

**Death of Miss Emma Aström.**

It is with the greatest regret that I write to inform you of the death of Miss Aström, who was known to most of the Members of our Board. She was one of the leading nurses of Finland, and contributed much towards the great success of our Congress in Helsingfors in 1925. She will also be remembered from our Congress in Montreal in 1929, for her work in connection with the arrangement of having the National Council of Nurses of Finland take its place as a member organisation of the I.C.N. instead of the Nurses' Association of Finland. She was for eight years a member of our Committee on Revision of Constitution and By-Laws. She was seriously ill for a number of months and died on April 17th.

CHRISTIANE REIMANN,  
*Secretary.*

## SPECIAL REPORT ON PUBLIC HEALTH NURSING.

BY MISS MARY S. GARDNER.

Read at The International Congress, Paris, 1933.

*Concluded from page 128.*

### Public Health Nursing throughout the World.

#### Auspices under which Work is Done.

Here we find great diversity. In every country answering this question public health nursing is done under both official and private auspices, though the proportionate amount of responsibility differs greatly. In eleven countries nurses are employed directly by the government. In fifteen, nurses are working under municipalities. In Canada and the United States work is done under the greatest variety of auspices, namely under official bodies (state, city, county) and under private bodies (private organisations, endowed agencies, religious groups, insurance companies, the Red Cross and still other unclassified agencies). In eight of the countries work is carried on under religious auspices; in eight under the Red Cross; in six under insurance societies or companies. On the whole there seems to be a tendency toward official assumption of responsibility particularly in those countries where public health nursing is a newer venture.

#### National Public Health Nursing Associations or Committees.

In thirteen countries public health nurses are nationally organised, for the most part as sections of the national nursing organisation of the country. Others are planning to organise. In some countries, though no national group has been formed, local clubs bring the public health nurses together. In Great Britain there are two national groups with large memberships in each. In India the Health Visitors' League is in connection with the Trained Nurses' Association of India. In the United States the large national public health nursing organisation, though a separate body, works closely with the American Nurses' Association.

#### Methods of Work.

In nineteen of the countries the work is both specialised and generalised, specialisation being common in cities, and generalisation in the country. Of these sixteen countries, however, three are almost wholly specialised. One country is wholly generalised and two wholly specialised. Five report a growing tendency toward generalisation and one a tendency toward specialisation.

#### Working Hours and Opportunities of the Nurse.

Working hours run fairly evenly, the average for almost every country being between a forty-two and a forty-four

hour week. One country states a minimum of thirty-one hours and a maximum of fifty hours. Twenty hours a week is the lowest and sixty the highest. Overtime is rarely made up.

Vacations run from two to four weeks, though two countries have a minimum of ten days and another a maximum of six weeks. Four weeks, however, seems usual. School nurses confuse the issue somewhat as in several countries they follow the school year, taking all the school holiday.

The situation regarding the availability of positions and the possibility of promotion differs greatly in the various countries. Seven countries, China, Finland, Iceland, the Irish Free State, Korea, Poland and Sweden state that new positions are to be found more or less easily. In Canada this is the case in some Provinces where the work is well developed and not so in others. In Belgium, France, India, and the United States positions have been available until the recent depression, but they are now hard to obtain. In England the availability is affected by the lack of interchangeability of pension schemes. Austria, Bulgaria, Denmark, Esthonia and Jugoslavia merely state that positions are difficult to obtain.

Promotion in most of the countries follows the same trend, though in Belgium, where positions have been easily available until 1932, promotion is difficult. This is also the case in Finland and Poland, where positions are available and promotion hard to secure. In Holland promotion is also difficult. New Zealand, where there are 284 public health nurses, states that there are but ten executive positions in the whole country.

Twelve countries express themselves satisfied with the salary scale; Holland and Czechoslovakia as fairly so. Austria, Great Britain, Esthonia and Jugoslavia feel that salaries are too low, but Great Britain states that they are improving. Finland reports a great variation and an unsatisfactory scale since 1932. In Sweden salaries have recently been raised. In New Zealand there has been a 15 per cent. cut for all civil service workers. In the United States there have been cuts running from 5 per cent. to 25 per cent. for almost all public health nurses during the last two years. On the other hand, in India some of the nurses are paid beyond their real market value because of their scarcity.

Ability to secure the best type of young women for the work seems to bear very little relation to the salary question. Of the nineteen countries answering this question ten report that the best types of young women are entering the nursing profession and are available for public health work. These are Austria, Bulgaria, Canada, Esthonia, Finland, France, Holland, the Irish Free State and South Africa. Belgium, New Zealand and the United States report steady improvement, as does Poland, where the younger generation is most hopeful. China reports a group above the mediocre type though not yet all that could be wished. In Jugoslavia nurses are primarily interested in public health nursing, the best nurses wanting to enter the field. In Czechoslovakia the trouble comes from the shortage of nurses, and India encounters a very great difficulty on account of the prejudice against nursing and the superior status of the teaching and medical professions. Great Britain and Denmark feel that their type could still be improved.

There seems to be a very general interest in the educational improvement of the nurses by those in authority over them, an interest which finds expression in the provision of a variety of educational opportunity. Of the countries answering this question three speak of a lack of this type of interest. In three of these the educational impetus comes from another source, the national nursing body.

[previous page](#)

[next page](#)