

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD

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No. 2199. Vol. 99.

NOVEMBER, 1951.

Price Sevenpence.

Editorial.

Equality.

FOR MANY YEARS NOW women have struggled to gain equality with men in the world of employment. Inch by hard-won inch they have gained a footing in most professions and trades. They have fought with great courage and tenacity of purpose to be recognised along with men in equal competition for skilled and professional employment. They have had to overcome the prejudices of the public and the employers, and have had to put up with the jibes of their colleagues and fellow artisans of the opposite sex, in most fields of human endeavour. The all-out effort of two World Wars gave them many opportunities hitherto denied to them by men. Although they have still, in some employments to have their work recognised by equality of pay with men, yet they have entered many employments on an equality with men. In all the long and bitter struggle there has been one sphere where their right of employment was never questioned—the Nursing Profession. Needless to say it was grossly overworked and underpaid, and slowly, very slowly, won some monetary awards to bring it into line with other employments shared by men. Inevitably, it seems, with the reshuffling of the sexes in the employment world, men have come knocking at the doors of the Nursing Profession. We can look on with sympathy, albeit with some amusement, to see the reversal of the struggle we have so long participated in. Now it is the men who raise their voices along the battlefield of the war for equality. Give men equality with women in the Nursing Profession runs the novel cry.

Until the last few years the numbers of men qualifying was few, and they were easily absorbed into posts. Now with the diversity of work available to women outside the Nursing Profession, and the supply of female recruits inadequate to the demands of our gigantic Medical Services many more men are entering. The ranks of the actively employed male nurses are growing steadily and are going to present a problem before long if arrangements are not made to absorb the trained men into posts for which they are qualified. Already, however, Male Nurses are facing just those barriers to employment due to prejudices of sex which to women are such familiar enemies as to be almost old friends.

What can be done with these men? Since they are being trained as specialists in male work all male ward posts should be open to men equally with women. Since they have no knowledge of women's work they should not have control of sections of a hospital covering this work. This would rule out night posts except in those Hospitals large enough to warrant a splitting of the responsibilities into male and female. Though it would still rule them out of Night Superintendent posts.

Many would argue that this is not fair. But since we expect, for example, the Night Sister to have had Midwifery Training where Maternity work may occur—we can hardly appoint men with knowledge of a section of the work only. Many people argue that since women are attended by male doctors they should allow themselves to be attended by Male Nurses. After all—the school of thought continues—men are nursed by women. True—and the fact that a demand for Male Nurses did not arise years ago is obviously due to the fact men like it. But it does not follow that women would like to be nursed by men. Until our Hospitals can provide some Wards staffed only by women so that our female patients need not be nursed by men unless they wish it—we should respect their scruples and continue to debar men from our female wards.

The tutorial fields offer opportunities to men which they have not been slow to grasp. Women should beware that they keep up a reasonable supply of their own recruits to maintain good balance. Given to men this profession becomes the livelihood not only of themselves but of their families, it is inevitable that they shall wish to rise as high as possible. Already the cry is being raised for a Matron's status. Unless our Hospitals are split into male and female—when obviously men could have sole charge of the Male Hospital—men remain insufficiently qualified to take sole charge of a mixed establishment. No matter how unfair this may appear it is none the less a fact to be recognised in General Hospitals at any rate.

Many Hospitals still hold back from opening their doors to men. Odd, since in any post, strictly speaking, the best candidate should take the post and to appoint the best possible candidate out of available applicants is all that any employer can hope. If that best candidate should happen to be a man, that should be no detriment to the Hospital. Rather men will have to realise that to compete with women in their own sphere other than at a time of shortage of candidates, will not be easy for them. Men will have to realise more than they seem on the whole, to do now, that there is more in Ward Management than the treatment of the patients, before they will be a serious threat to women's supremacy as Ward Sisters. If men brought into their Wards the order and cleanliness of a crack ship as well as their noted thoroughness, any Matron would have a Ward Charge Nurse to delight her.

Let us be magnanimous to these our colleagues who find themselves in the unique position among men of having to struggle for equality. Women can always afford to be generous, it becomes them. Let us therefore stretch out our hand to our colleagues and help them where we can. Above all, let those of us in a position to do so offer equal opportunities to them for any post for which they are trained and in which there is a vacancy.

D. W.

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