

Louis Matilda, Chief of Nursing, Fortis Malar Hospital, Chennai, quoted.

Sisters in Call, Mothers in Deed

The world celebrates International Nurses Day today to mark the contribution of those we call sisters, but who care for patients like their own children. With the industry poised for change with more specialisations, **U Tejonmayam** takes a look at the community, their options now and their problems

On May Day, when passengers injured in two bombs blasts onboard the Kaziranga Express at the Chennai Central Railway Station were wheeled into the Government General Hospital in Chennai, about a score of staff nurses along with 15 nursing students rushed to the emergency wards to attend to the patients. "Some of them were on leave. Yet they came to work that day," said the beaming nurses after they got a letter of appreciation from the Southern Railway for saving passengers' lives. Such bouquets are not quite frequent; brickbats are, particularly those working in government hospitals. "On one occasion a man died and his relatives were furious. They barged in and tried to attack us. They even broke the glass panels in the nurses' counter," recalls Mahalakshmi, a nurse at the casualty ward at Rajiv Gandhi Government General Hospital. There have been many instances

when relatives give vent to their anger by staging protests and shouting slogans following a loved one's sudden death, and also besieging and threatening nurses. But if all is well, the relatives of patients rarely acknowledge the role of nurses. In fact, they are unsung heroes of the healthcare industry, which has grown by leaps and bounds in Chennai over the quarter a century. While the city has earned the sobriquet of 'Mecca of Medicine' with several modern hospitals coming up and many super speciality doctors making Chennai their home, the multi-tasking nursing fraternity hasn't quite got its place under the sun. For instance, in a government hospital, their responsibilities include checking and making clean beds, administering injections and giving medicines, checking temperature/blood pressure, teaching nursing students on maintaining hygiene and care for every patient, checking if all drugs and injections are in place for every bed, following doc-

tors' instructions and verifying if food is served to patients as per instructions. They are also expected to ensure that both the ward and the washroom in the wards are properly maintained, besides managing visitors. "We are accountable not just to patients but to every piece of inventory in the ward. Even if a bucket is stolen from the washroom, its cost is docked from our salary. If the sweeper does not turn up, we are questioned. We have to constantly keep an eye on every little thing," gripes Gandhimathi, secretary, TN Government Nurses Association. But their biggest worry is the acute shortage of staff. The World Health Organisation (WHO) recommends 5:1 patient-nurse ratio in a general ward; 1:1 in the intensive care units; and 3:1 in a post-operative ward. "But in a government hospital, around five nurses are posted for a ward of 40 patients and they work in shifts. There are times when only one is on duty for all the 40 patients or 80 in the case of a super-

specialty ward. Private hospitals too face overall staff crunch, though they may be well-staffed in the ICUs," says a government staff nurse.



A nurse at work at Apollo Hospitals in the City | A RAJA CHIDAMBARAM

At the Government General Hospital, there are about 695 staff nurses for over 2,700 beds. But despite the shortage, nurses fill in whenever the need arises. From being a nurse attending to a delivery case to treating severe injuries and resuscitating a patient during emergency, a nurse is expected to volunteer and render service. "At times you get to see the birth of a child on a bed and a death on the adjacent bed the same day. Being emotionally balanced is quite a challenge," a nurse remarks. Another senior nurse at a government hospital struggled with her conscience while revealing to the parents of a young man who died of kidney failure that he was also HIV positive. They had to break the news since the body had infection and they suggested that it be cremated, not buried. "The parents did not know about it until we told them after his death. Handling such sensitive situations is part of our profession," she says. Then there are uncooperative — and sometimes violent — relatives of

patients who test the temperament of nurses. "These days people get information through the internet, so they can be demanding. While we share information about the patient's status, there are occasions when the relatives explode in anger. For our part, we try to make them understand and offer comfort," says Tarissa D' Cunha, a nurse posted with the operation theatre at the Apollo Hospitals. The profession demands women work efficiently for long hours, but wage disparity has been a long-pending issue. In most private hospitals, the perks are lower than in a government hospital. Personal lives too get affected for many, especially for the newly married nurses. "Balancing family and profession is the biggest challenge. Especially when you are married and you have night duties, you really need a lot of family support," says Louis Matilda, chief of nursing, Fortis Malar Hospital. Nevertheless, it is the passion for the job that keeps them going.

Dr Dinesh Nayak, Senior Consultant Neurologist, Fortis Malar Hospital, quoted

THERE ARE SEVERAL SPECIALLY TRAINED NURSES FOR EACH FIELD. THEY ARE OF TWO TYPES: THOSE WHO SPECIALISE BY GAINING EXPERIENCE AND THOSE WHO COME WITH EDUCATIONAL BACKGROUND AND GET EXPOSURE — DR DINESH NAYAK, Senior Consultant Neurologist, FORTIS MALAR HOSPITAL

Why Specialise on the Job when Ready-made is in Vogue?

With rapidly changing times, the health-care industry is on the lookout for who are ready to enter a particular field fresh out of college — welcome to specialised care, seen as the future of the profession. Days when nurses begin general practice and start specialising after getting exposure in one particular field will be soon be history, for the profession is steadily progressing towards a new era of specialisation that starts right from college. Changing with the times and trends, hospitals now increasingly look for those who are qualified in a

particular area of medicine. Many private colleges are now offering short-term diploma courses for graduates in certain specialties like critical care nursing, emergency and disaster nursing and cardio-thoracic nursing, that help budding nurses excel in that particular line of medicine. "Healthcare industry is growing and it's time we move into specialisations because that is in demand. We train nurses to face global challenges," said Punitha Singh, director, Nursing Services, Apollo Hospitals. She added that the hospital has made it mandatory for nurses to undergo six to eight hours of continuing

nursing education (CNE) programme, just like continuing medical education (CME) for doctors, while some undergo certificate programmes include IV therapy, post-basic diplomas in certain specialised areas like critical care, neonatal, and orthopaedic. The State-run hospitals are also taking efforts to keep up with those offered by their counterparts in the private framework, with the Tamil Nadu Nurses and Midwives Council making it mandatory for all nurses to undergo 150 hours of CNE programmes in a span of five years for their licences to be renewed. Apart from this, the Council has

launched exclusively designed module courses on ulcer management and wound care management as part of its efforts to wheel in specialised care. "In government colleges, we have specialisations only in the post-graduate level. We have launched module courses not just to have theoretical knowledge but hands-on experience because the future is specialisation," said Ani Grace Kalaimathi, Registrar, TN Nurses and Midwives Council. Also, with specialisation, the scope for opportunities is expanding with recruitment by various multi-national companies where the nurses double up as counsellors in industrial and

manufacturing facilities, research centres apart from defence services, railways and oil corporations. Doctors too find it important for nurses, who are the first contact for a patient, to specialise, especially at a time when medicine is getting complex. "There are specially trained nurses like nurse anaesthetist, cardiac nurses, neuroscience nurses, neuro-surgery nurses and theatre nurses. There are two types: those who specialise by gaining experience and those who come with educational background and get exposure," said Dr Dinesh Nayak, senior consultant neurologist, Fortis Malar Hospital.