

medical practitioners from loyalty to an associated profession on whose help they are so dependent, and patients or their relatives, for the protection of the sick person, should assure themselves that a nurse holds the State qualification before permitting her to undertake duties requiring knowledge and skill, and before admitting her to the intimacy of their houses.

It is an anomalous position that although the Nurses' Registration Acts in Great Britain have now been in force for over nine years there are still hospitals and nurses' co-operations which do not require that nurses, joining their private nursing staffs, shall be State Registered Nurses. For the maintenance of their professional position Registered Nurses should make a point of only joining co-operations or institutions where this rule is in force, and, further, should refuse to work, on terms of equality, with unregistered nurses.

#### Living Out System.

One development of modern private nursing is that more and more are the nurses going out from their clubs, small flats, or their own rooms, to nurse their cases; they become day or night workers like other folk doing a definite stretch of duty. This arrangement is wonderfully popular among the private nurses—it gives a sense of freedom and release that they appreciate in spite of having to turn out into the dark night and on many a cold morning.

But out of this there arises the difficulty that it is frequently not easy for nurses to find hostel accommodation suited for their peculiar needs; in the cities especially it is often difficult to find a headquarters where those in charge will take the trouble to allocate the quietest rooms available to nurses compelled to sleep in the day time, and even when this is so it involves frequent changing of their apartments as they go on, or come off, a spell of night duty. Many nurses find the solution of the difficulty by taking a room or rooms, with a telephone, in a quiet neighbourhood, and coming to an arrangement with their co-operations that, as far as possible, they will be given non-resident cases; this request is usually acceded to, with the stipulation that the nurse in question must be content to wait until such a case comes in, not as a rule a very serious consideration in these days when non-resident cases are so frequent. Thus the nurse solves for herself the headquarters question and thereby is usually able to cover her maintenance expenses at a considerably smaller figure than it is possible to do at a club, and to keep well within the sum charged to the patient for her board. Many nurses, however, dislike living anywhere but in a community, and the independence of a room has for them no appeal.

It sounds paradoxical to indicate, as a modern development of private nursing, the scarcity of surgical cases. Only comparatively rarely now does a nurse go to an operation in a private house, and take over full charge of the case from start to finish. Surgeons, nowadays, usually insist upon operating in hospitals and nursing homes, and the private nurses are ordinarily called in merely to "special" a case during its critical stages and most often for night duty, an arrangement which frequently deprives them of any duties in the theatre during the operation and of those connected with subsequent dressings.

In another sense private nursing has altered and become more restricted; very few are the chronic cases that fall to private nurses at the present time; this is largely due to the fact that the nurses' fees have been much increased of late years, and only people whose means are considerable can go on paying indefinitely, perhaps four guineas weekly, for a nurse, or six if she has to sleep away from her case. But a factor which has influenced this scarcity of chronic cases is the entrance of V.A.D.s (Members of Voluntary Aid Detachments) in such large numbers into the field of private nursing work since the War. Many of those are employed

by doctors, particularly in the provinces, and there is no doubt that they enter into serious competition with fully qualified nurses, especially as most of them are prepared to charge a much smaller fee for their services.

Of recent years nurses have from time to time, and with a varying amount of success, tried to establish themselves in visiting nursing practice, but here again they have to contend with competition from the partly trained. What was once part of the visiting nurse's practice, namely, massage and electrical treatment, has been absorbed into the Red Cross Centres to a considerable extent, while many other V.A.D.s have taken special training in this branch of work and are visiting the patients in their own homes.

#### The Economic Position.

Private Nursing is one of the few branches in which a nurse can build up a practice of her own, whether in connection with a co-operation, which is the wisest course, or individually.

In the development of any business the competitors who will be encountered must be taken into consideration, and those of the private nurse are many and powerful, threatening indeed to crush her out of existence.

In the first place many hospitals have now private nursing staffs attached, which are able to undercut the independent private nurse, firstly by charging a lower fee than one which is an economic wage, and further because their nurses, between their cases, can be housed in the nurses' homes attached to the hospitals which are built and maintained by private benevolence. What is further serious is that the committees of these hospitals are able to secure the support of members of the present and past medical staffs, thus restricting the legitimate sources from which independent private nurses would otherwise draw their clientele of doctors. Add to this the facts that many hospitals are opening wards for paying patients, thus decreasing the number of patients nursed in their own houses, that many doctors now send their patients into nursing homes, that a considerable number of massage and chronic and other lengthy cases are absorbed, as before mentioned, by V.A.D.s. and that Registered Nurses in private practice have to compete in the open market with the unregistered, and it is obvious that the position of the private nurse is serious. Also, the nursing increasingly provided by insurance societies as part of the benefit contracted for by their clients, must be taken into consideration, although this may perhaps be regarded as a new opening for nurses, provided that these societies undertake only to supply Registered Nurses.

It will be realised, therefore, that private nursing in Great Britain is still entirely unorganised and that the competitors of the nurses—including powerful voluntary hospitals—are formidable indeed; it is a very difficult matter to maintain organisations of private nurses and it is essential, if they are to maintain their position in this, and indeed in any other country, that the nurses shall co-operate, and combine in order to organise effectively.

I beg to submit for your consideration the following points:—

1. What shall be the standard of practical knowledge for a nurse in private practice?
2. What should be her minimum fee?
3. Is it advisable for the Hospitals with Training Schools attached to maintain staffs of private nurses?
4. Is it advisable for National Red Cross Organisations to encourage short terms of training for their nursing members, and to employ such pupils in competition with Registered Nurses?

ISABEL MACDONALD,

*Secretary to the Corporation.*

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