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A Study of Negro Nursing

By PAUL B. CORNELLY, M.D., DR.P.H.

The report of a study of the employment of Negro nurses by visiting nurse associations in the United States during the period 1930-1939

A STUDY of the present trends in public health activities in relation to the Negro in the United States during the decade of 1930-1939 was made under the auspices of the Julius Rosenwald Fund in 1940 through a grant to Howard University, College of Medicine, Washington, D.C. It was deemed advisable and necessary to include in this investigation the visiting nurse societies because this group of voluntary health organizations devoted primarily to service has played an important role in the health progress of the Negro. Surprisingly enough, during this period of ten years apparently only one investigation* in this field has been published and therefore the present report should be of value in providing information as to present activities, in stimulating further research, and in serving as a base line for the evaluation of future progress.

Letters and questionnaires were sent to 75 organizations selected from a list which was furnished by the National Organization for Public Health Nursing. The questionnaires requested information as to Negro personnel employed; services given, separated according to race; and personal reactions to certain questions. Of the 75 schedules, 48 were returned. Nine were not included in the analysis either because of incompleteness in returns or tardiness in replying. This

left 39, or about half, for study. As a whole, the answers were complete with the exception of those giving information as to services rendered according to race. In most instances it was stated that such separation was not available and therefore it is impossible to evaluate the progress which has taken place in this sphere during the past decade. Of the 39 organizations whose replies were summarized, 27 were located in 24 cities in the North and 12 in an equal number of cities in the South. Chicago, with four organizations within its boundaries, had the largest number.

EXPENDITURES FOR NEGRO WORK

The 39 organizations served a population of sixteen and one-half million individuals of whom a million and a half were Negroes. Twenty-three northern organizations spent \$2,799,147 or about 22.4 cents per capita for Negro work in 1930 while 11 southern associations spent \$783,386 or 21 cents per individual. By 1939, this had increased to 23.2 cents for the North, but still remained about the same, 20.9 cents for the South. On the basis of these data and knowing that the population had probably increased in both of these areas during this period, it is fair to assume that there is a decrease in the money spent by these organizations for Negro work today as compared with that of ten years ago, and this trend has been more marked in the South than in the North.

It is regrettable that a majority of the

*Bowman, Anne H. The Negro Nurse in Urban Visiting Nurse Service. Visiting Nurse Association of Detroit, 1940.

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organizations did not report on the amount of their budget spent for Negro work. Only eight of the 39 organizations did so. Without a single exception all of these eight spent per capita amounts for Negroes which were proportionately from two to four times that spent by the associations for their activities as a whole. This was true in both the southern and northern visiting nurse associations. A budget decline is noted for the year 1935 but by 1939, five of the eight organizations were spending more for their Negro programs than in the year 1930. Although the per capita expenditure is possibly not the best measure of progress in this instance, it shows that these organizations apparently have definitely given attention to Negro health and have bettered these opportunities during this ten-year period.

EMPLOYMENT OF NEGRO NURSES

The trend in employment of Negro nurses in organizations such as these is of interest because it signifies enlarged opportunities for work for trained individuals of this race.

Opportunities for Negroes in this field have not markedly increased during the period of 1930-1939. Of 34 organizations which reported for 1930, 15 employed full-time Negro nurses, or an average of four for each northern society and seven for each southern one. For 1939, of 37 reporting, 20 organizations stated that they employed 93 Negro nurses. Thus only five additional societies had joined the ranks of organizations which employed Negro nurses during this decade. It is also of interest that the average number of Negro nurses employed per association decreased from 5.0 to 4.7 while in this same interval, the number of white nurses had increased from 1140 in 33 associations to 1489 in 37. The average number of white nurses per association also rose from 34.5 to 40.2.

In 1930, twenty organizations report-

ed the employment of 91 full-time Negro nurses; in 1939, twenty-two reported 103 Negro nurses. These 103 nurses were to be found among a total Negro population of 1,422,719 according to the 1930 census.

Certain other interesting facts are also observed. For instance, by supplementing the data secured in this study with other published data, a total of 37 nursing associations are found to be employing Negro nurses. Furthermore it is seen that the Chicago Visiting Nurse Association was the first, in 1905, to employ a Negro nurse, followed by the Henry Street Visiting Nurse Service in 1906. The most recent one to do so is the Visiting Nurse Association of Milwaukee which in 1938 employed a part-time Negro nurse. Of significance also is the fact that during the 10 years only six of these organizations offered 20 fellowships for further study to their Negro nurses, and of these, 13 were awarded by the Chicago Visiting Nurse Association. Thus approximately two fellowships per year have been awarded by 24 organizations reporting. It is hoped that these associations are carrying on a continuous in-training program of staff education for all of their personnel and particularly for their Negro nurses, since all too often they have had the handicap of poor undergraduate education.

Only nine of the 39 organizations provided information concerning types of nursing visits according to race. With the exception of visits for maternal care there is not very much difference between Negro and white groups in the percent of visits in each classification type. It appears that many more visits are made to Negroes for antepartum and postpartum care than to whites. This, however, is merely suggestive in view of the small size of the sample.

The following questions were asked in order to obtain the personal opinion of the directors of the organizations that participated in the study: 1. What do

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you consider the five most important health problems in the Negro population in your community? 2. What future plans for Negro health programs are being formulated for your organization? 3. What have been the three most important obstacles in developing Negro health programs?

IMPORTANT NEGRO HEALTH PROBLEMS

Although certain specific disease conditions are named as the most important health problems in the Negro population, of more significance is the fact that housing, nutrition, and lack of medical facilities and care are given prominent places on the list. Although the importance of these items is often assumed, health departments and other health organizations all too often overlook the gravity of these deficiencies in their health programs. Certainly more attention should be given to nutrition and housing—significant contributors to disease—in the development of future health plans for Negroes.

The second question is of interest since it suggests some of the plans which are being projected for the improvement of the health of the Negro. Two facts are of pertinence here. Surprisingly enough, almost 50 percent of the organizations are not planning any programs specifically designed for Negroes. And second, although nutrition was mentioned as the fourth important health problem among Negroes not one of these associations is formulating any program designed to meet this deficiency.

Analysis of the answers to question three is of great value since it suggests to public health workers many of the important obstacles which these organizations have had to meet in developing health programs for Negroes. These should be of value when considering or evaluating health plans for Negroes; for the removal or amelioration of any of

these handicaps in part or as a whole will mean greater success for whatever plan is being projected. All of the obstacles mentioned are of importance; however, a word of caution must be said about one of them. A hindrance which has a high place on the list is failure of Negroes to coöperate with the health agencies in their communities. One wonders whether the failure is due to the Negro's ignorance of facilities and services available to him and the procedure whereby these may be obtained, or whether the personnel of many of these agencies has failed in its job of establishing the proper rapprochement with its Negro clientele and thus alienated their good will. Both of these are plausible causes for the existence of this situation. It appears that the first could be solved by more education and the second by inquiring into the attitudes of the staff members of these organizations, particularly those of white nurses towards their Negro patients. This is an argument in favor of the employment of Negro nurses in agencies with large Negro loads since they are better able to understand the mores and motivations of their own people and therefore do not have these psychological barriers to hurdle. It is the progressive public health opinion of the day that Negro personnel are best able to manage Negro patients. This has been well stated by Dr. Parran, Surgeon General of the United States Public Health Service: ". . . there emerged clearly the fact that the well-qualified Negro nurse and physician are much more successful in caring for their own people than are the well-qualified and well-intentioned white nurse and physician. . . . That's why we need more good ones helping on the public health job, and we need them now."*

*Parran, Thomas. "No Defense for Any of Us." *Survey Graphic*, April 1938, page 201.