Wither Community Nurses

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In 1948 when the Bhore Committee prepared Health Survey Report, they recommended 6 Public Health Nurses for a Primary Health Centre serving about 20-40 thousand population. At the same time as an interim measure during the short term plan they suggested to start with two Public Health Nurses for a primary health centre. In 1961 again the Mudaliar Committee suggested a health visitor or a Public Health Nurse to work in the primary health centre along with the A.N.Ms. With this in view we started preparing nurses with experience in community Health Work, for the past 20—25 years. To day how many nurses do we see engaged in community health work? Where are they? A good number of them are outside the country. Some are working within the hospitals, some are in the schools of nursing as Tutors and we find hardly any in the Community Health field. The health planners are thinking of giving up the idea of having nurses in the community and they are counting more on health visitors and A.N.Ms. Along with the A.N.Ms. and health visitors they are thinking of encouraging the indigenous medical practitioners to render medical care to our people. Are we going to sit back and accept it, or do we have anything to offer at this juncture?

In the Western countries the nurses have started looking for expanded roles. In many places nurses are giving primary medical care, so that the common man gets some of his ailments cared for very early. The availability of such medical care enables him to save money, time, and his production capacity. In our situation, the location of medical care facility is still far from the villagers' reach and the cost of the same is beyond his means. He needs to be educated about the importance of early medical care for protection and promotion of his health. Who is going to do this aspect of health care. Personally I feel that we should take up this challenge and see what role we can play to bring health to our people.

If indigenous medical practitioners and bare-foot doctors can give medical care to people definitley the nurses have a greater contri-

(*Contd. on p. 209*)

Integration of Public Health in the Basic Curriculum of Nursing

*By Miss D.S. Elisha

An individual is faced with two diametrically opposite situations in life, viz., Health and disease. In both the situations he needs health care. A Nurse comes in close contact with the patients in the hospital, and with the families in the community. She must acquire the integrated knowledge of preservation of health and curative and preventive aspects of diseases.

A few decades ago the Medical and Public Health teams were working independently in the community although their objectives were almost similar. The medical man was mainly concerned with curing "*a man in disease*" and the public health man was interested in preventing the "*disease in man*". The need for co-ordination and co-relation between the activities of these two groups was later felt in the light of experiences. As a result the integration of Public Health into the basic curriculum of nursing was brought about by the Indian Nursing Council in 1958.

The present trend in nursing is to give comprehensive nursing care to an individual, whether as a patient in a hospital, or as a member of the community. While giving nursing care to an individual his social, mental, physical, economical and spiritual needs are also to be taken care of by the nurse.

A successful Public Health Nurse must possess a wider knowledge of the society and its causative factors which affect the health of the community. The social, economical, religious and cultural aspects of the family tends to mould the health of the individual. Therefore, a nurse must be able to visualise the patient as a complete human being.

Since the knowledge of preventive and curative aspects are two inseparable factors in the training of a nurse they must be integrated in the curriculum and taught from the preliminary period of training. This idea of integration of public health and its preventive measures can also be taught subjectiwise in all subjects other than health. For example while teaching Medicine and Medical Nursing the causes of medical diseases and its preventive measures can be included.

A student must be made to recognise the following units of integration of public health throughout the period of training right from P.T.S. (Preliminary Training) till the fourth year of Mid-Wifery : (1) Self Unit, (2) Patient Unit, (3) Family Unit, (4) Community Unit and (5) Specialised Care Unit.

In each of the above five units she has to play the role of a public health nurse to prevent diseases by practising herself first and then by teaching the principles of health to the patients, their relatives the families and the community at large.

The following pattern of integration is suggested in the nursing curriculum so that the basic health course is incorporated in the syllabus throughout the training.

(*Contd. on p. 208*)