

The Elusive Staff Nurse

*A constructive article by George Berzins,
S.R.N., on a perennial problem*

NEARLY every report on nursing seems to assume that if only more money could be paid to staff nurses there would be no shortage of these comparatively rare birds. At the same time, many a Matron either thinks, or loudly proclaims, that the present-day nurses just do not have the dedication of her generation and, therefore, it is not surprising that staff nurses are hard to find, they either get married, go abroad or even worse work for the nursing agencies!

Just how much truth is in these assumptions? Is the present-day nurse really so money-minded, or is there something deeper, more important at stake?

In Florence Nightingale's day the nurses were either "young ladies of good character" and independent means, the future elite—the tutors and matrons—who trained in the few up-to-date voluntary hospitals, or else the plain attendants of parish workhouses who looked after the poor sick, the majority of whom had little comfort and previous little treatment. The first group had little need to worry about the money and the latter were satisfied to earn pittance because they could do no better.

In 1969 the workhouse-cum-hospital has disappeared and nursing has improved tremendously, not only in scope but also in the quality of even the humblest nurse. Now-a-days there are very few nurses who take up nursing to help the lower orders perhaps till marriage claims them. Most nurses enter the profession because this is something they want to do, they are genuinely interested in the people they nurse and are hoping to become good nurses. But at the same time they are also interested in earning a salary comparable to that earned in the various offices and other jobs.

Two-fold need

It is against these fundamental differences that we must think of the present-day shortage of staff nurses. It is not only money or only opportunity to dedicate themselves to nursing that they are looking for—they are firmly looking for both!

Since the last increase, most staff nurses will agree that the salary they are earning is comparable to that earned by other girls after a similar length of training. Even if they do not agree with this, there is nothing they, or indeed anyone, can do for a number of years, or as long as hospital expenditure is low on the list of government priorities. But is this the main reason for the shortage of staff nurses? This is debatable. Let us look again at the reasons which make young people take up nursing. Money is not the highest on this list. Perhaps the most important reason is what the modern manager would call "job satisfaction"—being satisfied that the everyday activities of any individual person are producing a worthwhile result.

The present-day staff nurse is an intelligent person—she has to be to get through her training—and anybody realises more than she does just how much more there is to learn after she has finished her official training. In this rightful desire for job satisfaction lies the key to keeping our staff nurses. Florence Nightingale said in one of her letters to nurses: "For us who nurse our nursing is a thing which unless in it we are making progress every year, every month, every day, take my word for it, we are going back!"

After qualifying, most staff nurses become disenchanted with the hospital in which they are trained. It is partly a psychological reaction to the place where they have studied and worked for three to four years, similar to the one school leavers often feel against their old school, but their main disenchantment is with their new status of staff nurse, which does not give them the intellectual stimulation, the change for initiative and innovation which they had expected. True, there comes a day when they are asked "Will you take the keys of Women's Surgical 1, the Sister is on holiday? Oh, yes and of Male Medical 2 and Male Surgical 2, Sister Smith is ill and Sister Brown is having her week-end off". This, probably four weeks after first being considered a fit person to hold the keys at all! Hardly a thing to stimulate one's mind, though no doubt it encourages good leg muscles!

The desire to learn does not die with qualification but the opportunity to do so unfortunately often does. True, there is always the library, but as most staff nurses stay on one particular ward their outlook gradually narrows down to this field. What, then, could be done to provide the staff nurse with a more stimulating and interesting career, and at the same time attract older staff nurses back to hospital work? It obviously would be a very long list and it is possible to touch on a few ideas only.

1. A monthly seminar, lasting one day or even half a day, in which each staff nurse in turn could present a paper on a subject dear to her heart, this could be discussed afterwards, and also future subjects allocated. Twelve staff nurses in a year would cover 12 subjects and there would be ample opportunity and time for preparation of a paper by each nurse.

2. A study at regular intervals arranged by the tutorial staff and livened up with a few films and talks by specialists on their subjects, not necessarily doctors, but people with a subject that has a bearing on nursing.

3. Visits to other hospitals, offering a chance to compare methods and facilities—always with time for questions and discussion afterwards.

4. Visits to research institutions and professional units, if they are within reasonable distance. Not many nurses have the opportunity to see these during their training and most researchers are only too glad to talk about their subjects. It is probably harder to stop them from becoming too involved in details!

5. Projects, undertaken by a number of staff nurses together or individually, with perhaps a biennial prize? Come to think of it, old Major Black was very

keen to present one, but every subject from "the best all round nurse" to the "best dental nurse" was already covered !

6. Visits to the non-nursing departments of the hospital. It is surprising how a day in the biochemistry lab. can improve both the understanding of the work done there and also the labelling and prompt despatch of the specimens from the ward.

7. Encouragement to take further O and A-levels, perhaps leading to a university course. Too often the answer when a staff nurse asks for a regular evening off to attend evening classes is : "You are here to work Nurse, and your hours have to suit the hospital." The success of the cadet scheme, with its external courses at the local technical schools, should provide ideas.

8. Provision to prepare for the Diploma in nursing, part A, if possible, by organising a course at a local college of technology ; failing this, postal courses should be encouraged.

There is great room for improvement in communications between various grades of staff. The Salmon Report states : "Where communications are poor, morale in the ward is bad, and efficiency of the hospital is low". This is more than true about staff nurses, there are many hospitals where there is not a single nurse on any of the committees, and somewhere there is not even the humble suggestion box ! Another example is the occasion when the first year student points out, "This isn't the way we set the prep. trolley now, Staff !" And the poor staff nurse discovers that sister forgot to tell her that the procedure committee altered the prep trolley last month ! Here again a regular study/seminar day would give the staff nurse not only the chance to learn but also the opportunity to convey her own ideas. Conversely, the staff nurse is often not aware of the problems faced by the senior administrative staff, for a problem only exists where it is recognised. i.e. the junior nurse is not aware of the problems of organising the ward, she can only see the problems of how to finish the back round when Mrs. W. weighs 17st. and Mrs. X wants another bedpan now.

10. PART-TIME HOURS OF WORK. No doubt there are as many ideas as there are staff nurses but, broadly speaking, if a staff nurse is going to work part-time, she will be more useful on a ward if she works a shorter number of hours every day, than long hours on, say, two to three days per week. On most wards patients and treatments change quickly and after four or five days away from the ward the staff nurse will need a considerable time to become re-oriented in her work. This is largely avoided if she works, say four hours on five days per week, as she can then follow the continuity of patient care much more easily. The four hours could either be chosen to cover the busiest periods on the wards, or be divided equally during the day. I know that this still presents problems at the weekend, these can be overcome by requiring every staff nurse to agree to work one weekend in three, for whatever period she works during the week a propo-

sal which, on discussion, will be readily understood and accepted. If a nurse is regarded as just another pair of hands to help over a difficult period, her efficiency and co-operation will be low and she will show little real interest in her work. There should be no reason to exclude part-time nurses from whatever arrangements are made for study ; participation will improve their efficiency and morale.

11. DAY NURSERIES. Dare I mention this subject on which much has been said and so little done ? Obviously, there is no hope of the service paying for itself, but even with a moderate fee the cost to the hospital should not be too great, bearing in mind the undeniable increase in nursing staff it would produce.

Conclusion

None of these ideas would involve the hospital concerned in a great deal of expenditure because the tutorial staff is already available and so are most of the facilities. Giving the staff nurses, say, 12 days' free study is not going to destroy the hospital routine, but it may require a new approach from our senior colleagues. At the same time, it would encourage the staff nurse to remain for some time in her training hospital and, by increasing the total number of staff nurses, take off some of the strain which is often felt in understaffed hospitals.

(Courtesy : Nursing Mirror)

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