



Nursing the Patients of India

by

Miss V. Pitman

students producing the bright ideas and learning to test them out.

Last April at the I.C.N. Congress held in Australia, 200 student nurse observers met to discuss international student nurse matters. A wise and learned woman listened into their discussion as she did to the discussions of the wise old elephants of the profession. This wise woman reported that the students had many valuable ideas to share with the graduates of the profession, and put in a plea that the students be given a hearing.

Following the Congress in Australia, nurses from many countries visited India and other countries. One of these was the student nurse chairman from England, who reported to her fellow students at home that, in India, she saw student nurses being given experience of caring for people's needs in their homes as well as in the hospital, and that all this as part of their basic training. She was much impressed, and her report was published in the *Nursing Times*. It is on this subject that I wish to speak to you to-day—*Nursing the Patients of India*.

Student nurses are leading, and I for one rejoice at the change in emphasis which I have witnessed in my thirty-three years of nursing in this country, but I am very much concerned that the student nurses themselves should have the right leadership. If not entirely from the older elephants—the seniors—Nursing Superintendents—Tutors—Deans—Principals, then from whom is the leadership to come? **Who leads in this profession of nursing?** The student nurses? No, even though they do give over 70% of the care in most hospitals. It is not the nurses but their patients their families—the community who come seeking for health. The grandmother with her bronchitis, fearing

A talk given by Miss Pitman at the Biennial Conference of the Student Nurses Association, held at Nagpur in October, 1961.

It was supported with a play by student nurses of the School of Nursing, Vellore; and a Health Chart depicting the Nurse, the Community, and the patient and their relationship.

she may not be able to help take care of the children any more. The father with a hernia and a doubt as to whether he can carry on his heavy job; the college student with tuberculosis, you know them all, your patients. It is their need of your help and co-operation which should lead you in your plan to give them care.

This brings us to grips with our task, which is nothing more or less than in co-operation with the other members of the medical team to bring health to the Indian community.

How are we to do it?

First by thinking of every patient we are asked to care for, as a personality with needs of body, mind and spirit, as a member of a family group living in a home. Regarding them as a person with some particular trouble which has brought them to the hospital for care. It is meeting these intimate personal needs which is the first task of every nurse. This is the nurse's speciality. Here is the reason for the study of sociology and psychology, for the need of a philosophy of life and religious conviction, which gives even the youngest student something to share with her patients, which will relieve their suffering when a return to health is not possible.

In a hospital where students are assigned to patients to give care,

It is a strange coincidence that my two talks at National T.N.A.I. and S.N.A. Conferences have both been given in Nagpur. The first during my first term in the early 1930's and the second very near the end of my last term.

Probably no one but myself remembers what I talked about in 1930—most of you here to-day were not born, but possibly you are interested in history? I talked about elephants and the way in which the old ones that had been working in the Forest Department for many years, were used to train the young ones newly captured. I have seen this being done at the Madras training centre at the foot of the Nilgiris. At that camp I saw a firsy young elephant being persuaded by his trainer to allow himself to be harnessed to the oldest and most responsible elephant in the camp, and taken down to the river for his first bath outside his confined area. I thought "That's just what we must do in training nurses—persuade the young ones to follow the old ones. Each one lead one—learn and teach". Not such a bad idea but then I was young, now I am old and think differently! In 1961, I might see the same leadership in the elephant training camp at Teppakaddu, but as I look out over international nursing, and at India in particular, I see a new pattern in Nurse Training. The young leading the older ones; the

and in which there is a ward teaching programme, a first year student nurse was caring for a young mother who was suffering from cardiac failure. She was the patient chosen for ward teaching that particular week. A senior student asked the doctor, who lead one period of the programme on the patient's heart condition, what was the prognosis for the patient. He replied "not very good but we have kept her alive, and if you can get her to co-operate and eat properly, perhaps, she will get better". Later in the week before the clinic was held when the nursing care was to be discussed—the patient died. However the clinic was held and full details discussed. The first year student was asked what she had done to relieve her patient's anxieties about her home, and she said "I told her about Jesus and that he would care for her family, and

we would take care of her, and she said yes, she believed that"! That young student had something to share with her patient which, when return to health was not possible, relieved her patient's anxiety. The Sister and Staff Nurse at the ward teaching clinic learned from that young student, the patients' need lead the student, and the student lead the group of nurses in the ward.

After meeting her patient's intimate personal needs and caring for her comfort and safety, the nurse has to follow the doctor's lead and co-operate with him in investigations and treatment. Here she has many chances to apply the knowledge she has learned in the classroom and from other patients, and thus show herself a truly professional person. She is concerned more with using her knowledge and showing interest in her work, than

with her personal gain.

So I have seen leadership pass from the senior members of the profession to nurses who care for patients and their family in the wards, clinics and homes of India—thus serving the whole community.

Many nurses see the opportunity to show their love to God though nursing their patients, and see in them, His need. To such nurses it is God who leads them; Jesus Christ said "I have come that they may have life and that more abundantly". "Inasmuch as you have done it unto the least of these my brethren, you have done it unto me".

I have no fear for the vast needy Indian community, nor for the nurses who are so close to my heart, for they will follow their leader and reach the goal: Health—real health of body and mind and spirit for each and all.

CORSO SCHOLARSHIP

CORSO of New Zealand offer a post-certificate scholarship to a nurse for study in **Wellington New Zealand, in 1963.**

In addition to the sum of £500 (Rs. 6,625) which will cover tuition fees etc. and meet living expenses, CORSO will meet the cost of travelling expenses to and from New Zealand.

Qualifications :

(i) Matriculation or equivalent examination.

(ii) Candidate must be State Registered Nurse and Midwife.; in case of men nurses, evidence of having taken training in a special subject in lieu of midwifery.

(iii) For the Teaching course three years' experience in a school of nursing is required. For the course in Administration, a minimum of five years' experience in a school of nursing is essential.

(iv) Applicant for scholarship who is a member of the TNAI, will receive preference.

Health Requirements :

(a) A certificate of sound health

from applicant's hospital.

(b) Recent X-ray reports.

(c) Immunisation reports including Mantoux test.

A competitive examination will be conducted in 1962. The questions would be such as to test the candidate's knowledge of :

(i) current trends in Nursing or Public Health or Midwifery ;

(ii) special knowledge relating to the subject selected for further study ;

(iii) general questions to test knowledge of English and current affairs ;

(iv) candidates may be asked to give an account (in about 1,000 words) of the use made of the post-basic course, plans for further development of their work, and in what way, by further study, the candidate hopes to make a greater contribution to nursing.

Selection :

Candidates who are successful in the competitive examination will be interviewed by the N.F.N.C. Selection Committee.

Agreement :

An undertaking to continue in service for three years within nine months of completing the course, or to refund the amount paid to her in case of default, will have to be executed by the student on the prescribed form. This agreement will be filed with the candidate's papers in the Office of the National Florence Nightingale Committee.

Note : The candidate should make her own arrangements for passport and foreign exchange.

It will be noticed that the scholarship is not available until August 1963. The time lag is due to requirement of the New Zealand Post-graduate School of Nursing which make up their application roll one year in advance. Thus the applicant for the 1963 course, must be placed in New Zealand by August 1962.

Application forms may be obtained from *Miss A Cherian, Hon. Secretary, N.F.N.C. College of Nursing, 12 Jaswant Singh Road, New Delhi.*

Applications close on **January 25, 1962.**