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Rebecca Nissanka (Jadhav)

2nd Edition

Comprehensive Textbook on Foundation of NURSING-I

As per the Revised INC Syllabus for BSc Nursing

Foreword
Rupa Ashok Verma

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CONTENTS

1. **Introduction: Concept of Health.....1**
   - Health *1*
   - Maslow's Hierarchy of Needs *4*
   - Wellness or Wellbeing *4*
   - Illness *4*
   - Illness Behavior *5*
   - Risk *7*
   - Risk Factors *7*
   - Health Illness Continuum *8*
   - Factors Influencing Health and Illness *9*
   - Impact of Illness on Patient and Family *9*
2. **Healthcare Delivery Systems: Introduction of Basic Concepts and Meanings 11**
   - Healthcare Services *11*
   - Health Promotion, Wellness and Illness Prevention *11*
   - Levels of Illness Prevention *12*
   - Levels of Care *13*
   - Primary Health Care *14*
   - Primary Health Care and its Delivery *15*
   - Rehabilitation *16*
   - Hospice Care *17*
   - Types of Healthcare Agencies/Services *18*
   - Hospital *18*
   - Organization of Hospital Departments *20*
   - Healthcare Team *21*
3. **History of Nursing and Nursing as a Profession..... 23**
   - History of Nursing *23*
   - Nursing in Early Civilizations *23*
   - Early Christian Church and Hospitals *24*
   - History of Nursing in India *26*
   - Trained Nurses Association of India (TNAI) *29*
   - Development of Nursing Education *31*
   - Philosophy of Nursing *33*
   - Characteristics of Nursing Practice *34*
   - Nature and Scope of Nursing Practices *35*
   - Categories of Nursing Personnel *37*
   - Values Clarification and Values in Professional Nursing Caring and Advocacy *39*
   - Code of Ethics for Nurses *39*
   - Ethical Issues in Health Care *41*
   - Ethical Dilemma in Nursing *42*
   - Ethical Decision-Making Models *43*
4. **Communication and Nurse–Patient Relationship..... 44**
   - Communication *44*
   - Levels of Communication *45*
   - Elements or Components of Communication *46*
   - Communication Process *47*
   - Types of Communication *48*
   - Modes of Communication *49*
   - Factors Influencing Communication *49*
   - Methods of Effective Communication *50*
   - Rapport *50*
   - Zones of Personal Space *51*
   - Barriers to Effective Communication *51*
   - Communication Skills or Abilities/Professional Communication *52*
   - Helping Relationships (Nurse–Patient Relationship) *52*
   - Dimensions of Helping Relationships *52*
   - Phase of Helping Relationship *52*
   - Effective Communications *53*
   - Maintain Effective Human Relations with Special Reference to Communicating with Vulnerable Groups *54*
5. **Documentation and Reporting..... 56**
   - Documentation *56*
   - Record *57*
   - Types of Clients Records/Common Record Keeping Forms *58*
   - Medical Records *59*
   - Nursing Records *60*
   - Methods of Recording *61*
   - Standardized Care Plans *62*
   - Guidelines for Documentation *63*
   - Do's and Don'ts of Documentation/Legal Guidelines for Documentation/Recording *63*
   - Reports *65*
   - Examples of Charts Maintained in Hospitals *68*
6. **Vital Signs..... 70**
   - Guidelines for Taking Vital Signs *70*
   - Body Temperature *70*
   - Care in Rigor *79*
   - Hot and Cold Applications (Heat and Cold Therapy) *80*
   - Pulse *85*
   - Respiration *90*
   - Blood Pressure *96*
   - Scientific Principles *103*
7. **Equipment and Linen 109**
   - Housekeeping *109*
   - Equipment *110*

- Linen *110*
- Linen/Housekeeping Department *111*
- Rubber Goods *113*
- Care of Glassware *115*
- Care of Metal *115*
- Enamel Items *115*
- Plastic and Polyvinyl Chloride Items *116*
- Care of Plastics *116*
- Care of Furniture *116*
- Indent *117*
- Inventory *117*

8. Introduction to Infection Control in Clinical Settings 120
- Infection *120*
- Infection Control *120*
- Nature of Infection *120*
- Chain of Infection Transmission *121*
- Types of Infection *124*
- Stages of Infection *124*
- Factors Increasing Susceptibility to Infection *125*
- Defences Against Infection *126*
- Body Defences—Immunity and Immunization *126*
- Inflammatory Response *128*
- Immune Response *129*
- Healthcare-Associated Infection (Nosocomial Infection) *131*
- Isolation *133*
- Asepsis *133*
- Medical Asepsis/Clean Technique *134*
- Surgical Asepsis/Sterile Technique *135*
- Hand Hygiene *136*
- Medical Handwash *138*
- Surgical Handwashing *139*
- Hand Rub *140*
- Personal Protective Equipment *140*
- Transportation of Infected Patients *146*
- Standard Precautions for all Patient Care *146*
- Transmission-Based Precautions *148*
- Decontamination of Equipment and Unit: Routine Cleaning *150*
- Sterilizing/Disinfecting *151*
- Chemical or Cold Sterilization *152*
- Nursing Activities in Various Sterilization and Disinfection Procedures *154*
- Handling Sterile/Disinfected Supplies *154*
- Infection Control Team *156*
- Biomedical Waste Management *156*
- Segregation of Biomedical Waste Transportation and Disposal of Hospital Waste *158*
- Decontamination *159*

9. Comfort, Rest, Sleep, and Pain 161
- Comfort, Rest, and Sleep *161*
- Mittening Technique *161*
- Preparing an Open Bed/Unoccupied Bed *162*
- Preparing an Occupied Bed *164*
- Preparing a Postoperative Bed *165*
- Preparing a Cardiac Bed *165*
- Scientific Principles of Bed Making *166*
- Comfort Devices *166*
- Sleep *171*
- Sleep Disorders *173*
- Pain/Discomfort *174*
- Pain Assessment *174*
- Pain Management *175*
- Non-pharmacologic Interventions *176*
- Complementary Therapies and Alternative Healing Modalities *177*

10. Promoting Safety in Healthcare Environment 179
- Providing Safe and Clean Environment *179*
- Reduction of Physical Hazards *180*
- Role of Nurse in Providing Safe and Clean Environment *182*
- Restraints *182*

11. Hospital Admission and Discharge 186
- Admission of a Patient to a Hospital *186*
- Discharge from the Hospital *188*
- Transfer of the Patient *189*
- Referring the Patient *190*
- Care of the Unit After Discharge *190*
- Legal Implications in Admission and Discharge *190*

12. Mobility and Immobility 192
- Mobility and Immobility *192*
- Maintenance of Normal Body Alignment and Mobility *192*
- Principles of Body Mechanics *193*
- Factors Affecting Body Alignment and Activity *194*
- Exercise *194*
- Health Benefits of Exercise *195*
- Immobility *196*
- The Effects of Immobility *197*
- Maintenance of Normal Body Alignment and Activity *198*
- Body Balance *199*
- Alteration in Body Alignment and Mobility *199*
- Nursing Interventions for Impaired Body Alignment and Mobility Assessment, Types, Devices Used, Method *200*
- Assistive Devices Used, Method and Types *201*
- Range of Motion *202*
- Range of Motion Exercises *202*
- Purposes of Exercise for the Immobile Patient *204*
- Muscle Strengthening Exercises *205*
- Positioning *206*
- Body Position for Comfort *207*
- Positions for Physical Examination *209*
- Care of Patients with Immobility Using Nursing Process Approach *211*
- Care of Patients with Casts and Splints *212*
- Assisting with Application of Splints *214*
- Splints *215*
- Terminology Related to Body Mechanics *217*

13. Patient Education 218
- Patient Education *218*
- Role of Nurse in Patient Teaching *219*

14. First Aid..... 221
- Definition *221*
- Aims/Objectives of First Aid *221*
- Importance of First Aid *221*
- Principles of First Aid *221*
- Dressing *223*
- Bandaging *225*
- Bandages *226*
- Binder *237*
- Splints *238*
- Splinting *238*
- Slings *239*

First Aid Management 239
- Wounds *239*

Hemorrhage and Shock.....241
- Definition *241*
- Minor Bleeding *241*
- Severe Bleeding *241*

Shock.....243
- Types of shock *243*
- Causes *243*
- Signs and Symptoms of Shock *244*
- First Aid and Nursing Care for Shock *244*

Musculoskeletal Injuries.....244
- Fractures *244*
- Types of Muscle Injuries and its Causes, Treatments *246*

Transportation of an Injured Person.....247

Respiratory Emergencies 251
- Asphyxia *251*

Basic Cardiopulmonary Resuscitation.....253
- Definitions *253*
- Purposes *253*
- Indications *253*
- Basic Life Support *253*
- Advanced Life Support *255*
- Steps of the Cardiopulmonary Resuscitation *255*
- Risks of Cardiopulmonary Resuscitation *256*
- Points to Remember while Giving CPR *257*
- Recovery Position *257*
- Automated External Defibrillator *257*

Unconsciousness 258
- Definition *258*
- Types of Unconsciousness *258*
- Pathophysiology *258*
- Causes *258*

First Aid Management of Foreign Bodies.....260
- Foreign Body in Skin *260*
- Foreign Body in the Eye *260*
- Ear Injuries *261*
- Foreign Body in the Ear *261*
- Foreign Body in the Nose in Children *262*
- Foreign Bodies in the Nose *262*
- Foreign Bodies in the Throat *262*
- Foreign Bodies in Stomach *263*
- Foreign Body in the Mouth *263*

Heat Related Emergencies.....264
- Burns and Scalds *264*
- Effects of Heat *265*

Bites and Stings and Miscellaneous Emergencies 267
- Bites and Stings *267*
- Hanging and Strangulation *269*
- Poisoning *270*
- Drowning *271*

Community Emergencies.....271
- Disaster *271*
- Fires *274*
- Explosion *274*
- Flood *275*
- Earthquake *276*
- Tsunami *277*
- Famine *278*
- Pandemic COVID-*19* *278*
- Disaster Rescue Operations *279*
- Role of the Nurse in Disaster Management *280*
- Rehabilitation *281*
- Community Resources *281*
- Voluntary Agencies *283*

Index *287*

CHAPTER 2

Healthcare Delivery Systems: Introduction of Basic Concepts and Meanings

HEALTHCARE SERVICES

The term healthcare services cover a wide spectrum of personal and community services for treatment of disease, prevention of illness and promotion and health. The purpose of health services is to improve the health states of population. For example: Immunization of children can influence the incidence/prevalence of particular diseases. Provisions of safe water can prevent mortality and morbidity from water borne diseases. To be effective the health services must reach the social periphery, equitably, distributed, accessible at a cost the country and community can afford and socially acceptable.

"Healthcare services are, multitude of services rendered to individual, families or communities by agents of healthcare personal or professional for the purpose of promoting, maintaining, monitoring or restoring health."

— Francis and Mishra (2018)

"Healthcare services are combinations of efforts by different institutions, agencies, providers, clients, families, community aimed towards maintenance of health."

Scope or Components of Healthcare Services

Healthcare services comprise of:

- **Health promotion and illness prevention:** Health promotion involves the process of strengthen the host to maintain holistic (complete physical, mental, social and environmental) health and prevent illness. This is generally focused on risk factors.
- **Diagnosis and treatment:** Diagnosis is a major aspect of healthcare service as timely diagnosis reduce risk for major loss of client's health or increased degree of illness. Interventions done to regain the degree of health possible is stated to be the treatment.
- **Rehabilitation:** Rehabilitation is a dynamic, health-orientated process that aims to restore one's health to the fullest extent and cope with trauma and irreversible damage done.
- **Supportive care/continuing care:** It is multidisciplinary work performed to provide complete holistic care not only involving the client but also his/her relatives. This care is provides to a nonhospitalized patient suffering from chronic diseases.

HEALTH PROMOTION, WELLNESS AND ILLNESS PREVENTION

Introduction

Health care has become increasingly focused on health promotion, wellness and illness prevention. The rapid use of healthcare cost has motivated people to seek ways of decreasing the incidence and minimizing the results of illness or disability.

Definition

"Health promotion is the science and art of helping people change their lifestyle to move toward a state of optimal health."

— American Journal of Health Promotion

"Health and illness as affected by choices made by individuals. An individual takes responsibility for health and wellness that they affect a person's quality of life. Positive lifestyle choices and the avoidance of negative lifestyle choices may also pay a role in the prevention of illness. Prevention of illness has an economic impact in that it decreases healthcare costs."

Goals

- The concept of health promotion, wellness and illness prevention are closely related and in practice overlap to some extent. All are focused on the future, the difference between them involves motivations and goals.
- Health promotion activities such as routine exercise and good nutrition, help clients maintain or enhance their present levels of health. Health promotion activities motivate people to act positively to reach more stable levels of health.
- Wellness education teaches people how to care for themselves in a healthy way and includes topics such as physical awareness, stress management and self-responsibility. Wellness strategies are designated to help persons achieve new understanding and control of their lives.
- Illness prevention activities such as immunization programs protect clients from actual and potential threats of health. Illness prevention activities and potential to health illness prevention activities motivate people to avoid decline in health or functional levels.

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Importance of Nurses

- Nurses emphasize health promotion, wellness enhancing strategies and illness prevention activities as important forms of health.
- The goal of total health program is to improve a client's level of wellbeing in all dimensions, not just physical health.
- Total health program is based on the belief that many factors can affect a person's level of health.
- Tobacco use, nutrition, alcohol use, habituating drug use, driving, exercise, sexuality and contraceptive use, family relationships, risk factors, modification, coping and adaptation.

Specific Program for the Health Promotion

- Programs for specific healthcare problems.
- Support groups for HIV infected persons.
- Exercise program for persons with heart disease.
- Stress reduction program for persons under stress.

Operation of health promotion, wellness education, illness prevention program:

- By healthcare agency.
- Independent operation.
- Corporation for health promotion of employees.
- Community health centers.

Role of Nurse

- Consultant
- Referral service.

Goal

Improve client's level of health through preventive health services, environment protection and health education.

Types of Health Promotion Activities

- **Active strategies:** Individuals are motivated to adopt specific health programs, e.g., weight reduction and smoking cessation requires client to be actively involved in measures to improve their present and future level of wellness and decrease risk for disease.
- **Passive strategies:** Individuals gain from the activities of others without acting themselves, e.g., fluoridation of municipal drinking water, fortification of common salts with iodine.

LEVELS OF ILLNESS PREVENTION

Introduction

The goal of medical science is the protection, promotion and restoration of health and reducing pain and stress of patient. One way to achieve these goals can be through prevention. Levels of preventions are interventions done to minimize the risk of developing illness/disease.

This is achieved by following steps:

1. Identification of risk factors and susceptible group/risk groups.
2. Identification and knowledge of causes
3. Dynamics of transmission (in community/to other patients/to healthcare personnel)
4. Interventions done to restore and maintain health.

Prevention of Disease

Prevention of disease can be cone at the following level:

Primordial Prevention

- Primordial prevention is the prevention of the development of risk factors in the first place with lifestyle only and thus avoiding the use of medications to treat risk factors and expensive coronary procedures like coronary angioplasty and bypass surgery, saving money for the individual, family, and the society.
- It aims to prevent the occurrence of the risk factors by optimizing lifestyles and improved physical environments

Primary Prevention

- Primary prevention refers to the steps taken to prevent the onset of the disease.
- At this level, prevention aims at promoting health and inspiring the feeling of wellbeing, improving the standard of living and adopting certain special procedures for safety.
- Positive health or a conceptual desire to be healthy so as one can have a socially and economically fruitful life is an integral part of primary prevention.
- Steps taken for the prevention against diseases at this level include immunization, improvement in nutrition level and protection against accidents, etc.

Secondary Prevention

- This level includes the steps which check the growth of disease in its initial stages and avoid complications.
- Since it is not possible to stop all diseases at primary level because vaccines of all diseases are not available and all the accidents or injuries also cannot be prevented, so by diagnosing the diseases in its early stage and then by treating it properly reduces the risk of complications arising from the disease.
- The major techniques of secondary prevention are early treatment and implementing the health programs effectively.
- Though these techniques are very much expensive.

Tertiary Prevention

- It is possible to contain and control the disease even after the process of disease has started.
- Tertiary prevention includes all those procedures and actions which minimize the damage and disabilities caused by the disease, and those attempts which minimize the suffering of patient and reinforce his efforts to adjust to the prevailing conditions.
- This kind of prevention includes the measures to contain physical inabilities and disabilities while taking help of rehabilitation processes.

Difference between Level of Disease Prevention

See **Table 2.1**

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TABLE 2.1: Difference between level of disease prevention.

Specific prevention	*Primary prevention*	*Secondary prevention*	*Tertiary prevention*
• Use of specific immunization • Attention to personal hygiene • Use of environmental sanitation • Protection against occupation hazards • Protection from accidents • Use of specific nutrients • Protection from carcinogens	• Health education • Good standard of nursing adjusted to developmental phases of life • Attention of personality development • Provision of adequate housing and recreation as well as agreeable working conditions • Marriage counseling and sore education • Genetic screening	• Early diagnosis and prompt treatment • Case finding measures individuals and mass screening surveys • Selective examination to: ▪ Cure and prevent disease process ▪ Prevent spread of communicable disease ▪ Prevent complications ▪ Shorten period of disability • Disability limitations • Treatment to arrest disease process and prevent further complications • Provision of facilities to limit disability and prevent death	• Restoration and rehabilitation • Provision of hospital community facilities for training and education to maximize use of remaining capacities • Education of public and industry to use rehabilitated person to the fullest possible extent • Selective placement • Work therapy in hospital

TABLE 2.2: Leavell and Clark's level of prevention.

Level	*Phase of disease*	*Aim*	*Action*	*Target*
Primordial	Underlying economic, social, and environmental conditions leading to causation	Establish and maintain conditions that minimize hazards to health	Measures that inhibit the emergence of environmental, economic, social and behavioral conditions	Total population or selected groups; achieved through public health policy and health promotion
Primary	Specific causal factors	Reduce the incidence of disease	Protection of health by personal and community efforts, such as enhancing nutritional status, providing immunizations, and eliminating environmental risks	Total population, selected groups and individuals at high-risk; achieved through public health programs
Secondary	Early stage of disease	Reduce the prevalence of disease by shortening its duration	Measures available to individuals and communities for early detection and prompt intervention to control disease and minimize disability (e.g., through screening programs)	Individuals with established disease; achieved through early diagnosis and treatment
Tertiary	Late stage of disease (treatment, rehabilitation)	Reduce the number and/or impact of complications	Measures aimed at softening the impact of long-term disease and disability, minimizing suffering: maximizing potential years of useful life	Patients; achieved through rehabilitation

Leavell and Clark's Level of Prevention

See **Table 2.2**

LEVELS OF CARE

Health Care

- Health care or health facilities have a direct relation to the human being itself.
- Health facility is the fundamental right of every citizen.
- Medical services are an integral part of health facilities.
- Basically, health facilities mean health services.
- In other words, providing services for prevention, diagnosis, treatment, promotion, rehabilitation and health education are the major constituents of health services.

It can be defined as:

"Health services are the services provided by health organizations, agencies or their representatives to individuals, families or communities for the promotion, preservation or prevention of health."

Characteristics of Health Care

- **Relevance:** Health services should be in accordance with health requirements, priorities, and policies.
- **Comprehensiveness:** It should incorporate the preventive, therapeutic and health promotion services in suitable proportions.
- **Availability and adequacy:** Health services should be appropriate and proportionate to the population enough to satisfy people's needs.
- **Feasibility:** For the skilled management of health services, these should be logical, and in accordance with the available resources like, time, labor and the material, etc.
- **Accessibility:** Services should be available within the geographical and economic limits. These should be within

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the reach of citizens and should be taking care of their cultural values and realities.

Levels of Health Care (Fig. 2.1)

- **Preventive care:**
  - Education
  - Prevention.
- **Primary care:**
  - Early detection
  - Routine care.
- **Secondary care (acute care):**
  - Emergency treatment
  - Critical care (intense and elaborate diagnosis and treatment).
- **Tertiary care (special care):**
  - *Special care:* Highly technical services for clients in a large geographical area.
- **Restorative care:**
  - Intermediate follow-up care—surgical, postoperative, routine care, routine medical care.
- **Rehabilitation:**
  - Home care.
- **Continuing care:**
  - Long-term care
  - Chronic care
  - Personal care
  - Hospice care.
- **Primary health care:**
  - At this level, primary contact is established between the individual and the health agencies.
  - Primary health care is very important in diagnosing, solving and treating health problems at grassroots level.
  - Organizations like health sub centers and primary health centers are very effective in providing primary health services.
  - These health services pay more attention to disease prevention.

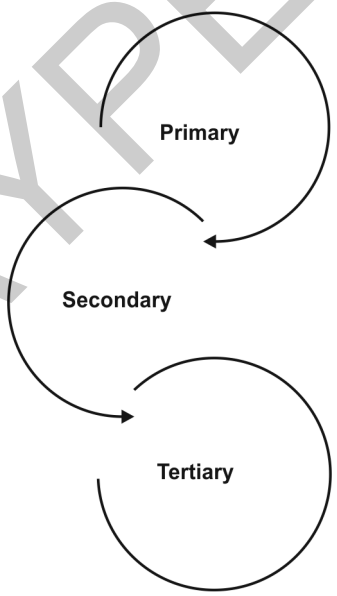

Fig. 2.1: Levels of health care.

- **Secondary health care:**
  - Some of the complicated problems of health can be faced at this level, and therapeutic services can also be provided.
  - Community health centers and district hospitals provide health services at this level.
- **Tertiary health care:**
  - Other than providing health services, planning, management, and research work is also executed at this level.
  - Most of the educational and training programs, for the health workers are also conducted at this level.
  - Providing the services of specialists and assisting community at primary and secondary stages is the responsibility of health management at this level.
  - Here it is worth mentioning that to achieve the goals of community health more attention should be paid to primary level services.
  - Although a lot more is yet to be done in this direction.

PRIMARY HEALTH CARE

Definition

"Primary care is defined as provision of integrated, accessible healthcare services by clinicians, who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with clients, and practicing in the context of family and community."

The emphasis is on personal healthcare services.

Theoretical Views on Caring

Caring is universal phenomenon that influences the ways in which people think, feel, and behaves in relation to one another. Caring in nursing has been studied from a variety of philosophical and ethical perspectives since the time of Florence Nightingale. A number of nursing scholars have developed theories on caring because of its importance to the practice of nursing as well as the existence of human kind.

Primary Care (Benner and Wrubel)

The works of Patricia Benner (1984) and Benner and Wrubel (1989) offers nurses a rich, holistic understanding of nursing practice and caring through the interpretation of expert nurses' stories.

- The essence of excellent nursing practice is caring.
- The nurses' behaviors and decisions that express caring.
- Caring means that persons, events, projects, and things matter no people.
- It is a word for being connected. Because caring determines what matters to a person, it describes a wide range of involvements, from parental love of friendship, from caring for one's clients.
  "Caring creates possibility."
- Personal concern for another person, an event, or thing provides to care.
- Caring is an inherent feature of nursing practice, whereby nurses help clients to recover in the face of illness, to give

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meaning to that illness, and to maintain or re-establish connection.
- Caring makes nurses notice which interventions are successful, and this concern then guides future care giving.
- Clients are not all the same. Each individual brings a different background of experiences, values, and cultural perspectives to a healthcare encounter. Caring is always specific and relational for each nurse-client encounter.
- Caring facilitates, a nurse's ability to know a client allowing the nurse to recognize a client's problems and to find and implement individualized solutions.

Because illness is the human experience of loss of dysfunction, any treatment or intervention given without consideration of its meaning to an individual is likely to be worthless. Expert nurses understand the difference between health, illness, and disease. Through caring relationship, nurses learn to listen to clients' stories about their illness so that an understanding, therapeutic, client-centered care can be provided.

PRIMARY HEALTH CARE AND ITS DELIVERY

Definition

"Primary health care is essential health care made universally accessible to individuals and acceptable to them through the full participation and at the cost the community and country can afford".

—*WHO*

Elements/Aim of Primary Health Care (Fig. 2.2)

- Education concerning prevailing health problems and the methods of preventing and controlling them.
- Promotion of food and proper nutrition.
- An adequate supply of safe water and basic sanitation.
- Maternal and child health care including family planning.
- Immunization against major infectious disease.
- Prevention and control of locally endemic disease.
- Appropriate treatment of common disease and injuries.
- Provision of essential drugs.

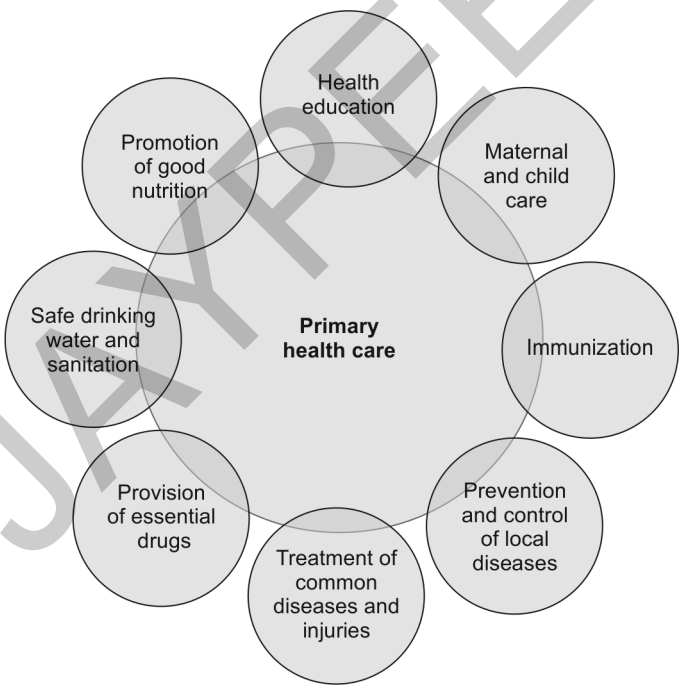

Fig. 2.2: Elements of primary health care.

Principles of Primary Health Care

- **Accessible:** Covering both rural and urban populations.
- **Affordable:** To be maintained and sustained, thus, promoting self-reliance.
- **Appropriate technology:** This does not mean primitive technology. Oral rehydration therapy (ORT) for prevention of dehydration is an example of advanced technology, simpler, cheaper and more effective than the intravenous approach.
- Involvement/participation of the individual and the community.
- **Intersect:** Overall action for health and overall social development.
- Emphasis on promotive and preventive aspect in addition to curative aspects.

The realization of health goals and objectives, requires that the primary health care as defined above needs to be translated into action. Health service infrastructure at the primary level needs to reoriented to take new roles in line with primary healthcare approach.

Organization of Healthcare System According to Primary Healthcare Concept

The primary healthcare approach is a way (strategy) for planning, organizing and providing of health care to achieve the maximum possible improvement in health and welfare of the community with the available resources.

As primary healthcare approach is community-oriented approach, the organization of health care starts with the people, individuals and families, and communities. These need to be connected with the health facilities at primary level, secondary level, and tertiary level with effective system of referral.

Primary Level

This level starts with individuals/families, to the first health facility. Health personnel work closely with other sectorial personnel and with the community to support provision of essential health care for all the community.

This is the most important level of the health system being the first line of action.

Secondary Level

This level cares for people requiring services, not available at the primary healthcare level. It serves as referral for the primary health level. It should also provide support for the primary level.

Tertiary Level

This level is more specialized, with more trained personnel and more sophisticated diagnostic and therapeutic technology. It is usually located at medical college hospital, regional and national medical centers.

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Primary Health Center

Primary health center is the first contact point between people and doctor. Primary health center is established to cover 30,000 populations in plain and 20,000 population in rural/tribal areas. Establishment and maintenance of the center are done under the minimum basic need program of the state governments. The work of PHC is looked after by a medical officer. There are 4 to 6 beds for patients and some diagnostic facilities for patients are also available at PHC.

The Cost-Benefit of Primary Health Center

Only through a healthcare system based on PHC, it is expected to make major gains in terms of reduction of morality, morbidity and improving the quality of life.

Countries committed to PHC and eager to bring of the majority of their populations will direct their policies and efforts more in favor of primary health care.

Personal/Staffing

The following staff/personal should be employed in PHC:

Staff/personal	*Requirement*
Medical officer	1
Nurse	1
Female health worker/ANM	1
Pharmacist	1
Block extension educator	1
Health assistant male	1
Health assistant female/LAV	1
Lower division clerk	1
Upper division clerk	1
Lab technician	1
Fourth class servant	4
Driver (if vehicle available)	1
Total	**15**

Functions of PHC

- Medical Care
- Basic Sanitation and Clean Supply
- Treatment and Prevention of Endemic Disease Reproductive and Child Health, Collection of Vital
- Statistic, Family Planning Program/Services
- Health Education
- Referral Services Basic Laboratory Tests/Services
- National Health Program
- Training of Village Health Guide, Local daises, Health
- Worker and Health Assistance.

Responsibilities of Nurses in Primary Health Care

In 1984 following responsibilities were based in best trained/nurses by the expert committee of World Health Organization for taking care of primary health:

- Assessing the health level of individual and community.
- Activating the participation of the community and encouraging the individuals to participate.
- Providing treatment in emergencies and taking care of the general health.
- Referring the patients to specialists (following the referral systems).
- Keeping an eye on the epidemics.
- Training and supervising other health workers. Coordinating with other health program.
- Observing the progress of primary health care.

Major responsibilities of primary health care lie with community health nursing. Therefore, it is essential that community health nursing system is further developed and strengthened, soon the nurses can after duty discharge their responsibilities related to primary health.

REHABILITATION

Rehabilitations mean the restoration of one's physical, mental, social, vocational and economic capacity to the fullest extent to which one is capable.

"Rehabilitation is a treatment process designed to help physically handicapped individual to make maximum use of residual capacities and to enable them to obtain optimal satisfaction and usefulness in terms of themselves, their families and their communities."

—Helen J Fasner

"Rehabilitation is a program designed to enable the individual who is physically disable, chronically ill convulsing to live and to work to the at most of his capacity. It is an integral part of client's noninstitutional and community responsibility in meeting the problem of chronic illness."

—Dr Howard Rusk

Rehabilitation is creative process that begins with immediate preventive cure in the first degree of accident or illness. It is continuing through the reparative phase of care and inventive a classification after whole being to a new life.

Rehabilitation is the process of maximizing and individual's abilities and resources to promote optimum growth and focusing on the individuals decision-making ability. This begins with preventive care in initial stage of accident and/or illness, it continues through the restorative phase and it involve adaptations to new life.

Philosophy of Rehabilitation

Rehabilitation is a dynamic, health-oriented process that assets an ill or disable individual to achieve the greatest possible level of physical, mental, spiritual, social and economic functioning the rehabilitation process help the person to achieve an expectable quality of life with dignity, self-respect and independent.

Rehabilitation programs are designed for individual with physical mental and emotional disabilities. During rehabilitation, the individuals is assisted to adjust the disability by learning low power use resources and to focus existing abilities are emphasized.

Rehabilitation Team

Rehabilitation is a creative and dynamic process that require a team of professional working together with patient and family.

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Each health professional is assessed the patient's needs within the discipline domain. Team members meet in group lesson at frequency intervals and collaborate, to evaluate process, and to modify goals as needed to facilitate rehabilitation.

The patient is the key member of the rehabilitation team. Patient is the focus of the team effort and that one whom determines the final cautions of the process.

The patient family is incorporated into the team. Only by incorporating the family into the rehabilitation process can make the family adapt to the change in one of its members.

The family provides organized support; participate in problem solving in learning to provide necessary organized care.

In rehabilitation nurse develops therapeutic and supportive relationship with the patient and the family the nurse always emphasizes the patients assess and stronger. During nurse patient interception, the nurse actively listens, and encourage and shares the patient's triumph. The patient is praised for efforts to improve self-concepts and self-care abilities.

The nurse assumes role of care-provider, teacher, counselor, patients advocate and consultant. Frequently the nurse if the care manager responsible for coordinating the total rehabilitative plan. The nurse collaborates with and coordinate the service provided by all members of the healthcare team including some health nurse who is responsible for directing the patients care after return to the home. The rehabilitation team also must include a physician, surgeon, psychiatrist, physical therapist, occupation therapist, speech and language therapist, pathologist, psychologist, social worker, vocational council or orthologist and rehabilitation engineer.

Basic Aim of Rehabilitation

Three basic aim of rehabilitation considered in the care given by all the members of the health team.

- **Prevent further impairment example of preventive measures are:** When there is an automobile accident the ambulance driver is probable the person to handle the injured person. The worker moves the persons from the street into the ambulance may prevent further injury, in emergency room nurse also prevent further impairment by her knowledge of body mechanic, body alignment and first aid. If we visit the patient throughout his hospital stay, we will see necessary actions taken to prevent contracture, foot drop, pressure low, dependent and so on.
- **Maintaining existing ability:** Maintaining existing ability actually entails preventing additional injury or deterioration of unevaluated parts. For example, there is a need to be emphasis on the maintenance of the ability of noninjured part. Why should someone with a fractured leg develop hypostatic pneumonia? Why should be a young child develop a press ache from wearing leg brace? Nurses can make some additional treatment of tough hospitalization if required because of a lack of knowledge on the part of their caring for the patient.
- **Restore as much function as possible:** The third aim of rehabilitation is to restore as much function as possible in injured or disease part. The nurse works with the health team to help the patient to regain strength to restore speech, to walk to relearn activities of daily living and to gain new ways to handle bowel and bladder problems. While prevention of further impairment and maintenance of existing ability continue throughout patient's rehabilitations programs.

Role of the Rehabilitation Nurse

At least some rehabilitation knowledge is required by the nurses while working with patients. We often forget about the physical disabilities threat accompany mental disease. If a person with schizophrenia is allowed to sit in a chair throughout the day, he can strike live fusion contractures. We frequently do not use appropriate psychiatrist knowledge in care of patients with psychiatrist problem. It is up to the nurse to apply the appropriate comment and techniques to the patients under her care.

Knowledge skill and attitude-Certain knowledge skills and attitudes, while pertinent to many areas of nursing, care required in fretted depth by the nurse who works with patient having a chronic illness or in a rehabilitation program.

Continuing Care

Clients across the lifespan that have long-term healthcare needs are the chronically ill and disabled. Continuing care describes a collection of health, personal, and social services provide over a prolonged period to persons who are disabled, who never were functionally independent or who suffer a terminal disease. Continuing care is available within institutional settings (e.g., nursing centers of nursing homes, group homes, and retirement communities) or the home (e.g., homecare, home-delivered meals, and hospice).

HOSPICE CARE

The hospice movement was founded by physician Saunders in London 1967. Hospice care focus on care and support of terminally ill clients and family with goal of facilitating a peaceful and dignified death. Hospice care is based on holistic concepts, emphasize care to improve quality of life rather than cure, support the client and family through the process and support the family through bereavement.

The condition of usually deteriorates and attention needs to be focused on caregivers to ensure that they are receiving support and resources as these changes occurs. If the hospice team meets regularly, these needs can be discussed and interventions initiated. Physical needs are usually apparent, but emotional and behavioral signs are more often subtle.

The principle of hospice care can be carried out in variety of setting, the most common being home and hospital-based unit. Hospice care is always provided by a team of both health professionals and nonprofessionals to ensure a full range of care services.

Philosophy of Hospice Care

- Assisting the psychological, physiological and spiritual problems
- Using a family-oriented approach
- Alleviating pain and other symptoms in the advanced stages of disease

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- ❖ Offering professional and voluntary services to meet individual's needs
- ❖ Making the client as comfortable as possible.

Principle of Hospice Care

- ❖ Provide physical comfort
- ❖ Provide psychological counseling
- ❖ Assist the client to maintain ability to participate in life
- ❖ Provide an environment that emphasize the quality of life on daily basis rather than longevity
- ❖ Provide assurance that client and family will not be alone in a moment of crisis
- ❖ Provide an environment that permits the clients the clients to return of his own schedule of activities of daily living
- ❖ Encourage the client to be surrounded by familiar and belonging
- ❖ Provide assessment of changing needs
- ❖ Facilitate grieving of the client and family
- ❖ Provide the client with evidence of family, friends and staff care about what the client thinks and feels
- ❖ Provide the client with opportunity to die with dignity in familiar and caring surrounding

Characteristics of Hospice Program

- ❖ Co-ordination of home and institutional care
- ❖ Client and family is considered as one unit
- ❖ Availability of physicians and healthcare providers
- ❖ Care is provided by an inter disciplinary team
- ❖ Control of symptoms and pain
- ❖ Availability of care 24 hours a day
- ❖ Follow-up care for bereaved families
- ❖ Open communication between staff, volunteers, clients and family

TYPES OF HEALTHCARE AGENCIES/SERVICES

Types of Healthcare Agencies

The healthcare system of India may be defined as the industry which provides health services (health activities) so as to meet the health needs and demands of individuals and co mm unity. It operates in context of the socioeconomic and political system of the country. It is represented by the five major sectors or health agencies which differ from each other by the health technology applied and by the source of funds for operation.

These five major sectors or health agencies are the following:

1. **Public agencies:**
   - Public health centers
   - Hospitals:
     - Rural hospitals
     - District hospitals
     - Specialist hospitals
     - Teaching hospitals
   - Health insurance schemes:
     - Employees state insurance
     - Central government health schemes.
   - Other agencies:
     - Defense service
     - Railways.
2. **Private agencies:**
   - Private hospitals, polyclinics, nursing homes and dispensaries
   - General practitioners and clinics.
3. **Indigenous systems of medicine:**
   - Ayurveda and Siddha
   - Unani and Tibbia
   - Homeopathy
   - Unregistered practitioners.
4. **Voluntary health agencies**
5. **Vertical health program:** Known as National Health Prog ram such as WHO, UNICEF, Rockefeller Foundation, etc. The health agencies in the hospitals and community deal with the major health problems of India such as:
   - Communicable disease problems
   - Nutritional problems
   - Environmental sanitation problems
   - Medical care problems
   - Population problems.

Healthcare services are rendered to the people by the professional staff, technical staff, auxiliary staff and unskilled staff of the hospital and community health agencies to meet the health problems and health needs. The general functions of healthcare agencies are:

- ❖ Sanitation
- ❖ Control of communicable diseases
- ❖ Public health education
- ❖ Individual's health protection promotion
- ❖ Research on disease and protection.

Health Insurance Schemes

- ❖ **Employees state insurance (ESI):** It was introduced in 1948. Employees working under this scheme are given maternity benefits, medical care in cash and kind, benefits in case of employment injury, pension for dependents on death of worker due to employment injury, etc.
- ❖ **Central government health scheme (CGHS):**
  - This scheme was introduced in 1954 in New Delhi.
  - It covers employees of autonomous organizations, retired Central Government servants, widows receiving family pension, MP's, Ex Governors and retired judges.
  - There are about 42.76 lakh beneficiaries through 320 dispensaries/hospitals in India.

HOSPITAL

Hospital is an organized establishments which work for the fulfillment of healthcare needs of population at large. The word "hospital" is derived from French word "hospitale" and Latin word "hospitalis". The word "hospitale" means "hospitality" as hospital was considered to be a temporary place of occupancy for sick and injured. While "hospitalis" means "host".

Definition

"Hospital is an integral of a social and medical organization, the function of which is to provide for the population, the complete health care, both curative and preventive and whose outpatient services reach out to the family and its home

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environment. The hospital is also a center for the training of health workers and for bio-social research."

—WHO

"Hospital is an institution for the care, cure and treatment of the sick and wounded, for the study of diseases and training of doctors and nurses"

—Steadman's Medical dictionary

Physical Setup of the Hospital

Location

- Should be in a moderately populated area.
- Should be at a higher ground to avoid flooding.
- Should be well connected to roads and other civil infrastructures.
- Area should not be polluted (noise, air, water, etc.)
- Should have open space around

Basic Provisions (Basic Facilities)

- Adequate ventilation and light.
- Safe drinking water.
- Proper waste management.
- Clean and working drainage.
- Insects and pest free environment.

Classification of Hospitals

On the Basis of Number of Beds

Classification	*No. of beds*
Small hospital	=<100
Medium hospital	Between 101 to 300
Large hospital	>300

On the Basis of Health Committee Report

Classification	*No. of beds*
Teaching/referral hospital	>500
District hospital	Between 200 to 300
Taluka hospital	Between 50 to 200
Community health center (CHC)	Between 30 to 50
Primary health center (PHC)	Between 6 to 10

On the Basis of Control or Ownership

- **Government or public hospitals:** These are run by Central or State Governments or local bodies on noncommercial lines. These are tax supported. They can be general hospitals or specialized hospitals or both.
- **Nongovernment hospitals:** They are supported by client's fees, gifts, or endowments. Nongovernment hospitals are further classified as either proprietary or nonprofit organization. Proprietary hospitals are owned by individuals, partnerships or corporation whose dividend is shared by the partners. They can be:
  - *Voluntary hospitals*, which are established and incorporated under the Societies Registration Act, 1860, or Public Trust Act, 1882, or any other act of the Central or State Governments. They are run by public or private funds on a noncommercial basis.
  - *Private nursing homes/hospitals:* They are generally owned by an individual doctor or group of doctors. They are run on a commercial basis.
  - *Corporate hospitals:* They are public limited companies formed under the Companies Act and are run on commercial lines. They can be either general or specialized or both.

On the Basis of Objective

- **Teaching cum research hospital:** The primary objective is training of doctors and research. Health care is secondary, e.g., medical college hospitals.
- **General hospitals:** These hospitals offer treatment for common diseases. The main objective is to provide medical care, whereas teaching is secondary, e.g., Taluk headquarters hospitals, PHC, etc.
- **Specialized hospitals:** These hospitals concentrate on giving medical and nursing care in a specific area, e.g., ophthalmic hospital, orthopedic hospital, heart hospital, etc.
- **Isolation hospital:** This is a hospital in which client requiring isolation or clients suffering from communicable diseases are taken care of.
- **Rural hospitals** are those located in rural areas permanently staffed by at least one or more physicians, which offer inpatient accommodation and provide medical and nursing care for more than one category of medical discipline.

On the Basis of System of Medicine

- **Long-term care hospital or chronic care hospital:** In this client stays in the hospital for a long time and the disease may be of chronic nature, e.g., leprosy, cancer, etc.
- **Short-term care hospital or acute care hospital:** In this the client stay in the hospital for a short period only and the disease is usually of acute nature, e.g., pneumonia, gastroenteritis.

On the Basis of Management

- Hospitals run by Union Government/Government of India, e.g., hospitals run by Railways, Military, Defense.
- Hospitals run by State Government. All hospitals administrated by state/union territory.
- Hospitals run by local bodies, e.g., hospitals run by Municipality, Zilla parishad, Panchayat, etc.
- Autonomous bodies, e.g., AIIMS, New Delhi, NIMHANS, Bengaluru.
- Private hospital, e.g., MAHE, Manipal, Hinduja Hospital, Bombay.
- Voluntary hospital, e.g., CMC, Vellore.

Functions of Hospital

The primary functions of a hospital is to provide medical care to the people in the community:

Functions within the hospital:

A. **Therapeutic:**
- Diagnostic
- Curative

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- Rehabilitative
- Emergency management

Diagnostic and therapeutic services: The chief function of the hospital is to provide care to the patient by early diagnosis of illness and provide treatment to the patients.

Emergency and critical care: Hospital provide care to the patients with acute illness in emergency conditions and advanced care for life threatening diseases.

Rehabilitation: Rehabilitation is an essential aspect of all health care and it is one of the functions of hospital. Special units have been established in hospitals to help persons with physical disabilities that keep them moving freely in their environment. They admit both inpatients and outpatients in the unit. Initially rehabilitation focuses on preventing complications and later, services begin towards maximizing the functioning and increasing the level of independence of the client. Such an effective rehabilitation involves the client, family and the whole healthcare team which is only possible in a hospital.

B. **Preventive:**

- Antenatal and postnatal care
- Family welfare services
- Well baby clinic and immunization service
- Control of communicable disease
- Health education: Individual and Group

Prevention of disease: There is a provision of routine health assessment, health supervision, immunization and outpatient services in the hospitals that will help in prevention of diseases. Hospitals also prevent the spread of disease by using isolation to separate the infectious patients and helps to raise the health standards

C. Education:

- Medical education—UG, PG, Doctorate
- Nursing education—UG,PG, Doctorate
- Specialty education:
  - Diploma in operation theater technique
  - Diploma in neonatal care
  - Diploma in ICU care
  - Diploma in cardiac care
  - Diploma in burns management
- Paramedical education:
  - Laboratory MLT
  - X-ray
  - Dialysis
  - Pharmacy
- Community health education
- Research:
  - Clinical medicine
  - Nursing
  - Administration

Education of medical workers: Doctors, nurses, dietitians, social workers, physical therapists, technicians, hospital administrators and other medical and paramedical people are taught within the hospital and much of what they must learn in order to practice their professions.

Medical research: Hospital offer medical workers opportunities for investigations by laboratory facilities, trained personals, patients and accumulation of records which are not available elsewhere. This research is thought to be such an important factor in the successful practice of medicine and the advancement of medical science.

Function Outside the Hospital

- Outpatient Services
- Outreach Programs
- Domiciliary Services
- Home Care
- School Health
- Industrial Health

Investigation, diagnosis and care of the sick and injured: According to the condition of the patient, they are examined or the necessary investigations are done in the outpatient department for the diagnosis. Then they are treated either as an outpatient or inpatient.

Health supervision and prevention of disease: In the outpatient departments provisions are available for the routine health examinations and supervision of antenatal and postnatal mothers, health supervision and immunization of sick and healthy children and other services to persons in normal conditions. Hospitals prevent the spread of diseases by isolating the patients with communicable disease and help to raise the standard of health in the community by health education.

The Changing Role of Hospitals

- Curative to preventive
- In patient care to outpatient and home care
- Acute to chronic illness care
- Tertiary and secondary care to primary health care

The Important Factors/Functions that Led to the Changing Role of Hospitals

- Improved socioeconomic status
- Increased health awareness
- Improved transportation and communication
- Rapid advancement in medical science and technology
- Rise in population demanding more hospital beds
- Government's duty to provide health care to its citizens.

ORGANIZATION OF HOSPITAL DEPARTMENTS (FIG. 2.3)

In the hospitals various departments are maintained and organized. The main objective of all the departments is to provide quality services to the patients. Each department needs coordination from other department for effective and smooth working for the patient welfare. Hospitals have following departments

Medical department includes:

- **Outpatient department:** Outpatient department is the one where all patients except those who require emergency treatment, came for various services in the hospital. The size of OPD depends upon the volume of attendance, clinics provided and emergency department.

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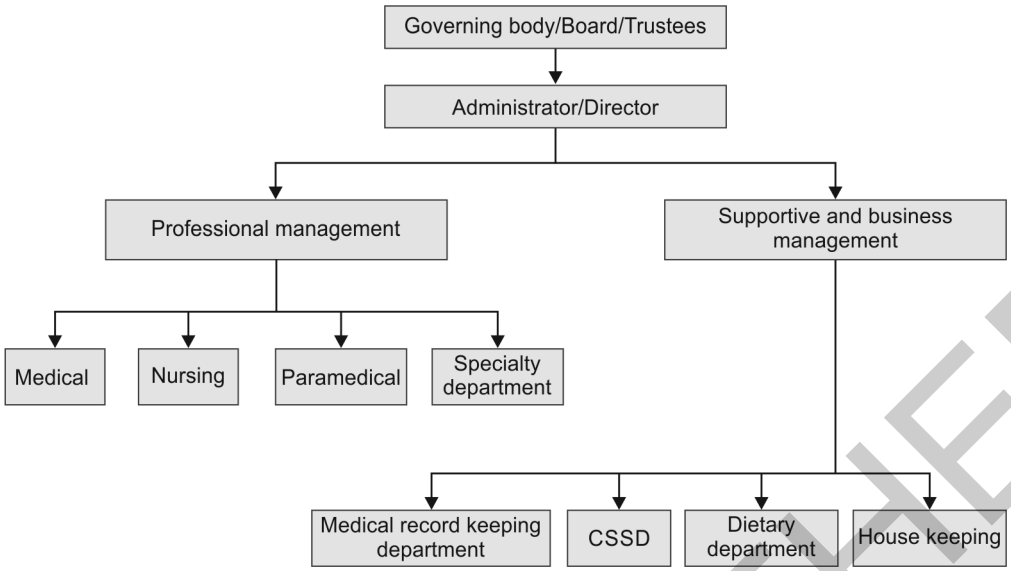

Fig. 2.3: Organization of management in hospital.

- **Medicine/treatment/in-patient departments:** Patients admitted to different departments due to any specific illness and different departments provide the treatment and care as per needs of the patients. It includes emergency unit, gastroenterology, surgery, Intensive care unit, burn unit, pediatric unit, neurology, psychiatric, urology, obstetric or gynecological unit, post anesthesia care unit or rehabilitation unit.
- **Nursing department:** Nursing is one of the important departments in the hospital or other healthcare delivery setting where patients with similar needs are grouped to facilitate the delivery of care by healthcare professionals trained in that specialty. Typically, a nurse manager or matron is in charge of the unit.
- **Paramedical departments:** Laboratory services includes hematology, bacteriology, serology, biochemistry, para sitology, virology, histopathology and blood banking.
- **Pharmacy department:** Pharmacy is a crucial factor in medical care. It has the following responsibilities in relation to selection, purchasing, compounding, storing, dispensing of drugs and medicines for the patient care.
- **Radiology department:** It includes the imaging and radiology unit. It is located in a place where there is easy accessibility for outpatients and inpatients clients.

Nonmedical departments include:

- **Medical records department:** In a hospital medical record department houses the records of patients who have been admitted to the hospital and subsequently have been discharged, transferred to ambulatory care services, left against medical advice or expired.
- **Central sterile supply department (CSSD):** This is a department that furnishes all supplies required for the nursing units and departments of a hospital-theatres, wards, out-patient and casualty departments with complete, sterile equipment ready and available.

HEALTHCARE TEAM

Healthcare team comprises the group of members who coordinate in order to provide comprehensive care to the patients. In most practice settings, the nurse work with other members of the team. The involvement of many different persons in the client's health care has the risk of fragmenting care. Nurses have the other professionals in the healthcare team they coordinate and integrate various services within the care plan.

Definition

Team:

"A team means a set of specially prepared persons working together for a common goal". — *CP Thresyamma*

Health team:

"Health team consists of particular group of healthcare professionals to provide total care for clients".

— *CP Thresyamma*

The healthcare personnel commonly included in health team are (Fig. 2.4):

- **Physician:** Physician, dentists, surgeons, psychiatrist and other professional healthcare specialists must pass examination in their specialty to become certified and be permitted to practice in their area of specialty. Physicians trained in family medicine, general medicine and general pediatrics are considered primary care providers. Common specialty includes:
  - Cardiology
  - Neurology
  - Obstetric and gynecology
  - Pediatrics
  - Psychology
  - Ophthalmology
  - Radiology and surgery, etc.

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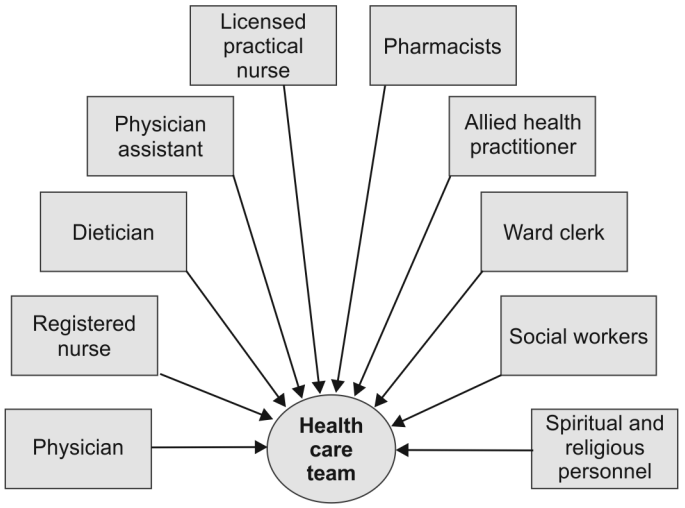

Fig. 2.4: Members of healthcare team.

- **Registered nurse:** A registered nurse is a graduate and licensed by the state, to practice nursing. Registered nurse focus on the health promotion and disease prevention and are major care providers for sick and injured clients.
- **Dietician:** Dietician is trained in to provide dietary and nutritional services in the hospital. They recommend diet as per the nutritional requirements of the patients.
- **Physician assistant:** They are the healthcare professionals licensed to practice with physician's supervision. They can conduct physical examination, diagnosis and treat illness, order, interpret test and counsel on the preventive health care. They can assist the physician in office, ambulatory centers, nursing homes, community health centers, etc.
- **Licensed practical nurse:** LPN practices under the supervision of the RN, medical physician and surgeon. Nurse practitioner must have diploma and license to practice. The activity of the LPN is based on the scope of practice outlined in given state's nurse practice act.
- **Pharmacists:** A pharmacist is a graduate in pharmacology and licensed to practice, compound and dispense drugs when presented with the prescription from a physician, dentist and other practitioner.
- **Allied health practitioner:** These can be divided into therapists, technologist and technicians and assistants in physical therapy, respiration, therapy, surgery, radiology, sonography.
  - Technician and assistants have an associated degree and require supervision from therapist or technologists.
  - Therapists and technologists receive more advanced training to evaluate the client's problem
- **Ward clerk:** He/she is mainly a secretary maintaining patient's record, ordering supplies, performing receptionist duties and directing the flow of traffic in the patient care unit.
- **Social workers:** Social workers help the clients and families to cope with problems resulting from long term illness, injury and rehabilitation. Social workers may or may not have a bachelor's degree or diploma.
- **Spiritual and religious personnel:** Different clients and their families come from different backgrounds. Pastoral care workers provide spiritual care which is an integral part of holistic health care.

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