The Changing Roles of the Indian Nurses

DR. SUKUMAR CHATTERJEE

IN India Nursing was considered in the past as a socially low and undignified vocation and not suitable for young women of respectable families. Indian society did not allow the women to function at the same level as the men. Thus the nurses assumed the role of handmaids of physicians who were largely males and had to accept their authority without any question.

Nursing, in the past, was limited to the care of the sick in the hospital. But the contemporary philosophy of nursing has much changed. The motto of today's nursing is prevention, cure and promotion of health-mental, physical and spiritual. As such, it has now developed into a science and also regarded as a noble profession. It is now concerned not only with an individual but with his family and also with the society she belongs to. Lamberston has rightly remarked 'Nursing is a dynamic, therapeutic and educative process meeting the health needs of the society.'

After independence several attempts were made to improve the health status of the country through 5-Year Plans. Here importance was given to training the nurses in order to increase the health manpower of the country. The fifth 5-Year Plan was launched on April 1, 1974, with an outlay of Rs. 37,250 crores in the public sector. The distribution of outlays on health and allied programmes was Rs. 3,297 crores. As a result of health planning there is a broad spectrum of medical care programme in the country where the role of the nurses is of great importance. These programmes include the following:

Primary Health Centre: To render the comprehensive health care to the rural people a Primary Health Centre with three Sub-Centres in each Block covering 70,666 population was established. In each Block there are public health nurses and the auxiliary nurse-cum-midwives. These nurses in their expanding role are working as the health team leader in the process of social change. Besides this, the new Health Policy envisages some very vital role of nursing personnel especially in rural areas. It would involve 5,80,000 Community Health Workers and 5,80,000 Midwives to bring the health services at the doorstep of the rural people. The community health nursing becomes an essential part of the general nursing today.

Urban Health Centre: This centre aims at the total health care of the population in the area by giving generalized medical care and health care and also specialized services, where the nursing personnel are playing major role in the health team.

Hospitals: The hospital organization is everyday getting elaborate and intricate with the increase of disease, variety of diseases and the awareness among the people about the availability of improved medical facilities. Hence the hospitals find it expedient to provide stylised assistance to the doctors. Gradually the health team consciousness also developed in hospital situations. But within a health team the responsibility for the total care was somehow laid on the nurse. Here comes the major shift in the nurses role. Besides these primary health centre, urban health centres and hospitals there are a host of clinics and other agencies where the nurses do play a vital role.

Nowadays even the administrators are ascribing administrative responsibility to the nurses that previously did not fall in their orbit. In a broad sense, the present day nursing is a liaison between a patient, his family, the hospital, the community of the patient and the health team. Rogers defines modern nursing as **humanistic science** dedicated to compassionate concern for maintaining and promoting health, preventing illness and caring for and rehabilitating the sick and the disabled.

In the present health set up of the country there is a crying need for effective nursing education. In fact a trained nurse has now a more significant role to play in delivering the health services than in the past years. A student nurse plays her role in the field of nursing as she is a student for today and a nurse for tomorrow. Her knowledge gained today is never lost or remain unutilised in future. She can use it throughout her whole life. The need of nursing education even at the University level is now being considered by the Government. Existing conditions and the standards in the nursing schools are gradually improving though not adequately.

In the nursing curriculum, various disciplines that are relevant to the theory and practice of nursing are considered, co-ordinated and integrated to provide a constant academic framework for nursing student. With the specialised training in

(Continued on page 213)

Dr. Sukumar Chatterjee is a member of the teaching faculty of All India Institute of Hygiene and Public Health, Calcutta.

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In line with recommendations from the Professional Services Committee, the Board agreed that official ICN policy statements be reviewed on a regular basis, that the "Discussion guide for use by national nurses associations in the application of the guidelines on the nurse's role in relation to the mechanical maintenance of life, interruption of life and genetic engineering" be circulated to member associations, and adopted a definition of ICN's role in nursing research.

The Board was informed that an evaluation of the ten years of operation of the 3M Fellowship Programme will be carried out.

The Board accepted proposed amendments to the ICN Constitution dealing with ICN official languages and suspension of voting rights of member associations for non-payment of dues. These will be circulated to member associations and voted on at the CNR meeting in 1981.

The World Currency Trends Committee discussed world trends with the ICN investment portfolio manager and with monetary experts and will continue to seek ways to offset negative effects of the current monetary situation as these affect both ICN and member associations.

The Board accepted the Membership Committee's recommendations that four national nurses associations be admitted to ICN membership. The Council of National Representatives will be asked to vote by referendum by mail on the admittance of these associations.

The Board adopted ICN and FNIF accounts and budgets and the criteria for the Revolving Fund as proposed by the Finance Committee.

The Board received reports on the **International Nursing Review** and ICN publications; joint projects with other international organizations; representation (ICN was represented at 51 meetings between March, 1979, and March, 1980); the ICN sponsorship programme (37-member associations have indicated interest in participating); and migration of nursing personnel (an article is being published in the **International Nursing Review,** July/August issue). The Board also adopted a policy on fieldwork and stopover visits.

ICN President Olive Anstey warmly welcomed Barbara Nichols, President, American Nurses Association; Dorothy Cornelius, Chairman, ANA Congress Planning Committee; and Gary Wolfe, California Nurses Association, to the Board meeting for discussion of 1981 Congress matters. The Congress preliminary budget was adopted and information shared about Congress arrangements and the professional programme.

Board members in attendance at the March meeting were: Olive Anstey, President, Australia; Rebecca Bergman, First Vice-President, Israel; Verna Splane, Second Vice-President, Canada; Hildegard Peplau, Third Vice-President, USA; Ang Mun Moi, Singapore; Annamma Cherian, India; Elouise Duncan, Liberia; Ingrid Hamelin, Finland; Eileen Jacobi, USA; Eunice Muringo Kiereini, Kenya; Syringa Marshall-Burnett, Jamaica; Sheila Quinn, United Kingdom; and Fe Valdez, Philippines, Marie-Louise Badouaille, France and Azar Riahi, Iran, were in attendance for part of the meeting.

(Continued from page 206)

nursing, is included a bulk of the curriculum related to General Education. Phillepich rightly observes "the special education is visualised as flowing out of and for ever returning and enriching general education."

Changes have come not only in the nursing curriculum and the health set up of the Government but also in the outlook of the people towards the profession. In India, previously it was a problem to get candidates for training in nursing. Now-a-days applications for admissions to this training have increased tremendously.

The nursing leaders now think that due to changing role of the nursing personnel, there is need to look for the quality of nursing rather than the quantity. Everybody can not be a good nurse nor does have ability to be a successful student. M. E. Charyer of Teachers College, Columbia University rightly pointed out that 'Recruitment technique must be set up that will offer a challenge to persons having ability of contributing to nursing care'. This idea of fitting the square peg into the square hole will certainly bridge the gap between the nurses' changing role and the present day health policy.

References

1. Chayer, M.E., **Nursing in Modern Society,** N.Y., G. P. Putnam and Sons, 1947.
2. Govt. of India, **Report of the Health Survey and Development Committee,** Vol. I and II, New Delhi, Govt. of India Publications, 1946.
3. Lanara, V. A., **Philosophy of Nursing and Current Nursing Problems,** International Nursing Review, 23 (2), 1976.
4. Park, J. E., **Text Book of Preventive and Social Medicine,** Jabbalpur, Benarasidas Bhanat, 1970.
5. Phellepich, M. K., **Nursing Education Monograph, Columbia Teachers College,** Columbia University, N.Y.
6. World Health Organisation, **WHO, Technical Report on Working Conference on Nursing Education,** pp. 60-62, 64-68, 1953.