

# Pride and Prejudice

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THE title has nothing to do with the famous English novel by Jane Austin nor is it a story of any sort. What I mean here to do is to make certain observations of hard facts about the nursing profession in India. These observations may not be very palatable to the rank and file of nursing in this country. It is truly said that even a child does not like to be told the truth. But covering truth and makeshift arrangements do not augur well for posterity. Many might think "what a fine world it would have been if we all had our own way and nobody criticised us". Apparently it would produce no conflicts, anxiety or neuroses, but I think there would have been nothing of this world left if we all had our own way. Constructive criticism has been the whipping rod by which society has been kept in its proper perspective. Self-criticism and stock-taking from time to time, help advancement in any field. Criticisms need not be taken as insults or disapproval but as a means to correct our own mistakes. So let us not be weary of a bit of criticism and stock-taking now and then, especially when it comes from our own ranks. My aim here is to open our eyes to better aims and deeds. It is good to look at our own house for repairs than to allow it to crash as a wreck.

Now let us consider the nursing profession in India, *visé versus* the national need, and in comparison with other countries. We all know that "five year plan" after "five year plan" are coming and going, and that millions of rupees are literally being pumped into these plans. Ambitious schemes are published at the beginning of plans but few know what has actually been achieved. Except for the opening of a few more schools of nursing which anyway would have happened due to the increase in demand, for hospital beds—I have not come across any bold or imaginative programme for the

development of nursing in the country. What have we nurses achieved during the past 13 years of Independence? Most of the institutions for higher education were started and, at least plans for other developments, were laid before we achieved Independence. The real difficulty lies in the fact that the nurses are to-day still the hand maidens of the doctors and have little freedom to plan or to execute nursing programmes. Even to-day nurses have little or no freedom in the day to day administration of a hospital or even a ward. They have to take orders from doctors for the most elementary things. In many States, doctors control the entire nursing service. Even on a national basis it is mostly doctors who make plans, rules and regulations for nurses. In spite of this, how many nurses have raised their voices in protest? The problem is that a great many senior nurses are holding posts by sheer seniority or favouritism or nepotism, and not by merit or ability. These people are very conscious of the security of their jobs and just mark time for retirement. Their obligation to nursing is only secondary; or they are not the right persons for responsible posts. Culturally and socially also our women are at a disadvantage as they are not very good fighters. Indian women have always been expected to be submissive. To these was added a straight laced attitude which we inherited from our British masters. We have not been able to throw off these tentacles and emancipate ourselves.

When I say these things, I am fully aware that there are many nurses in India who are very capable, hard working and full of zeal and are doing yeoman service to the nation and the profession. While I give full credit to these able ones and take off my hat to them in appreciation of their services, the large majority of our nurses do not care for nursing except for the income that it brings. We are even

to-day dependant to a large extent on foreign nurses for senior posts. We have to appreciate their services and be grateful for all that they have done and are doing. But how long are we going to depend on foreigners to manage our affairs?

The TNAI as a national organisation is not sufficiently dynamic and influential when compared with nursing associations of other countries. One thing it does not represent the majority of nurses. Secondly, it has not yet proved that it is capable of taking care of the aspirations of the nurses of this country.

As the Programme Chairman of the Madras State Branch, I had the privilege on many occasions of meeting large groups of nurses throughout the State. Almost every group confronted me with the following problems. Though I went as the spokesman of the TNAI and I wanted vehemently to uphold the TNAI at any cost, often I came away with a sense of failure that the TNAI is not sufficiently strong enough to influence the nurses of to-day. The problems were: (1) *What is TNAI doing for nurses?* The nurses have been agitating, for years, for certain minimum standards of working conditions, remunerations, privileges and responsibilities. What has the TNAI done except pass resolutions? Resolutions do not mean a thing unless they are pursued and effected. If there has been improvement, it has often been due to the efforts of individuals or groups in a particular area, e.g., the men nurses in Madras State are on a par with women nurses in promotions and other conditions—though they have fixed a certain ratio between men and women. This they achieved mainly through their own efforts and the support of politicians. Consequently, these people have lost all respect and consideration for the TNAI. They think the resolutions of the

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