THE NURSE

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THE first half of the twentieth century is the most important revolutionary period in human history. It is the 'Period of Renaissance' in which the old order metamorphosed itself into an entirely new setting. The whole look of the old world has changed. The slow-moving sentimental individualistic world transformed itself into rapid —revolving technical collective entity. The human beings, their character and ways, outlook, implements, economy, social codes, governments—in fact, everything changed beyond recognition—all this within the last quarter of nineteenth and first three quarters of twentieth century.

Along with the general upheaval, professions have changed and the Nursing Profession did not lag behind. At the beginning of twentieth century, nursing as a profession was nearly non-existant in India. The Nursing profession began to take root in the Indian Society as a means of subsistence for helpless widows, divorced or forsaken wives and spinsters with no future and nurses were predominantly nuns. Nursing consisted of simple mechanical procedures involving personal hygiene of the patient and more of sentimental support. The best nurse was she—males entered the field later—who kept the patient clean and made him comfortable.

The sentimental and mechanical world has now changed into a scientific, technical automation. Both the medical and nursing professions have undergone the same changes, both becoming intensely technical. The medical profession has become highly specialised and the main requirement before the nursing profession today is to keep pace with this specialisation. Medical profession has no longer remained in the stage of 'draught-pill-pat on the back' and the nurse has progressed much from her 'back and bed-making' stage.

This is an era of specialisation. Specialisation should involve not only doctors but also nurses, attendants and statisticians. In every branch of medicine, surgery, gynaecology etc., there should be not only specialist doctors, but specialist nurses, attendants and statisticians to form a specialist unit.

The Nursing Profession can be divided into the following broad specialities :

(1) **Basic Nursing** : One of the main causes of public complaints of negligence against hospitals is the technicalisation of nursing profession with resultant neglect of personal services to the patient. Formerly, the nurse was a mere physical attendant on the patient. But with the technicalisation and specialisation of the medical profession, Nursing profession is also being technicalised and specialised. A great deal of administration is being relegated to it. A nurse has become more a technical assistant to the doctor than a personal attendant on the patient and an administrator to boot. Naturally the patient is missing the personal services rendered by the nurse hitherto and interprets it as neglect. The technical aspect of the profession has overshadowed the personal rapport between the modern nurse and the patient. In view of the current trend of elevating nursing profession to highly technical and administrative standards, it is incumbent that a new cadre takes its place for personal services to the patient.

A one year's course of 'Basic Nursing' comprising of such basic procedures as recording T.P.R., sponging, back-making, mouth-cleaning, feeding, constant attendance on oxygen or transfusion patients, administration of enemas and douches, bed-making etc—in fact, all non-technical procedures which were the main duties of the nursing profession in its initial stages—should be introduced to replace the present technical nurses who have no time for these simple but fundamental procedures. This cadre of 'Basic Nurses' besides catering to the basic personal needs —physical and mental—of the patient who values them more than the technical treatment, will relieve the modern nurses of this basic burden, leaving them free to assist the doctors in their technical work and to carry on the ward administration. On the other hand, the patients will be satisfied due to the personal care bestowed upon them by these 'Basic Nurses.' The entrance qualifications need not be high. In fact, this cadre can be included in Class IV of medical department and the surplus can be used in private capacity by paying patient or can even start private nursing practice.

I am sure that with the introduction of this basic cadre, the hospital-public rapport will be very much closer and 80% of complaints against the public institutions will disappear.

(2) **General Nursing Cadre** : The present course of three years. *One year after general course.*

(3) **Technical or Professional Cadre** : (A) Medical including all specialities ; (B) Surgical and all its specialities : (1) Neurological (2) Chest (3) Abdominal (4) Urological (5) Orthopaedic (6) E.N.T. (7) Ophthalmic (8) Operation Theatre Technique ; (C) Venereal and skin ; (D) Midwifery and Gynaecology ; (E) Family Planning : (F) Public Health ; (G) Rehabilitation : (*a*) Physiotherapy (*b*) Professional rehabilitation (*c*) Physical and mental rehabilitation. (This cadre will be useful to institutions for the handicapped.) (H) Psychology : for Mental Institutions.

(4) **Administrative Cadre** : *One year after General Course.* The nursing profession has not remained a simple or technical profession. Ward and central administration requires special qualities and training and as a

speciality by itself. It is not always that every trained nurse is also an efficient ward administrator. Administration is a whole-time job and should be the domain of the specially trained nurses with a special flair for administration.

(5) **Teaching Cadre** : *Tutors and Lecturers : One year after General Course.* All are not efficient teachers—not even brilliant students. Teaching requires special quality of self-assertion. The best teaching requires special quality of self-assertion. The best accumulator may not be the best donor. Nurses who have a special liking and personality for teaching should be chosen for the important speciality. The whole future of the profession depends on this cadre.

(6) **The Special Service Cadre** : *One year after General Course.* This is a very important branch of the nursing profession. As there is more and more technicalisation of the Nursing profession there is less and less time left for the show of sentiments and rapport with which the patients and his relatives identify the profession. Naturally, the patient knows less about and, therefore, cares less for the technical efficiency of the nurse and complains about the comparative lack of sentimental cajolment or personal attention on the part of the nurse.

Of course, this is mainly the duty of the 'Basic Cadre' mentioned above. However, there are wider situations which require expert handling. The environments of a patient in the hospital are naturally very depressing and in the interest of quick and uninterrupted recovery, he requires moral support, mental encouragement and environmental help which can only be rendered by a sophisticated staff with special training. In my opinion, in view of the inherent nature of the nursing profession, it is the urgency to undertake this very difficult and specialised work. Besides, this cadre has to act as a go-between between the institution and the visiting public, and as such, the hospital-public rapport mainly depends on this cadre.

In 1959, as D.M.S., Mysore State, I had started this important branch in every hospital and a perusal of the circular which must have been buried in office files, will show the multifarious duties of and extensive scope for work in this department. A nurse with an arm band "May I help you", would mix herself with the outpatients and inpatients and render them *whatever* help necessary. There is a need to start special training for social service and create a cadre of social nurses and public receptionists. I emphatically assure the government and the departments that at least 75 per cent of the public complaints and adverse press reports against public hospitals will cease if this system is put into operation with assiduous sincerity. The following will be the duties of this cadre :

(A) **Out-patient Department** : (*a*) To receive the public, to answer all kinds of enquiries to supply any information ; guide patients to various departments (*b*) To look after the serious, infirm or juvenile patients and get them expeditiously attended, admitted and treated (*c*) To give milk and nourishment to waiting children or infirm patients. (*d*) To attend to any difficulties of the visiting public.

(B) **Indoor Wards** : (*a*) To visit every patient in every ward every day and to enquire into his complaints, difficulties, inconveniences, discomforts etc. and try to remedy them. (*b*) Go-between the patient and the doctor : (i) Interpretation of the doctor's advice to the patient and his relatives and persuasion to abide by it. (ii) Interpretation of patient's and his relatives' viewpoint to the doctor, (iii) Putting patient's and his relatives' requests and complaints before the hospital authorities and get them attended to.

(C) **Education** : (*a*) Basic education to illiterate convalescent patients and relatives. (*b*) Health education to patients and relatives. (*c*) Home nursing and First Aid classes for convalescent patients and relatives. (*d*) Any other health propaganda such as Family Planning.

(D) **Entertainments** : (*a*) Upkeep of patients' library and distribution of books, getting old books and magazines for the library (*b*) Management of indoor games (*c*) Arrangement of entertainment programmes (*d*) Reading newspapers or stories etc. to the group of patients (*e*) Arranging picnics or outdoor programmes within the compound (*f*) Children's ward decorations and recreation (*g*) Decorations and programmes on religious festivals.

(E) **Attention to patients' requirements** : (*a*) Writing letters and reading them for illiterate patients and relatives (*b*) Arrangements for conveyance and conveyance fares, tickets reservations etc. for discharged rural patients (*c*) attention to the fact that every discharged patient gets full advice on after-treatment recorded on the discharge card and full explanation of the same (*d*) Attention to revisiting patients for check-up (*e*) Rehabilitation of homeless patients on their discharge (*f*) Getting prescribed drugs for rural patients.

(F) **Moral Support** : (*a*) Giving sympathy, courage and advice at the time of major operations or serious illness. (*b*) **Death** : (i) To send for relatives and friends. (ii) To give sympathy and solace to them. (iii) To curb noisy demonstrations by relatives. (iv) To transport the body with due respect. (v) To arrange for any help required. (vi) Disposal of unclaimed bodies.

This list itself will show the multifariousness of the duties and the social importance of the department.

Sex Controversy :

Recruitment of males for the nursing profession has fallen into disfavour in most states in India. Mysore is also discouraging it. While allowing the fact that nursing profession is more suited to female

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sex, I maintain that males should not be barred from it. They have their use in special situations demanding laborious work, such as operation theatre management. If compounding is substituted for midwifery during the last year of training, the male nurses will prove admirable nurse-compounders for mofussil and rural areas where female nurses do not feel secure. The males have less responsibilities regarding upbringing of family and hence can give more attention and time to official duties. However, there is one drawback. Male nurses tend to steal into medical practice and eventually turn quacks, just like compounders. Stringent steps against the defaulters in this respect are called for if this evil is to be eradicated.

Private Nursing :

In the initial stages of medical training, the whole turnout of the medical personnel could be absorbed in government or public services. The students were awarded stipends in return of signing bond of service with the government. After saturation of all services and further expansion of training facilities, all the surplus which increased year by year, had to take to private enterprise in the form of private medical practice. The nursing profession has reached or is reaching the same stage in its development and the time has now come when the profession should be independent of government subsidies and service. Even the metropolitian cities like Bangalore have scarcity of private nurses. Service nurses are not lent ourside. Consequently, the private doctors and the public are very much inconvenienced. I am sure that private nursing has an extensive scope in this country and private nurses are more in demand than doctors. Every private serious patient has to be removed to hospital because it is impossible to treat him at home due to the absence of private nursing facilities. This situation puts an extra load on hospital nurses and extra mental tension on the patient and his family. I venture to say that private nursing has better prospects than private medical practice in these days of bed scarcity in majority of hospitals. It is high time for the nursing profession to start private venture, just like medical profession with fees which would suit the pockets of the middle class which is always reluctant to go to public hospitals but at the same time cannot afford the private nursing homes. Instead of undergoing all the inconveniences of government service, I cannot understand why nurses should not get their training without any strings like stipend and bond and then settle down in the place of their choice or do private nursing practice wherever they move, tagging themselves to local private medical practitioners if necessary, thus enabling them to treat cases at home.

A nurse is double-saddled. She is the bread-winner and also a house-wife. She has dual responsibilities, especially after marriage. She has to attend to her duties outside and look after her family at home. Nursing Services, therefore, should be such as to accommodate her twin responsibilities.

Service Conditions :

(A) **Part-time Posts** : Nurses may be appointed to part-time posts. As many part-time posts as possible should be made available to nurses so that they can manage their duties and family responsibilities simultaneously.

(B) **Stationary Posts** : A transfer upsets a female more than a male, due to nature of her family responsibilities. Absence of the lady of the house disrupts the whole family. A cadre of stationary posts should be created so that local nurses can be accommodated in service.

(C) **Fixed duty hours** : Some nurses may like fixed duty hours such as permanent night duty or evening duty, so as to accommodate their family life by adjusting the duty hours to their home responsibilities. This should he allowed in genuine cases.

These are few of my humble suggestions for improvement in the profession to which I owe my career as a surgeon.

Psychiatry—*(Contd. from page 359)*

or distaste. After a few sessions generally, the parents report that they have now become better able to 'treat' their own child and there is a great improvement in the situation." He was greatly impressed by Dr. Chakko's 'family wards' at Vellore and said that rather than continuing to follow the latest Western methods in all the sciences, this country would do much better to look towards her inner resources and to relate the practice of psychiatry and psychotherapy for the cure of the mentally sick to our own way of life and our own philosophies. He was convinced, and had spent a lifetime of dedication putting that conviction into practice, that psychology cannot work if it is not related to the totality of human life as it is and as it should be, in all its contexts—social, political, physical, mental and spiritual.

Relating psychology to philosophy is a new concept, and one, that at least in theory, looks very logical and so simple as to be surprising. The deeper implications of it, however, may demand a discipline of mind from both the psychiatrist as well as the patient, that could prove it difficult to apply in practice.

The final impact of singularity that Dr. Finch made on me was his absolute refusal to make a concession to these practical difficulties. He is calmly confident that that is the only way. Along with Huxley, he believes that "nothing short of everything will do."

As a man he commands respect, not only on account of his obvious and probing intellect, not only because of his courage and dedication but also because of his determination to help us see the beginnings of a better world, inhabited by less fragmented, more integrated human beings. *(Courtesy Times Weekly).* □