

Response and Reaction

GIVEN our policy to interrupt but not to disrupt Nursing Services, **THEN** to be expected were some understandable interruptions in the process of fulfilling patient needs.

The organization of Nurses for the two hourly sessions varied according to many factors. At times, on the courtesy and ready response of the officiating CMO or SDMO in encouraging the Nurses and on two occasions arranging the meetings in their Offices. On the other hand consistent negating factors were at times a challenging enigma resulting in either success or in failure.

The interest and responsive interaction by the majority of CNO's and Nurses was most encouraging which, despite language difficulties, enabled us to share a significant amount in the two hours, or time available.

While a good supply of sets of Modules were gifted to Nursing Administration for each Ward and Unit, it was disappointing not to be able to meet the request of many Nurses for a personal set of Modules.

Agartala Government Medical and GB Pant Hospital took the lead with the Matron-in-Charge's deputy and staff ensuring by highly commendable organization and management, the attendance of every available Nurse. A clear demonstration of sensitivity to Nurses and Nursing Service needs over many days.

The venue, in the middle of a very busy ward, was most unsuitable. The walls being only about 2/3 in height, the noise was horrendous and almost continuous, challenging the skill of the facilitator and taxing the participants who had been working hard to be freed from duty in time to gain something of value.

The concentrated effort by all Nurses in this premier Institution, revealed a growing vision and understanding of what could be in Nursing. In due course, much good lasting fruit can be expected.

Distressing situations in which the sessions took place became a teaching tool by revealing an urgent need for a different approach to ward administration, education of security staff, collaboration instead of confrontation between staff and visitors, and greater understanding between Nurses, Doctors and Patients.

Enigma or Challenge

The title 'Health Institution' suggests cleanliness, with good quality care which incorporates technical know-how and understanding with sensitivity and compassion.

All six attributes were recognizable to a greater, but mostly, a lesser extent – in all institutions visited.

Why?

When the approach to a major hospital is significant for the overflowing drains, dank and stagnant water;

When on entry one is greeted with floors, corridor, office, treatment rooms or wards littered with the offensive remains of dressings, drips, injections or other hospital paraphernalia in varying quantities.

When Sterile equipment is *sterile in name but not practice*, whether used by Professionals or helpers.

When cleanliness of Helpers uniforms leaves much to be desired.

THEN it is no wonder that publicity on AIDS prevention has little impact in the community.

*God looks not only at the act,
He looks at the possibilities*

Vignettes

'Judgment on the Abyss of Love'.

The following vignettes are included as thumbnail sketches of what exists in reality.

Each is presented with a deep concern for the Personnel and Institution involved.

Each represents a much wider and deeper gulf that exists between much of what happens in e.g., AIIMS the top Institution in our Country.

What, as a result of the identified tragic suffering that both staff and patients endure, may be done to ease the suffering and in time redress these unfortunate situations.

Salvation is the great thought of God not the experience.

Experience is only the gateway by which salvation comes into our conscious life.

Health Services exist because of, and for people. By people for people.

Health Workers need employment as well as to use and develop their skills.

People with multitudinous health needs come with hope expecting to receive.

Purpose and meaning to life is important for both.

The element of judgment is always brought out in the teachings of Jesus Christ. It is the sign of God's love.

He never gave a command that He could not or will not enable us to fulfill.

As you read each vignette, put yourself into the shoes of each character involved and allow the Spirit of God to present the truth, and to show the way.

Out of complete weakness expect a new strength as He manifest His power.

The undeviating test in life is 'Judgment'.

The basis of life is retribution not retaliation.

Jesus said

*"For with what judgment, you judge, you shall be judged;
and with the same measure you use,
it shall be measured back to you again." Mathew 7:2*

With this knowledge in mind we may now come together in soul searching humility, in person and on paper, to encourage one another to find a more excellent way in Nursing for Nurses, and through Nursing for Patients and their families, as well as for other health care personnel.

Sub-divisional hospital

- 🔔 If it were not for the fact that each Nurse, Doctor and other category of staff, had an unrealized potential for good quality service, at first impact one would just give up and condemn much if not all as hopeless.
- 🔔 Dinginess, darkness, clutter, confusion, crying, pain, harshness unsanitary conditions, lack of cleanliness evidenced by mops black for want of cleaning, sterile equipment on dirty shelves, and trolleys.
- 🔔 An older male ‘Dresser’ prepares incorrect injection with no asepsis. As he turns to go out to the patient, an RN beside herself with business, on opening the fridge suddenly utters an exasperated shout, orders him to discard the drug and produces another. Everything goes out the window into a muck heap of syringes needles, IV bottles, swabs, along with every other conceivable type of hospital waste!
- 🔔 Had the RN not been in, or come into the room, had she not opened the fridge and realized what he had done, another patient would have received a wrong, even a life threatening drug.
- 🔔 Recently born twin babies, in an appalling state alongside a man having major convulsions alone, as well as other critically ill patients and bewildered relatives.
- 🔔 Nurse in charge exhausted and distraught desperately trying to complete endless paperwork before going off duty. Midst this confusion she encouraged as many Nurses to come to share as much as was possible.
- 🔔 The ambulance arrived 3.30.pm for the Dak Bungalow. The distance too great to walk back, no other form of transport, how could one offer even a modicum of help to afternoon and night Nurses? Who cares?
- 🔔 Who cares for the effect of this situation of horror on the patient and his family, and on the Nurses?
- 🔔 The SMO was most courteous and kind during our brief introduction and later when confirming the Dak Bungalow arrangements – where did his strength and support come from in this *mêlée*.
- 🔔 Once in the Dak Bungalow, momentarily, the blackness of despair threatened to engulf, as did the acute sense of an all pervading power of evil that was infiltrating to work destruction within the Health Services.

What on earth good could anyone offer, or do, in this situation?

The God alone before whom Nurses take their pledge brings fresh heart and hope, as we seek His direction.

Practical evidence – a message, the SDMO earlier out of station had come to see me!

What joy as we sat and shared, even if only a very little that was mutually burdening our hearts and minds.

Inspiration and practical solutions come only from the One who holds the key of Life.

Care, concern and assistance in an unobtrusive but very wonderful way. The hospital vehicle arrived early next morning to take me 2 km to the bus! On SDMO instructions I went to the next sub-divisional hospital!

The Manifest Goodness of God

Is seen in the genuineness and unexpected compassion in men and women heavily burdened with ‘things out of control’ that require something more than ***Policy on Paper*** can give.

The prophet Ezekiel constantly challenges us “***Son of Man stand up***” .

WHY ? Because ‘***God is looking for someone to stand in the gap***’ for His suffering children.

When Nurses, Doctors and all Health workers are suffering in self-made, self-inflicted misery there is little, if anything, of substance that they can offer the patients.

HOWEVER, there is real hope and joy when together we are ready and willing to use and refine what we have, and to ‘stand in this tragically wide gap’?












Respect for Nurses cannot be Imposed

It must be generated by Nurses with Nurses through the building process of critical evaluation in conjunction with the strength of quietness and confidence

While what definitely appeared as a marked lack of respect for Nurses will be interpreted from the perspective of the different groups or individuals concerned, it is important that the Nursing perspective be recorded to encourage Nurses to find freedom and quiet facilities in which to develop their own expertise.

Toilets Doctors often offered the key to use their toilet. A real embarrassment for Nurse Colleagues that brought back memories of one hospital in Gujarat where there was not even one toilet for Nurses.

Venue

-  The only room available that busy Nurses could get to and from their work place in the minimum time necessary to avoid disruption of patient care was too noisy at times to hear until the noise subsided.
-  Situated just inside the Ward, a well lit good sized room lent itself to convenient organization, but due to the cubicle type walls open at least 1/3rd from the ceiling, ward discussions, frustrations, all to and fro activity, the constant volatile arguments between relatives and security, and much more, were clearly heard.
-  Nurses work stations were no better. In one situation constant activity plus non-nursing personnel standing around to add their point of view, taking the modules to thumb through, etc caused us to eventually go into an adjacent treatment room and request all other categories of staff to return to their work.
-  This room was adequate in size with good light and ventilation and because of its situation, Nurses were easily accessible when needed. However, although the cleaning staff and helpers had all been standing around doing nothing, blood stained swabs and dressings littered table and floor from the previous duty.
-  Nurses flicked the above evidence off the table with another swab but no proper cleaning, Thus commenced the second effort to share! This time, all the earlier staff, plus many more tried to cram into the room and when asked to leave gathered around the windows to remain standing for the whole session. This meant no essential non-professional work was being done in any area of the hospital.
-  During the Facilitator's brief absence, Ancillary staff entered, taking the modules and other books given to the Nurses. Sadly no Nurse had the courage to use her authority to either stop this unwarranted interference or to protect the thousands of Rupees of Modules and books donated for their personnel professional use.
-  In several Institutions some Doctors were most helpful even wanting to be present. This was devastating as the Nurses would look to them before responding. Doctors expected to receive the gifts for Nurses from Nurses. Many took, a sad indictment on Doctors determined to deprive and disadvantage Nurses.
-  In one teaching Institution Doctors had so undermined the Nurses from the time of scheduling to arrival to commence, that all disappeared leaving one Nurse, the MS and another obviously influential man.
-  I was prepared to work with the Nurse and her Medical Superintendent but not with a 3rd unknown party.
-  "How can one young Nurse relax and respond in such a situation?" Having explained that this was Nurses helping Nurses and time could not be extended to include sessions for non-Nursing personnel, the third gentleman left with the comment that .he had hoped to get something of value.
-  This almost constant irritation, wasted time and emotional energy in fostering healthy relationships while endeavoring to secure an environment conducive to practical sharing with Nurses hindered effectiveness.

*For teaching-learning to result in genuine sharing, through appropriate and meaningful interaction,
Quietness and Privacy are Essential.*

Frames of Reference and Fear

- ↓ A deeply upset MO. A fact deeply regretted as Nursing With A Difference is committed to the practical application of the true spirit of reconciliation in every situation. *Why had we failed?*
- ↓ The outburst was clearly due to excess stress arising from the isolation and prevailing volatile situation.
- ↓ This Doctor who would not allow his wife to come into the district and refused to let me stay, failed to appreciate the fact that Nurses had to not only live, but also to work virtually alone on evening and night duty, where never more than two Nurses cover a whole hospital, *but who cares?*
- ↓ The deputy CMO was far more understanding, arranging first accommodation and food then booking transport for 7am so that the night Nurses at least, would not miss out.
- ↓ The stressed out MO expected all the staff to attend the Nurse's program and insisted that the facilitator sit behind a huge table! That he was deeply perturbed was very much regretted. The deciding factor had to be what was best for Nurses responsible for building and managing Nursing Services in a hostile environment.
- ↓ When time is at a premium and language is a challenge, when Nursing and general education are to say the least variable in quality, then it is logical that a small group seated in close proximity with no physical barrier, enables Nurses to come together mentally, emotionally and spiritually thus facilitating the most effective communication possible, as well as drawing on and maximizing each one's skills and time.
- ↓ Behind seemingly irrational behaviour in such disturbed areas lurks the fear of insurgency and militancy as well as the consequences and aftermath. Fear of Tribals including, SC, ST, and OBC each with their own dialects which differ, in this instance, to the imported, imposed dominant language of Bangla.
- ↓ Sadly, the need to demonstrate 'The power of authority coupled with the superficial dignity of superiority' is another factor that tends to bedevil what could be healthy wholesome relationships based on truth and justice that fosters increasing maturity of understanding and wisdom.
- ↓ Doctors and Nurses need to learn to look at each other and all from different people groups with different frames of reference, language, culture and opportunity, as our Creator sees us.
- ↓ To reach out in creative ways to strengthen and build one another up in our respective disciplines, in a complementary interdisciplinary role, is a life long process of applied learning requiring a paradigm shift.

A Paradigm

Means a point of reference, a perception, an assumption on the way we believe, the world is or how we think it should be

A paradigm automatically becomes a form of unbelief by filtering out information,

A Paradigm shift

Is seeing the world through new eyes, it is a break from the old beliefs and traditions.

The scientific or academic paradigm have limits without the spiritual power of God's wisdom.

"Herein is our love made perfect, that we may have boldness in the day of judgment; because as He is so are we in this world." 1 John 4:17

Nurses Frustration

The justifiable, thinly veiled frustration in many Nurses due to constant unnecessary disruptions was noteworthy. It is equally noteworthy that interruptions to meet patient needs was not accompanied by this frustration.

The distractingly high noise level bombarding the only venue available, making hearing and responding difficult, was an obvious cause. The Nurses perseverance despite the frustration was truly commendable. It demonstrated their professional hunger and determination to gain the maximum in the time available.

“These Nurses cannot understand or speak English, and even though Bangla is their language they can somewhat understand Hindi.”

“Tell me and I will interpret or ‘You have to speak in Hindi.’”

This assertion by many Doctors was accompanied with expressionless acceptance by the Nurses.

Until once alone, when, with the exception of very few, (none of which come to mind) each Nurse was transformed by her own expressive interaction in mixed Hindi, Bangla and English, and with no doubt unknown to the facilitator, the odd word from their own Mother Tongue.

A key component of any Nursing Education program is to engender confidence during the process of tapping potential to facilitate professional growth and development.

Lack of thought for others, arising from an hospitable heart toward visitors, cultural, particularly medical culture conditioning resulting in unintended selfishness by the Medical Profession that too often denies Nurses, particularly those in charge positions, the joy and dignity of mutual sharing.

GIVEN that unexpected hospitality is essentially more difficult for a Nurse-wife-mother than for a Doctor who has a wife at home to receive a message and prepare,

THEN while every form of hospitality is very much appreciated, it would be inhuman if this appreciation was not accompanied by genuine and deep concern when it is realized that the Nurse-in-charge has been left to fade into obscurity and return to work without so much as ‘goodbye’.

How much richer for all concerned, despite, perhaps for a time, the continued use of more restrictive language or generous interpretation when required, Nurses had automatically been expected to be a part of inter-professional socialization over a meal in a homely relaxed environment!



**“But you were never made, as I
On the wings of the wind to fly,”
Said the eagle.**

***‘But those who wait on the LORD shall renew their strength;
They shall mount up with wings like eagles,
They shall run and not be weary,
They shall walk and not faint.’ Isaiah 40:31***

Heredity - Language, Culture and customs.

- **Exasperation** from difficulties in establishing contact with the CNO evaporated on entering her office. The conditions within which many CNO's are expected to function, is dehumanizing and inexcusable.
- The first session was conducted with Nurses coming in to sign on duty, which to say the least was a test of ingenuity as the group grew. How does one retain interest while constantly trying to make the proceedings meaningful to the latest arrival, those who stayed throughout and those who came for around 10 minutes?
- The CNO While checking registers, dealing with complaints and telephone, had been listening. The result was small groups of Nurses appearing for a period of ½ to 1 hour without a break for at least 5 hours.
- The astuteness of this CNO was hidden behind the thick black veil of being a '**TRIBAL**' who "Couldn't speak English and for whom neither Hindi nor Bangla were her mother Tongue."
- The hidden agenda of the terms SC Scheduled Castes, ST. Scheduled Tribes, OBC Backward castes is a powerful stereotype that debases the thinking of all men including the FC Forward Priestly castes.
- By 3.0pm, time to close the office, the innate interest and desire of this Nurse's heart, coupled with what she had gained as she listened against the clamor of the situation, burst forth as she opened her heart and mouth in very understandable English. What joy, the barriers had been crossed.
- **"Language of the State is Bangla"** I was told on entering every Institution. But it is not the primary language of most Nurses. The key language for Nurses throughout the Nation is neither Bangla nor Hindi.
- Nurses all around the world adapt to a greater or lesser extent to a functional level of the dominant language. HOWEVER, oppression does occur where language has been imposed by large scale migration of another people group, thus becoming the second language of the original peoples. Significantly the majority of Nurses tend to come out of the original people groups.
- Large scale migration of the Bengali people since Twipra kingdom under pressure had joined India in 1949. the Tripuri people have been reduced to a minority. From a majority 80% Kokborok speaking population in 1901 census, they constituted just 30% according to the 2001 census of India.
- The name changed from Twipra to Tripura, after the Twipra Merger Agreement in 1949. Kokborok became the 2nd State language. Boro means man, Boro people means great people. Even under British occupation Twipra remained an independent State but now that is history.
- Injustice arising from the large scale migration of peoples who came to escape from their particular situation with the goal of building their ideal life style has back-fired. The result is wide-spread insurgency and militancy within the State to regain independence of their own Twipra Kingdom
- Re-discovering their own Gaelic language the Irish say "A people without a language is a people without a heart" and the Maori re-establishing Maoritanga state "Language is the heart of Maoridom", and so all around the world language is the key to man. The key that God gives every person is the language of love.

Opposition to or rebellion against any Government is condemned by both God and man.

BUT how does one overcome the subtle and not so subtle forms of injustice designed to put down and destroy the people group you were born into?

The answer lies only in the reconciling power of Love, out of which flow true justice and mercy.

Mahatma Gandhi said:

"Live Christ. The constraining power of His love, one to the other."