



A SUMMARY

Panel Discussion on Medical Nursing Services—Home Care and Hospital Care

[The discussion was held at the XIXth Tuberculosis and Chest Diseases Workers' Conference, Delhi, April, 1964. The Panel included : Miss T. K. Adranvala (Moderator), Mrs. Anne Pe, Miss M. Jayalakshmi, Mrs. M. Paul, Mrs. A. Mamman, Mrs. C. George, Smt. S. Pais and Miss S. Thomas (Members)].

THE discussion covered five broad areas, namely, the role of Nursing, motivating patients to co-operate in their treatment and bringing in contacts, interpersonal relationships, recruitment and maintenance of adequate staff, and training. A summary of the conclusions reached is given below :

In no area is the unique role of the nurse in encouraging and supporting the patient to co-operate in his treatment more essential than in the programme for control of tuberculosis. In the field of domiciliary treatment the various functions of the nursing team are directed mainly towards ensuring that the patient takes the drugs as advised and reports to the clinic regularly. The Public Health Nurse is responsible for planning the visits, supervising the tuberculosis health visitors and ancillary staff and also for interviewing patients and visiting them herself whenever need arises. It is also her responsibility to ensure that all the members of the nursing team understand their functions clearly and to give them the help and guidance needed to improve their competence. In the hospital, the nursing staff have a particular responsibility to help the patient to form good health habits and to that end pay special attention to cleanliness, disposal of sputum, care of soiled linen, sterilising of utensils, regular administration of drugs and service of food. The discussion focussed attention on the disquieting fact that the shortage of staff makes it difficult for the nurse to administer the drugs herself or to supervise adequately

consumption by the patients. In the case of patients who undergo surgery the nurses, in addition to routine pre and post-operative care, give attention to breathing exercises and posture of the patient.

In view of the general shortage of staff in tuberculosis institutions, the Matron has the difficult task of ensuring that the available nurses and auxiliary nursing staff are used to the best advantage. It is also her responsibility to ensure a proper follow-up for discharged patients. The Panel felt that to be able to do so, she should have in her office information on agencies to which the patient could be referred.

The integration of the tuberculosis programme in the general health services will bring in the collaboration of the District Public Health Nurses and the Nurses and Auxiliary Nurse-Midwives in Primary Health Centres, in referral of suspected cases, distribution of drugs and follow-up of patients. It will be the function of the Treatment Organiser to ensure that the Primary Health Centre or Sub-Centre concerned is informed about patients in their area and that the patient knows from whom he would get drugs and any other help he needs.

After the doctor has had an initial talk with the patient to tell him that he has tuberculosis and can get well with treatment, the Tuberculosis Health Visitor explains the regimen to him in detail making sure that he has understood the importance of taking the drugs regularly as prescribed. Education of the patients family is also necessary so that they may give the necessary support to the patient to

carry on with the treatment after the symptoms have subsided. A friendly atmosphere in the clinic, an appointment system to avoid a long wait and efficient treatment are the best means of bringing in contacts. Miss Jayalakshmi said that efforts made by the Madras Centre to adjust timing to make it convenient for contacts to come to the clinic and also attention to minor ailments, resulted in a higher percentage of contacts being examined.

The institution of mass campaigns has given added importance to team work for which good interpersonal relationships are essential. Members of the panel stressed the importance of defining the role of each worker and of awareness on the part of each member of the team of the professional preparation of the different categories, so that on the one hand not more is expected of a person than he has the capacity to do, and, on the other hand, those with special knowledge, competence and experience are given a chance to make their full contribution to the total programme. The team members should also have a knowledge of how they would identify the leaders in the community of the channels of communication in the community.

Recruitment of the required number of staff and keeping them in service is a problem with most tuberculosis institutions. Sometimes this is due to the general shortage of nurses in a State. Fear of contracting Tuberculosis still underlies much of the reluctance to work in this field. One of the participants

felt that the fact that not much value was attached by employing authorities to experience in a tuberculosis institution was another reason as also the lack of opportunities for advancement in Tuberculosis Nursing. The tuberculosis health visitor particularly has no prospects for promotion or further professional education.

While anything that savours of a "risk allowance" is not recommended, it is essential that the nurses' residence should be attractively furnished, there should be a good mess and adequate recreational facilities, particularly in the tuberculosis sanatoria which are located at a distance from the town. In such cases facilities for use of hospital transport are also desirable. In all cases, the Nurses' interest in tuberculosis nursing will be stimulated if they are involved in the overall plan for the patients' treatment through case conferences and participation in research studies. There should also be a well-planned programme of in-service education for all categories of staff; nurses should be encouraged to use the library and contribute to Nursing Journals. A good doctor-nurse relationship is

another very important factor in maintaining a good nursing staff.

Now that consideration is being given to the employment of nursing auxiliaries in tuberculosis institutions, the question of filling some of the posts by tuberculosis health visitors may be considered.

The long term solution of staffing tuberculosis programme lies, however, in training: training in the basic course to enlist the interest and sympathies of the nursing student and specialisation for the qualified nurse, so that the intelligent and ambitious nurse finds it a field in which her abilities can be exercised fully.

The programme for the nursing students should avoid repetition of basic nursing technique with which she will be familiar, such as isolation, disinfection, administration of drugs, though she should learn how to apply these in a new situation. The emphasis should be on development of knowledge, skills and attitudes which are specific to the care of tuberculosis patients, such as:

Trends in treatment of the disease including experience in a tuberculosis clinic and domiciliary programme.

Pre and post-operative breathing exercises.

Diet.

Occupational and diversional therapy.

Rehabilitation.

Special problems of long-term patients.

Health teaching.

Tuberculin testing, vaccination technique.

Technique of getting a patient to cough, staining and examination of a slide for tuberculosis bacilli.

For the Public Health Nurse, opportunities are likely to develop for specialisation along with the development of tuberculosis clinics, but for nurses working in tuberculosis institutions a question was raised about the desirability of a post-certificate course on the lines of courses in other clinical specialties. It was considered that, in view of the trend towards domiciliary treatment, a course in Nursing of Chest Diseases might be more suitable. To attract students to such a course, there would have to be opportunities for them to hold senior positions or get a special qualification allowance.

(With acknowledgement to the T.B. Association of India)

ATTENTION

Members of the TNAI Public Health Section

"Newsletter" of the Public Health Section will be published once in six months commencing from this year. This is our first attempt and in order to make this successful may I request the Public Health Nurses of various States, working in different branches to send to me items of any general news related to Public Health Nursing and of interest to PH Nurses for inclusion in the 'NEWSLETTER'

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