

Nursing With A Difference

TRUST Established in Delhi 1998

“Let Each Day Be Your Masterpiece”. Galatians 6.9

NURSES – POWERFULL OR POWERLESS

Sonia D Kapoor

GIVEN Disaster Mitigation is concerned with preparedness to prevent, avert and deal with disaster.

THEN the outcome of Disaster Mitigation in Nursing must be quietly confident competent Nurses in command of the prevailing service situation.

THEREFORE each Nurse who actively involves her/himself in Disaster Mitigation can expect to become a genuinely powerful person.

SENSING

Worldwide 12 million or more Nurses engaged in military, civil and private Nursing services are painfully aware of the trauma, tragedy and aftermath of disasters be they natural e.g., earthquake and cyclone, natural/man intensified e.g. flooding, drought, or manmade e.g., Fires, wars, genocide, riots, epidemics and pandemics, famine and unsafe/inadequate water supplies.

HAZADOUS EVENTS THAT PUT PEOPLE AT RISK

That are based in:

NATURE	VIOLENCE	DETERIORATION	FAILINGS OF INDUSTRIALIZED SOCIETY.
Earthquake	War	Declining Health	Technological failures
Droughts	Armed conflict	“ “ “ education	Oil spillage
Floods	Physical assault	“ “ other social services	Factory explosions
Avalanches	Mental assault	Environmental degradation	Fires
High wind, cyclone hurricane, storms typhoons, tornadoes	Bioterrorism		Gas leakage
Volcanic eruptions	Chemical Warfare		Transport collisions.
Landslides			Water and air pollution.

While some Nurses have some knowledge of disasters arising from nuclear fallout, land mines; biological and chemical warfare etc., every Nurse needs sound practical understanding of the psycho-physio-sociological cause and effect if we are to significantly and more effectively fulfill our function in this disaster prone world.

With man’s increasing ability to engineer ingenious weapons of destruction; an increasing capacity to hold the world to ransom with power politics; and a significant decline in human worth, Nurses are currently faced with a tremendous challenge to ‘be prepared’ for all contingencies.

It could be, that never before has the integrity of Nurses been so challenged as to demand constant vigilance on the ‘means’ we employ to achieve our ‘ends’ or ultimate aim as providers of unconditional Nursing.

DISASTER REAL OR IMAGINED?

Any hazardous situation mismanaged has the potential to become a DISASTER. The situation becomes a DISASTER only when human life is lost: Through death; by trauma when physical limitations cause people to become dysfunctional *or* when shock produces such mental, emotional and social aberrations that the normal functioning of individuals or groups of people is seriously impaired.

While not every earthquake becomes a disaster, every manmade disaster causes and brings in its wake death and deformity of body and mind in its ugliest forms. In addition 'natural disasters' such as Kutch Bhuj earthquake or the Super Cyclone in Orissa, trigger a human response of genuine concern and compassion that brings much help, but not necessarily the best or most needed help, even from Nurses.

Sadly, the outcome of well intentioned but inappropriate/mismanaged help too often causes problems that severely erode the intended value, and actually cause or compound a disaster.

Each death that is disposed of in a grave or is reduced to ashes on a funeral pyre becomes either a "true" or an "official" politically expedient statistic. BUT the deep penetrating wounds of mind, soul and spirit of families and communities are too often allowed to fester and suppurate until there is a boiling cauldron of hatred. The conflict and its management do not determine who is right - but who is left.

Inherent in hatred is insecurity, slander, gossip, lies, deception and defensiveness, all in the name of self righteousness, but in reality arising from a deep seated fear of man *but not of God*. Each spark of self-righteousness justifying and giving false credence to communal and religious piety that is quickly fanned into the most unimaginable barbarism by men, women and children who, having lost the beauty and purpose of their creation, have become – temporarily – inhuman beings governed by the predator instinct.

These inhuman humans, unless rescued with the love and compassion that our Heavenly Father is waiting to pour into each life through Jesus Christ His Son the Saviour of all mankind, become the 'living dead'.

NURSING CHALLENGE

We all come from one or other sections of society

How do, or can we, rise above this nightmare?

And

Pour the cleansing power of love and compassion

Into

These suffering minds, hearts, souls and Spirits

Through

Our unique and very special ministry of caring?

- ❖ **What resources are available to us?**
- ❖ **When and how do we draw on these resources?**
- ❖ **Do all Nurses receive from these resources, the necessary strength, quietness and confidence to function effectively as the patient/client's true advocate and effective caregiver?**

Nurses Vulnerability

To effectively draw on resources Nurses need to address their own *vulnerability*.

Normally little thought is given to ones own *physical vulnerability* yet this can be greatly reduced.

Socio-economic vulnerability is to some extent determined by each Nurses marital status

Each Nurse's *capacity* to make *choices that will aid her recovery* from any given disaster volatile situation must be constantly developed.

To 'Love yourself as your neighbour' helps equip Nurses to love and serve all.

PRELUDE TO ACTION

While *Sensing* in no uncertain way brings us into the disaster arena the *prelude to action* is a voluntary and dramatic lead into deliberate skilled action. E.g., in the prelude to good music whether the notes are quiet or thunderous, the outcome is a profound depth of meaning that leads us into the harmony and exquisiteness of a masterpiece. The end result is achieved after years of diligent consistent hard work and the coming together of all the different musicians with their various instruments and high level of skill.

In like manner the prelude to this particular development in Nursing began to evolve when on behalf of Nursing With A Difference Trust I took 10 quintal = 1, 293 sets of modules into Orissa, personally meeting and sharing with Nurses from more than 90 Hospitals and Health Institutions in more than the 22 Cities.

It was a tremendous help and great blessing when Nurses meeting in professional gatherings offered to take modules back to their areas for their colleagues and when the Director and Nursing Superintendent from Christian Hospital, Bissancuttack, without us even meeting, undertook to distribute the modules to Nurses throughout the area up to Sambalpur through the scheduled Christian Medical Association Conference.

While this limited my personal interaction with most Nurses from those particular areas the logistics of travel, time and costs were finally the deciding factors. The guidance and very thoughtful help by the then Nurse Advisor to the Orissa Government was invaluable.

BLESSINGS THROUGH LEARNING

Lessons learned from Orissa enhanced the value of the Gujarat experience where I met with large numbers of Nurses in 128 institutions in 37 cities distributing 1,655 sets of modules. In addition to this many more Nurses were met e.g., at the State gathering of Chief Nursing Officers and Principal Tutors, and with 1st, and 3rd, year B.Sc. Nurses from the Indira Gandhi National Open University who came together from all over the State.

While time spent with each group varied from ½ to 3 hours with the occasional full day for a specific group, the average time would have been 2 hrs per group. Interaction varied from small and large group sessions to time spent with many individual Nurses. Many days saw 9 hours comprising 3X2 hrs and 1X3hr. sessions for Registered Nurses followed by an hour for Student Nurses from 9 to 10pm.

On occasions having scheduled the institution programs with the CNO I attempted to plan ahead and inform the CNO in the next city, only to be asked at the end of the first session if I could stay another day! The next and subsequent days this would be further extended. Our priority was Nurses needs and readiness.

What a Privilege

To be able to enter into such rich communion with professional colleagues even if it meant constant adjustment to meet the unfolding needs of Nurses who continue to live and serve in a strife torn State.

If a prelude ended with the prelude there would be no great symphony. Just imagine if Ludwig van Beethoven 1770-1827 who was stone deaf from age 30, lived in an era devoid of the electronic aids and facilities like electricity that we take so much for granted, had stopped at the prelude of his greatest work the Ninth or "Choral" Symphony!

Inspired by a poem entitled "Ode to Joy" by a poet friend, Beethoven's supreme desire was to complete one great symphony that would combine both instruments and voices in one majestic expression of sound. The account is given that when the Ninth Symphony, composed between 1817-1823, was initially heard in Vienna, Austria, in 1824 just 3 years before he passed into eternity; the soloists had to come down from the stage and turn Beethoven around so that he could recognize the thunderous applause he was being given.

VISION > GOAL DIRECTED EFFORT > GLORIOUS OUTCOME

Beethoven’s vision was realized by constant hard work in the presence of what we would consider were insurmountable problems none the least being stone deaf.

In considering what men and women of vision have achieved down through the ages, to the extent that in the year 2003 AD millions of people, including Nurses, throughout the world continue to be encouraged, inspired and edified, we owe it to ourselves and our profession to take a fresh look at the potential and ability in Nursing, and come together to create a symphony in Nursing such as has never been heard.

**God gave us the
Florence Nightingales in Nursing**
They have passed on and the mantle now rests on each Nurse for it will only be through our collective effort that we will overcome the current disaster volatile dilemmas in Nursing.

Our Symphony
Conducted by the All-powerful, All knowing, Ever-present, Eternal Lamb of God, Jesus Christ the Savior of all mankind, working in and through each Nurse’s life;
Would be a unique Symphony of true justice and mercy being executed with the finesse and precision of skilled Nursing that is bathed in genuine love and care for each other.

Our access to the Sovereign God is sure, His forgiveness for our fallen state is sure, our renewal and allegiance to His calling into Nursing will surely be ratified – and all unconditionally *provided* we are faithful in both searching out and fulfilling, individually and collectively, His Divine will and purpose in our lives and through our profession.

What is our VISION?

A vision has been defined as “A badge of purpose that has become a bold reason for living.” A badge that reminds Nurses continuously that I/we have a hope and a future; that life as a Nurse of quality is worth living in spite of all its ups and downs.

Contrast this with EXPEDIENCY!
Expediency: Is a form of short-sightedness.
It forgets the future for the sake of immediate advantages.
It is dictated by the narrow interests of individuals concerned.
It is totally indifferent to the legacy of the past and the opportunities of the future.

To address this in Nursing we need to come to terms with the ethical implications of our calling to be the children of Eternity in order to fulfill our responsibility – To help people to health; to achieve their maximum potential or to a peaceful death.

To the extent that we are rooted in something permanent, can we hold our ground against the seductions of expediency and avoid the foolishness of Esau who sold his birthright for a mess of pottage (bowl of dhal).

In music “minor”, “major” and “natural” notes are all essential, as are the “sharps” and “flats”, each note has its own true value, and without the “base and treble clefs” the compounding richness would be lost and we would not be privileged to enter into the joy of a “Musical Masterpiece”.

A TRIBUTE TO NURSES

The reception received and experience gained from sharing with thousands of Nurses, in particular Nurses living with disaster in the Punjab, Jammu Kashmir, Ladakh, Orissa and Gujarat States give us a glimpse into

JOY IN SUFFERING

1. It indicates the unity and communion we experienced together in the midst of great diversity.
2. The bond of communion transcended all barriers and was very real.
3. The Spirit of unity was expressed through sharing deep concerns and desires.
4. Diversity was evidenced in the
 - i. Uniqueness of each geographical and physical setting.
 - ii. Wide discrepancy in standards and quality of Nursing care.
 - iii. Varying complexity and magnitude of personal distress.
 - iv. Marked divergence between frames of reference.

*Disaster Mitigation
Nursing Input
Vulnerable
Powerless!*

AD 2003 challenge in Nursing –

*Nurse's potential realized
Increased capacity to withstand and overcome
Powerful
Executing true justice and mercy with grace.*

There's a wideness in God's mercy
Like the wideness of the sea;
There's a kindness in His justice
Which is more than liberty.
Fore the love of God is broader
Than the measure of man's mind;
And the heart of the Eternal
Is most wonderfully kind.

The Prelude is over...

The Symphony is about to begin...