

THE PRESENT STATE OF NURSING IN INDIA, AND SUGGESTIONS FOR FUTURE DEVELOPMENT

By Miss ASOKA ROY

The present state of nursing in India is quite a tragic affair. Many who happen to be working in a few grand hospitals, under better conditions, would perhaps feel indignant about such a statement. They could only feel so, because they do not know under what conditions others train and the type of training, after which their fellow workers hold the very same title of "nurse".

It is tragic, because in a period in which the knowledge to improve and to have ideal nursing, is so vividly expressed, no serious steps have been taken to do so. Individuals who are aware of these facts are kept back from facing them, for lack of support from their fellow workers. Gradual improvements are being made by a few people in different parts of this country, but one could perhaps count them on one's fingers. But what nursing in India needs is an entire change, to raise it to its proper importance and dignity as an intelligent associate of the medical profession in the care of the nation's health.

Would one get the support to bring about this change? It seems a difficult question to answer, but it should not be so, if we only ask, Who are to bring about this change? Of course, the nurses themselves!—I do not mean the probationers, or the 99% of girls who do not know what the so-called "Nursing Training" means in the majority of places in India.

When she has acquired the title of nurse which she has chosen to have for her life, and has set out to work in India, she will have to say many an unexpected "How do you do?" to individuals who also go by the same title in different parts of India. She then finds herself, to a little or vast extent, in either an inferior or perhaps a very superior position to her fellow workers.

She may find that she can class herself amongst one of those who bear the title, with better education and better social environment to develop her abilities, and that she has been trained in a hospital which is "recognised". If so, she should definitely think herself fortunate. She is apt to feel satisfied, because her training has put her on a better footing in life. She has every chance for senior work in her profession. She contentedly treats the other unfortunate grades as subordinate to her. It is obvious they are so! But she forgets, or rather, nothing seems to tell her, that she bears the same title as her subordinates. Perhaps the title 'Sister' (which now she may have acquired) misleads her!

Many again of the above grade of nurses, who have had the opportunity to have a broader outlook, get together and discuss the many details of nursing, compare them with other training schools (if they happen to have been working in another), and even go so far as to say to each other, "This should be done", and "That should be done"—and finally find that they have no hand in the matter.

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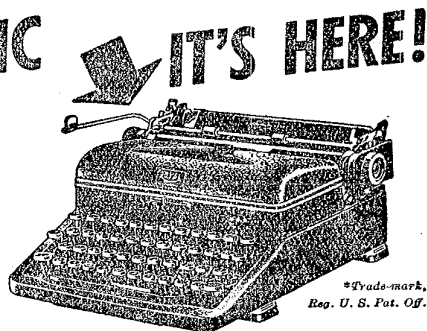
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But surely they have the right to speak, and discuss things with their superiors which they think are not right and should be changed. Ought suggestions for improvement, which would better conditions, give everybody a better right, and would only be just, to be turned down?

So often nurses unfortunately only discuss and grumble about their difficulties and only wish the improvements needed could be brought into practice. But they do not face them themselves. Of course, some have felt it necessary to take up a post-graduate course, to have better understanding about a subject which they perhaps intended to tackle; and at least let us hope that the knowledge that one puts oneself out to acquire, is made use of. Many again do not wish to, or perhaps cannot, impart the knowledge. The point is this: if they know a thing is right should anything prevent them from acting according to their principles?

We are not keen enough to give the profession we belong to its right place, I have heard many trained nurses saying "Nothing is ever done for us" or "In this place no one does anything". I wonder what kind of feeling should dominate one's conscience at such sayings! Would you be highly amused? Feel exceedingly depressed? Or would you lose your temper? All three would be useless!

We just talk about the facts amongst ourselves, but do not bring them out at any meeting to discuss them. We could not have had a better meeting than the annual Conference of the T.N.A.I., and being aware of these facts which if corrected would make our profession excel any other that women can hold—I do not know which is more correct, to say "We keep back" or "We are kept back" from facing the fact that much improvement is necessary,—this is the spirit of nursing in India at present—I have therefore come to the conclusion that we are cowards.

Nursing in India has no one standard. There are those illiterate women who perhaps have been working as ayahs in a hospital, or have been in connection with maternity cases as attendants in private homes—who go out into the rural districts, call themselves nurses or dais, and collect small fees by delivering the majority of cases in that area. Secondly, there are others who have been looking after children, in some institution or a home perhaps—not necessarily sick children—who go out after a few years experience, call themselves children's nurses, and work in private homes. Amongst the public, of course, there are many who are too careful of their children, and think it so necessary to have a "child's nurse". It also sounds grand to have a "child's nurse"!

There are some nurses who have not finished their training for some reason or other, or perhaps have done their general training in an unrecognised training school in some rural area. They are not registered—maybe they cannot register. But they have sufficient knowledge how to dress up as nurses and do private practice. They do not demand as much as fully qualified and registered nurses—and the public are only too pleased to have someone who just serves the purpose. Because of the ignorance of the public they get on very well as nurses, till trouble arises.

Then there are the two grades of nurses which the big so-called recognised hospitals turn out: the Junior Certificate and Senior Certificate nurses. They take their training in one hospital, do the same work, for the same length of time—but when they are qualified they live under different living conditions, and receive different grades of pay. The difference is that the majority of the Indian girls do their examinations in the vernaculars—and in some hospitals these girls are not even given theatre training, because they say they are not capable to undertake the responsibility of theatre work. Well, if that is the case, they are not fit to be nurses.

A failed science student cannot say, "I cannot do my science, but would like to do the medical course and be registered to practice as a Junior certificated doctor." Some of these training schools, have no facilities for teaching these junior certificate nurses, in the respective languages of the Province. These pupil nurses attend lectures with the other pupil nurses who do it in English. The lectures are given in English, by the senior nursing staff. They write their notes in Roman Urdu or Hindi and hand them in. How much of the lecture is understood and taken in by the pupil is not known by the lecturer, for the very simple reason that she does not understand Roman Urdu or Hindi. Could this be called education? These junior certificate nurses are handicapped. They can only practice in the Province they have been trained in—as the language is not universal—and their chance of getting a senior position is very limited; they can only rise to it, if there is any way in which they can get the higher training in their own language. And they can only do so in their own Province. The point lies in this: should the difference of language put her in a different grade? How should the standard be lower because of the language? If they must do the training in the vernacular, the training schools which undertake to graduate them as nurses should have every means to give them the proper training in that language. Or else this training could not possibly be of any educative value to the nurse.

At present we face these different standards of nurses; there are so many ways by which one could acquire the title of a "nurse". The public do not realize the necessity of proper medical and nursing aid. If they did, these problems would have been solved already. Finance would not have been any problem. This fact makes it very obvious that the responsibility lies entirely in the hands of the nurses and of the medical profession.

Nursing in its earliest days, as we all know, was mainly occupied with the task of assisting the physician and surgeon in their task of relieving suffering and attending to the needs of the sick, and thus we have always come to think of the nurse as a woman who devotes herself unselfishly to the tedious job of waiting upon sick people, whilst conscientiously and cheerfully carrying out the doctor's orders. These are grand characteristics which at all costs we want to preserve. But they are not enough today. *For nursing, like medicine, has undergone both change*

of emphasis and expansion of purpose. The nurse is no longer a subordinate factor, in the fight against disability and disease or in the struggle for national fitness. She has become an essential partner in the scheme, and unless she is able to play her part, intelligently and efficiently, the whole project is threatened with failure.

Amongst the many facts which have helped to bring about this change, there are three which are perhaps specially worthy of attention.

The technique of medical practice has become so highly developed that it is quite impossible for the physician or surgeon, in the limited time at his disposal, to attend to it all, nor is it sufficient to rely upon blind carrying out of orders by assistants. The active and intelligent co-operation of highly trained nurses, who know the practical details of the whole technique and at the same time fully understand what it is intended to effect, and can carefully record each sign of its action, is an essential requirement today. That does not mean that the nurse should be trained to diagnose complaints; for the simple reason that she did not qualify for the knowledge to do so. Diagnosis, research, and the direct medical treatment always remain the prerogative of the doctor. But in the carrying out of treatment the nurse should always be an active and intelligent co-operator, for it is she, rather than the physician, who is in a position to watch her patient day and night, and her skilled observation thus becomes of the utmost importance. To make things clear to those who do not know what nursing means, or rather, who have never had the chance to do so, I am sure every hospital in India could show them what nursing really should be and also the present state of inefficiency which prevails.

In the second place, the growth of the social services in preserving the health of the people has led to innumerable forms of experiment, in all of which the nurse is destined to play a vital part. On whom does the success of all these really depend? Is it on the Government official, who draws up the general plan, and pays his periodical visits of inspection? On the medical officer, who spends a brief period dealing with each case and recording his opinion and recommendations? Or on the nurse who is to listen to the doctor's advice, ascertain the exact living conditions of the patient, meet the objections of the relatives, and help to see the treatment really carried out. And who is it who has to answer the endless questions which the patient or her friends will propound, and to advise on the many points which none of them likes to ask the doctor? Plainly it is the nurse who carries the most important responsibility for the success or failure of this great sociological experiment.

The most important quality of a nurse, which is "loyalty", has to be brought into very intelligent practice, to make the above paragraph a fact. Hence, in the third place, *education* and other good social environment are essential in the effort towards this quality. The doctor has

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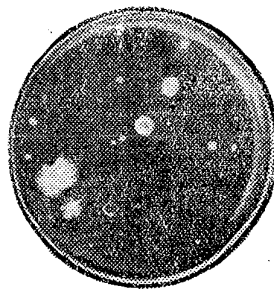
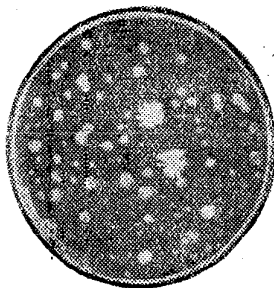
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his part to play in securing this important quality of the nurse. Unfortunately many doctors do not know how to do so, because they are placed in such a difficult position, with the many grades of nurses they happen to meet—and often their demands are not met by the nurses. It is obvious where the fault lies. Dr. Harold Balme points it out very plainly:

"The popularity of the modern campaign for physical fitness is having the very wholesome effect of concentrating attention on health rather than on sickness, and as a result, there is a growing tendency to look to other guides for health than to the doctor alone. We have already seen clear evidence of this tendency in the case of midwifery. At one time it was thought that only the obstetrician could properly attend a woman in labour in any civilised country, but today as we know, in Great Britain at least, seventy per cent. of births are never attended by a physician at all, but by midwives, and with the passing of the Midwives Act in Great Britain the training and registration of such midwives has been legally established. This same tendency is becoming apparent in other matters affecting physical health, and in this connection it is plain that the *well-trained* nurse has an increasingly important place to fill.

"If this view of the future of the nursing profession is a correct one, it at once becomes obvious that everything is going to depend upon the qualities which the nurse can bring to the task. All the humanitarian attributes which we have always associated with the ideal nurse will not in themselves suffice. She needs, in addition, *good intelligence, a thorough and scientific education, and opportunity to obtain specialised experience in the particular branch of nursing to which she is going to devote her life.*

"Judged by this standard, it must be only too clear that the present method of admitting and training nurses is altogether inadequate and unsuitable for such a situation. It is true that the course of training has been considerably modified within recent years, but the serious fact remains that in all our hospitals and nursing schools the training of the nurse occupies an entirely subordinate position."

Dr. Harold Balme has criticised nursing education very justly: "The system of training at our various hospitals is not a true education, but is simply a form of apprenticeship."

That statement is, I believe, absolutely true, and until it is thoroughly faced and remedied, nursing will never be able to do justice to the opportunities which lie before it today. The pupil nurse has not entered the training school, merely to learn craftsmanship, or to practise endurance and patience. She has entered it to be educated, and it is on the solution of that educational problem, and on that alone, that the success of any system of nursing instruction must stand or fall.

Looked at as an educational system, the present method of training stands convicted on at least three counts. First of all, every hospital wants to train its own nurses, not because it is

equipped and staffed for the purpose, but simply because it is cheaper to get the work of the wards done by student nurses than by fully qualified nurses.

Secondly, the fact that the probationers are responsible for the actual work of the wards means that a large part of their time, which ought to be given to the observing of patients' symptoms, and learning to understand the actual effects of nursing measures, is taken up by the constant repetition of mechanical tasks, many of which are domestic rather than medical in character—the tidying and dusting of service rooms, washing down sluices, polishing brass or silver, dusting lockers, cleaning utensils, carrying food trays backwards and forwards, these and many similar duties which occupy a great deal of the probationers' time in many hospitals, have but little educative value, once a nurse has been taught how to do them, and why they are necessary. Yet how much of a probationer's time is spent upon them in the course of her years of training? In many cases, also, the same probationer is told off to perform one particular duty on several patients in the ward, so that she never gets the chance of studying any one patient alone. In other wards, it is ward duties, rather than individual ward patients, which have first claim on her time and thought.

The type of instruction which she receives is usually quite divorced from her actual ward work, and is seldom or never demonstrated upon the patients she is supposed to be studying and nursing. Her lectures and demonstrations are given right away from the ward—and only too often at a time when she has just come off duty; while in the ward itself she never hears a single hour's lecture upon the symptoms and treatment of her patients. The lack of regular, systematic, clinical instruction is perhaps the greatest educational defect in the present system of training and under the "block system" this divorce between teaching and clinical practice is made even wider.

The future of nursing depends upon a radical change in this system of training, with the abolition of the apprenticeship idea, and the establishment of real nursing colleges, in which every probationer would be treated as a student and not as an employee. This does not mean that she would not engage in the practical nursing of the wards, for that will always be the most vital element in her training. But it does mean that while she is a student, she would only be given such ward duties as she needs for her education, and that the hospital in which she trains would have a sufficiently large staff of fully trained nurses to look after the care of the patients, with the help of *trained assistants or orderlies*.

It is, of course, obvious that the institution of such a reform would cost the hospitals considerably more than the utilisation of cheap student labour in the wards. But the matter is so important educationally, and is so essential a factor in the creation of a nursing profession which can play its proper part in the sphere which awaits it, that the State should make itself responsible for

the additional expense. We need many, many more hospitals in India, but fewer training schools. It is not possible for every hospital, especially those in the rural districts, to train nurses. Training ought to be expensive—and most certainly the expense can never be met by every one of them.

An objection might be raised to this plan on the ground that there would not be enough trained nurses to go round, and that smaller hospitals and special institutions which were thus deprived of the right to admit probationers would find themselves without an adequate staff. That would probably be the case at first, and the deficiency would have to be supplied by the employment of supplementary attendants, but this difficulty would grow less year by year, for with the raised status and assured salary of the trained nurse, and the increasing opportunity for specialized work, the number of educated girls taking up nursing as a profession would rapidly increase. Today such girls are kept back because of the poor quality of the training, the tedious long hours of work in the wards, the vexatious restrictions on the use of off-duty hours, and the uncertain financial future ahead. Once these things are remedied, a vocation so ideally suited to educated and public-spirited girls, should never again suffer for lack of sufficient recruits.

"Nursing education is entirely in the hands of nurses." If this be true, the first hospital which takes the first move in establishing a model nursing college, on some such lines as those suggested for an "Ideal Nursing College", will do more to create nursing history and to lay the foundation of a real nursing profession than anything yet attempted since the days of Florence Nightingale. It will require a considerable spirit of faith and adventure, together with the financial support of some philanthropists or groups of friends, who are fired with the spirit of reform. The establishment of such a college will provide a magnificent challenge to those educated girls who have hitherto been drawn to nursing as a vocation, but have been kept back by the unsatisfactory conditions in existing training schools. At the same time it will afford a fascinating opportunity for the working out of a new nursing curriculum on purely educational lines. It does not require much imagination to suggest that such a college would quickly be followed by others, and that an entirely new class of nursing student would be recruited from our best public schools.

Let me remind my fellow workers, those who may read this, that "To be seeing the world made new every morning, as if it were the morning of the first day, and then to make the most of it for the individual soul, is the daily curriculum of the mind's desire."

Whether we shall take up or lay down our professional responsibilities is not a matter of choice, but a question of duty and of conscience. It is the duty of nurses to seek to preserve the best ideals and standards of living, to teach people, wherever they are found, the fundamental laws of physical



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and social health which are deeply concerned with all human relationships and problems, and to help restore to health those whose lives have been shattered by disease and by disaster. And what have we to do today in a world where individuals and nations vie with each other for the attainment of personal and national powers? The solution of the immediate problem rests upon the present generation, and nurses, as a great body of professional women living in daily contact with every kind and type of people, have a real part to play. We must do our part to uphold the ideals of altruism, duty and service, to supersede the attitudes of selfishness, distrust and intolerance which appear to pervade the world today.

Nurses necessarily are called where disaster and devastation prevail, but they go to build, not to destroy; their efforts must be constructive, and the spirit of helpfulness should transcend all other motives. They desire the welfare of mankind, a chance to develop their creative genius to its highest capacity.

NASAL SINUSITIS AND ITS TREATMENT

By Mr. AUSTIN FURNISS, L.R.C.P., L.R.C.S., L.D.S., D.P.H.

Nasal sinusitis may be of a purely catarrhal nature, or it may develop through a muco-purulent stage into one of acute suppuration, which, in some cases, ends in chronic suppuration. The disease in which sinusitis most commonly occurs is influenza, but any acute infectious disease may cause it. In any condition complicated by acute rhinitis, catarrh of the mucous lining of the nasal sinuses is common, but in most cases retention of the discharge, which gives rise to the clinical picture of sinusitis, does not occur. The swelling of the mucous membrane at the orifices of the sinuses, which produces the retention, is more liable to occur when the nose is narrow, when polypi are present, when there is a deflected septum, or when the middle turbinate is enlarged.

The organism most frequently present in sinusitis is the streptococcus, but *M. catarrhalis*, the pneumococcus, and *B. influenza* are also common. It has been contended that the common cold is due to pus-forming bacteria activated by a filtrable virus. A natural or acquired immunity may lapse owing to reduced resistance, or chilling, or other factors permitting the bacteria lying in the diseased mucous membrane to become active. As a result a virus is produced and discharged into the nasal cavity, there activating the same type of bacteria which are present in the mucosa but have hitherto lain dormant or been merely saprophytic. Catarrh of the mucosa may also be allergic in origin. In acute catarrhal inflammation the mucous membrane, which is normally very thin, is swollen and infiltrated with fluid; it becomes so greatly thickened that the cavity of the sinus becomes much smaller.