Nursing at the Threshold of 21st Century

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IF we envisage Nursing at the threshold of 21st century, we must first reflect on the past and rest momentarily on achievoments of Nursing profession till today.

During the last-quarter of 19th century some of the government and mission hospitals made efforts to train nurses as per their own needs. By 1st quarter of 20th century training was started as a course of two years duration after Middle School. By 1930 many of them improved the curriculum and increased the length of course to three years of general nursing and one year of midwifery after high school. Many States had Registration Councils. Majority of nurses trained in India were Europeans, Anglo-Indians and Indian Christians. Hindu girls because of Caste System and Muslims observing Purdah were dissuaded from joining nursing. Bai Kashibai Ganpat was the first Hindu lady trained in J.J. Group of Hospitals in Bombay. Some Indian nurses were sent to U.K. for nursing training. First Muslim girl trained in England was Miss Maula Baksh in 1923 and first Hindu was Mrs. Saraswati Bai Pathak in 1925.

By 1946 there were only 7,000 registered nurses. Report of the Health Survey and Development Committee (Bhore) observes that.

> "sickness and mortality in the country can be halved by the employment of properly trained nurses, health visitors and midwives in sufficient numbers, although the doctors should be increased fourfold, a corresponding increase in nurse and health visitors should be a hundred times and midwives twenty times".

Thus the committee recommends a ratio of 1 nurse to 500 population. This ratio is based on standards that have been established in countries where nurses have played an important part in combating and controlling health problems like communicable disease and high infant and maternal mortality.

New India gave an impetus to nursing development. The first task was to establish a uniform standard of training and certification throughout the country for nurses, midwives and health visitors. This was realised when Government of India passed Indian Nursing Council Act on December 31, 1947. The first Health Minister, Raj Kumari Amrit Kaur was the main support for the Act to pass through the legislature. See was the one who accorded the high position to nursing by developing a B.Sc. (Hons) Ng. Course integrated with public health and psychosocial concepts to prepare a nurse fully to work in the hospital as well as in the community as a first level nurse in Indian setting. The nursing course was upgraded to M.Sc. nursing in 1959 in the same University to prepare clinical nursing specialists, educators and administrators. Nearly thirty universities of India have established B.Sc. Nursing programmes. Till early eighties four programmes led to Masters of Nursing and some nurses started studies towards Ph.D. in India itself.

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An Unbalanced Team

First five year plan increased nurses from 7,000 to 24,000 registered nurses. By now we have over 170,000 registered nurses-cum-midwives over one lac of ANM/MPW. The Public Health Nurses and health visitors are only few thousands but since last few years thousands of health guides have been prepared after 1-4 weeks of training for the rural India

It is the over emphasis on medical education in sixties and sudden spurt in seventies which unbalanced the health team e.g. Nurses and midwives passing out today are around 7,000 (RN, RM) out of which about 50 nurses obtain Master's degree comparing to 13,000 doctors passing out with MBBS and 7,000 with MD, MS, McH and DM degrees in allopathic medicine. In addition, over 13,000 doctors of Indian medicine and homoeopathy are added. Hence it is not surprising to find the entire health system today is drug oriented, consequently, not only doctors but the registered pharmacists also outnumber the registered nurses. Because of the advancement of specialities in medicine, a new cadre has developed fast i.e. of technicians and technologists in every branch of medicine. All this excitement in medicine has resulted in paucity of funds for development of nursing which primarily assists the patients or any individual in the community to meet the health need.

Why paucity of funds only for nurses and nursing development or for care and safety of the consumer?

The answer is that the consumer is mostly silent and nurses are mostly Women-unheard hence no separate budget is allocated for Nursing and paranursing development. The entire budget is classified under Medical education and Training, another separate budget is given to encourage the Indian Medicine. Since the planners are medical men and the bureaucrats influenced by the former, the big chunck of budget is spent on medical and para medical education, procuring expensive and sophisticated equipment and drugs for medical diagnosis/treatment and very little budget is left for nursing which is considered to be just one of the many para medical branches. The same goes for sanction of posts in Nursing at all levels especially in hospital where no educated nurses wish to work. In advanced countries, there are two most important heads to whom budget

is allocated. The first is Medical & Paramedical, consisting of doctors, technicians, technologists, dieticians, physiotherapists, occupational therapists etc. and the second is Nursing and para nursing consisting of nurses, midwives, health visitors, practical and auxiliary nurses, aides, house keepers, catering staff, sanitation staff, messengers, receptionists etc. Besides general education in nursing at different level, additional qualifying training is given to nurses for specialised areas of the hospital and community needs.

Very Accomplished Nurses

Today we are proud to have hundreds of learned and very mature Indian nurses in the Centre and every State. They are sensitive to the health problems and needs of society. If involved in planning, they will surely rectify the situation for the future. So far there is no scope of higher posts for them equivalent to their medical counterparts. So that, being associates both the desciplines can cooperate, coordinate and collaborate effectively to bring about a balance in health manpower.

If the current process of health Manpower development remains as such, we will surely get back to the nineteenth century where the most of the nursing care was done by the medical students, orderlies, Ayahs or relatives. The trained nurses will increasingly be drained off to other countries to get professional recognition and job satisfaction which they are denied in India. The present need is to review the current process critically and bring a revolutionary change for the benefit of the patient and society. This will minimise the chaotic conditions in every hospital (felt only by a patient who gets hospitalised) and improve the inadequate health care in the rural and slum settings of India.

If India is serious to improve its health delivery system of which nursing is a vital part then the budget allocation must be separated to develop nursing and para nursing at war footing to have atleast 10 million of nurses by 21st century to have nurse-population ratio as other developed nations. Then only we can confidently say that Health For All by 2000 AD will be achieved, otherwise HFA slogans will only remain as lip service and paper work. Community work cannot be done successfully with present MPW after 1½-2 years and health guides after 1-4 weeks of preparation by themselves. They do not require medical officers but well prepared community nurses to teach, supervise and guide them.

Nursing would like to enter the 21st century hand in hand with medicine—as these two desciplines are inseparable and make a primary health team. For every medical doctor there must be 5-6 number of nurses. Although in 1946 Bhore had recommended 3 nurses for one doctor be prepared but keeping in view the community health problems the advanced nations have increased this ratio to 5-6 nurses to one doctor.

For effective preparation of nurses, their education or training must be institutionalised which is to be brought in line with the national education system. Nursing aides could be prepared at primary level, auxiliaries and practical nurses at 10+2 level and professional nurses at University level who all could be employed in the variety of hospitals and community health centres, schools, industries or for family care.

Every University of India should provide undergraduate, post-graduate education and nursing research to involve more women candidates in socially functional persuit. Much of nursing research and research in nursing needs to be done to improve standards of nursing education and practice in Indian context.

India has a contigent of very well qualified Indian nurses who will take up the challenge to make appropriate changes provided support is given by Government, medical colleagues and the public.

Nurses are deeply concerned with the raw deal given to the consumer of health system in India—but consumer of nursing must understand whys of the entire system and not to blame nurses and nursing alone.

The importance given to nurses and nursing is also a reflection of the value attached to the place of women in the society. Since nursing comprises 98% of female nurses, the decision-making for them is controlled by dominant male yet

> "God made mother because He could not be every where at all times".

The same way the health system created a professional called a nurse (like a mother who has to be female) because a doctor need not be everywhere at all times.

Being Sensitive to the Challenge

The picture of nursing at threshold of 21st century seems bleak unless a big thrust is given to it by right thinking citizen, Government and nurses themselves. Thinking citizen must demand nurses and nursing, Government must give it its due recognition and separate budget. Nurses must become sensitive to the challenge and become more communicative to public and their medical colleagues through their actions and verbal communication what they are capable. Nurses have to revolutionise the health system for the sake of consumer.

Now many of us have heard the following :

> "For the want of nail the shoe was lost
> For the want of shoes the horse was lost
> For the want of horse the rider was lost
> For the want of rider the battle was lost
> For the want of battle the kingdom was lost
> And all for the want of a horse shoe nail."

So at the threshold of 21st century we do hope that the Government would avoid collapsing of the entire health system just for want of separate budget for nursing.