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## Editorial.

### THE PROFESSIONAL SIDE OF NURSING CO-OPERATIONS.

The organisation of the different departments of nursing is now in the experimental stage, and thus the experience gained, if well utilised, must be of benefit not only at the present time but also as the heritage of our successors. It is well, therefore, that as we accumulate this experience we should crystallise it in a concrete form for the general good.

To consider the question of Nursing Co-operations. Years ago it was recognised that the organisation of private nursing work was for the most part defective. To go no further than the metropolis. Most of the private nursing was in the hands of institutions connected with the training-schools, or of private individuals, and both paid the nurse, who brought in to the institution an average sum of £80 per annum, a salary of about £30, and provided her with board and lodging between her cases. The balance of her earnings was without hesitation applied to further charitable schemes on the one hand, or to swell the banking accounts of proprietors of homes on the other, the point of view of the employers of nurse labour of both classes being apparently that so long as nurses chose to contract with them for a certain, if small, salary coupled with a freedom from anxiety as to slack seasons, it was legitimate for the institution, or the individual, taking the risk to make a profit—often considerable—out of the employees.

But the time came when it was recognised both by employers of private nurses, and by nurses themselves, that it was only fair they should have the opportunity of receiving their own earnings, and the recognition of this principle resulted in the formation of co-operative societies of nurses, which secured to private nurses their earnings, less a small percentage deducted for the necessary office expenses.

The conscience of the honourable portion of

the public who resented the fact that while they paid an institution £2 2s. a week for the services of a nurse, the nurse herself received about 11s. 6d. of this sum, was satisfied, but those who carefully watched the movement from a professional standpoint became aware that something more was wanting to make it an entire success. It was said, with some degree of truth, that the private nurse living alone in rooms and being bound by no rule of discipline showed a tendency to deterioration, greatly deplored by those who desired to maintain the high traditions of their calling, and some even argued that a return to the old system was desirable on professional grounds. This we cannot admit; the remedy of present shortcomings is not less, but more, co-operation.

To explain. In organising on the co-operative basis private nurses have, in their organisations, emphasised exclusively the commercial side of their work. Their object is, frankly (and a very laudable object, too), to obtain the right to dispose of the whole of their own earnings. But it must not be forgotten—indeed, it cannot be forgotten so long as we claim to be a profession—that though adopting nursing as a means of obtaining an honourable livelihood, we do not discharge our duties primarily for gain, but for the welfare of humanity, and that therefore before the organisation of our co-operations can be regarded as adequate and complete we must emphasise their professional, as well as their commercial, side. We believe that the time has now come when all private nursing co-operations should formulate a professional standard.

In this way private nurses can follow the example set by those certificated nurses of training-schools who are now uniting themselves in associations having definite professional objects. By adopting such objects private nursing co-operations would form Leagues of nurses, bound together by a common rule of ethics, and would on this professional basis be eligible for admission to the National League of the country.

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