

## PRESENT DAY PROBLEMS OF NURSING PERSONNEL

The *Revue internationale* has on a number of occasions published studies on nursing personnel and its training in various countries, on attempts at uniting nurses on an international level<sup>1</sup>, and on problems raised today by the increasing demand for qualified personnel. This demand is general and has considerably increased since the end of the Second World War.

This is of capital importance, since the existing hospital organization which is becoming larger all the time, requires more and more nurses and auxiliary nurses. There is no doubt that the development of all the public health services and the increase in the number of patients in hospitals are the chief reasons for this shortage of staff. Much study has been devoted to this problem.

Amongst other factors one should mention the parallel development of private medical and health services, particularly in industrial concerns and the progressive complexity of present medical and surgical techniques. The supply of full-time qualified nursing staff has not followed the ever-increasing demand and it has become more and more necessary to appeal to nurses working part-time.

This appears clearly to be the case, for example in Great Britain, since the formation of the National Health Service in 1948. We publish below certain extracts of an article by Mrs. B. A. Bennett from the *International Labour Review*<sup>2</sup> dealing with the employment of part-time nursing staff in that country. The author, who was formerly in charge of the nurses employment section at the Ministry of Labour in Great Britain, examines the opportunities offered by the employment of part-time staff. She is of the opinion that such an arrangement can resolve certain present difficulties. We think these extracts will be of interest at a time when National Red Cross Societies are facing such problems, especially those Societies possessing hospitals and nursing schools and which,

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<sup>1</sup> See *Revue internationale*, February, 1961.

<sup>2</sup> Geneva, April 1962.

consequently are directly concerned in the fact that the nursing services in most countries at present lack qualified staff.

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... It will be seen from the foregoing account that part-time staff can be useful in almost all branches of nursing. It is obvious that there must be some adjustment of the " peak period " of work so that maximum use can be made of all available nursing skill. Moreover, the hours of full-time staff must be adjusted so that they are not left with all the early morning, evening and weekend work.

Work study in different types of hospitals and public health nursing services can reveal the peak periods, and indicate where these can easily be altered without detriment to the patients and to fit in with the hours part-time nurses can work without too much dislocation of their own homes.

The majority of these workers, both trained and untrained, are married women, often with children, characterised by a mature, responsible outlook. The fact that they have been running a home and looking after a family, dealing with sickness and various emergencies gives them a good understanding of the patients. So long as the employing authorities realise that they have home commitments, part-time workers are usually loyal and give their services unselfishly. Absenteeism, except in serious home emergencies, is rare. Although they may work only a few hours a week, their attendance is usually regular, particularly if they are assigned to one ward, department or clinic and are given a feeling of " belonging ". They soon become well acquainted with the routine, and the patients learn when to expect them on duty.

Having been tied to their own homes, often for years, the nurses enjoy the stimulating effect of working and appreciate their contact with nursing colleagues and medical staff. They are most anxious to acquire knowledge of up-to-date methods and welcome any in-service lectures, films and discussions that can be arranged for them.

Much depends on the relationship between a married part-time nurse and her husband and older children. If there is a genuine desire to earn money by nursing and the husband agrees and understands the hours nurses must work, he is frequently willing to undertake a share of the home responsibilities.

*Drawbacks of Part-Time Nursing.*—As the foregoing has suggested, the arranging of a satisfactory work schedule for part-time nursing personnel is a major problem, and constitutes one of the main weaknesses of the system. Adequate coverage of early morning, evening and weekend duties are particularly difficult to ensure. Married women with children find it difficult to commence duty before 8 a.m.; those on night duty must usually leave the hospital not later than 8 a.m. to see the children off to school. They may also find it difficult to commence evening duty before 6.30 p.m. if they have to prepare an evening meal. Night work is, of course, a major inconvenience to many housewives, since there is frequently little opportunity for them to rest at home during the day.

Even if periods of duty are carefully planned, they may fail to fit in with the husband's plans, and the nurse may eventually have to cease work as a result. Other family obligations, of one kind and another, can interfere with regularity at work. Apart from the obvious case of pregnancy—since, as already pointed out, many part-timers are young married women—children's illnesses and holidays and domestic crises can cause unavoidable and unforeseen disruptions, resulting in absence from the job. Then, too, resort to part-time staff with family obligations complicates the problem of replacement during holiday periods—particularly at Christmas.

Part-timers, moreover, create quite an additional burden of administrative work in hospitals, e.g. in relation to ward rotas, payment for "odd" hours worked, uniforms and holidays. They also require additional physical facilities, such as warm, dry changing rooms, and hospital transport where public transport is inadequate. Training facilities may also be required to provide refresher courses or in-service training for nurses and auxiliaries who have been away from hospitals for some years.

Finally, mention may be made of personal frictions between full-time and part-time staff and, in particular, the reluctance of the former fully to accept the latter, already alluded to above.

Some of the drawbacks of part-time nursing schemes are, of course, peculiar to public health nursing; the most striking of these is the disadvantage of letting too many people handle children in clinics and day nurseries.

*Advantages of Employing Part-Time Nurses.*—On the other hand, the employment of part-time nurses has obvious advantages. First, of course, it permits keeping more beds in use and providing service for more patients. Not only the number of persons cared for, but the standard of the service provided, benefits. For instance, where the special care of patients in intensive treatment rooms and respiratory units requires many nurses, the part-timers provide the extra care. Also, extra comfort can be provided for patients by part-time staff being available for work in out-patients' departments—e.g. reassuring apprehensive patients, or looking after children when patients are being examined. Part-time nurses are particularly useful in helping to provide the necessary unhurried care for geriatric patients who need help with dressing and undressing, feeding and toilet. Elderly women can do this work ; in fact, they welcome it and feel of use to the aging sick members of the population. Many such workers live alone and are glad to work in this particular field. A general factor favourably influencing the standard of service provided is that, as already pointed out, the majority of part-time nurses of all grades are married, often with children. They are, therefore mature, responsible women, and the fact that they have been running a home and looking after children, well and sick, gives them a better understanding of their patients.

Finally, the employment of part-time personnel has a favourable effect on the full-time staff. Not only does it provide welcome relief for them and permit their working hours to be arranged more satisfactorily, but, by relieving student nurses of routine tasks, it helps to ensure better training and thereby to raise the standards of the profession as a whole.

*Recruitment.*—No national appeal has been made with a view to recruiting married or elderly persons for part-time employment in nursing. It would, indeed, not be wise to undertake such advertising. Not all hospitals need part-time staff, and a nation-wide appeal would prove disappointing to some applicants because work would be unavailable near their homes. Local appeals, on the other hand, through newspapers, posters and cinema have had excellent results. For example, a hospital in the London area, by advertising in the local press, was able within a week to add 12 part-time nurses, nine

of them state-registered, to its staff. A refresher course was arranged for those who required it.

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While part-time nurses and auxiliary nursing staff are being employed extensively in hospitals and other nursing services in Great Britain even more could be employed with advantage to patients and the full-time staff ; this would make it possible to use more hospital beds and to provide better training for student nurses as well as better and more individual patient care.

The success of part-time nursing schemes depends on good administration. The needs of married workers—which includes their husbands and children—must be taken into consideration. Where these needs are recognised, and met, part-time nurses give good and loyal service.

Many married nurses would return to work if refresher courses were arranged for them, particularly with instruction in the use of modern drugs and nursing methods.

Nurseries and nursery schools on hospital premises are valuable. There are some, but still too few, where part-time nurses can leave their children when they are working.

Transport is a great problem ; the hospitals where staff shortages are serious are usually not served by frequent and convenient public transport. Moreover, transport charges to outlying hospitals are expensive and should be provided free if the maximum use is to be made of all available nursing skill.

Rest rooms and changing rooms are essential. There should be excellent facilities for all non-resident staff for hanging clothing and, in a climate such as that of Great Britain, there should be arrangements for drying coats and shoes during wet weather.

Careful planning, sound administration, goodwill and good working conditions with arrangements for easy transport can eliminate all the so-called difficulties of the employment of part-time staff. The advantages of their employment far outweigh the drawbacks.