

## METROPOLITAN ASYLUMS BOARD.

### NURSES' HOURS AND PAY.

The Managers of the Metropolitan Asylums Board on July 29th adopted the following report from their General Purposes Committee:—

#### NURSING STAFF: INSTITUTIONS OTHER THAN MENTAL HOSPITALS.

##### (a) HOURS OF DUTY.

When the Board on 8th April, 1922, converted the fixed rate of bonus payments to female domestic staff in institutions other than mental hospitals into a sliding scale based on the cost of living figure, no recommendation was submitted with regard to the bonus of nursing staff, as the whole question of their remuneration and working hours was under reconsideration. We have now received a long report from the chief medical officers of the infectious hospitals, children's and surgical tuberculosis, and medical tuberculosis services, on these matters, making important recommendations, to which we have given our careful consideration.

##### (b) THE 50-HOUR WEEK.

The Chief Medical Officers state that they have consulted with the Medical Superintendents regarding the effect of the introduction in 1919 of the 48-hour working week (increased to 50 in 1920, when the annual leave was standardised at four weeks) on the treatment and well-being of the patients in the Board's infectious, tuberculosis, and children's hospitals, and that it is their unanimous opinion that the 50-hour week has been definitely prejudicial to the treatment and well-being of the patients in the hospitals of the three services referred to.

##### (c) THE QUESTION OF CONTINUITY IN THE TREATMENT OF PATIENTS.

The Chief Medical Officers report that although it is difficult to adduce specific instances where individual patients have suffered through the shorter working week, an experience of the system in operation has induced them to view it unfavourably. Among the reasons which have led them to form this opinion the following may be cited:—The impossibility with a 50-hour week of securing continuity in observation and treatment. The Sisters and Staff Nurses have so much time off duty that they are very often unaware of new developments in the condition of their patients and of changes of treatment from day to day. When information is desired, too often the Sister or Staff Nurse replies that she does not know, as she was off duty at the time. Further, in the nursing of patients, particularly those who are more seriously ill, the personality of the nurse is a factor which counts a great deal. Much of this is lost where such frequent changes in the nursing service have to be made as at present.

##### (d) SUGGESTED NEW SCHEME.

The Board's expert medical advisers report to us that the only remedy for this state of things, which is deplored equally by the senior members

of the nursing staff and by the higher officials, would appear to be a return in some measure to the hours of duty which previously obtained, and the abolition of the system of overtime payments, which is entirely opposed to the true spirit of nursing. They have given very careful consideration to the question of the length of time the nurses should be on duty so as to afford the requisite continuity of nursing of the sick, and at the same time provide the nurses with a reasonable and proper amount of rest and relaxation. Bearing in mind these two considerations, and having regard to the desirability from the point of view of administrative convenience of so arranging the time off duty as to dovetail in with meal hours, they recommend the adoption of a scheme of service which is based on the following propositions:—

(i) *Hours of Duty.—Night Staff.*—Hours of duty to be 8 p.m. to 7 a.m.=11 hours.

In view of the fact that as a rule the night nurses' work is not so heavy as that of the day nurses, and in most hospitals they change duty every three months, these hours are not excessive.

*Day Staff.*—Hours of duty to be 7 a.m. to 8 p.m., less two hours for meals, actually=11 hours. Ward Sisters, 8 a.m. to 8 p.m., actually=10 hours.

N.B.—Meal times are usually:—Lunch, half-hour, between 9 a.m. and 10.30 a.m. Dinner, one hour, between 12.30 p.m. and 2.30 p.m. Tea, half-hour, between 4 p.m. and 5 p.m.

The hours for meals need not necessarily be the same at all hospitals, but the time allowed should be the same.

(ii) *Times Off Duty, and number of hours on duty weekly.—Night Staff*—to have three nights off per fortnight. Duty hours would then be five nights of 11 hours=55 hours; and on alternate weeks six nights of 11 hours=66 hours. Weekly average=60½ hours.

N.B.—Night Nurses are expected to go to their wards a few minutes before coming on duty to receive day report from the Sister.

*Day Staff.*—All day staff to have weekly:—One whole day off=11 hours; one half-day off (*i.e.*, either leave ward at 1.30 p.m., or go to ward at 1.30 p.m.)=5 hours; one Sunday pass=3 hours.

Except that Sisters, instead of a half-day from dinner-time, to go off duty after tea=3 hours; and all Probationers, Assistant Nurses, and Assistant Nurses Cl. II in their first year, instead of one half-day, to have 1½ hours off daily—*i.e.*, 1½×5=7½ hours.

*Home Sisters.*—The duties of these officers, of whom there are usually two at each hospital, being mainly supervisory, it is necessary that one of them should come on duty at 6.30 a.m. to take the nurses' breakfast, and it is also desirable that one of them should be on duty until 10 p.m., the time when the nurses go to bed. Beyond this, in view of the fact that the arrangements as to teaching vary at the different hospitals, the hours of duty or off-duty for these officers are not laid down in detail. The number of hours on duty weekly, however, for Home Sisters should be 58.

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