

Medical Ward (not Chronic)—

Although the number of staff required in a medical ward is subject to greater variation, it was agreed that the number should be the same as required for surgical wards—

Sister, 1.

Staff nurses, 2.

Nurses—M., $3\frac{1}{2}$; A., $3\frac{1}{2}$; night, 1; relief, 1.

Total, 12.

Chronic Ward—

Sister, 1.

Staff nurse, 1.

Nurses—M., 3; A., 3; night, 1; relief, 1.

Total—10 in male; 11 in female ward.

In male wards there would be a male attendant, but in women's wards an extra nurse would be required.

Gynaecological.—It was shown that gynaecological wards required as many nurses as children's wards.

Maternity Wards.—Require 1 nurse per patient (registered plus trainees). It is not possible to carry out the case-assignment system without such a staff.

THE PROBLEM OF HOSPITAL STAFFING.

All hospitals are concerned with one major problem—the question of staffing, both nursing and domestic. The new Hospital Employees' Union, with which practically all Hospital Boards have become parties in an industrial agreement, has regularized the rates of pay and hours of work for domestic workers, but the greatly reduced hours has made the problem of obtaining sufficient staff, particularly in country districts, a most acute one, and with the proposed increased industrialization of New Zealand this problem is unlikely to become less. So far it has resulted in many married women being employed who are willing to work for a certain number of hours per day, the work being so arranged that this organization can be put into effect. While satisfactory in one sense, this type of employee often raises difficulties, as disturbances in the routine of their homes are reflected often in irregularity in the attendance of the workers.

These difficulties have again resulted in increased demands being placed on the nursing staff to such an extent that at one small hospital the Matron was found to be undertaking the cook's duties two days a week to relieve her.

But a more serious position exists when it comes to the nursing staff. During the last ten years a very rapid hospitalization of the sick has come about in New Zealand. It is true that this condition exists in other parts of the world, but not to such an extent as in this country, for nowhere, for instance, is the hospitalization of obstetrical cases so high—where 87 per cent. of the total births take place in hospital—and a similar condition exists to a great extent in regard to other hospital services.

The total occupied-bed rate of hospitals used as training-schools has increased from 4,059·3 in 1933 to 4,981·394 in 1938.

Last year attention was drawn to this fact, and to the increased nursing staff required. The latest returns for 1938 show that there are 600 more girls in training than there were five years previously, in spite of the fact that the number of girls in the age-group eighteen to twenty-two was 69,700 in 1933 and 68,500 in 1938. Added to this, owing to the policy of shorter hours and expansion in the educational and business worlds, girls of that same age-group are greatly in demand.

If hospitalization is to continue, and the type of service which allows for more individual consideration for the patient (which means more staff) is to develop, what position are we gradually drifting into?

For several years, as a rough guide, the Department has advocated to Hospital Boards the proportion of one nurse to two total occupied beds, but experience has shown that with the plans for giving patients better individual care in smaller wards this is not sufficient, particularly where in the larger hospitals many registered nurses are absorbed in administrative, supervisory, and clinic positions. If nurses are to continue to undertake the same duties as previously, the need will arise for one nurse to 1·5 occupied beds if not one nurse to one patient.

It is obvious that such a position is impossible of attainment, so consideration must be given to reconsidering the whole situation if the training-schools are to retain the same standard of applicant because of the limitation of the supply to be drawn upon.

These considerations might follow definite lines:—

(1) *The Improvement of the Position of the Registered Nurse.*—So as to attract into the profession women of culture, a revision of existing conditions is needed, as every one is agreed that if this service, which comes so intimately in contact with the lives of people, is to be what it should be a background of good education is required.

It is true that much has been done in the last few years to improve salaries and hours of work. Also some Hospital Boards have provided living-out allowances which make the conditions of this section of the staff approximate the salaries and conditions of other women engaged, say, in the teaching profession. But even where this has been done, and found to be effective in that their staffs are happy and contented, murmurs that the system is "too expensive," that there is not sufficient "control" of the staff, &c., are heard.