Nursing Administration in Mental Hospitals.

We have thought it desirable to devote special consideration to the problems of nursing administration in mental and mental deficiency hospitals, partly because representative bodies have claimed that the status of the nursing chiefs there is lower than in general hospitals and partly because, in addition to the matron, the chief male nurse participates in nurse training.

There seems to us some justification for the belief that the responsibilities readily accorded to the matron in general hospitals are sometimes unreasonably withheld from her (and from the chief male nurse) in mental hospitals. In some instances it has been customary for the medical superintendent to claim a suzerainty over all the arrangements in the institution and for the matron to concede it. We have already indicated the extent to which we feel the medical superintendent must exercise a supervision over all those matters which concern, directly or indirectly, his extensive statutory duties. The nursing and related therapeutic care which is so central a factor in mental treatment cannot but concern him closely. Nevertheless we feel that his supervision over matters within the matron's or chief male nurse's jurisdiction should be both discreet and minimal, and that our sketch of the content of nursing administration in paragraph 153 is no less applicable to mental than to other hospitals. We feel sure that the more the post of matron is pruned of its responsibility and authority, the less it will appeal to women with the qualities most needed for the work. We share, for example, the concern expressed to us by the Royal Medico-Psychological Association and other bodies at the removal from the nursing administrator in some hospitals of any concern in maintenance departments such as the laundry, the sewing room and the farms or gardens. In a mental hospital these provide a valuable form of occupational therapy for the patients. While the decision as to what form of occupational therapy should be adopted for the individual patient is clearly a medical one, and wherever the responsibility for administering these departments may lie, we think that it should be possible for the matron and the chief male nurse, in the interests of their patients, to have considerable influence in the day-to-day running of these departments, without prejudicing the position of the technical experts or trespassing on lay or medical preserves.

We have already touched upon the points in the general hospital's structure where we feel that the place of nursing in the tripartite scheme has not been adequately acknowledged and where a certain sense of isolation and perhaps a certain resentment have been built up. It would appear that this isolation is sometimes even more acute in mental hospitals and that the remedies we have suggested are even more necessary here. Much of what we said applies in mental hospitals to the chief male nurse as well as to the matron.

The Matron or the Chief Male Nurse.

We found less agreement among our witnesses on the ideal relationship which should exist between the leaders of the nursing hierarchy themselves and the extent to which dual nursing administration in mental hospitals may depress the status of either partner or discourage recruitment to their ranks. We refer, of course, to the matron and the chief male nurse, who occupies a position similar to hers in being responsible to the governing body for the nursing care and treatment of male patients.

In so far as patient treatment is concerned, we see no objection to the present dual form of nursing administration. It has been represented to us that difficulties in recruiting suitable women to the post of matron in the mental field are due in part to the restriction in the scope of her functions which this duality enforces. It is our opinion, however, that the comparatively minor fraction of the long-stay patient's time which is taken up with strictly medical treatment and the consequent emphasis on occupational therapy and recreation give ample scope for administrative work to the matron. Nor are we convinced that any feasible alternative can offer itself. We understand that attempts to co-ordinate the nursing of male and female patients by male and female staff under one head have met with little success. They have also, of course, the serious disadvantage of removing one senior post from an already thinly staffed field and, with it, an important incentive to promotion for junior staff and to recruitment to the profession.

The question of nurse training in mental hospitals poses a more difficult problem of relationship between matron and chief male nurse. Both officers function as equals in matters of patient treatment; the matron is normally regarded, however, as supreme in questions of training. The Society of Registered Male Nurses maintained in their evidence that the position of the chief male nurse in training was insufficiently recognised. It was his duty to arrange classes and lectures and to supervise the practical training work in wards which formed the greater part of the student's syllabus; he also arranged leave, was responsible for establishment matters and sometimes lectured to student nurses, both male and female. The rule laid down by the General Nursing Council that there should be only one head of a training school perpetuated the inferior position of the chief male nurse; nevertheless, he did take charge of the training school where there was no matron. In one hospital it was known that the chief male nurse was responsible for all training, both of male and female, despite the presence of a matron.

We discussed this problem with witnesses from the General Nursing Council, who could not agree that difficulties might arise in determining who was to be regarded as head of the training school in mental groups where the chief male nurse directed the male nurse training and the matron was responsible for the female nurse training. If the chief male nurse controlled the training of male students, the General Nursing Council would recognise him as head of this section of the training school. Most governing bodies regarded the matron as supreme head and where this was so the Council would acknowledge her as such. The Council had no desire to impose a rigid pattern of organisation upon training schools and were content to accept variations dictated by local needs.

We think that the Council's attitude is reasonable, and that where the matron is regarded as supreme head of the training school, she will have administrative duties and responsibilities which will entitle her to take precedence over an officer in charge only of a section of that school. In the case where the chief male nurse was in sole charge of the training school, it would, of course, be equally reasonable to recognise him as such. We think, moreover, that mental hospital authorities might give consideration to the possibility of recognising joint responsibility between the matron and the chief male nurse for nurse training. Such recognition, together with the extended consultation which we have suggested above, might do much to raise the prestige of the chief male nurse to the level which his post merits and which it must achieve if a satisfactory level of recruitment to male nursing is to be maintained.

Status of the Head Midwife of the Maternity Department of a General Hospital.

We include for the sake of completeness our recommendations on a particular question referred to us by the Council during the course of our work. The Council had received from the Standing Nursing and Standing Maternity and Midwifery Advisory Committees a suggestion that "where a hospital group contains an *ad hoc* maternity hospital or a maternity department of sufficient size to justify the employment of a superintendent midwife, the matron of the *ad hoc* maternity hospital and/or the superintendent midwife should be members of the Nursing and Midwifery Advisory Committees." We concurred in this suggestion but took the opportunity to make the following additional points:—

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