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EDITORIAL.

PRIVATE NURSING.

Glancing around we have much to be thankful for in the Nursing World—and specially that we now stand professionally on *terra firma*, and have only ourselves to blame if we do not through co-operation raise our fine work in public estimation, by devotion and singleness of purpose, to its highest ideals. In hospital and in public health work, thanks to our Registration Act, nursing education is gradually being systematised, though with more courage upon the part of the General Nursing Council much more might have been done since 1920; but it is when we turn to the branch of Private Nursing that we perceive little improvement in methods of organisation or more efficient standards—this because those working “on their own,” or in connection with many institutions and so-called co-operations, have so far ignored the necessity for legal status, and have failed to give the public the registration guarantee. The result is that chaotic conditions still continue in Private Nursing ranks, and good, bad, and indifferent nurses are competing for cases to the confusion of doctors and patients.

We blame no one but the nurses, and say unhesitatingly that they are much to blame for their unsatisfactory environment, and for the risks to which the sick public are subjected.

If private nurses had a greater sense of professional responsibility they would set to work, inspired by public spirit, and organise their branch of nursing on efficient lines, not only for their own benefit, but for that of the sick public. Instead of which, the large majority are quite content so long as they are provided with cases somehow, and apparently consider their responsibility at an end when they have paid a small percentage on their fees. Private Nurses are fully aware that their conditions are very unsatisfactory; they grumble and criticise, but our experience—which is a wide one—convinces us that they fail to realise that no one can better their conditions but themselves. This is the first lesson Private Nurses must learn, then there may be some hope of their particular house being set in order. We have always been greatly interested in Private Nursing because it is the one branch of our work which gives a nurse the chance of proving her mettle; in other words, she and she alone, is responsible for the quality of her work.

Between her and the medical attendant there is no go-between; she takes her orders direct, and with satisfaction and pride she can carry them out. Between her and the patient all depends upon her own *character*; devotion, charm, skill—all attributes of every true woman, are her instruments of healing, and none can withstand them. Dull, stupid women should not attempt to be private nurses; they may eel through their work, but they are not suited for it. Yet private nursing has not the prestige which is its due because there is not sufficient public spirit amongst its devotees, and although abuses are rife, few are helping to abolish them.

The chief improvements required are that—(1) A higher standard of general education and efficiency is required before a woman embarks on private nursing. To read, write and arithmetic, to have passed through a three years' general hospital training is not enough. This experience does not qualify her to nurse infectious, maternity and mental cases, and many special diseases. The private nurse, moreover, needs social qualities of a high order. Her voice often needs modulation, her movements grace, her manners polish, her mind cultivation. (We once knew a nurse returned by a charming and erudite person because she did not know in which of Dickens' works Mrs. Gamp was presented.) It is easy to ridicule these demands, but one cannot be a really first-class private nurse without them, and we all know in these rough and tumble times gracious manners are a vanishing quantity. We do not find them included in the Syllabus of Examination issued by the G.N.C.; maybe when we have our prescribed scheme of Training, defined and enforced under our Registration Act as it ought to be, we may find instruction in department included. Then we may have a halcyon time!

(2) From social and educational matters, how about private nursing economics? Here, indeed, we find confusion worse confounded. Employers and nurses appear a law unto themselves. There is no definite fee, for protection of patient and nurse. Charges of any sum from £3 3s. to £7 7s. may be demanded, and the more ignorant the nurse, the higher she estimates her services, and in times of stress up go her charges. Surely it is time that a just and adequate schedule of fees should be agreed upon by those co-operations and institutions which supply private nurses. At present some hospitals which have private staffs attached undersell the co-operative nurses, and this they can afford to do because their whole edifice is founded

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