

## The Nurse in Private Practice.\*

### THE NURSE'S POINT OF VIEW.

By MISS BEATRICE KENT.

I propose to treat the Nurse's point of view of Private Practice in three sub-divisions, namely:—

- (a) The Professional.
- (b) The Economic.
- (c) The Ethical.

First, then, the Professional.

To state that a private nurse must of necessity be a *trained* nurse, is an axiom, and a commonplace. But what is a trained nurse? In the present disorganised state of our Profession, it would not be easy to give a precise definition. In the absence of a universal standard, she is assumed to be, by expert judgment, a woman who has had three years' training in a general hospital of a recognised size; and that training consists usually of the theory and practice of medical and surgical work *alone*. The general training does not include fever work, nor does it include mental work, nor in the majority of cases, maternity or midwifery experience. If the nurse wishes to make a study of these branches, she must specialise, and go to separate institutions to acquire them. I wish to emphasise the importance of efficient training before I proceed to the subject proper, because I believe that the private nurse has need of it, even *more* than her hospital sister. I should like to see facilities afforded for every nurse being trained in every branch of nursing in one and the same hospital, which is the case, I believe, in the Wilhelmina Hospital in Amsterdam: the nurse has to be trained in all these branches before she is entitled to be called a *trained* nurse.

In consideration of these facts, one might well differentiate between a *trained* nurse and a *fully* trained nurse. We talk unthinkingly of both, and we mean the same thing; but when we have one standard instead of many, "trained nurse" and "fully trained nurse" will be synonymous terms.

Granted that the nurse has passed through the three years' with the utmost satisfaction to her Matron, and may be to herself and to her vocation ever so true, yet, as she stands on the threshold of *private* nursing, she is still *raw material!* and why?—because she has never had any experience in the most important of all branches, and which she is now about to take up: in a word, she has never *learnt* private nursing.

In my opinion, there should be a special

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curriculum for private nurses, a higher and more advanced education, one that should embrace the ethical and psychological side of nursing. This, however, should not come at the end, as a kind of appendix, so to speak, of the practical training, but should be *woven together, as the warp and woof of the material*.

A clear line of demarcation must be drawn between the hospital nurse and the private nurse, because a totally different set of circumstances surround their lives and work. The hospital nurse is part of the machinery of the hospital—I make use of this expression advisedly—she helps to maintain the rhythmical measure of the great machine; she is, as it were, one of the rivets that hold it together; she has just her own special work to do, and no other, and that *always* under supervision. The private nurse has often the work of *several* people to do, and is never under supervision.

No officialism of any sort surrounds her life. Unlike the hospital nurse, there are no intermediaries between her and the sick; she is at once the nurse, the Sister, and the watchful observer in the absence of the physician and surgeon. It goes without saying; therefore, that her responsibility is great. The doctor in attendance spends a few minutes each day with the patient; he may live at a distance; if it is in the country he may live some miles away, perhaps beyond the reach of the telephone.

In his absence, in the case of urgency or emergency, the nurse, who in hospital would merely be required to appeal to those in higher office, would have to take the initiative and act upon the promptings of her own common-sense and resourcefulness, for there would be no one else. Of course emergencies don't arise every day, even in the country, but it is best to look upon the position of the private nurse in all its aspects. Many women who would be acquisitions in a hospital, would not make good private nurses; those who shirk responsibility and like to lean comfortably upon others, had better not join their ranks.

Assuming, as we must, that no woman is *trained* for private nursing, there are certain qualities and characteristics that she must possess, if she hopes to be successful. According to Professor Huxley, "the intellect of a person of education should be a clear cold engine, with all its parts of equal strength and in smooth working order."

That is exactly what is needed in a private nurse, in the professional aspect of her life—*calmness, self-reliance, resourcefulness*.

There are certain traps which beset the path of the private nurse, of which she would do well to beware. I should like to mention one

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