

The Nurse And The Community

Miss N. Mani Rao

Senior Health Educator, Central Health Education Bureau, Kotla Road, New Delhi-1

(The following is the text of speech prepared by Miss N. Mani Rao and read by Miss C. Oonnie, Public Health Orientation Training Centre, Gwalior M.P. while introducing the Conference Theme : THE NURSE AND THE COMMUNITY, at the TNAI Conference held in Ahmedabad.)

GONE are the days when a Nurse used to be associated only with the sick and the environs of a hospital. The concept of modern Nursing is no more limited to curative chores, involving the bodies of the sick and the injured, but embraces activities that go to serve the needs of mind and spirit of the patient as well. Thus, it takes into consideration the totality of a human being, i.e., his home, his environment, the food he takes, the clothes he wears, his social behaviour and his cultural background. These factors play an important role in the life activities of a human being not only when he is sick but also when he is well. In order to get an insight into these components, which are in fact responsible for his behaviour, it is vital for a Public Health worker to consider the community as a basis around which a man's total personality is built. Keeping in view the increasing need of nurses in the community health services, the theme for this year's fourth Biennial Conference has been chosen as "Nurse and the Community".

This concept of Health Education approach has paid rich dividends in enlisting people's participation in the National Health Programmes like Malaria, Tuberculosis, Smallpox, Venereal Disease, Trachoma, Maternal and Child Health, Family Planning, Nutrition and others. Mere recognition of this concept of community approach is not going to generate results. What is imperative is practice of this concept by all the health and welfare workers who are involved in community welfare activities.

This concept of Health Education is concerned with bringing change in knowledge, feelings and behaviour of the people. It is a way of self-help aided by education.

This educational approach is fundamental to any community health and development programme in which people themselves combine their efforts with other professional health workers to improve their economic, social and cultural conditions.

Community is defined in different ways, but it generally includes two characteristics : (a) physical, geographical and territorial boundaries, indicating a certain uniqueness or separateness, and (b) cultural homogeneity, consensus, self-help or other forms of communal behaviour and interacting relationships.

Arther E. Morgam defines a community as "an association of individuals and families that plan and act in concert as an organized unit in meeting their common needs". According to Robert Hieronymus, a community "consists of a group of company of people living fairly close together in a more or less compact, contiguous territory, who are coming to act together in the chief concerns of life."

The above definitions reveal that a community is nothing but an extension of families having different needs and working together for realising these needs. The vast majority of our rural population has adopted community living as a part of their life. When there was a local problem or any matter of importance, like the construction of a well or a school or the celebration of marriage, the people recognised that unless they came together and got busy for themselves, it would not be solved. Individuals, families and groups pulled and worked together to find a solution to the problems. There was mutual exchange of ideas and much fraternising which not only established

good understanding but also made the community a safe and secure place to live in.

But with the advent of industrialisation, there has been a shift towards urbanization. Machines started replacing man in many basic occupations, like agriculture, construction work, crafts, etc. This, in turn, lead to change in people's wants and desires, value system and social pattern of life. The gradual transition is bringing about slow deterioration in natural community life in which human values had always flourished and were conducive to a democratic way of life.

Community in the present health set-up

Having seen what a community is and how there has been a transition from the natural, compact community life to a sort of compartmentalization due to industrialisation and other specializations like agriculture, industry, etc., let us now examine community as it relates to Health.

It is commonly observed (and it has also been the experience of health workers) that on the whole, health has been given low priority in the scheme of things. More often, people availed themselves of the health services existing in their community when they were unwell. Even this utilization has been conditioned or limited by the various religious practices, customs and traditions. The concept of preventive measures for the promotion of better health and happiness was less known and practised in the day-to-day living than it is today. The then existing community organizations like *Dehat Sudhar Committee*, *Mahila Mandals*, *Youth and Farmers Clubs*, *Kirtan* and *Bhajan Mandlis* paid less attention to the imparting of

information concerning healthy living.

Continued efforts have been made in recent years to create an awareness towards health and sustain it through various community organizations. Nevertheless, the fast growing population and illiteracy are among the factors that stand in the way of early realization of the goals of many planned Health and Welfare Programmes.

Besides, another outstanding factor which is playing an adverse role is the shortage of trained health personnel to carry the basic information about health and healthful living to the community at large. Despite many of these handicaps, it is increasingly recognized that involving the people in the programme and helping them to take responsibility for their own health and that of their family is imperatively necessary.

Can A Community Nurse Do This ?

No other person than a professional Nurse is best suited to take the total responsibility for community's health and welfare. By virtue of their professional training, nature of responsibilities and placement in the community, the Public Health Nurses, Health Visitors, Midwives, Auxiliary Nurse-Midwives and Trained Dais shoulder the major responsibility of Community Health Services. Their varied responsibilities help them to come into contact with people and their problems in matters not only related to health but also other activities like economic, social and religious. In other words, these contacts place this team of community nurses in an advantageous position to understand and help individuals, families and the community to attain total health by playing the role of friend, philosopher and guide, besides giving nursing services.

Preparation required for the nurse

To start work in a community, the nurse must know the community, the people, their problems, needs and requirements. Besides, she must have an insight into the set-up of the community, its leadership pattern, channels of communication, people's level of understand-

ing about on-going Health Programmes, and their reactions towards the existing Health Welfare Services.

The nurse should also recognize and accept the people at their own level and believe that every human being has an urge for dignity and is capable of understanding and doing things. This faith on the part of the nurse is fundamental for bringing about any behaviour change, especially in matters of health, which is so much traditionbound and custom-ridden.

This background knowledge and information is a "Must" for starting any programme with the people. For creating motivation and thereby helping people to adopt scientific health practices, the community nurse should be equipped with the Extension Education methods and techniques. Extension Education is a way of Self-help aided by education.

A few important principles of Extension Education are enumerated here :

- (i) Know the community, the people, the problem and the programme ;
- (ii) Education should be based on conditions that obtain locally, such as, illiteracy, economic status, traditional beliefs and superstitions ;
- (iii) Involve the people in the work, make them feel that they are the initiators and leave them with a sense of creative satisfaction ;
- (iv) Look for such situations which lend themselves to helping people to help themselves ;
- (v) Always work through local leaders, community organizations, and other health and welfare institutions. Shun direct leadership ;
- (vi) Due importance should be given to the felt needs of the people. Ways and means have to be found to integrate these with the worker's programme ;
- (vii) People should be allowed to see the pros and cons and take their own decisions.

That is the democratic way ; and

- (viii) National and State policies should be kept in view.

Steps in Planning a Programme

Equipped with this information about the community and knowledge of some of the important principles of the educational approach, a community nurse has to plan an educational programme. The principle of this educational programme planning, is analogous to that of planning of any other nursing service activity in the community. The principles involved are :

- (a) Collecting of information (statistical, etc.) essential for planning, related to problem, programme and people, and the people's understanding and misconceptions.

Unlike a Hospital Nurse whose major responsibilities are patient-care, in conjunction with the prescribed treatment of a doctor, a community nurse's responsibilities vary from treatment of minor ailments, home care of the sick, personal hygiene and sanitation, to the inculcation of healthy habits, maternal and child care and family planning. Besides these, she is called upon to help people in matters like marriage-counselling, securing a seat in the school for their children, money-lending, getting a job, etc. There is no prescribed formula which a community nurse can use in helping people and giving guidance. Therefore, more often she has to use her own judgement based on her past experience with the community. Invariably, the community itself will have the solutions to the problems, provided the community nurse knows what to look for and how to utilise the available resources. In fact, she acts as a repository of the confidence of the community, including its needs and interests.

- (b) Establishment of objectives for achieving short and long-range goals.
- (c) Assessing the barriers that may come in the way of our programme and suggesting solutions for those barriers.

**Chart showing Methods and Materials for planning Extension
Education in Community Health and Development Programmes**

S. No.	Educational Method	Educational Material	Purpose
1	General Meeting	Film shows, talks, photographs, maps, slides, radio broadcast, printed material including posters, dramatization, displays, bulletin boards, wall newspaper.	To sensitize people. To give general information.
2	Individual and group discussion.	Black-board, filmstrip, slides, puppet shows, role plays, Khadigraph, flip book, flashcards, radio forums, models and specimens/diorama.	The above and in addition : To involve vulnerable groups and individuals by planning and doing. To motivate people.
3	Demonstration	Specimens, models, films, tapes and play back and their uses.	To give knowledge and to improve skills.
4	Campaign and camps	A. Educational guides for different categories of Health workers (field workers as well as clinic workers). B. Film shows, printed material and posters, exhibitions, dramatization, talks models and specimens (consultation services for Health Education, including Family Welfare). Audiovisual and educational kits, puppet shows.	Same as given for 1, 2 and 3.
5	Home visit and interviewing	Audio-visual and educational kits, photographs, specimens and scrolls.	To give knowledge, create interest, to motivate, to change by helping people help themselves.
6	Exhibition	Mobile exhibits, models, specimens, charts, graphs and illustrations, photographs, film shows, dramatization and extra talks.	Same as given for 1 and to give general information. To make available meaningful information.
7	Spoken words—quoting illustrations, examples, quotations from literature with which people are familiar.	Carefully selected words that are commonly used by people in community and in their culture.	To initiate such thinking which might lead to action.
8	Slogans	Printed, hand written or spoken words.	Draws attention, powerful message can be conveyed in the initial stage. This needs to be supplemented by other ways and means.
9	Result demonstration	Most of the same materials as given for demonstration.	To develop skills and to involve people.
10	Problem solving method.	Most of the same materials as given for group contacts.	Same as above. To widen knowledge and understanding.
11	Project methods	Same as above.	Same as above. To experience in planning, organising and conducting.
12	Field trips and excursions.	Printed materials related to excursion, samples and specimens regarding the excursion and photograph.	Same as above plus to co-ordinate and to co-operate.
13	Involving local leadership.	Most of the same material as for Home visits and Group Contacts.	Same as 1 above.
14	Involving those people who are successfully utilising Health Services.	Those who are treated and cured of TB complication at the time of delivery handled carefully and the life of both mother and child saved.	To help create better confidence and faith when personal experience is related by their own community member.

While planning for health, consideration should be given first to the immediate needs of the people, such as agriculture, animal husbandry. The other barriers can be in the form of communication, geographical isolation, community's attitude towards health workers, economic inability to the action and religious and cultural beliefs.

(d) **Appraising of various types of resources, like community organization, health personnel, and voluntary workers, material and equipment, and funds.**

(e) **Developing a detailed plan of operation.**

We have to find out who are all to be included in organising the programme, what specific information has to be given and what priorities have to be fixed. Again, we have to determine what methods and media are to be used, what provision has to be made for measuring the success or failures of the programme and also what steps have to be adopted for carrying out a continuous follow-up work.

For some of the important methods and media that can be used by Public Health Nurse for her community health work, see Appendix No. 1.

Some of the important points to be remembered by Community Nurse.

The points can be broadly classified under :

(a) **Points related to Community Nurse**

Community nurse should have a non-sectarian outlook and respect for all religions, castes and creeds and also be conversant with the religious beliefs and practices of different groups. She should recognize the fact that any achievement or success of Public Health Programme is slow and gradual unlike patient care in hospital where some good or bad results are always visible. The Community Nurse should develop an attitude of selfless service. This calls for qualities of patience, tolerance and an inherent faith in people.

(b) **Points related to community and Peoples**

The community nurse should recognize that like the community, the individual also has his own needs and requirements. In her planning for Health programmes, the nurse should develop an ability to reconcile the existing differences and work for developing unity in diversity.

No doubt, there are innumerable impediments in the day-to-day activities of a community nurse. But these impediments themselves make her job challenging. She has to dedicate herself to the cause of nursing with a sense of sacrifice and missionary zeal.

A little healing touch given by her in alleviating the suffering of the community will go a long way in setting an example to like-minded people to take to this profession. This will create, in the long run, a band of selfless workers who would solely work for the upliftment of the community.

The following literature may serve as reference material :

1. **Public Health Nursing** by Mary S. Gardner—The MacMillan Company, New York.
2. **A Public Health Manual**—The Trained Nurses Association of India, 16 Green Park, New Delhi.
3. **Community Organization in Action** by Ernest B. Harper and Arthur Dunham—Basic literature and critical comments. By Association Press—291 Broadway, New York 7, N.Y, U.S.A.
4. **Selected Papers on Health Education**—Central Health Education Bureau, Directorate General of Health Services, Temple Lane, Kotla Road, New Delhi.
5. **Rural Health Services in India**—Primary Health Centre—Dr. P.R. Dutt, Directorate General of Health Services, Central Health Education Bureau, Temple Lane, Kotla Road, New Delhi.
6. **Background Documents prepared for Health Education Conference**—'Health Education As A Mass Movement'—Central Health Education Bureau, Directorate General of Health Services, Temple Lane, Kotla Road, New Delhi.

CORRECTION

December 1968 issue of Nursing Journal of India page 410 column 1—photo caption "Miss K. Duncan" instead please read "Miss G. Gnanasigamani" and column 2—photo caption "Miss G. Gnanasigamani" please read "Miss K. Duncan". The error is regretted.

Editor-N.J.I.

Our Greetings and Good Wishes for a Very Happy New Year. May this Year be a Year of Peace and Prosperity to all.

We Thank Our Members, Well-Wishers and Friends for their Greetings and Good Wishes for Christmas and New Year.