Humanisation of Nursing Services

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THE word 'Nurse' is mostly associated with that of hospitals where the sick or injured are treated back to normal conditions. In the hospitals the role of a nurse is as a care provider—keeping herself too busy in meeting the immediate physical needs of the patient and shouldering the managerial responsibilities. In such situations the nurse's relations with the patient are apt to remain impersonal.

Think of a typical ward situation where majority of nurses work. The doctor is keen that the nurse should assist him in carrying out his therapeutic functions, investigations, procedures, administration of fluids and drugs, surgery and so on. The patient and relatives expect the best possible care and do not wish to stay a day longer in the hospital if they have a choice. The modern drugs and advanced medical technology help to shorten their hospital stay. Thus the public at large views the nurse as a mere provider of physical care, ignoring the most important psycho-social aspect. This is in violation of humanisation of Nursing care services.

An analysis of the present Nursing services would show that certain factors in the working situation hinder the nurse in her efforts to humanise her care. Even though it is difficult to enumerate them in detail, a few of them are discussed below.

Nurse Staffing

Majority of the hospital Nursing service units are understaffed. In fact, there are contradictions in the matter of how many nurses should be there in a hospital for efficient Nursing care. The ratio of the nurse to the patient is not always fixed according to the degree of illness of the patient and needs of Nursing care. The advances in medical technology have changed the nature of functions of nurses in the 24 hours' coverage of wards and the system of duties and pattern of holidays increasingly demand careful study and determination of the nurse staffing requirement. It will bring uniformity in staffing, add safety to patients and will help administrators in creation of adequate number of positions.

Nursing Hierarchy

The hierarchy of Nursing positions need urgent attention in Nursing service and education. Supervisory positions are too few ignoring the principles of span of supervision and control. In addition, the selections of personnel to the existing positions are usually made by mere seniority without considering the merit or educational preparation. These factors lead to improper supervision thereby adversely affecting the Nursing care.

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Job Description

In many hospitals there is no written job description for nurses. They are placed in wards without specifying their duties. Clear cut patient assignments are also not followed. To make matters worse, the role of a nurse itself is not clearly defined. She is expected to do a variety of activities—providing patient care, assisting doctors, dealing with the public, maintenance of records, supervision of safaiwalas, stock maintenance and other managerial duties. As nurse is the only category of workers who is present in the ward round the clock, she is expected to do a lot of activities that do not need a nurse. Thus she is torn between her responsibilities for direct patient care and other managerial duties. Mostly a nurse is judged for her efficiency in work by assessing her overall efficiency in ward management and not her competence in Nursing care. The evaluation tools also need a careful appraisal. Incentives for good work are also meagre.

Facilities and Equipments

Necessary facilities and equipments for providing optimum Nursing care are not available in many hospitals. They may be short in supply and sometimes the quality may not be good. Often the patients and relatives blame the nurse for not getting their requirements without realising that she is not responsible for its supply. Cleanliness of the environment, dietary service and restrictions of visitors to the ward are other sore points that make it difficult for the nurse to establish good nurse-patient, nurse-public relations. The difficulties in these areas are not under her direct control. But it can be reduced or removed by co-operation, joint planning and implementation. The basic needs of the patients must be met at top priority as they add a lot to the comfort and safety.

Nursing Education

The art and science of Nursing deal with the essentials of living in health and sickness like food, clothing, shelter and love. In the turmoil of advancing medical sciences and technology and the efforts of Nursing to keep pace with it, a lot of these basics have been looked at as low priorities. In addition, the emergence of the women's movements, quest for university education and higher social status coupled with a lack of well defined role of a nurse led to a shift from the nurturing aspect of Nursing. Reformers in Nursing education have toyed with the idea of including sociology, psychology and humanities to management and leadership. Though all these are

required, it should not be confused with the very basic Nursing. A divergence from that to a new role without having anyone else to meet it would be disastrous.

The present system of Nursing education needs to be recognised if we are to shift the emphasis from physical care to psycho-social aspects. Instead of starting Nursing education from hospital to home, we need to reverse it. If a student nurse learns to observe, communicate and care for a patient in his own home where there is less dependency and insecurity for him, she will learn to establish a harmonious relationship which is essential for his recovery. This will help her to be keenly involved in service rather than be away by a professional mask. Gradually, she will become competent to deal with a hospital situation where Nursing requires a high degree of technical skill, knowledge and ability to meet crisis situations. This would also help her to provide a therapeutic climate for the patient at home or hospital. A nurse thus prepared will have better understanding of the body-mind relationship and will function as an efficient member of the health team. This will facilitate provision of Primary Health Care at the doorsteps of our community.

Teacher Preparation

To augment the training programmes in quality and quantity, there is need to increase the number of nurse teachers. Those engaged in training nurse teachers must reorganise their curriculum to inculcate the philosophy of wellness to illness and emphasise on communication techniques. Existing teachers may need refresher courses or short-term courses to make them feel comfortable with this theory. The key to humanisation of Nursing services is communication—nurse-patient, nurse-staff and inter-staff and needs attention at every step of the training.

This change is not an easy one, but the need is great for the welfare of patients. It is high time for the planners of health care services to ponder over this and try to remove these hurdles for the betterment of human welfare. At the same time each nurse need to search her heart to see if she can do a little more for her patient under the present circumstances.

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The Significance of Nurses' Notes

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NURSES' Notes is a report by nurses which includes observations of the patient and the treatments carried out.

With the modern pattern of working in the hospitals, a patient may be examined and treated by many doctors and nursed by different Sisters. Under such circumstances a written report of the findings and treatments administered becomes essential for the doctor, to further treat the patient and for the Sister to know what has been done and what she has to do.

Remaining constantly with the patient the nurse has an opportunity to make detailed observations of his physical condition, and his emotional state.

Sister narrates the report to the doctor on his round mostly from memory. Thus, there is a chance of mis-information or mis-interpretation. Also, there may be more than one doctor taking round at a time and a Sister may not be available to go round with the doctors.

Nurses have been writing reports in the book; but they remain separately and may not be easily and readily available with the patient's record.

She has been charting temperature, pulse, respiration, urine, stool on Temperature Chart. Stool and urine is recorded simply by number and not the quantity and character. If notes are made on the same Temperature Chart, it will be crowded and won't be legible.

How to Write Nurses' Notes

On each sheet the name of the patient, Bed No., Indoor No., etc, should be properly noted for identification of the patient.

The nurse who observes the symptoms and the treatments should make notes on the record. Sometimes it may not be possible for her to chart immediately. Then she should jot it down on a pad and at the earliest opportunity enter it on the nurses' notes.

Because Nurses' Notes is a legal document and due to frequent changes of nurses on duty, the nurses should sign in full for proper identification.

The observations are recorded promptly and should be pertinent, accurate, complete, precise, informative and objective.

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Abbreviations should be avoided as far as possible. The very common ones will be meaningful to all but use of other abbreviations not widely accepted may give wrong impressions.

Negative information should be recorded as such, and not left blank. Blank spaces suggest incomplete care.

Erasures and overwriting in records may cause confusion. It would be preferable to score it off, drawing a line across the incorrect matter, add sign against it with date and then note the correct material.

The nurse should chart even the routine procedure, e.g., checking the colour of fingers after plaster of the hand. It is not proper for her to say, "Oh? I know, I did it; I always do; that is why I don't chart it."

All Nursing observations should be noted carefully, describing accurately not only atypical or erratic changes in the petients' condition but also any refusal, lack of co-operation or any other behavioral problems of the patient.

The Nurses' Record should be legible. Often good Nursing care is obscured by inadequate and illegible documentation.

The excuse that the nurse is too busy to write notes clearly may satisfy her but it will not satisfy the judge or the defending lawyer where the record is produced in the court.

The Nurses' Notes, as part of medical record, help, academically, for medical research, and administratively.

Academically

The student nurses will be able to study Nursing care in various conditions in treating the patient and will also learn the preventive measures adopted at various stages.

Even to the trained staff, it will supplement their knowledge.

Medical Research

In the hospital today, studies and research projects relating to the work of hospital, are continuously in progress. The nurses' help is required in clinical research conducted by medical staff. Nurses' Notes are indispensable for accumulation of scientifically accurate, reliable data, making it possible for the investigator to form conclusions more exactly and rapidly. The character and complexity of the data gathered in study of illness of the individual have made the written record necessary.

Certain observations might later provide some important answers to questions relating to the many '*whys*' and '*why-nots*' of an action.

Administratively

(i) Nursing Audit : It is a good evidence of the quality of care, i.e., service by the hospital. It provides the administration with what may be called 'Nursing Audit'.

Medical progress can be made if mistakes and untoward reactions can be reviewed openly at the hospital staff meeting.

(ii) In Medico-Legal Cases: People in the field of Health must always be alert to the possibility that the decisions made in the care of the patient and the quality of care may be questioned.

In the present day, there are lots o. complaints about the patient's care and the administration finds the notes helpful in answering the complaints.

These records may be needed long after they are prepared to substantiate the diagnosis made, treatment rendered, or both. Therein lies its value in law.

The position of the doctor, the nurse and the hospital is strengthened tremendously by the production of a document which was written at a time when there was no thought of legal action.

Gabriel[1] has pointed out that the following medico-legal cases may need reference to the Nurses' notes : (1) Personal injury cases such as traffic accidents; (2) Insurance cases when patients try to claim; (3) Workmen's compensation cases; (4) Will probates in which the Nurses' Notes may show the condition of the patient with respect to consciousness or testamentary capacity; (5) Criminal cases.

The importance of complete, pertinent, prompt, accurate and legible records is emphasized from the standpoint of their use in defence of a case of alleged professional negligence. The nurse must remember that her notes may become a legal document.

Probably a failure to restore health is unavoidable, but there must be evidence that such failure is not due to any lack of effort or equipmen*.

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