

Hospital As A Community Organisation and the Role of Hospital in Rendering Patient Care

By

I. Deshpande

Senior Sister Tutor, College of Nursing, Indore, M.P.

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LET us take the first half of the topic—Hospital as a Community Organisation. What is a community? A community is a body of people living in the same place under the same law, or it means public or joint ownership.

It is evident from the definition that a community means public. Public needs are satisfied by different organisations in the community and the community depends upon several organisations for the fulfilment of the same. The community needs temples and churches, schools and colleges, post and telegraph, markets, transport etc. and it also needs hospitals and several other agencies.

We call hospital as a community organisation because the money spent on hospitals, though one may call it Government money, is public money. Government is of the people, by the people and for the people. Government money is public money since it is received from revenue and taxes paid by the public. Again the hospital personnel are trained at the cost of public money and they receive their salary from the public money. So in a broader sense we call hospital as a community organisation.

Now we come to the second part of our topic i.e. the role of hospital in rendering patient care.

When we talk of patient care, it has a very wide meaning. Patient is given care to cure him. He, as well as his family members and friends are taught about the prevention of the diseases, they are also protected against infectious diseases by immunisations. They are

taught about promotion of health. People have wrong notions and superstitions about diet. Many of the deficiency diseases can be prevented by taking proper diet. While the patients are given therapeutic diets, they are explained about the importance of the same, and thus they are helped in the maintenance and promotion of health.

They are also taught *occupational therapy*. For certain diseases, patients have to stay in the hospital for a long time; they will feel bored if they are not kept busy, and they are taught occupational therapy while in the hospital. This helps them in rehabilitation.

When a patient comes to the hospital at various stages of disease it is the responsibility of the hospital to see that the patient gets the best of care, that he is well protected against getting cross infection, to ensure that his stay in the hospital is not prolonged and that when he is discharged he is able to follow the health teaching given. He takes this message back in the community and thus helps the community as well as the hospital in lowering the incidence of diseases.

The chain of factors essential for the spread of infectious disease are:

1. **Causative Agent:** Virus, ricketsia, bacteria, spirochaetes, protozoa, fungi etc.
2. **Reservoir;** Human beings and animals including insects.
3. **Mode of escape:** Respiratory tract, alimentary tract, genito-urinary tract, skin

lesions and blood.

4. **Mode of transmission from the reservoir to the new host:** There is a vehicle—air, dust, food, water, blood, fingers and insects.
5. **Mode of entry into the new host:** Respiratory tract, mouth, mucous membrane.
6. **Susceptible host.**

Modern trend is to try to break the chain, even if one factor in the chain is absent, then the development of the disease is controlled.

One of the most important aspects of practical nursing is the prevention of the spread of infection to others as well as to self. One question comes to the mind: Who should prevent the spread or who should protect whom? And the answer is, healthy persons require protection. So the nurse needs to protect herself, by regular immunisations and always bearing in mind how to break the chain of six factors which we have just discussed. The vehicle i.e. air, water, food, finger etc. in transmission of the disease to the new host is to be cut off. That is why emphasis is given on scrubbing up of hands after one patient's care is over and before the nurse goes to care for the next patient. Due to our negligence the patients' stay in the hospital is prolonged and it means a drain on the public money and also economic loss for the family. Therefore, nurses must always bear in mind the factors that limit the spread of infection and these are:

- (a) Failure to escape from the reservoir

- (b) Failure to achieve the vehicle or mode of transmission
- (c) Failure to find portal of entry.
- (d) Low virulence or power of invasion or inadequate number.

This is where the Hospital is responsible in the control of spread of infection. When a patient with any infectious disease comes to the hospital it is the responsibility of the hospital to carry out such activities which are necessary to control acute infection. These activities are directed toward the accomplishment of three main objects :

- (a) To reduce or to eliminate the reservoir of infection
- (b) To break the chain between the reservoir and the susceptible host
- (c) To reduce the number of susceptible people in the community and also to minimise the ill-effects of cases that have not been prevented.

The reservoir includes human beings who are ill or who are carriers, animals including insects and human wastes.

Take for example T.B. patients who are admitted to the hospitals; not only because they cannot be treated at home but also that they may not be a source of infection to the family and the community. Thus the reservoir is controlled and at the same time the patient learns how to protect himself as well as others.

Surgical treatment of Tuberculo-

sis is a very valuable contribution of the hospital in the eradication of the reservoir in tuberculosis—by temporary or permanent collapse of the affected area in the lung.

To break the chain between the reservoir and the new host, the treatment of the patients for the control, proper disposal of human wastes, the use of disinfectants and sterilisation are of great value.

To reduce the number of susceptible people in the community, mass X-ray and tuberculin testings, and B.C.G. to the negative reactors, are of great help. Early diagnosis and treatment of the positive reactors helps to minimise the ill effects of cases that have not been prevented.

So far we have seen the role of Hospital in prevention of the disease and promotion of health, now we come to the role of hospital in rendering patient care. It is not only the physical care by carrying out the doctors' orders but a nurse plays a very important role in rendering total care.

A patient comes to the hospital as an individual or a person from the community. He has his own worries and every day problems besides the burden of illness. With the advancement in preventive and social medicine the hospital team is well equipped to understand the patient as a person and in identifying and anticipating his needs.

The nurse gives her time, understanding, tolerance and care. The patient receives care with determination, courage and cheerfulness. The patient and his family or relations at the time of admission are full of

fear,—fear of unknown. He may be afraid to trust the nurses for carrying out routine nursing measures to meet his needs. Fear is a very powerful emotion and it is difficult for the patient to overcome. The nurses attitude towards the patient should be such that indirectly it will be clear to the patient that she understands him, that she knows he is afraid. Therefore, reassurance is an important part of the total nursing care. Having received reassurance the patient regains hope and courage and establishes confidence ; reassurance does not mean telling the patient not to worry but it is shown in genuine interest in the patient's recovery, giving attention to his problems that are important to him.

The nurse contributes to the welfare of the patient, when she not only is able to communicate to him her interest and concern for his welfare, but also—maintains enough objectivity to evaluate his needs and act in a manner that is best suited to meet them.

What does the patient expect from the hospital :

1. To be treated as an individual
2. An explanation of his care
3. To have his behaviour as a sick person accepted, and
4. To be treated with thoughtfulness, kindness and firmness.

These expectations are met in the Hospital while rendering total care to the patient.

(Contd. from page 149)

Keeping this in view the Regional Family Planning Training Centre at Ajmer proposes to organise orientation courses for all the categories of workers engaged in Public Health activities.

Any therapeutic measure will fail unless the patient clearly understands the purpose, the direction for use, and the limitation of the measure. Likewise any procedure that must be utilised frequently and over a long period of time will fail unless the patient is disciplined in

its regular use until it is accepted as a routine part of life. These factors operate in relation to any health measure whether it be nutrition, hygiene, prophylaxis of communicable disease, or family planning. It is only when Family Planning is consistently made an integral part of the total public health approach to family and community health in all their aspects that the best results can be expected.

Further ahead lies a harder pro-

blem i.e. to assure the good life for which the world's people heartily desire. To find better ways to assure that kind of life is the next task. We are part of it, our challenge is to administer and develop present programmes so that these will contribute to the evolution of that better living for the future generation.

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