NURSING NOW

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NURSING now is creatively involved in learning and service. It continues to move into the Community—urban and rural, national and international.

Nursing now:

— offers men and women opportunities to serve creatively and significantly in a variety of clinical specialities and health agencies.

— is progressive and exciting, providing experiences and challenges in a continuously changing environment of Public Service and Personal growth.

— in India, Nursing incorporates the changing role of the professional nurse in an educational programme which emphasizes commitment, independence, responsibility and intellectual curiosity.

Nursing profession in India exists to meet the health needs of the people. Hence as health needs change, so must health care. Unprecedented changes have occurred in the structure of our society, in life styles, and in scientific and technological advances. These changes have altered the pattern of disease and the traditional therapeutic approaches as well as the concept of health care, and the expectations which society has of health professions. Today health is considered more than a basic human right, it has become matter of public concern, national priority and political action. The current trend is to emphasize health and its promotion.

Massive Health Programmes

Continued emphasis on health, and on the potential for health has resulted in the promotion of massive health programmes as well as short- and long-term Rehabilitative Programme with the shift in emphasis from cure to preventive and health maintenance, a wide range of techniques have come into use, including multiphasic screening, disease detection, examination for "wellness", environmental and mental health programmes, accident prevention and Nutrition and health education. Special efforts are being made in this regard to reach and motivate members of various socio-economic groups concerning their life style and health practices. The main thrust is to design a health care delivery system so that the goals of comprehensive health care can be available to all people at a tolerable cost.

The health care delivery system is rapidly changing as society's health needs and expectations change. A multitude of social and legislative factors are significant motivators of the changing patterns of health care. Changes in the population in general are affecting the need for and the delivery of health care. According to Park it is estimated by the year 2000 there will be 830 million to 1 billion people in our country. This population expansion has in part been attributed to improved Community Health Services and improved nutrition. It is not only the population increase but also the composition of the population that is changing. Due to increased life span that has resulted from improved medical care from now to in 1950s there are increased number of school-age children and older age group of citizens in the country. Thus, this leads to the mobility of the changing population. Because of population change the need for health care for specific age groups and for persons within specific geographic localities is altering the effectiveness of the traditional means of providing health care and is necessitating far reaching changes in the overall health care delivery system.

Role of Media

The general public has become increasingly interested in and knowledgeable about the health and health maintenance. This interest and knowledge have been stimulated by T.V., newspapers, non-professional magazines and other communication media. To a certain extent the public has become more health conscious and has in general begun to learn to set aside a part of their income for health scheme services and other saving scheme programmes. Members of the health professions have become increasingly aware of the public's beliefs about health and health care—what the future will bring for the health care delivery system is uncertain. But we as health promotors should believe that it will provide a means for furthering the concepts of health promotion, maintenance, restoration. The nurse as a health care planner and provider has greater role to play in delivering health care system to the people.

Recently in India the trend of professional Nursing is fast changing and is adapting to meet changing health needs and expectations. One such adaptation can be noted in the expanded role of the nurse. Nurses have assumed a variety of functions which have extended the responsibilities in Nursing. Specialised Nursing practice has resulted from the recent explosion of technology. Nurses now receive advanced education in such specialities as community de-

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velopment and health care, intensive care, coronary care, respiratory care, neonatal intensive care, renal dialysis care, and transplant care. With the expanded role of the nurses have emerged various titles that attempt to specify he functions as well as the educational preparation for Nurses. A few of these titles are Clinical Nurse Specialist, Nurse Practitioner, Family Nurse Practitioner. Now, many major as well as smaller hospitals have adapted Nurses called Clinical Specialist in the respective specialities as well as the educational preparation for the same. We are yet to receive the title 'Nurse Practitioner' and 'Family Nurse Practitioner' as an extended role in Nursing.

We are not far away from this dream. Within few years time, there may emerge clinics by Nurse Practitioners and Family Nurses in various parts of the country, the pattern of delivering the health care system may have newer dimensions in meeting health and well being needs of the people. By 1990s Nurse Practitioners may assume full responsibilities in setting of clinics both in urban and rural areas, perform their functions as extended role in Nursing practice than just being a traditional Institutional Nurse. They may also resume roles in setting up independent and/or group practices as other health professionals, and may call for consultants to their practices.

A Nurse with masters degree is proficient in a specialized area of Nursing and utilizes this expertise to provide direct Nursing care to patients and consultation services, guidelines, and teaching to other nurses. She also has advanced skills in history taking and physical examination that are utilized to assess the physical and psychological health and illness needs of the individuals, families, or groups. She has the competence to plan and implement direct and indirect Nursing care with consideration for coordination of care with other health professionals.

Changed Concepts

Reading through the history of Nursing one can understand that the concepts and various methods of approaches to patient care in fulfilling his needs have progressively changed. Affluent western countries have accepted the Nursing process as the essence of Nursing. It is a deliberate, problem solving approach to meeting the health care and Nursing needs of the patients. The common steps of Nursing process are assessment, planning, implementation, and evaluation. The fundamental components can be utilized to define the Nursing process.

— a systematic assessment of the patient's problems for the (purpose of establishing Nursing diagnosis.

— Development of a plan of care to solve the problems.

— Implementation of the plan of care of supervision of the implementation of the plan of care by others.

— Evaluation of the effectiveness of the plan of care in resolving the assessed problems.

To a Nurse, Nursing Process is a data collection, and decision making process that incorporates evaluation and subsequent modification as feedback mechanism that promotes the ultimate resolution of the patient's Nursing problems. Nurse Educators in the country are trying one step higher in teaching Nursing students both at the Basic and Post-Graduate courses 'Nursing Process', a newer approach to Patient Care where the Nursing needs are diagnosed and the plan of care implemented and effectiveness of the care is evaluated retrospectively. Nursing Process is implemented all through his stay in acute, convalescent stages of illness, as well as in the follow up care.

Nursing Process is very much used by the Nursing personnel in the Community programme for a number of years in the country. The objectives of Nursing Care are based on the broad components of Nursing Process assessment of patient/client needs in the community, plan of care, implementation of care and evaluation of effectiveness of planned care. The Colleges of Nursing both in Basic and Post-Graduate courses are teaching this newer approach "Nursing Process" to patient care based on patient's physical, biological and psychological environment, his family and community in delivering the health care system according to his needs and problems, both in the hospital-based and community-based Nursing care. Soon the trend in patient care from individual patient assignment, patient centred approach would shift to follow Nursing Process in majority of the Medical College hospitals where College of Nursing exists.

Continuing Education Programme

Another trend to be followed in improving the patient care is planning Continuing Education Programme to both active and inactive professional nurses to keep up their ongoing learning needs. This enriches the professional Nurses broaden and deepen their knowledge and skills in general and specialized areas of Nursing practice. So also is an opportunity to understand the newer concepts, techniques and develop skills of the current practices of Nursing to be in line with advances of modern science and technology. I wish very much that every nurse in the country both from Diploma and graduate programmes are encouraged to register themselves periodically to well established Continuing Education Programme from College of Nursing and renew their licence for practice in their respective fields as clinical specialists, Nurse Educators, Nursing Superintendents and Nursing Practitioners in fu-

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(d) **Relevant**

Activities should be set at a level which offers a challenge to the student without endangering the patient.

Information and skills will be much more relevant to a student if he knows how he will use the information in his job. So be sure we relate our teaching to the work the student will be expected to carry out once qualified.

State our Objectives

Another way in which our teaching can be more meaningful is to explain in advance what we are going to say—state our objectives. By doing so, the students will know what we want them to learn. They in turn can, therefore, make more sense of the teaching.

What Kind of Teaching Methods Should be Used

The various methods can be classified according to their aim—for knowledge, for skill or for attitudes. Although there is considerable overlap the method under these three headings may be adopted for individuals and for groups.

Methods for Acquiring Knowledge

1. Reading material: the best way for large amounts of information. Testing however is necessary to ensure absorption of facts.

2. Lecture: requires considerable skill from the lecturer, should be supported with appropriate visual aids and plenty of discussion, time saving.

3. Tape-slides: cheapest form of canned presentations and can be made topical and relevant. Films or videotape can portray dynamic situations.

4. Find out: discovery by doing, seeing or feeling, some direction necessary to sustain relevance, requires suitable material being available.

Methods for Skill Development

1. Effective speaking: the one-way communication system to individuals or groups improved by stating purpose and checking progress.

2. Role-playing: more powerful technique particularly when supported by audio-visual feedback. Can be threatening to individuals.

3. Case-study: useful for developing analytical diagnostic skills; risks of prescribing "correct" solution; requires considerable preparation; promotes social skills in groups.

4. Stimulation: for developing decision making skills for sifting and sorting priorities; realistic in content and time pressures; can still be incorporated with role playing to complete the "games"; dangers of "gimmickry".

Methods of Attitude Review

1. Observing individuals: requires skill in perceiving behaviour but useful in identifying habits or prejudiecs unknown to the performer, e.g., clinical teacher; difficult to evaluate but it is the basis of much informal learning.

2. Comparison with peers: formal exchange of opinions expressed on a particular topic; the dangers of getting off the point (because the subject may be challenging) can be avoided by good preparation and discussion leading.

3. Demonstration: of others or self by candid counselling either by individuals or groups a formal programme is necessary with proper safeguarding against subjective judgements and may give the counsellor too much authority.

4. Analysis: Study of the derivation and expression of personality leading to comprehension of attitudes in self and others; the most potent changer of attitudes is understanding; requires the individual to have willingness to learn and to alter.

Conclusion

In short, students should (i) be actively involved, (ii) receive feedback on their performance, and (iii) discover and learn for themselves. In using the above strategies we are meeting the responsibilities of a teacher which are: (i) to guide the students; (ii) to put the students into situations in which they can learn what they need to know; and (iii) to ensure that the students learn as effectively as possible.

References

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ture to contribute more of Nursing profession to the emerging health care system in the country.

The major organizations like Indian Nursing Council and Christian Medical Association of India who are responsible to set policies and standards of Nursing Education and Service in the country, as well as the Colleges of Nursing under the University Programmes would very soon realise the need for such progress and may take interest to plan the Continuing Education Programme for Nurses to update themselves in the profession so that the Nursing body may involve themselves at a greater length in the Health Care delivery system.