

THE METROPOLITAN ASYLUMS BOARD.

THE SHORTAGE OF NURSES.

For some time past the shortage of nurses in the hospitals of the Metropolitan Asylums Board has been acute; and, in November last, Dr. H. E. Cuff, Principal Medical Officer on the Nursing Service of the Infectious Hospitals, was instructed to draw up a report on the existing terms and conditions of employment of the nursing staff at the Board's infectious hospitals, embodying in it any variations which he might consider likely to render the service more attractive.

The scarcity began to be felt in 1910, about the time that the Board's nursing scheme came into operation. This provided for the granting of a certificate to probationers who had completed two years' work and passed an examination; but as the introduction of the scheme was handicapped by its coinciding with a falling off in the number of candidates for nursing appointments, it has disappointed the expectations formed of it.

RESULTS OF THE 1910 SCHEME.

These are briefly: (1) An insufficient supply of nurses of the class it was hoped to obtain; (2) though there has been no difficulty in filling sisters' posts, there has been no increase in the number of candidates who received their training at the large general hospitals; (3) the failure of the trained staff nurses (*i.e.*, nurses with general training only), has been an unpleasant surprise—they have been difficult to obtain, many leave at the end of six months, and their work has been spoken of in unfavourable terms by their superiors; (4) the number of probationers is far too small, but a majority of the matrons report that the probationers take a keen interest in their work, and are more anxious to get on than the former second assistant nurses.

THE EXPERIENCE OF OTHER INSTITUTIONS.

Dr. Cuff reports that of thirteen general hospitals in London, three report that the number and status of applicants are not so satisfactory as they were a few years ago; thirteen out of eighteen matrons of Poor Law Infirmaries report a marked falling off on both points; Scotch fever hospitals are not experiencing a shortage to an appreciable extent; and of nineteen English fever hospitals, only six have experienced no change. Dr. Cuff attributes the Scotch exemption to the fact that there are fewer openings for women in Scotland and the educational level among them is higher than in England.

THE CAUSE OF THE PRESENT SCARCITY OF FEVER NURSES.

Dr. Cuff points out that five years ago there was no lack of candidates for the Board's nursing appointments; their quality alone was at fault. Now the scarcity of candidates is the most striking feature in the situation. The causes are, he considers, of both an internal and external charac-

ter: *Internal causes*—(a) For a large majority of those who take it up fever-nursing leads to nothing; for them it is a blind-alley in which no young woman who desires to get on in her profession can be expected to stay indefinitely. (b) The work is monotonous and is accompanied by the risk of infection. (c) It tends to isolate the individual from her friends. (d) The fact of the Asylums Board being a Poor Law authority tells against it. *External causes*.—(e) The attraction of other occupations; (f) the more numerous openings that now exist for women of moderately good education; (g) the comparatively poor pay of hospital nurses; and (h) loss by emigration.

He also refers to the large increase in the number of posts now open to trained nurses. Their field of work has greatly broadened, and yet there are fewer nurses in proportion to the population than there were ten years ago. School nurses, health visitors, tuberculosis appointments are all comparatively new openings, besides appointments abroad. The small numbers of those who enter the managers' service as staff nurses probably contain a fair proportion of those who have failed to obtain more responsible appointments elsewhere.

RECOMMENDATIONS.

To meet the difficulty as far as possible, Dr. Cuff recommends that measures having the following objects in view ought to be taken:—(a) To open the door more widely to applicants; (b) to seek other sources of supply; and (c) to render the service more attractive. He recommends, and the Hospitals Sub-Committee approve, that the minimum age limit of probationer candidates should be lowered from 21 to 19, and from 23 to 21 in the case of staff nurses. In this connection he points out that a large majority of the patients in a fever hospital are young children, and that both scarlet fever and diphtheria are far less serious complaints than they were fifteen years ago.

The Committee at the meeting of the Board on April 4th submitted the following revised rate of pay at the acute hospitals:—

Office.	Present Salary.	Proposed Salary.
Sister	£38—£2—£44	£40—£3—£46
Staff Nurse ..	(a) £30—£1—£34	£30—£3—£36
	(b) £26—£2—£30	
	£30—£1—£32	
Probationer ..	£18—£2—£20	£20—£2—£22
Assistant Nurse (Cl. II.) ..	£20—£2—£22	£20—£2—£22

Dr. Cuff points out that though there does not seem to be any special difficulty in obtaining sisters, a further attempt should be made to secure those who have had the best general hospital training, seeing that they are now responsible for the teaching of probationers. Further, their work, with that of the rest of the nursing

[previous page](#)

[next page](#)