

Nursing as a Profession

The Role of a Pediatric Nurse

By

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Some characteristics of a profession and of professional nurses have been presented for our consideration by the previous speaker Dr. Nawab. These statements, which have been so very well expressed that they leave little to be added, provide for both gratification in the past and challenge for the future. Much has been accomplished; much more remains to be done. It is an exciting time for nursing and a rare privilege for nurses to grow for and with their profession. The end result is, of course, better nursing care for people. Service is what brought us into nursing and to this larger social end all professions are dedicated. With this picture of nursing as a profession clearly in mind, consider for a moment what this means for a particular field of nursing.

Nursing of children is a most important field. Our children are the hope of a better world tomorrow, deserving of the best preparation we can offer for their task. Despite the fact that forty percent of the annual deaths in India occur in this age group, it is relatively neglected in nursing education. Furthermore, the mortality rates of later years reflect the result of ill health which had its beginning in childhood. On the positive side, the possibility of promoting health in its broadest sense is exceedingly great for this is the very beginning of life. The professional nurse will accept the challenge these facts offer in nursing education and in programme planning for nursing service in hospitals and communities.

There are three points with regard to nursing service that I would like particularly to discuss. The first is

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nursing care which is specific for the individual child, based on his needs as a growing, developing individual as well as those due to his illness. Basic human needs do not change from individual or from country to country. They consist of needs for adequate food and rest, for warmth and shelter, to love and be loved, for a chance to grow and develop, among others. What does change are the overt manifestations of these needs and the individual's adjustment to the way in, and the degree to which they are met. The culture, standards of living, the educational and social sensitivity levels of the community, and the emotional maturity of individuals, all influence the manner and extent of meeting them. On top of these basic needs are superimposed special needs which result from illness. We must face the fact that all these needs that are within the range of nursing cannot be met as long as demand for nursing care is greater than the supply. It is usually in this kind of setting that nursing becomes depersonalized, routinised, and fails to live up to the criteria of a profession. In establishing priorities for nursing service, the professional nurse will remain focussed on patient-centered care. It takes discrimination and sound judgment to decide that talking with an anxious parent, is more important at the moment, than is a bed bath for the convalescent child; that taking the

temperature, pulse, and respiration may be less valuable in meeting the whole child's needs, than a bit of play which allows the child to express his unhappiness. Large wards require routine and order; but they also require an atmosphere of permissiveness which enables the professionally prepared nurse to be flexible as she seeks to identify the basic and special needs of children, as individuals and in groups, and to carry out the plan of nursing care which she builds on those needs.

Technical competence has been listed as a major characteristic of the professional nurse. To many people this means simply the skillful use of the hands in routines and procedures. To the professional nurse, the term means that her hands reflect what is in her head and her heart.

The second challenge before the pediatric nurse is that of aiding in the huge task of preventing illness and fostering abundant health in infancy and childhood. We know much about what to teach parents; we have yet to learn how to teach. Lasting behavioral change in the direction of desirable health practices is our goal. Professional people everywhere are now beginning to concentrate on gaining skill in helping people to reach that goal. We know that "telling" the facts or instilling fear do not work, except for the moment perhaps, but that increased understanding of the meaning of behaviour, and of the barriers to learning, opens the door to more effective health guidance with individuals and groups. We also know that health teaching is an integral and continuous part of all nursing care, not to be separated and compartmentalized as something special, to be offered only at a special time or in a particular way. Beyond what we are able to do with individuals, the use of groups deserve special emphasis in view of the large numbers of parents and children to be reached, and the commonality of

their problems. Group discussions make it possible to conserve time and energy in considering common concerns, and there is some evidence that the very sharing of problems with others leads more effectively to change.

Finally, may I say a word about Teamwork. This is a quality—as is leadership—which is inherent in a profession. It comes to fruition only in individuals who are themselves reasonably emotionally mature, have sound professional knowledge, and recognize the necessity of working with others toward a common objective. It involves mutual respect for the contribution of each member of the team, and the acceptance of responsibility for one's full share—and more of the load. There is a key member of the health team whom we seldom consider, and this is the child (and his parents). If they receive no invitation to join the team or are not allowed to play a full part in formulating objectives and deciding on ways and means, the team will fail in whole or in part. This lesson of working *with* people for the improvement of health is one of the hardest we have to learn. It is a lesson to be learned not only with patients but with our co-workers in the health field. We often complain that nursing is not highly regarded by individuals and groups throughout the world, and that other people do not co-operate (do as we wish?) with us. We cannot demand respect or force co-operation; this is reciprocal behaviour and we will receive both as we prove ourselves worthy.

Indian nurses have real reason to be proud. They have, and are working against tremendous odds but have not been discouraged. Vision and progress have been evident in every session of this Conference. It is a good fight and the whole of India will benefit as nursing moves into its rightful position as an indispensable social force for the betterment of mankind.

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