

THE INDIAN NURSE

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Nursing in the contemporary and historical perspective

IN India, Nursing has a centuries old history behind it. Even as far back as 1500 B.C. we can find traces of nursing practice prevailing in some form or other. The veneration with which the practice of medicine and nursing were held in olden times, became evident when even the high caste Brahmins started taking up this profession about 700 B.C.

Ayurveda gives tremendous importance to nursing. Even minute instructions are given for handling and attending to patients. The onslaught and domination by foreign conquerors in the country, extending over thousands of years, despoiled, along with many others, Ayurveda also. This accounted for the decline of indigenous nursing in India under the Mohammedan and British rules.

Nursing in the present form is a very recent development. Florence Nightingale, through her work in the Crimean War in 1854, was instrumental to the reforms in the nursing system. Though Miss Nightingale never visited India, she by her knowledge of the Army and Indian Medical Services, rendered a unique service to India through her professional advice to Indian authorities.

Nurses and the Indian Society

Indian society being orthodox in allowing their womenfolk to have free social mingling outside the family circle, frowns upon those women who take up any profession including Nursing. The duties and obligations involved in Nursing necessitate free and intimate contact with the general public. This

aspect leads to a semi-social isolation for nurses and the profession as a whole. When women dare to oppose common social beliefs, customs and norms, the prompting forces behind it must be strong and extraordinary ones. Thus when a woman joins the nursing profession, she is taking a very drastic step at the risk of a smooth social life. She is even denied a good marital alliance which is the most essential factor in the social life of an Indian woman.

Rajkumari Amrit Kaur in the foreword to "The Handbook of Trained Nurses Association of India" rightly says that "*the nurses' life is not an easy one by any means and in India, in particular, it is more difficult than in advanced countries where the nursing profession has made a special niche for itself.....*". There is no exaggeration in this statement. Low salary, day-long fight with disease and miseries, social distance and isolation kept by the society, etc. etc., make the life of a nurse one of suffering and hardship.

Thus all these socio-psychic peculiarities of this class deserve a thorough sociological probe. It is to be remembered that no efforts have been made so far to study the unique socio-economic problems of nurses.

This article is based on a survey conducted among the nurses of Kanpur, Uttar Pradesh. The cases were selected on the basis of random stratified sampling giving proportionate representation to nurses belonging to different professional status. The income pattern was also taken into consideration.

Educational Background

The educational background has a special significance because it plays an important role as a determining and culminating factor in the social behaviour of human beings. It is the education that socialises the man and provides a life organisation for him.

Among the nurses there are 16.32 per cent. who have collegiate education while 67.32 per cent. have passed matriculation. Those who are below matriculation constitute only 16.32 per cent.

The above analysis shows that most of the nurses are well educated. Thus it can be safely concluded that the academic background of nurses is on the credit side.

Professional Background*

The professional background is related more to the economic rather than social status. It is the professional education that determines the income particularly of an employed class. In the professional hierarchy the matron is at the apex with the student nurse at the bottom and sister tutors, sisters, and staff nurses in between.

The matron is in charge of the nursing staff in a hospital. The remuneration is between Rs. 300 and Rs. 400 a month. The sister tutors are in charge of the nursing school and the salary usually given is between Rs. 200 and Rs. 250 a month. Each ward in a hospital is under the control and the supervi-

*The information given under the professional background regarding the salary etc. relate to the conditions prevailing in Government hospitals in U.P.

sion of one sister ; the post generally carries a salary between Rs. 150 and Rs. 200.

The staff nurses belong to the lowest rank among the permanent nursing staff of a hospital. They attend to the patients in the wards. The salary which is given usually is between Rs. 75 and Rs. 150 a month.

The student nurses form a peculiar category. Technically speaking they are only students, but for all practical purposes they are the most important component of the nursing system in every major hospital. Their duty hours are no less than that of a staff nurse or sister. During the off-duty hours, they attend lectures on the theory of nursing. The hospital duty and the classes during the off-duty hours, make a heavy load of work for them. The student nurses are given a stipend which is generally Rs. 80 a month.

91.8 per cent. of the nurses are satisfied with their profession but 24.48 per cent. prefer other professions than nursing ; in other words nursing is taken up by them much against their real taste and preference. It is the financial difficulties that prompted 51 per cent. of the nurses to join this profession.

Income and Expenditure Pattern

In a modern dynamic society the social status ascribed to an individual is directly dependent on his economic status, hence the importance of the study of income and expenditure pattern of the class. As previously mentioned, nurses form a class of their own. The peculiar psycho-social nature of their profession, social isolation, the necessity, and more than that, the advantages and facilities that they are getting by residing in the quarters, etc. lead to a near uniformity in their social outlook and thinking, and which is reflected in the expenditure pattern.

As for the income, there are none who are getting more than Rs. 500 a month. On the basis of income, nurses can be divided into three groups. (1) Income below Rs. 100 a month ; there are 44.88 per cent. who belong to this group. (2) Income between Rs. 100 and Rs. 200 a month ; 28.56 per cent.

belong to this group. (3) Income above Rs. 200 a month ; there are 26.56 per cent. under this category.

The expenditure on food for each group is 48.21 per cent., 37.56 per cent. and 49.34 per cent. respectively. For clothing 5.256 per cent., 3.826 per cent. and 3.653 per cent. are spent respectively by each group. Since nurses, being mostly unmarried, there is no expenditure on education for 83.64 per cent. The expenditure on cosmetics is 8 per cent., 6.533 per cent. and 3.484 per cent. respectively for each group.

Thus it can be seen that the nurses belong to middle and lower class families. The income is deplorably low in majority of cases. In the expenditure pattern, a feminine touch can be felt throughout. It is the facilities like quarters, that enable the majority of the nurses to carry on their life within the limited bounds of their meagre income.

Housing Condition

There are 55.08 per cent. who have their own houses. The conditions are fairly satisfactory in the case of living rooms, kitchen, water supply, latrine etc. etc., but as far as the modern facilities like electricity, radio, etc. are concerned, nurses can be said to be a rather backward group. The residential facilities provided in the nurses hostels are fairly good.

The housing conditions of the nurses as a class compare favourably with the average housing conditions prevailing in India. But it cannot be forgotten that there is an obvious lack of modern facilities like electricity, fans, radio, flush latrines, etc. That more than half the nurses own their own houses amounts to something in this era of housing shortage throughout the country.

Family Background

Indian society strongly disapproves the idea of sending their women folk out for employment. This is especially so in the case of women who join the nursing profession. Even though this profession is almost an exclusively feminine field, there is strong social contempt prevailing among the general public towards the profession. This attitude makes it more difficult for

women from good family background to come forward as nurses. In most of the cases it is the adverse financial condition of the family that prompt the girls to defy society and join the nursing profession.

There are only 30.60 per cent. families are of normal size with five or below five members. In 69.36 per cent. of the cases, the family size exceeds five and goes as high as thirteen. There are more than four adult members in the families in the case of 63.24 per cent. but the earning members are only one or two including the nurse in the case of 73.44 per cent.

There are 71.40 per cent. whose age is below 25. In 40.80 per cent. of the cases it is found that the parents do not approve of women working and earning, but due to poor financial circumstances are compelled to send their daughters into nursing, often against their wishes.

All these point to the obvious fact that it is the poor economic position resulting from the large scale unemployment of adult members in the family, that has prompted the girls to take up nursing.

Cultural Background

While economically and socially nurses form a class of their own, they hail from all provinces of the country with different linguistic and religious backgrounds. From the moment we enter a nurses' hostel we can feel a cosmopolitan atmosphere for here are girls, speaking different languages, residing and working together as a unit. The nativities of the cases surveyed spread from Kerala to Punjab. Four language representations are noted. There are 46.92 per cent. and 28.56 per cent. who speak Hindi and Malayalam respectively. Urdu gets the third position with 18.36 per cent. and Bengali the fourth position with 6.12 per cent.

Communal Background

The Christians constitute 63.24 per cent. ; Hindus 34.68 per cent. Muslims form only 2.04 per cent. Nurses as a whole are very religious minded people. The enquiry in this connection reveals that 97.96 per cent. are very regular in attending religious cere-

monies and festivals.

Social Background

Though the socialisation process of the individual starts from the cradle in the family surroundings, she obtains the social status only by her subsequent behaviour in society. It is the society that grants the membership judging from the interactional pattern of the individual. Thus the social outlook and the allied relationship with the other members of the society play an important role in the determination of the social status. It is in this perspective that we shall look at the social outlook and activities of the nurses.

Exclusive attention was given during the investigation to the nature of the relationship between nurses and doctors, colleagues, patients, friends and neighbours. 95.88 per cent. confide that generally doctors are haughty and contemptuous to their subordinates, including nurses. But amongst the nurses themselves they maintain a cordial, smooth and affectionate relationship. Generally it is found that the nurses maintain a considerate and understanding relationship with patients.

Expensive clothes are favoured by 61.20 per cent. and the rest prefer simple dress. There are 55.08 per cent. who wear ornaments and jewellery; the others are not interested in them. Thus there is quite a sizable number among the nurses who lead a simple life in comparison with their feminine counterparts in other walks of life.

Love marriages found favour among 36.72 per cent. There are 40.84 per cent. who support intercaste marriages. When we consider the rigid outlook towards marriage prevailing among all sections of the society, we can say, without any hesitation, that the nurses are far more progressive than any other class with regard to their views towards marriage.

The nursing profession involves very intimate intermingling with the general public. Because of this the orthodox Indian society casts a suspicious glance on those women who are in this profession. Society attributes a moral degradation over them and naturally it results to a

certain extent in social isolation. But owing to the sacrificial nature of the profession and the changing pattern of the country, people now tend to give more respect to this profession, but 55.08 per cent. confessed the prevalence of some form of social discrimination towards them. This social isolation, no doubt, is responsible for most of the nurses remaining unmarried. There are only 24.48 per cent. amongst nurses who are married.

Recreational Activities

It is found that 51 per cent. of the nurses do not have any recreational activities at all. This is mainly due to the poor recreational facilities provided for them. The tedious and the sacrificial nature of the profession makes it imperative for the nurses to have full-fledged leisure time recreation to remove the shadow of those agonies and miseries which they have to encounter in the course of their day to day professional life.

The absence of a good library and reading room adjoining the hospital or in the hostel, is very badly felt. These drawbacks in the recreational facilities can easily be remedied by the authorities, if they apply a little foresight and wisdom in providing the recreational facilities for nurses.

Occupational Unions

The nurses have an association, with a country-wide membership known as the "Trained Nurses Association of India" or TNAI. The Association, inaugurated in 1908, seeks to create "such conditions of nursing education and nursing service as will afford intelligent, efficient and selfless service to the community, and happiness and satisfaction to the nurse in her personal life." For the student nurses it has a separate organisational wing known as "Student Nurses Association".

The trouble however is the lack of interest on the part of the individual members of the profession in their professional Association. There are only 46.92 per cent. among the nurses who are members of this Association. This figure is quite

discouraging in the sense that more than half the nurses are not availing themselves of the Association's facilities and the fellowship it offers.

When we consider the progress of TNAI since its formation, things are not so gloomy. It made considerable headway during the last 55 years and the membership also rose to a very large number. It can be hoped that TNAI will be able to bring into its fold all the members of the profession in the near future; that it will give studied thought to the needs of today's nurses.

Conclusion

Thus reviewing, as a whole, it can be seen that the educational background of the nurses is quite satisfactory. On the professional plane things are not so happy. Pay scales are very poor in comparison to the heavy duty load. The income and expenditure pattern shows that the nurses form a class of their own with a lower middle class economy. It is the facilities like free accommodation etc. provided by the government that enable the nurses to make both ends meet with their meagre income. The housing condition is generally good. The families of nurses are pretty large with the majority of adult members remaining unemployed. The profession has a cosmopolitan character with members from all parts of the country. The majority of the nurses are unmarried mainly due to the social isolation imposed upon them by the society. TNAI is the only professional organisation of nurses and chances are there for it to bring all nurses in the country under its wing partly by a good welfare approach.

The Government can do much to better the lot of their nurses. The most important among them is the immediate revision of the pay scales. It is largely by raising the standard of living of nurses that the nursing profession can be made "respectable", and given a higher social status. Recreational facilities should be provided in the hostels and hospitals. Official encouragement may be given to the nurses to join TNAI.