

judicious spending of money will creep in and it is so much cheaper to put another floor on the top of an existing building for domestic staff!!!

Hostels for Nursing Staff will be reviewed next.

Ladies, we are asked to believe that non-professional women will care for our Nurses, when they are off duty, in a happier and more efficient way than the Home Sister trained nurse.

Well, frankly, I don't believe it.

Have any of you been to any large hostels in London? either those attached to Teachers' Training Colleges, or large warehouses, or the chain of hostels in London intended for girls earning £3 3s. weekly or less. And if you have, did they tell you that they ran quite smoothly, and every one was satisfied, and there were no restrictions? Of course they didn't. They have exactly the same difficulties to contend with as we have in the way of complaint, and I am convinced that our Nurses have ten times more freedom and consideration now than ever they would receive from the hands of lay persons.

There are exceptions, of course, but if you stop to consider the type of woman who is available such a post would not be easy to fill, and I hope I shall never be asked to make such an appointment.

I am also anxious that the grade of Home Sister should be retained.

It is a most useful stepping stone to higher administrative work, and we must not lightly allow the position to be taken from us.

It is said that a Nurse is a Nurse and her place is at the bedside and not in the Stores as a Sister Housekeeper and now not in the Home as a Home Sister. We shall be asked to submit to the experiment of a Lay Matron for our Training Schools next.

Ladies, quite seriously I put it to you: Isn't it time we exerted ourselves in this matter? If there is something wrong with our Nurses' Home administration, let us put it right and not quite feebly hand it on to someone else.

The advantage to the Nurse of the Home Sister surely is that loyalty to the Profession which we all have in a greater or lesser degree and our anxiety to help it forward. Also the observant eye of the Trained Nurse. Is it to count for nothing in her contact with young Nurses on the corridors, in the dining-rooms, and in their bedrooms frequently asleep when they should be out?

If the Home Sister does her job as intended—that is "As a second mother and confidante" to the young Nurses—no lay person—call her a Warden or whatever you like, can replace her with any benefit.

And, remember, the potential administrators of the future won't thank us for losing this position of Home Sister, even though it came about as a result of "their little grouse."

Should the Trained Staff have the option to live out?

You will notice we are not asked to debate this point from the Probationers' point of view.

The Student Nurses themselves have no desire for it, as shown in the evidence submitted by them to the Inter-Departmental Committee.

But the Staff Nurses and certain of the Sisters have shown an inclination to live a completely free life away from the Hospital except during duty hours.

Let us look at some of the aspects of it.

If there is good accommodation, the Hospital could hardly leave it empty and pay non-resident salaries. Is there suitable accommodation in the district? Think of some of our Hospitals and within what mileage radius should the nurse live, and what is the effect of arriving at the Hospital cold, wet and often hungry, and very tired from a long strap-hanging journey. How far is she from a telephone?

When she becomes non-resident does she miss her daily hot bath and the use of the laundry and still try to obtain these before she leaves Hospital, thus encroaching on the resident Nurses' benefits?

Who looks after her when she is ill?

I contend that these are all difficulties to be overcome but there is no doubt in my mind that the Nurse is the loser, if she chooses non-residence.

She soon tires of getting her own meals when off duty, for which her health suffers, and of doing the extra domestic duties for herself. If, however, her home is within reasonable distance it may be quite satisfactory, but very few are so fortunate.

Having experienced both myself, I consider the advantages of non-residence are completely outweighed by resident emoluments (which, by the way, cannot be taxed) in connection with hospital work. Instance the absolute freedom of off duty in the Home as compared with a Nurse living at home or with friends.

But we are not all the same and I shall certainly recommend my Hospital Board to try non-residence before adding any more bedrooms to the Nurses' Home.

I think that the Sisters in Seniority should be given the option of being non-resident, followed by the Staff Nurses, and that after a specified time of, shall I say, "indulgence in this glorious freedom," they be allowed to return as resident members if they wish and others wish to take their place.

Our thoughts are now to be directed to:

The 48-hour week or 96-hour fortnight.

This we know has been approved in principle by the majority of hospitals throughout the country, though many of us are still acutely aware of our inability to put it into action, on account of the shortage of recruits and of the financial position of our Hospitals.

But I think the one point on which we would like an expression of opinion is whether we are prepared to recommend straight duty or split duty. To those not familiar with the terms, do we want a three-period system of eight working hours or six days weekly, or a long span of duty—as now, with extra half-days, etc., to reduce the hours?

I am all in favour of trying the three-period system for Wards or Departments requiring 24 hours' service, e.g.:

11 p.m.-8 a.m., with one hour for meals,

7.15 a.m.-4.30 p.m. with 1½ hours for meals,

2.15 p.m.-11.15 p.m., with one hour for meals,

and to allow for the stress periods a certain number of Nurses working from 9 a.m. to 6 p.m. to give help in certain wards or departments at the peak periods.

The advantages of the straight duty to the Nurse are fairly obvious. She has a longer time consecutively away from the patients and it should be easier to organise her life and pleasures outside hospital.

The disadvantages to the Nurse may be that she finds it more tiring to do eight hours' straight duty than split, and in the case of the Student Nurse her very small salary does not allow of her building up this outside life.

The disadvantages to the hospital can be covered in the word financial. It would mean increased expenditure on staff salaries and accommodation roughly amounting to a 25 to 30 per cent. increase.

With regard to the patient, after studying the problem over several years, I feel that providing the Ward Sister with possibly a S. Nurse, takes charge of her ward as now, and the S. Nurses and Probationers work on the three period system, the patients won't suffer by the extra change of staff.

Virtually, for the Ward Sister, it would amount to three days' straight and three days' split duty every week.

To come to the split duty on a 48-hour week, this is

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