

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

ETHEL GORDON FENWICK, S.R.N., HON. EDITOR 1888—1947.

No. 2214. Vol. 101.

FEBRUARY, 1953.

Price Sevenpence.

Editorial.

Sharing Privilege.

LOOKING BACK OVER 1952 to note if one has made any real progress in one's private and professional life during the past year, one can scarcely prevent one's thoughts straying to the state of the Nursing Profession generally during the same period.

That all is not well with our hospitals, cannot be denied, but the causes of the drift from well-being are not easy to define. Of all our hospitals today it seems that only the big, famous leading hospitals are as well off financially and with nursing staff as they were before the Appointed Day. Many factors contribute to their well-being, chief amongst which are their past glorious traditions of service to sick humanity and the fact that eminent medical Professors of world fame remain closely associated with these hospitals. The glamour of their names adds lustre to the institutions they serve and thus keep the names of their hospitals in the forefront of the mind of the public. Much research is carried out in the universities associated with the teaching hospitals, which greatly adds to their importance.

It is therefore quite natural that intelligent and well-educated young women who wish to train as nurses will first apply for vacancies in the nursing schools attached to the teaching hospitals. We, as a race, are still a little snobbish, and it is reasonable that a nurse will enjoy the privilege of training in a world-famous hospital. It also shows common-sense on the part of the applicants, for there is no doubt that promotion after training comes more easily, if not quite justly, to those nurses who have trained in such schools.

Quite obviously there are other enormous attractions in the teaching hospitals. Take, for example, the male element to be found there. It is quite natural that girls will enjoy the propinquity of young male medical students which certainly adds spice to life and helps to relieve the exacting burden of the daily duties of a nurse. Then, too, there are far more opportunities for leading a fuller social life; more amenities are available; the nurses' homes are better appointed and most comfortable. Their work on the wards is not so strenuous for there are more nurses to do the work, and usually all up-to-date equipment is in use.

The conditions prevailing in the rest of our hospitals, i.e., the special hospitals and the big London and provincial non-teaching general hospitals are not nearly so exciting and attractive.

Many of them are desperately short of money, and are therefore quite incapable of carrying out the necessary improvements and additions to make them more useful and comfortable for patients and more attractive to

their staffs. Some of the old L.C.C. hospitals (which give magnificent service to the sick community) now under the four Metropolitan Regional Hospital Boards are grim, grubby and shabby dark buildings, totally unattractive on first acquaintance to both patients and staff. Because the Hospital Management Committees concerned have no spare cash, there is little hope of relieving the general ugliness. Even a spring-clean with a new coat of paint seems to be quite beyond their financial possibility!!

Therefore, the inability of the majority of these hospitals—particularly the special hospitals—to obtain sufficient nurses to carry on the good work, is quite understandable and most distressing! Extra effort must be made on their behalf and something tangible should be done to compensate nurses working in less attractive hospitals, who daily endeavour to put in twice as much effort in their eight hours of duty as do their more fortunate colleagues in the teaching hospitals.

In the "bad old days" before July 4th, 1948, a larger salary was paid annually to nurses working in the L.C.C. and special hospitals than to those working and training in the teaching hospitals. It was then considered a great privilege to be allowed to train in a teaching hospital and the privilege was assessed as cash in kind. The privilege still remains. Therefore, nurses training elsewhere than in these privileged spheres should receive higher salaries in order to restore the balance. This might prove to be a first step in the right direction to assist non-teaching hospitals to obtain more student and trained nurses? After all—money talks and often quite loudly and persistently, especially in these days when "vocation" is taboo. Next time the Whitley Council meets to discuss salaries and conditions these points might be borne in mind?

There are other methods of assisting the less attractive hospitals, particularly the special hospitals, such as those admitting Infectious Diseases, Tuberculosis and Geriatrics, etc., to share the benefits of more nurses. One is to persuade the teaching hospitals to give their student nurses two months' experience in the special hospitals—particularly in the Infectious Diseases wards where so much first class acute medical work is carried out. In some instances this is done but the practice could be more general bringing widespread satisfaction. Unfortunately Poliomyelitis is not on the decrease! It would be calamitous if the Copenhagen epidemic of last autumn were experienced in any large town in this country with so few nurses trained to deal with it!

Some thinking people are of the opinion that Group Training is the answer to the problem of staffing our special hospitals. Where the general hospitals in any given group are well-staffed, then group training seems to be an intelligent method of spreading the load, but it

[previous page](#)

[next page](#)