



Comprehensive Nursing Care as practised in Rural Health Centre Today in Bagayam

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TODAY, with the recent advancement of sciences, there is an increasing recognition of the need for the change of curricula in the Schools of Medicine and Nursing, to gear medical and nursing education to giving better patient care by meeting the total needs of the patient. Social, economic and cultural conditions of our country have a great impact upon the health of our people.

I would like to present the picture of the Rural Health Centre at Bagayam and the comprehensive care given there. One has to be introduced to the agency fully before we discuss the application of comprehensive nursing care as it is applied in this set-up.

The Rural Health Centre of the Department of Preventive and Social Medicine is attached to the Christian Medical College, Vellore. It is located in a place called Bagayam, four miles away from Vellore Town. Although, it is a private agency, its objective is to serve as a Primary Health Centre giving service to the thirty-five thousand population in Kaniyambadi Valley. It has four sub-centres within a radius of five miles. An Out-patient Section and a twelve-bed ward are maintained at the main Centre. Both preventive and curative services are being carried out. Out-patient clinics are held daily till forenoon and emergency services are provided thereafter. It is important to bear in mind that this Centre is designed to give the best care possible with limited staff facilities.

The three sub-centres at Kaniyambadi, Pennathur and Munjurpet are run in co-operation

with the Kaniyambadi Panchayat Union and All-India Women's Conference (Voluntary group). Full-time midwives and *Gramsevikas* for these three sub-centres are assigned by the respective agencies. In the sub-centres, combined maternal and child health clinics are held regularly once a week. Simultaneously, leprosy clinics are held near the centres as leprosy is one of the common problems in the villages. *Gramsevikas* conduct *Balvadis* (Nursery classes) and craft classes for women on all working days. In the afternoons, according to schedules, they visit the hamlets and nearby villages and try to help the village women with sewing and embroidery work.

The midwife is responsible for conducting all normal deliveries and to follow-up antenatal, post-natal mothers and new-born babies within a radius of two miles of their assigned sub-centre area.

Let us consider the staffing pattern of the Rural Health Centre and later see to what extent the comprehensive care has been covered. There are two medical officers attached to the Rural Health Centre, one of them being lady medical officer; one social worker, laboratory technician, pharmacist, clerk, nursing supervisor, seven nurses and five non-professional staff. In addition Internes are assigned every three months to work in the Rural Health Centre to gain experience in rural, medical and public health work. This Centre gives not only service but also field training in rural work to medical students, nursing students and to various other health workers. Thus

many persons comprise the team of the agency. Every member of the team has a specific assignment to carry on. If a member of the team is absent, work is not left uncovered, but is carried out by the rest of the team. To perform such a task requires good co-operation and co-ordination between team members.

To give comprehensive nursing care is the aim in modern nursing today. This type of service needs to be integrated in hospitals as well as in community nursing because no longer is public health nursing considered a special entity. Public health nursing is being integrated in the basic nursing course. Every nurse trained to-day is prepared to work in both the hospital and home. This fact is being recognised more and more in our country as well as in other countries. This means that nurses give total nursing care to the patients while in the hospital as well as when the patient goes back to his home. Thus the care given at the hospital to the patient has to be followed by the nurse in the community in order to maintain continuity of patient care. Nurses working in the hospital and in the field need to join hands in rendering the care to the patient. Their services cannot be isolated and ought to be knit closely in order to fulfil the principles involved in intensive comprehensive nursing care.

This brings us back to the work and activities of the Rural Health Centre.

Regular Health Education classes are conducted at the out-patient department every morning

on various subjects such as good nutrition, environmental sanitation, personal hygiene, cause, spread, care and prevention of communicable diseases like tuberculosis, leprosy, typhoid, scabies etc.

This provides an opportunity for the patient and the family members to learn about the principles of healthful living and how to practise them. Though not easy to accept the instructions given by the health-workers, interest is being created in them by constant indoctrination in health matters. This is clearly seen when we later observe them install smokeless *chulas* and latrines in their homes. Necessary guidance and help for individuals and families is given when such assistance or need becomes felt.

Nurses follow-up on ante-natal, post-partum mothers, newborn infants, and pre-school children who attend the maternal and child health clinics. They also follow-up the leprosy patients who attend the leprosy clinics. Patients with any complaints such as tuberculosis, scabies, nephritis, fever, etc., are also followed-up by nurses. Doctors from the Centre give referrals to the nurses in charge of the sub-centres for a limited number of injections and dressings.

The types of service available are classified as health guidance, health promotion, and morbidity visits. A nurse plans her visit to these patients and her teaching is based on the immediate needs of the patient and family, also, upon previous teachings; the socio-economic factor is taken into account while planning the teaching and giving care. A limited number of minor illnesses, other than maternal and child health problems, may be treated at the sub-centres by the nurses according to standing orders issued by the Medical Officer. Therefore, after giving first aid to the authorised cases for two or three days, if there is no improvement, she refers them to the main centre. This calls for the careful discretion of the nurses at the sub-centres. If she has any doubt, or needs clarification on referrals from Rural Health Centre or any other case from maternal and child health clinics, she consults the Medical

Officer regarding their treatment and makes necessary arrangements for further treatment, and if necessary, for hospitalisation at Rural Health Centre. Thus, continuity of care is maintained between the home and the health centre.

The ward attached to the Rural Health Centre aims at treating the patients, both adults and children, and to teach, especially the relatives to carry out most of the bedside care. Every patient in the ward is requested to have a relative as an attendant. This is one of the requirements for admission because we feel that the care given, and health instruction by means of demonstrations, and using various audio-visual aids such as flash cards, flannelgraphs, filmstrips etc. will help the family members to learn and to improve health practises when they return home. Certain facilities are provided for them in the ward for their use. Each patient is provided with a kitchen with smokeless *chula*, so that they may cook their food. Bath rooms and water-seal latrines are installed.

When a patient comes to the ward, routine investigations are done and the necessary treatment is carried out. However, this will not be the only concern of the nurse assigned to the ward. Her concern will be to pay attention to other factors too, like patient's environment, personal hygiene, diet and to carry out necessary demonstrations at the same time since these have a great bearing upon patient's illness. For example, if the patient is admitted with anaemia the nurse begins to make it clear to the patient and the family members the main causes of anaemia such as iron deficiency due to inadequate food; and another cause chiefly being due to hookworm infection as a result of improper sanitation. She takes care to see that the patient incorporates in her diet, foods rich in iron such as greens, tomatoes, milk, liver, jaggery etc. In addition to this her job is also to see whether the patient is keeping herself clean and whether the sanitary devices such as smokeless *chula* and latrine available are used properly.

Now I would like to draw your attention to the following illustration.

'N' a three year old was admitted with Kwashiorkor in the ward. Her mother had a two-month old child. 'N' is the eighth child in the family. She was admitted with advanced Kwashiorkor, with oedema of the whole body, had lost sight of both eyes and was irritable and restless at the time of admission. 'N's parents looked very poor and so worried. They needed a lot of assurance. The question is "What is the duty of the nurse here?" The nurse's responsibility is to teach the parents about the additional food and the care of two-month old infant so that they can prevent Kwashiorkor from also occurring in this child. The nurse demonstrated to the parents the preparations of protein food e.g. dhal, groundnuts etc. Careful watch, meanwhile was kept on 'N's diet. The nurse supervised the mother carefully to see whether 'N' was taking the food rich in protein. Since they were poor, it was arranged for 'N' to be given some foodstuffs from Rural Health Centre. We could see the progress in 'N' slowly.

The nurse demonstrated the preparation of green juices, specially drumstick leaves, tomato juice, and also explained the importance of giving preventive inoculations against small pox, whooping cough, tetanus and diphtheria to the other children. The parents were not aware of the Maternal and Child Welfare Centre in their village, and advised to attend the clinic periodically, and to get a regular medical check up of 'N' as well as the two-month old infant. The nurse-in-charge of the sub-centre was informed of 'N' and her condition so that further care could be continued at home. Gradually 'N' improved. Doctors felt that she could be followed-up by the nurse. It was encouraging to see the parents preparing green juice and giving it to the infant. By the time they left the ward, 'N' parents were educated to a certain extent and we could see the improvement in them. From this it is also clear that the nurses in the field and in the ward must have proper communication between each other regarding the treatment, care and the

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