# Improving Nursing and Midwifery Care through Primary Health Care

## *The Case of Nigeria*

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### Introduction

Discussing the concept of Nursing and Midwifery is very important and timely for several reasons (Sosanya, 1972). One is because Nursing is the largest of all medical professions; another is because the nature of work of a nurse is very unique. Of all the health care members, none has a much continuous, intimate association with the patient and all that concerns him as does the professional nurse or midwife. (Robinson, 1973)

What do we understand by the concept of nursing? By the word concept we are referring to a generally accepted belief or thought about something; a concept is not something tangible, yet we understand it as an idea or practice.

The concept of Nursing and Midwifery had its beginning several thousand years ago, and has undergone many changes throughout the years. The early Hebrews and Egyptians had midwives who assisted at birth. In ancient Greece and Rome, the only form of nursing care was performed by servants as a household duty. Then the Jewish and Christian religions taught people to care for the sick as a way of offering charity and even as a way of atoning for sin.

During the Middle Ages, military as well as religious organizations served in Nursing capacities. The nurses were mainly untrained people, volunteers who bathed patients, gave medicine, dressed wounds and ulcers, washed linen, etc. The darkest period of Nursing was from 1600 to 1850. Untrained women of poor reputation were in control. In 1856, Florence Nightingale saw the need for developing standards of Nursing practice and also for nursing education. It is suaprising to note however that she herself wrote: "nursing signified little more than the administration of medicine and the application of poultices." (Nigerian Nurse, 1974).

In the twentieth century, great strides have been made in the Nursing profession. Many concepts of Nursing have been set forth, one of the widely accepted concepts being that set forth by Virginia Henderson, Henderson (1964) the luminary in the Nursing profession set forth this definition of Nursing: "the unique function of the nurse is to assist the individual, sick or well; in the performance of those activities contributing to health or recovery that he would perform unaided, if he had the necessary strength."

In the April 21, 1983, edition of the *New Nigerian*, there was an article on Nursing as a profcssino. In this article, a concept or definition of Nursing was stated that was recently given by the American Nurses' Association, the largest existing organized professional Nursing body in the world. The ANA stated that "the components of professional Nursing are care, cure and co-ordination." It went on to say that the care aspect was more than just caring for patients; the care aspect means also to "care about" patients. Studies have shown, as has our own experience, that patients are more dissatisfied with the care aspect of our care than any other. Thus in the ensuing discussion the paper will concentrate on paradigms of the challenge of the Nurse That Cares.

### Challenge of the Care

The first challenge is to put the physiological needs of the patient first. Those needs, as we know, are for oxygen, food, fluids, sleep, eomfort, etc. It is sickness that brings patients to the hospital and our first responsibility is to do all we can to alleviate tnat sickness. For example, if a patient is having an asthma attack, and try to seay with the patient, reassure her, but fail to administer oxygen that is standing by, we have greatly failed our patient. Or if we have a patient who is bleeding profusely, and we continue to check vital signs, change the bed sheet but it takes us an hour to get an intravenous fluid started, we have failed to put the first things first. When we can meet our patients' physiological needs quickly and effectively, it creates a feeling of trust and confidence. When we give our patients good, high standard physical care, they will also be able to talk with us later and accept our advice (Leke, 1978).

The second challenge is to actively communicate with patients and know them as individuals (Ossai, 1970). The nurse that really cares about her patients takes time to help them meet their basic emotional needs. The only way we can get to know our patients is by asking them questions and spending time with them, (Leke, 1976). Imagine for a minute that you are a nurse from Kano State passing down to Otukpo for an interview. Near Mkar you have an accident and are admitted as Mkar Christian Hospital. The following morning one nurse tells you to

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open your mouth and swallow medicine. Another tells you to raise your arm and takes your temperature. Finally, another nurse comes and asks you in a language you don't understand if you passed urine and stool yesterday. Your relatives haven't come, you are by yourself and have not even eaten. How long do you think you will be happy staying in the hospital ? (Balogun 1970).

It is good to remind ourselves that our patients, as is true of us also, need lave, and understanding, and respect and acceptance. They need to feel that we are happy to care for them and that we are helping them to recover, not making them feel worse. It is only as we come close to our patients that we can need their needs.

Take, for example, a woman who is pushing on the delivery, table. If the midwives stand back and ask the patient why she doesn't know how to push, or if they as her 'doesn't she know she isn't the first person to have a baby', the patient is only going to find it more difficult to push and cooperate. But if the midwife can go near the patient, support the patient, talk to her in a good way to encourage her the patient will indeed by grateful. (Obikanye, 1974).

We can show our patients respect by calling their names, not referring to them as bed numbers, cases, etc. We can greet each one we take care of in a sincere way. We can take what they have to say seriously and care for them promptly. Another way of respecting their relatives, and making them feel welcome.

Giving our patients fair treatment is very important also, not showing favouritism. We can also help our patient by explaining to them what we are going to do, and how we are going to do it. Patients also deserve the same courtesy we give to our colleagues.

Remember, there is no machine or apparatus that can meet a patient's emotional needs. There is no fubstitute for *You*—it is a human being that can best meet a human being's needs (Richards, 1970; Afonja 1970).

The nurse that cares uses therapeutic interaction to meet patients' needs. Many of our patients have anxiety, fear, guilt, etc. for many reasons. As professional nurses who care about our patients, we are in a position to help our patients by engaging in conversation with them that will allow them to express themselves and think of solutions to their problems.

Even though we need to give our patients this care, we often find it difficult due to the following reason :

A. Our professional education is centred around facts, figures, classes, groups, etc. If we are not careful, we soon forget the patient behind these things.

B. Matter of tradition. Because traditionally people come to the hospital's health centre because they are sick, we feel that when we have treated the sickness, we have done our job. It is possible to treat a physical condition well but have completely failed to meet a patient's emotional needs.

C. A patient's physical needs are easier to see. A fracture, a knife wound, a bleeding site—these things are not difficult for us to readily see. But if a patient comes to us malnourished, untidy and lethargic, it is harder for us to recognize these symptoms as results of emotional needs that were unmet.

D. Physical needs are also easier to meet. Giving an injection, starting an IV, preparing a patient for surgery—these things all of us can do. Physical needs once they are known can usually readily be treated. We find it harder to take time to talk to a depressed patient than we do to give the antidepressant drug. Which is easier, to give a hysterical young girl a tranquilizer, or to spend time finding out why she has recurrent hysteric attache ? Maybe a mother has lost her child. Which would you choose to do—take care of the corpse or comfort the mother ?

We need to use our heart many times to take care of these needs, even though we find it easier to to use our hands. (Usman, 1985; Adebo, 1974).

When we use therapeutic interaction, it is necessary for us to approach the patient in an accepting, non-condemning way. We need to listen to the patient, ask him questions which will help him express himself. Then we can discuss with the patient and as we both see solutions his fears will be lessened. Calling a patient too difficult or too uncooperative only reveals something about us ourselves. By making positive remarks, encouraging our patients and giving them love and understanding, we can do much to help them through their difficulties.

The nurse that cares realizes the importance of the non-verbal communication. It is estimated that about two-thirds of all our communication with patients is non-verbal. In other words, by the way we dress, walk, touch, make facial expressions we are speaking more to patients than we are with our words.

Patients are always observing us and watching to see how we behave, how we do our work, etc. As the saying goes, "Our actions speak so loudly people can't hear what we are saying." If our manner with patients/clients is good, they will know. If we are interested in them and do our work well, they know. Likewise, if we have less concern for them, they know. Our faces alone often tell the patients very much about us.

A friendly smile communicates something positive to a patient. A firm but gentle touch of our hand on theirs when they are in pain or in sorrow can speak much to a patient.

Let us be aware of our non-verbal actions and effect they are having on our patients. If we can use our free time sitting with patients instead of sitting idle, it will be a very nice message for them!

Finally, the nurse that cares gives spiritual care to a patient. Spiritual needs are present in every culture and every patient has spiritual needs. A spiritual need is present when something is lacking in one's personal relationship with God. To have a right relationship with God, one needs something to live for, love from God and from others, and one also needs forgiveness from God (Bullough, 1966).

Spiritual care should be part of our daily patient care; if we neglect it, it may be because we are not sensitive to the needs of patients, or because we ourselves are not living close to God and thus lack a desire to meet our patients' spiritual needs, or perhaps we do not know how to meet our patients' spiritual needs.

How can we meet our patients' spiritual needs (Wright, 1968).

Learn to recognize spiritual needs. Needs may be recognized as we know about our patients. For example, if a young man learns he has terminal cancer, we should know that he may be thinking about death.

A spiritual need may also be shown by a patient's behaviour. For instance, if a patient covers himself with a sheet and refuses to talk to anyone, he must have a need, often spiritual, to be met. When we talk to patients, they will often reveal their spiritual needs to us.

Encourage the patient to talk about his needs. Do not give false reassurances that keep a patient from talking, such as 'you are too young to die'; or, "there is nothing wrong, why are you worried?" We can help patients by giving them a chance to say what is no their mind, by letting them express their fears.

Pray with a patient as a part of therapy. Have you prayed with a patient? Prayer can be effective when we articulate to God the needs and feelings the patient expresses to us. Let us take time to pray with our patients. Patients do not forget nurses who take time to pray with them.

*Use of Scripture:* Many patients would be happy to have scriptures read to them. Hearing the scriptures may very directly help meet their spiritual needs. As nurses we should know passages to turn to when patients experience loneliness, fear, guilt, fear of death, suffering, etc.

*Evaluating ourselves:* We cannot give away what we do not possess ourselves. Nurses too need to experience harmony with God, individually and with others. Know yourself: what does God's word mean to you from day to day? What about prayer? Do you know how to comfort and encourage others? (Kujore, 1974).

Helping our patients face death. First we need to know our own attitudes towards death. Our aim when talking with our patients who are facing death is that they know they are ready to die.

**Conclusion**

Being a nurse who 'cares about' patients and is willing to apply that is not a small thing. With so many patients to care for, and with each patient having many needs, it takes a mature person to be a professional nurse. Nonetheless, the challenge remains before us, and each of us is asked to take up that challenge with new enthusiasm and zeal: This will go a long way in realizing the Nigeria's Alma Ata Contract of 'Health for All by the year 2000 A.D.' as a sine-qua-non.

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