Expanding Role of Nurses and Nursing Education

Report on Symposium

Students of Little Flower Hospital School of Nursing, Angamaly (Kerala) participated in Symposium 'Expanding Role of Nurses and Nursing Education'. Moderator : Ms. Lillykutty Joseph, 2nd year student; Participants : 1. Thresiamma P.J., 2nd year student, 2. Sonia Jose, 2nd year student, 3. Catherine Antony, 3rd year student, 4. Sr. Anjaly M.S.J., 4th year student. Given below is the content of the discussion by the panel as reported by Sr. Fabiola, SNA Advisor, Kerala Branch :

The Historical Perspective

The Nursing profession is changing rapidly. It owes much to the influence of Florence. Nightingale, a woman with a vision. Emerging in an age when Nursing was regarded with contempt, Miss Nightingale crusaded to change the world's view of a nurse. Her contribution in the education of women, her development of theories of Nursing practice and hygienic technique, the emphasis on the preparation of nurses for the care of the sick, protection and promotion of health of the individual, family and society are important facts of Nursing spectrum today.

Nursing in its simpler form existed from the beginning of human life. The first mother was the first nurse.

In ancient time care and healing was considered to be the special responsibility of the priesthood or other religious groups. In the middle ages, care of the sick was mainly the responsibility of military and religious orders

The origin of organised Nursing was started with Miss Florence Nightingale. In the nineteenth century, Miss Nightingale provided some very definite rules for the preparation of nurses. She was able to give them the necessary training in the training schools. The Nightingale School at St. Thomas Hospital in London was started after her triumphant return from Crimea. Towards the end of the nineteenth century 'Nightingale Nurses' provided leadership and set a pattern which was the basis of Nursing education today. As the needs of the humanity changed at different times and conditions, Nursing developed greatly in its interests and functions. It sought different ways and means to meet the needs of the individual, family and the society. Thus, there came into being the different systems of education in training nurses for the institutional as well as community Nursing. Diploma programmes were started first and later on degree programmes followed. Now more and more personnel engaged in research studies in Nursing make a very important contribution to the development of nursing services and education.

The Development

Nursing and Midwifeay services have developed to their present status over the last hundred years. In a developing country like India, the rate of development in Nursing may be very slow. If we look back into the history of Nursing in India, we will find that there was a lot of influence from the western countries like Great Britain, North America and Europe. Their services were rendered mostly through the mission hospitals.

In the beginning, Nursing was confined mainly to the hospitals (institutional services). The First World War opened another field, the Indian Military Nursing Services. Preparation of Nursing workers for Public Health field was undertaken only by the establishment of the Lady Reading Health School for training of health visitors at Delhi.

In 1908, TNAI, the professional organization of nurses in India, was formed. From then TNAI has taken an active part in promoting the standard and status of Nursing and has been the force behind most the educational reforms.

The first Nurses Registration Act was passed in Madras in 1926 and by the year 1939 Nursing Councils were established in all the provinces except Assam. This helped the Nursing Education to establish a uniform standard in the education, examination and registration of nurses.

To improve the standards of training and prepare nurses for administrative functions, the School of Nursing-Administration was started in 1943 at Lady Reading Health School. For the training of the nurse educators, schools were started in Madras and Vellore. By 1946, degree programmes were started at Vellore and Delhi to raise the standard of Nursing to a University level.

Indian Nursing Council Act was passed in 1947. The INC has framed curricula for basic and post-basic courses and prescribed regulations for the conduct of the courses and examinations. With the technical assistance from WHO, INC revised the General Nursing and Midwifery syllabus. At present there are many short and long-term courses in Nursing and its specialities conducted in different Schools of Nursing and Colleges throughout the country.Today, we have 21 Colleges of Nursing, 537 Schools of General Nursing and 340 Multipurpose Health Workers' Schools. The courses conducted in

these institutions are MSc Nursing, BSc degree in Nursing, General Nursing and Midwifery courses, Post-Certificate courses, Tutor courses, Public Health Nursing, Psychiatric Nursing, Paediatric Nursing, Orthopaedic Nursing, Operation Theatre Training Course, Community Health and Family Planning certificate course, Ophthalmic Nursing, Multipurpose Health Workers' Course, Health Visitors' course, etc.

Nursing is compared to a tree. The Tree has grown and developed into branches and sub-branches. Likewise, *Nursing was developed* and specialized into various specialities.

Modern Nursing is the combination of Nursing Service and Nursing Education. The two branches of this tree represent Nursing Service and Nursing Education.

As the need arose, to save the suffering humanity, Nursing did not confine to the hospital service alone. It extended to the community. Thus Nursing care was given in the hospitals as in the community, institutional Nursing and community Nursing.

The institutional services were specialised into medicine, surgery, paediatrics, Gynaecology, Mental Health, Eye, ENT, Orthopaedic, Physiotherapy, Rehabilitation, Anaesthesiology, Infectious Diseases, X'ray, Neurology, Skin and V.D., Nuclear Medicine, Cancer, Plastic Surgery, Cardiology, Urology, etc.

Likewise, community Nursing was delivered at Public Health Centre, School Health Corporation, MCH, Industry, Red Cross, Family Planning, National and International Service, Voluntary Organizations, Communicable diseases, etc.

Nursing Education offered diploma programmes and degree programmes. Diploma programmes are General Nursing and Midwifery, Auxiliary Nursing and Midwifery Tutors' courses, Ward Administration, Nursing Administration, Multipurpose Workers, Lady Health Visitors, Public Health Nursing and other Nursing specialities.

We would call your attention to the International Conference on Primary Health Care that was held in Alma-Ata, USSR, in 1978. In this conference, the World Health Assembly passed a declaration stating 'Health for All by the Year 2000 A.D.'

What is Health For All ?

The World Health Assembly referred to it as the attainment by all the people of the world of a level of health that will permit them to lead a socially and economically productive life. This means that the level of health of individuals and communities will permit them to exploit their potential economic energy and to derive social satisfaction of being able to realize whatever latent intellectual, cultural and spiritual talents they have.

'Health For All' does not mean that in the year 2000 A.D. Doctors and Nnrses will provide medical care for everybody in the world, for all their existing ailments, nor does it mean that in 2000 A.D. nobody will be sick or disabled. It does mean that the people will realize that they themselves have the power to shape their lives and the lives of their families. They will realize that they will be able to use better approaches than they do now for preventing diseases, alleviating illness and disability and better ways of growing up. It means there will be an even distribution among the population of whatever health resources are available. And it also means that essential health care will be accessible to all individuals and families in an acceptable and affordable way, and with their full involvement.

The Alma-Ata Conference called for urgent and effective national and international action to develop and implement Primary Health Care throughout the world and particularly in developing countries. The member states of WHO were quick to respond to the call. They are engaged in working out strategies to attain the goal of 'Health for All'. They are doing so individually for their own countries and collectively at a global level. These strategies will be converted to plans of action and they in turn will be progressively carried out over the next two decades.

In the context of achieving the goal of 'Health for All by the Year 2000 A.D.', the Government of India has specified the following targets:

1. Reduction of infant mortality rate from the present level of 125 (1978) to below 60 by the year 2000 A.D.
2. To raise the expectation of life at birth from the present level of 52 years to 64 by the year 2000 A.D.
3. To reduce the crude death rate from the present level of 14 per 1000 population to 9 per 1000 by the year 2000 A.D.
4. To reduce the crude birth rate from the present level of 33 per 1000 populatiyn to 21 by the year 2000 A.D.
5. To achieve a net reproduction rate of one by the year 2000 A.D.

Now, it is universally accepted that the above-said targets can be achieved through Primary Health Care. It means to provide curative, preventive and promotive health services from womb to tomb to every indiyidual residing in a defined geographical area.

Role of Nurses in Health for All

The current concept of Nursing is that Nursing service should cover the total population; it should not be confined to the hospital service alone. According to the International Council of Nurses, "A nurse is a person who has completed a programme of basic Nursing Education and is qualified and authorised in her country to provide responsible and competent professional service for the promotion of health, the prevention of illness, restoration of health and alleviation of suffering." Nurses render health services to the individual, the family and the community and coordinate their services with those of related groups.

Nursing emphasises on four main roles of nurses.

The first role is to make the people conscious of the facts related to health such as health education, health habits and other supportive care needs to meet the needs of the individual, family and the community. The goals of attaining health should be interpreted to the understanding of the common people.

The second role is the administrative and advisory role of the nurses. Nursing is a conscious practice of human relationship. In order to achieve the goal of the health delivery system, there should be a health team consisting of doctor-nurse-patient-family and community that must work in harmony. The nurses have to play their role in policy making and planning. At every level of administration, be it the sub-centre level or a ward level, the nurse administrator needs to have factual data as the outcome of Nursing services as a basis for improving the level of health in the community as it relates to men, material or money.

The third role is the educational role in Nursing. In order to achieve the status of the organized Nursing-pattern, we need to organize Nursing Service and Nursing Education. The nurses are to be properly oriented to the Primary Health Care delivery system. Health centres must take roots in the villages. Since village participation in the health delivery system is imperative, the community nurse must take the responsibility of training the village health workers. The community nurse is responsible for the training of the Nursing personnel both in theory and practice.

The fourth role is the operative role of Nursing. Here, the nurses assist in the fulfilment of the basic needs of the individual. For example, to help in the feeding of the individual who is unable to eat the food by himself and to help in breathing, etc.

In the implementation of the Nursing service the nurses should function anywhere: the people are in need of their services. Traditionally, nurses are working in the hospitals. As they were aware of extending their services to the community, a new branch of Nursing was started—community Nursing. Now, more and more nurses should go out from the institutions to the areas where a nurse's services are wanted, e.g. industries, schools, colleges, hotels, trains, planes even in space in future.

They should not stick to the allopathic medicine alone but their services should widely spread to other branches of medicine such as Ayurvedic medicine, Homoeopathic medicine, Unani, etc.

Since changes bring about development and development brings about issues, Nursing Education also should be organized according to the services needed by the community. Nurse educators have to be alert in keeping the curriculum for preparing competent nurses for the challenging situations of Nursing. The present educational system will need to be re-organized so that learning starts in the community, a process that will help students to understand the working of the community life, the nature of social structures and the contribution of each individual in the health delivery system.

For the effective implementation of any project, we need to evaluate the programme from time to time.

Problems that are Met within the Primary Health Care System

Some of the problems are:

1. The present curative and clinical services are centred mainly in the urban areas.

2. Only a fraction of the rural population has been touched by the present system of health services.

3. The majority of our population are below the poverty line and they fail to secure adequate medical care because of their inability to pay for it.

4. The literacy rate of our people is very low and this adds to the burden on health care team to make them conscious of getting medical aid in the proper way and at proper time.

5. The transport facilities in the country are inadequate and this adds to the problems of getting medical aid in time.

6. The reluctance of nurses and the other health workers to work in rural areas.

7. The inadequate planning to bring the involvement of the people in solving their own health problems.

8. The failure on the part of the health care team to combine the preventive and promotional services with curative services.

9. Lack of dedication in the services among the health care team.

10. As we concentrate on the preventable diseases more and more problems are arising due to the occurrence of incurable diseases, e.g., Tuberculosis Control Programme is at work. Now the number of cancer cases are increasing.

11. Magic, superstitions, caste, traditions, social customs, ignorance and cultural background among the people are also contributive factors for the failure of achieving the goal.

Review of Committee Reports

Several health survey committees were appointed by the Government of India from time to time, taking into consideration involving people in the organization and delivery of health care services. In 1943 at the time of British India, a health survey and development committee was appointed to make recommendations for the future developments. They have suggested (1) No individual should fail to secure adequate medical care because of his inability to pay for it. (2) The health programme must lay special emphasis on preventive work (3) As much medical relief and preventive health care as possible should be provided to the vast rural population of the country. (4) Health services should be placed as close to the prople as possible in order to ensure the maximum benefit to the communities to be served (5) Health consciousness should be stimulated by providing health education on a wide basis as well as

by providing opportunities for the individual participation in local health programme. The committee thus accepted health as a fundamental need of the people and has laid down emphasis on the need of strengthening preventive medicine. Further, it has stressed the importance of creating health consciousness among the masses and has accepted it as essential to secure the active cooperation of the people in the development of health programme. In its opinion, the health of the individual is his own responsibility and in attaining to do so, the most effective means would seem to be to stimulate his health consciousness. For the first time, this committee suggested a mechanism for enlisting the participation of the people in health programme. Some of the suggestions of this committee were :

1. To establish village health committees in every village.

2. There should be a health committee of voluntary workers who can be helpful in promoting specific lines of health activity.

3. Health personnel should carry out considerable amount of educative work among people in regard to the proposed health programme.

4. Suitable persons may be selected from the village people with the approval of the villagers.

5. These people may be given necessary training in the elementary functions they will be called upon to perform.

In 1959, the Government of India, through the Ministry of Health, set up a Health Survey and Planning Committee with a view to formulate further health programme for the country in the country in the third and subsequent Five Year Plans. Recognising the importance of people's participation, it emphasised the importance of reaching different sections ofpublic health in a manner suitable to each class of people and also the need for organising health publicity among adult population in places of work or at home. This committee accepted the report of the research-cum-action projects which were initiated in selected centres to promotc "rural latrine programme".

In 1966, a Committee on Basic Health Services was appointed to review the staffing pattern of the Primary Health Centre complex and to recommend the minimum strength of staff of various categories required at different levels within the district capable of fully catering to the needs of the vigilance services in the maintenance phase of National Malaria Eradication Programme, Small-Pox Eradication Programme, Tuberculosis, Leprosy and Trachoma Control Programmes, etc. This committee emphasised on the integrated approach in the entire health field. In its opinion, programmes of public health and medical care should be integrated to the maximum extent possible. It suggested that the governmental staff and institutional leaders work in collaboration to lend a helping hand to the basic health services. It should be possible for community development staff, school teachers, panchayat secretaries, leaders in the Panchayat Raj, workers of Mahila Mandals and other professional organisations like Lions Club, Y's Men's Club, etc., to give assistance to the basic heath workers in various ways such as in educating people, creating favourable public opinion, and in organizational work of various kinds.

In 1973, the Government of India constituted a committee to study the feasibility of having multipurpose workers in the field under health and family planning programme. This committee proposed that the concept of integration of health services should be carried out from peripheral to the state level. It was brought out that the people are not happy to have many workers coming to their homes and making enquiries about different programme. Instead, a single worker delivering both health and family planning services would be more welcome. This idea promoted the committee to recommend the development of a system of health care services in the rural areas through the agency of multipurpose health workers who would be assigned with the responsibility of providing basic health care services, to the population residing in their respective areas.

Studying the recommendations of various health committees leads us to believe that these committees have realized and stressed the need and importance of enlisting community's participation in the health development programme through the integrated effort of the health personnel working in the community or in an institution.

Educational Strategies

The various educational strategies for the promotion of 'Health for All by the Year 2000 A.D.' :

1. To develop competencies in Nursing personnel and allied health workers to train community leaders and groups for accepting a greater share of the responsibilities for their health. Keeping in view that health maintenance and health promotion are the joint responsibility of people, community leaders, nurses and other members of the health team, the people should be made conscious that they are not the passive recipients of Nursing services but are active participants in the maintenance of their health.

2. Preparation of nurses and other health workers who can direct and monitor the health of sizeable population groups. The nurses may be prepared for practitioners' role to diagnose and treat minor ailments. We know that no health worker can gain acceptability unless the demand for basic curative services are met to some extent. Enabling nurses to take up such roles would be a great service not only to our underserved populations in some areas but also to those nurses who are utterly dissatisfied with their totally subordinate roles as medical aides under and the present system of education.

3. Nurses should take a leading role in organizing Home Nursing courses for housewives, mothers, young girls, school children and youth groups as part of an effort to train voluntary health workers in the community.

4. Nurses should take initiative to conduct Home Nursing courses as a part of the promotional aspects

of health care and it should include nutrition, family planning and family welfare, care of mother and child, personnel and environmental hygiene, and treatment of common minor ailments. This should be a sort of family self care.

5. The nurses should prepare the school children to take up leadership in various situations such as giving first aid, home nursing, cookery, baby care, care of aged, population education on the health principles and maintenance of family health. By proper instructions these young boys and girls are formed into promoters of Primary Health Care.

6. The present health professionals must be re-oriented to greater understanding of rural problems and how to work in these new strategies.

7. The nurses must learn to involve people in planning and decision making in order to help them to take more responsibiliy for their own health. Planning for the needs of the vulnerable groups, strengthening programmes for improved nutrition, sanitation, housing and better water supply should be done through the involvement of the community.

8. The Nursing students should be made conscious that they are part of the health care team to meet the health of the people.

9. More orientation and motivation should be given to the Nursing students for community health with the aim of preparing them for community health. During their student period they should be exposed to relevant and worthwhile programmes conducted in the primary health care centres.

10. Community health-oriented tutors should give training for the students in the training schools.

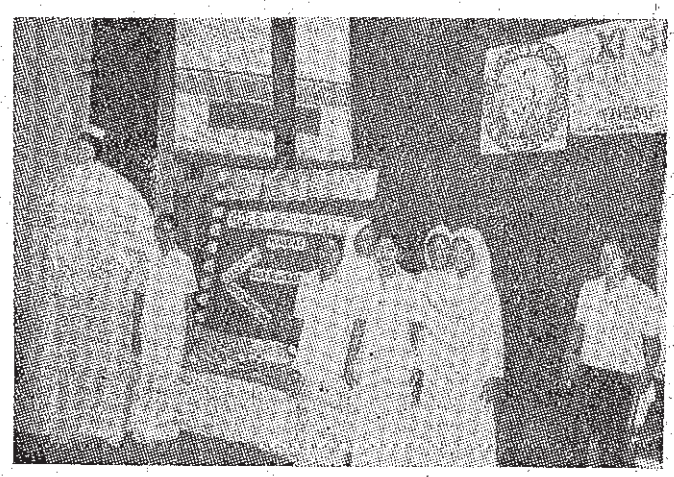
11. The professional organisations such as TNAI should organize workshops, conferences, refresher courses, etc., for the Nursing personnel and orient them in the care of the people with community.

Conclusion

In conclusion the practice of Nursing has traditionally been viewed as the science of cure in contrast to the science of care which is in the focus of medicine. Nursing concentrates on promotion of health, prevention of illness, restoration of health and alleviation of suffering. The WHO has accepted the slogan 'Health for All by the Year 2000 A.D.' as the basis of promoting the nation's health.

'Health for All' can be achieved not through the curative services alone, but through promotional and preventive health services, and it can be achieved through primary health care. For the achievement of 'Health for All by the Year 2000 A.D.' the shared responsibilities of the nurses and Nursing leaders are required. For this the country must review the role of nurses in the context of the Primary Health Care approach within the national health services and the overall development of the country.

The nurses should be encouraged to take full participation in all policy making and planning at all levels, local, district, state, regional, national and international. For this, nurses should be aware—of the current health policies, manpower requirements, administrative and personal policies of the government or the institution, the community organization



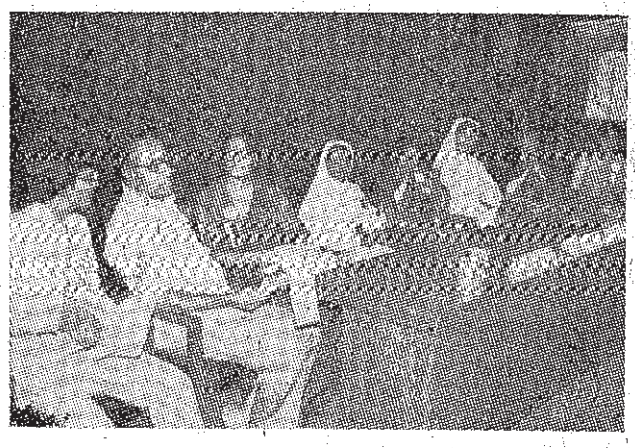
Participants of Symposium on Expanding Role of Nurses and Nursing Education

where they serve. The nurses should be utilized as teachers and supervisors in the primary Health Care activities. Suitably prepared nurses should be utilized in the Primary Health Care, research and as project planners or participants when planning, implementing and evaluating the primary Health Care programmes. The existing pattern of Nursing curriculum in all countries needs to be reviewed to integrate the concepts of Primary Health Care. Research should be an integral activity of Nursing in any area. Then we should say that nurses have a large role that is yet to be realized.

Needs of Community *(Coutinued from page 9)*

many from taking up their degree.

Now coming to the point of catering to the needs of the community, by producing better qualified nurses with a strong foundation and deeper knowledge we can also ensure better services. In addition the profession also will secure a better status in the society as the public will then give due recognition and status to the Nursing profession since the quality of nursing will definitely be improved.



Participants of Panel Discussion on 'Needs of Students Patients and Community'