Emerging Challenges in Nursing Services in the Hospital

A Panel Discussion

A Panel Discussion was held on 'Emerging Challenges of Nursing Services in the Hospital' on the occasion of XIII TNAI Biennial Conference at Cuttack in January 1990. Given below are the texts of the contributions to the Panel Discussion that was conducted by the Gujarat Branch of TNAI.

Introductory Remarks

Mrs. SWATI PANDEYA

IT IS MY proud privilege to initiate the Panel Discussion on 'Emerging Challenges of Nursing Services in the Hospital'.

Life itself is a challenge, without it living is lifeless. Human beings are the supreme creatures of land. From primitive age to this atomic age, every day, every now and then we go on facing various challenges. Sometime we accept the challenges and many a time we run away.

Unsustained development of human beings in all directions is in itself a big challenge and proper health of society, which in turn requires adequate health care of the individual, is vital to this all round development of human race.

Every new development in society brings with it new factors, which need to be tackled carefully. So in this atomic age, health care has totally a new dimension different from what it was, say, a few decades back.

Being a nurse who is one of the important figures to provide health care to the human beings in the hospital and the community every now and then, should be ready to face challenges of the new times.

With developments in Medical Science and technological field new changes occur in the Nursing profession also.

But a Nurse has to face the challenges of social changes as in her professional activities man is the main factor and "five fingers are not equal". These challenges are crucial.

She is the only one in the medical profession to come daily in direct contact with hundreds of human beings, so her responsibilities are all the more: she has to give due respect to social norms, religious beliefs and ideologies of her patients.

We, the citizens of a democratic country are aware of our rights so are patients. He/or she wants best Nursing care and it is their right. But we know we have crossed many odds to meet this challenge.

Let us go through different challenges faced by nurses in the hospital, particularly in relation to patients.

Acquiring Power

Miss ALICE D'SA

TO ACHIEVE A "New Tomorrow" for Nursing is not easy. It needs endless, untiring efforts. It is significant that like most of the worthwhile things of life, Nursing also was born out of great struggle and hardships. The pioneers in our profession have withstood a tremendous amount of pressure and resis-

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tance and brought not only acceptance but recognition for the present concept of Nursing. They have encountered thousands of challenges and have shown us this day of a fullfledged proofession. Yet, we need to continue facing the challenges in order to keep our Nursing profession abreast with present time's health needs.

One of the emerging challenges of Nursing services in the hospital is 'Acquiring Power' which has three dimensions:

(1) Power at 'higher level';
(2) Power within 'health team'; and
(3) Power within 'Nursing Administration'.

(1) Power at Higher Level: According to Oxford Dictionary one of the literary meanings of power is "Ability to do or act".

When we say we Nursing personnel should possess power which in fact is an emerging challenge of today, rather "felt need" of our profession, then, we should have an ability to 'do or act'. Our leaders, authority, Nursing administrators must be able to do or act.

What is this 'do or act'? This doing and acting must start from involvement of Nursing administrators in planning of Nursing services in the hospital which includes policy making, formation of objectives, implementation, evaluation and followup, etc., affecting Nursing services of that particular hospital.

Now, if we see policy making regarding Nursing services in the hospital, it is a most neglected area of Nursing Administration in India. This aspect of policy making should be carried out only by the Nursing administrators. No other health discipline has the requisite knowledge or interest in Nursing to perform this vital task. No doubt their collaboration will be contributing to the Nursing profession. Therefore, the final formulation of the policy should be like a Nurse deciding for Nurse not the non-Nursing personnel.

Increased recognition of the role of Nursing has usually come through determination of Nurses to demonstrate that they do have significant contribution in the making of the Nursing profession. But one of the most regrettable features in present day health planning is that nurses do not have yet permanent consultative, advisory or expert committees, to improve the quality of decision reached by the government.

Here we encounter a challenge. We do need Power at the higher level. We should have a separate Nursing Directorate for hospital services. Many would question about its drawbacks too, but we need to overcome or learn by expereince. Here again to meet the emerging challenges of today, we need appropriate Nursing leaders who should be dynamic, intelligent, creative, visionary to make it a success.

In most of the states in India where Nursing Directorate is not a reality, the final decision starting from policy making to its implementation is carried out by non-Nursing personnel. How far is it just? It is high time that we should have a say at the high level. In Nursing we have plenty of highly qualified and capable nurses to fill up the position at the Directorate level so, here we should be careful in selecting suitable personnel at the Directorate level to make it a success. By all means we should have power at the high level.

It is a fitting point to remind you all of another literary meaning of power: "Strength, force". In order to be powerful body, or in order to prove as a "powerful" component of the health team, we should have "strength, force" which we can obtain by unity.

Yes, I have started with power at high level, but it should be started with the grassroot level, which, by uniting all other units will affect the decision making level.

Another reason why we should have a separate decision making power at high level is that the Nursing personnel are the best persons to know the Nurses. They are the suitable people to have an estimation of practicability of policy objectives which they would make and their implication after implementation.

Even in matters of discipline Nursing administrator can have a better assessment of the situation, and it can help to improve the situation.

Nursing should be a self-governing and an autonomous body. Nursing leaders and administrators should have a 'voice' at the decision making level. Again here, in order to have "power" at the high level, we need to update organization of Nursing Services with well prepared Nursing personnel. If the Nurses are not prepared for that, all the management levels of the health infrastructure will go to everybody else except nurses. We are expecting that the future leaders of Nursing should have a strong onward character for the sake of professional dignity in addition to their qualification and achieve the power which nurses seek to possess at the higher level.

(2) Power within the Health Team: Nurses should be a powerful force capable of making radical

changes in the delivery of health care system in their own hospital situation.

Nurses should have a 'say' in planning of Nursing care. Nurse in reality should be one of the key persons in the health team. For this she needs to be competent enough to have a stand in the health team. She should have up-to-date knowledge of new ways of Nursing practice according to changing needs of time.

She should have 'power' to do 'Nursing diagnosis'. For that the new method employed to assess and fulfill the needs of patients would be 'Nursing process' as a methodology of practice which again needs "Post-basic" education or in-service education.

It is not enough to carry out the orders but her own 'Nursing judgement' should be used. She should be capable of suggesting and insisting where there is need for change in order to carry out Nursing care effectively.

In the planning of new methods for patient care or any change to be made in the ward it should be intimated to the concerned Nursing personnel working there and they should be consulted.

She should have a 'say', capable of saying 'no', when it is beyond the limit of ideal Nursing ethic or law in caring of patients.

(3) Power within Nursing Administration: Here, when I talk of power within the Nursing Administration, the delegation of power, distribution of power should be allowed to be exercised as it is described.

For this again specification of power within the Nursing Administration should be clear cut. Role specification should be clear.

Here again there is a challenge for relevancy of job description itself. Each Nursing personnel should be made aware of her 'power' and allowed to excercise it: where Ward-in-Charge is given power to manage Nursing personnel according to the ward's convenience, the Matron should not interfere as long as it runs smoothly. Line of authority should be maintained. There should be a delegation of authority in order to function effectively and make people feel responsible for the upliftment of the Nursing profession.

Power should be distributed according to the efficiency and qualification of each category of Nursing personnel.

To have effective delegation of authority 'specialised units' as we have mentioned in our point of Administration should be there.

Each nurse should be keen in having power which will give 'status' to each nurse.

At the end, if I recall one more literary meaning of 'power', it is 'right possessed by'. Yes, each nurse should possess a right to have power, his her own stand.

There is the challenge which we encounter while dealing with Nursing services in the hospital.

Let us be aware of our right and be worthy to excercise effectively in order to contribute to the Nursing profession.

The Educational Factor

Miss Sujata Mansoori

NURSING HAS COME to mean many different things to many people today. This depends on the part of the world in which you are living and place of Nursing in the society. Most people still think of Nursing as only caring for sick or assisting the doctor in care and treatment of patient. But Nursing is much more than this.

If we really want to improve the Nursing services, education is one of the most important factors. Education can bring lot of change in the present Nursing services. Now-a-days science and technology is getting advanced. We are entering the computer age. Nurse also needs to cope with the present technology and science. Nurse needs to improve her knowledge with present situation, so education is one of the important factors in challenges in the Nursing services.

We call Nursing a profession. I is definitely moving towards profes sionalisation. It is by higher educa tion, better salaries, developing re search, educational programme related to institution of higher learn ing.

Nursing around the world con tinuous to struggle with the prob lem of attracting the poeple with th right kind of qualities. The Nursin programme must have power t stimulate and motivate the right kin of persons.

Nurse needs to have command ing respect in behaviour, keep one self well informed and dignified anc with initiative in work and help tc improve the Nursing services. This only is attained by higher educatior and proper educational programme. Nurse needs to know her contribution, its importance and need of her services in health needs of the patient.

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Emerging Challenges
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Nursing education is a process of change Professional nurse must be qualified to teach or provide services by the right kind of education, by advance studies and specialization.

In Nursing we find research, writing or editing as extra or part-time work but it should be done on a full-time basis. Research mindedness needs to be developed in all nursess. Clinical research should be taken up by all the nures. They can do small research on their own in problems related to the patient in the wards. They can find out the solutions out of it. In this way the care can be improved and patients will get more benefit. Help must be given to the nurses for carrying out the clinical research by the government in each state. Clinical research can be developed only if nurses will have research mindedness. It requires higher education and nurses who can do this work are required separately.

Learning in Nursing is a continuous process and never ending. It needs a continuing education programme to keep up with changing knowledge. In-service education, refresher course opportunities for higher education must be provided in each and every state and each and every hospital, referral hospital and community. There should be a separate body dealing with only in-service education or refresher course. They should be well equipped and should have all resources required. This body should have a separate budget for dealing with the development programme. They must, in rotation or department-wise, provide in-servie educaton to all nurses. This body will maintain all records of total in-service programme

Nurses' exchange programme is another aspect by which we can meet the challenges in the Nursing services. Nurses' exchange programme should be done in hospsitals of state, nation and on an international basis for superspecialization. In Gujarat at present in Ahemdabad Civil Hospital we have started nurses' exchange programme for neonatal unit. The nurses from neonatal unit are sent abroad to take training and nurses from there are sent to India. So in this way nurses can be exchanged within the hospitals of state, nation and on an international level. This will help nurses to get different types of experiences and varied knowledge. This will help nurses to learn new things which raise the quality of Nursing care and Nursing services. For this programme there must be a separate body dealing with this programme.

All nurses must be given opportunity for further education in Nursing e.g., B.Sc. Nursing, M.Sc. Nursing, Ph.D., etc. There should be Nursing Colleges in all states so that the nurses need not go out of the state for further studies which will help them to handle their families as well as their education. We require more and more graduate nurses in hospitals to improve the Nursing services.

Most of the Colleges imparting the courses are under the control of university and financial control is under the state. But these colleges must not have different types of control over it as it makes administration difficult. It should be independent or only under one control. Number of speciality courses like Psychiatric Nursing, Paediatric Nursing, etc., are grossly inadequate. Clinical courses like Intensive Care Nursing, Neurological Nursing, etc., are not existing. This type of courses must be made available in all the states itself. This type of courses must have all facilities and resources to be imparted to nurses.

Existing training schools require considerable improvement. Regulation of Nursing profession is required. The medium of instruction must be decided by the state.

Promotions must not be given only on the basis of seniority but education is also to be considered. In the present situation the Staff Nurse after a few years is given the post of Incharge and from Incharge to Matron. They have to manage the whole ward or hospital which is impossible for them to do. Sometimes they do it by trial and error. Sometimes they are not capable to handle their ward or hospital. They find themselves maladjusted. But before promotion they must be given compulsory Administration course. The Administration course of 3 months is not enough. They are trained only theoretically but they must be placed in practical situation during the course so that they can learn the actual things.

Specialization is one of the aspects which can challenge the Nursing services. Specialization strengthens mental faculties. It helps forming a learned man who requires knowledge and skills in breath with advancing power of understanding. The scope of specialization in any field sets the standard of excellence and advances its position in the academic realm. It keeps the profession changing and moving in newer directions. The specialization in Nursing is based on medical model.

The educational units in Nursing have limited opportunities for specialist placement but sparing a few occupational cases their utilisation is also highly improper. A specialist nurse trained in a particular discipline often finds herself placed in quite another area and her knowl-

edge and skill remains unutilized and wasted. There are certain factors for which only the nurse can be made responsible. Some nurses practise in areas which are not of their specialization. They prove themselves to be 'jack of all trades'. This affects the patient care and harms students who learn from them. To ensure proper nourishment to the quality of a professional nurse who is willing to undergo a course of specialization requires thorough screening for better professional output.

The nurses who are specialized must be rotated so that they can train the other Nursing persons in a proper way. They must not be kept for longer period in particular department only for the sake of administrative facility.

Each area of specialization in Nursing must be well defined taking into account the contemporary standards. Consciousness must be developed for improving performance. The nurse found tampering with specialization should be dealt with sternly by Nursing authority. Mass awareness is to be spread amongst students so that they too are able to help in undoing malpractice. The morale of nurses needs boosting to make up their confidence enabling them to put a bold front and not act under pressure.

Each nurse working in particular unit or specialized unit needs to be given compulsory training branch before she is taken for that unit. This will prevent learning by trial and error. They can be kept under part-time observation of a specialized nurse and this will help them to learn. They can be kept working independently when they learn all aspects of care.

Placement of nurses must be according to the choice and interest of the nurse which will prevent boredom and lack of efficiency which is not done in most of the hospitals.

Although the need for literature growth and library facility in Nursing education has been apparent for decades the development of these seems to be slow. The early Schools of Nursing borrowed heavily from the medical literature for internal materials. The main handicap in the development of Nursing Schools was lack of text books written by Nursing professionals. The books which are available are written in English and are set in a foreign atmosphere. The procedures, articles, and care of the patient written in these books are totally based on foreign standards, which does not suit the Indian conditions. The books if they are written in Indian languages and are based on Indian culture and customs will create interest in the nurses to read books and make use of library more and more.

In the training of Nursing where emphasis was in practical skills rather than development of inquiring and critical minds books and library provision for nurses were given a low priority. Most of the libraries are under the charge of Nursing Tutors and books remain unused and locked and are developed only with the interest of the Tutor.

Today, the information needs of nurses are varied as to the type of training, the clinical specialization, administration management and nursing research. In order to cope with the project work, assignment, tutorial and AV aids which are the basic features of independent learning today libraries become very necessary. The concept of continuing education brings increasing number of nurses to the library.

Nursing education also depends on other libraries. The best idea is to integrate the library services. Each hospital needs to have a well developed, well chosen adequate library. Each department in the hospital must have their departmental library with well qualified libraries overall for the whole hospital.

Nursing education also depends on other books and subjects. Nurses must be allowed to go to library during duty hours and even after that to refer to the books. There must be compulsory number of hours in a week spared for library which should be included in the duty hours so that nurses will make more and more use of library to cope with present technology and science and health needs of patients.

Nursing leaders are needed in all sectors of health care. Nursing leaders are required to ensure that best possible Nursing services are provided to people. We need to have training for leadership as we need leaders in Nursing who can guide us, develop cooperation among us, who can ask for our rights, who can negotiate, who can do collective bargaining, who can help us to raise the Nursing care, who can solve our problems.

To develop the leadership qualities internship experience must be provided to the right persons to support leadership competence. The nurse must also take art in extra activities, professional programmes, etc., which will develop the leader ship qualities.

We live in an age called computer age. This affects in the way of life. It is helping men to raise their mental capacities. As there are largest employees in hospital nurses are in a position to significantly influence the future use of hospital computerization. In India we have too many patients in hospitals, their facilities are overburdened and re-

sources are limited, but with the help of computers this can be minimized. There can be Nursing benefits like: (1) Reduction of clerical work, (2) Reduction of printed forms, (3) Centralization of patient care, (4) Accurate information, (5) Reduction in lost charges, (6) Improved cost accounting, (7) Possible reduction in length of patient stay, (8) Dietary planning, (9) Inventory control of drugs, etc.

Areas of Application

(1) Clinical Nursing, (2) Nursing Administration (3) Nursing Education (4) Nursing Research.

(1) Clinical: It saves time, work burden, reduces clinical function like drug books, investigation books, etc. This time can be spared for bedside care. It helps in monitoring the vital parameters of patients. Information of patients can be preserved and used when necessary.

(2) Administration: As computer is error free, it can improve the Nursing services. It helps in assessing the patient needs and this will help in finding out the number of staff requirements, policy making and maintaining records.

(3) Research: It provides exact data which directly and indirectly support the research project. It will help in removing errors of maths calculation. Years' work can be completed in weeks.

(4) Education: With the demand for improvement in the delivery of health care, the need for expanded and innovative training programme is increasing. It is very helpful in education to impart education individually.

Approximate use of computer can provide a very high level of effectiveness, reliability and accuracy. The Nursing person needs to think in this direction to take advantage of this new development.

Communication, the Crucial Element

Miss Nayna Jani

COMMUNICATION IF WE see it is one of the aspects which can challenge the Nursing services. Communication is a Latin word derived from 'communees'. It has got 3 forms: (1) Signs, (2) Sound hearing (3) Written words.

If we see the definition of communication then it is a meaningful exchange which can be understanding of issues, may be statistical data, opinions from a source of receiver to introduce intelligent desirable actions that will accomplish desirable action to fulfill organisational objectives.

Essentials of Communications: (i) It should be clear, consistent, (ii) It should be adequate, (iii) It should be timely, (iv) It should be sent in advance, permit adequate action, (v) It should be uniform in nature for all, (vi) It should be flexible.

Communication in Nursing can be in three dimensions: (i) with patient (ii) with others (iii) with colleagues, members of health team and authority.

Nurse has to deal with patients with colleagues, with other members of health team for planning her duties so it is very necessary for her to maintain good communication with all.

Communication with Patients

Inspite of many changes and developments in Nursing, the object of Nursing care remains the patient. Now when the nurse communicates with the patient properly she allows the patient to solve his problems on which the care depends. It also helps the patient to cooperate in Nursing care. It is useful to give highly standardised Nursing services to patient.

Behaviour is the foundation of communication. Nurse should behave friendly with the patient. Friendly means she should listen to the patient and should talk inspiringly. Sometime she should be strict enough in treatment schedule.

Patients' relatives are equally important. They are the anxious persons and they look with hope toward nurses. They should be guided properly and informed correctly.

For better communication, ratio of nurse and patient should be appropriate, desirably 1:3. It is adequate. This is the main challenge to nurses' communication with colleagues and authority.

In the matter of communication with colleagues and authority understanding plays a great role. To deal with a superior the nurse must be well aware of her duties and responsbilities first. And to communicate better the nurse must know what is the work of other persons working with her. Where she can help them?

Health team is made up of specialists serving to meet the need of community. Nurse is an important member of this team. She is the only person who has to stand for 24 hours for the patient's services so her communication with patient as with other members of the team is very important.

In the same way, professional relation between nurse and physi-

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