

# **NURSING WITH A DIFFERENCE**

TRUST Established in Delhi 1998

*“Let Each Day Be Your Masterpiece.” Galatians 6:9*

## **SEMINAR ON DISASTER MANAGEMENT**

**Gujarat 1-4 March 2002**

**TITLE “NURSING THE MUSTARD SEED OF DISASTER MANAGEMENT”**

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### **ABSTRACT ON THEME**

**GIVEN** that the Nurses role and function is to bring hope and meaning into the lives of individuals, families and communities, in the midst of traumatic volatile situations that have all the potential to become compounding disaster situations, **THIS** presentation addresses the unique function of Nurses in disaster mitigation.

**GIVEN** that every Nurse is authorized by the Government under the Nurse’s Registration Act administered through the National Nurse’s Registration Council to contribute to the total health of the nation through her specific and unique role and function, within the community and within all health institutions, through Nursing education, services and research.

In a nutshell Nurses assist individuals/families

1. Requiring minimum intervention to regain a healthy equilibrium in the shortest time possible.
2. Recover their equilibrium by developing maximum functional potential following limitations resulting from disaster of what so ever nature.
3. Facing the inevitability of life-threatening illness/trauma, to a peaceful death.

**THEN Nursing has some valuable inherent mechanisms essential for disaster mitigation.**

That these mechanisms have been little recognized, used or exploited in India in no way indicates that they cannot be clearly identified, used and further developed to enhance the real effectiveness of the individual Nurse and collectively, our profession within the multidisciplinary Disaster Management Team

**Crippling Factors Cripple or become a Challenge to achievement and fulfillment.**

Skills, lack of or misuse of skills as well as Interpersonal, inter-/intra-professional relationships that cause dissonance are significant realities in the health services which, when ignored produce negative outcomes all too often resulting in disastrous effects in the health and well being of the central person - the patient/client and his family.

True learning is evidenced in self-directed and healthy collaborative action.

Education that does not significantly edify so that crippling attitudes and behaviors are changed and translated into achievement and fulfillment, is ineffective, time consuming, financially costly and has no place in Disaster Management.

### **Revival**

The concept of Revival is integral to Disaster Management.

The spark of Revival springs from within the heart of man, it has to be fanned.

Revival comes from “Being With”.

Revival in its truest sense means: help, comfort, hope, meaning and fragrance in life.

The Nursing Profession can be well likened to the “Mustard Tree with each Nurse the “Mustard Seed” of Revival in Disaster Management.

## “NURSING THE MUSTARD SEED OF DISASTER MANAGEMENT”

### SENSING

Taking the whole scenario of disaster management into consideration there is no doubt many will question the theme

*“Nursing the Mustard Seed of Disaster Management”.*

The seed you have been given is a mustard seed. One of the smallest seeds. If you have already lost it you will be the poorer. If you consider the potential of the seed in your hand you will have cause to marvel. To lose is easy, to guard, keep and use takes conscious effort.

By merely taking it placing it in the ground that has been prepared without any more activity on your part other than a little watering as the need arises, this seed will become a tree in which birds come to nest and shelter in its branches.

Among many other qualities the mustard tree has a protective function, it brings spice into life as we enjoy the food prepared with its fruit, it has therapeutic value and a specific unique fragrance.

When searching the available literature on disaster management one is hard pressed to find even one mention of Nursing. The mustard tree and its seeds are missing.

***Does this Mean  
Nursing has up to  
this time made no  
contribution to  
Disaster  
Management?***

***Does it Indicate  
That the contribution made by  
Nurses has been less than  
adequate and therefore  
inconsequential?***

***Does it Mean  
That Nursing  
initiatives in disaster  
management have not  
been recognized, used  
and developed as a part  
of the whole?***

What ever the cause for this situation let us not cry over spilt milk but rather turn our attention to constructive development of an essential service in Disaster Mitigation.

With vision, insight and understanding, we can in due course rejoice together helping people achieve health and wholeness in disaster volatile situations.

For many years the focus has been on the vulnerabilities of those affected by disaster and those responsible for managing disaster. Post disaster reaction of individuals, helped and helper has caused concern.

Some commendable effort has been made in the field of post disaster counseling and the need for education is recognized, but the tip of the iceberg has barely been touched.

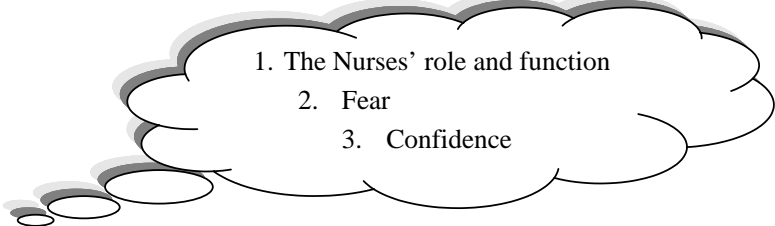
The National Centre for Disaster Management of the Indian Institute of Public Administration has now recognized the need for Nurses to be informed and in recent months have contributed to two significant workshops for Nurses in Delhi conducted by the Trained Nurse’s Association of India and the Raj Kumari Amrit Kaur College of Nursing.

To build effectively on what has been achieved in disaster management requires a closer critical examination of the ‘crippling factors that cripple’, accept the challenge and work together to ensure that crippling attitudes and behaviors are changed and transformed into achievement and fulfillment.

**Proverbs 14:33  
“Wisdom rests quietly in the heart of him who has understanding”**

## NURSING PERSPECTIVE

From a Nursing perspective there are three significant dimensions that need to be understood.

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1. The Nurses' role and function
  2. Fear
  3. Confidence

### THE NURSE'S ROLE AND FUNCTION.

**GIVEN** that every Nurse is authorized by the Government under the Nurse's Registration Act administered through the National Nurse's Registration Council to contribute to the total health of the Nation through her specific and unique role and function within the community and within all health institutions, through Nursing education, services and research

**THEN** *Nursing has some valuable inherent mechanisms essential for disaster mitigation.*

#### *In a Nutshell*

*The unique function of the Nurse is to assist individuals and their families*

1. Requiring minimum intervention to regain a healthy equilibrium in the shortest time possible.
2. Recover their equilibrium by developing maximum functional potential following limitations resulting from dis ease of what-so-ever nature.
3. Facing the inevitability of life-threatening illness or trauma, to a peaceful death.

With this clear mandate before us we can address the other two points, namely *fear and confidence*.

### FEAR

Fear is an inherent factor of life. Managed it becomes a strength. Man living in or with fear becomes as the living dead.

Fear is a major crippling factor that produces all kinds of physical, mental, emotional, social and spiritual reactions even while people are apparently 'coping well'.

In Disaster Management vulnerability is related to capacity. People generally identified with vulnerability are:

- Women, with particular emphasis on pregnant women and lactating mothers;
- Children particularly neonates to five year olds;
- The elderly and infirm.

However, experience proves that by ignoring the sensitivities of the male we are compounding the impact of disaster on and within the family and community.

#### FEAR SYNDROMES

We may know of, but how many really understand, the *Fear -Pain-Tension Syndrome?*

How many recognize, let alone understand, the *Fear-Anger- Fear Syndrome?*

How many concede to the truth that "*Fear breeds torment*"?

## UNMANAGED FEAR

Both unmanaged fear and anger lead to hate. The combination of all three is like a Canker worm eating a person up. It leads to *Dis ease, dysfunction* and *discomfort*, even though he consciously or unconsciously uses every defense mechanism he is able to muster.

Unmanaged fear alone is a major factor inhibiting if not actively limiting constructive and effective disaster mitigation during every phase.

True Nursing touches the heart of whole families. Healthy families contribute positively to Disaster Mitigation.

### Nurse's Families

Nurse's family

Nurse's professional family

The patient/client and his family

The organizational family to whom and for whom she is responsible

How do Nurses help each other meet the needs of such diverse family commitments?

## MYTHS

As Myths form the basis of much fear we must address those Myths that cause severe crippling of individuals, families and communities, effectively undermining and eventually destroying genuine disaster mitigation efforts.

The comment of a senior officer in the Railways and husband of a Chief Nursing Officer adds insight  
**'One of our main problem is that we depend on God but do not fear Him'.**

Such fatalism oppresses and cripples man's freedom to enter into communion with God our heavenly Father, who created all things for our good and gave us the privilege and responsibility to be stewards and husbandmen of this world.

Another myth that spawns multiple invasive and pervasive crippling attitudes and behaviors that produce a two pronged negative effect on disaster management, is that women are a burden and a liability and their involvement should not be encouraged.

The result is that Nurses, who comprise the largest workforce in the Healthcare of the nation, are, as a significant component of the essential Disaster Management workforce, missing.

Therefore if we are really serious in our commitment to Disaster Mitigation the Government Response Teams must include Nurses on the planning as well as the Response Teams.

The Finance Commission recommends that a core multidisciplinary group of 200-300 persons be created and trained suitably in each State for deployment to any place for calamity relief operations.

How many Nurses will be included in the 200-300? Who decides and on what basis is the decision made?

Resource Team development as in Gujarat can be expected to commence in Medical Colleges.

Nurses, at least two, must be active in the ground development plan if a genuine dynamic multidisciplinary resource group is to be firmly established. This will ensure Nurses in the Response Team are well equipped to function with all other personnel, as well as independently.

These Nurses will have the responsibility for determining how many Nurses are prepared and deployed. This is neither straw pulling nor a numbers game; *it is Quality Control, Quality Assurance and Quality Development in the total process of disaster mitigation.*

### The Spirit of Unity

Within the diversity of gifts, abilities and skills, the Spirit of unity is a key consideration in Nursing if time, money, materials and manpower are to be used and not abused.

### Wishful Thinking

Does not bring the Spirit of Unity into Disaster Management. It is a gift we have to actively receive, use and learn how to draw upon more deeply day by day.

(Ephesians. 4:1-16; 1Corinthians:12:4-31)

## WISDOM IN ASSESSEMENT

Concurrently with general Disaster Management training, *special skill preparation is essential.*

To be effective this has to draw and build on both latent and refined skills that may have been glossed over, oppressed and even ruthlessly discarded for one or more reasons.

### ***Lacunae in Skills***

Nurse's along with doctors, scientists and others in the Response Team, have an inter -and intra-professional collaborative responsibility:

***Skill needs must be identified***

And

***Lacunae appropriately filling.***

### ***Means and Ends***

For too long Nurse's strengths have been stymied.

***When*** Nurses with insight creatively examine and then modify weaknesses, or strengthen strengths, in light of the overall input,

***The expected outcomes of the Resource Development Team will be greatly enriched.***

### ***Nursing Initiatives***

***Nurse's strengths*** in all aspects of professional practice must be executed with courage, integrity, freedom of conscience and genuine accountability.

***Applied Nursing wisdom*** will constrain, prevent and overcome difficulties and resistance.

***“Wisdom, the most powerful human resource, is contrasted with the meaningless talk and effort of fools.***

In view of the unpredictability of circumstances, wisdom is the best course to follow in order to minimize grief and misfortune. Wisdom involves discipline and diligence.”

Time is short and there is no eternity on earth. Life will not wait upon the solution of all its problems; nevertheless, real meaning can be found by looking not ‘under the sun’ but beyond the sun to the ‘one Shepherd’ who enables us to view life’s situation from God’s perspective.” (Counsel for living with vanity - the futile emptiness of life without God – The Book of Ecclesiastes)

## JUSTIFICATION IN ACTION

In the aftermath of the earthquake, local Nurses who were also mothers approached a well qualified pediatric Nurse with concerns in relation to the number of children presenting with behavioral changes they attributed to psychological trauma.

Subsequent discussion with the officiating Doctor, brought forth the response that ‘***stress was not a problem with children***’.

Using her initiative and incorporating e.g., relevant information from the American Psychological Association, the Nurse developed guidelines for parents to help children cope with trauma.

The outcome bore fruit as local Nurses were strengthened and mothers encouraged by their newly developing skill to more effectively help their children to regain their health.

The manifold ramifications of these two Myths alone preclude a developing country breaking out of a vicious cycle to achieve its real potential as a developed country.

As a child we lived 6 miles as the crow flies from the summit of Mt. Ngaruahoe, a magnificent mountain that had the capacity to change its hue as the early morning light gilded the sky or the storm clouds gathered.

However, when the mood took, or more realistically, when the morphological and physical changes that had been silently taking place culminated in an almighty awe inspiring, frightening and potentially devastating volcanic eruption, everyone was affected.

A strapping great, extremely capable and reliable bushman was seen running wildly crying uncontrollably. Father sent Mother to calm him. The Lava had already passed the foothills, I lay thinking “if it comes closer could we run fast enough in front of it to escape the molten heat?”

***Fear is real, but what makes the difference to our response to fear?***

## WISDOM IMPARTED > FEAR MANAGED

Mother returned to counsel us on the magnitude of God's creativity in the majestic beauty of the mountain, the wonder of His power to control and set boundaries, and the fact that this all powerful God is our loving heavenly Father to whom we can take our fears and receive in return peace and strength to meet every situation.

Psalm 1:7        *"The Fear of God is the beginning of Knowledge"*

Proverbs 33:14   *"The fear of the LORD is a fountain of life, to avoid the snares of death."*

1 John 4:18       *"There is no fear in love, but perfect love casts out fear, because fear involves torment. But he who fears has not been made perfect in love."*

## WISDOM > ACTION > MEDIA

Without understanding based on the how, why and physiology of fear and pain, all the knowledge in the world serves no useful purpose, in fact it can cause more and deeper fear with a worsening of pain.

<i>Scares breed Fear</i>	<i>Penny Wise Pound Foolish!</i>	<i>Wasted Ability and Effort</i>
Witness the February 2002 plague scare in Himachal Pradesh and in Uttaranchal!  How much harm was caused by injudicious massive consumption of both good and spurious antibiotics?	How much good could have been done if the same money and energy had been used for a genuine cleanliness drive with people actively involved in protecting their personal, family and community health?	The Delhi plague scare proved what is possible.  <b>AD 2003</b> reveals the lack of willpower to sustain the possible.

Disaster Response Teams and the media need to be more *with* and committed to the people.

An explanation made in an 'off hand manner' is of no value.    *A skill need.*

An explanation made with genuine feeling and expressed with appropriate love and concern will bring hope, health and healing. *Effective sharing and learning leads to mature responses.*

*Jehovah Jirah = My Provider*  
God provides only where He guides.  
The place of His purpose is the place of His power and His provision, **BUT**  
We must be there to receive in order to go forth to serve with quiet confidence and authority.

## CONFIDENCE

Confidence in Disaster Mitigation comes from unity of purpose, independent and collaborative use of skills and resources. It is expressed in healthy interdependence and autonomy.

Confidence is born out of a clear sense of purpose and the ability to achieve that purpose through personal and collective competence.

*Such confidence is a constant maturing process that brings with it both the seeds and fruit of revival.*

*Revival* means to come to life, to be changed, recover, strengthen, stimulate, refresh and reproduce.

As revival is integral to effective Disaster Mitigation we must give careful consideration to the confidence building factors that determine the inherent quality of the many and various skills required to ensure that revival brings with it abundant life, not just mere existence of life.

**"In returning and rest you shall be saved.  
In quietness and in confidence shall be your strength"**  
**Isaiah 30:15**

## NURSING SKILLS

To contribute effectively to Disaster Mitigation Nurses need to review and refine certain basic skills.

As documented in the earliest record of midwifery practice and exemplified in the work of the Nightingale Nurses in so many countries, integrity, and adaptability with wisdom and compassion have been demonstrated strengths of Nursing.

### These strengths enabled Nurses

#### To rise above all other contingencies and brought

1. Care and protection to mothers with babies and hope to a Nation in the wake of fear and cruelty;
2. Rigorous Nursing intervention to war ravaged, broken and wounded soldiers;
3. Relief when killer diseases like Tuberculosis, Pertussis, and Rubella have been identified, contained and controlled.

## VULNERABILITY AND NURSING

- ✎ Extensive prescribing with very often unwise dependence on drugs
- ✎ Proliferation with indiscriminate use of medical technology
- ✎ Marked decrease in the worth and sanctity of life
- ✎ Privatization with profit as the central goal, combined with widespread corrupt practices within the health services
- ✎ Inverse ratio of Doctors and Nurses

Are some of the many factors that have, by striking at the heart of vulnerability, combined to demean Nursing.

Once retrograde steps have been taken, it is always an uphill, but not impossible, task to press on and overcome. **BUT it does require commitment to truth and unity of purpose.**

The proper deployment and use of Nurses in the whole process of Disaster Mitigation provides opportunity for each State to significantly influence the rest of the health services within that State and collectively in the Nation.

## SKILL DEVELOPMENT

With the responsibility and the ability to be the Mustard Tree in Disaster Mitigation the Nursing Profession has to address the issue of ongoing specific skill development.

This includes the *adaptation of clinical skills* from a sophisticated tertiary institution with support services, to maintaining a high standard of asepsis in a hostile environment be it from contaminated flood waters, or no water accompanied by penetrating dust or sand, to primitive but effective methods of sterilization, minimal and at times inappropriate materials.

### *Adaptation of clinical and Assessment skills*

<b>Assessment skills</b>	That may have become dulled by over dependency on technology
<b>Creativity</b>	For effective improvisation may be under-developed
<b>Psycho-motor skills</b>	Of lifting and positioning on improvised beds without added trauma to the patient or trauma to her/him-self.

While curricula for both Doctors and Nurses include essentials for effective transference of knowledge the obvious lack in practice demands corrective action.

Nursing With A Difference Modules are a readily accessible resource prepared specifically for already 'stretched' Nurses to help each one fill this gap and enhance their competence.

## BEING WITH

Is the single most important skill that each Nurse is responsible for developing and refining throughout life. This skill involves more than physical presence. It is being in tune with the person in need.

This skill is integral to all Nursing interventions. The giving of injections, pills, potions or any form of care without this skill, is a mere technical skill.

The outcome of technical skills no matter how skillfully administered is limited

**And can be extremely so.**

One example is sufficient to demonstrate the transference of this concept into the reality of Disaster Mitigation to economize on time, energy and supplies:

A pre-operative patient scheduled for major surgery was being made comfortable for the night. When every detail for physical comfort was completed, operation site checked, ensuring the patient understood what would be taking place and when, then prior to giving prescribed sedation, the Nurse asked if there was anything else she would like done. The result was an outpouring of fear of the post-operative period.

This woman having suffered much surgery had been severely traumatized by post-operative vomiting, pain, injections and so on. Her anxiety level was justifiably high. A few minutes of "Being With" this woman encouraging her to draw on skills and resources she did not realize she had, resulted in a sound sleep for the entire night, only one post-operative injection of Pethidine and a woman who could say "It worked". A stitch in time really does save nine and very often ninety-nine!

Recently an Advocate approached a Nurse who was waiting to meet her Advocate. This man described his academic and other achievements which were many and commendable, then stated more than once "I am 40 and I am broken, really broken inside". *A disaster warning?*

*Brokenness* adequately dealt with need not spell death to this man, his family or his practice.

When discussing Disaster Management Dr. E.K.Verma commented that one of the strengths of the Nurses in Gujarat was the fact that they were *with* the people but that they could only be *with* as far as their understanding and skill went. *What one does not have one cannot use or give!*

This brings us to the point of training:

**Properly qualified Public Health Nurses  
Should be at the helm of all Community Health and Disaster Management programs**

These Nurses *work with* second level Nurses and multidisciplinary health workers to bridge gaps, prevent lacunae developing and together bring an enriched quality of care to the individual and community so that in the shortest time possible they can be self-directing in managing their own health. This major lack in developing effective Community Health Services becomes a major problem when disaster in any form strikes.

Nurses must address this urgent need.

Effective Community Health, an essential ingredient of disaster mitigation, is dependent on attitude and behavioural changes that are well grounded in wisdom and sensitivity to individual and collective need.

It demands a constant action research approach to identify strengths, weed out misconceptions and help people build their confidence through actively contributing to the development of sustainable health through economically viable community services.

This requires perception and vision in relation to local, regional and national needs and potential that is combined with a breadth and depth of professional education, experience and commitment. The Public Health Nurse is thus constantly working with her helpers and those in need.

Contrast this with the current minimal level of preparation of the present day deliverers of community health care with in the main 'Chair Supervision' by Public Health Nurses.

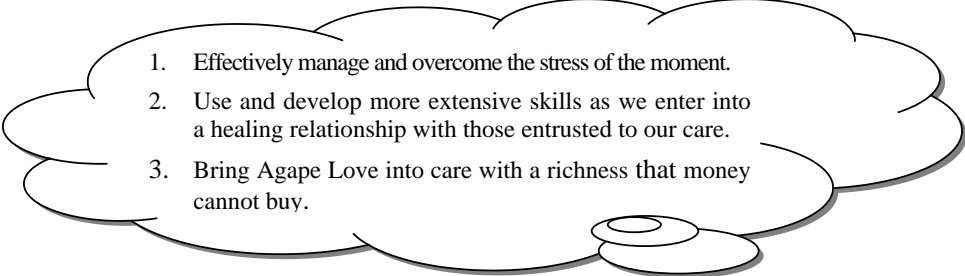
## LANGUAGE SKILLS

*Language skills* in Nursing need to be addressed much more vigorously than at present to enable Nurses to communicate more effectively.

In a Nation with such diversity of language as ours, this is a much needed skill in Nursing that requires urgent practical measures to enhance the whole quality of life and reduce stress in Nursing.

Having said that, the single most effective communication that crosses all barriers, is genuine care that is bathed in compassion and love.

This quality of care comes from communion with God our Heavenly Father, who alone can give each one the wisdom and ability to:

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1. Effectively manage and overcome the stress of the moment.
  2. Use and develop more extensive skills as we enter into a healing relationship with those entrusted to our care.
  3. Bring Agape Love into care with a richness that money cannot buy.

To draw on this power that is filled with God's grace and goodness is not religion. If it were, the health services and Disaster Management of our Nation would not be in the state of "awareness building" today.

As one Nurse in our Quality Control Workshop while sharing experiences on how Nurses could better help Nurses to become more effective stated, "*when tragedy strikes, our heart cries out to God*". For six long months her son had been missing. God heard and answered in an amazing way when this Nurse 'with her heart, spontaneously cried out to Him.

This is crisis management. The aim of Disaster Mitigation is not to wait for trauma or vulnerability to become a disaster but to be well equipped and prepared.

Helping Nurses and all other categories of personnel involved in Disaster Mitigation to "come boldly to the Throne of Grace and make our request known; to learn how "to feed upon the Bread of Life"; and to drink deeply from the Fountain of the Water of Life"; to take from "The table God spreads before us..."and to "Rest in His never failing abiding presence"; arises from our being in Communion with God and Communion with Each Other. *This is both a central issue and a key component for effective Disaster Mitigation that is ignored at our own peril.*



**CARING IMPLIES**

**KNOWLEDGE WITH LOVE**

**FIRMNESS WITH GENTLENESS**

**SKILLS WITH KINDNESS**

**PATIENCE WITH UNDERSTANDING**

**ATTENTION TO DETAIL WITH WISDOM**

**ETHICAL VALUES WITH MORAL RECTITUDE**

**STANDARDS OF EXCELLENCE.**



*Language*, both verbal and non-verbal, written and spoken, whether effective or not, forms the basis for all Nurse-Patient interaction; it finds expression through patient/client care,

*Proof*

*However the evidence of language skill and facility is seen in the improved quality of life of both the care-giver and care-receiver*

## UNITY IN DIVERSITY

Unity of spirit means the diversity of gifts, skills and abilities of the Disaster Mitigation Team being brought together under the sovereign will of God by the unifying power of His Holy Spirit.

It means hard work, humility, deprivation of selfish desire in all its many garbs, and a rich reward of deep joy from ***“Being With”*** each other as we minister to the real needs of the peoples we come to serve.

The response to *“who shall be greatest”* is well answered with the words “Unless you are converted and become as little children, you will by no means enter the kingdom of heaven. Therefore, whoever humbles himself as this little child is the greatest in the kingdom of heaven”.

	<p><b><i>It has been well said</i></b></p> <p><b>“Government and laws tell us about the minimum we owe each other.</b></p> <p><b>But what is the maximum?</b></p> <p><b>The answer lies in our common humanity, our shared fellowship.”</b></p>	
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This was well demonstrated by a Principal Matron posted in Base Hospital, Srinager. In the midst of her heavy schedule of administrative duties she made time to ***be with*** the men. Men who had risked their lives in the service of the Nation. Married men, single men, men who had seen their comrades go. Men now physically challenged, broken and bleeding inside as a direct result of man’s inhumanity to man of which they had become a part.

Their need was more than the gentle swabbing and binding of painful wounds, painkillers, antibiotics and sedatives, good nutrition and prosthesis. It was more than diversional therapy, fresh air and sunshine and a comfortable bed in a relatively secure environment.

The depth of the need of these soldiers was such that only the love of the One whose suffering was beyond compare could enter into and meet.

Nursing was the Mustard Tree in Srinager Base Hospital where this Principal Matron, with vision, insight and understanding used all her skills to sow the mustard seeds of hope, wholeness, health and healing. She knew that our heavenly Father would see that those seeds sown in faith were watered and in time would bring forth fruit.

### ***A major challenge for each Disaster Response Team Member***

Is the great need to bring all their diverse skills into the Storehouse,  
To actively work together in the Spirit of true Unity to break down and discard the  
Unwanted Baggage  
Of socio-economic-cultural and religious barriers  
That would mitigate against effective disaster mitigation

This would prevent breakdowns in collaborative networking between different relief groups, a fact that usually becomes more evident after the critical period, it would bring an added dimension of inter-group strength.

With some understanding of the effectiveness of good Nursing and before addressing future calls in Nursing, we must consider some of the issues that may cause Nurses to be ineffective in the midst of disaster.

### WHAT MAY CAUSE NURSES TO BE INEFFECTIVE IN DISASTER MANAGEMENT?

Ineffectiveness may be attributed to

1. Personal loss arising from:  
Separation from husband or children or both when the disaster occurred.  
Death of spouse or one or more children.  
Death of other family members.  
Loss of home or loss of household goods.
2. Extreme Climatic conditions:  
Winter cold exacerbated by loss of household goods or isolation from home at time of disaster.  
Extreme heat with inadequate or no water supply or mechanisms for cooling
3. Loss of colleagues in the disaster, Nurses killed while on duty or in their homes
4. Loss of Delivery kits
5. Loss of functional facilities e.g., Labour Room for complicated deliveries
6. Coping with large numbers of premature labours with no materials e.g., in Gujarat it was a month before the UNICEF materials arrived.
7. Dislocation of people making post-natal follow up difficult, time consuming and often abortive.
8. No duty hours or leave.
9. Large number of multilingual teams of health workers from other States and overseas to adjust to.
10. Inhibitions in relating to overseas Nurses due to language differences, previous non-exposure to a cosmopolitan mix of Nurses, and a limited frame of reference due to deeply ingrained social or cultural factors.
11. Limited counseling skills
12. Limited understanding of what caring really is.

### FUTURE DIRECTIONS IN NURSING FOR EFFECTIVE DISASTER MITIGATION

Specific Nursing action to meet the health care needs of the future to ensure that Disaster Mitigation does not become mere rhetoric calls for:

1. **Direct** Nursing input into all interdisciplinary resource development.  
This can only be achieved as Nurses strengthen Nurses with understanding on global health issues and their relevance to India, as well as to Central Asia and the Middle East.
2. Nurses **accepting and sharing the responsibility** to be well acquainted with Health inequalities, poverty differences, epidemiological indicators and vulnerability.
3. Nurses **recognizing** that while disaster brings people together, as soon as the crisis is over, strong social mores, customs and religious practices bring back the great divide; **are prepared to stand in the gap** and to encourage other health workers; to join them.

4. Nurses *actively collaborating* through Nursing networks, as well as through better use of the media, *to influence* health practices by authoritatively countering myths and deeply entrenched, destructive to health, attitudes and behaviors.
5. Nurses *breaking out* of the didactic, unimaginative, rote learned modes of virtually meaningless health education that leaves us in 2002AD with a host of preventable diseases such as diarrhoea and malnutrition that lead to stunted growth, mental retardation, blindness and visual impairment, plus much more, *to become creative dynamic purveyors* of health and wholeness.
6. Nurses *developing* their role as protectors and Patient advocates, to withstand the pressures that demand they give and sign for spurious drugs and ineffective vaccines.

**Rationale:** This is a major cause of compounding ill health, avoidable deaths and major disabilities, as well as the escalating rather than de-escalating morbidity rate resulting from Maternal Anemia's severely affecting mothers during the ante-natal, intra-partum and post-partum periods; Tuberculosis compounded now with AIDS; Poliomyelitis, measles, pertussis, neonatal tetanus, malaria etc.

7. Nurses *recognizing* that no amount of money will buy will power, commitment, integrity and the spirit of service, *being prepared to actively build* professional Nursing resources, and *by drawing on* every available resource *to counter* the route causes of ill health, beginning with poor sanitation and contaminated water supply and the self-destructing effects through misuse of facilities, be it by the well educated or the uneducated.
8. Nurses *confident* through active skill refinement *proving* that much primary, secondary and tertiary health services can be delivered by Nurses and Midwives and *substantiating* this with simple meaningful action oriented research that will establish her credibility as professionally and economically viable.
9. Nurses *concerned* enough to *identify* iatrogenic illness, in both public and private hospitals and *use* her skills of quality control, assurance and development, to **provide** alternative approaches in helping all patients.
10. Nurses *with insight, foresight and courage* to realize how much practical and useful research can be done with very little cost in the normal process of health care that will have significant beneficial results for Nurses, Patients and the Community.
11. Nurses who *critically evaluate* the value for money that is currently being spent on Continuing education for Nurses. E.g., if after a 7 day workshop on Disaster Management the uniform response from all Nurses was - the need for more education - then something is wrong.

**Rationale:** Education for the sake of education is not education. Education received with the primary aim of a better meal ticket is not education. Sensitization programs that do not produce seeds that are planted and bring forth fruit, is a massive waste of money and resources.

This was well demonstrated some time ago by a distinguished Ministry of Health Medical Officer who gave an outstandingly dynamic lecture on the effects of smoking on health to a group of post-graduate Nurses. His presentation had a visible tension raising effect on those Nurses who had been caught in the smoking net.

However, the complete value of this Doctor's presentation was destroyed by none other than the learned Doctor himself with his concluding statement "that women did not have to worry as while research had proven mans vulnerability to smoking, it had not proved that women were affected and therefore women did not come into the category of vulnerability in relation to smoking"!

12. Nurses *deliberating and monitoring together* the way in which funding for Nurses from Government, WHO, World Bank etc. is being used for health care.

This means *holding* the purse strings of funding for Nursing activities to ensure that their role as Patient advocate and protector is a role to be reckoned with.

**Rationale:** A potentially significant and valuable work being done by Nurses on streptococcal infections in children with the purpose of overcoming and managing rheumatic heart disease was completely stymied when suddenly the allocated funds became non-existent and this at a crucial stage of the findings. *The value of this sound and much needed work by Nurses in one of the Nation's top Colleges of Nursing was completely negated by the irresponsible purse holders.*

13. An **active response** by Nurses from highly specialized Nurse managers in tertiary care settings, direct care givers, and all involved in education, community and public health, **to become full partners** in a caring competent workforce, **will make** a significant impact on the ability of people to meet their own health needs and contribute to the effective building of quality into the health of their community.

This is absolutely essential for effective Disaster Mitigation spearheaded by Disaster Response Teams.

All these activities require courage, a visionary approach, and moral rectitude all of which are major challenges in the less than desirable pharisaical reality of the health care environment as it exists today. And who is sufficient for these things?

Jesus said, **“In this world** you will have tribulation but be of good cheer, I have overcome the world” John 16:33 and again

**“I do not pray** that you should take them out of the world, but that You should keep them from the evil one,”“Sanctify them by Your Truth” John 17:15, 17.

**Experience** that comes from the courage to go forth in faith, teaches us that God truly is our refuge and our strength, a very present help in trouble. Therefore we will not fear though the earth be removed and the mountains carried into the sea.” Psalm 46:1

**Small cell groups** of Nurses working on the issues presented will in no time become able collaborators and significant contributors to Disaster Management Planning, as well as to the whole process of Disaster Mitigation as contributors within the Disaster Response Teams.

### ***Disaster Mitigation***

Will not be a dream or wishful thinking, but a reality that strengthens whole communities within each State.

As each Mustard seed is sown in heart and mind, in hospital or community, revival will take place.

The fragrance of the mustard tree and seeds will have infused Disaster Mitigation with lasting strength.

There will be beauty for ashes,  
The oil of joy for mourning and  
The garment of praise for the spirit of heaviness,

**For with God nothing is impossible.**