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COMPREHENSIVE NURSING CARE

by

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Ahmed is admitted to the hospital in diabetic coma. Yesterday's nurse puts him to bed, observes and reports his symptoms, carries out the doctor's orders regarding insulin and diet, bathes him, sympathetically watches his improve, and sends him home with a diet list and instructions to return to clinic.

Today's nurse does all this, and more. She learns that Ahmed has a wife and eight children. She listens while he tells her his fear of never being well enough again to work and support his family, and she teaches him how he can learn to live with his diabetes. She learns what his family usually eats, and when his wife comes to visit, she helps her figure out how she can adapt the family diet to Ahmed's special needs. She teaches him how to care for his feet and how cleanliness will prevent infection. She learns that his wife and her neighbours must walk two kilometers each day to a well for water, and she tells Ahmed and his visitors about the Village Well Drilling Programme. She learns that there is no public health nursing service nor clinic in his village, and she reports this problem to her supervisor and to the doctor. Together, they make changes in Ahmed's diet and keep him in the hospital long enough so that his diabetes is regulated without insulin. She invites his wife to bring the children on one visitor's day, and directs them to the clinic where they can be vaccinated against smallpox, and can see the doctor about the baby's hernia. She sees Ahmed leave the hospital eagerly, secure in the knowledge that he can take care of himself and his family.

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Today's nurse is giving Comprehensive Nursing Care, which has been defined as including 'all of the aspects of teaching, counselling, guidance, curative and preventive care, and mobilization of family and community resources for the solution of health problems'.[1.]

This is not a new concept, but rather, a very old one. Long before the development of professional nursing, a kindly villager took care of her sick neighbour. She bathed and fed the patient, gave her pink pills, listened to her worries, entertained her with the village gossip, gave her advice about everything under the sun. In addition, she looked after the children, bandaged their cut fingers, admonished them to wash their faces and eat their breakfast. She even enlisted the support of the community, taking a collection to buy medicine for her patient and getting the men to clear the road so the patient could be taken by donkey cart to the next village to see the doctor. To the best of her ability, she too was giving comprehensive nursing care. Her effectiveness was limited only by her lack of scientific knowledge and skill.

With the development of modern medical science, patients were moved out of their homes to hospitals where they were stripped of their clothes, their personalities, and their families, and where they became the Appendectomy in Bed 5 and the Diabetic in Bed 8. To diagnose, to treat, and to cure became all-important, and the hospital nurse became a highly competent, impersonal technician, working and living in a world circumscribed by the walls of the hospital compound. Public health nurses tried to maintain the patient-family relationships of the old village nurse, but many of them also became victims of the wave of specialization. Prevention of disease itself became a specialty and we had tuberculosis control nurses, venereal disease control nurses, immunization clinic nurses, maternal and child health nurses, etc.

Comprehensive Nursing Care is a return to the warm personal care of the patient and his family as it was given by the village nurse of long ago, but reinforced by nursing knowledge and skills based on modern medical, public health, and social sciences. It treats the whole person and the whole family, and puts emphasis on the promotion of health and the prevention of disease as well as on the care of the sick.

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1. Fourth Report of the Expert Committee on Nursing, WHO Technical Reports Series, No. 167.

The benefits of this kind of nursing care are unquestionable. Unless he is helped to really understand his diabetes and control it, Ahmed will probably return to the hospital next month or next year in insulin shock or diabetic coma. Unless villagers are encouraged to boil their water or to build safe water supplies, babies will continue to die of diarrhea, and dysentery and typhoid death rates will climb higher. Unless the wife of the tuberculosis patient is taught how to take care of him and how to protect the children, we will never be able to provide enough tuberculosis hospital beds. Unless the desperately ill patient is able to talk about his fears and worries and is helped to want to get well, he will probably die in spite of the best drugs and surgical procedures.

But is it practical ? Can one nurse be all things to all people? With staff shortages and pressures of work, will she have time to give comprehensive nursing care? Wouldn't specialists be more effective?

Couldn't a public health nurse teach Ahmed and his wife about diabetes?

Yes, but only if the hospital doctor and nurse had known enough about his family diet habits and the facilities in his village to give him a diet and instructions which it was possible for him and his family to carry out.

Couldn't sanitarians help the villagers to build a better water supply?

Yes, and they would be needed. But it may happen that the village elders aren't convinced of the need for a different water supply until one of their number is desparately ill with typhoid fever and comes home from the hospital with the new knowledge of how his illness was caused and how it could have been prevented.

Couldn't a social worker do all the counselling and guidance that a patient needs, thus freeing the nurse for her medications and treatments?

Perhaps, but to many patients the social worker is a stranger; but they know the nurse, she has helped them, and they feel that they can talk to her.

Couldn't the public health nurse who is visiting a mother and new baby refer to clinic the older child who is burning up with fever and obviously needs a temperature sponge bath and medical care?

Unless she gives the nursing care that is needed and helps get the child under medical care, her teaching will probably fall on deaf ears.

Because of her intimate relationship to people in times of crisis -- birth, illness, death -- the nurse has a unique opportunity and an obligation to be friend, supporter, counsellor, and health teacher, as well as to minister to their physical needs. It is this combination of skills and services that is nursing. She need not be a psychiatric social worker, a sanitary engineer, a community development specialist, any more than she needs to be a physician. She has certain knowledge and skills in common with each of them, but only she can use them in a nursing situation. At the same time, she is often the most effective referral agent to bring the patient and his family or community together with these specialists when their help is needed.

Pressures of work will certainly limit the amount of time the nurse can spend with any one patient or his family, but time is not the first and most important pre-requisite to the giving of comprehensive nursing care. The real essentials are: sound health knowledge and nursing skills; sensitivity to people's health needs and problems and their readiness to accept help; and the ability to see and use everyday opportunities to give this help. Thus, the good hospital nurse, whose major responsibility will always be the care of the sick, will listen while she gives a bath, teach while she gives an injection, and make plans for home care and rehabilitation as she walks down the corridor with the visitors. And the good public health nurse, whose major responsibility is health teaching and prevention of illness, will give bedside nursing care or teach a member of the family to give it when it is needed. The five minutes either of these nurses take to refer a patient or his family to a physician or a clinic or the right health or social agency may save many hours of nursing time in the future.

"Taking the time to understand the patient as a person may save time. This is the real efficiency in nursing. And it is creative nursing in the highest sense."[1]

SOME IMPLICATIONS FOR NURSING EDUCATION

Our selection of students must continue to improve. Only a mature, truly, professional person can do comprehensive nursing with all of it's present day implications. This means that candidates for nursing schools must have not

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1. Keezer & Leone: Our Future Patients and Their Nursing Needs. American Journal of Nursing, Vol 57 No. 1 p.50.

only good intelligence and a broad general education, but a personal warmth and affection for people and a wide margin of tolerance and acceptance of people as they are; not only intellectual curiosity, initiative, and resourcefulness, but the time honored sense of dedication and service. This implies the development of better aptitude tests, and of better interviewing and selection skills. Most important, our present students and graduates must demonstrate by their daily practice that nursing is a profession worthy of attracting the highest quality of applicants.

We need to humanize and personalise the nursing curriculum; to pursue scientific facts to their practical application in daily living. Perhaps the student nurse should study People and Their Health and Nursing Care Needs rather than the Principles and Practices of Nursing. She studies nutrition, but is often unconvinced of the need to change her own poor diet habits. She studies microbiology but often looks only into a microscope instead of looking at the animals defecating in the public water supply or the mosquitoes breeding in the little pond behind the hospital. She learns how to give the patient a bath and make his bed, but may not be taught how to use this close contact to encourage him to talk and to listen to what he says. She learns to be friendly to visitors and to refer their difficult questions to the doctor, but too often she is not taught how to direct their questions into helpful conversation about the patient and his family and his care after he returns home. She learns about sanitation, but only infrequently is she encouraged to organize her little community of fellow students to do something about the insanitary condition of the toilets in the nurses residence.

Health and social aspects of nursing should be a part of every course that is taught in the nursing school, and should develop the knowledge and skill needed to:

> Understand people as individuals and members of families, their growth and development, their behaviour and how it is influenced by psychological, social, and cultural differences;
>
> Observe and identify health needs, social and emotional as well as physical;
>
> Know the essential factors that contribute to health, prevent disease, and promote rehabilitation;
>
> Teach through conversation, demonstration and discussion, putting scientific information into language people of varying backgrounds can understand; and use other community resources to help people solve their health problems.1.

1. Report of European Conference on Public Health Nursing, Regional Office for Europe, World Health Organization, Copenhagen, 1959.

In addition to this 'health' content of all basic nursing, many schools will be able to add the theory and field practice needed to prepare the students for public health nursing practice.

Broadening and deepening of the curriculum requires creative teachers who use people as well as textbooks as resource material for their classes. They need to be in the clinical situation with the students as much or more than they are in the classroom. They need time to plan their teaching and to evaluate its effectiveness; and to exchange ideas with their professional colleagues. They need opportunities for advanced training, to deepen their nursing and general knowledge as well as to learn teaching techniques. Non-nurse teachers should be more widely used, not so much as visiting lecturers, but as regular part-time members of the faculty who are thoroughly acquainted with the school's educational objectives and whose teaching is an integral part of the whole.

Both students and teachers need to move out beyond the hospital walls at regular intervals, both professionally and personally. It may not be possible to plan a block of public health experience for all students, but they can visit selected patients in their homes, study how people live, where they buy their food and how much they pay for it, etc.; and they can become acquainted with the other health and social services in the community. They can read the newspapers, use the libraries, participate in civic and social activities, and learn how to use some of their leisure time with people outside their own professional group.

We need firm support from our medical colleagues and from hospital administrators, hospital boards, and government health officials for this broadened concept of nursing and education for nursing. Thoughtful medical leaders are beginning to be critical of the high degree of technical specialization in medical practice and are urging an expansion of general practice of 'social medicine' where all the physician's skills in preventative as well as curative medicine are centered on the patient as a member of a family and a community. This new social minded physician will demand nursing care on the same level. Others of our professional colleagues will need careful interpretation and demonstration of the effectiveness of comprehensive nursing care before they are willing to provide the time, the staff, the training, and the climate in which this kind of nursing can be learned and practised.

SOME IMPLICATIONS FOR NURSING SERVICE

Team Nursing

Functional assignment, where one nurse gives all the penicillin, another does the dressings, an aide takes the temperatures, etc. is efficient in an assembly-line fashion, but it completely depersonalizes nursing care. In some highly organized hospitals there is even a 'nurse who teaches'. No one in the parade of workers through the patient's room has time nor feels the responsibility for learning to know him as a person. This fragmentation of services for one patient is not nursing. Team nursing, where one nurse (with her little team of assistants or auxiliaries) has full responsibility for the care of a certain number of patients will give the patient the reassurance that 'Miss X is my nurse', and yet it will provide a means for using less well trained people to extend the effectiveness of the nursing service.

Assignment of duties within the patient-centered nursing team requires a high degree of judgment on the part of the nurse team leader. Frequently, the highly complicated treatment must be given by the professional nurse. Yet in other situations, the auxiliary may be taught to perform certain technical tasks very capably, thus freeing the nurse for longer more intimate contacts with the patient who needs her most. Bathing, making the bed, and reassuring a fretful apprehensive convalescent may require a much higher degree of nursing skill than giving an injection or changing the dressing of a patient who has recently had surgery.

Reassessing the Value of Nursing Routines

One cannot continue indefinitely to add to nursing responsibility without taking something away or leaving something else undone. The use of auxiliaries has been one way of relieving the nurse of some of her routine functions so that she could take on new and more important ones. But are all these routines necessary? Why does the cardiac patient need his temperature taken every four hours or even twice a day or daily? Why does the patient who has slept poorly need to be awakened and bathed before breakfast? Why must all baths be given, beds made, and treatments done before early morning doctors' rounds ? Why should well babies have their temperatures taken every time they come to clinic? Why should sterile technic be used if clean technic is all that is necessary? As we continue to individualize nursing care, it should be possible to reassess

the value of nursing routines, eliminate some, and readjust others to meet individual patients' needs.

In-Service Education

Comprehensive nursing care cannot be given by one member of a staff--it is the function of the whole nursing team, and is best done in a situation where all hospital services are patient-centered. An in-service education programme where, at regular intervals, the doctor, the dietitian, the social worker, and the public health nurse join with the nurses and auxiliary nurses to discuss the needs and problems of a particular patient will have far-reaching effects in improving total care for all patients. In the same way, the hospital nurse and her colleagues will have a real contribution to make to the public health nursing staff conference. There should be a sharing of information about patients and about social and health facilities outside the hospital as well as within the hospital, and a plan for easy communication between them.

Supervision and Satisfactions

Yesterday's nurse could go off duty with an immediate sense of satisfaction. Patients had been bathed and beds made on schedule, medications and treatments had all been given, doctors' rounds went smoothly, her supervisor had visited and found everything in order, and now the patients were tucked in for the night, the ward quiet, the records and reports written. Her work was finished.

But the work of today's nurse is never finished. Her satisfactions are less immediate and the demands on her as a person are great. All day long she has been interacting with people, giving a little of herself in each contact with a patient or a co-worker. There seems to be no answer to many of her patients' problems. There is always more she wishes she knew about how to motivate a difficult patient to better health action, or how to find the right community agency to help him.

Nursing administrators need to recognize that this nurse needs a creative kind of supervision and consultation which is far different from the inspection of the past. She needs a professional colleague with whom she can share her problems and anxieties and who can help her realize job satisfaction.

To be successful in giving comprehensive nursing care is probably the highest skill a nurse can achieve. And yet, in the present day hierarchy of

nursing, advancement means leaving the bedside or the district and becoming an administrator or a teacher. Nursing planners need to find a way to give status and recognition to highly skilled practitioners of nursing.

IN CONCLUSION---

Nursing will have come of age when we can forget cliches like the 'whole person', the 'total patient', and 'family-centered care' because we understand and practice NURSING as warm, human, scientifically sound and intelligently applied CARE to PEOPLE, in sickness and in health.