The Public Health Nurse's Expanding Responsibilities

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PUBLIC HEALTH nursing responsibilities are generally determined by the authority, policies, and program of the employing agency. Official agencies have certain legal responsibilities and commitments which directly affect what and how much public health nurses will do for certain groups or individuals with specified health conditions. Also, the professional knowledge and skill that a public health nurse possesses and the degree to which she is effective as a person determine to a great extent the responsibility she can assume in public health programs and in the care of sick and disabled persons. Little attention, however, seems to have been given to some of the other factors affecting public health nursing practice.

This article is concerned with some of the influences outside the employing agency and apart from the nurse herself that affect what the nurse does and how she does it. Three examples of such influences are (*a*) discoveries in science and medicine, which come in ever-increasing number from research laboratories, (*b*) development of resources that were not previously available to the people, and (*c*) demands of an interested public for a service that the people want and believe they need.

Discoveries in Science and Medicine

A public health activity may be started, stopped, or changed because of a scientific discovery. For example, when poliomyelitis vaccine was developed and used, public health nurses started new activities in connection with vaccination. Less time was required for the care of patients because there were fewer of them, although the nurses continued their work with those already crippled by this disease. They shifted their educational emphasis from early treatment to prevention through immunization. Only time will tell what changes will be brought about by the use of oral vaccine. Because of similar past developments in acute communicable diseases, some young public health nurses have never seen a case of diphtheria. But diphtheria immunization programs continue, and public health nurses are active participants.

The recent development of drugs for the treatment of tuberculosis has greatly affected the activities of public health departments. These drugs not only treat tuberculosis effectively but help to prevent the spread of the disease by reducing the time a treated patient may endanger others. Public health nurses continue their usual duties of finding new cases, seeing that contacts and suspects receive the necessary diagnostic services, identifying the source case and persons who may have been infected, and assisting patients in obtaining medical care and drugs. But counseling by the public health nurse has changed; by placing more emphasis on adequate treatment, she now offers the patients greater hope for recovery.

The marked reduction in the number of deaths and newly reported cases of poliomyelitis and tuberculosis does not mean curtailment of the amount of time public health nurses need to spend on continuing control of these diseases.

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Also, although an effective and quick method of treating venereal diseases exists, considerable time is needed for the constructive counseling of teenagers, the most vulnerable group.

As science enables us to control diseases caused by virus infections, as it solves the epidemiologic unknowns in the spread of staphylococcal infections, and as it increases knowledge about the effects of air pollution and radiation on the health of man, public health nursing will be affected along with other public health practices. One can only surmise how scientific discoveries might be hastened if those who work in the laboratory had before them a summary of all that public health nurses know about their patients and their environment.

Development of Resources

Another factor outside the health department that affects the work of public health nurses is the development of resources not previously available to patients. In a study by the Public Health Service of public health nursing services to patients (*1*), the term "patient-nurse contact" was used to describe any activity with or in behalf of a patient. This study showed that in the participating health departments the largest percentage of patient-nurse contacts was for the purpose of advising and helping individuals to obtain needed medical and related services. Nurses from rural States can remember when children with orthopedic defects were about the only persons without funds of their own who could receive other than emergency care. And what a temptation it was to give an unequal amount of time to this group.

Many new services and facilities are now available to the people served by health agencies. In recent years the definition of a crippled child has been broadened, and funds are available for the care of children with a wide variety of handicapping conditions. When medical science came to the rescue of the child with a congenital heart defect, public funds were also provided for his care. Other resources, but too few in most States, are open to mentally retarded children, emotionally disturbed and mentally ill patients outside the hospital, and some who need specialized rehabilitative services. And the availability of health and hospital insurance has resulted in care for an increasing number of people.

When new facilities are established and new services become available, changes take place in public health nursing. Careful documentation is needed to find out how and to what extent public health nursing practices are affected when a new facility is made available to patients. Certainly the public health nurse's work is more effective and satisfying when recommended care can be obtained. In one State where individual arrangements had to be made with tuberculosis associations and hospitals for each X-ray, it was found that public health nurses made an average of six patient-nurse contacts to get an X-ray for one tuberculosis patient or contact. The addition of X-ray facilities in health departments was recommended, and it was estimated that the number of patient-nurse contacts would be reduced to an average of two. A large percentage of the patients could be expected to need only a notification by mail and one conference in the clinic or home.

On the other hand, the addition of a new facility or service may result in the referral of a new group of patients, thus increasing the amount of work expected of public health nurses. For example, when new services become available to mentally retarded children, nurses are often asked for the first time to evaluate and report families' capacities to provide good physical and psychological care for a retarded infant. I suspect, however, that the availability of such resources influences to a great extent a nurse's decision as to where her efforts and time can best be expended when there is not enough time for every person who might be served.

Demands of an Interested Public

I have chosen as a third example of outside influences the demands of an interested public. Public health agencies have experienced and have often had to acquiesce to demands for sanitarians to spend time on nuisances that do not affect the public health, or for physicians and nurses to give unwarranted emphasis to typhoid immunization during a flood. They

have responded to more appropriate demands for the application of a new scientific discovery, such as the use of poliomyelitis vaccine, and they are now faced with new demands for individual services not previously offered by official agencies.

Expressions of interest in chronic illness and the problems of the aging will be found in almost any publication, whether it be a newspaper, popular or professional writing, or a report that calls for action by civic, professional, or political groups. Public demand is expressing itself through national as well as local interest in having resources developed to meet the mounting needs of the aged and chronically ill.

Federal funds for research in cardiovascular disease and cancer have been appropriated as a result of a nationwide demand for greater scientific knowledge about these diseases and for the development of control programs. Similarly, support has been forthcoming for activities such as vocational rehabilitation or care of handicapped children.

Public demand for nursing care for ill and disabled persons at home seems to be increasing on both the national and local level. Studies of citizen groups indicate that the average citizen lists nursing service for sick and disabled persons as one of the important health needs (*2*). In the information supplied for the White House Conference on Aging held in Washington the week of January 9, 1961, 23 States mentioned this service as an urgent need. Health department nurses, to the extent that it is possible, are giving an increased amount of time to the care of ill and disabled persons. This service cannot be offered generally without additional staff since three or four times as much nursing service is required for this type of activity as for the traditional health department services.

Some months ago the Division of Nursing was asked along with other divisions in the Public Health Service for examples of serious lags between the discovery and application of scientific knowledge. The reply to this request dealt with the time lag between the discovery and application of treatment and rehabilitative measures for ill and disabled persons at home in communities where public health nurses do not provide continuing nursing service in the amount and type that is required. Where adequate services are not available, many patients at home do not receive the benefits of modern therapy because the physician can prescribe only what he can provide or the patient and family can carry out. This is usually true of patients who are in need of treatment regardless of age, cause of disability, or the family's ability to pay for the service.

An increasing number of communities, both rural and urban, are finding ways to provide this service. In most new programs, tax funds, voluntary contributions, and nonofficial funds are used, and patients who wish to do so can pay for the service. It has been found that patients who have been hospitalized for varying periods of time, as well as those who have never been hospitalized, need and want the service. Even patients who have had the benefits of modern therapy in the hospital often regress if continued treatment is not provided in the home. A large number of patients at home have been helped to self-care and are no longer dependent on family and friends. I hasten to say that public health nursing care alone is not the answer to patients' needs, but it is a necessary part of any home care plan, and it is essential to the success of programs that provide treatment and restorative services.

Another result of public demands are the 1960 amendments to the Social Security Act to provide medical assistance for the aged. Increased funds are available to the States for medical aid to about 2½ million people in the nation who are on old-age assistance rolls. An additional estimated 10 million others 65 years of age and older whose incomes and resources are insufficient to meet the necessary costs of medical services will be potentially eligible under the assistance category called medical assistance for the aged. The majority of these are people 65 and older who are now receiving old-age and survivors insurance benefits.

States decide whether they wish to take part and have broad latitude in determining the scope and nature of as well as eligibility for medical assistance for the aged. A State, for example, may elect to supply medical services only to old-age assistance recipients, only to those eligible for medical aid to the aged, or to both groups. A State plan must be developed by the agency

designated to administer the program, and the plan must be approved by the Secretary of Health, Education, and Welfare. If the State plan includes medical assistance for the aged, it must include some institutional and some noninstitutional care and services.

Nursing is one kind of service that may be supplied. Private duty nursing receives specific mention in the law as a type of noninstitutional care that can be provided under medical aid to the aged. Home health care services are also mentioned and are generally interpreted to include other kinds of nursing services provided in the home. In order to be paid for nursing service, an agency must have a program for care of the sick and follow the practice of accepting fees for service.

Programs for nursing care of the sick are found in only a small percentage of the communities in the United States. On January 1, 1960, 662 visiting nurse associations and 47 combination agencies were reported, and only 250 official health agencies said they were offering nursing care of the sick as a part of their regular program and on a continuing basis. A special study conducted in 1959 showed that only 287 out of a total of 480 cities with a population of 25,000 or more had one of these types of agencies.

If nursing is included in medical assistance for the aged and if other groups in the population are to have needed treatment, many more programs for nursing care of the sick will need to be developed. Any widespread expansion of activities to provide nursing care in the home, whether for the aged or for the population as a whole, will need to come through the cooperative efforts of official health departments, voluntary groups, and professional organizations. A health department may help to make service available by extending its own program to include care of patients in the home, assisting in the development of a program under other auspices, or planning for more effective use of existing services.

The accomplishment of most public health undertakings, other than environmental sanitation, depends to a great extent on the 18,800 public health nurses who are employed by local official and nonofficial agencies which usually serve the general population (*3*).

In spite of new and expanded programs, the number of full-time nurses employed by local health agencies has not kept pace with the growth of the population or the expansion of public health programs. An increase of only 1,071 nurses occurred in these agencies between 1950 and 1960, or an average of 2 nurses per State per year. The number of nurses employed to serve the school age child has increased, a trend that has continued upward since 1937, with an increase of 89 percent since 1950.

The shortage of nurses is the reason most frequently given for the failure to add to the nursing staff in local agencies, but there is growing evidence that shortage of funds for the employment of nurses, the competitive market within nursing, and the lure of other occupations and professions may be equally responsible for the inadequate number of nurses in public health. Hospitals have been shocked to learn from studies how much professional nursing time was being spent on messenger, housekeeping, and clerical duties. Health agencies have been equally shocked to learn how much nursing time is spent on duties that could be carried out by clerks and aides.

The public health challenges of today are too great and too urgent for us to leave unsolved problems of short supply of nurses and effective use of available nursing services.

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