

Public Health Section

Public Health Nursing Administration

by

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The whole concept of Public Health Nursing is based on the belief in the dignity and worth of the individual and respect for his personality. It is based on the uniqueness of the individual, his values, ideas and contributions geared towards, and optimum of self-realization in society.

Public Health Nursing Administration, therefore, is based not only on the health needs of the community, but also on the individuality of each one of its members against the background of his home, his occupation and his ethnic and social group.

Aim of Service and Utilization of Resources

The ultimate aim in Public Health Nursing is the building of optimum physical and mental health in the community. To achieve this purpose, the organization immediately aims at developing the right outlook of the community towards its own health problems. Thus the development of an attitude of self-help amongst the people forms the key-note of the policy of a public health nursing organization, and it becomes the business of the daily administering authority to execute such a policy. All activities are geared towards this end, and all nursing staff in their daily work and contact with the community, give effect to it.

In order to help the community to help itself to be healthy, the organization must take stock of the community

resources without the knowledge of which no work is possible. In setting up the administrative pattern and a programme of activities, the following factors must be taken into account :

1. General conditions affecting the health background of the community.
2. Its background.
3. Geography.
4. Physical Characteristics.
5. Housing and sanitation situation.
6. Methods prevailing for protection of milk, food etc.
7. Methods of disposal of garbage and sewage.
8. Standard of living.
9. Employment pattern.
10. Existing attitudes of the community towards health.
11. The population with its distribution in terms of age groups and areas.
12. Existing types and amount of health service available for the community.
13. Special health or other problems.
14. Transport and other utility services available in the area.
15. Type of service envisaged.

Knowledge of health laws and vital statistics would also be essential.

Areas of Functioning and Type of Service

The areas which are usually covered by a Public Health Nursing Service are :

1. Maternity & Child Welfare.
2. School Health Work.
3. Communicable Diseases Control.
4. V. D. Control.
5. T. B. Control.
6. Industrial Nursing.
7. Mental Hygiene.

Health Education permeates all services and forms the cornerstone of all preventive work.

Bedside nursing in the home may or may not be included in the Service, although the trends are towards its inclusion. Service as outlined above may be of a generalized nature with bedside nursing included, or without it. It may also be specialized and function in one area only—such as School Health Service or Industrial Nursing.

The service may be generalized covering all types of Public Health Nursing activities or it may be specialized in one area—such as Maternity & Child Welfare, V. D. control, T. B. control etc. The tendency, however, is towards generalization excluding bedside nursing as the advantages are all on the side of a generalized service including prevention of duplication of work and maintaining uniform contact with a family through one nurse. The effects of health education are, therefore, better in a generalized service as the influence of one nurse entering a family is always greater than if five nurses contact the family for five different purposes. If bedside nursing is included in general service, the desirable ratio of nurse to population is 1 : 2,000. Otherwise, it might be 1 : 3,000 to 5,000.

In order to cope with the requirements of any special type of activity in a general service—control of venereal disease or tuberculosis, expert consultants are extremely valuable. Every staff nurse working in the district can always get expert help from experts when needs arise in their work with the families. The trends are, therefore, towards a generalized service, although there are perhaps very strong points in favour of excluding bedside nursing from it. It is felt that if a nurse is engaged in bedside nursing in

the home, she may sacrifice some of her health teaching.

Organizational Pattern of Public Health Nursing

Organizational pattern of such service today varies from country to country, but the trends are towards making it part and parcel of the State Nursing Administration.

In the State nursing organization, the Public Health Chief Nurse may work directly under the State Medical Health Officer and directly supervise the work of the field staff herself; or be responsible to him through the Chief Nurse who combines both hospital and public health nursing fields in the State. Thus all aspects of nursing in such places are integrated. In such a set-up there may be several supervisors under the State Health Department to supervise the work of all staff nurses in the field of Public Health, working directly under the Chief of Public Health Nursing Section.

In non-government agencies, the Public Health Nurse works directly under the Medical Officer of Health, who maintains supervision and control over all staff. The desired pattern is, however, always to place a nurse-supervisor for supervision of nursing work.

The set-up may be centralized or decentralized according to the area and the policy of the organization.

Private and Public Agencies

The accepted pattern in Public Health work today is for its inclusion in the National Health Department, although in most places Public Health Nursing work was started by private agencies in specialized areas—such as Maternity & Child Welfare. The tendency today is for the State to take on more areas of functioning and assume more and more control over all health work in the country. As the State assumes with the passage of years, greater responsibility towards education of the community, it also assumes greater powers over regulation and control of health matters. Public

health nursing work undertaken by the State is moreover more effective as it has greater powers to enforce regulations. State agency should always give the leadership, although it may indulge in a programme of joint activity with the private agency after joint planning. Certain areas of activity—such as bedside nursing in the home can, if necessary, be left in the hands of private agencies; but it is the duty of the governmental or public agency to see that the staff employed by the private agency are adequately trained for the work they are required to do. Moreover, the overall supervision of the private agency's work remains the duty of the State agency.

A question may be raised as to why it is necessary at all to leave private agencies in the field when the government is assuming more and more responsibilities in health work. The answer is that there are certain advantages in leaving private agencies in the field. The latter being freer bodies in relation to funds, can always start new work or carry out experiments with greater ease than the governmental agencies which have public funds in their trust. Moreover, it keeps, perhaps, the community activity engaged in its own health work, and, therefore, makes it possible for the message of health to reach the people at large quicker than it otherwise would. In other words, by having actively interested people and organizations engaged in health work, it may make the community health conscious. As private agencies have been longer in this field of health work than government agencies, there is much more likelihood of public support if they, at least for a while longer, remain where they are. Maternity & Child Welfare work is an example of the kind of activity that has for many, many years been carried on by the private sector.

Nursing Service Requirements

Nursing Service requirements of the organization in the Public Health field, would be an adequate and well-qualified staff, and a well-planned programme of activities that is based on realism and

practical appraisal of the needs of the community. Planning should be done with an eye on both the present and the future needs, and the aim of the service should be well laid out and known to every worker.

Plan of Work and Principles of Administration of the Organization

The plan of work will vary according to the needs of the community, goals of the organization, and scope for its activities.

In order to provide a plan of work that is operable, planning should not be either academic or autocratic.

The head of the service should maintain contact with her staff in the field, and enter into conference with them before submitting plans to the higher or sanctioning authority.

Relationships in the organization should be well defined and based on co-operation and mutual respect between the members.

Provision should be made for staff education, so that the staff can obtain optimum growth in their respective spheres of work.

Ample opportunity should be provided for all staff members to express themselves and to do creative planning.

Service conditions should be such that will prevent imbalance in distribution of work-load of area covered by each member.

Recognition should be given for meritorious service and every member of staff should be made to feel she is part of the organization. Staff members should be allowed to participate not only in planning, but also, if possible, contribute in policy-making activities.

Provision should be made for staff salaries to be adequate, and security for old age provided.

Arrangements should also be made for care of health including periodical check-ups, and care during sickness.

Rules and regulations in the organization should be well-defined and inter-

preted to the staff, so that misunderstandings and misinterpretations do not arise. There should be an adequate number of 'standing orders', so that the staff know what to do even in emergencies.

Service conditions should be known to all staff, so that when they enter service they should know what they are getting into. Working hours should not be too long and transport difficulties should for field work be overcome. In short, provision should be made for every member of staff to have job satisfaction, so that she does not feel frustrated, but is actively able to contribute towards running a successful organization.

There must be in the organization periodic appraisal of the work done, and plans for the future made.

Adequate provision should be made for publicity of the work carried on by the organization. In order to secure full public support, publicity should also be made of the total or urgent needs of the community.

Good budgeting for an organization is part and parcel of the principles of

sound administration. The budget should provide not only for current needs, but also for future requirements. It should take into account both long-term and short-term planning, but once a budget is made, effort should be made to adhere strictly to it.

Co-ordination, direction and control of staff activities will remain the duty of the Chief Nurse of the organization along with her other duties. She will also build up the morale of her staff under her by keeping them happy and inspired and enthusiastic about their own work. Discipline should not be imposed from above, but the attitude of the staff should be so well developed that it will come from within. Above all, humanism should be the key-note of the policy of the administration not only to the community which it is serving, but also to the staff who are under its charge. A successful organization runs on the pooling of its resources and the intelligence of its members, so that when decisions are reached, all share their responsibilities.

Rajani

by

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Iqbal the great poet says :

"Knowledge lights up the path of a way-farer. What is knowledge ? It is a lamp by a roadside. There may be confusion within the house by the road, but little does the roadside lamp know about it."

Man is saturated with wisdom. But what does this so called wisdom know of the emotions, the feelings, the turbulent streams flowing in the underground wealth of that mind unable to communicate with the outside world ? Alas, words cannot convey the beauty of that expression, that innocent face, meaningful looks, those expressive eyes, of the

eleven year old deaf child, *Rajani* whose story I am going to tell you.

Born of a poor Maharastrian family, she lives with her parents, brothers and sisters in our hospital compound. Her father, a *peon* in the Medical College, is a proud and haughty man, who rules the house with his temper. Her mother a down trodden, calm and cool housewife, has no chance of making any decision. Teased and laughed at by her own brothers and sisters and neighbouring children, because of her handicap, *Rajani* passes her time helping her mother to look after the youngest sister, a few months old, washing utensils, and clothes