WHY THIS CONDESCENDING ATTITUDE?

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HISTORY bears testimony to the fact that with the progress of medicine came the progress of hospitals. History of nursing is eventually the history of medicine and both advanced to their own spheres in leaps and bounds.

With Florence Nightingale began the modern era in nursing. She emphasized, that morbidity and mortality can be greatly reduced by simple methods of sanitation. She pioneered this concept. Her theory of cleanliness was later vindicated by the discovery that disease is caused by bacteria and that bacteria is present in abundance in air and filth.

Strict cleanliness grew into a septic principles. Listers's antisepsis, required constant intelligent supervision, and this gave added responsibility to the nurses. Their constant vigilance and care in making ready instruments and equipments, contribute in no less a measure in making successful surgeries possible on all the organs even heart and brain.

In the past nurses were only concerned with providing comfort to the patient. Nursing responsibilities as we understand them today were being carried out by the physician. Education of nurses stimulated them to develop and refine techniques of patient care. Many new techniques have been introduced as a result of contribution of nurses to the progress of medicine had been dependent on the advancement in the standard of nursing education and the increased responsibilities being passed on to nurses.

The ever increasing migration the cities gave rise to inadequate housing. Slums sprang up all over and bred insanitary conditions and diseases. Environmental sanitation became the science of the day. Promotion of personal hygiene through health education became imperative. In addition to this immunization, reduced the morbidity and mortality rates all over the world.

The explosion in medical technology, industrial developments, methods of working and evaluation techniques have resulted in the demand for quality of service. The need for scientific management of hospitals and health care institutions made medical administration conscious of education for administration. Nursing administration had, much ahead of time, foreseen such development and prepared nurses to meet the modern needs of scientific administration of hospitals.

The new concepts of comprehensive care have led to the integration of both curative and preventive aspects under the banner of community medicine. Community medicine, is still a growing speciality and is in its infancy. Here once again the nurses anticipated these developments. For over two decades now nurses have been in the field to serve the community. They provide care not only to the sick but to the healthy so as to keep them healthy.

The impact of the integration has been manifest in the increasing life span of the people in the community thus giving rise to a speciality called "GERIATRICS".

The failure of the nursing profession as well as the medical profession to anticipate this today overtaxes the services and utilization of so called general hospital. As a result hospitalization costs have soored. Medical care is beyond the reach of ordinary men. Quacks have flourished.

The present day hospital is caught amidst explosions of technology, population and socio-economic development under common pressure for change. Who can alleviate the strains of transitions by providing new knowledge concerning the nature of future care? Who can throw enough light on the needs of the community as an organization within a system?

In conclusion I can say that evolution of medicine is virtually the evolution of nursing, and medicine has had its greatest impact in nursing administration. So much so, we cannot today imagine a hospital or a health care system without

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vided we fall' the said state associations despite their sizeble majority of membership are not that effective to solve their issues satisfactorily. Existence of more than one association for the same cadre of workers, only weakens their bargaining power. Instead, if they strengthen the TNAI in addition to theirs, the former would certainly become strong and make its voice heard by the Government better. Thank God that inspite of its small membership it does enjoy consulting status and commends respect.

A common excuse we often hear from them is that the membership fee is high. If we split the annual dues of Rs. 25/- for printing and postage of the Nursing Journal of India which is posted free to its members monthly, affiliation fee to ICN, dividend to state branch, maintenance of an office with two paid secretaries, it is not that high. It is an accepted lapse that the TNAI doesn't own a press to date thereby a lion's share of its income goes toward printing the NJI. It is also observed that the said state associations do collect more than once in the year for various purposes which amounts to more than that of the TNAI annual dues.

Another unfortunate but surprising observation is that many senior/ressible nursing leaders are outside the TNAI. Those that underwent collegiate courses are not an exception to this. How can the younger generation be influenced to join the TNAI when elders themselves are not its members? How can the nurse teacher, teach her students about the national or international organisations meaningfully? Do we ever find other employees like doctors, engineer, lawyers, teachers, technicians, class IV workers, or labourers not belonging to their respective association or union? Why then, is the nurses' unfortunate noncooperation toward her parent body which only weakens their very professional existence? The reason for their remaining outside the TNAI is beyond ones comprehension.

Therefore, friends, I beg of you specially those in the south zone, to strengthen the TNAI by extending your cooperation by:

1. promptly enrolling as LIFE MEMBERS in it at your earliest possible opportunity,
2. renewing membership if lapsed,
3. administrators / teachers by propagating / encouraging nurses under your control / students to become LIFE MEMBERS,
4. by active participating in its activities. Let us join in and fight from within not among ourselves) and not cast stones at it from outside which serves no purpose.

If it is hard to find Rs. 250/- in a lumpsum, one may pay it in five installments of Rs. 50/- within six months, a group of ten friends may form into a cell, contribute Rs. 25 a month per-head for ten months and one by one can become life member a month by lot/mutual agreement, nursing teachers to encourage stipendiary students to contribute a small recurring sum monthly for a year or two to pool Rs. 200/- towards life membership on graduation (thank God that the TNAI Council generously introduced from 1-1-1980 SNA-TNAI LIFE MEMBERSHIP at Rs. 200/- if enrolled within six months after graduation discontinuing the annual SNA-TNAI at Rs. 15/- which proved uneconomical) the non-stipendiry students to become L.M. during their experience withing six months of they leave their almamater.

I earnestly appeal to you my friends the nursing administrators / teachers / supervisory nurses to kindly become life members promptly and make effort to enrol every student a life member on graduation or during her experience if she is retained after her course and also encourage those under your jurisdiction to become LIFE MEMBERS.

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nurses. Moreover, education and socio-politico and economic development in the health and other fields have made nurses independent thinkers, planners, educators and administrators. But medicine still takes upper hand and have failed to give due recognition to nursing administrators and nurses. Such condescending attitude hinders the advancement of both medicine and nursing.