

—under which it will become possible. The problem is not just one of creating large numbers of nurses. On that side the Nurses' Association of China has already made a great start. The demand for nurses in the homes of the sick has to be created; and this must be done partly by larger numbers of hospitals as centres of enlightenment, but still more by the growth of a great national medical profession whose members will literally bring the need "home" to the people.

#### New Zealand.

Miss Jessie Bicknell, Director of the Division of Nursing, Department of Health, New Zealand, said that one of the most valued and useful branches of the Nursing Service in New Zealand is the private nursing branch. It is a great factor in the life of the community, and could not be dispensed with easily. It fills a great need for the sick who have to be nursed in their own homes, or wherever they make their homes.

In the large towns, and also in some of the smaller ones, there are residential clubs for State Registered Nurses. In Auckland and Wellington these clubs are owned and run by the local Trained Nurses' Association, while in the other centres the clubs are privately owned by an experienced nurse and run for the convenience of the medical practitioners and nurses in private practice.

In all cases nurses are encouraged to belong to the Trained Nurses' Association, but in the case of those making use of the Association Clubs this is compulsory.

Owing to the domestic problems of the times private nursing is strenuous, and is not very inviting, and each year calls fewer to its ranks. There are few instances where the patient is the only care and responsibility of the nurse, and frequently through force of circumstances a nurse has to undertake numerous duties and long hours. Some people are most considerate, generous and grateful, and a nurse realising the many difficulties does what she can in the emergency. But there are other circumstances when the nurse is expected to do twenty-four hours, more or less, and is grudgingly given her fee; fortunately the latter cases are in a minority, and it is the domestic difficulty which is the greatest bugbear, especially to the midwifery nurses.

#### Africa.

Miss A. S. Gordon, Matron of the Victoria Nurses' Institute, Cape Town, said that no one outside the profession of private duty nursing can realise how hard, how continuous, how exacting and responsible the private nurse's duties are. The widely differing homes and persons with whom she comes in contact make great demands upon her personality.

Private nursing differs in South Africa from elsewhere inasmuch as that many of the patients are of a different class. In the older countries the working class patients either go to hospital or manage with daily visits from a district nurse. In South Africa money is more plentiful, and consequently the private nurse is in greater demand, especially amongst the Jewish families. The homes are not always of the cleanest or most comfortable, and it is trying and difficult for a Christian to remember all the restrictions placed upon some articles in daily use.

The private duty nurses have a splendid opportunity of teaching hygiene, and the best methods of preventing disease. They are, Miss Gordon states, a very fine body of women, who take every opportunity of helping not only the patients immediately under their care, but all with whom they come in contact.

#### Europe.

Miss E. C. Kaltoft, Denmark, said that the Danish Council of Nurses has six registries spread over Denmark, which only employ members of the Council. They pay

6 per cent. of their income to the registry which is lower than asked for by other registries.

Nursing in private homes is, Miss Kaltoft said, much harder than some years ago, as people in general are not so well situated as to be able to keep a nurse longer than is absolutely necessary, and this means that the nurses attend more cases, and do not get the rest during the patient's convalescence that they often had before.

In many homes there are no maids. If it is the housewife who is ill the nurse is expected to take care of the children and house as well as the patient, and prepare not only the patient's diet, but the meals for the whole family.

#### America.

Miss Janet M. Geister, Director at Headquarters, American Nurses' Association, said that private duty nursing reflects in its field all the varieties in training and practice that mark the whole field of nursing. It is the oldest field of service for the graduate nurse. It has carried the major portion of the task of caring for the sick in and out of season, in remote rural areas and in congested cities. Further, that the work of the private duty nurse has been marked by great sacrifices, great selflessness, great contributions to human happiness and well being. The private duty nurse has been faithful in many things.

Miss Geister states that the great public health movement has reduced the incidence of infectious diseases radically. Hospitals have multiplied with amazing rapidity in city and country. They have taken on the functions of prevention as well as cure. They have come to be great diagnostic centres, utilising every facility known to science to diagnose, to treat, to cure. The development of hospital out-patient departments and health centres, and their constructive influence in the prevention of more serious illnesses is a romance in itself.

Because of these and other changes private duty nursing is now at a cross roads, and it is anticipated that the next two decades will see radical changes in this field—changes that will work to the profit of the patient, community and nurse, for although 50 to 60 per cent. of the nurses in the United States are working in this field it is a completely unorganised and ungraded field. Through all environmental changes that have occurred, the distribution of private duty nursing has continued in the channels established more than one half century ago.

#### Discussion.

Miss A. Russell (Hamilton), speaking of the economic conditions of the work of the private duty nurse, thought that although the remuneration was comparatively high in this branch of nursing, it must be remembered that the work was exceedingly strenuous during practically the whole period of duty, except in a few isolated instances, chiefly due to the fact that although the nurse was usually called at the commencement of illness, her services were usually dispensed with as soon as active nursing measures were no longer necessary, and the patient could be left in the charge of a friend or relative. It was this phase of the nurse's work which made the income of the private duty nurse in many cases inadequate, and always uncertain, even when attached to a good central organisation.

Miss M. Ball (Philadelphia) thought it was a pity that the nurse, having taken up private duty nursing, found it so difficult in most cases to leave this branch after a certain period, and enter another branch of the nursing service. Private duty exacted such a toll from the worker, both mentally and physically, that it was extremely difficult to go on giving good service year after year, and yet it was still more difficult to enter another branch of work.

As in Denmark, she thought there should be a Sick Benefit Association, of which the private nurse *must* be a member.

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