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EDITORIAL.

THE PLIGHT OF PRIVATE NURSING.

Those of us who have for many years taken a practical interest in the condition and welfare of Private Nurses have long realised that there is "something rotten in the State of Denmark." In other words, that owing to a variety of reasons this branch of the nursing profession needs organising, and that those who have for years attempted to help private Nurses are faced with innumerable difficulties, the first of which is that they have failed to organise themselves, and so long as they are provided with cases, they prefer to let well alone. They are to blame for this indifference because it is a narrow and selfish attitude to assume as professional women—and for which they are now inevitably suffering. The welfare and happiness of the whole community depends upon co-operation of all for the benefit of all, and where a section of workers fail to realise this elemental truth, sooner or later they will feel the pinch. We realise that private nursing is restrictive and exhausting, but also realise that it is a branch of nursing demanding special characteristics (and also temperament) which makes its difficulties a pleasure rather than a pain. In the sphere of Private Nursing can be found illimitable opportunities for self-expression and service, indeed, how often the happiness and comfort of the patient—and, indeed, of his household—comes to revolve around the "little lady in blue."

Why, then, is it a fact that recently it would appear that the services of Private Nurses are less appreciated than formerly?

There are many reasons. The first, of course, the impoverishment of the well-to-do middle class—and, indeed, of every class—who formerly enjoyed the luxury of good nursing—but who now cannot pay for it; the second, the exploitation of Private Nurses by innumerable employers, often quite illiterate men and women, who apparently employ anything calling herself a nurse! and who are engaged as Assistant Nurses in Municipal Hospitals; and then the real economic competitors—the large training schools which supply the best of Nurses for a fee on which the self-supporting private nurse cannot exist in comfort between cases and from which she can save but little; and last, but not least, the fact that many members of the medical profession are content to be associated with unregistered Nurses in private practice.

These are stern facts, and unless the whole nursing profession unites to support their colleagues in private practice, one almost fears that the condition of private

nursing will go from bad to worse. How far are they prepared to help themselves?

Do you see a strong League of Private Nurses storming the County Hall and interviewing the potentates directed by a medical woman, who employ Unregistered Nurses as Sisters, or Assistant Nurses from exploiting Co-ops? Or petitioning an interview with the Governors of hospitals who undersell the justifiable fee of four guineas through private nursing departments—or refusing to work with Unregistered Nurses, or, indeed, showing courage and professional responsibility?

Such action requires courage, conviction, self-sacrifice. Where do we find them? Not in the ranks of women workers, where the competition for a living is terribly keen. And yet without such courage and conviction no profession can stand, or its members prosper.

The College of Nursing has had under consideration private nursing conditions, and has issued a questionnaire on the unemployment of Private Nurses, a Schedule of Fees and Conditions of Service.

The conditions set out are at present in force in well-organised Co-operations with the exception of the proposal of a £5 5s. fee per week for infectious diseases and the limit of twelve hours' duty, two nurses to be employed—one on day and one on night duty. No mention of "Registered" Nurses is made throughout the Schedule. State Registration should, of course be a fundamental requirement for private practice, as it is for the medical profession, and no reference is made to the practice of hospitals charging a smaller fee for private nurses, than the nurses' own Co-operations, thus competing unfairly with them. This is a very vital cause of unemployment and injury.

If the College of Nursing desires to help in the organisation of private nursing it must come out courageously for (1) State Registration; (2) no rise of fees, which are not obtainable under present economic conditions; (3) no supply of untrained women, through unprofessional institutions to patients in State supported hospitals, and (4) no underselling by charitable institutions.

Without these fundamental reforms Schedules on Private Nursing Conditions are so much waste paper.

From all over the world come the saddest reports of the plight of Private Nurses, even from what used to be their Eldorado, the U.S.A.

It is little use attempting to organise Private Nurses from the top. The members of this branch of nursing must themselves take united action. Their cause is just. Let them appeal to the community.

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