

The Nurse in Private Practice.*

THE NURSE'S POINT OF VIEW.

By MISS BEATRICE KENT.

(Concluded from page 4.)

ECONOMIC.

From the economic aspect, the case for the private nurse is a bad one.

Her disabilities in this respect show as much as anything the evils of disorganisation.

The ways in which a private nurse earns her money are three, namely:—

1. By joining the private staff of the hospital where she was trained.

2. By joining one of the co-operative societies.

3. By nursing on her own account independently of any society.

No money that a woman earns can be, in the light of common justice, considered adequate if it does not admit of putting by for old age and a "rainy day." If a nurse joins the private staff of the hospital where she has been trained, she is paid a salary, commencing at £30, increasing by small yearly increments; the maximum rarely exceeds £45. This is not good enough if the nurse be fully trained. Of course it should not be necessary to make this proviso; unfortunately, however, completion of training is *not* always a *sine qua non* for enrolment on the private nursing staff.

There are hospitals where nurses (those probably who are smarter and more intelligent than others), who, *before* completion of their training, are so exploited. This is a *three-fold* injustice. It is an injustice to the sick, who pay for a *trained* nurse and ought to have one; to the probationer herself (for she is not yet a *nurse*); and a serious injustice to the trained nurse, who is competing with her. Cases attended by the medical staffs of such hospitals should, of course, be reserved for certificated nurses. Then, too, the absorption of about 50 per cent. of the nurses' earnings by Hospital Committees is an altogether wrong principle. The only fair and just principle for the employers of private nurses is, in my opinion, the co-operative principle.

By joining a co-operative society, the nurse earns more money and is in a more independent position; provided always that it is one of those that are worked on fair and honourable lines, such as the Registered Nurses' Society and the Nurses' Co-operation, both of which give their nurses all the money they earn, less 5 or 7½ per cent. for working expenses.

But if a nurse joins a co-operative society

she ought also to co-operate in its government. I believe the Registered Nurses' Society is the only one where the nurses are adequately represented on the Board, as they are members of the Society, and not merely members of the nursing staff.

By the third way in which a nurse can earn her money—namely, by working up a connection for herself—she may do pretty well, provided she is fortunate enough to secure a good connection, but it is a precarious method. I should like to speak for a moment longer of the co-operative system. If managed with equity and justice to the nurse, as in the two well-known cases I have just mentioned, it is an excellent system.

There are, however, a great many small, unrecognised private co-operations, managed—or I should say *mismanaged*—by people who know little or nothing of nursing, whose former lives have not fitted them for this work. They have no sympathy with the life and needs of a nurse; the term is misleading—they do *not* co-operate with the nurses. They charge them a most unfair percentage—namely, 12, 15, 20, and in some cases even 25, per cent. These people debase the nursing profession into a mere business of commerce and speculation. This is oppression—it is *sweating*. Nurses cannot cope with it.

It might be urged that nurses should not join such institutions. My answer to this is, the older nurses cannot always join the good co-operations; they are debarred by limitations of age and lack of vacancies; but that is a side issue; it is a great evil, and ought not to exist. From an ethical point of view, this sweating is equally mischievous. The anxiety caused by it is liable to deplete the energy of the nurse and crush the high ideals that ought to dominate her thoughts and life, by forcing upon her unduly the consideration of gain. The lawful gains of the employer and employed must be considered, but I am dealing with the *unlawful* gains of the employer.

There are three distinct economic disabilities from which private nurses suffer:—

First: Unfair competition with untrained nurses.

Secondly: These unmentionable institutions to which I have referred, and which are a blot upon the escutcheon of the profession.

Thirdly: Private nurses have bad debts sometimes, like doctors, but unlike doctors they have no Defence Union.

And the remedies?

1. Organisation and control of the profession by an authority appointed by the State.

2. The establishment of a Nurses' Defence Union for more purposes than one.

* Read at the International Congress of Nurses, London, July, 1909.

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