

THE STUDENT NURSE AS A POTENTIAL TEACHER OF HEALTH

By Miss CRAIG, Superintendent of Nurses, Mission Hospital, Miraj

A few years ago, hunting through a big library of medical periodicals, I came across the Annual Report of the Commissioner of Public Health with the Government of India for 1932. I have long since forgotten much of the interesting and valuable information in his report, but there was one thought I will never forget. Somehow it seemed to grip my imagination. It was this. India can never be released from bondage to disease, and its resulting curse of suffering and poverty, and find the blessing of health, except through a programme of health teaching which is far-reaching and effective. What is the nurse's part in such a programme? The part of the graduate nurse, and the part of the student nurse? And are we doing our part?

The influence of a truth taught is great. How far it will spread we shall never know. It is like dropping a stone into a pool of water. It starts a ripple which goes out in all directions, getting bigger and bigger. Circle after circle spreads out and travels we know not where. Once you teach a thing it has gone out of your control, and the circles that teaching makes, the lives it blesses, depends upon the power of your teaching and the zeal for spreading the truth by those taught.

I was talking in Landour to a district missionary who told me she always taught the women who came to her three simple remedies: to gargle with salt water for a sore throat, to make a dhal poultice for pain and inflammation, and to put drops of bluestone (copper sulphate) solution in eyes when discharging or red. Last year she went into a strange village and in the first group of women to whom she stopped to talk there was a young girl who spoke up and said, "There is one of your women here who has given help in many of our homes. Come and see her." Going to see the old woman, the missionary heard a long story of all the many throats and pains and eyes that had responded to the simple treatments that she had taught.

That was a lay person playing her part in the great fight against disease. We are nurses. Are we doing our part in the struggle for the conquest of disease, the prevention of illness, the building up of positive health, in this land we love? Are we using the opportunities for health teaching that come to us, and are we teaching the students to teach?

Whom should the student nurses teach? The patients, of course, to begin with. How eager the patients are to understand their own illnesses, why they are ill, how to get well fast, and how to keep well!

But it is not enough to stop there. The relatives must be taught too. It is hard enough for a convalescent to fit into the life of the world at best, and if it must be an ignorant or unsympathetic world, it is well nigh impossible.

That makes me think of Helen. Helen was a very dear patient of mine. Again and again she came into our medical ward with a badly decompensated heart. Again and again we would help her back to health, teach her precautions she must take, and send her off home, bidding her be careful. She would always answer, "But he (meaning her husband) does not understand." And it was true he did not, in spite of all our efforts. So Helen went home to a world that did not understand, and she could not practise what she had been taught. She would have a relapse and soon be brought back to the hospital again, all because her husband did not understand.

Nor may we be content with teaching just the patients and their relatives. The days when nursing ended with the care of the sick are gone for ever. The preservation of health, and the building of positive, radiant, joyous health,—that is our task; and that demands an educational programme which includes everyone—our relatives, our friends, our servants, and ourselves.

What is to be taught? In the first place, teach what the patient needs to know and what the patient wants to know. The enthusiastic student nurse explaining in detail the dangers and possible complications of a tonsilectomy to a patient looking forward to that operation on the morrow is a menace to the peace and comfort of the ward. Remember the purpose of your teaching is to bring health. Your teaching will be effective only so far as you can make its practical value clear. The simple laws of healthy living are an excellent thing for the student nurse to start with. The essentials of a good diet, how much water the body needs, rest, exercise, sleep, cleanliness, these make a good starting point. Then come the early symptoms of disease, which, if headed off, so often prevent the advance of a serious illness by nipping it in the bud. How much suffering could be avoided if only people knew and heeded these early signs of cancer, tuberculosis, heart disease and all the rest! Another area about which there is appalling ignorance is the way disease is spread and precautions to prevent such spread. Then, last but not least, I must mention those great fields of ante-natal and post-natal health teaching and care, so sadly neglected. The cruel suffering and death which could be prevented should tug at our hearts. Mothers and babies dying by the hundred because ignorance and fear have cast their spell upon them.

How to teach. Simple explanation is the most used and may be the best way to teach. May I call your attention to the word *simple*. Forget your technical terms and talk so that the patient can understand you. One day on rounds I came upon a patient who was worried and wrought up. She grabbed at my hand and said, "I'm so glad you've come. The doctor and the nurse told me I had adipose tissue. What is it—cancer? I'm so afraid." I was glad the nurse knew the word adipose, but my opinion of her as a teacher was not improved by her use of it.

Many times it is better to teach by showing than by talking alone. How to fix the baby's bottle, how to make a mustard plaster, how to give yourself insulin,—all these things and the many others like them can only be made clear by demonstration. With a little planning and effort the student nurse can arrange and give the demonstration.

Stories and songs are of special use with children. There are many good health stories available, published by the Red Cross and by milk companies, and if you don't like the ones at hand, what is easier than to make up one of your own to suit your need?

Plays and puppet shows are a method as yet almost untouched in India. They hold great possibilities.

Posters, lantern slides and moving pictures are available and are an easy way to do group teaching.

Tremendous is the task that is before us. Important is the part each one has to play. As you enter more fully into a programme of health teaching for yourselves and for your students you will be surprised at the possibilities, the needs and the joys of such work. Do try it.

NEWS AND NOTES *(continued)*

Kaisar-i-Hind Gold Medal. We are delighted to hear that His Majesty the King-Emperor has honoured Miss Salmond of the Leper Sanatorium, Chingleput, by conferring upon her the Kaisar-i-Hind gold medal.

Miss Salmond has for many years worked untiringly for patients suffering from leprosy, and we are sure that all members will be delighted to congratulate her upon receiving such a well deserved honour.

The Nurses of India Ambulance Fund.

	Rs.	A.	P.
Amount published in August JOURNAL ...	1,539	7	3
Per Miss Midgley: Nursing Staff, Mission Hospital, Jalna ...	5	0	0
Miss Midgley and Nursing Staff, Mission Hospital, Juktial ...	10	0	0
Mrs. A. Leggatt ...	15	0	0
Per Miss Hutchings, Lady Dufferin Hospital, Calcutta: June Contribution ...	5	0	0
Miss L. M. Foreman ...	47	0	0
Miss A. M. Manooch ...	10	0	0
Her Excellency Lady Dow, on behalf of Miss Peters and the Nurses of the Civil Hospital, Karachi ...	5	0	0
Miss Jacob, on behalf of the Nursing Staff of the Medical College Hospital, Calcutta ...	420	10	6
Miss Spicer, Ajmer ...	60	4	0
	20	0	0
	<u>2,122</u>	<u>5</u>	<u>9</u>