

**A NURSE'S EXPERIENCES IN NEW YORK.\***

By MISS FLORA SPARGER.

Having just returned from New York after two years' experience, I have been asked to give such impressions of life there as may interest any nurse who is thinking of crossing the Atlantic to work.

Life in New York is, indeed, different from life in England, and it is difficult to set down in words exactly wherein lies that difference. The outlook of a race is coloured by so many things—education, environment, tradition, heredity, all play their part in the makings of a population. Successful nursing depends largely upon successful dealings with the individual who, for the time being, is the patient. Especially is this so in New York where the individuals have sprung from so many sources. All sorts of people land in New York; some of them have been described as the "scum of Europe." Poles, Russians, Germans, Italians, Slovaks of a low class emigrate there in enormous numbers. In one generation these families become Americanized to a surprising extent and reach a position of affluence which must be seen to be believed. They outnumber the truly American families in the city of New York and its immediate surroundings. They become wealthy, and so, as a private nurse, I found quite a large proportion of my patients amongst them. As everyone knows, wealth and culture are by no means synonymous terms, and it may strain one's powers of adaptation considerably to do one's best professional work in a household where the grandparents neither read nor write English, and where the meaning of medical ethics is unknown. Yet it is from the doctors of just such families that good work can be expected, and American doctors most highly appreciate the nurse who can get along without friction and with successful results in ignorant but wealthy households. Personal prejudice must be scrapped, or case after case will prove unsuccessful. As regards nursing in the truly American households, I found the utmost courtesy and kindness were extended. Much work, not strictly professional, seemed to be expected of a willing nurse. The acute shortage of any kind of domestic help makes good-nature essential. The nurse must often be willing to cook entirely for the patient, and possibly for herself too, or difficulties will arise. Sometimes, even in large households, it is necessary to take a part of the actual housework—cleaning the patient's room, etc., rather than create friction to the detriment of the patient. In return I found my patients were appreciative and very generous.

Taking it for granted that the nurse is open-minded, and will adapt herself to curious conditions without grumbling, private nursing in New York offers a wonderful opportunity for good work and good pay. The usual procedure is to place your name on the books of a reputable

Registry or Co-operation. It will send you to a case, and if the doctor's report is satisfactory, cases will flow along fairly steadily. The twelve-hour day is in vogue, so that you are expected on duty at eight a.m. and work without off-duty time till eight p.m., when you return home to sleep. Distances are so great in New York that it may quite well happen that you have an hour's travelling night and morning. Undeniably, it is hard work. For this twelve-hour day \$7 (about £1 15s.) a day is paid, but no expenses such as laundry or travelling. Some nurses find the 24-hour day easier to manage—myself amongst them. Then the nurse sleeps with the patient, and must be willing to get up a few times in the night if necessary. The advantages are three hours off-duty time in the day, and if the case is very heavy, a couple of hours for sleep as well. For this, \$8 a day is paid (about £2).

I know that to English workers these rates sound very high, but amongst them must be placed expenses of living. Living in New York is a terribly expensive thing. The rent of a small room in a not too convenient locality, is around \$8 a week (about £2). This includes light and heat, but no meals or conveniences for cooking them. It is possible to rent a room with "kitchen privileges," but these are not very frequent and increase one's rent. Without kitchen privileges one is faced with a restaurant as the only alternative for meals during the interval between cases. In New York, as in London, that is a large item in the budget. There are some clubs for the accommodation of nurses, but personally I found a waiting list at all of them and all of them had two nurses in each room—not a desirable arrangement, I think. Laundry, too, is very expensive. American nurses dress in white dresses, caps, shoes and stockings. No aprons, cuffs, collars or belts are worn. My laundry bill usually amounted to \$4 (1) or \$5 (£1 5s.) a week, exclusive of small things which I usually washed myself. However, even with all these expenses, there is no doubt that more money can be earned and saved in New York than is possible in England. Unfortunately, I have not yet drawn up a budget of my earnings and expenditure, so I cannot give exact figures. If several nurses go together and are sure of being congenial, it is better to rent a small flat, and so economise on food and the innumerable petty expenses that crop up when one lives in rooms. Rents and telephones are very expensive though, so I am not sure that in the long run it is much cheaper.

As regards the differences met with in methods and technique, these should not be a great obstacle to an intelligent woman. There are excellent text books published in New York that describe every detail of various treatments not met with in England. I have one in my possession written by the late Superintendent of Nurses of the Presbyterian Hospital which stood me in great service in this respect (Maxwell and Pope's "Practical Nursing"). With it I found it possible to administer treatments that I had never previously

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