Primary Health Care Programmes

TNAI's Role in Implementation

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DURING the last five years, the role of national nurses' associations in the implementation of the primary health care programmes has been debated and discussed considerably at the international level. It has created a new awareness among the nursing leaders in India and has, in fact, made us more aware of some of the aims and objects for which the Trained Nurses' Association of India has been working for the past about eight decades. The main thrust of this paper is on what the TNAI is doing or is envisaging to do for the implementation of the PHC programmes in India. Before outlining the specific areas in which the Association is thus involved, it seems necessary to highlight some salient facts and figures about the TNAI.

As most of the participants in this Seminar may be aware, the TNAI is celebrating this year as its Platinum Jubilee Year on completing 75 years of its existence. Its involvement in the organization of this Seminar at an inter-country level is, in a way, a grand finale to the activities arranged during the Platinum Jubilee Year. The TNAI has, as at present, about 16,000 trained nurse practitioners and about 22,000 student nurses as its members. A point to note is that we have a big chunk of them as life members. That speaks of the commitment and sense of solidarity that the nurses have to their professional association. Another salient point to note is that the Association has been attracting more and more members during the last 10 years. The membership has risen from 9,000 in 1973 to 16,000 in 1983. The Association has a network of State Branches in 23 States and Union Territories of India. There are only three Northeastern border States—Arunachal Pradesh, Sikkim and Tripura—in which TNAI Branches are yet to be established. In this regard, the Association has a fairly good national coverage and is able to provide a link between the vast number of nurses in the country. The TNAI is a purely voluntary body from the viewpoint of its social identity. It, however, enjoys Government recognition as a service organisation and is given an advisory and recommendatory status. Invariably, it is consulted in formulation of policies and legislation relating to health care. At the State level also, such a liaison between the Government and the State branches generally exists. Apart from performing the routine activities that a professional body is expected to perform, the Interest Sections of the TNAI consider the trends and problems relating to the specific areas in Nursing and these are usually brought out at the Sectional Conferences and Workshops. Some of the Interest Sections that have been quite active in the past few years are : Nursing Service Section, Nursing Education Section, Public Health Nursing Section and Research Committee.

The Role of Nurses and Nurses' Associations in Relation to PHC

Subsequent to the Alma Ata Declaration in 1978 and the recommendations of the International Conference on PHC[1], a workshop on 'The Role of Nursing in PHC' was organised at Nairobi by WHO and ICN in 1979. The role of National Nurses' Associations vis-a-vis the PHC approach was also discussed at this Workshop. The crux of thinking on this subject was as under :[2]

National PHC Development : Once the plan of action was determined at the national level, the NNAs could plan the direction and action to strengthen the contribution of Nursing to PHC.

Intersectoral Coordination : To function effectively in a PHC programme, nurses (and other health personnel) must adopt a change in attitude with regard to the contribution which can be made by other workers in the health team, and by workers in the social and economic sectors. The NNAs could act as change agents in this regard.

International Cooperation : Governments, as well as NNAs should share and exchange information regarding the development of PHC so that they may benefit from each other's experiences.

Education : The existing educational programmes for all levels of health personnel be reoriented so that they have the necessary skills and attitudes for community service. It was envisaged that the NNAs familiar with the PHC approach, could influence educational programmes for nurses, through their education committees.

Research : The nurses and the NNAs could promote research in finding practical solutions to the problems involved in the delivery of care. The NNAs could also encourage governments to utilize suitably prepared nurses in PHC research.

On the basis of the abovementioned background thinking, and considering the obstacles that NNAs generally faced including existing policies in relation to health services, the lack of human and material resources, the dominance of medical professionals etc., a broad framework was worked out within which the NNAs could proceed to develop their contribution to

primary health care implementation.[3,15] These recommendations were :

1. The NNAs should be aware of national health policies and the situation of Nursing in the country, in order to be able to participate in the implementation of PHC and to provide information to nurses.
2. The NNAs should decide on the major areas in Nursing which need to be reviewed and/or changed in line with PHC policies, particularly Nursing education programmes, redefining and restructuring the role and functions of nurses.
3. The NNAs should develop and/or strengthen effective relationships with other groups.
4. The NNAs should set up their own plans of action as these relate to Nursing, taking into account the needs and available resources within the country.
5. The NNAs should give high priority to the promotion of the 'team spirit' among nurses and with other disciplines.
6. The NNAs should ensure that nursing practice, incorporating PHC goals, is supported by appropriate legislation.

An allied recommendation of the Nairobi Workshop was to the effect that the International Council of Nurses should facilitate exchange of information and expertise among NNAs so that they may learn from each other.

The TNAI and Promotion of the PHC Programme

In the introductory lines, I have mentioned that an awareness with regard to the role of Nursing and nurses' associations has emerged in the last five years. In the same context I have elaborated the broad framework within which the nurses' associations can proceed to develop their contribution to the new national health policies. This enables me to organise my thoughts on what the TNAI has done so far, or is doing, or is envisaging to do for the implementation of the PHC programme in India.

Information Dissemination : This is one of the areas in which the Association has been able to contribute in a significant manner. We have made use of the official organ of the TNAI, The Nursing Journal of India, for this purpose. Right from the adoption of the Alma Ata Declaration in 1978, through the Nairobi Workshop on the role of Nursing in PHC, and the formulation of strategies for Health For All[4] by the year 2000 by W.H.O. in 1979, and publication of Statement on National Health Policy[5] by the Government of India in 1982, The Nursing Journal of India has given liberal publicity to the current thinking and contemporary trends. In fact, some of the policy documents were printed with minimal editing so that nurses could have a total grasp of the new programme. Our affiliation with the Commonwealth Nurses' Federation as well as with the International Council of Nurses, combined with an alive line of communication with the Government of India has been very useful in this regard.

The TNAI was also able to keep itself and its members informed of the deliberations and recommendations of the seminars organised by the Commonwealth Nurses' Federation [6,7,8] in the various parts of the world in 1982. The Indian nurses have, by and large, opened themselves to these new forces and have actively responded. The role of the Association has thus been that of facilitating transfer of information to the nurse practitioners in the field.

Promoting the Changing Role of Nurse

The Nursing leaders in India appear to have been inspired by the futuristic role that the nurses would have to perform in making PHC for everyone, a success. This subject has figured for consideration and discussion at the periodic conferences at the national as well as at the State levels. Such collective thinking has usually resulted in the formulation of resolutions to be sent to the Government of India or to the Indian Nursing Council. The nurses appear to be demanding greater professional autonomy and responsibility; not merely as appendages to the medical profession. The Association is, however, clear that the goals can be achieved only by working with an esprit de corps. The idea of promoting 'team spirit' among nurses and with other disciplines is, in fact, incorporated in the philosophy, aims and objects in which the Association is actively engaged.[9]

The Public Health Section of the TNAI organised its 2nd All India Public Health Conference in 1981 with the theme : 'Health for All by 2000 AD : The Role of Nursing in the Health Services of India'. Its deliberations provided an impetus to the development of a national plan of action. It was also realised that: "We need to be open to change, and encourage students to have an enquiring mind, to think and act independently, and that students should be given opportunity for this." Further, there is a "need for more orientation and motivation early, of nursing students for community health. For the present hospital and school of nursing staff, there should be a continuing education system with the aim of converting more personnel to community health."[10]

Review of Nursing Education Programmes

The Nursing Education Section of the Association responded to the contemporary thinking by organising a Conference-cum-Workshop in 1979, to discuss the strategies for providing PHC by nurses. The recommendations made by this group and the resolutions adopted at this national level[11] meet have been well received. The Indian Nursing Council seems to be fully aware of these needs and with the change in nursing teaching curricula, it is hoped that the role and functions of nurses would be redefined and restructured.

Nursing Related Projects : As a result of increased awareness among the nurse practitioners and Nursing teachers, some of the State branches and Units have taken up projects, such as immunisation, Well Baby clinics, public health teaching, environmental and personal hygiene. Hopefully, such an experience would provide the necesary skills and confidence to nurses to undertake bigger projects when such opportunities are made available to them.

Experience of Other NNAs

When I compare the involvement of TNAI and the role it is playing in the implementation of the PHC programme in India, I cannot help thinking of some NNAs who are more effective in this regard such as the Royal College of Nursing in U.K.,[12] Norwegian Nurses' Association and the Singapore Trained Nurses' Association. They have proved to be very effective in giving shape to their government's policy of Health For All. While the two NNAs in Europe are well supported by their national health service, the Singapore Trained Nurses' Association[8] has worked out a system of volunteer nurses who are directly involved in the provision of basic nursing care to the aged, supportive help to the handicapped children and orphans, etc. The Association's Community and Social Service Subcommittee also arrange lectures on First Aid, Health Teaching and Child Care. Compared with such NNAs, the TNAI's involvement appears to be quite inadequate. However, looking at it from a global perspective, it appears to me that we are not alone. The NNAs in the developing countries are generally reported to play an indirect and supporting role in the implementation of PHC programmes. Some of the constraints reported by them are : lack of paid staff, lack of direct involvement in the making of health policy, and lack of coordination with other health and social welfare agencies.

Recently, the ICN carried out a survey on the involvement of NNAs in relation to PHC. An analysis of the responses of those NNAs who completed the questionnaires (29 out of 88) revealed some interesting information, which is relevent to the subject. It was found that in most cases, the NNAs were not involved in actual participation in the government planning and implementation programmes. It has been observed that "among the factors which prevented NNAs from having formal ongoing contacts with the Government for the purpose of an active involvement in planning were that this had not been seen as a function of Nursing : that there was no role for the association because most planning was done directly by the medical profession.[2,15] In respect of NNAs' inputs to education, most associations appeared to be making some contribution to the Nursing training programmes. With regard to direct participation in the community, it was found that most of them had little activity as an organisation and that most health education activities for the public were carried out by individual nurses. In the area of promoting research most of the NNAs recognised its importance but reported lack of facilities to implement a cohesive approach to research.

In the above description, I have made an attempt to assess what we, as nurses, are doing in India in support of the goal Health For All by the Year 2000. From my study of the literature generated by the W.H.O., ICN and CNF, I am quite convinced of the importance that our profession is receiving. High expectations are being made from nurses all over the world and I firmly hope that in due course our achievements will turn out commensurate with these expectations. I am fascinated by some of the conclusions of a WHO sponsored meeting[13] held in November 1981 and would like to share some of these with you. In reaffirming Nursing's support to the goal of HFA/2000 and its intention to contribute to this goal, it was emphasised that : (1) Nursing has the ability and responsibility to make radical change in the health care system. (2) The paramount change needed in Nursing is the expansion of traditional roles in diagnostic, therapeutic and rehabilitative functions required by the prevailing health and social problems, and (3) Acceleration of the Nursing impact on community health requires dramatic change in practice and in the preparation of nurses throughout the educational system. Change in basic Nursing education is of prime importance to the development of future generations of practitioners. Change in post-basic and continuing nursing education is fundamental to the reforms required in basic programmes, especially as they pertain to the practice of students. Consequently, change in one is an integral part of change in the other and they must be planned in concert.

I am not sure if the Nursing leaders assembled here are familiar with the resolution adopted at the World Health Assembly early this year on the 'Role of Nursing/Midwifery Personnel in the Strategy of Health For All'.[14] In support of what I have stated in the foregoing paragraphs, let me reiterate two of its salient points. The World Health Orgainisation has called upon Nursing/Midwifery personnel and their organisations... to support WHO's policies regarding promotion of primary health care and to use their influential position to support training and information programmes relating to PHC. Further, it has urged all member states to take appropriate steps in cooperation with their national Nursing/Midwifery organisations to develop a comprehensive Nursing/Midwifery component in their national Health For All strategies.

I am sure that this new international movement has currents of change for the Nursing profession in India also. I am reminded of what a contemporary poetess—Margaret Atwood—has stated symbolically: "For each thunderstorm that travels overhead, there's another storm that moves parallel on the ground."[16] It is open to us to expand our role and come out from a supportive position into a more autonomous and more responsible role, as is being expected from us. This seems to be applicable both, to the nurses as well as to the nurses' associations. It is individual nurses who constitute a nurses' organisation and a nurses' association can be dynamic to the extent that its members accepted the challenges of time.

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