# An Active State Branch
## HOW CAN NURSES HELP ?

By MRS. VIMAL DISKALKAR

HOW CAN we help ourselves to make the TNAI Branch more active. To achieve this objective we must have more members to join the TNAI. Mere numerical increase in the membership will not serve the purpose and therefore, we must have members to take active part in the professional activities and to raise the professional standards. To achieve this main objective a greater amount of effort and co-operation is required at the State Branch level.

Before I go into the details of the subject let us consider how members are enrolled in the TNAI. Each Nursing Training School has a S.N.A. Unit and the students being members of that Unit are indirectly members of the TNAI. When the student nurse completes her training and enters the profession she is given a form by the Sister Tutor or the Nursing Superintendent to be filled in to become member of the TNAI. These forms along with the payments are sent to the head office and thus the student is made a member of the TNAI, very often at the initiative of those concerned at the Nursing Schools.

After we have enrolled her what happens ? She may continue as a member, but quite often she fails to renew her membership because her interest is not sustained. Why does this happen ? To me it appears that :

(1) Our approach to nurses at the time of enrolling may be lacking. For instance ;

(a) Unit activities and the need for professional unity is not stressed so as to make them feel the need for remaining as members of their professional organisation which is affiliated to the International Council of Nurses.

(b) We may have failed to explain to them the functions of the TNAI and the benefits they would get by remaining as members of a professional body.

(c) We may have been deficient in our communication and contacts with the trained staff on professional matters or we may not have found time to talk to them about such matters.

(d) Perhaps we need to give more time to keep in touch with young staff nurses and to encourage them, to stimulate their professional "instinct" and utilize their hidden qualities.

(e) Young blood is attracted towards the colourful slogans and assurances given by the Trade Unions ; when a person is energetic she needs an outlet for her energies. A healthy child uses his strength in breaking toys when he is not supplied with proper playing material to channelize his energies. Similarly nurses are attracted towards Trade Unions when they do not find a channel to realise their aspirations in the professional organisation.

(f) We need to do more to help nurses with their problems. Individual members should be able to meet their nursing leaders and place their grievance before them. A problem is half solved when someone who is regarded as a leader listens patiently and gives an assurance that the matter will be looked into.

(2) At one time a nurse in service was not allowed to marry or live with her family. They were required to live in Nurses' Quarters and as such they could give more time to professional activities. Today most nurses are married. They are tired by the time they fulfil their duties in the hospital and in their home. They have no energy left for professional activities. Daily travel to and from the hospital is exhausting, particularly in cities.

(3) People are aware of their rights, but do not know their responsibilities. The nurses are no exception to this.

I would like to make the following suggestions which may help to make our Branch more active –

Every hospital should have a TNAI unit affiliated to the State branch of the TNAI. Each unit should have a Secretary to organize the activities of the unit. The unit Secretary should keep the membership list of their units and remind members to renew their membership. The hospital unit should meet once a month to discuss problems and for in-service education and recreational activities. The secretaries should keep minutes of the meetings and once in three months, they should meet to discuss common problems and to try to find solutions. This will help members to develop their talents and leadership qualities. Young nurses will learn to shoulder responsibilities and, as a result, more competent personnel will become available for professional organization at State and national level.

I have noticed that when we call a meeting we put a notice on the notice-board and leave at that. Then very few nurses attend the meetings. If the Matron or senior staff contact the nurses at the time of roll-call or on rounds, the response is much better, as individual contact gives the nurses a 'sense of belonging' and a feeling that the senior staff are interested in them as persons.

The State Branch President and Secretary should visit every hospital in the State which would also be an opportunity for a membership drive. If they cannot go to all hospitals other members of the executive committee might volunteer to do so. Visits to Government hospitals might be planned along with the State Nursing Superintendent's visit. The question arises when can the visits be made—on duty ? Casual leave ? Local visits could perhaps be made by some help from colleagues and

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## Health Education

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ness in clinical medicine and public health only becomes apparent when there is thorough understandding of aims, methods and limitations between the workers in the fields and when there is close co-operation between them in the executive work.

It is the patient, his friends and relatives who decide whether he will go to a doctor or a quack and whether he will accept and persist in the treatment prescribed. These preliminary steps are profoundly influenced by the value the community places on health and attitude it adopts towards the services and their personnel.

Health education can assist in bringing about recognition that a disease such as Trachoma, T.B. and Leprosy exists in a community and that it is worthwhile taking advantage of health services to cure cases and prevent recurrence. It can prolong the therapeutic act by using the experience of cure to increase the value placed on good eye-sight and thus promote prevention of blindness.

The success of health education programme depends primarily on the human relationship between the staff and the public.

### Nurses As Health Educators

It is the nurse, who is with the patient most of the time. The attendents and relatives of the patients rely much on the Nurse and she is quick to establish rapport with them all. Therefore, she has the best opportunity to impart health education to the patient and those attending on him. The impact of such education given by her—will have lasting effect. She may educate them on various subjects depending on the need of the patient and the opportunities available. She may begin with personal hygiene, environmental cleanliness, dietics, preventive measures, family welfare and planning and she will be successful if she bears in mind the principles and practices of health education as adopted in the field of Public Health.

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## Psychiatric Section

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ference with the nursing staff.

This kind of violence or indifference to patients is an everyday occurence in our mental hospitals where 90% or more direct nursing care is being given by untrained nursing-aides. Currently the majority of our trained psychiatric nurses are also not prepared for this therapeutic role, nor do the majority of psychiatrists seem to expect it, they still being disease-centred. It all therefore boils down to an urgent need of in-service education and supervision of these nursing-aids and nurses; more nurses to be attracted to this field by providing them more satisfying experiences in their initial training in psychiatric nursing; and better courses to be organised at graduate and post-graduate levels in speciality of psychiatric nursing to prepare clinical specialists, teachers, administators and public health workers. Actual psychiatric treatment takes up only a small segment of a day's 24 hours, the remaining interminable period has to be filled by nurses with therapeutic and recreational activities keeping in mind the importance of environmental and interpersonal influence on patients. As such we need to prepare more nurses for this therapeutic role to look after our mentally inflicted with humane and educational experience.

Besides a nurse's behaviour towards patients, the staff-interpersonal relations also influence the ward climate. Unless the ward personnel also experience the feelings of being accepted, understood and respected, they cannot extend these feelings to the patients. Anxiety of the ward personnel is passed on to the patients making them more confused and disturbed. Patients are extremely sensitive to the non-verbal communication, facial expression, gestures and the tone of voice are more meaningful to him than the words spoken.

Quick turn-over of the staff also interferes in therapeutic care of the patient. An uninterrupted nurse-patient relationship is beneficial for his sense of security.

Nurse need to be aware of her *SELF* and how it is used in different nursing situations. She has to understand how she affects patient's behaviour and the human environment for him through her own behaviour. She should provide for him an opportunity to experience satisfying relations initially through one-to-one relationship and gradually create situations for him in which he finds satisfying relations with other patients, ward personnel and friends and eventually in a group situation. 'No miracle drugs, no organic treatment, no operations can provide the security needs so indispensable for harmonious human living which can only come from other human being and that human being is the nurse working with him round the clock in various nursing situations.

## Effective State Branch

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adjustment of duties but out-station visits raises the problems of leave and expenses.

The State Branch should publish a Newsletter to keep members informed of the activities in the State and involve their participation in contributing items of interest.

Members might contribute a small amount, say 25 paise per month, to meet State Branch expenses.

A full-time Secretary is needed, at least for larger States like Maharashtra. Reorganization of the TNAI at State level is essential so that educational and other professional work can be undertaken according to local needs.

In a democratic set-up the root of the organisation—responsibility—should be with the members. But in the TNAI authority remains with the Head Office, e.g. "all subscriptions are credited to the general fund of the TNAI and a per capita grant is made to the State Branches as decided by the Council from time to time." Instead the responsibilities to increase members and collect subscriptions could be delegated to the State Branch. Meetings of members in hospital units, district branches (consisting of hospital units) and at State Branch level would give them a greater sense of participation in their professional organization. At present they feel—the TNAI in Delhi is so far—who will solve their problems ?