

Denmark and Finland; five by Bulgaria, Esthonia, and Iceland; and three by India.

Child welfare work is the one service common to every country, and in more than one it is overwhelmingly disproportionate to the other services, as, for instance, in Czechoslovakia, where 92 per cent. of the work is child welfare; in the Irish Free State, where it is 85 per cent.; or in Austria, where it is 75 per cent. of all the work done. Greece, too, has a very high percentage of child welfare work, though comparative figures are not given. Neither are they available for the United States, as most of the work there is generalised, and figures for the different phases of nursing (except industrial and school nursing) are not everywhere separated.

Visiting nursing (bedside nursing) differs greatly in the different countries, the extremes being represented on the one hand by Denmark, where 98 per cent. of the work is visiting nursing, and Holland, where there is 90 per cent.; and on the other by Bulgaria, Esthonia and India, where bedside nursing is not done at all, or only incidentally. Poland, too, does very little bedside nursing.

School nursing is common to all but two countries, Bulgaria and Korea. (In India, too, it is very rare.) In some of the countries it occupies an extremely important place—67 per cent. of the Canadian work is school work and 50 per cent. of the work in New Zealand. In Great Britain there are the equivalent of 2,235 whole-time school nurses in addition to the part-time nurses, whose number cannot be calculated. In the United States there are 4,368 school nurses.

Tuberculosis work cannot be tabulated separately in many of the countries, though considerable tuberculosis work is being done. France stands out as having a proportionately large tuberculosis service, 45 per cent. of the French nurses being engaged in tuberculosis work.

Industrial nursing claims but a small proportion of the nurses in any country, the largest number of industrial nurses given being 3,216 in the United States, 247 of whom are men.

When we come to mental hygiene and hospital social service work, another profession is encountered in some of the countries. In the United States a certain amount of the mental hygiene work is done by mental hygienists, specially prepared women, who may or may not be nurses. Austria also uses specially prepared women in this field. Fourteen of the countries have nurses doing mental hygiene work, though the number so engaged is few.

Hospital social service is done by sixteen countries, though, with the exception of France, which has 200 hospital social service workers, who are nurses, no country has more than a small number. In England, this work is done by trained almoners, and in the United States largely by hospital social service workers who are specially trained social workers, not nurses.

Urban or Rural Work.

In almost all the countries the preponderance of the work is urban, though in a few it is fairly evenly divided between the urban and the rural field. This is true of Canada, France, Holland, and New Zealand. Austria, Denmark, Esthonia and Finland, on the other hand, do an excess of rural work. One country, Iceland, according to the questionnaire, does no rural work, but this is probably because there is little or no strictly rural work to do.

Legislation.

Public Health Acts, Royal Decrees, and other legislative measures which concern public health nursing are in force in ten of the countries. These measures run from a mere requirement of a diploma to the education and employment of the public health nurses by the Government. There is

quite evidently a recent trend toward such new legislation and to the revision of the old health laws. In England Government regulation dealing with the education, examination and employment of public health nurses is as recent as 1928. The Ministerial Decree in France has undergone four revisions (the last as late as 1930) since its enactment in 1923. Belgium re-published her Royal Decree in 1931.

In the United States, the question of legislation is extremely complicated to describe because each State differs in its health legislation. Every State now has a State registration for nurses, and other laws affecting their work and their employment by official bodies exist in many States. These laws are for the most part permissive rather than mandatory.

Education of the Public Health Nurse.

When we come to the education of the public health nurse we find a certain uniformity of method.

The question regarding preliminary educational requirement was misunderstood by a number of those answering the questionnaire, therefore information on this subject is not available from all the countries. It would seem, however, that secondary education or high school is required in most. In others, ten years, or in some instances twelve years of schooling is usual. In Great Britain, matriculation standard or a school-leaving certificate is usually asked for, and this is the case in the United States, though in the latter country two years only of high school is the minimum requirement. The tendency toward a higher educational demand for preliminary preparation is quite definitely shown.

Fully trained nurses are the general rule. Nine of the countries report that all of their public health nurses are fully trained. That the United States and Great Britain are not included in this number gives, I feel, a rather wrong impression. Actual statistics in both countries are impossible. The preponderance of graduate public health nurses, however, in the United States, is so overwhelming that it is rare indeed to find an untrained woman at work, and in Great Britain the large number of splendidly trained health visitors who are not all nurses produces a situation that is not comparable to other countries. The same is true of Austria, where a system of "individual responsibility" exists, whereby all child welfare work from the prenatal stage to adolescence (apprenticeship) is done by a single individual, who is trained as a social worker as well as a health teacher. In addition to the usual duties of a child welfare worker, she exercises supervision over all illegitimate children and acts as official guardian and assistant official guardian. She is also responsible for the welfare of young apprentices. Her training is that of a social worker rather than that of a nurse, though many of her duties are those of a specialised public health nurse.

India also presents a different picture. There trained and untrained health visitors are doing health work, as well as midwives in certain of the provinces. Of the 333 health visitors listed for India, only 25 per cent. are fully trained nurses. Esthonia, too, is low in its proportion of trained nurses, giving a percentage of 65 per cent. These figures, however, mean very little comparatively, for the question has been differently interpreted. Most countries have only taken the trained group into account, making no mention of the untrained group, no matter how large, though in several of the countries the untrained group far exceeds the little handful of trained nurses so far graduated from the hospitals.

Post-graduate training varies both as to the importance it plays in the education of the public health nurse and in the number of nurses so educated. It is a little difficult to unravel the data on this subject from the questionnaires.

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