



The District Nurse in our Society

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Trained nurse, health educator, friend of the family—this is how the author sees the district nurse, but her position,

he suggests, is not readily recognized by the public—or by her own colleagues in hospital

It may seem unnecessary to many district nurses to be reminded of the position they hold in their own community. On reflection, however, I think they will agree that it is profitable for all professional nurses to pause every so often and make a reassessment of their personal contribution, away from the pressure of daily work.

The main purpose of this article, which is divided under six simple headings, is that everyone should reassess her own position in the city, town or village in which she works, and within her own community.

The Trained Nurse

Many nurses will immediately say that this particular point needs no elaboration. May I remind them that there still remains appalling ignorance, both in the hospital service and among the public at large, of the training and skill required to become a district nurse.

Since 1887 the Queen's Institute of District Nursing, as it is now known, has prepared and equipped hospital

nurses to nurse patients in their own homes. I do not intend to survey the development of district nursing in this country—its beginnings in Liverpool with the Rathbone family, and the connections of Florence Nightingale with the first projects of district nursing. What I would mention is the fact that a district nurse is a State-registered nurse, holding in most cases the National District Nursing Certificate and/or on the roll of the Queen's Institute of District Nursing. She may of course hold other qualifications—many are qualified midwives and practise this together with district nursing. The question I put is simple: Do the public, the patient's relatives, or the patient himself know this? There are so many tales told of district nurses being mistaken for someone else. In my career as a Queen's nurse I have even been shown electricity and gas meters by well-meaning relatives. Perhaps the uniform and Gladstone bag do not help the male Queen's nurse. The fact remains, there is gross ignorance on the part of

the public, and in the nursing profession as to the training and experience of the district nurse.

While the Minister of Health is launching a national campaign for recruiting student and pupil nurses and projecting a true image of nursing, perhaps the local authorities may be persuaded to correct the image of the district nurse with their own local publicity.

I personally have lost count of the number of times district nurses have recalled incidents to me, like being told by grateful relatives, 'But my dear, you are so good at nursing why don't you go into hospital like that nice 18-year-old girl down the road and train to be a proper nurse?' Perhaps the Sarah Gamp image is more closely linked to district nursing than the hospital service.

The Pioneer

The district nurse was one of the first workers in the public health field. Following the influence of Edwin Chadwick and the Public Health Act



of 1848, the first district nurse made her appearance. This was in 1859 in Liverpool. The Acts of Parliament of 1902 and 1936 helped the pioneering spirit of this service, by granting registration to midwives and later providing a national midwifery service under the local health authority. Miss Nightingale wrote of district nursing in 1876, 'The beginning has been made, the first crusade has been fought and won to bring a truly national undertaking, trained nursing to the bedside among the London sick poor in the only way in which real nursing can be brought.'

G. M. Trevelyan's *Illustrated English Social History**, Volume 4, describes the background against which pioneers began to care for the poor and sick.

*Penguin, 8s. 6d. each

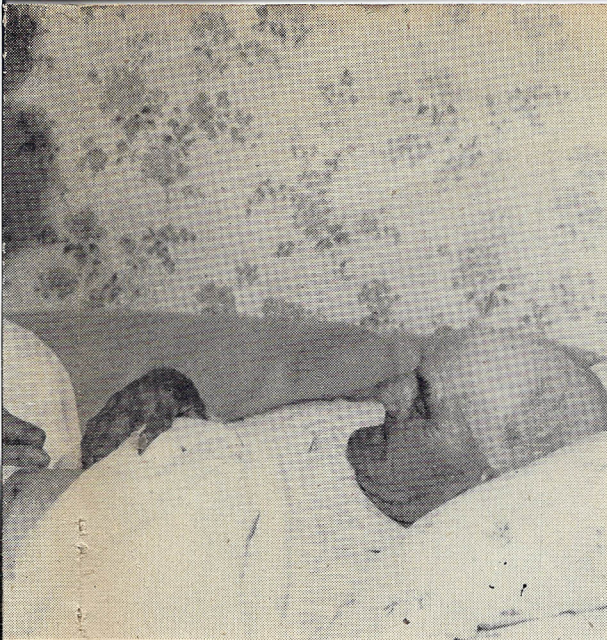
Even today the district nurse is a pioneer. General practitioners are experimenting with having district nurses on their staff. I am led to believe that this is a successful venture for both professional staff and patients alike. It is right that a service with such noble beginnings in pioneer health work should again be showing the public and health professions the immense contribution district nurses still have to make.

The Health Educator

It is becoming more readily recognized that the district nurse is in a very good position to carry out daily health education among the large section of the public she comes into contact with every day of her working life. While it is true that the health

education departments of the local authorities influence the community by lectures, films and advertising and make a true and real contribution to positive health the district nurse has a very ready access to the public. She is invited into people's homes as a very welcome guest, and they are willing to carry out her instructions.

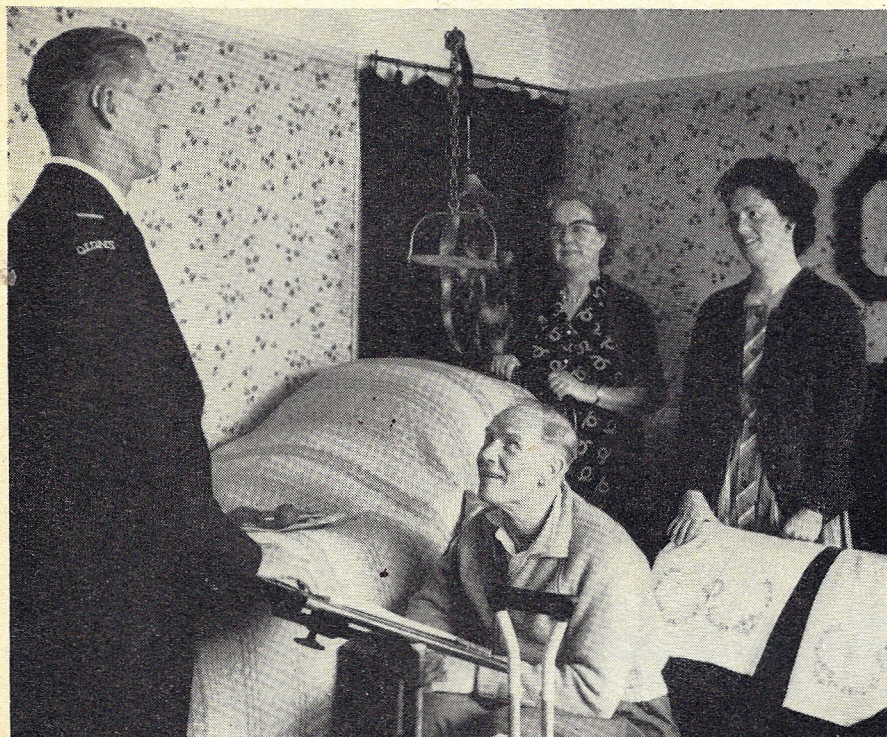
The nurse herself may feel she is getting nowhere with a particular family, but often sees small signs like being offered a clean towel when all the others used in the household are dirty. She then realizes that she is setting a standard of positive health which will to some extent be accepted. During her visits all sort of questions dealing with health and illness are asked and advice is readily taken. This is particularly true when the



nurse's home is in the same area. I have lost many an evening with my family because a neighbour has a problem with a child or relative, perhaps not serious enough to call a doctor but still giving some anxiety to the family. True, an evening lost to leisure, but a positive gain in the field of health education. Being in the patient's home gives the nurse this distinct advantage over all other workers in the field. Relatives will readily co-operate in many things because the nurse is providing the very necessary support they need during the illness of their loved one.

The Nurse Practitioner

Perhaps it is not readily recognized by the nursing profession as a whole



This article is based on a lecture given at a refresher course for district nurses at the Rcn Birmingham Centre of Nursing Education

that the responsibilities undertaken by the district nurse are considerable. It is she alone who decides how and when the patient shall be nursed. It is her decision and responsibility in advising and training relatives to care for the patient during her absence. She has to make many decisions on her own which involve just as much courage and professional competence as any colleague needs in the hospital service. Medical cover is less on the district than in hospital, so the doctor depends very much on the accurate observation of the nurse if his time is to be put to the best possible use. The doctor respects the skill and training of the nurse. Let no mistake be made, the district nurse is a highly trained nursing practitioner in her own rights.

The Friend of the Family

There is, I fear, a solemn belief in the nursing profession that any emotion felt by the nurse towards a patient is a very singular weakness and must be completely eradicated as quickly as possible. It is further suggested that to carry out treatment efficiently, one has to be completely detached. I personally can find very little time for the point of view that the nurse should be completely unaffected by human tragedy and remain coldly detached from reality. The district nurse sees her patient in a much more personal atmosphere than a hospital. At home he is surrounded by familiar

objects, his family and friends. He is more sure of himself and the nurse in turn has to have a much more personal approach. She can see very quickly the financial well-being or otherwise of the household and, when relatives are under stress, she can help to give the will to fight and recover, and help to sustain physical and emotional levels within the house.

It has been my personal experience that the nurse who silently sheds a tear after the relatives have left the bedside of their departed loved one, or expresses her deep emotional feelings to a colleague after visiting a young wife or husband in the last stages of a terminal illness, is one who can feel she is in touch with real life. It is just this essential emotion that drives the nurse to give more than her best for her patient.

It has also been my experience that many senior public health nurses are very much more approachable than their counterparts in the hospital service. Is it that they have experienced also the humbling that comes from looking after ill people in their own homes? Does this give them greater understanding of the problems of their own staff?

A Member of a Complex Team

The district nurse would be the first to recognize that she belongs to a team of valuable workers that gets more complex every year. She works in close harmony not only with the

general practitioner but also the home help service, the national assistance department and the welfare officer. The priest and vicar form part of the supporting staff as do the WVS meals-on-wheels service, and the chiropodist and health visitor. The mental welfare officer, the psychiatric social worker from the local authority, and the medical social worker from the hospital, together with the physiotherapist and occupational therapist, make their own important contribution to the patient's recovery. The district nurse is a very important link with these and other specialists and knows that her place is firmly established within this vast team.

Conclusion

It has been the aim of this article to place the district nurse in a particular position in society. It will be seen that she is a well trained nurse practitioner in her own rights. She is in a position that demands great skill, initiative and perseverance. It has also been seen that this position is not always readily recognized by the public or, unfortunately, by her own colleagues in the hospital service. She has been viewed as an ambassador with a message of positive health and with a pioneer spirit.

But it is the individual district nurse, and she alone who can find her true field of influence, and assert it with full authority for the good of her own community.