The Crucial Role of Nurses in Primary Health Care

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INDIA is a developing country which has to its credit the latest sophisticated technologies in all the spheres and we can feel proud that we excel with many other countries in this regard. As regards the achievements we had advanced so far, we are ahead in many aspects—preventive, promotive, curative and rehabilitative care rendered in the matter of Health —a multithronged approach committed to "Womb to Tomb" care rendered to the masses. This has paved the way for Primary Health Care—a new trend and philosophy in the Health Care Delivery system.

Higher Quality of Life

The Government of India is a signatory to the Alma-Ata Declaration of Health for All by 2000. A.D. The adoption of this charter by the Government implies a commitment to encourage every individual to achieve higher quality of life. Alive to this commitment, the Government set forth more than Rupees six thousand crores for health during the Sixth Five Year Plan period (1980-85) which showed a tremendous increase of another Rs. 700 crores in the Seventh Five Year Plan. It has also been increasingly realised that the implementation of Primary Health Care depends much on the crucial role played by the Health manpower in which the Nurses are a part and parcel—who are a well trained band of Health personnel.

The Alma-Ata Declaration of Primary Health Care defines it as an essential health care based on practical, scientifically sound and socially acceptable method and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self preservation. This concept geared many countries to chalk out plans to implement the ultimate goal of 'Health for All by 2000.A.D.'

The Crucial Role

It is an undisputed fact that the Nurses play a crucial role in providing health care to the masses, sharing the task with members of other disciplines of health. But much depends on the crucial importance that the entire basis and approach towards this task at all levels could be achieved by coordinating and incorporating the services of Nursing personnel. Based on National Primary Health Care strategies and the framework developed by Nurse leaders throughout the world, changes for the betterment of Nursing Education and Nursing Administration have to be made.

The main strategy in this aspect is review and expansion of the curriculum of Nursing Education to suit the needs of the changing trends in Nursing care. The present curriculum should be aimed at being community-oriented by which emphasis on the PPCR (preventive, promotive, curative and rehabilitative) care can be made. It is a fact that Community Health Nursing has been already integrated in the syllabus of General Nursing course. Even then, the public image of a Nurse is a person who is academically prepared by practice for aiding a physician in the treatment of the sick. This ill-conceived idea has to be dispensed with by preparing more and more Nurses exclusively for rendering Nursing Care to the ill and the well alike in the community. In spite of the collegiate programme offered to the aspiring Nurses who are already trained in General Nursing with preparation as specialists in the Community Health Nursing, the number of such nurses is negligible compared to the vast number of nurses needed for this particular speciality. This can be achieved only by re-structuring Nursing Education, both at school and collegiate levels of preparation. Apart from this, a periodical review of the curriculum of Nursing Education by Indian Nursing Council and experienced Nursing educators should be undertaken, so that inclusion of new strategies in the Health Care Delivery system could be incorporated. Orientation courses, in-service education workshops and other educational methods arranged from time to time will help them to understand the many latest innovations brought out by the Health Departments in the Health Care Delivery. This type of preparation ensures that the Nurses leaving the portals of Schools and Colleges of Nursing are well prepared and become useful in providing Primary Health Care.

Nursing Services

As it stands today, 80% of Nurses after they complete their training in Nursing and Midwifery are posted to institutions where curative care alone is provided. Mrs. R.K. Sood, Nursing Adviser, Government of India, once pointed out that this sort of professionalisation creates a wide gap between Nurses employed in hospital care and Community Health Nursing. Compounding this problem further creates a vicious circle in which the Nursing skills become poorly distributed and the Nursing Manpower suffers a demarcation, as this group are of persons engaged in providing care only for the ill in the hospitals, giving medication and assisting the

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physician in miscellaneous medical duties. This anomaly or unequal distribution of Nursing Manpower can be cured by introducing a "Two-Tier System" by which Nurses employed in hospitals are given avenues to work in the community, where they get ample opportunities to provide care in the homes, schools and other places. This will pave the way for trained Nurses to work as direct care providers, teachers, and supervisors of Auxiliary Nursing personnel, engaged in rendering Primary Health Care in remote villages. Similarly, such of those Nurses engaged in providing Community Health Nursing, if they so wish, could be given opportunities to work in hospitals to get themselves acquainted with the latest trends in Nursing and Medical Care like Comprehensive Nursing Care, Traumatology, Intensive Care for Cardiac and other Emergency Conditions. But a careful assessment will have to be made as to how many Nurses would develop a flair for hospital services, since they were exposed to a routine away from the busy routine of hospitals.

The Essentials

Primary Health Care is an essential component of Community Health Nursing. Avenues are open for Nurses with zeal and enthusiasm to provide PHC in homes, schools, industries, plantations, and other selected areas, where their services are much appreciated. But the following facts should be considered as guidelines :

(a) The concept of Primary Health Care greatly depends on the quality of training given to the health personnel. The District Public Health Nurse and other supervisory officers should impart training to Nurses and other care providers working in Primary Health Centres including those upgraded with special emphasis on Primary Care.

(b) The Nurses in Community Care should strive to inculcate a felt need in the minds of the public about the importance of Primary Health Care. Example : the need and importance of antenatal mothers taking Tetanus Toxoid, undergoing routine check-up during pregnancy, the importance of their wards attending 'Under-Five Clinics', immunising them as per the norms of Exapanded Programme of Immunisation, the importance of boiling the drinking water especially during the epidemics, being alive to the dangers of open air defacation etc.

(c) Education and training of individual Health Workers in certain warranted situations. Example : When a Health Worker during her routine Home Visits happens to see a baby with symptoms of Diarrhoea causing Dehydration, she should first administer Oral Rehydration Fluid and simultaneously teach the mother as to how the preparation of home-made ORF is done.

(d) Gearing up the supervisory activities in the area of Primary Health Care : The Health personnel engaged in supervisory duties should review the activities of Health Workers and see the achievements of targets allotted to them. Example : assessing the number of A.N. Registration done by individual Health Workers, monthly or quarterly, number of visits she has undertaken to the ante-natal mothers especially with 'high risk pregnancies', visits to mothers in Puerperium, number of children to whom the concentrated Vitamin A solutions were administered, etc.

(e) The need for incorporating and coordinating their activities with personnel of other disciplines of Medicine : A Nurse engaged in Community Health Care should maintain close liaison with Village Vaidyas, Hakims, Siddha and Homoeo Practitioners and discuss and co-ordinate her activities, find avenues where combined and coordinated activities could be incorporated in making her task more effective. The recognition of all systems of Medicine by the Government of India and State Governments justifies the statement that all systems of Medicine by their combined approach can deliver the goods better in Primary Health Care.

(f) Nurses with educational preparation received at graduate and post-graduate levels, should find time to impart short courses in Home Nursing for those young educated women in the community in their own medium of expression. This band of workers, well trained, will be able to sensitise the importance of healthy living to others in the area and render appropriate care when needed.

(g) *Practice of Health Education :* Universally known and acclaimed as the best method, Health Education has proved an effective weapon in spreading the importance of Primary Health Care to individuals, groups and members of the general public. Inclusion of suitable audio-visual aids in the form of film shows, film strips. dramas, one act plays, puppet shows evokes good response from the masses.

The Likely Constraints

(a) *Barriers of Social Constraint :* Certain mores, folkways, social customs are detrimental in spreading the message of Primary Health Care. Example : When children develop diarrhoea, many mothers withhold breast feeding, if the baby is a breastfed one This sort of ill-conceived ideas are to be rooted out from the mothers. Continuous persuasion of masses to change them will bring the desired results. But it is a time-bound task.

(b) *Lack of Living and Transport Facilities in Rural Areas* : Many Nurses are reluctant to work in a rural set-up due to the above reason. This could be overcome by providing improved facilities, additional incentives in their emoluments and the like.

(c) The implementation of Primary Health Care is yet to reach the tribal and most remote areas. Only the 'tip of the iceberg', regarding the population, are benefited by PHC. Conversion of sub-centres and peripheral institutions to elevated status could help solve this problem.

(d) *Certain Loopholes in the Strategy of Planning and Implementation of Primary Health Care* : Involvement of more people in every walk of life and eliciting suggestions for improved performance People

(Contd. on page 42)

tions are admired the best by the patient. Your word carries more weight. You can motivate him for action.

Find, search for the patches on the body, direct him for treatment telling the consequences, i.e., deformity.

You are a motivator, and a great reformist of the society.

Mass Approach

Your Ward visitors are nearly ten times that of the patient lying in the bed. Therefore, permit Leprosy workers to keep the posters in the wards. This has our invaluable impact on masses.

Keep a bundle of pamphlets supplied by Leprosy centres and allow it to be taken by visitors by themselves.

Arrangement for T.V., if possible, be made.

All these three primary Public Health Care systems are at your disposal and will be in your premises for which you need not go out of your profession.

Therefore, suit this juncture to bring changes in society and make India free.

Your Uniform

This symbol of purity is an attractive dress. People will recognise you easily. They value you most; your care is needed. Your instructions have a great reception in the minds of the people.

So, when approached, a few words by you will turn the disease away.

You are sacred to patients, their family and to the people. Please introduce.

Because You are a Leader by Profession

You can speak to local people; you can speak to masses when invited to speak, speak in your associations. Write in your magazines. Help the patient. You can do many others like this.

You Can Rate Yourself this Way

1. Do you admit Leprosy patient in the general Ward if he is suffering from any other serious disease ?

If no, what is your reason for it ?

Do you think that it spreads to you ? Or, do you think that he is not liked by others ? Do you think the doctors do not like him there ?

2. Can you recognise an infectious or non-infectious patient ?

3. Did you speak to any family today on Leprosy ?

4. Did you notice any signs of Leprosy on any patient ?

5. Did you direct him for the patient ?

6. Do you practise good attitude and behaviour towards Leprosy patient ?

7. Do you discuss Leprosy problem with others ?

8. Do you distribute pamphlets on Leprosy ?

9. Do you persuade doctors to treat Leprosy cases ?

10. If you are a patient will you attend clinics ?

11. If you are living with a Leprosy patient are you afraid of him ?

12. Do you try to evict him ? Or, do you look into his welfare ?

13. Do you give talk on Leprosy to groups and individuals ?

14. Have you participated in Urban Leprosy Centre Programme ?

15. Have you permitted ULC staff to paste posters on Leprosy ?

16. Do you like to join Leprosy projects ?

17. Do you write articles on Leprosy in your magazine ?

18. Do you consider it worth having a ULC in the Hospital ?

19. Do you consider that Leprosy is a major problem ?

20. Do you think that you are an important person to eradicate Leprosy ?

21. Are you aware that there is a Leprosy centre attached to your institution ?

22. Have you ever visited it ?

23. Do you think Leprosy work is confined to Leprosy staff and not to you ?

24. Do you know the number of patients under treatment in your ULC ?

25. Do you consider that united effort by all the members of the staff of the Hospital is required to eradicate Leprosy ?

26. Do you know the initial symptoms of Leprosy ?

27. Do you identify an infectious patient ?

P.H.C. : A Panacea for Many Problems

(Continued from p. 40)

should realise that it is their own programme and they are the ultimate benefeciaries.

(e) Active participation of Health personnel is sometimes lacking and they do not identify themselves actively but work with fear of punishment and censures from their officials. This outlook has to be changed by due appreciation of their performance by offering them promotions, incentives, etc. if they are found otherwise qualified.

Conclusion

No doubt, Primary Health Care will ultimately prove a panacea for solving many health problems and risks like Infant Mortality and Morbidity, Maternal Mortality, etc. It is qualitiatively a different approach to deal with the health problems effectively. Unlike the previous approach of delivering the health services at the doorsteps of the masses, this new approach starts with the people and has been visualised by the health planners in India as "Placing People's Health in People's Hands". A dedicated team of well trained health personnel with an unending zeal and enthusiasm to withstand and overcome operational constraints and willingness on the part of masses to accept the services will go a long way to take our country to the road of progressive health, which eventually could bring into reality the long cherished goal of 'Health for All by 2000 AD'.