

# The 35-hour week — friend or foe?

ANTHONY CARR reports

While most people would welcome with open arms the chance to cut down their working hours, nurses must surely be the only group of workers to vigorously oppose a move to reduce theirs. Those outside the profession may find this reaction difficult to understand, but the situation is not as simple as it seems. Why then do nurses dread the idea of a 35-hour week?



**Comments from nurses are invited**

Dear Editor,

My Committee has received reports from its members on the practical effects on nursing care following the introduction of the 37½ hour week. Nursing and Midwifery Committees are concerned with the achievement and maintenance of high standards of nursing, midwifery, and health

visiting care, and it was with particular concern that the Committee considered these reports, and the proposed further reduction in the working week to 35 hours.

My Committee has asked me to invite comments from nurses on this proposal, and in particular the implications for continuity and standards of care, communication and job satisfaction, for nurses, midwives and health visitors.

I would be most interested to receive comments and views which may be sent to me c/o Nursing Department, NETRHA at 40 Eastbourne Terrace, London W2.

Yours faithfully,

**Joan Hutchings** (Miss) Chairman  
North East Thames Regional  
Nursing & Midwifery Committee.

Readers are requested to keep their letters short, preferably not more than 350 words in length. The Editor reserves the right to cut or edit letters.

## Flashback to the May issue

It is interesting to see how conditions of service have changed since the Briggs Report was published in October 1972. Then, the standard working week was 42 hours and overtime was payable only to psychiatric hospitals. The present position in September 1981 is that most nurses work a 37½-hour week and overtime can be claimed if time off in lieu cannot be given.

The May issue of *Nursing Focus* contained a letter from Miss Joan Hutchings, Chairman of the North East Thames Regional Nursing and Midwifery Committee, inviting comments from nurses on the proposal to introduce a 35-hour week by the Staff Side of the Nurses and Midwives Whitley Council. We have heard from Miss Hutchings that many prominent senior nurses responded to her invitation to write to her with their views. We have now received permission to either publish in full the letters sent or to quote extracts from them.

To bring readers up to date: in 1978 it was declared policy of the Staff Side of the Nurses and Midwives Whitley Council that the aim should be a 35-hour week for all nurses. This was in accord with known TUC policy at that time. In the 1980 pay claim it was part of the claim made to the Management Side that nurses should achieve a 35-hour week.

However, when the various twelve organisations on Whitley Council were approached about their policy, some showed greater desire than another to achieve the 35-hour week. Nevertheless it is true that all the twelve Staff organisations do hold the 35-hour week to be a policy.

From the replies Miss Hutchings received, however, it appears that there is very little support from those who put pen to paper regarding shortening still further the working week. Miss F. H. Storr, Chairman of the Gloucestershire Area Nursing and Midwifery Committee, wrote to the Secretary of the Staff Side of the Nurses and Midwives Whitley Council, Miss A. V. Cowie, only to receive a reply three months later to say that she is not authorised to enter into correspondence with individuals but that they should make their views known to the appropriate representatives on the Staff Side.

Miss Storr also wrote to the RCN, the Royal College of Midwives, the National Union of Public Employees, and the Confederation of Health Service Employees.

A very helpful letter was received from the Royal College of Midwives' Director of Labour Relations, Mrs. A. M. Hardie, who appreciated the concern of the Committee regarding the implementation of the 37½-hour week and assured her that there was no present intention of seeking any further reductions in the working week at this time. The General Secretary from the Royal College of Nursing noted the views of the Committee but stated that the Royal College of Nursing's policy is to move towards a 35-hour working week.

The National Union of Public Employees acknowledged the letter and passed the information on to their local branches for consideration. The Confederation of Health Service Employees' Assistant General Secretary, Mr. D. O. Williams, noted the Committee's opinion that any further reduction of hours would be an unsatisfactory solution for the nursing profession and they were reminded that this view is contrary to the decision taken by the Staff Side on which all the major organisations are represented. It was suggested that in order to change that decision it would be necessary for the members of the Committee to work through the individual organisations of which they are members.

A well-balanced letter was received from Mary Ashford, a Staff Nurse in Surgical Intensive Care Unit in Surrey. She writes:

"Dear Miss Hutchings,

I work as a Staff Nurse in a Surgical Intensive Care Unit. On our unit the ITU course is in progress with a new set commencing every three months. The Unit has a regular intake of patients who have had cardiac surgery plus any surgical patients requiring intensive care.

The Unit has individual rooms and is constantly busy. Like most hospitals it is understaffed, the numbers being made up by agency staff who, if we are lucky, will have had some limited experience in ITU.

With the introduction of the 37½-hour week it was decided that we would keep the original shift hours but have one extra day off per four-week period. It was felt by everyone on the Unit that this was the only way to cover the Unit and still allow study afternoons for the course girls, unit meetings etc. in the change-over period. To a unit already understaffed, the extra day off has affected the staffing levels on most shifts. Where agency staff come on a regular basis standards of care are maintained, but those who come for a few shifts need extra support and guidance. As you can imagine, the pressure on permanent staff, especially those in charge, has doubled. Having individual rooms makes it impossible for a permanent member of staff to keep an eye on another patient without leaving her own room.

If the 35-hour week is implemented, extra staff will be required. Assuming these are obtained, the number may become such that the individual nurse may lose her identity and become just 'another pair of hands'. Nurse managers may find it hard to identify their staff, assess their capabilities and give extra support to those who require it, as they may be 'lost' in a group.

I believe that continuity, standards of care and communication have been maintained, albeit with difficulty, with the 37½-hour week. Job satisfaction has been maintained as all shifts are long enough to plan and implement care, but not necessarily long enough to assess the outcome and improvement in the patient.

I feel that a further reduction in working hours could tip the balance to the ultimate detriment of the patient and staff satisfaction."

Wendy Simons, a Nursing Officer at Smallfield Hospital, East Surrey District, advocates a return to the 40-hour week in the interests of patient care and patient continuity and she writes as follows:

"Dear Miss Hutchings,

I am strongly of the opinion that a 35-hour week would result in deteriorating standards, as care would be very fragmented and it would be very difficult to achieve any continuity.

Already, there is a rising tide of apathy towards nursing amongst my colleagues which results from never being on duty long enough to see anything through.

It is easy to imagine a future patient having no type of relationship with his or her nurse because he would rarely meet the same one twice.

If it were possible I would advocate a return to a 40-hour week as being the very minimum length of time anyone full-time in a caring profession should work. Immediately on working overseas I worked a 48-hour week, which exhausted me but left me feeling very much more satisfied that patients were well cared for,

learners well supervised, the ward well arranged, and that inter-departmental relationships were good."

Miss J. E. Boham, a Sister at Plymouth General Hospital, writes that having read the letter in the nursing press one of her colleagues and herself wrote a letter along the lines of 'do not reduce the hours of work' and sent this to the Prime Minister, MP's, and to various trade union and professional organisations. Two Sisters went round 250 of the nursing staff collecting signatures. 246 nurses signed the letter, and these I understand were a cross-section of those up to Sister level and representing all shades of opinion through the unions. The letter concludes that "a further reduction in hours would be a disaster from the patient care point of view".

A further letter from Miss J. M. Adams, Area Nurse (Planning) to Dudley Area Health Authority, again queries the proposal to reduce the nurses' working week to 35 hours. Her letter raises the following six points:

"1. There is a general feeling that the Staff Side sometimes put forward proposals which assume a general support from nurses without any real proof that this is a fact. They may think it is what is wanted, and we must accept that there will, in the main, be a different approach to reduction of hours from untrained auxiliaries, to qualified staff. A 37½-hour week is a reasonable working week, and many of us feel it is the minimum span in which any continuity of care and good standards can be achieved.

2. The introduction of the 37½-hour week meant an overall increase of 80 nurses for this Area, of whom only 18 were auxiliaries. The cost is crippling us, and this year we shall have no development money for additional nursing posts other than some advance recruitment for our new DGH.

The Health Service cannot afford a cut in the working week; it will close wards we feel sure, and therefore contribute to the present unemployment problems.

3. This would react on the size of schools of nursing, and effectively reduce them to try and pay for more qualified staff. The length of training would increase, and the workload/programmes and other effects on the tutorial staff would create considerable problems not only in the school, but could affect training areas.

4. At present I, and others who I have talked to, feel that there are other far more important issues relating to reorganisation, salaries, standards of care, nurse training, post-basic training, disciplinary procedures, personnel policies to be sorted out.

We feel that members of the Staff Side should enquire what members' feelings are about the 35-hour week throughout the country. Some of us feel that a reduction of hours to a 35-hour week could do a lot of harm to the profession as a whole because of the serious problems this would create in sheer cost terms, and its effect on salary negotiations — it could be said that we would not be worth being paid more to do less work — perhaps with some justification.

6. There could be serious problems in achieving negotiated shift patterns to accommodate a reduction in hours, and transport might have to be provided at an increased level which would add to the costs."

This raises the point very strongly that although organisations purport to represent the views of their members, how are these views obtained? Most organisations will say that they are democratic in constitution and that through their various branches and meetings they obtain their views which become policy of the organisation. One then has to ask whether those who attend meetings are necessarily representative of their colleagues?

It is often felt by some that the silent majority never really make their views known. Perhaps it is too easy to say that is their fault but on such matters affecting the working week perhaps the silent majority should, like those who wrote these letters, begin to stand up and be counted. Would they, for instance, value the further reduction of the working week and what effect would that have on their private lives and how, on the other hand, would it affect the continuity of patient care?

A health visitor, Alison Norman, comments on the effects of 30 minutes per day on the introduction of the 37½-hour week:

"Dear Miss Hutchings,

I can hardly believe that it is realistically proposed to further reduce the working week. The problems created by the present reduction are by no means overcome. In my own field of health visiting there are complications in giving extra help to overcome the loss of 30 minutes per day. The extra establishment health visitors employed, assuming they can be found, cannot rush around to countless GP practices doing 30 minutes work. Therefore, if the individual health visitor cannot do 40 hours work in 37½ — then there must be an obvious fall in standards.

The extra establishment staff will be allocated to areas of greatest need which were probably already understaffed before.

Many health visitors will work unpaid overtime to cover their 'patch' as indeed many did when they were paid for 40 hours. With a further reduction to 35 hours this situation can only worsen. There is still too much reliance on the goodwill of staff. For instance, my special interest is teaching. Most of my preparation I have always done in my own time. However, if the working week goes down again and more lunchtimes are sacrificed in an effort to get through the work, it will be easier to refuse teaching commitments that further erode non-working time.

I am also concerned about finding the trained staff to fill the vacancies created. There is already a shortage of health visitors and with additional recruitment the better areas of work will profit to the detriment of unattractive areas of social deprivation. In my opinion, any improvement to the health visitor's lot through reducing her hours of work will be militated against by the frustration of not being able to cope with her caseload adequately, and I cannot see anything but a fall in standards coming about through this reduction.

Another more personal question is the effect on salaries of working less hours which may cause hardship to some.

I do hope that your Committee will oppose the proposal to further reduce the working week most strenuously."

Philip A. Nye, Senior Nursing Officer from Lewisham Hospital, talking about the effects of the 37½-hour week which was implemented in his Health District on 1st October, 1980, said that with

the exception of community nursing it had been done without any replacement staff largely because the number of protected staff was relatively high, which meant there was less finance available for replacement staff than had been anticipated. He makes major points regarding difficulties in covering meal breaks and now the tea break, but also in finding the time for socialising with the patients, particularly those on long-stay wards, and suggests that some of the basic needs of patients are not always met. Some are not having their hair washed as often as they would like, and some are not given enough rehabilitation therapy — in the form of walking, for example. He ends his letter by saying:

"However, in my view a further reduction would be disastrous and I think would not necessarily be appreciated by staff because of the increased pressure and the decline in care as outlined above. My personal view is that ever since Halsbury there has been an examination of holiday and hours of duty rather than tackling one of the fundamental problems of nurses, and that is pay. I would prefer to see pay awards which are commensurate with the job rather than looking at any more time off and I feel that I speak for my junior staff and not just for somebody who works in excess of 40 hours, let alone 37½ hours."

A District Nurse, Mrs. G. R. Mills, from Kent, has undertaken a survey amongst certain staff to find out the effects of the 37½-hour week. Her questionnaire can be obtained by writing directly to her at the Woodlands Health Centre, Paddock Wood, Nr. Tunbridge, Kent. She writes as follows:

"Dear Miss Hutchings,

I was interested to read your letter on working hours and the effects on nursing care of the 37½-hour week. Pardon me, but you did ask for comments, so with respect I would like to point out a few things pertinent to the community nursing aspect!

Are you assuming that 37½ hours is all community nurses actually work? Many I know work unpaid overtime if workload demands this, plus paperwork, preparation for teaching sessions (PWT's), and official telephone calls after work officially ends, e.g. communication with night staff etc... Many are made to feel very awkward by management if they do claim overtime!

I too feel strongly that high standards of care are of the utmost importance. High standards of care depend on the professional integrity and attitudes of each nurse and the quality of professional education she receives, therefore high standards rest on the selection of candidates and the quality of their education — not the length of the working week! However, insufficient numbers of staff can put a strain on the nurse; if the nurse has professional integrity and the right attitudes, she will be the one to suffer, not her patients.

Are there any recommendations for minimum staffing levels for the various types of wards, and for community nurses, laid down at Regional level? If so, were these based on a 40-hour week? Were they based on task allocation methods of care, or the nursing process and total patient care? Do you know how many nurses in your region are working below recommended staffing levels?

I have devised a research questionnaire for community nurses to find out some facts in relation to the 37½-hour week:

1. What hours community nurses are actually working.
2. How, if at all, they have changed their working patterns to accommodate the 37½-hour week.
3. How, if at all, the length and type of training they received affects their ability to keep within the 37½-hour week.
4. How their commitments affect their ability to keep within the 37½-hour week e.g. size of practice population, clinics or surgeries, teaching commitments and student supervision.

We need to know what is happening, and the effects of the 37½-hour week before we can speculate about the 35-hour week! Do you think the community nurses in one of your districts would like to complete this questionnaire as a comparison to the one we intend to complete in our Area (Tunbridge Wells, Kent)? I have my Nursing Officers' co-operation."

A Nursing Officer in Midwifery in Sheffield said that the introduction of the 37½-hour week has had disastrous effects on the quality of service they are able to offer to patients. She continues:

"As Nursing Officer Grade 2 in Midwifery, Ante/Post Natal Wards and Clinic, I am actively involved with nurses at field level. I myself experience quite a lot of difficulty in communicating with staff as it can be over a week before one can meet certain members of staff by the time they and I have had 2½ days off on opposite shifts. There is consequently a bigger need for written communications. Not quite the same as verbal.

Conscientious Sisters are more and more harassed with the burdens of giving adequate cover on the ward and being expected to cope with more and more; early discharges; clinical teaching; appraisals; and often find themselves having to stay on unpaid overtime in order to achieve these objectives.

More and more is expected of Ward Sisters and other trained staff in a shorter working week, as funded staffing establishments are not being allowed an increase to cope with this. Qualified staff are more and more reliant on the untrained staff to cover shifts. Quality of patient care is bound to be affected when we are now relying on the SEN and nursery nurses to give midwifery patient care — they are not trained for it. It has now become an absolute nightmare, trying to cater for staff on in-service and updating sessions during a much shortened working week.

Yours sincerely,  
Barbara Ford"

A letter from a different part of the nursing profession came from Miss Harriet Copperman of The Macmillan Service, St. Joseph's Hospice, London, who not only strongly opposes the 35-hour week but demands the reinstatement of at least a 40-hour week with the appropriate salary. She writes:

"Dear Miss Hutchings,

I will try to limit the number of expletives I use concerning the 35-hour week!

It appears to me that the main reason this country is deteriorating is because of a desire to get as much as possible for the minimum of effort.

The state of the nursing profession is merely part of the reflection of what is occurring in the whole community.

I helped to found and establish The Macmillan Service for domiciliary care of the dying in North East London. This was done by working from 8am-10pm on many days for the first few years. Today we still commence at 8am but normally finish between 5-7pm — unless it is our weekly turn to be 'on call'. I think most members of the team — about 15 of us — would agree that this has been the most fulfilling work they have done — in spite of it being the job with the longest hours they have done.

From the above you will gather I am not in favour of a 35-hour week. In fact, I believe it will hurry us further along down the slippery slope.

The lack of continuity on the wards must be making life even more miserable for the long-suffering patient. Inefficiency can only increase and the whole system deteriorate.

I shall be thoroughly disgusted with our nurse negotiators if they opt for a 35-hour week. They should be demanding the reinstatement of at least a 40-hour week and the appropriate salary."

It was difficult, reviewing the letters so far received, to find a correspondent who was in favour of the further reduction in the working week. It may be, of course, that those nurses who do wish to see a move towards a shorter working week have not put pen to paper. There could be arguments in favour of a shorter working week which could create further job opportunities, particularly for those teenagers who have the appropriate academic qualifications and the right motivation and who cannot obtain a student nurse's place to enter nursing. It could also be said, particularly about night duty, that shorter shifts should produce safer care. Perhaps the argument is brought into sharp perspective by a letter from Ms Nancy Roper and two colleagues.

"Dear Miss Hutchings,

In response to your letter, I offer the following brief comments:

What does 'continuity of nursing' mean?

Is the term applicable throughout each 24 hours?

Is there continuity of nursing if task allocation is practised on the three eight hour shifts?

Even if patient allocation is practised on the three eight-hour shifts each patient's nursing is carried out by three different nurses.

Even if nurses work the 35 (or whatever) hours, on four (or five) consecutive days, another nurse will carry out the nursing of the patient (whether by task or patient allocation) on the remaining three (or two) days.

It would therefore seem that it cannot be the nurse who directly provides continuity of nursing but she can provide continuity indirectly via the patients' nursing plans and records. The GNC is encouraging these records to be made in nursing process format, and the nursing journals report that the use of the nursing process improves the standard of nursing, communication among staff members, and job satisfaction.

We have written a book, *'The elements of nursing'* to help nurses to develop a concept of nursing as a dynamic problem-solving activity. Another one is *'Learning to use the process of nursing'* — the title being self-explanatory.

Nancy Roper Win Logan Alison Tierney"

continued on page 461

# 35-hour week

*continued from page 458*

We should not underestimate the financial aspect. To implement the 35-hour week, hospitals would have to employ more staff. This would require extra finance — an obvious stumbling block in the present depressed state of the NHS. Some of our correspondents made the point that they would prefer a pay increase to a reduction in hours; perhaps this would be a more practical suggestion, as well as reflecting the true worth of the nurse's training and responsibility, and providing a much-needed boost for morale. One thing which is to be deplored is the working of unpaid overtime and it is obvious that some correspondents see an increase in this as the inevitable result of the 35-hour week.

... And so the debate continues. Whatever readers' views on this important subject, it is now up to them to make them known, both to their trade unions, professional organisations and to their colleagues at large. *Nursing Focus* would be very pleased to pursue this subject further with its readers. Should you wish to write to the Editor, do make your comments as brief as possible. We shall do our best to publish a cross-section of the views we receive.

Send your letters to:

The Editor,

**Nursing Focus,**

Newbourne Publications Limited,  
91 Stoke Newington Church Street,  
London N16.

Mark the envelope '35-hour week'  
in the top left-hand corner.

*Nursing Focus, September 1981*