Nursing as a Career

A Socio-Economic Study

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The socio-economic status of 303 Nursing Students studying during the year 1984 in the College of Nursing, Medical College, Trivandrum and the School of Nursing, Trivandrum was studied. Of the total, 133 were B.Sc. Nursing students and the rest were General Nursing Students. The highest proportion of Nursing students were Christians. Half of the students (50.2%) came from the families of low income with less than 500 Rupees per month and 42.6% of the students were having financial difficulties in undergoing this course. The important motivational factors for choosing the Nursing career were the hope of good career and financial security. The main purpose of joining the course was service to the mankind (50.5%) and then security of employment (28.7%). Most of the students were willing to serve in the rural areas. Majority of the students preferred semester system and suggested that more weightage should be given to practical examinations.

KERALA is the most densely populated state (654 persons per sq. km) in India and is having the highest sex ratio of 1032 females per 1000 males.[1] The literacy rate of this state is 69.17 per cent which is higher than any other state in India.[2] Moreover literacy rate among females in this State is 64.3 per cent which is higher than the corresponding figures of other states and the country.[2] The Birth rate, Death rate and Infant mortality rate of Kerala state are significantly lower than the rates of other states and India.[2] Mean age at marriage of female population in Kerala is 22 which is less than that of India.[3] These figures indicate that Kerala is different from other states of the country with regard to socio-economic characteristics. It is a well known fact that the nurses from the state of Kerala is working in the hospitals of other states in the country and in many of the developing and developed countries. As regards the employment status in the state, there are 20,51,000 job seekers in Kerala, of which 49 thousand are educated job seekers.[3] In these circumstances it will be interesting to study the socio-economic background of nursing students with special reference to motivation in the choice of nursing as a career. Various studies have been conducted on the socio-economic background of the Indian Medical students. [4 5 6 7]. But only limited studies have been conducted in India regarding the socio-economic background of Nursing students. So, the present study was undertaken to find out: 1. The socio-economic background of nursing students 2. The motivational factors in the choice of nursing career 3. The views about the rural nursing service 4. Expectations about their future career 5. The opinion of students regarding the present system of nursing education.

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Methodology

All the B.Sc. Nursing students of the College of Nursing, Trivandrum, General Nursing students of the School of Nursing, Trivandrum and a special batch of General Nursing students who exclusively belong to Scheduled Caste or Scheduled Tribe studying in the College of Nursing, Trivandrum were included in this study. Third year and Final year General nursing students of the College of Nursing Aleppey who were studying in the College of Nursing Trivandrum were also included in this study Data was collected by Final year B.Sc. Nursing students from 133 B.Sc. Nursing students and 170 General Nursing students on a pre-tested questionnaire. Questionnaires were given to the students and were requested to fill it immediately. The students filled the questionnaires without writing the identities in it. The closed questions were given in the questionnaire so that the students had to select one or more answers from among the pre-determined alternatives. The study extended for a period of one month from 1st June to 30th June 1984.

Results and Discussion

Districtwise Distribution : It was noted that (Table 1), the highest proportion of B.Sc. Nursing students belonged to Kottayam District (38.3%) and the next highest proportion was from Trivandrum District (18.8%). In the case of General Nursing students maximum number of students were from Trivandrum District as the General Nursing course was conducted at the Nursing School at the District Headquarters in Trivandrum. As the two batches of General Nursing students of Alleppey were also included in the study, the proportion of students from that district was observed to be high.

Age at Admission : It was noted that 93.8 per cent of the students were admitted to the Nursing course at the age of 16-21 years (Table 2). Of these students, 45 per cent were admitted before the age of 18 years. Majority (73.7%) of the B.Sc. Nursing students had the age at admission between 16-18 years. In the case of General nursing students 70.3 per cent were admitted to the course at the age of 19-21 years. As regards the special batch of General nursing students 60.8 per cent belonged to the 19-21 years age group at the time of admission. These figures show

that B.Sc. nursing students are admitted at an earlier age than that of the General nursing students.

TABLE 1

Distribution of students according to their native District

District	*B.Sc. Nursing*		*General Nursing*	
	No.	*%*	*No.*	*%*
Trivandrum	25	18.8	103	63.5
Quilon	9	6.8	1	0.6
Alleppey	9	6.8	40	23.5
Kottayam	51	38.3	6	3.5
Pathanamthitta	14	10.5	12	7.1
Idukki	11	8.3	1	0.6
Other Northern Districts	6	4.5	1	0.6
Total	133	100	170	100

Religious Status : Regarding the religious status, it was noted (Table 3) that 63 9 per cent of the B.Sc. nursing students were Christians, whereas it was 21.8 per cent among General nursing students. The percentage of Hindus among B.Sc. nursing students was very low (17 3%) as against 52.1 per cent among the General nursing students In general, majority of the nursing students belonged to Christians. The proportion of Hindus, Christians and Muslims in the General population of Kerala are 59.4 per cent, 21.05 per cent and 19.5 per cent respectively.[2] It shows that the proportion of Hindus who have joined B.Sc. Nursing course is significantly low when compared to the General population. In the case of Christians. the Proportion of students joining for B.Sc. nursing as well as General nursing courses is significantly higher than their proportion in the general population. The proportion of Muslim students is found to be very low (6.3%) in comparison with the proportion of Muslims in the General population. These figures show that the proportion of Christians joining the nursing course is significantly higher than that of the other religious groups. Moreover, only a small percentage of Muslims are joining the nursing course when compared to Hindus and Christians in this state.

Basic Qualification: It was found that 95.9 per cent of the B.Sc. Nursing students and 88.1 per cent of the General Nursing students had pre-degree as their basic qualification (Table 4). In the case of special batch of general nursing, 67.9% students had pre-degree qualification and 32.1 per cent students were graduates.

Economic Status: The mean family monthly income of B.Sc. nursing students was 935 rupees which was higher than that of the General nursing students (Table 5). It was noted that 52.2% of the General nursing students had family income of less than 300 rupees as against 12.1 per cent in the case of B.Sc. Nursing students. As regards the special batch of General nursing students, 52.2 per cent had family income less than 300 rupees. It was also noted that 22.5 per cent of the B.Sc. Nursing students had monthly income above 1500 rupees as against 9.1 per cent in the case of General Nursing students. These figures show that the economic status of the parents of B.Sc. nursing students is significantly higher than that of General nursing students. In general, it was noted that 50.2 per cent of the Nursing students had their family monthly income less than 500 rupees.

As regards the annual expenditure of the students, it was observed that B Sc. Nursing students spend an average of 3833 rupees per year as against 3327 rupees in the case of General Nursing students. It was also noted that 49 per cent of the B.Sc. Nursing students had the annual expenditure of rupees 4000 and above, whereas only 7.73 per cent of the General Nursing students had this amount of expenditure. The mean annual expenditure of the students studied was found to be 3326 rupees. The expenditure of B.Sc. Nursing students was observed to be higher than that of General Nursing students and they were not getting any stipend. The special batch of General Nursing students had mean annual exepnditure of less than 1000 rupees as they were exempted from paying fees. Moreover, they were getting stipend, free food and lodging.

TABLE 2

Age at admission of students

Age group in years.	*B.Sc. Nursing*		*General Nursing*		*Special batch*		*Total*	
	No.	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*
16—18	98	73.7	37	26.1	...	...	135	44.6
19—21	32	24.1	100	70.3	17	60.8	149	49.2
22—24	3	2.3	5	3.6	11	39.2	19	6.2
Total	133	100	142	100	28	100	303	100

TABLE 3

Religious distribution of Nursing Students

Religion	*B. Sc. Nursing*		*General Nursing*		*Spl. batch*		*Total*		*Kerala population*
	No.	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*	*%*
Christian	85	63.9	31	21.8	...	...	116	38.3	21.0
Hindu	23	17.3	74	52.2	...	...	97	32.0	59.4
Muslim	10	7.5	9	6.3	...	...	19	6.3	19.5
Backward & Other	15	11.3	28	19.7	28	100	71	23.4	0.1
Total	133	100	142	100	28	100	303	100	100

TABLE 4

Basic qualification at the time of admission

Qualification	*B.Sc. Nursing*		*General Nursing*		*Spl. batch General Nursing*		*Total*	
	No.	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*
S.S.L.C.	...	...	3	2.1	...	...	3	1.0
P.D.C.	123	92.5	125	88.1	19	67.9	267	88.1
Graduate	10	7.5	14	9.8	9	32.1	33	10.9
Total	133	100	142	100	28	100	303	100

Debts of the Guardians for Education: It was noted that 42.6 per cent of the student's guardians had debts for the education of their daughters (Table 6). The guardians of 21.1 per cent of the B.Sc. Nursing students had debts as against 62.7 per cent in the case of General Nursing students. As regards the special batch of General Nursing students, 42.8 per cent of their guardians had debts. It was found that there exists a significant association between the debts of guardians and the type of nursing course for which they are studying ($\chi^2=56.59$; $P<0.01$)

Accommodation during the Course of Study: It was revealed from the study that 74.4 per cent of the B.Sc. Nursing Students preferred the stay at their houses during the period of their nursing course, whereas only 57.8 per cent of the General Nursing students had the preference for stay at home (Table 7). Regarding the special batch of students, 64.3 per cent preferred the stay at the hostel during their course of study. This was due to the fact that these students were getting free accommodation and free food during their study period as they belonged to Scheduled Castes and Scheduled Tribes. Most of the B.Sc. Nursing and General Nursing students preferred the stay at home as they had to spend from their pockets. It shows that there is a significant association between the preference for the stay and the type of Nursing course they are studying ($\chi^2=16.4$, $P<0.05$). More percentage of B.Sc. Nursing students prefer home stay compared to that of the General Nursing students as the living condition at the houses of B.Sc. Nursing students are better when compared to that of the General Nursing students.

Motivation for Choosing the Nursing Course: Of the total nursing students, family members of 87 students (28.7 per cent) were either in the Medical or Nursing profession. Of these 87, 64.2 per cent was in Nursing profession, 26.5 per cent was in medical profession and 9.2 per cent was in paramedical profession. This shows that the profession of family members has motivated the students in the choice of nursing course.

Reason for Choosing the Nursing Career: Majority of the students (62.0%) have chosen Nursing with the hope of good career and 32.7 per cent students chose this career with the hope of financial security

TABLE 5

Family monthly income of the students

Monthly income in rupees	*B.Sc. Nursing*		*General Nursing*		*Special batch General Nursing*		*Total*	
	No.	%	*No*	%	*No.*	%	*No.*	%
—300	17	12.8	74	52.2	14	50.0	105	34.7
301—500	20	15.1	25	17.6	2	7.2	47	15.5
501—700	11	8.3	8	5.6	1	3.6	20	6.6
701—900	15	11.2	8	5.6	3	10.8	26	8.6
901—1100	18	13.5	8	5.6	2	7.1	28	9.2
1101—1300	12	9.1	1	0.7	2	7.1	15	4.9
1301—1500	10	7.5	5	3.5	2	7.1	17	5.6
1500+	30	22.5	13	9.2	2	7.1	45	14.9
Total	133	100	142	100	28	100	303	100
Mean	935.3		514.1		607.1		618.5	

TABLE 6

Debts of the guardians in the education of Nursing students

Course	*Debts*		*No. Debts*		*Total*	
	No.	%	*No.*	%	*No.*	%
B.Sc. Nursing	28	21.1	105	78.9	133	100
General Nursing	89	62.7	53	37.3	142	100
Special batch General Nursing	12	42.8	16	57.2	28	100
Total	129	42.6	174	57.4	303	100

χ^2 =56.59; P<0.01

(Table-8). Illness of a dear one made 3.6 per cent students choose this profession.

TABLE 7

Preference for accommodation during the course of study

Preference	*B.Sc. Nursing*		*General Nursing*		*Special batch of General Nursing*		*Total*	
	No.	%	*No.*	%	*No.*	%	*No.*	%
Home	99	74.4	82	57.8	10	35.7	191	63
Hostel	34	25.5	60	42.3	18	64.3	112	37
Total	133	100	142	100	28	100	303	100

χ^2=16.4, P < 0.05

TABLE 8

Reason for choosing Nursing career

Reason	*Number*	*Percentage*
Hope of good career	188	62.0
Hope of financial security	99	32.7
Illness of a deer one	11	3.6
Self illness	5	1.7
Total	303	100

As regards the purpose of selecting this career, 50.5 per cent of the students revealed that they selected nursing to serve the mankind (Table 9). Security of employment was the purpose stated by 27.7 per

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cent students and 11.7 per cent students selected this career to earn more money.

Preference for Type of Services: It is seen from Table 10 that majority (58.6 per cent) of the B.Sc. Nursing students preferred teaching profession and 36.1 per cent liked to be in the Government service. In the case of General Nursing students, 87.1 per cent of them preferred the Government service and 94 per cent liked to be in the teaching profession. It can be noted that preference for working in the private hospitals was negligibly small (3%) among B.Sc. Nursing students and no one in the General nursing students liked to work in the private hospitals.

Regarding the willingness to go abroad, it was revealed that 67 per cent of the B.Sc. Nursing students and 46.14 per cent of the General Nursing students liked to go abroad after completing the course, if they get the chance. Only very few students (4.1%) desired to settle down permanently in foreign countries. The percentage of General Nursing students willing to go abroad was found to be low because they have bonded obligation to serve the Government for a period of 5 years after the completion of the course, as they were getting stipend from the Government.

Opinion about Rural Service: It was stated by 66.9 per cent of the B.Sc. Nursing students that they were willing to serve in rural areas and 33 per cent students were of the opinion that they would accept rural service only if it is made compulsory. Among the General Nursing students, 64.7 per cent were willing to accept the rural service and 34.7 per cent would accept it only if made compulsory.

Suggestions for improving the rural sursing service was obtained from the Nursing students. It revealed that personal security was the most important suggestion given by 54.5 per cent of them. It was stated by 49.8 per cent of the students that there must be satisfactory housing and living conditions. Facilities for the education of children was suggested by 48.5 per cent of students for the improvement of rural nursing service and 44.9 per cent students were of the opinion of increasing the salary for rural service as incentives. Fixed duration of compulsory rural service for all was suggested by 35.6 per cent of the students.

Teaching Methods: As regards the system of teaching in the nursing curriculum, it was found that 69.4 per cent of the pre-clinical students were satisfied with the present system of teaching methods as against 55.4 per cent in the clinical period. It shows that pre-clinical teaching system is more satisfactory than clinical teaching methods.

As regards the opinion about the teacher-student ratio, it was stated by 54.1 per cent of the B.Sc. Nursing students that the teacher-student ratio is insufficent, whereas only 42.9 per cent of the General Nursing students agree with this opinion (Table 11). This was due to the fact that B.Sc. Nursing students are expected to give comprehensive nursing care to the patients whereas General Nursing students need give only functional nursing care. For giving comprehensive nursing care more supervision and guidance is needed. At present the teacher-student ratio is same for both courses.

It was found that 60.4 per cent of the students preferred tutorial to didactive lecture classes. They state that in the tutorial classes, students participate more actively and gain better knowledge than the lecture classes.

Examination System: It was noted that 56.4 per cent of the B.Sc. nursing students were satisfied with the present method of assessment as against 70.4 per cent among General Nursing students (Table 12). B.Sc. Nursing students were less satisfied in the present method of assessment as they had to write 21 papers in the University Examination and minimum of 3 examinations for internal assessment in each paper. In the case of General nursing students, they need write only 10 papers in University Examination.

TABLE 9

Purpose of selecting nursing career

Purpose	*B.Sc. Nursing*		*General Nursing*		*Total*	
	No.	*%*	*No.*	*%*	*No.*	*%*
Serve the mankind	58	43.8	95	55.8	153	50.5
Security of Employment	47	35.2	37	21.8	84	27.8
Earn more money	20	15.0	16	9.4	36	11.8
Happy family life	8	6.0	22	13.0	30	9.9
Total	133	100	170	100	303	100

TABLE 10

Preference for types of service after the course

Type	*B.Sc. Nursing*		*General Nursing*		*Total*	
	No.	*%*	*No.*	*%*	*No.*	*%*
Govt. Service	48	35.1	148	87.1	196	64.7
Teaching	78	58.6	19	9.4	94	31.0
Private Hospital	4	3.0	—	—	4	1.3
Military Service	—	—	4	2.3	4	1.3
Others	3	2.3	2	1.2	5	1.7
Total	133	100	170	100	303	100

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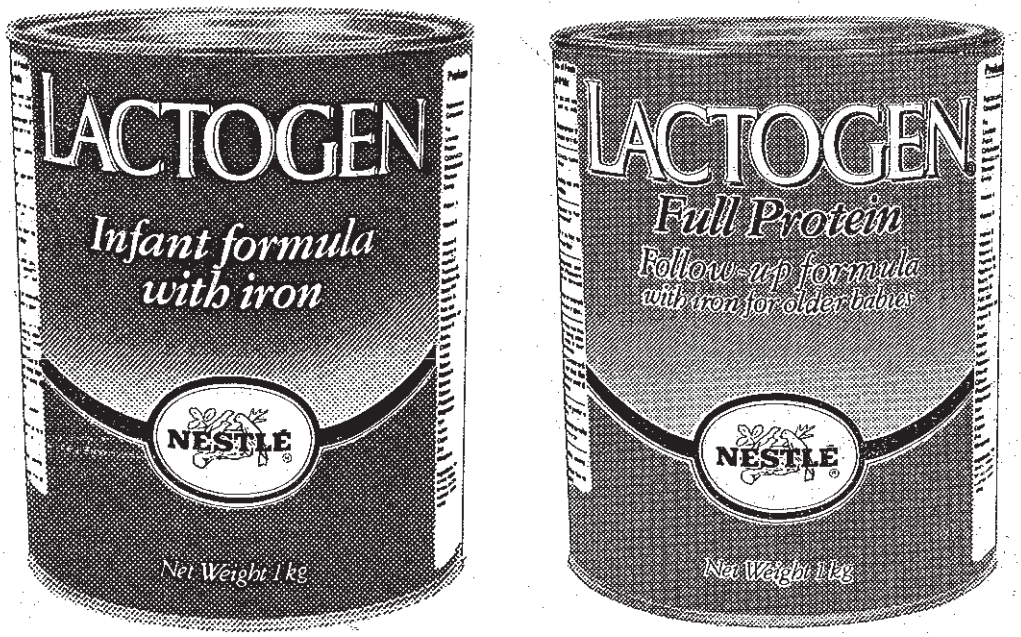

IMPORTANT NOTICE

The World Health Organisation (WHO) has recommended that pregnant women and new mothers be informed of the benefits and superiority of breastfeeding—in particular the fact that it provides the best nutrition and protection from illness for babies.

Mothers should be given guidance on the preparation for, and maintenance of, lactation, with special emphasis on the importance of a well-balanced diet both during pregnancy and after delivery. Unnecessary introduction of partial bottlefeeding or other foods and drinks should be discouraged since it will have a negative effect on breastfeeding. Similarly, mothers should be warned of the difficulty of reversing a decision not to breastfeed.

Before advising a mother to use an infant formula she should be advised of the social and financial implications of her decision: for example, if a baby is exclusively bottlefed, more than one can (450 g) per week will be needed, so the family circumstances and costs should be kept in mind. Mothers should be reminded that breast milk is not only the best, but also the most economical food for babies.

If a decision to use an infant formula is taken, it is important to give instruction on correct preparation methods, emphasizing that unboiled water, unboiled bottles or incorrect dilution can all lead to illness.

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6. Setting up and maintaining ward standard.

7. Instructing, supervising personnel in the proper care of the patients' clothes and valuables.

8. Setting an example in professional conduct, patient care, personnel, etc.

9. She assesses the members of the staff available and required, to implement the care.

10. She shares in planning and participating in staff education and training programmes, for professional and non-professional personnel.

11. She assists in the preparation of budgetary request for her unit.

12. She gives special attention to the planned assignment and work of the new members of the ward personnel.

13. She studies statements of expenditure of her unit at regular intervals.

14. She prepares plan to teach the patient and the community.

15. Making a definite plan for ward-house keeping, instructing, supervising and coordinating the work of all ward personnel.

16. She plans the engagements in advance.

17. She plans time schedule.

18. She sets up the priorities and plans the Nursing care.

19. She assists and participates in the research plan.

VI: As Store Keeper and Supplier

1. The Head Nurse analyses and maintains a standard of equipment and oversees its use.

2. She inspects the equipments, furnishes and supplies, and supervises the maintenance of cleanliness and general conditions of materials, etc.

3. Making and keeping a ward inventory.

4. The Head Nurse indents for materials and stores needed for the smooth functioning of the unit.

5. She advises on types of equipment and supplies to be purchesed for the use of her unit.

6. Maintaining the necessary physical equipment for teaching, such as charts, visual aids, books, etc.

7. Conferring with the maintenance and other departments such as house keeping and general supply about the repair and upkeep of the ward and service rooms.

8. Taking unused supplies out of circulation and removing unnecessary articles or supplies from the ward to their proper department.

9. Writing requisitions for routine supplies or articles, exchange, repairs, cleaning, etc.

10. Checking to see that proper supplies are received and making contact with the department involved when requisitions have not been properly and satisfactorily filled.

11. Checking the linen and inventory adequately supplied and kept in stock.

12. Returns unnecessary supplies to the store.

13. Preventing waste breakage and damaged equipment, instrument or furnishings by supervision and instruction to all ward personnel.

14. Directing such house keeping activities as one of the responsibility of Nursing personnel.

15. Securing, storing and distributing supplies and equipment and providing for their conservation and economical use.

VII: As Co-ordinater and Care Giver

1. The Head Nurse co-ordinates the work of personnel working in the ward, makes clinical rounds with doctors.

2. She transmits the orders.

3. She accompanies the physicians on their visits to patients giving routine reports of the condition of patients and conferring about patients and physicians, members of the Nursing profession, staff of the hospital administration, or any other hospital department whose professional responsibility is involved in the care of patient and coordination.

4. Meeting emergencies and accidents by formulating a definite plan and by the instruction to all ward personnel for meeting emergencies, accidents and reporting them to the proper departments.

5. Professional departments like Medical, Social Workers, Dieticians, Occupational Therepists and any other department: the Head Nurse utilises the opportunity of conferring with them about the patients and ward activities in the particular area for better understanding and coordination.

6. Conferring with patients and relatives and visitors about patient' condition, about the ward regulations, explaining and teaching visitors about hospital regulations and any particular conditions necessary for safeguarding and cooperation.

7. She confers with representatives of community and social agencies in the interest of patient, his family and community health and welfare for smooth coordination.

8. Maintaining comfortable, orderly, clean and safe environment for patient, that is, maintains a therapeutic environment.

9. Maintaining good relationships with patients and their relatives, friends and medical attendants.

10. Arranging for the assistance required by the members of the medical staff and other professional personnel and cooperation with them in providing for the patient's total needs.

11. Identifying Nursing and Nursing problems needing study and cooperating in their solution.

12. She initiates long and short-term improvement of Nursing care in her unit.

13. She works more closely with non-professional groups.

14. She attends the discharge, transferring and moving of patients.

15. She identifies the Nursing needs of the patient.

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5. Assisting in the teaching of all Nursing personnel.

6. Utilising all opportunities to enrich the clinical experiences afforded to staff nurses.

7. Assisting in the orientation and explaining to the new personnel to the unit.

8. Preparing the lesson plan.

9. Health teaching for patients and community.

10. Chooses the appropriate topic for the situation.

11. In the clinical teaching recognizes the learning needs of the students.

12. Utilizes appropriate teaching techniques.

13. Teaches at the level of student and other personnel.

14. Practically demonstrats and explains the Nursing procedures to the personnel.

III: As a Supervisor

1. Takes ward rounds every day.

2. Ensures cleanliness of the ward.

3. She sees that the ward routine is carried-out, e.g., rounds, meals, treatment and procedures are maintained.

4. Inspecting the entire wards, service rules, regularly as a basis for supervision and instruction to ward personnel as well as general maintenance.

5. Adjusting and regulating the ward temperature, lighting, ventilating, controlling noise, etc.

6. She analyses and maintains a standard of equipment and oversees its use.

7. She advises on types of equipment and supplies to be purchased for use of her unit.

8. She studies the physical facilities of her unit from the standpoint of the needs of patients and Nursing personnel.

9. She does inspecting, supervising Nursing care given to all patients and determining the general condition and the condition of their physical environment.

10. Supervising the administration of treatment and medication as per the instruction of medical staff.

11. She makes adequate provision for the Nursing care of the patient in her unit and supervises the care given.

12. Observing sick patients frequently, supervising their care and determining in special needs.

13. Assisting the specific duties of Nursing personnel and co-ordinating and Supervising their activities.

14. Conferring with the maintenance and other departments such as house keeping and general supply about the repair and upkeep of the ward and service room.

15. Inspecting furnishing equipments and supplies for cleanliness and general conditions, etc.

16. Checking to see that proper supplies are received and making contact with the department involved when requisitions have not been properly and satisfactorily filled.

17. Preventing waste, breakage and damage to equipments, instruments on furnishing by supervision and instruction to all work personnel.

18. Evaluating all the activities in the ward.

IV: As Recorder and Reporter

1. The Head Nurse maintains the various registers of the ward.

2. She assists to maintain records and evolves an adequate system for the same.

3. She assists to record the new system of Nursing service.

4. She collects the data recorded by the Nursing staff.

5. She instructs and supervises all the written and spoken records including patient chart and any other types of records kept by the ward personnel.

6. Recording T P.R. charts.

7. Recording what the patient said as it is.

8. Recording medicines and injections given.

9. Maintains records and reports.

10. Providing accurate descriptive records of the medical treatment carried out by nurses and of the Nursing care of the patient.

11. The Head Nurse instructs Staff Nurses about proper use and value of records and reports.

12. She prepares and contributes for the annual reports.

13. She attends all ward emergencies and reports them to the proper departments.

14. She obtains information of any irregularities in the ward before the report is taken up to higher authorities.

15. When the administrative staff of the hospital visits the ward the Head Nurse must prepare to accompany them and give adequate reports of all general and specific ward condition.

16. She evaluats on the basis of recording the quality of service given by the ward nurse, auxiliary personnel and counselling on the basis of findings.

V: As Organiser and Planner

1. Making arrangements with the Nursing Service Department about special Nursing care of very ill patients and arranging for the provision of additional Nursing care when indicated.

2. She studies the physical facilities of her unit from the standpoint of the patient's need and Nursing personnel for proper arrangement.

3. She treats all staff members equally.

4. She grants weekly days off and arranges according to nurses' convenience.

5. Head Nurse makes recommendations for the recruitment, appointments and discharge of professional personnel of her unit.

The Multiple Role of a Head Nurse

D. EASU

A common feeling is that compared to other nurses, Head nurse is a little higher in all aspects, she will be having good experience, well qualified, skilled and possessing all other qualities. She is responsible for the administration of the Nursing service in a single Nursing unit of clinical division or a unit of the operating, delivery, accident or central supply room or an outpatient department.

She should have all the good qualities and functions in the smooth running of a unit by taking more responsibility in a organised way. It is said that the Head Nurse is the most important person in the first level of Executives or administrators. She is expected to serve the patient, the hospital personnel and the community. The extent of her role depends upon the unit she is working in and the characteristic of the Nursing service as a whole. The Head Nurse today is primarily an administrator, she does teaching, she supervises the workers and plans the work, including the professional Nursing students, she has to co-operate with many departments in the hospital, she maintains the records and reports, she supplies and stores, she is the managerial head of the ward of the floor for which she is responsible for all of the permanent personnel. Let us see one by one specific roles in all aspects.

I: As an Administrator

1. She instructs all work about maintaining the institutional personnel policies.

2. She enforces hospital policies regarding patient care.

3. She shares in job analysis, she shares in the establishment, on interpretation of personnel policies.

4. She explains the hospital rules and regulations to patient and to his family members.

5. She delegates responsibilities.

6. She carries out the administrative procedure in conformity with the hospital policies and practices.

7. Defining the responsibilities of nursing, the specific duties of assistant nurses, staff nurses and student nurses.

8. Carries out the disciplinary measures whenever necessary.

9. Maintains cleanliness of the ward and surroundings.

10. She takes responsibilities for the work of subordinate personnel.

11. Exercises control over domestic personnel.

12. She obtains information of any irregularities in the ward before it is taken up to higher authorities.

13. She delegates authority and responsibility which are consistent with the scope of the position in her unit.

14. Writing requisitions for any repairs and to keep the ward clean and keeping things in working condition and neat.

15. Helping to establish a pleasant atmosphere in the ward.

16. Investigating any complaint or securing lack of co operation between workers.

17. Giving constructive critisism of any faults, individually and in groups.

18. Giving clear instructions to maintain morale and promote co-operation.

19. She takes responsibilities for allotment of beds to patients.

20. She has the right to use own discretion in patients' series or bed numbers in the ward.

21. She has the authority to permit relatives to remain with helpless patients.

22. She has the responsibility of receiving patients for admission and sending after discharge.

23. She prepares the nurses' duty roster, she assigns different ward functions to staff nurses.

24. She encourages professional advancement of Nursing personnel.

25. She ensures a ward routine and provide convenient duty hours in order to solve their problems.

26. She discovers leadership and creative abilities among members of the Nursing staff in her unit and arranges for its expression.

27. The responsibility of a Head Nurse is to make rounds and confer with the administrative supervisor or other representative from Nursing services.

II: As an Educator

1. Teaching and Supervision of ward personnel as a whole including professional as well as non-professional workers.

2. Conducting and helping to conduct conferences, rounds, clinics for the ward personnel and students when it is indicated and conducting in-service programmes in the ward.

3. Conferring with the clinical instructor about students, assessing the ward and co-operating in their education programme.

4. Teaching and supervising all Nursing personnel by utilizing opportunities such as when giving morning and evening reports and when making assignments when conducting ward clinics, conferences, domonstrations and any other methods of teaching aids.

TABLE 5

Family monthly income of the students

Monthly income in rupees	*B.Sc. Nursing*		*General Nursing*		*Special batch General Nursing*		*Total*	
	No.	%	*No*	%	*No.*	%	*No.*	%
—300	17	12.8	74	52.2	14	50.0	105	34.7
301—500	20	15.1	25	17.6	2	7.2	47	15.5
501—700	11	8.3	8	5.6	1	3.6	20	6.6
701—900	15	11.2	8	5.6	3	10.8	26	8.6
901—1100	18	13.5	8	5.6	2	7.1	28	9.2
1101—1300	12	9.1	1	0.7	2	7.1	15	4.9
1301—1500	10	7.5	5	3.5	2	7.1	17	5.6
1500+	30	22.5	13	9.2	2	7.1	45	14.9
Total	133	100	142	100	28	100	303	100
Mean	935.3		514.1		607.1		618.5	

TABLE 6

Debts of the guardians in the education of Nursing students

Course	*Debts*		*No. Debts*		*Total*	
	No.	%	*No.*	%	*No.*	%
B.Sc. Nursing	28	21.1	105	78.9	133	100
General Nursing	89	62.7	53	37.3	142	100
Special batch General Nursing	12	42.8	16	57.2	28	100
Total	129	42.6	174	57.4	303	100

χ^2 =56.59; P<0.01

(Table-8). Illness of a dear one made 3.6 per cent students choose this profession.

TABLE 7

Preference for accommodation during the course of study

Preference	*B.Sc. Nursing*		*General Nursing*		*Special batch of General Nursing*		*Total*	
	No.	%	*No.*	%	*No.*	%	*No.*	%
Home	99	74.4	82	57.8	10	35.7	191	63
Hostel	34	25.5	60	42.3	18	64.3	112	37
Total	133	100	142	100	28	100	303	100

χ^2=16.4, P < 0.05

TABLE 8

Reason for choosing Nursing career

Reason	*Number*	*Percentage*
Hope of good career	188	62.0
Hope of financial security	99	32.7
Illness of a deer one	11	3.6
Self illness	5	1.7
Total	303	100

As regards the purpose of selecting this career, 50.5 per cent of the students revealed that they selected nursing to serve the mankind (Table 9). Security of employment was the purpose stated by 27.7 per

(Continued on page 297)

TABLE 3

Religious distribution of Nursing Students

Religion	*B. Sc. Nursing*		*General Nursing*		*Spl. batch*		*Total*		*Kerala population*
	No.	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*	*%*
Christian	85	63.9	31	21.8	...	...	116	38.3	21.0
Hindu	23	17.3	74	52.2	...	...	97	32.0	59.4
Muslim	10	7.5	9	6.3	...	...	19	6.3	19.5
Backward & Other	15	11.3	28	19.7	28	100	71	23.4	0.1
Total	133	100	142	100	28	100	303	100	100

TABLE 4

Basic qualification at the time of admission

Qualification	*B.Sc. Nursing*		*General Nursing*		*Spl. batch General Nursing*		*Total*	
	No.	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*
S.S.L.C.	...	...	3	2.1	...	...	3	1.0
P.D.C.	123	92.5	125	88.1	19	67.9	267	88.1
Graduate	10	7.5	14	9.8	9	32.1	33	10.9
Total	133	100	142	100	28	100	303	100

Debts of the Guardians for Education: It was noted that 42.6 per cent of the student's guardians had debts for the education of their daughters (Table 6). The guardians of 21.1 per cent of the B.Sc. Nursing students had debts as against 62.7 per cent in the case of General Nursing students. As regards the special batch of General Nursing students, 42.8 per cent of their guardians had debts. It was found that there exists a significant association between the debts of guardians and the type of nursing course for which they are studying ($\chi^2=56.59$; $P<0.01$)

Accommodation during the Course of Study: It was revealed from the study that 74.4 per cent of the B.Sc. Nursing Students preferred the stay at their houses during the period of their nursing course, whereas only 57.8 per cent of the General Nursing students had the preference for stay at home (Table 7). Regarding the special batch of students, 64.3 per cent preferred the stay at the hostel during their course of study. This was due to the fact that these students were getting free accommodation and free food during their study period as they belonged to Scheduled Castes and Scheduled Tribes. Most of the B.Sc. Nursing and General Nursing students preferred the stay at home as they had to spend from their pockets. It shows that there is a significant association between the preference for the stay and the type of Nursing course they are studying ($\chi^2=16.4$, $P<0.05$). More percentage of B.Sc. Nursing students prefer home stay compared to that of the General Nursing students as the living condition at the houses of B.Sc. Nursing students are better when compared to that of the General Nursing students.

Motivation for Choosing the Nursing Course: Of the total nursing students, family members of 87 students (28.7 per cent) were either in the Medical or Nursing profession. Of these 87, 64.2 per cent was in Nursing profession, 26.5 per cent was in medical profession and 9.2 per cent was in paramedical profession. This shows that the profession of family members has motivated the students in the choice of nursing course.

Reason for Choosing the Nursing Career: Majority of the students (62.0%) have chosen Nursing with the hope of good career and 32.7 per cent students chose this career with the hope of financial security

that B.Sc. nursing students are admitted at an earlier age than that of the General nursing students.

TABLE 1

Distribution of students according to their native District

District	*B.Sc. Nursing*		*General Nursing*	
	No.	*%*	*No.*	*%*
Trivandrum	25	18.8	103	63.5
Quilon	9	6.8	1	0.6
Alleppey	9	6.8	40	23.5
Kottayam	51	38.3	6	3.5
Pathanamthitta	14	10.5	12	7.1
Idukki	11	8.3	1	0.6
Other Northern Districts	6	4.5	1	0.6
Total	133	100	170	100

Religious Status : Regarding the religious status, it was noted (Table 3) that 63 9 per cent of the B.Sc. nursing students were Christians, whereas it was 21.8 per cent among General nursing students. The percentage of Hindus among B.Sc. nursing students was very low (17 3%) as against 52.1 per cent among the General nursing students In general, majority of the nursing students belonged to Christians. The proportion of Hindus, Christians and Muslims in the General population of Kerala are 59.4 per cent, 21.05 per cent and 19.5 per cent respectively.[2] It shows that the proportion of Hindus who have joined B.Sc. Nursing course is significantly low when compared to the General population. In the case of Christians. the Proportion of students joining for B.Sc. nursing as well as General nursing courses is significantly higher than their proportion in the general population. The proportion of Muslim students is found to be very low (6.3%) in comparison with the proportion of Muslims in the General population. These figures show that the proportion of Christians joining the nursing course is significantly higher than that of the other religious groups. Moreover, only a small percentage of Muslims are joining the nursing course when compared to Hindus and Christians in this state.

Basic Qualification: It was found that 95.9 per cent of the B.Sc. Nursing students and 88.1 per cent of the General Nursing students had pre-degree as their basic qualification (Table 4). In the case of special batch of general nursing, 67.9% students had pre-degree qualification and 32.1 per cent students were graduates.

Economic Status: The mean family monthly income of B.Sc. nursing students was 935 rupees which was higher than that of the General nursing students (Table 5). It was noted that 52.2% of the General nursing students had family income of less than 300 rupees as against 12.1 per cent in the case of B.Sc. Nursing students. As regards the special batch of General nursing students, 52.2 per cent had family income less than 300 rupees. It was also noted that 22.5 per cent of the B.Sc. Nursing students had monthly income above 1500 rupees as against 9.1 per cent in the case of General Nursing students. These figures show that the economic status of the parents of B.Sc. nursing students is significantly higher than that of General nursing students. In general, it was noted that 50.2 per cent of the Nursing students had their family monthly income less than 500 rupees.

As regards the annual expenditure of the students, it was observed that B Sc. Nursing students spend an average of 3833 rupees per year as against 3327 rupees in the case of General Nursing students. It was also noted that 49 per cent of the B.Sc. Nursing students had the annual expenditure of rupees 4000 and above, whereas only 7.73 per cent of the General Nursing students had this amount of expenditure. The mean annual expenditure of the students studied was found to be 3326 rupees. The expenditure of B.Sc. Nursing students was observed to be higher than that of General Nursing students and they were not getting any stipend. The special batch of General Nursing students had mean annual exepnditure of less than 1000 rupees as they were exempted from paying fees. Moreover, they were getting stipend, free food and lodging.

TABLE 2

Age at admission of students

Age group in years.	*B.Sc. Nursing*		*General Nursing*		*Special batch*		*Total*	
	No.	*%*	*No.*	*%*	*No.*	*%*	*No.*	*%*
16—18	98	73.7	37	26.1	...	...	135	44.6
19—21	32	24.1	100	70.3	17	60.8	149	49.2
22—24	3	2.3	5	3.6	11	39.2	19	6.2
Total	133	100	142	100	28	100	303	100

Nursing as a Career

A Socio-Economic Study

M. K. ANDAMUTHAN

The socio-economic status of 303 Nursing Students studying during the year 1984 in the College of Nursing, Medical College, Trivandrum and the School of Nursing, Trivandrum was studied. Of the total, 133 were B.Sc. Nursing students and the rest were General Nursing Students. The highest proportion of Nursing students were Christians. Half of the students (50.2%) came from the families of low income with less than 500 Rupees per month and 42.6% of the students were having financial difficulties in undergoing this course. The important motivational factors for choosing the Nursing career were the hope of good career and financial security. The main purpose of joining the course was service to the mankind (50.5%) and then security of employment (28.7%). Most of the students were willing to serve in the rural areas. Majority of the students preferred semester system and suggested that more weightage should be given to practical examinations.

KERALA is the most densely populated state (654 persons per sq. km) in India and is having the highest sex ratio of 1032 females per 1000 males.[1] The literacy rate of this state is 69.17 per cent which is higher than any other state in India.[2] Moreover literacy rate among females in this State is 64.3 per cent which is higher than the corresponding figures of other states and the country.[2] The Birth rate, Death rate and Infant mortality rate of Kerala state are significantly lower than the rates of other states and India.[2] Mean age at marriage of female population in Kerala is 22 which is less than that of India.[3] These figures indicate that Kerala is different from other states of the country with regard to socio-economic characteristics. It is a well known fact that the nurses from the state of Kerala is working in the hospitals of other states in the country and in many of the developing and developed countries. As regards the employment status in the state, there are 20,51,000 job seekers in Kerala, of which 49 thousand are educated job seekers.[3] In these circumstances it will be interesting to study the socio-economic background of nursing students with special reference to motivation in the choice of nursing as a career. Various studies have been conducted on the socio-economic background of the Indian Medical students. [4 5 6 7]. But only limited studies have been conducted in India regarding the socio-economic background of Nursing students. So, the present study was undertaken to find out: 1. The socio-economic background of nursing students 2. The motivational factors in the choice of nursing career 3. The views about the rural nursing service 4. Expectations about their future career 5. The opinion of students regarding the present system of nursing education.

The author is Assistant Professor of Biostatistics, Medical College, Trivandrum.

Methodology

All the B.Sc. Nursing students of the College of Nursing, Trivandrum, General Nursing students of the School of Nursing, Trivandrum and a special batch of General Nursing students who exclusively belong to Scheduled Caste or Scheduled Tribe studying in the College of Nursing, Trivandrum were included in this study. Third year and Final year General nursing students of the College of Nursing Aleppey who were studying in the College of Nursing Trivandrum were also included in this study Data was collected by Final year B.Sc. Nursing students from 133 B.Sc. Nursing students and 170 General Nursing students on a pre-tested questionnaire. Questionnaires were given to the students and were requested to fill it immediately. The students filled the questionnaires without writing the identities in it. The closed questions were given in the questionnaire so that the students had to select one or more answers from among the pre-determined alternatives. The study extended for a period of one month from 1st June to 30th June 1984.

Results and Discussion

Districtwise Distribution : It was noted that (Table 1), the highest proportion of B.Sc. Nursing students belonged to Kottayam District (38.3%) and the next highest proportion was from Trivandrum District (18.8%). In the case of General Nursing students maximum number of students were from Trivandrum District as the General Nursing course was conducted at the Nursing School at the District Headquarters in Trivandrum. As the two batches of General Nursing students of Alleppey were also included in the study, the proportion of students from that district was observed to be high.

Age at Admission : It was noted that 93.8 per cent of the students were admitted to the Nursing course at the age of 16-21 years (Table 2). Of these students, 45 per cent were admitted before the age of 18 years. Majority (73.7%) of the B.Sc. Nursing students had the age at admission between 16-18 years. In the case of General nursing students 70.3 per cent were admitted to the course at the age of 19-21 years. As regards the special batch of General nursing students 60.8 per cent belonged to the 19-21 years age group at the time of admission. These figures show

integrated in so called General Sick Nursing Course in the year 1952. The concept, though well accepted, was not fully implemented as the student nurses had service commitments during their period of training. Today, General Nursing and Midwifery syllabi have well integrated in all aspects of primary health care, primary Nursing care. In fact, it is my belief that the nurse has always worked for the people but now she has to work with the people. She has to learn this concept more than anything else.

3. *Convincing the Health Planners*: I may be forgiven if I say that Health Planners till today have not involved nurses in Health Planning. May be we failed in our duty of convincing them. The old belief that professional nurses were meant for hospital nursing care still prevails. I may also bring to the notice of this august body that it was the Nursing profession which thought of other categories of Nursing personnel for subcentres in 1952, i.e. Auxiliary Nurse Midwives. It is this category of Nursing personnel on whom the whole system of Health care delivery system is dependent. If the profession could think of this 34 years back, they are now fully mature adults or say, in their middle ages, to participate at all levels in Health planning. It is my earnest request that Nursing profession be more utilised professionally and nurses not left as hospital house keepers.

The delivery of Health services will become cheaper and more meaningful if the Nursing profession is made an equal partner in health planning and made accountable. Today over 3 lakh nurses, Auxiliary Nurse Midwives and Health Visitors, predominantly females, are contributing to the health care delivery systems, who need to be acknowledged.

The World Health Organisation in its theme for the World Health Day have highlighted three major elements of a healthy life style, i.e., exercise and sports, nutrition and personal responsibility. Exercise should be thought of in the broadest sense that includes walking and any other leisure pursuit. It has a direct influence on health and can act as a spur to fitness, thus improving health generally. Active physical exercise is necessary for every one at all stages of life During early years it prepares the body for the tasks to be undertaken in adulthood. During adulthood it enables the body to give its utmost and to resist stress, then in later years it maintains mental alertness and physical mobility. But, perhaps most important of all, keeping physically active adds to the joys of life, contributing to that sense of well-being which is the true foundation of health.

Food, clothing and shelter are three main vital essentials of life. On the issue of taking food, we know that eating habits are in a state of change. Dieting influences on physical, mental and social health are well documented. Diseases associated with food habits are well known to all of us. The popular ways of eating are causing a lot of harm to body, e.g, to teeth, heart etc. However, every culture still provides basic ingredients for a diet which promotes the growth and maintenance of a healthy body. Today, there is much more need for a new Nutritional Policy, as was reported in the press recently, for building healthy, happier youth who are more prone to accept fast pre-cooked food, etc.

The third most important aspect for healthful living stressed is 'personal responsibility! It covers wide areas. Individuals must be encouraged to take steps to preserve their own health and to avoid behaviour that is detrimental to their health. This includes use of tobacco, drugs and alcohol. What we need are positive models of health so that youth does not begin to take up a life-long pernicious habit. The personal responsibility of keeping one healthy depends on various socio-cultural factors. The family you live in, the surroundings, school, college you study in, and friends you have, all these have effects on our healthy living practice. Man, being a social animal, falls prey to many evils knowingly or unknowingly which needs to be prevented and avoided. As you know, we as nurses learn all these aspects in schools/colleges.

Teaching healthful living with bare minimum resources for practice is the most difficult task but not impossible. Nurses when convinced that their roles are more than in the hospital setting will achieve this task of healthy living for their self example and by using resources available in the community. Thus nurses through their outreach approach will not only assist in achieving the Health for All by 2000 A.D. but will make a name in the contribution to a Healthy Nation. The students of today if convinced will see that their families, neighbours, friends, colleagues and the community at large all learn principles of Healthy Living which are cheaper than spending or buying health by tonics and drugs.

With these words, I have pleasure in unfolding the Theme 'Nursing Outreach for Healthy Living'. My blessings for the success of the Conference are with you.

Mrs. Chabook Thanks

Mrs. Harriet Chabook thanks friends, ex-students and well wishers for their kind letters of congratulations on her appointment as President Indian Nursing Council, and regrets her inability to thank them individually.

'Manik Kunj'
Miraj-416410.
(Maharashtra)

Nursing Outreach for Healthy Living

Given below is the text of the address of Mrs. R.K. Sood, Vice President, TNAI, introducing the theme, read out in her absence at the XII SNA Biennial Conference at Coimbatore, October 7, 1986.

It is my pleasant duty to unfold the Theme, "Nursing Outreach for Healthy Living", selected by student Nurses for their XII National Biennial Conference at Coimbatore. I am thankful to you all for giving me this opportunity and I do hope I will come upto your expectations.

First of all, let me say why we have selected this theme. I presume this theme is the outcome of the theme of World Health Day that was observed on 7th April, 1986. The theme focusses on a healthy life style. This reflects the growing conviction that greater emphasis should be placed on the positive actions that individuals and the community take to protect and promote health.

The Alma-Ata Declaration of 1978 clearly states that "people have the right and duty to participate individually and collectively in the planning and implementation of their health care!" India, a member state of W.H.O., is a signatory to the Alma-Ata Declaration of 1978 and thus a party to universal commitment to secure Health for All by 2000 A.D. The global strategy as adopted in 1981 is to achieve the goal through Primary Health Care.

The task is by no means easy for a country of India's size inhabited by one-seventh of the total world population. At the present rate of growth we will be 950 millions by the turn of the century. It is, however, believed that sustained political will and support both at Central and State levels will enable us to achieve our goals.

Before I come to the role of Nursing profession and ahievements made in this sphere let me highlight some of the national achievements till date. As you know, Health programmes have been an integral part of our national development particularly since 1952. A vast infrastructure has been built during the past 34 years to provide Primary Health Care to people in rural areas and in the hilly and tribal belts, under the 'Health for All' programme. We have not only to cater to the rapidly growing population, but the urban poor and slum dwellers have to be covered intensively.

The existing health care system is mainly curative. It has to be restructured to integrate promotive and preventive aspects at the level of Primary Health Care and new Training and Reorientation Programmes for various health functionaries have to be launched. A large number of personnel for the Health Manpower is required.

Keeping in view the national programmes and National Health Policy integrated health services have to be provided. Programmes like Family Welfare, Maternal and Child Health, Prevention and Control of Communicable Diseases and national programmes like Universal Immunization, all aim at "Healthy Living". The achievements till date in reducing the infant mortality rate and incidence of other diseases touch barely a fringe of the massive problems. The control programmes are much constlier than the preventive and promotive programmes. Hence the emphasis has been laid on the fact that people are partners in their own health care programme. This will involve them in planning their own health care plans and they will be accountable to keep themselves healthy.

Nursing profession, as we all know, has always been considered the backbone of Health Services. This backbone has to be strong in order to support the structure. Today, I can say with conviction that total health care delivery system means 95% contribution of Nursing, provided the Health planners appreciate this reality. All preventive, promotive, rehabilitative services are primarily Nursing functions. Let me elaborate it more.

A nurse is the only Health professional who is in the hospital for 24 hours, who is in the community for 24 hours. All other workers are duty bound officers.

A question comes to my mind at this stage: Why did we select this theme when we know that 95% of the Health Care delivery is done by Nurses? Why are we saying: "Nursing outreach for Healthy Living? Did we not meet the needs of the people? Or, are we lacking in preparation? Let me make an analysis of the situation, starting from our image and the preparation.

1. Nursing Image: Till date majority of people and the community feel that nurses' main functions are in the hospital or working with the sick. Many health planners also feel the same way. Doctor/Nurse team has been in existence ever since the concept of organised health care system evolved but today although 95% of the work at Primary Health Care is of Nursing, yet we always think of more doctors than qualified professional nurses. However, auxiliary Nurse Midwives are present at the grass-root level. To my mind, there is more need of a qualified nurse at the peripheral level where there is no doctor than, may be, in a hospital which is flooded with the members of the Medical profession.

2. Preparation of Nurses: A close examination of Nursing curricula will reveal that much emphasis was given on curative Nursing till 1952. Bhore Committee in 1946 had made a special mention of the role of Public Health Nurses. A graduate programme in Nursing in 1946 (BSc. Nursing) had preventive and promotive aspects well integrated. The Public Health Nursing was

Down Memory Lane

Strengthening Others with Sympathy

Sr. ELLA STEWART

WE were thinking of the demands our wonderful vocation of nursing makes on us. Sometimes one hears the remark "she'll get used to it." Let us be careful never to get used to seeing suffering. Our vocation should always be 'what can I do to help him or her to bear their suffering." Show your love for your patient by striving your utmost to be gentle.

I remember the joy I felt when once a patient not far from death said "But, oh nurse, you are so gentle in the way you nurse me." It made everything seem worthwhile and gave me work-satisfaction, which helps us along the way of routine. We can even grow to love the very demands our vocation makes on us—they cease to be burdens and become joys—the joy of alleviating the suffering of others or strengthening them by our sympathy. Occasionally we can do this by letting them realise there are others worse off than themselves—like the little boy who was sorry for himself because he had no shoes, until he met another little boy who had no legs!

Wanting to Do More

Let us not be content with what we do or know, let us always want to do more and learn more. Do not be like the nurse who came to me once and gave me the nursing text books as a present for some poor nurse who couldn't afford to buy any. My response was "But what will you do when you need to refer back to your books? There is always more to learn or revise". Knowledge rightly shown or used can always inspire confidence in others—doctors as well as patients and fellow nurses.

Once there was an elderly Sister student in a ward and also a 17-year old student was discovered by the Matron in floods of tears. She was asked what was the matter and replied amidst her tears "Sister X has been transfered from this ward, who is going to teach me now and help me to understand?" You see our vocation is very wide and certainly includes care of our fellow nurses irrespective of age! This incident can teach us other things. We learn not for our sake, but for the sake of others. If there is something you don't know, ask and understand. Let us not be afraid to say 'we don't know', when asked something. If you don't know and are not told, determine to find out and keep on asking in the right places till you do know! It can all be a great adventure!

Again, we can gradually learn self-control. I remember one nurse whose mother told her she could never be a nurse because she always fainted even if she pricked her own finger sewing and a drop of blood came! Fortunately she firmly believed she could overcome this weakness. Just fancy, part of her interview for acceptance or rejection for Nursing training was to have to witness a big surgical operation. She was scared and got butterflies in her tummy when she was told to go to the theatre, and dress in sterile clothes. She did, praying hard the whole way. But when the incision was made she saw how efficiently the doctor clamped all the arteries, her fainting feelings just disappeared and she practically never experienced them again. It also made her able to help other young probationers conquer similar reactions!

Acquiring Self Control

Self-control can be acquired. When an accident case has been admitted and we are called to help. Think of going to help the patient and that will help you through. Keep your wits about you and act, and act quickly with reason. Don't be upset if a Doctor or a Senior Sister speaks brusquely to you then, they too are probably more anxious than you at the possible outcome of the case. Remember we are there to help human lives not to be upset ourselves!

Strict honesty is also a help all round. It you have forgotten to do something, acknowledge it simply. If things seem to go wrong, report it. I remember being reported by a gynaecological surgeon that I had allowed a new born baby to bleed from the cord, and it was attributed to my badly placing on the forceps. It went up to the Matron and all the heads of different departments in the hospital. The Matron called me and asked me for an explanation. I answered that the doctor had applid the cord forceps and the bleeding was there when I went to exchange the forceps for a cord tie. Matrons' comment was "why didn't you came and tell me—I'm not criticizing your work, you tie countless cord ties and the babies do not bleed.

Another time I was assigned to give I.V. injections in an unusually large dose to a debilitated patient. I knew the possible effects —an abcess. On the second day redness appeared which I did not report. The following morning the swelling appeared and a nurse, not myself, rightly reported it. I was very afraid and dreaded the doctor coming. He came, called me and said I'm sorry about this, I put you on this case because I knew you had much experience in different injections. But don't worry, it could have happened to me or to anyone else. We are not condemning you, only, you should have reported it yourself!

You see what qualities a nurse needs and she has to cultivate them herself. For a nurse we are greatly helped by Our Lord's own words "Do not be afraid, I am with you always." For all of us who believe in God, we can take these words to ourselves even though we do not call ourselves Christian so far, for truly we are all His children and He cares for each one of us, nurses and patients alike, and truly is really present with us in all eventualities.

interest of the people. The Trained Nurses' Association of India is quite concerned about the needed changes in nursing education and it has presented its viewpoint time and again to the government to bring some structural changes in the system where Nursing profession, like other para-professions, gets an opportunity to exercise its concern independently on related matters of health. Some of the vital issues about which the nursing community is concerned are :

(i) Establishment of separate Directorates of Nursing: To guide the government on matters relating to nursing education and nursing practice. It is essential that the governments at the Centre and in States consider it seriously. The Karnataka Government has already acted favourably to the proposal.

(ii) Streamlining of nursing education under the general system of technical education so that the specialised aspects of nursing education can be taken care of more effectively under the system.

(iii) Establishment of Central/ Regional Institutes of Nursing Eduction on similar line as medical and engineering institutes are established in the country. The nature and dimension of nursing education requires specialised parametrical coordination of education in nursing discipline. This will also enhance the progress of rapid professionalism of nursing.

(iv) Independent Schools of Nursing: The present subordinate status of Schools of Nursing has many limitations in terms of the authority and status vested in the tutor incharge to run the programme satisfactorily. Therefore, TNAI has suggested to the Government to create equivalent position to Nursing Service, at the School level as like Director of Nursing Education or Principal Tutor posts and give necessary authority and responsibilities to run the School. Although the Government has created Principal Nursing Officer's post in Multipurpose Health Worker Training Centres, they are not vested with adequate authority to run the programme. Moreover most of these posts are filled on seniority-basis instead of considering qualification, merit and teaching experience as vital factors.

(v) Student status: This is another burning issue which has not yet been resolved. Students continue to be replacing the service force of the hospital and people are exposed to unskilled care. Such arrangements affect adversely the quality of Nursing care and the standard of nursing education. It is high time now that teaching institutions maintain minimum standards of staff norms prescribed by the Indian Nursing Council and Nursing Councils in the States should take appropriate action to enforce a minimum standard.

(v) Proper School facilities: There should be greater stress on preparing more nurses every year. Existing school facilities in most training centres are overstretched and they have considerable problems in managing students affair which ultimately affect the standard of nursing education. Proper school facilities are basic to run such technical programmes.

(vii) Full time Nurse Registrars: State Nurses' Registration Councils can play an important role in regulating Nursing programmes and maintaining standards of Nursing Education in a State. It requires full time involvement to ensure proper standards of Nursing education. TNAI from the very beginning, has been stressing appointment of full time Registrars in all Nursing Councils as the existing irregularities and inconsistencies in Nursing programmes have a considerable impact on the standard of Nursing Education. Indian Nursing Council has a crucial role to introduce innovations in Nursing Education and maintain the desired standard of nursing education in the country.

(viii) Continuing Education: In the light of keeping pace with the changing health care technologies and medical sciences there should be a definite system of sponsoring candidates for long and short term courses from every institution. Necessary financial assistance and leave should be given specially for postgraduate studies. TNAI, as the professional organisation, is quite concerned about professional development of Nurses in India. It has started conducting short-term refresher courses and workshops for nurses. We do hope that in the near future the Continuing Education Department of TNAI will be developed further and would be able to conduct frequent courses for larger number of nurses and make its contribution somewhat substantial vis-a-vis the health needs of the nation.

It is my privilege to be here in the capacity of President of the Association and share with the participants the wealth of their experience. I look forward to the deliberations of the Conference and hope that the Resolutions finalised by it go a long way in improving the educational standards of Nursing and providing better facilities to students to learn their craft meaningfully and adequately. I also welcome the distinguished guests who have encouraged us with their gracious presence.

To strengthen the voice of nurses,
Enroll Life Members of TNAI
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concerning the health of the nation and their expanding role in community care. Recently the Indian Nursing Council has incorporated quite extensive component of Primary Health Care in Nursing syllabus and considerable thought is given to community-based learning. To increase the relevance of nursing for community care certain structural changes are imperative to involve nurses more meaningfully in the total organization of the country's health care systems. They have wide opportunities to promote the involvement of individuals, families and the community in general in identification of their health needs planning care and in the evaluation of their health care. These also have opportunities to coordinate and integrate other community services influencing the health of the people like those of traditional health workers, inter-disciplinary teams, etc. through intersectoral approach and support networks ensure preventive care that is safe and scientifically sound.

Nursing research in community health has a multi-dimensional importance to develop and strengthen need-based Nursing Education and Nursing Practice and to develop cost-effective assessment methods for testing innovative patterns of service and education that would provide remedial methods of needed care.

Healthy living refers to style of life which promotes a healthful living. It, by and large, reflects positive actions which people are capable of taking in promoting and protecting their own health. The Alma-Ata Declaration of 1978 has clearly stated that, "the people have the right and duty to participate individually and collectively in planning and implementation of their own health care". It is time now when programme for achieving Health for All by the Year 2000 are in full swing that community participation is put into practice effectively. Dr. Halfdan Malher, Director-General of the World Health Organization, has stressed three major elements of healthy life, namely, exercise, nutrition and personal responsibilities.

The essence of these elements involves simple every day health activities. Exercise would mean just walking and any other leisure pursuit which acts as a spur to fitness. Active physical exercise is necessary for every one at all stages of life to enable the body to give it the most to resist stress and promote mental alertness. Physical mobility in general adds joy to life and creates a sense of well being.

Food, as every one knows, is essential for life. Like any other things, the food habits are also in a stage of change. People need to know how diet and nutrition function and encourage these habits of eating which help to produce excellence in sports and ensure general well being. At the same time people must have sufficient and the right kind of food to eat.

Personal Responsibilities

Personal responsibilities in protecting and promoting health cover a wide range of health activities, for example preventing oneself from getting addicted to self inflicted health nazards like use of tobacco in any form, excessive consumption of alcohol, drug abuse, etc. People need to get involved in promotion of basic sanitation in their own surroundings, utilize maternal and child care facilities in the area including family planning services, immunization against major infectious diseases, prevention and control of locally endemic diseases, education concerning prevailing health problems and using methods of preventing and controlling them, appropriate treatment for common diseases and injuries.

Nurses by virtue of their preparation and close contact have an important role in assisting people for leading healthy life. Because of their constant touch with people in all age groups, sick and well, in hospital and community, have better opportunities than other health professionals to create health awareness, give to the people an orientation to healthy surroundings and help them to protect themselves from any kind of health hazards and infectious diseases through desired behaviour changes.

Education for health requires both motivation and proper communication. It requires an insight into what we need to do to remain healthy and also what should be done when health starts failing. Effective education encourages people to adopt better health habits.

Nursing out-reach would also mean making extra-institutional contacts with vulnerable and high risk groups like women, children, risky population at work and under-privileged sections of the society to identify these groups and taking remedial measure early, ensure continuing care and eliminate factors which are contributing to illness.

Healthy life style is a certainty provided people are willing to adopt a sensible pattern of living. As said earlier simple things like exercises, regulated diets and healthy personal habits are essential components for maintaining health. Knowingly or unknowingly one tends to develop one's own style. It is here that Nursing personnel, being a potentially powerful force, are capable of changing people's opinion in the right direction.

Contribution to Radical Changes

Nurses' contribution in making radical changes in the health care system by their number itself has been emphasized quite a lot to advance the care of Health for All by 2000 AD. Yet. their vital role in influencing health care policies and planning nursing component has not yet taken a concrete shape. Nursing manpower planning, development of Nursing personnel and decision about the required number of Nursing Schools and their location have so fare been made by those who do not fully assess the contribution nurses can make to community care. It is time now that the government creates situations in programming healthy living in which nurses are involved meaningfully and their capabilities are exploited fully to the greater

Nurses' Role in Health Care Policies

Given below is the text of the Presidential Address delivered by Mr. C.P.B. KURUP, President, TNAI, at the SNA Biennial Conference at Coimbatore on October 7, 1986.

IT is indeed a matter of great honour and privilege to preside over this auspicious occasion. I take this opportunity to welcome you all to the XII National Biennial Conference of the Student Nurses' Association of the Trained Nurses' Association of India.

I must thank the organizers of the Conference for the meticulous care they have taken in planning various deliberations of the Conference and made it possible for all of us to assemble in this attractive and industrial city of Tamil Nadu. Coimbatore is blessed with rich nature and fascinating cultural heritage. It is popularly known as the Poor Man's City and 'Manchester of South India'. I am told that the common man here has a higher per capita income than in most other parts of the State, which in itself is an asset to improve the quality of life.

Tamil Nadu in a way has a historical significance in the early development of Nursing in India. It was in Madras that organised nursing practice and training was started in seventies of the previous century. Student Nurses' Association also had its beginning at Madras. The first and pioneering SNA unit was established in General Hospital, Madras. Miss L.M. Jeans, the then Nursing Superintendent, was the first Honorary Organising Secretary of the Association. Thereafter SNA has developed many fold. It has a network of units in 24 States, and Union territories, representing nearly 25,000 student members on its roll. As you have heard from the SNA Advisor, the main thrust of the Association's activities is geared to develop total self of the students as professional Nurses and productive and responsible citizens.

S.N.A. Conferences are held every two years. They alternate with TNAI Conferences. SNA members met last in Delhi during this time in 1984. Such interminglings of the student community have been useful to share their independent views on matters of Nursing profession which concern them as future practitioners of Nursing.

The Theme

The theme, 'Nursing Outreach for Healthy Living' has been very aptly chosen in conformity with the WHO theme 'Healthy Living: Everyone a Winner'.

Over the years the concept of health is undergoing considerable change. Involvement of people in their health care is becoming more and more popular. The attainment of the highest level of health is a most important world-wide social goal which requires coordinated efforts of all sectors at all levels. The Trained Nurses' Association of India under whose aegis this Conference is organised, is quite concerned with the health of the people. It believes that good health is a fundamental right of every person and that the responsibility of the health profession including Nursing is to provide the kind of care which will give each individual in the community every opportunity to achieve optimum health. TNAI has been directing its effort to promote primary health care, a key to healthy living.

Primary health care as we know it is a natural extension of Nursing practice, specially as it relates to community health. Nursing in P.H.C. is addressed to the health needs of persons throughout the whole health care continuum, in homes, schools, health centres, clinics, hospitals, industries and all other settings of nursing care. Although it is an elaboration of the traditional roles and functions of nurses, yet, at the same time, it represents a recognition of priorities and corresponds to the health care setting more specifically. Nurses working in the primary health care are generalists and care for persons and groups of all ages living under different conditions with a variety of associated social and health care needs. Effective nursing care in the community greatly depends upon the various categories of community-based health workers, and also the policy makers and groups in formal and informal Associations.

As we know there are still a large number of people in all parts of the world deprived of their basic human and social well being. Nurses working as unified and powerful force in primary health care are capable of effecting changes in the health system to correct this imbalance and enable one and all in the world to attain a healthful productive life.

Sensitive to Issues

Nursing community in India is very much sensitive to the issues

Exposing Nursing Students to Vital Tasks

Presenting, her report to the XII SNA Biennial Conference at Coimbatore, Miss JAIWANTI P. DHAULTA, SNA Advisor, touched on many issues of great relevance to Nurses and Nursing Students. Given below is the text of her address.

Honorable Chief Guest, Cavalier Dr. G.K. Devarajulu, Mr. C.P.B. Kurup, President, TNAI, distinguished guests and friends !

It is customary that Student Nurses' Association's Advisor presents a report of the Association on such an occasion. I consider it my privilege to present the SNA Advisor's report at the Inaugural Session of the XII SNA Biennial Conference. Precisely, my report reflects historical prespectives and significant developments of the SNA.

The Student Nurses' Association, briefly called SNA, is a nation wide organisation of nursing students established 57 years ago. It is the largest wing of the TNAI under whose aegis the present Conference is being held. Nursing students of all basic programmes are its members comprising students of Multi-purpose Health Workers (F), General Nurse-Midwives and Basic B.Sc. Nursing programmes, recognised by Indian Nursing Council.

The pioneering unit of SNA with a strength of 60 members was established at General Hospital, Madras, in 1929. During its existence of nearly 6 decades the Association has gradually moved to a position of security and confidence. Membership has increased many fold. It has a network of 324 SNA Units spread over 24 States/Union Territories in the country. There are 24,993 members currently on its role. There is growing trend among SNA members to join TNAI membership soon after the graduation. It is campaigning for much needed reform in Nursing education as well as striving to bring about rational improvement in Nursing care which is in consonance with the need of the people and conforms to the modern standard of health care.

The primary aim in forming orgnisation is to expose the students to a wide variety of activities which provide them ample opportunities to develop the mind, personality and individuality of a person; to hold high the dignity and honour of the profession; to instill an attitude of co-operative functioning; to develop a healthy spirit of competition, leadership qualities, organisational skills and a way of collective bargaining on matters of common concern. The diversity of activities to fulfil the above aims derived from the professional, educational, social and cultural spheres geared to strengthen curricular and extra-curricular components of the course. These activities relate to :

Meetings and Conferences

Organisation of meetings and conferences at various levels of the SNA, viz: Units hold monthly meetings whereas States organise annual conferences and students have national level meet every two years. Earlier Conferences of SNA were combined with TNAI. With increasing participation of SNA delegates need for hosting of a separate conference for SNA was felt. The first SNA annual Conference was held in 1951 and from 1961 it is hosted biennially, alternately with TNAI conferences. Each State branch organises in turn its national biennial meet. The last national conference in October 1984 was hosted by the Delhi branch of TNAI. This is the second occasion that SNA is privileged to meet in Tamil Nadu, the birth place of the Association. It met in 1967 at Vellore.

Putting up of a Scientific Exhibition during the Conference started in 1933, since then it has grown in size and quality. More than 100 exhibits, after being assessed best at the State level, are displayed at the Conference. They depict the imagination and fine workmanship of the students to bring out a meaningful, fine model.

They also have various competitions on such occasions to explore their fine art qualities in items like dance, music, drawing and painting, floor decoration, fancy dress etc. This year we have tried to keep sports items on the repeated suggestion of the student body.

Students are encouraged to manage SNA affairs more or less independently to vitalise their leadership qualities and to develop organisational skills. Debates, panel discussions, role plays, symposia, seminars, extempore speeches and various other methods of presenting professional and non-professional material are encourged to increase their self-confidence and skill in communication and also the capabilities of these young students to speak in public. *The Nursing Journal of India* provides a special forum for SNA news and articles.

Community-Oriented Projects

Involvement of students is encouraged in community-oriented projects like Home Nursing, Adult education, health surveys, participation in immunization camps. Family planning projects and other medical relief and helping in disaster situations, etc., are the examples of creating community service consciousness among these prospective nurse practitioners. More or less these activities have become part and parcel of their field experience to understand nursing needs of the community.

Each unit is expected to keep

(Continued on page 307)

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COVER PHOTO
SNA Biennial Conference

At the Inaugural Session : Miss B.A. Devaneson, Chairperson, Conference, speaking to the audience. Sitting (L to R) : Miss Durga Mehta, Mr C. Aranganayagam and Mr G.K. Sundaram, Managing Director, Lakshmi Industries and G.K.N.M. Hospital, Coimbatore. Standing behind is Mr K. O. Harikrishnan Nambiar, Jt. Secy., Conference Committee.

MISCELLANY

Looking Back at Coimbatore

PROCEEDING at Coimbatore during the Twelfth National Biennial Conference offered enough food for thought. Assembled at the foothills of the scenic Nilgiris were over 1,500 student delegates, maybe an unprecedented figure for a conference of the Student Nurses' Association.

The Conference was inaugurated by Cavalier Dr. G.K. Devarajulu, Chairman of Lakshmi Industries and a father figure for the town of Coimbatore.

The Presidential Address by Mr C.P.B. Kurup, President, SNA and TNAI, reproduced elsewhere in this issue, was very pointed and focussed on the most important problems faced by the Nursing students as well as the entire discipline of Nursing in the country.

The Conference delegates had the privilege of listening to some good educational and academic addresses by among others, Mr C. Aranganayagam, then Minister for Education, Tamil Nadu (who was the chief guest at the Valedictory Session), and Dr (Mrs) Lalitha Kameswaran, Director, Medical Education, Tamil Nadu, Dr (Mrs) M. Sushilaraj, Dean, Medical College, Coimbatore, Mr G. Varadaraja, M.P., Mrs V. Kamalavathy, and others who graced the Inaugural Session.

The Exhibition was usually attractive and instructional. The student leaders of the SNA worked hard with their colleagues and made a success of the various items including the sports competition, introduced this time. Miss B.A. Devanesan and Mrs. J. Jambunathan and their colleagues who worked as chairpersons and member of the various committees can now have a well deserved relaxation after being on their toes for the last many months.

The Community Health Nursing Personnel Meet, coinciding with the SNA Conference, the third such event, inaugurated by Mr Dileep Kumar, Deputy Nursing Advisor, Government of India and presided over by Dr V. Kapali, Director, Public Health and Preventive Medicine, Tamil Nadu, was a very useful exercise. And, Miss Devanesan as well as Mrs Tara Pethe and Mrs Sudha Pethe can look back with satisfaction at the result of this meet.

A detailed report on the Conference will be published next month.

CONTENTS

XII SNA Biennial Conference in Pictures

The Chief Guest, Cavalier Dr G. K. Devarajulu, delivering the Inaugural Address.

At the Exhibition: L. to R.: Mrs J. Jambunathan, Co-Chairperson, Conference, Mrs Lalitha Kameswaran, Director, Medical Education, Tamil Nadu, Mrs Sush[illegible] Raj, Dean, Medical College, Coimbatore, Mr C.P.B. Kurup, President, TNAI, SNA and Mrs Harriet Chabbok, former Presi[illegible]dent, TNAI.

The then Minister of Education, Tamil Nadu, Mr C. Aranganayagam, chief guest, delivering the Valedictory Address.

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Nurses' Role in Health Care Policies

Focus on SNA Biennial Conference

Mrs. R.K. Sood

Nursing Outreach for Healthy Living

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Indian Nursing Year Book 1986

WHO'S WHO

Among the most important sections of *Indian Nursing Year Book* is the *Who's Who* of Indian Nurses. Agencies and institutions interested in employing nurses at different levels find this section very useful.

We are now collecting the entries to this section for *Year Book : 1986*. All those nurses who have had an experience of 5 years of work in the fields of Nursing Education/Administration/Public Health, are qualified for entry in the *Who's Who*, with their photographs. They are requested to mail to us the following proforma, complete in all respects at the carliest. Those nurses whose biodata has already been published in an earlier editon, need not send it again.

A nominal fee of Rs. 40 should be sent by money order to cover the cost of block making, etc., for the photograph. Photographs of passport size in black and white only would be accepted. In subsequent years the photographs will be reproduced without any such fee. Money Orders and all other correspordence in this regard should be addressed to: The Secretary, Trained Nurses' Association of India, L-17, Green Park, New Delhi-110016. Money Order should mention: 'Fee for Who's Who Entry'.

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NOMINATION SHEET

Chandigarh UT Branch, T.N.A.I.

Office	*Present Office Holder*	*Name & Address of the Nominee, with TNAI Number*
President	**Mrs. S.A. Samuel,** Principal, College of Nursing, PGI, Chandigarh.	
Vice President	**Mrs. Avinash Sharma,** Clinical Instructor, College of Nursing, PGI, Chandigarh.	
Secretary	**Mrs. Prem Verma,** S/Tutor, College of Nursing, PGI, Chandigarh.	
Assistant Secretary	Vacant	
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Representative, LHNM and ANM	Vacant	

Closing Date for Nomination: **November 15, 1986.**
Nominator, and Nominee must be TNAI Member.
Return the completed nomination sheet to:
Mrs. Leela Dahir, Clinical Supervisor,
Nehru Hospital, PGI Chandigarh.

Nominator's TNAI No.....
Name.....
Address.....
.....
.....

Severity of Typhoid and Susceptibility

(Continued from page 256)

who handles food is likely to spread infection to the clients (7, 8). Although identification of such a person retrospectively is often difficult, Vi antigen studies are helpful in identifying a chronic carrier (9). How the food served from the kitchen prior to this outbreak became contaminated remains undeterminated. The fact that cases were clustered together in time indicates towards a short period of exposure. The possibility that a carrier might have worked in the kitchen for a short period coinciding with the exposure period is possible. Although none of the cooks or food handlers had been newly hired and none of those who worked excreted the salmonella organism at the time of outbreak. Consumption of food items such as dairy products centaminated when purchased also appears unlikely because all such products were bought from a common supplier who also supplied to other eating establishments in the campus.

Severity of typhoid fever depends upon the susceptibility of the individual to infection and dose of infective organisms consumed (10,11). This might have been the reason why not all persons who ate from the hostel kitchen became ill. Since the food-handlers in the kitchen typically work with all food items, multiple food items would have been contaminated. In addition, there are ample opportunities and conditions that permit *S. typhi* to multiply in the food so that some samples may have had high bacterial counts. Consumption of such samples by those who became ill would explain why others did not become ill. In addition, the incubation period of typhoid fever is inversely related to the size of inoculum (11).

This outbreak is a reminder that typhoid fever can occur in an epidemic form and can cause increased morbidity among affiliated persons. It can be a severe disease as the patients in this outbreak lost an average of 16 work days due to their illness. Improved personal hygiene in the kitchen, and timely and proper antimicrobial treatment of food handlers who might harbour *S. typhi* should prevent similar outbreaks in the future.

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Plea for Better Deal to Nurses

(Continued from page 260)

Other Allowances for Mizoram

(a) Two months' pay extra in lieu of the extra hours the nurses work, i.e., 116 hours more than other employees.

(b) Risk Allowance of 40% of basic pay.

(c) Outfit allowance : Rs. 1000/- per annum and Rs. 100/- per month.

(d) Special Night Duty allowance.

(e) Students' stipend of Rs. 500/- per month plus Uniform Allowance, same as for trained nurses.

We would request the concerned authorities, through your good offices, to consider the above mentioned justified problems of the Nurses sympathetically and favourably and take corrective actions so that the discrepancies and anomalies are removed and the issues that have not been considered by the Pay Commission attract appropriate action in the respective fields.

September 3, 1986

preparation of the patient. The hospital administrators, doctors, nurses, techinicians, physiotherapists, other para medical members and the students of health professionals are responsible for patient teaching.

But the provision of health education requires trained personnel, knowledgeable in both health topic and teaching-learning process. Though many people contribute to the process of patient teaching, the nurse may be viewed as the primary health teacher. The Nurse Practice Acts of several countries and States now spelt patient teaching as a function of a nurse. She is potentially the most significant teacher because of factors related to knowledge, opportunities for teaching and nature of the patient-nurse relationship. Nurse is considered as a best patient educator because : (a) she has greater knowledge of matter related to health and illness than non-professional persons, (b) she spends more time with patients and is able to note his needs and readiness to learn, (c) she is able to plan her teachings for individuals and groups accordingly, (d) teaching has long been accepted as an integral part of Nursing practice.

The activities of teaching may take place at any time but learning occurs only when there is readiness to learn. For the hospitalized patients the whole day may not necessarily be spent on teaching but atleast three times such as upon admission, at the onset of tests or therapy and upon discharge are likely to be a concentrated period for teaching. A time of great stress is not appropriate time for an extensive teaching. When the patient is less anxious, less tense, the activities of explaining, demonstrating are useful. The optimal times for more extensive teaching occur when the patient is as physically comfortable and psychologically relaxed as possible. This time is referred to as 'the teachable moment'.

Patient Teaching and Nursing Process

Nursing Process can be described as a systematic way to organize the activities of professional Nursing into an effective framework for Nursing practice. It is orderly steps or phases that enable the nurse to combine the scientific methods with the act of Nursing. The five steps or phases for Nursing process are assessment, diagnosis, planning, intervention and evaluation.

In the assessment phase the nurse obtains necessary information about the patient from a variety of sources such as from people (patient's family and others), physical findings (physical signs) and records. From the data collected she comes to the second phase of diagnosis by making Nursing diagnosis. This diagnosis will indicate the condition of the patient in terms of his or her responses to his or her mental or physical well being. A medical diagnosis usually refers to a specific disease, while a Nursing diagnosis is more closely related to human response to pain, immobility, disturbance in elimination, anxiety, etc. A Nursing diagnosis usually indicates the need for a change in Nursing activity.

During the planning phase the nurse selects her activity fro m possible Nursing actions to meet the needs of the patient in a best way. She or he will also decide how and when these actions will be implemented and establishes the possible outcome for each action. This outcome criteria forms the basic line for evaluation.

The fourth phase of Nursing process that is intervention phase includes all those actions that are needed to implement the plans made in the preceding phase. Since the nurse sets outcome criteria for each intervention she modifies her actions to achieve the desired outcome. During evaluation she evaluates the effectiveness of her Nursing care. She compares the actual outcomes with her desired outcome. This enables her to improve the quality of care.

Patient teaching is a Nursing intervention and like any other Nursing action it is planned, implemented and evaluated within the Nursing process. Teaching is also a process, similar in many ways to Nursing process. The teacher may describe her activities in terms of assessment, planning intervention and evaluation.

Assessment phase of patient teaching : The first step in teaching is the assessment of the learner teacher and the teaching situation. Data must be collected about the learner's (patient's) ability to learn, his physical and psychological readiness to learn, the medical and Nursing diagnosis, his physical condition and prognosis, the treatment regime, his attitude and motivation. These informations are needed for specific patient teaching situation.

Though teaching diagnosis has not been developed the goal or objective of patient teaching is based upon the assessment.

Planning phase of patient teaching : After formulating the objectives, planning is made as what, how when and where the patient teaching can be done. Information obtained during assessment phase will be used in making plans for action, and the outcome criteria is also established.

Intervention in phase of patient teaching : This phase includes all the activities of teaching such as demonstrating, explaining, testing, etc., depending upon method and media that we choose.

Evaluation phase of patient teaching : This final phase enables to determine the effectiveness of our teaching in terms of objectives. We can evaluate the patient's learning and depending upon the outcome additional assessment and teaching can be made as needed.

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Major Aspect of Health and Nursing Process

Ms. SARASWATHI VAIDYANATHAN

AS everyone knows 'Health for All by 2000 A.D.' is the motto of W.H.O. To achieve this goal, various projects and programmes have been planned and implemented at national and international levels. One of the important means to achieve this goal is by Health Education.

Health care is undergoing rapid changes. Many needs, issues and problems are being identified and pursued. Technology and treatment modalities are developing rapidly and thus becoming more sophisticated and complex. Many health care workers are themselves evaluating the needs of their patients and the quality and effectiveness of their care. The goal of these efforts is to develop and ensure high standards of care for all to be healthy. As a result of these forces health education is gaining greater importance. The responsibility for providing health education is being recognised as fundamental to the comprehensive health care delivery system.

There are various definitions available for health education and each one explains about the process of imparting health knowledge to the people to promote, to maintain and to restore health. The main objective of health education is to help people to achieve better health status by their own action and efforts.

The Six Dimensions

The National Institute of Health and the American College of Preventive Medicine have explained the scope of health education in six broad categories. They are : 1. Patient Education. 2. School Health Education. 3. Occupational Health Education. 4. Community Programmes. 5. National Programmes. 6. Media Programmes.

Out of these six categories of health education, patient education can give fruitful results. Patient education is directed towards persons already having access to the health care system. Patients enter into the hospital with certain health problems and their primary goal is to get well. Hence they are motivated within themselves which is a favourable condition for learning. When learning is directly related to one's personal problems it is bound to give a good result.

The author is Nursing Tutor, Department of Rheumatology, Government General Hospital, Madras.

For patient teaching either individual patient teaching or group patient teaching methods can be used. The media that may be used for this are: (a) personal interview, (b) audio visual aids such as charts, pamphlets, booklets, slides, educational films, etc.

One may wonder why patient education is necessary nowadays. Historically, many health professionals have been caring for patients rather than helping patients to care for themselves, i.e. doing *for* the patient rather than doing *with* the patient. But nowadays the patient is taught because he has a need and right to know those things that are relevant to his condition or disease.

Goals of Patient Teaching

1. Teaching to promote health : that is, teaching to improve the quality of life such as good nutrition, clean environment, good personal hygiene, etc.

2. Teaching to prevent illness : This is to help to eliminate or reduce preventable illness, discomforts and misery.

3. Teaching to cope with illness.

In this the patient and his family members are considered as important team members in order to participate in the prescribed treatment schedule and to live with a condition that can not be cured or relieved, e.g , chronic condition like residual crippling due to arthritis or residual paralysis of a stroke patient.

For the fruitful effect of patient education special attention should be given in the areas such as the language we use, the quality of interest we create, the way in which we make our health and medical services available, the way in which we show our professional responsibility and the followup programmes to evaluate our success or failures.

The approach to patient education must be organised specially designed to meet the needs of the patient. Organisational structure, philosophy and objectives, allocation of resources, system design, care giver involvement and patient involvement are the six important components for an effective system of patient education.

Halth education can not be separated from the total health care delivery system. Therefore, all the health workers are responsible for the education and

Table III

Statewise Statement of Nursing Training Centres and Positions of SNA Units from December 1985 to June 1986

S. No.	State/UT	Number of Recognised Nursing Institutions	Number of SNA Units Functioning	Non-functioning SNA Units
1.	Andhra Pradesh	55	24	31
2.	Assam	18	11	7
3.	Bihar	50	22	28
4.	Chandigarh	1	1	—
5.	Delhi	13	11	2
6.	Goa	2	2	—
7.	Gujarat	39	12	27
8.	Haryana	13	9	4
9.	Himachal Pradesh	11	5	6
10.	Jammu and Kashmir	5	1	4
11.	Karnataka	40	19	21
12.	Kerala	54	45	9
13.	Madhya Pradesh	49	16	33
14.	Maharashtra	65	51	14
15.	Mizoram	3	2	1
16.	Meghalaya	7	4	3
17.	Nagaland	2	—	2
18.	Orissa	23	5	18
19.	Pondicherry	1	1	—
20.	Punjab	17	11	6
21.	Rajasthan	30	9	21
22.	Tamil Nadu	47	26	21
23.	Uttar Pradesh	65	20	45
24.	West Bengal	40	17	23
	Total	650	324	326

Table II

Statewise Position of SNA Membership as on June 30, 1986

S. No.	State/UT	SNA Unit as on December 31, 1985	New Units	Revived Units	Closed Units	Lapsed Units	Current Units	Membership strength	SNA to TNAI Jan. 86 to July 86
1.	Andhra Pradesh	25	—	—	—	1	24	1803	35
2.	Assam	13	—	—	—	2	11	609	—
3.	Bihar	23	—	—	—	1	22	1822	17
4.	Chandigarh	1	—	—	—	—	1	130	56
5.	Delhi	12	—	—	—	1	11	1277	24
6.	Goa	2	—	—	—	—	2	138	39
7.	Gujarat	13	—	—	—	1	12	868	—
8.	Haryana	8	1	—	—	—	9	837	20
9.	Himachal Pradesh	7	—	—	—	2	5	327	44
10.	Jammu & Kashmir	1	—	—	—	—	1	18	—
11.	Karnataka	15	1	3	—	—	19	1658	1
12.	Kerala	45	2	—	—	2	45	2903	163
13.	Madhya Pradesh	16	1	—	—	1	16	865	5
14.	Maharashtra	51	—	1	—	1	51	4458	100
15.	Meghalaya	4	—	—	—	—	4	115	13
16.	Mizoram	2	1	—	—	1	2	98	—
17.	Nagaland	—	—	—	—	—	—	—	—
18.	Orissa	6	—	—	—	1	5	490	—
19.	Pondicherry	1	—	—	—	—	1	142	—
20.	Punjab	11	2	—	—	2	11	1195	42
21.	Rajasthan	11	—	1	—	3	9	503	—
22.	Tamil Nadu	25	1	—	—	—	26	1964	47
23.	Uttar Pradesh	21	1	—	—	2	20	1430	15
24.	West Bangal	14	1	2	—	—	17	1343	6
	Total	327	11	7	—	21	324	24993	627

TNAI Membership Trend and the Growth Plan

There is definite higher rate of increase in TNAI Membership observed in general in comparison to previous year. From Table I it is evident that most Branches have made fairly good efforts to increase their membership and some of the smaller branches have even exceeded the set target. However, the overall target falls short of 4,446 members and we still have 6 months with us to invigorate our efforts and complete the target to give it a realistic shape.

Table I

Membership Trend of the Trained Nurses' Association of India at a Glance as on June 30, 1986

Sl. No.	*State/U.T.*	*Membership as on 31-12-1985*	*Net increase/ Decrease*	*Total Membership as on 30-6-1986*	*Membership Target for 31-12-86*	*Targetwise membership position observed*
1.	Andhra Pradesh	1053	27	1080	1600	— 520
2.	Arunachal Pradesh	17	1	18	40	— 22
3.	Assam	462	30	492	555	— 63
4.	Bihar	1634	10	1644	2500	— 856
5.	Chandigarh	566	82	648	700	— 52
6.	Delhi	1132	79	1211	1500	— 289
7.	Goa	188	38	226	200	+ 26
8.	Gujarat	685	— 6	679	1200	— 521
9.	Haryana	364	149	513	300	+ 213
10.	H.P.	201	67	268	200	+ 68
11.	J & K	52	72	124	100	+ 24
12.	Karnataka	1025	52	1077	1700	— 623
13.	Kerala	2036	193	2229	2400	— 171
14.	M.P.	1004	3	1007	1500	— 493
15.	Maharashtra	2505	223	2728	3600	— 872
16.	Manipur	124	— 12	112	185	— 73
17.	Meghalaya	194	28	222	300	— 78
18.	Mizoram	92	— 2	90	220	— 130
19.	Nagaland	116	— 2	114	160	— 46
20.	Orissa	333	21	354	400	— 46
21.	Punjab	643	80	723	800	— 77
22.	Rajasthan	327	1	328	500	— 172
23.	Tamil Nadu	1498	102	1600	2000	— 400
24.	Tripura	12	—	12	40	— 28
25.	Uttar Pradesh	717	28	745	1100	— 355
26.	West Bengal	826	66	892	1200	— 308
27.	Foreign Countries	1399	19	1418	—	+1418
	Total	19,205	1349	20,554	25,000	—4446

Nursing Puzzle: 32

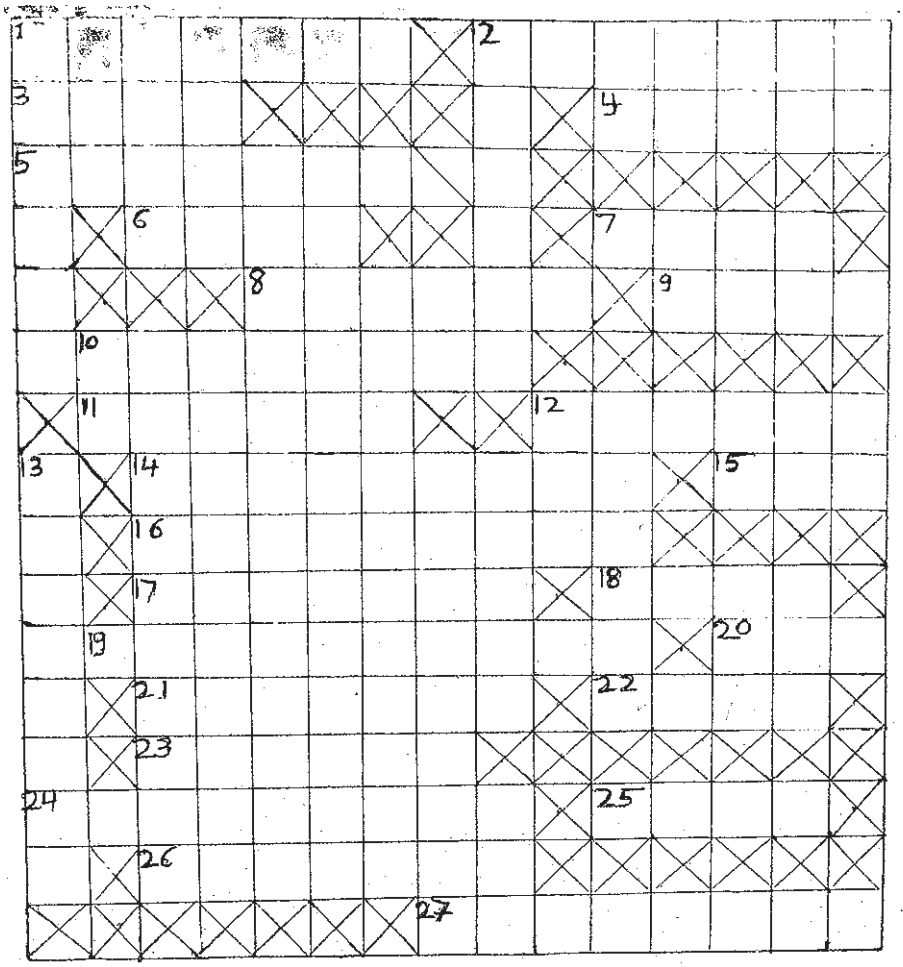
Instructions

The Puzzle is open to Nursing Students only. Entry form should be legibly filled in without erasing or over-writing and should be certified by the Principal/Tutor. A student can send only one entry. It should be accompanied by the entry fee of Rs. 2/- (Crossed Postal Order payable to TNAI, L-17, Green Park, New Delhi-110016 or postage worth Rs. 2/- only.) The last date for the receipt of the entries at the TNAI Headquarters is October 31, 1986.

In case the Journal is delayed the date for receiving the Puzzle will automatically extend in accordance with the date of posting the Journal being printed on top of the last cover page.

1st Prize : All correct entries Rs. 50/-.

2nd Prize: With one error Rs. 25/-.



COUPON

Name in full (Block letters).....

Year of study.....

College/School.....

Post/Pin.....

Distt & State.....

Signature of Principal/Tutor.....

with stamp.....

.....

CLUES

Across

1. Device for connecting various parts of surgical instruments to one another (7).
2. That which is contained within a thing (7).
3. Having a valency or combining power of two (4).
4. The hair at the opening of the external auditory meatus. (5)
5. A state of mental excitement characterised by alternation of feeling tone (7).
6. The lowest part or foundation of any thing (4).
7. A skin vesicle filled with fluid (4)
8. A term used for an individual who uses chiefly the sense of sight (6).
9. The year in which the Trained Nurses' Association of India was established (4)
10. A condition in which all objects appear more beautiful than they really are (8).
11. An instrument with a head designed for striking blows (6).
12. Visual word blindness. (6).
14. An abnormal or excessive flow of words. (9)
15. The organization of Commonwealth Nurses (3).
16. Presence of feathers instead of hair (9).
17. Muscular pain in the extremines (7).
18. White or yellow wax. (4).
19. Dilatation of the colon (10).
20. Abbrevation for to be taken three times a day (3).
21. The negative electrode/pole of a galvanic circuit (7).
22. A sudden reflex or involuntary movements (4).
23. A cystic tumour beneath the tongue. (6)
24. A sugur formed by oxidizing glycerin (9).
25. Expression of a physical character (4).
26. Susceptible of being dissolved (7).
27. Adjustment of the eye for darkness. (8).

Down

1. A chronic infection marked by great enlargement of the lymphatic glands (6).
2. The impregnated ovum (6).
3. The study or theory of the causation of any disease (8).

Book Review

Nurse's Companion

POCKET NURSE GUIDE TO DRUGS. By Julian B. Clark *et al.* C.V. Mosby Co., *Toronto*; 1986; Edited by Nancey L. Mullins, Pp 709, $ 18.95.

This book is a ready reference for Clinical Nurse, offering immediate information in a brief format. The classification of drugs is presented so clearly that every nurse should keep a copy of this book.

The guide is divided into eleven units; central nervous system drugs (9 chapters), sensory system drugs (2 chapters), cardio-vascular system drugs (9 chapters) gastro-intestinal system drugs (6 chapters) respiratory system drugs (3 chapters) body defence system drugs (5 chapters) endocrine system drugs (4 chapters) female reproductive system drugs (5 chapters) male productive system drugs (2 chapters) anti-infective agents (4 chapters) anti-neoplastics (5 chapters).

Within each chapter a consistent method is employed to make the material clear and easy for nurses to implement the knowledge in the clinical situation. Each chapter gives an alphabetical listing of drugs included therein. The essential parts of each chapter, 'Nurse Alert and Nursing Implications' are very useful and all nurse educators, practitioners at every level must find the book very useful and interesting.

The book also contains 5 appendixes which are very essential, especially Appendix C on physical symptoms produced by common poisons which gives essential tips for nurses to identify various patient situations. It is like a quick reference dictionary the Nurses would be helped with.

The language is simple and clear. The book has an exhaustive generic drug index, which facilitates quick ready reference.

Ms. Vimal Aggarwal

Knowledge in Action

Nurse as a Mother

As a Nurse as well as a Mother what I did ?

One Saturday I went to my home, Sector 47, Chandigarh, at 2 p.m. after duty in the X-ray Deptt. My 3rd child Lemu welcomed me as usual. He was 2¼ years old at that time. At about 6.45 p.m. I left home for tarry meeting at Church, Sector 47. Meantime, my brother-in-law was at home. When I came back at 9 p.m. I saw the boy was lying on my husband's shoulder and two bedsheets in the bucket. I asked my brother-in-law why these clean bedsheets were in the bucket. He told me baby Lemu had loose-motion and vomiting, 6-7 times, on the bed. Immediately I prepared cooked rice water and 4Tsf. sugar added fluid 400 ml. for his feed and took my baby with me on the bed. Once again loose motion, watery type, passed in the napkin and he started to drink the fluid through nipple whole night. He slept well and the fluid finished upto 7 a.m. When he got up at 6.30 a.m. he again went to the latrine to pass loose watery stool. But I knew 400 ml fluid is intake chance for dehydration and starch is contained in cooked rice water. Sugar was changing to glucose and so he could get energy. Morning : again I prepared more thick rice water and mixed it with salt and given, upto 4 p.m. he was on the shoulder of his Pappo. Then he started to stand, walk and try to play. At 5.00 p.m. ½ og. milk was mixed with rice water and given. On that night I only had Rs. 7 in my purse. If I called a rikshaw or a 3-wheeler at least Rs. 10 they could charge for P.G.I. At night time where I should go to beg money.

Think it over !

As a Social Worker

How I acted when I saw a helpless boy on the roadside near Dadar Railway Station, Bombay.

Alongwith my husband I went to Bombay to attend the interview of Oman Health Ministry on May 12, 1983. We had breakfast near the Railway Station in a hotel at 9.00 a.m. In front of the hotel on the roadside a boy of 12 years was lying and he was unable to speak, walk and stand. His body was dirty and there was bad smell around the place because he was having diarrhoea... I watched his pulse. about 60 p.m. Immediately, I informed the railway police and they informed the civil police. I covered his body with my bedsheet to protect his body and advised the policemen to shift the boy to any of the near government hospitals.

Mariamma Kuruvila

Nursing Puzzle

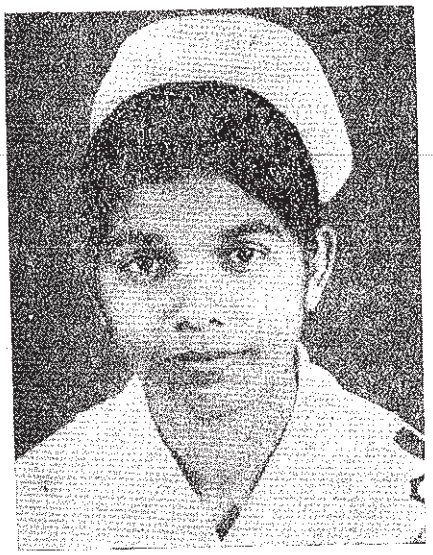
Nursing Puzzle is one of the activities student members requested some time back and since than it is published more or less every alternate month. Observation over the year has indicated that students hardly take part in this activity in spite of enhancing the prize money last year. This year, so far 3 Puzzles have been published and the fourth one appears in this issue.

Total entries received were 24. Two Ist Prizes and four 2nd Prizes were awarded.

We feel it is time for SNA to review whether to continue this activity or evolve something else which may interest students. Sheer waste of this space delays publishing of other important matters in the Journal and it is also adding to its cost. Student nurses should write to us if they want that the Puzzle should be continued.

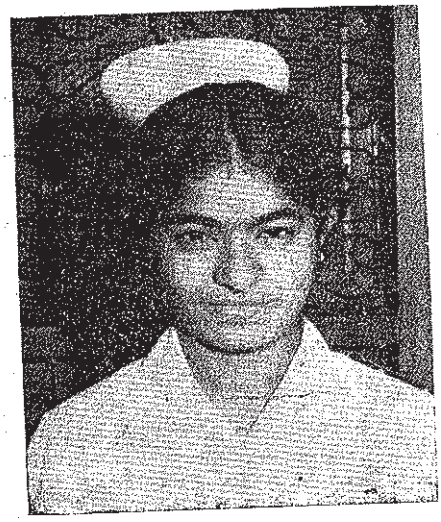
Miss J.P. Dhaulta
SNA Advisor

Meritorious



Miss Laly M. Joseph

The 3rd batch of 26 students of St. Philomena's Hospital, School of Nursing, Bangalore, who appeared for the Part-I General Nursing Examination conducted by Karnataka State Nursing Council Board held in May 1986 did creditably, bagging all the first three state ranks, securing 13 distinctions and a cent per cent result.



Miss Gracy P.V.

Miss Laly M. Joseph, Miss Gracy P.V. and Sr. Mercy P.Y. secured first, second and third ranks respectively.

Sr. Mercy P.Y.

Miss Beena C.M., student of School of Nursing, Caritas Hospital, Kottayam, Kerala, stood first in General Nursing and Midwifery Course (1982-1985 batch) in Kerala State. She received the Cardinal Award (Gold Medal) at the State T.N.A.I Conference held at I.H.M. Hospital, Bharananganam on May 17, 1986.

Miss Beena C.M.

Sr. Liza Jose got 3rd rank in General Nursing and Midwifery course of the same batch in Kerala State. She received Mr. Paul Palocaran Memorial award in the State T.N.A.I. Conference held at I.H.M. Hospital, Bharananganam on May 17, 1986.

Sr. Liza Jose

Miss Omanayamma K.G., Student of R.B.W. General Hospital Ratangarh, stood second in Rajasthan in Female Health Workers' examination on May 1986 which were conducted by the Rajasthan Nursing Council. She got 74% marks.

She is an active member of SNA and takes part in many extra-curricular activities.

Miss Omanayamma K.G.

STUDENTS FORUM

Rapsbun's Hectic Activity

The past months were hectic for our unit at Rapsbun Laitumkhrah, Shillong, as we had to attend to various programmes. The first week of August were the busiest days as a good majority of us had to get ready for the state examinations and some of us even suffered from exam-fever which was raging high and at the same time was contagious. The students however, were meta—examinationsa nd this gives them an extra ounce of endurance. From 5th to 7th we had state examinations.

The next attempt was to get ready for the T.N.A.I. Meghalaya State Branch Conference. As soon as the exams got over the S.N.A. members put together heads and heart, worked mite and main and got ready for the exhibition and competitions. The members took active part in the various prescribed items and thanks to the goodness of God, the encouragement of our staff and the common effort of all the members we scored the highest number of prizes.

We are grateful to God and towards all those who had helped us especially our Staff.

Besides these activities we also gave our services in the work of apostolate and of promoting good health of our poor people around the villages. We visited them in their homes, gave health education and talks on various health topics like nutritiln; personal hygiene, ill effects of drugs and alcoholism and creating awareness about AIDS. Our next programmc is the S.N.A. Bienniel National Conference at Coimbatore and we look forward to it as these types of gatherings and meetings will help us to open ourselves and to grow more and more in our knowledge and profession

Sr. Isidora Pasi

At Meghalaya Conference : Students of Rapsbun School of Nursing with prizes.

Capping

The School of Nursing, Victoria Hospital, Bangalore, celebrated capping ceremony on April 4, 1986, after successful completion of preliminary training of 1985-86 batch of Student Nurses. Doctor C.R. Ramachandra Reddy, R.M.O. of the Hospital, was the Chief Guest, the Principal and all the faculty of the School were present. Highlights of the programme were : Invocation by Ms. S. Mangalamma, P.T.S. Student; Welcome speech by Ms. Sheela Prasad, P T.S Student; Caps and Belts given by Principal and Nursing Superintendent; Lighting of the Florence Nightingale lamp by Vice Principal, Ms. M.A. Vijayalakshmi; Recitation of Florence Nightingale Pledge; Speech by Chief Guest: he emphasised on importance of good Nursing with sympathy and competition. Ms. P.G. Thankamma, Nursing Tutor and Class Co-ordinator, advised the students; and Ms. K.N. Nagamani, P.T.S. students, gave vote of thanks.

Lamp Lighting

The 18th batch of students of Nirmala School of Nursing, Calicut, after having passed their P.T.S. Examination, received their cap and uniform on August 15, 1986. Rt. Rev. Dr. A.M. Patroni S.J., former Bishop of Calicut, lighted the lamp and all the newly capped received the light from the Bishop.

Rt. Rev. Dr. Patroni, the chief guest of the day, stressed the importance of Nursing with a smiling face. He asked the Nurses to help the patients suffer their pain and to remember the seriousness of the pledge that they took during the caremony.

Fr. Joseph Nicholas spoke on the occasion relating freedom with Nurses' life. According to him, Nursing students get more and more freedom as they advance in their studies and the freedom they gain thus must not be misused.

Sr. Helen, Director, School of Nursing, read out the nurses' pledge along with the students. Mrs. Rosamma Ninan welcomed the gathering and Sr. Lizzy gave a vote of thanks.

SNA Secretary

Lactogen 2-step infant feeding programme:

Nestlé offers two LACTOGEN formulas that constitute one unique infant feeding programme.

Two excellent products...

Lactogen Infant Formula with iron. Upto 6 months.

Contains a unique blend of 80% milk fat and 20% vegetable fat (corn oil). As a result, a linoleate level of 12.8% of total fat is achieved which is very close to the mean level in breast milk. This also conforms to ICMR recommendations.

Lactogen Full Protein. 6 months onwards.

Reformulated Lactogen Full Protein with 80:20 fat mixture complements less nutritious weaning foods and provides essential nutrients in quantities not contained in unmodified bovine milk. Addition of corn oil achieves an optimal linoleate level for all-round development.

...now have labels to match

The new, bi-lingual labels are a result of world-wide testing by Nestlé. Comprehensive and illustrated in colour, they highlight the superiority of breast milk, provide guidelines to mothers for the safe use of the formula as well as information for the specific interest of health professionals.

IMPORTANT NOTICE

The World Health Organisation (WHO) has recommended that pregnant women and new mothers be informed of the benefits and superiority of breastfeeding—in particular the fact that it provides the best nutrition and protection from illness for babies.

Mothers should be given guidance on the preparation for, and maintenance of, lactation, with special emphasis on the importance of a well-balanced diet both during pregnancy and after delivery. Unnecessary introduction of partial bottlefeeding or other foods and drinks should be discouraged since it will have a negative effect on breastfeeding. Similarly, mothers should be warned of the difficulty of reversing a decision not to breastfeed.

Before advising a mother to use an infant formula she should be advised of the social and financial implications of her decision: for example, if a baby is exclusively bottlefed, more than one can (450g) per week will be needed, so the family circumstances and costs should be kept in mind. Mothers should be reminded that breast milk is not only the best, but also the most economical food for babies.

If a decision to use an infant formula is taken, it is important to give instruction on correct preparation methods, emphasizing that unboiled water, unboiled bottles or incorrect dilution can all lead to illness.

Information for the medical profession only.

For any further information please write to:

Food Specialities Limited
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New Delhi-110 001.

Nestlé

Role of a Good Teacher

Miss CHANDER KIRAN

NURSING Education is to prepare nurses for best possible care to the sick; prevent illness, and promote physical and mental health of the society. On becoming a teacher in Nursing one has to shoulder a greater responsibility. A teacher in a Nursing College has to try her level best to raise standard of Nursing education and develop the desirable skills and attitudes among the students. A teacher has to tap all the available resources and seek cooperation of her colleagues in order to achieve this objective.

Teaching is a guidance, direction, creation and encouragement given to the students for better learning. A teacher has to plan her teaching for the whole semester year according to the course outline and the allotted time. It becomes easy for a teacher to conduct a class effectively if she prepares the topic in advance. A teacher has to adopt different methods of teaching, keeping in mind the interest and capacity of her students. She has to present the subject in an interesting and easily understandable manner.

Becoming a teacher is easy but to perform the role of a teacher is a difficult one. One must have mastery of the subject and ability to influence the young minds and mould their mental faculties and talent in the right direction. This will ultimately contribute towards raising the standard of society and the nation at large.

Students' Creative Abilities

As an experienced and knowledgeable teacher, she has to bring up creative abilities of each student into limelight which may very from individual to individual. She has to be sympathetic and humble to her students as strictness does not go hand-in-hand with effective learning. A teacher must be frank with her students for better learning. A teacher has to play the role of a mother, sister or elderly person in accordance with the need of a situation. This helps in finding out their problems which may be the barrier in their learning process.

It is the responsibility of a teacher that the topic she is teaching is clear to all the students, especially to those who are below average or having some other problems. Teacher must have positive approach towards the weakness of her students instead of just finding out the faults and abusing them. It is necessary to correct them in an individual conference in a separate room rather then doing it in front of the patients, their relatives and colleagues. She has to solve their problems both in clinical area and classroom. Periodical examination, constant supervision and guidance in clinical area, and clarity of doubts in group discussion is another area where students can be helped

A teacher has to be unbiased in the evaluation of merits of the students, as partiality kills the internal enthusiasm and leads to discouragement and lack of interest. A teacher must give equal consideration to all students irrespective of colour, caste and creed. She has to be honest and sincere in her dealings with the students. This gives a sense of confidence to a teacher, and respect from the student in real sense.

Taking Independent Decisions

The Student Nurse of todays is tomorrow's Staff Nurse or Sister Tutor, where they have to take independent decisions. So during their training period a teacher has to involve them in dicision making also. A Nurse must have an all round growth of her personality and to build up with up-to-date knowledge, and inculcate in her a positive attitude towards life. She has to be a model herself and to motivate them for a safe and better patient care.

The opportunities must be given to the students to participate in different types of extra-curricular and co-curricular activities to make them emotionally balanced and creative, and to provide them with a sense of fulfilment and encourage.

Alongwith the academic abilities, a teacher has to possess some inherited qualities like loyalty, clear mindedness, love, sympathy and punctuality. She has to demonstrate these abilities in her day-to-day dealings so that the students try to follow them willingly.

She has to do some introspection and self-evaluation of her abilities and limitations from time to time. As a teacher, she has to ask students to give their judgements regarding her teaching methodology. Even she can request the experienced colleagues to evaluate her teaching objectively. This will help in providing teaching learning process in order to become a successful teacher.

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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

(Courtesy: *The New Leader*, a weekly)

Sent by **T. Stephen**

A Challenge within Professional Nursing

Ms. V. SUBHADRA

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

BRANCH AFFAIRS

HIMACHAL PRADESH

The nurses of District Hospital, Solan H. P. celebrated Nurses' Day on May 15, 1986 to commemorate the birth anniversary of Florence Nightingale in a befitting manner.

Nurses' Week was inaugurated by the Public Health Tutor, Miss Leela Verma. Mrs. J.K. Marwah, Public Health Tutor, welcomed the guests and Nurses who were present for this solemn occasion and mentioned the objectives of Nurses' Week celebrations.

Dr. B.L. Kapoor, Chief Medical Officer, District Solan, was the chief guest and Dr. M.L. Vaidya, Medical Officer of Health Dr. V.K. Amba, Medical Officer Incharge, District Hospital, were the special guests.

Miss Leela Verma, Public Health Tutor read out a biographical sketch of Florence Nightingale, founder of modern Nursing. She spoke briefly about the life and work of Florence Nightingale both in war and peace.

The theme of the Nurses' Week, 'Nursing Outreach for Healthy Living', was also introduced by Miss Verma. She brought out the suggestions to achieve healthy living and explained the real meaning for the multitudes around the globe to be a winner of healthy living.

There were many cultural programmes like songs, dances, jokes, etc. The chief guest in his speech appreciated the work done by nurses and also urged that Nurses should sincerely feel the need for serving the sick people.

The meeting concluded with vote of thanks by Mrs. Shanti Kashyap, Staff Nurse, at 7 p.m. with refreshment.

MAHARASHTRA

It was an eventful week (May 12-16, 1986) that was celebrated with great grandeur by the Nurses from all parts of Greater Bombay on the occasion of the birthday of Miss Florence Nightingale.

Dr. N.S. Wanere, Jt. Director of Family Welfare, Health Services, Government of Maharashtra, inaugurated the programme and gave an explanation on the National Immunization Programme, which is related to our theme.

Mrs. F. Rebello, Jt. Secretary, Bombay City Branch, T.N.A.I., briefly explained the theme 'Universal Child Immunization by 1990'. She explained its meaning, reason for selection and means of attainment. This was highlighted by a role play which was informative, interesting and entertaining.

Sports Day, as part of this programme, was conducted on May 14, 1986 at T.N. Medical College, Haji Ali Stadium. Various Hospital nurses participated in the competitions.

On May 16, the Valedictory Function began at 3 p.m. with an Invocation. A large audience from Greater Bombay attended this function. Mr. Dattaji Nalawade, Mayor of Greater Bombay, presided over the function and also distributed the prizes for Sports and Fancy Dress competitions. In his Presidential Address, he stressed on the importance of nurses in patient care.

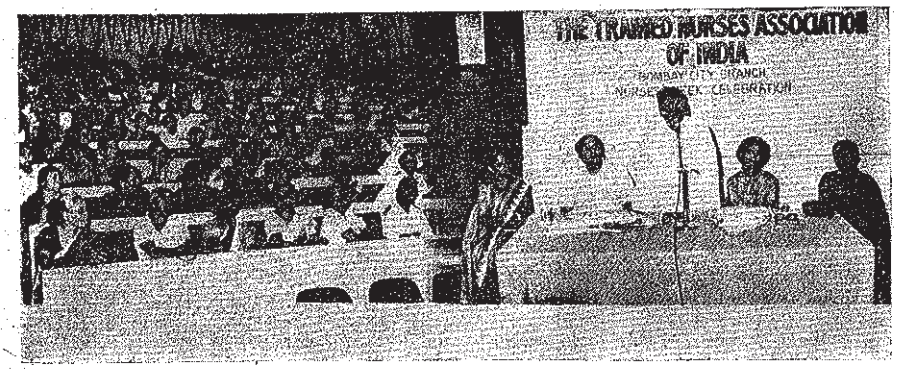
The programme ended with a variety entertainment programme.

Miss Nirmala L. Rajgopal

TAMILNADU

Nurses' Day was celebrated on July 29, 1986 at the premises of the General Hospital, Karaikal. The Medical Superintendent, Dr. M.A. Purushothaman, presided over the function. The function started with a welcome address by Mrs. A. Joy, Nursing Superintendent, followed by Lamp Lighting and Nurses' Pledge. Dr. (Mrs) Y. Vasundharadevi, Assistant Director and Dr. A. Devadass, Junior Specialist in Paediatrics, spoke. Miss R. Angel Mary spoke on the theme of the year, 'Nursing support for the better child care'.

The function was followed by variety entertainments, performed by the Nursing staff. Prizes were distributed to the winners of fancy dress competition. The Secretary of the TNAI unit Miss M. Jayalakshmi thanked the gathering.



On Nurses' Day at Bombay

DONATIONS

March to August, 1986

Nurses' Welfare Fund : Miss S.V. Damle, Thane Rs. 180/- Sr. M. Johanna, Noornal Rs. 20/-, Ms. Taj James, Punjab Rs. 50/-, Ms. Andrews M. Raj, Tuticorin Rs. 100/-, Miss M.M. Mehta, Nagpur Rs 500/-, Mr. Quraishi, Bombay Rs 100/-, Capt M.G. Walesley Jodhpur, Rs. 60/-, **General Donation :** Miss S. V. Damle, Thane, Rs. 60/-, Mrs. S. Sharma, Ajmer Rs. 200/-, Sr. Mariamma F.C. Bombay Rs. 100/-, Mrs Veena Dean, Jagadhri Rs. 20/- **NJI Fund :** Miss M. Jayalakshmi, Karaikal, Rs. 50/-.

Miss S. Mary Regina
Currently Vice President, Tamil Nadu Branch, SNA

Popularization of the Nursing Profession : To acquaint the general public with the Nursing profession people are invited to the celebrations and festivities of professional and non-professional nature, such as Nurses' Week, World Health Day, Capping and Graduation ceremonies and other festivities like witnessing a variety entertainment programme, games, sports and tournaments, which are organised by nurses.

Fund Raising : Fund raising is an important and necessary activity not only of the Headquarters, but of all the SNA Units. It is done by getting voluntary donations, sale of donation tickets and by arranging some features. The SNA units raise funds by organising variety entertainments, fetes, sales and through other modes of fund raising.

Socio-Cultural Activities : The Association believes that the professional development remains incomplete without this component. Young students' energy can be channelled constructively into fine arts like dance, dramatics, music, drawing and painting. Keeping this in mind aetivities like talent night, variety entertainment, painting and drawing competitions are arranged at the time of the Conference. Sports and games are becoming extremely popular and competitions are held at the State level at present. There is a strong recommendation by the SNA body that sports and games should be organised at the National Conferences. We have made a start this year by including some items of sports competition.

In addition to the aforesaid activities, there are numerous other activities which are carried out by the units, in the form of quiz programmes on general knowledge, article writing, poetry writing, flower arrangements, smile competitions, beauty contests. Hobbies like sewing, stitching, interior decorations, etc., are also encouraged.

Special Awards

There are many special prizes set aside for the Exhibition. These are : Indira Dorabji Cup, Dufferin Cup, Miss Edith Paull Shield, General Chakraborty Cup, MacNaughton Lamp, Blair Silver Lamp, Mrs. H. Chabook Shield, Cow and Gate Cup, Ethel Watts Shield, Miss Adranvala's Shield, Dr. Jeev Raj Mehta's Shield. This year G. Thomas Kanthaiah's Shield is also instituted for the best State SNA branches. Special prizes for sports and games and some items of Tale t Night are yet to be instituted.

SNA Scholarships

In 1982, at the SNA Conference a dicision was taken to convert SNA-ICN Delegates Fund into SNA Scholarships. Four SNA Scholarships were proposed to be given to needy students : two for GNM course and two for Basic B.Sc. Nursing Course. The TNAI Council in 1983 approved the decision and 4 SNA Scholarships were awarded for the first time in 1984. As the fund grows more scholarships will be made available to students.

Organization of SNA

Unit Level : By an Executive Body comprising the SNA Advisor-cum-President, Vice President, Secretary, Treasurer and other members (all students). *State Level :* By the State SNA Committee comprising the State TNAI President, SNA Advisor, student Vice-President and Secretary. *National Level :* At the Headquarters by the SNA General Committee comprising the TNAI President, SNA Advisor, State SNA Advisors.

Miss R. Vidya
Currently Secretary, Tamil Nadu Branch, SNA

SNA Membership

SNA membership is effected through SNA Units. The membership fee is Rs. 5 per year per student of all training programmes. Every unit gets free copies of *The Nursing Journal of India* depending upon the number of members.

Miss Jaiwanti P. Dhaulta

MEGHALAYA OFFICERS

The new office bearers of the Meghalaya State Branch, TNAI:

President: Miss B. Rangad, Paediatric Supervisor, Ganesh Das Hospital, Shillong; *Secretary*: Mrs. Scarlet P. Sumer, Sister Tutor, Ganesh Das Hospital Shillong; *Asstt. Secretary*: Miss Jenita Nongkynrih, Staff Nurse, Civil Hospital, Shillong; *Treasurer*: Mrs. I Lyngdoh, Matron, Ganesh Das Hospital, Shillong; *SNA Advisor*: Rev Sr. Elizabeth E., Principal, Rapsbun School of Nursing, Laitumkhrah, Shillong-3; *Education Chairman*: Mrs Dapsy War, Health Educator, Eye Mobile Clinic, Laban-Shillong; *News Letter Editor*: Sr. Icydora Pasi. Sister Tutor Rapsbun School of Nursing, Laitumkhrah, Shillong-3 ; *Public Health Chairman*: Mrs Wisterbon Sohkhia, P.H.N Civil Hospital, Shillong; *LHV Representative*: Mrs. Meristilian Kharir, LHV, Ganesh Das Hospital Shillong; *ANM Representative*: Mrs. L. Basaiawamoit, ANM Nehru Memorial Dispensary, Mawlai Phudmawri, Shillong-8.

Miss I. Dorabji
First Fulltime Secy., SNA

in the number of SNA delegates. Since 1961 SNA is having its separate Biennial Conferences. These are held alternately with TNAI conferences. So far SNA Biennial Conferences were held at Nagpur (1961): Chandigarh (1963); Vellore (1967); New Delhi (1969 and 1984); Hyderabad (1971); Indore (1973); Baroda (1975); Ranchi (1978); Panaji (1979); Kanpur (1982).

SNA holds its Annual General Committee meetings and also, as a prelude to its Biennial Conferences, SNA General Committee and TNAI Council meetings are organised more or less at the same time. Two students' representatives—the Vice President and the Secretary—are given the opportunity to attend the TNAI Conference as observers from each SNA State Branch.

Three- to four-day Biennial Conference for SNA members is held every alternate year. The National SNA Advisor, in consultation with the General Committee of SNA, arranges the programme for the Conference. The President or any one of the Vice Presidents of TNAI presides over the Inaugural Session. The student Vice President of the host State presides over the rest of the sessions.

Organising meetings and conferences at all levels are important activities of the Association Such formal get-togethers of students provide the forum for the members to discuss and find solutions for various issues confronting the student community.

All State branches organise conferences, annually or biennially. Units hold monthly or bimonthly meetings. These conferences and meetings with major professional components are flavoured with socio-cultural and recreational components.

Exhibition : The first SNA Exhibition was organised in 1933. It is one of the oldest, most useful and popular activities of the Association which attracts the attention of many talented students. Over the years the event has grown in size and the quality of the exhibits has attained a high standard.

The guidelines for participating in the exhibition are published three or four months prior to the Conference in *The Nursing Journal of India.*

All categories of students are eligible to participate either individually or in groups. They can prepare models, charts and posters on the subjects taught in their courses of studies.

As the number of exhibits was increasing every year, it was decided in 1975 to display only those exhibits at the national level which were assessed as best at the State level. Therefore, this activity is first competed at the State level and only one best entry, section-wise, in each category is entertained at the national level.

Public Speaking and Writing : The main idea of encouraging public speaking at all levels is to promote self-confidence in the students and to help them gain skill in communication. In order to achieve this the Association organises debates, panel discussions, seminars and extempore speeches. The topics for these correlate with the theme of the Conference and the trend of the day. *The Nursing Journal of India*, the official organ of TNAI, has a forum exclusive for students in which their articles, unit reports, etc., are published regularly. Apart from this Nursing Puzzle almost every alternate month is also published for students in the *Journal.*

SNA Unit Diary : Each SNA Unit is expected to maintain its *Unit Diary.* It was instituted in 1939. This represents triennial record of unit events being recorded by the Unit Secretary. Till 1976 units used to send their *Diaries* to the Headquarters for evaluation but now State SNA Advisors evaluate them annually and the best *Diaries* from each State/UT sent to Headquarters for national level evaluation and awards. These *Diaries* are assessed keeping in view the diversity of activities carried out by the units. The professional component of activities is very important but it does not mean that other components are less important.

Mrs. Narender Nagpal
First SNA Advisor

A recent idea is gaining popularity among Nursing Students. The students undertake community projects such as school health, health survey, adult education, home nursing, health assessment, immunization camps, etc., at the time of celebrating the International Nurses' Day (May 12). At most institutions regular projects are given to students as part of their field experience. In addition to this, the students also participate in medical camps and disaster relief camps, etc.

Student Nurses' Association

An Introduction

THE Student Nurses' Association of The Trained Nurses' Association of India is a nationwide organization of Nursing students of all basic programmes. It was founded in 1929 at the time of the Annual Conference of TNAI. The first pioneering unit of the Association was established at the General Hospital, Madras, followed by in Christian Rainy Hospital, Madras, and Presidency Hospital, Calcutta. **Miss L.N. Jeans**, Nursing Superintendent, General Hospital, Madras, was the first Organising Secretary of the Association.

As work of the Association increased, the need for a full time Secretary for the SNA was felt. **Miss I. Dorabji** was appointed, in 1947, the first fulltime Secretary of the Association. **Miss M. Philip** succeeded Miss Dorabji (1964) and served till 1967 when she joined TNAI as its Secretary. In 1970, with the reorganization of TNAI, the designation of the SNA Secretary was changed to SNA Advisor. **Mrs. Narender Nagpal** was appointed first SNA Advisor in 1973 and served in this capacity upto 1978. **Miss D.K. Singh** succeeded Mrs. Nagpal after the latter's appointment as Secretary, TNAI. **Mr. T Stephen** succeeded Miss. D K. Singh in 1981.

On Mr. Stephen's retirement in 1983 **Miss Jaiwanti P. Dhaulta** took over as SNA Advisor and continues to be in the post.

Since the inception of SNA, about 57 years back, its growth has increased many fold. Today, SNA has a network of 324 units in 24 States and Union Territories in the country. It has 24,993 members on its rolls.

SNA has been an asset in enrolling qualified Nurses in TNAI. The strength of the Trained Nurses' Association of India in 1929 when SNA was formed was 476 and after

Miss L.N. Jeans
First Organising Secy., SNA

one year of SNA's formation, i.e. in 1930, SNA membership rose to 128 and TNAI membership to 522. On its Silver Jubilee celebration in 1954 SNA membership seems to have doubled the TNAI membership. As per record, SNA membership then was 4,259 against TNAI membership of 2,968. Today, after nearly 32 years, TNAI membership has risen to 19,921 and SNA to 24,993. SNA has greatly contributed in strengthening the TNAI membership. There is a growing trend of SNA-to-TNAI Life Membership on the concessional Membership Fee.

Although from the figures it appears as if the memberships of both TNAI and SNA are growing faster than its earlier days, yet in terms of increase in training centres and student population as per Indian Nursing Council's list of recognised Schools/Colleges of Nursing in 1984, we still have 326 Nursing Training Centres to be brought in the fold of SNA.

Objectives of SNA

SNA provides many opportunities for Student Nurses:

To have a close rapport with other student Nurse members through meetings, conferences, tours and visits to professionally relevant institutions and conclaves;

To acquire organizational competence and leadership qualities by taking active part in the Association's activities held at unit, state and national levels;

To learn how a professional organization plays an effective role in upholding the dignity and honour of the discipline of Nursing;

To develop co-operative spirit among themselves, something that becomes an asset for their future career;

To work for their total development; and

To have an effective voice in what the association stands for and does.

Activities of the Association

The wide variety of activities are encouraged at all levels for the SNA members and this is done keeping in view the objectives of the Association for which it was formed. The diversity of activities is derived from the professional, social, cultural and recreational spheres. The activities are geared to strengthen curricular and extra-curricular components of the basic programmes in Nursing. Precisely, SNA activities include:

Professional

Organization of Meetings and Conferences: The first SNA one-day Conference was held at Hyderabad in 1951. The SNA and TNAI used to have combined annual conferences till 1960 when the need for organising a separte SNA Conference was felt due to the increase

(6) *Minimum Qualification* : The entire angle of looking at the Nurses for fixing pay scales should be changed if a basic fallacy, assumed by the Fourth Central Pay Commission, is corrected. The Pay Commission has mentioned that Nursing training is imparted after High School qualification. This is absolutely incorrect. The present requirement for admission to Nursing training course is 12th class passed (10+2), and not High School that means only 10th class passed.

As per Clause No. 10.253 of the Commission's Recommendations M.S.W.'s scale of pay (Rs. 425-700) has been placed in the scale of Rs. 1600-2660 recognising their 2 years diploma after graduation equivalent to post-graduate qualification whereas the Commission ignored preparation of Nurses who, after 10+2 undergo $3\frac{1}{2}$ years' rigorous training to earn a diploma in Nursing and 4 years' training to get a degree in Nursing are placed in the scale of Rs. 1400-2600. Such anomaly should be rectified.

(7) *Stipend of Students* : While revisions are being made in emoluments of different categories of personnel the Stipends of Nursing students should also be revised. In view of the rising prices of every thing, it is suggested that Nursing students should be given a Stipend of Rs. 600/- per month on a uniform basis, instead of existing amount of Rs. 200/- per month. In some States like Karnataka this is already fixed at Rs. 300/- per month and Indian Railway offers its students Rs. 450/- per month, which also is not adequate.

(8) *Lady Reading Health School* : There is anomaly in the case of pay scale for Superintendent, Lady Reading Health School, Delhi. The incumbent is given a scale of pay that is given to a Deputy Nursing Superintendent. In the case of all other such institutions, the Superintendents are given the scale of Nursing Superintendent, but the same is being denied to the Superintendent of Lady Reading Health School. This school is a pioneering institution and has developed much since the scale of pay for its Superintendent was originally fixed. It now conducts three training (Post-certificate) programmes and the fourth one is to be started soon.

The Superintendent is performing all the duties that any one with an M.Sc. qualification could do, plus many other drawing and disbursing duties. She should not be denied the pay scale that is offered to Superintendents of other similar institutions under the Central Gavernment. The Principal Nursing Officers in M.P.H.W. Training Schools are in the existing pay scale of Rs. 700-1300 whereas Superintendent at L.R.H. School which is in many ways superior to other training institutions, is given the scale of Deputy Nursing Superintendent (Rs. 650-1200). We strongly feel there is need to remove this serious anomaly and accord to her the same scale as is given to other Superintendents in similar Central Government institutions.

(9) *Senior Lecturers, College of Nursing* : We have pleaded in our letter of August 5 that Professors in the Raj Kumari Amrit Kaur College of Nursing, New Delhi should be given the scale of pay equivalent to that of a Principal of a College under the U.G.C. system. Similarly, Senior Lecturers in R.A.K. College of Nursing, who are equivalent to Readers in Universities should be given the pay scale of Vice-Principals, in confirmity with the U.G.C. pattern. This should be done without any difficulty.

(10) *Nursing Advisors* : The recommended pay scales of Nursing Advisor and Deputy Nursing Advisor to Government of India need to be revised. In the TNAI memorandum of 1983 we had requested the Pay Commission to equate Nursing Advisor's scale with that of the Dy. Director-General of Health Services and that the Deputy Nursing Advisor to the pay scale of Assistant Director-General of Health Services. It would be appropriate to do this.

(11) *Sr. Tutors in College of Nursing* : Senior Tutors working in the College of Nursing in addition to their experience require higher qualification than what it is now in Schools of Nursing. They are mostly M.Sc. in Nursing and engaged in preparing post-graduate students of Nursing Education and Nursing Administration. Therefore, their scale should be preferably the same as that for the Lecturer in a College/University.

(12) *Army Nursing Services* : While revising pay scales of Army Nursing personnel, the Commission ignored the Military Nursing Services by not according them equivalent scales at par with other categories of officers. This is an injustice and it needs to be looked into again to accord to them their due scales of the Rank they have been holding.

(13) *Part-time Nurses* : The Commission has not considered the scales of part-time Nurses. Their scales too should be fixed appropriately in confirmity with their qualification and experience.

FOR MIZORAM

We have also received a representation from our Mizoram branch with regard to Nurses' pay scales. They have already submitted their points to the Ministry earlier. Briefly, we reiterate these points as follows :

(1) To accord a pay scale of Rs. 3000-4500 to the Deputy Director of Nursing, being the highest position in the State.

(2) Matron to be given equivalent scale to that accorded to the Nursing Superintendents in Central Government hospitals (Rs. 2200-4000).

(3) Assistant Matron is the same as Assistant Nursing Superintendent in Central Government hospitals (Rs. 2000-3200).

(4) District Public Health Nurse should get an emolument equivalent to the Matron's scale (Rs. 2200-4000).

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It tells upon the child's mental health. The practice of these principles will ensure mentally healthy growth by preventing the development of such behaviour pattern.

III. Bed Wetting: (Enuresis) : Bed wetting is lack of bladder control after the age at which it is usually established. Enuresis or bed wetting after control should be established (at about three years of age). It is both a source of embarrassment and a nuisance to the mother of an enuretic child.

Causes: One is lack of training as inadequate training[2] by excessive emotional excitment. The emotional state makes it more difficult for the child to inhibit urination. Consequently children who are kept excited by scolding or other causes or who suffer from anxiety or nervousness of any origin, may be persistent bed wetters or bed wetting may be a true adjustment mechanism which the child has hit upon as a means of getting attention, or as a justification for retaining the status of an immature and dependent individual[3] for early or too severe training or over training[4], bed wetting may be due to physical problems.

Role of parents: The mother should remember that a child can be toilet trained only when he is physiologically and psychologically ready for control of urine and stool. Parents should not use bribes or punishment to threaten to stop loving a child because he continues this habit. Parents should try to be casual and assure the child that he will outgrow this habit. They should help him to achieve a positive attitude towards enuresis—to want to stay dry and develop confidence in his activity to control elimination. Wetting will not stop at once but if the child is more relaxed, dryness will be achieved more easily and with less danger to his personality development. If bed wetting is nocturnal only giving less fluid in the evening may be tried. But the problem is more psychological than physical, parents should analyse the situation in order to determine his specific problem.

The cure of these cases require both the remedy of the underlying personal adjustment and careful training.

Masturbation: Masturbation means production of sexual excitement by friction or genital organs. The infant soon discovers that a pleasant sensation accompanies handling of genitalia, which has no other significance to him and of course is not accompanied by fantasies. In the pre-school child masturbation may be increased and is commonly accompanied by fantasies. Masturbation is utilized in adolescence to fulfil sexual urges, which in our culture do not have socially approved release in hecterosexual intercourse outside of marriage.

Role of parents: The child who masturbates excessively for his stage of masturbation should not be punished. Rather, he should be helped to work out the problem which is causing him to masturbate more than is normal. Parents should be particularly careful to answer all his questions about sex, adapting their answers to his level of understanding. The child should be assured that he is safe in his parents' affection and that he should not be afraid or ashamed. Threats or punishment would increase his fear. Child should be given opportunity for happy relations with playmates and sufficient toys for play.

Parents should remember two important aspects of masturbation: (1) It focuses feeling in the genital region. This feeling is necessary for the healthy functioning of men and women. Shame and threats related to this activity can force children to repress sexual feelings. This might eventuate impotence in the male and frigidity in the female: both conditions tend to unhappiness in marriage and to increased susceptibility to mental illnesses.

Masturbation in excess is a symptom of poor mental hygiene and is not a pathological process itself. Parental condemnation of the practice in the child may induce lasting psychological and emotional harm.

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NURSING CAREER

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General Nursing 64.7%). Arrangement for personal security was the important suggestion given by 54.5% of the students to improve the rural nursing service. Pre-clinical teaching method was found to be more satisfactory than clinical teaching methods. Most of the students prefer tutorial system to lecture classes. Majority of the students liked multiple choice questions in the theory examinations. Semester system of education was preferred by 90 per cent of the students.

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