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## EDITORIAL.

### THE PRIVATE NURSING PROBLEM.

It is not only in this country private nurses are finding that their work, though varied and interesting, presents difficult problems economically. Miss Hester Maclean, R.N., Director of the Division of Nursing in the Department of Health, New Zealand, writes as follows in her report on "Nursing" submitted in the Annual Report of the Director-General of Health to the Minister of Health in that Dominion:—

"Owing possibly to the increased cost of living and consequently higher fees, or possibly to the better health of the community owing to preventive medicine, private nurses have not been so continuously employed as in the past, many having been for weeks at a time waiting for cases. Probably the work of private nurses has been largely affected by the difficulties of house accommodation and domestic help, which cause many invalids to go to private hospitals, or to avail themselves of the more open doors of the public hospitals, who would otherwise have been nursed in their homes. It is difficult to see what can be done in this matter. It is a great hardship for a nurse to be for any lengthened period out of work, and consequently earning nothing, but living expenses going on. The only remedy appears to be for private nurses to be State servants on a regular salary, all fees to be paid to the Public Account. This would bring more nurses under the benefits of superannuation, and thus provide for the old age of a class of workers who can otherwise never hope to make more than a hand-to-mouth living. . . .

"The whole problem of private nursing hinges on the fact that in order to have anything at all approximating to the number of

nurses required during times of much sickness or epidemic there must be numbers out of work in normal times."

Miss Maclean has stated briefly and succinctly the position in regard to private nursing as it appears in this country also.

The difficulty of domestic labour, the increased cost of living, and the increased fees charged by nurses do not only affect the employment of private nurses, they are also prejudicial to the sick. The decision to employ a nurse is sometimes put off so long that she arrives only in time to make the last hours of the patient more comfortable, and to perform the last offices, when, if her services had been secured sooner, she might have nursed him back to health; or if, happily, the patient eventually recovers, the nurse's services are, for financial and domestic reasons, dispensed with at the earliest possible moment, and the patient, if he escapes a relapse, misses the skilled care in convalescence which is so essential to his complete recovery.

The question of the fees charged by private nurses is an important one. With board, lodging, washing, and travelling expenses added to a £3 3s.—£4 4s. fee, the cost to the patient for the nurse's services cannot be less than £5 5s. to £6 6s. a week. It is evident that only a limited number of patients can afford to employ private nurses on these terms.

The solution of the question may be, as Miss Maclean thinks, to make private nurses State servants, or it may be found in the establishment of a system of insurance against the expenses of illness.

We think it would be productive of good result if representatives of private nursing co-operations and associations were to meet and discuss the possibility of adopting a uniform scale of fees, as well as the general situation in regard to private nursing.

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