

decisions outside her purely professional capacity. She may also frequently carry responsibility for the supervision of many hospital employees other than nurses—for example, domestic staff. Indeed, she may and often does have a formidable list of miscellaneous administrative functions. These responsibilities are, we think, among the factors which make the senior nursing posts attractive to women with the essential qualities of leadership and we should not advocate their transfer elsewhere. We incline to the view, however, that in what might be called her non-professional functions the matron should be regarded as responsible to the chief administrative officer in the first instance rather than to the governing body direct.

It was suggested to us by King Edward's Hospital Fund for London that failure to recognise this duality in the matron's functions was a common cause of lack of understanding between her and the chief administrative officer. A wide understanding of what we regard as the true position would do much to secure smoother administration.

#### Content of Nursing Administration.

At this point it may be useful to attempt a comprehensive list of the administrative duties ordinarily proper to senior nursing staff, parallel to the description of medical administration we have suggested. We have already made clear that the latter is not intended necessarily to represent the province of a single medical administrator and equally that the dividing line between medical and non-medical duties may often be tenuous.

153. We propose, then, the following broad description of the subject-matter of nursing administration, realising that there will always be exceptions due to local or other circumstances. As in the case of medical administration, we must emphasise that the functions enumerated are not necessarily those of a single nurse administrator, the matron. They constitute our view of the content of nursing administration itself—all of them, of course, of close concern to the matron but many of them matters on which she will have to work in the closest association with the medical and lay administrators.

1. Nursing and general welfare of patients in co-operation with the medical staff;
2. training of nurses and, in maternity hospitals, midwives, including all records relating to training;
3. recruitment, interviewing, appointment, control and discipline (including the power of suspension) and welfare of nursing and domestic staff, except such domestic staff as is engaged on work for which some officer other than the matron is made responsible;
4. nurses' and, in some cases, domestics' homes (home sisters and wardens being responsible to the matron);
5. care of the health, including health records, of resident nursing and domestic staff;
6. general cleanliness of the hospital;
7. control of central linen issue and work-room;
8. supervision of equipment and furniture for wards and nurses' and, in some cases, domestics' accommodation. (Whoever undertakes the buying, it is essential that he consult the matron on all these items);
9. co-operation with chaplaincy services;
10. care of the hospital chapel including the mortuary chapel linen and flowers;
11. relations with patients' visitors in co-operation with the medical staff and the almoner;
12. day-to-day administrative work on the wards. (This is capable of expansion into almost limitless detail);
13. good order and conduct of patients;
14. co-ordination of measures to prevent the spread of infection within the hospital;
15. supervision of obstetric flying squads.

In drawing up the foregoing list we have taken note of the "Suggested Standing Orders for Matrons" compiled by the Association of Hospital Matrons, who gave evidence before us.

We have given careful consideration to the suggestions made to us by several of the representative nursing bodies that standing orders could profitably be framed for nursing staff. The Royal College of Nursing have argued that terms of appointment and standing orders setting out the duties and conditions of work for senior hospital officers would effect much in lessening the friction between the matron and (say) the chief administrative officer, who may unwittingly invade disputed border-line territory between one another's realms. Such standing orders would not be so much an itemised list of functions as a "flexible" picture of the terms within which officers would normally work. We have, however, already recorded our objections to standing orders of this class and we do not find anything in the position or functions of the matron to lead us to make an exception in her case to our general view.

#### Position of the Matron in Relation to Nurse Training.

We include among the matron's functions her responsibility as head of the training school for student nurses. It has been suggested on occasion that in this capacity she has responsibilities to the General Nursing Council or other appropriate bodies which are not subject to the jurisdiction of the governing body of the hospital. The General Nursing Council has a general responsibility for the training of nurses and, in pursuance of this, inspectors visit the training schools from time to time and no doubt hold discussions with the principal of the school. But the Council's advice and recommendations are passed to the governing body through its secretary and responsibility for carrying out the recommendations of the Council or Area Nurse Training Committee is laid upon the governing body and not upon the principal of the school. It follows, therefore, that the matron has no responsibilities in respect of the training school to anyone other than the governing body and holds only those powers which the governing body confer upon her.

We think it desirable that in each hospital or group of hospitals forming a nurse training school there should be a nursing education committee, consisting of the matron or matrons concerned together with nurse tutors, selected ward sisters and medical and lay representatives

#### Laundry and Catering Services and Domestic Staff.

Although it may well be unnecessary and wasteful to introduce lay heads of departments into some small hospitals where, for example, catering and laundry supervisory work is already carried out satisfactorily by the nursing staff, these branches of hospital activity are gradually passing out of the matron's hands into those of specialist officers trained and qualified for their special requirements. In releasing nurses and matrons for the work in which they are most skilled, and in recognising the importance of special knowledge and experience in what are specialised tasks, this trend has been a valuable one for hospital administration. Under present arrangements, there seems no reason why matrons (or medical administrators) in non-mental hospitals should concern themselves with laundry organisation, except to satisfy themselves that the necessary standards of hygiene are being maintained. The laundry department should therefore normally be held directly responsible to the lay administrator or chief administrative officer.

Food is an important factor in the life of a patient. It is not merely a matter of quality and nutritive value. If a patient is to get the best out of food, then consideration must be given to good cooking, variety, balance and service. It is now customary in hospitals of reasonable size for a catering officer to be appointed and we think it appropriate that he or she should normally be held responsible direct to the lay administrator. But the matron is deeply concerned with the quality of the food which finds its way into the wards and nurses' dining rooms: this should entitle her to a place on the catering committee, if there is one, and in any event, if

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