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MODERN DEVELOPMENTS IN PRIVATE NURSING.

Miss Isabel Macdonald, S.R.N., F.B.C.N., Secretary of the Royal British Nurses' Association, presented in the Private Duty Section at the International Congress of Nurses at Montreal, on the afternoon of July 11th, a paper on "Modern Developments in Private Nursing," which we print below. In her unavoidable absence it was read by Miss E. J. Haswell, S.R.N., M.B.C.N.

The evolution of the private nurse from the obedient and undiscerning handmaiden to the skilled and discriminating assistant of the patient's medical attendant has been inevitable, for with the development of medical and surgical science, the medical practitioner relies to a greatly increased extent upon her knowledge, initiative and resource. Between his visits to his patients in private houses she is his deputy, in responsible charge of the patient, the degree of responsibility entrusted to the nurse varying in different countries with the outlook of the physician or surgeon. He is wise if, having convinced himself of the soundness of her professional knowledge, whether by ascertaining that she is a Registered Nurse, in countries where State Registration of Nurses is in force, or otherwise where it does not exist, he treats her as a trusted assistant and gives her an assured position in the household by making plain to the relatives the value he sets on her services.

The patient also is wise to place his confidence in her, realising that, beneath her quiet exterior, there is a reserve fund of knowledge, so that she can be relied upon to cope efficiently, and with self-possession, with any emergency which may unexpectedly arise.

Well-trained private nurses to-day are ready, with intelligent self-reliance, to assist the medical practitioner, and loyally to carry out his instructions for the treatment and care of the patient. Moreover, our young nurses of the present day, with their gay courage and brightness, are adepts in the art of suggestion, and thereby produce effects, better than medicine, on the physical body. Knowingly or otherwise they have a wonderful fund of practical knowledge in the field of psychology, gathered most of it in the school of experience; and surely this knowledge, which many nurses so absorb that it becomes part of themselves, develops in a certain sense into intuition, and is indeed a modern trait which is now practically a necessity in a nurse at the present time when people are admittedly less prepared to bear sickness and pain with the stoicism and patience that belonged to days when the wheels of life moved so much more slowly, and put, in comparison with the present, but a small strain on the nervous system. Moreover, the modern nurse is no longer wanted as a person who is to be regarded in the light of a sort of Field-Marshal in the sick room—"she who must be obeyed." This is the age of the development of free will, and the patient must not feel that his is restricted; the nurse must be able to get her own way without his knowing it.

Another requirement in the modern private nurse is that she must be a conversationalist. The most forceful and successful private nurses at the present time are those who have wide interests, for then also are they likely to be large-hearted as well as deft-handed. The days when the nurse who smoothed the fevered brow, or gently laved it with eau-de-cologne, was considered an ideal private nurse are long past; she has got to get right *inside* that head with refreshing news from outside the sick room, and to be ready to drive into the patient's mind some suggestion, or some new thought, that will break the habit, so characteristic of people at the present day, of letting their minds continually dwell on their symptoms.

Many changes have taken place in private nursing since the days when, in 1840, owing to the efforts of Mrs. Elizabeth Fry, the Institution of Nursing Sisters was established, followed by the Community of Nursing Sisters of St. John the Evangelist, and the Nursing Sisterhood, founded by Miss Sellon in 1848, since Sister Dora joined the Sisterhood of the Good Samaritans, and Dickens created the incomparable Sairey Gamp, no doubt a fairly accurate portrait of a nurse as he knew her.

In those early days three months of hospital training were usually considered sufficient as preparation for the duties of private nursing, and it was thought that nurses without sufficient capacity for hospital work could be relegated to this branch of our profession. Now we know that it requires women of much experience, since for the most part their work is unsupervised; they must be discreet, conscientious, and possess initiative so that, should occasion require, they can act promptly and wisely, and each must have personality which makes her acceptable to her patients, and a support and comfort in a house of sorrow. There is no need to emphasise the fact, therefore, that the greatest care is needed, on the part of those supplying private nurses to the public, to select nurses possessing both the necessary personal and professional qualifications.

The Standard of Nursing Education.

The requisite standard of training for nurses in England, at the present time, is at least three years in a general hospital, or hospitals, approved by the General Nursing Council for England and Wales, and I am aware that this standard is adopted in other countries, but the private nurse, to be thoroughly equipped for her work, needs considerably more preparation. Training in the nursing of sick children, in infectious nursing, in mental nursing, and in midwifery or maternity nursing, is also desirable, and, although few private nurses possess all these qualifications, many possess one or more, and the ideal, that they should have all, is one to be aimed at, for in the course of their work their services are liable to be called upon in connection with any of these branches.

The Professional Position of the Private Nurse.

The modern Registered Nurse is a professional person with a defined position, and a State qualification, and

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