Professional Accountability of Nurses

By

Dr. (Mrs.) Margaret Dean, Principal, College of Nursing P.G.I. Chandigarh:

THE watch word given by the International Council of Nurses for this quadrienum is "Accountability". The Trained Nurses Association of India, being a member of the International Council of Nurses, has an obligation towards its membess to inclucate in them the sensitivity to the professional accountability. One of the goals of the Association is to "uphold the dignity of the profession". Is nursing a profession? What are the marks of a profession? The Webster's Dictionary meaning of a profession is "an occupation requiring advanced academic training e.g medicine, law etc." Thus, nursing profession needs to advance education in various ways. One means of learning or educating oneself is to meet at such forums, where the members are given ample opportunities to advance their knowledge and skills by sharing in discussions and deliberations. The nurse educators are accountable to mould the activities of the future Registered Nurses, by higher standards of teaching. The Nurse Administrators are accountable to keep up the standards of practice in the patient care area by furthering educational programmes i.e. Continuing Education.

Another mark of a profession is that the nurses being team members of the health team have an "autonomy" or independence to practice the profession. If we are not "hand maidens" but partners of the health team, then we must answer for our performance increasingly, more concretely.

A formal position of a staff nurse, public health nurse, nursing sister, assistant matron, nursing superintendent, nurse educator, all evoke interest in nursing practice. The accountability for nursing practice dominates in the following three components according to Donovan '—

(i) Goal sharing with other professionals

(ii) Clinical judgement

(iii) Responsibility for one's own educational growth.

If true accountability is to be achieved as a profession, we must be willing to subject nursing practice to evaluation and auditing. In formal organizations such as hospital, school of nursing and college of nursing, evaluation of performance needs to be written regularly and periodically. Let us evaluate ourselves and let us not be defensive if we are evaluated. A salient question arises from this in an organizational structure is, to whom the nurse is accountable? According to my understanding a nurse is accountable to (i) Self (ii) Patient, his family and the community at large, (iii) To the organization in which she is working. (iv) To the profession and the professional association for maintaining high standards of practice. (v) To the City, the State and the Country at large.

What is accountablity ? Accordto my definition; "Accountability is a controlled responsibility bestowed on an individual by an organization and the community".

In an organization, the organizational structure shows "to whom" a nurse is responsible to and "for whom" she is responsible. Thirdly "for what" one is accountable is given by the job description. The organization should clearly delineate "to whom", "for whom" and "for what" each employee is responsible.

Accountability to the patient and to the organization e.g. hospital and health centres will include accountability to the physician/surgeon. Donvan says." Nurses accountability to the patients in an institution is not complete. They must exercise it either through the physician who has ultimate responsibility for the patient or through the organizational structure to the enterprise". In a clinical area, if something goes wrong the physician is informed and/or a report is written to the hospital administrator through the chain of command in nursing. It sounds as if it is a long route to put something straight. But, it is necessary for an appropriate responsibility. In urgent matters a decision must be made by the nurse concerned, if she can cut short the steps to correct the mistake as quickly as possible, by going directly to the right authority. For example, a mother wlth bad obstetrical history has had milk before admission and is about to go to operatinn theatre for caesarian. The nurse informs matters to anaesthetist immediately without going through a long procedure, thus saving the patient's life otherwise the nurse may be held liable for negligence.

Assignment to carry out the nursing care of certain patients is delegation of responsibility. Here the responsibility is transferred to a nurse who is authorized or empowered to carry out the assign ment and is accountable for the satisfactory performance.

Delegation, responsibility and accoutability are closely related. At a nursing unit level, ward sister delegates, staff nurse assumes responsibility and reports to the delegator for the performance of the assisgnment. In case the staff nurse faces a problem, the delegator is approached for solution. As such there is protection and hardly any autonomy. Frequently, it is heard that someone was delegated responsibility without the authority to achieve the required goal. Also to whom the responsibility is delegated meets with interference from the delegator by not providing adequate material or man-

power. At times the cooperation to carry out the responsibilty is lacking. In such cases accountability of perfermance is confused and frustration occurs.

Studies have shown that a nurse who anticipates and makes decisions independently is attracted to community nursing because of the greater autonomy and discretion. In such areas a system of protection may be perceived as a hindrence. Davis.

The community expectations of high standards of performance can be achieved by united efforts of all health personnel. The nursing association in any country or for that matter is accountable for the standards laid down for the profession. As such, we members of the association, have an important responsibility and accountability to the community.

1) Donovan Helen, M. **Nursing Services Administration Managing the enterprise,** Mosby Co. Saint Louis. 1975, p. 71
2) *Keith Pat. M and Castle Mary, "Community Health Nurse" Prefereng ces for system of Protection". **Nursin - Research,** July-August, 1976, p, 252.
3) Davis, Fred et al. **Problems and issues in Collegiate Nursing Education in the Nursing Profession :** Five Sociological Essays, ed. by Fred Davis. John Willy & Sons. 1976, p. 138-175

History of Surgery in India—I

Mrs. Saroj Vesuvala, Nursing Superintendent, Hindu Rao Hospital, Delhi.

SUSRUTA, a descendent of the Vedic sage, Vishawamitra, was the greatest Indian surgeon of all times. His work on surgery is known as *Susruta Salya Tantra*. This was composed about the sixth century B.C. It was revised as *Susruta Samhita* by Nagarjuna who lived in the fourth century B.C.

Susruta led a group of holy men to the hermitage of King Divodasa of Benares who was the incarnation of Dhunvantari, the god of healing. Addressing him respectfully they said : "Entrust us that we may learn to heal the illness of those who desire well being and that we may prolong our own lives. On this knowledge rests all in this world and in next; for this we have approached the venerable one as thy pupils". The holy Divodasa answered: "Welcome, my children. We all, without further examination, are worthy to receive the teaching".

Before Susruta's time, the profession of healing in India was practised by Surgeons (Salya Vaidas), Physicians (Bhisakas), Priest-doctors (Bhisgatharvana), Poison-curers (Vishaharas) and Demon-doctors (Krityaharas).

To practise the art of healing they had to go into the open street calling out for patients. They stayed in houses surrounded by gardens of medicinal herbs. Surgeons were not considered as respectable as priest-doctors.

Susruta as a Teacher

Susruta practised and taught surgery. He instructed his students to try their knives repeatedly first on certain natural and artificial objects resembling diseased parts of the human body before carrying out the actual operation.

Students practised incision on certain vegetables, dummies and dead animals, aspiration of fluids from abdomen on leather bags filled with water or urinary bladder of dead animals. Sutures and ligatures on hides or cloth, bandaging on dummies.

Dissection

Human bodies for dissection were first covered with grass and kept in the flowing water of a river. The skin, after having been peeled off, muscles, organs and bones were studied. Students were imparted practical knowledge of the various vital or danger spots (Marmas) of the body.

Susruta stressed practical and theoretical training of his pupils as is evidenced by his remarks; "The physician who is learned only in book knowledge (Sastras) but is unacquainted with practical methods of treatment or the one who knows the practical details of the treatment but from self confidence does not study the book is unfit to practise his calling. Such a person deserves to be killed by the king.

STOP PRESS

Important decisions taken at the TNAI Council and House of Delegates meetings held in September '78 will be published in the next issue of the Journal, but one important decision which needs to be communicated to the members of the Association is about the postponement of the TNAI elections which were to be conducted for the offices of the President and the Treasurer.

The Council decided to postpone the elections of these two offices till the next House of Delegates meeting to be held in April 1979. This decision was taken on the basis of some irregularities found in the observance of election procedure.

The present President, Miss Cherian, was requested by the Council to continue till the election were finalized. Accordingly, the present incumbents of the offices of President and Treasurer will continue till then.

Secretary, TNAI