

IN SEARCH OF A NURSING DEPARTMENT

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In pursuit of the ideal that with Medicine as the leader, all the other disciplines in a Hospital for Subnormals, namely, Business Management, Works and Engineering, Social Services, Psychology, Education and Training, and Nursing, have the right to be heard, not only in the treatment of the patient, but also in the administration of the hospital, and in the effecting of Management Committee policy as these affect the patient, it is very necessary to examine the possibility of the setting up of single departments of nursing in our hospitals, where it is now usual to have a Matron in charge of females and small children of both sexes, and the Chief Male Nurse in charge of all males over about 14 years of age.

The consequence of this dichotomy in the Nursing Department is that whenever any decision has to be made for all patients, two people have to be consulted instead of one, and Medical Superintendents and Group Secretaries and all other heads of departments find that they have in effect two hospitals on their hands instead of one.

This is time wasting and frustrating, and as nursing is perhaps the most important department in our hospitals as far as the life and living situation of our patients is concerned, it is not enough that Nursing, operating as it has to, in every aspect of the life of the patient and the hospital, should be controlled by two heads and two separate nervous systems, which often fail to synchronise.

Reference has previously been made (1) to the history of this state of affairs and of the need particularly of children of both sexes to have as their familiars, people of both sexes, and also of the apparent inability of some Matrons and Chief Male Nurses to envisage any other system than that at present in operation.

In pursuit of the idea that nursing departments in hospitals for the subnormals should be single and not double units, it is necessary to examine that present state of nursing in these hospitals, the function of the Nursing department, and the proposed method of working a single unit department instead of the present double unit method.

PRESENT STATE

Enquiry has been made into the nursing complements and establishments in 66 Hospitals for the Subnormal in the British Isles, with the following results:—

- (a) 65 Hospitals containing 26,159 beds replied to the questionnaire.
- (b) In these Hospitals there are 2,250 qualified nursing posts of which only 1,864 are filled.
- (c) Thirty-five hospitals have some staff, qualified by experience only, in posts where normally one would expect to find qualified nurses.
- (d) Twenty-three hospitals can only in the main recruit mentally qualified staff, no nurses qualified in mental deficiency being available.
- (e) Ten hospitals can only recruit in positions up to and including the rank of sister, those qualified by experience alone.
- (f) Only 6 hospitals reported that the total staff was entirely M.D. qualified and these with one exception were all small units with less than 100 beds.

(1) G. McColl. *Journal of Mental Subnormality* 1960. Vol. VI/1, No. 10, pp. 3-7.

**ANALYSIS OF NURSING STATE IN 65 HOSPITALS CONTAINING
26,159 BEDS**

Positions held	No. of Posts available	No. of Posts held	Qualifications					Experience only	Total
			RNMD	RMPA(MD)	RNM	RMPA(M)	SRN		
Matron	52	51	14	12	14	5	4	2	51
Chief Male Nurse	31	28	13	10	4	1	0	0	28
Dept. & Asst. Matron	113	106	39	29	18	18	2	0	106
Dept. & Asst. C.M.N.	93	88	36	39	9	3	0	1	88
Sister	421	390	144	117	43	57	10	19	390
Dept. Sister	169	117	46	24	14	8	2	23	117
Charge Nurse	471	447	159	201	43	36	3	5	447
Dept. Charge Nurse	160	161	72	69	7	4	1	8	161
Staff Nurses	740	476	239	115	49	28	10	35	476
TOTALS	2250	1864	762	616	201	160	32	93	1864

The above table shows that of those in post :

- 40.8% are qualified R.N.M.D. (2)
- 33.0% are qualified R.M.P.A. (M.D.)
- 10.7% are qualified R.M.N.
- 8.5% are qualified R.M.P.A. (M.)
- 1.7% are qualified S.R.N.
- 5.0% are qualified by experience only.

17% of positions calling for qualified staff cannot be filled because of lack of suitable people, and a further 21% are filled by people who can be said to be unqualified, not having a qualification in the nursing of subnormals.

There are said to be 56,000 patients in our Hospitals, and these figures would show proportionately that there are in all the Hospitals about 4,350 positions which should be filled by nurses holding an M.D. certificate, but that there are probably 730 vacancies due to lack of suitable applicants, and another 1,170 filled by people who as far as holding an M.D. qualification is concerned can be said to be unqualified, and this is considered to be a most unhealthy situation.

Nurses qualifying and registering in mental subnormality (3) are as follows :

Year ending 31st December	By Examination		By R.M.P.A. Certificate	
	female	male	female	male
1950	40	9	176	240
1951	40	67	147	113
1952	62	149	144	174
1953	68	126	26	13
1954	76	85	13	3
1955	64	62	19	1
1956	58	80	8	5
1957	69	56	9	6
1958	83	77	6	1
1959	98	88	8	0

It should be noted that there have been no new qualifications in R.M.P.A. since November, 1951.

- (2) Old terminology for qualifications in nursing subnormals is used throughout.
- (3) Figures as supplied by General Nursing Council.

Over a period of 8 years the following wastage of qualified (R.N.M.D.) staff has occurred in the Hospital served by the writer.

Males	4% to General Nursing.
	3% to Alternative employment.
	1% to Mental Nursing.
Females	12% to Marriage with no return to service.
	4% to General Nursing.
	2% to Alternative employment.

3% per annum is thought to be the natural wastage among long service members of the nursing staff.

It therefore appears that in the active hospitals with training schools operating successfully that one can expect 50% of the qualified staff to need replacing every 8 years.

It is not known whether in the smaller hospitals and in the larger hospitals with no Training School whether this same wastage occurs, but if this figure of 50% everywhere occurs, then it would appear from the table given, that even to keep full the present number of qualified posts that 272 new entrants a year are required apart from the 730 required immediately to fill shortages, and it should especially be noted that these numbers will swell as new requirements in Local Authority Areas arise as a result of the new Mental Health Act.

It seems from the figures given that present numbers qualifying, are doing little else but replace only some of those leaving the Service from various causes.

THE SINGLE DEPARTMENT

Some figures already given are factual, others are based on contemplation of wastage in one large hospital only.

Nevertheless if these latter figures are only approximately correct it would appear that Hospitals for the subnormals will not achieve adequate nurse staffing in the present century, if the present ideal is persisted in of one or two Sisters or Charge Nurses, perhaps one Deputy and one Staff Nurse to each ward unit. If it should prove to be impossible within foreseeable time to achieve this aim it will perhaps be well to choose some lesser target, namely a smaller establishment of nurses qualified in nursing subnormals and the following suggestions are made:—

1. At present if a nurse working in a hospital for subnormals is qualified in General, Tuberculosis, Children's or other form of nursing, he or she is regarded as unqualified, and is paid the rate for the job less a sum not less than £20 p.a. because they are not qualified in Mental Deficiency. Where such nurses carry out duties on a ward of tuberculosis patients, or as theatre sister, or in nursing small children or in other specialised departments they might well be regarded as qualified for the job they do which indeed they are, and be paid the full rate for the job, and they should be regarded as qualified in their specialities and not as nursing assistants.

2. In Hospitals where the three shift system exists, the usual system is to have a Charge on each of the day shifts. This destroys continuity of chargeship and reduces the Sister or Charge Nurse to a shift worker with little or no responsibilities to the patients or to senior authority outside the shift.

In these Hospitals the person in charge has no deputy.

There appears to be no good reason why a Sister or Charge Nurse should not be regarded as the senior officers they really are, and work their time so as to serve

their unit and its patients to their fullest extent, and it is suggested that one Charge Nurse or Sister is enough for one unit, and that Staff Nurses should be competent to carry on when the person in charge is off duty.

The principle of one Charge to each shift instead of one Charge to each set of patients is retrograde, expensive, and does much to end all sense of responsibility in both charges, and accentuates the nursing shortage in the qualified ranks below that of Charge or Sister.

3. It is suggested that in Hospitals which work the two shift system that there is no need for Deputy Sisters or Deputy Charges, it being considered that senior Staff Nurses should be used instead, but that when acting in charge they should be remunerated accordingly.

4. Although those qualified by experience only are a declining force in the higher ranks in Hospitals for the Subnormal, there is nevertheless room for such people for duties up to Staff Nurse level. Many of these unqualified people have long and meritorious service, especially on night staffs where they provide the great bulk of the nursing force, and many of them are stable, dependable people.

It is also for consideration that some units in a hospital for subnormals do not need to be staffed by nurses at all.

An example is a unit for 25 children all attending the hospital school and mostly normally physically well. An increasing number of such children should, if the new Mental Health Act operates well, leave the hospital at 16 years and return to the community.

Acceptance of the idea that these children do not need the hospital atmosphere of qualified nursing staff to rehabilitate them to the world outside the hospital, leads to the belief that non-nursing staff could be effectively used in such situations.

It is mere pretence to imagine that our Hospitals can ever be manned totally by qualified people and those in training and it is suggested that after say 10 years' service that these unqualified people might be regarded as "qualified by experience" and might be "assessed" as being promotable to Staff Nurse level.

5. In wards and units where it is acceptable, there seems no reason and indeed it is a slowly growing practice, why men and women nurses should not serve on either male or female wards as required. No Hospital should have a shortage of one sex whilst admitting to a waiting list for jobs for the other sex and every male ward could usefully have at least one woman on its staff.

6. At higher nurse administrative levels, most tasks can be performed either by men or by women, and at this level there should only be one team, working under one Director or Superintendent of Nursing Services, who would be able to take one whole view of the living situation of the patients and the work situation of the one Nursing Staff. Such a person would be the best available regardless of sex.

7. It is suggested that while in some cases salaries would have to rise, that such an increase would be more than offset by the streamlining of duties made possible by the interchangeability of male and females, and by the reduction in establishment and final complement of M.D. qualified nurses in our Hospitals.

FUNCTIONS

Put simply, it can be said that a nursing department in a hospital for subnormals is responsible for the life and living situation of all the patients in the hospital.

This includes every aspect of the patients requirements from nursing treatment to supervising of occupation and includes the house keeping requirements of wards and villas and the clothing, social, recreational, and religious needs of the patient.

The department is also responsible for Nurse Training, and total responsibility at the highest level is that the departmental head should collaborate and co-operate on an equal footing with all other departmental heads in the Hospital, to the end that the total treatment situation of the patient is adequately served.

It is argued that this is not so at the present time for where there are two equal heads of a Nursing Department, there are usually two standards in the life situation of the patients, in clothing, recreation, social and all other requirements, depending on the outlook, the age, the health and the general up and comingness of the holders of the two senior positions.

It cannot be said that this is a traditional state of affairs. Our hospitals as we know them are only 47 years old and for much of that time the Matron administered both male and female sides.

It is only in the last 17 years that Chief Male Nurses have achieved their present full status. There are many reasons for this achievement, not least of which has been the increasing inability of matrons, with the increasing size of hospitals, adequately to cope with the increasing size of male staffs, together with the fact that the professional stature of male nurses have improved with increasing experience and qualifications.

There seems little need today to perpetuate for longer than is necessary, a system which at best is only a compromise between two factions, and at its worst can be a double headed monster which is somewhat troublesome and expensive to keep.

There is no doubt that in any hospital which is large enough to have a Matron and a Chief Male Nurse, that it should be for consideration that when possible the posts should be combined, and the whole functions of both Male and Female sides should be brought under a single Superintendent of Nursing Services, who would have both Male and Female deputies.

It is considered that the appointment of one person as head of one nursing department would result in much saving of the time of other heads of departments, in as much as there would be only one person to be consulted on all occasions instead of two.

Nurse Training, staff welfare and discipline, records, duty and leave rotas and many other things would be functional, coming under a single authority, and it is believed that a single head of this department if appointed, would be so able to arrange the work of deputies and assistants that in the end there could be a reduction in the total number of nursing staff engaged wholly on administrative duties.

SUMMARY

An effort has been made to take a view on the present position of the nursing teams in Hospitals for Subnormals.

The facts of life appear to be that present wastage and numbers qualifying do not warrant the expectation that the present situation will be bettered within the foreseeable future. On the grounds that if it is impossible to reach a target with available ammunition, that the range must be shortened, suggestions have been

made whereby the total anticipated establishment of qualified nursing staff in Hospitals for the Mentally Subnormal may be reduced.

The present R.M.P.A. (M.D.) who at present constitute 33% of those in post will mostly disappear within the next decade, as will most of the others not qualified to nurse Mental Subnormals.

It appears that the best that can be done is to accept that our Nursing Service must consist of qualified people who should be a corps d'elite, and that they must be backed on the one hand by a unified Nursing Service under one head, and by a recognised establishment of unqualified people, who after suitable experience would be promotable to a limited extent.