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Editorial.

WORKHOUSE NURSING.

Of all the branches of nursing there is perhaps none which appeals more to the woman with a true vocation for the calling she has adopted than does workhouse nursing. The excitement and glamour of military nursing, the attraction of foreign service, the interest of hospital work, always make these branches popular with the average nurse, and afford spheres in which she can render good service. But it takes something more than the average nurse to grapple with the problems of Poor Law work, to be willing to endure its monotony in the smaller institutions, and to give constant effective service to the chronic and incurable cases who form a considerable portion of those with whom she has to do and with whom life has dealt so hardly that when sick they must have recourse to the workhouse wards. Grinding poverty does not beget courtesy of manner, or thankfulness of heart, and although a courteous, gracious, winning demeanour on the part of a nurse will often elicit most unlooked-for appreciation of her work, all her efforts will frequently appear to lack recognition on the part of those to whom she ministers. We say appear, because the adequate expression of gratitude for services is, to a larger extent than some suppose, a matter of education. While it is true that "manners are not idle," that they are the "outward and visible sign of an inward and spiritual grace," it is also true that this grace, in the case of the uneducated, is often unable, even when it exists, to find outward expression, and this the workhouse nurse must understand and for it she must make allowances.

It is often asserted that because workhouse nursing is monotonous therefore it is unpopular. We do not believe that the assertion is one which can be substantiated. It is abundantly disproved in the case of those

infirmaries where the organisation of work is good, and where discipline prevails; there the applicants are more numerous than the vacancies. But all nurses know the hopelessness of trying to perform good work under impossible conditions. If they are made responsible for the nursing care of a greater number of patients than it is possible for them to attend upon thoroughly; if they are required to work all day, and then to get up at night to render services which the sick must otherwise forego—who shall blame them if they refuse to accept service under such conditions? No one who is acquainted with the facts. And, although it may appear to some that a nurse with the interests of the sick genuinely at heart will strive to work under untoward conditions in order to relieve suffering, this is a mistaken view, for she would in reality be prolonging it. The sooner nurses refuse to undertake duties which they cannot conscientiously perform, the sooner will the necessity for a revision of unsatisfactory conditions become urgent, and be undertaken to the lasting benefit of the sick.

One of the most difficult problems of Poor Law nursing is the efficient care of the sick poor in districts where they are few in number. The expense of maintaining a nursing staff sufficient for the efficient nursing of workhouse wards which are often only partially filled is considerable, and we are inclined to think that the best and most economical plan for guardians to adopt in this case is to pay for the care of their sick in the local hospitals, and not to attempt to nurse them in buildings ill-adapted for the purpose, and on lines which, if satisfactory, must be expensive in proportion to the work achieved, for a small number of sick persons require a proportionately larger staff than a considerable number. After all, why should those who in sickness become the care of the guardians be treated as a class apart?

[previous page](#)

[next page](#)