Nursing as a Profession

The Role of the Future Nurse

By


It is indeed a great pleasure to meet you all at Patna and to be able to talk to you on a subject which is of vital interest to doctors and nurses alike. Nurses have a big role to play in our future health plan and every one recognizes that one of the main obstacles in getting our health plan through is our difficulty in getting enough nurses to fulfil the national health plan. Just as we need more doctors and better doctors, we need more nurses and, allow me to say—better nurses.

According to the Bhore Committee Report we need 700,000 nurses besides 87,000 midwives and 70,000 Health Visitors. While it is true that this is a national problem, we as doctors and nurses have to be aware of it, and co-operate with health authorities in every way to fulfil our plans for a better health service.

The allocation of sufficient funds for the building of adequate numbers of Nursing Schools and Colleges, the enlargement and better utilization of the existing training facilities for nurses are some aspects of this problem which can only be grappled with by a governmental body with the necessary executive powers.

Therefore my intention today is not to draw your attention to the numbers of nurses we want, but how we can improve the quality of nursing.

It is not a reflection on Indian womanhood or on our nation that the nursing service is not what it should be. Its roots lie deep in the past. Our political dependence due to long and continued foreign rule, our customs and cultural patterns e.g., purdah and seclusion of women, and lack of educational facilities for them in the past; and the ties binding our women to the daily drudgery of domestic duties characteristic of a backward and feudal structure of society, all tended to hamper us in producing the type of woman suited to such professions as medicine, nursing, teaching, administration and other professions; and even such clerical jobs as librarians, typists and stenographers.

What then can we do to produce skilled and efficient nurses? The answer to this problem raises very wide issues.

Firstly:

We must raise the status of the nursing profession. We must create higher administrative posts e.g. Director of Nursing Services, Dean or Principal of Nursing Schools or Colleges, Nursing Superintendents and fill them as soon as possible. This single step by our State Governments would, perhaps, give greater publicity to the recognition of the status of nursing than any other measure that might be adopted.

Nurses, like other professional workers, need the security of gazetted posts. The present disadvantages they suffer call for the urgent need to create such posts with provision for pension, provident fund and adequate leave etc.
These steps would attract suitable candidates many of whom at present prefer other more secure and attractive posts.

Secondly:

While State recognition and the enhanced status would greatly help the profession—the reverse is perhaps still more true. High standards of ethical conduct coupled with skilled, efficient nursing would win for the nursing profession the status it merits, and the recognition and support of both the public and government. It is on this aspect of the problem that I propose to dwell at some length.

How can we produce nurses with a high degree of efficiency? As in science, law, engineering, medicine or teaching, a background of liberal education is imperative. Our women will need to be not only educated women having passed the Matriculation or B.A. examination, but learned, cultured women. Our curricula must contain a minimum of what is labelled the humanities, to give women a deep sense of values, a wide culture, a philosophy of life, a knowledge of basic truths—an insight into the art, literature and a history of our rich past; and a habit of accurate assessment and analysis of facts; of clear thinking and lucid expression.

These are not requirements of a perfect man and woman, but to my mind, are the essential requirements for our youth if we are to make our mark as a nation. Without these as a basis, all education is a mere varnish which will wither, crack and vanish leaving the crude untaught and unguided man and woman behind. A nurse like a doctor, needs a sound knowledge of the basic sciences to understand and appreciate the fundamentals of medicine and, particularly the recent advances in medicine. Without a basic knowledge of physics and chemistry, how can a student nurse understand the use of X-rays in diagnosis or of antibiotics in therapeutics? A nurse has therefore to stand on a very wide base of knowledge of the arts and sciences if she is to find a place which is her due in the modern world of medicine today. She needs to be aware of current world events specially those affecting or likely to affect our country and the near future. She needs to be aware of such monumental measures in the life of our country as the river projects, the ever increasing industrialisation; our emerging socialist pattern of society, and the community projects; the World Health Organisation and how it affects us; and our measures against malaria, tuberculosis, cholera and other infectious diseases.

In short, the nurse of today, and of the future, has of necessity to be a well-read woman, a well-informed woman, a cultured woman; a woman able to hold her own in society, a woman with dignity, with a deep sense of values, with an aesthetic sense, with a capacity to understand people and to get along with people; to be able to control and influence people, and lastly, while fighting for her rightful place and privileges, be still able to look upon nursing as a dedication and as one’s life mission. Only a woman with this outlook will, after completion of her studies in the nursing school, blaze the trail for future generation of nurses to follow.

In our own lifetime we are going to see an unprecedented extension of medical and nursing services. As in medicine, specialisation and higher technical knowledge is becoming imperative for nurses. The future nurse will have to do much more than merely take temperatures, give injections, administer enema and make beds. Like her medical colleague, she will have to learn complicated techniques—e.g., fluoroscopy, bronchoscopy, gastroscopy, cardiac catheterisation; the use of modern anaesthetic apparatus, of diathermy in surgery, application of gastrointestinal and bronchial suction to enumerate only a few of the main technique already in wide use and well standardised. She has already had to learn to be an excellent operation theatre assistant.
with a knowledge of the ever enlarging operative techniques in surgery. She has to fill the role of a dietitian, a psychiatric assistant, a physio-therapeutist, a midwife, a worker in preventive medicine ministering to the health needs of our people—teaching them disease prophylaxis and hygiene—looking after what is now labelled as total health of people.

With such wide vistas open before you, it behoves you to equip yourself as well as you can with all that your basic education, your college, your nursing school and, most of all, life has to teach, to fill the roles you will be called upon to play in the near future. And remember, knowledge never comes in ruppes—it comes to us in annas and ptes—we learn as we grow—from the cradle to the grave. Like ourselves, our educational institutions not being ideal, we have to make up what we lack by extracurricular study. We are never too old to learn. We can never learn too much. If we want to learn we can always find the ways and means to learn—read your daily newspapers, magazines, nursing journals. Read again your Tagore and Kipling, Omar Khyam, Shakespeare, Gita and Ramayan and, last of all, read and read again your text books not only for examinations, but for a wider and deeper study of disease and its roots—so that you are not merely a good side and an assistant but an equal colleague to your doctor.

Your disabilities are many—you have at present usually an ever crowded ward with abundant floor cases, paucity of equipment, drugs, linen, utensils, even soap; sometimes poor living conditions, occasionally unwholesome food and poor pay and lack of educational facilities, and books. I have earlier referred to insecurity of services tenure—with inadequate provision for leave and pension. You have to press your rightful demands for what is due to the nursing profession. But you will make your demand irresistible if you concentrate with all the energy you can muster, to raise the standard of nursing to a high pitch of efficiency.

Ladies and Gentlemen, I have talked long and talked a lot. If, in my endeavour to present to you my vision of our future nurse I have offended your susceptibilities, I crave your pardon.

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**FNIF Special Request**

The Florence Nightingale Bibliography

Work on the catalogue of Florence Nightingale’s letters has now reached an advanced stage. About 4,000 individual letters have been listed.

It is very urgent at this stage, in order that the project may be completed as planned, in July 1955, to obtain information regarding any other original letters, or any of Miss Nightingale’s printed works in public or private hands, in addition to those already known to us. Owners of single letters are reminded that such letters may help to fill gaps concerning important subjects, and no original item is too insignificant to be of interest.

If it is at all possible to give original letters to the FNIF collection, these will, naturally, be greatly appreciated. Alternatively, if anyone wants to lend original letters, these will be copied and promptly returned by registered mail. When it is not possible to send original letters, complete transcriptions or photo copies are also most welcome.

The particulars required by the bibliographer in each case of transcription are:

1. To whom the letter is addressed.
2. The exact date.
3. Address from which the letter is written.
4. 2 or 3 lines describing the subject matter.
5. The number of pages occupied by the writings.
6. The name and address of the present owner.

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