

PUBLIC HEALTH FORUM

Health Education

A Primary Function of Public Health Nursing

by Pauline King

*Public Health Nurse Consultant, Department of Preventive and Social Medicine,
Christian Medical College, Vellore.*

IN Liverpool in 1859 when the first visiting nurse was deputed to visit the sick in the home, she was directed not only to give bedside care, but to give instruction in the care of the sick and the necessary requisites for healthful living. Thus, from the beginning, nurses engaged in home visiting were referred to as 'health nurses'. The voluntary visiting nurse associations multiplied, and continued to combine home nursing with health teaching of the patient and his family. However, as health departments developed, nurses were employed directly by them. In the beginning they also gave bedside care but gradually the emphasis shifted toward health teaching. Nursing care was not offered except for demonstration purposes. From this arose a dichotomy in public health nursing. Nurses employed by voluntary agencies gave nursing care to the sick, whereas the nurses employed by government or official agencies were 'teaching nurses'.

Happily today the trend is toward combining once more the curative and health teaching functions. As principles of learning evolved, so it was realized that the most effective learning takes place when related to daily life experiences. The rules of health are not to be recited but lived. This will not happen unless the relationship between disease and its socio-economic denominator is sufficiently demonstrated. In underdeveloped areas where disease is accepted passively and ascribed to an evil fate, the problem becomes one of changing attitudes rather than simply passing on scientific informa-

tion. Therefore, curative medicine which, has dramatic results, is often the first step in health education. Until we earn the confidence of the people we cannot even begin.

There is a state of readiness which if we recognize is the key to successful health teaching. The nurse may be able to recite a number of good health talks. She may go prepared to 'tell' the mother about the value of adding cereal to the baby's diet. When she arrives she finds the baby has diarrhoea. The distracted mother is not interested in adding cereals to the baby's diet. She is worried about the diarrhoea. The nurse postpones her talk on cereals and tackles the problem at hand. At this moment she finds a ready listener to the cause and prevention of diarrhoea, especially if she first does something about the diarrhoea.

This may seem rather simple but it illustrates the point. Health teaching is more effective when related to daily life experience. Conversely, the nurse who only "talks", may find herself an unwelcome guest. Nursing care of the sick opens first the door of the heart and then the mind, and is not to be considered lightly by the public health nurse as, "not my job". Make it a rule in every home, "to do something", remembering the axiom, "action speaks louder than words".

It is necessary to understand the patient's need from "his" point of view and begin our teaching by endeavouring to do something about his felt needs. But sometimes in fact, we can do nothing materially

to alter his situation. It is then our own character and personality that aids or hinders our success in working with people. Personal goodness is reflected in our service to others. Generosity, sincerity, and honesty are quickly sensed and appreciated by our patients and families. Love makes us patient and understanding and creates in us sympathy and humility. Enthusiasm inspires effort and motivates to positive action. Cheerfulness and a good sense of humour helps a patient to preserve his self-respect, as well as preventing love from becoming sentimental and evoking self-pity. Confidence in self and in others will inspire the same response from others. **We must ourselves believe with all our heart what we are teaching, and demonstrate it by the way we live.** Finally, to be mature in our outlook, we must see beyond the particular situation and see the health needs of the community and our country as a whole, and our responsibility toward it.

In India, the pattern of public health nursing has not yet crystallized. What will be the future role of the public health nurse in the Primary Health Centre? Will she have time for home nursing care? Or will she "only talk"?

To take away nursing care is to take the heart out of nursing. There is no doubt also, the other extreme of all nursing care and no teaching. And that is nursing without a head. If we are to contribute adequately to good medical and nursing practice, it includes both, varying in proportion to the particular situation. Public health

education is concerned more with the development of attitudes and actions. We must not only impart health knowledge but somehow motivate people to action to apply that knowledge to achieve a healthful way of life.

Although a public health nurse is usually recognized as one who is engaged in community and home nursing, yet the public health nurse is not the only nurse who does public health nursing. It is simply a matter of degree. Nurses in hospitals more and more are realising they too, have a definite responsibility and contribution to make in public health nursing, especially in the area of health education.

Patient education is not new. The private practitioner on his rounds, old women who cared for the sick, and later, nurses gave sage council. And we still do today. Seldom does the nurse think of herself as an educator. But, what she says is important. When the patient goes home he tells his family and friends, "I learned this at the hospital", or, "my nurse told me that". What responsibility this places upon us!

Strangely enough, hospitals have only recently recognized the need for health education of the patient. They have been too engrossed, or too close to the thread between life and death itself to have time for anything else. But even this is changing. With new drugs and surgery many are now living who would not have survived in years past. We have more chronic patients, — many who have been spared death, — but not recovered to the extent they can ignore what has happened to them, — thus, the need for rehabilitation. And as a vital part of rehabilitation is the need for patients to understand enough about the disease process affecting them, so as to enable them to accept and live safely within the limits imposed upon them. Education has become a necessity. And due to the shortage of doctors and nurses, education can no longer be left to chance through individual contact. We must plan to give every patient equal opportunity to learn what he must know in order to get well and stay well.

Actually the hospital is the ideal place for health education. Much of the health education literature, movies, and exhibits put before the public go unheeded. In our busy work-a-day world each of us pay little attention to, and actually avoid seeing or hearing about the diseases we both fear and yet believe will never affect us. Whereas, to the hospital patient and his family, health suddenly becomes the most important thing in the world. They are in an enviable state of readiness for health instruction. Many hospitals conduct classes in care of the newborn for new mothers before leaving the hospital. Other hospitals have planned classes for patients who have undergone radical surgery, or who face physical handicap due to chronic disease. Yet patient education has scarcely begun. We are still groping about and comparing experiences to discover the best way to fit education into the busy hospital routine.

Patient education is everybody's job. Each hospital department, as social services, rehabilitation, medical and nursing services, etc. share this responsibility. The doctor and nurse, social worker, technician, ward aid, others, all who come into contact with the patient, are potential health educators. Dr. George E. Beauchamp, Consultant in Patient Education, Deptt. of Medicine and Surgery, Veteran's Administration, USA, gives this definition of patient education, "Whatever the hospital does, either good or bad, which influences attitudes, constitutes its existing patient education program". Let us give it direction.

Our common purpose is to help the patients to become self-directing responsible individuals, —each capable of utilizing the opportunities and treatment available for the best possible recovery for him. Disease cannot be treated as an entity. Physical health is equally dependent upon mental and emotional well-being. Mental and emotional adjustment are dependent upon two things, —the patient's knowledge or understanding of himself and his relationship with others. Upon these fundamental needs are based the objectives for our patient edu-

cation program:

1. To give the facts about disease, its treatment, and the principles of healthful living essential to maintaining life and well-being.
2. To show, both by teaching and example, the importance of human relationships and how to live successfully even when handicapped by a long term illness with social repercussion.

The family is also important to the patient's recovery. We believe also that we have a responsibility to the family in guiding them to seek medical supervision and knowledge of healthful living.

A planned program of patient education requires a full time worker, often a nurse, assigned solely to meet this need. Group instruction is fine. It lays the groundwork. But it is not enough. Unless followed by individual support and guidance, little is gained. Conversely, individual instruction and guidance is more effective when the patient has had some formal instruction. Previously all instruction has been incidental and individualized. Planned individual instruction would be ideal but not practical. Few hospitals have sufficient personnel to provide adequate individual attention. And few personnel have a working knowledge of interviewing skills. It is impossible for a patient instructor, or even the busy head nurse or ward sister, to be always on hand at the moment when the patient needs her. Thus all nurses must be prepared to listen, to instruct, to guide, —and most important to apply these skills at the strategic point in the patient's experience. By reason of proximity in her work, the nurses have more contact with the patients than any other group. The nurse-patient relationship may determine the course of the patient's behaviour and attitude. It can be the deciding factor in his recovery. Nurses make no pretense of moving into the field of the social worker or psychologist. But an understanding of some of the interviewing principles used by these professions, would vastly improve the incidental interviewing situations in which the nurse finds

(Contd. on page 169)