The rôle of the district nurse

Miss D. E. Bradley (*principal midwifery and nursing officer*)

To the general public and even to some general practitioners, the district nurse's value to man in his sixth and seventh ages lies in her care when he is confined to bed, and in helping out in the last stages so that he can spend his last days at home rather than in hospital. In fact she has a very much more positive rôle. She can play a large part in making the sixth and seventh ages not only bearable but actually enjoyable for the aged person, as well as for his relatives. The district nurse is qualified as either a state registered or state enrolled nurse; she is employed by the local health authority to care for patients in their own homes, and works under the direction of the general practitioner. Most district nurses have also taken a special course in district nursing and gained the National Certificate in District Nursing, which was introduced in 1958. This course gives instruction in the adaptation of hospital nursing techniques to the home, and provides sufficient knowledge of the social services to enable the nurse to recognize when one or more of these may be required. The course also includes teaching home care to relatives. This is very important, for the district nurse cannot be there all day and night. She must therefore teach the relatives to look after the patient when she is not there, and she learns, in addition, to make use of opportunities for health education. Apart from professional attainments, the district nurse must have a sense of responsibility towards the community in general and a desire to help improve conditions in the home when necessary. She must also have tact, human understanding and a good sense of humour, and must be loyal and promote good relations with her colleagues. One thing I would like to stress is the importance of calling in the district nurse in the early stages of illness, so often relatives are left to look after the patient because for some unknown reason it is assumed that the nurse is always too busy, but it is very much better for the district nurse to be brought in early even if there appears to be adequate help in the home. It is useful to have a trained person available to advise and help the relatives with the nursing and the general care of the patient rather than leave it until the patient's condition deteriorates. This, of course, can result in pressure sores which cause great discomfort, and meantime the relatives and friends become more and more worn out. The frequency of the nurse's visits will depend on the severity of the case, the very ill patient may require daily visits which can be reduced during convalescence but it is important that the nurse is called in before the patient's general health really deteriorates.

In convalescence the nurse can do a great deal to rehabilitate old people. It is part of her work to help in the rehabilitation of these patients, and in her training she learns how to teach exercises. In the early stages, she will start with passive movements of the limbs followed later by more active exercises. It is the nurse who can restore confidence to the patients after an illness by helping them to go to the bath, by getting them to do simple jobs, by introducing various nursing aids to help them. After this initial treatment arrangements can be made for attendance at a day hospital or physiotherapy department. The district nurse must keep herself up to date with the various nursing aids available for her patients, and in touch with the welfare officer who supplies them. Dr Elliott has already mentioned some of the things that are supplied. The nurse finds hoists of various types absolutely invaluable; we had over 128 last year. The correct type of bed can be most helpful, and we had 86 here last year. Other appliances include walking aids of all types, raised toilet seats, commodes, bath seats and boards, bath safety rails and safety mats; unless the nurse visits the home such things are very often forgotten. Then there is the 'easy nurse' mattress for the incontinent patient, and the

ripple mattress of which we supplied 260 last year and I must mention the 300,000 plus incontinence pads because these have been such a tremendous help. They reduce the laundry for relatives and give the old person peace of mind. Many old people are afraid of being incontinent and become restless, but with incontinence pads, worry and sometimes even incontinence are reduced. Various other aids can be supplied, small equipment, such as bedpans, bottles, feeding cups, in fact, practically anything the district nurse asks for, except some types of dressing.

When visiting a home the district nurse would give advice if necessary to the patients or relatives on diet, on how to shop cheaply, on preparing appetising meals and on which foods are essential. All this is very important in the care of old people. For those who are living alone and incapacitated she would contact the meals-on-wheels or domestic-help services or sometimes, especially in country areas, she may know of friendly neighbours who will pop in and prepare meals. She can also give valuable advice on safety in the home. As has already been mentioned in previous lectures, old people are prone to 'drop' attacks, and advice and help from a nurse can prevent serious accidents. She can advise them not to have highly polished floors or mats that slip easily, to put away old, loose and torn rugs, to avoid loose flexes or children's toys being left lying around. The aged should be encouraged to have proper fireguards; light switches and plugs should be within easy reach, there should be adequate lighting in halls and on the stairs, a stair rail can be provided if necessary. The old person should be warned never to climb up on chairs or steps, or stretch up or bend down suddenly.

Then the nurse can give advice on drugs. This is important especially as regards sleeping tablets; the nurse teaches them that these should be taken out prior to going to bed and the bottle replaced in the medicine cupboard. Otherwise they may take their tablets on retiring, wake up confused and, if the bottle is easily accessible, help themselves to more. The general outlook and activity can be improved. The nurse will chat as she tends the patient, commenting on the news, radio and television programmes, encouraging interest in old hobbies—such as stamp collecting or indoor plants—and suggesting occupational handicrafts such as knitting or sewing. She may suggest reading glasses and look into the availability of library services. (The Girl Guides or Red Cross will often call to change library books for those who are housebound).

It is well known that old folk will often make a greater effort to do things for someone outside the family, and the district nurse with the backing of the general practitioner is probably the best person to encourage activity. When geriatric patients have been rehabilitated to some extent they usually require further supervision. They are often lonely people, who may be the only surviving member of their generation. If the nurse calls from time to time this may prevent regression, by helping the patient to know that someone is interested in them. Mental attitude is thus improved, and the nurse may also be able to organize visits from individuals or through voluntary societies, such as the old people's welfare group, who arrange outings and social gatherings.

For the nurse to do all this she must have good communications with the general practitioner, and this is something which must be of interest to us all. The ideal arrangement is to have attachments to, or liaison with, group practices. The district nurse meets the general practitioners at appointed times, maybe after morning surgery or at special afternoon clinics. This can be practical only if the nurse is attached to one or perhaps two practices; she cannot go round visiting half a dozen doctors, but it does help tremendously if she has close contact with the general practitioner. I regret to say that some nurses still complain bitterly, even in this day and age, that they are requested to give some treatment such as an injection without being given either the diagnosis or the name of the drug. A full history enables the nurse to give better service as the patient will have more confidence in someone who is fully conversant with the diagnosis. It helps if she meets the general practitioner—in the patient's home if necessary.

Some general practitioners make arrangements for clinics in their surgeries, at which the nurses attend to give injections and apply dressings to certain patients by appointment. Because of existing legislation these arrangements are quite unofficial at present, and on a trial basis, but those we have tried have proved most successful. When the National Health Service and Public Health Bill now before Parliament becomes law these arrangements will be extended. There are difficulties about group attachment where a number of individual general practitioners cover a relatively small area. This can result in two or three nurses visiting the same road or even the same house. There is no doubt that practice attachments both increase the work and the amount of travelling the nurse has to do. And of course the more time she spends on the road the less time she has left for nursing. In Kent there are over 700 general practitioners, while we have only 162 district nurses and 110 nurse midwives, making a total of 272. We have to do our best to allocate them fairly. It is difficult, too, to make these arrangements when some doctors want attachments and some prefer to work on their own. However, there is no doubt that a nurse can give better service when working with a group practice in close co-operation with the general practitioner. While carrying out routine practical care she can help the aged patient to live through the sixth and seventh ages of man in such a way and with such a degree of self respect that he is far removed from Shakespeare's 'lean and slippered pantaloon' who declined speedily into second childhood and mere oblivion.

Domestic help service

Mrs G. Richardson (*area domestic help service organizer*)

I am sure you are all quite aware of the service that operates in your particular district or area, but whenever doctors telephone me they always say "Well, Mrs Richardson, what can you do about it?" after they have presented their particular problem. I should like to give you a short history of the service. Prior to the introduction of the War Obligation Act of 1918, domestic help services were in the main organized and run by voluntary bodies. This Act first permitted a local authority to provide a measure of assistance to nursing and expectant mothers. These groups are also included in the wider categories provided for under section 29 of the National Health Service Act of 1946, but the service has become very largely one for the care of the aged. National figures of 1966 revealed that of 418,966 households provided with domestic help, 78 per cent of the recipients were over the age of 65. When the Act became operative in 1948 the arrangements were placed on an organized basis by making them part of the National Health Service and the larger authorities appointed organizers. The Act, however, is a permissive one, with the result that no set pattern has emerged after nearly 20 years, some authorities are continuing to operate domestic help services only, whilst others like Kent have progressed beyond this stage to include other domiciliary services. The Institute of Home Help Organizers, set up in 1954, has done much to overcome the drawbacks of a permissive service by enabling members to interchange ideas and study related problems. Week-end schools held annually at centres throughout Britain help in this direction, and the Institute has also introduced a training course covering local authority administration, social services and specialized aspects of administrative and practical work in the domestic help service. In the county of Kent, which has a population of 1,300,000, the overall domestic help service is supervised by a county domestic help