

moderately easy for the day Nurse by giving extra half days.

The span of duty for the night Nurse is the great problem. Because of the span she needs more nights off, amounting to almost one week off in three, which is absurd from the point of view of training. It would be almost impossible for her to follow through a patient's illness whilst on night duty. Complications would arise during nights off, e.g., from 8.30 p.m. to 8 a.m. = 11½ hours minus one for meals = 10½.

This means only four nights' duty one week and five the next and so on.

I cannot agree to the principle of giving nurses off duty time during the night, which they cannot use, apart from meal times, of course.

Money and lack of recruits are the deterrents to the 48-hour week involving the principle of straight duty. And I think that many of us are hoping for recommendations from the Inter-Departmental Committee for Nursing Services which will give us some relief on these two points.

I cannot leave this subject of the 48-hour week without reminding you again of the Nurses' health. The life of a Nurse is subject to extreme physical and mental strain and it is no use closing our eyes to the fact, and saying they don't work as hard as we had to work, etc., etc.

Let us keep the Patient before us as our first consideration, knowing full well that the ministrations of a tired and weary Nurse cannot be justified.

*The Ratio of Nurses to Patients* comes under the hammer next, and if there is one subject on which I am pleased to say my say it is this, for it is absolutely full of deceptions.

It is most unjust both to patients and staff to judge a Hospital on the ratio of total staff to total beds.

Everything depends on the layout of the Hospital, the number of special departments, and the size of the wards.

In quoting the ratio of staff to patients, relief nurses and out-patient and special department, Nurses and administrative staff should be deducted.

In my own Hospital the total staff to patients gives a ratio of 1.7 and you will say "how generous," but when the actual ratio of Nurses to bed patients is taken, omitting special departments, Relief Nurses, etc., there is quite a different picture and the ratio is 3.34. That is one nurse to 3.34 patients to allow for day and night nursing. Not so generous!

I only quote this so that you won't be led into thinking that if your ratio is one Nurse to two Patients, as is so often quoted, that all must be well and you can work a 48-hour week on it.

Some hospitals, economically planned and with an average number of special departments, may be able to do so and others, of course, won't. It is a matter for each hospital.

*Salaries* come next.

To quote from the Bible the Labourer *is* worthy of his hire.

Obviously it was not intended that it should be otherwise, but because it is not possible to put a figure to what the Nurse really does earn—and even if the figure could be assessed it cannot be paid—there has been a tendency to keep the Nurses' salary low.

Do let us face the fact that we are living in a very material world and we are judged in 1938 by what we can earn and our Profession on what it is able to demand.

If one fact above all others has been forced on me during the last few years it is the increased time of training necessary for a Nurse to secure good posts and the poor salary and status at the end of it, especially in institutions as compared with doctors.

I am not in favour of raising the salary of the Probationer, but in her fourth year as a Staff Nurse her salary should rise considerably and from then steadily grow up. The sharper the line between the Student Nurse and Qualified Nurse the

more likely is the latter to realise her responsibilities. The new College of Nursing scale of £75 per annum for a S.R. Nurse is satisfactory to commence and as special qualifications and experience are added the salary should rise accordingly. But it is the Ward Sister whose salary should have the greatest consideration. Some of our Sisters with 15 and 20 years' experience as Sister are still getting £100 to £115 per annum.

This, I think, is quite unreasonable when one realises how very much the future of Nursing depends on them.

Again we look to the Inter-Departmental Committee to give us a strong recommendation for the Ward Sister's Salary. I know several Hospital Committees are holding their hand, awaiting this report.

#### Superannuation.

Superannuation should be compulsory for all Nurses after one year's service, no matter what branch of Nursing.

It is not possible to impress on a young healthy nurse the need for providing for her later years. I can remember at 25 years of age thinking "What a lot of nonsense" when I was advised to join the Pension Scheme, and of course did nothing.

It is abnormal at 20 or 25 to take one's mind forward to what might be required at 55 or 60 years of age.

For this reason it should happen automatically as it does in the teaching profession.

This isn't the place to quote from one's own sad experience of trying to help aged and down-and-out Nurses, but if you will carry away with you the maxim "there must be a superannuation scheme for all Nurses" and quote it on every possible occasion at least some good will have come out of this Conference.

The question of interchangeability must apply if everyone is superannuated.

As you know the Municipal Authorities have various schemes of their own in which all Local Government Officers have to participate, and I am sure it is with the best intention that their Nurses are bound to join in the same scheme.

But it is a real deterrent to progress if Nurses trained in Municipal Hospitals have their field of Service always limited to Municipal Authorities and Nurses from Voluntary Hospitals are limited to Voluntary Authorities. Undoubtedly the lack of interchangeability brings this about.

I have worked in both and recognise to the full the value of each. If only there could be a greater flow of staff from one to the other the Nursing Service of the country is bound to be richer and fuller. Those of you who have only worked in an acute general Hospital have no idea of the essentially valuable work of the Municipal Hospital, and the same applies to the municipal worker having no experience of a Voluntary Hospital. But that touch of human pride so evident in us all tends to make us think that just the work we are doing is the last word in Nursing whatever it may be.

The Nursing Profession must be able to present a "united front" if the improvements we so much desire, are to be accomplished. And I think that was the object of calling this Conference.

Do let us sink our personal feelings on all these problems and be ready to accommodate our minds to our neighbour's difficulties.

Only in this way can we hope to go forward.

I cannot close without referring to what I consider to be the really bright spot in the Scottish Report just published. They find:

That with few exceptions the Nurses give lasting satisfaction in their work; and

That the vocational aspect of Nursing has not lost its grip on the young woman of to-day. Of course it is still there, and let us hope that whatever comes of our conference to-

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