

Nursing in India—1908-1968

By

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NURSING in India as we know it today, its various categories and hierarchy, legal status, comprehensive basic preparation, university courses and specialisations, its beginnings with nursing surveys and studies, together with a national nurses' association having its place in international nursing, is a product of development over the last hundred years. For sixty of those years the Trained Nurses Association of India has guided and fostered its growth, striving continually to uphold high standards of ethics and service; it has been the force behind most of the reforms in nursing education and working conditions.

1908-1948

In the early years the pattern of development of nursing was not too different from that of other countries. The nursing service was confined mainly to hospitals many of which had schools of nursing where, even with a gradual improvement in training programmes, the probationer nurses worked long hours and carried most of the load of nursing service in the hospital. There was no community nursing. The long working hours, the comparatively sheltered living in nurses' homes combined with recruitment to nursing from a small section of society, were not conducive to arousing any interest in the general community and its health problems. The training of *dais* was started even before the training of nurses, but nurses had little or no part in it. There was private practice, perhaps more private practice of midwifery in middle and upper class homes than is prevalent now. Leadership in nursing was given by nurses from Western countries, many of whom spent a life-time in India, setting an example of good nursing by their high sense of duty and devotion to the care of the sick and needy. These were the

nurses largely instrumental in laying a sound foundation for the TNAI and their services to the Association, given voluntarily, promoted growth in the early years when income was small.

The Military Nursing Service was one of the earliest nursing



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services in India, but it was only during the First World War that nurses trained in India were recruited to that service.

The status of the Indian nurse was low in the eyes of the community and, as one British Matron pointed out, the status accorded to

the British nurse was because she was British and not because she was a nurse. Recruitment was mainly from the Anglo-Indian and Christian communities, though, later, nursing was also thought to be a suitable occupation for the widow and orphan of other communities who did not have the education or means for other professions.

The pace and extent of development quickened after the First World War. Two notable developments were the starting of training of health visitors and the establishment of nurses registration councils. The health visitors course opened the way for nurses to work in the community, though only a few undertook this training; most health visitors were midwives only. The nursing councils standardized the nursing courses establishing uniform conditions for entrance and examinations. This was a period in which many developments in nursing were taking place abroad and nurses in India were also aspiring for opportunities for higher education. A number of Indian nurses went to England for further study including a few to the International course at Bedford College.

The Second World War had a great impact on the development of nursing. The shortage of nurses became markedly apparent because of the demands of the military hospitals and expansion of civil hospitals. There was an acute shortage of candidates for training due to the more attractive conditions offered by the Women's Auxiliary Services. Two steps were taken by the Government of India to ameliorate the situation. To meet shortage in numbers the Auxiliary Nursing Service (ANS) was created in 1942 and a Chief Nursing Superintendent was appointed in the office of the DG IMS to organise the service and also be the Adviser in Nursing. The ANS was constituted

of women who were given, at first, 3 months and later 8-9 months of training. On demobilisation the members of the ANS were given concessions to enable them to complete the general nursing course in a shorter period.

To improve the standard of nursing, and, particularly, to prepare nurses for administrative duties in military hospitals, the School of Nursing Administration was established in Delhi by the Government of India in 1943. Short courses in administration were given to the Sisters of the Indian Military Nursing Service. At the same time a one year course for nursing tutors was started. Courses for nursing tutors were established in the same year in Madras and Vellore.

In 1946, courses leading to a B.Sc. degree in nursing were established by the Universities of Delhi and Madras. The School of Nursing Administration was merged with the College of Nursing in Delhi.

A State Nursing Service with standardised pay scales and terms of service was instituted in Madras in 1941 followed by U.P. in 1944 and Bengal in 1946. Nursing Superintendents at State level were appointed in Madras in 1941, Bengal in 1944 and in Bombay and U.P. in 1945. During this period nurses in senior positions were gazetted and, in 1943, the Indian Military Nursing Sisters were given commissioned rank.

During the war years the Bhole Committee was carrying out its survey and deliberations. A large group of nurses was invited to advise the Committee. The report of the Committee published in 1946 made many valuable recommendations on nursing, one of the earliest to be implemented was the passing of the Indian Nursing Council Act on December 31, 1947.

1948-1968

Nursing has developed steadily since the beginning of this century, but it is since Independence that development has been much more rapid and far-reaching. The interest in and sympathetic understanding of nursing of the first Union Minister for Health, Rajkumari Amrit Kaur, contributed in no small

measure to the recognition given to nursing. The Community Development programme and the expansion of hospital services created a large demand for nursing personnel, followed by a large expansion of all training programmes for preparing nurses, auxiliary nurse-midwives (ANM), health visitors, nursing teachers and administrators and public health nurses. The assistance given by the international and bilateral agencies to various health programmes and the importance given to nursing in these, has helped to engender a greater realisation of the place of nursing in all areas of the health service and to raise the level of nursing practice. Improvement in education for nurses, particularly the university programmes, and the development of public health nursing which has brought nurses in greater contact with the general public, have given nursing a better standing among allied professions and in society.

Up to the end of the Second World War a shortage of candidates for nursing was regarded as a normal condition. This situation was reversed completely by the early fifties and now about four or five times as many candidates apply than can be accepted in nursing and ANM schools. This change may be attributed to the practice of young women taking work outside their homes, which grew during the war years, the upheaval of partition, financial stringency and widespread unemployment, as well the expansion in education for women and recognition of nursing as a promising career.

Developments of the last 20 years are recent history, limits of space preclude any description of each—only a few which have had a particular impact are mentioned here.

The State Nursing Services are now an established feature. Most States have appointed a Chief Nurse, some with one or more assistants, to administer the service, under the overall control of the State Administrative Medical Officer. In many States the public health nursing service, including health visitors, has not been brought within the purview of the State

Nursing Service. This is a legacy of the past when it was thought that nurses were concerned with hospital nursing only. By standardising pay and working conditions throughout the State, a State Nursing Service has made it possible to post nurses in small hospitals in remote places. When all States extend this service to cover primary health centres also, the difficulty of staffing these will be solved within a comparatively short time. Much remains to be done particularly in developing personnel policies, and objective criteria for evaluation of nurses' work performance which encourage maintenance of a good standard of nursing practice, exercise of initiative and judgement, and development of pride in the Service and loyalty to it. It is also essential that the Nursing Unit in the State Health Directorate has adequate nursing staff to supervise, administer and develop the service.

The Government of India scheme of financial assistance for training of nurses and ANMs has helped existing schools to expand and improve their educational programmes, particularly in integrating public health in the basic nursing course. It has also helped in starting a number of new schools. Many voluntary agencies have used this aid wisely in promoting the training of ANMs thereby not only providing a much-needed worker, but also providing a secure means of livelihood to women all over the country.

The ANM, who may be said to have emerged with the Community Development programme, is now recognised as a valuable worker, particularly at the periphery of the health service where she is expected to—and usually does—carry out a variety of functions. She needs guidance and supervision and the opportunity to advance in her career. Provision exists for the ANM to take nursing training in a period shorter than the complete course provided she qualifies for admission to a training school. The ANM needs help to take advantage of this provision.

A very welcome development in public health nursing has been the appointment of public health nursing

supervisors at district level. They will provide the much needed guidance and supervision to nursing personnel in health centres. Also, these posts provide for promotion in public health nursing, which was lacking hitherto.

There has been some controversy about discontinuing the training of health visitors. The contribution of the health visitor in the early development of the maternal and child health service is recognised and appreciated, but as MCH is now integrated in the general health service, there is no room for a programme of basic training in a narrow specialty and one which allows the worker no avenue of advancement. One may expect that in future health centres will be staffed by nurses and ANMs from the State Nursing Service and health visitors will be given greater opportunities to take nursing course thus enabling them to advance in their careers.

Educational programmes for nurses have developed markedly since 1950. "Nursing Education" and "Nursing Students" are words which have some substance now. The two programmes that have attracted the most interest and controversy are the basic and post-basic course for a B.Sc. degree in nursing. The basic programmes, started in 1946, were the first to arouse interest in nursing in the academic community. The post-basic programmes have opened the way for the trained nurse to have the benefits of university education and post-graduate study. Both these programmes should help to raise the level of nursing practice and also contribute toward further improvement in the education of the certificate nurse, for it is she

who carries, and probably will continue to carry, 90 per cent. or more of the load of nursing service.

Two other developments that have contributed appreciably to raising the standard of nursing education and service since 1950 are International Aid and the Indian Nursing Council.

Most nurses will be familiar with the excellent teaching equipment and transport provided by UNICEF which have given a great uplift to all nursing programmes. Financial aid from UNICEF has helped to initiate and continue short and full-time courses. The main contribution of USAID has been support of the basic B.Sc. nursing programmes by providing teachers, equipment and fellowships. Colombo Plan has provided nursing tutors and a large number of fellowships. The Rockefeller Foundation, which has assisted nursing for more than 20 years, has given special help and support to the first two colleges for the basic B.Sc. nursing course and helped to set up the first post-basic course for a B.Sc. degree in nursing. The largest contribution, however, has been that of WHO. To quote "Twenty Years in South-East Asia": "...after the appointment of a regional adviser in nursing... the Regional programme of assistance to the strengthening of nursing education and services rapidly developed into one of the largest and most important of the Regional Offices' activities."

Assistance has been received to expand the basic preparation of nurses and midwives, to strengthen the organisation and management of the nursing component within the health services, to promote the post-basic preparation of nursing leaders and to promote fuller recog-

nition of the status of the nursing profession.

The Indian Nursing Council was constituted in 1949. Its main contribution has been the development of curricula for basic and post-basic nursing courses on progressive lines. Due to the Council's efforts various junior grade courses have been abolished and only two categories of basic courses—nursing and ANM—have been promoted. The Council has issued guidelines on teaching newly introduced topics, and the "Teaching Guide for Schools of Nursing in India" was prepared by a WHO Nurse Educator assigned to the Indian Nursing Council. Another major activity of the Council is collection and collating of information on all nursing education programmes in India. This information is not only of interest to nurses, but is also of use to planning and administrative authorities.

Nursing has come a long way since a small group met in Bombay in December 1908 and decided to form the Trained Nurses Association of India. What of the future? It is now largely in the hands of nurses to strive for excellence in the technical areas, to face up to the obligation to provide nursing to the community and therefore to initiate action to organise and develop a service that will reach all sections of the community and sick people with all kinds of physical and mental disorders, to sink their differences and forego personal considerations and to work together for the attainment of a high professional standard. For sixty years the Trained Nurses Association of India has provided the inspiration and the channel for such endeavour. Long may it continue to do so.