

Nurses and P.H.C. Programmes

Some Policy Perspectives

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This paper was presented at the CNF-TNAI Seminar on 'Role of the Nurse in Delivery of Primary Health Care Programmes', held at Madras in December 1983.

IN 1977 the Thirteenth World Health Assembly recognised the important role of Nursing and Midwifery personnel in Primary Health Care by adopting Resolution W.H.O. 30.48. The resolution asked member states: (1) To study the roles and functions of Nursing and Midwifery personnel in providing Primary Health Care; (2) To plan for a rational increase in the supply of these personnel in accordance with the country's need for Primary Health Care services; (3) To involve Nursing and Midwifery personnel in the planning and management of Primary Health Care and as teachers and supervisors of Primary Health Care.

The nurses in 1981 convened an informal meeting to consider the role of Nursing in contribution to the achievement of the goal of Health for All by the Year 2000 A.D. through Primary Health Care. Dr. D. Tejado-do-Rivero, A.D.G., W.H.O., in his explanation on the process of Primary Health Care as the key to attaining Health for All brought out very clearly the role and importance of the Nursing profession.

Training for Nursing Personnel

The resolution was recalled in May 1983 requesting the Director-General to ensure that W.H.O. at all levels supported member states in their efforts to provide Nursing/Midwifery personnel with adequate training in Primary Health Care, its management and appropriate supportive research so that they could participate effectively in the implementation of the National Health for All strategies. For purposes of introducing the theme of role of nurses and midwives in Primary Health Care, I will restrain myself to 3 components of the resolution.

1. Role and functions of Nursing and Midwifery personnel. 2. To plan for a rational increase in the supply of these personnel in accordance with the country's need. 3. To involve Nursing and Midwifery personnel in the planning and management of Primary Health Care.

Taking the first point first, it is an established fact that Nursing personnel have a very vital and important role to play in all the health programmes including Primary Health Care. Nurse has been a very crucial member of the health team and she/he will remain so for years to come, a link in all the health programmes.

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Nurses by the very nature of their preparation at all levels are given various inputs which make them a well organised co-ordinated person. The various components of the syllabus make her competent to look after the community, family and the patients in any setting—home, hospital, clinic, etc. Nurse educators have always considered the patient as a member of the family living in a community which is constantly influenced by various socio-economic, cultural and scientific factors. The Nursing course includes Psychology, Sociology, etc., that help the nurses to understand the community life style. We need not have any doubt that there is role of nurses and midwives in Primary Health Care. How to make our role known, effective, visible is a question to be considered.

Now, I come to the question of involving Nursing and Midwifery personnel in the management of Primary Health Care and as teachers and supervisors of Primary Health Care.

The Disadvantage of Status

The Nursing profession till today has predominantly been adopted by women who, by and large in the whole world, have a low status, be it in any circle, social, professional or political. The decisions regarding what a woman/girl should do is made by the family in the home and maybe society, in the larger context. The same seems to be true for the Nursing profession. The oft-repeated slogans that the profession is noble, humble, backbone of the medical profession have in fact brought the profession to the status of unquestioned obedience and suffering. Decisions regarding what role the nurse will play in the Primary Health Care are being made by others. The duties of nursing personnel are being assigned by others. Their training contents are being given by others. Their salary and scales are determined by others. This has to change if nurses are to be accountable. They have to be involved in planning from the top level to the village level, in all national health programmes including primary health care. They have to be involved in the policy decisions for the health care system of the country. If they plan themselves, define their functions, they will be committed and accountable.

However, the participants present here may like to suggest various methods by which the Nursing personnel can be involved at all levels of Health planning and implementation, whether it requires education of the Nursing personnel, the community or medical and other colleagues. Whether the changes are needed in the attitudes of nursing personnel, medical colleagues, health planners and policy makers. Whether it requires legal and political support.

The third issue raised is training and supervision of Nursing personnel: If nurses are needed, involved, training will automatically follow. Although it requires finance, teachers and several other inputs, it can be done and will be done. In India, we have already revised the curriculum of various categories of Nursing personnel. The number of institutions for training of Auxiliary Nurses and Midwives and addition of seats in the existing school have been done. The training of this category of workers (Female Health Worker) has formed a part of the National Health Policy.

However, much still needs to be done for preparing teachers and supervisory Nursing cadre. Not only inputs in training are required, there is definite need for *creation of posts* at supervisory and teaching levels.

The emphasis is needed in the education of other categories of Nursing personnel in Primary Health Care. Although at the policy level Auxiliary Nurse-Midwife has found a place, her supervision and teaching is still much below requirements. Involvement at the policy level, revision in course contents and increasing the manpower and all three components mentioned by the World Health Assembly will be meaningless if we don't change our attitudes. I feel this august body must find ways and means by which the nursing profession should feel committed to Primary Health Care. Nurses should come out of the walled hospital complex, should work with the people by involving the community in meeting their needs which is one of the main components of Primary Health Care.

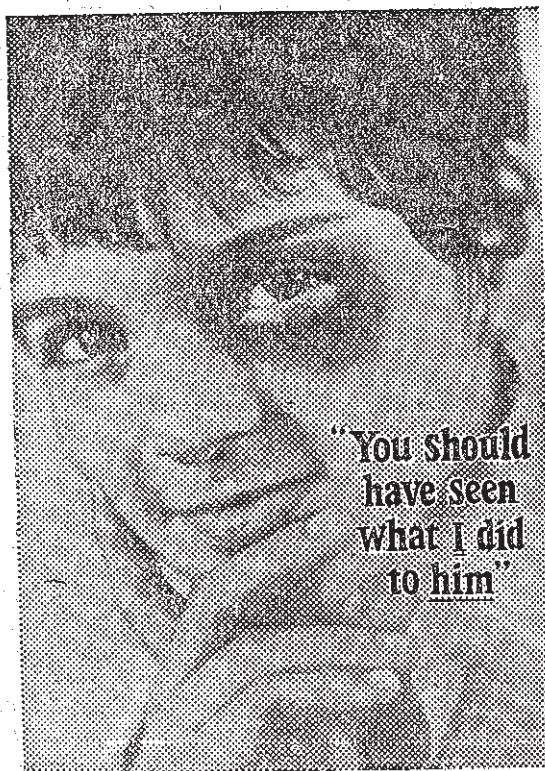
Change of Occupation

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nurses who have obtained an additional degree or who are in the process of obtaining one, sincerely believe that attainment of knowledge and skill in another field would enormously help them seek a better position. Some of them were frank enough to say that in the general public esteem nursing as an occupation is still not rated as high as some other occupations.

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