

The Revised Curriculum of Nursing: Some Problems and Challenges

Sr. Emmanuel

I am sure all the nurse educators will agree with me that revision of the syllabus was a welcome change. As educators each one of us is committed to and called upon to develop, modify and enrich the curriculum in any educational programme so that it meets the demands of the time and keep growing. The curriculum development is an ongoing programme and is an important challenge for every educator.

Nursing is yet an evolving profession in developing countries like ours. Nursing is not only caring for the sick and assisting the doctors but it is much more than this. It has to meet the demands and needs of the time so that it remains, a vital service to human and social welfare and functions by enlarging the body of knowledge it uses and improving the techniques of education and service. This is required to provide that care to the society in which she lives and keeps pace with the advancements in the medical field.

The revision in curriculum was an important move in Nursing. The implementation of the revised curriculum rests primarily upon the nurse educators. But how far are we committed to the task entrusted to us?

The revised syllabus is being implemented in most parts of the country. At this juncture it is worth taking a look at what has been done so far. Has it met the aims for which it was revised - that is to meet the changing educational needs for the community in order to enable students to acquire adequate knowledge and skill to give efficient nursing care in the hospital and community. It may not be an exaggeration if I say that it is far from

The author is Principal, School of Nursing,
St. Ann's Hospital, Vijayawada.

satisfactory in most of the Schools of Nursing. What are the factors responsible for this?

1. Inadequate number of teachers:

The Indian Nursing Council has laid down the minimum teaching staff required, as one Tutor/Clinical Instructor for every ten students in addition to the Principal and Assistant Principal. But in most places even half the number of required tutors are not there. This shortage increases the work load of every tutor and as a result the quality of teaching suffers. In addition to this many of our tutors are not oriented to the spirit and aims of the revision of the syllabus and no adequate preparation is given in developing this curriculum. Hence the teaching continues in the same line without the real change that is desired.

2. Facilities in the School of Nursing:

Not only the teaching staff are inadequate but also many Schools of Nursing are not having the bare minimum facilities for conducting the programme. To state a few: Physical facilities are inadequate; Teaching aids are insufficient; No proper libraries and the budget is not adequate and it is not under control of nurse educators in most places.

With emphasis on modern method of teaching how can we do justice to our students in these circumstances?

3. Clinical Experience:

The reduction in the hours of duty (clinical experience) was a move in the right direction to give the students of Nursing a student status and highlight the significance of education in the

Nursing programme. In many a Schools of Nursing the hours are reduced but not everywhere. Even if we are able to enforce this point strictly, can we say that is the ideal? Are we giving them the right learning opportunities to acquire the necessary attitude, knowledge, skill and efficiency for which they are being trained. We have to acknowledge that we are not doing justice.

Numerous are the reasons: The clinical posting is not correlated with the theory in most situation; even while they are in the area, their learning need is not considered. Only their service is utilised; hardly there is any supervision by a trained personnel with the aim of guiding their learning in the clinical area; Nursing service personnel are not realising the need and value of this revision that is brought about. They are inclined to criticise rather than co-operate with the programme. Can we say that our students have got role models in the area to imitate and to follow? It is quite obvious the revision of educational programme requires improvement of the Nursing service itself.

4. Community Health Nursing:

The primary reason for the revision of curriculum by the Indian Nursing Council is that these changes are necessary to make Nursing education relevant for the present day India's health manpower requirements, health policies and health needs of her people. The revised curriculum is a community oriented programme and it requires providing such knowledge and skills needed by the nurses to function in a primary health role.

What experience is being provided today in Community Health Nursing?

There are only few training schools that have got a suitable field and facilities to provide experience in Community health services with

primary health care functions. Many schools are not able to provide supervised experience in Community health as they lack the teaching personnel. A number of schools do not have any facilities needed for the experience, so the main aim of the revision is far from being actualised.

Having seen some of the obstacles and problems in our endeavour to implement and develop the revised curriculum let us see what we can do in this context.

The challenges to the Nurse Educator:

As nurses, more so as educators we are called upon to commit ourselves to develop education in Nursing and through this, improve the quality of the care being given. Whatever may be the difficulties and problems we have to renew our commitment to this aim.

We have to develop our inner and outer resources and exploit every opportunity in our striving for the betterment of educational programme. We have before us the great Florence Nightingale who laid the foundation for the Scientific Educational Programme in Nursing and the great social reformers as Mahatma Gandhiji, Maharshi Karve and many others who gave their lives for the improvement of educational system to meet the needs of the time and of the community. So it can be rightly said we have a duty and a responsibility in this endeavour.

We have to strive to achieve the co-operation and support of those at higher levels and with them we can achieve the educational aims. Including the administrators and key service personnel involved in the clinical and field training can help us to go a long way in our achievement of the goals. The human qualities of leadership, resourcefulness, managerial abilities, etc. are some essential qualities we need to possess.

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Healthy Aging

Sr. Rose Kochithara

All living beings go through the process of aging. A precious baby, a beautiful flower all change with time. Little children, in their time become parents and grand parents. Aging is part of nature, part of life, for all creation. In this process, each individual goes through various experiences, and these experiences help or hurt in growth and development, depending on the manner of acceptance.

This song comes to me—

“Wood hath hope, when it’s cut, it grows green again.

And its boughs sprout clean again.
Wood hath hope.

Leaves return. Water pure brings life to them,

And the tree lives young again.
Wood hath hope.

We would have hope. Like a tree we would grow green again.

And our boughs sprout clean again, we would have hope”

We notice the older generation, usually have a will to live. Life has taught them many things. Sad and hard experiences are part of life, just like happy and exciting events. We see our older people around, they have a season to time, therefore a will to live. The blind who sing to us on the train inspire me. They live as they can, and no complaints. So also, other handicapped people we meet.

A family faces many losses: children leaving home, loss of spouse, retirement, reduced income, and so on. Can we help them to cope? Can we help them to be emotionally involved in someone on some project in order to continue to find meaning in life, some Why for living?

The very nature of health and healthy aging demands that each person develop it according to a personal vision.

The author renders Pastoral Care at Nazareth Hospital, Mokama, Bihar

- Do I have a purpose in Life?
- To what extent have I freely determined my purpose in life?
- Do I continue to bear responsibility for my decisions?

The content of each one’s purpose in life as well as the values will differ according to the framework chosen by the individual. Another thought that comes to me is: we are pilgrims on pilgrimage. Pilgrims journey to holy places. They keep moving, following an inner call. We are those pilgrims. Our world is a holy place, though at present, it is not so holy. God reveals Himself to us, calls us in various ways, whispering in our hearts, on through people, events, and nature. We are urged to search, to identify this voice of God, and follow Him in whatever way we see. In this response, a girl for example, leaves behind her dear family, and makes a new home with her husband, his people. There are moments of joy, satisfaction, doubt, turmoil, suffering, questions. We accept all these, and walk on, as we can, trusting in the Lord, and our dear ones, and ourselves.

We can confidently move forward in our pilgrimage, because pilgrimage is a time of blessing. God’s blessings come in unspeakable, mysterious ways and times. Let our hearts and hands be light. Those who are aging in a healthy way, shall continue the journey in peace and serenity. Mental and spiritual health will help this peaceful journey. We notice most older people have a harmony, balance, and peace in their daily life and life events. I see numerous parents and grand-parents in the hospital wards, daily giving joy to their patients. Their attitude to life inspires me. A word about retirement. Most people’s very sense of identity is rooted in their occupational role. When this

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Problems of Communication

Saroj Vesuvala

It is important to communicate effectively with more speed and less noise. In hospital administration often you don't get the information actually you need and there is inability to draw out required facts. This is the common communication gap due to lack of clarity in the content.

No doubt, the technology of communication has developed extensively through telephone, telex, television, radio, fax, satellite, etc. In spite of all this, there is a growing concern in the administration field. We do face the problems regarding how to convey quickly and clearly.

I.B. Pristly says, "The more we elaborate our means of communication, the less we communicate". The tone of voice used on a telephone affects the nature of the transaction. When a message passes through an individual, he feels free to interpret it in his own way and passes it on accordingly, written orders are more preferable as a deterrent to such devastating distortion. This consumes lot of paper and paper work, which is wasteful and time consuming.

In the hospital, an important policy decision cannot be left to the vagaries of verbal interpretation. A balance approach is required. The purpose of communication is sometimes non-communication — the art of impressing the people by saying something without saying anything in particular.

We need to develop and maintain a good system of communication which is the primary executive function in an administration. It is equally true that no communication system can be effective if it lacks credibility and sincerity of purpose above all it

should be meaningful.

In oral communication, the problem is compounded when ideas and feelings are not even verbalized. A nod, a gesture, a shrug, a mere glance look, fluttering eye lashes, could be highly suggestive. But this communication may be interpreted by different persons in diverse ways, re-interpreted by the same person differently on different occasions and misinterpreted severally or it might not be interpreted at all, if the whole thing is summarily dismissed as meaningless signifying nothing.

Our body often communicates which does not match our words, a man answers a customer's question but his closing the door or constantly looking at his watch is a sure signal of his impatience. If this customer is not aware of this body language he may never know why the remark "inefficient business". How you communicate can determine how effective you are.

At times silence is also communication, but a very intriguing kind in the meeting. The feed back is missing or the reaction can at best be guessed, the speaker cannot plan the next move confidently. Dostoevsky had to confess that much unhappiness has come into the world because of bewilderment and things left unsaid.

A vital part of effective communication is acceptance but this cannot be easily ensured. Abraham Lincoln had his own way of opening and winning an argument. For this he used to first find out "a common ground of agreement". By "common ground" he meant things which are common to both the speaker and the hostile elements in the audience, such as matters connected with popular likes and dislikes, customs and qualities they were really proud of and related

to areas of mutual interest. Once the audience is in receptive mood, Lincoln would introduce unpalatable suggestions of anti-slavery campaigns in gradual manner. Thus he succeeded in organising anti-slavery campaigns.

As per American Management Association, communication is number one management problem specially in crucial areas of growth like universal education, population control training, productivity and saving investment capital formation campaign. Resistance to change is a common problem in traditional band society. A smooth transition could be brought out by gradually bringing about a sense of identification of the innovative ideas with the basic social and cultural values.

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As given in the introduction to the revised curriculum the syllabus lay down only the minimum requirements and guidelines for the class room and clinical field instructions. We as the main persons involved in the curriculum Schools and Collges of Nursing, are invited to work towards the achievement of a much higher level than what is prescribed. This is our challenge, our mission! Let us accept and move ahead.

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productive work gets over ex-retirement from that job, it can produce all sorts of reactions such as depression, loss of spirit, physical illness. This provides a time for reflection and they come through and enter into some interesting satisfying job, and give meaning to life. Healthy aging is in our hands. We got to will it, and walk towards it. God's blessing are beyond our comprehension. May we open our whole being to receive them and share them with our people so that they are enable to understand and live a "Healthy Aging"

The author is coordinator, Prince Aly Khan Hospital, Bombay, Maharashtra.