



LEADER

Reduction in the working hours of nurses

Progressively over the last few years the hours of work for nurses have been reduced. All nurses who trained in the early fifties can remember working 48 hours each week. That is officially. Unofficially, it was many more in poorly staffed hospitals. Then it was a day off each week.

After a long meeting of the Nurses and Midwives Whitley Council on 11 March it was agreed that nurses and midwives could be given a 37½ hour week. Well, almost that: it appears that many health authorities would be unable to immediately reduce to less than the present 40 hours. The agreement is, therefore, a little complicated. The working week is to remain officially at 40 hours until April 1981. Authorities may, however, reduce nurses' hours to 37½ without loss of pay. If they are unable to do this, staff will receive 2½ hours extra pay at plain rates. After April 1981 this extra time will attract normal overtime rates.

This agreement produces difficulties with some authorities who have negotiated a reduction in the working week in anticipation of this reduction. How will their staff react to the extra pay agreement? Will this put the negotiations back again? For many staff a 37½-hour week means a fairly radical change in the working week to give night staff shorter hours, possibly an earlier start on the morning shift and a later finish at the end of the day. Many nurses have already said, when faced with these changes, that they would prefer to stay at 40 hours.

It was the Clegg Report on Nurses' Pay that produced the early agreement. As soon as Professor Clegg mentioned that he had based his salary award, half due from August 1979, on a 37½-hour week, the Management Side were under intense moral pressure to reach agreement. This is only the first step in the staff side's policy to achieve a 35-hour week. Ironically, it is Professor Clegg that may have reduced the chances of this happening in the foreseeable future. In his report on the professions supplementary to Medicine he has recommended longer working hours for some staff to 37½ per week. This has produced a predictable reaction among those staff.

Apart from difficulties caused both to health authorities and staff, a reduction in hours costs money. I have estimated an approximate cost of £1 million for each health authority. Say £118 million for the United Kingdom. At the time of writing it is confidently predicted that the DHSS will fund this money. Should a reduction in hours create a demand for more staff, then many hospitals face a further shortage of staff. For most nurse managers the recruits are just not there to be attracted.

Added to these problems are the recent statements made by both the GNC and CMB regarding nurses undertaking statutory training courses. The learners hours are to remain at forty at present. These training bodies are right to express concern at the changes a reduction of the working week would make. For student nurses, for instance, 60 hours theoretical teaching and seven and a half weeks practical experience would be lost. If theory really related to practice on all occasions then perhaps the reduction could take place. This does raise the question of how 'general' the training of a registered nurse will be and how competent he or she will be to practice after three years. Another aspect of reducing the working week is the amount of time the sister in charge of a ward or department will be on duty in relation to the hours available in the week. At present the 40-hour week represents nearly 24 per cent of the 168 hours. A 37½ week reduces this time available to just over 22 per cent. Some authorities which have reduced ward complements from two sisters to one to release monies for other staff may have to reverse the process.

So there are problems but advantages, too, in improving the working conditions for all staff which should lead to better recruitment of nurses.

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