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Editorial.

THE FAMILY OF THE PATIENT.

That the trained nurse has vacated the pinnacle on which she was once enthroned as "ministering angel" few will deny. She is now more often regarded in the light of a necessity to be endured during acute illness, but to be dispensed with at the earliest opportunity. At the same time the woman with a sufficient amount of skill to render her useful in a sick room, often proves herself very acceptable and retains for months a case from which a trained nurse has retired. Wherein does the partially trained nurse prove herself more acceptable than the one who knows her work thoroughly? One important reason is the attitude which some trained nurses adopt towards the family of the patient. Let us ask ourselves honestly whether, while we are full of good will to the sick person, we do not often feel that the family are more or less a nuisance to be put up with. Whether this idea takes shape in words or not, it is the thought in the mind of many a private nurse; and, if it is there, the family of the patient are not slow to find it out. They, on their part, have definite views on the subject of the nurse. The patient is their relative, whom, for lack of necessary skill, they are forced to employ the nurse to attend. Therein is to be found the crux of the question. They are the employers whose confidence the nurse, if she is wise, will make a point of gaining, whose desires she is bound to consult. On the other hand, more especially if she is fresh from her training school, where medical supremacy is paramount, she is apt to regard the doctor as her employer, because the case

has come to her through his agency; all her confidence is given to him, and the relations feel that impalpably, but nevertheless really, they are placed in a very subsidiary position in regard to the affairs of the sick room. By reason of their anxiety for the patient they "put up" with these conditions until the acute stage of the illness is past, but none the less do they resent the position in which they find themselves, and dispense with the nurse's services as soon as possible.

No one who has had experience of the working of a private nursing staff can fail to notice that some nurses retain their cases for weeks after the acute stage of a patient's illness has been passed, and are continually in demand, before they are free, for fresh work; they could be kept employed many times over. Such nurses often retain for life the affection and friendship of former patients. Others, to whatever case they may be sent, return with marvellous rapidity, and, as they are rarely or never asked for, their employment depends, not on the connection they make for themselves, but on the work found for them by the Society of which they are members. A nurse who has been given the opportunity of making a good connection, and who is never in demand, may assume that if her skill is not at fault her personality is not acceptable to the public, and she will be wise to recognise and rectify this if she wishes to continue working as a private nurse. The strength of the useful attendant is usually that she takes pains to be obliging and personally pleasant to the household and thus obtains work which the trained nurse might often secure if she were more given to studying the convenience, and legitimate wishes of her employers.

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