THE HOURLY NURSE AND HER PLACE

By ALMA R. WRIGLEY

The reasons for presenting this report on Hourly Nursing are two in number. The first and strongest is to bring before the nurses the possibility of supplying a very vital need and a long overlooked one in any community, that is, skilled care for the sick of moderate means, and at the same time of allowing the nurse to provide for herself a real home while she is carrying on the profession for which she has trained herself. The second reason is to show the value to the nurses of this branch of our work, and the danger it is in of being absorbed into organization work, which will destroy its greatest value to the individual. It is not my purpose personally to fight this idea but to present it as a danger, so that the hourly nurses may themselves help decide the place they are to make or take in this organized work of ours.

So far as I can see, hourly nursing is the only way in which the nurse can provide a real home for herself. Working for an organization provides a certain relief from responsibility, and while interest is keen it has its charm for many, but at best it pays a salary for the average nurse of from \$65 to \$80 per month. This will enable the nurse to provide room, board and clothing for one, but with no prospect of increasing the income, it amounts to little more than existing as time goes on.

Hospital positions pay better on the whole, but can the wildest flight of imagination ever create a home out of the living accommodations of the nurse in a hospital? No matter what the salary is, can the nurse save enough to retire on and support a home before she is too old and feeble to enjoy it?

And yet there are thousands of women today, sighing for just such a home as the man earning moderate wages provides for his family. For many years I lived in a nurses' club house, and in my ears are yet ringing the sighs and groans of discontent. My own made up the chorus and at last drove me out to a far country in desperation to find a new way of living. In one year I did find it, in hourly nursing and its accompaniment, sick room supplies. This work has enabled me to provide a real home, modest, it is true, but very comfortable and my own. To do this has required no great skill nor ability beyond the average, no capital to start with and no friends to help, for I arrived, a stranger in a strange town, with just \$6.50 over my traveling expenses, which sounds very improvident but was the result of unforeseen circumstances.

Up to the present time, there seems to have been no place for the hourly nurse. Many times, indeed, there has been a sentiment among the nurses that her work was "commercial," a sentiment unreasoning, but as hard to fight against as a fog. The time has come when, if she deserves a place, she must make it for herself, protect it and make others have respect for it.

At this meeting, the American Nurses' Association, through the help of Miss Goodrich and the directors, has given us an opportunity to do this; let us make the most of it. Let us show that we are a factor in the community, a unit, if kept as such, that can fill a long felt need. Let us have relation to public health work the same as the private duty nurse has to the hospital when she "specials" there. Can you imagine the storm of protest there would be if any hospital or organization should engage a corps of nurses and send them out on private duty? If this were allowed, what chance would the private duty nurses have in that town? Why is there any difference in the hospitals, registries and visiting nurse organizations doing the same with hourly nursing? What chance does the one nurse, struggling to create a practice, have against a popular organization in any city? Why is it not the duty of that organization to affiliate with the hourly nurses instead of absorbing them? This is the time to think about this and decide how you want to stand.

To get an idea of how large a factor we are in the American Nurses' Association, at the suggestion of Miss Goodrich, every state president was written to in December, asking them to send the names of all members of the American Nurses' Association who were practicing hourly nursing in that state. Fifty-six letters were sent, and to the everlasting credit of these busy women, fifty-two answers came back to me by the end of February. I am glad to take this opportunity to express to them my deepest gratitude and respect.

These fifty-two letters brought me the names of 108 hourly nurses.

These nurses were appealed to for information regarding their work and the following list of questions was sent for them to answer:

1. Are you going to be able to attend the convention in New Orleans?
2. Will you write a brief sketch of your work; why you took it up; how you like it; its value to the community; its value to yourself; how long you have been engaged in it; its advantages over other lines of work for the nurse; its disadvantages by comparison to same.
3. As it is done by you in your locality, has it any possibility of larger scope in the future? What is the attitude of the nurses and doctors toward hourly nursing?
4. How do you receive your calls, personally or through an organization?

Do you find it necessary to combine any other work with it to add to the income? If so, what?

5. Does the income from this average up fairly with private duty nursing or a \$900 per year hospital position?

The proportion of replies received was much smaller than from the state presidents, for there were only thirty-five answers from hourly nurses.

These letters have brought me an embarrassment of riches, and it is with regret that I realize that space allows only for one or two. Through them all, however, runs such a delightful human note which shows that the type of women who are taking up this line of work are nurses who are following the profession for true love of humanity and desire to serve.

In speaking of its advantages to the nurse, "the opportunity for making a home" is usually the first mentioned.

In comparing the income from it with a hospital position paying \$900 a year, there were five who declared that it was much better, and one other who thought it was equally as good. The majority did not answer this question, and a few said it did not compare favorably, but the home life, nights of sleep and time out-of-doors more than made up the equivalent.

The four who were making the best financial returns from it were combining other things with it.

One gave massage and medical gymnastics.

The second makes a specialty of infant feeding, is police matron, has a doctors' telephone exchange, a nurses' central registry and a women's social service bureau which supplies anything to any woman who wants it, meeting trains and caring for new arrivals upon request, doing shopping, supplying a cook, nursemaid, tutor, etc.

The third does sterilizing, teaches First Aid classes, gives massage as well as hourly nursing, The fourth has on her telephone wire all the traffic will bear. She has a large house and rents enough of it in housekeeping apartments to nurses doing private duty to cover the house rent, has a doctor's telephone exchange, sick room supplies for sale or rent, and the Metropolitan Life Insurance nursing in connection with the hourly nursing. All these things relate to one another and fit in very nicely.

Number five said that she easily averaged \$100 a month from hourly nursing and combined nothing with it.

It seems strange that so few have thought of adding any of these things to the hourly nursing, especially the sterilization and sick room supplies, because the hourly nurse is in constant need of them.

The following two letters may be of interest. They carry the sentiment of most of the others:

Nearly three years ago I decided to start a home for myself, and I took up hourly nursing and massage. I had selected a suite in the students' neighborhood and during the musical season I rent four rooms to students. I have a young relative who was willing to assist with the housekeeping. Ever since beginning this work I have been registered at ———, a nursing home, but the calls there are mostly given to the nurses who live in the house, outsiders receiving only the calls not filled. I have also been registered at the Nurses' Central Directory, as I am interested in its success from a business standpoint. The latter has not paid, as they seldom have a call for an hourly nurse. My calls have been principally personal, but although I know many doctors and surgeons, they do not appear to use an hourly nurse very much.

I have made a reasonably good income, averaging about \$20 per week, but it has been mostly from massage and that is not steady.

Personally I like hourly nursing, and going in to one patient for an hour or two and making him comfortable physically and trying to give him a change of mentality reacts on the nurse herself, and she cannot help feeling that she is lessening the pain of the world in some degree. I go to the next patient with a kind of uplift which the patient in turn receives, and so the good work goes on.

If I could be assured of all the hourly nursing I could do, I should prefer it to any other work. I have asked some of the nurses who live at the nursing home if they have made a success of hourly work, and they have assured me that they barely covered expenses, so I am inclined to think that this conservative old city has not yet given the hourly nurses the opportunity they need to make their work a success financially.

The second letter is as follows:

I had been doing general nursing for over a year but was very much dissatisfied because it kept me so much away from home and my mother was not well and needed me. At that time I had never heard of hourly nursing, but knew there was a demand for that class of work, as I so often had calls from doctors asking me to spend an hour with a patient and give a certain treatment, or a bath, possibly a rub, which was very hard to find time for when doing general nursing.

I discussed the prospect of doing such work entirely at a meeting of our local Association, in October, 1913. The nurses were all most enthusiastic, saying there was a great demand for hourly nurses, and all promised to help make a success of my undertaking. One of the nurses suggested that I should pay visits in the morning and be ready for relief work in the afternoon, as so many people were unable to afford two nurses on a case and yet were not willing to have the patient left alone. This I have done, and when needed am ready to give from 1 to 7 p.m. or 12 to 6 p.m. Some nurses prefer to go off only for four hours, but I have made the price the same always, \$2 per afternoon, and never try to do any other work after 12 noon. I am then ready and in good shape for the afternoon work. If I relieve in hospitals I always arrange to have my meals at home, so that the patient has only \$2 to pay. I feel that to be a fair charge, as general duty nurses receive \$3.60 a day and the patient must pay \$1 a day for the nurse's meals.

I like the work very much. There is variety, also some time out of doors in the morning. I always have the night to myself, and usually evenings after 7 p.m. Work is never too hard when one can sleep at night.

Yes, it is of value to the community, as so many people need the services of a nurse for an hour or two in the morning, and do not need other attention during the day. It is much easier for most people to pay \$1 for a morning visit of an hour (I always give extra time if not more than half an hour), than to pay \$25 a week when the patient is not ill.

I also find there are many old ladies who like a bath once or twice a week, and often a rub before going to bed.

The value to myself is better health, more independence and some home life.

Have been doing this work for two years now and find this advantage: more time to myself, less responsibility and therefore, less nervous strain.

The disadvantages: no regular income, hard to leave town, as I am always supposed to be on call.

Yes, there is a possibility of larger scope in the future, but people are slow to grasp new ideas. The work seems to grow more through the influence of patients than doctors. Nurses are anxious and willing to help, but few care to take up this class of work and there is no assurance that calls will come. Doctors, as a rule, are pleased with the idea, but only a few call on me regularly. The majority do not seem to realize or remember just what hourly nursing means.

My calls are received at my home, not through the Registry, as I find this more convenient.

Have not found it necessary to combine other work except a little office work, which really comes under the head of hourly nursing, as I assist two doctors on certain afternoons, they have not enough female patients to need the constant services of an office nurse, so each has an afternoon of all women patients, and they are seen only on these afternoons.

No, my income is never more than \$700 per year, but am most anxious to keep on with the work and make a success of hourly nursing, as I am sure there is a need, and in time there will be a great demand for hourly nursing.

My charges are: Day visits, \$1, night visits, after 9 p.m., \$2, obstetrical cases, \$5 (during and two hours after delivery), afternoon relief work, six hours, \$2.

There were several very interesting letters from visiting nurse associations, which were sending the staff out for pay calls. The following extract from one will perhaps bring out the second reason for writing this paper.

The —— association bases its charges upon actual expense, 75 cents per visit, and this organized plan is in no way a money-making scheme, but self-supporting. The nurses, who are the regular visiting nurses of the staff, are paid a salary which averages about \$82 per month, given a month's vacation at full salary, equipment furnished in the way of a professional bag, aprons, including laundry, transportation, etc. The paid hourly visits are made all in the day's work, the same nurse going from paid case to free case as they happen to come without distinction. Thus far we have not been called upon to care for the people for whom two hourly nurses had already cared, these people being our

more aristocratic residents, who prefer paying more so as to have a nurse at a stated time and the same nurse. While we hope eventually to include in this one association all the hourly nursing done in ———, there is at present this work done for these special families.

Does this sound like justice to these two hourly nurses and the practice they have worked so hard to gain?

From another state comes this letter from a nurse who is combining massage and hydrotherapy with hourly nursing:

I receive my calls personally. At present it would be impossible for any nurse in this city to earn any kind of a living on hourly nursing alone, because the Visiting Nurse Association has been in the habit of sending its nurses to people of moderate means and also to well-to-do people. You know, many well-to-do people do not seem to feel ashamed to call in a visiting nurse, and by so doing get work done for 25 cents to 50 cents when they should pay \$1. They say: "Well I help support the Visiting Nurse Association, and I think I am entitled to its help when I need it." The hourly nurse cannot live on 25 cents a call. And the hospitals here have been sending their pupils out on night duty in private families, therefore when hourly nursing is yet in its infancy the supply sources are not from the right places yet.

Another letter from a nurse working for an association:

This association pays \$75 a month. The past year the association has granted the nurse one-third of the balance for the month over that amount. This gives her from \$5 to \$20 extra during the winter when the work is heaviest. This work was started eighteen years ago and at the end of the first year was self-supporting.

Its advantages to the nurse are swallowed up in the benefit to the public.

One of the disadvantages is being on call all the time and another is the comparatively small salary, which the recent change has partly relieved.

In one city there is a nurse who gets all her calls through the public health organization. They call her for all pay cases, or if the public health nurse by mistake goes where the people can pay, the organization charges a fee for her services, then turns the money and the case over to the hourly nurse. She, in return, will help them out with their charity cases when the public health workers have too much to do.

In another city the Associated Charity calls on the hourly nurse when extra help is needed, she makes half-charges and sends the bill to the organization every month.

Since there are many people who do not wish to be charity patients and are more than willing to pay higher charges to obtain the services of a special nurse, although the nurse may not be needed for more than hourly work, there is a distinct field for the hourly nurse as distinguished from the nurse working under the orders of a visiting nurse

organization. Moreover, since her greatest value lies in this very difference, her absorption into a visiting nurse organization naturally destroys that value. The average patient of this class does not care for a nurse who may have come from any kind of a case, and greatly prefers to have the hourly nurse, whose work, as a rule, is not with what the patient is apt to regard as "un-nice" cases. Hourly nurses have written me to the effect that they have met patients who object to the visiting nurse because they feel that she may just have come from some patient in the slums, and they do not wish a person who has so recently been in contact with conditions there to come in and care for them.

Many times, also, patients wish for a nurse at times to suit their convenience, perhaps at hours inconvenient for the visiting nurse who makes her calls all in the day's work. For these the hourly nurse is the logical solution, and, again, if she is to be absorbed into the organization and lose her identity the patient suffers.

This is all from the point of view of the patient. From the standpoint of the hourly nurse herself, the need of distinction is even more evident. Infant industries are protected by tariffs, laws are formulated to protect individual establishments in the business world against the competition of organizations. Surely the hourly nurse, carrying on an individual enterprise, is entitled at least to the protection of being allowed her own separate existence.

Many nurses prefer to choose their work to the extent which hourly nursing permits and which work under a visiting nurse organization prevents, as the cases come "all in the day's run." A nurse, for example, who has specialized in some particular line, for instance, in care of extremely nervous patients, care of children, mental disorders or any other line, may direct her hourly work into these channels as opportunity offers and build up a practice with its own reputation.

As for the opportunity, individual work in hourly nursing offers to build up other lines of enterprise, that is self-evident and illustrated by the hourly nurses who have established work in sick room supplies, sterilizing, massage and other special lines.

There is no reason why hourly nurses and visiting nurses associations should not exist comfortably and profitably side by side if the proper relation is maintained. It has been done, as several of the letters I received from hourly nurses bear witness. And that it may be done more and more, with continued and increasing success is the result to be hoped for from this meeting.

In the discussion which followed the paper several nurses told of their experience in hourly work. Miss Rockhill combines massage

with it and conducts a nurses' home and a nurses' registry. Since the visiting nurse society has taken up hourly nursing, she has also added office work.

MISS LENT: For many years in Baltimore one of the alumnae associations has been carrying on hourly work. It was not able to meet the need. When the central directory started in the state, it sent nurses out. Those at the bottom of the list were asked to take hourly work. Recently there have been an enormous number of calls for hourly work that were not met, so the visiting nurses agreed to take cases for hourly nursing during the day in their several districts at the rate of 50 cents an hour. That does not in any way compete with the hourly work done by other organizations or nurses. We have on an average sent to the central directory and directory of hourly nurses at least five cases a week besides those we are taking care of, showing the tremendous demand for hourly work. We feel that is due to the number of apartments and women living in rooms and that we can help to meet it, and that rightly part of it belongs to the visiting nurses' association. We are not charging as much as the other hourly nurses, and if we by chance get into a case where they can pay more, we agree to transfer it to the other hourly work.

RESPONSIBILITY OF A SUCCESSFUL PRIVATE DUTY NURSE TO A REGISTRY

By BERTHA LOVE

The registry was primarily established for the benefit of the private duty nurse, and it has given her many advantages; but regardless of this, she evades the responsibility of making the representative registry in her city the success it might be. To get the best results from any enterprise we must put our best into it.

Nurses should be loyal and support the registrar who, at best, has a wearisome time of it. A nurse should feel when she registers for duty that she must accept the call when it comes, unless registered against such cases. It is not easy to go out just before a convention or when an engagement has to be broken, but a nurse has a responsibility to the public as well as to the registry and, if registered, a successful nurse is in duty bound to respond when the call comes.

Quoting from Editorial Comments in the February AMERICAN JOURNAL OF NURSING:

A good many of our registries were embarrassed during the past winter in not being able to supply the needs of the sick for nursing care. During the holiday season many nurses withdrew their names from the directory, instead of remaining on call, as they should, to meet such demands as may arise for their professional service. There is a healthy season when work for nurses is slack. It would seem reasonable that the successful private duty nurse should take her vacation at this time and be at her post again when the heavy season opens.