



TRADITION is often an over-used word in nursing. It is spoken of with ridicule by some junior staff but thought of rather secretly by senior staff as something solid and secure. Perhaps there is some truth in both these sentiments, but it is oversimplifying a difficult subject.

Tradition is essentially a belief, or practice, handed down from generation to generation. In a profession like nursing, a generation – which is normally considered to be about 30 years – can be considerably shortened if certain grades are considered in isolation. Student nurses finish their training within three-and-a-half years and a new generation of students is produced. The problem from the students' point of view is that the tutor and sister generation is likely to be in excess of 10 years' duration.

To see the real effects of tradition, the changes in society have to be more clearly understood. It could be said there are five pillars to the social order which are traditions – the family; the economy; education; law and government; religion. When the beliefs or practices are challenged successfully in one or more of these areas, then it could be said the pillars of society are being threatened.

It is not difficult to realise that many of these pillars are currently under attack. The family, in particular, has many problems. The divorce rate is soaring and its effects are shown in the struggle one-parent families often have in surviving. The economy is also showing strange changes. None of the economic theories seems to work too well at present and this in turn produces instability in employment and business. Some parts of the educational system have broken with traditional ways of teaching subjects and have even changed the subjects. It would be true to say that many of the experiments have not worked.

In parts of the world where government has become weak, its institutions change and law and order become abused. Where religious faith ceases to be a driving force for good, society loses the cohesiveness and relationships in all institutions are affected. Tradition can be more positive than some realise and its effects can protect as well as stultify initiative and even allow for controlled changes.

What has this to do with hospitals? I propose that a hospital is very much a part of society because it contains patients, visitors and staff – a cross-section of society. They have views, opinions and lifestyles which affect the hospital's written and unwritten traditions. It either promotes harmony or discord. The traditions of the hospital must match the long-term desires and aspirations of its peoples, or else there is conflict.

Established traditions, however, can be valuable. They produce stability and strength upon which to build reliable

What did we do last time?

Hospitals should have a background of good traditions customs and practices, but if they inhibit progress they should be changed or removed, says Anthony Carr, Area Nursing Officer for Newcastle upon Tyne.

systems of care and treatment and to establish relationships. Values held by staff and patients are important considerations when management contemplates change, and should be taken into account. Policy and tradition are often mixed and become indistinguishable. I like to stress to a senior nurse who is "acting up" at a higher level that what she must not change are the unwritten laws of custom and practices in that particular hospital. They are as binding as if they were written in tablets of stone.

There is one situation where the lack of tradition is often felt by almost all who work in that institution – a new hospital. It has many splendid features: wards are modern; equipment is plentiful; the nursing administration is new and drawn from different backgrounds and, dare I say, different traditions; policy documents are already written (probably the best parts from many different hospitals incorporating staffs' experiences); the excitement of waiting for the first patient is intense.

Then comes the first major problem on a ward or in the nursing administration

department. All give their views and opinions, then one asks the others "What did we do last time?". This is the first time, at least in this particular hospital.

However, an answer is found and, often unknown to the group, a tradition is being laid. Custom and practice is about to be worked out. The number of staff 10 years on who then criticise the more traditional aspects of the hospital fail to realise that he or she helped to create that very situation.

However, not all tradition, custom and practice, is good or beneficial. A critical examination is necessary, from time to time, in any organisation regarding its policies and practices. Unfortunately, it is often true that only the written policies are reviewed. It is one thing to review the disciplinary procedure, but it is completely different to check to see if the occasional sister is verbally abusing staff, privately or publicly, in the ward. To condone that behaviour is just as harmful to the people in the organisation as to allow policies to become out of date.

We must not let harmful traditions continue without challenge. There may be many useless practices in operation in hospitals up and down the country which would be better swept away. All staff who have influence should be constantly reviewing their own customs and practices and making changes where necessary. There is excitement to some to initiate change; they do it every week and sometimes wonder why their staff become resentful and unstable.

It is just as important to know what practices to keep. What are those things that produce stability and harmony in staff. Policies, both on the wards and in the district, should be flexible. Why is it we always talk about protecting nurses in discussions about policies, and very little about liberating them? It is often useful for the district nursing officer with immediate colleagues to fix the outer boundaries of a policy and let individuals interpret that policy according to local needs.

An illustration of this is the checking of medicines. My own particular policy is that a nursing auxiliary can be a second nurse. No divisional nursing officer need ever use an auxiliary in local policy, but the facility is there. What she could not do is use an auxiliary if the policy makes no provision for it.

To sum up, organisations like hospitals should have a background of good traditions, customs and practices. They should be instituted and maintained by the goodwill of the majority of its members. Staff should feel secure, not threatened, by them and know the stable influence of belonging to something that they themselves have helped to create.

If on the other hand they inhibit progress and professional development, they should be changed or removed ☐