

CONDITIONS OF WORK.

Then we have the conditions of work. In Norway these were some years ago rather bad, and it has taken years to create for the private nurse, so to speak, an established position in the private homes. It seems to me that we have now attained this, and the private nurses have in general a comfortable position and are well treated.

PROTECTION AND TERMS OF REMUNERATION.

What protection have the private nurses? In this question I must confine myself to the conditions in my own land. The nurses work under the protection of their institutions, and the various bureaux usually have regulations for the engagement, work, &c., of private nurses. It has, by the way, been frequently proposed in this country to bring private nursing in under the public labour exchanges. From this we can see that nursing can no longer escape from being subjected to political influences.

The Norwegian Nurses' Association has the largest bureau, and I shall confine myself to its conditions and regulations. As soon as a nurse has taken up a case the bureau at once sends to the private home a list of rules as to payment, free time, rest, sleep and the like. There has also been prepared a set of rules for the nurse's engagement, and this sets forth the disciplinary conditions, helps the bureau to afford effective assistance and protects the nurse against the inclination to take too many days of rest. The nurse has also a prescribed receipt-book. There have likewise been drawn up instructions respecting the nurse's duties in the work of nursing and in the service of public health. The nurses are requested to keep exact accounts of their fixed expenses, since these are of great help in determining the remuneration. We consider that a nurse is diligent when she works for nine or ten months of the year, two or three months going to holidays and rest-days.

PENSIONS.

It is of great importance that there now are made arrangements for the private nurses invalidity and old age pensions.

MISUSE.

I disagree entirely with the views advanced in America: "That it is a misuse of the trained nurse when she tends chronic patients and convalescents." As a nurse, I feel indignant at these statements, when I think of the often very difficult, careful and delicate nursing that the chronic patients require and of the convalescents' need for understanding and for the trained watchfulness against serious complications. It has been said that the trained nurse ought to keep to those cases that come under the heading of urgent and serious cases, such as pneumonia, operations and the like. Of course these must have first claim upon her services, but I should feel pity for the private nurse who would keep going the whole year round from one serious and urgent case to another. How could she stand it? She is no more than human as regards strength, and if she has the finer feelings of a nurse she will shrink from leaving her patient the moment the critical situation, from one point of view, is passed. She will realise that it is just in the succeeding period of weakness that all her help and support may be required. Her interest in her work will to some extent become weakened and blunted, and she will get the feeling of being a machine that always has steam up for hard work and gets no chance of performing the more delicate and finer tasks.

In bad times, when the homes retain the nurse for as short a time as possible, we see a little of this, and neither can we fail to note that the private nurses are worn out with their hard and irregular work.

In every land it is necessary to have a well-organised system of private nursing, not only for the sake of the

private homes, and especially of late years it has been seen that it is a matter of the greatest importance, for instance, during epidemics, to have a movable staff of well-trained nurses, trained to work both in the hospitals and in the private homes. In normal times they can also be counted on for help in the hospitals in an emergency, to take the place of those who have holidays, &c.

THE FUTURE.

It is my hope that in the future private nursing will occupy a very important position and not be regarded in such a one-sided manner as is now the case.

The Public Health movement is gaining victories all over the world, and private nursing must be reckoned with as an important factor in the battle for improved health amongst the people.

An important question will be the organisation of this branch of work if sick-nursing comes to be a service provided for by public taxation. It of course depends upon the political developments in the different countries whether this matter come up.

PROFESSIONAL INFLUENCE.

In delivering for my colleagues this lecture on private nursing it is in the hope of exerting influence in the following directions:—

I. To get private nurses to see the range of their work and to be eager to develop themselves so as to be able to take up the various tasks.

II. To awaken interest amongst the nurses for this exacting branch of nursing, so that it will be a question for the young nurse, after she has finished her training, whether she shall select private nursing, not merely as the most practical branch for herself and her personal circumstances but as a rich field of work, in which she is interested and wherein she is impelled to do her best.

III. To increase, or perhaps awaken, the other nurses' interest and respect for the private nurse's field of work, so that the latter can count upon meeting with understanding from her colleagues.

IV. To get the educational authorities in our training schools to think more about the requirements in private nursing, to take account of these requirements and to get the pupils to realise the importance of the tasks offered by that field of work also, and to teach them to carry out the work of nursing in the private home in the most practical manner and with few facilities at their disposal.

DISCUSSION.

The discussion was opened by Miss Isabel Macdonald, S.R.N., Secretary of the Royal British Nurses' Association, Official Delegate of the National Council of Nurses of Great Britain, who said:—

I should like to express my appreciation of Sister Larsson's admirable paper, and I am pleased to participate in the discussion arising on it, not only because I yield to no one in my admiration of the private nurses and the splendid work which they accomplish in so many homes but, also, because I have been a private nurse myself.

Private nursing is a branch of our profession which has not always received its fair share of attention in the provision made for the education of nurses. I should like to see its requirements more universally recognised, for there are many respects in which these differ from the demands made upon nurses in other branches. For instance, in private nursing a knowledge of a little simple psychology proves of the greatest value to the nurse, both in the matter of understanding her patient and understanding herself. It will help her to mitigate the trials of the sick room and to arrive at a more accurate estimate of their real importance.

I congratulate Sister Larsson on the very robust ideals

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