

The Need of Nursing Reform in Workhouse Infirmaries.*

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WE have it on no less an authority than that of the *Lancet*, "that the difficulty experienced by County and Provincial Guardians in procuring nurses, is really becoming acute, and unless something can be done, the Order of the Local Government Board, with regard to the abolition of pauper nursing assistance, in Workhouse Infirmaries, will be in danger of becoming a dead letter, from lack of trained nurses to fill the vacancies."

And to judge by the Circular Letter recently sent out by the Runcorn Board of Guardians, the difficulty is in no sense overstated.

That there is a great number of trained nurses in the professional world well fitted to fill these vacancies, and many needing work at the present moment, no one who has any knowledge of the subject will deny. What then are the reasons which prevent their applying for, and securing the often well paid, and responsible posts, offered under the Poor Law in County Districts?

Personally, I would say, loss of professional status, lack of adequate assistance, the monotonous home life and uncongenial surroundings.

It must be borne in mind that in the opinion of the public generally, a Workhouse Infirmary Nurse is a person who has not sufficient nursing experience or refinement of manner to be employed in hospitals; and there are many even in the professional world, who having little knowledge of the facts of the case, hold the same opinion.

The position, therefore, of Superintendent Nurse in a country district neither leads to professional advancement, nor does it confer social privileges. Too often the reverse of both. Hence women who are entirely dependent on their own exertions for success in their professional career, prefer to take posts at much lower salaries, with the certainty of progress in the near future.

The lack of adequate subordinate assistance to a conscientious worker is also a very real impediment.

Nurses who have the best interests of their patients at heart, will not voluntarily undertake duties they know beforehand it will be impossible for them to perform. Semi-trained or, as they are more frequently termed, Assistant Nurses are steadily diminishing in number, and the day is not far distant when, except in the guise of a

Probationer Nurse, they will be practically non-existent.

The *young* Assistant Nurse has realized for some time past, that unless she intends to remain at the bottom of the ladder, and finally be ousted from the nursing world altogether, she must produce the credentials necessary to advancement; and has in consequence, as opportunity offered, applied for training at some recognised training school, where a *three years'* course of instruction is imperative before a certificate is granted.

The older women who have held the field for years, and who naturally dislike modern innovations, are also seeking fresh spheres of work. Many have gone as Cottage Nurses in rural districts, others as Nurse-Attendants or companions in private families, while some few have qualified for monthly nursing. Although in one sense these facts are not to be regretted, yet, as the vacancies left are frequently not filled for weeks, it makes the inauguration of the new system much more difficult to the Pioneer Nurse, and calls for prompt remedial measures.

The home life too of the Superintendent Nurse is often depressing and monotonous. The Workhouse is usually situated some distance from the town, possibly in the heart of the country. The Nurse, though an educated woman, is not recognised socially by any one of position in the neighbourhood. She practically knows no one outside the gates, and for the necessary enforcement of discipline, must hold herself comparatively aloof from her subordinates.

After the novelty of her coming has worn off she is left very much to her own devices. She has no voice whatever in the selection of her nursing staff, but must accept with thankfulness the material provided, however unsuitable, and utilize it as circumstances permit.

Her mind is often distracted by petty worries, too trivial for detail, and her rest disturbed, by the knowledge of what, in her own department, ought to be done, and how much, through no fault of her own, must be left undone.

Now in contrast to this dreary picture I would like to give you a glimpse of the home life of a Hospital Matron in a small provincial town. One who is earning much the same salary as the Superintendent Nurse at the Workhouse, and whose nursing duties are very similar.

The warm hand of friendship is extended to the new Matron from the moment of arrival. She quickly becomes known to the principal residents in the town and neighbourhood, the majority of whom take an active interest in the little hospital. Her rooms are beautified with gifts of growing plants and cut flowers. She has more books lent her than she can possibly read;

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