Nursing Survey in India—A CAHP-TNAI Undertaking

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Nursing services have formed an integral part of health care from the Vedic times in India and from the Florence Nightingale era in the West. It is, however, only comparatively recently that the nursing profession has acquired a status of its own. A desire, aptitude and willingness to serve the sick are no longer adequate by themselves to take to nursing. Entry into the profession requires, in addition, a prolonged apprenticeship as a student, the study of a variety of subjects, and experience of nursing under qualified supervision. Membership of the profession calls for dedication, discipline, hard work and self-denial. The growth and development of health services in this country, after Independence, has created a demand for a very large number of nurses of all categories, in the field, in hospitals, for specialised services, for teaching and for administration. The last two decades have thus seen phenomenal developments in the training and employment of nursing personnel. The main impetus for this has come from the Governments—Central and State. Many voluntary organizations have also played a part. The State Nursing Councils, under the overall umbrella of the Indian Nursing Council, have carried out the regulatory, registration and allied functions. Nurses' professional organisations, mainly the T.N.A.I., have played their part in watching the interests of the profession. A variety of problems and issues connected with nursing have been the subject of studies and investigations in the past. In the absence of a comprehensive survey, however, of the entire spectrum of training, manpower, utilisation and social aspects of the situation, there have continued to be many gaps in the knowledge and understanding of many facets of the question. We know, for example, the number trained over a number of years and the number registered etc. but there is no means of knowing how many of these form part of the workforce, for how long and in what kind of positions ? What is the pattern of utilisation ? What are the gains to the community and to the nurse herself ? How can such gains be maximised without mutual inconsistency ? Is the training adequate, in conformity with regulations and suited to the needs of today and tomorrow ? To what extent can retarding and facilitating factors be identified in the training and service areas ? What major trends can be discerned in the recent developments ?

Authentic answers to these and many related questions can be expected to help in making planning more rational and in obviating unanticipated and wasteful developments. It is with a view to find answers to such questions that the Co-ordinating Agency for Health Planning has embarked upon a comprehensive survey on nursing in India, with the support of the T.N.A.I. The study includes (i) the educational and training aspects, (ii) the manpower situation and (iii) the social profile of the nurse. Qualified and competent persons constitute the three teams investigating the respective areas. As a part of the study, questionnaires have been sent out to a representative sample of nurses and field visits are being made by the teams to collect information through interviews as also to hold discussions with knowledgeable persons, in the nursing and related spheres. It hardly needs to be pointed out that (1) the outcome of the survey depends greatly on the co-operation and assistance of nursing proression, and (2) the utility and effectiveness of the findings can be enhanced by their comprehensiveness. Keeping this in view, the members of the profession can greatly help by responding to the questionnaires by those to whom these have been addressed and by extending full co-operation to the teams in the field work at the places of their visits. Well-considered suggestions and recommendations, anyone may like to make, will also be welcome.

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have his mother continuously, but in between the mother was allowed to be with him. A toy was given to him to handle. The nurse who was familiar to Prabhu and knew his language was with him and that helped him and his parents.

Objective 9. Prepare parents for the discharge of Prabhu.

Parents were well oriented to the needs of Prabhu. They were intructed to have him take restricted activity for two months and to bring him for check-up after three months. He was to continue Esidrex 50 mgms twice a week, and was allowed to take 3 gms of salt in the diet. Parents were shown how much was 3 gms salt approximately. They were instructed to consider Prabhu as a normal child but to give him love and security. They were satisfied with the treatment and were thankful.

Objective 10. Provide care during the period of struggle to regain autonomy.

As recovery took place, as the tubes were removed and as he had to have intra-muscular injections, Prabhu asked several questions and parents were able to answer him satisfactorily. Love and security from parents and nurses provided confidence to regain self-esteem and autonomy, so that he could establish his identify. On the day of discharge he walked around in the ward to say 'Goodbye' to all triumphantly.