

Tuberculosis Nursing in India

By

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Tuberculosis is a major public health problem in our country now. Are we as nurses doing in our share in the fight against tuberculosis? Are we preparing our student nurses to help the community in this grave problem?

We are living at a time when there is a great shortage of nurses in all branches of health work. The demand far exceeds the supply. The reasons are many and well known, but the condition remains about the same. The shortage is very much more in the tuberculosis field. Some of the special reasons for this are.

1. Fear of infection.
2. Tuberculosis hospitals and sanatoria are usually situated in out of the way places away from cities and towns.
3. A misunderstanding that tuberculosis work is monotonous and uninteresting.

Fear of the disease and infection in a sanatorium is mainly due to lack of understanding and is mostly unfounded. The incidence of disease among workers is very low in a well run tuberculosis sanatorium; in fact it is lower than among the general public, because infectious material, like sputum, is taken care of, and the patients and staff are taught how to protect themselves and others from infection.

In a sanatorium nearly all patients are known to be tubercular and so precautions are taken in every case; whereas in a general hospital you may find open cases of tuberculosis being taken care of by nurses without taking the necessary precautions regarding infection because the case is undiagnosed or diagnosed late. If X-ray examinations were done on all cases admitted into general hospitals and

tuberculosis cases detected and isolated, chances of infection among nurses could greatly be reduced.

Taking into consideration the extent and gravity of the tuberculosis problem in India at present, it may be said that any nurse who has not had practical experience in modern tuberculosis work, both in its clinical and public health aspects, has not had an adequate and complete nursing training. Tuberculosis nursing should form an integral part of every nurse's basic training. It may not be possible for all training schools to send their students to other institutions for their tuberculosis nursing experience, and, so to meet this need, each training hospital should have a well run tuberculosis ward, or section attached to it, where modern treatments are done. Such sections should have a tuberculosis specialist and a trained and experienced tuberculosis nurse to take active part in the teaching programme for the student nurses.

This would not only rid the fear of the disease from the students but also to make the nurse more alive and alert to the needs and problems of the community and the nation, and to make her training a more complete one.

There should be special amenities for nurses working in out of the way sanatoria and hospitals including good quarters, and messing arrangements and social, recreational and educational facilities. If a nurse who has had three to four months of tuberculosis nursing experience during the basic training period, decides to take up specialized tuberculosis work then a postgraduate course in tuberculosis nursing could be taken. There is such a course given in the U. M. T. Sanatorium, Arogyavaram for 9 months. Plans for such a course to be conducted

at the Lady Linlithgow Sanatorium, Kasauli, are now under active consideration of the Tuberculosis Association of India. It is proposed that the training at Arogyavaram and Kasauli be co-ordinated and integrated under the auspices of the Tuberculosis Association of India and that the certificates to successful candidates be given by that Association.

The fight against tuberculosis is no longer a losing battle; nor is modern tuberculosis nursing, monotonous or uninteresting. Powerful international bodies like the W. H. O. and U. N. I. C. E. F. are now actively in the field and their intervention has converted anti-tuberculosis work into a world movement. This movement is stimulating more and more State Governments to take active steps for the control of tuberculosis in their own areas.

The rapid strides with which Thoracic Surgery advanced during recent years, the specialized nursing that such surgery demands, the dramatic results that chemotherapeutic agents like streptomycin and P. A. S. are producing, have all contributed to make modern tuberculosis nursing more specialized, varied, and interesting. The advent of occupational

therapy and methods of rehabilitation have added to the interests in this field of nursing.

The skill and knowledge necessary to make a good nurse in a modern tuberculosis team is equal to that which is demanded of a nurse in any other field. In tact, patience and sympathy, it takes more to make a tuberculosis nurse than an average general nurse.

The mental state into which many tuberculosis patients fall when the dreaded disease is diagnosed, is often desperate. Again during the long course of treatment, many patients go through periods of disillusionment, despair and mental depression. To help them at such moments and lift them up from the slough of despond demands knowledge of psychology and an understanding of the reactions of the tuberculosis patient. On the other hand if one succeeds in guiding and helping a patient out through the hours of darkness, the gratitude that is called forth is often most touching. The more dreaded the disease, the greater the feelings of relief, happiness and gratitude when one escapes from the clutches of the malady; and the greater the satisfaction to the nurse.

Notice

The President of the Catholic Hospitals' Association would welcome Catholic members of the T.N.A.I. who are in Nagpur to attend Conference, at a meeting on Sunday, November 8, at the Catholic Presbytery, at 7 p.m. Delegates to Conference kindly note.