

DISTRIBUTION OF RESPONSIBILITY IN SMALL HOSPITALS.

BY E. S. RUNELL.

WHEN I wrote some weeks ago a very slight article on the Balance of Power in our Hospitals, or, rather, the Want of Balance with suggestions for its adjustment, I had no idea that the system therein described as existant in some Provincial Hospitals was so extensive as seems to be the case. But the indignant expressions from Committees which have reached me, the certainty displayed by them that the article in question was written by one of their Staff, and their desire for speedy vengeance on the culprit, shows that, while the article in question is of a wider application than I thought, they, alas! are exceedingly unlikely to be influenced by it, for their indignation is not that they should be supposed to show want of confidence and trust in the judgment of their Staff, but that their "*paid official*" (as they supposed) should have dared to call in question their wisdom in exercising authority. I, indeed, regret exceedingly the annoyance caused to ladies who are quite innocent of having given expression to my opinions—for I fear that suspicion about them may linger, to their discomfort, in the minds of their Committees.

Would they but have the courage to come forward, what useful information many of these ladies could supply; for instance, they might give us their views on "Remuneration," and various other subjects, but Matron and Sisters are so entirely at the mercy of those over them—Secretary, Ladies' Committee, Visitors—that, as "getting on" is a necessity to them, they dare not risk giving offence. It remains, therefore, for those who have no connection with the powers that be, to open discussion on the questions which those who are most interested dare not bring forward. As I have suggested, the question of Remuneration is one which should be ventilated, but my present desire is to say a few words on the want of a proper distribution of responsibility, especially noticeable, and giving rise to many difficulties, in our smaller Provincial Hospitals.

It is a generally allowed principle in large works of all kinds, that the head of each department is responsible for the subordinates in that department to the one immediately over it; and this, defined and understood in large Hospitals, is just the point from which many evils spring in the smaller Hospitals, where it is not so understood.

Take, for example, a Hospital where there are about twelve Nurses on the Staff, a Matron, and

one Resident Medical Officer. In nine cases out of ten, no two members of the body of management would give you the same answer if you asked them who was responsible for some part of the general work. It is the easiest way, and one sometimes taken, I fear, to hold the Matron responsible for all mistakes and failures, and to give to their own excellent management the credit of all success. If the Matron is wise, she quietly contents herself with results, and patiently continues to lead to the ways of success. She certainly should be the head, managing on the rules laid down by the Committee, and with a large firm grasp hold in her hands all the lines of management, seeing in the course of her daily work, down each of these lines to the smallest thread of detail—as much, if not more, in a small Hospital than in a large one.

The Head Nurse of the Medical Wards must answer to her for all the neglects of the Nurses and Probationers under her; the Surgical Head Nurse must be held by her responsible for a speck in the instrument drawers. The cook must be answerable for the good behaviour of the under servants in the kitchen, and the first laundress for the laundry. But to have this system carried out through the household, it is necessary that the heads of its various departments should be made to feel their responsibility. The Head Nurse and the cook must teach the Probationer and the kitchenmaid to be, in their turn, responsible for something; and it is in the smaller Hospitals where the Matron occupies the doubtful position of trying to combine the duties of Head Nurse and housekeeper in her own person that difficulties arise. How can the housekeeper, shut up in the operating theatre for a couple of hours, supervise the household work, and feel sure of the diligence of the servants? How can the Matron who has an indifferent cook, and the responsibility of an anxious case on her mind, go to nurse the patient with a cheerful heart, when she feels sure that but for her being tied to the Ward she could check extravagance, and secure a well-cooked dinner by a timely visit to the kitchen? Or again, with Nurse's duties on her hands, how can she be free to be the real Matron of her Probationers, prepare careful instruction for them, or receive with a pleasant courtesy the visitors on whose favourable impression depends so much of the growth of interest in the Institution?

The arrangement by which a Matron has to do Nurse's work has also a bad effect in the Wards.

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