

**A Talk to Private Nurses.**

BY ONE OF THEMSELVES.

LET me first say a word to those nurses who are not, yet may be wishful of becoming, private nurses. First, obtain a good general training, and a three years' certificate from some accredited hospital, after that add to your training as many special branches as you like—massage, midwifery, mental or fever work, all are most useful adjuncts, but cannot take the place of the general training. Equipped thus, with the further personal qualities of which we shall go on to speak, such nurses may present themselves at any of the good private nursing and co-operative societies, and be sure of obtaining good remunerative employment, and thus begin a dignified and honourable career.

It is difficult to find in "Sairey Gamp" any analogy to the private nurse of to-day, although she was a type of the class in Dickensonian times. But it is instructive to note that the advance from the vulgar, intemperate, hard, dishonest, professional nurse of sixty years ago to the highly-trained, self-controlled, intelligent private nurse of to-day, was a gradual one, the steps of which we need not now note.

Leaving aside the figment of the laity that "a nurse is born, not made," and having insisted on a good systematic training as a groundwork, we find there are moral qualifications necessary after a nurse has left the comparative irresponsibility and dependence of her training school, if she is to succeed in private nursing.

I trust we all set out with the highest ideals with regard to our work, for without such furnishing we shall probably bring only discredit upon ourselves, and the profession to which we belong. To gain a livelihood is not an unworthy motive, and need be no hindrance to our setting a high standard before us, for now, as ever, "the labourer is worthy of his hire."

At first it appears such easy work compared to hospital life,—only one patient on whom to devote all our energies! but in every new household we enter in our professional capacity, we come as an unknown quantity to the patient's friends, and the servants, as well as to the patient himself.

In the past it has been said—and, perhaps, with good reason—"We cannot have trained nurses in our house, they upset the servants so much." I think we may avoid such slurs, by treating the subordinates with kindly thoughtfulness, never needlessly adding to their work, which is already largely increased by sickness in the household, and our presence there.

Sometimes we find ourselves looked upon with

jealousy and dislike by a devoted maid or companion of years' standing. In dealing with these, we shall have to use all the tact and good nature, perhaps firmness of which we are possessed in order to gain their confidence and co-operation, which may be so helpful.

The patient's friends are an important factor in the private nurse's life, and often prove her greatest difficulty. Some receive us with a sigh of relief, gladly resigning their responsibility to us, and never interfering with our interpretation, and carrying out of the doctor's orders. Others, again, meet us with reserve, and a certain amount of suspicion. I know well the uncomfortable feeling of being watched, of hearing a stealthy footstep retreating, the constant irritating enquiries as to medicines given and food taken—the too-apparent efforts "to keep the nurse up to her duty." This may go on for the first few days, until it is proved that the nurse requires none of these stimuli, and confidence then takes the place of former distrust. We may account for this suspiciousness by the natural disposition of the people, or the previous employment of half-trained nurses, who, perchance, needed so much looking after.

From whatever cause, the best thing to be done is to patiently live it down, going straight on with one's work, and it is remarkable how soon this distrust dies a natural death. When we remember that we are strangers, and that the comfort, and, perhaps, the life of their nearest, best-loved, ones is at stake, it will help us to cheerfully bear what sometimes seems intolerable, and also to put up with the multitudinous questions that well-meaning relatives ask, and that are often out of a nurse's province to answer. Only those who have done private nursing can estimate the demands on one's courtesy and tact.

Yet the patient remains the centre of interest to us, and from our coming to our going, claims the foremost place in our thoughts. There is some danger of our becoming mechanical nurses, and of our forgetting that no two people are alike, however similar their diseases may be. Therefore, we should first find out the little idiosyncracies of our charge, and conduct our work with as little disturbance to them as is possible. It is the little things that make the difference between comfort and discomfort, and the patient, however ill (if not unconscious), soon finds out whether a nurse is "sympathetic" or no. A quiet, cheerful demeanour, quickness without bustle, noise, or hurry, a willing, ready attention to the patient's requirements and requests,—these should be our aim. AMANDA JONES, R.N.S.

(To be continued.)

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