Symposium

WAITING FOR A MIRACLE?

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Nursing profession has neglected a pragmatic and indigenous approach in its education and practice. As a result, while a sea change has taken place in medicine and allied professions, nursing knowledge is still by and large derived from Western sources. Little wonder then that we seem to be hoping for some miracle to take place, feels K.C. Aggarwal in this part of his article.

RESEARCH is the hallmark of a profession. A profession whose foundations are not based on knowledge and practices derived out of rigorous research endeavours, can hardly call itself a worthwhile profession. A vocation whose professionals are complacent and with Western models in its education and practice, cannot make a worthwhile contribution in their field of endeavour. Every country in a particular social milieu presents a different set of unique problems calling for the professions to devise ways and means of solving them in a manner which is in tune with the socio-economic and political realities in the country.

The point is that nursing profession has neglected this pragmatic and indigenous approach in its education and practice. As a result even after 29 years of independence when a sea change has taken place in medicine and allied professions, nursing knowledge is still by and large derived from Western sources. Therefore, it is little wonder that our approach to many problems we are faced with today, are being deferred in the hope that some miracle will happen some day.

This article deals with some of the reasons as to why nursing research in our country is not progressing even though some of the best brains in nursing in the world are available in our country. The author gives certain suggestions for improving nursing research so as to improve nursing education and ultimately nursing care, which should go a long way for the profession to be worthy of its name. But the point to be remembered is that nursing is an applied science needing a multi-disciplinary team approach. Therefore, nursing research has to be a collaborative endeavour wherein certain problem nurse becomes the research team leader while the rest of the team of multi-disciplinary experts support her, whereas in certain other nursing problems, her role is a supportive and consultative one.

Nursing research is in its infancy in India. There are very few opportunities available for nurses of standing to undertake research studies. It is said that Research is a hallmark of a profession, but unfortunately very little brain is applied in our country to this very important component of any profession. The result is that whatever little knowledge we get on various aspects of nursing from the West, we have to content ourselves with it and passively accept the findings elsewhere, resulting in faulty development of inappropriate nursing practices in regard to nursing care, curriculum development and the art of nursing administration. Then, there is little wonder that a majority of the nurses in the country have no mind to give a critical thinking on various ailments which surround our Profession dedicated to ameliorate the sufferings of the community.

Hypothetical Ideas

In the absence of research findings and their application in the various fields of nursing, nursing practice and education is based mostly on hypothetical ideas which are never put to test. In my opinion following are some of the reasons for the neglect of research by our profession:

1. Funds for research are almost non-available for enterprising nurses.

2. Attitude of senior nurse administrators often discourages an enquiring mind because it is a threat to their superior position based on wrong assumptions and often hypothetical knowledge.

3. We have inherited a tradition of doing things without asking whys of things.

4. There is no central body which is responsible for co-ordinating and encouraging research in nursing.

5. Neglect on the part of Western educated educators to give proper thought to this important field and not developing an enquiring mind in the nurses during their training and education programmes.

6. Apathy of the professional organisation of nurses to take necessary steps for the development of this important field. (Though there is a section on nursing research in T.N.A.I. unfortunately that has remained in name only).

Therefore, it is but natural to find ways and means for developing this unexplored field. In nursing today there are many areas which desperately need scientific studies for improvement. Broadly, these areas can be divided into three categories.

1. *Nursing Practice*
   - (a) Institutional Nursing,
   - (b) Community Health Nursing,
2. *Nursing Education*
   - (a) Curriculum Research,
   - (b) Management of Nursing Education.
3. *Nursing Administration*
   - (a) Personnel Management,
   - (b) Financial Management,
   - (c) Human behaviour and motivations.

Each area can be further divided and sub-divided to delineate fields for nursing research.

In nursing research, one fundamental aspect which is to be kept in mind is that nursing is an applied science which means the application of natural, biological, behavioural sciences, management sciences and humanities in the field of nursing practice, education and administration. This implies that nurses alone

may not be able to conduct worthwhile research studies for the simple research needs : 1. Knowledge in nursing 2. Expertise in research methodology 3. Implications of other sciences as mentioned earlier in the various fields of nursing.

This means that inter-disciplinary nursing research studies are the only answer, for the simple reason that nurses are expert in nursing but there are professionals who are expert in research methodologies and other sciences basic to nursing. To begin with, I venture to suggest that research in nursing should be co-ordinated with the following professions : 1. Medical profession. 2. Education profession. 3. Anthropology, Sociology and Psychology professions, and 4.Management personnel.

But the basic question is as to who is going to support nursing research in the country? Do we have nursing personnel who are capable of doing nursing research? Do we have appropriate openings for research scholars in the field of nursing? To answer these questions, I believe the following steps by the government and nursing profession are pre-requisite:

1. Establishment of an Indian Nursing Research Council with adequate funds under nurses' control.

2. Education of nurses in the intricacies of research techniques and procedures. To begin with pioneering nursing institutions such as R.A.K. College of Nursing, New Delhi, which has the necessary qualified staff and other resources, should take up this challenge. This can be achieved by institutiug a post-Master (M. Phil) programme and Ph. D. programmes in nursing and encouragement for independent research studies by the faculty members.

3. Trained Nurses Association of India, which was mainly responsible for degree programmes in nursing in India, should institute scholarships and fellowships for promoting research in nursing.

4. University Grants Commission should be approached to provide the same facilities for promoting research as available to other university departments.

5. The Indian Council of Social Science Research should also be approached for providing financial and technical guidance in this field.

6. International agencies like W.H.O., I.L.O., UNICEF should be requested to provide material help such as instruments and equipments, supplies, printing and publishing facilities.

7. Establishment of Indian Institute of Nursing Education and Research as an autonomous body on the lines of P.G.I. and A.I.I.M.S. It will be a fitting tribute to R.A.K. College of Nursing, New Delhi, to be made such an institute. I think time has come when the Ministry of Health, and Family Planning and the Ministry of Education should take a positive step in this direction.

8. Development of a documentation centre for literature in nursing and allied sciences.

These are some of the pre-conditions to improve nursing Research and, subsequently, nursing practice.

(To be Continued)

BOOKS

Anthony Clare and Dissent in Psychiatry

Dissent in psychiatry is inevitable and likely to continue. Unlike other medical specialities, psychiatry embraces a wide range of disorders which not only have multiple causes but which fall into totally different categories. Thus, definable diseases of the brain like those which affect the elderly, obviously fall within the province of the physician, as do the ill-effects of epilepsy, virus infections, or bacterial meningitis.

But the care of the mentally handicapped is at least as much a social as a medical problem, while the treatment of schizophrenia falls somewhere in between. More-over the bulk of the problems with which the psychiatrist has to deal can hardly be categorized as medical at all; that is the "problems in living" and the difficulties in interpersonal relationships which cause the bulk of neurotic symptoms.

In most medical specialities, say heart or chest disease, there is at least a common factor linking the various illnesses anatomically or pathologically. In psychiatry, one may be faced on the same day with a brain tumour, a paedophile sex offender, a suicidal melancholic who refuses treatment, and an obsessional don with a work block. The psychiatrist is required to act as a physician on one occasion, an expert witness and possible gaoler for those whom society deems deviant on another, an authority who will issue orders and take swift action on a third and a tolerant, ever understanding permissive and non-authoritarian father-figure on a fourth.

Part of the difficulty is philosophical, in that we understand so little of the relation between brain and mind. Gross brain disease causes "mental" symptoms; but it is hard to conceive of a physiological abnormality which would cause undue submissiveness or claustrophobia which are best understood in terms of childhood development and faulty learning.

My own view is that psychiatry will progress faster when its various branches are more sharply subdivided. Although I should hate to see the treatment of neurosis handed over to experimental psychologists, as Eysenck demands since their simplistic models of human behaviour are utterly inadequate the psychotherapeutic treatment of neurotic disorders need not be in medical hands, since the qualities of capacity for human understanding and empathy, essential for a psychotherapist, are not necesssarily part of medical training or expertise and more often found in "arts" men than in scientists.

CONTROVERSIAL TOPICS

Anthony Clare is a psychiatrist at the Maudsley Hospital. In his wide-ranging book, *Psychiatry in Dissent* he reviews these and many other psychiatric problems of our day, without shirking any of difficulties. The most controversial topics, like electro-convulsive therapy and psychosurgery are very fairly reviewed. Of the latter he writes: "It has to be faced that there has been not a single, porperly controlled trial of surgery in any of the various conditions for which it is allegedly effective."

This being so, it is alarming to read of the surgeon in Madras who performs psychosurgery on children (three under five years old, thirty-six under eleven). The operation is said to turn "hyperactive" children into quiet, well-behaved and tractable creatures, which no doubt suits their teachers and parents. Sargant and Slater advocate brain surgery for a woman to help her to cope with "a psychopathic husband who cannot change and will not accept treatment Next time you find your spouse impossible, just ask Dr. Sargant to recommend brain surgery; it's almost as easy as divorce. As he wrote in The Times recently: 'Conscience can now be eliminated surgically without any impairment of day-to-day working efficiency."

Only three months ago a follow-up study of 66 patients who had brain surgery for psychiatric disorder was reported. Twenty-two of them had been referred by Dr. Sargant. In a recent symposium, Dr Henry Rollin said: "My own hospital is littered with the wrecks of humanity who, in the heyday of this operation 20 years ago, were given little or no option but to undergo prefrontl leucotomies for a variety of psychiatric conditions."

No wonder that psychiatrists have gained themselves a reputation, like Procrustes for forcibly adapting their patients to circumstance and convention rather than altering the one or questioning the other. Since a trial in Detroit in which the lawyers decided that psychosurgery was an experiment rather than a treatment, American surgeons have been chary of embarking upon it. Perhaps some relative will bring a similar case here.

PATIENTS' ILL-TREATMENT

From time to time psychiatric hospitals attract publicity because of ill-treatment of patients. This will continue until we spend more upon the care of the mentally disordered, who occupy 45 per cent of all the hospital beds in Britain. Sixty-five per cent of our mental hospitals were built before 1891. A consultant psychiatrist looks after about 154 in-patients compared with the 34 cared for by his colleague in other specialities. Psychiatric patients have worse food, worse medical attention, and worse premises in which to be looked after than any other type of patient.

Dr. Clare's courageous, disturbing book will not endear him to his colleagues, and may even interfere with his advancement. Nevertheless it is the best modern survey of psych iatry as it is at present practised in Britain: and I hope it will hasten the reforms we should all like to see *Courtesy : The Sunday Times, London.*

Anthony Storr