Development of Nursing in India

Contribution of Post-Graduate Courses

By **Miss Alice Zachariah**

THE Nursing administrators, Sister Tutors and Public Health nurses and Tutors are serving all over the country in various capacities. Many graduates of these programmes are holding responsible positions, managing the hospitals, nursing services and conducting educational programmes very efficiently in Schools of nursing.

Yet there is a great dearth for qualified Sister Tutors and Nursing Superintendents. Umpteen requests and calls are coming to fill the various posts in private and Government Hospitals. The P. C. Schools must continue to meet these demands.

The Post-certificate education in India was the beginning of preparing nursing leaders for the country as administrators and teachers. Till these courses were started in 1942 and 1943 the country had to depend entirely on overseas nurses or nurses qualified abroad in teaching and administration.

So the first courses were established to prepare teachers and administrators and specialisation in clinical areas. With the preparation of Indian nurses, the nursing education could more and more be adjusted to meet the needs of the country and of the students. The first and foremost contribution, therefore, is to develop national leadership.

The Post-certificate courses were the beginning of higher education for nurses in India. They form the foundations for advanced education in our country. The standard of nursing courses depended on these educational institutions staffed by qualified Tutors since the administration of the hospital wards and departments of the hospital were entrusted to the graduates qualified as administrators.

The standards of nursing and the management of the wards and hospitals have attained efficiency and thoroughness as the experienced and qualified administrators have played their roles in planning and organising the services. Mere routine has been given up and individual humanized patient care has been taken care of.

The patient's family circle and the community is out-reached. The well-being of the community and the prevention of disease and rehabilitation is followed up in keeping with the expanded dimensions of nursing. All these are the result of the knowledge acquired through Post-certificate and advanced studies.

Publication of manuals, reports and Text Books, though are still to be developed, has been initiated and motivated by the Post-certificate courses. The Sister Tutor Section, the Education Section of the TNAI and talented and skilled individual nurses have been instrumental in producing the literature and books.

Professional organisation leaders have been produced by these Post-certificate courses, who hold key positions in organisation and councils, as secretaries and chairmen replacing overseas nurses.

In short, these courses were the beginning and the main strength of the development of nursing education, and nursing services or national professional leadership in the country.

Community nursing programme has improved the welfare of the people, with the knowledge of better food and better living. Prevention of disease and good maternal and child care are promoted.

The status and position of nurses in general have been raised as a result of the impetus given by the various opportunities available in the form of Post-Certificate and specialised courses, not to mention the marriageable status. More nurses are married today than ever, because of the great demand for them.

How did all this come about? Because of the diligent labours and the courageous steps towards expansion against odds and deficiencies taken by pioneering leaders like Miss Craig, Miss Taylor, Miss Buchanan, Miss Mitchell, Miss Macmurchy, Dr Scudder, Miss Pitman, Miss Ruth Harner, Miss Buckles etc.

Nursing in our country has come up only half way. There is much to be done. If we have made too little progress in the development of our profession in the country it is because of some weaknesses in our leadership which are to be avoided in any profession.

The top nurse is often in office for several years and is to determine the quality of her realm for that period or longer. She should have enhanced her influence, importance and its contribution to the community and raised the dignity and prestige of our profession. She should have created a team of keen and enthusiastic disciples who would carry her leadership into wider fields and establish and perpetuate further advance. This she could do without being an empire builder.

In many instances we have failed in this: we have failed in preparing associates and followers to carry on the work by being self-centered, by building up our own nests like spiders. In other instances, by being weak and deficient in quality of leadership; by being concerned with our own prestige; that we appoint people to fit into our own weak leadership; people with no drive, initi-

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controlling treatment of patients helped the progress of medicine, despite the fact that punishments were cruel. As the Roman Empire grew in power and strength, morality decreased and cruelty was the order of the day. It was at this time that Jesus Christ came on the scene to spread His spirit of love and mercy.

A complete change was effected. Slaves were set free, the poor received alms, the blind, the lame and sick were helped. Wealthy Roman Matrons who were converted to Christianity threw open the doors of their palaces to the poor and the sick. The Nuns behind the screen gave an idea of the strenuous work done by the Sisters of Charity in Hotel Dieu in Paris several centuries ago. Elizabeth Fry helped those in prison; and Henry Dunant began the work of the Red Cross with wounded soldiers. The show ended with a scene of Florence Nightingale, the Founder of Nursing, with a group of Nurses.

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atives or ability—only "yes madam" people—resulting in inferior quality of service with no dignity and prestige to the profession. This seems to be the foremost weakness.

On the other hand, there are those brilliant, and efficient leaders who succumb to the common danger of being involved with national and international committees and organisations. Soon the responsibilities for which they were prepared and appointed receive too little of their time, and they themselves loose the skills. This is true of the medical profession.

There are other leaders who are overly enthusiastic and become the devoted committee members. Soon they become party members and politicians; lovers of power and prestige.

For the future development of nursing in the country these draw backs should be avoided. Leaders must have farsight (vision), strength of character and devotion to duty. They must have courage of conviction.

We have to prove that Nursing is an art and a science : Those in leadership should be equipped with general knowledge and particularly history to give broad and continuing education and sustain a balanced outlook on life. It is well to study the lives of outstanding leaders in the profession as some one said : "no progress is sound or lasting that is not superimposed upon what was good in the past or has stood the test of time."

(Excerpts from a talk given by Miss Zachariah at the Silver Jubilee Celebration of the MIBE Graduate School of Nursing, Indore, on Dec. 14, 1970).

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learned most successfully when this concept is incorporated into the students daily life.

7. The students need the opportunity to think for herself to develop and carry out her individualised plans for patient care.

This will produce nurses with creative imagination and the desire to grow ability to work successfully with children and their families.

8. The experience should be so arranged that the student has time to know her patients as persons with special needs and diseases.

The development of a programme of this type requires personnel, skilled and experienced instructors, who can guide the students in the use of application of both knowledge and understanding.

Perhaps today, with shortage of professional nurses and nursing instructors, such a plan may sound impractical. Truly it may be difficult, but it is a method which can be recommended because it has proven to be satisfying and rewarding.

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Care of Teeth—*(Contd. f.p. 39)*

A dentifrice such as toothpaste ought to be used at night, as it can give the teeth a good cleaning Because the dentifrice contains an abrasive for cleaning the surface of the teeth, it is better able to remove the food film that may cling to them. At other times of the day plain water, salt or even a little soap can be used with a toothbrush to clean food particles from the teeth. Every few months a little pumice powder with the dentifrice will give the teeth a very good cleaning, removing many of the stains that may accumulate. Using pumice too frequently can also damage tooth enamel. Be careful not to injure the gums by brushing too vigorously.

Effective brushing includes rotating the brush so that the bristles sweep the teeth from the gums to the biting edges. This, of course, needs to be done on the inside as well as the outside surfaces of the teeth. The chewing surfaces of the upper and lower back teeth also need to be brushed. Including a back-and-forth motion over all the surfaces of the teeth helps to polish them.

A child needs to be shown how to brush his teeth properly and encouraged to establish the habit of doing it regularly after every meal. A parent can get him in that habit by brushing his teeth for him until he is old enough to do it for himself.

The best way to keep down tooth cavities and prevent trouble resulting from inflamed tissues is to brush your teeth after each meal. Also visit your dentist regularly to have your teeth examined.

You can prevent tooth decay if you care to appreciate these marvelous instruments that the Creator has provided, and show that appreciation by giving them the good care they require.
