



Conditions of Work of Hospital Employees in the United States

In 1930 the International Labour Conference adopted a Recommendation concerning the regulation of hours of work in hospitals and similar establishments, a subject to which the International Labour Office has continued to devote attention. More recently, in response to requests for information on the remuneration of nurses, the Office undertook an enquiry into the conditions of hospital employees in various countries. The information obtained relating to conditions in the United States was sufficiently complete to suggest publication of the following survey in the Review.

The circumstances in which the conditions of work of hospital employees are determined are generally such as to preclude the forms of pressure usually associated with collective bargaining. For obvious humanitarian reasons a strike declaration by a hospital staff would be considered intolerable by the community, and the hospital employees themselves would be deterred by their own sense of professional responsibility from adopting such a procedure. Nevertheless, it is recognised more and more widely that for the proper recruiting of hospital staffs, they should be offered adequate conditions of employment, and there has in fact been a steady improvement in those conditions. It is the purpose of the present article to indicate the methods followed and the results achieved in this domain in the United States.

CATEGORIES OF HOSPITAL EMPLOYEES

A properly run hospital establishment will include a great variety of grades of employees. A mere perusal of the study on *Job Specifications for a Hospital Organization*¹ prepared for the American Hospital Association shows that doctors and nurses are by no means the only indispensable people in a hospital. Many persons are occupied with the dietary, housekeeping, power plant, laundry, maintenance, laboratory, pharmacy, radiology, occupational therapy, physical therapy, dentistry, and all the administrative and clerical work. The number of persons in each department will of course vary with the size and means of the institution. But in any event it is necessary to bear in mind that the working conditions to be fixed are not only those of doctors and nurses, although the information most readily available deals especially with the conditions of employment of nurses.

¹ AMERICAN HOSPITAL ASSOCIATION: Bulletin No. 202, prepared by James STEPHAN, Nellie GORGAS and Gordon MEADE (Chicago, 1940).

RIGHT OF ASSOCIATION

In the United States the right of association is granted to hospital employees in the same measure as to other classes of employees. A certain number of employees in Government hospitals belong to the Federation of Government Employees. In some of the large city hospitals part of the employees are members of employees' organisations, such as the Federation of State, County and Municipal Employees, which has affiliated local unions in 16 States, 10 cities, and 7 counties. In practically all these unions working conditions are determined by collective bargaining. Negotiations are frequently held between the management of the hospital and the standing committee of the union, usually at hours reserved for the purpose. The agreements reached may bear upon questions of broad principles only and are not always put into writing, but they are nevertheless of preponderant weight in the determination of the conditions of work. As these unions belong to the category of industrial rather than of craft unions, it follows that all employees in a given service (doctors, nurses, attendants, physiotherapists, and others) may be organised in a single union.

The majority of hospital employees, however, are not organised in trade unions, although they generally belong to some professional association which has much to say about the exercise of the particular profession for which it is formed. While the purpose of such an association is not to bargain collectively with either workers' or employers' organisations, it may be authorised by its constitution to prescribe rules for the government of the relations between its members. The American Hospital Association (A.H.A.) is a good illustration of this type of organisation. One of the principles of personnel policy it advocates is that hospital employees should be free to discuss with the administration any matters pertaining to employment or working conditions. It also holds that employees should be free to join any lawful organisation, but that the right to work in a hospital cannot be dependent upon membership or non-membership in any particular organisation; in other words the principle of the "closed shop" has no place in American hospitals.

There are several other private organisations which establish standards for nursing and hospital service, such as the National Association of Nursing and Hospital Service, the American Nurses' Association, the National League of Nursing Education, and the National Organisation for Public Health Nursing.

The conditions of work of hospital employees are thus regulated in some cases by collective agreements, in others by the standards prescribed by professional associations, but more often by private agreement concluded within the legal limits imposed by national or State laws.

EMPLOYMENT POLICY

The American Hospital Association has outlined the principles which it considers should govern the conditions of employment of persons engaged by hospitals.¹ While the enunciation of these

¹ Communication to the I.L.O. of a pamphlet in the press at the time of writing.

principles imposes no strict legal obligations, it is found to have a salutary effect on the conditions of employment of hospital employees generally speaking. It may therefore be of interest to note some of the more important recommendations of the Association.

As a condition precedent to full employment the A.H.A. recommends that new employees should be American citizens over 18 years of age and that there should be no discrimination based on race or religion. All prospective employees must pass a physical examination and be on probation for at least three months.

Termination of the employment by the employee should be subject to reasonable notice, consistent with the grade of position held, but in any event at least seven days. Corresponding notice must be given by the management in case of dismissal of an employee. If the employee is guilty of such gross violation of the rules of the establishment that his immediate discharge is justified, he may be given compensation in lieu of notice.

General principles are laid down by the A.H.A. with regard also to special aspects of contractual relations such as hours of work, salary, holidays, and various forms of protection of the employee. We shall consider separately each of these subjects in the light of the guidance tendered by the A.H.A. to the various hospitals in the country and of the practice which prevails as indicated by the statistics compiled by private individuals or the institutions concerned.

Hours of Work

The standard contemplated by the A.H.A. in the matter of hours of work is that hospital employees should not work longer hours than those fixed by law for employees in industrial and commercial undertakings. But in view of the fact that such an objective is not possible of attainment immediately, certain main recommendations are made: the maximum hospital working hours should not normally exceed 52 hours in any one week or 9 in any day; and a weekly rest of at least 24 consecutive hours should be granted to all hospital employees.

In practice the hours of work of hospital employees throughout the country, in particular of nurses, are often shorter than the maximum hours stipulated by the A.H.A. Statistics are readily available on that subject in the report on the status and problems of the hospital staff nurse issued in 1941 by the Joint Committee of the American Nurses' Association and National League of Nursing Education in collaboration with the A.H.A. and the Catholic Hospital Association¹, which is based on information gleaned from current literature and on data furnished by superintendents of nurses in hospitals.

This report points out that information supplied in 1938 by the secretaries of 29 State nurses' associations shows that "the 8-hour day is generally accepted as desirable and efforts are being made to establish it in all institutions, though 10 and 12-hour duty exists in some institutions in most States". According to recent surveys long hours are still found in hospitals of 300 beds or under, regardless

¹ *The General Staff Nurse* (1941).

of the size of the community. It is mostly in the large urban centres that the 8-hour day schedule is found in operation. Such a system of course implies three shifts of 8 hours whenever a continuous service is required. But even in hospitals where the 8-hour day prevails, the working week may vary from 48 to 56 hours according to the number of days of work required in the week. For instance, some hospitals operate on the basis of six 8-hour days and one half day of 4 hours, making a work week of 52 hours. Others may have only five 8-hour days, which with two of 6 hours also total 52 hours, or with two of only 5 hours make a total of 50 hours for the week.

The available information points to the interesting fact that where hospitals have adopted the 8-hour day, the result is an improvement in service, and no increase in the cost of running the hospital is experienced except where it had previously been understaffed. There are necessarily some hospitals which are understaffed for economic reasons and are thus unable to adopt the standard 8-hour day.

There is also the problem of broken hours, that is to say, the breaking up of the working day into different parts totalling 8 hours or more. This system is most prevalent and almost exclusively used in hospitals with schools of nursing. It is reported that of 364 such hospitals having an 8-hour day and a six-day week, 76 per cent. had broken hours. These together with variable daily schedules, are the main source of complaint of graduate nurses, who rightly argue that in consequence of this system they can make no plans for their free time. For the nurse who lives in the hospital, the few hours off duty during the day are sleeping hours only; and for the nurse who lives out, the broken shift means added expense and waste of time if she goes home, while if she stays at the hospital, her hours off duty cannot be enjoyed satisfactorily or at any rate utilised as an adequate means of relaxation for the restoration of her energies. Some encouragement may be perceived in the following passage from the report: "There are indications that hospitals with the 8-hour day and the 48-hour week are finding it possible to arrange unbroken hours and to make a permanent schedule for at least all but a skeleton group." Already in May 1940 the American Nurse's Association and the National League of Nursing Education had jointly recommended that the hour schedules for nurses working in hospitals should correspond to a maximum of 48 hours per week, preferably an 8-hour day and a six-day week; in cases where the day's work is longer it should in no case exceed 12 hours. In all cases the hours off duty should be made known far enough in advance to enable nurses to make reasonable plans for their utilisation.

Salaries

In the matter of remuneration the American Hospital Association recommends a schedule for all hospital employees in posts with a minimum salary of less than \$200 per month. Its general principle is that every hospital should endeavour as far as possible to pay salaries commensurate with those paid in the area for similar work with comparable working hours and requiring comparable respon-

sibility, experience, and skill. This of course would require for each hospital a complete classification of all the positions in regard to which the salary schedule is to be established.

The salary of hospital employees, and in particular, that of the general staff nurses, usually includes certain perquisites besides the money payment, in the form of partial or full maintenance (board, lodging, laundry). Hence a nurse may be remunerated in one of four ways: by a cash salary, or a cash salary plus full maintenance in kind, or a cash salary and only partial maintenance, or a cash salary plus a cash allowance corresponding to full or partial maintenance.

The value of maintenance necessarily depends on many factors, which vary from one place to another, the chief being the cost of living, a point that hardly requires elaboration. But it is interesting to note that many hospitals make a "cash allowance for outside living".¹ It is possible that the living allowance granted by the institutions which offer the best lodging facilities would not cover the cost of equally comfortable quarters outside the hospital. Nevertheless, when given the option, nurses will often choose to live out regardless of the adequacy of the allowance so long as they can enjoy the greater freedom which this arrangement permits.

In 1938 the average rate of pay of institutional nurses, that is, of nurses working in hospitals, varied between \$60 and \$90 per month plus full maintenance. Those not receiving any form of maintenance were paid from \$100 to \$125 per month. In either case the higher salaries are generally found in large centres where the demand for nurses is naturally greater.

A survey of the remuneration paid to various categories of hospital employees in the United States and Canada in 1940² furnishes still more interesting data. The figures given include the estimated value of maintenance in addition to the salary attached to the particular job. The data obtained from nearly 1,400 hospitals showed that practically all hospitals with 100 or more beds employed dieticians, and 75 per cent. of those with 50-100 beds; several of the smaller hospitals also employed a dietician. The average salary of these dieticians was \$137 per month, ranging from \$82 per month in hospitals with less than 25 beds to \$227 in hospitals having 500 or more beds. The salaries of 317 hospital pharmacists employed by 1,387 hospitals varied from \$103 to \$206 per month and averaged \$145. Those of 963 hospital engineers employed by 1,477 hospitals varied even more, ranging from \$78 to \$272 per month, averaging \$143. Obviously the responsibilities of a hospital engineer are much greater in a large than in a small hospital and his services are paid for accordingly. The range was smaller, for instance, in the salaries of nursing supervisors, which varied from \$113 to \$173, averaging \$128 per month, or of head nurses, which ranged from \$108 to \$138, with an average of \$116 per month.

In many localities the remuneration of general staff nurses is not as high as that of professional workers having comparable

¹ *The General Staff Nurse*, *op. cit.*, p. 23.

² Alden B. MILLS: "Hospital Salaries", in *Modern Hospital* (Chicago), July-Dec. 1941.

duties and responsibilities, although an improvement in the situation can be clearly seen. In fact the situation of nurses would appear to be improving steadily, judging from later figures published in 1941 by the American Nurses' Association¹, showing the remuneration of the nursing personnel in small hospitals having less than 100 beds in small communities of less than 50,000 inhabitants. Reports from 402 of these hospitals showed that superintendents received \$1,428 per year plus full maintenance, supervising nurses received \$1,020 per year plus full maintenance, and general staff nurses \$840 plus full maintenance. These figures suggest that the salary of general staff nurses in some small hospitals is now at least equal to, if not greater than, that received a few years ago by general staff nurses in large urban centres, where the cost of living is usually higher than in small communities.

Leave of Absence

The standards formulated by the A.H.A. require that annual paid holidays, varying in length with the classification of positions, should be granted to persons having at least six months' service, the purpose being to fit them for further service with the hospital. The holidays are to be calculated on a yearly basis and persons employed for more than six months but for less than one year should be allowed a holiday of proportionate length.

Each hospital usually decides which public holidays shall be observed by its employees. But the A.H.A. considers that when a recognised holiday falls on Sunday, the following Monday should be made a holiday, and that likewise, when employees cannot be absent from their duties on a recognised holiday, or when their regular day off falls on a public holiday, they should be given a substitute day off duty. Finally, an employee wishing to take religious holidays not regularly observed by the hospital should be given the choice of doing so without pay or of working on the next regular hospital holiday which is not another religious holiday that the employee wishes to observe. Depending upon circumstances, special holidays or absences from work should naturally be granted by the hospital administration.

The amount of sick leave with full pay recommended by the A.H.A. is fourteen days or a number of days equal to the employee's annual holidays. For employees with less than one year of service sick leave would be granted at the rate of one day of sick leave for each month of service. It is recommended that in case of injury resulting from an accident arising out of and in the course of employment, sick leave should be granted in conformity with the provisions of the State laws on compensation for industrial accidents and should not be counted as part of the normal sick leave allowed hospital employees.

In practice the great majority of hospitals require a year of service as the qualifying period for annual holidays, although 98 per cent. of the hospitals which replied to a questionnaire sent out in 1935 by a Committee of the A.H.A. and the National League

¹ AMERICAN NURSES' ASSOCIATION, NURSING INFORMATION BUREAU: *Facts about Nursing* (New York, 1941), p. 48; see also *American Journal of Nursing*, Feb. 1941, p. 171, Mar. 1941, p. 317, and Apr. 1941, p. 422.

of Nursing Education required only six months' service before granting an annual holiday. Sixty-five per cent. of the hospitals stated that the length of the annual holiday was the same for all the personnel, in which case it was found that the total leave was more likely to add up to four weeks in the year, particularly in the large hospitals and Government institutions. Where a distinction is made, the general staff nurse has the shortest holiday.¹ The average length of the annual holiday of general staff nurses is two weeks with pay per year. In some localities the unused portion of a two weeks' sick leave is added to the two weeks' holiday.

During the last few years, and especially since the beginning of the war, nurses' holidays have been shortened and some hospitals are granting no holidays at all. In compensation the nurses receive a holiday allowance. The sections of the country where the greatest progress is shown in the establishment of the 8-hour day and six-day week also reveal the highest percentage of hospitals not granting any holidays. The responsible authorities appear to have considered that no holidays were necessary for the preservation of the health of the nurses when the working hours were thus reduced. This practice is decidedly at variance with the policy advocated by the American Nurses' Association, the National League of Nursing Education, and the A.H.A., which have approved a 28-day annual leave for all nursing personnel.

With regard to sick leave and absences for illnesses in the family, it appears that policy varies with the individual institution, and as a rule each case is judged on its merits and at the discretion of the superintendent. Ninety per cent. of the hospitals covered by the 1935 study of the A.H.A. and the National League of Nursing Education favoured leave of absence without pay.

Health Services

Since the immediate task of hospital employees is to assist in the restoration of the health of the patients entrusted to the care of the institution which employs them, it is only logical that special arrangements should be made for the proper care of these employees if they themselves fall ill. It is no less important to take adequate measures in order to prevent illness among their ranks, and this not only in their own interest but also in that of the patients whom they attend. Hence health services at a reduced cost have been established for employees in certain hospitals.

The A.H.A. recommends that the employees' health service should provide out-patient, hospital, and infirmary care, inclusive of professional service. The cost of out-patient service provided to employees should be borne by the hospital with the exception of certain special medicaments and appliances, the cost of which could be shared with the employees. The A.H.A. is also in favour of a group hospitalisation programme for all employees, or of an individual hospital insurance plan provided by the hospital. Employees should likewise be encouraged to take out insurance for old age, disability, and death, and by way of encouragement the hospital could share in the cost of the insurance scheme.

¹ Cited in *The General Staff Nurse, op. cit.*, pp. 24 *et seq.*

The A.H.A. has not endorsed the extension to hospital employees of the unemployment benefits scheme of the Social Security Board. The reason for this attitude is that there is generally a shortage of hospital employees, and it is therefore considered that no expenditure should be incurred by the hospitals as employers, or for that matter by hospital employees, to cope with a situation which is foreign to their activities.

Recent enquiries show that the number of hospitals with well-organised employees' health services is very small. Hospitals with a large personnel usually provide some kind of health service, but it is generally intended to cover cases of actual illness only, rather than to deal with the prevention of sickness or the promotion of good health among the employees. It would seem that hospitals with schools of nursing are more likely to make provision for such health services than hospitals not having any school of nursing, the best health service schemes being found in hospital schools connected with a university medical group.¹

¹ *Ibid.*, p. 26.