Public Health Section

Home Care and the Public Health Nurses

By **Miss A. P. Korah**

THE elementary principles of home care have been applied since the dawn of time in a variety of forms—unorganised and organised, primitive and modern, indiscriminately and discriminately. The hospital or institutional method of caring for the sick was a much later phenomenon which was necessitated by the desirability of transferring the patient from his home to a hospital for one reason or the other. Thus the responsibility for the care of the sick fell on the hospitals. The home and the hospital, like all other human institutions, have, however, been changing. We are now in the midst of a new concept in medical care in which the possibilities of the home in relation to the hospital is being re-examined. The new speciality of environmental medicine, which declines to separate a sickman from his environment, is influencing our homes and our hospitals. Thus we are not in a better position than ever before to reconsider the relative contribution of the home and the hospital in medical care.

Unfortunately, we must admit Home Care is in its infancy in our country. Home care as a permanent organised extramural function is a recent development in the developed countries too. The principles of home care will not, however, be fully translated into actual practice as long as the family physician is excluded from its benefits. In our social set up the services of the family physician are absent. What to say about the physician, we do not even have the services of the public health nurse or the health visitor. Here lies the major failure in our home care programme.

Home care is in fact a productive means of collaboration that draws on elements of medical society for helpful service in a sphere of activity. Home care should indeed provide the proof of medical consanguinity. In our society the relationship between the hospital and the home care is far from satisfactory. Thus there is need for a sound community medical care programme.

The Public Health Nurse

The Public health nurse has three major functions in the home—evaluation, education and direct bed-side care. The nursing needs of an individual patient may vary from time to time depending on changes in his medical condition. This may range from daily visits to give skilled nursing care required to maintain the patient at home during an acute phase of his illness to a few visits to educate the family in health care. A reliable member of the family may be taught such procedures as changing minor dressings, giving bed baths, mouth care, etc. During her visits the public health nurse gives considration to nursing measures to prevent complications, to minimize disabling effects and to increase activities of daily living. She plans with the home care personnel for the provision of its special aids and services which are available for the patient's comfort and ease at home. She helps in planning attractive menus and an adequate diet, in order to maintain an optimum health for the entire family.

The Public Health Nurse interprets to the patient and family the implications of the diagnosis and the nature of treatment consistent with the wishes of the physician. She observes, evaluates and keeps the Home Care team informed as to the patient's physical and emotional condition, his reaction to drugs or treatments, as well as, social and physical factors in the environment that affects in the care.

The Public Health Nurse visits to give care and instructions until the nursing needs can be met by the family. She ensures that necessary facilities are available in between her visits to recognize and take the necessary action if the patient's condition changes. In short the public health nurse is the key person for the promotion of the home care. The future of Home Care in our country fully depends on the number of personnel specialises in this field.

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7. Nurses should be given adequate facilities for taking up advanced training through scholarships and deputation in order to keep them abreast with the advances and new trends in medicine and nursing. The number of nurses with post-graduate and refresher courses are far limited in Rajasthan when compared to other States.
8. The existing promotion system be reviewed in order to give adequate weightage to qualifications and efficiency in addition to the length of service. There should be no discrimination in the matter of promotion of male and female nurses and male nurses be given adequate promotion opportunities.
   The existing rule of paying Rs. 50/- per month to male student nurse as stipend and Rs. 90/- for female students is discriminatory and be stopped. All student nurses should be paid equal stipends.
9. The nursing staff should be given all allowances including mess, house-rent, uniform, dhobi etc.
10. Adequate facilities should be provided in the nursing schools. At present nursing classes are conducted on the roofs and on varandas without even a proper blackboard or enough benches or teaching aids.

The Secretary has also written to the Indian Nursing Council requesting it to arrange inspection of schools of nursing in the Rajasthan as early as possible.
