

Nursing Service How to Meet the Demand for Public Health Nurses

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Public Health Nursing contributes materially to the reduction of illness and therefore justifies an adequate and well-qualified staff. With the expansion of preventive services and the additional demands for public health nurses, there is a need to consider measures which will assist in meeting the demand in a satisfactory manner, and the Minority Report of the English Working Party was wise in suggesting that research should be made into the estimation of the optimum size of the health services and of the part which nurses are to take in them. Because of the experimental and developing nature of many of the preventive services, however, this research would need to be continuous, and to be made on the requirements of individual countries. This paper will deal only with general factors which should be considered in relation to the demand for public health nurses, and measures which would increase the number of suitable nurses for the work.

FACTORS GOVERNING THE DEMAND:

Apart from the policies of governments and other organizations which determine the nature of the preventive services, certain factors influence the number and type of nurse required.

Where each nurse gives only one type of service such as infant supervision, or bedside care, the number required will be relatively larger than where one nurse gives the complete care to the family in a generalized service. In New Zealand with its comparatively small and scattered population, the public health nurse also carries out much of the social work which in other countries is the duty of specialized social workers. If she is to deal adequately with the various responsibilities, the generalized nurse must have broader qualifications.

In urban areas the demand will vary according to the congestion of houses, and of the number of families in one house; a nurse has more travelling to do if each home with its family is completely detached. Rural areas likewise vary in their individual needs because of the nature of the country and distance between houses. The nurse who is provided with a motor car will be able to do proportionately more work than one who has to travel by other means.

With a pre-paid medical and hospital service, including hospitalization of obstetric patients, the work of the public health nurse would appear to be reduced. On the other hand there is a limit beyond which the hospital cannot be expected to give care to certain types of patients; home nursing care with the appropriate education and social work can assist many chronic and age patients to partial or complete independence. Another aspect to consider is that in pre-paid nursing schemes the individual has greater freedom and the right to demand the services of the nurse for bedside care, and the work is correspondingly increased.

In all types of work, the educative function of the nurse can have the long term effect of reducing the need; the mother who receives good teaching during her first pregnancy and early months of the baby's life will have the knowledge and confidence contributing to self-reliance in the future; teaching combined with bedside care in the home offers opportunity for more economical use of the nurse's time both in the current and in subsequent illnesses.

Certain populations present peculiar health problems requiring a larger number of nurses. This applies for example to the Maori in New Zealand, and to the peoples of the South Pacific.

Other factors include the birth rate with its varying demand on antenatal and infant welfare services; the lengthening of the span of life; the responsibilities taken by the nurse in actual dieting of infants and in diphtheria immunization programmes, and the non-nursing duties which are liable to accumulate in a nurse's work and which require periodic review.

Having the foregoing factors in mind, you may be interested in some New Zealand figures. The three islands cover 102,000 square miles, with a population of 1,802,000 of which 106,000 are Maoris. Sixty per cent. live in urban and forty per cent. in rural areas, while the largest city has 260,000 people. The birth rate for 1947 was 26.42 per 1,000 for Europeans and 46.86 for Maoris; the expectation of life is 65 for males and 68 for females. There are 180 district health nurses carrying out specialized work in urban and generalized work in rural areas; 180 Plunket Nurses carrying out a specialized infant welfare programme and 180 nurses in a specialized bedside care service.

A Social Security Act provides for free hospital, medical, obstetric, home nursing and other services. There is a hospital bed rate (exclusive of mental hospitals) of 9.3 per 1,000 population.

For a specialized service in the city, one nurse can carry 6,000 population with school, diphtheria immunization, tuberculosis and other preventive follow up work; also in the city one infant welfare nurse can follow up 250 new babies yearly, this figure being proportionately reduced as the supervision of pre-school children is included. In rural areas for which a complete health service is provided, it is estimated that one nurse is able to serve 2,000 population. An example is an area with 9,325 population with a staff of six district health nurses; there is a medical and surgical and a maternity hospital in the area and a doctor who pays weekly or fortnightly visits, depending on distance, to each nurse's cottage where he holds clinics.

New Zealand nurses are seconded for periods of duty in the Pacific Islands; one example of a public health service is on an island with a population of 140,000; apart from the hospitals and medical staff, there is a public health nursing staff of six New Zealand nurses as supervisors and 120 Fijian trained nurses, each of whom is responsible for the health service including midwifery of a village and the surrounding area.

MEETING THE DEMAND.

Having ascertained the number and kind of nurses which would be

required for the health service, it is necessary to attract the right type of woman to the work, and to keep her satisfied in it.

In all programmes which are designed to interest the adolescent girl, the preventive and social services in the community should be given an equal place with those of the hospital; a girl may be attracted to these fields by her preference for an out-of-door or country life, a home of her own, the use of a motor car, as well as the ideals of the positive health approach, and the independent work which is possible.

The Matron of the nursing school and hospital should have such understanding of public health work that she will be able to advise wisely on future fields for those nurses who are suitable.

The manner in which the preventive aspects are presented during the basic course of nursing will influence the nurse's decision regarding her future. In the lecture programme on direct public health work, in subjects like history of nursing, and in the preventive and social aspects of general subjects recruitment values should be considered; talks by individual public health nurses are also most valuable. A nurse with public health experience appointed to the staff of a hospital for outpatients, nurse's health or other service is a good influence through her general attitude and her realistic lecture and discussion programme.

Practical experience in public Health nursing in the basic nursing course if given with selected field nurses, is a means of presenting a desirable picture of the work. If opportunities for such experience are limited, the moving film with good commentary is a useful supplelement.

Some special preparation should also be given before the nurse enters her selected public health field; she should begin with a knowledge of her immediate tasks well as of the broader picture of the scope and responsibilities. Regular supervision, conferences and refresher course must be given to provide the education and encouragement which are essential for continuous satisfactions which keep her in the work.

In New Zealand, the special preparation for infant welfare work is given in a four month's post graduate course, supplemented by four weeks preparation in district health work if the nurse is taking up district health nursing. For those who show particular promise the full post graduate course is offered on bursaries, which ensures the selection of suitable nurses.

Opportunity for transfer and promotion with the service is important and is possible in a unified organization. Such organization or a national salary scale will also ensure that condition of work, hours, leave, salary and superannuation privileges, or on a level commensurate with the additional responsibility and training involved. Especially in country areas, a house and a car are an inducement, while the condition of these and of furnishings and equipment should be of a good standard.

The public health nurse usually feels more satisfaction in her work if she is included with the hospital registered staff for certain purposes such as

selected staff meetings and conferences. In this way she is prevented from isolating herself in everyday routine and is kept abreast of advance in clinical work, while at the same time giving hospital staffs a contact with her and her work.

The demand for public health nurses will be met by continued alertness and planning; by recruitment of suitable women to give the service a fair share of those available; by adequate preparation and by vigilance to ensure that the nurses are being used to the best advantage in the work. Though all health work contributes to the reduction of illness and the improvement of health in the community, public health nursing has special place in this objective, and it must be ready to take a worthy place in all developments of the preventive services.

Nursing Service—How to Meet the Demand In Tuberculosis Nursing

MISS GWEN BUTTERY

South Africa.

Much has undoubtedly been accomplished by organised effort to control Tuberculosis, but the eradication of this disease cannot be attained without the wider and more intensive application of known methods of treatment and prevention.

Recognition of the active case is but the first step in the prevention of tuberculosis and in South Africa, a vast country of 795,000 square miles with a total population of some 11,200,000 souls—8,900,000 of whom are black people—the incidence of tuberculosis is a matter which requires immediate and urgent attention.

The death rate among the white population is one of the lowest in the world. It was 32 per 100,000 last year. On the other hand the rate in the Non-European races is inordinately high and it is getting worse every year. The health of every section of the community will soon be affected if the incidence of Tuberculosis among the Non-European population is allowed to spread further.

Let us glance at the death rate among the various groups constituting the Non-European people which occurs as follows:—

Asiatics (East Indians) :	250 per 100,000
Coloureds (half white) (half black) :	500 per 100,000
Natives (Bantus) :	800 per 100,000

The actual deaths recorded last year were 11,745.