

A FEW NOTES ON THE STATUS OF NURSING AND NURSES IN INDIA—(A paper read at Conference)

By MISS WINTER

(*Nursing Superintendent Lady Hardinge Medical School Hospital, Delhi*).

As far as I have been able to observe there are four different types of hospitals in India :

- (1) Purely Government hospitals.
- (2) Semi-Government hospitals, i.e., those receiving Government grants, with official committees, but with other sources of income as well, e.g., Dufferin Hospitals.
- (3) Private hospitals with or without Government grants but with independent committees.
- (4) Mission hospitals.

The following remarks will refer only to the first two types of hospital. In Mission hospitals the sisters are primarily missionaries, as are other workers in the Mission field, no matter what their particular sphere of activity, whether teachers, doctors, or nurses.

In private hospitals the status of the staff is a matter largely decided by the committee, influenced by the nursing head, e.g. Lady Minto's Indian Nursing Association.

It is in Government and semi-Government hospitals that the nurse, as a nurse, has no status whatever.

In a large number of these hospitals real nursing is conspicuous by its absence. Many of these are medical teaching schools. The nursing staff allowed is so utterly inadequate that it is entirely unable to cope with the work. The students in training in such hospitals have no knowledge of what real nursing means to medicine, and they go out when qualified to perpetuate the idea that nursing need not be considered in the treatment of the patient.

Nor is this to be greatly wondered at. Can a hospital of 400 beds with fifty nurses, the larger proportion of whom are drafted to the European block, be said to nurse its patients ?

Is it possible to nurse 64 patients in a ward with two nurses (who would not necessarily be trained nurses) on duty ?

It is a physical impossibility. We all know hospitals where there is absolutely no night nursing. The two examples are from Government hospitals which are medical schools. Such examples could be multiplied many times over.

The status of nursing is fixed by the grade of work done by nurses. How can nurses trained under the circumstances quoted above, do the kind of national work which will earn them recognition, and the status in the community which nurses are accorded in other countries ? In my opinion nurses on Registration Councils in the various provinces should take the very firmest stand on the question of ratio of staff to patients. The International Council of Nurses have given us a very definite lead. In their publication *The Educational Programme of the School of Nursing* they recommend one nurse to three or four patients when the ward is active, and one to fifteen or twenty when the ward is less active, e.g. at night.

No hospital which cannot provide a reasonable ratio of nurses to patients, should be considered as a training school.

The use of probationers merely as a form of cheap labour will never help to raise the status of nursing.

A number of Government hospitals have imported English sisters. This practice still exists but in a less degree than formerly. As Englishwomen these sisters have been given a good social status, but such status

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was and is a personal matter, which does not attach to the work. It is greatly to be regretted that so many have been satisfied with the shadow, and ignored the substance.

Those who wish to work for the improvement of the status of the nurses in India must concentrate on the following points:—

(1) That the Government and the Medical Profession must be made to acknowledge nursing as an essential part of the health programme of the country.

(2) That Government hospitals, which are nurse training schools should be adequately staffed according to a scale which has been approved by some accredited nursing body.

That proper provision be made for the professional education of the nurse in training. That she shall be regarded as a student nurse and not as a form of cheap labour. That those who teach her shall be properly qualified for the work. The education of the nurse is shared by the ward sister and the sister-tutor. Both should be specially prepared for these posts by post graduate training, and not be appointed only for long service.

(3) The Nursing Superintendent should be a woman of education and long professional experience in all departments of a training hospital. She should show administrative ability and have had some administrative training.

She must be the head of the Nursing Department and training school. She should have the same complete authority on the nursing side as the Medical Superintendent has on the medical side. She should co-operate with the Medical Superintendent in the general running of the hospital in a spirit of equality. She should select the probationers for training and maintain a high standard of entrance especially with regard to character and educational qualification. When hospitals will accept girls for training who have been refused for other professions because of lack of education, the status of the profession is immediately lowered. We cannot choose our probationers merely from the point of view as to whether they can get through the work in the wards under supervision; but whether when trained they will be capable of handing on to others a torch which is held high and brightly burning.

(4) That every province should work for the appointment of a Nurse-Registrar and be preparing people to fill these posts. The Nurse-Registrar should also act as inspectress of Hospitals in the province. As such she would inspect the hospitals in company with the Nursing Superintendent of the hospital and comment on all sides of the nurses' life—living accommodation, teaching and teaching equipment as well as the general ward work, and that copies of her report and recommendations should be sent to the Medical and Nursing Superintendents of the hospital, and to the I.G. or S. G. of the province.

(5) That each province should form a Nursing Service under a nursing head, in which its senior members should rank as officers. That outstanding graduates of its hospitals should be given opportunity to qualify themselves for senior posts, and facilities be made for them to do so, e.g. study leave be granted as in the Women's Medical Service.

(6) That hospitals and provinces be encouraged to develop facilities for post graduate work, and the formation of post graduate courses. The Inspectress of Hospitals would be in a position to give great help in this matter as she would be able to survey the whole province.

Status, comparable to that accorded to the profession in progressive countries, would be automatic if these points could be put into practice.

It is only by a vigorous campaign on these lines by the nursing



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organisations and by every thinking nurse, that we can ever hope for fulfilment.

If every nurse who took on the position of a Nursing Superintendent, had the position she should strive to hold for the honour of the profession clear in her mind, it would be easier to prevent any infringement of her rights by other departments of the hospital. Unfortunately, many women are appointed without administrative experience or training, and the vicious circle continues.

Knowing the difficulty of obtaining administrative training in India, we, in this hospital, have arranged to take a trained and experienced sister, who looks forward to obtaining and to holding a responsible post in a training school, and to allow her to have the benefit of seeing the administrative side of the work. We hope that others will be able to arrange for similar opportunities, and that nurses will come forward to prepare themselves for the development of nursing in this country.

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STUDENT NURSES' ASSOCIATION SECTION

Reports and Articles for this Section will be welcomed by the Hon. Organising Secretary, Miss Pitman, Women's Medical College Hospital, Vellore.

Missionary Medical College Hospital,
Vellore, North Arcot.

DEAR STUDENT NURSES,

Here are the first two Unit reports, which were read at the S. N. meeting of Conference. I am putting them in, in the order in which the Units were started.

We did wish you could all have heard them read, and have seen the Exhibition. It was splendid this year—Congratulations to all those who won prizes and all who did not win prizes, for all the exhibits were good and worthy of a prize.

Will you please ask your secretaries to send your subscriptions to me at the above address. One unit sent their subscriptions to Miss Robson by money order and as she had left, it was sent on to me, but the Postal authorities would not let me have it, because I was not Miss Robson. If it had been addressed to the Organising Secretary, it would have been all right. I did not even see who it was from, so I cannot write to the Unit. I am so sorry.

Yours sincerely,
VERA K. PITMAN,
Organising Secretary.

Government General Hospital—Madras

Report of the Student Nurses' Association for 1935-36

There were 83 Student Nurses on the roll on 1st October, 1935. Out of these 14 ceased to be members after 31st December, 1935, having passed the Final Qualifying Examination, reducing the strength to 69. In July 1936, 16 nurses passed in the Final Examination and two were transferred to the Victoria Caste and Gosha Hospital. One student nurse left the hospital to get married. The present total strength of Student Nurses is therefore 50, but there are 39 nurses who are eligible to become Student Nurses. These are made up of the nurse pupils transferred from the Mofassal station