

On putting the question to our Sisters I found they were most emphatic on the advantages of living in, and only the few whose homes are near the hospital would wish to be non-resident.

*Staffing of the wards* and proportion of trained to untrained Nurses has been—and still is—a difficult problem to solve in this phase of shortage of candidates, affecting particularly the special and non-training hospitals.

One gathers that the reduction of candidates is more apparent than real. More Nurses are being trained and absorbed, but working hours are being shortened and hospital and nursing activities are being extended, resulting in a much bigger demand for Nurses than ever before.

The recent crisis will probably stimulate recruitment.

In Scotland the problem has not been as acute as in England, excepting in the smaller and special hospitals. We have fewer training schools and are fortunate in being able to maintain a working staff, although the leakage through probationers dropping out is sometimes considerable.

In our hospital of 500 beds for each ward of approximately 28 beds we have a Sister, trained Staff Nurse, and four nurses in training on day duty with two on night duty. Our total Staff numbers 248, giving a ratio of approx. 1 nurse to 2 patients. Of these 88 are trained.

These figures perhaps sound liberal, but since it is not always possible to give relief for days off the working strength is rather less.

For many years our night nurses have had one hour off duty during the night and a week's holiday at the end of the term. We are now able to augment the staff sufficiently to give them two nights off in the fortnight.

So many of our problems centre round hard cash, or the want of it.

With the curtailment of working hours additional Staff is necessary and this means more housing accommodation and a big drain on hospital finance, which, in many cases, is already strained almost to breaking point.

How to keep the finances right and to procure sufficient to meet the increasing demands is a matter which must cause our governing bodies considerable anxiety.

It is probably not quite in order in this discussion to raise the question "Should the State pay?" It is rather our province to keep a watchful eye over the demands lest they become excessive.

#### Salaries.

As regards salaries—one would deprecate increase in the salary of the Nurse in training. She is learning her profession usually under very comfortable conditions. Accommodation, food, laundry and all necessities are provided for her. True she works. She studies hard and she has routine duties to perform in the wards which are frequently unpleasant but she goes through it all for her own sake, in order that she may gain the coveted certificate and become a trained professional woman.

What is more to the point is to ensure that the trained Nurse is given the status, salary and conditions befitting a professional woman.

There is a general trend towards increasing the salaries of trained Staff.

May I again quote my own hospital? I do so in the interests of the discussion—not because we are doing anything in the least bit exceptional, but rather because, I think that while working for the best, we are attaining a good average, for the voluntary training school of to-day.

Our Sisters' salaries commence at £80 rising by annual increments of £5 to £100 and then by £2 10s. to £120.

Heads of special Departments and Administrative staff of course command a higher scale according to qualifications and experience.

It is not sufficient that our trained Nurses can live

comfortably in the present. They should also be relieved of anxiety for the future.

There are still amongst us many who—their working days over—are living a life of penury, if not absolute want. Unable to save from their meagre pay when earning they are now too proud to accept charity from the public they served so faithfully in their youth.

Adequate provision for the future should be assured for every trained Nurse.

It has been the practice of many of our larger hospitals to provide pensions for their staffs after a definite period of service.

Now Superannuation Schemes are being adopted throughout the country. This is definitely good, but how much better it would be if we could speak of it in the singular. What is really required is an interchangeable scheme which will continue unaffected when the Nurse moves from one hospital to another, be it voluntary or municipal.

The Organisation of training and control of examinations should be in hands of the Medical and Nursing professions—trained Nurse best material for such training.

#### DISCUSSION FROM THE FLOOR.

At the conclusion of Miss Stewart's paper, Miss Cochran invited members of the audience to take part in the discussion.

MISS MABEL REYNOLDS, Matron of the London Hospital, expressed the view that trained nurses should have the option of living out, but there were practical points to be considered and the question was how these were to be got over. When the trained staff of the London Hospital had the option put before them only two of the members were interested.

She considered the ability of Ward Sisters to teach most important, and had recommended to the Committee of the London Hospital that the Ward Sisters should have an extra £10 added to their salaries for teaching capacity. She also considered that they should have an annual increment in their salaries if their work was satisfactory. They should not have to ask for it.

MRS. IRIS BROOKE.—The Guild of Nurses emphasised the need for the home-life of probationers under a Warden or Home Sister. A good many restrictions had now been abolished, but there were still some Homes where improvements were necessary.

In regard to economics, she expressed the opinion that hospitals and nursing schools should be subsidised by the Government of the country. With regard to living out, she considered it was in the interest of nurses in training to live in a Nurses' Home, but that trained nurses on hospital staffs should have the option of living out if they wished. Under the London County Council the maximum salary for Sisters should be £150 and for Staff Nurses £100. She considered a three-shift system the best. She was of opinion that nurses in training should not have high salaries, but when nurses were registered these should be substantially increased, and pensions should be assured.

MISS ASHFORD, Matron, Cell Barnes Colony, St. Albans, drew attention to the position of Mental Nurses. It was quite impossible, she said, for them to go into another hospital or to do private nursing without the possibility of losing their pensions. Also, in regard to pensions, they were treated as second-class officers. The interchangeability of nurses in relation to pensions was a very urgent need indeed.

MRS. LEDIARD, Matron of the Middlesex Colony for Mental Defectives, said that they were trying five days on duty and two days off. They very seldom lost a member of the staff except for marriage.

MISS M. F. HUGHES, Matron of the Royal Infirmary, Leicester, did not agree entirely with unlimited leave for

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