

checking of records; (d) the use of well-organised "Manuals" covering routine standards of practice; (e) knowledge of each nurse's work, especially in relation to her personality, her capabilities and failures; (f) an open and frank policy of helpful and constructive criticisms of the work of each nurse; (g) a programme to develop co-operative work among those supervised; (h) knowledge of nurse as an individual, apart from work, and willingness to give sympathetic help to her as needs arise.

The results of good supervision were:— (a) Improved quality of work; (b) improved morale of workers; (c) developing standards and ideals in the work; (d) close co-operation between administration and those most closely connected with work—for development of best policies.

Supervision was thus more than "overseeing, supervising, inspecting," etc., and implied Leadership—not authority; Co-operation—not superiority; Service to—not control over; Education—not orders.

Lastly, Miss Hodgman emphasised the necessity for provision for the continued educational growth of the supervisor herself.

Discussion then took place, and Miss Helen L. Pearse, Superintendent of School Nurses under the London County Council, emphasised the closest co-operation between all engaged in the same work, whether at the top or at the bottom of the scale of workers. The policy in regard to it should be evolved from everyone's experience.

Mlle. Oelker, Directrice de l'Assistance d'Hygiène de l'Aisne, France, said that in all Health Services the keeping of records and registers was an important point, indispensable in the organisation of work. This was especially true concerning the medico-social service of the nurse in a rural district, as she had to care for the sick, and was responsible for dealing with hygienic and social service in general.

For the satisfactory functioning of such work, it was necessary when organising a service of this kind to establish a system of accurate reports and registers, thanks to which effective control could be established, to obtain precise information as to the work performed, to give practical instruction, and to establish statistics.

The usefulness of daily reports from the nurse (1) made possible the control of the work performed by her in a given time, such reports should be complete, but simple and concise and easy to be understood, even by the unlearned; (2) they were indispensable for the establishment of statistics. In the monthly reports the total figures were collected, and in the annual reports the total statistics and percentages for the year.

The keeping of individual records was most important, they served to record the work on each particular case, and to indicate the result obtained.

A rational classification was indispensable to facilitate the work, by letters or by figures. In a social-hygiene organisation in rural districts where the nurse attended all the population, whatever the age of the individual, Mlle. Oelker recommended classification by colours, such cards, for example, as are used by the Assistance d'Hygiène de l'Aisne at Soissons:—

- Green cards for pregnancy.
- Brown cards for infants.
- Rose cards for young children.
- White cards for school children.

In conclusion, Mlle. Oelker said that the first point was to establish a simple and precise method, the second to see that each worker understood and followed it.

Miss Charley described an interesting development of Health work among insured patients, a very necessary corollary to medical advice, and suggested the following practical ways which might be helpful to work out an ideal

record system through the close co-operation of welfare agencies: (1) uniformity and simplicity of record; (2) more personal contact with workers from different agencies so that the records of the cases may be complete; (3) the Conference method of Welfare Work should be developed. Difficulties can be more easily dispelled if all the workers interested in a case can meet together and discuss the needs of that family. Only if records have been kept can this system be maintained with a useful purpose; (4) some method of pooling information concerning cases from which interested agencies can ask for data and can also contribute their experiences; (5) an important advance is being worked out in the United States and Canada, whereby all welfare agencies have their offices under one roof; (6) an interesting development has shown in Aberdeen that the lunch hour can be made a useful period for exchange of information and helpful intercourse. The Medical Officer of Health, Health Visitors, Nurses, Social Workers, and others interested in welfare work meet together for lunch and are able to sort out their difficulties.

Mlle. Teresa Kulczynska, Secretary of the National Council of Polish Nurses, speaking of continuity in Health Records from the Ante-natal Period up through Adolescence, made the following points:—

1. *The reasons for such a system* are that the recent progress in medicine has made us recognise the deep interdependence of all organs of the body on each other. It made us also recognise that the state of health in any period of life depends not only on the conditions in and outside of the body at present, but on the past of the individual, on his early development, on his inherited tendencies and characteristics, on his habits, etc.

Public Health Nursing, being based on medicine, ought to take into account this new development, and strive towards continuity of care from the earliest time of human life, through childhood and adolescence, up to maturity. As the personnel in any Public Health organisation must necessarily change in such a long stretch of time, the only way in which this can be achieved is by a system of continuity in Health Records.

2. *The difficulties in introducing it* are that one has to face great obstacles in introducing such a scheme. It is impossible to do more than mention some of them as they vary so greatly with circumstances.

3. *The advantages of such a scheme* are that if it should be introduced on a large scale, it would not only be of great benefit in the care of the individual patient, but also, provided proper use were made of the accumulated material, it would be of immense interest for the study of human biology, and might even revolutionise the science of Medicine and with it the Public Health Work.

Discussion on the various aspects of Public Health work was free and varied, and the Nurses present seemed to enter into it with great interest and enjoyment. Time for such a large subject was all too short; and impressed the writer with the need of extending such discussions over more than one session, if they are to be really useful to those who take part in them.

"THE NURSING PROFESSION IN RELATION TO MENTAL HYGIENE."

Miss E. L. Macaulay, Matron Kent County Mental Hospital, who attended the Round Table on "The Nursing Profession in Relation to Mental Hygiene," reports:— There were several papers read on the subject in various languages, part of which the Chairman, Miss Meta Kehrer, President of the Dutch Nurses' Association, very kindly translated into English, and it interested me very much to find that in all the countries represented they are making great strides in the education of the nurse, more especially in America and Finland, where the curricula are of a much

[previous page](#)

[next page](#)