How the Study of Psychology can help us do Better Nursing

By

Uma P. Hirebel
(3rd year nursing student, College of Nursing)

D. Psychology applied to nursing care in special conditions or services

1. Nursing the patient with a surgical condition

Generally ignorance of what is going to happen at an operation, causes severe mental suffering. Some simple explanation must be given. Very often the nurse can help to get the doctor to explain, or clarify the explanation afterwards. If a mutilating operation is necessary, the patient needs careful mental preparation beforehand, so that he is able to accept the loss of limb and have some hope of being able to carry on later.

In gynecological operations, patients have fears that their married life may be spoilt. When a young woman has a breast removed, she is disturbed that her figure will be spoilt.

Wise and sympathetic explanation and discussion of fears and difficulties will give the courage and confidence needed to make a good recovery.

Anaesthetics. Most people worry about anaesthetics more than the operation itself. They have to surrender their self-control and they feel that they may let out secrets. One of the best ways of helping them to relax is to promise them they will not be left alone, and to hold a hand whilst they take the anaesthetic, with soothing words: "You'll be sleeping now, and when you wake up it will all be over". When patients are partially anaesthetized they revert to an infantile level, so that it is a comfort to them to be treated by the nurse as a mother treats a child.

Post-Operative Care. If no suggestions are made about post-operative vomiting, some patients do not vomit. Also avoid suggesting that there may be difficulty in passing urine, and bring a bedpan fairly soon after the patient is completely conscious.

The recent practice is to encourage the patient to get up two to three days after operation. But this policy of encouraging patients to help themselves should be used with considerable discretion. It requires more nursing care and supervision, not less. The conscientious and anxious type of patient makes too much effort, for fear of being thought a malingerer, with the result that they develop anxiety reactions and guilty feelings.

2. Nursing the physically handicapped

Most of us take for granted the possession of eyes, ears and limbs. We never stop to realise what it would be like to be deprived of any one of them.

The blind man must move henceforth in a darkened world of uncertainty. The deaf man can hear the sweet sound of voices no more. The amputee, deprived of hands or feet, faces a world of objects which he can see, but no longer touch, handle or arrange.... He is confined to a narrow bed or the confines of a wheel chair.
These newly disabled people feel helpless, frustrated, and lack the courage to make the effort required for a comeback.

The nurse should understand the bewilderment and fright with which they regard their condition and future prospects. The emotional shock persists for days even after the physical shock is over. Once the rehabilitation programme is under way, the future will not look so black, but, at the beginning, the mind can grasp no hope beyond the despair and terror of tomorrow.

The nurse should follow six principles in rehabilitation of the handicapped. First she must know that the affliction will yield a prospect for reconditioning, provided she and the patient work at it together. Secondly she should encourage the patient, persuade and reason with him to accept his loss and face it realistically. Thirdly when the patient makes real efforts towards restoration, he should be praised wholeheartedly at the beginning, no matter how small—for example the blind man makes his first independent groping around his bed. Again the nurse needs to help the patient to have faith in himself and God. She should see that hobbies and interests are cultivated. Finally these patients should be treated as normal men and women, and their handicaps should be ignored. Respect is due to the personality of the handicapped person. They are embarrassed and weakened by pity and sympathy.

Hindi Section — (Contd. from page 59)

बाहर बीमारी गयी और भारी विश्वासही बीमारी के होते हुए भी उस ने वहाँ के बसपत्ताओं के सङ्गकार के लिए किया। बंदी नेता के हो उसे खुश सारी निजी की पत्ती को जोर से तीन के नीचे तक परे-बरे कर दिया। अपनी खुबानी-बदौलत बीमार जान की इस विषय पर केपनिंड कर सके दो हो को प्रकाश में ला दिया। ऐसा उसने सर्वस्था निर्भय और निर्मला होकर कर्मियों की दृष्टिकोण की नहीं सारी ही प्रयास सभी से उसे लायक भुजायाम भी दिया।

सेना के लिए राजनीतिक सेवा

क़ुटूरी में उसने नहीं देखा किसे उसका अंत सिवाय खड़े के के बान निर्मल के साथ ही नहीं देखा। तात्कालिक वे निम्न वस्तुओं की कलाकृति दशा की उस ने बढ़ा दुरुस्त किया और सिवाय के लिए, उसने देखा नीचे काम किया। इसके साथ-साथ, उसने यात्रा पर यात्रा के प्रेम रूपस्थित किए बीमार बालकी श्री के लिए एक छोटा सा घर बनाया। इस छोटे हुए ने ही बाद में फोटो रेफ्रेक्शन का कर भारत कर लिया।

यद्यपि पूर्वके बेंशे ने निवास काल में वह तीन