The Trained Nurse in Public Health.

By Miss H. WEIR, Superintendent Health Visitor, St. Helens.

A DISCUSSION on the training and qualifications most suitable for a Health Visitor is particularly opportune at the present moment because the scheme of training outlined by the Board of Education in a circular dated July, 1919, has apparently not met with the measure of success which its sponsors possibly desired.

The question of the value of general training is a matter in which there has been some difference of opinion. Perhaps this disagreement is due to two causes :—

- (a) When Health Visiting was begun it was not realised that it would eventually provide a wide field of employment for women, and many of the pioneers were voluntary workers whose only qualification was a keen interest in social welfare.
- (b) The scope of the work now entrusted to health visitors is much more extensive than ten or fifteen years ago, when the activities of the home visitor were mainly directed towards the prevention of infant mortality.

Even in the early stages of the home visiting movement these voluntary workers, to whom great credit is due, soon began to realise the necessity for some further knowledge and sought to qualify themselves by obtaining the certificate of the Central Midwives Board, by attending the local children's hospitals, by qualifying for the certificates of the Royal Sanitary Institute, and in various other ways. Then trained nurses were appointed in increasing numbers, until at the present time a large number of Health Visitors are fully trained nurses.

Generally speaking, local authorities to-day are anxious to get the best results in health work, and it is now becoming clear that this can only be done by having a trained and efficient staff of workers.

There is much to be said here for the hospital or infirmary trained nurse. During the time she has spent in hospital she will have acquired a great deal of knowledge that will be indispensable to her in public health work. An experience of discipline, self-control, self-reliance, precision, observation, tact and loyalty extending over some three years. In ward management she learns to be controlled and to control others, to consider the fact that she is one of a community and must exert herself for the common good.

These qualities are essential to a woman who would undertake even a small position of authority, and cannot possibly be assimilated by a candi-

date for the health visitors' course prescribed by the Board of Education, a course made up of a few months spent here and a few months spent there, studying varying subjects in the hope that, combined, they may make a good whole.

Neither trained nurses, nor health visitors, the products of the special course of study, possess a monopoly of wisdom, but it is suggested that the trained nurse starts with a great advantage apart from her foundation of technical knowledge.

There are those who will argue that the trained nurse does not make the best health visitor because her work is hampered by the emphasis she places on sickness and the cure of sickness as opposed to the study and maintenance of normal health.

If this is so, and one does not admit it, then she is either that individual who cannot see two sides to a question (and instances can be found in any profession), or her nursing training has been at fault.

Who can better teach the practical application of the laws of health than the person who daily observes the illness and waste of life occasioned through the want of knowledge.

Practical experience in the nursing of acute illness, attendance in outpatient departments, in accident wards, and in special departments set apart for certain diseases and defects of the eye, ear, nose and throat are the best foundations on which to build up a knowledge of the prevention of disease. Every day we hear that it is wrong to separate treatment and prevention in the education of medical men. Do not the same reasons hold good in the training of a health visitor?

The prevention of a disease is often best brought about by the treatment of some sufferer, and yet it is sometimes considered that a few months' work in a hospital will be sufficient to qualify a visitor to instruct a mother in home nursing or first aid.

The best material for this work can be got from the recognised training schools for nurses. Training should begin at 18 or 19 years of age and continue for four years, the certificate being granted after examination at the end of the third year. During the last year the nurse should hold the position of staff nurse and should be allowed to attend lectures, given preferably outside the hospital, and be granted facilities to work in the public health department of the town to gain an insight into the routine, with attendance at the infant consultations, maternity centres, school clinics and tuberculosis dispensary. She should, if possible, obtain the Health Visitors' Certificate of the Royal Sanitary Institute during this period. She should then enter one of the maternity hospitals and sit for the certi-

ificate of the Central Midwives' Board. In some instances this can also be obtained from her training school.

Thus a candidate can be qualified in little over four years.

At the completion of this training she could be attached to a public health department as a probationer health visitor at a living wage for six months, under the supervision of a trained health visitor. At the end of this period we should have a woman well qualified to carry out the usual duties of a health visitor.

Let us define some of these duties :—

1. The care of the unborn child in ante-natal work.
2. The care of the child from birth to school life.
3. The care of the school child.
4. The care of notified tuberculosis cases of all ages.
5. The inspection of midwives.
6. The investigation of infectious diseases.

These are only a few of the duties required of a health visitor, and, looked at broadly, they cover a wider field than was ever contemplated when the appointments were first made. She must be able to combine several functions, or the usefulness of her work is impaired by having different officials visiting the house to advise different members of the same family and in the end no one being held responsible with regard to home conditions. Her work depends on gaining the confidence of the mother, who values and respects a woman who is thoroughly capable and can give advice on various subjects that may arise from baby feeding, sanitary defects, the condition of a school child, to a refractory daughter in her teens. The nurse is more likely to obtain the best results if she can arrest the attention of the mother as a friend whilst performing the work of an official. She cannot do this if several health officials visit the same house, as the harassed mother has neither the time nor the inclination to answer the door to them all. The mother being the pivot of the public health should be the person to be considered in determining the administration of a town.

It is to be feared that some local authorities are influenced in their choice of untrained candidates by the attraction of a smaller salary. In business it is usually said that the cheapest article generally proves the dearest, and there is reason to believe that the same axiom holds good in public health appointments.

Health visiting will continue to attract women of trained minds and ability to make it into one of the most honoured of professions for women, and health authorities should at once see that they get the best possible materials to help them to build up a healthy, happy nation. There are at hand 20,000 nurses on the College of Nursing Register alone. Of these, some could be spared for this important educational work, who would by the result of their labour justify the faith placed in them.