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NURSING

Foundation-I

As per the Revised Nursing Syllabus





I Clement

2nd Edition

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CHAPTER

History of Nursing and Nursing as a Profession

Learning Objectives

- History of Nursing, History of Nursing in India
- Contributions of Florence Nightingale
- Nursing: Definition, Concepts, Philosophy, Objectives, Characteristics, Nature and Scope of Nursing/Nursing Practice, Functions of Nurse, Qualities of a Nurse, Categories of Nursing Personnel
- Nursing as a Profession: Definition and Characteristics/ Criteria of Profession
- Values: Introduction—Meaning and Importance
- Code of Ethics and Professional Conduct for Nurses

TERMINOLOGY

- **Basic nursing care:** Care that can be performed following a defined nursing procedure with minimal modification in which the responses of the patient to the nursing care are predictable.
- **Board of nursing:** The state-specific licensing and regulatory body that sets the standards for safe nursing care, decides the scope of practice for nurses within its jurisdiction, and issues licenses to qualified candidates.
- **Chain of command:** A hierarchy of reporting relationships in an agency that establishes accountability and lays out lines of authority and decision-making power.
- **Code of ethics:** A code that applies normative, moral guidance for nurses in terms of what they ought to do, be, and seek. A code of ethics makes the primary obligations, values, and ideals of a profession explicit.
- **Dysphagia:** Impaired swallowing.
- **Ethical principle:** An ethical principle is a general guide, basic truth, or assumption that can be used with clinical judgment to determine a course of action. Four common ethical principles are beneficence (do good), nonmaleficence (do no harm), autonomy (control by the individual), and justice (fairness).
- **Evidence-based practice:** A lifelong problem-solving approach that integrates the best evidence from well-designed research studies and evidence-based theories; clinical expertise and evidence from assessment of the health consumer's history and condition, as well as health care resources; and patient, family, group, community, and population preferences and values.
- **Expressive aphasia:** The impaired ability to form words and speak.
- **Licensed practical nurse/Vocational nurse (LPN/LVN):** An individual who has completed a state-approved practical or vocational nursing program, passed the NCLEX-PN examination, and is licensed by their state Board of Nursing to provide patient care.
- **Malpractice:** A specific term that looks at a standard of care, as well as the professional status of the caregiver.
- **Morality:** Personal values, character, or conduct of individuals within communities and societies.
- **Negligence:** A "general term that denotes conduct lacking in due care, carelessness, and a deviation from the standard of care that a reasonable person would use in a particular set of circumstances."
- **Nurse Licensure Compact (NLC):** Allows a nurse to have one multistate license with the ability to practice in the home state and other compact states.
- **Nursing:** Nursing integrates the art and science of caring and focused on the protection, promotion, and optimization of health and human functioning; prevention of illness and injury; facilitation of healing; and alleviation of suffering through compassionate presence. Nursing is the diagnosis and treatment of human responses and advocacy in the care of individuals, families, groups, communities, and populations in recognition of the connection of all humanity.
- **Nurse Practice Act (NPA):** Legislation enacted by each state that establishes regulations for nursing practice within that state by defining the requirements for licensure, as well as the scope of nursing practice.

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- **Patient confidentiality:** Keeping your patient's protected health information (PHI) protected and known only by those healthcare team members directly providing care for the patient.
- **Primary care:** Care that is provided to patients to promote wellness and prevent disease from occurring. This includes health promotion, education, protection (such as immunizations), early disease screening, and environmental considerations.
- **Protocol:** A precise and detailed written plan for a regimen of therapy.
- **Provider:** A physician, podiatrist, dentist, optometrist, or advanced practice nurse provider.
- **Quality:** The degree to which nursing services for health care consumers, families, groups, communities, and populations increase the likelihood of desirable outcomes and are consistent with evolving nursing knowledge."
- **Registered nurse (RN):** An individual who has graduated from a state-approved school of nursing, passed the NCLEX-RN examination, and is licensed by a state board of nursing to provide patient care.
- **Safety culture:** A culture established within healthcare agencies that empowers nurses, nursing students, and other staff members to speak up about risks to patients and to report errors and near misses, all of which drive improvement in patient care and reduce the incident of patient harm.
- **Scope of practice:** Services that a qualified health professional is deemed competent to perform and permitted to undertake—in keeping with the terms of their professional license.
- **Secondary care:** Care that occurs when a person has contracted an illness or injury and is in need of medical care.
- **Tertiary care:** A type of care that deals with the long-term effects from chronic illness or condition, with the purpose to restore physical and mental function that may have been lost. The goal is to achieve the highest level of functioning possible with this chronic illness.
- **Nursing:** Nursing is an art, science and profession by which we render, serve to human being to help him to regain or to keep a normal state of body and mind and when it cannot accomplish this, it help him for the relief from physical pain, mental anxiety or spiritual discomfort.
- **Profession:** A profession is an occupation with moral principles that are devoted to the human and social welfare. The service is based on specialized knowledge and skill developed in a scientific and learned manner.
- **Professional conduct:** Professional conduct is behaving with a real sense of dignity and respect for the service given for the patient and for theses with which one works.
- **Beneficence:** The state or act of intentionally doing or producing good. The principal of beneficence involves duties to prevent harm, remove harm, and promote the good of another person. The obligation of healthcare professionals to seek the well-being or benefit of other patients. Duties of beneficence concern the welfare of others.
- **Competent:** A legal concept that describes people who are able to make decisions for themselves. Minors are presumed to be incompetent, except under certain specified conditions. The corollary medical-ethical term is decisional capacity.
- **Confidentiality:** The professional-client promise not to reveal information without consent.
- **Durable power of attorney for health care:** An advance directive that goes into effect in the event that a patient who has completed such a document loses decisional capacity. Allows an individual to name a person(s) who is empowered to make healthcare decisions when the individual becomes incapacitated.
- **Emancipated minor:** A teenaged minor, who is legally, independent of parental control and who can thus give informed consent to medical treatments.
- **Ethics committees:** An interdisciplinary group that deals with conflicts of values in patient care in acute and long-term settings. Such committees discuss policy issues (e.g., regarding withholding and withdrawing of life-sustaining treatments) respect for patient dignity.
- **Expended role:** Expanded role of nursing means enlargement of nurse with the bonders of nurse.
- **Empathy:** Intellectual and emotional awareness and understanding of another person s thoughts behaviors and feelings
- **Nurse anesthetics:** A nurse who completed the course of study in an anesthesia school and carries out preoperative status of clients.
- **Nurse practitioner:** A nurse who has completed either as certificate program or a master's degree in a specialty and is also certified by the appropriate specialty organization. She is skilled at making nursing assessments, performing PE, counseling, teaching and treating minor and self-limiting illness.
- **Professional conduct:** Professional conduct is behaving with a real sense of dignity and respect for the service given for the patient and for theses with which one works.
- **Sympathy:** Balancing someone's feeling especially in his sorrow or trouble
- **Informed consent:** The legal and ethical requirement that no significant medical procedure can be performed until the competent patient has been informed of the nature of the procedure, risks and alternatives, as well as the prognosis if the procedure is not done. The patient must freely and voluntarily agree to have the procedure done.
- **Nonmaleficence:** The state of not doing harm or evil; see also beneficence.
- **Privileged communication:** Information communicated to an attorney, physician, spouse, or counselor that may

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not be revealed, even in court, without the consent of the person who made the statement.
- **Proxy consent:** Voluntary informed consent given on behalf of another who is for some reason incapable of giving it for himself or herself.
- **Abortion:** Expulsion or removal of a usually nonviable fetus. (a fetus that cannot live outside the uterus at that time).
- **Active euthanasia:** The ending of another person's life by an aggressive method to end suffering.
- **Assault:** A deliberate act wherein one person threatens to harm another without consent and the victim feels the attacker has the ability to carry out the threat.
- **Credential:** A predetermined set of standards establishing that a person has achieved professional recognition in a specific field of health care.

TERMS AND ABBREVIATIONS

- **ADON:** Assistant Director of Nursing—is there to always assist and back up the head director when not available or absent
- **APN:** Advanced Practice Nurse—a nurse who is educationally past the post-graduate level
- **BN:** Bachelor in Nursing
- **BSN:** Bachelor of Science in Nursing
- **CEN:** Certified Emergency Nurse
- **CCU:** Critical care unit
- **CDN:** Certified dialysis nurse
- **Change nurse:** A change nurse looks after the immediate functions of a specific unit
- **CNL:** Clinical nurse leader
- **CNA:** Certified nurse assistant
- **CNM:** Certified nurse-midwife
- **CNP:** Clinical nurse specialist
- **CPM:** Certified Professional Midwifes
- **CPR:** Cardiopulmonary resuscitation
- **Continuous medical education:** Is an all-encompassing term within a broad spectrum of post-secondary learning activities and programs.
- **Diploma in nursing:** Hospital based diploma program, takes about three years to complete.
- **DNP:** Doctor of Nursing Practice
- **DON:** Director of nursing is one who oversees that proper care is given to all individuals at their healthcare facility and usually reports to the CEO or COO of the company.
- **EMT:** Emergency medical technician
- **ENP:** Emergency Nurse Practitioner
- **ER:** Emergency room
- **FDA:** Food and Drug Administration
- **Fight nurse:** A flight nurse provides pre-hospital emergency assistance, to patients aboard aircrafts and helicopters in life-threatening situations.
- **Geriatric nurse:** Focuses of this nurse is with elderly or older adult patients
- **Graduate nurse:** A nurse that has just graduated from college or a nursing program
- **Human growth and development:** Involves areas related to child health
- **ICU:** Intensive care unit
- **IV:** Intravenous
- **LPN:** Licensed practical nurse—needs only complete an accredited nursing program and pass a state board to practice, but must work under physicians.
- **Mental health:** Focuses on psychiatric and/or child psychology nursing
- **Midwifery:** Providing care to childbearing women during pregnancy
- **MRI:** Magnetic resonance angiography
- **Neonatal nursing:** Nurses that work with newborns up to 28 days old
- **Nephrology:** Study of the kidneys
- **NCLEX-RN exam:** National licensing exam to become a registered nurse
- **NCLEX-PN exam:** National licensing exam to become a practical nurse
- **NICU:** Neonatal intensive care unit
- **NNP:** Neonatal nurse practitioner
- **NP:** Nurse practitioner
- **Nurse manager:** A nurse manager is a nurse that manages a unit on all levels and will typically report back to a service director.
- **Nursing agency:** A type of business that helps nurses find hospitals and other care facilities that are in need of health care professionals, like nurses.
- **Nursing board certifications:** These voluntary exams are offered by the board; to those that would like to prove knowledge of a specific specialty and be recognized for it.
- **Oncology:** Study of cancer
- **OR:** Operating room
- **Pediatric nurse:** A nurse that focuses on working with children patients
- **Per diem nurse:** Works on a day-to-day basis with no set schedule and under no set contract.
- **Permanent nurse:** A nurse who works under contract in one location
- **PEN:** Pediatric endocrinology nurse
- **Physician assistants:** Licensed professionals that practice medicine under the supervision of a licensed
- **Physician PICU:** Pediatric Intensive Care Unit
- **PNP:** Psychiatric nurse practitioner
- **Post-op:** After operation
- **Practice setting:** A place where a nurse might work such as a hospital or clinic
- **Pre-op:** Before operation
- **Psychiatric nurse:** Also known as a mental health nurse is one that is specially trained to care for individuals of all ages that suffer from mental illness or distress.

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- **Public health nursing:** Centered on theory, practice and specializations.
- **Registered nurse (RN):** One who has graduated from college and passed the national license exam.
- **Service director:** A director will usually oversee an entire facility and have other nurse mangers reporting to them regarding the larger organization as a whole.
- **Scope of practice:** Terminology used by state licensing boards for professions that define the procedures, actions, and processes that are permitted for the licensed individual.
- **SICU:** Surgical intensive care unit
- **Travel nurse:** A nurse who works for short periods of time with different healthcare facilities.

INTRODUCTION

Nursing has been called the oldest of the arts and the youngest of the profession. The word nurse evolved from the Latin word nutritious, which means nourishing. The roots of medicine and nursing are intertwining and found in mythology, ancient eastern and western cultures and religion. Nursing, besides being an honorable profession, is one of the oldest arts and an essential modern occupation. Nursing is one of the greatest of humanitarian services and all people whether ill or well, rich or poor, literate or illiterate, young or old, at work or at play, in or out of hospital, are in some way or other, directly or indirectly closely associated with it. Nursing has its own body of knowledge scientifically based and humanitarianism that promises expanded benefits to people and society. It assists the individual or family to achieve their potential for self-direction for health.

HISTORY OF NURSING

The word "nurse" originally came from the Latin word "nutrire", meaning to suckle, referring to a wet-nurse; only in the late 16th century did it attain its modern meaning of a person who cares for the infirm. From the earliest times most cultures produced a stream of nurses dedicated to service on religious principles. Both Christendom and the Muslim World generated a stream of dedicated nurses from their earliest days. In Europe before the foundation of modern nursing, Catholic nuns and the military often provided nursing-like services. It took until the 19th century for nursing to become a secular profession.

Nursing has been called the oldest of the arts and the youngest of the profession. The word nurse evolved from the Latin word nutritious, which means nourishing. The roots of medicine and nursing are intertwining and found in mythology, ancient eastern and western cultures and religion. Nursing is defined by various authors at various times. Henderson says "nursing is primarily assisting the individuals (sick or well) in the performances of those activities, contributing or its recovery (or to a peaceful death) that he would perform unaided, if he had the necessary strength, will or knowledge". The unique contribution of nursing is to help the individual to be independent or such assistance as soon as possible.

Nursing, besides being a honorable profession, is one of the oldest arts and an essential modern occupation. Nursing is one of the greatest of humanitarian services and all people whether ill or well, rich or poor, literate or illiterate, young or old, at work or at play, in or out of hospital, are in some way or other, directly or indirectly closely associated with it. Nursing has its own body of knowledge scientifically based and humanitarianism that promises expanded benefits to people and society. It assists the individual or family to achieve their potential for self-direction for health.

DEVELOPMENT OF NURSING PROFESSION

In its development as a profession, nursing has struggled with its definition, its image, and its role in the healthcare delivery system **(Fig. 3.1)**. This is due in part to its history and the fact it has both theoretic and practical aspects. The role of the nurse in the healthcare delivery system has probably never been more important than it is today.

- Nursing is distinct from medicine. Medicine deals with diagnosis and treatment of disease and nursing is concerned with caring for the person.
- The position nursing occupies as a profession is often judged against sociologically developed characteristics of a profession **(Box 3.1)**. Not everyone agrees that nursing meets those standards.
- The standards of a profession typically include seven requirements: (1) possess a well-defined and well-organized body of knowledge; (2) enlarge a systematic body of knowledge and improve education; (3) educate its practitioners in institutions of higher learning; (4) function autonomously in the formulation of policy; (5) develop a code of ethics; (6) attract professionals who will be committed to the profession for a lifetime; and (7) compensate practitioners by providing autonomy, continuous professional development, and economic security.



Fig. 3.1: Development of nursing profession.

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Box 3.1: Characteristics of nursing.

- Nursing is caring.
- Nursing involves close personal contact with the recipient of care.
- Nursing is concerned with services that take humans into account as physiological, psychological, and sociological organisms.
- Nursing is committed to promoting individual, family, community, and national health goals in its best manner possible.
- Nursing is committed to personalized services for all persons without regard to color, creed, social or economic status.
- Nursing is committed to involvement in ethical, legal, and political issues in the delivery of health care.

- Nursing also has struggled with the terms "profession" and "professional." At times, the characteristics of the "professional" become confused with the formal concept of a profession.
- Nursing has struggled with its image. Various groups have waged campaigns to improve the image of nursing and thus make it a more attractive profession. A number of groups have launched campaigns to address this issue.
- The image of nursing today is viewed as a critical issue because of the nurse shortage. A positive image is needed to attract qualified individuals into the profession.
- Since the beginning of the 20th century, nursing has been a much-studied profession. Early studies dealt with nursing education; later studies dealt with the image of nursing, nurses themselves, and with nursing's role in healthcare delivery.
- As nursing has developed as a profession, more attention has been directed to establishing a unique classification and nomenclature for nursing. Efforts are being made to do this on an international basis.
- Nursing as a profession has many traditions, some of which are being challenged today. Among the traditions are the pin, the cap and the uniform and nursing ceremonies. **Flowchart 3.1** shows categorical themes of nursing.

Flowchart 3.1: Categorical themes of nursing.

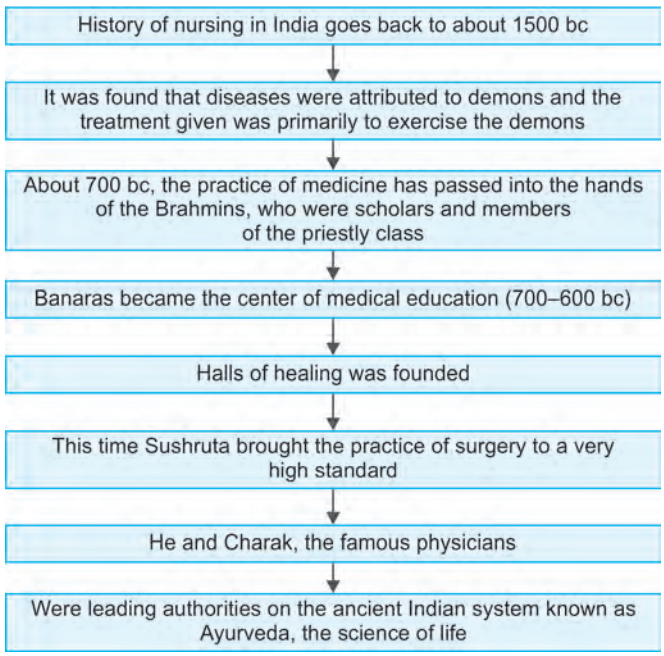
Categorical themes	Aggregate factors
• Too many entry levels • Qualifications confusing • Roles difficult to discern	Variety of education/ credentials
• Image not considered important • Letting others define nursing's image • Professional organizations not promoting image	Image not a priority
• Not though to be leaders • Little role modeling • Lack of advocacy (for self or others)	Lack of leadership development
• Core professional values unclear • Professionalism not taught • Uncaring behaviors tolerated on job	Lack of professionalism
• Nurses shown as angels or sex addicts • TV nurses demonstrate poor work ethic • Online images reflect old stereotypes	Portrayals in the media and online
• Individual experiences with nurses vary • Patience have a limited view • Not all nurses leave same impression	Patients' personal experiences
• Treated as inferior decision makers • Competitive culture, little collaboration • Lack of respect from doctors/physicians	Treatment by other professional colleagues
• Female nurses seen as subservient • Nurses seen only as caregivers • Shortage of males reinforces assumptions	Gender role assumptions

HISTORY OF NURSING IN INDIA

Nursing originated independently, existed many centuries without contact with modern medicine. The member of the family at home met the nursing needs of the sick. Evolution of medicine, surgery and public health into complicated technical area requiring many procedures by persons specially trained and having understanding of scientific principles, which brought two professions closer and together.

Nursing in India **(Flowchart 3.2)** is the practice of providing care for patients, families, and communities in that nation to improve health and quality of life. History indicates that the principles and practices of nursing in India are ancient. Prior to the 20th century, Indian nurses were usually young men, with women acting as midwives for assisting with child birth. The acceptance of nursing as a profession in India is improved a lot with good quality of education and clinical exposure to students **(Flowchart 3.3)**.

Flowchart 3.2: Nursing in India.



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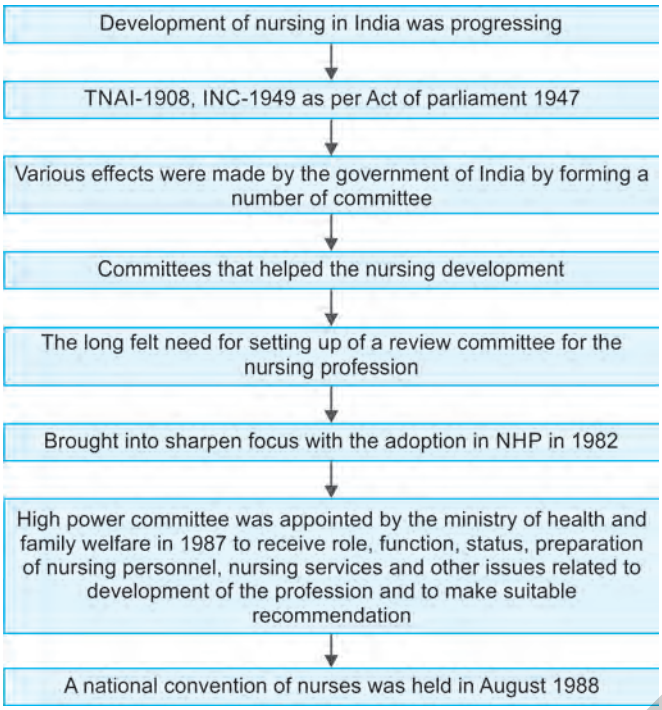
Flowchart 3.3: Present scenario of nursing in India.



Ancient History of Nursing in India

- The ancient history of nursing in India is the practice of care for medical patients in that nation. Its history indicates that the principles and practices of nursing are ancient.
- The first school of nursing was started in Government General Hospital, Chennai with a six-month diploma midwives program with four students in 1871. The first nursing school for women was inaugurated at Kanpur's Saint Catherine's Hospital by Dr Alice Marval.
- Four female superintendents and four trained nurses from England were posted to Chennai. Between 1890 and 1900, many schools, under either missions or government, were started in various parts of India. In the 20th century, national nursing associations were started.
- In 1897, BC Roy worked to the standards of nursing and nurses of both sexes.
- The ancient history of nursing in Indian practices is so clear, that many of them might fit into any of the modern textbooks.
- Prior to the 20th century, Indian nurses were usually young men, with women acting as midwives for assisting with childbirth.
- The acceptance of nursing as a profession in India was obstructed by the low status of women, the caste system, illiteracy, and political unrest.
- Formal nursing was not explored in the ancient era until the 17th century. Each village had a midwife/traditional birth attendant to meet the maternal and child health needs of the people.
- Military nursing was the earliest type of modern nursing, introduced by the Portuguese in the 17th century. In 1664, the East India Company started a hospital for soldiers at Fort St George, Chennai. In 1797, a lay-in-hospital for the poor was built in Chennai.

Nursing in Prehistoric Times

There is no historical evidence available on ancient history on nursing care of sick in primitive times discovered through myths, songs and archeologist. To get rid of 'evil spirit' unpleasant conditioning like beating, starving, magic rites, nauseous medicines, loud noises sudden fright are used methods. Primitive man had the skill of massaging, fermentation bone setting, amputation, hot and cold bath, heat to control hemorrhages.

Role of nurse in primitive period: Women were protecting and caring for their children, aged, sick members of the family. Nursing evolved to response to the desire to keep healthy as well as provide comfort to sick. This was reflecting in caring, comforting, nourishing and cleansing aspect of the patient. These love and hope were expressed in empirical practice of nursing.

Nursing-Vedic Period (3000–1400 BC)

Indian medicines are found in the sacred books of "Vedas". The 'Ayurveda' is thought to have been given by Brahma. 1400 BC Sushruta, known as 'Father of Surgery' in India wrote a book on surgery years later 'Charaka' wrote a book on internal medicine. By these writings we can learn that those days surgery had advanced to a high level, also had 4 wings of treatment 'Chatushpada Chikitsa'.

1. Physician—Bhishak
2. Nurse—Upacharika (Attendant—Anuraktha)
3. Therapeutic drugs—Dravya
4. Patient—Adhyaya

Characters of Upacharika (Nurse)

1. **Shuchi:** Pure or clean in physical appearance and mental hygiene.
2. **Daksha:** Competency
3. **Anuraktha:** Willing to care
4. **Buddhiman:** Co-ordinator with the patient and doctor/ intelligent.

Nursing Post Vedic Period (600 BC–600 AD)

- Medical education introduced in ancient Universities of 'Nalanda' and 'Thakshashila'. King Ashoka (272–236 BC) constructed hospitals for the people and animals.
- Prevention of the disease was given first importance and hygienic practices were adopted.
- Cleanliness of the body was religious duty. Doctors and midwives were to be trustworthy and skillful. They should wear clean cloths and cut their nails short.
- Lying rooms were kept well ventilated. Religious ceremonies and prayer precede co-operations.

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- The nurses were usually 'men' or 'old women'. Women are restricted activities at home and cared for sick members in the family during 1 AD period superstition and black magic replaced more in daily practices.
- Medicines are remained in the hands of priest - physicians, who refused to touch the blood and pathological tissues.
- Dissection was forbidden. Other religious restriction and superstitious practices probably declined the development of nursing.

Nursing in Mughal Period (1000 AD)

- 'Unani' system of medicine developed during the Arab civilization. It was practiced in Indo-Pakistan subcontinent.
- The basic framework are consists of blood, phlegm, yellow bile and back bile. Temperament, strengthening of body and nature are the real physician.
- Not believed in eradication of disease greatly depend on defense mechanism of the body and self-care and positive health habits. Therefore, it becomes part of Indian medicine practice.

British Period (16th Century Onwards)

After the Mughal period the nursing in India hindered due to various reasons like low state of women, system of "pardha" among Muslims, caste system among Hindus, illiteracy, poverty, political unrest, language difference and nursing looked upon as servants work. During the 16th century, nursing development in India taken three dimensions:

1. Military nursing **(Box 3.2)**
2. Civilian nursing
3. Missionaries nursing

History of Military Nursing in India (Box 3.3)

Military nursing born during 1st world war but developed very slowly. British officers informed need of nurses to take care British officials and soldiers in India. On 1888 February 21st, 10 fully qualified certified nurses from Florence Nightingales, arrived to Mumbai to lead nursing in India. This paves the way to develop one of the best nursing in the world. 1894 regular system of training for men for hospital work (orderliness) started. Some men were voluntary did the course and applied for the nursing certificate. After 2 months of practical posting to ward, on the account of supervised sister's report, first time hospital 'orderliness' issued certificate and had official status. This system laid the possible foundation to existing system of training and higher education.

1927: Description of Indian Military Nursing services formed with 12 matrons, 18 sisters, 25 staff nurses. They are responsible for supervision, instruction and training of nursing services for entire Indian hospital corps.

Second World War expanded nursing services to India and overseas under the direction of chief principal matron. Three-year training carried out in selected military hospital preliminary training schools. After successful training certificate issued as "Registered Nurse" and they are members of Indian Military Nursing Services Auxiliary Nursing Services.

Shortage of trained nurses in India after the Second World War, the government, initiated short course of intensive training in 1942 which led to the Auxiliary Nursing Services. Basic training for 6th month is selected civil hospital after passing examination at military hospitals in India sent to overseas to serve in the capacity of 'Assistant Nurses' 3,000 women given auxiliary training.

Box 3.2: Military nursing.

- First World War
- 1888, ten fully qualified certified nurses from Florence Nightingales, arrived to Bombay to lead nursing in India
- 1927—Description of Indian Military nursing services formed with 12 matrons, 18 sisters, 25 staff nurses
- Second world war expanded nursing services to India
- After successful 3 years training, certificate issued as "Registered Nurse" and they are members of Indian Military Nursing services Auxillary Nursing.
- Basic training for 6th month is selected civil hospitals in India for Assistant nurses.

Box 3.3: Military nursing history.

- Military nursing was the earliest type of nursing in India. In 1664 the East India Company started a hospital for soldiers in a house at Fort St George, Chennai.
- The first sisters were sent from St Thomas' Hospital, London to this military hospital.
- The Indian Army Military Nursing Service has its origins in the Military Nursing Service formed in 1888 as part of the British Army.
- The force went through many changes over the years of its existence. 1 October 1926, the nursing services were made a permanent part of the British Indian Army.

Civilian Nursing in India

- **1664:** East India Company built Government General Hospital at Chennai for civilian. 1871: This hospital undertook training of nurses.
- On 1854 midwives training school granted certificates of 'Diploma in Midwifery' for passed student and 'sick nursing' for failed students. First time 6 nurses came out as Diploma in Midwifery Nurses.

Missionary Nursing

Missionary nursing started training for Indian people as nurses **(Flowchart 3.4)**. Various other countries supported. This brought fully qualified Indian nurses. Those days there were several obstacles for nursing development:

- Girls were not allowed to do work.
- Degrading and unworthy attitude of people.
- Hindus were hold back due to deep seated caste system.
- Muslims held under 'paradha' system.

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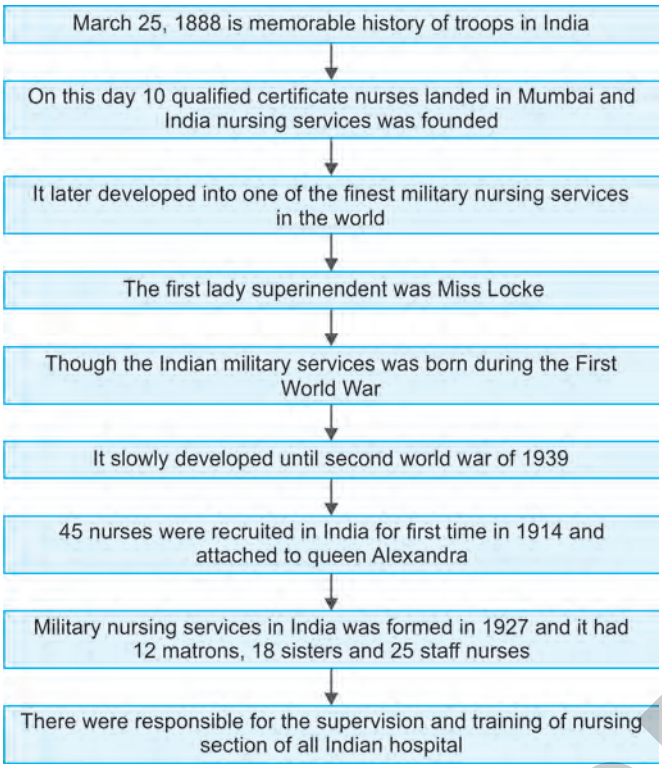
Flowchart 3.4: Concept of military nursing.



So Christian girls encouraged and trained first.

Frequent disappointment, degradation difficulties nursing training came into existence and looks its own shape. In the beginning there is not uniformity in nursing education. There is no particular standards were given. After the course of lecturing 18 months to 2 years, written examination conducted. From 1888–93 five years various experts like doctors, surgeons, nursing superintendent, and pharmacists—draw up a curriculum for training. 1907–10 North India United Board of Examiner formed to maintain nursing administration and standards. 1928: Hindi Text book for nurses developed. 1939: Helped to develop post-graduation school for nurses.

Maternity

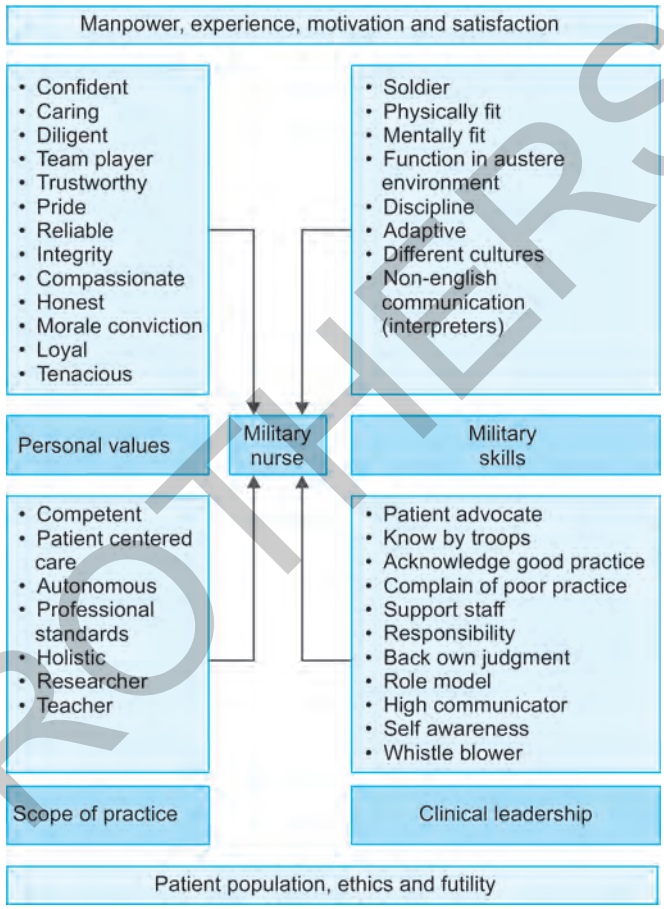
In 1797 a Lying-in-Hospital (maternity) for the poor of Chennai was built with the help of subscriptions by John Underwood. In 1854, the government sanctioned a training school for midwives in Chennai.

Flowchart 3.5 shows scope and skills of military nursing and **Flowchart 3.6** shows desired characteristics of future nursing graduates.

History of Florence Nightingale

- Florence Nightingale was the first woman to have a great impact on nursing in India and had a close awareness of Indian conditions, particularly in the army.

Flowchart 3.5: Scope and skills of military nursing.



- She was interested in the nursing service for the civilian population, though her first interest was the welfare of the army in India.
- In 1854 (in the Crimean War), when women nurses were considered as rare, Florence Nightingale shows her ability in nursing.
- The works of Florence results in the formation of the Royal Commission. Army Medical School was established in the year 1857.
- She established "Nightingale School for Nurses". In 1907, she gained "The Order of Merit" by the King.
- The Bombay Presidency Nursing Association was the first state nursing association founded in 1890. In 1908, the Association of Trained Nurses was formed to uphold the dignity and respect of the nursing profession.
- The first State Registration Council in Chennai Nursing Council was constituted in 1926 and the Bombay Nursing Council was constituted in 1935.
- In 1949, the Indian Nursing Council (INC) was founded to manage a uniform standard of coaching for nurses, midwives, and health visitors, and to regulate the standards of nursing in India.
- In 1947 the INC Act was passed which was amended in 1950 and 1957. General Nursing and Midwifery (GNM)

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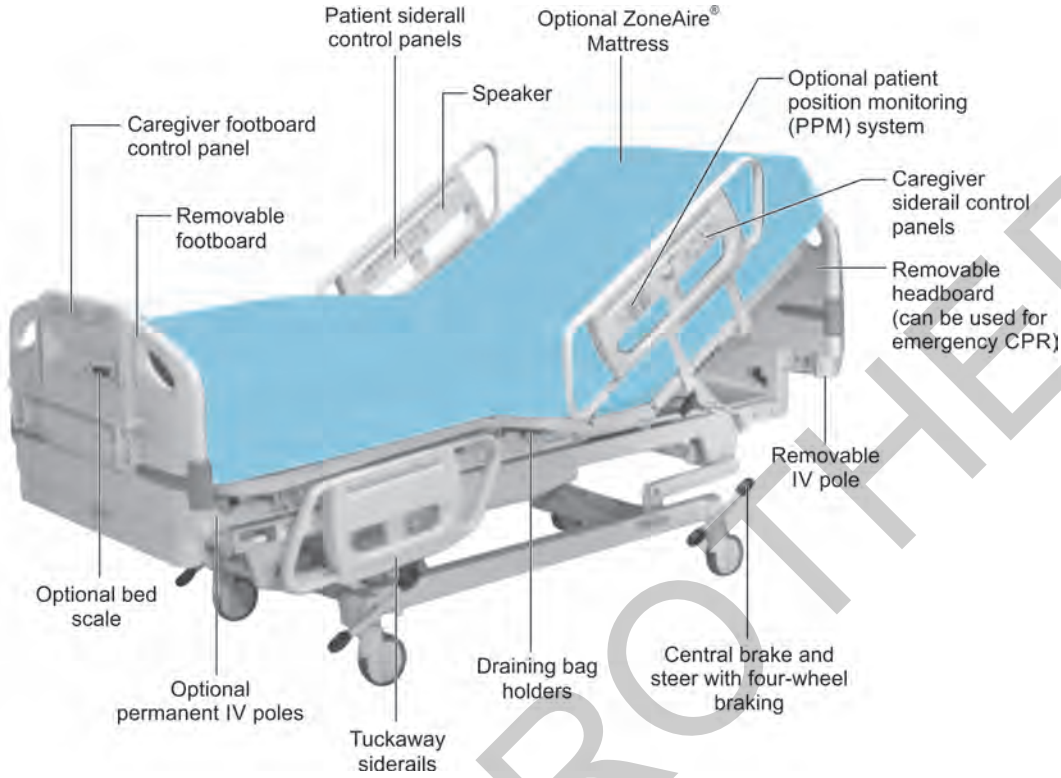

Fig. 3.29: Parts of smart bed.

- Bedsores are the third most expensive disorder, after cancer and cardiovascular disease, and affect over 1.3 million adults every year.
- Smart beds are transforming health services by making medical facilities more efficient in process, more responsive in care, and more complete in diagnosis. With smart beds, X-rays can be completed bedside. Vital biometrics can be monitored continuously and without disturbing a patient. **Figure 3.29** shows parts of smart bed.
- Breathing patterns can be analyzed for cases of sleep apnea, and the bed can even adjust itself to compensate.
- Nurses are almost always needed in at least two places at once; smart beds can free nurses up to complete more important tasks, by ensuring that the patient is being monitored and taken care of at all times.

CONCLUSION

Nursing is responsible for encouraging the health of individuals, families, and communities in medical and community settings. Nurses are actively involved in healthcare research, management, policy deliberations, and patient advocacy. Nurses with post baccalaureate preparation assume independent responsibility for providing primary health care and specialty services to individuals, families, and communities. Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.

The profession of nursing has a set of values that act as a standard to guide nursing behavior. The profession expects its members to know, understand, and internalize these values. The interaction of personal, professional and patient values enter into the process of decision making. In an effort to achieve sound ethical and legal decision-making, the faculty directs the student toward the formulation of professional values. Within this framework, the faculty emphasizes that students are directly accountable for their behavior.

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REVIEW QUESTIONS

Long Essays

1. Define health promotion, discuss in detail about the levels of prevention of diseases.
2. Define health, explain the determinants of health.
3. Define illness; describe the factors affecting illness behavior.
4. Define hospital; explain the functions and classifications of hospital.
5. Define immunity, discuss in detail about the types of immunity.
6. What are the stages of impact of illness behavior, explain in detail.

Short Essays

1. Define health team; discuss the functions of each member.
2. Define profession and characteristics of profession.
3. Discuss the scope of nursing.
4. Explain the qualities and functions of a nurse.
5. Define ethics; explain the code of ethics in detail.
6. Enumerate the legal responsibilities of the nurse.

Short Answers

1. Describe informed consent.
2. Discuss the ethical responsibilities of a nurse.
3. What is professional etiquette?
4. List out the ethical principles
5. What are the criteria of profession?
6. Discuss the values of professional nursing.

Multiple Choice Questions

1. The word hospital is derived from:
a. Latin word hospice b. French word hospital
c. Both a and b d. None of the above

2. Inflammatory response, phagocytosis is:
a. Second line defense b. Fourth line defense
c. First line defense d. Third line defense

3. Illness is great impact on:
a. Behavior and emotions b. Self control
c. Family dynamics d. All of the above

4. Public hospital, voluntary hospital is classified on the basis of:
a. Clinical basis b. Objective basis
c. Management bases d. Ownership/control basis

5. National Health Policy developed in the year:
a. 1983 b. 2000
c. 1986 d. 1981

6. PHC and subcenter are responsible for providing which level of health care:
a. Tertiary health care b. Primary health care
c. Specialized health care d. Critical care

7. Which is the following is tertiary protection?
a. Health promotion
b. Specific protection
c. Early diagnosis and treatment
d. Disability limitation

ANSWERS

1. a	2. c	3. d	4. c	5. a	6. b	7. d				

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I Clement PhD (N) MSc (N) MA is currently working as Professor and Head, Department of Research and Development, RV College of Nursing, Bengaluru, Karnataka, India. He has obtained Doctorate in Nursing from Sri Ramachandra Institute of Higher Education, Chennai, postgraduation from The Tamil Nadu Dr MGR Medical University, Chennai (Annai JKK Sampoorani Ammal College of Nursing, Erode, Tamil Nadu) and he has an experience of more than 14 years after postgraduation. He has very long professional journey (32 years) from Axillary Nurse to Doctorate in Nursing (1986-2018). General education is part and parcel of his professional journey. MBA in Education, Madras University (2018-on process); MA in Education, Alagappa University (2016); MSc in General Psychology, Madras University (2014); MPhil in Education, Alagappa University (2016); MA (Child Care and Education), Alagappa University (2004); MA in Sociology, Annamalai University (1995), PhD-Guide, co-guide, examiner, thesis valuation. PG-Guide, tool validation, thesis evaluator (MGM University, Aurangabad, Maharashtra; Sri Balaji University, Puducherry; Rajiv Gandhi University of Health Sciences, Bengaluru). He has published 70 textbooks for nursing and paramedical courses including solved question papers; Editor and National Editorial Board Member for national and international journals; published 60 scientific and research articles in national and international journals; publisher (IC Publications), 20 scientific and research paper presentation national and international conferences, workshops, seminars, symposiums and panel discussion, organized state and national level geriatric health camps, eye camps, blood donation camps, health awareness program, community development program and national health activities. Research guide and co-guide for PhD and PG students in various Indian universities.

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