

WHAT DO WE BELIEVE ABOUT NURSING?

DURING the past few months, the teachers of the Baptist Christian Hospital School of Nursing, Tezpur, have participated in a study group on the topic: "What do we believe about nursing?" as a basis for developing the philosophy of nursing for the school. The reports submitted by members stimulated much group discussion and exchange of ideas which made us realise the enormous gap in understanding and defining nursing.

Perhaps the most commonly used expression about nursing is that it is a "wonderful profession." Probably a large number of nurses and the public in general are not aware of the meaning of the word, profession. According to Flexner, the marks of a profession are:

(a) intellectual with personal responsibility, (b) based on knowledge rather than routines, (c) practical, (d) teachable, (e) organized internally, (f) altruistic in orientation (2, 116).

Does nursing pass the test of Flexner's six criteria? Do nurses take personal responsibility for their actions? How many schools of nursing give more emphasis to procedures than to knowledge? Perhaps there is no question about the third criterion, that nursing is practical. In regard to the fourth, are graduate nurses open to learning new things? Do they seek learning situations and are they willing to accept change? Internal organisation means that nurses, in order to be professional, must manage their own professional organisations. How much do we rely on doctors or perhaps others to direct our professional affairs? Are nurses altruistic? Do we value service over remuneration?

The American Nurses' Association, in a paper "on education

for nursing" describe the difference between technical nursing and professional nursing. According to the A.N.A., technical nursing is based on techniques and skills and is limited in scope. Minimum preparation suggested is an associate degree in nursing. Professional nursing practice, however, is:

Constant evaluation of the practice itself. It provides an opportunity for increasing self-awareness and personal and professional fulfilment. It is asking questions and seeking answers—research that adds to the body of theoretical knowledge. It is using this knowledge, as well as other research findings, to improve services to patients and service programs to people. It is collaborating with those in other disciplines in research, in planning, and in implementing care. Further it is transmitting the ever-expanding body of knowledge in nursing to those within the profession and outside of it.

Such practice requires knowledge and skill of high order, theory-oriented rather than technique oriented. It requires education which can only be obtained through a rigorous course of study in colleges and universities. Therefore:

Minimum preparation for beginning professional nursing practice at the present time should be baccalaureate degree education in nursing. (1, 107).

Another common expression often heard is that nursing is "an art and a science". According to Johnson (6), the art of nursing means the things we as nurses do to minister to the basic human needs of the patient. These activities which give comfort and reduce tension include bathing, feeding, explaining, reassuring, etc. (7, 29). The objective is to help the patient towards a state of internal and interpersonal equilibrium. In

order to practice the art of nursing effectively, knowledge of two kinds is needed by the nurse, (7, 292). The first, called ultimate knowledge, and shared by all professional workers, is a knowledge of people and how they respond to stress, biologically, psychologically, and socially. The second type of knowledge is specific to nursing and forms the science of nursing. By using concepts from the sciences which are concerned with tensions and stress, the nurse builds theories of intervention from the sciences, the response of the patient can be predicted. This means that nursing practice is not by trial and error but has scientific foundations.

In 1965 the American Nurses' Association stated that the role of the professional nurse is that of "care, cure, and co-ordination" (1, 107). The nurse cares for the patient by giving him comfort and support in times of stress. Cure refers to the promotion of health as well as healing. It includes such activities as giving drugs and treatments. The co-ordination part of nursing means that the nurse has responsibility in co-ordinating the health services of the various members of the health team.

Fritz and Murphy (3) do not completely agree with the position on nursing taken by the American Nurses' Association. Whereas the latter says that the essential elements of nursing are care, cure co-ordination. Fritz and Murphy maintain that care and support from the primary role of nursing, thus defining what is unique to nursing. The nurse gives care and comfort to human beings in stress. The cure role is secondary for nurses but the primary role of the physician. In regard to co-ordination, leadership in this role may shift to any member of the health team as the need may indicate in different settings.

A somewhat similar view to that of Fritz and Murphy is given by Johnson and Martin (5). If the nurse is to function as a colleague of the doctor rather than as a servant, she must assume the role of an expressive specialist. Due to the sickness the patient may under-

go regression. He may show dependency, signs of anxiety and lessened self-control. When the patient is in the hospital he is isolated from his family and their support, and is subjected to an environment where much emphasis seems to be given to the technical activities having to do with the physical healing of the patient. The nurse's role is to relieve tension and to help the patient maintain his motivational equilibrium. She can do this by providing comfort measures, a therapeutic environment, and emotional support. She understands the patient as a person, accepts him, explains treatment and nursing procedures, etc. This is called the expressive role. In the nurse-patient-doctor social system, the instrumental role is involved in moving the system toward its goal, and is concerned with healing and the co-ordination of the health team. It is the doctor who has authority in getting the patient well, and he is the only one who can prescribe treatment for the patient. The nurse does not have such authority, but she has some part in healing. For example, she gives medicines prescribed by the doctor, an instrumental role. So we see that the instrumental functions are primarily performed by the doctor, and secondarily by the nurse. The expressive functions, however, are primarily performed by the nurse and secondarily by the doctor.

Another idea put forth in nursing literature is that the nurse plays the role of mother surrogate and healer (9). The mother surrogate role is multifunctional, and the nurse does everything for the patient such as bathing, feeding him, listening to him, and comforting him. The healer role is unifunctional with the aim of healing and restoring the patient to society. The healer role is basically masculine, and the mother surrogate role is feminine. The role of the nurse is primarily mother surrogate and secondarily healer. In the present and future, there is the trend for nurses to leave the primary role of mothering and a desire in nurses to work more in the secondary healer role? And if the mother

surrogate role is feminine, where does this leave the male nurses?

A new concept which offers challenge to nurses is the crisis theory of illness (8). In this theory, health is defined as a state of maximum well-being. On the other hand, crisis is a period of disequilibrium or trouble in one's life. There are two general types of crises, developmental (maturational) and situational (accidental). Developmental crises are stages or special experiences in the normal life cycle such as school entry, adolescence, the start of a new job, marriage and parenthood. Situational crises include such external events or stresses as a death of a family member, birth of an abnormal child, sickness and hospitalisation. A third type of crisis is that of a combination of the above two types. For example, an adolescent who is already struggling with the problem of his emotional maturation, is hospitalized, and thus is subjected to additional stresses.

In such times of crisis, the person needs help to regain his equilibrium and again be able to enjoy a state of maximum well-being. The role of the nurse is that of crisis intervention. This means that she will recognise the problem and she will then help the person to solve his own problem. Through emotional support she helps him to utilize his own resources. She also mobilizes others to give their support, thus increasing the patient's resources. For example one important thing for the nurse to do is to give the patient opportunity to speak about his trouble and to face the reality of the situation. By suitable intervention, the nurse helps the patient to help himself back to a state of health.

In the above discussion we have presented ideas put forth by a number of nursing leaders and other professionals.

(Report from the teachers of the Baptist Christian Hospital School of Nursing, Tezpur, Assam.)

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INTERIM RELIEF

For Nurses

New Delhi : The Government of India has announced the grant of interim relief for all government employees with retrospective effect from 1st March, 1970.

Questions were raised whether Nurses would be entitled to the full rate of interim relief or only 80 per cent thereof.

A spokesman of the Directorate General of Health Services has clarified that Nurses will be entitled to the full rate of interim relief as applicable to other government employees. The grant of interim relief will be applicable to all hospitals under direct Central Government control.