

## WOMEN'S EMPLOYMENT FEDERATION AND THE NURSING PROFESSION.

The strain to which girls who train as nurses are subjected, which often leads to a breakdown in health, is described in evidence submitted to the Inter-Departmental Committee on Nursing Services by the Women's Employment Federation.

The Federation, an association of 282 universities, secondary schools, training schools and societies dealing with women's employment, is concerned only with secondary school girls who become nurses.

"Of girls who begin training as nurses," their report states, "approximately half fail to sit for the final examination.

"A certain amount of wastage through accident, failure to pass examinations, imperfect vocational adjustment, or marriage, is inevitable.

"But a high proportion is known to be caused by a breakdown in health. As probationers have to pass a medical examination on entering, this seems to arise from overwork during the probationary years.

"In some reports received by the Federation from schools, there is reference to the experience of old girls who have broken down in health during their first or second year in hospital.

"In every school where such an experience is known, recruitment becomes practically impossible until it is forgotten.

"Parents and teachers who have seen a girl leave school healthy, vigorous and full of enthusiasm, and who have seen that girl return home broken in health, discouraged and tired out, will naturally do everything they can to prevent the next generation from running such a risk.

"It is the general impression of girls at schools, and of their parents, that a great deal of unnecessary work is put upon probationer nurses, and that a more scientific adjustment of hospital duties and hospital equipment to human fatigue might result in greatly reduced physical strain."

Among secondary school girls and their parents, the report states, nursing is now an unpopular career.

Circular letters were sent out in September 1937 and January 1938 asking headmistresses of secondary schools to procure the opinions of senior girls in their schools on the advantages and disadvantages of a nursing career. Three main conclusions emerge:

The life of a probationer in a hospital appears unattractive to the type of girl who has reached the sixth form of a modern secondary school.

The parents, and to some extent the teachers, fear overwork and consequent breakdown of the girls during the training period.

Girls, parents and teachers consider that the pay of nurses is unattractive.

The Federation believe that it would be a stimulus to recruiting if a minimum standard of desirable conditions as to hours, accommodation, food, discipline and holidays could be laid down by the Ministry of Health or by the General Nursing Council.

Other recommendations the Federation make include:

A psychological and physiological study of the factors in hospital work with a view to a more scientific adjustment of hospital duties;

Encouragement of intending nurses to continue their general education to the age of 18, while simultaneously preparing for and taking Part 1 of the State Examination.

## THE PREMATURE BABY.\*

By Marie Stringer Buchler, M.B., Ch.B., Lady King Scholar, 1934-36.

*Being the basis of an address delivered to the Taranaki Plunket Nurses at New Plymouth.*

I have taken the premature baby as the subject of this talk since it is one of the chief culprits in keeping our infant mortality figure at its present level—stated by some as the "irreducible minimum." I have chosen it, also, because of many interesting physiological features which are important when one is considering treatment.

First of all we must define what we mean by the "premature baby," and this varies slightly according to different authorities. "Premature" means "occurring before the proper time" and we usually consider as premature any baby born three weeks or more before full term, provided the baby has attained the viable age of 28 weeks' gestation.

In addition to this condition of "prematurity," we must consider those babies whom we class as "immature": these have the superficial characteristics, structural as well as functional, of prematurity, but who may in fact be full term infants. This term pertains to structure and to function and not to time.

Thirdly the term "congenital debility" is used in association with both prematurity and immaturity. Owing to maldevelopment, or malnutrition, or toxic influences in utero, this baby at the time of birth is incapable of carrying out the ordinary functions of life. These babies rarely grow into normal individuals, as premature babies very often, and as immature infants sometimes do. "Prematurity" therefore applies to the time at which the infant was born, "immaturity" to delay in development, "congenital debility" to some definite condition of weakness.

For all practical purposes, however, we treat as premature the baby who has not attained the weight of 5½ lb. at birth.

The causes of prematurity may be divided into two classes:

1. Those resulting in the birth of a healthy baby, e.g., operative shock, overwork, mental stress, induction or Cæsarian section for abnormalities of the bony pelvis.

2. Those resulting in the birth of a damaged foetus, e.g., toxæmias of pregnancy; acute infections in the mother such as influenza or pneumonia; chronic infections such as syphilis, tuberculosis; constitutional diseases—chronic nephritis, toxic goitre; intoxications—lead, alcohol, ecbolic drugs.

The foetus may or may not be damaged in such conditions as placenta, prævia and multiple pregnancy.

Irregular endocrine gland activity also plays a part in the causation of some premature labours, but as yet this is not fully worked out.

Repeated premature labour in the later weeks of pregnancy, often associated with death of the foetus, is apparently due to degenerative processes in the placenta, or due to inherent weakness or disease in the foetus—possibly from the germ plasm. These babies may often be rescued from still birth by inducing labour prior to the usual date of death of the foetus.

All these conditions which produce a damaged foetus make the prognosis more serious for the child, and are most disheartening to those who are caring for him.

The infant delivered into the world prematurely, or in a state of immaturity, is in special danger both during and after birth. Fragile, immature tissues are more liable to injury during delivery and result in hæmorrhages into the brain and viscera; these add to the difficulty one has in getting the vaso-motor system to respond to stimulation after birth, and the baby is in danger of asphyxia, of

\* Reprinted from the "New Zealand Nursing Journal."

[previous page](#)

[next page](#)