

day, however material the subjects we are discussing—that our Privilege of Service and all it means to the real Nurse will not be lost sight of but receive a new and powerful stimulus for still greater achievement.

Ladies, I thank you for your attention and I shall look forward to the help of you all in a spirited discussion.

#### DISCUSSION.

At the conclusion of the paper the Chairman said that Miss Cockayne had given her audience much food for thought. She then called on Miss I. Stewart to open the discussion, which she did in the following paper.

#### OPENER OF DISCUSSION—Miss I. STEWART, R.G.N.

Every period in the history of hospitals has had its own special problems and difficulties. We are sometimes rather inclined to think that the phase through which we are passing is more harrassing than any which have gone before, but I doubt it.

Few of us would wish to have lived in the days of Sarah Gamp. Hospital administration then must have been a veritable nightmare for those in authority. Certainly never before have such facilities been provided for frank and open discussion of our problems and pooling of opinions and experiences. Conferences such as this are of tremendous value.

It may be a selfish consolation, but it is a natural one to find comfort in the fact that we are all more or less facing the same difficulties, and it is certainly helpful to hear how others are meeting them. Much as we deplore the exaggerated statements which appear in the daily press from time to time, we shall probably find in the end that the agitation of the general public on behalf of the Nurse has wrought us a service. It has stimulated reforms which were urgently needed and it has drawn attention to the importance of hospital finance in solving a problem which can really be considered as national. After all, we serve the public and it is they who provide the funds for our work, be it in private nursing, or in hospital, voluntary or municipal.

Our hospital training schools have a dual function to perform each part of which is dependent on the other.

For the care of the sick under our charge we require the best nursing care and treatment that modern science and a high standard of training can produce, while the Nurse can only achieve efficiency in her profession by the close personal contact with and attendance on the patient.

Classroom instruction can teach much, and the lay figure is useful, but it has definite limitations. It is only on the living patient one can see the reaction to the suggestion of the spoken word or the prick of a needle and the response to the action of drugs. How to provide the best for both patient and Nurse is the big problem.

Our predecessors—the Nursing Nuns—were content to make a vocation of their work—to the exclusion of all other interests and that attitude towards the work of the Nurse tended to persist after the passing of the nuns. Many of us looking back to our training days recall the single mindedness of our work. There was no time for outside interests or recreations.

Hands became roughened with duties now designated as "menial" and feet grew very weary but were they not happy days?

Our work constituted our life, and there was tremendous satisfaction to be derived from it.

However, we do feel that those conditions belong to the past. We can see in them, now, a strong element of exploitation of the Nurse and her cheap labour.

The sense of vocation is still as necessary for the Nurse as for the teacher, the doctor, or the clergyman, but we do want her to be able to enjoy the same status and privileges as her sisters in other professions.

Hours of duty, personal liberty, salaries, superannuation, are engaging the attention of hospital authorities everywhere. It is recognised that reforms are urgently needed and much is being achieved in spite of great economic and financial obstacles.

#### Hours.

How to meet the need for shortened hours on duty is a problem which is being solved in various ways according to the convenience of the hospital.

The standard aimed at is an eight-hour-day for six days—*i.e.*, a 48-hour week or spread over a fortnight 96 hours.

It is usually found that a 96-hour fortnight is more easily achieved and more acceptable to the Nurse. An extension to the daily pass soon becomes routine, whereas the full day is more in the nature of a holiday and can be used for special outings.

It will be interesting to learn if many hospitals are working on a three shift basis, and if it is proving satisfactory. The opinion of Ward Sisters and Home Sisters would be appreciated particularly. Many of the schemes suggested sound very attractive in principle from the standpoint of free time for the Nurse, but in practice there are frequently found to be snags—such as the risks to the patient's welfare which are attendant on a triple division of the responsibility.

Hospital Authorities are awake to the need for providing comfortable accommodation for their staff. Nurses' homes are rising up rapidly throughout the country which are the last word in comfort and luxury. They are frequently much more lavish than any Nurse could procure elsewhere—even in her own home. How many private Nurses, or girls in other professions for that matter, can be sure of the privilege of a hot bath every night, breakfast in bed on her morning off and organised games and recreation.

It is a question if Nurses who have once experienced the comforts and the social life of a modern Nurses' Home would wish to exchange them for an outside hostel or digs.

In some cases owing to shortage of accommodation it is necessary for them to sleep out.

This certainly relieves the hospital of a good deal of anxiety and responsibility but one doubts if it is conducive to the well-being of the Nurse.

It seems to me that the Nurse in training derives considerable benefit from sharing a communal life with her colleagues. Their interests are not entirely and exclusively centred on their work (in some cases it must be admitted the balance tends to waver towards the wrong side), but one does realise on attending their sports meetings and social functions that they are really a very happy crowd.

Most parents of young girls appreciate the fact that late hours are supervised and definite precautions taken in the interest of health. As for the question of unnecessary rules and petty restrictions—do they exist nowadays even to the extent they are enforced in many other students' hostels?

The object usually is to frame only such rules as are essential to safeguard the health of the Nurse, maintain the smooth running of the institution and ensure protection of hospital property.

Our practice, which I suppose is general, is for the Nurse to ask for late leave if she wishes to be out after 10.30 p.m., and to report when coming in. Sisters are not expected to request late leave. They have full liberty and are merely asked to enter their names in a book kept for that purpose if they expect to be later than 11 p.m.

My own opinion is that trained members of the Staff should be given the option of living out with an appropriate increase of salary but here one is up against the fact that it is so much more economical to cater for a number than for the individual and the salary allowed is usually inadequate to provide for the comforts to which they have become accustomed.

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