King Edward's Hospital Fund for London

Comments

on the Report of the Working Party

on the Recruitment and Training of Nurses

submitted to

The Minister of Health

KING EDWARD'S HOSPITAL FUND,
10, OLD JEWRY, E.C.2

November, 1947

COMMENTS

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COMMENTS SUBMITTED TO THE MINISTER OF HEALTH BY KING EDWARD'S HOSPITAL FUND FOR LONDON.

1. We wish first to express our appreciation of the great importance of the Report of the Working Party. Much of the information contained in it is now made available for the first time, and it throws new light on the familiar problems which the Working Party were called upon to consider. They have shown an admirable freshness of approach to these problems. In reaching their conclusions, however, they appear to have achieved a high degree of detachment from the urgent claims of the present shortage. It follows that most of their recommendations can be regarded only as possible long-term policy. There is no prospect of obtaining within the next decade the number of staff essential (as the Chairman of the Working Party himself says) for the radical changes recommended in the Report.*

2. It seemed well, therefore, to leave detailed consideration of the proposed training scheme of the future to those bodies most directly concerned with nursing education, and to concentrate rather on a few questions arising out of the Report, in which the experience of the King's Fund and of its Nursing Recruitment Service might suggest how the existing circumstances could be made more favourable for the introduction of reforms.

THE AIM OF RECRUITMENT AND TRAINING

3. In their Introduction, the Working Party pose the question "What is the proper task of a nurse?"|| To that our answer would be that the *primary* task of a nurse is to care for the sick and helpless under medical direction. Equally, the primary task of nursing recruitment, at the present stage of the nation's physical condition, is to provide nurses for that purpose. It is to be hoped that at some later date the influence of the health worker will have diminished the demand for the sick nurse, but in the meantime the sick are in urgent need of care and attention and no "reorientation of nurse training"† directed to reducing the cost of sickness in economic terms and to preparing for public health nursing, will meet that need. We are unable, therefore, to accept the statement that "the proper stage for the estimation of *sick nursing* requirements should be subsequent to the estimation of the optimal requirements of *health nursing* services."‡

4. We find in the Report little conception of the art of nursing as the skilled care of the sick, but rather a strong bias towards public health work for nurses. We

* cf. Note by the Chairman of the Working Party, Report, p. 82.
|| Report, p. iii, par. 1.
† Report, p. 43, par. 110.
‡ Report, p. 2, par. 19.

are not persuaded that the effectiveness of preventive medicine and public health work depends on the numbers of hospital-trained nurses employed in those services, to the same extent as the hospital and domiciliary nursing services depend on numbers and quality of personnel. It is rash to assume, as the Report appears to do, that the development of public health nursing will reduce the demand for hospital beds substantially within an appreciable time. Much has been achieved in the public health field by good publicity, and much health education could be undertaken by those fitted for social work or teaching, rather than by those who are drawn to train in nursing. It is impossible, therefore, to accept the statement that the primary nurse training "will have to become preparatory to professional work in all health fields, social, industrial and educational, as well as institutional."* It seems wasteful and indeed mistaken policy to give full training in the skilled care of the sick to all those engaged in social or educational work in the health fields. A letter to this effect from the Chairman of the Nursing Recruitment Committee appeared in "The Times" of October 8th, 1947, and was supported by a leading article on October 14th, 1947, suggesting a "job analysis" of the duties of a health visitor with a view to disclosing waste of professional skill of trained nurses.

5. These comments are made with full recognition of the value of the work done by health visitors and other nurses in the public health field. Undoubtedly there is an important sphere for them. In the present situation, however, the only practical policy is to conserve their work within the sphere where it is most valuable, to avoid increasing the demands on it, and to augment it as far as possible by social workers and others. Meanwhile, *recruitment and training should aim primarily at providing nurses skilled in the care of the sick, but able also to educate their patients for healthy living after recovery. Reforms in nurse training should tend towards greater skill in actual bedside nursing.* Such skill would in itself be a means of retaining nurses in that work, since most people prefer to practise the activities at which they excel.

6. The frustration felt by many young nurses is not easily expressed. They enter hospital to care for patients and they find their energies dissipated by a flurry of impersonal ward routines or by the distractions of an ill-related theoretical syllabus. It may be that the greater part of the reasons for wastage given in the Report represent what psychologists sometimes call "displaced grievances." It has been shown, for instance, that criticism of food in factory canteens flares up when the real cause of dissatisfaction lies elsewhere—usually in lack of opportunity. Similarly, it is much easier for the girl who has left hospital to say that the food was uninteresting or that the older members of the staff were difficult or that her outside interests were restricted, than to say that she had been deprived of the satisfaction which should come through her work. In support of this, it is noteworthy that the Working Party found that girls who had an easily defined reason for leaving, such as marriage or home claims, did not notice or mention the causes of dissatisfaction advanced by the other nurses.‖ This unreliability (however innocent) of the evidence should not be overlooked in recommending remedies for wastage.

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* Report, p. 43, par. 110.

‖ Report, p. 41, par. 106

7. The love of the chance of caring for sick people has ever been the main incentive to take up nursing and to accept its rigours. It is right that the rigours of the life should be tempered, but the incentive should be left untouched. A test which should be applied to any proposed reorientation of training is the extent to which it allows the student nurse the deep satisfaction of feeling that she is becoming responsible for the well-being of her patients, with some degree of continuity and with steadily increasing skill. We do not find provision for this in the scheme outlined in the Report.

WASTAGE DURING TRAINING AND LOSS OF TRAINED STAFF

8. We agree that the key to the staffing problem is not so much the number who enter for training as the number who remain in hospital. We do not, however, regard wastage during training as the whole or even the main part of the problem.

9. The figures quoted as wastage during training are weighted by the heavy loss during the first year.* In the experience of the Nursing Recruitment Service a great proportion of this loss occurs from or immediately after the preliminary training school or during the trial period in the wards. This is not wastage in the true sense. A girl should not be committed to a nursing career from the day she enters hospital, and very many would be deterred from applying at all, if they thought that this was the case. The loss during the preliminary course and trial period may be regarded as the result of a somewhat protracted method of selection rather than as actual wastage of potential nurses. If it is so regarded, the wastage rate during training assumes very different proportions.†

10. On the other hand, *far too little attention has been given to the serious and increasing outflow of nurses from the hospitals shortly after training.* The building up of an adequate staff of sisters and trained nurses in the hospitals is essential not only for the efficiency of the hospital services and in order to ensure reasonable hours and conditions, but also as a vital prerequisite of any reformed system of training. " Student status " is a mere form of words until the trained staff are there to make it practicable.‡ Many of the defects in the present training course are due to the gravely inadequate ratio of trained staff to students. If the wards had an adequate supply of sisters and trained nurses it would be possible to give the students that regular bedside teaching and supervision, the lack of which is a main defect of the present system of training. The pressure of work which weighs on the young nurse and which is stated

* Report, p. 29, par. 83 and p. 90, Appendix III, Table D.

† It is to be hoped that the evidence taken by the Working Party on the causes of wastage was not provided by those who left during the trial period (as they were entirely free to do) without sufficient experience of hospital life and work to justify generalisations.

‡ cf. " Considerations on Standards of Staffing " (King's Fund 1945). p. 13.

" As an instance in support of the case for a high ratio of trained nurses, the University School of Nursing in Brussels may be quoted. Here in 1938 it was the special pride of the school that as their ratio was no less than 2.5 trained nurses to one student nurse, no student nurse was ever moved from the ward or department in which she should be working according to her curriculum to meet an emergency in any other department. Trained staff were always moved for replacements. Thus the student nurses received a balanced training without any gaps in the syllabus. Such an arrangement should eliminate a frequent cause of complaint in this country: that nurses who have taken some

to be a main cause of wastage is often due to shortage of trained staff. Faulty staff relations may all too frequently be traced to the strain experienced by sisters who are carrying heavy responsibility without adequate help.

11. The Report argues (*a*) that the first essential reform is student status, (*b*) that student status means more trained staff, and (*c*) that more trained staff can be got only by reducing wastage of student nurses. This method of approach leads to the deadlock implied in the conclusion of the Report. It is misleading, however, and arises partly from a failure to analyse properly the intake and outflow of trained nurses. In fact there is a large and premature outflow from the hospitals soon after qualification. From the point of view of permanent reform the loss here is more serious than that among student nurses. Little attention has ever been given to the ways in which this outflow could be arrested, and the very existence of this major leak seems to have escaped the notice of the Working Party. Yet some idea of its extent may be gained from figures supplied by them. They estimate that nearly 10,000 trained nurses enter first employment in hospitals each year, and yet that there are less than 16,000 trained nurses under 30 in the hospitals.* While we cannot accept these figures as accurate, they give an indication of the loss of young trained staff from the hospitals. If the occurrence of this premature loss could be delayed by a single year, the number of young trained nurses in the hospitals would be increased by over 50 per cent.

12. *Efforts should be concentrated first, therefore, on building up the trained staff in hospitals, as a means of making other reforms possible.* This subject in itself calls for as much study as the Working Party gave to the subject of wastage during training and indeed the two ought not to be dissociated. It may well be that there are factors common to both, and that some useful clue might be found if the enquiry were widened to cover newly trained staff. Steps to eliminate wastage during training would be disastrous if they only transferred the causes of wastage to the trained staff. In view of the lack of evidence on the loss after training, some further enquiries are being made on the subject, and it may prove possible at a later stage for the Fund to make additional suggestions.

13. In the meantime, all practicable steps should be taken to redress the balance in favour of bedside nursing as the main function and the most skilled work of a nurse, and to reduce or postpone the loss of trained staff from hospitals. As instances of such steps we suggest the following: —

(*a*) by offering inducements to remain in post as ward or departmental sister. More and more opportunities and grants are offered for courses which take

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special training before general training are kept far too long in that particular branch of work in their general hospital, because they are most useful there. For instance, a State Registered sick children's nurse who entered a teaching hospital for a three-year general training spent at least ten months of it in the children's wards where, of course, she was capable of acting as staff nurse; this must have impoverished her general training and experience."

No figures are available for this country which give the ratio of trained staff to student nurses. The totals given in the Working Party's Report refer to trained staff in all hospitals, not in training schools only. In an enquiry made in 1945 of six London voluntary hospitals which are general training schools, the King's Fund found that as regards ward staff only, the highest ratio was one trained nurse to 2.6 students and the lowest was one trained nurse to 8.8 students (including fourth-year students). These are hospitals which are relatively well staffed. (ibid. p. 10. Table 1.)

* Report, p. 24. par. 69; p. 10, Table III; p. 6, Table II.

the nurse away from bedside nursing. Official policy now tends to encourage migration to non-hospital or non-clinical branches of nursing. It becomes natural that the able nurse should feel that in order to make progress and to acquire distinction she must give up her ward work and take an "outside" course. There should be some system of training while in post or while preparing for ward sisters' posts, or something on the lines of "research" grants or of awards for advances in nursing practice, *e.g.*, in a chest surgery or plastic surgery unit, or in some medical specialty. Reference is made in Appendix IV* to a course of training for ward sisters, but with the qualification that it may be impracticable to introduce such a course forthwith. It is difficult to see why it should be less practicable than the much longer "post-graduate courses" for other branches of nursing.

(*b*) by making appropriate adjustments in the salaries of staff nurses and ward sisters. In particular it is suggested that a ward sister's salary should not have a maximum fixed to keep it lower than that of other ranks of nursing staff, but should increase throughout her service in that capacity. Too many good ward sisters transfer for reasons of salary and status to administrative or other work for which they are less well fitted.

(*c*) by offering more opportunities of residence away from hospital, since this is said to be one of the main reasons for taking up other forms of nursing. As, however, it is exceedingly difficult for individuals to find accommodation at present, or to afford it on the non-resident rates payable to hospital nurses, we suggest that hostels or flatlet blocks might be opened in the large towns and maintained independently of the various hospitals, for the benefit of some of their trained staff, who would be paid on a non-resident basis. It would probably be a welcome innovation if part of the accommodation could be spared for women medical students, radiographers, physiotherapists and others working in the same hospitals.

(*d*) by avoiding any training scheme which, by arbitrarily imposing student status without adequate staff, transferred pressure of work and junior employee status from the nurses in training to the trained staff, as this would only transfer wastage also.

(*e*) by ensuring that the hospitals do not keep their establishment of trained staff too small, for reasons of economy, and that when opportunities of augmenting the trained staff occur they are not lost through necessity to conform to a fixed budget which does not allow of increases.

AUXILIARY NURSING STAFF

14. The Report outlines the origins of the State Roll of Assistant Nurses and the two schools of thought regarding the future of the assistant nurse.|| We welcomed the provisions of the Nurses' Act of 1943. There was no prospect that the nursing requirements of the country could be met completely by the work of trained nurses and student nurses, and the 1943 Act seemed to provide for a recognised auxiliary

* Report, p. 94, par. 9.
|| Report, pp. 75—77.

nursing grade who would be well trained to supplement that work in the less skilled and less responsible duties.

15. The King's Fund has therefore been active in encouraging suitable hospitals in its area to become complete or component schools for assistant nurses. The Nursing Recruitment Service, which through the co-operation of the Nuffield Trust was extended to hospitals throughout the country, both voluntary and local authority, has aimed at an active recruitment policy for the assistant nurse training schools.

16. The results have been very disappointing, however, and they are all too closely in line with the picture given in the Report. This shows that in February 1947 only 554 pupil assistant nurses were in training, (although by that time 81 training schools had been approved), and that by the end of 1946, 27,300 assistant nurses had been admitted to the Roll "most by virtue of fairly extensive nursing experience without necessarily any formal training." We recognised that ample time should be allowed for the new arrangements to become known to the general public, but now that nearly three years have elapsed since the opening of the first training school we have been brought reluctantly to the conclusion that the scheme shows no signs of meeting the real need.

17. Two great drawbacks to recruitment have been:

(*a*) the compulsory link with the nursing of the chronic sick. The rule that at least half of the training must be taken in an institution for the chronic sick has led to the impression that assistant nurses are in fact "chronic sick nurses." We recognise the almost overwhelming need of staff for this work, but we believe that assistant nurses might have been recruited in much greater numbers (to the ultimate benefit of the institutions for the chronic sick) if their training could have been more general.

(*b*) the choice of the name "assistant nurse." Since in the past anyone who waited on the sick could enjoy the title nurse, it has not been acceptable that those who undergo a formal training and gain statutory recognition should now be restricted to the title "assistant" throughout their nursing career—indeed these are just the people to whom the title "nurse" is much more important than statutory recognition.

18. The influence of both of the above drawbacks may be seen in the fact that on more than one occasion applicants at the Recruitment Centre who were eligible by experience for the assistant nurses' Roll have resisted all attempts to persuade them to enrol, on the grounds that they "could not bring themselves to be assistant nurses."

19. Experience, therefore, has led us to the conclusion that the present arrangements for the training and State enrolment of assistant nurses do not solve the problem of auxiliary nursing staff, and cannot be expected to do so in the future since clearly the problem is one which will increase in magnitude. More careful selection of candidates, emancipation of students from responsibility as employees, shorter hours, increased demand for beds, will all tend to increase the residue of nursing work for which we cannot hope to provide sufficient trained staff and students. Who is to carry it?

20. The Working Party deduce from intelligence tests that possibly 30 per cent. of the present student population are unsuitable for training, and that 40 per cent. of trained nurses are of less than average intelligence. Under the proposed system of selection all of this level would presumably be ruled out. Yet there must be among them many who are capable of good bedside nursing without full responsibility. Equally, there must be many kindly practical women who would never present themselves for even the two-year course now offered to assistant nurses, with its set curriculum and tests, but who by experience in a hospital with a good standard of work would become valuable additions to the nursing staff. All these are needed for nursing work, the patients will regard them and address them as nurses, and if we are to recruit and retain them in sufficient numbers it seems clear that they must be allowed that title, and not be dismissed into a category of orderlies. The term " orderly " is already needed and used for domestic staff.* It should be their prerogative since the domestic staff have an important place in the ward team, and adequate staffing here would remove much of the discouragement, overwork and wastage among nurses.

21. The auxiliary nurses might be allowed a certificate after either one or two years' satisfactory service in a recognised hospital and this would entitle them to a higher rate of pay and pension. Hospitals which have established successful training courses such as that arranged by the Essex County Council, and which can recruit sufficient candidates, should be encouraged to continue and could give their own certificate. The general certificate of satisfactory service might be issued by the Regional Board, on the recommendation of the employing hospital, and the General Nursing Council would not be asked to take responsibility for the unqualified nurse. Full professional status would be reserved entirely for the State registered, who might be given some further distinguishing title such as " sister." Experience of the working of the 1943 Act seems to point to such a scheme, if the necessary " manpower " for nursing is to be found, and it would not detract from the professional status and qualification of the State registered nurse, but would rather throw it into relief.

NOTES ON THE WORKING PARTY'S CONCLUSIONS

22. We now turn to the " Summary of Main Conclusions "|| appended to the Report, in order to select those recommendations on which in our judgment the Minister might be asked to take action within the near future, and to make comments on certain other recommendations.

CONCLUSION 1. ***" The key problem in the present training system is wastage during training."***

A reformed training system must await a far more adequate ratio of *trained* staff to students, and this can only be obtained by encouraging the trained staff to stay in hospital. Recommendations for checking the outflow of trained staff are made in paragraph 13.

* The term " orderly " already has a more domestic association for women than for men.
|| Report, p. 78, et seq.

CONCLUSION 2. *Student status.*

If "student status" means that the student's experience during training should be arranged according to her educational needs and not dictated by the staffing needs of the hospital, we agree that it should be accorded as soon as there are sufficient trained and auxiliary nursing staff and domestic staff to make it practicable. We do not, however, support it, if by a "student" the Working Party means a person who is a complete extra in the ward or department and no more essential to the work of the ward and to the care of the patient than the medical student is. We know of no evidence to show that such a system produces at any stage better nursing for the patients, which is the primary object of training. On the contrary, reports sent in by a number of leading nurses to whom the King's Fund made grants to visit the U.S.A. recently, indicated that the results of a more academic training with student status were most disappointing, as regards development of skill in bedside nursing. Short extracts are given in a footnote.*

CONCLUSION 3. *Procedure for selecting student nurses.*

It is open to question whether any test has yet been devised which will assess a candidate's suitability for nursing on vocational or "personality" grounds with greater precision than the present system of references and interview with the Matron followed by a trial period in hospital. There may be room for intelligence or educational tests to supplement the present method of selection by the Matron. Centres for these might be set up for the use of training schools which wish to consult them. We are not, however, in favour of the compulsory imposition of these tests with a fixed minimum score for selection. Training schools should be allowed some option in standards of selection.

CONCLUSION 4. *New procedure in selection for appointments to senior posts in hospitals.*

We are in agreement that the selection of candidates for higher posts should be improved, but we would not commit ourselves to the method outlined in Appendix 4. We should like to see some provision for consultation with the senior members of the nursing staff when appointments are being made, as in the case of appointments on the medical staff or on the staff of Colleges.

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* "One was impressed by the student status given to the nurses and the importance attached to the nursing school. The results appear to be disappointing because the value of the student nurses practising nursing care was not appreciated and much of the theory was not applied."

"It appeared that much of the practical training was carried on away from the bedside of the patient; supervisors went to the ward units and helped classes in small classrooms attached to them. All this did not appear to produce a good practical nurse, for what in Great Britain would be considered the responsibility of the nurses in training under a ward sister, in America was left largely to the unskilled worker, the equivalent of a domestic orderly in this country. I felt that the American system of nurse training could not produce the best bedside nurses or nurse administrators despite elaborate programmes, as more importance appeared to be laid on University status than on the care of patients."

"I am convinced from what I have seen in the (American) hospitals that we must ensure that with careful teaching and under adequate supervision, the nurse in training is responsible for the nursing care of individual patients and is made to feel an essential part of the ward team."

"Great emphasis is laid on public health in the students' training, both practical and theoretical. It would appear that possibly some of the shortage of graduate bedside nurses is due to the fact that in their very extensive theoretical education so great an emphasis is laid on public health and teaching and degree courses that they tend to overlook the importance of the care of the sick, and on graduation feel more called to one of these branches. In fact statistics show this to be the case. I feel that this should be very much borne in mind when any attempt is made to widen nursing education in this country."

CONCLUSION 5. *Three-shift system.*

Hospitals should be advised to adopt some form of the shift system wherever it is practicable without hardship to patients or staff.

CONCLUSION 6. *Two-year training.*
CONCLUSION 12. *More comprehensive basis.*

The Fund would in general wish to refrain from expressing opinions on what may properly be regarded as professional matters. Two comments may, however, be made:—

(*i*) So far as recruitment is concerned, it would not appear that a shortened training would be an important factor, as any increase of numbers thereby secured might be offset by a loss in quality of candidates from the secondary schools.

(*ii*) The establishment of such a shortened training would in no way mitigate the shortage of nurses, in view of the fact that the loss from hospitals which occurs automatically at the end of the third year would occur at the end of the second year (see Appendix, p. 13). It is generally assumed that a shortened training increases the output of trained people. This is the case only when there is a bottle-neck at the training centres, as in medicine or almonry. In nursing there is a shortage of candidates for the training places.

If changes are contemplated there are many alternatives to the scheme put forward by the Working Party which ought to be very carefully weighed. Decisions taken at the centre might only undermine the present system without replacing it by something better. The proper course would seem to be to encourage a wide range of experiment in rearrangement of the curriculum, within the general framework of the present regulations, by some or all of the training schools; and to refrain from imposing any fresh system from the centre until such time as it can be soundly based upon extensive experience.

Similar considerations apply to the projected establishment of training units under directors other than the matron of the hospital. It is a practice which might be allowed to grow if successful where tried. To impose it generally by central decree, as implied in the Working Party's Report, would be to run a serious and unwarrantable risk of failure.

CONCLUSION 20 (*c*). "*The finance of nurse training should be independent of hospital finance.*"

The King's Fund advocated this in representations submitted to the Minister of Health in connection with the Coalition White Paper on the National Health Service, and again in a Memorandum submitted in March 1947. This step will, however, lose much of its value unless the grant machinery is analogous to that employed in the case of the Universities, and the body responsible for distributing grants is expected to take an active interest in encouraging the development of the training schools. We attach great importance to this principle as a means of ensuring progress in the standard of training.

CONCLUSIONS 20 (*d*) and 24. *Separation of training unit from hospital.*

In this country, nurse training has always centred in the hospital and we believe that the best results will be obtained by allowing the training school to remain in the hospital or group of hospitals under one Management Committee, having the support of a Nursing Education or Training School Committee, and financial independence. The training schools should be allowed much greater freedom and initiative than they have at present.

Candidates should be allowed to choose and to feel that they belong to a particular hospital group. Any attempt to "place" either student nurses or trained staff in accordance with the needs of the region would have disastrous effects on recruitment. The strong reaction against the limited measure of direction to scarcity fields applied during the war gives some indication of the extent to which such action would defeat its own ends.

We believe that there is still a most important place for voluntary advisory work such as that carried on by the Fund's Nursing Recruitment Service. Individuals who consult an advisory centre of this kind, or are referred to it by hospitals which have a surplus of candidates, can often be persuaded to choose another and more suitable hospital. They would resist arbitrary placing in accordance with staff requirements, sometimes to the point of giving up the idea of nursing, and frequently to the point of leaving the hospital to which they were sent. Wastage occurs not only among those who cannot "make the pace" in a training school where the standard is too high for them, but also among those in schools where the standards are too elementary. It is here that the real disgruntled wastage occurs which is "propaganda in reverse." We were sorry not to see any reference in the Report to the above factors, which are undoubtedly important in relation to recruitment and wastage.

CONCLUSION 25. *Pioneer training units.*

While there is a case for starting pioneer units in connection with perhaps two or three large hospitals in different parts of the country, it would be a mistake to attempt to set one up in each Region in the present most unfavourable circumstances. Freedom and encouragement should be given to individual hospital training schools to experiment in nurse training on their own initiative and in the light of their long experience.

CONCLUSION 34. *General Nursing Council.*

We agree that the qualifying body should be reconstituted but the whole question of the powers, responsibilities and methods of control of such a body should first be given full consideration by a Committee analogous to the Goodenough Committee, set up for the purpose. The functions of the new qualifying body and its relations with the grant machinery should be examined and its powers should be defined explicitly. The case for this was submitted in a Memorandum in March 1947, setting out the need for a large measure of decentralisation of control.

CONCLUSION 36. *Utilisation in an ancillary capacity of candidates below the level of ability required for training.*

This is a matter of the utmost importance and we have set out our views in paragraphs 14-21.

CONCLUSION 37. *Roll of Assistant Nurses.*

If the Roll of Assistant Nurses is closed, the recent restriction on the use of the title "nurse" should be rescinded. This proposal now seems revolutionary, but it was in fact a great innovation when the 1943 Act made provision, for the first time in history, for the restriction of the use of the title. Experience shows that many difficulties in staffing are created and that the regulation is already being widely contravened. Hospitals and other institutions are employing on nursing duties large numbers of staff who have no statutory right to the title "assistant nurse" and nursing homes are known to have used the title "sister" for those who cannot claim the title "nurse." If a list of auxiliary nursing staff is thought necessary, it should be kept by a different body from that responsible for the State registers (so that it carries no suggestion of qualification), and admission should be on a stated term of satisfactory service in a recognised hospital, without examination.

CONCLUSIONS 38 and 39. *Estimates.*

Many of the statistical estimates in the Report appear to us dangerously optimistic and many of the Working Party's recommendations could not be put into effect on a national scale for at least ten years, no matter how favourable is the progress in the meantime. Some comments on the statistics and estimates given in the Report are submitted in an appendix. We agree that the fullest use should be made of married and part-time nursing staff, and that many more male nurses might be employed.

CONCLUSION 40.

We feel that the reference to the right allocation of the nation's manpower resources is irrelevant, since the nature of nursing work makes direction *into it* wholly undesirable, while direction *away from it* is unthinkable, in view of the needs of the country.

November 1947.

APPENDIX

STATISTICS AND ESTIMATES

1. The whole edifice of the Working Party's proposals for avoiding wastage during training is based upon a larger corps of trained nurses in the hospitals. There were 47,500 of these in 1945; figures for 1946 and 1947 are not available.

2. In order to build up staff it is necessary to consider both intake and duration of service. Since the working life of a nurse in hospital is one of the most material factors in determining how the body of trained staff can be built up, it is most important to avoid any confusion on this point. Paragraphs 73-75 of the Report do not in fact give the help which at first sight they seem to offer. In these paragraphs attention has been directed to what is quite a different point, viz: the proportion of nurses who remain in hospital service *until they leave the profession.* Nine years is given as the average working life of such nurses, but the arithmetical calculation whereby this figure has been arrived at is open to the objection that it uses as divisor the figure of 5,600 who leave the profession when they leave hospital, and as dividend the total number in hospital, many of whom leave hospital for other forms of nursing work.

3. If any valid calculation of working life in hospital is to made by this method, the divisor and the dividend must represent the *total* number leaving hospital and the total number of trained staff in hospital, respectively. The figures given, viz: an annual inflow of 9,000-10,000 and a fairly constant establishment of 47,500 (*i.e.* with an annual increase of only about 1,000), would give an average working life of only five years in hospital.

4. To return to the intake of trained staff, in Conclusion 39 it is stated that the requirements could theoretically be met in five years by reduction of wastage, leaving out of account increase of staff to allow for expansion.* It is impossible to imagine any meaning of the word " theoretically " which would make this statement other than dangerously misleading, and the argument on which it is based appears to break down on five or six points at least:

The line of thought in pars. 219-222 seems to be: —

Total trained nursing force in all fields 88,000
Annual wastage rate of trained nurses 10%
Therefore annual intake of 9,000 newly qualified needed to maintain strength.
If annual intake to training could be maintained at a figure of 20,000 *suitable* recruits, the number of trained nurses entering the profession each year might rise to 15,000, yielding a margin over replacement for some time of not less than 5,000 to 6,000 a year.

The following difficulties occur: —

(*a*) POSSIBILITY OF OBTAINING 20,000 SUITABLE CANDIDATES ANNUALLY. The Working Party say that they " hope it may be found possible " to maintain annual intake at 20,000 *suitable* recruits. The present annual intake to all

* Report, p. 81, par. 39.

types of hospitals other than maternity is estimated to be 23,000.† Elsewhere, however, it is stated that 30 per cent. of the present student population would seem unsuitable for admission to training. Therefore, as against the present 23,000 accepted for training, there should be 30,000 every year from whom to select the 20,000 suitable candidates.

(*b*) ESTIMATE OF PRESENT INTAKE. Even the figure of 23,000 cannot be accepted as the present annual intake, since this includes the entries for the training courses for the supplementary registers. Many nurses will, therefore, be counted twice over as entries in the period of years from which the average is taken, since many train for at least two qualifications. Table X‡ shows that, excluding those with a midwifery qualification, one out of every four State-registered nurses is also on a supplementary register. The entries for general training are only 13,100 annually.

(*c*) PROPORTION OF NEWLY QUALIFIED WHO ENTER HOSPITAL EMPLOYMENT. The Report continues " If all these (the 15,000 newly qualified) could be devoted to providing the staffing necessary to secure the three-shift day and student status, the additional force required of say 24,000 trained nurses could be built up in five years." This implies that the whole 15,000 newly qualified must go into hospital employment, which is manifestly impossible. The newly qualified spread over the whole nursing field, many go on to take training in midwifery or for one of the supplementary registers and in addition a large allowance must be made for those who " waste " from the profession immediately after qualifying, for marriage or other reasons. The wastage rate after training appears to be much greater than in the third year of training, a point of some importance to which we shall return later. The 15,000 newly qualified might yield no more than 7,500 for first employment in hospital.

(*d*) TIME NEEDED TO BUILD UP REQUIREMENT OF TRAINED STAFF. Even if all the conditions could be fulfilled, it is impossible to understand the estimate of five years for securing the additional force of 24,000 trained nurses, since these would not begin to accumulate until the first entry of 20,000 had completed their training. This would extend the five years to eight years, supposing that the present four-year training courses were shortened to three years. In the event of the training being shortened to two years, the same length of time would be required, since a year's entry of trained nurses would be needed to undertake the work previously done by the third-year nurses.

(*e*) ANNUAL INCREASE IN NUMBER REQUIRED FOR REPLACEMENT. As the complement of trained staff rose, the number required for replacement of the 10 per cent. loss would rise also, *i.e.*, the number needed to maintain strength would rise by 500 to 600 a year. Thus at the end of five years the annual maintenance requirement would have risen from 9,000 to nearly 12,000.

5. For all these reasons, and not simply for the reason of expansion of the nursing services mentioned in par. 224, it seems misleading to suggest that trained staff could

† Report, p. 30, par. 87.
‡ Report, p. 16.

be built up in this way in a period of five years. There is little prospect that it could be so built up in ten years and in the meantime many may be unsettled by these visionary proposals. Reference has already been made in this report to the great importance of prolonging the "hospital life" of trained nurses (see par. 11).

6. The question remains: what proportion of the newly qualified go into first employment in hospital and how long do they stay? It is an important one from the point of view of reforms in training, as well as of present needs and future expansion.

7. The Working Party estimate that nearly 10,000 qualified nurses enter first employment in all hospitals each year. They suggest that this estimate is confirmed by the fact that the number of successful candidates in the State General and Supplementary examinations, and those of the Royal Medico-Psychological Association, averages 9,300 a year. It is impossible to agree. First there is the large loss from the profession shortly after qualifying. It is natural that many second-year or third-year student nurses who have home claims or intend to marry should, if possible, first obtain the qualification for which they have been working, and should then leave. Some evidence on this is given in the next paragraph. Secondly a considerable proportion go on to a second training, either for one of the supplementary registers or from one of them to the general register. Some take the Finals of both the State Register for Mental Nurses and of the Royal Medico-Psychological Association, after only one training course. This means that many finalists are counted twice over to give the average of 9,300 a year. Finally, there are the nurses who enter their first employment in a non-hospital field or abroad. The Report comments that "only a small proportion of the newly qualified nurses enter their first employment in a non-hospital field."* It is very much open to question whether this proportion is negligible though of course wartime controls limited it considerably until June 1946.

8. As regards the wastage shortly after qualifying, we have not yet been able to obtain enough figures to set out as a fair sample, but we believe the following analysis of finalists at one large training school to be a moderate example of conditions in 1946 and 1947. We have other records which show a very much higher loss from hospital after qualification, but they are not quoted as we do not wish to go beyond the average.

Analysis of movement of 176 *State-registered nurses on completing training.*

51 gave up nursing (39 on marriage)	29.0%
10 entered non-hospital employment (*e.g.* private nursing, industry, etc.)	5.7%
3 went abroad	1.7%
8 entered the Services	4.6%
74 became pupil midwives	42.0%
30 entered first employment in hospitals	17.0%
	100.0%

* Report, p. 25, par. 70.

9. It will be seen that only 17% entered first employment in hospital. To these must be added the number who entered hospital employment after completing midwifery training. This proportion is unknown; again it might be only 17% of the 74: but even assuming that two midwives in three return to hospital employment on qualification, only 45% of the original 176 would have accrued to the trained staff in hospitals. This gives a loss from hospitals of 55%.

10. These factors seem to suggest that of the 9,300 qualifying, it is not safe to assume that more than 5,000 enter first employment in hospital. If the count were taken a year or two after qualification it would show a still smaller proportion.

11. One important point remains. An argument frequently advanced in support of shortening the training to two years is that it would increase the total of State registered nurses by a year's intake. What do the figures show? As noted above 29% gave up nursing on qualification. It may, moreover, be calculated that in general hospitals the wastage in the third year of training averages only about 5.3%.* There is clearly a steep rise in wastage from the profession immediately after qualifying. These figures suggest that shortening the training to two years would deprive the hospitals of a year's intake of third-year students (among whom the wastage is relatively light); that it would bring forward by a year the high wastage after qualification and might leave the hospitals with only 45% as newly qualified staff (with only two year's training, and having to work under supervision). The proposed emphasis on public health work and the opportunities of specialising in this from the second year onwards might further reduce this proportion, as would the transfer of responsibility for the work of the hospital from the students to the trained staff. Apart from the merits or demerits of a two-year training, the above considerations seem to us to exclude it from consideration as a practical step in the present circumstances.

12. To sum up, efforts to solve the nursing problem by reducing wastage during training and to secure more favourable conditions for the student will not succeed if there is a failure to appreciate how short is the present hospital life of many trained nurses and how wide is the gap between the numbers qualifying and the numbers entering hospital service. The general hospitals are today mainly staffed by student nurses. To speak of relieving the students of staffing responsibilities without first examining the possibility of increasing the rate of trained and auxiliary staff is unrealistic, and a much more thorough enquiry seems to be necessary before important decisions are taken.

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* Report, p. 90, Table D. and p. 29, par. 82.

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