

## The District Nurse in Co-operative Work.\*

By Miss MARIE R. JAMMÉ,

*Graduate of the Johns Hopkins Hospital, Baltimore.*

To discuss the district nurse in co-operative work is to approach a subject offering so many possibilities that it is difficult to determine just where to set one's limitations.

Her position in the field of charitable endeavour is peculiarly her own. For the nature of the work has in it a double relationship—that which is purely professional in its relation to acute disease, and that which is social through its constructive and preventive work.

Just how this position can be used for mutual helpfulness is to-day a vital problem. In the past few years organised district nursing has developed rapidly and along several lines. There are in different parts of the country independent organisations, district nurses working in connection with city health departments in the public schools under the Board of Education, and as special departments of charity organisation societies. The latter method is the one followed in Minneapolis, therefore I can speak with more assurance of that than of any other. The work there is a separate department of the Associated Charities, and is under the direction of the Committee on District Nursing. The committee, composed entirely of women, is responsible for raising the necessary funds, and for the general direction of the work. There are three nurses in the field, one of whom devotes all her time to tuberculous patients under the general direction of the Anti-Tuberculosis Committee of the Associated Charities. This plan of work has been found better adapted to the needs of Minneapolis than an independent organisation. Naturally there has existed, from the first, the closest co-operation between the Associated Charities and the district nurses, and as the work grows and becomes better known the co-operation with other organisations is most encouraging. Generally speaking, it would seem that the particular form of organisation is a matter of minor importance. The most essential thing is to have it adaptable to the particular needs of the community, and the more vital question is, what shall be the nurse's relation of helpfulness to fellow-workers who are looking at the same problem with just as much interest, if from an entirely different standpoint of view?

The gauge of a nurse's work in the eyes of the medical profession is usually in the technical application of her calling. From the standpoint of organised charity, however, we have come to believe that the influence of the work on the social side, plus professional skill, is the important factor.

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A district nurse enters the home with somewhat of an advantage over the ordinary social worker. She frequently comes at a time when sickness has had more or less of a subliming influence. The kind of service she offers has a tendency to establish immediate confidence. It also creates a sense of dependence which gives an unusual opportunity to get at the hidden springs of family life. In addition to this, her training should render her alive to conditions which might escape the social worker, conditions on the physical side of the problem which would have strong bearing upon the social.

This is undoubtedly so, as we come more and more to realise that medical treatment is often the foundation-stone in social uplifting. In many homes there is no actual disease, only a pitiful degree of moral and physical apathy, due largely to insanitary housing, insufficient food and a discouraging struggle for livelihood.

In these homes the nurse will probably encounter more than one worker. The charity agent may be there, regarding the family from the standpoint of adjustment and relief; the settlement worker, as harbouring future citizens; the rental agent, as unprofitable tenants, or the probation officer, as subjects for watchfulness.

To them, the family is largely a social problem. With the visit of the nurse, it may still remain a social problem, but becomes possessed of a large medical element. Some slight physical ailment may be at the root of the father's apathy; the mother shiftless because she is too weak to be otherwise; or it may be that the boy or girl is a constant truant because of some visional disturbance that makes school life unbearable. The uplifting of that family then becomes a question of physical cure and prevention, without which the work of the charity agent and others would fail in its ultimate purpose.

It is this preventive element in district nursing which offers a chance for general helpfulness. The acutely sick will always require the immediate attention of the nurse upon her work. To extend the benefits of their care to an entire family, with a view to building up healthy bodies; to know just when and where to apply the ounce of prevention which will save the future pound of cure is to give to district nursing the dignity of broad aims and to greatly increase its utilities.

With this extended point of view will naturally come greater responsibilities, and the question arises, does the nurse entering the work require special qualifications, and is her general training a sufficient guarantee of success?

In the June number of the *American Journal of Nursing* there is a very interesting letter from Mr. John Glenn, of Baltimore, in which he lays before us a condition in social service generally, which has a strong bearing upon this question. It is as he states it, "The failure on the part of workers to see the whole social point of view, to consider the rela-

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