

THIS I BELIEVE

By

Lillian Bischoff

WOULD that more of the founders could be here to hear and enjoy stories which tell how Nursing has grown—far beyond their fondest dreams. Nursing has developed from ages of infancy and adolescence, when she was totally dependent on others for direction and actions for Nursing practice, to maturity where she thinks and acts more independently in co-ordination with others concerned with health care of the individuals and groups. How proud the founders would be to see the beautiful Nursing residences on hospital and University grounds. They would almost burst with pride to see the quality of education being offered in Nursing Schools. One can almost hear them saying, "This is as it should be. I'm happy to have had a part." Besides those that are no longer here, Nursing is indebted to our present leaders including Miss Adranvala, Miss E. H. Paull, Miss Korah, Miss Doctor, Miss Jacob, Miss Lakshmi Devi, Miss Dorabji, Miss Philip, Mrs. Sharma, Miss Khan, and many others. Nursing owes a debt to others like Miss Buchanan, Miss Mitchell, Miss Taylor, Miss Craig, Miss Pitman, Miss Harner, Miss Johnston and so many other nurses in Mission and International nursing service.

Since Miss Philip left me to choose a topic for this paper I thought that, having been involved in Nursing during the past 45 years, it was fitting to share with you some beliefs that influenced my life and service.

First and foremost, I believe that nurses, health visitors, practical nurses and auxiliary nurse-midwives hold the keys to prevention of health problems and to the maintenance of health and well-being. In this context, I believe that most communicable diseases are subject to eradication in all

parts of the world as many of them have been eradicated in some parts. Nurses and their associates in family and community health contribute to prevention of disease and maintenance of health by:

(1) Participating in disease eradication by direct service and education. Many primitive people are suspicious of immunizing procedures but their confidence and respect for the nurse and health visitor convinces many of them that immunizations protect them against the evils of (some) disease.

(2) Participating in home and community sanitation, fly and mosquito control. Teaching and supporting programmes of sanitation are primary preventive measures in all nursing practice.

(3) Teaching groups and individuals and helping them attain needed food.

Nutrition is so basic to health and well-being and yet so unattainable in areas of crop failure and poverty. Making the most of what one has and can get is almost theme song for workers in home and community settings. I believe that hunger and malnutrition is subject to eradication. Nurses teach (and preach) not only the need for adequate kinds and amounts of foods but also the need for changes in attitude toward eating habits. For example, Ragi is a rich source of calcium and vitamin B. Yet only a small segment of the population will eat it because it is "for the poor". Once I lived in a health school with the aim of studying and influencing eating habits of the students. We had Ragi for breakfast but only a few students would eat it for it was new to them and they much preferred something else. There were times when I forced myself to eat it for it was new to me and frankly, it wasn't very pleasing to the palate. The problem was, how

can one influence people to eat foods that one rejects?

(4) Nursing Intervention—Maternal and infant mortality and morbidity rates are the lowest than they have been since vital statistics reporting was instituted. This is due, in part, to nurses, health visitors and auxiliary nurse-midwives, working in homes, health centres and communities. Who else devotes a life time to help save mothers and babies? I believe they are the first line of defence in the movement toward saving mothers and babies from hazards of pregnancy and birth.

Except for families themselves and close friends, who, but the nurse or health visitor listens to the many trials, tribulations and joys told during home service? Listening is a first step in formulating a nursing diagnosis. Assessing patient's needs and arriving at a nursing diagnosis precedes each nursing intervention and is essential to meeting the needs. Influences of these health workers have not been fully documented. When this is done, greater acknowledgement will be made for their accomplishments toward prevention and eradication of health hazards and toward maintaining health and well-being.

Secondly, I believe that qualified nurses can meet most health needs of chronically ill patients where a physician is available for consultation, reference and medical intervention, if needed. Some data are available to justify this belief but more data are needed. When theory relative to this belief is established and utilised, medical time will be released for better utilisation of medical facilities.

Thirdly, I believe that nursing acutely ill patients saves many lives and contributes to comfort and recovery of most patients. The

nurse stays with and watches over each acutely ill patient until he, or some one else, is able to cope with his daily living needs. Can you think of all the many things that could happen when "watchful care" is not available during critical periods?

Administration of medication is a great nursing responsibility. While a right medication may mean life, a wrong one may mean death. Also, early detection of untoward reactions to drugs may mean the difference between life and death. There are other nursing contributions in this area such as observation, detection and epidemiology that could be discussed at length, but space does not permit.

My fourth belief is that nurses can function effectively when they are adequately prepared to do so. Adequate preparation means that the nurse has abilities : to assess nursing needs ; to intervene in physical, psychological and social malfunctions ; to measure and

document results and work through-out in co-operation with physicians, social workers, technicians, families and others concerned for the kind of patient care which was discussed by Smt. Sosamma Mathai in the June 1968 issue of the *Nursing Journal of India*.

My fifth belief concerns the next 60 years. I believe that nursing is at a cross road. There is great romance in retrospect and even greater in prospect. The critical need in Nursing today is for a scientific base for the practice of nursing. Beliefs that are expressed in the foregoing paragraphs are suspended in mid air, for they have not been adequately researched and tested. They do not have the scientific base which is essential to the formulations of theories in Nursing. Space here does not permit discussion of this most important of all concerns in nursing but I hope you will find and study the report of a Symposium on Theory Development in Nursing which was held on

October 7, 1967 at Frances Payne Bolton School of Nursing at Case Western Reserve University. The report is published in *Nursing Research*, May-June 1968. One reads in the editorial that "Research alone will not produce theory. Research can be a testing ground for theory but professional practice must be the source of theory inventions and its practical testing. What Dikhoft and James call "practical wisdom" is based on the systematic collection of empirical data and its thoughtful analysis." Ellis, a participant in the symposium states: "Clinical practice must be the touchstone for determining what theories are significant and what knowledge nurses must, and should, spend time pursuing".

This, then, I believe, is the challenge in nursing for the next 60 years.

My heartfelt congratulations to you on this your Diamond Jubilee year. May you have continuing success and happiness in the years ahead. Seven of my happiest years in Nursing were with you in India.

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