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Editorial.

**HOSPITALS AND PRIVATE NURSING
DEPARTMENTS.**

Now that so many hospitals committees maintain private nursing staffs it is a question of considerable importance on what financial basis such staffs should be managed. Are the trained nurses who compose them a legitimate source of revenue to the hospital, or should these nurses benefit by their own work? We are strongly of opinion that the nurses connected with any private nursing institution should receive in salary, bonus or fees, whatever they may earn after the cost of management has been defrayed and it is ethically quite as unsound to utilise a proportion of the earnings of private nurses for the upkeep of a hospital as it would be to levy a tax on the incomes of registered medical practitioners who have been students in a hospital, for a similar purpose. It is true that students pay for their training, which nurses as a rule do not, but if the latter do not pay in cash they pay in kind, for if the members of the nursing staff did not perform a large amount of domestic work in the wards, hospital committees would have to spend large sums of money on service. Further it is worth while for medical students to pay for a well-organised education, leading to a registrable diploma, and a definite, dignified, and legally protected position in the body politic. On the other hand, the professional instruction given to probationers in training is undefined, and often inadequate, and, when trained, unlike doctors and midwives, they have no State Register, and no assured position.

It is, however, very usual for hospital committees to run a private nursing staff for gain, and the Board of the General

Hospital, Cheltenham, recently informed the subscribers in their annual report that there was a further considerable diminution in the amount received for the services of the private nurses. They attributed this to the number of nursing homes in the town which had seriously affected the demand for the hospital nurses, and rendered that branch of the institution unremunerative. They added, "The Board have, therefore, reluctantly determined that the private nursing department should be discontinued from July 1st next." The President, Colonel Croker-King, referring to, and supporting, this clause at the annual meeting, said that the Board found that when they had trained nurses they would not go on the private staff. They said that patients went into nursing homes to be operated on, and if they joined the private nursing staff they did not get experience in surgical nursing.

Dr. Wilson, who moved the deletion of the afore-mentioned paragraph, further moved that the Board be requested to enquire into the causes of the alleged failure of the private nursing, and report to a subsequent meeting of subscribers. He alleged that the first severe blow the private nursing staff received was in 1902, when "nine of the best nurses on the staff were dismissed, simply because the Board were not pleased with the terms of a remonstrance they made about something which had gone on at the hospital."

Dr. Wilson, who carried his point, said that it would be a great advantage to the hospital to continue the department if it only just paid its way, and we agree with him that it is not merely a financial question. The Committee would probably find their private nursing staff more popular if they guaranteed to pay the nurses their full fees after expenses have been defrayed.

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