Nursing in Primary Health Care

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ATTAINMENT of highest standards of health depends mainly and primarily on Nursing services. Nursing has been defined by Virginia Henderson as: "To assist the individual, sick or well in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided, if he had the necessary strength, will or knowledge, and to do this in such a way as to help him gain independence as rapidly as possible".

Nursing encompasses the care of well, ill and even giving supporting services during life end.

Traditinnal Nursing Practice

Nursing services are as old as the ancients. Without it, human existence would not have been possible. The use of materials as medicines for alleviating pain and other sufferings due to diseases has come subsequently. The use of vegetable/plant and animal materials in the treatment of illness and promotion of health are still practised in folk medicine. Treatment for cold, throat pain, stomach ache, muscular pain, etc., are still given by family members. The people know what to use and approximately how much to use but they are not aware of accurate measurement of materials, how the preparation can be made more effective and how these medicines act to relieve suffering. The people lack scientific knowledge.

Vedic Nursing Practice

Ayurveda is our age-old system of Indian Medicine practised all over the country. The people had to collect the materials and prepare the drugs like Kashayam, Asavam, Rasayanam, Lehyam, powders and pills. Involvement of individual and family members was essential in the entire implementation of care. Hygiene in all aspects of service was emphasized. Now ready made medicines are available. Scientific aspects of these medicines are not available to the common man to popularise the practice of this medicine.

Modern Nursing

The founder of modern Nursing, Miss Florence Nightingale, has insisted on the importance of hygiene and nutrition as the immediate factors influencing the cure of illness. She had also explained and demonstrated the need for physical, biological, social, economic, recreational and spiritual aspects in Nursing care of patients. In an ill person, the nurse should see a well person. Much of services on cure and care are heard today. Care services and cure services have to go hand in hand and side by side as care and cure reflect two sides of one coin. Without care, cure is impossible. In fact, care and cure services are inseparable. The Nursing care has to be supported with medicine to provide quick relief.

Global Health

The Alma Ata declaration of 1978 has resolved to achieve Health for All by the Year 2000 A.D The whole world strives to achieve this goal by Primary Health Care. Our country also is committed to provide health service for all.

It is heartening to note, in the recommendations of Bhore Committee in 1946, 'Comprehensive Health Care'. By this, health services should be available to all individuals, families, vulnerable population and occupational groups irrespective of caste, creed and economic ability. The committee also said that the health services should reach the people.

Attempts to Provide Health Services in India since Independence

The community development programme started in 1952 in our country is a multifaceted programme including health for the improvement of rural population where ignorance, illiteracy, poverty and poor health status are rampant. Health cannot be achieved by mere health services. Economic standard is to be elevated. People should be educated to improve the social awareness and community needs as well as resources so that they may fully make use of the facilities available. A lot of face lift has been given to the rural areas since independence in August 1947. A lot of social changes are taking place now in villages. However there are a lot of peripheral areas where still there is lack of adequate health services and there are lot of unmet needs of the community. To reach these peripheral areas and hill tribes community health volunteers are being trained and entrusted with the task of giving Primary Health Care. Attempts are being made now to appoint Community Health Nurses to Primary Health Centres so that they will be training Multipurpose Health Workers, Community Volunteers, Dais, school teachers, etc, for providing health and Nursing services and will improve Nursing qualitatively.

Problems in Providing Nursing Services in Community

In the community, whether urban or rural, health workers serve as a team. Since 80% of the population are staying in rural areas, with agriculture as major occupation, the improvement of the health of the

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rural population has to be emphasized. Traffic and communiction are available but insufficient. Trained professional workers from urban areas are reluctant to go to rural areas as the facilities they enjoy in urban areas are not available in the rural areas. The parents too are often unwilling to send their young daughters to rural areas for reasons of security. Hence the health workers, are recruited from rural areas so that they will work in their own community and home town. Training is given in District Headquarters Hospitals and Primary Health Centres. To make the services available to all the population in remote rural areas, community participation and community co-operation is essential—local men and women are given training in Primary Health Care under the supervision of the trained health personnel. Here we need to have a trained community health nurse to supervise and guide the health workers to provide better Nursing and health services and to educate the masses. She has an easy access to the family, to meet the housewife, to discuse her problems of health, to plan and implement total family care. This will help the individuals and families to learn to help themselves in times of emergency and also for providing Primary Nursing care.

The Community's Expectation

In the rapidly changing society where the community is getting increasingly aware of the technical and scientific advancement in health, better health and advanced care and cure services have to reach the population. Primary Health Care is to provide services within the country's existing health care system that the country can afford. The community expects immediate cure for their ailment. If there is bodyache, massaging, external application of medicines and fomentation are given for relief. Instead of these prolonged and cumbersome care, one will be ready to rush to a medical shop and get an analgesic tablet which provides immediate relief and satisfaction. A number of examples can be given like this. So what should be the level of Primary Health Care practised? The indiscriminate use of drugs, disregarding the rules of taking medicine, can give rise to further complication which may have lasting effects. Community should be educated on the uses of drugs. The nurse also should have standing orders for giveing drugs in times of need.

Primary Nursing Service

A comprehensive approach is needed to deal with the situation in Nursing service. At the Primary Health Centre level, a qualified, experienced community health nurse assisted by ten health workers (Female) may be able to provide Nursing services to a population of 50,000 to begin with and gradually as the manpower increases, the ratio can be revised. This is necessary for the supervision of Nursing service, in-service education, staff security, welfare and development. Volunters from the Community also may be trained to assist the health workers.

Service conditions of the staff, adequate facility for practising, adequate salary to maintain a reasonable living on par with other professionals and proper placement in the health organisational set-up will bring about positive changes in the qualitative Nursing care of the community.

Nursing Manpower

Adequate Nursing manpower is not available in the rural areas. This situation can be overcome by giving short orientation training programmes to trained nurses and they can be placed in the Primary Health Centre and subsequently post-diploma programme for 10 months in community health nursing can be provided in batches so that the problem of Nursing manpower in the community can be met. Moreover, it may be possible to get the services of the retired nurses to serve in the rural areas. The abundant knowledge and experience which the retired nurses possess can be profitably exploited for the advantage and satisfaction of the rural community. Philosophicaliy also, our people still respect the elders and old people.

Rural people are the producers and providers of food, basic materials for industry and major contributers of work force in any occupation. So health services from womb to tomb should be made available to all population and it is a great challenge to the Nursing community.

Conclusion

The community health nurse must know the existing cultural patterns in relation to health and illness and she should analyse the practices for the effectiveness and must choose and adopt the same. She should also know about the modern medicine, its uses and effectiveness. She should work as a member of the health team and do her job intelligently and effectively. She utilises the community health resources. Co-operation and co-ordination with other health agencies are necessary. Educating the community for the promotion of health and prevention of illness with community participation will bring about positive changes in Primary nursing care in the community health.

Nurses' Week at Nagpur

Nurses' Week was celebrated on the eve of Florence Nightingale's birth day, by the SNA Unit of M.C.H., Nagpur, for four days during May 10-13. Various competitions were organised for the encouragement of the students, such as Rangoli, singing and fancy dress. Prizes were given to the best participants; after the judgement by the invited guests. Art Exhibition was arranged.

Mrs. K.P. Joshi, former PHN, Mrs. S.P. Pillary, former Sister Tutor and Mr. G. Talwekar were invited to judge the items. Dr Haridas, Officiating Dean of Medical College, was the chairperson on May 12. Mrs V. Chandekar, former ADPHN, was the chief guest.

On May 13, the Unit members arranged a seminar on the theme, under the chairmanship of Dr. Ingole.

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