STATUS OF NURSING IN INDIA

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Social Rights of Women in India was the theme of the annual conference of Indore sub-branch of TNAI, M.P. State Branch. The author of this article was one of the speakers on this occasion. We bring out this thought, provoking paper on the 'Status of Nursing in India', by Mrs. A. Kuruvilla, R. N., M.N., a faculty member of College of Nursing, Indore. When the whole world is celebrating the year 1975 as International Women's Year, it is time that we should also take stock of the achievements of the nursing profession. How for we have been successful in establishing our own identity as a profession ? or what improvements have been made in regard to status of nursing profession ?. In this article the author discusses about the true functions of nurses, some factors responsible for low status of nursing and steps for improving the status of nursing in india. *—Ed.*

The observance of the International Women's Year is a welcome news to the members of the nursing profession since an overwhelming majority of its personnel are women. In India, equality of sex is a legally acknowledged fact but in reality there are many established practices of discrimination on the basis of sex.

Nursing today is not as it has been in the past nor as it will be in the future. But what it is today must be rightly understood so that we can discharge our obligations and responsibilities well.

The nursing in the past laid stress on ethical aspects of development and practice. The intellectual awakening which centres around the "what, why, and how" of things was lost sight of. The result is that we now have many "rule of the thumb" procedure-centred nurses rather than those who think of the patient as a whole person. It is no wonder that there is criticism from the medical officers of good standing and high officials in the Government.

Indian Nursing leaders have been very much aware of this problem. The expansion of the Collegiate programme in recent years and also the revision of the syllabi by the Indian Nursing Council are but a few of the steps directed towards producing the kind of nurses our country needs today.

Various definitions emphasize that nursing is a comprehensive term which includes the physical, mental and social well being of a person. Today our procedure-centred nursing remains far away from real nursing. This is a cause for concern and alarm for the nursing community.

The first step is to redefine nursing. Nurses need a new understanding of what nursing is. Three principles underlying nursing care which are based upon biological, medical and social sciences are (i) maintaining the individuality of the patient (ii) maintaining the physiological norms involved in health and (iii) protecting the individual from external injuries.

The basic elements of practice are the heritage of nursing itself. These are the attempts to meet the needs of those who require our help. This help may be either direct, indirect or both and includes (a) meeting the hygienic needs (b) meeting the nutritional needs (c) giving medications (d) administering treatments (e) providing comfort measures (f) developing a sense of trust (g) keeping open the vital lines of communication with the physicians and other members of the health team in various departments (h) utilising community resources (i) evaluation (j) keeping records and (k) stimulating research.

A nurse who becomes competent in administering this kind of help must, of necessity, become a master. An intelligent application of principles, practice of good techniques and the use of opportunities to give health teaching to the patients and relatives, keeping in view the emotional as well as the physical needs of the patient. The question then is that if nursing is such an important aspect of the health programme, why has it not been raised to a commensurate level with the medical profession.

Traditionally, healing has been thought of as being the function of the magician, the priest-physician or the medicine man. This probably is due to the fact that the medicine man was a man and nursing was usually done by women who held a low place in society.

What is needed today is to improve nursing education and the practice of good nursing. These two are so interrelated that one without the other is incomplete. Like other systems of professional education the hospital is the field where knowledge of liberal education and principles of physical and social sciences are put into practice. Such knowledge should be dynamic and not inert and utilized to the fullest extent so that the abilities described earlier can be effectively developed.

In our hospitals, dependent functions like administering medications, carrying out treatments, meeting

hygienic needs, and communicating with medical officers have been accepted as the only nursing functions. Independent functions like meeting the nutritional needs, providing comfort measures, developing rapport with patients and their relations, rehabilitating the patients etc. are not practised to the full extent by nurses. This lacuna can only be filled by the professional nurses who understand the importance of these independent functions of nurses.

Nursing in India, being largely a women's profession, has also been handicapped by the general low level of education for women in this country. Nursing was considered a socially low, undignified vocation and not suitable for young women from respectable families. Our society did not allow women to function at the same level as men. Thus nurses assumed the role of hand maids to physicians who were largely men and accepted their authority without question. Women were deprived of the education which could bring them up at par with men. But within the last two decades due to the rapid changes in social structure and in women's education radical changes have been introduced in nursing education. The introduction of collegiate education for nurses is one major factor in attracting more educated young women from good families into nursing profession. To keep these well educated, intelligent women in the profession, there needs to be opportunities for them to attain leadership positions. At present these opportunities are not open to them largely because the nursing profession is being controlled by the medical profession.

A profession has the responsibility to educate its own practitioners. Therefore, the requirements for professional education in nursing should be laid down by a body composed of only nurses or having a majority of nurses. Nursing education should be provided in schools and colleges controlled by nurses who should be allowed to take advantage of academic freedom in implementing nursing education.

It is a known fact that the role of doctors, nurses and midwives is complementary and on occasions their roles may be interchangeable. Medicine and nursing are two interdependent professions and must advance simultaneously if the community is to benefit fully from developments in medical sciences. Nurses should be represented at all levels of health planning so that they can contribute to policy and decision making and their effective implementation will be possible only if nursing profession is under the administrative control of competent nurses.

The medical profession must not exert undue pressure on nursing which is struggling to grow as a profession in its own right. The more the two work together the greater will be the benefit to society and the country at large.

Today Indian nurses are migrating in large numbers to other countries in search of more promising future. The training and experience they had gained at the expense of the State is being utilized by another nation. It is not the attraction of the salary alone that drives our nurses out of the country, but there are many other factors. In India they have to face a society which is prejudiced against them. In the professional circle also dominance of the medical profession and myriads of frustrations in the day to day work compels them to leave the country.

We, as nurses, should try to remove these prejudices by reaching out to the community and placing our cause before the people. We can do this in our daily contacts with patients and their relatives. But we need not confine our efforts within the four walls of the hospitals. Let us go out and establish good and healthy relationship in the community. How many of us are aware of local women's organisations, both religious and secular. By joining these organisations we can gain friendship and potential support. We also should present our cause to society by organising ourselves as a strong body capable of collective bargaining. The Trained Nurses Association of India is the only professional National Association dedicated to serve nurses in this way. When nurses join together in this organisation they will be able to achieve their goal for better working conditions through accepted democratic processes without disrupting the nursing service for which they are solely responsible.

New Quota Norms of Vehicles for Trained Nurses

The quota of cars/scooters to doctors/nurses under the scheme of priority allotment under the Public Utility Quota for the year 1975-76 has been revised with effect from the quarter commencing from April 1975. According to the revised quota the Trained Nurses will be allotted 5 Premier Padmini Cars, 20 Bajaj Scooters, and 5 Lambretta Scooters. In addition to the above, 5 Vijaya Delux Scooters, 10 Luna Moped, 10 Suvega Moped and 10 Vicky Moped have also been included. This has been intimated by the Ministry of Industry and Civil Supplies recently.

With the reduction in the quota of Bajaj and Lambretta Scooters from 50 and 10 to 20 and 5 respectively, our members will have to wait for a longer time than it was surmised earlier. Those members who had earlier applied and have not been allotted a vehicle may like to consider changing their prority for a particular vehicle. Others who are still to submit their applications in this regard may note the addition as above.

Asst. Secretary