

Madras

The Students' Opportunities to Teach in the Hospital and Home

By

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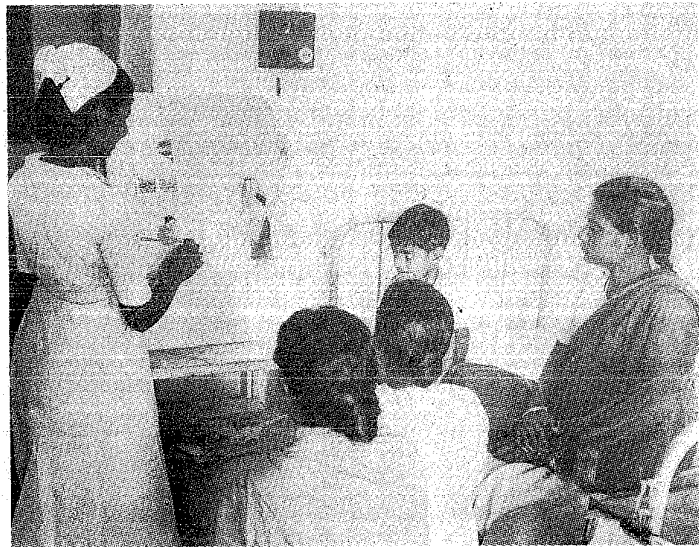
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Being fortunate enough to be a student nurse in the 2nd half of the 20th century I take great pleasure in expressing my views about the opportunities which Public Health presents today both to teach in hospitals as well as in the actual home situation. Although I am in a small Mission hospital lacking a number of modern facilities, we are aware of the need for public health education in the place where we are.

Well then what is this public health which even the lay people talk of much about these days? What opportunities does it present to me as a beginner in the health team? Health of the public is the simple explanation of the term public health. What is health? As W.H.O. defines it, "health is the complete physical, mental, social and emotional well being of the individual and not just the absence of disease or infirmity". So in order to lead a healthy life each individual needs to feel that health is a fundamental right, which they should possess. This felt need of the individual will awake the community and lead to healthful living.

Well then what has been preventing this truth working in the minds of the

people up to now? No doubt our religious beliefs and social customs, superstitions and ignorance have been the major contributing factors. Although I am in the hospital working among sick people as a student, I see the opportunities which are open in many ways. In everything I do to the patient I can bring in the preventive side. In olden days people believed that diseases were due to the anger of God, to the sins of people and so on, but now



The Nurse as a teacher

quite a number have come to believe that diseases occur because of the way they live. This is the first step they need to be aware of and to accept, before we can teach them anything.

When they are in the hospital, while giving treatment such as dressing their wounds, giving sponge bath, I talk to them about their personal hygiene. By conversing with them I try to find out about their habits, social customs and religious beliefs. After they know these things I will give them health talks about environmental hygiene such as not to urinate and defecate in open places, not to eat foods which are exposed to flies. Always to try and use clean and safe water, to keep the surroundings of their homes clean and the rubbish kept covered in one place, to see that no water remains stagnated around their houses, and as far as possible to protect their feet by wearing slippers. They also need to get themselves medically examined yearly and get immunized against communicable diseases. If they fall ill, in spite of all this, to report at once and be isolated if necessary. They have a tendency to use all kinds of native medicines. I will discourage such habits and explain to them the dangers of such medicines.

When they are ill they are more likely to listen as compared to those who are healthy. When people are sick they don't want to continue to be so, so they listen to the ways of prevention both for the benefit of themselves as well as the benefit of the family members. So I take this opportunity and proceed a step further to explain how they can keep themselves free from disease.

For example if I take care of a patient who has anæmia where the causes are mainly poor nutrition and hookworm infection, I can give the following health teaching to him. (Suppose he is very poor and does coolie work and lives in a village and is illiterate) I will advise him to take foods rich in iron such as greens, meat and egg as often as he can. To use fresh vegetables, and take more milk in the place of so much rice. I will tell him to sleep in an airy place and get fresh air and plenty of sunshine. I will demonstrate to him how the hookworm enters the body, lives there and sucks his blood causing this anæmia. I will help him by showing the ways of preventing such infections. This will help to prevent him from getting further infection

and repeated attacks of anæmia. He will be pleased and I also will enjoy a sense of satisfaction.

When I nursed a patient who had diabetes, I had the opportunity to teach the following: Patient Saroja being middle aged person living in a rural area without any medical help near — found it difficult to continue her insulin injections. Having realised this problem early enough, in consultation with the ward sister and our clinical supervisor, I was able to talk to her and to demonstrate and allow her to redemonstrate repeatedly. I taught her urine testing in a simple way. In the same way the handling of the syringe and needle, drawing up insulin and injecting it herself was also taught, this was done a week prior to her discharge. She was also instructed and given enough experience in making and maintaining a regulated diabetic diet. By helping in these ways I learnt how I could save the patient's time and expense, and relieve her tension. The patient was happy and appeared contented when she left the hospital.

Thus by helping one patient, who is a member of a family, she will be helpful to her family. From the family unit to the community and from community to the nation.

Also when I have convinced, and gained the confidence of the patient with her cooperation and friendship I reached out to her home—then her neighbours, relatives and friends. Here also I find the opportunities to teach in their homes about ventilation, habits, care of food and nutrition.

The methods which I use will depend upon the group of people I come across—their social status, religious customs, their educational, financial standing and their willingness to change their mode of living; group discussion method, demonstration method, audio-visual aids such as films, Jet cards, Flannel-graph, health drama and dialogue can be used and will help the patient to understand and remember.

Thus by finding and using such opportunities I, as a student nurse, will develop into a public health minded nurse to serve my country people and improve the health standard of our nation.