

## The International Congress of Nurses.

### WOMEN ON HOSPITAL BOARDS.

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So much has already been said on this subject that any additional remarks would hardly seem to be required, but the whole subject is one about which nurses, whether superintendents or others occupied outside of hospitals, should take pains to carefully inform themselves, for opportunities come to many nurses to discuss just such questions, when the right kind of knowledge would be of much value in helping either the individual or the public to reach correct conclusions regarding the administration of hospitals in respect to boards of women managers. In this brief paper that I have the honour to prepare for the Congress, it may be of some profit to devote it to the consideration of our attitude of mind as a profession towards women on hospital boards, and to try to place a true value upon woman's services in such work, to consider her proper selection and the best methods of organising her work, by which the most effective service may be rendered and harmony preserved for all. In taking an honest vote of our position towards the subject, it is safe to say, judging from opinions freely expressed in private and from our negative attitude in reference to it in public, that the vote from superintendents would be in favour of working in hospitals where boards of women managers do not exist. This feeling is perhaps partly due to the old-time belief in women's incompatibility to work with women (which, like all fixed traditions, dies slowly), and partly to the fact that in some instances, this incompatibility has been experienced, and all such experiences, as we know, are swift in being carried from one to another, and are likely to leave a prejudice in the minds of the hearers. For less reason the feeling is usually shared in by the staff of hospital nurses, not so much the result of any special comments they may have heard passed upon lady managers, or of any particular reasoning on their own parts, but because of an unsympathetic feeling respecting the matter that pervades the hospital, due, it may be, to the unspoken but negative attitude on the part of their superintendent, and occasionally fostered by the thoughtless remarks of inexperienced, unthinking members of the hospital medical staff, who sometimes regard with suspicion the possibility of an outside interference in their own particular province. This feeling might be put in words something as follows: visiting ladies are apt to be interfering,

opinionated in affairs they cannot know very much about, busybodies, and stirrers up of trouble. Therefore, are to be regarded with suspicion and treated with scant or enforced courtesy. That some such feeling pervaded hospitals so long as twenty years ago I can testify, and it seems but yesterday as I recall with what apparent toleration the board ladies' visits were received in the wards by the nurses. In my own particular case, nothing but good to myself came of the only time when, as a pupil, I encountered a board lady. She came behind the screen where I was busy in "doing up" a patient, and, taking in some of the details, she abruptly put the question: "Can you comb a patient's hair so that it doesn't pull and hurt the patient all the time? There is not one nurse in a hundred who knows how to comb a patient's hair properly," and she passed on, leaving me with the determination to excel in at least that one point in nursing, so that I never after combed a patient's hair without giving special thought to her comfort, and the duty became a pleasant one. With superintendents, the true source of their objections to visiting ladies lies in a dread that their own ideas and ways may be interfered with or hampered, or that they may be disturbed by constant and untimely visits and by unnecessary solicitations for patients from any and all of the board. There are few of us but like to do our work in our own way, but where this work has to do so vitally with so many people, both well and ill, and where it is a public trust, to do it one's own way absolutely is not wise or best, and I am sure that the older we grow and the more experienced we become the more do we become of this mind, and are ready to welcome any and all arrangements that will help the work on and enable us to take a broader and more impartial view of it. To do the subject justice, we must, in the first place, take an absolutely impartial and impersonal view of it. The difficulty has been, and is, to be able to eliminate the personal equation, but this must be done, and only the question of what benefit are such boards likely to be to the hospital be allowed to influence us. As a matter of fact, in all hospital work, the more one can manage to keep self in the background and make the work and its best interests the first thought and consideration, the happier and the greater success one is sure to obtain, and sensitiveness and friction will seldom need to be dealt with. Were I to allow the personal feeling to predominate, I should frankly take the side against women serving on hospital boards, as I did at a time in my hospital career before I had experienced both ways of working, and was not a fit judge on so important a matter. But, making the best interests of the hospital the first consideration, I unhesitatingly take sides in favour

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