

The Part-time Nurse's Dilemma

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For two years the writer was a hospital administrator where 95 per cent. of the nursing staff were married and three-quarters of them worked part time

From time to time there appear in the columns of newspapers and professional journals letters from prospective part-time nurses criticizing the attitudes of hospital nursing officers towards them when they apply for part-time positions. Many write about the almost complete lack of understanding shown by the matron interviewing, while others report their poor reception into the ward team by full-time colleagues.

It is the purpose of this article to try and show as clearly as possible the two sides of the problem. It is not thought for one moment that every reader will agree with these comments. In fact it is hoped that there may be those who will feel compelled to state their views in writing. In this way, through open discussion, many nurses will be able to reach a better understanding of the dilemma facing the part-time nurse.

Position of the Hospital

It is becoming increasingly obvious to many senior nurses, both in the teaching and non-teaching hospitals, that with the present shortage of staff, the employment of suitable part-time trained nurses is one solution to their problems. The shortage in some cases has been aggravated by the grouping of hospitals, for the purpose of student and pupil nurse training, to form group training schools. This is increasingly affecting chronic sick and geriatric hospitals which provide pupil nurse training. Where previously pupils spent two years in one hospital, they may now only stay six months. The same can happen with student nurses in the smaller hospitals. The immediate answer by some hospital management committees is to promise an increase in the establishment of nursing auxiliaries, equal to the loss of the student and pupil nurse. However, if standards of patient care are to be maintained there is a limit to the amount of dilution of the ward nursing team by untrained personnel. Also, in these smaller hospitals, the future potential of trained staff is seriously threatened.

There are, on the other hand, trained nurses, married, with families of their own, who are not now practising. The potential recruitment from this source in any area could be quite considerable. What then can the hospital offer to entice these nurses back into part-time work? This depends both on the nursing staff already in post and the conditions of service offered to the prospective nurse.

Promotion Prospects

Alas, the part-time nurse will find little to comfort or challenge her in some hospitals. The only post available will be that of staff nurse, regardless of posts held before leaving the profession. She will be assured that she will start and finish as a staff nurse. So immediately the situation arises that the new staff nurse takes into the ward team a background of experience and knowledge almost completely lacking in the young ward sister in charge. It often happens that to make up for this deficiency, the young ward sister will take refuge behind her rank with the result that there is disagreement, discord and threats of possible resignations.

Why is it that many senior nurses would prefer to promote young people prematurely rather than entertain the idea of having two older part-time nurses to cover a particular ward or department? Surely married women working suitable hours would be able to offer greater experience and maturity to patients, student nurses and doctors? Night staff would benefit and feel secure and comforted by the fact that the part-time sister, because of her added experience, is always calm and assured when a crisis arises, is able to handle medical staff with comparative ease, has the authority to command respect from the aggressive patient in the casualty department. It seems we miss so much in trying continually to train new staff when the staff we have already trained are more than willing to undertake these duties if given the opportunity.

There are arguments put forward in favour of keeping part-time people as staff nurses. It is said that the sickness rate is higher among them, hours offered are very limited and that they could not possibly run a home and have increased responsibility within the hospital. I wonder if these people have ever considered that in holding to this view, they may be creating the very atmosphere that causes the part-time nurse to feel that her contribution is very minimal. What must it feel like to know that you are treated as cheap labour, to receive 6s. an hour when you know that your training and experience are worth at least 9s?

Hours of Work

It is certain that a hospital that works a three-shift system can offer more suitable hours to part-time nurses than those which have split duties. In fact, the mounting

crisis in the staffing of our hospitals may give the profession just the encouragement it needs to review completely the whole pattern of patient care. Rarely are patients separated into any kind of order. Few hospitals have intensive care units and fewer still are able to provide a service fitting to the patient's condition. At the same time nurses' homes are half empty, crying out to be used as hotel service type of accommodation. A complete and radical alteration within the campus of the hospital itself could well solve staffing shortage in some hospitals. Many hospital management committees long to do this but fear the reaction from the conservative elements of both nursing and medical staff.

The greatest opposition to the introduction of a shift system in a general hospital is from the existing staff. The split system of duty can only offer intensive care for certain periods of the day whereas a three-shift system gives continuous care for 24 hours. Even when agreement has been reached on employing the part-time nurse, she will wish to know far in advance the duty periods. In many general hospitals it appears that the nurse administrators only think in terms of one week at a time. This is where most psychiatric hospitals could give valuable advice. Most nurses in these hospitals know their off duty up to a year in advance.

Nurseries for Staff's Children

A matron cannot complain that the mother can only offer limited hours unless much greater provision is made to care for the staff's children in hospital¹. If only management committees can be made to realize that with this facility, experienced staff would be attracted either to replace untrained staff or to man already depleted wards and departments.

The approximate cost of a prefabricated building to hold 40 children complete with services is within the region of £8,000 to £10,000. Accommodation could be much less if conversion is made to available property². Annual costs would be approximately £2,000 to £3,000. If, however, the Rcn memorandum on day nurseries in hospitals³ is studied, then by charging according to salary, the annual cost could be brought down to £1,500 or so. This, in a 200-bed hospital, is just 2s. 10½d. per bed per week. Not very high a price to pay for increased standards in patient care.

Second-hand Uniforms

If proper conditions of service can be offered to the prospective part-time nurse, with care for her children, and offering promotion based on ability, then most nurses would be attracted back into nursing. There are, however, small but important things that have a great effect on the part-time person. Take, for instance, the almost impossibility of obtaining a really well-fitting uniform. Invariably, a second-hand uniform is altered to fit. The word 'fit' includes an addition of an all-round two to three inches to allow for washing. There is, of course, always a guarantee that within three years it will have shrunk to size.

Another superb way of making part-time nurses feel really inferior is to clothe them in ill-fitting white coats, so that when the patient asks her why she wears it she can reply that her crime is working part-time. Something akin to the leper in Bible days.

These bitter experiences have been quoted to me many

SOME NURSING REPORTS

The nursing profession has been scrutinized by several commissions and working parties, and their findings are all summarized in this *Nursing Times* reprint by Muriel M. Edwards, M.V.O. Copies are obtainable price 3s. (by post 3s. 6d.) from Macmillan (Journals) Ltd., Brunel Road, Basingstoke, Hants.

times by nurses working part-time over most of the country.

In many working situations there is an almost complete lack of proper provision for changing clothes and storing personal articles. Washing and bathing facilities are often poor or, more normally, non-existent. Attractive rest rooms are few and far between.

Perhaps the time is long overdue for the appointment of personnel officers within the hospital service, whose main duty will be to look after the personal interests of staff of all grades. Industry has recognized this for years and both management and staff have benefited greatly.

Husband and Wife

If more nurse administrators realized that, in the case of the part-time nurse, hours of duty had already been decided at home, than I am sure their approach would be more skilful. It is invariably the husband who firmly states to his wife that she is not to work when he is at home. Why not then interview both husband and wife together? It could be found that, in some cases, all sorts of difficulties would be solved. Allow the couple first to see round the hospital and to ask the staff questions. Many senior nurses do not fully realize that a short tour of this kind opens up a completely new world for most men.

It has been the writer's very pleasant experience to see the husband convincing the wife that with help in the home, she could work alternate weekends and two evenings a week.

If the hospital is to employ several part-time people then it is important for the whole family to feel involved. In this way the mother is helped at home, this in turn helps her to work effectively at the bedside. The effect in the hospital is that the atmosphere in the wards becomes more relaxed which is being greatly appreciated by the patient.

Job-satisfaction

The main reason why most nurses leave the profession once they have qualified is to marry and raise a family. Having achieved this goal it is often found that with buying a house and raising children, the finances of the household are strained. Therefore most nurses seek employment in the hospital for the salary offered. Once in post, however, if the hospital is geared to the part-time nurse, job-satisfaction often predominates.

Perhaps the single woman without dependants cannot fully appreciate the pressures brought to bear on a married woman who has to work 20 to 30 hours a week in hospital to support her family, then return home and work twice those hours in washing, mending and cooking. If only the full implication of this was realized by the ward team then a much happier relationship would exist between them.

It seems incredible that any trained nurse attending for interview can be upset if she cannot obtain employment 9 a.m. to 3 p.m. Monday through to Friday. Surely she must realize that the hospital is trying to maintain a 24-hour

service, seven days a week. It comes as quite a shock to some nurses to find that many hospitals are fairly reasonably staffed during these hours but are in urgent need of help on night duty and covering the hours 7 a.m. to 9 a.m. and 5 p.m. to 10 p.m. Nursing in these circumstances is very unfairly compared with teaching, secretarial work and domestic work, none of which offers a 24-hour service. Comparison should be with the other essential services such as the air lines, police, telephone and fire services. It would be very difficult to obtain part-time employment in great quantity in these services while offering such limited hours. Most nurses, while agreeing with this argument, still feel very bitter after interview and say that the local matron is victimizing them.

To allow part-time nurses to work these limiting hours means that full-time staff are encouraged to work the other ends of the day, which in turn leads to resignations and an even more difficult staffing problem. Part-time staff must also realize that money is always at a premium in the health service and that overstaffing at one part of the day must lead to understaffing at other times.

Has Nursing Changed?

There is always the great and real fear that nursing has changed to such an extent that the nurse on return to the bedside will feel insecure and look rather foolish. Nothing could be further from the truth. Many nurses returning to wards and departments are quite amazed when they find equipment improved and procedures much easier to prepare. Perhaps the greatest change to be noticed is in the large number of drugs used in the ward. So many come on the market at this present time that unless any nurse is in day-to-day contact with the patient, she will find it impossible to keep up to date. Most matrons will admit to being out of date on this subject.

Many hospitals hold refresher courses in conjunction with regional hospital boards. These short courses give ample opportunity for those nurses feeling out of touch to hear lectures and have supervised ward experience. Even if this is not always available, the local hospital can arrange

a programme whereby the nurse visits wards departments, and the school of nursing, to see what changes have taken and are taking place.

Conclusion

It could be said that a large part of the blame in failing to attract nurses back into the profession must be placed at the door of the hospitals. Through lack of finance and, more commonly, lack of imagination and thought, they are unable—almost completely in many cases—to provide the conditions of service conducive to enticing nurses back into their profession and keeping them there.

It would be a useful exercise for some hospitals in a region to carry out a survey on part-time nursing. It may well be found that in hospitals where part-time nursing is thought of as an evil necessity, where the nurses are used as cheap labour, the sickness and leaving rates are high. In fact it would be better in these cases not to employ part-time nurses at all. But in those places where good performance is rewarded by promotion and there are good relationships between differing groups, it may be found that leaving and sickness rates are much lower.

For any nurse wishing to find part-time hospital employment I would say, look carefully and find proper conditions in which you can once again practise your art. Ask other nurses what type of attitudes exist within the hospital. Keep clear of all those who think of their part-time staff as rather second-rate and undesirable.

For those readers who disagree I would say that it has been the writer's pleasure to work between 1963 and 1965 in a hospital situation where 95 per cent. of the staff were married and 75 per cent. worked part-time. The patients benefited greatly from the more relaxed atmosphere, while the sickness and leaving rates were comparatively low.

The part-time nurse is already in the community, what are the hospitals going to do to attract her back?

REFERENCES

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- ³*Day Nurseries in Hospital*, *Nursing Times* (1966) 5; 135.