

# Nursing As I Understand

By

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**N**URSING today is not as it was in the past, nor will it be the same in future. But what it is today, must be rightly understood so that one can discharge one's obligations and responsibilities well.

The Nursing of the past laid stress on the ethical aspects of the development and practice. The intellectual awakening which centres round 'what', 'why', and 'how' of things was lost sight of. The result is that we now have enough 'rule of thumb', procedure centred nurses rather than one who would think of the patient as a whole person. It is no wonder then, that one should face criticism from medical officers of good standing and high officials in the Government.

Nursing leaders have been very much aware of the problem. The expansion of collegiate programme in India in recent years as also the revision of the syllabi by the Indian Nursing Council are but a few steps directed toward producing the kind of nurses the country needs today. What is needed most is to reorient and reframe the outlook of the entire community of nurses to nursing so that they may know where they are needed most. To know what is nursing should be the first step in realising the above aim.

Some of the accepted definitions of nursing are as under :

1. Florence Nightingale in her 'Notes on Nursing' says, 'what it is and what it is not—that what nursing has to do is to put the patient in the best condition for nature to act upon him'.

2. E.J. Taylor defined nursing as, 'adapting prescribed therapy and preventive treatment to the specific physical and psychic needs of the individual'.

3. In 1937, the American Nurses Association defined nursing as, "A blend of intellectual attainment, attitude and mental skills based upon the principles of scientific medicine acquired by

means of a prescribed course in a school of nursing affiliated with a hospital recognised by the State and practised in connection with curative and preventive medicine by an individual licensed to do by the State" <sup>5</sup>.

4. Immediately after the World War II, Brown's report was published which included the definition, 'the professional nurse will be one who recognises and understands the fundamental needs of a person, sick or well and who knows how these needs can best be met. She will possess a body of scientific nursing knowledge which is based upon and keep pace with general scientific advancement and she will be able to apply this knowledge in meeting the nursing needs of a person and the community. She must possess that kind of discriminative judgement which will enable her to recognise those activities which fall within the area of professional nursing and those activities which have been identified with the fields of other professional or non-professional groups' <sup>6</sup>.

5. Louis St. defines nursing as 'that service to the individual that helps him to attain or maintain a healthy state of mind, or where a return of health is not possible the relief of pain and discomfort.'

6. Heidgerken states that, 'nursing in its broadest sense may be defined as an art and a science which involves the whole patient—body, mind spirit ; promotes his spiritual, mental and physical health by teaching and example, stresses health education and health preservation as well as ministration to the sick ; involves the care of the patient's total environment—social and spiritual as well as physical, and gives health service to the family and the community as well as to the individual' <sup>12</sup>.

7. I.C.N. has defined 'nursing is conservation of vital economy, the safeguarding and building up

of the life forces in the individual and race. This includes the nature of both mental and physical energies and the building up of the resistance and vigour in healthy and growing individuals as well as those who are ill or ailing' <sup>9</sup>.

8. Very recently Miss Henderson in her article 'The Nature of Nursing' gave a touching description of what nursing is. She says, "The unique function of the nurse is to assist the individual, sick or well in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge." <sup>7</sup>

The various definitions quoted above emphasise that nursing is a comprehensive term which includes physical, mental and social well being of a person. Today the routine centred nursing has remained far removed from real nursing which is causing concern and alarm.

As a consequence a new trend has emerged in recent years as to what the nurse should do. Nursing functions were therefore stated as 'independent' and 'dependent'. Independent functions are those which require no prior medical order for their validity and dependent functions are the ones which do require such order. There may be chances for dis-agreement about those dependent and independent functions, not only between members of the medical and nursing team but also amongst the nurses too. But there can hardly be any disagreement about basic principles of nursing from which originate basic elements of nursing practice. For example, nurses in certain hospital cannot even give 'Hot water bottles' without seeking medical orders while no one would deny that the nurse should maintain an intake and output record of a person suffering from Nephritis.

The basic principles have been

borrowed from the biological, medical and social sciences which can be broadly grouped into three distinctive categories ; viz. (1) maintaining the individuality of the individual, (2) maintaining the physiological principle involved in health and disease and (3) protecting the individual from external cause of injury.

The basic elements of practice are the heritage of nursing itself. They can be viewed from the basic needs of the one who stands in need of help in order to meet those needs. These elements of help may be either direct, indirect or both which include (1) meeting the hygienic needs, (2) meeting the nutritional needs, (3) giving medications (4) administering treatments, (5) providing comfort measures (6) providing a sense of trust, (7) making communication with the physicians and other members of the health team, (8) interdepartmental communication (9) seeking community resources (10) evaluating programme and service (11) keeping record and stimulating research work.

This, therefore, logically leads to the justification that comprehensive nursing should satisfy the above stated needs. In order that these needs are met successfully and competently a nurse should develop (1) mastery of human relations, (2) ability to observe and report signs and symptoms and deviations from normal behaviour, (3) ability to interpret signs and symptoms and diagnose nursing problems and plan the total care to attain a goal that is realistic to the individual and (5) ability to minister treatments accurately and faithfully. These abilities are extended to the individual, family and the community toward which the nursing service is directed.

The question then one confronts is that if nursing is such an important aspect of the health programme, why has it not been raised to the level to which it ought to be ? The answer is not a simple one. But one thing is clear that there has been a felt need pertaining to heal that all times in the history of mankind. This felt need has been centred around nursing and medicine. Unfortunately nursing which was responsible for bringing up the first

magic man, priest physician and then to the medical man has been given such a subdued place that everybody is inclined to think in terms of the physician. The result is that nurses escape from real nursing functions. When they do so, nursing fails to find recognition. The vicious circle thus continues.

What is needed today is the breaking of this vicious circle through education and practice of good nursing. These two are so interrelated to each other that one without the other is incomplete. Like other systems of professional education, hospital is the field where the two meet. The nurse therefore should have (i) a liberal education to widen the general outlook, (ii) scientific knowledge in order to understand disease (iii) knowledge of psychology to understand the group from which the person comes. Such a knowledge should be dynamic and not inert and unutilised so that the abilities described earlier can be effectively developed.

Hospital is the first field of practice where the abilities develop and find their real expression. In our institutions dependent functions like administering medications, carrying out treatments, meeting the hygienic needs, and communicating with the medical officers have been accepted as the only nursing functions. The independent functions like meeting the nutritional needs, providing comfort measures and a sense of trust, communicating, rehabilitating, seeking community resources and making evaluations etc. have not yet been fully realised. This gap has to be filled by nursing and nurses alone.

It, therefore, means that nursing objective is not something separate but it parallels and depends upon the medical objective which may be anything, sustaining, palliative or maintaining. The medical objective may be any but one. Nursing operations may be many and complex as defined below.

"Care is not related to 'cure' but pathos. When one gives care feeling is experienced and extended. Care is expressed in tending to another, assisting, refuge, hope and faith. When care is added to nursing it becomes more extensive—

care of the sick, diseased, disoriented, disturbed, infant, injured, invalid, infirm, handicapped, helpless, young, child, old, unwanted, weak and weary to death"<sup>10</sup>.

These complex nursing operations require knowledge and understanding to pick up the needs—primary and secondary, of finding out nursing problems and taking judgements.

Nursing, therefore, not only includes the performance of skills and techniques but care of the people with a responsibility to understand them, their motivation and behaviour. This interaction is the index of nursing. It is through the interaction, ministration, teaching, and supervision that a feeling of trust, safety, confidence and self-reliance can be built. But this is only a part nursing involving both dependent and independent functions of nursing. Outside the four walls of the hospital, nursing has a greater part to play in the total health programme.

What about prenatal, natal and postnatal care ? The adequate prenatal care would ensure the wellbeing of the mother and lay the foundation for the health of the child. The normal care during the puerperium which is directed towards favouring the normal involution of the reproductive organs; preventing infections of the breast, urinary and genital tracts, promoting rapid healing of the episiotomy or laceration ; establishing normal lactation and providing emotional and psychological satisfaction, are all part and parcel of nursing.

Again in the care of the child, toddler, pre-school, adolescent, attention should be centred on providing adequate nutrition ; emphasis should be on safe and secure home and school and preventive inoculations to make it possible for the child to grow into a balanced personality. All these are nursing functions.

The aged face many problems of adjustment. They exhibit mental fatigue, inability to concentrate, loss of memory, deterioration of judgement, and mental confusion. In the earlier days, old people enjoyed prestige and wide support, respect and they exercised the

authority which their age and supposed wisdom deserved. The reverse is true today and there arises a greater need of nursing than was ever before.

The greatest potentials for nursing lie in the care of chronic patients. Describing her experiences Miss Francis Reiter says, 'In the long term setting, the patient's primary needs are for nursing care, for rehabilitative, sustaining, nurturing measures that are recognised quite universally as independent nursing functions'.

Dr. Saunders in "The Last Stages of Life" mentions that the patients are admitted to St. Joseph Hospice, when the time for active treatment is over. The decision that they take is to give comfort and care, watch individual come to terms with ones illness in one's own way and come to life's ending. Almost invariably it is a quiet ending that leaves behind a sense of real fulfilment. In her own words, "The care of the dying demands that all that we can do is to enable patients to live until they die. It includes the care of the family, the mind, and the spirit as well as the care of the body"<sup>13</sup>. The result is that the patient meets a peaceful death.

With this background I understand that whether it is hospital or home, the aim of nursing is to help the individual, to meet his own needs and gain independence as rapidly as possible (or meet peaceful death). This aspect of her\* work, this part of her function, she initiates and controls and she is the master of it. In addition she helps the patient to carry out the therapeutic plan as initiated by the physician. She also, as a member of the health team, helps other members, as they in turn help her to plan and carry out the total programme for the improvement of health or recovery or support in death. "The sooner the person can care for himself, find health information or even carry out prescribed treatments, the better off he is"<sup>14</sup>.

If nursing in our country is to

\*she/her are interchangeable for he/his.

reach its accepted goal, to attain its state of perfection, to be honoured as a profession, it will have to free itself from the bondage that arrested understanding, paralysed thought and blocked perceptions to patient's needs and inaction. To this end in view it has to find a central place in the triangle, the three sides of which are Heart, Hand and Head. This guiding philosophy should then help every one to remember the seven steps while administering nursing care to an individual<sup>11</sup>.

1. What has happened to this person ?
2. What has the doctor done to set the stage of operation for me ?
3. What the long term development I might expect on this condition ?
4. What should be my plans, health teaching and work with the patient in the light of facts 1 to 3 ?
5. Who is this person and what is the family relationship ?
6. What other salient factors such as the patient's economic situation, job or housing will influence nursing action ?

7. In what respects is this person's problem illustrative of large community and national health problem ?

In conclusion, good nursing as often thought is not what a nurse does for an individual or for a family, but it is the value received by each. It implies the intelligent application of principles, the practice of good techniques, the use of opportunities to teach health to individuals and a fine regard for mental and emotional as well as physical needs of the patients. To be more comprehensive nursing is that service :

- which develops as a result of goal directed relationship between the individual and the nurse.
- the goal directed relationship aims at the human conservation and long term promotion of health.
- which is individualised and directed to meet one's own specific health needs—physical, emotional, mental, social or spiritual.

It may vary from marked dependence to that in which one assumes self-direction on one's own health.

—which serves as an educative force and is aimed to promote personality development in the direction of creative, constructive and productive personal and community living.

—which requires a continuous and conscious integration of those principles of social and natural sciences which underlie its practice.

—which calls for co-operative undertaking with other members in the health team to ensure the full realisation of above goals.

This is nursing as I understand. One of our nursing leader summed up the total concept of nursing by saying that 'nursing is any service which makes individual feel well'. If these concepts are well realised in our day-to-day practice, nurses would be well proud of their rich heritage.

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