

REGISTRATION FOR NURSES IN INDIA

A paper read by Miss TIPPETTS, Nursing Superintendent of the Mayo Hospital, Lahore, at the Conference of the Association of Nursing Superintendents of India, Bombay, 1908.

[When compared with modern developments and with the objects for which the T.N.A.I. is still working, this paper is most interesting, especially as Nursing Registration did not come into force in England until 1919. Ed.]

In undertaking to write a paper on the subject of the proposed registration of the nurses in India, I am approaching a subject which I feel cannot be too emphatically put before the public generally, the medical profession and the nursing profession in this country.

At present the condition of Nursing in India is, to say the least, very much behind the times; and apparently the situation meets with the entire indifference of all classes.

The need for good nursing is most urgent, and I suppose hundreds of valuable lives are sacrificed, not only from entire lack of nursing, but from bad nursing.

People are willing to pay, and do pay, for good nursing, but in the majority of cases they receive attention of the most inferior and most inexperienced kind, and for these services pay at the same rate as if they were employing English-trained nurses.

At the present moment women who have only been trained at some remote period in maternity work, and have a certificate of any kind for that work only, go out on the strength of that certificate and call themselves "sick nurses", and demand, and get, Rs.5 and Rs.7 per day—and are often quite unfit to take the responsibility of a serious case of typhoid or pneumonia: not only this, but even in their own branch of work, their conduct is often most reprehensible, and such as would not be tolerated by the Central Midwives' Board in England, and would cause them to be forbidden to practise.

But in India a nurse may be absolutely incapable, may be innocent of ever having had any adequate training, and her character even may be open to suspicion, but she goes on her way, doing endless harm, earning what fees she chooses to ask; and there is no check whatever on her.

Of course, one must remember that in this country it would be quite impossible at present to have any system of *enforced* registration, for even Medical registration is non-existent, and Babu Ram Das, who has done three months as compounder or dispenser, is quite at liberty to set up a board—"Dr. Babu Ram Das"—"Can cure all diseases"—and to demand what fees he chooses.

Much the same conditions exist in the nursing profession. Till lately there have been so few nurses of any kind in India, that any nurse was better, in case of emergency, than none at all; but now the number of well trained nurses is increasing rapidly. The Lady Minto's Nursing Association nurses are working all over India and are meeting a great need though even they do not meet

all demands. There are every year a larger number of nurses coming out for private work on their own account. Also some of the Government Civil Hospitals and a great number of the Dufferin and Mission Hospitals, are being staffed by English-trained sisters and nurses; and they are educating and turning out a higher standard of nurses. So, though at present the number is lamentably deficient, within quite a reasonable period there ought to be an ample supply of well trained nurses to meet the demand.

If it were possible to inaugurate a system of registration, the result would be protection of the public from untrained, insufficiently trained and incompetent nurses, and women of doubtful character; and the obviation of the present condition of things, whereby the trained and competent nurse has to compete on equal terms with those who are untrained and therefore lacking in skill.

It should be possible after putting these great advantages before nurses to be able to get all bonafide nurses to desire registration, for the very reason that unless their work, general conduct, and character will bear close inspection, their names will be struck off the roll.

The scheme, which, of course, would require a great deal of working out as to detail, is as follows:

(1) There should be some Central Board or Committee—a recognized authority which should be satisfied that the certificates of nurses are such as to entitle their owners to be registered.

(2) All bonafide nurses practising in India should be invited to send in their names, with copies of certificates, diplomas and references,—for enrolment on the register.

(3) The register should be revised annually, and the name of any nurse who has been guilty of any misconduct during the year removed. Employers of nurses, and medical men, should be invited to communicate with Board or Committee in any case of such misconduct or neglect of duty, the Board dealing with the case, after full enquiry, as they think fit, as is now done by the C.M.B. in England.

(4) The list of Registered Nurses should be supplied to all Civil Surgeons and Army Surgeons of the Districts and Presidencies, with a request that they should give first preference to these.

(5) Each district should have its own centre, to which registered nurses would forward their addresses and report themselves available for work.

It must be seen that a system of this kind must produce a higher standard of nursing, and would be of incalculable benefit, not only to the sick people in India, but to all nurses who take the advantage of being registered; for as a system of this kind became more generally known among the general public, reference would be made to the register before employing a nurse, and those who falsely designate themselves "trained nurses" would fall out of employment.

The difficulties to be overcome are many, but the principal ones are:

(1) The immensity of India, which makes it very difficult to organize.

(2) The difficulty of insuring any uniformity as to training and the standard of nursing.

(3) The indifference of the public in general, and medical men in particular, as to the work given.

(4) Lack of *esprit de corps* and any high ideal of the profession among Indian trained nurses.

The ideal of Nursing in India is so deplorably low that many people do not realize that a nurse can be even an averagely good and trustworthy woman, and respect for nurses, as such, is rarely met with.

The popular idea if a girl goes in for nursing out here is that she is disgracing herself and her family; and she meets with little respect from the lower-class European and Anglo-Indian patients, until she herself enforces it, for they judge her by the standard of the ordinary nurse in practice in the country.

When one realizes what an influence the trained nurse is in England, and how she is looked up to and respected by all classes, one feels everything possible ought to be done, and that without delay, to raise the standard and the status of nurses and to protect them from so-called members of the profession who either are not entitled to be called nurses or have forfeited the right to be considered as such.

A register would be a great power in doing this.

It has been suggested that the formation of a register should work towards the formation of a "Civil Nursing Service" for all India, with the following objects:

(1) To provide nurses for Civil, Government and other Hospitals (Dufferin etc.).

(2) To have its own rules about pay, leave, furlough and pension.

(3) Only "Registered" nurses to be allowed to nurse as "trained nurses" in these hospitals, and that this should be pressed after registration is an accomplished fact, for the mutual benefit and protection of thoroughly qualified and competent nurses.

Discussion

"There is no doubt that at present it would be impossible to have enforced registration. So, before we can even hope for registration in this country, we must prove to nurses that they will benefit by it."

"The lack of *esprit de corps* in the profession is deplorable, we might almost say that it does not exist, and so long as nurses can earn good fees and get good appointments without any question being asked as to their qualifications, they won't trouble much about registration."

"How are we to prove to nurses that registration would benefit them?"

"Registration would benefit only the properly trained nurse, as it would demand that those who were registered had a certain standard of training."

"It is the fully trained nurse who suffers from the conditions which now obtain in the profession, and we must first get the co-operation of the medical men and women who employ the

Karo

Syrup

the food

for delicate

organisms



No artificial baby food is better than KARO for bottle-fed infants. They thrive on it.

KARO is the ready made solution to the problem of giving nourishment to ENTERIC patients.

For rapid recovery of strength without over-taxing the digestive system, prescribe KARO in abundance to your Convalescent patients.

KARO restores jaded appetites and makes the seemingly well REALLY WELL.

COMPOSITION

Dextrin	37.4%
Maltose	18%
Dextrose	12%
Sucrose	4%
Invert sugar	3%
Ash	0.6%
Water	25%

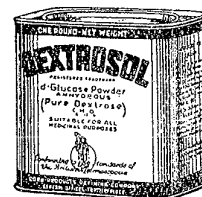
Available in three flavours

KARO is quite as effective with Milk Powder as with fresh Milk

DEXTROSOL Pure Dextrose B. P.
Glucose Powder of the highest quality.
Available in containers of 4 ozs., 1 lb., 5 lbs., and 25 lbs.

Samples and Literature on application from :-

CORN PRODUCTS CO. (INDIA) LIMITED.
P.O. Box No.994, Bombay, P.O. Box No.2191 Calcutta.



nurses, for I find that in India most people leave the choice of the nurse to the doctor."

"We must also appeal to the trained nurses in India to band themselves together for the protection of the good name of the profession, for every nurse who has done private nursing in this country can tell how deplorably low is the estimate of nurses held by some, even of the upper class of patients, and worse still by some of the doctors."

"Before we try any system of registration, let us first get the nurses banded together in an Association, in which all nurses having a certain standard of training would be eligible for membership; then, if a list of the members and their credentials were annually printed, this in itself would be equivalent to a register."

Some private nurses, who were present as guests, were asked to say what they thought about the desirability of such an Association. They were unanimous in saying that they felt that the need for some such organization was great, and that it would be supported by all trained nurses in India.

Resolution

The following resolution was then proposed and unanimously carried.

That the Association of Nursing Superintendents of India, assembled in Conference at Bombay on this tenth day of December 1908, respectfully begs to call the attention of the Provincial Governments of India to the want of any fixed standard of age, education, length of training, examination and certification in the training schools for nurses attached to the hospitals in India, and begs to make the following suggestions.

(1) That a Central Board of Nursing Education should be formed in each Province.

The Board to consist of the chief medical men and women of the Province. One third of the Board should be fully qualified European trained nurses; the Dufferin and Civil Hospitals to combine.

The Board to agree and insist on a uniform age, standard of education, and length of training, which should not be less than three years.

The Board to draw up a general curriculum of theoretical training and form a Board of Examiners; and all nurses desiring to obtain certificates, to be examined under this Board and registered.

(2) That all hospitals professing to train nurses, whether Indians, Anglo-Indians or Europeans, should have as superintendent of nursing a fully trained nurse who has been trained and certificated in a recognized training school for nurses.

(3) That the present state of all the large hospitals in India is that they are greatly understaffed, with the result that the superintending, disciplining and practical training of the probationers and younger nurses is very defective, and Government should be urged to remedy this.

(4) That a Central Preliminary Training School be established in each Province, to which candidates for nursing training should be sent before they enter the hospitals. Here they could be taught bed-making, elementary nursing, bandaging, splints, invalid cookery, and physiology.