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## Editorial.

### THE UNPOPULARITY OF PRIVATE NURSING.

Nothing is more noticeable to one who has studied nursing conditions in this country and in the United States, than the different way in which private nursing is regarded as a means of livelihood by certificated nurses. In Great Britain it is undeniably unpopular. So much so, that hospital committees who desire to keep up a private nursing staff, find it necessary to frame an agreement binding probationers to do one or two years' private nursing if required, at the end of their training, and in some cases they insure the fulfilment of this contract by withholding the certificates gained until the time agreed upon has expired.

The unpopularity of this branch of work is the more remarkable, when we remember that in no other can the average nurse obtain such high remuneration. She can easily clear £70 a year, as against the salary of £30 or £35 which she earns in a hospital, and yet she frequently and unhesitatingly chooses the latter.

The chief reason is no doubt that in an institution her position as a professional woman is recognised, and her work is appreciated and valued, whereas as a private nurse, unless working on one of the good co-operations, when she becomes known to physicians and surgeons, who frequently employ her, the professional aspect of her work is little recognised, she takes her place in the ranks of all sorts and conditions of workers, trained, semi-trained, untrained, who claim to be and who work as private nurses; most disheartening of all, she has from time to time, in nursing critical cases, to work on opposite duty with one of these unskilled women, who perhaps has the ear of the family, or the medical attendant, and sees her painstaking, skilful work hindered or spoiled by the carelessness and want of

knowledge of the inexperienced woman. No wonder that the conscientious nurse willingly accepts the smaller salary to work in an institution, where she knows that whether she is on or off duty the patients will have every care that skill can devise.

In the United States, on the contrary, the goal of most probationers during their training is private duty, which is in that country a much more popular branch of nursing than institution work. As the student, when qualified, enters as a matter of course upon private practice as a physician or surgeon, so the nurse looks forward to private practice in her own branch. She is an independent skilled worker, and is so regarded by the community, in which she takes her place as an honoured and valued member. In America the fully trained woman "practises her profession as a private nurse"; in this country the use of the words practise and profession is resented, so she "does private nursing," there is a world of difference between the two things.

Again, in Great Britain the private nurse is often not an independent worker. She does not take her own earnings, these are paid to a hospital committee, or an institution who pay the nurse a certain definite salary and utilise the balance for charitable or commercial objects. No sophistry as to the good conditions under which the nurse works can justify this system as a means of moneymaking for a charity. The underlying principle is wrong.

It would seem a self-evident proposition that a fully-trained nurse should be free to control the expenditure of her own money, were not the right to do so so often denied her. It is only by taking the management of her business matters into her own hands, that she will develop that sense of personal responsibility, which is the foundation of the best work, not in nursing alone but in all ranks of life and work.

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