

The numbers of such staff now in employment are approximately 24,000 of whom 17,000 are full time staff and there is no prospect in the near future of the services of such staff being dispensed with. It is clearly necessary that the remuneration and terms of service of the staff in question should be settled and these terms have accordingly been agreed by the Nurses and Midwives Whitley Council on which both the management and the nursing staff of the hospitals are represented. The agreement is set out in N.M.C. circular No. 44 for the information of the hospital authorities.

As the agreement does not authorise the staff in question to describe themselves as nurses there is no conflict with the provisions of section 6 of the Nurses' Act, 1943.

Yours faithfully,
(Signed) etc.

Miss Goodchild again stressed her point:—

May I respectfully point out in Part 3, section 20, under the heading "Interpretation" that "Nurse" means a nurse for the sick, and "Nursing" shall be construed accordingly.

To a sick person the unqualified person in uniform closely resembling that of a nurse, is and will be classified as Nurse.

Perhaps I was misinformed, but I understood that agreement could not be reached by Management and Staff side of N.M.C. and the matter had to be decided in the Industrial Court.

(Signed) G. G. GOODCHILD.

Miss Goodchild addresses the Minister of Health:—

Christie Hospital,
Withington,
Manchester, 20.
June 26th, 1955.

To—The Minister of Health.
Sir,

I have received a letter from the Ministry of Health (copy enclosed). An article in "The Nursing Times" gives the same sort of reply.

I am under no misapprehension; rather am I gravely apprehensive that the pattern of the Nursing Profession has been re-designed on the 17th-19th century plan.

Having spent all but my first 18 years of life in the Nursing Profession, it is as an amateur that I speak.

I am enclosing a copy of the second reading of the Nurses' Bill, 1943, which undoubtedly you will already have. Many of the Nursing Profession were in doubt about the wisdom of the bill, but facing facts and acting on the advice of the Royal College of Nursing at that time (who ultimately altered their "closed shop" policy to agreement with the bill) we contacted our M.P.s upholding it and the bill was passed and became The Nurses Act, 1943.

This Bill was passed to round up the many grades then in being: Nursing Aides, Nursing Auxiliaries, Nursing Attendants, Assistant Nurses, Nursing Assistants, etc.

Where this did not meet the need of the hospitals we employed Orderlies, with no embellishment to the name.

Many of these are quite nice people, genuinely interested in doing their bit to help in the cure of the sick, but very large numbers of them, however, are ex-hospital cleaners, ex-ward maids, generally illiterate, untidy, and only interested in the weekly pay packet.

The Ancillary Staffs Council have, acting in their interest, got various salary awards, making it more financially attractive to be an untrained orderly, than a State Registered Nurse.

Twelve years after the passing of the Act the position of 1943 has recurred and the dilution by Nursing Auxiliaries is making a bad position worse.

By the new instruction some 25,000 orderlies are to be included under the Nurses and Midwives Whitley Council, at salaries approximating closely to Nurses, but less than they now get as Orderlies. So that it would appear that it is

much cheaper to include them as nurses, than to keep them at the domestic level of orderly. The more intelligent amongst them realise that they are infinitely better off under the Ancillary Staff Council than under the Nurses and Midwives Whitley Council.

I enclose the various grades of salaries; you will see that an untrained male Orderly with a first aid certificate on Night duty gets a basic salary of £506 per annum.

As opposed to this a male Auxiliary on a standard rate starts at £330 p.a., and rises to a maximum of £425 in eight years.

A trained Staff Nurse after three years' training starts at £385 p.a., and in eight years reaches a maximum of £485.

A trained male Staff Nurse gets £10 p.a. more so that his maximum is £495 after three years' training and eight years in that grade.

A ward Sister starts at £450 p.a. and takes three years to equalise the salary of a male night Orderly, and presumably she will have worked for two or three years as a Staff nurse before promotion.

Even Departmental Sisters start at £480 p.a., and work two years in that grade before equalising the night male Orderly, and these are the specialist Sisters of the hospitals taking the weight of responsibility of Operating Theatres.

The Assistant Nurse has been completely eclipsed in the picture.

A female Assistant Nurse, having taken two years' training starts at £345, and in eight years reaches her maximum of £445. The male Assistant Nurse gets £15 p.a. more reaching a maximum of £460.

If the present Orderlies are upgraded they are employed on the "no loss" clause of the Staffs Council, so still retain their higher salaries.

Human nature being what it is, the lower the mentality the person has, the more selective they become, and while nurses are prepared to accept any duty which is to the comfort and happiness of the patient, the lower grades are far more prone to the "that's not my job" attitude.

It is utterly impossible to classify with marginal lines where nursing duties end and hotel duties begin, and it is impossible to visualise what will happen when the grade of Orderly becomes extinct as inevitably it must be if an orderly is expected to clean sluices, sluice soiled linen and do cleaning only.

Some of the main reasons that Nursing has lost its appeal are: (1) That it has become a comparatively cheap service, with less financial reward than domestic grades. (2) That it has, with lower standards of remuneration than other professions, become more highly academic. (3) That many of the 100-150 bedded hospitals have now become units of larger hospitals. Many of these local "family" hospitals could give their trainees more individual coaching. The larger group hospitals with their atmosphere of centralisation does not hold the same appeal.

Many of my Profession say "but there are not enough Tutors for the smaller hospitals."

I am not at all satisfied that the highly academic tutor is necessary. From my own experience when in that grade, I found that my brilliant pupils with good practical training, and good lectures, would pass examinations anyway; and I found it much more gratifying to spend a great deal of time and thought on those who were good practical nurses but found examinations difficult, and by encouragement and perseverance they eventually passed examinations and have turned out some of the best nurses of our day.

When I was a Midwifery pupil the best midwife in our school was a woman who had to sit her examinations many times, yet when any of us were in doubt or difficulty she was the person who could always be relied upon to give us good practical help.

At a meeting of the Matrons' Association in Manchester on June 24th there was a profound realisation of our present

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