This is an integral part of Community College (Day).

2 Entry to this section is determined by means of standard tests for entry into Exed Community College (Day), as a whole.

3 The Head of this section is Mrs. Marvell Freeman.

4 Staff for this section are of two categories- those teaching subjects- Nursing Eduction andScience and Liberal Arts.

5 The differences between the organization of the EXED Nursing Programme and that of the traditional programmes of training of nurses in Jamaica are clearly outlined below:

a In the EXED programme selection is based upon meeting the requirements of the college.

b There is a period of probation of six months which ends in the second term. The probation has at the end of it, an evaluation of each student by the EXED Nursing staff, members of the Advisory Committee and College Staff.

c Students not meeting the requirements will be asked to transfer or leave the course.

d This evaluation is on individual basis.

e Standards of evaluation will be set up by the groups mentioned above. The standard of evaluation are also to the Nursing Council for approval.

The Department functions with a selected Nurses Advisory Committee, with representation from the EXED College and Department of Nursing as well as Nursing Council., NursesAssociation of Jamaica, Pharmaceutical Society and School of Public Health Nursing. It is suggested that Terms of Reference for the Advisory Committee members be as follows:

a To advise on all matters pertaining to the course content, methodology, values and attitudes learned and general relation to the needs of the nation.

b To evaluate the progress of the course.

c To concern themselves with the quality and qualifications of staff, and facilities, equipment, etc. that are necessary for carrying on the programme.

d They should assist in the interpretation of the new programme to the public in general and they should assist in facilitation cooperation and involvement of other agencies necessary in the carrying on of the programme.

Headmaster's Note:

Nurses will not only meet the main requirements of "general" trained nurses, but also be oriented to teach family life, sex education and nutrition in primary and secondary schools.

A grant for uniform and books and assistance for boarding and/ or transport will be given.
The minimum educational requirements for admission to this programme are four (4) subjects at ordinary level in the G. C. E. with English Language, elementary mathematics and science subjects as essential components.
The minimum age for entry is 18 and the single marital status is desirable but not compulsory.
The five main nursing courses studied are :

1 Fundamentals of Nursing, including the Profession of Nursing, History and Ethics of Nursing.
2 Maternal and Child Health. (Obstetrics and Paediatrics)
3 Medical-surgical nursing, including specialist subjects
4 Psychiatric Nursing
5 Public Health Nursing

General educational courses include psychology, sociology, nutrition and dietics, pharmacology and microbiology which are studied as distinct though closely related required subjects.

Throughout the course a genuine attempt is made to include, relate and apply these areas to the whole General Nursing Course. Clinical experience and practice are gained in a variety of government and other institutions, largely through the help and cooperation of the Ministry of Health. The Principal Nursing Officer, Mrs. Hunter Scott, and Miss Lucille Lindsay, Assistant Nursing Officer and Chairman of the EXED Nursing Advisory Council, have been very helpful in making it possible for students to receive these experiences as also have been the various ward sisters and staff nurses in these institutions. We are grateful too the Director of the Kingston School of Nursing, Miss Lena Honey, who enabled EXED students to gain this practical experience.
Government institutions in which EXED students work, on a rotating basis, include the

Kingston Public Hospital wards, clinics, operation theater and various departments, e.g. radiotherapy, eye, ear, nose and throat. The administration has also made it possible for students to work for three months at the Victoria Jubilee Hospital. Students also visit and gain experience at the National Chest Hospital and receive pediatric experience at the Bustamante Hospital for Children. Psychiatric nursing experience is gained through spending three months of lectures and clinical practice at Bellevue Hospital. The administration of the UHWI also kindly gave third year students the opportunity to visit and work for two weeks in the wards and some special departments at UHWI.

Six months out of the three year course have been devoted to gaining insight into community nursing and four months of this has been spent in school health nursing at various primary schools throughout the Corporate Area. This has been made possible through the co-operation of the Ministry of Education.

A brief history of this unique, basic nursing course goes back to the year 1973 , when serious consideration was first given to establishing a Department of Nursing within EXED Community College. As we all no doubt already know, Excelsior was founded in 1931, by Mr. A. Wesley Powell, its headmaster for many years , and today a distinguished leader in field of education in Jamaica. It was in 1968 that the idea of developing an Education Centre for life-long learning at Excelsior received the official blessing of the Board of Governors of Excelsior School. In the words of the then Headmaster, it has gained impetus ever since. Today the embryonic Exed is a living reality with exciting plans for growth and expansion in the future. Nursing Education is indeed proud to have an honoured place within the whole complex. It was in the early 1970's that the concept of full student status for all nursing students was beginning to be the accepted aim in school of nursing, and the new EXED Community College lent itself to this new thrust in a uniquely appropriate way.

Much time and hard work were put into the task of creating and developing a new basic nursing education curriculum. This was to follow lines previously tested, tried and found successful by nursing educators in the United Stated and elsewhere. These leaders had pioneered the new and now fully accepted Associate Degree programme in Nursing, which has caught on and is making great strides in the U.S. Among the basic principles is the belief that this type of programme can prepare, in a more dynamic and economical way, more young people for effective service to humanity as nurses, than the traditional apprenticeship system

Our aim in the Exed Nursing Department is to prepare nurses to give comprehensive service in all areas of nursing to people of all ages, with a bias toward school and community health services.

Our present school has three set of students, each set at a different level of progress, with first, second and third year students of nursing.

The present first years began training in 1977. The second years began training in 1976, Present third years began training in 1975. The first graduates of 1977 began training in 1974.

An interesting feature of the school is the annual Capping Ceremony, which takes place when first year students have successfully completed more than six months of training. So far there have been three such ceremonies. At the next one we hope to honour the first graduates who successfully passed the Nursing Council examinations conducted in October last year. These nurses have since been working in hospitals within and outside of the Corporate Area. They are to begin work as School Health Nurses in the very new future.

And so the EXED Department of Nursing Education aims to continue its efforts to produce nurses who will practice Nursing as an Art and a Science , able to function as competent individuals, as members of Jamaica's Health team, capable of maintaining effective interpersonal relationships, and above all, prepared to meet the needs of patients and people , and to give needed leadership among Jamaica 's nurses with a strong sense of community and commitment to out country.

The Exed Concept as set out in their bulletin is as follows:

The development envisaged is a major expansion of the existing school to establish a comprehensive **EDUCATION CENTER (EXED)** will bring people together under one roof, as it were regardless of age, attainment, grades or social class, and will become a learning centre of life—long education.

It will employ formal and non-formal approach for in-school and out-of-school people. EXED will educate and train Jamaicans for available jobs in the society. It will seek to foster a strong sense of community and commitment to country. On completion of her training, the EXED nursing graduate-

1 Is qualified to be admitted to the General Register of the Nursing Council as a Registered General Nurse.
2 She also holds a certificate from the Exed Community College in Liberal Arts and Science.
3 She is prepared to function as a school health nurse, in the schools of Jamaica.
4 She may continue her nursing education at a post-graduate level, if accepted in the Advanced Nursing Education Unit within the University of the West Indies, after a specified period of satisfactory staff nursing performance in approved institutions.

We hope that she will carry the torch lit by honoured Jamaican nurses of the past, tread faithfully in their footsteps, and strive to blaze new trails for a high quality of professional Nursing care to the people of our beloved country- land we love.

Source The Jamaican Nurse, April/May 1979, Vol. 18, No 1 PP. 6-8

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Thoughts on Being Professional

by Gertrude Swaby

Much is said and written now a days , about the nurse as a "professional" person, and about nursing being looked upon and recognized as a profession. What really is a profession?

It has been described as "an occupation based on specialized intellectual study and training , the purpose of which is to supply skilled service with ethical components to others, for a definate fee or salary. The economist's view is that the profession is a non competing group. The sociologist's view is that the professional worker is subject to institutional or normal controls"

Spalding says that " to be a professional person you must:

1 Have a grasp of fundamental truth -a kind of truth that will make you free to think and act;

2 Have the ability to apply truth in dealing with new problems or which there is no precise answer at the moment, and

3 To be able to remain uninhibited and unafraid under perplexities of changing basic knowledge, demands, social conditions or personal upsets? According to Doctors Kenneth Benne and Warren Bennis inthe article " what is real nursing?" which appeared in the Canadian Nurse, February 1961 , (page 122) " one earmark of a professional person is the possession of areas of the exercise of independent judgement within his work life.

The function of professional education is to prepare the person to exercise such require judgment.

"Dr. Marie Jahoda, social psychologist and research fellow at Brunel College of Technology, London, England, in her masterly address given at a plenary session of the ICN Congress in Melbourne, 1961, says that " A profession implied that the quality of the work done by its members is of greater importance in their own eyes, and in the eyes of society, than the economic rewards they earn." She goes on to quote R.H. Tawnwy, " a profession is a body of men" and women , one would like to add " who carry on their work in accordance with rules designed to enforce certain standards, both for the protection of its members and for the better service of the public. (Its) essence is that, though men enter it for the sake of livelihood, the measure of their success is the service which they perform, not the gain which the amass. They may, as in the case of a successful doctor, grow rich; but the meaning of their profession both for themselves and for the public, is not that they make money, but that they make health or safety, or knowledge, or good government or good law." Dr. Jahoda goes on to point out that " there is implicit in Tawney's concept of profession an element of great importance. For an occupational group to become a profession is an act of voluntary decision by its members; voluntary at least for the first generation which adopts professional standards." Evidently, the members of the group themselves have to blaze the trail, and we have reason to know that this is being done.

The recent history of the development of nursing as a profession is partly responsible. During the past 25 years and at an accelerating rate, nursing leadership has exerted tremendous and admirable efforts to create a nursing profession in the full sense of that term. "The expansion of university connected schools of nursing, the multiplication of graduate programmes of professional education for nurses, and professional education for nurses, and the formation and support of nursing research are all evidences of this determined effort towards professional upgrading".

William Sheppard has listed 10 criteria of a profession. As we look at these, let we relate them to nursing and see how we stand

1 A profession must satisfy an indispensable social need and be based upon well established and socially accepted scientific principle.

2 It must demand adequate pre profession and cultural training,

3 It must demand the possession of a body of specialized and systematized knowledge.

4 It must give evidence of needed skills which the public does not possess.

5 It must have developed a scientific technique which is the result of tested experience.

6 It must require the exercise of discretion and judgment as to time, manner of performance of duty. This is in contrast to the kind of work which is subject to mediate direction and supervision.

7 It must be a type of beneficial work... not subject to standardization.

8 It must have a group consciousness designed to extend scientific knowledge in technical language.

9 It must have sufficient self implementing power to retain its members throughout life. It must not be used as mere stepping stone to other occupations.

10 It must recognize its obligations to society by insisting that is members live up to an established code of ethics.

We are proud to know that we do have an international Code of Nursing Ethics, which sets out clearly and unconditionally what is expected of a nurse

Being professional, carries its obligations and responsibilities, as well as its many advantages. What are some of the sacrifices which the professional person has to make? Spalding lists four:

1 There is long period of study and it is costly in time, effort and money.

2 Some of life's pleasures need to be deferred because of the decreased period for earning money while studying.

3 You must be concerned with the interests.

4 You must be concerned always with the opinions of others and the role you are expected to assume in relation to many groups and to all with whom you work or serve.

In the light of all these findings, are we really being professional people? Is nursing a profession? What do you think?

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Source The Jamaican Nurse, July 1962, Vol 2, No.1 pp 30-31

Further Thoughts on Professional Nursing

Contributed by Gertrude Swaby

In July of this year our Association received a Press Release from the Educator of the International Nursing Review and Public Relation Officer, Miss Marjorie L. Wenger, in which we were informed about an important inquiry into Basic Nursing Education being undertaken by the International Council Nurses, and were invited to take part.

The release pointed out the " rapidly changing nursing practice brings basic nursing programmes under scrutiny, both as to whether they accord with modern educational practice, and whether the student nurse of today is being adequately prepared to meet the nursing needs of tomorrow."

It is suggested that nurses from various age groups and varied fields of nursing all round the world should meet together, and with members of allied professions, where possible , should strive to clarify the thinking of the nursing world on the definition of controversial terms, and on reviewing trends in each country relating to nursing education and nursing practice.

Nurses are also asked to consider and recommend ways by which the ICN can " best contribute to the best possible preparation for nurses."

Stimulating and challenging topics have been suggested which are sure to give rise to controversy. Here are five:

1 what are the essentials in the basic programme of the professional nurse?
2 What should be the role of the ICN in regard to nursing?
3 Would the development of good nursing practice in your country be assisted or retarded if membership with the ICN was restricted to those nurses whose type of basic nursing education was approved by majority vote in the ICN Grand Council?
4 What should be the educational criteria for membership in the ICN?
5 What are the definitions of the terms "professional nurse" "registered nurse" and , "generalized basic nursing education?"

In an article which appeared in the last issue of the " Jamaican Nurse" an attempt was made to determine whether or not nursing could be considered to be a profession, and readers were invited to express their views on this very vexed question. Some of the criteria of a profession were stated, quoting from eminent thinkers and writers on the subject, the characteristics of a profession were named, and some of the sacrifices which the professional person is called upon to make, were also, mentioned.

Following on this premise and in view of what we have been called upon by the ICN to do, the following thoughts are expressed, in an attempt to consider this whole matter of professional nursing further, and , I hope to provide some 'grist for the mill' for the study groups who will shortly be meeting.

Beginning with the first topic, what are the essentials in the basic programme of any professional person, and how does this compare with what we are doing in nursing education?

Lambertsen has said that " the objectives of professional education infer student participation in the educational process. The constant theme is that of problem-solving through disciplined thinking."

Doherty describes this approach to professional education as the educative process which, he contends, goes through five phases:

1 The process of acquiring facts and definite information, which depends largely upon memory.
2 The process whereby the student is led, step by step, through logical stages, his "mental muscles" are developed somewhat, but they do not become sturdy by

purposefulexercise under their own power, instead they are massed."

3 The process of acquiring skill in manipulation.

4 The process of reasoning under one's own power—the kind of reasoning in which the student takes the initiative. The objective may be defined for him but he presses through alone. Presently he will be able, if it is in him, to blaze his own trail through new areas to new objectives. This may be described as exercising the mental muscles.

Doherty also has this to say about professional education:

"Instead of paralysing thought by cluttering the mind with inert knowledge which will never be used, and burying at the bottom of the heap valuable fundamental knowledge, let us courageously and carefully eliminate debris and provide in its place the vitalizing and unifying force of independent, constructive thought. We are supplying mental food without vitamins, let us to provide these also."

Lambertson gives the following statement of some of the principles believed to be pertinent to preparation for professional practice in any field:

1. " The aim of professional education is to teach students to think and reason and to equip them to grow throughout their lives in professional service, in person a stature and in usefulness as citizens.

2. The curriculum of a professional school is based upon the values, understandings, skills, and techniques necessary for competence in the profession.

3. Professional learning is a continuum, with learning experience organized for orderly progression from the simple to the increasingly complex.

4. professional education is education for use in service, and the learning experiences selected foster the continuous application of scientific principles in the solution of professional problems.

5. The faculty of the professional programme is responsible for all phases of the educational programme.

6. The outcomes...are in a large part dependent upon the teacher's competence as a professional practitioner...."

And so we could go on. Is our present system of nursing education consistent with these principles of professional education?

And what of the role of the ICN? Should it not be to foster in every way possible the highest standards of nursing education needed for maximum nursing practice in today's rapidly changing world?

On the subject of our third topic, it would seem to be a sorry state of affairs if any country in the world were to come up with the conclusion that its development of good nursing practice would not be assisted by requiring it to improve its standard of nursing education in order for it to qualify for membership with the ICN. It would appear that the present trend in nursing is towards a more uniform pattern of nursing eduction, and greater understanding of the use of terms commonly met in nursing literature and conversation.

Topics four and five are of great significance. If we are to arrive at a point where we can understand one another, and communicate with each other effectively, it appears to be of the utmost importance that we mean the same thing when we use nursing terminology. Let us look at the definition of the "professional nurse" as proposed in the Revised Constitution and By-Laws of the ICN, which was adopted at Melbourne in 1961 by a majority, vote, with the proviso that it does not become effective until 1965:

A professional nurse if one who has completed a generalized nursing preparation in an approved school of nursing, and is authorized to practice nursing in her country. Such generalized preparation shall include instruction and supervised practice in order to equip the nurse to care for people of all ages, in the promotion of health, and in all forms of sickness, both physical and mental."

1. Basic preparation, designed to educate the student nurse in the scientific, cultural, psychological, social, and professional aspects of nursing, and to prepare her/him for further specialized or post -basic education.

2. Specialized preparation, capable of preparing the nurse to work as a specialist in a particular field of nursing, e.g. hospital, obstetrics, children's psychiatric, public health, etc.

" The length of each phase is left to each individual country to determine, but in general, two years of basic preparation followed by one year of specialization is favored, and has already been adopted in some countries. Only on completion of both phases does the nurse achieve the status of a professional nurse, and is authorized to practice as such.

What do nurses in Jamaica think of these definitions? Are we satisfied with them? Do we want them adopted and put into effect in 1965 ? If we do not, let us hurry up and think out others, or else "forever hold our peace"! Let us think out carefully and clearly what the implication of these new

definitions will mean for nursing education and nursing practice in Jamaica and in the world. Let us think well before we agree, disagree, or pronounce judgement.

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Source The Jamaican Nurse, February 1963, Vol 2, No. 2 p. 29

REPORT ON ACTIVITIES OF NURSES'S FELLOWSHIP, 1962

We, the members of The Nurses's Fellowship are very pleased indeed to report on our activities during the year 1962. We also wish to remind you that the purpose of the Nurses's Fellowship is to improve the spiritual and recreational well-being of the nurse. This we believe is one of the many blessings bestowed upon us.

Under the helpful guidance of Senior Sister Tutor, Miss Swaby, we have been able to accomplish much, apart from meetings that were held at monthly intervals.

In April, we welcomed the nurses who had recently graduated from the Preliminary Training School. This welcome took the form of a social. This was a very pleasant occasion which terminated with a hymn and prayer. Our annual meeting in May was well attended. New officers forthe ensuing year were elected.

Leader	**Sister Swaby**
President	**Mary Sewell**
Secretary	**Laurie Talbot**

We committed all we had decided to god's providence Knowing that His wisdom and power exceed our nderstanding.



Miss Swaby with members of the Nurses' Fellowhsip Group Taken at the old Teaching Dept, KPH, 1950

In June we went to mineral bath at Rockfort. This was enjoyed immensely. The Bishop of Kingston the Rt. Rev. J.C. Swaby was kind enough to be present at a questionnaire we had in July. The questions were many and varied, but he managed to give the correct answers. We thank God for him.

At a committee meeting later that month , our leader informed us of her forthcoming departure.

Groups were formed to carry out the duties of the chapel. Each group has a leader, and we are happy to say that the duties are being carried our satisfacorily.

August, 1962, is a time never to be forgotten by all Jamaicans, when Jamaica became independent. Nurses's Fellowship did not fail to endorse this time in our history. There was a meeting and at this meeting it was decided that we visit the National Stadium. This was arranged and the members of Nurses' Fellowship were privileged to see a part of the Games.

Square dancing is being taught us by Mr. B Williams and we enjoy it.

Our meeting in October took the form of a bible quiz and the students of St. Peter's Theological College were in attendance.

Report of the Nurses's Fellowship, given at the Mother's Union Diocesan Council Meeting at Saint Luke's Church Hall on Thursday, November 5th, 1962, by the President, Student Nurse Mary Sewell of The Kingston Public Hospital.

Source The Jamaican Nurse, February 1963, Vol 2, No.2, p. 34

Annual Narrative Report of the Kingston Public Hospital of School of Nursing In Respect of the Year Ending 31st December, 1964 .

Submitted on 13th February 1965, throught the secretary of the Hospital (Kingston Region) Management Board

1. The Student Body

A review of the two reports of the Kingston Public Hospital School of Nursing presented at the nurses' graduation functions in April and October, 1964 indicates that the number of student nurses in the school has been increasing. From an average of approximately 270, there is now an average of 330 students nurses in training.
During 1964, two Preliminary Training Schools were conducted, with an intake of 48 students on 31st March, and 50 on 31st August - of this intake two resigned, 9 failed to meet the required standard for admission to the Senior School, and 87 successfully completed the 12-week course, and became Junior 1st year student nurses.
During 1964, 80 nurses successfully completed their three year course of training, 37 in April and 43 in October. The school admitted sixteen Psychiatric trained nurses from Bellevue Hospital, for 2 years general training at hte Kingston Public Hospital. On 4th January, 1965 47 now students were admitted to the Preliminary Training School. This makes the 10th such school which has now been conducted by the Kingston Public Hospital since 1961, with 345 admissions to the Prelimaniary Training School up to 31st December 1964, 9 Preliminary Training School have been conducted by the Kingston Public Hospital School of Nursing. Since October 1961 there has been 300 admissions.

SUMMARY OF ADMISSIONS AND GRADUATED STUDENT NURSES DURING 1964

ADMITTED			COMPLETED TRAINING			TOTAL IN SCHOOL	
Month	To P.T.S.	To Senior School	Month	No. from B' vue Hospital	Month	No.	
March 31.	48	41	May	9	April	37	274
Aug. 31	50 (98)	46 (87)	Nov.	7 (16)	Oct.	43 (80)	284
Jan. 4	46	Still in P.T.S.		Readmission			30
				Resignations			5
					Total now		5 30

2. Tutorial Staff

The tutorial staff has remained the same during 1964.
Although Mrs I. Anglin is now on the nursing staff of the Children's Hospital, she retains her contact with the school of nursing, and gives valued help in the teaching of elementary science to the Preliminary Training School.
Although there are 5 qualified tutors, and 2 assistant tutors, this number is still inadequate for a student nurse body of 330.
The minimum ratio for classroom teaching of one to forty is not yet realized, and one tutor now carries a student load of 97. For even minimum standards of clinical teaching, the number of tutors is considerably below the minimal requirement. It is therefore hoped that at least two more suitable candidates will be given the necessary preparation for teaching as soon as possible.

3. Clerical Assistance

We have had several changes in the clerical assistant staff, but I am glad to report that Miss Meeks and Miss Martin have remained with us throughout the year. We welcome Mrs. Forbes to the Senior School, and hope she too will remain - Being a specialized department of the hospital, striving to establish itself as a school of nursing, it is difficult to function smoothly when so many changes in clerical assistance take place. It is hoped that before long the school will be provided with appointed, not only acting, departmental assistants.

4. Attendance at Conference

During 1964, three important nursing conferences took place, which Miss Honey and the Senior Tutor were fortunate in attending - Miss Honey represented the Kingston Public Hospital at the Seminar in Tobago on "Continuity of Care, with special reference to gastro-enterities and malnutrition," arranged by the Pan American Health Organisation.
In June I attended the International Council of Nurses' Ethics of Nursing Committee in London, and the 4th biennial conference of the Caribbean Nurses' Organisation, in St. Croix, U.S. Virgin Islands, the theme of which was "Human Relationships in Nursing".
I am grateful to Mrs Woolcock, who was in charge of the school during my absence on both occasions. I am grateful also to the other tutors in the Senior School, and Mrs Burkett who helps to administer, and teaching in the Preliminary Training School, with the help of Miss N. Turner and Mrs Tinglin.

5. Curriculum

During the preliminary period of preparation to practise nursing, the school strives to help the student nurse to develop on inquiring mind, to become a self-governing citizen, and to practise her own self discipline.
We introduce her, as best we can in the short time at our disposal, to some of the basic principles of elementary sociology, in an effort to help her to appreciate the influence which the community and cultural background have upon the individual patient.
Emphasis is also laid upon the student nurse acquiring skills in communication, and on the close relation of the theory and practice of nursing. For this reason they visit the wards for practice of nursing procedures very early in their preliminary training, and ward demonstrations and clinical teaching are given a prominent place in the school curriculum,
During August we devoted a week to the study of our curriculum, with a view to evaluating it, and developing it along lines which would more effectively meet the needs of the patients under our care, and of the student nurse in our school.
One of the developments which has taken place as a result of this curriculum study, is the introduction of a study day devoted to principles of geriatric nursing - Mrs Embden has been pioneering this new venture, and we hope it will result in more interest and a higher quality of nursing care be given too our older patients.
Plans are being made for conducting a Paediatric Nursing Block at the Children's Hospital. With the opening of this Paediatric Hospital the need of our students for more detailed training in paediatric nursing became acute, particularly as this hospital has not yet established within it a school of paediatric nursing.
In an effort to meet this need, the department has organized a two-week block or 17 Senior Third Years students, with emphasis on paediatrics. Unfortunately the entire time can but be devoted to it, as part of this period will be needed for revision of medical and surgical nursing.

6. School Accommodation

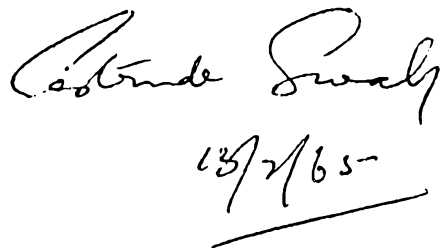
We are grateful to the Ministry of Health for having made our new Preliminary Training School building at Warden Court, 47b South Camp Road, a reality. It is filling a great need, and has enabled us to admit two large school of approximately 50 students each during the past year - It is a fine, spacious building, but it still only partially furnished. There is not safety exit, and there are no build-in cupboards for our equipment, and no laboratory equipment or seating accommodation.
Although we have not yet acquired a new building for the

Senior School, we are glad to report that the main classroom is being considerably enlarged so as to accommodate the increased number of students. There is to be improvement too in the equipment cupboard arrangement.

7. No Progress Re New Nurses' Home

We greatly deplore the fact that living accommodation for our student nurses is still far from satisfactory - One large, modern Nurses' Home in which to accommodate at least the entire First and Second Year student nurse body, has not yet been provided.
During the past year, discussions were held with the Acting P.N.O. Miss Eva Lowe, who visited the school and conferred with the Matron and Tutors on the feasibility of the Kingston Public Hospital conducting three Preliminary Training Schools of 50 students each, per annum. This was to be done in an attempt to provide more nurses to meet the present acute nurse shortage, and to help to staff two new hospitals in Montego Bay and in May Pen.

It was agree that, necessary as this is, the possibility of carrying it out would depend upon the provision of more tutorial help, better teaching and living accommodation for student nurses, as well as a reorganisation of both the present curriculum and GNC examination arrangements. It is regretted that, as no provision has so far been made to improve the deplorable living conditions of the students nurse, it is not now considered advisable or feasible to increase the present student load of the kingston Public Hospital School of Nursing to three intakes per annum. We are grateful for what improvements have been made by the Ministry of Health, and for the help and interest in the school, displayed by our Hospital Board, but we regret that lack of financial backing makes it inevitable for our school to remain either static or to retrogress, in the face of the great need for progress in all departments of the health services of our island.
In closing I would like to place on record my appreciation of the dedication and devotion to duty of our present teaching staff, and to express the hope that soon our school of nursing within the Kingston Public Hospital will be able to function more effectively as an educational institution - It is regrettable that the overcrowded, understaffed and often poorly-equipped conditions within the hospital still militate against satisfactory correlation of theory and practise in the teaching of nursing- We welcome the efforts now being made to provide an inservice nursing education programme for our nursing staff, and the reviewed, fortnightly procedure committee meetings, in which a representative group of ward sisters and tutors discuss standard nursing procedures, in an effort to reach agreement on how to carry out improved patient care.
We hope that some solution will be found to relieve the present acute nursing shortage in the island, so that our student nurses may be relieved of some of their present heavy staffing responsibilities, and prepare to practice nursing under conditions which are now generally accepted to be more conducive to the effective learning of nursing.



Memories of a Visit

by Gertrude Swaby

Now that I have returned home after an interesting series of meetings and visits aboard, here is a brief account to bring you to to date with some of the more important aspect of the trip. As you know, the main purpose was to attend the meetings of the ICN 's Professional Services committee, held at ICN headquarters in Geneva. This occupied the better part of the first week, as had a full agenda and matters of significance to be discussed.

I was very pleased to have had the chance to meet Miss Nita Barrow on two occasions. She had only just arrived in Geneva to take up her new post of Associate Medical Director to the Commission on World Missions and Evangelism in World Council of Churches. A few of us from ICN who knew Miss Barrow, had lunch with her on Thursday 3rd February, at the Ecumenical Centre, and the day before I left Geneva I had the pleasure of visiting her in her new flat . Here she was busy getting her clothes cupboard erected and I was happy to be available to give a hand. She sent greetings and messages to N.A.J, also a generous contribution towards the establishment of our Nurses's Memorial Scholarship.

By arranging to stay in Europe for two weeks I was able to get my return plane ticket, which had been provided by ICN, re routed as well as readjusted to "excursion fare" rate. This expense, and even to refund ICN some dollars!

I was also very fortunate to receive hospitality from very good friends in Athens, so only had to provide my own hotel accommodation for two nights in Istanbul.

While in Athens I stayed with the Director of the Hellenic Red Cross School of Nursing, MissStavroda Papamierouli an old friend. We had studies for our Tutors Courses both in London and at Columbia university, and have kept in touch ever since.

There are 250 students in the school and 14 members of the teaching faculty, including the Director. The course is a four year one, and includes a year of public health nursing. One night during my visit I was fortunate enough to attend a very moving and well executed play, prepared and acted by the 2nd year student nurses. It was based on the life and work of Fabiola, and although the script was in Greek, my hostess served as interpreter and I was able to follow it easily. I was greatly impressed by the high standard of the acting, the excellent scenario, and the enthusiasm and dedication shown by the girls.

You may wonder why I chose to visit Turkey next. Well , it was with the hope of getting some more insight into the background and work of Mary Seacole and of her great contemporary, Florence Nightingale, that I set out for Istanbul on February 8. It was a short one hour flight from Athens, and soon we could see the red and white Turkish flag flying at the airport with star and crescent fluttering in the breeze. As the Olympic Airline bus drove into Istanbul, we become aware of the grandeur and beauty of the skyline. Never have I seen so many mosques, they say there are between 450 and 500 of these Muslim temples all over the city. the tall minarets point upwards to the sky, and the impressive domes stand out on the horizon like huge mounds, constant reminders of the call to worship. This occurs five times daily, and the devout Mohammedans stand to pray, in the midst of the busy turmoil of the city. And the traffic how furiously yet skillfully those drivers steer their cars, trucks and horse carts, all over the busy streets. Most of the narrow streets are laid with bricks, only a few are paved and they slope up and down, making precipitous bends at unexpected places. The hotel at which I stayed overlooks a most striking and beautiful view of the skyline of Istanbul. With the sparkling blue Bosphorus flowing between the Black Sea and the Sea of Marmara, and dividing the Asian from the European portions of Istanbul, and ships and ferry boats gliding up and down in

ceaseless motion, the multitudes of lights twinkling continuously from both sides of the channel, and vying with the stars above them, the view was breathtaking.

Straight across the Bosphorus, on the Asian side, lies Uscudar, formerly known by the Italian name, Scutari. Here the large Barracks Hospital, with its "4 miles of beds" received the wounded and dying soldiers during the Crimean War 118 years ago. Here , Florence Nightingale carried out her immortal work, and here too, our Mary Seacole made her humble but greatcontribution to suffering humanity. It was on the shores of Uscudar that she used to meet the ships, laden with wounded men, and here she carried out her great acts of the love and compassion, unlearned in sophisticated nursing arts and unknown though she was to many.

It was a thrilling experience to visit the "Nightingale Tower" at the Barracks Hospital, now a military training base for the Turkish army. I was escorted by Miss Asiye Yucesan, General Secretary of the Turkish Nurse's Association, accompanied at the Barracks by an army officer, who was very courteous and obliging. I was allowed to take some snaps of the room now referred to as the shrine of Florence Nightingale, with her writing table, chair, ink-stained and pen, and visitors books placed with other special relics on the table. A marble plaque engraved in gold hangs on the wall opposite and a large picture of Miss Nightingale and other pictures are nearby. Then we were taken up a spiral stairway to her bedroom, directly above. Here we saw Miss Nightingale's bed — a long one, used apparently both as seat and a bed, her mirror, clock, lamp dining table and chairs and a large painting of her sister and herself on the wall above the bed.

I wished I could have found what Lady Alicia Blackwood's sketches have described as Mary Seacole's hut", but no trace of this was to be found , and no one seemed to know anything about it or its owner.

Still I am very glad to have had this unique opportunity to visit the very spot where these two great nurses lived and worked over a hundred years ago.

On my return to Greece I had the opportunity to visit some of the great monuments of ancient civilization, the beautiful Parthenon, the Museum of the Acropolis, the Byzantine Church of St. Demetrius and the ruins of the temple of Jupiter. I also visited a very large modern hospital in Athens of 1200 beds with 10 operating theaters and an amazing intercom system between patients and nurses. The extremes of ancient and modern were all there!

I was pleased to be able to include a short visit to Miss Ivy Albarus and to have a brief Marilyn Parker, during my two days in New York on the way home . Mrs. Parker is the newly elected president of the Jamaican Nurses's Group of New York. This active regional group of N.A.J. plans a big dance on November 25th 1972 in New York and hopes to send representatives December next.

I hope that I have not tired you all with long newsletter, but I would like , in closing, to give you a short account of the matters dealt with at the ICN Professional Services Committee meetings. Decisions taken are not yet available for publication as they are all in the form of recommendations to be put before I.C.N.'s Board of Directors for decision.

Among the topics dealt with were various matters referred to the Committee by National Nurses's Associations. For example , the report on the study of Auxiliary Nursing Personnel and their Position in relation to National Nurses' Associations, the role of the qualified Nurse in the decision making procedure in hospital organization, and recommendations arising form the CNR meetings in Dublin last year. Consideration was also given to the new category of health worker, namely, the Physician's assistant, and the following statement was drawn up:

Statement on the Developing Role of the Nurse ICN

In the light of scientific and social change and the goals of social and health policy to extend health services to the total population, nursing and other health professions are faced with the need to adapt and expand their roles. In planning to meet health needs it is imperative that nurses and physicians collaborate to promote the development and optimum utilization of both professions. A variety of practices may evolve in different settings including the creation of new categories of health workers. Although this may require nurses to delegate some of their traditional activities and undertake new responsibilities, the core of their practice and programmes should be geared to prepare them for their duly recognized role."

Source The Jamaican Nurse, April 1972, Vol 1 2, No. 1, pp 14-16

VISIT TO GENEVA

- FLEETING IMPRESSIONS

by GERTRUDE SWABY

A three-hour plane trip to New York, a long trans-Atlantic BOAC flight to London, followed by a 50-minute trip in a BEA plane to Switzerland, — and we had arrived at the new Cointrin airport at Geneva. The temperatures and humidity varied from a warm 80°F in Kingston, through a chilly 25°F at New York's Kennedy Airport, to a damp 45°F at London's Heathrow, settling down to a crisp 40∞F in Geneva.

It was good to be met at the Cointrin airport by an old friend, Dr. Mary Scivwright, who gave me a welcoming hug deftly passed a luggage push-cart in my direction, and then swept me off in her car to the Hotel Grand-Pre, where all committee members were to stay.

That evening, after a short rest and freshen up at the hotel, I spent a delightful time at Mary's apartment on la rue de Vermont, just over a stone's throw from my hotel. And didn't we talk?

Outside was a cold and wintry Geneva, with plenty of light, continuous, noiseless rain, but it was warm and cosy in Mary's charming apartment, and her cooking was just as delectable.

Then she took me for a most interesting drive around the city, pointing out places of importance as we moved slowly through the streets, and I peered up at stately buildings like the UNO headquarters, with the armillary sphere in front, the World Council of Churches centre, the Brunswick Monument, St. Peter's Cathedral and the Basilica of Notre Dame, the Mont Blanc bridge and 130 meters high fountain, , the famous Flower-clock, and the fountain of the English Garden. Next day, it was serious work as the Professional Services Committee got into its stride, and this continued for three tightly-packed days, ending with a pleasant social function, as the ICN honoured its new president, Miss Margarethe Kruse, at cocktails. First, second and third vice-presidents, Misses D. Cornelius of the USA, Ruth Elster of Germany, and A. Girard of Canada, were there having arrived shortly before to attend the meetings of ICN's Administration and Finance Committee, scheduled to follow immediately after the Professional Services Committee meetings.

In the ICN release found elsewhere in this magazine, a brief account of the work of this committee is published, so I shall confine this account to a few general impressions of Geneva, where our ICN has its headquarters.

There headquarters are situated on the first floor of a large and imposing building, one of those in the International Centre, at 37 rue de Vermont, a short walk from where Mary lives. There is a pleasant lobby, with pictures and gifts from many countries adorning it. The conference room, where our meetings took place, is also decorated with gifts from various countries. Offices are conveniently situated around the conference room, and there is an air of dignity and efficiency, enriched by the international flavour given by the tributes sent in by many member countries.

As has often been said, Geneva is a city well accustomed to receiving leaders from many countries, and distinguished visitors from perhaps every part of the world. Less than a year ago, His Holiness Pope Paul VI arrived to address the International Labour Conference during their 15th anniversary celebrations. The great assembly hall of the Palace des Nations was then the venue, as it is for most of the United Nations assemblies.

The people of Geneva struck me as being reserved and rather serious-looking, though polite and helpful when addressed by harassed strangers like myself, wrestling with the cold, the language and the unknown terrain. Although Mary assured me that Geneva was too small a city to get lost in, I managed to do just this on several occasions.

On the two days following the business meetings I had the

opportunity to do some mild exploring on my own. Mary was at work from early each morning and the other committee members had returned home, so I set out to do some sight-seeing, a little shopping and plenty of observing.

I noticed, with a pang of regret as I remembered the contrast in some parts of my own fair land of wood and water, that this was indeed a clean and well kept city. Three or four times each day, men wearing long red caps and overcoats, used large brooms to sweep the streets. Everything appeared neat and tidy. The old was well mixed with the new, as there were very modern buildings alongside 14th century houses. One deterrent to my shopping effort was the fact that all shops closed from 12 to 2 p.m. daily. This proved very disconcerting after a one and a half hour walk to find the shop I wanted, and to reach it at five past twelve p.m.!

There was an air of stability and serenity in this politically neutral country. In spite of the fact that universal suffrage does not exist, as of course women have not the privilege to vote, no one appears to mind. In fact, I understand that some women are quite content with this and prefer not to have this privilege.

Everyone seems to be materially comfortable, with no evidence of poverty or want. The children look healthy and happy, and old people seem to keep younger than their years might infer.

There are plenty of restaurants, shops, and busy shopping areas, though I saw no shopping centres as we know them in Jamaica.

Our hotel was modern, comfortable and well appointed. The daily continental breakfast was tasty and ample, with a large supple of delicious coffee, Swiss bread and rolls, croziers and fresh butter.

In the restaurants I was introduced to some interesting new dishes, among them the thinly sliced Smoked meat, known as la viande seche, and a variety of salads and wines and delicious pastries.

Skiing and other winter sports seemed to occupy mush of people's leisure time. The sun, though rarely seen, gave a sparkle to the landscape and as most of the six mornings I was there, were wintry, dark and somewhat depressing, this was a pleasing change.

One of my most vivid impressions of Geneva was the almost constant view of the beautiful, now-capped mountains. The highest peak, Mont Blanc, 4810 meters high, overlooked the airport, so was one of the first surprises. The famous peak of the Matterhorn too was never very far distant. Always there was the setting of these magnificent mountains, and there was the dry, bracing air.

Being on the Professional Services Committee of the International Council of Nurses was a stimulating and challenging experience, and one through which I learned much. I am grateful to those who made this possible, and I look forward to our next meetings in Geneva in February, 1971.

Source The Jamaican Nurse, April 1970, Vol. 10, No. 1

Happy 75th Birthday



Making Ready
Shirley Enbden and daughter Brenda
prepare the cake
Patrica Ivers looks on



Take a Deep breath!

Ready
Steady
Blow



Syringa Marshall-Burnett
presents NAJ's gift



Gladys Coleman Lewis making a presentation to Miss Swaby; Leleka Champagnie and Helina Honey beams approval

Terry Boyne presents flowers Thelma Evelyn admires the bouquet





Miss Swaby replies

Colleaques and relatives around table

Leleka Champagnie
Helena Honey
Julie Symes
Cecely Parker (Sister)
Ruby James

Forefront

Annette Hill
Theresa Boyne





MATRON
L. FEARON



DR. SAM STREET
S.M.O.



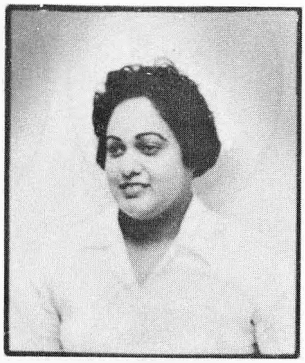
SENIOR SR. TUTOR
G. SWABY



SISTER TUTOR
MISS HONEY



WARDEN
MRS. LINDO



SISTER TUTOR
T. BURKETT



ASST. MATRON
L. HEWITT PHILLIPS



ASST. MATRON
MISS HERON

Kingston Public Hospital

Graduating Class
April 1967



JANICE LONGMORE



F. McKENZIE



W. WEBSTER



D.E. DAVIS



J. DINNALL



C. ROBINSON



C. McCALLA



C. FRANCIS



L. CHIN



B. GREEN



JULIA WILLIAMS



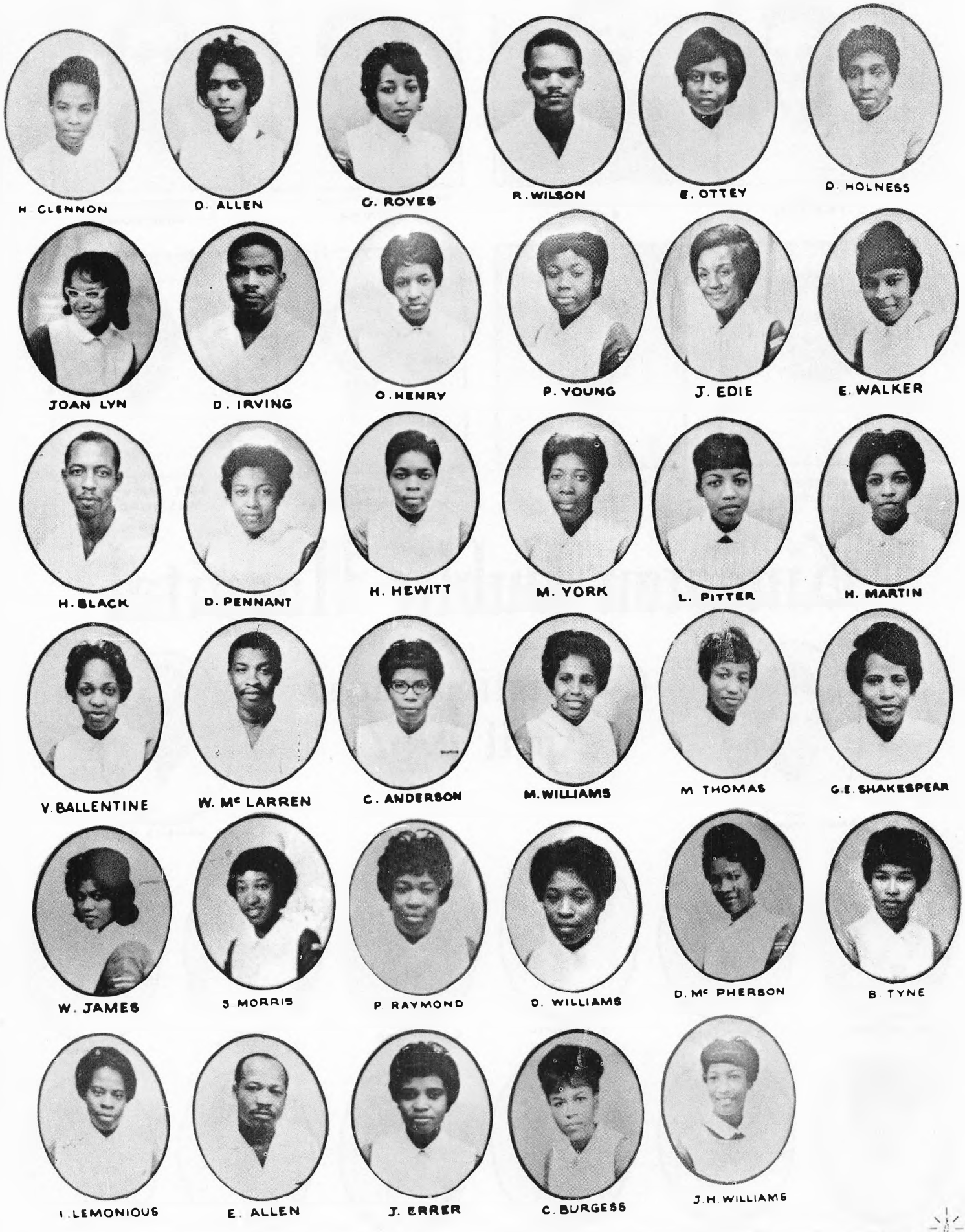
A.L. HARVEY



A. GARLAND



B. COUSINS


H. CLENNON
D. ALLEN
G. ROYES
R. WILSON
E. OTTEY
D. HOLNESS
JOAN LYN
D. IRVING
O. HENRY
P. YOUNG
J. EDIE
E. WALKER
H. BLACK
D. PENNANT
H. HEWITT
M. YORK
L. PITTER
H. MARTIN
V. BALLENTINE
W. Mc LARREN
C. ANDERSON
M. WILLIAMS
M THOMAS
G.E. SHAKESPEAR
W. JAMES
S MORRIS
P. RAYMOND
D. WILLIAMS
D. Mc PHERSON
B. TYNE
I. LEMONIOUS
E. ALLEN
J. ERRER
C. BURGESS
J.H. WILLIAMS

Message from

Senior Sister Tutor



It is a pleasure to send this short message to our first Kingston Public Hospital Graduating Nurses' Manual.
I would like to first to congratulate you on the initiative which you have shown in producing this booklet. It will be a lasting reminder to us in the coming years of the creativity and hard work which you have put into its production. As your three-year course of work and study closes upon you "as the water-lily upon its own tomorrow", may I leave with you the well known words of Kahlil Gilbran, when he spoke thus of work:-

And I say that life is indeed darkness save when there is urge,
And all urge is blind save when there is knowledge,.
And all knowledge is vain save when there is work,
And all work is empty save when there is love;
And when you work with love you bind yourself to yourself, and to one another, and to God".

Gertrude Swaby
Senior Sister Tutor,
Kingston Public Hospital
April 1960

Through the Editorials of The Jamaican Nurse Miss Swaby conveyed the picture of the Nurses Association of Jamaica and her own personnel philosphy on current important issues of the day.

A Selection of these editorials are presented:

September 1963

The editorial is new feature of the Jamaican Nurse, and on which we hope our readers will welcome.

The Concise Oxford Dictionary (Fourth Edition) defines the word editorial a "a newspaper article written by or under responsibility of the editor", and the word editor as "one who prepares the work of others for publication.

Literally, "editorial" just means "of an editor", but we hoping that our editorials will be the means of expressing the views ,not only of the editor, but of our readers, and of the nurses of Jamaica.

The editor of leading nursing journal has expressed the opinion that there are three types of editorial:

One which deals with a controversial issue, one which is mainly informative, and one which states the editor's beliefs and conviction in other words, his philosophy. These beliefs should of course, be in harmony with the policy, constitution, and basic philosophy of the organization which the publication represents.

This first editorial is of third type. It seeks to express one of the basic convictions of our association, that of constant striving towards the improvement of nursing service and nursing education through flexibility and experimentation without losing the enduring values of the past.

A wise man has said:

In a period of rapid social change such as the present, there is a hazard in failure to provide a mechanism for flexibility and experimentation. If the traditional has a firm hold, the elements of revolution are present, and there is danger of violent explosion in which all may be destroyed; where as in

provision for an orderly, evolutionary process, the enduring values of the past can be preserved and carried on it the future."

This issue of the "Jamaican Nurse" goes to press at a time when we have just celebrated our first year of independence. As we look forward into the years

ahead, let us not only try to foretell the future, but let us prepare for it. Let us work and plan together, striving for active participation this policy making stage by all those concerned about the future of nursing in Jamaica.

The results then will be at once realistic and workable. Let us pool our resources, and work together for our young, newly, independent nation. Retaining the eternal values we have inherited from the past, let us plan and prepare for the future, fearlessly, and with flexibility, and wise experimentation.

There is much to be done, but no one of us can do it alone.

Source *Jamaican Nurse September 1963,, Vol. 2, No. 3, P. 2.*

December 1963

In our first Editorial, which appeared in the last issue of this journal, we stated one of the basic commitments of our association. This concerned the constant striving to improve nursing education and nursing service, through flexibility and experimentation, without losing the enduring values of the past.

As part of this process of constant striving towards improvement, we have to face the controversial question: Is nursing truly a profession? and, are we Jamaican nurses really professional people?

We hear and read much about this subject nowadays. Most of the nursing journals of the world carry articles, letters or references of some sort to this vexed question. As our past president mentioned in her report, published elsewhere in this magazine, the definition of the professional nurse is still under consideration by the ICN.

In the challenging article by Dr. Dunlap Elliott Smith on the "Educational Interplay between patient, doctor and nurse," (found on page 9), some of the characteristics of the professional person are set forth According to Dr. Smith, "the really great professional people never cease to learn from the working interplay which makes up their experiences" This process of continued learning brings to them "a richness of life, a depth of feeling, and something of the fountain of eternal youth." Again, he reminds us of the value of what he calls post graduate self education and creative learning which result in profound originality and the ability to keep one's mind broad and sensitive to nontechnical values. What further qualifies a professional person? It has been said that, regardless of the particular profession of which he is a part, a professional:

1 Is a liberally educated person, not merely a trained technician.
2 Possesses specialized skill and knowledge.
3 Can make rational judgments and take appropriate action.
4 Places primary emphasis on his service to society rather than upon personal gain.
5 Actually participates with his colleagues in developing enforcing, and maintaining standards.

6 Practices his profession on a fulltime basis.

7 Is engaged in a continuous search for new knowledge and skill.

It is becoming clear that the nursing "profession" should be no exception in requiring its members to qualify by these standards.

The experience of the accepted professions shows that the chief requisite to success in ensuring professional standards is leadership by the national or local professional organization. Here is a challenge for our Jamaica General Trained Nurses' Association. Can we meet it? If not, why not?

It seems that nothing less than an all out effort to achieve personal and professional dedication and self discipline will meet the present need.

The Jamaica General Trained Nurses's Association is the logical and only adequate representative group to assume leadership in the development of a self governing nursing profession in Jamaica. It can only do this effectively by being an influential model of profession organization in greatness of purpose, democratic structure and democratic operation." It has to coordinate and represent, more adequately than it has done in the past, every segment of nursing on the island. We have to find more effective means of communication, and better ways of improving relationships between nurses all over Jamaica, otherwise there is the danger that the thinking of an active minority will be accepted instead of the thinking of an inactive majority.

Once again, we find ourselves where we began, or rather, where we ended in the editorial of last issue. There is some much needing to be done, and so few seem to be actively in helping to reach this goal. Our new Treasurer, in her letter published on page 17, has made a stimulating appeal to all nurses to throw in their lot, and help us to build a really strong and effective Association. We realize that nursing, as an emerging profession, has still along way to go before it can be said to have achieved full professional status. We nevertheless believe that nurses can and do function professionally in their several ways, whenever they seek to put the needs of society, and more particularly; of their patients, before thought of personal gain and self interest.

As we approach the end of 1963, and look to the New Year of possibilities and resolutions let us join heads, hands, hearts together for all progress in reaching and maintaining true professional status for nursing in Jamaica.

Merry Christmas and Happy New Year to all!

Source The Jamaican Nurse, Decemer 1963, Vol. 3, No. 2, pp 2 and 15

December 1964

The present nursing supply situation in Jamaica is causing considerable concern to those hospitals and health services.

Is there, or there not, a shortage of nurses in Jamaica?

If there is what is the cause, and what can be done about it?" The Jamaica Nurse" is launching a forum on this subject, and is inviting nurses, and others, to air and share their views.

Elsewhere in this issue, the quality of true service is discussed by Mrs. B.A. Bennett, some of the sociological aspects of nursing care are presented, and the mentally and physically therapeutic value of an effective nurse-patient relationship is emphasized. It appears that the nurse's role is a key one, and if the nurse is in short supply, the country will suffer as a result.

As we look around we notice that most countries of the world are facing nursing service and nursing education problems. The Platt Report, adopted in Great Britain in April, 1964, states that "a reform of nursing education should be undertaken as a matter as a matter of urgency", and points out " the inadequacies of the existing pattern of nursing education in terms of present day needs."

In the United States, as far back as 1948, the now famous Brown Report showed clearly the " inadequacies in both the quantity and quality of nursing service stemmed primarily from an outmoded system of nursing education, which was no linger capable of attracting the number of students needed, or of giving the varied preparation needed for nursing today."

The report of Surgeon General's Consultant Group on Nursing published by the United States Department of Health, Education, and Welfare, in February, 1963, made an urgent recommendation to the nursing profession that "a study be made of the present system of nursing education in relation to the responsibilities and skill levels required for high quality nursing care."

The quality of preparation largely determines the quality of performance which a nurse will give, and as is well known, professional preparation requires not only gaining knowledge and skills, but developing attitudes. Are our attitudes what they should be in nursing in Jamaica today? Does the lure of higher salaries and more comfortable and profitable conditions of service abroad rob Jamaica of many of "best " nurses?

Let us hear your views.

By the time this reaches you, Christmas will be near. May a new year of promise and opportunity be ours. God bless your Christmas and be with you in the coming year.

Source The Jamaican Nurse, Dcember 1964, Vol. 4, No. 3, p. 2

April 1965

During the past three months there has been much talk about unity among nurses, and good deal of work has been put into studying the general and constitutional implications of forming one uniting body of Jamaican nurses. This will be no easy task, and it will call for sacrifice, mutual respect and trust, tolerance, and much patient and painstaking effort.

Are the nurses of Jamaica ready to meet this challenge? Are we prepared to give what it will take to create and build real unity?

The teachers of Jamaica have set a fine example. They have lit a torch and are leading the way. The Jamaica Teachers' Association is a strong, new body, with increasing group solidarity, and a determined and far-reaching aim at the integration of many interest groups within one organization, "symbolizing spiritual and professional unity."

There has been another important development taking place,- this time in the area of nursing education. A recommended programme for further integration of psychiatric nursing within the basic general nursing curriculum has recently been submitted by nurses to Government, at the request of the Chief Medical officer.

This will involve some revolutionary changes in the general and psychiatric preparation of nurses in Jamaica. It is designed to produce a nurse capable of giving comprehensive nursing care to patients with both mental and physical illness. How far and how well this will be achieved will depend on many factors, including administrative cooperation, adequate staffing, and greater student status for our nurses in training.

The Jamaican Nurse, welcomes these progressive trends of unity integration among nurses, and more comprehensive preparation for the better practice of nursing in Jamaica, and invokes the helpful co-operation of all Jamaican nurses, whether at home or abroad, to make them a reality. It will need everyone of us, pulling together and pooling our ideas, to bring to nursing in Jamaica a quality and standard which will bring honour and respect to our new nation.

With April comes Easter, with its messages of new life and hope.

May the joys and blessings of Easter be enjoyed by all our readers.

Source *The Jamaican Nurse, April 1965, Vol. 5, No. 1 p 4.*

August 1965

During recent months important events and developments have been taking place, and each of these is exerting its influence on Nurses and nursing in Jamaica. As John Stuart Mill says, " Human nature is not a machine to be built after a model, and set to do exactly the work prescribed for it, but a tree, which requires to grow and develop itself on all sides, according to the tendency of the inward forces which make it a living thing."

What the inward forces which make the nursing profession in Jamaica a living thing?

The ICN congress has come and gone. Its impact will be an inward force for a long time to come, perhaps forever. What has it said to us in Jamaican nursing? Perhaps its influence can help us to change our destructive conflicts into constructive communication, "free and probing enough to bring into the open, actual feelings and actually conflicting expectations as the keynote speakers bade us to do; Perhaps it has served to remind us that the half a million nurses, who were represented at the congress, have much in common, both in our problems and difficulties, and our hopes and aspirations. Perhaps we can be bold enough to make our voice heard in matter of international policy, in spite of our comparative smallness in size and numbers, - provided, of course that we have something worth saying. This congress is indeed one of the inward forces which can invigorate nursing in Jamaica.

What of our own internal matters? How are our efforts towards organized unity among all Jamaican nurses progressing? In the present issue of "The Jamaican Nurse" a brief report on this is included, and in the next issue, we hope to publish some of the main findings which have come out of our 17th annual Summer School workshop sessions on Nurses and Nursing Jamaica today.

By the end of the year it is hoped that the new Nursing and Midwives' Act will have been proclaimed, and will thus have become law. The regulations have been drafted, and will soon be in force. We hope this will be another inward force which will help to make nursing in Jamaica a living, growing organism.

After many years of persevering effort our dream of the establishment of post-basic nursing education courses within the University of the West Indies seems to be shaping into a reality Much has yet to done but we hope it will not be long before we shall see this come true, and another powerful inward force will be at work.

But none of these inward forces will do much unless we nurses ourselves are constituting the main inward force, the abiding influence which is to shape our profession in Jamaica and in the world. As we were reminded at the opening session or our Summer School " The public must be able to trust members of the profession, their skill and their good faith. That is what marks a profession from an occupation."

August is the month for holidays. May yours be happy and refreshing, in spite of our Jamaican sun!

Source *The Jamaican Nurse, August 1965, Vol. 5, No. 2, p.2*

April 1966

Beginning on 15th of March, close on two thousand Jamaican nurses observed two weeks of mourning. This was in peaceful protest against unsatisfactory living and working conditions, low salaries and accumulated dissatisfactions over the years, in spite of numerous representation, delegations and memoranda to Government. Sympathy with the singe trained midwife, who has been threatened with a reduction of her paltry salary when temporarily employed on a relieving basis, triggered off this demonstration of dissatisfaction, unity solidarity.

Jamaican nurses have realized at last that we must stick together and stop pulling in different directions, and we must stop being apologetic and on the defensive when standing up for principles and working for recognized professional status.

The need to be alert, determined and united is obvious, as to make sure that no undue pressures are brought to bear on us, and that we do not lose the precious gifts of freedom in speech and movement with and without our beloved land.

We realize that we need fearless leaders, who are thoughtful, responsible and courageous citizens, not afraid to make uncomfortable decisions and force issues, and capable of exerting consistent and persistent pressure for better conditions for nurses and nursing Jamaica. We need too a sympathetic and informed public opinion, which will speak out clearly and persistently, and so safeguard the democracy we all cherish.

As the new president of the Jamaica Teacher's Association has warned, there is danger in being a workforce of frightened people, yielding to pressure to go on in the old safe way, " accepting the security of conformity without issue." Let us instead be a strong united body of professional people, who accept that "discord and disruption are the price of growth and progress." The quest for a contented and efficient nursing force will be through pain and weariness and expense. As Robert Frost said, "Now no joy but lacks salt that is not dashed with a pain and weariness and fault"...

Why have a contented nursing force? Not to yield smug, placid and self-satisfied people, but to enable us as nurses to perform better our unique basic function, without which we can never be a true profession. And what is this function? It cannot be spelt out in stereotyped or categorical language, but it is inherent in what Virginia Henderson calls being "a substitute for what the patient lacks in physical strength, will, or knowledge to make him complete, whole or independent."

If we can better be "temporarily the consciousness of the unconscious, the love of life for the suicidal, the leg of the amputee, the eyes of the newly blind", by our increased efficiency and contentedness as professional people, we shall not have worn our black sashes in vain.

We welcome the resolution moved by the Jamaica Civil Service Association that a thorough investigation be made into nursing conditions. We appreciate also what has been done by Government in the past to make some necessary improvements. If this demonstration will bring about more through investigation into the many weak spots in the fabric of our nursing service, and further long -needed improvements, nurses will not have mourned in vain.

Source The Jamaican Nurse, April 1966, Vol. 5, No. 1, p.4

August 1966

As this issue of "The Jamaican Nurse " goes to press we find ourselves surrounded on all sides by a number of pressing forces, seemingly competing with each other for our attention.

The winds of change are all around us. New concepts are being presented, old ideas are being challenged, and strange, untried paths lie before us. Whether professional nursing? this question is being asked all over the nursing world today.

Summer School is just over; what have we learned? We strive for insight to view quality nursing as a configuration, not as isolated, procedure-centered techniques. We move towards a integrated educational programme. We know we must transform our disease-centered patients may find healing of mind and body, and where we too may find self-understanding and fulfillment.

Just at this time people from all over the Commonwealth are visiting Jamaica for the 8th British Empire and Commonwealth Games. We find ourselves caught up in this throbbing surge of life and activity. Our cities become more crowded and more frightening. There may be more need than ever for nurses, and for what they can do to bring calm and healing to people who are injured and wearied by the surging crowds and noise.

The committee of enquiry is at work and our own affairs are undergoing investigation which we are all hoping will result in improvements in the nursing service of Jamaica.

Our Association has changed its name, in an attempt to more effectively meet the needs of our profession at this critical time. The Nurses' Association of Jamaica now opens its doors to accept for membership any nurse who is qualified for registration on the General Psychiatric part of the register of the Nursing Council.

Nurses in Jamaica realize that now more than ever we need to stand together and to work together love and unity. For, as Gibran says,

"Work is love made visible .....and when your work with love.
You bind yourself to yourself, and to one another, and to God."

Source *The Jamaican Nurse, August 1966, Vol. 6, No. 3, p 4*

December 1966

This issue of " The Jamaican Nurse " turns the spotlight on our main psychiatric institution, Bellevue Hospital, which features in the centre-spread. A flash back to the early days of the 1840s, and a look forward to the future, pinpoint the present need to create the kind of dynamic, therapeutic environment, so much talked about but still so much needed, not only by psychiatric patients, but by us all who contribute to their care.

As has been indicated in articles appearing in this issue, nurses in Jamaica are realizing how much we need to work and strive together for the things that are uniting and enduring. As our President has pointed out in her encouraging and heartening message, common sufferings and strivings for improvements in the nursing service have been bringing us closer together and strengthening, we hope, the unity and solidarity of the nursing profession in this country.

The Jamaicanization campaign appears to be taking root in industry, and there are signs that it is spreading to cultural and education fields. Nurses have demonstrated their belief that opportunities for development in our own country should be available to all who are willing and able to contribute to building our nation. Failure to provide this has and will continue to result in well-trained nurses being forced to seek employment elsewhere, with consequent loss to Jamaica of ability and talent,which we can ill afford.

We are grateful for the evidences of progress in both basic and post-basic nursing education, about which we shall read in this magazine. Much hard work, faith and sacrifice will be needed to bring these ambitious plans and projects to fruition.

As the outstanding young Indian leader, Bill Pensoneau of Oklahoma, has said so succinctly:

The way for the world to go is rapidly narrowing towards three channels and we must decide which we will give our lives for- The first is a selfish world in which man lives as he pleases and strives for all he can get personally. The second is a controlled world where the weakness and destinies of animal-man will be controlled by a godless state- The third choice is man awakening to the responsibilities of his existence revealed to him by the living God."

Once again Christmas is here, with its carols, crackers, plum puddings and sorrel. May all our readers enjoy a happy and blessed Christmas and all that is good in 1967.

Source The JamaicanNurse, December 1966, Vol. 6, No. 3, p 4

August/ September 1973

In this editorial we comment on a matter about which nurses and others have expressed interest and concern, that is , the advent of the "nurse-practitioner" . We understand that this new category of workers is shortly to join the health team. We await with much interest more information about the role, functions, preparation, legal and statutory control, and other important considerations, governing the introduction of this new worker.

As the professional organization representing the nurses of Jamaica, NAJ has a right to this sort of information. We believe that nurses should have been involved in the preliminary discussions and deliberations which must have undoubtedly taken place before the decision to introduce the "nurse-practitioner" was made.

As the Watch-dog for nurses and nursing in Jamaica, it is good to know that NAJ has been on the ball, and three of its groups, the Nursing Services Committee, Nursing Education special interest group, along with members of its Executive committee, have been studying this matter and have come up with some useful thoughts on the matters mentioned above.

We see the nurse-practitioner as acting independently with clear delegation of authority. Her/his role is complementary to the doctor, and she/he carries out certain duties previously performed by the doctor, but brings to bear upon the duties her unique body of nursing knowledge and experience.

The nurse practitioner is no stranger to the Jamaican scene, because, as we are all aware, the Public Health Nurse and another experienced nurses in this island have been doing just this for a long time. What will be new, of course, is recognition of this expanded role of the nurse, and proper legal and statutory control of her practice.

We believe that the nurse-practitioner should be registered under the recognized statutory body of Jamaica, the Nursing Council. Pertinent legislation needs to be instituted to make this operational, and we see it requiring little more than the introduction of another register. We see no insoluble problem in this.

Legally, this worker will be liable, as is any other registered nurse, if found to be negligent. As an independent practitioner, the nurse is answerable to the law for breaches of contract, torts and malpractice, as is any other professional worker. No doctor can take liability for the nurse-practitioner, even if she works under the doctor's direction.

We believe that, the special preparation which this worker requires should be worked out by a collaborative group, consisting of medical and nursing personnel. Such a group needs to have knowledge of curriculum development as well as of the exact nature of the duties this worker will be required to perform.

The nurse-practitioner is seen as a special member of the health team, with complementary, collaborative and interdependent functions, an experienced nurse using her expanded role to complement the work of the doctor without usurping that role.

We look forward to joint planning and collaboration between the Nursing and Medical Councils, NAJ and the Medical Association of Jamaica in preparing for the advent of the nurse-practitioner in Jamaica.

Source *The Jamaican Nurse, August/September 1973, Vol. 13, No. 2, p 3*

August 1975

As has been customary for the past couple of years, our journal has focussed on specific aspect of Nursing in each issue. In the April magazine we have called attention of readers to the administration of the practice of Nursing, and sought to throw some light on the structure and function of this process. The August issue focussed on the Education of Nurses, and examined this as its various levels; the basic, post-basic and in-service educational aspects. The third issue stressed the Service components of Nursing, and an attempt was made to project this as the chief aim of the profession, for which both effective management and suitable preparation are essential.

This, the second issue for the year, therefore highlights Nursing Education at the various levels. The basic two plus one programme is presented by means of an interview; post-basic nursing education at the University level as conducted at the Advanced Nursing Education Unit is described in an Informative article.

"Democratic Education and its implications for Nursing Education" is the subject dealt with in a philosophical discussion submitted in partial fulfillment for the Advanced Nursing Education course and contributed to our Journal by the author. In another feature article, the writer looks back at the strivings towards and adequate preparation for nurses in Jamaica over the past 25 years and gives considerable food for thought.

To conclude the subject of education for effective nursing, the complex matter of evaluation is considered.

We are happy to note that this year marks the observance of the 25th Annual Summer School planned and conducted by our professional organization, for the purpose of providing education for our nurses in Jamaica.

It is indeed a cause for thankfulness that, through the past 25 years, our Association has consistently made this provision for its members and for all who would take advantage of the opportunities offered. It is also a rewarding and encouraging achievement that the Norman Washington Manley Foundation saw fit to honour the Nurses of Jamaica with its Award of Excellence in 1975. It will be a constant challenge to all nurses in this country to maintain the standard of sustained eminence and distinguished service inherent in this Award.

A pleasing feature of this year's Summer School was the hearty participation by so many of our Student Nurses. The lively discussions and mature comments and opinions expressed augur well for the future, and show that our young people are alert and alive to many of the problems and prospects in Nursing today. This kind of wholesome dialogue and stimulating exchange of ideas among nurses, young and not so young, can be of mutual benefit. We need more of this today in Nursing.

The 25th Annual Summer School ended on a constructive note, with a resolution that the Nurses' Association of Jamaica recommends practical ways and means of uniting Nursing Administration and Nursing Education in the service and realization of a higher quality of Nursing Practice than exists in Jamaica today.

We hope this will indeed come about and a greater degree of mutual understanding between those in Nursing Administration and those in Nursing Education will develop, in the interest of optimum Patient Care.

Source *The Jamaican Nurse, August 1975, Vol. 15, No. 2, p 3*

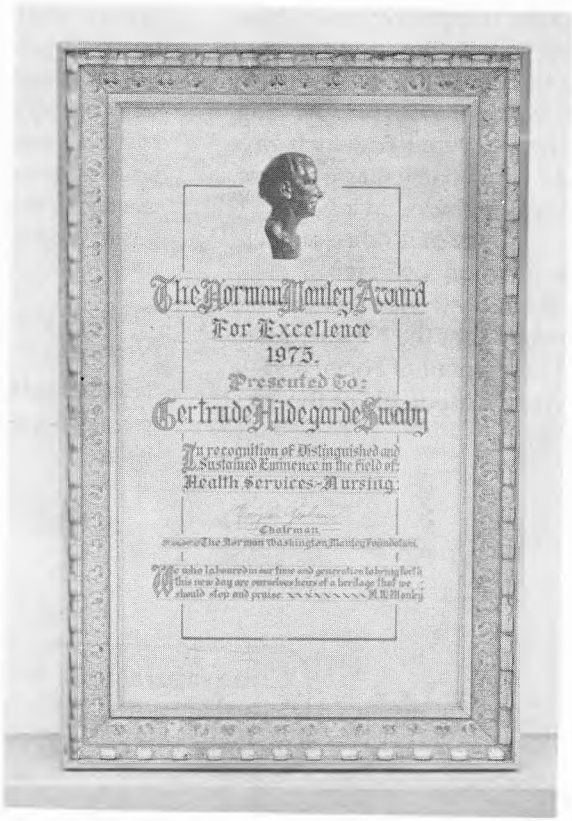
The Norman Washington Manley Foundation Award for Excellence 1975

by Julie Symes MBE RN RM

The Norman Washington Manley Foundation is a non profit, non partisan Foundation set up as a National Memorial to one of Jamaica's National Heroes.

Each year, the Foundation gives an Award for Excellence to a Jamaican who has made a significant contribution to some aspect of Jamaica life by the consistent practice of high ethical and professioanl standard in their chosen field.

This year the nursing profession was delighted to learn that this award would be given in the sphere of Health Services and that the recipient would be a nurse.



As the day for the presentation appraoched, speculation was rife, but in the minds of most of us there was a feeling that the award should go to Mis Gertrude Swaby. So when the announcement was made on the evening of July 4, 1975 at the Rose Hall Intercontinental Hotel, Montego Bay, It fulfilled the wishes, not only of those nurses present, but of all the hundreds of nurses who had known Miss Swaby as their Sister tutor at the Kingston Public Hospital School of Nursing from 1950 to 1968.

The citation read at the time of the presentation of the award made mention of many of the highlights of Miss Swaby's dedicated career in nursing but those of us who are her contemporaries and have worked alongside her towards the improvement of nursing in Jamaica, feel that she made her unique contribution by her unswerving devotion to the need for better nursing education. I can speak very personally about the day to day slogging at the Kingston School of Nursing.

Even when Miss Swaby was the Senior Sister Tutor with a large school to administer she still did a great deal of teaching herself. She was never satisfied with the content or quality of the curriculum but was always striving to improve it. In particular, she wanted the student nurses to have more student status and to get their clinical experience more directly related to their theoretical work.

When the General Nursing Council for Jamaica was set up in 1952, Miss Swaby served on it for varying periods. She acted as Registrar when I was on vacation and always of her time and energy in helping me to conduct the examinations twice yearly.

During the late fifties, she was one of the first people who saw

the danger of so called "Schools of Practical Nursing" proliferating in Jamaica. She got the Nurses Association to set up a special committee to investigate the situation and to make recommendations to the Government for the need to pass legislation that would give legal recognition to properly prepared assistant nurse. When the Nurses and Midwives Act of 1964 came into operation in 1966, Miss Swaby had the satisfaction of seeing the training of enrolled assistant nurses started in schools approved by the Council.

After the impressive ceremony at Montego Bay, the congratulations expressing the pleasure of many people began to arrive. Among the tribute were two which gave Miss Swaby particular pleasure. One was included in a News Commentary on Radio Jamaica an Radifusion by Peter Abrahams and the other was contributed to the Newsletter of the Department of Social and Preventive Medicine of the West Indies.

In his News Commentary on July 7, 1975, Peter Abrahams said:

We welcome the presenting to Miss Gertrude Swaby of this year's Norman Manley Award for Excellence. I am sure that Miss Swaby and the overwhelming majority if not everyone of Jamaica's nurses will, in a very special sense, see this award as an honouring, not just of one person but of the entire nursing service of this country. This is so and this must be so, I think because in no other profession is the accent so strong on both" "service" and on the "group" or collective providing of that service to the community. Uniquely, the quality of the performance of each nurse at each level determines the quality of the service provided by every nurse to every patient; and so in nursing, the pursuit of excellence, the quality Norman Manley valued so highly is a collective thing embedded in the profession itself; which makes Miss Swaby in the most excellent way possible the recipient of an award on behalf of a service that collectively pursues excellence.

"The quotation from the Newsletter reads:"

"In the citation Miss Swaby is describes as a "great woman, a great nurse and a great Jamaican."

As we add our warm congratulations to those of the many thousands of colleagues and friends from Jamaica, the Caribbean in general and the many parts of the world in which Miss Swaby is known, we also add to the above description 'a great visionary'. A great Visionary who has been spared to see many of her "visions" come to fruition-to name a few, the Advanced Nursing Studies unit of the University of the West Indies ; the Jamaican Nurse official journal of the Nurses's Association of Jamaica; the recognition of the "practical" nurse as the Enrolled Assistant Nurse in Jamaica; the Caribbean Nurse's organization, to which Miss Swaby gave full support in its early beginnings. As for the teaching of Nursing in Jamaica, her vision of some 15 to 20 years ago (at a Summer School at Short Wood College) of the student nurse as a STUDENT and of the INDEPENDENT SCHOOL OF NURSING is now recognized — and nursing is no longer a hospital based profession because nurses are no longer "pairs of hands."

Congratulations indeed! As Prime Minister Manley would perhaps agree 'for the first time at last' a great nurse is recognized by all."

CITATION TO MISS GERTRUDE HILDEGARDE SWABY

Excelsior Community College Nursing Education Department, April 15, 1986

Miss Gertrude Hildegarde Swaby achieved her Education and Training in Basic Nursing Education at Nuttal Memorial Hospital; Midwifery at Victoria Jubilee Hospital; Public Health Nursing at Toronto University of Canada; Nursing Tutor's Diploma at the Royal College of Nursing in England; The Bachelor of Science degree in Nursing and the Masters of Art Degree in Nursing Education and related fields, at Teacher's College, Columbia University in the United States of America.

Most Nurse Educators after acquiring their tutor's qualification and having gained working experience in teaching practice and administration, do not see the necessity to pursue additional education. Miss Swaby was always adamant that in addition to being qualified as a teacher and gaining teaching experience, the tutor must improve the quality of her information and pursue new knowledge, in a constant changing technological era. Miss Swaby showed by example and practiced what she preached. She is a firm believer that attitudes are caught, not taught.

After each phase of her education abroad, Miss Swaby returned to Jamaica and shared her learning with Nursing Students and colleagues alike. She enjoyed a full career at Kingston Public Hospital's School Tutor. She retired from that post in 1968 after giving over thirty (30) years service to Jamaica.

Miss Swaby was a founding member of the Nurses Association of Jamaica. She effected many firsts through her professional career, some of which are:

Initiation of The Jamaican Nurse Magazine which she circulated to all member countries of the International Council of Nurses, with her own funds;

She was the first Editor of the Jamaican Nurse and served as such from its inception for fourteen (14) years She served on the International Council of Nurses' Special Subcommittee for Ethics. She participated in its formulation and was at its first presentation in Mexico.

Miss Swaby initiated the Nursing Education Special Interest Group (NESIG). She was active in NESIG and present at all meetings. She is an avid believer that Nursing Education belongs in the mainstream of general education. Many tutors accepted this as a theory and some only paid lip service to the concept. Miss Swaby, however, was relentless in her effort to convince her colleagues that is should be the thrust for nursing education.

The opportunity was presented for Miss Swaby to bring the dream for nursing education into reality, when, in 1973 she was invited by the Honourable Dr. W. A. Powell, founder of Excelsior to work with a selected group in establishing a Nursing Education programme at Excelsior Community College.

Miss Swaby's account of the Nursing Department is well documented in her book **The Profession of Nursing** which she published while at EXED. Miss Swaby brought to EXED the following:

Over thirty (30) years of nursing experience;

Experience from her presidency in the Nursing Association of Jamaica also as Secretary;

A wealth of information on professional standards and ethics, having been a member of the Sub-committee for Ethics for the international professional organization. The International Council of Nurses (ICN);

Knowledge from serving as Foundation Member of NESIG, and also from her Chairmanship of this group; Fourteen (14) years of editing experience from being Founder and Editor of the Jamaican Nurse; Knowledge of the Role and Function of the

Ministry of Health; Personal knowledge of all hospitals in the Corporate Area. In fact, most of the Matrons, Nursing Supervisors, Ward Sisters, either worked with or were students of Miss Swaby; personal qualities of humility, gentleness, orderliness, generosity, thoroughness, dedication and an ability to gain cooperation from others.

Her charge to other tutors were the 3 Rs":

Have

NO RESERVATION

NO RESENTMENT

NO RIVALRY

All these experiences, personal qualities and dedication gained her the Norman Manley Award for Excellence in Nursing in 1975.

Miss Swaby served EXED in the following capacity;

1973 Advisor and Coordinator in establishing the Nursing Department.

Liaising with all Clinical Agencies/Hospitals in the acceptance of students from

1974-1984; Visiting Lecturer and Clinical Instructor.

She also served on the following special interest groups:

Chairman of the Curriculum Committee

Member of the Advisory Committee

Member of the Selection Committee

Member of the Evaluation Committee

Miss Swaby did many things without fanfare. She preferred to praise others and to elevate them, whilst underplaying her own contributions. A memorable incident highlights this aspect of her personality. Miss Swaby, for many years whilst at EXED, provided lunches at her own expense to students sitting the Nursing Council Examinations.

The period of 1973 to 1984 were very difficult years for EXED. Not only,were they the formative years for this newly formed institution, but within those years, every effort had to be expended in satisfying the requirements of the Nursing Council of Jamaica. Through it all however, Miss Swaby was supportive and encouraging to those at EXED. Many Nurses left as the going got rough, but Miss Swaby, having a strong conviction for Nursing Education to continue in the mainstream of education, persevered. She pursued every option, filled the gap, when no Administrative Head was readily available, and even today, she has the will to continue and has never said "no" to EXED.

Miss Swaby, EXED salutes you! May you live on and on through your sterling contribution. Many lives have been touched and fulfilled by your efforts.

Prepared and read by

Hermi Hewitt , RN, RM, BScN, MPH. to Miss Gertrude Swaby at a Ceremony held in honour of her contribution to EXED.

A LETTER FROM MISS SWABY

8 Caledonia Avenue
Farquharson House,
Kingston 5
April 28, 1986

Dear Mrs Hewitt,

This little note is sent to you at this time, when my heart is full of gratitude to you all who joined in arranging and carrying through the delightful function held in my honour last week at the Liguanea Club. The kind expressions of loving concern & caring touched me greatly and

Education.

Wishing you all the deepest & best of good wishes for the future & continued success.

May God bless you all and prosper your efforts in His Name towards future joy and happiness

With every good wish and THANK YOU again for the splendid gift & all the loving sentiments expressed.

2

and I just want to say thank you to you all.

The beautiful gift of a fine tape recorder & radio is one which will remain as a constant reminder of your loving regard. The whole program was carried through in a spirit of real caring and I shall ~~alfremember~~ always what did

The memory will be a special link in my heart for Excel and especially for the department of Nursing

Very sincerely yours

Gertrude H. Swaby

To Mrs Hermie H. Hewitt
Head, Nursing
Education Department
15/4/86

Report of "The Jamaican Nurse " for the Year Ending July 1975

Once again three issues of this popular journal have been produced, appearing in April, August and December. Although they have not been very prompt in coming off the press due to various difficulties with printing and production, we are glad to report that subscribers have received their four monthly magazine regularly evenif not always strictly on time.

Circulation has been increased to meet the increasing demand, and this of course means that our readership too has increased.

We are grateful to our advertisers and those who help to sell the magazines regularly. We would appreciate receiving amounts for advertising and for sales more punctually, as we have to meet our obligations without undue delay. " The Jamaican Nurse" Committee meets monthly on the fourth Wednesday, and the Editorial group gets together to prepare material for publication more frequently. We welcome articles and letters, as well as any news and views of our readers, so please let us hear from you as often as possible. We want to have much more involvement and active participation by nurses and others, so that this, our professional journal, will become a worthy vehicle of communication and exchange of ideas.

We thank all those who have unstintingly given their services to keep this publication on the market, what with keeping the accounts, selling advertising space, secretarial and editorial duties, as well as helping with circulation and sales. Let us continue to strive for a first-class, viable and profitable concern of which we can all be proud.

Gertrude Swaby
Editor.

The Jamaican Nurse Salutes Gertrude Swaby Retiring Editior, who has been with the Magazine since its inception

Miss Swaby continues to work hard on the Jamaican Nurse Committee and is busy compiling an index beginning withVolume 1 No.1.

The Magazine is in its 16th year. It is popular not only in Jamaica, but in the Caribbean and other parts of the world.

This record is a great tribute to our founding Editor who has also been the Business Manager and who has ensured production thrice annually.

Service of Thanksgiving for Gertrude Swaby

St. Matthews Church Alman Town September 23, 1989

"Who can separate his faith from his actions or his belief from his occupation. Your daily life is your temple and religion." Today we recall the life of one who personified the words of the poet Gibran whom she often quoted. One whose faith, actions beliefs and religion were inextricably bound to her occupation.

Professional Nurse, church woman, visionary, innovator, educator, writer, musician, choir mistress, librarian, a great woman, a great nurse, a great Jamaican, Gertrude Swaby, OD, RN,RM, PHN,BS.cN., MA, recipient of the 1975 Norman Manley Award for Excellence for distinguish services and eminence in the field of nursing; 1978 Nurses Association of Jamaica (NAJ) Life Membership Award for service to the profession in Jamaica; 1982 Caribbean Nurses Organization (CNO) President's Award for service to the profession in the region; teacher; mentor; friend.

A few days ago we heard about Miss Swaby's failing health. It was as if she were telling us in Shakespeares lines form King Lear;

" I have a journey sir shortly to go; my master calls me I must not say no" and we felt " The weight of this sad times we must obey, speak what we feel not what ought to say."

After December 19, 1912, the Anglican rectory at Albert Town Trelawny was never the same again. The Rev. Joseph Nathaniel Swaby and his wife Florence Mary nee Humble received an early Christmas gift and they named their 4th child and last daughter Gertrude Hildegarde.

In private tuition, at St. Hilda's Diocesan High School and as a young teacher at St. Hilda's, St. Hugh's and Brampton Schools, this daughter displayed an active mind, sharp wit. Her leadership mind was stimulated by intellectual pursuits; her artistic life developed through literature and music and she enjoyed the visual and performing arts; table and lawn tennis challenged her athletic interests; strong family life sustained her and the church nurtured her.

Her leadership skills were early tested as school prefect, girlguide captain, ranger and Sunday School teacher. She learnt music, played the piano and organ. When the family moved to Highgate St. Cyprian's Church in St. Mary, she was organist there. Still later she had her famous youth choir right here at St. Matthews.

By the time she was 21 she had earned her driver's license-the year 1933-and until a few years ago was still at the wheel literally and figuratively. Teaching and Nursing were the vocations of her choice. She was a certified first aider and this among other things perhaps influenced her entry to the Nuttall Hospital School of Nursing. Post Basic education followed at the Victoria Jubilee Hospital, University of Toronto , Royal of College of Nursing, Columbia University.

She worked at Nuttall and the Kingston Public Hospital; did Public Health Nursing in Spanish Town and the Kingston St Andrew Corporation (KSAC), gathered valuable, clinical and teaching experience in the USA, Canada, and UK while observing nursing in many other countries like Sweden and Kenya. But it was always back to Jamaica to work and live. She was one of

US, striving with us, articulating our hopes and fears, our mission and our purpose.

A pillar of Miss Swaby's monumental work was that of Tutor School of Nursing (KPHS/N) 1950 1968. Her untiring efforts to professionalize nursing through sound education is the hallmark of her career. As her contemporary Miss Julie Symes so accurately wrote of her in 1975!

"She made her unique contribution by her unswerving devotion to the need for better nursing education. She not only administered a large school but did a great deal of teaching herself. She was never satisfied. with the content of curriculum but was always striving to improve it. She wanted student nurses to attain student status and have their clinical experience more related to their theoretical work."

Miss Swaby herself was to say, "the chance to offer a more professional type of nursing education to our students is withinour reach " and I dare say, this remains so today.

Miss Swaby actively sought to gain proper educational opportunities for practical nurses and today's assistant nurses enrolled with the Nursing Council is a direct result of her influence. She worked tirelessly in the Council, releaving Miss Symes during holidays and working with her to establish the Council's examination process.

Many of us were under her direct influence. Miss Swaby quietly and effectively assisted students individually, took a great deal of interest in them and gave liberally of her personal time to student's welfare. She was determined that the young women in nursing should be well educated, clinically competent, skillful and compassionate. Their spiritual growth was of equal importance. Thus we attended chapel, usually on Saturday evenings, and participated in the weekly Sunday afternoon ward services led by the then rector of St.Mattews-Rev Cyril Swaby and subsequently other ministers. When Miss Swaby retired from KPH S/N 1968 she had already written substantial history in the nursing annals of Jamaica. She guided the development of the KPH S/N with qualified tutors, consolidated the three (3) year Nursing Education Programme with an organized curriculum, continuing assessments and Council Examination; she saw the beginning of study days, and defended students' rights to have them; prepared for the integration of psychiatric Nursing in the basic progamme; urged post basic Nursing education at UWI and continuing education for all nurses.

KPH S/N was now poised to become the more independent, Kingston School of Nursing (KSN). She championed students and said in 1963;

"Young people today have lost respect for talking which does not result in doing. They tire quickly of theories which are not practical. I find too that they display quite amazing facility to sense relations between abstract themes and concrete life situations. They ask challenging questions, demand answers which make sense and ring true."

In 1969 she defended Nursing Education, fearlessly and outspokenly.

"There have been rumours in high places about lowering the educational requirements for admission to basic nursing education programmes in Jamaica. This is disturbing A measure further away would be very hard to find. What we need to be doing is raising our educational requirements for entry; to lower standards would be to defeat our efforts to upgrade schools and curricular so these views need to be hushed."

Today they still need to be hushed. It was her unrepentant and consistent view that quality preparation in large measure influenced quality practice; that compassion and desire to be a nurse though essential could not alone suffice for quality care. She was clear that prospective students needed the ability to absorb and use proper preparation.

In 1965 she heralded the Advanced Nursing Education ~Unit (ANEU) UWI saying; "after many years of persevering effort, our dream of the establishment of Post Basic Nursing at UWI seems to be shaping into reality. Much has yet to be done but we hope it will not be long before we shall see this come true and another powerful inward force will be at work."

She was a person ahead of her times and perhaps occasionally suffered frustration even disillusionment when change in the nursing profession did not move as quickly as, or in the direction she desired. She was a risk taker and not afraid to speak or write of her convictions. Her vision of nursing education being part of the mainstream of general education was realized in the department of nursing at EXED Community College. She nurtured that development lending her enormous talents to its implementation and even temporarily serving as its head. Miss Swaby was associated with EXED education up to 1985. At one time or other she was also visiting lecturer at each of our schools of nursing-basic and post-basic -the Kingston and University Hospital's Schools of

Nursing andANEU,UWI.

The other pillar of her monumental work was the professional organization. She wrote in 1963 that the Jamaica General Trained Nurses Association (JGTNA), forerunner of the NAJ "was the logical and only adequate representative group to assume leadership in the development of a self-governing nursing profession in Jamaica."

Here in a voluntary capacity and with legendary zeal she was one of the outstanding pioneers who charted our early course. In the many offices she held, on committees, founding chairman of the Nursing Education Special Interest Group (NESIG); as our first organizing secretary , she led the way. When seized with an idea she would persuade, cayole, coax, badger, even torment everyone in and out of sight to implement it. Thus The Jamaican Nurse (TJN) was founded in 1961. She not only edited, but produced the magazine, managed its publication and worldwide distribution. The opportunity to write and publish was thus offered to students and graduates alike. TJN not only carried professional articles, but flowed with 'things Jamaican' poetry and words of inspiration as well as spiritual values. Miss Swaby knew every publisher in town and they certainly knew her! Later she collated and edited a book of readings entitled " the Profession of Nursing." She was also associated with the Caribbean Nurses Organization (CNO) magazine Caribbean Chronicle for a short time. Her writings on ethics, professionalism and early nursing history are required reading for all nursing students. Through the professional organization she was to serve regionally and internationally. The CNO acknowledged her sterling regional contribution and honoured her in 1982 on the occasion of their 25th anniversary celebrated in the 13th biennial conference Nassau, Bahamas. At an international level she worked on the Ethics and later (1969-973) the Professional Service Committee of ICN.

She received honourable mention for her contribution in an ICN competition for as Nursing early as 1962. This was most fitting for as early as 1949 Miss Symes and Miss Swaby, while in the United Kingdom, visited the ICN Headquarters which was then in London.

That meeting with the General Secretary, Miss Daisy Bitdges, earned for Jamaica, Associate Membership and eventually full ICN Membership in 1953 after the Nurse Registration Act was passed. In1965 she said:

"the present nursing supply situation in Jamaica is causing considerable concern to those responsible for the smooth running of our health services. A worried administration awoke suddenly to the realization that hospitals needed nurses to keep them going and more wards would have to be closed if the trend continued. The interviewing representative from Cook County, Chicago advertised the equivalent of $140 per month and recruited nurses It was startling news to the administrator that Jamaican Nurses were so highly valued elsewhere. At one time three (3) ministers of government made touching appeals to the nurses' patriotism and begged nurses not to desert their country which had suddenly discovered how badly it needed them."

But nothing moved the administration and after protest from nurses there was a Tribunal. Miss Swaby's comment on the Tribunal Award of 1971 adds :

"We cannot help feeling that the powers that be do not seem overly concerned about retaining RN 's in Jamaica. We cannot regard it as a fitting consumation to all the hard work and we hope and pray that in spite of it Jamaica will be able to train and retain a nursing service. Disappointing though it may be it is a challenge for us to stick together and work together and fight together for better things to come." Often she wrote on the theme of "Unity in the Profession " and the need to actively evaluate professional standards.

Miss Swaby enjoyed a party and was always a genial hostess. She would tell how Hugh Hendricks and the Buccaneers played for the NAJ's New York group 10th Anniversity at a popular hotel in New York and how she "limped home in the wee hours of the morning tired but happy after such an enjoyable evening." At her 75th birthday party she was as articulate and firm as usual and ever so touched by our remembrance of her. This was again seen when she was paid a special visit by NAJ Nurses Week Committee Members on National Nurses' Week, Sunday in May.

It would be difficult not to mention Miss Swaby's love for children, whether she was teaching them music, songs, plays, taking them to Sunday School or caring for them. One, who as a small child was particularly close to Miss Swaby, is here today to pay her respects; and many of us remember you Jackie. Even less known are her many deeds of kindness when she recognized felt need and quietly but effectively took steps to alleviate personal and family suffering. Her response to those who needed a start in life to help them on their way was born of her perception of Christian duty.

For as she would quote again from Gibran "when you work with love you bind yourself to yourself and to one another and to God." We honour today, Miss Swaby's fortitude, strength of character, dignity, determination and indomitable spirit. Her professional life bore the mark of Excellence summed up in the 1975, Norman Manley Award: "Distinguished and Excellent Service in the Field of Nursing." Miss Swaby was that kind of person who made todays impossible; tomorrows inevitable, for she had faith and courage.

These were always her bulwark when she lost cherished family members,when she became less active and when she suffered loss of material things.

A public professional person but a very private individual, Miss Swaby had a deep reservoir of replenishing strength, yet she showed a certain modesty and humility. She gave her time, her life, her will and skill. The cause of the nursing profession in this country was her lifelong work.

In the words of Norman Washington Manley she was one "who laboured in our time and generation for a new day and is heir of a heritage that we should stop and praise."

And so my friends, in the immoral words of Keats

"What though the radiance which was once so bright
be now forever taken from our sight,
though nothing can bring back the hour of splendor-
in the grass of glory in the flower,
We will grieve not but rather find strength
in what remains behind."

Prepared and read by

Syringa Marshall Burnett RN, RM, MA Editor, The Jamaican Nurse, a former student of Miss Swaby, who also understudied her as assistant Editor

A TRIBUTE TO THE LATE JAMAICAN NURSE:

Miss Gertrude H. Swaby

She was indeed one of our Caribbean Stalwart Nurses whose foot prints should be placed in the Caribbean Nursing Annals.

It was with sadness that we in Dominica learnt of the passing of Miss Gertrude Swaby in August, 1989.

Senior nurses in Dominica and one retired nurse sister **Constance Baptiste** well remember our first encounter with Miss Swaby in 1962. During the early 1960's when the Caribbean Nurses Organization saw the need for improvement in the standard of Nursing Education and Nursing Practice in the English speaking countries, they submitted recommendations to the various Governments. Many of the Regional Government in turn sought technical assistance from PAHO/ WHO to conduct surveys of the nursing situation in the islands.

Miss Gertrude Swaby, one of the distinguished clinical nurse instructors of Jamaica was sent to Dominica in 1962 to assess the status of nursing education and practice in the island. She made arrangements to have the final third year students written exams papers corrected in Jamaica and assessed the practical performance of the students. She commended the nurses for the work they did and made specific recommendations for the upgrading of the nurses training programme. As a result of her recommendations fruits were borne towards the organization/ establishment of the Princess Margaret Hospital School of Nursing.

Miss Swaby stood firmly for Ethical values and principles in nursing. In considering the scope of the modern professional nurse, **Miss Swaby** explained this as the 3H approach to nursing.

Hearts	-	*Spirits*
Heads	-	*Minds*
Hands	-	*Bodies*

In the early 1970's Miss Swaby held the post of Visiting Lecturer and Clinical Instructor of EXED Community College Department of Nursing Education - Jamaica. It was during this period that she edited the paper cover book "The Profession of Nursing" a brief historical survey with special reference to Jamaica and the Caribbean. For nursing students this book provides valuable information in relation to:

- The Heritage of Nursing
- Ethics applied to Nursing
- The development and growth of Nursing Education and Nursing Services including the criteria of profession with special reference to nursing

Miss Swaby was a pleasant, warm and caring person whose love and dedication for nursing was demonstrated in the life she lived. She was eloquent and always sought to impart her knowledge to others.

Whilst in Jamaica in 1981, I visited her at her Abbey Court apartment residence, and it was indeed a real pleasure talking to this experienced nursing leader, whose hopes and aspirations for the nursing profession were profound.

Miss Swaby's committment to nursing should be an inspiration to all present and future generation of Nurses in the Caribbean.

"May She Rest in Peace"

Written by

Miss Agnes W. Brooks,
Principal Nurse Tutor
Princess Margaret Hospital
School of Nursing
Commonwealth of Dominica
1989

Condolences and Tributes concerning Miss Swaby's death were recieved by the Nurses Association of Jamaica from the following

- √ The Barbados Registered Nurses Association
- √ The Jamaica Nurses Group of New York
- √ The Caribbean American Nurses Association
- √ The Caribbean Nurses Organisation
- √ The Canadian Nurses Association
- √ Her Excellency Dame Nita Barrow
- √ Prof. the Hon Leslie Robinson and Dr Joyce Robinson
- √ Jamaica Nurses Association of Canada
- √ Dr. Una Reid, Batch 21, Kingston Public Hospital School of Nursing Advisor Health Manpower Development, Nursing PAHO/WHO
- √ The International Council of Nurses
- √ The Royal College of Nursing

FACT SHEET

Did You Know that

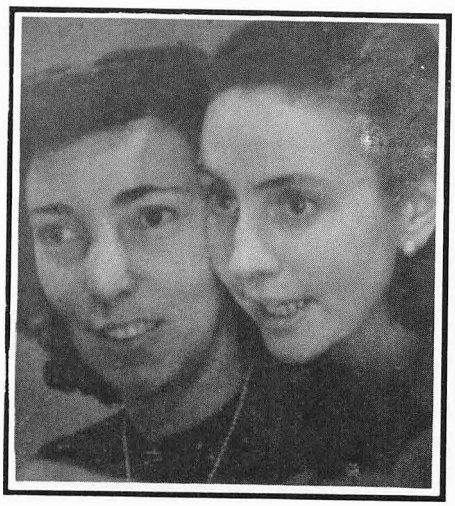
Gertrude Hildegrade Swaby:

- was the first secretary of the Nurses Association of Jamaica - 1946
- served as President of the Nurses Association of Jamaica (NAJ) 1957
- was the first Organizating Secretary NAJ - 1968 (voluntary unpaid)
- was founding editor of The Jamaican Nurse and served in the capacity of editor 1961 - 1983 (voluntary unpaid)
- was founder of the Nursing Education Special Interest Group (NESIG)
- was 1st Vice President NAJ 1960 -1961 and 1964 -1965
- 2nd Vice President NAJ 1963-1964, 1965 -1966
- gained the prestigious Norman Manley Award for Excellence in 1975. The framed citation is now the property of NAJ given by the family
- was convenor of the Practical Nurses Committee 1961-62. This Committee formalized the institution of the EAN programme
- built up the library for the Jamaica General Trained Nurses Association by her own contributions and soliciting magazines from around the world from 1946 into the 1970's
- was one of the Jamaican Representatives at 1st Biennial Conference of Caribbean Nurses Organization October 1959
- was 1st Vice-President of CNO in 1964 - 1968 at the 4th Biennial Conference in St. Croix Virgin Island and 5th Biennial Conference in St. Lucia
- was editor of the "Chronicle", the official magazine for the Caribbean Nurses Organization (CNO) 1972 - 1976
- was the principal organizer of the CNO regional conference which was held in Jamaica 1968
- was honoured at the Silver Anniversary of CNO held in Bahamas 1982

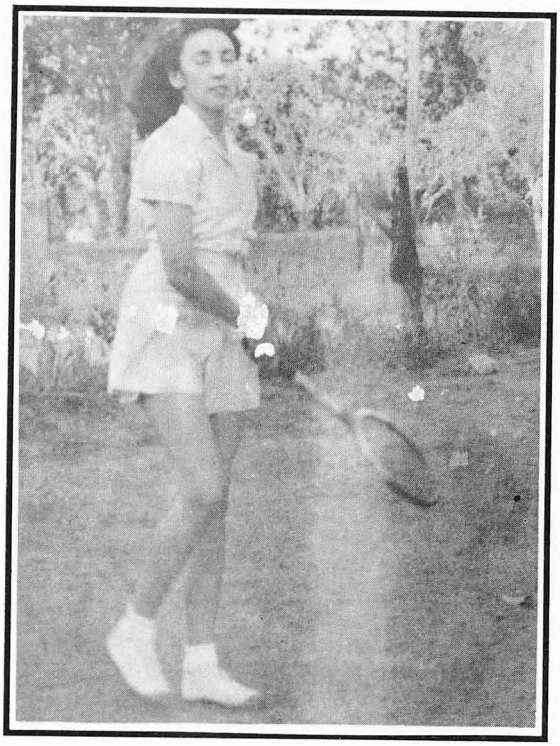
- was one of the Jamaican delegates at the Grand Council of the XIII Quadrennial Congress June 1965
- was one of the members of the 1st General Nursing Council for Jamaica formed in 1952
- served as a member of the sub-committee at the International Council of Nurses (ICN) and was one of seven distinguished nurses chosen to review the Code of Ethics which was accepted by ICN in 1973
- last ICN Congress she attended was in Mexico 1973
- was a member of the ICN's Professional Services Committee 1969-1973
- represented Jamaica at the ICN Conference on Nursing Studies at Sevres, France October 1956
- Instituted Prize for the best Materia Medica Project to a 2nd year student throughout the 1960's at Kingston Public Hospital School of Nursing
- gave prize for Nursing Case History written during Junior first year at Kingston Public Hospital School of Nursing
- was leader of the Nurses Fellowship 1962 which was to improve the spiritual and recreational well-being of the nurse
- assisted with the Kingston Public Hospital Chapel
- was one of the pioneers in the achievement of student status in nursing in Jamaica (with the introduction of the two plus programme in 1973)
- edited and published a series of professional articles in a book entitled "The Profession of Nursing - a Brief Historical Survey" 1980
- was a member of the Jamaica Organists and Choirmasters Guild
- wrote for the Church Musician, the Annual Magazine of the Jamaica Organist and Choirmasters Guild
- played lawn tennis for relaxation
- motto was "NOT WHO IS RIGHT BUT WHAT IS RIGHT"
- organized and conducted her famous Boys Choir at St. Matthews Anglican Church
- was a leader in the church organisation (Daughters of the King)
- was church organist St. Cyprians Church Highgate before she entered Nursing School as a student.

Compiled by
Mrs Hermi Hewit and
Mrs Syringa Marshall Burnett

FLASHBACK OF MISS SWABY



Miss Swaby with friend Gwen Groff (Highgate St. Mary)



Miss Swaby's beautifully Portraying her Sportmanships in a relaxating game of tennis



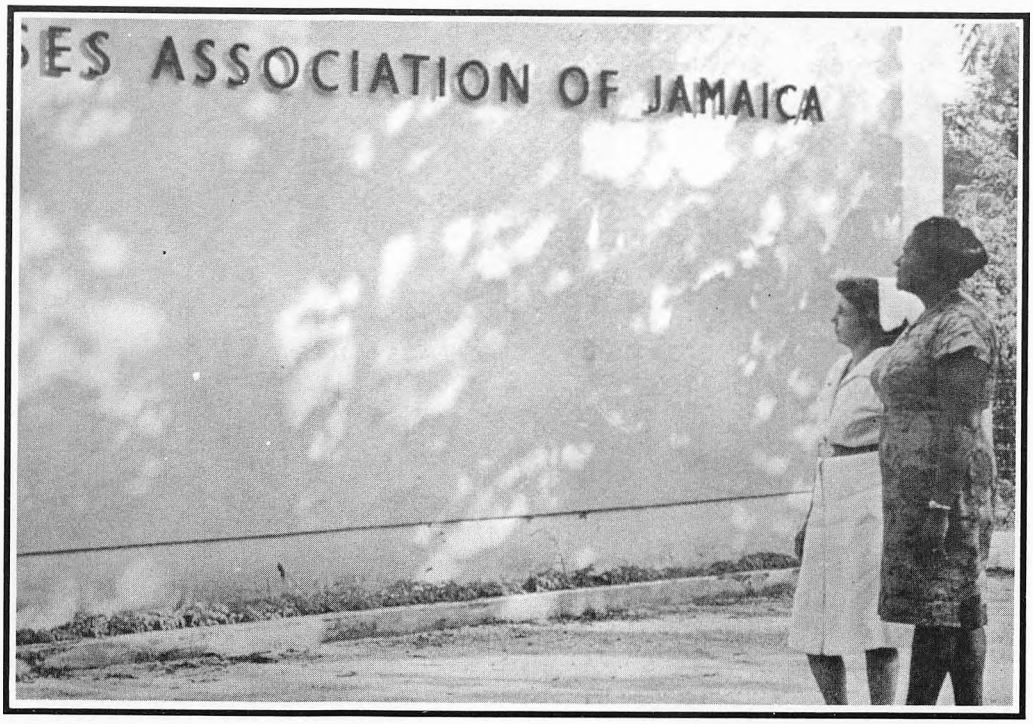
Miss Gertrude Swaby (Jamaica) acknowledges the 25th Anniversary Award presented to her on CNO night



Miss Swaby as Student Nurse
Nuttall Memorial Hospital



Miss Swaby in '69
in Montreal at a function for
delegates to I.C.N. conference
given by Jamaican Nurses in
Montreal spearheaded by
Miss Pearl Golding



Mrs Champagnie and Miss Swaby admiring the new lamp and lettering which now adorn the western wall of Mary Seacole House



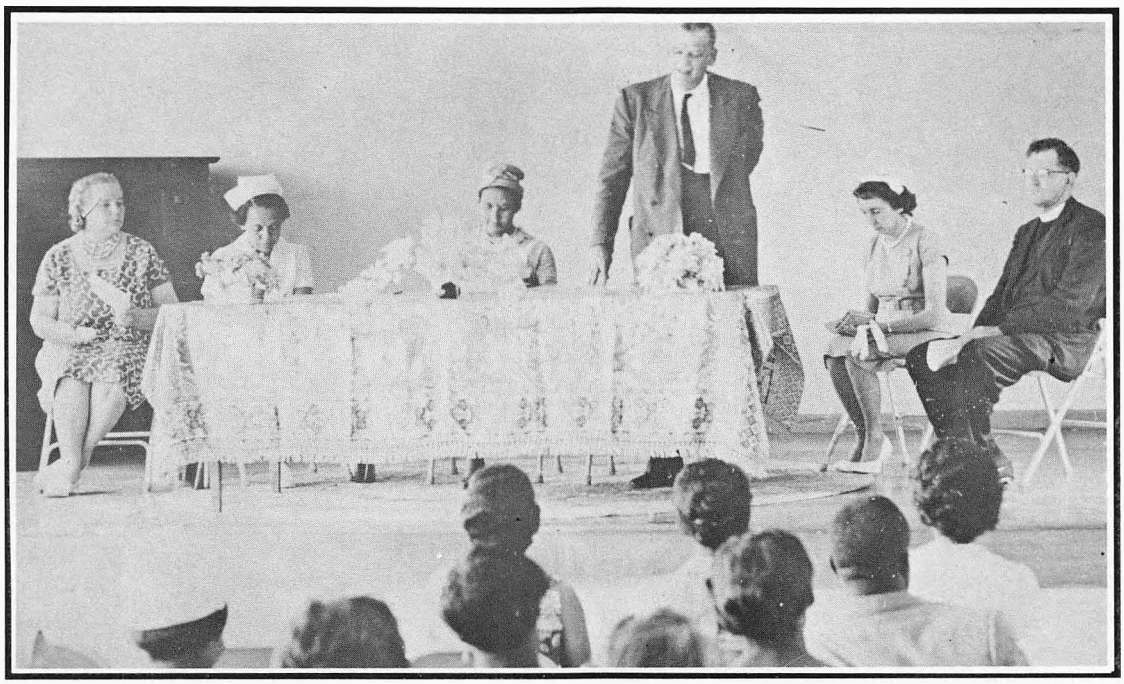
Banquet 1st Island Conference, The Courtleigh, Indicate Miss Sway at the Head table



Miss Gertrude Swaby, Life Member NAJ and Mr Philip Demetrius, recent graduate cut NAJ's 35th Birthday Cake. President, Mrs Merel Hanson and Permanent Secretary in Ministry of Health, Mr Donald Miller looks approvingly on.



ABOVE: Members of the Island Council of the Jamaica General Trained Nurses' Association and members of the executive committee of the association, are seen with Miss Sheila Quinn of the Intenational Council of Nurses, (Centre in light-coloured dress at a get-together at 72 Arnold Road. The party was to enable nurses of the island to meet Miss Quinn, Miss Quinn is Economic asviser to the ICN, who came to Jamaica to advise the J.G.T.N.A.



Opening of Summer School, July 9th, 1962, Mary Seacole House



On the lawn, Nurses Home, North Street 1961 or 62
Helena Honey (Secretary), Julie Symes, Edith Fox-Thompson (President)
Sheila Quinn-Economic Advisor ICN Monica Woolcock, Cynthia Vernon, Gertrude Swaby



Off to ICN Congress - Montreal 1969
Gladys Coleman-Lewis, Cynthia Deans, Carmen Brooks, Leleka Champnie, Julie Symes and Gertrude Swaby



Batches 15 and 16 of the Kingston PublicSchool of Nursing, December 1956 Graduation.
As junior first year nurses in 1954 we were the first to benefit from STUDY DAYS.
Miss Swaby was on leave when this picture was taken,. (SAMB)

NATIONAL AND INTERNATIONAL TRENDS IN NURSING EDUCATION

by Gertrude Swaby

An address delivered at the quarterly meeting of the American University Graduates' Association in June 1970

"News insights, new orientations, new goals must replace traditional values. Nursing cannot afford to hold 'the past so dear that it is costly to the future.'

So says a leading American nurse educator, Martha Rogers, in her book, Educational Revolution in Nursing, and it is on this premise that this paper is presented.

It is with some doubt as to the interest which my audience may have in this subject that I address you this afternoon, but because, as our International code of Ethics applied to Nursing, puts it "The need for nursing care is universal", and nursing is primarily a service to mankind. I make bold to share with you some of the principles, problems, aspirations and trends involved in the business of planning, implementing and initiating new and relevant nursing education programmes in Jamaica and in the world today.

Nursing is primarily a helping profession – and I use that word guardedly, knowing full well that compared with other accepted, so-called classical professions of medicine, law and the ministry of the Church, nursing is as yet but an emerging profession. It is, however moving towards professional status, and nursing educators are becoming increasingly aware of the requirements and demands of professional education, and of the adjustments which will have to be made before nursing education as practised in many parts of the world, and in Jamaica, today, can be recognized as professional education.

To take but one example, it is well known that one of the essentials in professional education is liberal education. The idea that a liberal education is one which 'sets men free' is as true today as it was in the days of ancient Greece. "The rights of the individual to work for himself, to have dignity as a person and as a citizen, and to desire freedom both personally and politically, have never been more important than they are today. Thus a liberal education cannot be reserved for the elite; it must be made available to an ever-increasing number of individuals, including nurses, if they are to be recognized as professionals."

In a study undertaken at Teachers College, Columbia University in 1962, Mary Pillepich, now Dean of the School of Nursing at Ketuka College, takes the stand that a liberal education is a primary education, and that preparation for an occupation is secondary and is fitted into the liberal rather than the reverse. She further maintains that professional education is not merely a balance between liberal and occupational education, that liberal education must have primacy, and that instead of adding bits of a liberal education to nursing, nursing should be added to the basic liberal education.

This stand is, we realize, in contrast with that of many writers in the field of education, has not been readily accepted by the more traditional-minded nurses. Nursing educators have long felt the need for liberal education in the preparation of professional nurses. This study has shown, however, that this concern has not been transformed into action and curricula in nursing leading to the baccalaureate degree are woefully lacking in the liberal arts.

Here in Jamaica we are looking forward to the establishment of our first baccalaureate degree programme in nursing within the University of the West Indies for which we are justly proud. The advanced nursing education programme established in 1966 within the Department of Preventive Medicine U.W.I., has proved its worth and at the recent Health Minister's conference held in Barbados last month, a decision was taken that

this programme is to be put on a firmer foundation for a specified period. Of this too, we are proud. The challenge therefore is over to us to work towards creating a truly professional education for our professional nurses of the future. The study mentioned has made it very clear that if nursing is to become a profession in the true sense of the word, it must have liberal education as a primary concern.

As a helping profession, nursing provides services which contribute to the health and well-being of people. We believe that nursing is of vital consequence to the individual receiving services and that it fills needs which cannot be met by the person, by the family or by persons in the community, although they can assist. We also believe that the demand for the services of nurses will continue to increase, in spite of the fact that nearly all the countries of the world share the same problem of shortage of qualified personnel to give nursing services essential to the promotion of health and care to the sick.

The demand for qualified nurses is expanding even faster than the numbers are increasing. New nursing responsibilities are appearing, and the character of nursing is gaining new breadth and depth, requiring change in the content and methods of nursing education and an increase in educational facilities. Many countries including Jamaica and other parts of the Caribbean are feeling the need to reassess and expand existing programmes and to add new ones; many are creating nursing education programmes and facilities for the first time.

An important study was carried out by a committee set up by the Council of the Royal College of Nursing, London, England, in 1961 and its Report, now known as the Platt Report, because its Chairman was Sir Harry Platt, then President of the International Federation of Surgical Colleges, was published and adopted in 1964. The study revealed the inadequacy of the existing pattern of nursing education in terms of present day needs in Britain; it recognized the difficulty of meeting demands for skilled nursing care within the context of the rapidly developing and increasingly complex service, and the effect on nursing of social change and increasing opportunities for general education.

It pointed out evidence of dissatisfaction with the health service, and lessons to be learnt from recent experiments in nursing education in the United Kingdom. The Platt Report recommended that a reform of nursing education should be undertaken as a matter of urgency, that the necessary amending legislation be introduced to permit reorganization of basic nursing education, stressed the essential nature of a well-balanced nursing team, supported by a non-nursing grade and the need for trained nurses prepared by two different types of training qualifying respectively for registration and enrolment.

These recommendations have in part been implemented, and in Jamaica we now have legislation which has made the last of these recommendations possible. The reform of nursing education has not yet been undertaken to the extent required by subsequent recommendations however. That the student nurse should be financially independent of the hospital service for the first two years of training and that Schools of Nursing should be independent of the hospital service, have lagged behind in their realization, both in the United Kingdom, with a few exceptions, and in our own country.

As far back as 1944, at the University of Toronto, Canada, a baccalaureate degree programme in basic nursing education has been in operation, and this form of basic preparation in an independent School of Nursing within an institution of higher education was by no means the only one. In Warsaw, Poland, Helsinki, Finland, and Heidelberg, Germany, there were independent schools of nursing as well as several in the United States of America.

Two years before, Mrs Bedford Fenwick put forward her "international Idea" to the historic meeting of the Matrons' Council of Great Britain and Ireland in 1899, which resulted in the formation of the great federation of national nurses associations the International Council of Nurses. But nursing education did not begin then. It is significant the " the genius of a truly liberally educated woman with vision and foresight was what gave impetus to the evolution of professional nursing,"

As Pillepich puts it, "The rudiments of nursing as a professional were developing when the first independent, endowed school of nursing was opened by Florence Nightingale in St. Thomas' Hospital in London in 1860. Before nursing could emerge as a profession it had to change its dual character (– either the voluntary charitable work of dedicated women or the drudgery of illiterate and unsavory individuals –) to an acceptable and respected occupation for women."

Florence Nightingale's school laid the foundation for this acceptance

by offering to well bred young women the education which would prepare them for gainful employment in the vocation of nursing.

The early graduate of St. Thomas' Hospital Training School for Nurses were missionaries who propagated the new vocation in many places throughout the world. America was introduced to the new type of trained nurses with the institution of the "Nigthingale system" in the Bellevue Training School in 1873.

Unfortunately, in America as in England and other parts of the world, "some of the ultimately more important aspects of the Nigthingale School were over-shadowed by the immediate spectacular advantages to the hospitals of having respectable trained women giving nursing care to the patients."

The financial support, the independent control, and the educational nature of the Nigthingale school were overlooked when, after the turn of the century, an avalanche of new nursing schools spread over the country.

"Thus in the infancy of nursing education were sown the seeds of conflict over duality of purposes which still plagues nursing education in the majority of nursing schools. The educational aims of the schools were continually being modified by the demands for student services.

"Lectures and other educational experiences, with the exception of the incidental learning picked up by students in the performance of their duties on the wards, were available on the sufferance of the hospital administration. Nursing education became an inferior form of apprenticeship training, the "masters" almost invariable being older students.

Jamaica was not unaffected by these developments in nursing education. Although our best known pioneers of nursing, Couba Cornwallis of Port Royal fame, and Mary Seacole, who lived and worked at the time of Florence Nigthingale and nursed in Scutari during the Crimean war, had no contact with organized their 'profession" with compassion, dedication and unschooled skill, and earned renown for their achievements.

The Anglican Church deaconesses, Sisters Madeline, Adelaide, Beatrice and others, had come under the influence of organized nurse training as it existed then in England, and Jamaica from 1908 benefited by their unselfish services in the early days of the hospital which later became known as the Nuttall Memorial Hospital. The Kingston Public Hospital established its nurse training programme, based on the British pattern existing at the turn of the century, and later the University College Hospital now the UHWI, opened its School of Nursing.

Although earnest efforts have been made through the years to up-date curricula and introduce new trends in nursing education, basically the traditional pattern has persisted and it is now evident that more radical changes are needed if our schools of nursing are to be truly educational institutions and are to be geared to prepare the professional nurses needed for today's health services.

"It is evident that new insights, new orientations, new goals must replace traditional values. Nursing cannot afford to hold 'the past so dear that is costly to the future."

Viewed from the standpoint of higher education, advancing knowledge, and society's need for health services, traditional patterns and goals are no longer tenable. Observations and studies are providing useful data concerning nursing responsibilities that require different knowledges and abilities. Nursing practice has become complex and will continue to become even more so. The conditions of nursing, as that of any other professional service, are determined by the structure of society and its prevailing values.

The changes which have taken place over the last twenty years are myriad. Major theoretical formulations, scientific discoveries, technological innovations, and the development of radial new treatments in recent years have produced marked changes in health practices. The knowledge needed by the nurses practitioner today differs greatly from that needed 20 or even 10 years ago. She is now being required to master a complex, growing body of knowledge and to make critical, independent judgements about patients and their care.

"It is recognition of this need for mastery of a complex body of knowledge and the continuing need to learn and improve practice, that has led the American Nurses Association to believe that:-

"The education for all those who are licensed to practice nursing should take place in institutions of higher education."

In a fairly recent publication on educational preparation for nurse practitioners and assistant nurses a position paper, published by the ANA, the association has moved to provide direction for improving both the system of nursing education and the service of nursing practitioners. In the foreword it asserts that: . . ."in so doing the organization affirms its belief that unless all nursing education is upgraded, nurses will be handicapped in efforts to

provide care encompassing advances made possible by the expansion of scientific knowledge."

The implications of this stimulating position paper reach far beyond nursing, and this is why I have directed your attention to it in this address. There are implications for colleges and universities, hospitals, doctors, and other health workers, in fact to all those concerned with providing nursing service to the public.

Our national nurses association, the N.A.J., is now working on the preparation of a similar position paper relevant to the unique needs of our society, which we hope will receive the co-operation and collaboration of other professional health care disciplines, in instituting the changes which we believe will ultimately bring better nursing care to the Jamaican public and better prepared nurses to the health team.

It is interesting to note that before Florence Nigthingale's time there were haphazard islands of nursing scattered across the centuries and across the world. "It was she who gave to nursing both system and structure. Her vision of nursing and of nursing education embraced a number of enduring beliefs. They are worth noting once again both for their inherent worth as principles, and because the nursing professions is still working to achieve them in nursing education programmes."

1. A school of nursing should be independent of the service agency, and should provide education for service.
2. Competent nurse-teachers and well-selected learning opportunities are needed.
3. The development of the student as a person is important, and so is
4. The dignity of the patient as a human being.
5. Nursing is not only for institutional care but is seen as a community service.
6. Nursing is founded on an identified basis; for example, environmental hygiene and personal care.
7. Nurses should direct nursing.
8. The nurse is envisaged as a person of culture as well as a competent practitioner.

"Although the earliest nursing schools were independent, this pattern did not continue and nursing education has spent a century trying to re-establish the basic premises of the Nightingale school."

Responsibility for the education of nurses historically has been carried by hospitals, and the graduates of hospital-based certificate or diploma programmes comprise a large percentage of nurses now in practice. In the U.S.A. the approximate percentage is 78. However, economic pressures on the hospitals and other developments in society are increasing the movement of nursing education programmes into the colleges and universities, the centres of education for all other professions.

In the light of present trends in the U.S.A. and in Canada and elsewhere, it is reasonable to expect that many hospital schools of nursing will participate with colleges and universities in planning for the development of baccalaureate programmes; others will participate with junior colleges in planning for the development of Associate Degree programmes which are increasingly coming to be recognized in the U.S.A. as the minimum preparation for beginning technical nursing practice at the present time.

Lest listeners might be led to think that all nursing education will be within the walls of the universities and colleges, let me hasten to say that both senior and junior college programmes will need hospitals and other health resources in the community as laboratories, and a considerable percentage of the time spent on these courses will be spent in gaining practical experience related to the educational goals of the programme.

In addition to this "new look' in the basic preparation of the nurse, and important trend indicates that colleges and universities must carry on programmes for continuing education. Advanced study and research in nursing will be needed in order to provide the practitioners with up-to-date knowledge and skill to advance theory and to add to the fund of knowledge in nursing.

Inconclusion, may I remind you that, as the ANA's position paper makes clear, the aims of nursing education and nursing service, although ultimately the same, namely the improvement of nursing care, have different primary aims, which have sometimes become somewhat confused and distorted by economic and other pressures. "The primary aim of nursing education is to provide and environment in which the nursing student can develop self-discipline, intellectual curosity, the ability to think clearly and acquire the knowledge necessary for practice.

"Nursing education reaches its ultimate aim when advances in knowledge and findings from nursing research are incorporated into the programme of study in nursing.

"The primary aim of nursing service, on the other hand, is to provide nursing care of the type needed and in the amount required, to those in need of nursing care. Nursing service reaches its ultimate aim when it provides a climate where questions about practice can be raised and answers sought, where nursing staff continue to develop and learn, and where nurses work collaboratively with persons in other disciplines to provide improved services to patients.

"These aims – educating nurses and providing patients with care – can only be carried out when nurses in education and in service recognize their interdependence and actively collaborate to achieve the ultimate aim of both."

In summary, then, we have noticed that some of the important trends in nursing education include and are involved with:

1. The strivings towards true professional status.
2. The need for a truly professional preparation for our nurses if this is to become a reality.
3. The need to include a more liberal type of education within the professional nursing curriculum.
4. The fact that the education for all those who are to be licensed to practice professional nursing should take place in institutions of higher education, not in hospitals.
5. The growing realization that, certainly in the U.S.A. and many parts of Canada, minimum preparation for beginning professional nursing practice at the present time should be baccalaureate degree education in nursing.
6. The necessity for a second category of worker (sometimes as here called the Assistant Nurse), for beginning technical nursing practice, at the present time, believed to be at level of the associate degree education in nursing, undertaken within a junior or community college.
7. New emphasis being noticed in school curricula for preparation of professional nurse, with stress on principles rather than procedures, on critical thinking rather than on mere acceptance of traditional practices, and on self-discipline and on intellectual curiosity, continued learning and research.

This seems to be the way in which nursing education is heading, and we hope that Jamaica will not be found wanting as the need for revolutionary changes becomes more and more evident to those with their ears to the ground.

Our present systems have made useful contribution to the past, but are not in themselves adequate to meet the needs of the present and the future.

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Source The Jamaican Nurse, Vol. 10, No. 2, September 1970, pp. 28-30

Pledge

Another pledge for use in Graduation Ceremonies in School of Nursing based on the Florence Nightingale Pledge and on the International Code of Nursing Ethics:

I SOLEMNLY PLEDGE

Myself before god and in the presence of the gathering to strive to maintain at all times the highest standards of of nursing care and of professional conduct.

I SHALL TRY

To maintain my knowledge and skill at a consistently high level, and shall do all in my power to minister to the sick, to conserve life, relieve suffering, and promote good health.

I SHALL RESPECT

the religious beliefs of others, and hold in confidence all personal matters committed to my keeping.

I SHALL MAINTAIN

confidence in the Physician and other members of the health team, obeying orders intelligently and loyally, and striving to maintain harmonious relationships with all my co-workers.

I SHALL REFUSE TO

Participate in unethical procedures, and shall expose incompetence or unethical conduct of associates to the proper authority. Believing in the basic concept of the essential freedom of mankind, and in the preservation of human life, I shall not knowingly disregard the accepted patterns of behaviour of the community in which I live and work, and shall participate and share responsibility with other citizens and health professions in promoting efforts to meet health needs of the public, both nationally and internationally.

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The above Pledge was composed by Miss Gertrude Swaby, who received Honourable Mention in the International Pledge Competition for graduate nurses, sponsored by ICN Ethics of Nursing Committee. (1962)



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