

THE DEVELOPMENT OF PUBLIC HEALTH NURSING

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Public health nursing as we know it today has many phases, but the whole movement may be traced back to the vision and foresight of one man who had the comforts of nursing service very forcibly demonstrated to him in his own home. History tells us very little about the nurse whose personality and skill made such an impression that it caused the launching of a movement that has since grown to international magnitude, but we can imagine she must have had real ability, a devotion to her profession and a love for humanity.

As a result of nursing service given in his family by this nurse, Mr. Wm. Rathbone, of Liverpool, asked her to undertake the care of the poor in their own homes for three months, as an experiment. After a month she begged to be let off as she said she could not bear to see so much misery, but was persuaded to continue. At the end of the time her success was so great she begged to be allowed to go on with the work, and Mr. Rathbone was now determined to establish a permanent district nursing service for Liverpool.

It is not to be thought that this was the first nursing service given to the poor in their homes. From earliest times care was given by the church and some very definite efforts had been made to establish a district nursing service, but Mr. Rathbone was the first to formulate an association and make a plan whereby nurses could be trained for the work.

Not being able to secure nurses from Miss Nightingale or Miss Jones, at the King's College Hospital, he erected a home for nurses on the grounds of the Liverpool Royal Infirmary and arranged to have systematic training given to supply the Infirmary and give care to both rich and poor in their own homes. These early workers showed a broad

grasp of the situation by recognizing so soon three of the principles of public health nursing held today, that nurses must be trained, they should not dispense material relief and should not interfere with the religious beliefs of their patients.

Other large cities of England soon followed Liverpool's example but did not all have a Mr. Rathbone to help them on their way. Developments were not satisfactory and an investigation of district nursing was made which resulted in the foundation of the Metropolitan and National Nursing Association in 1875, whose most radical departure from former standards was the employment of only educated women. Even Florence Nightingale doubted that such a standard would prove workable, but the rapid spread of the movement from this time proves that it did.

No doubt it was the excellence of the service given that led Queen Victoria to devote 70,000 pounds of the Woman's Jubilee offering to the furtherance of district nursing. <sup>in 1887.</sup> With the help of St. Katherine's Hospital the Queen Victoria's Jubilee Institute for Nurses was founded with the object of preparing nurses for work among the sick poor in their own homes and extending branches throughout the British Empire. This is a very important milestone in the development of public health nursing as, in the words of Miss Amy Hughes, it "raised it all from the sphere of individual effort to the position of a great national institution."

As in England, the public health movement in this country has been developed by private organizations. In earliest times we find most home and hospital nursing done by Nuns and Sisters. The first organization created for the purpose of taking care of the sick in their own homes was the Ladies' Benefolent Society of South Carolina, in 1813. The ladies themselves visited the sick but engaged a nurse when necessary.

We read of other efforts but it was not until 1886 that district nursing was first organized in Boston, followed by Chicago in 1889. In 1893 Lillian Wald founded the Henry St. Settlement in New York, which has had a far reaching influence in developing public health nursing and instigating social reforms.

After the founding of the Queen's Institute in England public health nursing in that country developed in a comparatively uniform manner, each affiliating organization accepting Institute standards. The physical examinations for soldiers during the war brought to light so many defects that improvement of the nation's health was regarded as most necessary. One of the most important developments was the health visitor for social, educational and preventive work. Nurses' training was not required.

In this country every city and locality has developed its own program and each organization is an individual unit, some being members of a national association but not governed by them. So it is that any history of the development of public health nursing much be traced through individual units.

In 1890 there were 21 organizations engaged in visiting nursing, each one working independently. In 1898 Los Angeles inaugurated municipal nursing. Soon after this the first specialization was noticed, which was in obstetrical work and communicable diseases. This tendency grew until now we have nurses specializing in school nursing, tuberculosis, venereal disease, mental hygiene, medical-social service, industrial nursing and prenatal, maternal and child welfare work. Each city has its own program, usually with several of these activities taken care of by one organization but not having a unified control, as in Toronto, Canada, where all of the various branches except bedside care are under



the Municipal Department of Health. The present day tendency is toward a unified program.

In 1912 the National Organization for Public Health Nursing was formed at a joint meeting of the American Nurses' Association and League of Nursing Education, as a means of standardizing public health work. It provided for lay membership to include men and women engaged as directors and officers of local associations in guiding the policy of public health nursing.

In the same year the American Red Cross began a system of rural nursing to furnish small towns and rural districts with nurses trained for the work and to maintain a general supervision over them.

With the growth of the public health movement more of the responsibility has been taken over by states, counties and municipalities. However many of them are not yet in a position to finance all the necessary work so the private organizations are filling a very definite need. Many arguments are presented as to which is the better plan, but no doubt pioneer work will always have to be done by private funds.

One of the most important activities carried by public health nurses today is the promotion of child welfare, with the program for prenatal and maternal welfare closely associated. This work is largely educational and is carried on through clinics, conferences and home visits. As early as 1906 a clinic was organized in Cleveland to give year round care to babies, and in 1908 the New York Department of Health formed the Division of Child Hygiene, but the nation wide program carried on today had its origin in the dream of Lillian Wald to better conditions for children in the tenements in New York City. Out of her dream grew the Children's Bureau, which carried on rural investigations popularized by children's health conferences, with physical examinations and advice on child care. Studies were made in maternal

and infant mortality. Publicity given to the results of this work concentrated the thought of the nation on preventable deaths of mothers and babies, which led Congress to enact the Sheppard-Towner Act in 1921.

This act provided for a subsidy to each state which would match funds over \$5000 and designate or create a state board with adequate power to cooperate with the federal administration. During the seven years the act was in force 45 states cooperated. Many new public health nurses were employed, building up a program which has proved of such value that in many communities the work is still being at least partially carried on by local funds.

One of the recent developments of maternity and infancy work is special instruction for midwives. Some states do not give them any recognition but others realize that there are localities where they perform a real service for the poor so attempt to give them training and supervision. In a survey it was found that as high as fifty per cent of deliveries were attended by midwives in some states. This is due to the large number of negro midwives in the Southern States and the practice of employing them among the foreign born.

In 1926 classes were held regularly for midwives in 19 states. Supervision and instruction were given by State staff nurses or county nurses, resulting in a better knowledge of their individual work and improvement in their technique.

A very interesting development in this connection is the Frontier service in Kentucky where public health nurses reach many mothers unable to secure the care of a physician. This work is being financed as an experiment by interested private citizens and is endorsed by the State Department of Health. Besides a public health course these nurses must take a course in midwifery at some accredited school, usually in London or some European city as such courses have not been available in

this country. They are then licensed to conduct normal confinements. In this locality it has proven a real blessing but the cost is too great at the present time for the work of an official agency.

In the development of school nursing we see the name of Lillian Wald appearing again. As a result of her work with the children in the Henry St. Settlement she was asked very early in her career to take part in the medical supervision of the schools but thought the time was not ripe for it as school doctors had only been put on in 1897. In 1902 the Health Commissioner ordered a n examination of all the pupils and found so much trachoma that a nurse from the Settlement was put on to help rid the schools of the disease, with education as one of her principal duties. After a month's trial the Municipality of New York, following the example of London, established school nursing as a regular part of their program. Other cities followed so that gradually it has become a nation wide activity with the larger cities having the best service. Very often the rural school nursing is done by the county nurse.

After the discovery of the tubercle bacillus by Robert Koch in 1882 the medical profession gradually came to realize the social character of the disease. The tuberculosis nurse came into being as a result of work done in 1898 by Dr. Wm. Osler, then Professor of Medicine at the Johns Hopkins Medical School. Realizing that the combatting of the disease lay in the home, he sent out one of the women medical students to investigate living conditions and teach proper care and precautions. In 1903 a nurse was appointed to take her place. Through the work of Mrs. Osler the Visiting Nurses Association also appointed a nurse and gradually others were added. Later the work was taken over by the city Board of Health and dispensaries were opened. Other cities soon followed, with the work in some being done by Visiting Nurses' Associations and in others by boards of health.



During the war the United States Public Health Service organized a division of public health nursing. It is thought that it was largely due to the efforts of these nurses that the venereal disease rate in our army was lower than that in any other. While the same methods of control cannot be used in peace time many dispensaries have been established where patients can get free service. Although very often not a definite part of the program public health nurses are trained to the social significance of the disease and find many opportunities to refer patients for examination and treatment. Also public health nurses are employed in some of the dispensaries for follow-up work.

Up to 1900 there were only three nurses employed in industry in this country. One of these, Miss Duncan, employed by the John Wanamaker store, found that to be efficient industrial nursing had to combine nursing with social work. The growth of the movement was slow until the Federal Government provided a stimulus by employing nurses in shipyards, factories and mills during the war. The number grew until there were said to be 1778 industrial nurses in 1923. However, some firms want only first aid work done and do not realize the full value of the industrial nurse in preventing disease and bettering social conditions.

Mental hygiene is a new development in public health nursing. About 1926 the East Harlem Nursing and Health Demonstration in New York added this work to their program and about the same time the Mental Hygiene Society cooperated with the Henry St. Settlement in an experiment to see how public health nurses may add an understanding of mental hygiene to their other work. It proved so successful that the Board of Directors assumed full responsibility for the mental health program. It is thought that the approach is particularly good when the visiting nurse comes into the home to care for illness. A need is seen for added educational equipment, which is now being provided in varying degrees in public health nursing courses. Oregon is very for-



tunate in having Miss Thomson as director of the nursing course as she has had special work in psychiatry and fully understands the interdependence of physical and mental health.

Perhaps the most universally unified program in this country at the present time is county nursing as almost all of the different activities are under one head, the county health department. The Tuberculosis Association as well as the American National Red Cross have undertaken the promotion of this work. This unit was originated by public health leaders in an attempt to conduct adequate health service within the homes and schools of villages and rural communities. It is a comparatively recent development as up to 1910 only one county had been organized. The time was evidently ripe for rural health work as others followed so closely. By 1929 there were 481 units functioning. The fact that so few have been discontinued when started shows that the program was sound in principle although during those early years it was impossible to secure trained personnel. At the present time a public health nursing course is required in most counties.

Oregon owes the development of its program to Mrs. Sadie Orr Dunbar who started intensive rural public health nursing as a part of tuberculosis prevention. It was through her efforts that a Bureau of Public Health was created in 1919. The work was financed for the first year and a half by the Oregon Tuberculosis Association, with some help from the American Red Cross, as a demonstration project. A demonstration field nurse was put on, who spent her time in stimulating interest over the state in the value of public health nursing, and in working out a plan which could be used as a standard.

In 1922 a great impetus was given to the work by the use of funds from the Sheppard-Towner act in promoting prenatal, maternal and child

welfare and hygiene. Although this fund has now been discontinued, in many counties at least a part of the work is still being carried on by local funds. The Oregon Tuberculosis Association still supports county work through its seal sale, some funds are derived from the County Court and some from the Red Cross.

The Child Health Demonstration carried on for five years in Marion county, under the Commonwealth Fund, built up a county health unit which is still functioning there.

County nursing in this state has grown until now we have full time nurses in 22 counties, two itinerant nurses who have given definite service in 10 other counties, 2 Indian Reservation nurses and 11 nurses who are doing only school work in towns outside of Portland.

In Portland the Visiting Nurses Association has a generalized program including bedside care, infant welfare, tuberculosis nursing and clinics. They have also done pioneer work in building up school, prenatal and maternal nursing. The association was founded in April 1902 to "benefit and assist those otherwise unable to secure assistance in time of illness, to promote cleanliness and teach proper care of the sick." It was supported by memberships with dues \$3.00. From an original personnel of one nurse it has grown until now there are 13 nurses who work in the districts, 3 supervisors and a superintendent.

When the Sheppard-Towner funds became available they cooperated in supplying a prenatal nurse. The Dispensary later took this work over and transferred it to the Medical School Clinic when that was established. Two public health nurses now take care of the clinics, assist with home deliveries and do home visiting.

In 1906-7 the Visiting Nurses Association presented a petition to the authorities regarding a nurse visiting in the public schools. The petition was refused but the home visits had an influence on school

life so that in 1908 a nurse was employed by the City Board of Health. However, she did not go into the schools but stayed at the City Hall. The first school to have a nurse was the Mills Open Air, supplied by the Visiting Nurses Association in 1919-20. In 1922 a school nursing demonstration was conducted in three schools by the Oregon Tuberculosis Association. During the next three years a fourth nurse was put on and the program was sold to the city with the staff increased to eighteen. There are twenty-four employed now with the Board of Education and the Health Bureau cooperating in the financing.

In the early days of district nursing bedside care was the nurse's chief objective. If families learned by her example it was only incidental and not a part of the program. With the advent of preventive medicine the whole emphasis in public health nursing changed so that now the prevention of disease and the teaching of health are considered of major importance. In England this resulted in the health visitor but in this country public health leaders favor a plan whereby health teaching and the nursing of the sick are combined as this is considered particularly effective. In school and county nursing there is so much territory to be covered that bedside care can seldom be given. However, a nurse's training is a necessary preparation to meet the problems that arise, to cooperate intelligently with physicians, and to give bedside care in an emergency.

With the growth of public health nursing the demand for trained personnel has until recently been far in excess of the supply. The National Organization for Public Health Nursing has been active in promoting education and a committee appointed by the Rockefeller Foundation in 1919 formulated standards which are still accepted. It is now considered that minimum qualifications should include completion of high school, a diploma from an accredited nurses' training school and

at least a nine month's course in public health nursing, given in connection with a college or university.

The increased standards of education are attracting a higher type of nurse to this very specialized work. This is a favorable development as it is on the work of these women that the future of public health nursing depends.

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