

THE NATIONAL COUNCIL OF NURSES OF GREAT BRITAIN.

THE NURSING CONFERENCE,
Caxton Hall, S.W.1. November 10th, 1938.

THE NURSING CARE OF THE SICK OUTSIDE HOSPITALS.

Miss Isabel Macdonald, S.R.N., President of the League of Private Nurses, presided, and the following Paper was read by Miss M. G. Milne, S.R.N., Lady Superintendent, Leeds Royal Infirmary.

Miss Milne's Paper.

Naturally this subject embraces a very large number of members of the Nursing Profession who, having served their period of training in one or more hospitals, have felt a call to work away from the routine and sometimes stereotyped methods, which in some cases they feel to provide certain limitations. Whatever may be the reason, this or an appeal of more preventive work, or that of the patient amidst his or her own surroundings, we find the nursing of sick outside Hospitals presents problems, interests and advantages unknown to those whose experiences are limited to the Institutions.

You may wonder why I, whose interests at present perhaps lie chiefly in Institutional work, should be presenting the subject to you this morning. I suggest that it is because we all commenced our career in a Hospital, and because of the great diversity of work and surroundings experienced by those working outside Hospitals that I venture to think we may yet find a common interest. I feel that by discussion and comment, by argument and description, all may learn from the experiences of others. I hope that later representatives of each group will give us much food for thought.

We learn from the questionnaire issued by the G.N.C. of a total of 74,587 trained nurses, 26,091 were in Hospital appointments, 15,051 in Private Nursing, 5,199 in District Nursing, 5,169 in Public Health Nursing.

Without suggesting any priority of importance, I venture to commence with the *Private Nurse*.

As Miss MacManus says in her valuable book on Hospital Administration: "How often does one hear a young Nurse say, 'I might as well do a little private nursing to fill in time and earn some money.'" With a sad lack of zest this work is sometimes undertaken, yet possibly the attitude is often due to ignorance, for if she be true to herself she will realise her responsibility as soon as she enters a fresh home. We all know the picture—anxious worried relations, willing to help, wondering what the Nurse will be like, and with a wonderful faith that once she is in the house surely all will be well. Truly a great tax is made upon her ingenuity; upon her behaviour and attitude rests so often the name of the profession and her Training School. Yet she is so much more alone than when one of many as in her Hospital, and in some way she should be guided and helped. Whether she wishes to nurse among rich or poor, at home or abroad, there are certain fundamental matters she should know. How to set about becoming a private nurse; how to safeguard herself from a financial point of view and her own health; how to keep her knowledge up to date. Some of you may suggest others. *How, then, to become a private nurse*—she may consider:—

(a) Working independently. Making her own arrangements to insure treatment during illness, claiming her own fees, working up a good clientele by virtue of her name and efficiency. Not always easy to start, but many have made a success of this and gloried in their independence.

(b) Working as a member of a Hospital, but receiving

definite salary whether her cases be many or few. This method gives protection of the Institution for which she is working. She is kept in touch with other Nurses and developments and her payment is regular and assured, holiday periods are defined and treatment during illness usually provided.

(c) Working as a member of a Nurses' Institution or Nurses' Co-operation. Many Nurses settle to this very happily—companionship is usually available among other Nurses unoccupied for the time being, in hostel life, or freedom of accommodation in their own quarters or flats appeals to many. This method provides considerable safeguard and satisfaction also. But there is less chance here of controlled hours of duty and arranging for Post-Graduate work if desired.

A pitfall of some Nurses who first take up this work is to forget the charm of uniform is uniformity, and to introduce a fancy touch perhaps. Eventually she settles, realising that not only will she find satisfaction in the work, but also there are definite matters to which she must pay attention, including avoidance of overwork merely because the money is attractive, plans for a good holiday, attention to personal health.

Let us for ever rid ourselves of the idea held by some that private nursing is for those who cannot find appeal or success in an Institution. To each and all there is a special call, and many a sick person has reason to bless the Nurse who finds happiness in life away from the rush of a busy Ward and in the joy of individual ceaseless care of the patient.

We know it is generally felt that private nurses have been working away too long by themselves. Union is strength, and increasingly are efforts being made to persuade them to band themselves together for their own good and through them for the ultimate good of the patient.

We are told there are some 15,000 trained nurses engaged with this work. We can picture the value of such a union to safeguard personal interests and insist upon improvement of conditions where necessary. So difficult to plan meetings, off duty times always varying, but already I understand shaping very satisfactorily.

Some argue private nurses are so likely to forget much of their practical knowledge and have not adequate facilities for keeping up to date with modern methods. You may care to discuss this.

Next let us come to the *Visiting Nurse* and the *District Nurse*.

By *Visiting and District Nursing* is meant nursing in the homes of the patients unable to pay for a *Private Nurse*. *Visiting the sick* has throughout all Christian history been considered an important religious duty and was usually undertaken by religious orders.

The Visiting Nurse.

Surely here, a great deal of what we have said about the *Private Nurse* will prove correct for the *Visiting Nurse*. She arranges her own charges, prefers to remain non-resident, but attending her patient once daily or more or less than this, as desirable—admirable in houses which would be hard put to find accommodation for a *Nurse* and where people frankly prefer her to visit for the specific purpose only. She also needs protection.

District Nursing.

In Great Britain, *District Nursing* made considerable progress after the wonderful gift of some £70,000 from Queen Victoria on the occasion of her Jubilee. This wonderful organisation, now called the Queen's Institute of *District Nursing*, is one of the outstanding and envied features of nursing in England.

Many people still retain the idea that *District Nurses* attend chiefly to chronic cases. This is erroneous. They

[previous page](#)

[next page](#)