Quality Nursing Care

Myth or Reality ?

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ACCORDING to the W.H.O. definition, "Health is a state of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity.

As nurses play a vital role in the health team it is necessary here to discuss 'Nursing and Standards for Nursing Care: Quality Nursing Care: A Myth or a Reality ?

At present all know that we are the most criticised professionals. The people do not understand that Nursing is a team work. This is partly because nurses are available 24 hours to be answerable to all—the public, patients, relatives, doctors, inter-departmental personnel and other non-professionals. All questions, problems of dissatisfaction, whether facts or not, are bombarded at the nurses. All credit for good experiences in the Hospital is taken by the doctors and the hospital authorities which is not even conveyed to the Nursing staff to boost their morale. All complaints, even if unnecessary, are called for explanations and memorandums which lead to frustrations.

Well, to protect our profession we always say that the standards of all professions have gone down, even that of general education. It is a fact that Nursing care is not of a satisfactory standard these days, as it was before when Nursing education was not so high and the prerequisite for admission to the Nursing Course was not even S.S.C. This has to be analysed and we have to improve for a better image and to help the nation towards its policy, 'Health for All by 2000 A.D.'

A professional Nurse has to be kind, understanding, sympathetic, cheerful, sincere, hard and willing worker, with patience, tolerant, honest, with competence, knowledgeable, well-balanced and mentally and physically healthy. She must have all the good attitudes and an aptitude for Nursing. This the base on which Nursing is built.

Consistent Changes

Changes in Nursing Education and Service take place from time-to-time due to advancement in Medical Science and change in Health Policies. We have to progress with modern technology in Medical Science and the Electronic equipments, e.g., the time consuming procedures like cold compressrs, application of ice-caps, cold sponges, fomentations and application of poultices have been replaced by the use of antibiotics and analgesic drugs. No more Pantry Nurse, as Dietitians have taken their place and Physiotherapists have taken over the duty of helping the patients, to sit, walk and do exercises. Also, Nursing is no more now confined within the four walls of the Hospital, but has been extended to the community, with Home Nursing and Community Health Nursing programmes. Hence, the requirement for changing of syllabi from time to time and upgradation of the pre-requisites to the admission to Nursing Courses.

We have also upgraded Nursing Courses from Certificate and Diploma to Degree Courses in India. We have not lagged behind; yet, in some areas we have failed to provide satisfaction to the public. All education and no dedication will not help to overcome the weaknesses. We must learn to give and not take and demand. It is the right of the patient to demand Nursing Care and it is our duty to provide Comprehensive Nursing care. It is the exclusive right of the Nurse to provide Nursing Care.

These days, the load of work on nurses has been very much eased with employment of Dieticians, Physiotherapists, House-Keepers, Clerks/Floor Managers, Technicians in Operation Theatres, Artificial Kidney Dialysis units, Intensive Care Units and Central Supply Systems for equipment, line and sterile articles. This should leave adequate time for the nurse to talk and understand the needs of the patient and the relatives and also give health instructions.

Over-Crowded Hospitals

Another reason is that the hospitals are over-crowded. Most of the hospitals do not maintain the ratio laid down by the Indian Nursing Council one Nurse to 3 patients. whenever units are added, all necessary equipment and personnel are sanctioned but the nurse. The nurse is given from the general pool which creates shortages for patient care.

There are also effects of Trade Unions on the Nursing care and discipline is hard to maintain. Promotions are given according to seniority. Qualifications and attitude are not taken into cosideration. Job must be assigned to the proper person with the required competency. Visiting hours should be strictly restricted to enable nurses to perform their jobs peacefully. At the same time, relatives of acutely ill and chronic cases be permitted for some help in looking after basic needs of their dear ones. They will also be of help in accompanying patients to various departments for treatment and diagnostic tests. This way, they will gain knowledge and take the responsibility of looking after their dear ones at home.

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This is the text of the Keynote Address delivered by the author who is Nursing Superintendent, Jaslok Hospital, Bombay, at the TNAI Conference at Hyderabad in October, 1985.

Myth or Reality ?

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A significant factor is the time consumed during the Doctors' Rounds. Although the nurse gains knowledge and the doctor gets the clear picture of the patiets' condition, due to shortage of Nursing staff other patients get neglected and they do not get treatment when needed. Here, an additional column of Nurses' Notes in the Case Sheet will help to report the nurses' observation on the condition of the patient.

Image of the Nurse

These days the image of Nurse in society has improved. Many nurses are getting married. A nurse is preferred because she, with all her knowledge gained, is a good asset to the family. On the other hand, she is not able to function effectively with her dual role, being responsible to her family. Family quarters to all nurses must be provided in the hospital campus or nearby to save her energy and time spent in travelling from her home to the place of work. This will give her enough time to look after the patients.

Another are a where we fail to satisfy the public, is the situation because the doctor delays in starting the treatment. This delay is also projected on the nurse.

Very often there is no understanding between the patient, the relative and the nurse, e.g. the only nurse on duty gets involved with the patient who is very serious and the patient with less alarming symptoms feels neglected. A word of assurance will go a long way for the patient to understand the nurse.

Coming to the specifics of the process of alleviation of the people's sufferings they can be viwed as under :

(1) (a) Questionaire Method—to patients, relatives and nurses to assess nursing care given; (b) Nurses Notes.

(2) Conferences with Visiting Doctors and other Health team workers for better understanding to help and provide adequate nursing care.

(3) Having adequate nurses. Specific ratio, keeping in mind the functioning of vital units.

(4) Formation of separate 'Hospital-Employed Nurses' Association' for the welfare of the patients and the nurses.

(5) Supervised Clinical Teachings.

(6) Conducting In-service Education Programmes and Refresher and Orientation Courses.

(7) Providing Family Quarters to nurses.

(8) Provision for a central supply system for articles, sterile materials, linen, etc.

(9) Making appointments of House keepers, Clerks, Floor, Managers, and technicians compulsory.

(10) Prohibition of employment of unqualified Nurses in Nursing Homes.

(11) Seeking help of local social organisations in rural areas, so that the services are improved and nurses posted in remote areas are provided with houses, and assured safety and security.

In the above perspective, we should devise ways and means to inculcate among the nurses a sense of dedication and the importance of service with a smile and understanding of the real needs of the people looked after. Only thus can we move towards the Reality away from the matrix of Myths.

RESULT: NURSING PUZZLE 28

Total entries received : three.

All correct : Nil; One error entries: Nil. Prize awarded to none.

CORRECT SOLUTION

Across

1. Adipsia (7); 2. Binotic (7); 3. Boopia (6); 4. Fauces (6); 5. Neurotony (9); 6. Phon (4); 7. Desmosis (8); 8. Pica (4); 9. Tranquillizer (13); 10. Abstract (8); 12. Solarium (8); 14. Law (3); 15. Hepatalgia (10); 16. Indicant (8); 17. Cytopenia (9); 18. Curet (5); 19. Febricula (9); 20. Cyturia (7); 21. Begma (5); 22. Erasion (7); 23. Favism (6); 24. ORF (3); 25. Detergent (9): 26. Cellase (7); 27. Wheeze (6).

Down

Adnexa (6); 11. Belly (5); 13. Macrosis (8);
