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Editorial.

THE VALUE OF CO-OPERATION.

The tendency of the day is co-operation, co-operation of workpeople in trades unions by means of which they secure favourable conditions of work, and a scale of payment unattainable by the isolated worker, and co-operation of capitalists in the "combines" which are constantly announced in the daily Press. Only by organisation, co-operation, and combination is the greatest efficiency possible.

In regard to the nursing of the sick this principle has in some degree been recognised. Our large metropolitan and county hospitals are maintained by the benevolence of many persons. By reason of the efficiency thus rendered possible they are able to attract to their medical staffs the best skill and teaching power available, and the same holds good of the allied profession of nursing. They are standing witnesses of the value of co-operation.

But our great general hospitals, supported as they are by charitable contributions, are available only for the treatment and care of the poorer classes. When we consider the institutions which provide for the care of the middle and well-to-do classes the case is otherwise. Here the principle of co-operation has scarcely been applied at all. We have, in the Metropolis, a large number of private nursing homes, of varying efficiency, where paying patients are received. These homes, when they are not run as speculations by unprofessional persons, in which case the possible profits appear to be of more paramount importance than the most efficient care of the sick, are not only managed and nursed, but also financed, by trained nurses, who often risk all their savings in the venture.

Amongst homes of this class are to be found some of the best managed, and satisfactory. Nevertheless the system is not an ideal one.

Nurses, as a rule, are not wealthy, and a considerable amount of capital is necessary if a home is to be efficiently conducted. It not unfrequently happens that the promised support, on the strength of which the home was opened, is not forthcoming, the balance at the bank dwindles, the pinch of poverty makes itself felt. The harassed proprietor not only is not in the best position to give her undivided attention to care of the patients, but she is unable to afford the appliances which would be procured without hesitation by a general hospital, or the dainty trifles which form part of the appointments of a well-kept house. The home gradually assumes a poverty-stricken appearance, and, although the nursing may be excellent, this fact is prejudicial to its possible prosperity.

Again, it is generally conceded that to obtain the greatest efficiency, and the maximum convenience in an institution devoted to the care of the sick, such an institution should be specially designed and constructed with this end in view. The ordinary dwelling-house is not built with any idea of being used as a hospital, and does not lend itself conveniently to this purpose. Yet the cost of erecting and equipping a building for the purposes of a private nursing home, more especially in the centre of London, where such homes are most in requisition, is beyond the means of the ordinary nursing home proprietor, who is consequently obliged to adapt an ordinary house for her purpose. That much good work has been done under these conditions is true, but the ideal nursing home for paying patients has yet to be built. When, as a profession, we learn that the secret of success lies not in competition, but in organisation, combination, and co-operation, the dream of individual nurses of a private nursing home, conveniently arranged for this special purpose, and with ample capital upon which to draw, may come true. It is worth thinking of.

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