

Changing Concepts and Patterns in Nursing

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THIS article is a development on the work done by a committee of nurses in Gwalior, MP, appointed primarily with the aim of preparing exhibits for the TNAI conference held in October, 1966, at Bhopal. At the beginning sessions of the committee, while trying to decide upon a subject for the exhibits, interestingly enough there was a general feeling amongst the members that the present day nursing was different from nursing even two decades ago and that an average nurse, as a matter of fact, even many of the senior nurses in teaching and administrative positions were lagging behind the fast changing concepts and patterns in nursing and that what we needed more than anything else today was to re-orient the outlook of nurses to the changing trends in nursing profession. With this conviction the committee decided to prepare materials to exhibit some of the felt changes in the nursing patterns of this country since Independence. However, due to certain reasons the work was not completed in time for the Conference. This work, therefore, was developed into an article for publicity on the assumption that it might serve as an incentive to the readers to be more sensitive to changes taking place in our society and their influence on our patients and on their expectations of our service.

Nursing profession like any other, derives its shape and direction from the society it serves since nursing service is one of the recognised social services essential for human welfare. In a welfare country like ours, there is a greater awareness today among the people about their 'rights' resulting from a general improvement in the level of education as well as advances made in the fields of science and technology. Health being linked up with the economic

and social tasks of the country, people expect health services to reach every citizen. Beyond the care of sick in the institution or at home, our enlightened society now expects the nurse to reach out and teach the well how to stay well and to be able to mobilise the preventive and rehabilitative resources to the maximum benefit of the people. In order to meet these new demands, changing patterns of nursing service and of preparation for service have developed.

'Change is both continuing and inevitable process of growth; nothing remains static, neither in nature nor in the works of mankind.' To quote Madam Chiang Kai Shek: "we live in the present, we dream of the future, but we learn eternal truths from the past". There is no change, no matter how sudden it may appear to be, which does not have its roots in the past and what we do today lays foundation for tomorrow's work. It seems appropriate here, to consider some of the present day trends in the light of nursing in the past.

Looking at the history of nursing in general, it is evident from the professional literature of 19th century that nursing was recognised chiefly in terms of personal qualities of the nurse. To quote Florence Nightingale "No man, not even a doctor ever gives any other definition of what a nurse should be than this: 'devoted and obedient'". Nursing in the past was considered as a functional type of care consisting of a series of routines and techniques and the scope of nursing was mostly limited to the care of sick in the hospital.

To the present society, personal qualities of the nurse alone are no more any criteria for good nursing. With the development of

a more comprehensive health service resulting from the expansion of knowledge in the recent years, the need for preparing nurses for an integrated pattern of service became an increasingly felt need. One of the several other marked changes in the nursing of the sick over the past two decades has been the growing understanding by the profession of total needs of the patient and it is gradually being accepted that only by complete co-ordination and co-operation of hospital and home services can the patient receive the full care available. The nurse in the hospital today is interested in 'health' and her duties are not only limited to comprehensive care of the sick, but also, through the sick individual, she seeks to extend health services to his family and community. In order to render the type of service described above, the nurse should have the ability to meet the patient's mental and emotional needs and an awareness of the social nature of man which will enable her to see the patient as a person belonging to a family and as a member of the community. For applying the psychological and social elements of illness in the care of sick, the nurse should have the requisite knowledge about community and ability to study man in relation to his environment particularly with reference to the influence of that environment upon health. Do our hospital routines and practices really prepare patients for a return to health in their homes? Do we prepare the patient's families to lead a life healthier than before?

With the expansion of public health services the modern nurse is called upon by the society to function as a basic health worker participating in all aspects of community health services. This demands from the nurse the know-

ledge and ability to partake in the promotive, preventive and curative aspects of health programmes whether in the hospital or in the community. Toward fulfilment of this need, the basic nursing curricula put out by the Indian Nursing Council seek to develop all nurses graduating from hospital schools and university programmes to become good citizens as well as competent nurse practitioners for the 'First Level' position in nursing in both the hospital and the community. The present day tendency therefore, is to decentralise nursing from cities to interior district hospitals as well as rural and urban health centres which in turn, is resulting in a constant flow of newly qualified nursing personnel into the field of community nursing. The change thus brought about in the pattern of distribution of nurses suggests the great need for defining and creating higher levels of nursing positions, as it has already been done in hospital nursing, and describing the functions within each of the defined levels as well as establishing patterns of administration and supervision for putting the personnel in this area into effective and economic use.

Formerly, in most cases, the health team whether in the hospital or outside hospital consisted of doctors and nurses and the concept of nursing was considered as ancillary to medicine. The nursing body was composed of a rather homogeneous group of practitioners with comparable educational background and more or less common responsibilities for patient care.

In modern health services, the emphasis is more on team relationship and unlike the past, nurses today belong to a wider team comprised of doctors and other members of the hospital as well as community health teams, having different levels of preparation and special complementary skills. Nursing assistants, particularly the auxiliary nurse-midwives have been brought in great numbers into the field of nursing by posting them to hundreds of primary health centres and sub-centres, hospitals and various tahsil and dis-

trict dispensaries which are modernised under five year plan programmes. The present day designs in nursing service must incorporate the activities of these new groups. In view of this development the graduate nurses of today are required to give direct patient care as well as plan for, and direct the work of the auxiliary nursing personnel and support them in adjusting and adapting to changes. From this it is evident that the responsibilities of the nurse have changed considerably during the past few decades from a manually skilled worker to a leader of the nursing team, a health counsellor and a teacher as well as a worker in the health team. In order to meet these responsibilities every basic nurse needs to recognise the interdependence of nursing and allied professions and occupations for promotion and restoration of health. She needs to be equipped with the required skill and experience in utilisation of workers with varying levels of preparation and experience, and ability to collaborate her work with that of other workers in the team. She needs to know the art of interpersonal relationship and develop skills in all aspects of communication as well as team work. The modern nurse is required to have the knowledge of the health programmes and nursing services of the country and the relative role of the auxiliary nurse-midwife in them.

Nursing, now like other disciplines, is developing greater specialisation as new skills are required to meet the nursing demands of modern society. The trend towards more and more specialisation gives nurses the opportunity to develop their knowledge and ability within a field small and narrow enough to make it feasible to become experts.

Change in the role of a nurse has brought about a corresponding change in the pattern of nursing education. Since nursing in the past was limited to care of sick in the hospital, the work and education of students were entirely governed by the service needs of the hospital rather than by a definite educational plan. In order to meet

service demands, the curriculum was organised around medical diagnosis and diseases of the body systems. Nursing education was conducted under apprenticeship system in which learning was undirected and incidental. In most cases, teaching centred round unrelated nursing procedures and very little correlation between theory and practice was maintained. Learning took place chiefly by repetition, and professional attitudes of compassion and confidence were learnt by students from senior nurses.

It is now being gradually realised that nursing education differs in no way from other branches of professional education. Nursing like any other profession is practical as well as theoretical and practical competence is achieved by applying what has been learnt into real life situations. For the practice of nursing today as described in the preceding paragraphs, the nurse requires a good understanding of scientific principles and ability to apply them in nursing situations. In keeping with this concept, there has been in the current basic nursing curriculum, an expansion of course content and grouping together of subject headings and experience into fewer courses of correlated theory and practice to include more basic science subjects, M.C.H., community nursing etc. Subjects and clinical experience related to each of them are planned together and organised in such a sequence as they complement each other and promote desired learning in students. The courses are organised more around nursing problems and needs, giving emphasis on principles which the student must learn to apply in different nursing situations. The curriculum provides for experience in all major clinical areas of nursing in hospital and community, with emphasis placed on the principle that theory and practice need to complement each other.

Formerly, nursing training was confined to hospital resources but now field outside nursing and community resources are brought into nursing education. The

leadership of nurse education programmes is gradually being brought to the hands of qualified and experienced nurse educators. In the past, thinking on the part of students was not unduly encouraged since it may lead to questioning the beliefs and methods of seniors. It is now being realised that education seeks to influence human behaviour and therefore should have the aim of encouraging logical and constructive thinking directed to purposive action. A better awareness of the principles of teaching and learning on the part of teachers has given rise to more student centred teaching involving a variety of teaching methods to help motivate students for learn-

ing. The advantage of a separate budget for the up-keep of the school as well as the need for hospital administration to allow nursing schools to assume true responsibility of education is gradually being stressed. Even more than the past, it is now considered that physical requirements of a school such as administrative and clinical facilities as well as class rooms, demonstration areas and libraries, all of which have a vital bearing on the quality of education.

The expansion of university programmes in India and the revision of the syllabus by the Indian Nursing Council are attempts directed towards producing the kind of nur-

ses the country needs today. In order to bring about significant improvements in the fields of nursing practice and education, the professional body must strive constantly to develop better curricula and to modernise the systems of post-basic education in this country.

References

- The Canadian Nurse—Sept. 1962
Dec. 1962
Oct. 1963
- Nursing Outlook —Oct. 1963
—Jan. 1964
- International Nursing
Review, I.C.N. —April 1964
—Aug. 1966
—Dec. 1966
- Guide for Schools
of Nursing in India,
W.H.O. 1965

ICN Executive Director Designate Appointed

MISS Shiella Quinn, Deputy Director, International Council of Nurses, has been appointed Executive Director Designate following the resignation of Miss Helen Nussbaum, and will assume the title of Executive Director on January 1st. In making this announcement to the Council of National Representatives, Miss Alice Girard, ICN President, spoke of Miss Quinn's loyal service to the International Council of Nurses, particularly during the last months, in the absence of Miss Nussbaum.

Miss Quinn joined the executive staff of the ICN in 1961, when she was appointed Director of the newly-created Division of Social and Economic Welfare, from which time she has travelled widely for

the ICN, visiting numerous national nurses associations in each of the five continents, advising on social and economic welfare of nurses and many other problems concerned with their representation and negotiations. It was in August last year that she became Deputy Executive Director on the retirement of Miss Gwen Buttery, when the ICN moved to Geneva.

A state registered nurse and state certified midwife of the United Kingdom, Miss Quinn took her post-basic studies at the Royal College of Nursing, London, in both ward administration and later for the nurse tutor diploma, University of London. In 1951, she joined the staff of the Prince of Wales Hospital, London, being ap-

pointed first night superintendent, then administrative sister, and later principal sister tutor. It was during this time that she read economics with a special reference to sociology at the University of London, graduating in 1959 with a B.Sc. (Honours) degree in economics. From these studies, her interest in the social and economic welfare of nurses developed, leading two years later to her appointment with the International Council of Nurses.

Miss Quinn is well known to nurses throughout the world. She will bring to her new position extensive knowledge and first hand experience of national nurses associations, and will have the good wishes of us all at this challenging time.

