

Some Suggestions to Nurses

Sr ELLA STEWART

IF we really believe we have a mission in life, especially towards the needy sick, we shall soon develop empathy with them. This is not the same as sympathy, when we are, as it were, sorry for our patients in an external sort of way. Empathy means putting ourselves in the place of the patient and trying to see the situation from her point of view such as an active person suddenly struck down with a stroke, mild though that may be. It may even be worse to accept than a more serious one when she is paralysed and just can't move about. A mild one will limit her movements but it still may allow some, yet she has to be treated with compulsory rest, cessation from her usual work and possibly medication which may have side-effects on her, for up to 6 months to ensure that a second stroke will not follow.

In the Patient's Place

So, we mentally put ourselves in the patient's place or sympathize with her internally as it were, not just externally. Then she realises we are trying to understand her and gets some comfort and encouragement from that.

One person has written "You must be saturated with devotion, otherwise Nursing is not for you." However, take courage, saturation takes time, so don't give up either in the early days or the later days! However, you must make up your mind to give yourself to others from morning to night and night to morning.

There is no "let-up" for us if we wish to be first class nurses. You are not being appreciated either by the patient or your supervising Sister! Don't be so sure of that. Supervising Sisters have other things to do than to praise nurses, and so many patients! Or, they may not know how to show appreciation. You are not to be rewarded, you are to give.

Sometimes you may be worn out, both physically and mentally,

sometimes you may be indisposed. Be sure you do not let your patients know this. You are there for their sake, to help them, not for them to hear and help you in your difficulties. Leave your own troubles outside the ward and when you leave the ward you may be so full of your patient's troubles, that you are insignificant! It is also possible to use your own sufferings and make an offering of them on behalf of your patients. This will even give you joy amidst your difficulties.

We all have eyes to see and ears to hear. Try to listen to what the doctors say, to what the patients say. Ask the doctor if there is something you don't understand but don't repeat what you have heard outside the ward. Discretion is a very important and a good quality for nurses. If puzzled, pray, and God will inform you what to do—if anything is to be done.

An Important Observation

Once a nurse in training was assigned to a T.B. Ward where the rule was all patients in bed for the Professor's rounds. She had noticed one new patient walking in

a peculiar way to the bathroom. When the Professor had finished his morning round he said "well nurse, anything to tell me?" She said, "Yes Sir, I can't understand why that new patient walks so peculiarly, I've never seen it before". "Well", "he answered, "let me see him walk". So she told the patient to go to the bathroom! He went and the doctor turned to the nurse and said: "You have noticed a very important feature. That gait is typical of Third Stage Syphilis which is very rare. Many people with Syphilis never live to get into the third stage. However, this is a teaching hospital and you have directed my notice to this and now we can use this patient to teach the medical students and nurses to look out for such unusual things. Thank you for being so observant and reporting it."

How much a nurse can help a doctor if she is observant and trains herself to recognise the abnormal and reports it without delay! But we should never comment on what we observe to the patient herself.

Our nurses' life might be thought to be monotonous. The same things have to be done day after day for the same patients. What we feel is not of the first importance, and our will is always there to help us win over our feelings.

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