

The Nurse as a Student

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YOU are studying Nursing because you are interested in Nursing and because you want a vocation that you can practise with personal satisfaction and from which, at the same time, you can earn a living.

Nursing is like most other vocations and activities; to achieve success in that nurses must enjoy their work. A great interest in people and a sympathetic understanding are two valuable assets for nurses. They must also have knowledge of the diagnosis, treatment, and Nursing care of many diseases and become skilled in giving the necessary care.

What Nurses Need to Know

As long as you are in the field of Nursing you will do a great deal of studying. There is much to learn about in the classroom, in the laboratory, and in the hospital. When you become a Staff Nurse, you will need to continue to read and study in order to keep pace with what is going on and to be able to give all your patients the best care. Many institutions and agencies employing trained nurses have an in-service training programme; that is, regular meetings or conferences are held during which nurses are informed about new methods of treatment and Nursing care. It is, therefore, very important that nurses know how to study.

All nurses need a general vocabulary and an understanding of language both written and spoken in order to communicate easily with others. They should be able to answer patient's questions and be able to teach them about healthful living. They should be able to communicate to other members of the Nursing team the condition of patients, observations, and so forth. It is, therefore, suggested that all nurses have a general and Medical or Nursing Dictionary, and use them not only to look up words not understood but also to form a habit of adding new words to their vocabulary. From the beginning, make a practice of using the dictionary to look up every new word, writing down the definition, memorizing it and using the word as soon as possible. Constant practice and usage is the only way nurses can master the vocabulary necessary to practise their vocation satisfactorily.

How to Become a Good Student

As soon as you know what your programme is, make out a schedule for your complete day, covering

all classes, study, recreation, meals, travel, and sleep. Necessary time must be set aside for study. The amount of time needed for studying will depend on your own personal study habits. At first it may take the person who has not been in the school for some time a little longer to learn than the student who has come directly from school, but even so, a great deal of study is necessary. Planned and effective use of time is necessary, if you are to get results.

All experts in the field of learning tell us that motivation is necessary for effective study. This means that the individual must want to learn. Interest in all phases of Nursing will stimulate students to greater effort in the more difficult areas.

The course in Nursing is too complicated for cramming. It is very important for effective studying that you master two techniques: One is to read quickly and remember what you have read, and the other is to take notes. Taking notes is necessary both for class work and for studying; for that, always keep a paper and pencil at hand and make an outline of the material. List the words that are unfamiliar, look them up, and write down their definitions. Classroom notes are most valuable and should be compared with the material in the assigned reading. When taking notes in the classroom, you cannot, of course, take down every word that the teacher utters, but you should be able to take down the important ideas and definitions so that you can expand them later from your reading.

Study is also more effective if one chooses a suitable place and suitable surroundings, such as a comfortable study chair and a table or desk, adequate lighting, temperature from about 65° to 70°F, and freedom from such distractions as radio and television. Experts say that a person does not study best after a heavy meal. When you are preparing for study, make sure that your text book, reference book, dictionary, notebook, pen or pencils, and papers are at hand before you start.

It is also important to study very soon after the class lecture, recitation, or demonstration, because the individual remembers better. All new information should be reviewed frequently and Nursing techniques should be repeated several times, until you have mastered them. Certain techniques may have to be practised many times. It is important to be able to retain information in your mind and recall it and use it whenever necessary. For example, you have had the demonstration of bathing the patient. You have practised it in the demonstration room; then

(Continued on page 244)

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ques are used and bring about an integrated awareness of experiences, feelings and thinking.¹ One of the skills used is :

A. Double Chair Method : The goal was to experience anger and resolve it. It was tried twice. She did successfully and felt much relieved.

B. Flooding : When the patient was withholding emotions or withdrawing from the actual anxiety situation, she was given a massive dose of anxiety provoking stimuli; this, under therapeutic intervention makes the patient resolve the crisis.

2. Abreaction Method : To lift depression as well as anger. "Abreaction is a process by which the repressed material, particularly a painful experience or a conflict, is brought back to consciousness. In the process of abreacting the person not only recalls, but relieves the repressed material, which is accompanied by the appropriate affective response."²

3. Rational Cognitive Therapy : To set goals and plan of action.

4. Confrontation Method to establish independence:

5. Skills in communication.

6. Aversive Therapy : In this we used ammonia : "Aversive Therapy is a form of conditioning whereby an individual is made to associate an unpleasant or painful experience with undesirable behaviour in an effort to eliminate the undesirable behaviour patterns."³

1. Alfred M. Freedman, H.I. Kaplan and B.J. Sadock, *Modern Synopsis of Comprehensive Textbook of Psychiatry* (U.S.A: The Williams and Wilkins Co/Baltimore, 1972) p. 769.

2. Alfred M. Freedman, p. 749.

3. Alfred M. Freedman, p. 754.

We had about 10 sessions with her. In the first few sessions whenever she narrated the painful experiences her right shoulder jerk accelerated. She became more anxious. To reduce anxiety injection Diazepam, 10 mgm I/V or I/M was given.

Medication : She was put on : 1. Tab. Sintamil : 75 mgm H.S oral x 7 days, 2. Cap. Seconal : 50 mgm THS P.R.N. x 7 days, 3. Tab Librium 10 mgm b.d and 20 mgm H.S. x 7 days.

As her anger, anxiety and depression decreased the jerky movements of right shoulder also decreased.

After 13 days of hospitalization jerky movements of right shoulder completely stopped, she was allowed to go to the city for a change. She remained alright throughout.

Of the seven goals established prior to the therapy session, anxiety, anger, depression were resolved, facilities in communication increased, she had established some workable goals and had mapped out an action programme to lead a happy life.

On the 14th day of hospitalization she was discharged.

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1. Alfred M. Freedman, H.I. Kaplan and B.J. Sadock, *(Modern Synopsis of Comprehensive Textbook of Psychiatry, U.S.A. The Williams and Wilkins Co., 1972), p. 769, p. 749, p. 754.*
2. Ivor R.C. Batchelor. *Henderson and Gillespie's Textbook of Psychiatry*, London, Oxford University Press, 1963, p. 156-162.
3. Charles K. Hofling, Madleine M. Leininger, *Basic Psychiatric Concepts in Nursing*, J.B. Lippincott Co., Toronto, 1967, p. 219-228.
4. Mary Topalis and Ruth V. Matheney, *Psychiatric Nursing*, 5th ed. The C.V. Mosby Co., Saint Louis, 1970. p. 178-190.

The Student as a Nurse

(Continued from page 237)

you go to the clinical area. It is important to remember (1) all the steps, (2) what equipment you will need, and (3) the technique to follow so that you will bring comfort and relaxation to the patient and carry out the procedure in such a way that the patient will have confidence in you.

One rather discouraging thing about learning is that sometimes we seem to be going along very well, and then we more or less come to a standstill. This is called a learning plateau. Sometimes it seems if we have to absorb and digest what has been present-

ed before going on to new material.

Sometimes our emotions block our success in learning—we may not "like" a particular teacher, we may not feel we have had a "fair deal", or we may have personal or family problems. Whatever may be the reason, we are not likely to learn well when emotionally upset. If the problem is one that you yourself cannot solve, it may be wise to consult with your advisor, your physician, or the director of the school.

Guidance and Counselling for Students

(Contd. from page 236)

who is older and more mature, understands behaviour of a nursing student and is sympathetic to her or his problems.

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2. D. Durka, 'Self Actualization and Internal Control of Nursing Students', Dissertation of Doctor of Philosophy, Michigam University, 1973.

3. Gardon, Ira, J. *The Teacher as Guidance Worker*. New York: Harper and Brothers Publishers, 1956.

4. Longhary, John W. *Counselling in Secondary Schools*, New York: Harper and Brothers, Publishers, 1961.

5. Ingmire, Alice E. 'Functions of a Guidance Programme'. *AJN* (Sept., 1943) 43:9 pp 839-45.

6. Sladring Engenia K. 'Planning for Guidance', *AJN* (1941). 41:5 pp. 940-42.