

(d) Continuous employment for nurses should become feasible in the light of two conditions, viz.: the removal of the economic barrier between the patient and the nurse, and dealing with the fact that only about 40 per cent. of the people sufficiently ill to profit from the services of the graduate nurse now engage them.

(e) Control of nursing services might be in the hands of Provincial Councils of Nurses working in co-operation with a Federal Council.

4. FEDERAL COUNCIL OF NURSING.

This might be a creation of the Federal Parliament if possible, and subject to a Dominion Board of Control on which the Canadian Nurses' Association should hold the majority representation. Representatives of the Canadian Medical Association and of leading lay organisations should also be appointed on this Board.

It might exercise functions of an advisory, directive, educational, research and integrating nature. Under Section 93 of the B.N.A. Act, this Council, being federal, could scarcely be clothed with powers of a legislative nature; but it would probably serve as the brain, in an advisory sense, of the various provincial councils discussed below. Its headquarters, both from the viewpoint of population and geography, should be as centrally situated as possible. Its activities would be of a much more scientific nature than serving merely as a clearing house for ideas on nursing conditions.

5. PROVINCIAL COUNCILS OF NURSING.

These councils would be created by provincial enactments and would exercise functions, with the advice of the federal council discussed above, chiefly of an executive and administrative as well as educational nature.

Compulsory registration with these Councils of all who care for the sick for hire—including attendants, visiting home helpers, practical women as well as trained nurses—should be adopted.

The prime function of provincial councils would be to organise and supervise the world of private duty nurses and various types of attendants who care for the sick for hire. Private duty nurses, working directly through local or district registries, as part of the provincial organisation, could be given continuous employment on a regular salary basis. These district registries would serve as branches of the provincial council, working under the direction and supervision of the latter, and bringing the types of nursing services required to the homes of patients. The adequate placement of these services would be largely conditioned by the studies of local nursing needs made by provincial councils and by the establishment of effective contacts with the medical profession, training schools, hospitals, departments of health, and with other agencies concerned with the care of the sick.

The question arises as to whether all private duty nurses should be obliged to work under the direction of the Provincial Council of Nurses, and, if so, would there be sufficient employment to keep all those nurses continuously engaged. The following aspects should be emphasised:—

(a) Nurses who prefer to remain "free-lancers," would be permitted to do so, but patients of the insured class obviously would not engage free-lance nurses.

(b) Medical evidence, confirmed by the laity, shows that the majority of patients in Canada generally, who need the services of the trained nurse, are now unable to engage those services. It is probable that under a plan of social science insurance, all the trained private duty nurses now available could, under an adequately organised and controlled system, be given employment of a reasonably continuous nature.

(c) The provincial Council and Nursing Registries should supply a scientific Nursing supervision as a reasonable assurance of efficient nursing services.

(d) A Provincial Board of Nursing Control, the creation of the Provincial Legislature, should be established to advise and control the Provincial Nursing Council. This Board should be free from political intervention and should be as autonomous as a University Board of Governors. As the problems to be dealt with are primarily those of the nurse, her profession should hold the majority representation on this Board. The nurse members might be appointed for a term of years by the Provincial Nurses' Association. The Provincial Government, the Provincial Medical Association, and the laity should also be represented on this Board.

(e) The chief duties of the Board would be administrative, including the appointment of the Provincial Director and other necessary officials, such as the Inspector of Training Schools, Supervisors, and District Registrars.

6. DISTRICT REGISTRIES.

These registries would be under the supervision of the Provincial Council of Nursing, and would supply the nursing contacts with various classes of the community. Various types of nursing services should be made available, such as: visiting nursing, hourly nursing; daily nursing, special services such as surgical, maternity, pediatric and so forth.

Registries should be established in the less populous areas—especially those outside of, as well as within, rural municipalities—and the services of nurses made available under controlled and supervised conditions, to the rural population.

THE PUBLIC HEALTH.

THE WOMEN PUBLIC HEALTH OFFICERS' ASSOCIATION.

The programme of the Educational Tour in Great Britain arranged by the Women Public Health Officers' Association, which terminated on May 25th, was carried through most successfully. For the efficiency and comfort of the arrangements and the diversity of interest in the observation visits which were made in the different towns credit is due to the indefatigable energy and ability of the honorary Organiser, Miss Amy Sayle, M.A., M.B.E. The generous time placed at the disposal of the Party by the Medical Officers of Health and the explanatory talks and informal lectures given by them and the Officials of the Public Health Departments were of inestimable value. In addition, the hospitality of several of the Civic Authorities was greatly appreciated by the members of the Association.

The party included six Health Visitors from Holland, three of whom paid a visit to the British College of Nurses on their return to London. The President (Mrs. Bedford Fenwick) welcomed Miss R. A. Van der Veen, Health Visitor, Amsterdam; Miss N. Otter, Health Visitor, The Hague; and Miss C. Westveer, Trained Nurse, Utrecht, Holland. After showing them the rooms and explaining their uses, the President hoped she would meet these Nurses again at the International Congress at Paris, in 1933.

The party on the Educational Tour also included Miss A. Jones, Health Visitor, from Nassau, the Bahamas, West Indies, Fellow of the British College of Nurses, now on leave in England.

Miss G. Le Geyt (Councillor of the British College) was generously allowed leave of absence by the Borough Council of Bethnal Green to undertake the tour on the grounds of the value of Post Graduate work, which for several years has been recognised by progressive Local Authorities to enable the permanent Health Visiting Staff to keep in touch with the constantly enlarging activities allotted to Health Visitors, particularly since the passing of the new Local Government Act, which came into force in 1930.

[previous page](#)

[next page](#)