King Edward's Hospital Fund for London

RECOMMENDATIONS

ON

THE EMPLOYMENT OF DOMESTIC STAFF IN HOSPITALS

Published for King Edward's Hospital Fund for London by
GEO. BARBER & SON, LTD., FURNIVAL STREET, LONDON, E.C.4.
Price 9d. net, post free.

Kin

CONTENTS

10 Old Jewry, E.C.2.
May, 1946.

THE EMPLOYMENT OF DOMESTIC STAFF IN HOSPITALS

I. INTRODUCTION

1. In the course of 1945 King Edward's Hospital Fund for London received a request from the Factory and Welfare Advisory Board of the Ministry of Labour and National Service to examine matters connected with the employment of domestic staff in hospitals, with a view to making recommendations for consideration by hospitals. The Board had noted that although a considerable advance had been made in the provision of suitable accommodation and amenities for hospital domestic staff, there was still a grave shortage of labour which was aggravated by a high rate of turnover.

The following statement accompanied the request :—

> " The fact has to be faced that hospital domestic work is at present an unpopular occupation, particularly among women used to factory conditions, and that hospitals should in their own interests be considering the position which will arise when the present labour controls are relaxed and they have to meet competition in a freer labour market. Any work which your Committee may be able to do in laying the foundations for a constructive approach to the subject will accordingly be of far-reaching importance."

The responsibilities of the King's Fund as laid down in its Act of Incorporation are not confined to financial support, but include all such things as may conduce to the benefit of the hospitals of London. At the present time there are few matters in which the hospitals are in greater need of help than in obtaining domestic staff. The problem is one of great complexity, but in view of the close association of the Fund with the many voluntary hospitals in London and its knowledge of their work and difficulties, it was felt that an enquiry might well be undertaken by the Fund and that some light might be thrown on the subject which would lead to an improvement in the present serious position. The Fund therefore readily agreed to the request. In doing so it was encouraged by the willing help the hospitals have given in the preparation of its memoranda on the Supervision of Nurses' Health and on Hospital Diet, and by the ready co-operation with which the hospitals had received the recommendations made in these memoranda.

2. A small Committee was set up under the chairmanship of the Right Hon. Malcolm McCorquodale, P.C., with the following terms of reference :—

> " To consider matters connected with the employment (but not the remuneration) of resident and daily domestic staff in hospitals, with a view to making recommendations on staff management and welfare supervision."

The Committee have consulted, among others, hospital administrators, matrons and personnel managers in industry. They have been fortunate in obtaining a great deal of information from the hospitals themselves. They enquired into such matters as the causes to which the hospitals attribute the shortage, the arrangements for the engagement, supervision, training and general welfare of the domestic staff, the labour-saving equipment used, the accommodation and amenities provided, and the difficulties in the way of improving these at present.

3. Finding that the problem of recruiting sufficient domestic staff was not confined to a limited number of hospitals but was common to all, the Committee were led to the conclusion that it would not be sufficient simply to recommend the best current practice in any one of them, nor could they rely solely on the Fund's resources of knowledge on the internal administrative arrangements of hospitals and the special features of the work there. They must also bring " outside " opinions to bear on hospital problems and call in experts to advise on such technical matters as personnel management, economy or dilution of labour, training, supervision and welfare.

4. They were fortunate in having on the Committee Miss Florence Hancock, who with Miss Violet Markham had reported in 1945 on the Post-War Organisation of Private Domestic Employment, and Miss E. M. Pepperell, Welfare Officer to Carreras Limited. They also sought the help of the National Institute of Industrial Psychology, who generously agreed to make a short survey of the problem in hospitals of various sizes and to suggest the lines on which progress might be made. Most of the Institute's recommendations have been embodied in this report and the Committee would like warmly to acknowledge their indebtedness to the Institute, its Director, Mr. Frisby, its investigator, Mr. Stringfellow, and also to the five hospitals which co-operated in the survey.

II. THE PRESENT SITUATION

5. No attempt has been made to compile statistics on the shortage of domestic staff. But of sixty voluntary hospitals of all sizes in the Fund's area from which evidence was obtained, all but five reported a serious shortage of domestic staff. The majority said that they had grave difficulty in recruiting all categories of domestic staff, resident and non-resident, whether for wards, nurses' homes or catering departments. Some considered the shortage was more acute than it had ever been. If this is the case in hospitals which are relatively well-placed owing to their nearness to the amenities of town and the good conditions which many of them are able to offer, clearly the whole hospital system throughout the country must be gravely affected by the shortage, and this is known to be the case. The situation is in fact one of emergency.

6. We cannot evade the unpalatable truth that it is insufficient to carry on in the hope that the labour situation will become easier and that the first hint of unemployment will bring the recruits which the hospitasl are now unable to find. Some quotations from the Prime Minister's statement on man-power made on February 27, 1946, are relevant here :—

> " We are faced with a shortage of man-power. We must see to it that it is used to the best advantage and that means a changed attitude of mind. For years before the war we were accustomed to having surplus labour on the market, to having a large amount of unemployment, and the existence of that surplus labour bred in all classes an attitude of mind which must be changed.
>
> " We are now going to live in a world of full employment. During the war we all realised the value of every unit of labour. I ask employers to make the most economical use of the men and women available. If we are short of labour we must use what is available to the best advantage, and we must also use science to save labour."

7. Have the domestic arrangements and methods been adjusted to meet changed conditions, or have they persisted without revision since the days when domestic labour was cheap and abundant? Since there is no reason to expect a return to plenty, it is necessary to cut the garment according to the cloth, in hospitals as in private houses. As a long-term policy, this implies a radical adjustment rather than a perpetuation of the present attempts by hospitals to carry on as best they may. To quote the Markham-Hancock Report, " the war has not so much solved as dissolved the whole structure of domestic service," and hospitals, in common with other organisations, are faced with the problem of building it up on a new basis.

8. It is clear, therefore, that no immediate solution of the hospitals' difficulties is to be hoped for. The Committee have examined the problem with a strong sense of the urgency of the need. Inevitably, however, many of their recommendations relate to long-term policy and they believe that it is only in pursuing a long-term policy that a real solution will be found.

9. *Steps to meet the emergency.*—As regards the immediate situation, the Committee welcome two steps taken recently: first, the publication of national minimum rates of pay and standard conditions of service for staff in hospitals and allied institutions, as adopted by the National Joint Council, which should remove the severe handicap experienced by those hospitals which felt an obligation not to go beyond the Hetherington rates. Secondly, the Government's decision to admit women from Europe for domestic employment in hospitals and private households. The Ministry of Labour's experiment in bringing over Belgian domestics in 1945 worked well and was greatly appreciated by the hospitals. The proportion of hospitals helped in this way, however, was only small and there have been requests for a continuation and extension of the scheme. We hope it will be possible to draw on many other sources of labour in Europe. In particular we are told that large numbers of Balts, who would make excellent workers, are being maintained as displaced persons in North Germany. Moreover, hospitals may themselves recruit European women (other than Germans) and apply for their admission to fill domestic vacancies. We recommend that if the recruitment of domestic workers does not improve materially as a result of the new wage rates, the fullest advantage should be taken by the hospitals of the opportunity of employing non-British workers. We hope also that the Government will develop the scheme with all possible speed.

10. *Long-term policy.*—The prospect of the continued shortage of man-power and women-power in this country makes it all the more important to consider what steps the hospitals themselves can take to ensure that they recruit their full share of such labour as is available. First, it might be well to look at some of the reasons given by the hospitals to explain the difficulty in recruiting staff. Some arise from conditions entirely outside the hospitals, others from special features of hospital work. Of the former, the two most important are the poor status of domestic work in general and economic competition from other forms of employment.

11. *Status of domestic work.*—The problem of the depressed status of domestic work is not confined to hospitals, but is a national one. Girls have no hesitation in saying that they work in factories,

shops or offices, but those engaged in domestic work often try to conceal the fact. The present generation has seen the great advance in status which has been won for factory work for women, but domestic work has lagged far behind. It has been suggested that the influence of teachers in the primary schools has an adverse effect on the status of domestic work and that promising girls are dissuaded from taking it up. We cannot endorse this statement as we have not investigated the truth of it. It may well be, however, that the failure to provide systematised training in domestic work has led teachers to regard it as an unskilled and unprogressive career. We hope that in girls' schools of all types courses in domestic science or housecraft will be regarded as of greater importance than formerly. We hope also that the Ministry of Education and the Ministry of Labour through their Juvenile Advisory Service will induce all responsible for advising young people to give due importance to domestic work as a main factor in the well-being of the community and as a skilled and satisfying occupation.

12. The question arises whether the hospitals also, with their resources and facilities for training, could not be pioneers in establishing a new attitude towards domestic work in general. Less than a century ago nursing was in great disrepute, but was rescued and brought to its present position by the use of the training resources of the hospitals. We hope that eventually hospitals will lead the way in raising the status of domestic work, also by offering well-planned training schemes and far more opportunities of promotion. They have a great advantage over private employers in that they can offer more opportunities of specialisation to fit individual aptitudes, in catering departments, wards, nurses' homes, laundries, etc., and also far more inducements in the form of promotion to higher posts. The evidence suggests that the hospitals do not, in all cases, exploit these advantages to the full by careful allocation and regrading.

13. *Economic competition.*—Nearly all the hospitals from which evidence was sought referred to the question of wages as a main factor, although it was made clear to them that the making of specific recommendations on wages was outside the Committee's terms of reference. Most were experiencing difficulty from the competition of other employment in their neighbourhood, whether in the domestic sphere or in factories. We are glad to note that the Joint National Council rates are minima. The evidence that we have received shows that it would be a mistake for hospitals to be bound to uniform wage rates which can only handicap them in the labour market. It is not competition from other hospitals which is to be feared so much as outside competition. Minimum

rates should be established as a guide, with freedom for the individual hospitals to offer as much more as may be necessary to overcome special disadvantages such as remoteness from a town, or old and inconvenient buildings.

14. It is only natural that a tendency should persist from the days when domestic staffing was a simple matter of engaging such staff as might be needed, to regard any considerable advance in wages beyond what has been customary as excessive and beyond the means of the hospital. But if there is no prospect of reaching the desired complement of domestic staff, it may well pay the hospitals to offer higher remuneration in order to obtain the necessary minimum of staff. This may lead to securing a better type of worker. The instance might be quoted of a provincial hospital in a holiday resort where there was strong competition from hotels and boarding-houses. In 1945 a small increase beyond Hetherington rates not only solved the worst of the recruitment problem but also was found to result in far better value for money, since a better and more stable type of worker, who in fact preferred hospital service to hotel work, was able to apply and was engaged.

III. ADMINISTRATIVE ARRANGEMENTS

15. While we realise that each hospital has its own individual problems there are certain fundamental principles in the management of labour which are applicable, in one form or another, to every type of organisation.

16. On looking at the problem within the hospitals, the Committee have been led to the conclusion that two little attention has been paid to the great claims on time and the exacting nature of the duties involved in the management of domestic staff.

17. The arrangements vary widely in hospitals of different sizes, but in general the responsibility for the domestic staff is vested in the Matron and may be delegated by her to a senior member of the nursing staff, sometimes the assistant matron, sister housekeeper or the home sister. In many hospitals the supervision of domestic staff has to be fitted in with numerous other duties administrative or departmental. There appears to be little realisation that responsibility for domestic staff might well be a full-time post, even in hospitals employing relatively small numbers. Further, there may be a division of responsibility between various sisters. For instance, in one hospital the matron interviews and engages the ward maids, the assistant matron the kitchen-maids and daily workers and the home sister the housemaids and dining-room maids. This arrangement would not appear to allow free channels for promotion.

18. It has been suggested to us that a solution should be sought by the creation within the hospital of a separate department with its own specially trained lay head directly responsible to the management of the hospital. Arrangements on these lines are common in American hospitals and we visited one American military hospital in London where the system was in operation. It is urged in favour of such a plan that the matron can thereby be relieved of responsibility for a branch of the hospital service to which she cannot in the nature of things give her full attention. It is important to distinguish between two aspects of the problem which should be considered separately. Is there, first, a case for the introduction of a lay domestic supervisor, and is there, in the second place, a case for separating off the domestic work as a department distinct from the nursing staff and so removing it from the general responsibility of the matron ?

19. *Appointment of domestic supervisor and welfare officer.*—One of our main recommendations, and the one which we believe may most assist the hospitals, is that in all hospitals of sufficient size there should be a full-time domestic supervisor and welfare officer, carrying a large measure of responsibility and free from all other duties. The question will be asked as to what constitutes a hospital of sufficient size for the appointment of such an official. Obviously the measure should be the size of the staff and not the number of beds. It has been suggested to us that for a domestic staff (resident and non-resident) of only twenty there might well be a working supervisor, and for a staff of forty or fifty there is ample work for a whole-time officer of the type we have in mind. As regards her qualifications, the first essential is that she should have the right personality for the work and have been accustomed to dealing with people. At the same time, it is most important that she should have had training and experience in institutional management or domestic science. A short course in personnel management would complete her qualifications. The Committee hope that in the future such courses will be available, with special reference to hospital work.

Duties of domestic supervisor.

20. The following matters would come within the domestic supervisor's sphere :—

Recruitment.—An active recruitment policy, including frequent contact with employment exchanges, as well as primary, technical and trade schools and youth organisations, the advertising of vacancies or of training schemes, gaining the interest of patients' relatives or visitors, arranging the other means of recruitment suggested in this report.

Interviewing and engagement.—The interviewing and engagement, in consultation with the heads of departments, of resident, daily and part-time domestic staff, receiving resignations and dealing with the dismissal of unsatisfactory workers.

Placement and training.—Allocation to the most suitable type of work, and training for it, transfer of misfits, increasing opportunities for promotion and upgrading Finding means of stimulating interest in work and of recognising proficiency.

Administration.—The arrangement of work procedures and routines, preparation and posting of work lists.

Keeping of records and reports on work and conduct.

Arrangement of duty rotas and holidays.

Requisitioning and issuing of cleaning materials, care of labour-saving appliances.

Remuneration.—The supervisor should have authority to make modifications and increases within the hospital's authorised wage rates and beyond this she should be able to make recommendations to the Board through the appropriate channels on necessary advances in the authorised rates, on the engagement of more highly-paid workers such as ward orderlies, on necessary increases in staff, or on expenditure on labour-saving appliances.

Welfare.—Arranging for routine medical examination of staff, National Health Insurance claims and sick pay, convalescence (unless dealt with by the almoner's department) visiting of absent daily workers.

Supervision of maids' home and of personal hygiene of domestic staff.

Provision of uniform.

Arrangement or maintenance of recreational and social activities, clubs, national savings scheme, lending library, facilities for continued education, liaison with outside organisations offering social or recreational facilities.

Consultation.—Arrangements for staff committees or other means of dealing with suggestions or grievances. The cultivation of satisfactory staff relations.

Employment.—The preparation of a small booklet, to be given to every worker on engagement, explaining the hospital's routines and requirements and giving an elementary outline of its history, services and organisation. (A booklet with the

same purpose has been found valuable in industrial organisations.) Details might be given of the cost of various cleaning materials, or of the annual loss on breakages.

Teaching.—She might give the student nurses instruction in domestic science and supervise their practical work in housecraft.

21. In hospitals where there is a catering officer it would be well to leave responsibility for the selection, training and supervision of all catering staff in her hands. Presumably they would come within the domestic supervisor's sphere in the maids' home and for welfare work. The domestic supervisor would be responsible for all female domestic workers other than catering staff and perhaps laundry staff. Obviously in a large hospital she would need to delegate some of the duties, preferably to promoted maids or daily workers. In the largest hospitals there might be two supervisors, one for recruitment and work management, and the other, her assistant, for the home and welfare. In the day-to-day performance of her duties the domestic supervisor would be expected to co-operate with the sisters and to help them in every way to exercise proper supervision over the staff working in their departments.

22. *Matron's ultimate responsibility for domestic staff.*—We do not, however, recommend that the domestic supervisor should be regarded as head of a separate department and not responsible to the matron. We feel that the matron's case for the retention of ultimate responsibility for the domestic staff of the hospital is strong and that there is a real danger that the process of splitting off departments may go too far. The King's Fund has recommended that catering should be handed over to a separate department and many hospitals have taken this step with good results. But if the process were to go further it might well result in the loss of a valuable tradition. The matron is, and we think should continue to be, responsible for much more than the technical nursing of the patients. They are " committed to her care " and she should continue to be in a position to exercise control over all those details which together make up the atmosphere and tradition of the hospital. We are led, therefore, to the view that the supervision of the domestic staff should be entrusted to a lay specialist with defined functions and duties, but that she should be responsible to the matron. This arrangement would, we think, relieve the nursing staff of duties for which few can possess the necessary qualifications, but it would at the same time ensure full and easy co-operation in all departments and wards. One qualification is necessary. We do not think that the general responsibility of the matron in regard to the domestic staff should extend to the financial aspect. The domestic supervisor should be regarded as an officer

with definite financial responsibilities and it should be her duty to advise the Board through the appropriate channels with regard to the total expenditure required for domestic purposes, the rates of wages to be paid, the need for purchasing labour-saving equipment and any other financial questions affecting the domestic staff. We recognise that this distinction represents a new departure in hospital organisation, but we feel that the financial responsibility is so intimately bound up with the duty of recruiting and maintaining adequate staff that experiments on these lines would be fully justified.

23. It will be seen that the post is a very responsible one, with considerable influence on the efficiency of the hospital's service. Salaries must vary widely in accordance with the size and requirements of the hospitals. The post should, however, be made equal in status and remuneration to comparable posts in industry in the area, recognising that while a personnel manager in industry would be dealing with a much larger proportion of staff, she would not have the same responsibilities as a hospital supervisor for their training and the supervision of their work.

24. The case for the introduction of a trained lay supervisor and welfare officer is supported by a group of considerations which may be summarised as follows. The changing economic conditions render it no longer sufficient to expect recruits to apply in response to advertisements of vacancies or on notification to the labour exchange. It has become necessary for the hospital to be an active competitor in the labour market, and for success in this task practical experience of modern industrial conditions is desirable. It is not reasonable to expect that a nurse whose heart has been in nursing should have had the opportunity or inclination to acquire this background. The change from an era in which labour was relatively plentiful to one in which it is likely to be a scarce commodity involves a corresponding change in the functions of the individual whose duty it is to engage staff. A close and detailed knowledge of the labour market in the locality becomes a necessity. The opening of new avenues of industrial employment in the immediate neighbourhood may transform the situation. The domestic supervisor must be in a position where she is likely to foresee such changes, and able to recommend immediate steps whereby the hospital could meet them. It is not sufficient that representations should only reach the Hospital Committee when the shortage has become chronic, as by that time the damage will have been done and the personnel departments of industrial competitors will have established a firm hold over the hospital's late employees.

25. Further, there has been a revolution in the conception of "welfare." Advances in personnel management and welfare

work have been so rapid in recent years, and so far-reaching in their effects, that hospitals might well seek to profit by the experience of other organisations. A visit to the personnel department of a progressive factory, for instance, throws much light on the subject and on the very varied services available to the employees. Within the last few years factory workers have ceased to be merely units of labour and are now treated as individuals with their own interests and potentialities and as valued members of the organisation. A similar transformation in staff relations is taking place in hospitals, but various factors have delayed its full realisation. One is the time-lag in adjustment to modern social conditions and another sheer pressure of work on the part of all concerned.

26. The question of recruiting the right type of domestic supervisor must be dealt with. It will probably be impossible for some time to come to require *ad hoc* training in every case. At the same time, there must be many women now released from national service who have had valuable experience in handling personnel and who might after engagement supplement their experience by short or part-time courses. Advertising would appear to be the most practical step, but if hospitals advertise such posts individually and sporadically and each selects only one out of a number of applicants much wastage can occur. It would be valuable if an official register could be kept of people seeking posts as domestic supervisors in hospital.

IV. ECONOMY OF LABOUR AND LABOUR-SAVING EQUIPMENT

27. We have referred earlier to the need to adjust to changed conditions in the labour market, rather than to expect a return to plenty. Economy of labour suggests at once the much greater use of labour-saving equipment. The replies received from the hospitals as to the value of this are so varied as to suggest that much more information should be made available. There is general agreement on the need for and value of kitchen equipment, such as Hobart's mixers, slicers and potato peelers, but opinions differ on the usefulness of other appliances. Nearly 25 per cent. of the hospitals which gave evidence had electric polishers ; some said that they were most useful, others that they were generally out of use and long under repair, or that few maids could use them. About 8 per cent. had scrubbing machines, but here again some found them unsatisfactory. Other hospitals were unable to use them owing to the unsuitable construction of the floors. Some hospitals had installed mechanical scrubbers or polishers recently,

others had found them quite unobtainable. In short, there is a very real need for guidance on the range and availability of labour-saving appliances, on the best types for given conditions and requirements and on their use and maintenance. We suggest that if one of the Government departments could organise an Exhibition of Domestic Labour-saving Appliances in London, which might tour the provinces later, they would be giving the hospitals most valuable help. It goes without saying that only those appliances which are most serviceable and have stood the test of hospital use should be included.

28. Mechanisation, however, is only one factor in economy of labour. Small extravagances in labour and time can be great in their cumulative effect. It would be interesting to review the number of hours of domestic labour devoted weekly to processes which have little real effect on the hygiene and cleanliness of the institution, e.g.,

Polishing brass or copper, much of it tarnished daily by antiseptics, steam, etc.

Time spent by workers in collecting equipment inconveniently placed, or cleaning materials from remote " stores " where they may have a long wait, or in carrying buckets considerable distances for filling and emptying.

Time and interest lost through working in isolation or without proper training in the right methods.

Unintelligent decentralisation (e.g., preparing, cleaning or polishing mixtures in small quantities).

The amount of personal service to certain categories of nursing or medical staff, e.g., waiting at table when only very small numbers are involved. This personal service may be very desirable when staff is available, but it seems out of place in a hospital which is acutely short of staff and it has largely disappeared in private homes and in other institutions such as colleges and boarding schools.

In industry much study has been given to economy and speeding up in work processes and the hospitals might well benefit by the experience gained. A technical " job analysis " of the domestic work in all departments would be an expensive and complicated undertaking for individual hospitals. We welcomed the news that the National Institute of Houseworkers outlined in the Markham-Hancock Report was to be organised, with special reference to hospital requirements, and we recommend that one of the first activities of the Institute should be to make a complete and scientific analysis of domestic work in hospitals and similar

institutions, with a view to increased efficiency, economy of labour and regrading of personnel.

29. In the meantime, hospitals would be well advised to look afresh at their domestic routines, not simply with the object of seeing how far they can be maintained until staff are available to fill all vacancies, but in order to make such adjustments and alterations as may reduce to the minimum the number of persons, or rather the number of man-hours, needed for the essential cleaning, upkeep and service.

30. In considering plans for rebuilding and extensions, architects and hospital authorities should have always in mind the need for economising in personnel and mechanising domestic work as far as possible.

V. NO UNIFORM STANDARD OF STAFFING PRACTICABLE

31. The Committee thought at one stage that it might be helpful to indicate a standard for estimating the right complement of domestic staff for a hospital. We abandoned this project as likely to be misleading rather than helpful. In the case of the nursing staff, a ratio of nurses to patients is a reasonable basis. In the case of domestic staff, however, who are responsible for the care of the premises as well as the service of individuals, so many variants arise from the condition, extent and lay-out of the buildings, from the materials used in construction and from the type of work undertaken by the hospital, that it would be unsound to base the complement on a ratio of staff to beds or of man-hours to beds. This is confirmed by the results of our enquiries, for the answers from the hospitals showed that very few attempts had been made to arrive at a standard of measurement, other than " the requirements of the work." It might be of interest, however, to indicate the variation in the numbers different hospitals considered necessary :—

Wards :

3 wardmaids to 3 wards, total 55 beds.
1 wardmaid and 1 daily woman for 30-bed ward.
1 orderly and 1 maid to 24-bed ward.
1 wardmaid to 20-bed unit.
1 non-resident orderly, 1 resident wardmaid and 1 daily woman for 20-bed unit.
2 wardmaids for 18-bed ward.
2 wardmaids to 20 private beds.

One hospital said that the ideal arrangement would be 4 maids to a 30-bed ward, with shift system from 7 a.m. to 9 p.m.

Nurses' Homes :

1 maid for 16 rooms, with accompanying bathroom and lavatory accommodation.
1 maid and 1 daily woman to 20 staff.
1 maid to 10 staff.
1 maid to 8 staff.

Dining-rooms :

1 maid and 1 daily woman to 30 staff.
1 maid and 1 daily woman to 10 doctors.

One small hospital had attempted an overall ratio of one member of domestic staff to 5 beds and it was noticeable that this was one of the very few hospitals which felt that its difficulties in recruiting domestic staff were less than the average.

VI. THE NURSING STAFF AND DOMESTIC DUTIES

32. Since the requirement of domestic staff depends to some extent on the amount of domestic work undertaken by the nurses, the Committee were bound to take this question into consideration.

33. There is general agreement that in the present circumstances the nursing staff have to undertake far more domestic work than they should. The tradition, so strong in the nursing profession, that all services which the well-being of the patient may require must be carried out regardless of difficulties, has stood the hospitals in good stead here, and it is difficult to imagine what would have been the condition of many hospital wards without it. There is danger in prolonging the situation, however, since recruitment to the nursing profession is gravely affected by the knowledge that at the present time hospital nursing includes a large admixture of domestic duties and also there are signs that the tradition referred to above is itself in danger from over-strain. Further, additional work interferes with training in nursing.

34. Setting aside the present emergency, two schools of thought are evident. There are those who advocate that nurses should be freed from all domestic duties, since they are already in short supply for nursing duties and it is uneconomic and a waste of skill to use them otherwise. On the other hand, there are those who say that nursing and domestic duties are not easily separable and should not show a marked distinction. Among the hospitals from which we obtained evidence, the number advocating the complete separation of domestic work from nursing appeared to be about the same as the number advocating the retention in the nurses' routine of domestic work as such, apart from training in this subject.

35. Between these two extremes there is a large measure of agreement. In most of the hospitals from which we obtained evidence, it is considered that some training in domestic work is a necessary

part of the nursing course, in order that the nurse may understand the proper care of the patient's environment, whether she remains in hospital as a ward sister, or becomes a district or public health nurse, a private nurse or a midwife. We endorse this view, particularly as we are told that many student nurses appear to have had little or no domestic training at home. Moreover, nothing which affects a patient's comfort should be alien to a nurse. In nursing, as in other spheres, there is real danger in over-specialisation. Just as she would be an ill-equipped nurse who could not prepare an appetising and suitable meal for an invalid, so we think that the nurse should be trained to understand and take a critical interest in the care and hygiene of the patient's surroundings.

36. It is a very different matter, however, to depend permanently on the nurses in training for a substantial share of the domestic labour of the hospital (as has been the case in the past) and to allow the domestic routines in the wards to absorb much of the young nurses' time and energy and reach the point of monotonous routine.

37. Our recommendation is, therefore, that teaching and practice in housecraft (on a much wider basis than such items as dusting and the polishing of lockers) should be a recognised part of the nurses' training and indeed announced in the hospital's prospectus as one of the advantages offered. We consider that this practice should continue beyond the preliminary training school, but that the domestic requirements of the wards should not depend on the student nurses to such an extent as to absorb a substantial share of their time or energies.

38. As regards the nurses' homes, we understand that when domestic staff are available it is customary to relieve the nurses of all duties, even of making their beds and dusting their rooms. This is probably the ideal arrangement when conditions permit. It is not always practicable in the present circumstances, however, to arrange complete "housemaid" service or complete dining-room service. It would be helpful if any necessary reduction in the service provided, or any necessary duties in the nurses' home, were looked upon as participation in current social conditions, rather than as a hardship. We make these suggestions, not with any lack of sympathy for the great stresses to which hospital staffs have been subjected, but in the hope that a slight change in outlook on necessary domestic duties here might have some influence on the whole status of domestic work and so help ultimately to alleviate the shortage.

VII. SOME CONSIDERATIONS ON RECRUITMENT

39. The supply of labour in any direction is affected by extrinsic factors such as unemployment or shortage of manpower, and economic competition. It is also affected by factors arising from

the nature of the work itself and the conditions offered. In an earlier section, factors outside the control of the hospitals which limit the supply of domestic staff have been considered. In this section the Committee consider some of the special features of hospital work which are said to hamper recruitment, and collect together various suggestions which have been made for meeting these difficulties, and also for stimulating recruitment in other ways.

40. Reference has been made to the poor status of domestic work in general. Hospital work has carried its full share of this handicap. The fact that the hospitals have been forced for a long time to accept almost any help which was offered has led to a low standard of selection and this in turn reacts on status, setting up a vicious circle. It has been necessary to consider, therefore, the type of worker to be aimed at, and what can be done to raise the status of hospital workers by the creation of ward orderlies and other higher categories.

41. Again, hospital work is frequently objected to by those seeking employment as too heavy, and this appears to be a main cause of wastage. For some time enquiries have been made on our behalf at a factory employing some thousands of workers. Every new employee who had been engaged in hospital work at any time was asked her reason for giving it up. While there were, of course, many reasons arising from home circumstances, and while some had found difficulty over discipline or staff relations, by far the most frequent comment was that " the work was hard." We have considered, therefore, the employment of male domestic workers for the heavier duties.

42. Another objection to hospital work is that the hours are less acceptable than those in industry and that girls want their evenings free ; some considerations on hours of duty have therefore been added, though it is realised that radical improvements in the arrangement of hours are impracticable where there is a serious shortage of staff. The objection that there is not enough freedom and independence in resident work in hospital cannot be ignored. Undoubtedly there are great compensations, but it is not enough to set these out : adjustments must be made to social trends and we have tried to make suggestions for these adjustments, in connection with accommodation and amenities and hours of work, as well as in the earlier section on the duties of the domestic supervisor. As regards non-resident staff, there is the difficulty of home claims, which are often a cause of absenteeism ; we have therefore suggested the increased use of day nurseries for the children of daily workers. An interesting point which emerged as a result of enquiries at another factory is that many women who have domestic work to do in their homes prefer that their wage-

earning work should offer a change of occupation and therefore choose non-domestic work ; in support of this it was stated that the factory itself had great difficulty in recruiting cleaners, as compared with other workers. It is difficult to see how this handicap can be overcome except by offering greater flexibility in hours than factory work would, so that home claims may be met more easily.

43. Finally, the personal recruitment effort which each hospital can make is discussed. Through its moving population of in-patients, out-patients and their visitors, every hospital is in touch with a considerable section of the community, and has valuable opportunities of arousing interest in its work and in the conditions it offers to its workers. Again, it is the responsibility of each hospital to make quite sure that its needs are kept before the Local Employment Committees and other advisory committees of the Ministry of Labour and National Service with as much vigour and persistence as the needs of industry in the area.

44. *Type of workers to be recruited.*—Admittedly it is highly desirable to recruit the best type of worker available. At the same time, it is necessary to face the fact that hospitals cannot depend only on workers of a better type. Many employ girls and women with some physical disability such as epilepsy or deafness, or those of subnormal intelligence. The higher-grade mental defective who has received suitable institutional training can give very useful service. Some hospitals cannot afford to do without these workers and hospital domestic work provides a valuable form of employment for those with some physical or mental handicap. It would be poor social policy to advise that they should be excluded from it. At the same time, girls of better intelligence, education or background may be " put off " hospital work by finding that many of their co-workers belong to these groups. Thus status is affected and wastage is increased. There is no complete solution. Each hospital should decide whether it can staff on normal workers only, or whether it should take also the physically or mentally handicapped. If the latter, it is obvious that special arrangements should be made for their supervision, training and accommodation. We heard of one hospital where a group of trained mental defectives were employed. The other domestic workers were brought to see that this group helped them a great deal in their work and that they in return should look after and take responsibility for them. This cannot be achieved everywhere and in some large institutions it may be necessary, at any rate for a long time to come, to staff almost entirely from the handicapped grades, with appropriate supervision. Hospitals which aim at raising their standards of selection will no doubt realise the important effect of improvements in amenities and living conditions. No recruiting officer is so valuable as the contented and interested worker.

45. *Ward orderlies.*—One of the most effective means of attracting a better type of worker appears to be the employment of ward orderlies. These are higher-grade domestic staff, not supplementary nursing staff. They are allowed, however, to undertake certain non-nursing services for the patients which were previously part of the nurses' routine. They should wear a distinctive uniform and they receive a higher salary than wardmaids. One hospital found that within a very short time of the institution of the scheme, orderlies were bringing their friends for similar employment. As many hospitals will be considering the employment of ward orderlies, a few examples of their work schedules are given in an appendix.

46. *Male domestic orderlies.*—The objection that hospital work is heavy must be faced. More and more in the modern world, machinery takes the place of muscle. A century ago, the carrying of buckets of coal and cans of hot water up many flights of stairs many times a day were regarded as normal. That era has passed, but in hospitals it is still true that there is a good deal of heavy work that must be done, in the cleaning of ward floors and of staircases and corridors which may have almost as much foot-traffic as a road outside. There is also the less congenial work of cleaning annexes, emptying refuse bins, handling stores in bulk, and so on.

47. The tendency has been to give the lighter duties to the wardmaids and other resident staff and the scrubbing and other heavier duties to the daily women, often elderly, who have been accustomed to that work for many years. Economic conditions in the future, however, may be such that the older married women will not need to seek heavy work of this nature and few young women will consider it. Labour-saving appliances do not offer an immediate or at any time a complete solution of the problem. How is it to be met?

48. As an immediate step we recommend that hospitals should consider the greatly increased employment of male domestic orderlies. It should be made clear here that we are not referring to ex-R.A.M.C. orderlies and others who can properly be employed in nursing duties, as trained or assistant nurses or nursing orderlies. We see no reason why, in men's wards at least, there should not be a male orderly for domestic duties. In large wards where it has been customary to employ a wardmaid, with daily women for the heavier work, there might well be a male orderly who would undertake the heavier duties and a female orderly who would also be responsible for some of the domestic work now carried out by the nursing staff. There must be many thousands of men whose duties in the Services, and particularly in the Navy, have given them admirable training for this work, who are rather too old to

learn a new and quite different occupation and who would be glad to settle down in permanent employment in hospitals near their homes. The progress of demobilisation makes consideration of this possibility a matter of urgency. Contact with Resettlement Offices, the British Legion and other organisations for ex-Service men might be useful here. We have considered the objection that the wage rates would be too high for practical purposes. We suggest, however, that actually it might be good economy to fill some of the existing vacancies in this way.

49. *Hours of Duty.* Constantly the difficulty is raised that girls now have so many opportunities of employment which leave all their evenings and week-ends free, that they will not consider the more " tied " conditions of resident work in hospital. In districts where the shortage of daily workers is less acute, hospitals may need to rearrange the domestic work in such a way as to reduce the proportion of resident maids to non-resident staff. But in general there is no evidence that daily workers are in better supply than resident staff and we are unable, therefore, to recommend the substitution of non-resident for resident staff. At present the wardmaids generally have their off-duty time in the afternoon and return for evening duties. It is possible that the number of maids needed on duty in the evenings might be reduced by a re-allocation of work between maids and daily workers, by the employment of more part-time help where it can be had, and perhaps by cafeteria or " help yourself " arrangements for the evening meal for all staff. This might allow of a straight eight-hour shift and a free evening for maids more frequently in the week. The complete shift system, with a shorter span of duty, would of course remove much of the objection to the hours. It is generally regarded as impracticable without a great increase in staff. We note with interest the statement in the National Joint Council's report that it is the employers' intention to abolish split duty as soon as possible.

50. We have no information on the results of adopting the shift system for all domestic workers. A recent article in the Journal of the American Hospital Association, however, describes the changeover to the shift system for all the catering staff at a hospital with little increase in cost. It is stated that it took a year to make the transition complete in all departments, but in that time the dietary service had been increased by 13 per cent. and the personnel by only 11 per cent. The following comments are given :—

> " We are confident that there has been less turnover in our dietary department during these wartime days than there

* " Hospitals " Vol. 18, No. 10, October, 1944, p. 56.

otherwise would have been, due to the straight hour schedule which makes not only for stabilisation of employees but also for satisfied and happy employees. Employees on straight shift show a greater interest in their work and have a happier outlook generally. The person who has to return to work after an hour or so off duty is never so eager for the task as a person who is starting anew for the day. When the straight time employee's work is finished he has a feeling of being free until the next day. It helps to take the grind out of the work and also decreases the ' I don't care ' attitude on the part of the employee. Less time is taken off by the straight time worker because more free time is had during the off-duty hours to attend to outside business. Less time is lost through sickness, since the straight time worker has more leisure to build up resistance through longer rest periods. Split hour elimination also works a benefit for other departments besides those directly concerned. It takes the strain off the book-keeping department by making the time cards easier to check ; and it relieves the cafeteria by lessening the number of meals to be served."

51. In some hospitals the non-resident workers also have a long span of duty, e.g., 6.30 a.m.-10.30 a.m. and 5 p.m.-8 p.m. In the future it may be necessary to recruit far more part-time workers who can give one straight shift of four or five hours a day.

52. *Transport.*—Hospitals which are so situated that they can draw on residential areas a short distance away would often find that the provision of a bus to collect daily workers would help them to recruit and to retain staff. Hospitals in the country may need to provide regular means of transport to the nearest town for their resident staff.

53. *Accommodation and amenities.*—There is a very wide range in the standard of living conditions offered to domestic staff. Some hospitals are able to offer accommodation similar to that in a modern nurses' home, single bedrooms with central heating, hot and cold water and built-in furniture, provision for personal laundry and ironing, sitting-rooms with wireless and piano. The majority, however, are aware that their accommodation for maids is inadequate. Some told us that they were unable to provide a sitting-room or recreation room apart from the dining-room and in one case the only room had to be shared by resident and non-resident staff and porters. Some are unable to provide changing-room accommodation for the daily women. Only three hospitals out of sixty suggested that finance was the obstacle to providing better accommodation. Lack of space, war damage and the

impossibility of building during the war years have prevented the hospitals from attaining the standards they themselves desired to offer. Many are planning better accommodation and it is recognised that this may be a means of obtaining a better type of maid. Since the Committee began their work, the Ministers of Health and of Labour and National Service have issued their Code of Conditions for Hospital Domestic Staffs. This gives a useful summary of approved modern practice and the Committee have therefore refrained from making detailed recommendations on accommodation, amenities and health care.

54. The provision of modern amenities in the home, however, is not in itself sufficient. Small " human " factors can be much more effective in building up a contented staff. Any details which help to create a happy atmosphere in the Home, and to make the worker feel that she is trusted and is regarded as an individual, are important. The provision of separate sitting-rooms, in one of which the older maids can be comparatively quiet, while the young ones enjoy noisier recreation in another, is appreciated. It is a disadvantage if the maids are scattered in small groups in different parts of the hospital, and whenever it can be arranged the entire domestic staff should have a self-contained home with a separate entrance, or in small hospitals a wing or floor to themselves. In our opinion, there is not the same strong case for single bedrooms for all maids as there is for the nursing staff, since many of the younger maids have always been accustomed to sharing a room and prefer it. It is difficult to over-estimate the good effect of providing exactly the same food for domestic staff as for nursing staff. This involves much more than the arrangement of menus which read the same. The actual dishes served should be as freshly cooked, as hot as and in every way indistinguishable from those served to the nurses. We have been impressed by the arrangements in a large factory, where the same excellent cafeteria meal service, in the same rooms, was available to all ranks, from newly-joined process workers to executives and heads of departments. There should be a canteen or other meals service for the daily workers equal in quality to that for the resident staff.

55. *Health.*—Detailed recommendations on the health care of domestic staff have not been included in this report. We have assumed that the hospitals have already made arrangements for this, on the lines suggested in the Memorandum on the Supervision of Nurses' Health, with such modifications as are warranted by the differing duties and degrees of exposure to infection of nurses and of domestic staff. We commend to the larger hospitals, however, a practice which has been found very effective, viz., the holding of a minor ailments clinic daily. It is a great advantage if all resident and daily domestic workers are free to seek advice or

treatment at such a clinic, without taking the step of " reporting sick," which generally leads automatically to being taken off duty. The early treatment and the health teaching given at the clinic may well lead to a better standard of general health as well as a reduction in sickness absenteeism.

56. *Pensions.*—The provision of pensions for long service on the domestic staff of a hospital is not only good in principle but is also valuable as a means of increasing the stability of the staff and retaining the experienced worker. Such provision should not be by way of a concession to an old member of staff on retirement, but should be part of a non-contributory pension scheme fully explained to every worker and published as part of the hospital's recruitment policy. A scheme of this sort will be found valuable to supplement even the new old age pension scales.

57. *Uniform.*—There is no doubt that an attractive and practical uniform which the worker can wear with satisfaction has a great effect on morale and ultimately on status. We hope that the Board of Trade will give high priority to the relaxation of restrictions on the uniform of hospital staff. At one hospital the green overalls and caps provided for ward orderlies are very popular. In hospital there is probably less objection to wearing caps (again if they are well chosen) than in other branches of domestic work, since the maids see all ranks of nursing staff wearing them.

58. *Provision of Nurseries.*—As regards daily workers, the provision of nurseries where they can leave their children is a great attraction and one which we commend to the consideration of the larger hospitals. There has been a most successful venture of this kind at the Roffey Park Rehabilitation Centre. Where it is impracticable to organise a nursery, working arrangements might be made with a local nursery, so as to fit in with the hours at which the workers are needed in hospital.

59. *Recruitment through the hospital population.*—The recruitment value of personal contact with a hospital must not be overlooked. A girl often wants to enter a particular hospital as a student nurse because she has been there as patient or visitor. Much more recruitment work for domestic staff might be done through in-patients or their visitors, or through out-patients. Notices of vacancies, with particulars of salary and training offered, might be put up on visiting days. A friendly note asking for help in finding staff might be given to each patient on leaving, or in some hospitals a personal appeal might be made by ward sisters or lady almoner as routine. In this connection also, an attractive uniform worn by the maids on duty has much recruitment value.

60. *Contact with the Ministry of Labour and National Service.*— In many hospitals there is no active recruitment beyond advertising occasionally and awaiting applicants from the employment exchange. It is stated from time to time that the interviewers at the exchanges do not bring hospital work to the notice of applicants as frequently as they might. An official in a very large industrial firm who interviews new employees has been enquiring on our behalf how many had previously been in hospital employment and how many had had hospital work suggested to them at the Exchange. In no case had this been done. On the other hand, many employers are competing with one another in their claims on the employment exchanges and press their requirements with much more vigour and effect than the hospitals. We recommend therefore that hospital authorities should devise means for keeping their staff requirements constantly before the Local Employment Committees and other advisory committees of the Ministry of Labour in the region.

61. It might also be helpful to invite the manager of the local exchange or his representative to serve on one of the hospital committees.

VIII. CONCLUSION

62. As this report is being prepared, great changes in the hospital and medical services and radical schemes of reorganisation are being planned. The Committee would like strongly to emphasise that whatever the final outcome of these plans may be, the problems discussed in this report remain the same. The day-to-day work of healing the sick will still go on and hospitals will still need their proper quota of domestic workers.

63. Some of the recommendations we have made may seem impracticable or theoretical to those bearing the heat and burden of the day, but most of them have originated within the hospitals themselves. We are grateful for the valuable help given us in this way by the hospitals and we feel it only right to pass on these suggestions to other hospitals for their consideration. Many may need modification before they are applicable elsewhere, some of them, no doubt, will be improved in the light of further experience. If, however, our report helps any hospitals to think out their domestic problems afresh, it will have achieved one of its main objects and we trust that their work and ours will result in an increased recognition of the value and importance of domestic work in hospitals.

64. These suggestions are offered in the hope that they may help in the building up of a body of skilled and contented workers who will contribute to the smooth running and efficacy of the hospitals' services.

IX. SUMMARY OF RECOMMENDATIONS

A. GENERAL

1. *Workers from Europe*

That the Government's plans for bringing over women from Europe for domestic work should be implemented with the least possible delay (par. 9).

2. *Status of domestic work*

That the Ministry of Education and the Ministry of Labour, in their advisory work with juveniles, give due importance to domestic work as a main factor in the well-being of the community, and as offering opportunities for a skilled and satisfying career (par. 11).

3. *Training in personnel management*

That three-month courses in personnel management, having special reference to hospital work, be arranged by the Institute of Labour Management, the Ministry of Labour, or some other appropriate body (par. 19).

4. *Economy of Labour*

That one of the Government departments organise an Exhibition of the Labour-saving Appliances which have been found most serviceable for hospital use, and that information as to their availability be supplied to the hospitals. The exhibition might be organised in London first and might tour the provinces later.

That the proposed National Institute of Houseworkers make a scientific analysis of domestic work in hospitals, with a view to increased efficiency, economy of labour and regrading of personnel (par. 27).

That in all plans for hospital construction, architects pay special attention to the need for economising in personnel and mechanising domestic work as far as possible (par. 30).

5. *Uniform as a factor in raising status*

That the Board of Trade give high priority to the relaxation of restrictions on the uniform of hospital staffs (par. 57).

B. RECOMMENDATIONS TO HOSPITALS

1. *Workers from Europe*

That the hospitals make the fullest use of the opportunities provided by the Government's recent decision to admit European women for domestic employment in hospitals. This may be either by applying for workers brought over under the Government scheme, or by getting in touch themselves with workers of any nationality other than German, and applying for permits for their admission (par. 9).

2. *Status of domestic work*

That every effort be made to raise the status of domestic work by offering well-planned training schemes and better opportunities of promotion (par. 12).

3. *Appointment of domestic supervisor and welfare officer*

That all but the smallest hospitals appoint a full-time domestic supervisor and welfare worker, responsible for the recruitment, training, supervision and welfare of daily and resident domestic staff. The domestic supervisor should be accustomed to dealing with people and also should have the right personality for the work. She should have had training and experience in institutional management or domestic science and, if possible, some training in personnel management (pars. 19-26).

That the domestic supervisor be responsible to the Matron, except in financial matters, in which it should be her duty to advise the Board through the appropriate channels (par. 22).

That the post of domestic supervisor be made equal in status and remuneration, to comparable posts in industry in the area. The duties of the domestic supervisor are set out in par. 20.

4. *Economy of labour*

That greater use be made of labour-saving equipment, as it becomes available (par. 27).

That as the overall shortage of labour is likely to continue indefinitely, the domestic routines in hospital be reviewed in order to economise time and effort and to reduce to the minimum the number of man-hours needed for the essential cleaning, upkeep and service (pars. 6, 7, 28 and 29).

That in plans for building, all details of construction and choice of materials be considered from the point of view of economising in personnel and mechanising domestic work (par. 30).

5. *The nursing staff and domestic duties*

That as soon as sufficient domestic staff are available, the nursing staff be relieved of domestic responsibilities (par. 33).

That carefully planned teaching and practice in housecraft be a recognised part of the nurses' training, but that the domestic requirements of the wards should not depend on the student nurses to such an extent as to absorb much of their time or energies (pars. 32-38).

6. *Type of workers to be recruited*

That every effort be made to offer conditions, training and opportunities of promotion which will attract a better type of worker. At the same time, hospitals cannot depend entirely on these, and domestic work in hospital affords a valuable form of employment for those with some physical or mental handicap. Each hospital should decide whether it can staff on normal workers only, or whether it should take also the handicapped. If the latter, special arrangements should be made for their supervision and training and it might be well to secure the co-operation of the other workers in taking responsibility for them (par. 44).

7. *Ward orderlies*

That hospitals might consider the employment of ward orderlies who should have a special schedule of duties, including some of the non-nursing services to the patients which were previously part of the nurses' routine. Ward orderlies should wear a distinctive uniform (par. 45).

8. *Male domestic orderlies*

That hospitals might consider the greatly increased employment of male domestic orderlies and take immediate steps to recruit ex-service men for this (pars. 46-48).

9. *Hours of duty*

That the straight shift system be introduced wherever it is practicable. Where there are not sufficient domestics for this, the objection to hospital hours can be met by arranging for more evenings off duty for resident domestic staff. This might be made possible by the employment of more part-time workers, by a re-allocation of work between resident and non-resident staff, or by "help-yourself" arrangement for the evening meal for all staff (pars. 49-51).

10. *Transport*

That hospitals which recruit or might recruit daily workers from residential areas a short distance away, provide a bus to collect them if public transport is not adequate.

That hospitals in the country see to it that there is transport to the nearest town for their resident staff (par. 52).

11. *Accommodation and amenities*

Better accommodation for domestic staff should, and no doubt will, be arranged in many hospitals as soon as building is possible. In the meantime, attention should be given to any details which help to create a happy atmosphere in the Home and to make the worker feel she is regarded as an individual. Where it is practicable, the domestic staff should have a floor or wing to themselves, or in larger hospitals a self-contained Home with a separate entrance. The catering should be the same for the domestic staff as for the nurses. There should be a canteen or other meals service for the daily workers (pars. 53, 54).

12. *Health*

That in hospitals of suitable size a minor ailments clinic be held daily and that domestic staff be encouraged to use it. On the general health care of staff, hospitals are referred to the recommendations in the Memorandum on the Supervision of Nurses' Health published by King Edward's Hospital Fund (par. 55).

13. *Pensions*

That consideration be given to the arrangement of non-contributory pension schemes for long-service domestics, and that such schemes be fully explained to every worker and published as part of the hospital's recruitment policy (par. 56).

14. *Uniform*

That as soon as the regulations permit, consideration be given to the value, both for recruitment and for morale, of an attractive and practical uniform (par. 57).

15. *Nurseries*

That the larger hospitals consider the possibility of providing nurseries where daily workers can leave their children, or that arrangements be made with a local nursery so as to fit in with the hours at which the workers are needed in hospital (par. 58).

16. *Recruitment through the hospital population*

That much more recruitment work for domestic staff be undertaken through in-patients or their visitors, or through out-patients. Suggestions for this are given in par. 59.

17. *Contact with the Ministry of Labour and National Service*

That in view of the active steps taken by other employers, hospital authorities make sure that their staff requirements are constantly before the Local Employment Committees and other advisory committees of the Ministry of Labour in the region (par. 60).

APPENDIX

WORK SCHEDULES FOR WARD ORDERLIES

Westminster Hospital

The duties of ward orderlies are :—

Sweeping and dusting
Preparing patients' meal trays
Helping to wash up in the ward kitchen
Being responsible for the patients' lockers
Helping generally to keep the wards neat and tidy

They work alternate shifts, 8 a.m. to 5 p.m. one week and 12 noon to 8 p.m. the other. One hour is given for the mid-day meal. They are non-resident.

University College Hospital

List of work for orderlies in private wing

8.0 a.m.	On duty
	Wash early morning tea-cups
	Help with breakfasts—make toast and prepare trays
	Clean Frigidaire in kitchen
	Dust sister's office, corridors and waiting-room
	Commence washing-up
9.30	Mid-morning lunch
10.0	Finish washing up
	Dust patients' rooms, clean basins in each room
	Prepare trays for lunch
12.0	Lunch
1.0 p.m.	Wash up after lunch
2-5	Off duty
5.0	Wash up after tea
	Prepare supper trays
	Wash up after supper
8.0	Off duty
	If on duty in the afternoon—clean silver and prepare patients' teas
	Two evenings off duty each week from 5 p.m.
	One day off each week
	Four days off duty from 2-5 p.m.

Suggestions as regards ward orderlies.—There should be an unwritten rule that, at the discretion of the ward sister, when the orderly has proved herself to be a useful member of the ward staff she should be allowed to help with beds and to feed helpless patients, etc. In other words, she should be allowed a human interest in the welfare of the patients.

London County Council Hospitals

1. *Hours of duty.*—96 a fortnight, i.e., 8 hours on 6 days a week.

The span of duty should remain straight and split duty on alternate days. Days off duty should, so far as possible, be arranged on a sliding rota so that the staff concerned have at least one week-end free in seven.

2. Dusting, cleaning and polishing of ward equipment, e.g. :—

Patients' lockers
Tables and chairs
Electric light fittings
Glass door panels
Tiles, cupboard, trolley, etc.
Making up of ward fires
Cleaning of radiators
Filling of hot water bottles. (N.B.—Hot water bottles when filled may only be placed in the patients' beds by a nurse.)

3. Cleaning of sanitary annexes and the equipment thereof, e.g. :—

Sweep floors

Clean baths, lavatory pans, washing-basins, bowls, tooth-mugs, bedpans (i.e., daily scouring), porringers, etc.

Sorting and sluicing of soiled linen

Scrubbing of mackintoshes and carbolising of mattress covers

Oiling and cleaning of locker wheels, trolley wheels, screen wheels, etc.

4. Assist in preparation of meals, e.g., cutting of bread and butter, making of tea, boiling of eggs, etc. Assist in distribution of meals, e.g., take round cups and plates, bread and butter trolley, tea, dinners, etc.

Clear away all crockery, cutlery, utensils, etc., after patients' meals ; and wash up, if required.

5. *In training schools.*—Give assistance to the *senior nursing* staff (i.e., sister or staff nurse) *if required* (i.e., in the temporary absence from the ward at meals, lectures, etc., of all other members

of the nursing staff) in the blanket bathing, dressing, moving or making of bed of a patient for whom two persons are required simultaneously to assist.

6. *In chronic and convalescent hospitals and blocks* (i.e., those hospitals and blocks which are staffed with assistant nurses in place of probationer nurses), *assist* with " chronic " or " convalescent " persons requiring help on account of age (i.e., elderly people and children) in the following matters :—

Help with feeding

Help with washing

Help with blanket bathing and taking to the bath

Help with bedpans

Also assist in the making of beds and in the combing of heads

7. Except in such circumstances as are outlined in 5 above, women orderlies do not attend ordinarily on any patients who are " ill "—these patients being attended solely by members of the nursing staff.

(March, 1946.) It is hoped that it will be possible to introduce a short course of instruction for women orderlies entering the service.

The South London Hospital for Women

Ward orderlies are responsible for the following duties :—

Dusting the wards

Cleaning the lockers and bed-tables

Filling hot water bottles

Helping with all meals

Cleaning the baths and sinks in the sluice room

Taking washing-water to patients who are able to wash themselves

Taking round mouth washes and tooth water and collecting same

Taking patients to the X-ray, pathological departments, etc., in wheel chairs

Removing the flowers from the wards at night

Cleaning the vases

The orderlies work a 48-hour week from 7 a.m. to 12.30 p.m. and 5 p.m. to 7.30 p.m. with one day off on Sundays.

Woolwich and District War Memorial Hospital

Hours.—Two shifts—7.0 a.m.-1.0 p.m. 1.0 p.m.-7.0 p.m.

Half-hour break during each shift for lunch or tea ; no main meals during shift.

Duties.—Printed work lists issued ; no change from one shift to the other allowed.

Matron talks to all orderlies, emphasising that their duties are not the nursing of the patients. Special stress is laid on the danger of giving food or drink without permission.

Early shift.—Help with dusting ward ; responsible for cleanliness and tidiness of lockers

Give out crockery and cutlery for breakfasts, feed " toddlers " and certain carefully selected patients, clear breakfasts

Answer telephone, and run general ward errands

Take " chair " patients to door for discharge

Responsible for cleanliness of bathroom

Give out crockery and cutlery for dinners

Late shift.—Clear dinners, tidy lockers, cut bread and butter

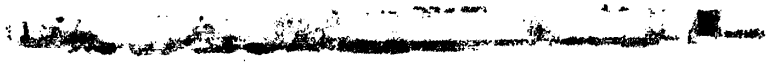
Prepare teas, give out crockery and cutlery and clear away

Give out washing bowls to patients who are able to wash themselves. Clean bowls and tidy bathroom.

Help to prepare and give out suppers ; clear suppers and leave all lockers clean and tidy

Collect and wash all fruit bowls and put fruit on a plate for the night.

Uniform.—Green caps and overalls are provided and are very popular.



Published 1943 :

MEMORANDUM ON THE SUPERVISION OF NURSES' HEALTH

Price 3d., post free.

MEMORANDUM ON HOSPITAL DIET

Price 6d., post free.

Published 1945 :

SECOND MEMORANDUM ON HOSPITAL DIET

Price 9d., post free.

NURSING STAFF : CONSIDERATIONS ON STANDARDS OF STAFFING

Price 6d., post free.

Obtainable from Messrs. George Barber & Son, Ltd.,
Furnival Street, London, E.C.4.

PRINTED BY GEO. BARBER
& SON, LTD., FURNIVAL
STREET, HOLBORN, E.C.4.