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## Edítoríal.

THE TRAINING OF PRIVATE NURSES.

There is a general consensus of opinion that the average nurse, when she has completed her training in the majority of general trainingschools, does not meet the need of the public when employed as a private nurse, whether in home hospitals or private houses. We have recently discussed the point with several experienced Superintendents of Nursing Homes and others, and all are unanimous in emphatically declaring that the finished product of the hospital has much to learn before becoming a successful and acceptable private nurse.

When we are confronted by such an opinion from all quarters, we may be assured that it has a basis in fact. We shall be wise, therefore, not to minimise the importance of the lesson, but to seek for the reasons which occasion this condition, and then endeavour to remove them. Wherein does a nurse, trained in schools which afford the best nursing education available, fall short when she takes up private nursing? Unquestionably it is not in her nursing skill, but in those niceties of personal care to which patients of the class which comes under the care of nurses in private houses are accustomed to practise when in health, and which they necessarily demand from a nurse when ill.

For this class of patient our hospitals make no provision. The paying wards, which are so conspicuous a feature of American and Colonial Hospitals, find no place to any extent in our own, and therefore our probationers receive no training in this branch of work under experienced and skilled supervision. Consequently when a nurse, fresh from the routine work of a busy hospital, and flushed with the importance of her newly-acquired certificate, goes into the hushed atmosphere of the sick room in a private house for the first time, she is often out of her element, and requires exceptional adaptability and tact to deal with the situation.

Again, in a hospital ward, the nursing staff in relation to nursing matters, rule supreme. Their word is law to the patients, and the nurse is "she who must be obeyed." In a private house, the patient is in his own castle, which he (or she, as the case may be) has been accustomed to rule, and while in the carrying out of medical directions the nurse must get her own way, she has yet to remember that the sick person has rights, that he is the employer, she the employed, and that in unimportant matters it is her duty to conform to the ways of the household, and to conduct herself generally with the breeding she would ordinarily show if a visitor in a house, while in relation to professional matters persuasiveness is more potent than self-assertion, and as the old proverb has it, "there are more flies caught with honey than with vinegar."

Quietness is also an essential factor in her success. If when she arrives in a house she bustles about the sick room, shuts the door with a bang, and sets things down with a clatter, she may be the incarnation of all the virtues and competent to nurse every known disease, but the strong probability is she will not prove acceptable to the patient.

Until our hospitals maintain wards where paying patients are received, and where regular instruction is given in the detailed duties incumbent on a nurse who has to minister to the requirements of those who possess the natural refinement of gentlepeople, nurses who take up this branch of work must either supplement their hospital training by experience in a well-organised home hospital, or fall short in the duties required of them as private nurses till they have gained experience at the expense of their patients.

Until recent years the onerous nature of the work of the private nurse has hardly been sufficiently appreciated. It used formerly to be thought, and said, that the nurse who was not a success in hospital life would "do for private nursing." We are now beginning to understand that the best are none too good.

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