that needs concentrated efforts by people of various professions, organisations, groups and involvement of each citizen. It has to become a common concern and co-ordinated efforts of all is essential to reach the same goal.

As a partner in the health care delivery system, the nurse is equally concerned about this national problem. Recognising the problem, Indian Nursing Council has integrated family planning in the syllabus of all nurse training programmes—Auxiliary Nurse Midwives, Lady Health Visitors, General Nursing Midwifery and B.Sc. Nursing (Basic as well as post-basic course). Even M.Sc. Nursing in the speciality of Community Health Nursing has specially designed courses. Thus every registered nurse is prepared to advocate family planning through various means and motivate the couples to accept it as a way of life. We have over a lakh registered nurses, 50,000 auxiliary nurses and 6,000 Lady Health Visitors in the country. Most of these working in Public Health Centres and Sub-Centres share the responsibility for promoting family planning with other health workers. This is not fully true of the hospital-based nurses. I am of the opinion that the hospital-based nurses, if utilised properly, can help in better implementation of the family welfare programme.

A nurse comes in close contact with the patients and their relatives each day. As she is the only category of professional worker available at the bed-side round the clock, she establishes better rapport with them. Through purposeful conversation she can come to know the family history and the socio-economic standards. Thus she gets opportunity to discuss with those who are in need of this facility. She can teach them the advantages, various methods and places where the services are available. Many of the misconceptions regarding family planning can be cleared gradually and needy persons referred to appropriate centres.

Student Nurses

Let us look at the large force of student nurses in the country who work in the hospital wards to gain knowledge and skill in the care of patients. Approximately 5,000 student nurses complete General Nursing and 300-400 B.Sc. Nursing each year. They too are in a position to teach their patients and relatives individually and in groups. If each professional nurse and trainee nurse makes it a point to teach at least one person each day of the advantages of family planning, think of the number that is going to be helped on a 1 to 1 basis. In addition, there can be planned group health education that will reach a large number of people. Health education can be stressed by the nurse administrators in the nursing services and education areas.

The trained and trainee nurses who work in the community can use visual aids like puppets, marionettes, posters, and exhibits for health teaching. Role plays are also very good to stimulate the people to think. Nurses can also help and supervise other paramedical workers in the performance of their motivational campaigns.

In countries like Thailand studies have been conducted by the Ministry of Public Health in the performance of post-partum tubal legation by nurse midwife. The results showed that nurse midwives can safely perform this operation with short training. The acceptance of this service by PTS were very good and the attitudes of doctors towards the use of nurses for this role was positive.

It is important that nurses are associated in the planning of these programmes at all levels right from the central to the state, district, primary health centre and hospital so that active implementation and evaluation can be made at all levels. Sharing of responsibility and a feeling of partnership in the efforts to achieve success will motivate each nurse to do her best. Majority of the nurses being women can also be role models by having a small planned family to those who come in contact with them.

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Crisis Counselling

Mrs. A. SALOME

Counselling the Ill, Dying, the Bereaved

CRISIS is a turning point for better or worse, resulting from any situation. It may be accidental (sudden), known to unknown or it may be growth crisis, crisis is a turning point which is an unusual event in life. We are more concerned when there is failure which means a loss, a unique experience, a mystery, an unpleasantness, experience, separation, unavoidable, unexpected, unbearable experiences possessing a mixture of feelings of pain components like anxiety, worry, uneasiness, mourning, sorrow, upsetting, fear, sadness, helplessness, and heaviness, feelings are syphoned out.

But for a nurse in her work area she is almost exposed to crisis events. Her patients may be terminally ill, illness may be due to a disease condition or a result of accident or injury. A nurse may be exposed to a patient who may show signs of approaching death where recovery is beyond reasonable expectation. While caring patients, a nurse must remain hopeful concerning recovery as a means of saving a life. The

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patient and his family often find courage and support in knowing that everything possible is being done and that hope for recovery is never abandoned.

Meeting Death Severely

While hope continues every one acknowledges that death is inevitable, may become fearful and sorrowful. At this juncture nurse's role in caring patients remains very important. Here the nurse has a privilege to meet death serenely and comfortably. The nurse can do much to make this experience less fraught with sorrow, fear and discomfort for all concerned.

Helping to meet the needs of the patient facing death and to support the bereaved family and friends is one of the finer arts of nursing.

Firstly, the nurse must understand her own feelings towards crisis events and death ; later, understand the patient and his family's attitudes towards crisis death and can give comfort, support with sincerity, dignity and with gentleness.

Understanding oneself (our own) feelings it is very important to understand others' feelings because crisis situations accompany grief which is a need of the patient while caring. We must consider the meaning of fear, crying, anxiety and panic. While caring one's own personality feelings and attitudes play a major role in determining how one cares a patient.

Philosophies of life and death may differ. Some patients may be afraid and others may look forward to death as a relief from earthly sufferings and sorrows. Some having strong religious beliefs, look forward with joy. A person having suicidal tendencies may feel depressed and desperate. Another may face this experience with courage. Attitude and philosophy about death may be the result of one's cultural background. Age of the person may often influence acceptance of death.

A patient's reactions may change from day to day. A discouraged person may feel more so one day and less so another day. A nurse must develop sensitivity In order to detect the patient's response to find out clues for abiding her action. Sometimes a patient may mask his true feelings.

Careful observation, listening with patience are required in order to learn true feelings and to give comfort as well as support. Knowing the attitude will help the nurse to care intelligently. A nurse must remember that the feelings of patient and her own feelings are different and her action must be guided by patient's feelings but not by her feelings. Comfort, support and encouragement are essential and the manner in which they are offered on individual circumstances.

In some instances nurse may find best to say nothing and just listen. Presence of the person may bring about healing effect when a lonely person experiences sharing of his or her feelings. Offering pity and displaying signs of grief are least helpful and should be avoided.

While caring the patient direct questions usually arise concerning patient prognosis. Some people deny truth about prognosis because some feel that the experience of knowing may precipitate a psychological state of depression. In some instances knowledge of impending death may be too much to tolerate. In some situations there is no need, no desire on the part of the patient to know the truth. Many people especially those who have responsibilities may arrange important business affairs, papers, finances and find comfort in the fact.

In general most people now feel that withholding the truth from the patient is wrong and often even harmful. From our observation, a patient feels more isolated, lonely and rejected when the truth is withheld and falsehoods are told. The patient finds solace in knowing and realizing that he will not be left alone to meet death. Helping to meet spiritual needs gives great comfort when they receive their religious faiths from tragedy and loneliness. Help the person to understand the situation in a painless way so that he can take care of this pain.

Give *reassurance* which is a constructive process and give a way for a ray of hope. Develop *a will to live* in the person which will bring about a healing effect. Allow the person *to express the accumulated feelings.* Let us mobilize their energy, their hope to live and to cope with difficult situations. Healing needs persuasion not only for patient but also for the family to facilitate the process of healing. *Presence of the person* gives a feeling of caring and sharing. Taking care of feelings is very important: attending to the person physically, psychologically with a feeling of 'I am listening to you', 'I am with you', 'I am caring you', 'I love you', 'I understand and I am sharing with you'. A nurse must attend totally by listening, possessing accurate empathy, genuineness, respect, concreteness and by confrontation, immediacy, self-disclosure and exploration.

Helping the Patient's Family

Understand their position. Kindness and respect for their feelings expressed in a dignified way with tactful actions and words are important. Words of comfort are usually hard to find. It is best to say nothing and be a listner if they express their thoughts. They too need to be offered hope. The nurse must help the family members to prepare themselves by considering themselves as helpers and supporters rather than as grievers and mourners. Help the family for *resolvement* and the duration of it is 1-6 weeks leading to *restoration of balance.*

Some Principles to Remember

1. *Availability:* This is a key factor in counselling with the sick.
2. *Listen:* To verbal and non-verbal expressions.
3. *Consider Feelings*: Facilitate expressions of pent up feelings verbally and physically because nurses are a member of healing team.
4. *Silence*: Learn to be comfortable with silence. It can be supportive.
5. *Show Interest:* Follow up expression with interest as a source of support, recognition, significant sharing and continuity.
6. *Attending*: Go to the patient with an open mind. Attend totally. Attend physically, psychologically, socially to medical and spiritual needs.

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Crisis Counselling

(Continued from page 107)

7. *Resources:* If medical and financial issues are raised help the patient to mobilise their resources.

8. *Promises:* Do not make promises that you can not fulfil. Make only conditional promises when you are not sure, so they are prepared not to be surprised.

9. *Caring Family:* Do not neglect family members. Extend your care to them in their stress and loneliness. They can be more free to attend to the patient.

10. *Touch:* Touch has a great value in communicating while caring.

11. *Gratitude*: Accept graciously if expressed. Do not expect gratitude and don't be disappointed when it is not expressed.

12. *Termination:* It is important to terminate smoothly by announcing ahead of time. If the parting is going to be painful make the relationship meaningful by allowing them to express feelings.

Pioneer of Nursing Profession

(Continued from page 99)

hospital administration of the British Army (1858). One consequence of the commission's activities was the foundation of the Army Medical School in 1857. The Indian Mutiny in the same year turned Miss Nightingale's interest to the health of the Army in India, and for that purpose another Royal Commission was appointed in 1859. This resulted in 1868 in the establishement of a sanitary department in the India Office with supreme authority in India.

Her Work

In 1860 she used the Nightingale Fund of $ 45,000 subscribed by the public to commemorate her Crimean work, to establish at St. Thomas Hospital the Nightingale School for Nurses, the first of its kind in the world. Within a few years she was largely instrumental in inaugurating training for Midwives and she played part in the reform of workhouse. All these works were accomplished by a woman generally supposed to have died. From 1857 Nightingale had mainly lived in London. Her correspondence were enormous.

She was among the first to use coloured plates and graphs which helped in the interpretation of statistics to the public. She reformed the Army Medical Services. Sanitary conditions were improved by her and Army Hospitals were reconstructed with more facilities. She recommended recreational clubs for soldiers.

Government valued her recommendations regarding sanitary work and for the changes suggested by her for the development of military and civil hospitals. Her dedicated work in the profession made revolution in the whole nursing system. She attracted the most intelligent and scrupulous women to join the profession. She made it a point that healthy Nursing was more important than sick Nursing. Florence had never been to India but she was an acknowledged master of most things in India. Successive Viceroys consulted her before assuming their offices.

In 1907, the King conferred on her the Order of Merit, the first woman ever to receive it. Florence died on August 13, 1910. The offer of a national funeral and burial in Westminster Abbey was by her wish declined Her coffin was borne to the country Churchyard of East Wellow, Hampshire, by six Sergents of the British Army.