Nursing Care: Vital for the Nation's Health

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AS we meet on the occasion of the Platinum Jubilee Conference of the Trained Nurses' Association of India, we are inspired to seek new horizons in the efforts to improve Nursing care for our people. The scope of our profession will have to expand greatly so that the impact of nursing is increased on the nation's health.

The word vital is used both in medical language and ordinary conversation. It is derived from the Latin word 'vitalis', which means life; pertaining to or necessary to organic life; it also means something which is indispensable, essential. Therefore, vitality signifies a quality—a depth in existence and not merely existence.

Air, water and food are vital to life but we need shelter, exercise, nutritious food, freedom from disease and so on for a quality of life. We often use the term 'vital organs', but these vital organs do not function in isolation. They have to be examined within a whole system to maximize their function.

While examining the role of Nursing in the overall system of health care, I interpret Nursing as vital for the nation's health. That is, it is not only an essential part of the Health Care system of the nation but it is a part that brings vitality to the system and can bring about a quality of health that we aspire for 'Health for All by 2000 A.D.'

An Approach in Totality

We believe that the nurse must consider the total health of the person or the family and his needs as a whole which include interrelated physical, mental, emotional, social and spiritual needs. Hence, most often she is the one caring person who interprets health care services and prevents fragmentation of health services. Thus her role is vital in two ways: firstly, because she is the backbone of the system. Her position is closest to the people and she has the maximum opportunity to ensure that quality of health care services which would give top priority to health promotion and health maintenance. Now, how far she uses this opportunity is another question. Secondly, manpower-wise, nurses are most in number among the health professionals. Take away the nurses in any hospital—the whole service would collapse.

The important assets of a poor country like ours, is its manpower, the people and their skills. In recent years a social and political focus is being placed on health promotion and maintenance and less on the treatment and cure of disease. The focus emphasises that the health care providers and consumers should not think in terms of medicine or in terms of disease alone, but rather to think in terms of health and life. Therefore, in organizing health care projects in a community one needs to see the priorities, like socio-political injustice, land distribution, population control, agricultural production, malnutrition, health care teaching and curative medicine. Under such a system, curative medicine would have a lower priority. Every day we see patients in O.P.D., wards or health clinics who are sick or ill with conditions which could have been avoided had they been taught about prevention, or motivated to do so, or, if they had the means to do so.

The Cure - Care Model

In the cure-care model, **Cure** refers to acts of diagonosis and treatment for which physician has primary responsibility and **Care** refers to acts of guiding, helping and counselling. In the care process nurse has the primary responsibility. The care relationship with the patient is continuous and involves both illness and wellness states. In the holistic vision of health—self-responsibility for one's own health is encouraged. An individual has to take the responsibility for his optimum wellness. The patients or the clients have to understand and feel for the need for help, accept it and they need to be obligated to cooperate with the source of help. Self-responsibility along with nutritional awareness, physical fitness, environmental sensibility and stress management are the basic concepts of holistic health.

Therefore, whether we call it 'Health for All' or 'holistic health' or 'wellness life style', the question arises how do we achieve this? It is a tremendous task to shift the whole responsibility of health to the individuals or community where for ages this has been viewed as the responsibility of health care personnel.

Another difficult task is: what do we consider to be our resources and how are these to be

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utilized? We have alternative systems of care like Yoga, faith healing, homoeopathy, ayurvedic medicine; for example, a study conducted on patients with pleural effusion shows that patients who practised yoga recovered quicker in their respiratory functions and they showed keen interest in practising yoga regularly. Hence, we must mobilize the resources that are available and also try to develop potential resources. The question here is: how to determine the priorities?

Two Different Streams

In Nursing, the potential for creating and using alternative forms of Nursing may often lie outside the hospitals. Her emerging role in the health care system is seen as being one of determining needs, relating to, and learning from people, teaching them to be responsible for their own, their families' and their communities' health (Barrow, 1980). Thus, two fundamentally different streams are distinguishable—one, technology-dependent Nursing in institutions, and two, Primary Health Care Nursing with less trained health workers, and higher trained nurses to coordinate both. Therefore, such a shift in thinking is almost bound to have its effect on those who provide care. Moreover, alterations in the role of one care-provider will affect the other and will in turn affect the total health care system.

Now, let us examine this question—who thinks or considers Nursing is vital to nation's health—The nurse? Other health personnel? Or, the consumers? We may shout to our heart's content that we are important but unless we are perceived to accept significant responsibilities we will not be able to have a stable position in the nation's Health Care system in the way we feel Nursing should be. We need to examine ourselves —more introspection is required. A large number of dissatisfied people are found in the Nursing profession. Nurse administrators often have to cope with apathy manifested in nurse's disinterest, boredom, and unwillingness to risk change.

We have to admit that this is a women-dominated profession and women in Nursing continue to be oppressed. Lack of freedom to think, to question, is often said to be due to domination by medical profession or hospital administration. Are they really to be blamed for this imprisonment to this date? I believe the existing oppression is self-perpetuated.

Even in the west, a survey of patients' opinions regarding the image of the nurse reveals that patients still accord a lower status to the nurse and the image of the nurse which continues to be held is that of a female nurturer, medicator, physician's assistant and handmaid. Therefore, sex-linked and task-oriented concept of the nurse lives on. When a prospective candidate joining Nursing is asked, "why do you want to enter Nursing?", the answer most often is, "to take care of people when they are sick." Therefore, the image of Nursing that is projected even on those who are neophytes is sickness-oriented.

The Cultural Hang Over

Culturally, little girls are taught or they learn from their mothers or the environment that their decision-making capacity is limited; the boys can do it better: with the result her decision-making capacity is stunted. Often she is grateful for what she has given and cannot think of negotiating for staff or budget. The autonomy and scientific thinking associated with a profession is much to be desired. But how long can we blame others for this dependency? The major conflict that perhaps arises is between the professional image students often hold and the bureaucratic one that is thrust upon them in the job. Still, the whole health care system perhaps continues to consider nurses as the extending hands of the physician. Now, do we really want to carve out our position in a more autonomous/independent role in the community for giving care? And how are we going to do this? Are we really interested in providing Nursing care?

There seems to exist in many nurses a fear of giving up the comfort of familiar roles, a resistance to abandoning meaningless task. Whatever may be the reason, we, the nurses, have a tendency to cling on to an antiquated job description. Nursing is somewhat fixated at the adolescent phase of development. It is said, "if at any point in its development an occupation fails to attain maturity, the occupation never develops to its fullest potential. It then remains occupational in nature, is absorbed by other professions, or disappears entirely (Marram **et al**, 1974, 6). We know that autonomy is the missing link in the professional development of Nursing. Autonomy would mean that nurses "have direct lines of access to clients and are responsible for their own practice decisions and accountable to clients, to peers, to the professional organization, and to the courts for their conduct." (Marram, 1974, 7).

Discovering Ourselves

To have autonomy means to have power or authority. But with this goes the difficulty in facing demanding problems, make decisions, and be responsible for our action. We have to look at ourselves and see that we are not making a virtue of powerlessness, weakness and helplessness. This would bring self-destruction for Nursing. There is an acute need for each one of us to discover ourselves. Are we doing what we can do, what we have learnt to do and what we claim to do? We are the best judges. When we have answered these questions, cleared the weaknesses within us, defined our role—the task dimensions, the authority dimensions—then only we should look for the faults outside our professional boundary. Then only can we make ourselves vital in a true sense. We have certain tasks that are independent which emphasize care component, some that are collaborative,

e.g.: assisting in therapy; tasks that outline educational role of Nursing; and, tasks that are administrative in nature stressing her role in coordination, policy-making, planning, implementing at different levels of the care giving process.

In summary, we need to define the parameters of Nursing practice. Each one of us in the health team as well as in the community has a job to perform towards holistic health. Can we continue to grow as a caring, sharing profession, concerned with people and their needs? In the process we may find that this growth is promoted by giving away some of the prerogatives of the profession to colleagues with lesser training and to the community at large.

Some Basic Decisions

Nursing as a profession must decide for whom shall we provide health care? Only for those who come to the hospital? Only for those who come to the health centre? Are we responsible for those who do not come to the hospital or health centre? Should limited resources be used to provide better care for a few or to provide basic care for more people? We have to play our role in the struggle to remove obstacles in the path of better access to basic health care.

Nursing as a profession will have to accept responsibility for significant functions and develop abilities to prescribe preventive, curative, and rehabilitative treatment in a responsible, accountable way.

Building the nation's health is, in the final analysis, a partnership and I would like to conclude with a verse that would depress the teamwork that is essential for improving the nation's health:

"Someone has blended the plaster
someone has carried the stone
neither the man nor the master
ever has builded alone
only by working together
things are accomplished by man
all have a share in the beauty
all have a part in the plan."

Further Reading

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BRANCH AFFAIRS

ANDHRA PRADESH

Mr. T. Stephens, Secretary-cum-SNA Advisor, Andhra Pradesh Branch, TNAI, writes:

The Annual Conference of Andhra Pradesh Branch of TNAI, will be held during December 10-12, 1983, at Kakinada, Mr. V. V. Subrahmanyam N/SI and his team are kindly hosting it. The Branch Executive committee meeting will be held on December 9 at Kakinada to which all the Executive members are welcome. For the 3-day conference, all nurses in the State, members of the Association or non-members and those having membership in the Telangana and Government Nurses' Associations are most welcome.

The programme includes 3 Plenary Sessions on the 3 sub-themes evolved from the main one, 'Developing Roles in Nursing'; Business Session; Inauguration and Veledictory function; half-day sports; some competitions and Scientific Exhibitions. Registration forms can be had either from the under signed (at CSI Hospital, Karimnagar-505 002) or from Mr. V. V. Subrahmanyam, (N/SI, General Hospital, Kakinada, East Godavari Distt.).

Like a Butterfly

Miss Gauri Sahu

She is a bird like butterfly;
As the butterfly moves from
one place to another daily without
any reason on its own wings.
But
D.P.H.N. also moves from one P.H.C. to
another PHC
to supervise, to provide adequate teaching
and guidance,
specially to the female health assistant
and female health workers for bringing
forth better standard of
health for all by 2000 A.D.
in a Government vehicle.