A SYMPOSIUM

THE IDEAL NURSE

We are giving here a symposium on 'The Ideal Nurse' as a special feature on the occasion of the First Quadriennial Conference of the TNAI. The introductory article poses some issues and the ones following it portray the setting in which an ideal nurse has to function. Some important issues arising out of the nurse's attitude to her patients and psychological aspects of human relations have been dealt with in some detail. Important subjects like education, research, innovations have also been taken up for discussion as a part of the nurse's expanded role.

UNDERSTANDING THE 'WHOLE' PATIENT

Sr. THOMASINE

NURSING of the highest quality is achieved only when the patient's care is individualized. If the patient is to receive good nursing, the nurse must plan the care and must have time to give him the physical and psychological care which his condition requires and to help him to prepare to take his place in the life of his family and the community as quickly as possible.

In other words, comprehensive nursing care is given: i.e., nursing the whole patient, respecting his individuality and attempting to correlate all the physical, social and biological factors significant to his illness. This includes the total patient care, i.e. understanding the *Whole Patient*. The total care is concerned with providing continuity of care, from admission through the referral process after discharge.

A study of the patient reveals his nursing needs, and as the patient's condition changes, so do his nursing requirements. An almost daily revision in the plan for his care may, therefore, be necessary. In planning the care it is necessary to take into account his diagnosis, physical and mental condition and the plan for his medical care, also, his individual characteristics, his nationality, age, weight, intelligence, education, personal habits, interests, social status, family relationships, and any handicaps, he may have, e.g:

His age, size, weight, diagnosis, the condition of his skin, may indicate the need for a special type of mattress to help prevent bedsores: also, it determines the need for frequent change of positions, cotton doughnuts, rubber rings, periodic back rubs.

THE CARE-PLAN

1. *Orientation* : This should start with the admission of the patient. Orientation of the new patient to the hospital, the unit, and its personhel, is one of the first services performed for the patient. First impression can be lastingly pleasant or emotionally traumatic experiences.

   (a) This function of *admission* of patient can become an *impersonal and routine service*, if we lose sight of the fact that we are dealing with thinking and feeling individuals. A quality of empathy, compassion and tenderness are much emphasised in the nurse, towards the suffering and distress of another individual.

   Orientation should include : information about hospital policies and regulations, facilities that are available, and introducing the patient to the new environment.

   (b) *Ward routines is the next area of orientation :* Eg : Hours for eating, retiring, rising, resting, bathing, visiting, making and receiving telephone calls, and receiving treatments, preparation of the patient for the various tests or treatments, should be carefully explained. To tell a patient that he is not to eat or drink after midnight is not enough : the patient needs to know why ?

   (c) *Orientation to the staff is the third important area :* The patient should be told names as well as status of personnel. Patient and family can see a diversity of uniforms: white, striped, pink, yellow, blue or green all within the same institution.

2. *Observation and appraisal of the patient.* After the patient is admitted and oriented, observation of the patient's mental and physical manifestation is necessary.

   (a) Physical Consideration :

   1. The severity of the illness: Is the patient in the acute, long-term, convalescent or terminal phase of the illness ? Is the patient in pain or febrile ?
   2. Age of the patient : The aged exhibit

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feebleness, debility, and pallor and are more susceptible to complications; and infants and children appear more acutely ill than adults and make rapid recovery.

3. State of nutrition and fluid balance. A Condition of his hair, tongue, and lips? How is the patient eating? Can the patient feed himself? Does he need to be encouraged to eat. If so, is there a reason?

4. Subjective complaints : What are the patient's complaints? Are they typical of the disease process or the manifestation of complication.

5. Objective observations : What symptoms can be seen by the nurse? Are they related to illness or mere manifestations?

(b) Mental Consideration : The mental outlook of each patient should be determined upon admission and be carefully followed during his hospitalization. Some patients openly express feelings of fear and insecurity, while others conceal their emotions.

We are all familiar with the attitudes and behaviour displayed by patients. Patterns may range from cheerfulness and optimism to uncertainty and pessimism, from indifference to anxieiy, from independence and eccentricity to dependence and altruism and from belligerence and defensiveness to submissiveness and complacency. Nurses should be tolerant while trying to find the cause of the stress or pressure.

SUMMARY :

The advantages of patient-centered medical care are:

1. Individualized nursing care is enhanced when general care, treatments and medication are planned in relation to one another. The nurse comes to know him as a person. When one nurse performs all parts of the patient's care, he has the feeling of belonging to that nurse. He feels that she knows, understands his care, and has a real interest in his welfare.

2. Better nursing education results when nursing care is patient-certered, and the student knows the patient as an individual. She gains a better knowledge of disorders and the ways in which they affect the patient, physically, psychologically and socially.

3. The satisfaction of the nurse is far greater. when she has personal contact with the patient, and the opportunity to see her plans for his care materialized.

Lastly, I would like to quote the definition of an ideal nurse given by Miss Florence Nightingale in 1859 :

A real good nurse needs to be of the highest class of character. Therefore, she mest be :

1. Chaste, in the sense of the Sermon on the Mount.

2. Sober in spirit as well as in thinking, and temperate in all things.

3. Honest—not accepting the most trifling fee or bribe from patients or friends.

4. Truthful–and to be able to tell the truth includes attention and observation to observe truly—memory to remember truly—power of expression to tell truly what one has observed truly.

5. Trustworthy to carry out directions intelligently and perfectly, unseen as well as seen, to the Lord as well as unto men, no mere eye-service.

6. Punctual to a second and orderly to a hair.

7. Quiet, yet quick, quick without hurry, gentle without slowness, discreet without self-importance—no gossip.

8. Cheerful, hopeful, not allowing herself to be discouraged by unfavourable symptoms.

9. Cleanly to the point of exquisiteness both for the patient's sake and her own.

10. Thinking of her patients and not of herself.

11. The nurse must have simplicity and a single eye to the patient's good.

12. The nurse must always be kind, but never emotional.

13. The patient must find a real, not a forced or "put-on" centre of calmness in his nurse.

14. She must have a three-fold interest in her work-an intellectual interest in the case, hearty interest in the patient, a technical interest in the patient's care and cure. She must not look upon patients as made for the nurses, but upon nurses as made for patients.

TNAI Flood Relief Fund

The TNAI has organised a fund called 'TNAI Flood Relief Fund" to provide assistance to the people in the flood-affected areas.

State Branches or institutions may collect funds for the purpose and remit the same to the H.Q. Individual members may send their donations direct to the Secretary, TNAI, L-16 Green Park, New Delhi-110016, endorsing specifically on the M.O. Coupon: "*For TNAI Flood Relief Fund.*"

While receipt will be sent for all the payments, donations of more than Rs. 100 will be acknowledged through the *Nursing Journal.*