A Challenge within Professional Nursing

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Lord Beveridge states: "The Health of people depends primarily on the social and environmental conditions under which they live and work, upon nutritional status, upon educational facilities and upon facilities for exercise and leisure".

Nursing Science with its different definitions, dimensions and concepts, has gone through great strides in keeping with the advancements in medical science and technology and shouldering the ever expanding responsibilities as the health plans and policies change.

A community/public health nurse is committed to attaining of Health for All by the Year 2,000 A.D. by her share of contributions in the Health care services. Graduates of collegiate programmes with a sound foundation in community health and Diploma Nurses prepared in Public Health science are expected to contribute in the total welfare of the communities in which they are active participants both as members and citizens and also as professionals.

Thus a nurse, who is a professional practitioner of today is expected to respond to the needs of changes anticipated both in reality and those that are perceived which have an effect on public health. The challenges as stated by Fineberg[1] in Public Health that one can envisage have been slightly modified to view through the eyes of a P.H.N., can be listed as:

(a) Changing demographic pattern within the place of work (assigned geographical areas) and as a whole in the country.

(b) Rising aspirations of 'Health' as a whole in the global context among populations.

(c) Scientific and technological advancements with scope for newer innovations.

(d) Change in the organisation and provision of medical and Health care.

(e) Broadened definition of health along with the appreciation of the sources of illness and their possible prevention.

Let us analyse and look in the context of the above how the young and emergent public health nurse practitioner can take the challenge and contribute through family health care services and community health services, through the major health programme.

(a) Changing Demographic Pattern

Demographic changes to some extent have already influenced the prolongation of life and changes in cultural values. The family structure has already shown a change in its natural structure and many women have taken up work for economic reasons and more members will join the stream. This change has already had its impact on the bearing and rearing of children in all economic groups.

This particular field, i.e., the family set-up, has been an entry point in the history of health care component of Nursing by our indigenous Dais, who have been the pioneers to some extent in establishing the domiciliary care in selective fields. The other force which have some influence on demography is the migrant population which demands a change in the planned public health programes to meet their needs. The needs in general have posed problems to administrators of health and will continue to pose a challenge in the changing environment, demanding the attention of Nurses at all levels for education and implementation.

(b) Rising Aspirations of 'Health'

With the recognition that 'health' is a fundametal right of an individual, there has been an awareness and realisation of the fact that health and development are interdependent and indivisible. Hence the efforts put in by Nursing personnel should be to strengthen for improving the quality and lengthen life in its own environment. The terms and conditions of such services should suit the consumers, beneficiaries and providers. I am positive the nursing profession can take it as a challenge with newer innovations that the families can accept and practise in the context of aspirations and expectations, which will influence the beneficiaries most for recognising 'Health' in its correct perspective.

(c) Scientific Advancements and Newer Innovations

With the advancements made and knowledge available, it poses or acts as a source of problem and also a potential solution. The Medical component of Health care of late has been depending on sophisticated technology for some of the medical problems. This equally calls upon nurse practitioners to equip themselves with the knowledge and skills and turns challenging to the professionals of the health team to keep the cost-benefit ratios in an accessible way to meet the health maintenance and promotion of the consumer at large for the approach influences all need, demand and acceptance.

(d) Changes in the Provision of Health and Medical Care

Provision of Health care by different organisations

both at government and non-government levels will be greatly influenced by the available manpower, resources and the relationships between the providers and consumers. Another factor which involves health care is the insurance and health schemes of public and private concerns which covers a fair percentage of population. Examples of such schemes are the E.S.I., C.G.H.S. and others. Another input in the Health Service is the inclusion of other systems of Medicine i.e. Homoeopathy, Ayurved, etc. in the government sponsored programmes.

These changes will pose many a challenging situations to the workers in the profession along with the development of inter- and intra-professional relationships within the public health nursing team and others i.e. the individuals who need care, the family members and community in general.

In dealing with the problem as a whole, we will need the knowledge, skills, means and measures to regulate the standards of nursing care and yet evolve a health care system which will respect and depend on the contributions of Nursing profession and Nurse practitioners. In the process it is expected that the system flourishes with newer innovations and integrates the standards and care yielding respect of the community.

(e) Changing and Broadening Definitions of Health and Others

Lastly, the definitions of Health and Disease are broadening with known and unknown causes leading to mortality and morbidity both at national and international levels.

The science of epidemiology and behavioural sciences have shown us a path of its application to Health problems in general and specific areas. For example violence and accidents seem to contribute to dealth and disability in a degree sufficiently to warm the health planners to tackle with the armaments in possession. So also the problems related to stress and strain impinging on the total well-being with emphasis on mental equilibrium. The communities by and large have been exposed to take measures in promoting their own health to some degree. Health consciousness to some extent has found roots for expansions. With self-reliance and self-help emphasis one can expect fertile grounds to develop on the right lines for acceptance of newer public health measures or innovations in public health nursing services, making the family unit a covetable one and permeate into the community.

To conclude, we as members of the Nursing profession know care is not akin to cure but must have the knowledge to realize and understand that "Health is very much related to the way individuals live and accept the factors influencing them in the environment, and how one spends his leisure" leading to the attitudes, which blend with the definition of Health as feeling of well-being encompassing the physical, mental and social aspects.

The public health nurse of today must be prepared as a member and practitioner of professional nursing to take up challenges and innovate solutions for the ever increasing problems appearing on the scene along with the sxpansion of Health programmes. It is expected that the nurse of today is better prepared than that of yesterday and has the fundamental knowledge to implement the newer aspects as envisaged at local, state and national levels and cross boundaries if need be into the international health.

Research in other countries has shown that the patients and community demand professional care,[2] and this can be met with only as Abdella Toye states when the essence of human relationships are taken into consideration i.e. listening, having compassion for the patient and planning with patient and family members focus the combined efforts of Head, Heart and Hands of the members of Health team together for security, safety and therapy of the individuals, families and community as a whole.

References

(1) Fineberg, W.V. 'Public Health-Meeting the Challenge' Inaugural Address, Harvard School of Public Health, October 11, 1984.

(2) Abdella, F.G. 'The Decision is Yours', *Nursing Outlook*, Volume 9, No. 4, pp. 223-224.

My Boss and I

When I take long time—I am slow.
When my boss takes long time—he is thorough;
When I don't do a piece of work—I am lazy.
When I do something, am told—I am
trying to be smart;
When my boss does the same—that's initiative.
When I please the boss—I am apple polishing.
When my boss pleases his boss—he is co-operating.
When I do good, my boss never remembers;
When I do wrong, he never forgets.

Anonymous

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Sent by **T. Stephen**