

## GROUP THESIS

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tance of nutrition in relation to health and disease is more evident in treatment today. The nurse has a responsibility not only to provide proper food to the patient while in hospital, but also she must educate him and his family and through them the community, about good nutrition. This is of particular importance in India where malnutrition and undernutrition are the root of much ill-health. At the same time some diseases that used to be mainly treated by special diet are now seen to be psychosomatic rather than purely systematic conditions, for example, peptic ulcer. Now it is realised that many emotional factors are involved and this makes the nursing care more complicated. With further knowledge of the relationship between body and mind there is an increased necessity for a nurse to understand the mental, emotional and spiritual needs of a patient, and to provide for them along with caring for his physical welfare.

Pædiatric nursing has drawn attention to the emotional needs of children which the nurse must meet where possible through the child's mother. The pædiatric nurse must always play a double role of caring for the sick child and educating the mothers and families in child care both within the hospital and in the homes. Increased understanding and provision for the education of handicapped children so that they may grow into useful citizens, has also widened the sphere and responsibility of the nurse.

In the field of obstetrics improved care due to research into toxæmia, anæmia and antenatal pædiatrics has reduced mortality rates, and here again we see that while the nurse is required to have extended

technical knowledge, she is also required to play a vital part in maternal health education. The expectation of life in this country is slowly rising and at the same time the population continues to increase since the birth rate remains level. Over-population must be controlled by good family planning, and it is the duty of the nurse to educate any who come within her care. She must, therefore, have a good knowledge of the technique of contraception, so that she can teach.

Since we have accepted a new concept of positive health in medicine and nursing education; we know that it is not merely related to physical well-being but to mental, emotional and social well-being too. The patient coming to hospital is not just a case of some known or unknown disease, but a person with needs and hopes and fears which have to be seen in the context of his condition, his family and the community. Rehabilitation of the mind and emotions where necessary, as well as the body, begins when the patient enters the hospital. The patient whose physical function cannot be entirely restored must be prepared to accept his handicap, and to adjust to it. This preparation of mind and body is a skill that belongs to the nurse.

Here then lies the challenge to the Tutor—how can she prepare a nurse who is competent to meet the increasing technical demands of medicine and who at the same time recognises her unique function to 'bring comfort through the human touch.' Uncertainty about our answer is undoubtedly one of the causes of unrest in nursing and nursing education. We must certainly see that our students are technically skilful with equipment, as well as with people. They need sufficient

scientific understanding to work intelligently, but neither we nor our students must forget that while there are others in the hospital team who may be equally able to perform some of the techniques of investigation and treatment, the nurse alone provides the continuing, reassuring contact with the patient. While carrying out intimate nursing procedures to the body, she has the privilege of listening, encouraging, and comforting always. The decision has to be made as to where the nurse's function begins and ends. What may be quite in order for her to do for one patient, may be quite out of order if required as a routine for all patients. Especially in teaching hospitals one sees certain technical jobs, often connected with research, just handed over to the nurses, particularly if 24 hourly recording is required. This is a great injustice to nursing, since the nurse who in most hospitals is already overburdened, is left with still less time to really attend to her patients. At the same time we need to ask ourselves, with what is the nurse overburdened?—not only with jobs that should be given to medical students, laboratory technicians, clerical or domestic staff but also with some routines that do not any longer fit into our rapidly changing scene. Change means giving up the old as well as accepting the new. We may have to decide whether the routine temperature round or a health teaching class is the more important. In the same way as Tutors we must decide what it is really important for the student to learn. We must keep up to date ourselves, and if we always teach technical skills in relation to people, we will help our students to have the right balance. In the same way the trained staff in hospital need to look afresh at the pressures of our times. In-service programme to keep all nursing staff up to date with scientific advance will be a great help, and it is the Sister Tutor's responsibility to arrange such programmes from time to time. It is also desirable that discussions on function should take place in the light of the modern concept of nursing, as relating to the promotion of health and the prevention of disease, as well as to

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