The Newer Dimension in Nursing

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The second dimension in nursing that I would like to discuss is the emerging role of the nurse as the co-ordinator of patient care. When medical and nursing care was more simple the team consisted only of the “Doctor and the Nurse”. The Nurse’s job included all the things performed by the dietitian, social worker, physiotherapist and others. To-day the complexity of medicine and of the hospital has created the emergence of a team with different types of workers. When the division of labour in any social group becomes more complex, the function of co-ordination will inevitably emerge. Co-ordination in this sense is really a responsibility for continuity of the over-all function which has been divided among various members in the team. Responsibility for continuity of care lies with those who are around, those who organize the patient care unit. It has been given to the nurse who covers the patient care area round the clock. The various services rendered to the patient converge into the administrative domain of the head nurse and it is her responsibility to see that things are performed in a pattern and sequence—e.g. a patient may be wanted at a particular time in the physiotherapy and the X-ray department, it may be time for his treatment in the ward also. The nurse decides the sequence of functions and organizes the care. The relationship between the departments must be harmonious. Besides, the nursing team itself needs co-ordination. The shortage of nurses has brought about the need for different levels of nursing personnel to contribute towards patient care e.g. assistant nurses—auxiliary nurses etc. However, the registered nurse has the responsibility to organize, direct, teach and supervise the care given. These activities call for different types of skills such as social skills, managerial skills, skills in communication and skills in maintaining effective interpersonal relationship.

Here again we have an implication for the nursing curriculum i.e. the student should have adequate knowledge of behavioural sciences and experience in different situations which will help her in developing the above skills.

Another dimension refers to problem solving through research in nursing. The very mention of the word “Research” evokes an image of sophistication, fully equipped laboratories and highly specialized scientists. This may be true in certain fields but one need not be overwhelmed with the specialization needed in conducting research. Research simply means a systematic investigation to answer meaningful questions”. What is the need for research in Nursing?

As in every profession, there are questions in nursing which must be raised by nurses and answered by them. Nursing is faced with evaluating the past and designing a new pattern compatible with future needs. We cannot be complacent and contented with traditional practices. New insights, new orientation, and new goals must replace the obsolete values. Nursing cannot afford to hold “the past so dear that it is costly to the future”. The professional status of nursing itself is being questioned to-day. One of the criteria of a progressive profession is that it bases its practice on a well-defined and extensive body of knowledge and enlarges it through research. Does nursing have a body of knowledge which it can call its own? What attempts are being made to enlarge this existing knowledge? Research, therefore, becomes a necessity to maintain the professional status of nursing.

Nurses by virtue of their preparation are skilled observers: so they have one of the essential attributes for research. The make-up of the individual determines whether he can do research because, as in other things, a certain point of view and a certain state of mind is basic. However, there is need to learn various skills and also appreciate the role of other disciplines in carrying out good research that can withstand scrutiny. The growing complexity not only of medical care itself, but of hospital services and of social and nursing services expected by the community at large, requires the services of some nursing leaders trained in research methodology and able to envisage the expansion of the frontiers of nursing and the best way to make use of the time and personnel available.

What research can the nurses do themselves? This is related to the types of questions which can be raised. Problems arise daily as nursing profession seeks better ways to meet the responsibility to patient and to the community. Most of the earlier studies by nurses have focused on the ‘Nurse’ rather than on ‘Nursing’. Perhaps it is easier to study the ‘Nurse’ than the patient. However, at the present time, there is an emphasis on studying the patient. Much can be done through a critical examination by the nursing staff of many nursing procedures, as well as nursing education programmes and teaching methods. A willingness to be self-critical and research minded should be stimulated at the levels, e.g.,
(i) A student is taught that nursing care should be patient-centred. In actual practice the various hospital routines make her care least patient-centred. Patient’s day begins at 4 a.m. sometimes; the question arises, to what extent do the hospital routines interfere in giving individualized patient care?

(ii) A staff nurse may find that a particular treatment for pressure sore is more effective than the usual methods. The staff nurse must be given encouragement to explore the method further.

(iii) A ward sister faced with the problem of medication errors in her ward may want to study the problem in relation to various aspects. Are the errors in relation to reading the doctor’s orders? Does it have to do with the identification of the patient? Recording? When do they most occur? What are the explanations given? What type of medications are usually involved? By whom are the errors made? The findings may reveal certain facts, which might call for particular emphasis in teaching and practising.

(iv) An administrator may want to explore the reasons for dissatisfaction in nursing care received by patients.

Many similar questions can be raised. What constitutes good nursing in terms of its benefit to patients? How should the functions be distributed among various grades of nurses? What are the effects of various types of nurse-patient interaction? Therefore, what are our responsibilities?

1. To raise questions as they occur in our mind and endeavouring to study them in a simple, systematic way—specially among students; not to say that it was good enough 20 years ago and therefore it is good enough now.
2. Giving full support to any studies that are made—co-operating with research projects carried out by various members.
3. Make use of the available findings.

Lastly an important dimension to be considered by every nurse in our community today is recognizing the major national health and other needs and contributing in some measure to solve them. As we contemplate on the pressing problems, 3 things stand out prominently.

(a) The first one deals with the high percentage of illiterates. In our country of 512 millions, we have at least 360 million illiterates; i.e. those who do not know even to read or write in their own mother-tongue. I am sure, you will all agree that, illiteracy and ill-health go hand in hand. Also, it is very difficult to communicate quickly any message across to our illiterate community.

In dealing with the patients and community, several opportunities are presented to the nurse wherein she can teach or at least provide the necessary motivation to learn. She could help the patients to see the relationship between education and health.

(b) The second problem we have to deal with refers to the communities whose outlook in life are still riddled with fatalistic and religious-cultural attitudes and practices. One particular observation which we are all familiar is the widely prevalent strong feeling, connecting to occurrence of a disease with the visitation from goddesses. The same kind of attitude prevails in other aspects of life, e.g. in maternity practices, in bringing up children; etc. Here again the nurse has a challenge because of the opportunities presented to her by the patient or the community. As an important member of the health team, she should initiate activities and provide the necessary encouragement to accelerate the changes in the attitudes and behaviour towards better standard of living.

(c) A third problem, and the problem of great magnitude at this time refers to the population pressure that is consistently mounting up in our country. No nurse can afford to neglect this particular aspect. In order that each nurse is a useful member of our community it is essential that she contributes in some measure towards solving this vital problem. Some of the activities she can initiate or participate would consist of (i) Motivating people towards limiting of family size by talking to the people concerning the problem—enlightening them regarding its magnitude; talking about ideal family sizes. Emphasizing the relationship between ideal family and standard of living, etc. and (ii) Providing necessary guidance and information regarding family planning methods.

Summary: In this presentation, our attempt has been made to explore into the following dimensions in nursing:

(a) The role of the nurse in meeting the psycho-social needs of the patients by providing and maintaining an effective physical and socio-cultural environment;
(b) The role of the nurse as coordinator of the health team in giving patient care;
(c) The role of the nurse in participating in research activities, and
(d) The role of the nurse giving as much help as possible towards meeting the national health and other developmental plans.

I hope that this Conference will provide some useful steps towards exploring further into these dimensions in nursing as well as discover other newer dimensions.

[Bibliography: The different aspects of the theme discussed at the Conference will be published in the Journal from time to time.

—SNA Secretary.]