STUDY ABSTRACT

SOCIAL BACKGROUND OF NURSES IN GUJARAT

Social Background of Nurses in Two Districts of Gujarat State (Ahmedabad and Bhavnagar) : A thesis for Ph. D. at S.N.D.T. Women's University by Dr. (Mrs.) Vinodini Namjoshi.

SOCIAL background of nurses in two districts of Gujarat State (Ahmedabad and Bhavnagar districts) is the study taken up primarily with the following objectives:

1. Nursing in India as full-fledged occupation has been developed after the British rule, i.e.. it is a recently developed occupation.

2. Nursing is mainly done by women. In the Indian context, apart from the limitations occurring from the fact that nursing is a women's job, the factors of caste and social rating of occupation have played a significant part in its late development, recruitment and prestige of the occupation.

3. There is a personal angle to this study as I am associated in the field of nursing for many years and I found the various social background factors and their impact on enrolment and commitment of the nurses.

Therefore, through this study, I propose to examine how norms and values affect the prestige of an occupation in a particular society. Thus the present thesis is an aspect of occupational sociology as an occupation does not constitute merely the work, but it involves prestige, status and income. I felt that it would be a useful sociological exercise to analyse the recruitment, motivation, attitude and trends of this occupation which is slowly gaining status in the society.

I felt that if I take two different socio-cultural settings, I would be able to understand more the role of social background factors. Therefore, I have selected Ahmedabad district where there is a comparatively industrially developed society and Bhavnagar district with a traditionally influenced society.

Before examining the occupation of nursing in the Indian context, it was necessary to understand the development of nursing as a profession.

Considering the definitions, criteria and essential factors determining the profession, as expressed by various sociologists, we are forced to infer that nursing everywhere is not a full-fledged profession, because of its short-term training period (less than five years), less established status, less autonomy to work and as the specialized body of knowledge is not yet well-developed. However, as expressed by Elizabeth Kamfer, nursing, like medicine, is in a process of re-organisation and it is, for the present, in the main a potential rather than an actual profession.

In India, when socially it was not considered proper for a woman to work outside the domestic surroundings, nursing which has an added disadvantage of being manual, unclean and polluting occupation, it was not considered a very prestigious work for women. Of course, the situation is slowly changing. The factors such as economic hardships may be influencing a group to take up nursing which is not considered highly prestigious.

In this background, the study has examined the development of nursing in this country and abroad and specially in Gujarat State. It was noticed that the Gujarati nurse started nursing after the year 1920 only.

Sample Design and Methodology

The sample was selected from the hierarchical divisions like Sisters, Staff Nurses, Health Visitors and Midwives as they are common nurses.

In the big hospitals where the roll call was maintained according to the seniority, the sample was selected by the random sampling method. In small hospitals and in public health field where there are few nurses and as these institutions are scattered, whoever was available was selected as the sample.

Thus 17% of the total was the sample selected (158 out of 931 nurses in Ahmedabad district and 52 out of 290 nurses in Bhavnagar district—Total 210 out of 1221 nurses—were the samples selected) and the proportion of the sample between 15% to 22% was maintained institution-wise and status-wise.

Besides the sample selected, 24 persons like eminent lady social workers, doctors and nurses at high positions like Superintendents, Matrons, Tutors and P.H. Nurses were interviewed.

Tools of Data Collection

The data were collected through the self-administered questionnaire when the author contacted personally the 210 respondents and collected the data as per schedule.

In order to get an insight into the other side, I have tried to know the reactions of 24 persons as mentioned above through the interview-method.

Layout of the Schedule

The questionnaire has been formed to study the socio-personal background, role set, motivation for being a nurse, attitude of respondents and public to nursing, problems faced by the respondents being nurses and working conditions of the respondents. Special consideration is given to the respondents working in Public Health field and their problems.

In short, I have adopted an integral approach to the problem.

Pattern of Analysis

The entire data were coded and tables were prepared by hand. The main variables were education,

caste, community, income, age and marital status of the respondents, district-wise.

Conclusions

1. Caste and community are important variables determining the status of this occupation. There is an overwhelming proportion of Christian respondents (38.57%) in comparison to the Christian poputon which is less than 1%.

Amongst Hindu respondents, a large number belong to the upper castes, probably due to low economic status.

2. Distinction between the two districts showed an impact on certain elements of social background as well as attitude in certain fields. Majority of Bhavnagar respondents have a lower level of education, many are coming from lower income groups and many have entered nursing after marriage. They showed more anxiety for being unable to carry on the responsibility as a mother. The respondents working in P.H. field in this district experience more difficulty than the Ahmedabad respondents.

The negative attitude of the society and apathy of the respondents to professional activities was noticed by an over whelming majority in both the districts.

3. In a traditional society with growing economic need of the family, majority of respondents took to nursing under a compulsive economic situation. Thus, it indicates that under economic pressure, it is very likely that traditional attitude to entering an occupation may change. The study pointed out that there are occasions when the behaviour might change, but the attitude may not change substantially.

4. The study revealed lack of professionalism in nurses. It is observed that nurses are not enthusiastic to improve their qualification and equipment nor are they keen to take part in their professional activities. With this negative attitude, it is difficult to expect raising standard of nursing as a profession. (All interviewees felt the standard of nursing in Gujarat State is much below the required standard. 73% of the respondents are not members of T.N.A.I. Out of them nearly 23%feel that the TNAI is of no use to them and 42% do not know anything of TNAI). The financial rewards are very much limited, (93% of the respondents get a total salary of less than Rs. 400 p.m.) and nurses have dual responsibility. Therefore, they may not be keen to develop professionally.

5. It is revealed that publicity accorded to this profession is negligible. Eminent lady social workers who were interviewed hardly have any idea about training as well as working conditions of nurses. Social workers should take interest to publicise this profession in the interest of the nation.

6. The study has pointed out that the nurses are working in an adverse situation (i.e., odd, irregular and long hours of work, lack of proper equipment, dual authority, low salary, etc.). If this occupation has to be raised in status, the financial rewards must be enhanced so as to attract more educated, intelligent, upper class women to this profession, who may be committed to this profession and in return raise the standard of nursing.

Though the strains of dual authority may be heavy, yet, in near future, it is not likely to be lessened till doctors have more academic and professional equipment. In spite of the dual authority if the work of nursing will be respected by all and considered significant, the tension may be felt less.

7. Nurses have suffered social hardships. They hardly have any leisure time, find it difficult to get married. (25% respondents have or had difficulty in getting married) and they are under mental and physical strain owing to inability to adjust to the dual responsibility. Therefore, six hours' day-duty at a stretch may be considered when they are doing 12 hours' night duty so that the nurses may be able to carry out dual responsibility more efficiently.

8. Considering the stranglehold of traditional values in any society, and specially in Indian society, regarding male-female relationship, a woman coming in close contact with men is not an approved behaviour. Nurses have to come in close cantact with male patients while nursing them. This situation creates a wrong impression in the minds of the people about the moral character of nurses (nearly 76% of respondents perceive that public considers nurses to be of bad character). However, those respondents feel that public opinion is now changing favourably and people are beginning to appreciate nursing. As it is not easy to change the attitude of the society, it is worth considering to prepare male nurses to take care of male patients.

9. The present training which is at various levels and is of apprenticeship type needs a radical change (all the doctors and nurses interviewed, expressed the need of change in nursing training). The present training does not create the professional consciousnes in the minds of nurses because students secure admission mainly due to economic gain as they get stipend. (Nearly 80% respondents were motivated to enter nursing because of economic gain). Today, theory and practice do not go together since students are utilized to meet the needs of the hospital services and thus they are exploited by giving token stipendary benefits. Therefore, the present system of basic nursing training should be discontinued and diploma and degree courses may be started at the university level so that the status of nursing profession may be elevated.

In short, nurses require to make special efforts to raise their standard and also to eliminate the prejudice against nursing amongst the people.

Similar studies made of other States may prove very helpful in properly assessing the operation of social factors and in determining the status of the occupation.

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