

Stray Thoughts on Private Nursing.

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(Concluded from page 209.)

It requires a very strong character, combined with unselfishness and a high standard of duty, to undertake private work nowadays. Twenty years ago nurses were looked upon as guardian angels; that phase soon passed. Now there is no sentiment; they are tolerated as necessary evils, and their work is more difficult and less appreciated every year. Perhaps, when the present chaotic state of nursing is reduced to order, and we have a Central Board of Management under Government control, and the best class of women are better trained than is possible now, we may hope at least to gain the respect due to us as a body of sensible, hard-working women. Now we have to compete on equal terms with women who have failed in their hospital career, with the born nurse, and with the housemaid who puts on a uniform and calls herself a nurse. We follow these so-called nurses in houses where they have upset the household generally, and the servants are all on the defensive, and the patient and her friends dreading our appearance as a necessary evil. These prejudices have to be broken down before you can hope for a fair start. From the beginning to the end of the illness you can never for a single hour feel "off duty." If you are the only nurse, you sleep within call of the patient, and you are liable to be disturbed at any moment; consequently you sleep lightly and your brain never feels thoroughly refreshed. It may be what is called a light case, which means waiting for something to do instead of being actively employed. To many of us these are the most trying cases.

Some people think nurses are over paid at £2 2s. per week; but skilled labour at 6d. per hour is not really excessive, even for a woman (no man would do it). Then you have to adapt yourselves to households, from the richest in the land to small houses, where only a maid of all work is kept, and you will have to cook and do everything that is necessary for your patient. Sometimes your meals are good and well served, at others quite the reverse. One house may be beautifully warm, and the next suggests the Polar regions. In all circumstances the nurse must be alert and cheerful. Early in my nursing career (hospital) I had spent a much longer time than usual over a very exacting patient. My patience being fairly tried, I said, "Grannie, I shall leave you till last to-morrow." Whereat she remarked, "You have done no more than you are paid for." In later years how forcibly I have been reminded of these words. It is ludicrous in some houses what is expected of a nurse. Once after being in the sick-room for twenty-four consecutive

hours, after preparing for and assisting at an operation, I was asked: "Will you mend stockings or patch a sheet?" The lady could not bear to see me sitting down to rest. I said I would prefer to go to bed. She then realised that I had been attending to her husband, while she had a good night's rest. Another time, after a very heavy week's work (the patient died after colotomy), his wife asked me if I was not going to do the washing, the amount to be done would have occupied a strong woman for a day. These incidents are amusing afterwards and they are not frequent.

The pleasant side of private nursing is the way in which we are able to know intimately people we should probably never otherwise meet, and in the long hours of convalescence listen to their experiences of life. It is a liberal education to any woman. Imagine the pleasure of quiet chats with an admiral, judge, politician, engineer, a literary, scientific, or business man, a publican, undergraduate, or public schoolboy. (I should like, before I retire, to add a bishop to my list.) I can remember such interesting and amusing things of them. They are all very human, and much alike, when their uniform or wig is laid aside. Thoughts of them help me to pass pleasantly what otherwise might often be a lonely hour.

Here it will not be out of place to advise nurses to read as much as possible on all subjects of interest. Then, if it be their lot to nurse a literary patient, they will feel they have just a "bowing acquaintance" with subjects he likes to talk about, and although they may feel quite unequal to discussing them, yet they can show they are interested listeners, and they will in this way be able to add to their own small store of knowledge, and then when they meet the next, these crumbs will be of use. When a patient is very ill he appreciates the nurse most who can best minister to his comfort; if he requires moving, he prefers the stronger woman, who can lift him the easiest; but in convalescence, given that two women are equal in their nursing capabilities, but one is an intelligent, well-educated woman and the other is ignorant and narrow-minded, then it is the former he prefers to remain with him. This suggests a thought on jealousy. It is a fault all women ought to conquer, but it is absolutely wicked for a nurse to give way to it, either in regard to her fellow-nurse, or any member of the household; but I am afraid much trouble is occasioned by it. After all, what does it signify which nurse the patient likes the best? You are only in the house for a few weeks at the most, and when you leave the probability is you may never meet any of the household again, so while you are there your obvious duty is to make the wheels run smoothly without any thought of self, and pull together for the welfare of the invalid. It is almost too ridiculous to mention being jealous of relations or friends of the patient.

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