

NURSES' REPRESENTATIVE COUNCILS.

SHOULD MATRONS HAVE SEATS ?

It was inevitable that the matrons of hospitals grouped in the council and committees of the Royal College of Nursing, having agreed to the de-grading of the basic standard of nursing education by pushing a class of unqualified women on to a Roll of Assistant Nurses through the Nurses Act, 1943, should now find a demand must be met by the genuine nurses, trained and in training, under their direction of the establishment of Nurses' Representative Councils, and the question has now arisen whether or not matrons should be included on these bodies.

As we, as former Matron of St. Bartholomew's Hospital, have decided opinions on this question, we reprint an article which appeared in the *Public Assistance Journal*, presumably written by a person who has not held such office, in the hope that having read it some expert expressions of opinion may be forthcoming:—

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It may be recalled that the Inter-Departmental (Athlone) Committee on Nursing Services, which was appointed before the war by the Ministry of Health and the Board of Education to consider the general problem of the recruitment, training and service conditions of nurses, advocated in its interim report the establishment in every hospital of a nurses' representative council, comprised of staff and official sides under a chairman acceptable to both. This suggestion has not been carried into effect to any great extent, although a few hospitals have a representative council of nurses in one form or another. Now, however, the Liaison Committee set up by the Royal College of Nursing and the British Hospitals Association have formulated a series of important proposals for the general institution of such councils and have drawn up a constitution which is suggested as a model for them. It is stated in the report embodying these proposals that the principal object is to enable the nursing staff freely to discuss matters connected with their work and efficiency, their comfort and well-being. The council would be built up through sectional committees comprising the whole of the nurses in each of the categories represented in the hospital—student nurses in their respective years, staff nurses, administrative, ward and departmental sisters, assistant nurses, and each category of nurse in the Civil Nursing Reserve if employed. Sectional committee meetings would discuss matters concerning the sections. These meetings would be followed by a meeting of the council representative of the whole of the nursing staff which would place recommendations and suggestions before the matron. With many of these the matron would be able to deal, with or without report to the nursing committee or other appropriate management committee of the hospital. In other cases the nurses' representative council should be able to make representations through the matron to the nursing or management committee. In such cases representatives of the council should attend, when desired by the committee, for the purpose of supporting any resolution of the council submitted for the consideration of the nursing committee. The plan, it will

be seen, differs to some degree from that put forward in the interim report of the Athlone Committee. The council is representative solely of the nursing staff in each hospital, and its chairman is elected by the nurses from among their own number. The question thus arises as to whether or not the matron should be a member of the council. As has been said, comparatively few nurses' representative councils exist and the practice as to the presence or absence of the matron varies. In some cases she has been an *ex-officio* member. In others she has been excluded from membership; and in others, again, the arrangement has provided that she might attend by invitation. The Liaison Committee, in their report on their proposals, state that they feel that, on balance, the advantage is in favour of the matron not being a member of the council. The matron should, however, have the right to request the council to consider any matters she puts before them with due notice. This question of the membership or non-membership of the matron is, perhaps, not one on which a hard and fast line should be drawn. The Liaison Committee, as a matter of fact, while expressing the view stated above, do not consider that existing arrangements in respect of nurses' representative councils of which the matron is already a member should be interfered with as a result of their proposals. The question is one to be decided in the light of the circumstances in each hospital and with the clear understanding that the fact that the matron may not be a member of the council in no way implies that the council exists as a kind of counterweight to the matron's authority. Such an idea would be fundamentally at variance with the whole conception behind the proposals of the Liaison Committee.

Principles of the Scheme.

The scheme appears to be one which, with the minor modifications necessary, could be made applicable to local authority hospitals. These modifications, it would seem, need not infringe the fundamental principles of the scheme. It is, therefore, necessary that these principles should be clearly understood from the start. In the first place, as has been indicated, the position of the matron, her authority, responsibility and prestige remain unimpaired in any way by the existence of a nurses' representative council. She must not be regarded as the party opposite to the council or as predominantly a kind of employer of nurses. She must retain in the eyes of every member of the staff her rightful place as the senior and leading member of the profession in the hospital and the administrative chief so far as nursing duties are concerned. The second principle, and one which arises directly out of the first, is that matters of personal conduct or misdemeanour should not be discussed in the nurses' council. In other words, the council is not to be used as a means of ventilating purely individual grievances (as distinct from grievances affecting the staff, or sections of the staff, as a whole). Indeed, a large part of the work of the councils—by far the larger and more important part in a well-run hospital—will not be the discussion of grievances at all, but the formulation by the nurses themselves of constructive proposals for the improvement of the service rendered by the hospital. The improvement of this service is, of course, the paramount

[previous page](#)

[next page](#)