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Editorial.

THE SUCCESSFUL PRIVATE NURSE.

It is an incontrovertible fact that nurses with excellent qualifications are not always a success in private work. One reason is, no doubt, that they do not recognise the difference between the management of a ward of hospital patients, where the Sister and nurses reign supreme in the maintenance of the discipline and order necessary for the general good, and the care of a patient in his own house, who employs the nurse for the definite purpose of rendering skilled nursing care in sickness, and by no means desires her to assume the position of the one person in the house whose will is law. That person is often the patient; it is sufficiently discomposing to him to be confined to a sick room, and he does not take kindly to a stranger if she forthwith proceeds to reverse his arrangements and ignore his personal predilections. The task of a private nurse is often not easy, and she must win her way by discretion and common sense, insisting upon points which she knows are necessary for the patient's welfare, but not fretting him, or annoying the household, by arbitrarily insisting on things which are unessential.

It is greatly to be regretted that the majority of our general hospitals have no private wards in which a nurse can have some experience in the care of paying patients. It is a great help to a nurse fresh from hospital if she can go to her first case as second to an experienced private nurse, and thus can have the opportunity of observing her methods. Failing this, she must fall back on her own common sense, and if she has the faculty of putting herself in the patient's place, and sufficient imagination to know what she would wish if she

were similarly circumstanced, she is not likely to go very far wrong.

Many nurses err in the matter of want of reticence, talking too much about their own private affairs, and allowing the patient to become confidential on subjects upon which, if he had himself (or herself) more completely in hand, he would remain silent. This is always to be regretted because, when the nurse has left and the patient, once more in a normal condition, reflects on what the nurse knows of his private affairs, he is apt, though not always justly, to blame her.

Those nurses are certainly most acceptable eventually who maintain the relations between themselves and their patients on a professional level, and who while kindly and considerate to all, neither rush into violent friendships, on the one hand, nor fail in sympathy and interest on the other. A self-concentrated nurse is rarely acceptable; patients may be sufficiently polite to listen to stories of her private affairs, but they rarely enjoy them, and are frequently bored by them. The wise nurse will try to discover what subjects interest her patient, and direct the conversation into those channels.

Relatives are sometimes a great help to a nurse—occasionally very much the reverse; but it is always a pity not to maintain friendly relations with them if it is in any way possible. Sometimes a nurse is blamed for not admitting relatives to a sick room, when the patient insists that they are to be kept out. One nurse will achieve wonders in a difficult situation while another will fail hopelessly. Strength of character, self-reliance, unselfishness and large-hearted tolerance should be part of the equipment of every private nurse who hopes to succeed.

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