Nursing Education for Primary Health Care

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THE concept of nursing has considerably changed during the 20th century and will continue to do so, the priorities and functions of health services change. The thirtysecond world health assembly launched the global strategy of 'Health for All by the Year 2000' as it was realised that the only answer for a developing country to meet the health needs of the people is providing primary health care. It invited the member states of World Health Organisation to act individually in formulating national plans of action to achieve this ambitious goal. Nursing educators and administrators all over the world are earnestly searching for ways and means to modernise the Nursing profession, to meet the challenge of providing Primary Health Care.

Essential Health Care

The concept of primary health care is a system of service designed to provide essential health care, based on the needs of people, which is acceptable to them and available at a cost they can afford. Thus, the main ingredients of primary health care are:

1. It should be shaped to meet the needs of the community; 2. It should be an integral part of the national health care delivery system; 3. Its activities should be fully integrated with the activities of the other sectors involved in community development; 4. The local population should be actively involved in formulation and implementation of health care activities according to needs and priorities determined by them; 5. Health care offered should place a maximum reliance on community resources; 6. It should use an integrated approach of preventive, promotive, curative and rehabilitative services, for the individual, family and community; 7. The majority of activities should be undertaken at the most peripheral level by workers suitably trained for the same.

Adoption of this policy poses a great challenge to the nursing profession. These newer trends in health practices need to be effectively incorporated into Nursing Education programmes so that the education of nurses is relevant to the needs and is up-to-date. Preparing nurses for a real functional role, central to patient care, especially Primary Health Care, is an important item on any health science education agenda. The debates, experiments and curriculum revisions must go on.

The International Council of Nurses, in its meeting in Nairobi, in September, 1979, recognised the fact that there is a need to make changes in Nursing Education Programmes to redefine and restructure the roles and functions of health workers. It recommended to the national professional organizations to decide on what areas changes are needed, to be in line with Primary Health Care policies. It is important for the planners to recognise that the educational programmes of the nurses must keep pace with the ever increasing demand for better nursing care to individuals, families, and communities at the grass-roots level.

It is a matter of pride to acknowledge the fact that the Primary Health Care concept is not an entirely new idea to nurses. Nursing profession was already familiar with and was slowly directing its efforts towards this aim. Integration of Community Health Nursing in the curriculum of colleagiate Nursing Education programme and collaborating actively with the primary health centre and sub-centre for learning experience of the students speak for this fact. Still the fact remains that we have a long-long way to go, hand-in-hand along with other members of the health team.

Role of Resource Persons

In order to shoulder the responsibility of promoting and supporting Primary Health Care, it is important to train competent nurses to act as resource persons to assist the community. As the succees of the programme depends upon the interest, initiative and involvement of the community to share the responsibilities with the health functionaries, the Nursing training must prepare them not only in the content of Primary Health Care, but also with the techniques of motivating people to become health conscious. They should be able to project their image as health facilitators rather than as health providers. Intense training in communication skill, human relations, health education methods, interviewing and counselling techniques and methods of adult education need to be included in the training of nurses who are to work mostly in rural areas.

The second area where change in educational strategies is required is in the training of nurses to assume the responsibilities of education, administration and supervision of the health workers. It must prepare them with the techniques of supervision, teaching methods and staff education programmes. Special attention should be paid to impart knowledge and skill in the treatment of minor ailments, ability for decision making and maternal and child health care including family welfare services. Even though primary health care stresses the importance of service to the community in the rural areas, the nurses working in hospitals shoulder an equal responsibility for practising it in their areas of work.

A hospital is a part and parcel of the community where not only curative but also preventive, promotive and rehabilitative services are offered. Is not health

education to the patients in the hospital and their relatives aimed at providing primary health care? When a mother, ignorant of services existing in the hospital, is helped by a nurse with advice on immunization of her child and planning of her family, is the nurse not engaged in promoting primary health care? However, to be more effective such programmes are to be planned in a continuous and integrated manner and included in the schedule of health teaching in Out-Patient Departments. Nurses while giving care should try to inculcate a sense of responsibility, in each individual who comes to them, for achieving expected health status, and also initiate self health care, thereby making the community responsible for their own health. The degree of achievement is based on the reciprocation between the provider and the consumer of the health services.

There is an urgent need to change the present system of Nursing education at all levels. The Multipurpose Worker should be selected on the basis of practical knowledge of the problems of the villagers and trained at the Community Health Centre and Sub-Centre. She should specially learn to manage a five-bedded sub-centre, to impart training and support to community health volunteer, and to deal with problems of referral of cases. It is also desirable to prepare a cadre of nursing assistants trained at the community health centre under the supervision of trained nurses.

The diploma and degree programmes in Nursing need to include appropriate content of primary health care which includes:

—Education in common health problems, their prevention and control.

—Promotion of proper nutrition and safe water supply.

—Basic sanitation.

—Maternal and Child Care including Family Planning.

—Immunization against major infectious diseases.

—Prevention and control of locally endemic diseases.

It is also important to orient nurses to indigenous systems of medicine and school health service. Refocussing, reorganising, and re-structuring the whole education is necessary to prepare the students with a strong base for community service by considerable increase in the duration of rural and urban health experience.

Higher education in nursing at the Masters and post-Masters level must prepare the graduates for teaching, supervision, management and research to support and promote Primary Health Care. Preparation of personnel in different categories must be based on projected manpower requirements. Training institutions need to be established in rural areas where active community involvement can be practised.

Changes in Curriculum

Indian Nursing Council, the body that is responsible for standardization of Nursing education in this country, categorically indicated that change in curriculum is required and must take place in Nursing education in India because of the following 3 main reasons :

1. The Central Government is urging the states to follow the pattern of 10+2+3 system in general education.
2. The concern of the government in the failure of the current health care programmes to meet the health needs of the rural masses.
3. The changing trends of the health care delivery system in India in recent years.

Nursing in this country recognised the importance of community health nursing as early as in 1946. Inclusion of subjects like social and preventive medicine and Community Health Nursing in the curriculum of baccalaureate Nursing programmes and collaborating with a sub-centre for giving intense learning experience in providing care at home stand as victory monuments in the history of Nursing in India.

Alma Ata declaration calling for Universal Health by next century is a landmark in health care. It requires a multi-pronged approach with the objective of transferring basic knowledge to the people to involve them in the health team and make them responsible for their own health status. This necessitates the preparation of nurse with ability to make independent decisions and greater confidence which will help her to gain recognition as an active partner in the health care delivery team. The primary responsibility of each and every nurse educator is to spare no opportunity to join the war as soldiers of health messengers and practitioners.

Nursing in PHC

(*Continued from page 16*)

move from philosophy to action. Moving from philosophy to action in the health sector alone would take a very long time, but this move is required in many other sectors—in education, agriculture, communications and public works including sanitation, housing, and water supply. This makes the goal not only a tremendous challenge but a formidable multi-sectoral effort.

We are told that the only true happiness comes from squandering our lives for a purpose. May we all continue to squander our lives in the world community of nurses, and in concert with other professionals in the health system, and, most of all, in the coming decades, motivate nurses to work *with* the population—to the end that all the people of the Region will have available some opportunity for healthful living.

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