

*The Future Supply and Status of the Nursing Staff in Asylums.*

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Probably most medical officers of asylums have experienced during the last few years an increasing difficulty in obtaining reliable nurses.

Given that some change in the conditions of labour is necessary, it appears that three ways are available:—(1) Enlarging the field of attraction of candidates, by making it worth while for individuals of a class where the struggle for existence is keener to enter; (2) Ceasing to engage persons of a class willing to enter domestic service, who are already in great request, and for whom the demand exceeds the supply; and (3) Making it worth while for better class girls to stay for at least three years' training.

There is little room for discussing what social class is more desirable for asylum nursing. Even limited experience of ladies in the wards is sufficient to prove that they can, *ceteris paribus*, overcome all the difficulties attached to the work, and are on the whole kinder, more conscientious, and more susceptible of training. The difference they have made to the nursing of general hospitals is now a matter of history. The real difficulty in employing them is that the reforms will cost a great deal of money, but if they are necessary we must examine the lines upon which these reforms are to proceed.

*Demands.*

- (1) The minimum age of probationers commencing training must be raised.
- (2) Shorter duty hours and longer daily and annual leave are necessary.
- (3) The dietary needs improvement.
- (4) A home, separate from the wards, must in every case be provided, and recreations and outdoor games encouraged.
- (5) More complete instruction in hospital nursing and the management of insane persons is required.

- (1) *The minimum age at which probationers are received must be raised.*

The large general hospitals have recognized the evils of allowing immature girls to commence training. Among those who demand a minimum of 25 years are St. George's,

London, Middlesex, and Westminster Hospitals, and the Manchester, Liverpool, Newcastle, Edinburgh, and Glasgow Royal Infirmaries. St. Thomas requires probationers to be 26. Very few important hospitals, except children's, receive earlier than 23, although Poor Law Infirmaries seem to favour 21. The wear and tear of ward work reacts with greater force on immature girls, and it is the younger nurses in asylums who are most often laid up with trifling ailments. If physical maturity is requisite for hospitals, how much more for asylums; and, besides this, the mental development which years and experience alone bring is necessary in the latter but not the former. There may be some arguments in favour of 23 as a suitable age, but nothing short of necessity can justify us in handing over fractious delusional or fussy senile cases to the tender mercies of girls of 19 to 21. The youth and frivolity of the nurses, and their want of tact and judgment, are a not infrequent cause of complaint on the part of patients when quarrels arise. Again, girls who stay at home till 25 or 26 usually know more about housework, and if so, the training so obtained is not wasted in the wards.

(2) *The hours of duty must be curtailed.*

At present the working day commonly begins at six a.m., and ends at eight p.m., with  $1\frac{1}{2}$  hours for meals, and evening duty till 10 about once a week. This gives  $89\frac{1}{2}$  hours per week, a daily average of 12.8, with only 12 hours per week for recreation, always after dark. Whole days off vary from one to four per month, an average being 24 in the year; holidays 14 days per year. The arguments against this continuous mental strain are known to all, and need not be repeated here.

It is plain that if we are to shorten the average day, we must either decrease the number of hours per day on duty, or increase the number of whole days out. The latter method has had full trial in certain asylums, even to one day off in seven, and the results have not, as I understand, answered to expectations. It is also the unanimous opinion of asylum matrons and of hospital nurses who come to our infirmary wards that they can keep "pegging at it" if they have some time off *each* day, and are kept free from the nerve exhaustion which shows itself in morning fatigue, want of appetite, irritability, forgetfulness, migraine, anæmia, and a constant desire for "a change." But in shortening the

working day we open the door for irresponsibility in the case of accidents, from the frequency of change of nurses. I believe that it will be necessary to face this difficulty, and that it will ultimately be overcome by experience and systematic training. If I were to suggest an amended daily time-table (which would apply to the male side as well as female) the day would begin at 6.30 instead of six, and end at 11 instead of 10. It would probably be found, if nurses rose at 6.30 or 7, that the ward work could be got through as early in the forenoon as now, when there are more nurses of longer service, and less time wasted in beginning. There can be no advantage in lengthening the time spent out of bed by acute, feeble, or melancholic patients, who take no interest in their surroundings unless they are in the fresh air, while tractable convalescents and sensible chronics require little supervision, and might be allowed to rise even as early as 5.30, if they desired it, and handed over to the ward maids by the night nurses, so that day-rooms and galleries would be clean before the rest of the patients were dressed. The extra hour or half-hour in the morning would allow an extension of evening leave till 10.30 or 11, facilitating asylum entertainments, and allowing the staff to visit concerts and theatres, a desirable privilege in the case of ladies, who would have little society in the building, and be presumably able to take care of themselves outside.

The proposed time-table will run thus:—

Rise 6.30; each nurse to have a biscuit and milk or cocoa before entering the wards.

Commence duty 7.

Prayers 7.30.

Patients' breakfast, 7.45.

First nurses' breakfast, 8.15 to 8.55.

Second ditto, 8.55 to 9.35.

9.35-12.30—Ward duties, medical visit, walking parties, airing court, sewing, changing laundry, weighing, stock-taking, fire practice, bathing in excitable wards, nursing instruction, etc.

Patients' dinner, 12.30-1 (or patients' dinner between the two nurses' tables).

First nurses' dinner, 1-1.45.

Second ditto, 1.45-2.30.

2.30-5.30—Walking and work parties, sewing, bathing in quiet wards, instruction classes.

Patients' tea, 5.30-6.

6-8—Patients put to bed. But in summer quiet patients remain outside till dusk. In winter entertainments will keep certain of the nurses on duty till 10.

8 or 9, according to circumstances, nurses off duty till 11. About quarter of the staff would be on after 8.

Now as to daily time off. The day staff may be divided into three equal portions. One-third would, let us say, on Monday and Thursday not commence duty till the second nurses' breakfast, 8.55; on Tuesday and Friday they would have three hours off in the afternoon, 2.30 to 5.30. On Wednesday and Saturday they would go off duty after the patients' tea at 6. The other two portions of the staff would rotate in like manner, so that the full staff would be on duty from 9.35 till after all the dinners were over at 2.30. At other times two-thirds of the staff would be in the wards. Thus most of the duties requiring a large reserve of nurses, such as instruction classes, would naturally be held in the forenoon. This arrangement, which appears at first sight somewhat complicated, gives the widest possible variation in the times off duty, so that the greatest number of individual tastes can be consulted. The total working hours would be  $72\frac{1}{2}$  per week, an average of 10.3, as compared with 12.8 at present, a net gain of  $2\frac{1}{2}$  hours daily. Few will say that even the light labours of airing court and ward supervision should be extended much beyond  $10\frac{1}{2}$  per day, considering the amount of mental strain involved, and equally few will consider that they should be reduced beyond this. It will be noticed that forty minutes is allowed for breakfast. This is supposed to include time for dressing, which at present is done in county time. So with supper. This meal would be served in the nurses' own time at eight o'clock, and afternoon tea would be allowed in the wards. Three-quarters of an hour is allowed for dinner, to which extension no objection can be raised. A common fault in the time-tables of general hospitals is that the nurses' meals are hurried. With the above liberal allowance of time off, attendants might with justice be asked to attend occasional lectures, patients' amusements, rehearsals, and choir practices in their own time, which under the present rules it is unreasonable to expect. Annual leave might with advantage be increased to 21 days in the year, for it is certain that nurses have more anxiety and responsibility than assistant medical officers, who at present have one month. It will probably

be advisable to retain the principle of a whole day off duty occasionally, say once a fortnight.

A difficulty arises about giving charge attendants and nurses some distinct advantage in the matter of duty hours, for it is evident that they should be on duty when the patients get up and go to bed, at any rate most days. A month's annual leave instead of three weeks, and time off on Sundays, which day has been left open in the proposed scheme, would emphasize the difference of status, and recompense them for the extra responsibility.

What increase of staff will be necessary to carry out these proposals? We have to add about one-third to the present staff for day duty. The present staff at Rainhill is 1 to 9·1, or, on day duty only, 1 to 10·1. This means 99 nurses per 1,000 patients, which would have to be raised to 132 per 1,000. Then if the nurses are ladies, ward maids should be employed, not because ladies would refuse any menial work, but because it would be false economy to employ them to clean wards, single rooms and passages, when the work could be as well done by untrained maids; for the physical exhaustion following upon two or three hours of hard morning labours must inevitably distract the attention and sympathies of the nurse from her more skilled duties, the care, treatment, and supervision of her patients. These ward maids would be under the direct control of the charge nurse, and would have no charge of any patients except those engaged in household work with them. They would rise at 5.30, and receive the working patients who desired to get up early from the night nurses. They would finish the ward work by 9.30, and thereafter clean offices, passages, and attend to the nurses' home; at dinner time carry the dinners, wash up and collect the dishes, knives, etc., and at nurses' meals act as waitresses. They would be off duty a portion of each afternoon, and a certain number would be on duty in the evening for carrying teas, making down patients' beds, tidying day-rooms, etc. They would be in by 9 or 9.30. They would have relative status with housemaids and kitchenmaids.

It may be estimated that, in an average asylum, ward maids should comprise about one-fifth of the ward staff, which would thus stand at 107 nurses and 25 ward maids per 1,000 patients, for day duty.

To secure continuous supervision of every patient at night without requiring any nurses to sleep in the wards, the pre-

sent night staff would need to be rather more than doubled. say 22 instead of 10 per 1,000 patients.

In order to allow 21 instead of 14 days' annual leave, and one month for charge nurses, about four more per 1,000 patients are required, so that the complete staff would be 138 nurses and 25 ward maids per 1,000 patients, an increase of 47 per 1,000 on the present; this would give a proportion of one nurse to 6.3 patients.

(3) *The food must be improved.*

One may take it that the quality of the food stuffs supplied at present is satisfactory, and the quantity ample, but the diet-sheet lacks variety, and dishes are often spoiled by poor cooking, and are not nicely set upon the table. To remedy these faults is certainly a large order, implying better cooks, better apparatus, and a free supply of condiments. The dietary should attain a public school standard, or probably, allowing for the proverbial difference of appetite, aim a little higher. There is too great a tendency in English institutions to supply a large quantity of plain roast or boiled meat, with a small variety of vegetables, soups, and puddings, thereby losing all sense of a proper proportion of nitrogenous and carbonaceous elements. Meat is the most expensive article of daily use, and its proteids are often greatly injured in asylums by imperfectly manipulated gas ovens. This is hardly the place to set forth full diet tables; useful hints may be obtained from a paper on the subject read before the Hospitals Association in 1890. It may be taken as a rule that two or three varieties of each class of food stuff should be presented; thus, for breakfast, two kinds of fish or eggs, two kinds of meat, toast as well as bread, and tea, coffee, cocoa, and milk; for dinner always two courses, sometimes three, two kinds of meat, two vegetables besides potatoes, two kinds of pudding; and a like variety for supper. I am convinced that in a French institution from such excellent material as is supplied to English asylums a very much better result could be obtained at two-thirds of the money, and that the extra expenses of a larger kitchen staff would, in a few years, be more than repaid.

(4) *A separate block must be provided for both nurses and attendants.*

This is now an axiom with superintendents, and in most large asylums such blocks are either in existence, or in contemplation. Therefore few remarks thereupon are required.

It is a common and disappointing experience that after a few months the nurses' common room is used regularly by a small clique, while the rest continue to sit in one another's bedrooms. I fear this is a necessary evil which it is little use fighting against, and one can only try to modify it by providing several day-rooms, so that small quarrels and jealousies may not cut out one section or another. The charge nurses should have a small common room, and there should be a large dining-room, which can be used for concerts and dancing, a sewing-room, a music-room, and a writing-room, making five day-rooms in all; also a sick-room and box-room. By means of folding-doors one of the smaller rooms on a higher level will serve as a stage for the large dining-room. There should be 30 to 35 single bedrooms for senior nurses, and I am unable to see any objection to the cubicle system for juniors. It is cheap and healthy, and more privacy is obtained than in two or three-bedded rooms. It is in use in ten London hospitals, including Guy's, Middlesex, and St. Bartholomew's. Room should be furnished in the home for at least 100 nurses in a large asylum, so that none are compelled to sleep in the wards, but that each may when off duty entirely dissociate herself from insane environment. This postulates that the staff take turns of sleeping in the wards, or else that the night staff be largely increased, to guard against accidents. The latter plan will inevitably be adopted sooner or later, and the sooner the better. There should be two night nurses for about every 100 patients. Those in quiet wards need not necessarily sit in the patients' dormitories, and they will be able to give help at any time in the acute wards, by means of open telephones with microphone transmitters and receivers communicating with the night superintendent's office.

As to the cost of such a block, cubed up at 6d. per foot, an ample limit, a plain substantial building for 100 could be built for £9,000, or £90 per bed, exclusive of furnishing.

It is necessary to pay far more attention to the outdoor games and recreations of the staff. There is too much tendency to discourage cricket and football because the patients do not join sufficiently. Why should they? It is the attendants who need the exercise as much as the patients. There should be, if possible, two acres near each block for games, laid out in good turf—for the men, cricket and football; for the nurses, tennis and hockey should be encouraged;

as well as cycling for both sexes. Under an amended timetable ample opportunity, even during the short winter afternoons, would be afforded. There are many people who can live all their life without exercise, but there are others who require constant and daily physical exertion to keep them in good form.

One of the most important spheres of duty of assistant matrons should be to look after and encourage the social life of the nurses; and readings, concerts, sewing classes, and small dances could be held almost nightly in the home. In the male block the assistant medical officers should preside at various symposia.

In the men's block fewer single bedrooms would be necessary, as so many charge attendants are married and live outside.

(5) *A complete course of training must be provided.*

This matter need not detain us long, as it has been before this Association since 1890, and has now assumed a practical shape. Nothing can be more gratifying than the improvement in nursing, which those who have held classes for the Medico-Psychological Certificate are bound to notice. The ward work has become easier, accidents are fewer, orders are more intelligently carried out, worry is diminished. One is, indeed, encouraged to persevere by the success which has attended the efforts of those superintendents who have led the van. It is to be hoped that when a better educated class of nurse arises the solubility of the facts taught her will increase. At present so many ordinary English words are unfamiliar to attendants that one's teaching vocabulary is seriously curtailed. A further development of asylum nursing is to be sought in affiliation—for teaching purposes—to general hospitals, so that probationers can, in their second year, go there for some months to obtain that wider grasp of medical and surgical nursing which no asylum can supply. In their third year they would prove very valuable to the asylum, and could thereafter receive the certificate. Private nursing of mental cases is a lucrative calling, and if sound hospital training went with mental experience the original outlay would be soon repaid.

The above are the principal lines upon which advance towards the elevation of the nursing profession in asylums seems desirable; where is the money to come from? It is not denied that the additional expense will be great, but it

is denied that it is prohibitive. We shall endeavour to estimate the cost:—

First, the additions to the staff. The average salary at present may be taken as £22, and in this little change will be possible, for although, if the service ever become popular, £30 will cover the whole three years' salary for probationers, owing to no salary being given at first, yet a larger number will stay longer, and obtain higher wages. Considering, then, £22 as an average wage, the addition of 47 to the staff will represent £1,034 extra per annum per 1,000 patients in wages. Then the cost of the board of each will be greater. It is not an easy matter to estimate the cost of the lodgings and provisions of the staff in a large institution, owing to disparity in the numbers provided for, and estimates vary much. The large hospitals estimate that each nurse costs from £45 to £55 a year, without salary. The present estimate at Rainhill Asylum is 9s. a week for attendants and 8s. for nurses for food, and 3s. for rooms. Probably under an improved system 10s. 6d. on an average would cover the board, and this is the estimate of, for instance, the Marylebone Workhouse Infirmary, one of the hospitals where Nightingale Nurses are trained. So, allowing the same for lodgings, the proposed cost of each nurse would be 13s. 6d. weekly, or £33 17s. a year, as against 11s. 6d. weekly, or £29 18s. a year, at present. The value of attendants' uniform before making is £3 a year, nurses' £2 10s., say, an average of £2 15s. Add £22 for salary, and we get a proposed total outlay upon each member of the nursing staff of £58 12s. per annum, against £54 13s. at present. With the present staff at 111 per 1,000 patients, the gross outlay is £6,066 3s. per 1,000.

With the increased staff it would be:—

25 ward maids cost as now	£1,366 15s.
136 nurses, at £58 12s. ...	7,996 8s.

Total ... £9,363 3s. per 1,000 patients.

The excess over present outlay is £3,297 per 1,000 patients per annum, a difference to the weekly maintenance rate of 1s. 3·21d. This, then, is what would have to be paid for all the improvements which present experience can suggest. 1s. 3d. is a large addition to any maintenance rate, and a proposal to incur the additional outlay suddenly would find no favour with careful men. But we must remember that in England the insane in county and borough asylums cost only 9s. 2d. on an average, a cheaper rate than most other

countries, and there is a large leap before we spend 16s. 11d. per week, which is averaged by the United States. I take it that the aim of superintendents and committees should be to train the public to spend, year by year, and within certain limits, more and more upon their insane; and with judicious education the 15d. difference in the maintenance rate would, like a slowly growing cerebral tumour, be comfortably tolerated. We do not require to consider the cost of attendants' blocks, for they are built out of the Building and Repairs Fund. Only let superintendents who are unwilling to bring forward a large scheme all at once at any rate build upon an extensible plan, so that fresh attendants' blocks will not, after a few years, be a desideratum, when ideas have been enlarged, and more accommodation has become necessary.

To sum up, there is no doubt that until things are made more comfortable the status of the nursing staff cannot be raised. Duty hours and dietary are subjects which admit of gradual and almost imperceptible improvements, so that when the training school is ready, and life conditions have been made favourable, the final step of securing a better class of girl will be easy. In many directions a hopeful start has been, and is being, made; but combined is better than individual effort. I hope the matter will not be lost sight of altogether, although deprecating as strongly as anyone precipitate or premature action.

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*Ages and Death-rates of Lunatics in the District where "Accumulation" of Lunatics is most Advanced.* By T. ALGERNON CHAPMAN, M.D. (*With Diagrams.*)

The statistics herewith presented as to an item or two of lunacy in Herefordshire have various interesting aspects. Perhaps the one that makes them of most value as elucidating an important side of lunacy statistics generally, and as bearing on the question of an increasing prevalence of lunacy, arises from their being those of the district that possesses the largest percentage of insane persons in England, and probably, therefore, in the world, and from their showing that the persons forming this larger percentage differ in some material respects from the lunacy of the country at large. In other words, the additional persons making the number larger are not more of the same sort, but are of a different class.

As showing the larger proportions of Herefordshire