

## Hospital Organisation.

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Within the last year or two various papers have been written on the subject of hospital organisation ("Report of the Committee on Hospitals, Dispensaries, and Nursing," Stephen Smith, M.D., Chairman, read at the Second New York State Conference of Charities and Correction; "Observations on Hospital Organisation," by George H. M. Rowe, M.D., read at the fourth annual meeting of the National Association of Hospital Superintendents), and as regards the training-school and nursing work which forms a part of every hospital of importance, these contributions show so inadequate a grasp of the relation of what one paper calls the "women-folks" to the whole that it may not be out of place to consider the views advanced therein from the standpoint of the said "folks."

Dr. Smith writes: "The superintendent of the hospital should be appointed by the Medical Board with the approval of the managers. . . . The term of service of the superintendent should be three years, but he should be eligible for reappointment. The Matron should be the superintendent of the training-school for nurses, and after the first class has graduated *she should be selected by the Medical Board,\** by preference from the list of graduates of the school, and approved by the managers. *The term of service of Matron should be five years, but she should be eligible for re-appointment.*

*"In the organisation of the training-school the Medical Board should exercise full authority under the managers. It should prescribe rules and regulations governing the school, arrange the course of instruction, select the instructors, appoint the superintendent of the training-school, and examine the candidate for graduation."\**

This plan, it will be seen, gives the trustees little or no real share in the hospital management beyond appointing the Medical Board, and, presumably, supplying the funds. How this arrangement would personally affect the superintendent of hospital I will leave him to say.

Certainly, it would leave the superintendent of nurses without firm ground under her feet when nurses had to be changed for training, or when unlimited "specials" were demanded, and under such a system nurses and nursing would quickly revert to a former type, survivals of which may be seen to-day in those Austrian and French hospitals where the entire control of nursing arrangements is in the hands of the medical staff. Dr. Smith is right in unifying the work of matronship with nursing, and he also is right in quoting Miss Nightingale's

dictum that the discipline of the nurses should be left entirely to the head of nurses; he, however, fails to see that under his plan of organisation this possibility would be entirely destroyed.

Dr. Rowe, who is one of the most notable executives to be found in hospitals, gives quite a different picture of the relationship proper between trustees, medical staff, and hospital superintendent. He is strong in his ideas of organisation and discipline on what may be called the men's side, but weak in those affecting the women of the hospital. While he describes the trustees or Board of Managers as the ultimate source of power, yet so far as the women's departments are concerned he would have this but a power in the abstract. He says:—

"The trustees should choose the executive officers and control the appointment of other officers; naturally, an unpaid board of busy men in a large hospital must rely on the superintendent to investigate the fitness of applicants for positions, *even depending on him to nominate the more important ones, such as . . . matron, superintendent of the training-school, . . . &c.*"\*

And again: "He should take charge of the general management of all the affairs of the hospital, except the professional care of the patients. . . . *He should select the officers, employés, and servants of every grade. . . .*"

Later on he speaks disapprovingly of the trustees appointing the superintendent of nurses and making her responsible to themselves, his criticism being that this places her "*outside the jurisdiction of the superintendent.*"

In the discussion that followed his paper another hospital superintendent remarked:—

"That brings us back to the point of whether the head of the training-school should be responsible to a committee of the Board of Managers or should be responsible to the superintendent of the hospital. The superintendent of the hospital, if he be a fair man, needs to be supported by his managers; he should be responsible to that Board of Managers, and every head of the different departments should be responsible to him as the executive officer of that Board."

Another said: "He (the superintendent) has absolute authority in the administration of the affairs of the hospital. He does not interfere with the treatment of patients, but . . . *Under him are\* superintendent of nurses and a matron.*"

This subordination of the chief woman executive is what Dr. Rowe calls the "unal" plan.

The term "unal" is obviously misleading and inaccurately used, for it is at once evident that, since the medical staff is left out, it does not cover the entire hospital organisation. The papers above quoted all specifically mention the medical portion

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