

Nurses' Role In Rehabilitation

By : Mr. Sunder Egbert

Rehabilitation may be defined as restoring the patient to the society at the highest possible physical, mental and functional level. This concept is very difficult to practise in India, where public awareness of the problem is next to nothing, where the attitude of the immediate family is one of contagious pessimism, where social services are inadequate, haphazard and unco-ordinated, where voluntary agencies are doing an uphill, thankless job against unimaginative odds and obstacles. All this cannot be put right in a day or two nor by a single person or organization—all the more reason that there should be no complacency. The task begins with the nurse, and I will, therefore, briefly state my views as to how the nurse can help the patient in the long and arduous road towards rehabilitation.

On sudden incapacitation, either due to injury or illness, the patient's life is thrown out of gear. Relatives and friends will be profuse with pity, and the patient is prone to frustration and despair. He will realize and face with bitterness and possibility of not being able to resume his old way of life and place in society. The nurse should show kindness and understanding of the situation and try to channel the patient's thoughts in a positive, constructive direction. By citing case histories, and showing examples where possible, the nurse can instil hope and confidence.

No person wants to die. The will to live at all costs (whether to himself or others) is there in the innermost depths of all men. This will naturally assert itself, and the nurse will find the beginning of the second phase in the patient accepting the situation. She must, however, remember that this acceptance is not an end in itself but only a beginning. The patient is more likely to develop the idea that the world owes everything to him, and tend to become unreasonable and demanding at times even bullying. Or he may go to the other extreme and become introvert, try to live in a bitter world

within himself and bottle up his feelings. Both types of cases will bode no good if they reach the point of no return. The nurse must deal with the situation on individual assessment, for it depends a lot on the patient's educational and social background and mental calibre how he will react to efforts to help. The nurse must not consider the task beyond her or out of her normal duties and thus err on the side of omission. With her basic knowledge of psychology, the nurse should be firm, yet kind to the bully and the introvert. Teach them that they must learn to help themselves first before the world will try to help them.

The nurse will encounter the next phase during prolonged hospitalization. The occupational therapist helps the patient do something, the patient tries and finds that he can do something to his great satisfaction. But in the permissive and uncompetitive atmosphere of the hospital (or his immediate social circle if he were at home) he begins to think he is incomparable, and from then on his self-esteem goes on inflating like a big balloon. Here again the nurse plays a vital role to check this tendency. By doing so, she would be sparing the patient years of conceit, ignorance and self deception, and the magnitude of the eventual shock and perplexity when stark realities will stare at him without mercy. In my experience, nurses have shown a preference to inflate, rather than prick, this balloon for obvious but misguided reasons. Had someone been able to show me at the right time how limited—and perhaps useless—were my “so-thought accomplishments” then it would have been possible for me to have equipped myself even better to attain my objectives.

The role of the nurse in rehabilitation need hardly be emphasized. As I said in the beginning, being the first to deal with detached concern, she can influence the course of events decisively by proper appreciation and approach. She must never shirk this responsi-

bility, however hard and painful it may appear, for her priceless contribution will immeasurably aid the :

*“Noble souls through dust and heat (to)
Rise from disaster and defeat
The stranger”.*



Mr. Sunder Egbert, who is the Works Manager of the Catherine Booth Hospital Vocational Centre for the Physically Handicapped at Aramboly in Tamil Nadu, is himself a physically handicapped person.

What Mr. Egbert seeks to achieve in his present task is “to kindle the light of hope in the eyes of men who have felt themselves useless” which he considers is “the greatest reward.”

He has 24 trainees at the Centre whom he helps learn the art of making furniture, welding, spray-painting, weaving and watch making, besides agriculture and chicken-farming.

Mr. Egbert was badly crippled by poliomyelitis in his infancy. He lost his parents in the early childhood. He pursued his education with the help of his uncle and worked as a teacher in a school for the blind. He later learned the art of watch-making and during this period he underwent surgery for the hands and feet at the Catherine booth hospital. While still a patient he conducted classes for the physically handicapped children in the hospital.

On being discharged from the hospital he went to the CMC hospital, Vellore, where he worked with the handicapped. He was later appointed Quality Control Officer at the Swedish Red Cross Workshop for the Physically Handicapped at Katpadi. He took up his present appointment in 1968.

In this article Mr. Egbert has a word of advice for the nurse—not to over-protect the patient.....