

# PUBLIC HEALTH NURSING



EVA F. MACDOUGALL, R. N.\*

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## *National Organization for Public Health Nursing—*

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**Pioneering in Public Health Nursing in Italy**—In 1919 the American Red Cross sent a special commission to Italy to study tuberculosis. Mary S. Gardner, "an authority on public health nursing in the United States," went as chief nurse of the section on public health nursing with 15 graduate nurses who had specialized in public health work to assist her.

Miss Gardner and her nurses had a stupendous task to perform. When the World War began, very few nurses in Italy had a training or status anywhere near that of the American or English nurse. Most of the nursing was conducted by the sisterhoods with the assistance of volunteers—men and women of the servant classes, who did the bedside nursing while the nuns directed the work and assisted some in the operating rooms. High standard schools of nursing were unknown and the hospital authorities did not favor founding any.

When the war came public spirited women in Italy took courses to fit them to care for the wounded soldiers, and these were indiscriminately called Red

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Cross nurses. Their period of instruction required 1 month of hospital work per year, and at the end of 3 years the nurses received diplomas. There were other briefer courses in first aid and care of the sick and wounded. Public health nursing as we know it was unknown. The nuns did some home visiting but nursing care was secondary to spiritual solace and instruction.

The Italian volunteer nurses were devoted to their work, rendered splendid service during the war, and were well organized. At the end of the war this group was pliable and available for reconstruction work along more modern lines in nursing; and "schools adapted to Italian women and Italian needs, specializing in public health nursing, were established by Miss Gardner in Rome, Genoa, and Florence."

The problem was twofold:

1. The creation of a desire for the work, which meant that groups of Italian citizens had to be made conscious of the need for public health work.

2. The creation of a group of workers, which meant that a few carefully selected Italian women must be trained to act as pioneers and teachers.

These courses established in Rome, Genoa and Florence had good committees of public spirited Italian citizens sponsoring them. But there was difficulty finding practical field work for the trainees as most of the doctors would not tolerate "any system of nursing education permitting nurses to visit patients in their homes for follow-up work."

Other attempts had been made before to educate nurses in Italy along the lines of American and British training schools, but the opposition of the medical profession had blocked them.

However, the Italian Red Cross, which before had not recognized the need for a salaried or trained personnel, now decided to start training schools.

In June, 1919, Miss Gardner returned to the United States and Edna M.

Foley, Superintendent of the Chicago Visiting Nurse Association, took her place. "During her term of office the school at Florence was reopened and a second course was completed in Rome and Genoa," and positions were found for the nurse graduates of these courses in other Italian cities.

At the end of 1919 the American Red Cross withdrew from Italy after leaving money with which to carry on the nursing schools established. Well organized Italian committees were left to keep up the work and develop it.

Ten years after there is a very different picture. The work of the two American pioneers in Italy has borne wonderful fruit. There is a flourishing nursing school in Florence directed by an Italian trained nurse who also supervises the twenty visiting nurses in the city, graduates of the school. The public health nurses are called "assistenti sanitarie" and their "work radiates out from dispensaries, from their own offices or from the pharmacies where doctors hold their daily consultations. The nurses cover different districts and are assisted in many ways by committees of local importance which show great interest in their work." It is interesting to know that the fear and distrust of the doctors for these new public health nurses has almost entirely disappeared.

Two things have contributed to the present satisfactory status of public health nursing in Italy and to nursing schools established by the Red Cross:

1. The local committees were so well chosen and instructed in the pioneering period that the spirit of the American nurses lived on in the zeal and devotion of the Italian patronesses who fostered what they had begun.

2. The Fascist party emphasizes maternity care. In 1925 a law was passed requiring all Italian Red Cross volunteer nurses to return to Rome for an extra year of training at the Red Cross school.—

A Public Health Nursing Renaissance, *Red Cross Courier*, IX, 13: 12-14 (July), 1930.

**Public Health Nursing Legislation**—Recognition of public health nursing as a desirable or necessary function of government has only come about in the last 25 years.

Alabama was the first state to sanction the employment of public health nurses by governmental agencies; then New York state made it possible to employ tuberculosis nurses. Ohio, a little later, mentioned nurses in the school health inspection law. In 1911 Massachusetts permitted the employment of visiting nurses and Pennsylvania authorized the employment of school nurses.

The National Tuberculosis Association was one of the first organizations to urge employment of public health nurses.

In 1912 an increased interest began to be felt in visiting nurses and school nurses because of the influence of the newly formed National Organization for Public Health Nursing. Then after the World War the need for rural public health nursing work was recognized and this type of service was emphasized by the American Red Cross.

The Federal Maternity and Infancy Act of 1921 was a potent factor in stimulating interest in state departments of public health nursing. In 1920 there were but 7 state divisions of public health nursing and 11 divisions of child hygiene which were directed by nurses or which employed nurses who had the status of state nursing supervisors. Today there are 9 divisions of public health nursing and 24 divisions of child hygiene, 10 of which are directed by nurses and 14 of which employ nurses to direct the nursing activities of the state.

The establishment of the whole-time county health department has led to the passing of general health laws specifically mentioning the employment of public health nurses.

Now all but 8 states have legislation which pertains to the employment of public health nurses, and some of these have laws sufficiently elastic to provide

for needed personnel in public health work.

Eight states have specific laws defining public health nursing credentials, and 30 states have the nurses' requirements defined by their state health departments. Only 4 states specify that all public health nurses shall meet the requirements of the N. O. P. H. N.

Kentucky and New York are the only states in which the division of public health nursing was created by legislative action.

In public health nursing legislation so far experience has taught two principles:

1. Permissive legislation is usually preferable to mandatory laws.
2. There is an inherent difference in the customs, policies and constitutions of the states in different sections of the country. What is legal in one would be illegal in another.

It is believed that "legislation which delegates general authority to a specific department or agency is preferable to specific regulations in the statutes." The statutes are hard to change and salary and requirement schedules change in a growing profession. California's public health nursing law is considered one of the best examples of good legislation.

The Board of Supervisors of any county may employ one or more public health nurses each of whom shall be a registered nurse, possessing such qualifications as may, at the date of her employment, be prescribed by the State Department of Health. Her compensation and duties are to be determined by the Board of Supervisors.

There is a growing tendency to consider public health nursing as an integral part of a whole well-rounded public health program, not an isolated activity. (The growing interest and membership of public health nurses in the American Public Health Association is an indication of this.) They are feeling their responsibility in promoting every phase of the health program.—Pearl McIver, R.N., *Public Health Nursing Legislation*, *Pub. Health Nurse*, XXII, 7: 372-376 (July), 1930.