Report of the Scottish Departmental Committee on Nursing.

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DEPARTMENT OF HEALTH FOR SCOTLAND

Report of the Scottish Departmental Committee on NURSING

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SCOTTISH DEPARTMENTAL COMMITTEE ON NURSING

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TERMS OF REFERENCE.

To inquire into the arrangements at present in operation in Scotland with regard to the recruitment and terms and conditions of service of persons engaged in nursing the sick, and to report whether any changes in these arrangements or other measures are expedient for the purpose of maintaining an adequate service both for institutional and for domiciliary nursing.

REPORT OF THE SCOTTISH DEPARTMENTAL COMMITTEE ON NURSING

DEPARTMENT OF HEALTH FOR SCOTLAND,
121A PRINCES STREET,
EDINBURGH, 2.
29th September 1938.

To the Rt. Hon. JOHN COLVILLE, M.P., Secretary of State for Scotland.

SIR,

This Committee was appointed by your predecessor in office, Mr. Walter Elliot, on 24th November 1937—

> "To inquire into the arrangements at present in operation in Scotland with regard to the recruitment and terms and conditions of service of persons engaged in nursing the sick, and to report whether any changes in these arrangements or other measures are expedient for the purpose of maintaining an adequate service both for institutional and for domiciliary nursing."

We have the honour to report as follows :—

I.—HISTORICAL NOTE.

1. In 1934 and 1935 an inquiry was made by a Committee, under the Chairmanship of Sheriff, now Sir A. C. Black, into the training and registration of nurses in Scotland. The Committee issued its Report in January 1936 (Cmd. 5093). When it was decided in 1937 to hold a further inquiry into questions relating to the nursing profession, it was thought that it would be of advantage if the same Committee, with the knowledge gained in its first inquiry, would undertake the duty. Most of the members of the Committee were available, and were agreeable to serve, but Sir A. C. Black was unable to accept the Chairmanship on account of the demands made upon his time by his judicial work. A new Committee was accordingly appointed, comprising eight members of the previous Committee, under the Chairmanship of the Rt. Hon. Lord Alness, to carry out the above remit.

II.—SCOPE OF REMIT.

2. It will be observed from the terms of the remit that our inquiry relates to (*a*) the recruitment, and (*b*) the terms and conditions of service of nurses in Scotland. The problems of training and registration having already been exhausted and reported on, we conceive that we are precluded from further considering them, except in so far as they may have a bearing on recruitment and terms and conditions of service. We decided that our line of approach in this inquiry should be to endeavour to exhaust the subject of recruitment first, and then to pass on to consider terms and conditions of service ; but, as these two problems act and react on one another, it has not been found possible completely to compartment the one from the other.

3. We further decided that it was necessary to ascertain the existing position of recruitment, and terms and conditions of service, over as wide a field as possible, and, with this end in view, we sought to inform ourselves, in the first place, of the position of institutional nurses, both trained and in training, and, in the second place, of the position of nurses engaged outside institutions.

III.—INTRODUCTORY.

4. We received written statements from representatives of Government departments, local authorities, voluntary hospitals, nursing, medical and educational organisations of various kinds, and also from individuals. Thirty-seven of the bodies referred to gave oral evidence before us in amplification of their written statements. We also appointed a sub-committee, which interviewed senior schoolgirls and nurses in training. In all, over a hundred witnesses were examined in the course of our inquiry. We desire to express our thanks to all these various organisations and persons for the help which they so freely accorded us. A list of the organisations and persons from whom evidence was obtained is printed in Appendix I.

5. We endeavoured to make the range of our inquiry as wide as possible, and we think in the main that we have succeeded. The point at which we were least successful was with regard to nursing homes and nursing co-operations, whose response to our invitation to give evidence was meagre. Why these two sections of the nursing profession—both employers and employed—should have held aloof we do not know, and we cannot but regret that more evidence from these sources was not forthcoming.

6. In the course of our inquiry, we kept in touch with the Inter-departmental Committee appointed by the Minister of Health and the President of the Board of Education to inquire into nursing conditions in England. Our contact with that Committee demonstrated that the problems facing the nursing profession in Scotland are similar to those in England. It is to be hoped that, as a result

of the deliberations of the two Committees, a brighter future may be assured to the nursing profession in Great Britain.

IV.—RECRUITMENT.

Evidence of Shortage.

7. With a view to obtaining information regarding recruitment, we issued to matrons of hospitals a questionnaire (Appendix II). In all, 194 questionnaires were sent out, and 155—or 79 per cent. of them—were returned, completed either in whole or in part. We should like to take this opportunity of thanking these matrons for the trouble which they took in supplying us with the data asked for, the preparation of which, we are well aware, must have involved a considerable amount of time and labour. The questionnaires were issued to all types of hospitals—general training schools (voluntary and local authority), training schools for the other parts of the General Nursing Council register, affiliated hospitals, and smaller hospitals of various kinds not approved for training purposes.

8. The data in the completed questionnaires have been summarised, in so far as the information lends itself to tabulation, and the deductions drawn from the answers to the questions relating to recruitment are as follow :—

(1) Two-thirds of the hospitals stated that the number of candidates has shown a falling off during recent years. The remaining one-third had not yet experienced a shortage.

Very few hospitals kept records of the number of candidates in each year, but from the few which had kept records and were able to supply us with figures, the following data are drawn :

(*a*) Nine hospitals gave records for ten years, and the aggregate number of candidates making application to these hospitals in each year was :—

1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
1,860	1,816	1,883	2,243	2,926	2,675	2,556	1,946	1,726	1,466

It will be observed that the figures were fairly steady for the first three years. They then rose during 1931, 1932, and 1933, and thereafter fell sharply during the next four years to a level below that at the beginning of the decennium. It is noticeable that the high figures in 1931–1933 coincide with the period of the industrial slump, and that, on the return of prosperity, the figures fell steeply. This, we were assured, is a usual experience. There is, however, cause for apprehension in the fact that the figures in the post-slump period are on a much

lower level than in the pre-slump period, and that, so far, they show no signs of rising.

(*b*) Twenty hospitals gave records for five years, and the aggregate number of candidates applying to these hospitals in each year was :—

1933	1934	1935	1936	1937
4,242	3,762	3,005	2,812	2,349

From 1933 the falling off is noticeable, reproducing the same picture as that presented during the last five years in (*a*) above.

(2) One-half of the hospitals continued to obtain candidates of as good an educational standard as formerly, but the other half were constrained to accept less well-educated candidates.

(3) Rather more than half of the hospitals had to resort to a larger amount of advertising for staff than previously, in order to attract a sufficient number of candidates.

(4) Rather more than half of the hospitals had reduced the age at which candidates are accepted. A scrutiny of the 144 forms giving this information shows that only seven hospitals now have an entry age as high as 20 years or over, which was common until recently. All the other hospitals take probationers at 19 years of age or less.

(5) It would appear that approximately 2,770 probationers are accepted in a total of 122 hospitals each year.

(6) Roughly speaking, half of the hospitals had difficulty in securing their annual quota of probationers out of the candidates applying.

(7) In nearly two-thirds of the hospitals the need for probationers had increased in recent years. The main reasons for the increases were extensions in the hospitals, or the reduction in nurses' hours, or both factors combined. The hospitals reporting no increases were mainly the smaller non-training institutions.

The above information demonstrates that, taken as a whole, hospitals are experiencing a shortage both in the quantity and the quality of candidates. The shortage is, of course, not uniform throughout. Broadly speaking, the large voluntary hospitals have felt its acuteness least, but hospitals of all classes are finding, in greater or lesser degree, a tenuity of recruits.

9. General nursing undoubtedly makes the strongest appeal to candidates, and as a consequence the general hospitals have so far had less difficulty in meeting their needs. The large voluntary hospitals of wide repute are still finding applicants in sufficient numbers to enable them to be selective. Where, however, a few years ago it was not unusual for one of these hospitals requiring, say, 80 candidates a year, to have ten times that number of applicants to choose from, they now find that the supply of applicants has shrunk by about one half. As a result, even out of what would seem to be a reasonably

large field, such hospitals find difficulty in securing an annual quota of candidates suitable for their purpose, and they are apprehensive that the position will become worse. Local authority general training schools are rather less favourably placed, and the position becomes more acute, as one passes from the special training schools and affiliated hospitals to the non-approved hospitals. In the class of approved training schools, mental hospitals are in the worst position, probably because mental nursing makes the least appeal to candidates. Non-approved hospitals are naturally at a disadvantage in obtaining probationers, as the time spent in them does not count towards training. The situation in some of these institutions, such as sanatoria, is such that they have practically no choice of candidates. Some of the applicants may merely desire temporary employment until something better comes along; other candidates, who have in them the making of satisfactory nurses, soon leave, and go to an approved training school.

Possible Causes of Shortage.

10. In our consideration of the causes of the shortage of nurses, we found that there were two sets of factors operating. First, there are those factors which are not directly connected with nursing as a profession, and which the profession is more or less powerless to control; secondly, there are factors which can be controlled.

11. In the first category, there is the competition of other careers and occupations now open to women—a competition which is always more pronounced in times of industrial prosperity than in times of industrial depression. Then there is the changing distribution of the population. The Census Returns show that in Scotland in 1931 there were nearly 30,000 women less between the ages of 15 and 35 than in 1921, and, as nurses are recruited from this age-group, the drop in numbers is bound to have an adverse effect on recruitment. Allied to this is the fact that, in the Census of 1931, there were 60,000 more persons over 65 years of age than during the ten years before, and this is the age-group which makes heavy demands on nursing services. The higher marriage-rate is another factor which causes a shortage of nurses. Then the increase in the number of nurses required must also be taken into account. The increase is due to the enlargement of existing hospitals, to the erection of more and larger hospitals, to the greater number of nursing homes and of private and district nursing posts, to the more elaborate methods of treatment, necessitating a lower ratio of patients to nurses, to the handling of more emergency cases arising from the increase in mechanical transport, and to the changes in the habits of the community, leading to the increasing delegation of the care of the sick to trained nurses. The above are factors regarding which we feel unable to make any recommendations.

12. In the second category, comprising factors which are controllable, there fall such things as the unfavourable terms and

conditions of service of nurses, the difficulty of filling the gap between the age of leaving school and the age of entering hospital, the ignorance among schoolgirls of nursing, parental opposition, the false impression of nursing in the public mind, and the effects of recent attacks in the press. Added to these factors are the dislike many young women have of work connected with operations, their aversion to objectionable duties and strict discipline, the fear of infection, the dislike of attending to mental patients, and the amount of domestic work to be done. The examinations to be passed are also deterrents to many young women, as is the doubt which exists regarding their ultimate prospects in the profession. So far as these factors are concerned, there are certain steps which may be taken to improve the position, and with which we now propose to deal.

V.—METHODS BY WHICH THE SHORTAGE MAY BE OVERCOME AND RECRUITING MAY BE STIMULATED.

Improvement in Terms and Conditions of Service.

13. In Section VI of this Report, we refer in detail to the terms and conditions of service of nurses. This is, as has been stated, one of the subjects into which, in terms of the remit, we are asked to inquire, and while, to some extent, it forms a separate facet of our inquiry, it will be appreciated that it is closely bound up with the problem of recruitment. The various recommendations made in Section VI are intended to remedy some of the existing drawbacks, and to make the profession more attractive. We are confident that the adoption of these recommendations will go a considerable way towards the stimulation of recruitment.

Closing the "Gap."

14. This subject was dealt with, from the point of view of training, in the Report of the Committee on Training and Registration of Nurses (paragraphs 64 to 72). All that was there said applies equally to the subject of our present inquiry. Girls leaving school at 15 or 16 years of age may desire to become nurses, but they find that they cannot begin their training until they are 18 or 19 years old. In most cases they enter some other occupation, in order to fill in the time and earn some money, and, by the time they reach the age at which they may enter hospital, they find themselves interested and settled in their existing situations, and they put the idea of nursing out of their minds—to the loss, presumably, of the profession. The filling of the "gap," as it is colloquially called, would obviate this loss in great measure, and the scheme recommended in the above-mentioned Report for carrying young women on from school, through a preliminary training course, to a practical hospital training still seems to us to be the most satisfactory way of improving training, while at the same time helping recruitment. In evidence given before us on this occasion, one of the most important central institutions in

Scotland stated that they were prepared to institute a course for girls of 17 years of age, in preparation for the first part of the preliminary examination of the General Nursing Council. This course would cover a period of about eighteen months, and would successfully bridge the "gap." Given a lead, we think there is no doubt that central institutions in other parts of Scotland would be willing to arrange courses for intending nurses. Glasgow Corporation are setting on foot a scheme of instruction for prospective hospital nurses at the Logan and Johnston School, which was recently transferred to the Corporation. Thirty prospective hospital nurses will be enrolled annually, and the course of instruction will probably cover three years from the age of 15, the Day School Certificate (Higher) or its equivalent being demanded. In the first year ordinary school subjects will be taught, but in the second and third years students will take, in addition, the subjects necessary for the first part of the preliminary examination of the General Nursing Council, such as anatomy and physiology. During these two years, visits will also be paid to hospitals, to familiarise students with the routine work in the wards, without their being responsible for actual ward work.

15. Suggestions were made to us that courses for the preliminary training of nurses should be provided at *ad hoc* institutions in several of the large towns in Scotland. While these suggestions have undoubtedly much to commend them, the cost of setting up such organisations would be heavy, and it is not clear on whom the cost should fall. We think that the present educational system ought to be given a chance to show whether it can meet the need, and that the resources of this system should be exhausted before costly experiments are initiated. We have the assurance of the Scottish Education Department that they are anxious that the resources of the existing educational system (secondary schools, continuation classes, and central institutions) should be utilised in meeting the needs of future nurses. The institution of appropriate courses would be dependent upon the assurance that a sufficient number of students would be forthcoming at each school or centre to make the courses economically justifiable. In addition, the help of the Scottish Education Department could hardly be hoped for, unless they had some assurance that hospitals would accept the young women who had been trained in these courses, and who are otherwise suitable, and that hospitals would not insist on the work already covered being repeated in hospital. As recommended in the Report of the previous Committee, we think that the subject should be explored by the Department of Health for Scotland, the Scottish Education Department, the General Nursing Council, and representatives of hospital authorities. We suggest, in addition, that local education authorities should be represented in any negotiations which may take place. It is recognised that many young women would require to have financial assistance, by way of bursaries and grants, to permit of their taking the advanced courses referred to, which would carry them on to 18

or 19 years of age. The sources of revenue which might be made available for this purpose have already been mentioned in paragraph 89 and Appendix II of the previous Report, and we do not think it is necessary to re-state the position here. The previous Report and this Report should be read as complementary to each other.

16. It was suggested to us by a number of witnesses that non-approved hospitals should be staffed wholly with trained nurses, on the plea that the withdrawal of nurses in training from non-approved hospitals would help recruiting in approved hospitals. At first sight this may seem an attractive proposition, but, apart from the added financial cost to these small hospitals which such a step would entail, it seems to us that, in taking nurses for training, they are serving a useful purpose. The young women entering these hospitals soon find out whether or not they are fitted and have the desire to be nurses. If they are not fitted, they would soon be lost to the profession in any case, but, if they are suitable, it is not long before they pass on to an approved training school. In addition, such young women are generally taken into non-approved hospitals at an earlier age than they could enter a training school. These hospitals are thus performing a useful function in helping to bridge the " gap." All things considered, we do not feel prepared to recommend that all non-training hospitals should be wholly staffed with trained nurses.

17. Very small hospitals, with a score or so of beds, and a limited range of cases, obviously cannot give much assistance in recruiting, and possibly it would be better to staff them with trained nurses only; but there are many other hospitals throughout the country—running to 50 or 100 or even more beds—which should be utilised to help recruiting, for the reasons stated above. Many of these hospitals—for incurables, for tuberculosis, and for other special diseases—frequently attract local recruits who might not find their way to more distant training schools. They are as a rule excellently administered, and they are possessed of medical staffs, either resident or visiting, whose services could be and already often are utilised in giving lectures to nurses. At present probationer nurses entering these hospitals merely mark time for a year or two, and then pass on to a training school and begin their training afresh. It seems to us that the facilities in these hospitals could be more fully utilised. In Rule 22(D) made by the General Nursing Council for Scotland in 1935, splitting the preliminary examination into two parts, there is provision made for young women taking their theoretical training in an " educational institution " before entering hospital. In evidence, we found that the General Nursing Council interpret the words " educational institutions " as limited to schools, central institutions, and the like, embraced within the present educational system of the country. The Council would seem, however, to-day to recognise hospitals as " educational institutions," seeing that training hospitals can prepare probationers for all parts of the examination. Many of

the larger and better non-training hospitals might, we think, with advantage be approved as "educational institutions," for the limited purpose of the theoretical part of the Preliminary Examination, subject, of course, to inspection by the General Nursing Council, as is at present done with training hospitals, to see that the necessary facilities for teaching are available. We are convinced that nothing but good would result from such a course, and we respectfully recommend that the General Nursing Council for Scotland should review their policy on this matter in the interests both of recruiting and of the non-approved hospitals.

Contact between Schools and Hospitals.

18. The position might be improved if there was a closer link between schools and hospitals, and if it were more fully realised that the nursing profession offers a wide avenue of employment (*see* para. 80). We found that, apart from the small number of young women who had from an early age made up their minds to be nurses, schoolgirls as a whole have little or no knowledge of the profession, and what little knowledge they have is inaccurate. To remedy this, arrangements might be made for nurses to visit schools, and give talks to the senior pupils. In the few instances where this has been done, the results were encouraging, and justify an extension of the system. We have reason to believe, from the interviews which we had with representatives of the teaching profession, that no obstacle would be placed in the way of such contacts—in fact, that a development on these lines would be welcomed. But the matter should not rest there. To remove misconceptions based mainly on hearsay, it would be of advantage for older schoolgirls to visit hospitals, and see for themselves how things are done. Matrons assured us that they would be only too glad to arrange for such visits, in order to let the schoolgirls see how hospitals function. As it is the hospitals who want recruits, we think that the initiative in any such arrangement should come from a recognised nurses' organisation, *e.g.* the College of Nursing. We accordingly recommend that hospitals should approach the education authorities in their areas and endeavour to arrange that nurses should visit the schools and talk to the schoolgirls, and that parties of senior pupils should be taken round the hospitals. We may add that the Scottish Education Department is prepared to help such a scheme centrally. Following a recommendation in the Report of the previous Committee, the Department has already instructed its inspectors to stress to headmasters the importance of nursing as a career, and it is prepared to consider further action—by the issue of circulars or otherwise—as part of a settled policy which may result from the recommendations of this Committee.

19. Parental opposition is undoubtedly an important factor in

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might be given by nurses to girl guides, to women's and girls' guilds attached to churches, to bodies like the Y.W.C.A., Women's Rural Institutes, and to various other women's organisations in existence up and down the country. In connection with such talks, films, similar to those made to popularise other occupations and activities, might be shown. A few hospitals and other bodies have issued attractive prospectuses and pamphlets on nursing, and this idea might with benefit be more widely employed. Ministers might, on occasional Sundays, deal in their addresses with the humanitarian art of caring for the sick, with particular reference to nursing. Discussions and talks on the wireless regarding nursing affairs could no doubt be arranged. Articles and letters in the press might also appear both for general propaganda purposes, and as an offset against the adverse campaign in the press, of which we heard much in the course of our inquiry.

24. Some of the above proposals for making known the claims of nursing might be adopted locally by individual hospitals or groups of hospitals. For the wider aspects, such as wireless talks and press propaganda, it might be well to have one central co-ordinating body. It does not seem to us to be a function suitable for bodies like the Department of Health for Scotland or the General Nursing Council for Scotland, but it might commend itself to bodies representative of nurses or hospitals, *e.g.* the College of Nursing or the British Hospitals' Association.

Ward Orderlies.

25. As a means of meeting the shortage of nurses, it was suggested to us that ward orderlies of both sexes might with advantage be employed in hospitals. These ward orderlies would undertake routine domestic duties, such as the sorting of linen, carrying stores, dusting, cleaning bathrooms, sluices, etc., which are at present performed by nurses in training. By relief from such duties, nurses would enjoy an enhanced status, and would be able to devote their time more fully to their true function—the actual care of patients. These ward orderlies would in effect be domestic staff, with special duties allotted to them, and they should be clearly distinguished from nurses. On no account should they be called "assistant nurses." Provided the position is sufficiently safeguarded on these lines, we are prepared to recommend that hospitals which experience difficulty in procuring nursing candidates should try the experiment of employing ward orderlies.

Assistant Nurses or Lower Grade of Nurses.

26. It was suggested to us that, particularly in hospitals caring for the chronic sick, a new grade of assistant nurses might be recruited to help to meet the shortage of nurses in training or trained nurses.

Such schemes have, we were given to understand, been tried in certain places in England, but we have grave doubt regarding the wisdom of extending the experiment on this side of the Border. As we have indicated in the preceding paragraph, we have no objection to ward orderlies being employed. It may be that the witnesses making the suggestion for a lower grade of nurses have not thought out the distinction between ward orderlies and assistant nurses. We think that the setting up of a lower grade of nurses would be a retrograde step. Such a step might, we recognise, be welcomed by institutions, but we doubt whether it is desirable from the point of view of nurses. As we see it, nurses obtained by the Nurses Registration Act of 1919 recognition for which they had striven for twenty years. This Act marked the first step towards making nursing a homogeneous profession. We feel that the adoption of the suggestion to recognise assistant nurses might, even if an attempt were made to draw a distinction between them and nurses on the existing parts of the General Nursing Council Register, nullify many of the benefits obtained under the Act of 1919, would tend to lower the status of the profession, and would not be in the public interest. As it is, registered nurses complain of the competition of untrained or assistant nurses, and the formal recognition of assistant nurses might, we fear, have the effect of intensifying this competition. We admit the difficulties experienced both by voluntary and local authority hospitals in dealing with the chronic sick, and we sympathise with them in their difficulties. We have, however, tried to help them by recommending in paragraph 17 that, as an aid to recruiting, these hospitals might be regarded as " educational institutions " for the purpose of Rule 22(D) of the General Nursing Council, and permitted to train probationers for the first part of the Preliminary Examination. In addition, in the Report of the previous Committee (paragraph 81), it was indicated how nursing of the chronic sick might be brought within a comprehensive scheme of general training. The adoption of these suggestions would improve the prospects of these hospitals by securing a certain number of probationers, and would qualify them to share in any Government grants that might be given for training. For the rest, these hospitals would employ trained nurses engaged exclusively on nursing duties, and would delegate all domestic duties to ward orderlies or ward-maids. After careful consideration of all the circumstances, we do not recommend the setting up of a grade of assistant nurses.

Male Nurses.

27. A few witnesses suggested that the employment of male nurses might be considered as a means of compensating for the shortage of female nurses. At present there are very few male nurses in Scotland outside mental hospitals, and, as the Report by the previous Committee showed, there are no facilities available in Scotland for the general training of male nurses. We recognise that certain work

in male wards of hospitals might appropriately be done by men, and that there is scope for the employment of a limited number of male nurses in private practice. We doubt, however, whether it would be feasible to alter the conception in the public mind that nursing is a feminine profession, and consequently whether male nurses could suitably replace women nurses to an appreciable extent. Having regard to these considerations, and looking to the difficulties in administration which might arise from the employment of male and female nurses in the same institution, we feel that the time is not ripe to embark upon any scheme which aims at supplementing the supply of female nurses by the employment of male nurses.

VI.—TERMS AND CONDITIONS OF SERVICE.

Hours of Duty in Hospitals.

28. It was the general opinion of the witnesses who appeared before us that nurses' hours are too long. The hours of day duty appear to vary from about 52 to 60 or more per week. The hours of night duty are rather longer—between 60 and 70 hours per week. From the evidence submitted to us it is clear that many hospital administrations recognise that these hours are too long, and that in recent years they have been doing their best to reduce them. The chief obstacle in the way, assuming the difficulty of recruitment to have been overcome, is that of finance. The shortening of nurses' hours means the employment of more nurses, and the employment of more nurses means the provision of accommodation for them.

29. The ideal, as presented to us, was a 96 hours' fortnight, which, it was suggested, would be more easy of adjustment than a 48 hours' week, inasmuch as duties under a 96 hours' fortnight might be dovetailed more easily, where one week might be longer than 48 hours, and the next week shorter. A 96 hours' fortnight would certainly appear to offer greater elasticity, and would result in a shortening of hours, which, in hospitals generally, with very few exceptions, are too long for such an exacting occupation as nursing. We found that in a few hospitals—mainly mental hospitals and sanatoria—a 48 hours' week is actually in operation.

30. A number of nurses stated that, during the earlier period of their service, they found the hours exacting, but that, after a time, they became accustomed to the routine, and inured to the system. We do not think that this is a conclusive argument in favour of the existing hours, but rather that it is an example of what the human frame can endure. Research into industrial fatigue in other branches of activity has shown that undue mental and physical strain is detrimental to the efficient performance of work. We do not know whether such research has been directed towards nursing, but we feel sure that, were such research undertaken, it would show a definite loss of efficiency on the part of nurses towards the end of long periods

of duty. We were informed that nursing, along with other modern activities, has in recent years shared in a process of general speeding up, and hours that may have been bearable forty or fifty years ago are now no longer bearable. In the interests of the patients it is essential that nurses should be alert, and alertness cannot be maintained where nurses are overtired.

31. From the representative hospitals from which we obtained evidence we are aware that hospital administrations are sensible of the drawback of long hours, and that they are anxious to shorten them. As one of the chief difficulties in providing more nurses and more accommodation is a financial one (it is estimated in some hospitals that a reduction to a 96 hours' fortnight would involve a 30 per cent. increase in nurses), the provision of State grants to hospitals, to which we refer elsewhere (paragraph 78), should go some way towards relieving the situation.

32. To sum up, our recommendation is that hospitals should continue the process of shortening hours, on which most of them have already embarked, and should aim at the establishment of a 96 hours' fortnight within the near future. The 96 hours' fortnight should apply to both day and night nurses, and should be exclusive of meal times, but inclusive—where that is possible—of lectures to nurses in training. Their duties should be so arranged as to allow each nurse one free day per week.

33. Such a programme would put an end to what we consider is the most undesirable practice, which obtains in some hospitals, of having the day theatre staff on call for night duty. It seems to us unreasonable that nurses who have been on duty all day should be on call, say, three times a week for emergency theatre duty at night—and not only on call, but actually called on. This point is closely related to the question of the daily span of duty. It is obviously of little use reducing hours to the equivalent of an eight hours' day, if the hours are spread over a span of duty so long as to have the nurse more or less on call during the greater part of the twenty-four hours. In such circumstances, it would be impossible for the nurse to make reasonable use of her free time, thereby nullifying the benefit of the shortened hours which we have recommended. We accordingly recommend that the nurse's span of day-duty should not exceed 13 hours, that the nurse's span of night-duty should not exceed 11 hours, that the consecutive hours on duty should be of a reasonable length (4 or 4½ hours), and that the off-duty period during the span should not be broken.

Salaries of Hospital Nurses.

34. (*a*) *Nurses in Training.*—On the question of remuneration it was frequently represented to us that the amount paid to nurses in training is sufficient. This statement was made on the ground that

they are receiving a training, and comparisons were drawn with medical students and prospective teachers. Some nurses in training took this view, although most of them said that the remuneration received by them was not sufficient for their needs, and that they had to obtain help from home.

35. On this question there is a marked difference between voluntary and local authority hospitals. The commencing salaries for probationers in voluntary hospitals are usually £18, £20, and £22 per annum. Some young women who take up nursing as a vocation do not think much of salary, but to others entering nursing as a career the commencing salary may be a factor in their decision. In any event their parents probably entertain strong views on the subject. Young women who have been maintained until they are 18 or 19 years of age may after that time be expected to be self-supporting, even if they cannot contribute to the household budget. A salary of £18, £20, or £22 per annum obviously leaves very little margin. Out of the salary, uniform sometimes has to be provided, which may cost £6 to £8. A nurse may have to travel home at her own expense for holidays, perhaps to the Highlands and Islands or to the far north—which are among the chief recruiting grounds in Scotland. She has also to provide herself with ordinary outdoor clothes, and in her free time she needs a little money for amusement. A sum of less than 10s. a week cannot go far to meet these expenses.

36. As regards local authority hospitals, the commencing salaries of probationers are about £30 to £36 per annum. This seems to us to be reasonable remuneration. It would appear that local authority hospitals have to offer higher salaries in order to attract recruits. One local authority, we were informed, dropped the commencing salary of probationers to the level of a neighbouring voluntary hospital, and in the following year the number of candidates fell away considerably. It is evident, therefore, that recruits, or at any rate their parents, consider the amount of salary of importance. If local authorities find a higher salary attractive, it is probable that voluntary hospitals might also find it an aid to recruiting.

37. As we have said, the argument against increasing the salaries of nurses in training is that they are receiving a training, and a comparison is made with the medical and teaching professions where students have to pay fees. The difference between the nursing profession and these other professions is that nurses in training render valuable service. Much of the work in the wards is done by them, and accordingly we do not think it should be too readily accepted that, because they are given training, their salary should necessarily be small.

38. It was suggested to us that to raise the probationer's commencing salary might attract a less desirable type of candidate. We do not think that there is much in this argument. The better class of young women who enter the profession would not be deterred by the increase, and young women from rural areas, who, we are assured,

make good nurses, but whose parents may not be well off, might be attracted in greater numbers by the higher rate of remuneration offered. On the ground of expediency from the recruiting point of view, we recommend that hospitals which have not yet done so should increase the probationer's commencing salary to a figure in the neighbourhood of £30 per annum. In addition, we recommend that, in all cases uniforms should be provided at the expense of the hospital.

39. (*b*) *Staff Nurses.*—It was the opinion of all the witnesses who appeared before us that trained nurses receive too little by way of salary. With this view we are in agreement. Taking staff nurses first, we find that scales of salaries vary from hospital to hospital, but that the general range is from £60 to £70 or £75 per annum. A few hospitals give less, and a few give more. These nurses, where general training has been taken, have in most instances served at least three if not four years as nurses in training. The value of board and lodging having been taken into account, fully trained nurses of 23 years of age are in receipt of emoluments of £2 per week or thereby. As the higher posts available to nurses are relatively few, and also are not very remunerative, their prospects from a financial standpoint cannot be regarded as attractive. Parents, in particular, being made aware of these conditions, and looking to their daughters' future, are likely to advise them against entering a profession in which, after a long and strenuous training, the economic return is meagre. In our judgment, this factor has a deterrent influence, and, with a view to helping recruiting, and at the same time giving nurses a more adequate return for their skill and training, we recommend that the commencing salary for staff nurses should be raised to a figure of not less than £75 per annum, and that the salary should rise by annual increments to £90 per annum. We also recommend that financial recognition should be given to nurses holding additional qualifications, where the possession of these is required by the hospital.

40. (*c*) *Sisters.*—The position with regard to sisters is similar. These are women who are usually possessed of more than one nursing qualification, who have a considerable number of years of service behind them, and who are charged with responsible duties. Scales of salary for sisters vary, but a usual range is from £75 or £80 to £100 or £110. In view of their training, qualifications, and responsibility, we consider that sisters receiving emoluments (including board and lodging) of about £3 a week are underpaid. The same women, on becoming health visitors or district nurses, would, in all but a few areas in Scotland, command salaries of £4 per week or more. We do not regard health visitors' salaries as beyond reproach—knowing that, in comparison with English health visitors, Scottish health visitors are poorly paid—but we do think that a hospital sister's emoluments should more nearly approximate to those of a health visitor. We accordingly recommend that sisters should be remunerated on a scale commencing at £100 and rising by annual increments to at

least £130 per annum. We also recommend that financial recognition should be given to nurses holding additional qualifications, where the possession of these is required by the hospital, and that a higher maximum should be fixed for sisters who hold exceptionally responsible posts, or who have given long service.

41. (*d*) *Higher Posts.*—We do not propose to discuss the higher posts, as we feel that, if the basic grades are remunerated on the lines which we have recommended, the salaries of the higher posts will be appropriately adjusted.

Off-duty Time.

42. We received many criticisms of off-duty time. These related mainly to the uncertainty when nurses would get off, and to what appeared to be the unnecessary restrictions affecting their off-duty time. As regards uncertainty, nurses told us that frequently they did not know, until a short time before going out, when they would be off duty. In consequence they found it impossible to make arrangements beforehand to meet their friends. This resulted in a gradual severing of outside social contacts, which, it seems to us, may lead to a loss of freshness of outlook, and a narrowing of interests to matters connected with hospital life. Some matrons told us that, when they entered hospital for training, thirty or forty years ago, they felt that they were cut off from the outside world—in other words, that the cloistered atmosphere surviving from the early days of religious nursing sisterhoods persisted. We do not think that such rigid conditions now exist, but there is still an aftermath of it in the view—not actually expressed but sometimes subconsciously held—that a nurse's life is at the disposal of the hospital, and that her free time is of little consequence. There appears to be a lack of appreciation of the fact that modern young women will not submit to restrictions which affected earlier generations. In these days there is greater freedom in all walks of life, particularly where women are concerned, and nursing, if it is to compete successfully with other occupations open to women, must see to it that reasonable freedom is available to nurses. Off duty should not be given grudgingly, or merely because it is customary. It should be regarded as something necessary for the well-being and efficiency of the nurse, and as her due. We were informed that in some hospitals a time-table was in use, setting out the periods of off-duty time for each nurse. This time-table was adhered to, and resulted in satisfaction among the staff, who could with reasonable confidence make engagements in advance with their friends. Such time-tables might have to be departed from at times of stress, but, so long as they functioned at normal periods, nurses had no complaint to make, and co-operated willingly. We see no reason why this system should not be extended to all hospitals.

43. We were informed that, on occasion, when a nurse comes off

duty, she cannot freely go out of the hospital, say, from 8 p.m. till bedtime, but that she must attend a meal, and is not allowed to appear at such a meal out of uniform, even though she is off duty immediately after, and that a nurse whose home is in town is excused from only one meal a week in hospital. We think that only exceptional circumstances can justify such arrangements. In many hospitals, too, probationers have to return by 10 p.m., which relatively early hour, allied perhaps with a long walk from tram or bus, rules out attendance at, say, a cinema, a theatre, or other entertainment—thus neutralising much of the benefit of a few hours away from duty. Late passes are generously given in many cases, but we heard of other cases in which they are not. We recognise, of course, that matrons, with a large number of nurses in training under their care, are in a responsible position, and that, in the interests of the staff, and for the good name of the hospital, they must exercise a reasonable amount of supervision. But rigid supervision might, we think, be tempered with a more enlightened view of the freedom of the modern young woman, and might be relaxed without harm being done either to the women or to the institution. When all is said and done, probationers, in general hospitals at least, do not enter training until they are 19 or 20 years of age, and may have gained experience of life for two or three years in other occupations. They should not, therefore, be regarded as young and ignorant girls, but as women approaching years of discretion, and as such allowed a freedom commensurate with their age and sense of responsibility. For instance, nurses suggested to us that, after they had completed their first year of training, greater freedom might be allowed them. Younger and less experienced women in training for other professions frequently live in hostels, where they enjoy greater freedom than probationer nurses without ill results. It may be argued that nurses, from the strenuous nature of their calling, must be safeguarded against the risk of undermining their health by burning the candle at both ends in the matter of the hours they keep, but we think that this danger could be avoided without placing unnecessary restrictions on the use of the nurses' off-duty time.

44. Such complaints as those to which we have referred may in themselves seem to be of minor importance, but in the aggregate they rankle. Nurses express themselves freely on the subject to their friends outside, with the result that the complaints are given an importance in the public mind, and particularly in the minds of potential nurses, quite out of proportion to their value. We recommend that a progressive attitude, more in keeping with the trend of modern life, should be adopted by those in authority.

Annual Holidays.

45. The subject of annual holidays also aroused some criticism—mainly on the score of the uncertainty of their date. Obviously,

holidays must be fixed well in advance, if nurses are to make appropriate arrangements with their families or their friends. Some hospitals do, of course, have such a system, but it came to our notice that in others there is a complete lack of system, or a system so haphazard that it is very little better than none. On occasion, the exigencies of the hospital may, of course, have to overrule any well-organised scheme. But in our view, a staff holiday programme should be framed as far in advance as possible, and not departed from save in exceptional circumstances.

46. The length of holidays varies greatly from hospital to hospital. In an occupation such as nursing, which is both strenuous and tying, a reasonably long holiday is essential for purposes of recuperation. We accordingly recommend that nurses in training should have not less than three weeks' annual holiday, and that trained nurses should have not less than four weeks.

47. We also recommend that all nurses, while on holiday, should receive subsistence allowance. The salaries of nurses—and particularly of nurses in training—are not large, and they do not leave much margin for train fares and holiday expenses. Board and lodging in hospital constitute part of the nurse's remuneration, as can be seen from the fact that these are taken into account in assessing deductions for superannuation, and it seems only fair that, when a nurse is away from hospital, this remuneration in kind should be paid in the form of cash while she is on holiday. A figure of at least £1 a week would, we think, be reasonable.

Lectures.

48. The time at which lectures are given is a vexed question. Naturally, where there is a big staff in training, with varying hours, and with the convenience of lecturers to be considered, it is not an easy matter to arrange lectures to suit every one. But even so, we think that the aim should be to arrange the lectures so that they should fall as much as possible within on-duty time.

49. In some hospitals there is a system in operation whereby nurses, before both their preliminary and final examinations, are withdrawn from ward work for a week or two, in order to concentrate on preparation for the examinations. While realising the difficulties that may be involved in this arrangement, we recommend the system as an ideal towards which hospitals should work.

Living Quarters.

50. The nurses interviewed by us seemed to be reasonably satisfied with their quarters, but from other sources, *e.g.* the medical staff, we learned that conditions are not all that they might be—particularly in the older hospitals. We appreciate the efforts that are being made by many hospitals up and down the country to improve matters by

the erection of up-to-date nurses' homes, where each nurse can have a separate room, and the amenities of a social and communal life are provided. But in many hospitals nurses are obliged to share rooms, and while, as far as possible, friends may be placed in the same room, the system lacks that essential privacy which most nurses would welcome. We are well aware that, in many hospitals, the provision of better staff accommodation will represent an additional financial burden which they can ill afford to bear, and that our recommendations for shorter hours, involving more nurses and more accommodation, will still further intensify the problem. But it is one of the problems which must be faced and solved, if the profession is to continue to attract recruits.

51. More consideration might be given to the proposal to allow trained nurses to live out. Much of the evidence on this subject was to the effect that, when the option is given to nurses of living-out or living-in, the majority prefer to live in. This is understandable, for the up-to-date nurses' homes at many institutions offer attractions in amenity and companionship which are unobtainable in lodgings. Where, however, a nurse prefers to live with her family or with friends, we think that she should have the option of doing so. Naturally the hospital authorities would have to be satisfied that such living quarters are within reasonable reach of the institution, in view of the early hours in the morning at which nurses must begin work, and of possible emergencies in the hospital. For living out, too, an adequate lodging allowance ought to be paid, in order to ensure that the nurse will enjoy comforts approximating to those available in a nurses' home. The usual figure of £50 to £70, representing the cost of board and lodging in hospital according to the grade of nurse, as disclosed in replies to our questionnaire, does not seem to us to be sufficient. Even if hospitals can board and lodge nurses in the aggregate for this amount—as to which we have some doubt, if all factors are taken into account—a more generous allowance should be made for nurses living-out. We hesitate to put a definite figure on the amount necessary—looking to differences in the cost of living between one area and another—but it seems to us that the figures cited should be substantially increased.

52. Having regard to the appeal made by posts of health visitors, Queen's nurses, etc.—due, we think, in no small degree to the attraction of having a home of one's own—we think that the practice of living out, once launched, might prove popular with trained nurses on account of the greater freedom and the chance of resuming outside social contacts that are difficult to maintain in institutional life. We recommend the idea to the consideration of hospital authorities, who may find in it a means of securing greater satisfaction amongst their staffs, and of producing a favourable reaction on recruitment. At the same time the heavy expense of adding to staff accommodation may thus be avoided.

53. As regards nurses in training, we feel that on all counts it is

preferable that they should live in the nurses' home. They should, however, have the privacy of a separate room. Study rooms should be provided, and also rooms where guests of either sex may be entertained. Nurses, when in the nurses' home, are, as a rule, off duty. The homes should accordingly be as "homelike" as possible, and restrictions should be as light as is compatible with a communal life. In fact, we see no reason why the nurses' home should not be detached more fully than at present from the hospital proper, and run as a hostel under a warden.

Meals.

54. Meals taken regularly in the same dining-hall or restaurant inevitably acquire a certain sameness after a time. Bearing this in mind, we are prepared to discount some of the complaints made to us about the monotony of the food served in hospital, but we cannot set aside all the complaints on that ground. From the evidence tendered to us it is clear that the monotony of the menu persists in certain institutions, where, after a short experience, a nurse can foretell with accuracy what dish will be served on any day of the week. Such a method of providing meals displays a lack of imagination. Without adding to cost, an element of surprise or variety could quite easily be introduced, which would make all the difference. One witness told us of the excellent results obtained since a domestic science trained cook was engaged, whose sole duty was to look after the nurses' meals. The experiment had been a great success, and the nurses came to their meals with added zest, not knowing what culinary surprise might await them. No complaint was made to us regarding the quality of the food, in which case it seems a pity that the material provided is not used to the best advantage. We suggest that, in hospitals where a large staff is employed, a choice of dishes should be offered. The service of meals was also criticised. Young women from good homes were struck with the rough and ready way in which food was sometimes served. Hospital administrations should, we suggest, endeavour to make both the food and service as attractive as possible.

55. Meal times might with advantage in many cases be lengthened. This observation applies in particular to the midday meal—the chief meal of the day—for which there is often only half an hour allowed. This is too little, and if, as sometimes happens, a nurse is late in getting to a meal, there is no sufficient margin of time for its consumption, with the result that the meal must be rushed. We suggest that a minimum of forty minutes should be allowed for the midday meal.

56. Other suggestions made were that nurses, on their day off, might have the privilege of having breakfast in bed, instead of having to get up for the usual early breakfast; that the service of tea in the nurses' sitting-room instead of the dining-room would be wel-

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teachers, and parents to functions which they were allowed to arrange, with the result that there was an atmosphere of good feeling and contentment created among the staff. There was also a favourable reaction on the recruiting position of this particular hospital, which was able to maintain without difficulty its supply of nurses.

60. On the question of freedom to go out and come in when not on duty, we think the position generally has improved. Many hospitals in recent years have relaxed their restrictions. So far as sisters are concerned, we consider that they should have freedom of movement, subject to letting the matron know when they propose to be late in returning. Staff nurses might be allowed freedom up to, say, 11 p.m., but they should be given, in addition, generous facilities in regard to late passes. A closer supervision of probationers than applies to trained nurses is necessary, but a later hour than 10 p.m., which is still enforced at many hospitals—say, up to 11 p.m.—might be allowed on days and half-days off, with freedom to be out on other evenings till 10.30 p.m. In the light of modern conditions, we think hospital administrations might abandon the policy of locked doors at 10 or 10.30 p.m. in the nurses' home.

Domestic Work.

61. Public opinion, we think, still holds the view that a great part of a nurse's time is taken up with domestic work. Such an opinion had more justification in the past than now, but, while that is so, we are not sure that domestic work for nurses has been cut down to a reasonable minimum. Hospital authorities were inclined to contend that nurses are not nowadays called upon to undertake much domestic work, and that what they did was an essential part of their training. The opinion of the nurses whom we interviewed was, however, different. They recognised, as we all do, that a nurse in training must be versed in duties of cleaning and caring for household effects, and that the best way of learning these duties is by carrying them out. In the first few months of training, when their contribution as nurses to the work of the hospital was still of little account, they felt that the performance of domestic tasks was justified, and they performed them willingly. After some months, however, when they had learned these tasks satisfactorily, and felt that they were beginning to be of use as nurses, they thought that less cleaning, polishing, and dusting might be required of them. It came to our knowledge that third and fourth year nurses were still expected in some cases to scrub out lockers and polish brasses, and, worse still, that nurses taking a second training were performing such work in their sixth and seventh years—still presumably as part of their training. While, therefore, the position has improved in recent years, it is still, in our judgment, unsatisfactory. It is economically wasteful, at a time when the supply of nurses is abridged, to take up their time with work that could be quite well

done by wardmaids, whose remuneration is roughly comparable with that of nurses in training. Too much time in the first year and a half—and, as we have indicated, even later years—is spent by nurses in training on what is undoubtedly wardmaids' work—time which could be much more profitably devoted to their true vocation of nursing. We do not wish to labour the point, but we are convinced that the time has come for hospital authorities to review their policy in this matter. We accordingly recommend that, after the first year of training, any domestic work that nurses are called upon to do should be work that can be properly entrusted only to nurses, and that all other domestic tasks should be done by ward orderlies or wardmaids.

Superannuation.

62. In the Report of the previous Committee, the question of superannuation was the subject of observation in paragraphs 131–135, although in that inquiry, relating to nurses in training, the matter did not form an acute issue. It was, however, evident, early in the course of the present inquiry, that superannuation was one of the most important subjects with which we should have to deal, and as our inquiry proceeded this became increasingly clear. Witnesses were unanimous that pensions should be available for all nurses, and that there should be interchangeability as between the various branches of the nursing profession. As was stated in the previous Report, there were three main schemes of superannuation in force at that time, namely :—

(1) The Federated Superannuation Scheme for Nurses and Hospital Officers applicable chiefly to nurses in voluntary hospitals ;

(2) The scheme for mental hospital workers under the Asylum Officers Superannuation Act, 1909 ; and

(3) The statutory scheme for nurses in the local authorities' service.

63. Since the previous Report was written, the position as regards (3) has altered considerably. At that time nurses might or might not be included in a scheme under the Local Government and Other Officers Superannuation Act, 1922, which was permissive. Last year, however, a new Superannuation Act for Local Government servants was passed—namely, the Local Government Superannuation (Scotland) Act, 1937—in terms of which superannuation of employees, presumably including nurses, is obligatory on local authorities as from 16th May 1939. Provision is made for superannuation benefits being interchangeable as between local authorities, which means that nurses may move freely from a local authority hospital in one part of the country to a similar hospital in another part of the country, with the assurance that their superannuation benefits will be carried with them into their new employment.

64. So far as it goes, this is a welcome improvement, but it does not touch the problem of nurses moving between local authority hospitals and other branches of the service, such as voluntary hospitals or private nursing. The general opinion among the witnesses examined was that nursing should be a pensionable service, that pensions should be *universal*, and that they should be *interchangeable* throughout the whole profession. We concur in this view, and we think that the nursing service of the country should be pensionable in the same way as are other public services, such as teaching and the police service. Pensions for all nurses would, by improving the prospects held out to entrants, materially help recruitment. Young girls about to enter nursing may not be concerned as to whether a pension will be available to them at the end of their service thirty or forty years later. We think, however, that this is a matter which naturally and properly weighs with parents, who are likely to take the view that, if their daughters become nurses, there is not much prospect of saving for their old age out of the salaries paid even in the higher ranks of the profession. Pensions, moreover, should be interchangeable as between the various branches, in order to ensure complete fluidity over the whole service. We have had the advantage of receiving and considering a memorandum on Superannuation by the Government Actuary, which is printed as Appendix III to this Report. The question involved is an actuarial one, and, while we recommend a system of *universal* and *interchangeable* pensions for nurses, we think that it should be left to the Government Actuary, in collaboration with the Departments concerned, to review the problem, and to evolve a scheme, on the basis of paragraph 8(*d*) of the memorandum, without avoidable delay. We so recommend.

65. The only other point we desire to comment upon in this connection is in regard to the figure put on board and lodging in the case of nurses in hospital. As has been mentioned earlier (para. 51), these emoluments are usually assessed at £50 to £70 per annum, which sums seem to us too low. As a result, when pensions come to be paid, they provide a meagre amount on which to retire, as the low emoluments have the effect of reducing the amount of the pension. To remedy this, we recommend that the value of board and lodging should be reassessed at a figure bearing a truer relation to the value of the emoluments.

VII.—HEALTH VISITORS.

66. Apparently no shortage of nurses exists, so far as health visiting and cognate services are concerned. Any vacancies in these posts attract large numbers of applicants. The reasons are obvious. The salaries are more lucrative than, say, those of sisters in hospitals, the hours are better, the restrictions of institutional life disappear, and opportunities for sharing more fully in the social life of the community are afforded.

67. The chief criticism of the conditions of health visitors in Scotland is as regards their remuneration. In some areas the commencing salary may be as low as £120 per annum, and the average scale is about £140 to £200. We were informed that the best scale in Scotland is that paid by Glasgow Corporation, namely, £170 to £240. Comparison with the scales paid in England shows that Scottish health visitors are poorly remunerated. In the provinces in England, a scale of £200 to £300 is paid, while the London County Council pay from £250 to £450—a few of their supervisors receiving £500 per annum.

68. To obtain a health visitor's post nowadays it is necessary, as a rule, for a nurse to have a general training (which may mean four years' training), *plus* the health visitor's certificate (six months' training), and the C.M.B. certificate (six months' training). These nurses are accordingly well qualified, and have had a long training to obtain their qualifications. Health visitors are not employed under 25 years of age, and normally the age of appointment is 30 or over. The duties demand a large measure of self-reliance, as the nurses are left to work on their own responsibility to a greater extent than institutional nurses. A commencing salary of £120 or £140, out of which the nurse has to maintain herself, seems to us in the circumstances meagre remuneration for the class of work done and the qualifications demanded. We were informed that, on account of the higher salaries in England, there is a noticeable drift of desirable candidates to England, to the loss of the service in Scotland. We appreciate that the law of supply and demand operates in this branch of the profession as elsewhere, and, if local authorities can obtain at the present salaries a sufficient number of candidates, who are attracted by the relative freedom of the posts, they may be indisposed to give increased salaries. If, however, institutional salaries and conditions improve, this favourable position may not always be maintained, and local authorities may be obliged to offer increased remuneration. To forestall such an eventuality, and in justice to the women employed, we suggest that there is a case for a better scale of salaries now. We accordingly recommend that health visitors should be paid on a scale of £200 to £250, supervisors going beyond the latter figure to a maximum of £350 per annum.

VIII.—QUEEN'S AND DISTRICT NURSING.

69. In this branch of the profession there is no shortage of candidates. Recruitment does not, of course, affect it, as only fully trained nurses are employed, but, if the shortage of entrants to the profession should continue, this service may also be affected directly or indirectly. On the whole the conditions of service would appear to be good. As compared with institutional life the attractions are greater freedom, better hours, the responsible position of the nurses in the community, and the opportunities which they have of sharing in social activities.

70. We were informed that the scale of salaries of Queen's nurses was raised in January of this year, bringing them nearly into line with the salaries paid in England. Salaries range from £70 to £100 per annum, with an extra £60 allowance for uniform and board, and, in addition, rooms, or a furnished house, with fire, light, and attendance are provided, which might be taken as approximately equivalent to a further £60 per annum. The total emoluments may, therefore, be put at, say, £190 to £220 per annum. Looking to the qualifications demanded (general training, district training, and midwifery training), and to the responsible nature of the duties of a nurse often working single-handed in her district, we feel that the emoluments are not adequate, and we recommend that the scale should be the same as—or, in view of the payments in kind, equivalent to—the scale suggested for health visitors above—namely, £200 to £250 per annum.

IX.—MENTAL NURSES.

71. In view of the special nature of the problem of nursing in mental hospitals, we think it desirable to deal with some of the points made in connection with it. Our views on the questions of off-duty time, holidays, meals, discipline, living accommodation, etc., dealt with elsewhere in this Report, apply to mental nurses as well as to nurses in other branches of the profession, but there are certain matters which are peculiar to mental nursing, and to these we propose to refer.

72. It is beyond question that mental hospitals are the least attractive from the point of view of recruiting. This arises in some measure from the uninformed public conception of mental disease, and of the conditions prevailing in mental hospitals. We were informed that, in contrast with other branches of nursing, there is little vocational appeal to candidates for mental nursing, and that this type of work is the last to be considered by young women who desire to be nurses. They seem to enter mental hospitals chiefly in order to get a job, and drift out as easily as they drifted in. In some mental hospitals, we were informed, the wastage in probationers is as high as 80 per cent.—the greater part being in the first year. Towards the end of the first year, and, to a lesser extent at the end of the third year, probationers leave rather than take the necessary examinations, from which it is reasonable to conclude that many of the nurses do not consider that they have a chance of passing these examinations. Indeed, according to our information, that is the case.

73. It was hoped when the Asylum Officers Superannuation Act was introduced in 1909 that the terms offered, which are more advantageous than those enjoyed under other superannuation schemes for nurses, would act as an inducement to bring in recruits, but it has not been found to have had much effect. In any case this superannuation scheme applies only to local authority hospitals, and not to voluntary mental hospitals. To attract nurses, mental hospitals generally offer better terms by way of salaries and

hours. Commencing salaries for nurses in training vary from £36 to £50 in these institutions, and charge nurses' salaries vary from £80 to £103. Mental hospitals have also commenced the process of shortening hours. A few years ago mental nurses were 60 or more hours per week on day duty, but now it is the general rule to work about 52 or 54 hours, and, in the Glasgow and Dundee Corporations' Mental Hospitals, the nurses enjoy a 48-hour week. Recruiting is, however, still a serious problem with mental hospitals, in spite of these improvements, and, if other hospitals adopt the recommendations made elsewhere in this Report regarding hours and salaries, the position of mental hospitals is likely to become worse. Propaganda, as suggested elsewhere, for nursing generally may help mental hospitals incidentally, but that is doubtful. We suggest a special propaganda campaign, which should make public the absorbing interest of this branch of nursing, and the fact that the patients' recovery depends largely on the acumen and care of those who tend them. Young women should be told of the special appreciation and affection often bestowed by mental patients upon their nurses.

74. While there is a shortage of female nurses in mental hospitals, we were assured that there is no dearth of male nurses. This has prompted hospital authorities recently to consider the employment of male nurses in greater numbers, and one asylum in Scotland, we were informed, has already taken such a step. Although recognising the valuable service given by male nurses, medical superintendents were of the opinion that this was a retrograde step. The general experience in Scotland is that male patients prove more amenable to women nurses. Scotland has been a pioneer in utilising the services of female nurses in the male hospital sections of mental hospitals, and her example has been followed by other countries. Superintendents would regret a departure from this policy. Accordingly, we hesitate to suggest that the shortage in female nurses should be made good by the employment of more male nurses—at least until all other ways out of the existing difficulties have been exhausted.

75. At the same time, male nurses in Scotland have not received an opportunity of taking a general training, of which they would be glad to avail themselves. As many thousands of patients are under their care, it is desirable that general training schools should offer selected candidates the opportunity of adding general to mental training. This would more easily be accomplished if the Royal Medico-Psychological Association and the General Nursing Council would collaborate in sanctioning only one certificate in mental nursing, instead of each granting a certificate as at present. The Association and the General Nursing Council already collaborate for practical purposes, and the establishment of a single certificate, which would include the Preliminary Part of the General Nursing Certificate, would stabilise the standard of mental nursing, and would also make it easier for mental nurses to proceed to general training.

X.—NURSES' CO-OPERATIONS AND NURSING HOMES.

76. As stated earlier in this Report, the response from Nurses' Co-operations and Nursing Homes to our invitation to give evidence was meagre. In the absence of fuller evidence, we propose to say little on the subject. Nurses are apparently obtained in sufficient numbers, presumably attracted by the greater freedom and higher remuneration which are offered. From the evidence which we obtained, we are inclined to think that the nurses' accommodation in these organisations—particularly in nurses' co-operations, where it seems common for four or five nurses to share a room—leaves much to be desired, although we were assured that the nurses did not complain. There is also a suspicion that, in some of these institutions, untrained or partially trained nurses are employed, thereby increasing the responsibility of the matron, and entering into competition with trained nurses. To remedy this state of affairs, it was suggested to us that nursing homes should be subject to inspection and registration, as they are in England. We are glad to note that legislative effect has now been given to this suggestion, with which, when made, we were in full agreement.

77. It was also suggested to us that hostels for nurses in private practice might be attached to and administered by hospitals, as is the case in certain London institutions to-day. The nurses reside in these hostels, when not attending patients in their homes. They are paid either a fixed salary by the hospital, which collects the fees, or are remunerated by the fees they earn, recouping the hospital for the cost of their board and lodging when in residence in the hostel. The system has the further advantage that nurses work periodically in the hospital, and so keep abreast of the latest methods of treatment. We think that some of the large voluntary hospitals in Scotland might try the experiment of establishing such hostels, which, we consider, would be self-supporting, and which would be of benefit to physicians, surgeons, nurses, and patients.

XI.—STATE GRANTS.

78. The recommendations which we have made in the foregoing sections of this Report, particularly those relating to improved salaries and shorter hours, will involve a heavy financial burden on hospitals. To meet this expenditure, which the hospitals can ill afford to bear, there is an undoubted case for State assistance. Voluntary hospitals might not readily welcome grants towards maintenance, fearing that they might bring with them the first stages of State control, and the State also might hesitate to give money for any service that was not of a specific character. In the Report by the previous Committee (paragraphs 87 to 91) the case was stated for grants to hospitals, in virtue of the service they rendered to the community by training nurses. Nursing is singular among the professions in not receiving State assistance towards training. Yet

it is, and is increasingly recognised to be, an indispensable national service, upon which additional requirements are continually being imposed by new developments in medical science and treatment. It may, therefore, be anticipated that the burden of expenditure in the voluntary hospitals will in time become too heavy for private beneficence to bear. The point at which grants might be conveniently introduced would be the training system. We accordingly emphasise the recommendation in the previous Report for a State subsidy towards the training of nurses. Given such subsidies, the way might be cleared for the adoption of the recommendations we have made in this Report. But should this measure of financial aid prove inadequate, we do not hesitate to recommend further State grants, in order to secure improvements which are necessary for the proper maintenance of a service which is essential to the welfare of the community.

XII.—CONCLUSION.

79. It is possible, that in our desire to discover and remove obstacles to recruitment, we may have dwelt, as it may seem to some, unduly upon criticisms made regarding conditions of service. It is just to record that there was on the other hand much evidence of happiness and contentment in the nursing profession. To the question circulated by the Scottish Secondary Headmasters' Association : " How do your girls feel about nursing once they have been some time in the profession ? "—the answers showed that " With very few exceptions they find lasting satisfaction in the work which they are doing, enjoy its community life, and would not willingly change it for anything except matrimony." It may be added that, without exception, the nurses in training who gave evidence, whatever their sense of grievance on points of detail may have been, expressed great enthusiasm for the nursing profession. Said one, in answer to a direct question, " I love it." We are glad to find that the vocational aspect of nursing as a calling has not yet lost its grip of the young women of to-day.

80. A brief reference might also be made to the openings which now exist for women who adopt nursing as a career. There are the prospects at home, including administrative, teaching, and nursing posts in hospital ; posts as health visitors, school nurses, and tuberculosis nurses in the local authority service ; posts as district nurses ; and private nursing. In recent years, too, nursing posts in industry and in the sphere of dietetics have added to the range of openings for nurses. Then, for those who may like to see the world, there are posts in the nursing services of the Navy, the Army, and the Royal Air Force, and in addition there are remunerative posts available in the Dominions and Colonies. The field of nursing is constantly being widened, and any woman entering the profession may rest assured that as great a variety of opportunities exist within it as in other careers open to women.

XIII.—SUMMARY OF RECOMMENDATIONS.

(1) The recommendation of the previous Committee that the subject of preliminary education should be explored by the Department of Health for Scotland, the Scottish Education Department, the General Nursing Council, and representatives of hospital authorities is endorsed by us from the point of view of recruitment. In addition, it is recommended that local education authorities should be represented in any negotiations that may take place (para. 15).

(2) The General Nursing Council should review their present policy, with a view to recognising suitable non-training hospitals as "educational institutions" for the purpose of training for the first part of the Preliminary Examination (para. 17).

(3) Hospitals should approach education authorities and endeavour to arrange that nurses should visit schools and talk to the schoolgirls, and that parties of senior schoolgirls should be taken round hospitals (para. 18).

(4) Parents should be invited to accompany parties of schoolgirls on their visits to hospitals (para. 20).

(5) Hospital authorities should approach Local Juvenile Employment Committees and the Careers Council for help in recruiting candidates for the profession (para. 22).

(6) Various methods of propaganda should be adopted (paras. 23 and 24).

(7) The experiment of employing ward orderlies should be tried (para. 25).

(8) The setting-up of a grade of assistant nurses should *not* be adopted (para. 26).

(9) The supply of female nurses should not yet be supplemented by the employment of male nurses (para. 27).

(10) Hospitals should aim at the establishment of a 96 hours' fortnight within the near future (para. 32).

(11) The span of duty for day nurses should not exceed 13 hours, and the span of duty for night nurses should not exceed 11 hours. Consecutive hours on duty, and off-duty periods should be adjusted reasonably and fairly (para. 33).

(12) Hospitals which have not yet done so should increase the probationer's commencing salary to a figure in the neighbourhood of £30 per annum (para. 38).

(13) Uniforms should be provided at the expense of the hospitals (para. 38).

(14) Staff nurses should have a scale of salary of £75 to £90 per annum. Suitable financial recognition should be given to nurses holding additional qualifications, where the possession of these is required by the hospital (para. 39).

(15) Sisters should have a scale of salary of £100 to £130 per annum. Suitable financial recognition should be given to nurses holding additional qualifications, where the possession of these is required

by the hospital, and a higher maximum should be paid for exceptionally responsible work or long service (para. 40).

(16) A time-table of off-duty times should be set up, and, subject to exigencies, adhered to (para. 42).

(17) A more progressive attitude, in keeping with the trend of modern life, should be adopted in regard to the granting and use of off-duty time (para. 44).

(18) A staff holiday programme should be framed as far in advance as possible, and should not be departed from save in exceptional circumstances (para. 45).

(19) Nurses in training should have not less than three weeks' annual holiday, and trained nurses not less than four weeks (para. 46).

(20) Nurses while on holiday should receive subsistence allowance (para. 47).

(21) Lectures should be arranged to fall as much as possible within the nurses' on-duty time (para. 48).

(22) The system of withdrawing nurses from ward work for a week or two before examinations is recommended as an ideal towards which hospitals should work (para. 49).

(23) Each nurse should have a separate bedroom (para. 50).

(24) Senior nurses should be given the option of living out, and an adequate allowance for board and lodging should be paid (paras. 51 and 52).

(25) Nurses in training should live in, but, in addition to each nurse having a separate bedroom, study rooms and guest-rooms should be provided. Generally the nurses' home should be as "homelike" as possible, and should be run as a hostel under a warden (para 53).

(26) Meals and the service of meals should be improved, and adequate time allowed for their consumption (paras. 54–57).

(27) Discipline in the Nurses' Home should be relaxed (paras. 58–60).

(28) Great care should be exercised in the selection of nurses for posts as sisters (para. 58).

(29) After the first year, nurses in training should be called upon to do such domestic work as can properly be entrusted only to nurses, and all other domestic work should be done by ward orderlies or wardmaids (para. 61).

(30) *There should be universal and interchangeable pensions for nurses* (paras. 62–64).

(31) For purposes of superannuation the figure set against board and lodging of hospital nurses should be reassessed so that it shall bear a truer relation to the actual value of the emoluments (para. 65).

(32) Health visitors should be paid at the rate of £200 to £250 per annum, supervisors going beyond the latter figure to a maximum of £350 per annum (paras. 66–68).

(33) Queen's and district nurses should be paid at the rate of £200 to £250 per annum (paras. 69–70).

(34) Propaganda to encourage recruiting in mental hospitals, and to dispel from the public mind the feeling of dislike which attaches to the care of the insane should be initiated (paras. 71–75).

(35) Some of the larger hospitals should try the experiment of establishing hostels for nurses engaged in private work (para. 77).

(36) We emphatically endorse the recommendations of the previous Committee for State grants towards the training of nurses, as, in the absence of such grants, it will not be possible to give effect to many of the most important recommendations now made (para. 78).

In conclusion, we desire to express our high appreciation of the valuable services rendered by Mr. W. T. Mercer, the Secretary of the Committee. His zeal and tact and efficiency have rendered a difficult task less difficult than it would otherwise have been. We wish to record our gratitude, collectively and individually, to Mr. Mercer for his helpfulness throughout our inquiry.

We have the honour to be, Sir,

Your obedient servants,

(Signed) ALNESS, *Chairman.*
W. L. BURGESS.
SUSAN GILMOUR.
MARY R. KNIGHT.
T. B. M. LAMB.
J. REID.
E. D. SMAILL.
C. WHYTE.
JOHN YOUNG.

(Signed) W. T. MERCER, *Secretary.*

APPENDIX I.

List of organisations and individuals who furnished written memoranda and also gave oral evidence :—

Dundee Corporation.—Miss Clark (Matron of King's Cross Hospital).
Glasgow Corporation.—Councillor O'Hare (Convener of the Health Committee) ; Dr. A. S. M. Macgregor (Medical Officer of Health).
Scottish Nurses' Association.—Miss Brodie ; Miss Mickel.
College of Nursing (Scottish Board).—Miss Craig (Matron of the Western Infirmary, Glasgow) ; Miss Husband (Matron of the Glasgow Royal Infirmary) ; Miss Greig ; Miss Udell (Area Organiser for Scotland).
Queen's Institute of District Nursing (Scottish Branch).—Harriet Lady Findlay (Chairman of the Nursing Committee) ; Mrs. Charles H. Brown (Joint Honorary Secretary).
Scottish Matrons' Association.—Miss Crichton (Chalmers' Hospital) ; Miss Bell (Edinburgh Royal Sick Children's Hospital).
Edinburgh Corporation.—Councillor Margaret Geddes (Chairman of Public Health Committee) ; Dr. John Guy (Medical Officer of Health) ; Mr. J. S. Scott (Depute Town Clerk) ; Miss Pool (Matron, City Hospital).
Astley Ainslie Institution, Edinburgh.—Mr. Alex Miles, F.R.C.S. ; Miss G. S. Lockie (Matron) ; Lt.-Col. J. Cunningham (Medical Superintendent).
General Board of Control for Scotland.—Dr. Kate Fraser and Dr. A. G. W. Thomson (Commissioners) ; Mr. J. A. W. Stone (Secretary).
Stirling Royal Infirmary.—Dr. P. S. McFarlan ; Colonel Dundas ; Miss Miller.
Fife County Council.—Dr. Pratt Yule (County Medical Officer).
Scottish National Health Visitors' Association.—Dr. Nora Wattie ; Miss Fraser ; Miss Petrie ; Miss Thornton ; Miss Swanson (Secretary).
South-Eastern Counties' Joint Sanatorium Board.—Dr. C. Cameron (Medical Superintendent).
Royal Samaritan Hospital for Women, Glasgow.—Dr. R. Barclay Ness (Vice-Chairman) ; Mr. T. Mason Macquaker (Secretary).
National Association of Local Government Officers.—Miss Noble ; Mr. Mortimer (Secretary).
Edinburgh Royal Infirmary.—Professor G. Lovell Gulland ; Lt.-Col. A. D. Stewart (Medical Superintendent) ; Miss Marshall (Assistant Lady Superintendent of Nurses).
Lanark County Council.—Mr. John Mann ; Mr. James Russell ; Dr. Lang (County Medical Officer) ; Mr. Henderson (Depute County Clerk).

Western Infirmary, Glasgow.—Dr. Loudon MacQueen (Medical Superintendent).
Royal College of Surgeons of Edinburgh.—Mr. Stewart (President); Mr. Shaw; Mr. Struthers (Hon. Secretary).
Association of County Councils in Scotland.—Brig.-General Crosbie (Fife County); Mr. W. C. Dundas (Selkirk County).
Perth Royal Infirmary.—Miss M. C. Cameron (Matron).
Scottish Secondary Headmasters' Association.—Mr. J. J. Robertson (Falkirk High School); Mr. Lindsay (Dunfermline High School).
Edinburgh Women Citizens' Association.—Lady Leslie Mackenzie; Miss Hewat; Dr. Joan Rose; Miss Macdonald (Secretary).
Scottish Education Department.—Mr. J. Mackay Thomson.
Edinburgh College of Domestic Science.—Lady Leslie Mackenzie; Lady Wilkie; Miss Wingfield (Principal).
Glasgow and West of Scotland Co-operation of Trained Nurses.—Colonel C. A. Gourlay (Chairman); Miss G. E. Ritchie (Lady Superintendent); Mr. R. Gordon Laing, C.A. (Secretary).
Rutland Street Trained Nurses' Association, Edinburgh.—Miss Jean S. Drummond (Lady Superintendent).
The Victoria Infirmary of Glasgow.—Dr. B. McCall Smith (Medical Superintendent); Miss Stewart (Matron).
Aberdeen Royal Infirmary.—Dr. Knox (Medical Superintendent).
Educational Institute of Scotland.—Miss Mason (Chairman); Miss Lawson (Organiser).
The Medical Women's Federation.—Dr. Ellen B. Orr; Dr. Gertrude Herzfeld.
The Royal Medico-Psychological Association.—Dr. W. McAlister (Secretary); Dr. Spence.
The General Nursing Council for Scotland.—Sir John Lorne Macleod (Chairman); Colonel Mackintosh; Miss Clark; Miss Robinson; Miss Pecker (Registrar); Mr. Jermyn (Assistant Registrar).
The Royal College of Physicians of Edinburgh.—Dr. Alex. Goodall (President); Dr. Douglas Inch.

In addition to the above, the following organisations and individuals furnished us with written evidence :—

Miss Ida Souter, Queen's Nurse, Gullane.
Mrs. Gertrude J. Matheson.
Miss J. H. Craigen.
Kilmarnock Infirmary.
Zetland County Council.
Ross and Cromarty County Council.
Arbroath Infirmary.
Dumbarton County Council.
Greenock Royal Infirmary.
Perth Town Council.
Northern Nursing Home, Aberdeen.

Sisters' Association, Edinburgh Royal Infirmary.
Glenlomond Sanatorium (Medical Superintendent).
Glasgow Royal Infirmary.
Royal Edinburgh Hospital for Incurables.
Royal Hospital for Sick Children, Edinburgh.
Deaconess Hospital, Edinburgh.
Mr. Robert W. Napier.
Paisley Town Council.
Miss Aileen Cumming.
Mr. J. R. Wardlaw Burnet (Chairman, Chalmers' Hospital, Edinburgh).
Convention of Royal Burghs.
Miss Nora Milnes, Edinburgh University.
Aberdeen Hospital for Incurables.
British Hospitals Association.
Ministry of Labour—Scotland Division.
The Government Actuary.

Oral evidence was taken by a Sub-Committee from the following :—

Senior Girls from George Square Ladies' College, Edinburgh.
Senior Girls from Boroughmuir Secondary School, Edinburgh.
Probationers from Edinburgh Royal Infirmary.
Probationers from the Astley Ainslie Institution, Edinburgh.
Probationers from Edinburgh City Hospital.
Probationers from Stirling Royal Infirmary.
Probationers from Victoria Hospital, Glasgow.
Probationers from Stobhill Hospital, Glasgow.
Probationers from Glasgow Sick Children's Hospital.
A witness engaged in private nursing.
Nurses' League of the Royal Infirmary, Glasgow.
Nurses' League of the Western Infirmary, Glasgow.

APPENDIX II.

DEPARTMENTAL COMMITTEE ON NURSING.

To

THE MATRON,

.....

The above Committee would be greatly obliged if, to assist them in their inquiry, you could see your way to reply to the questionnaire below. Any information given will be treated as entirely confidential. The *early* return of the completed questionnaire, in the enclosed envelope, to the Secretary of the Committee, Mr. W. T. Mercer, Department of Health for Scotland, Edinburgh, would be much appreciated.

November 1937.

QUESTIONNAIRE TO HOSPITALS.

QUESTION.

1. Have the numbers applying as nursing candidates shown any falling off over the last few years ?
   Give, if possible, figures for the last ten years, or, failing that, for the last five years.
2. Have you been able to get girls of as good a standard of education as in the past, or must less well-educated candidates now be accepted ?
3. Are you now forced to advertise more widely than formerly in order to attract sufficient candidates ?
4. Have you reduced the age at which probationers are taken on ? What is the required age at present ?
5. How many new probationers are taken on each year ?
6. Have you difficulty in securing your annual quota out of the candidates applying ?
7. Have your requirements in probationers increased in recent years, say, on account of extension of the institution or for other reasons ? Indicate extent of increase.
8. What is your full establishment of :—
   (*a*) sisters,
   (*b*) staff nurses, and
   (*c*) probationers ?

9. What numbers of (*a*), (*b*), and (*c*) have you working at the present time ?
10. Have you difficulty in securing (*a*) or (*b*) ?
11. What numbers of domestic workers are employed solely on ward duty ? How much are they paid ?
12. What is the average number of beds occupied per night ?
13. What is the length of the training course ?
14. What are the scales of salary of :—
    (*a*) probationers,
    (*b*) staff nurses, and
    (*c*) sisters ?
15. What annual value per nurse do you put on board and lodging granted to nurses ?
16. What are the nurses' hours of duty ? By day ; by night ?
17. What is the stretch of night duty ?
    How many nights per month off duty for night sisters, staff nurse, probationer ?
    Are night nurses relieved at night for meals ?
18. What are the hours off for meals ? Breakfast, early lunch, lunch, tea, and supper.
19. What are the off-duty times and holidays ?
    (1) Daily, (2) weekly, (3) fortnightly, (4) yearly.

Add here any further observations you may care to make.

APPENDIX III.

MEMORANDUM BY THE GOVERNMENT ACTUARY ON THE POSITION OF NURSES AS REGARDS PROVISIONS FOR THEIR SUPERANNUATION.

1. Nurses may be regarded from the point of view of superannuation provisions as falling into four main classes :—

(1) Nurses in Local Government Service.

(2) Nurses in Asylums.

(3) Nurses in hospitals or other institutions which are participating institutions in the Federated Superannuation Scheme for Nurses (and those in other employment who have joined that Scheme).

(4) Nurses in hospitals or other employment who do not come under the Federated or any other superannuation scheme.

In the first three of these categories, there is existing provision for the superannuation of employees, but the difference between the three as regards the conditions and terms of the superannuation provision and the method by which it is carried out are so great that the various types of scheme have relatively little in common beyond the general object of superannuation.

2. The main features of the provisions in the three categories mentioned may be summarised as follows :—

(1) Nurses in local government service have hitherto been superannuable on the same terms as other local government employees under the Local Government Officers Superannuation Act, 1922. Under that Act the application of the provisions is dependent on

(*a*) the adoption of the Act by the particular local authority, and

(*b*) the designation of the post as an established post.

Superannuation allowance is provided by a fund set up by the local authority and maintained by (*a*) contributions of 10 per cent. of salaries payable half by the employee and half by the authority, and (*b*) an equal annual charge payable by the authority for a period not exceeding 40 years, to ensure a condition of solvency.

The superannuation provided is an allowance of $\frac{1}{80}$th of average salary of the 5 years prior to retirement for each year of service during which the officer has contributed, and $\frac{1}{120}$th for each year of non-contributing service, with a maximum of $\frac{40}{80}$ths of average salary during the last 5 years of service. It is payable on retirement at or after age 60 if the officer has completed 40 years' service, or at age 65 or on earlier retirement through ill-health if the officer has completed 10 years' service.

On death in service, the officer's own contributions are returned with compound interest, and on leaving the service these contributions are returned with or without interest according to the cause of his leaving the service. As indicated, however, in paragraph 5 below, the Act of 1922 has recently been extended and varied in certain important respects by the Act of 1937 which will come into operation in April 1939,* and special privileges are given to nurses.

(2) Nurses in asylums are superannuable with other asylum employees under the Asylum Officers Superannuation Acts, which provide for compulsory superannuation on extremely favourable terms in the case of all established asylum employees in the service of Asylums administered by Local authorities.

In these cases no funds are maintained ; the employee pays a relatively low rate of contribution (in most cases 3 per cent. of salary) and the superannuation benefits are paid from the ordinary revenues of the employing body.

Employees are divided for superannuation purposes into two classes :—

Class I—those coming directly into contact with inmates;
Class II—other employees.

The superannuation allowance provided is $\frac{1}{80}$th of average salary of the ten years prior to retirement in the case of Class I officers, or $\frac{1}{60}$th in the case of Class II officers, for each year of service, payable at or after age 55 (Class I) or 60 (Class II) if the officer had completed 20 years' service or on ill-health retirement after 10 years' service.

On death in service the employing body has discretionary power to award a gratuity, and on leaving the service contributions are returned if cause of leaving is other than misconduct or voluntary resignation. Even in these cases a return may be made at the discretion of the Visiting Committee.

(3) In the case of the Federated Superannuation Scheme, no fund is maintained, the superannuation being provided by means of assurance policies taken out by the participating institution with certain insurance companies. These policies are in the form of deferred annuities or endowment assurances, maturing at age 55 in the case of female nurses and 60 in the case of male, in respect of premiums of 15 per cent. of a nurse's salary, of which 10 per cent. is payable by the institution and 5 per cent. by the employee. Members other than employees of participating institutions are admitted to the scheme, but they are obliged to pay the full 15 per cent. contribution themselves.

The amount of the superannuation provision under this scheme will thus depend largely upon the employee's age at entry into the scheme, but the general aim is to provide the

* The corresponding Act for Scotland will come into operation on 16th May 1939.

equivalent of a pension of about two-thirds of salary at retirement.

The benefit payable on death in service depends on the class of policy effected. In the case of a deferred annuity, all contributions are generally returned with compound interest, while in the case of an endowment assurance the sum assured would become payable with or without bonuses.

On leaving the service of a participating institution, an immediate benefit is paid only if the contributor is giving up the nursing profession—the benefit of the contributor's own contributions if under 5 years' service as a nurse, or of all contributions if over 5 years' service. Alternatively, the contributor may take over the policy.

If the member is not giving up nursing, no return is made. The member may continue to maintain the full or a reduced policy or, if no further payment is made, the past premiums will be accumulated until retirement, or a paid-up policy may be taken.

3. In each of the foregoing categories, provision is made for the continuation of superannuation rights in the case of transfers of employees between institutions or authorities under the same category. In the case of local government employees, a transfer value is paid by the fund which the officer leaves to the fund to which he transfers, representing the value of the superannuation rights accrued up to the date of transfer. In the case of an asylum officer, the authority to which he transfers pays the full superannuation allowance on retirement in respect of the officer's total service, and any other authority under which he has served reimburses the paying authority for the portion of the pension which relates to service with them prior to transfer. Under the Federated Superannuation Scheme the policy is handed over to the participating institution to which the nurse transfers, and that institution pays the 10 per cent. contribution in the future.

4. In the case of transfers between different categories of schemes, however, no provision has hitherto existed for the preservation of superannuation rights, with the result that an employee transferring enters the second scheme as a new entrant, and receives from the first only such benefits as are paid on withdrawal. As such benefits are generally of less value than the accrued superannuation rights, the effect is normally to impose an appreciable sacrifice on the transferring officer in such cases.

5. The position of nurses, both as regards the possession and the preservation of superannuation rights, is, however, materially altered by the Local Government Superannuation Act, 1937, which will affect the position in three ways :—

(i) The superannuation provisions of the Local Government Superannuation Acts will now be compulsory in the case of all

" officers " employed by local authorities, the combined rate of contribution being increased from 10 per cent. to 12 per cent. As presumably nurses will come under this classification, the effect will be that many nurses will come under these provisions who were formerly not superannuable, owing to the authority by whom they were employed not having adopted the Superannuation Act or owing to their posts not having been designated.

(ii) Special provisions are introduced relating to nurses. These enable female nurses to retire at age 55 if they have completed 30 years' service, in place of age 60 with 40 years' service, as in the case of other local government officers.

The superannuation provisions applicable to nurses in local government service are thus brought somewhat more in line with those relating to nurses coming under the Asylum Officers Act or the Federated Scheme.

(iii) Provision is made for preserving accrued rights in the case of transfers between local government and asylum service. This is done in the case of transfer to the asylum scheme by the payment of a transfer value by the local authority's fund to the body under which the officer becomes an asylum employee. In the case of transfer to a local authority, the asylum authority under which the officer formerly served contributes on his retirement an annual sum towards his pension. In both cases the service before transfer counts for pension under the authority to which he transfers.

The new provisions will therefore improve the superannuation position of nurses in that they will reduce the number who have no superannuation rights and will provide for the continuation of accrued superannuation rights in the case of transfers between the foregoing categories (1) and (2).

6. As regards category (3), however, no provision yet exists for the preservation of existing superannuation rights in the case of transfers between participating institutions under the Federated Scheme and service under asylum or local authorities, nor is there any general provision for the employee retaining such rights in the case of transfers from employment under categories (1), (2), or (3) to category (4)—as in the case of a nurse leaving superannuable employment with an institution to take up private practice. In such a case, the nurse will at best receive a return of her own contributions with accrued interest, except in the case of a member of the Federated Scheme where, if she had the qualifying period of service, she would be entitled to take a paid-up policy in respect of accrued service, or, alternatively, to continue the existing policy paying the entire premiums herself.

7. The question of making further provision for the preservation of superannuation rights in case of transfer between different categories of scheme is complicated by the different methods by which superannuation is provided and financed in the various schemes, and the different types of benefit and terms on which they are granted,

as these conditions introduce certain difficulties in the way of interchangeability.

8. The machinery for combining rights acquired under two or more superannuation schemes may take the form of—

(*a*) the payment of a transfer value ;

(*b*) the transfer of a joint insurance policy from one employer to another ;

(*c*) an apportionment between successive employers of the payment of a single pension ;

(*d*) the method known as " cold storage," under which each separate period of service earns a separate pension, but the several pensions do not become payable until the employee ultimately retires.

(*a*) The first of these depends upon the fact that an employer has incurred liabilities which he will escape if the employee leaves his service. It is seen at its simplest in a transfer within the single local government superannuation scheme from the service of one local authority to that of another. The employer relieved of liabilities by a transfer pays to the employer accepting those liabilities a sum representing their value, and the pension eventually payable is not affected by the transfer.

The method, however, would only be imperfectly applicable to transfers between local authorities and services affiliated to the Federated Nurses Scheme. In a case of transfer from a local authority, the transfer value which could be paid, if applied to effect a single premium policy, would be unlikely to produce the same benefits which would have been received in respect of the service already given, if no transfer had taken place.

Similarly, the Federated Nurses Scheme would have to be modified to allow for a corresponding payment to a local authority's fund, and again, the benefits subsequently obtainable in respect of the previous service would be affected.

(*b*) A Federated Nurses policy could be applied to nurses after their transfer to local authority service by the local authority's becoming an employer affiliated to that scheme. Such an arrangement would make a breach in the general local government scheme and would not solve the difficulty which arises where a nurse takes up local government employment otherwise than as a nurse. Moreover, it would involve the local government authority in substantially larger contributions (10 per cent. as against 5 per cent. or 6 per cent.) than those payable in respect of their other employees. It must not be overlooked however that the normal contribution of 5 per cent. or 6 per cent. is insufficient in the case of a nurse who can retire at or after 55, and that the balance of the liability falls on the local authority.

In the converse case of transfer from a local authority, it is to be noted that employees of a local authority do not hold any transferable policy of insurance. The only plan which would be strictly con-

sistent would be for the nurse to remain a member of the local authority's superannuation fund and for the new employer to make any necessary contributions to that fund. This would involve too many complications particularly in view of the fact that the normal contributions under the Act are insufficient to support the benefits.

(*c*) The method of aggregation of services and the apportionment of the pension payable among the successive employing authorities has been applied in certain circumstances, *e.g.* in the Acts relating to the superannuation of employees in mental institutions. The method is suitable only in cases of a certain type where the superannuation schemes concerned are more or less similar. The rigidity of the Federated Nurses Scheme, involving individual insurance contracts with benefits depending upon the actual contributions paid by and in respect of the individual precludes the adoption of this method.

(*d*) The "cold storage" method has been applied by recent legislation to the pensions of officers who serve both in the Civil Service and in the local government service. Under this method the pension which would have been payable in the event of retirement on grounds of ill-health, had this occurred immediately before transfer, is held in reserve and becomes payable when the employee actually becomes pensionable through sickness, age or other sufficient cause. The new employment earns a separate pension as from its commencement, which similarly becomes payable on retirement in the ordinary course.

9. It is suggested that method (*d*) offers the most helpful line of approach to the present problem. Methods (*b*) and (*c*) are impracticable and while method (*a*) might be possible it is open to some objections and might in fact produce less favourable results in cases of re-transfer, which may not be infrequent.

Under method (*d*) it is true that the total superannuation rights earned by the time the qualifying age is reached may not be so great as in the case of continuous service under one authority until that age, and to that extent it must be admitted that there is some obstacle to fluidity of service. On the other hand it is generally to be assumed that a transfer from one service to another is effected in view of greater present or future benefits in the way of emoluments which are payable during service. It is therefore possible that the enhanced pension which may be obtained in respect of future service may correct or more than correct any loss arising from the fact that the pension for service before transfer is smaller than it might have been if the employee had not transferred.

G. S. W. EPPS,
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