The Newer Dimension in Nursing


THE "dimension" refers to the size or extent of an object, a person, a problem or of an area. For example, we think of dimensions of a room in terms of its length, width and height. These measurements characterise and describe an object specifically. As we study the object carefully, we may find that there are more aspects or dimensions that need to be considered for a fuller expression of this object.

Likewise, as we examine nursing in its wider context, we come across various dimensions that need to be considered. In turning to any nursing literature today one is confronted with concepts such as "comprehensive nursing care" and "total patient care". These are not exactly new concepts—but in the actual practice of nursing these concepts are often neglected. The objects of the theme chosen "THE NEWER DIMENSIONS IN NURSING" are:

(1) to re-sensitise ourselves to some of the aspects of the patient care which we fail to recognise;
(2) to become aware of the impact of these aspects in the recovery of the patient;
and
(3) to consider the areas in which the nurse has to make more significant contributions.

As you will notice in the programme the first discussion on the theme is titled as "Anxiety in illness". This discussion will bring about the need for understanding the psychological needs of the patient and the emotional climate that is to be provided for meeting these needs. The second and third discussions will focus on the role of the nurse in structuring the physical and socio-cultural environment of the patient for therapeutic purposes. All these three discussions will point up to one of the newer dimensions—namely the meeting the psychosocial needs of the patient by maintaining an effective physical and socio-cultural environment in the hospital. In this introductory talk, besides briefly reviewing this particular dimension which we will be considering in detail in the next few days, I would like to bring to your attention some of the other dimensions of nursing in order to present a complete picture.

Therefore, the second point I would like to discuss is the emerging role of the nurse as the co-ordinator of patient care.

Thirdly, the role of the nurse in participating and promoting research.

Fourthly the nurses' role in relation to the national health needs.

All these four dimensions believe have added to the components of nursing and call for the awareness of them in the planning of nursing education and service.

Let us take a glimpse of some of the changes that have taken place in the nursing functions. A striking feature of the world today is the 'change' that is taking place virtually in all the dimensions of life. In the field of medicine, techniques and methods of diagnosis and treatment have become more complex. The advances in medical science have brought about the need for intensive care round the clock in disease conditions and have increased the nursing responsibilities. The extensive preparations which have gone into space-travel have resulted in new developments in medical electronics. Among the newest electronic aids is the use of patient monitoring machines. By use of this machine, the patient's temperature, pulse, respiration and blood pressure are recorded automatically at regular intervals. The machine can also be regulated to notify the nurse by certain signalling system if the findings exceed the set limits. For example, if a patient's pulse suddenly, a warning device is activated, a light flashes, a bell rings, calling the nurse to action. The use of such devices will change the pattern of patient care and free the nurse from routine observations. Yet some of the basic needs of the patient will remain the same.

Nursing still requires—as taught many years ago—the head, the
heart and hands; now the head
needs to hold more. As knowledge
has increased, the hands must be
even surer and more skillful. The
head must open wider as the head
and hands become busier.

One might say that pattern of
nursing in our country need not
even change so much as we do not have
the imminent danger of automation.
Yet we are beginning to find that
even in our country the role of
the nurse is becoming more
complex— attempts are being made
to delineate what can be truly
called as ‘Nursing’ function. There
is no doubt however that the care
of the patient in her primary
function. It was mentioned earlier
that the nurse has to be aware
of the patient’s needs. The physi-
cal needs are of course quite ap-
parent and therefore they are prompt-
tly met. It is in the area of
psychosocial needs where the
emphasis is needed. One has to
realise that the patient coming to
a hospital is bound to experience
a great deal of anxiety. There is
something wrong with him which
requires diagnosis, treatment or
both. Even if he may not be in
pain, the imminent hospital ex-
perience, the results of diagnostic
tests—and whether he will be cur-
ed, can arouse sufficient anxiety.
In addition to this there are other
kinds of troubles which concern
family, work and financial matters.
A recent study has shown that out
of eighty patients admitted with a
diagnosis of appendicitis, more than
50% experienced neurotic anxiety.
We are critical of patients who are
demanding, who ask too many
questions or those who are with-
drawn, but each of these behavi-
ours illustrate a psychological need
which has to be met. All of us
would have had the experience of
nursing patients who would ask
the same question repeatedly to differ-
ent members of the staff—e.g. if
he can eat a particular type of
food during the post-operative
period. It is not because the pa-
tient has no confidence in some
members of the staff but it is one
way of reducing his anxiety in the
situation.

His anxiety is aggravated by
some of the routine procedures
of the hospital. In many of our
hospitals the admission procedure
is still rather impersonal. At a
time when the patient needs more
sympathetic understanding, he is
subjected to situations where even
his self-identity is lost. A patient
newly admitted to the hospital
was asked by a technician who
came to draw his blood—what his
name was. The patient promptly
answered ‘Around here I am known
as ‘the Hernia in Bed 17’’. Was
the patient joking?—not really—
At the casualty in transmitting
telephone message to the ward, to
the surgery and to the doctor, he
was referred to at least 3 times—
only by his diagnosis—in the ward
he often heard the nurses while
handing over the report—referring
to him as the “Hernia in Bed
17”. Such a patient in his rather
sarcastic remark is actually reveal-
ing to the staff that he does not
want to be deprived of one of his
basic needs—that of self identity.

Thus far we have discussed
briefly only two of the many psy-
chological needs of the patient:

1. The recognition of the anxi-
ey experienced by patients,
2. the need to maintain self-
identity.

In order to meet these needs
the nurse should have an adequate
knowledge of the behavioural scien-
tces. The student should experi-
ence the process of an effective
nurse-patient interaction. She must
learn to communicate effectively
with her patients. Such communi-
cation cannot be achieved until all
nurses have enough training similar
to that of social workers and clini-
cal psychologists in listening to and
talking to patients. Without this
skill we do not permit the patient
to talk about their troubles—the
common reason being ‘lack of
time’. If we do not realise that,
perhaps if the patient had been
given the opportunity to pour out
his feelings, and if things are ex-
plained to him, ultimately much
time can be saved and the recovery
might be more rapid.

Now coming to the physical
and the social environment in which
the patient finds himself in: To most
of our patients the hospital sur-
rroundings are new, strange and
unfamiliar. Not less than twenty
to thirty different staff personnel
may enter in and out of his room
or ward. Each one has a small,
sharply defined duty to perform,
such as drawing blood, bringing
food, bringing water, mopping the
floor. The duties may be so spec-
ific and there may not be any ap-
parent communication between the
person who brings the food and the
one who serves it. Some of the
persons who go in and out of the
room rarely speak to the patient
and some appear quite un-
aware of his presence. The patient
wishes for some one with whom
he can establish an effective rela-
tionship. He wishes for some one
who would explain things to him
in a language he can understand.
Attempts are being made to make
the surroundings less anxious pro-
ducing as possible, and provide a
friendly, warm and informal sur-
rrounding. Allowing workers and
patients to wear their own clothes
(provided they are clean), letting a member of his
family stay with him when he is
acutely ill and liberal visiting hours
are some of the ways of making
the patient feel at home.

(To be continued)