

Professionalization of Nursing Care in Colonial India

1. Sindhu Thomas, Ph.D Scholar, Dept. of History, Bharathidasan University, Tiruchirappalli, Tamil Nadu, Mail ID: srchristeenafcc@gmail.com
2. Dr. Y. Srinivasa Rao, Assistant Professor, Dept. of History, Bharathidasan University, Tiruchirappalli, Tamil Nadu

Abstract

This paper provides a descriptive account of development nursing profession including how its past has shaped its present and how current times are influencing and delineating its future. Understanding the continuum of development in nursing education promotes an awareness of the diversity that exists within nursing education and common purposes that bind it together, encourages shared understanding of the various pathways that exists within nursing education, and promotes community among nursing students, nurse educators, and nurses regarding the complexities surrounding educational preparation for nursing practice.

Key Words: Nurses, Health Care, Nursing Training, Women

Introduction

The development of nursing in India reflects the country's history and complex socio-cultural composition. Traditionally, amongst Hindu and Muslim communities, the need for female nurses to work outside of the home, to touch strangers, to mix with men, and to deal with bodily fluids (considered polluting within Hindu and Muslim cosmology) has meant that until recently, nursing was a stigmatised and low status profession. During colonial times, British missionaries attempted to redefine and professionalise nursing as a respectable vocational career. British mission hospitals established nursing schools and recruited poor women or widows from predominantly Christian communities, many from the southern Indian state of Kerala. Kerala remains a major supplier of Indian nurses, although this is changing due to a shift in the desirability of nursing as a career that has come about because of increased opportunities for migration to the Middle East and further afield. As in many other countries, nursing is now seen as a potentially lucrative career choice, a stepping stone to work overseas and towards greater social mobility for the entire family. This has led to an influx of men into

the profession and to a positive change in the social status of nurses. Nonetheless, in India and throughout South Asia, the desire to avoid the stigma associated with basic nursing tasks forms a strong cultural backdrop to the way in which clinical nursing is valued and practised today.

Origin of Nursing Care

Nursing care has been mentioned in the Indian culture from the times of the Vedas. Only a few scattered records of the nursing profession in India are available, but although the science and art of nursing has not reached the stage of development as in most other countries. It is interesting to note that, there was provision made for the sick and attendants for them were employed, even long before the Christian era. These attendants were placed under the direction of skilled physicians and surgeons like Charaka and Susruta. Massage was one of the old practices in use as a health measure and there were women practitioners of massage for attending on the females and men practitioners for men.

From the old records we can understand that the attendants or the helpers for the sick had an important role and their job considered a reputed job. But later it degraded and till recently this profession came to be thought one only for women of low repute. The Charaka Samhita stated the qualifications required of the attendant of a patient were cleverness, devotedness to the patient, and purity of mind and body.

Historically, nursing in India had evolved under British rule. The British Medical Services, later known as the Indian Medical Services, were the first to develop nursing as a profession in India. The institution of female nurses is of Christian European origin. It has had a long and continuous tradition in England. It began when St. Bartholomew's hospital was opened in London in 1123 and four sisters formed as an integral part of the foundation. They were trained in Midwifery. In 1633, sisters of Charity founded and established the first educational programme to be affiliated with a religious nursing order.

Military nursing was the earliest type of nursing. In 1664, the East India Company started a hospital for the soldiers in house at Fort. St. George, Madras. There they appointed the people to take care of the sick soldiers. This system of taking care may be extended to other provinces also. The first sisters were sent from St. Thomas Hospital, London to this military hospital. In 1797 a Lying-in – Hospital for the poor of Madras was built. In 1854, the government sanctioned a training School for midwives in Madras.

Flornce Nightingale was the first woman to have great influence over nursing in India. She showed a best example for nursing and laid the foundation of modern organised nursing. She had a close knowledge Indian conditions, especially in the army. In 1865, she drew up some suggestions on a system of nursing for hospitals in India. Graduates were sent out from the Nightingale School of Nurses at St. Thomas Hospital, England to start similar schools in India. The period before the Flornce Nightingale were known as the dark period or dark age of the Nursing care.

The development of nursing in India reflects the country's history and complex Socio-cultural composition. Traditionally, amongst the Hindu and Muslim communities, the need for female nurses to work out side of the home, to touch strangers, to mix with men, and to deal with bodily fluids has meant that impure and saw nursing as a stigmatised and low status profession.

Nursing Education in India

The first attempt to organize the systematic training of nurses and their public examinations was made by the mission hospitals in India. Later the women from all cast started to come to this field and saw it as an opportunity for their livelihood. Today the nursing care became a standard profession. In the beginning nursing care was the part of charity but when it becomes a standard profession the concept of nursing care changed. The meaning of nursing care is 'to take care' or 'service'. But now it is changing to commercial. Even though oneside it is a service, other side main intention is commercial. Here in this paper I am trying to find out the development of nursing profession and the new challenges in the health care and its impact on the society.

The formal education of nurses started in India under various hospital-based training schools. It was mostly the women from among Anglo-Indians, Europeans and Indian Christians communities who formed the nursing workforce during British rule, and was considered a Christian profession. The participation of Indians in nursing services was considered important by the British for arranging a workforce of Indian nurses who could provide care to the patients and take up necessary administrative and teaching responsibilities. However, the British found out that it was difficult to train Indian nurses because they considered nursing work as menial. The caste and religious norms restricted Hindu and Muslim women from

joining the nursing profession. The strong caste practices prevalent in India and low social status accorded to nursing profession impacted on the number of Indians taking up nursing.

Under British rule, nursing training was organized and promoted as an educational field. The earliest efforts to regularize nursing education established nursing boards in different parts of India. These nursing boards conducted entrance examinations for nursing training. The first examination was held in 1910 under 'North India United Board of Examiners for Mission Hospitals'. Similarly in 1913, a nursing committee of the South India Medical Association conducted examination for a nursing training program. Later on, many government hospitals joined the various nursing boards in India to gain from the public nursing examinations conducted by these boards and to avail recognition given by them. Between the periods of 1920 to 1939, many nursing schools were set up in different parts of India with the objective of standardizing nursing training. Most of the provinces had been able to establish their own nursing schools by the time India obtained her independence. The majority of them were however in South India.

There are two main routes into nurse training in India. The majority of nurses undergo a 3 year diploma training in Schools of Nursing to become a General Nurse Midwife (GNM). A minority undertake a 4 year training in a College of Nursing (affiliated to a University) to obtain a BSc degree, referred to as BSN. Apart from the pre-registration programmes described above, University Colleges of Nursing also offer post-registration BSc courses and MSc courses. A national consortium of 5 universities came together in 2005 to start a collaborative nursing PhD programme.

The Hindu looked with great disfavour upon nursing and would not allow their women folk to join its ranks. Even when non- Christian girls took up professions such as medicine and teaching, the prejudice remained very strong against nursing. In 1878, the sisters of the Anglican community of all saints came from England to work in Bombay. As a part of their work, they used to visit the patients in hospitals. Later, the authorities informally put a ward at their disposal and two of the sisters spent the greater part of their time nursing the patients. This service was so much appreciated that in 1880, the Government of Bombay approached the community of all saints with a request that the nursing care of all patients should be fully undertaken by them. In response to this request eight members of the community who were trained nurses were sent by the Anglican community.

The sisters, in addition to supervising the hospital work, sent out nurses to patients in their own homes, and in this way, instituted a private nursing service. Very soon, they realized the necessity of training the women of the country and took the first steps towards establishing this hospital as a training school for nurses. In the Bengal Presidency, a maternity hospital was built as part of the Calcutta Medical College Hospital in 1840. In 1882, the sisters of the Anglican community of St. John the Baptist were asked to take charge of the nursing in Calcutta Medical College Hospital. In the beginning of the training of nurses, there were no any uniform, rules and regulations, examination, no regular training all that came later only. The first attempt to organize the systematic training of nurses and their public examinations was made by the mission hospitals in north India. In 1872, a class for Indian nurses was started in Delhi and at the end of two years they were examined by the civil surgeon and gave certificates to those who were successful. Until 1893, there was no generally accepted scheme of training in the hospitals. In 1893, some doctors and nursing Superintendents met and drew up a curriculum for a three- year course of training.

Between 1907 and 1909, a large number of fully qualified nurses from overseas came to India to work as nursing Superintendents and sisters. The first nursing examination was held in 1910. Nurses were examined in either English or Urdu. The success of the venture in the North led to the formation, Soon afterwards, of the South India and Mid-India boards of nursing examiners. At a conference of the Trained Nurses' Association of India, held in Delhi in 1941, agreed for more efficient training of nurses and better nursing care of patients, a Post- Graduate College of Nursing was an urgent necessity. Later, the training of nurses considered at a University level. A committee, which comprised nurses, doctors and representatives of the Delhi University, worked out a curriculum for a training course leading to the BSc of the University. The School was to be named the college of Nursing. In 1946, the college of Nursing started functioning. For many years, government and municipal hospitals, with few exceptions, gave nursing training only to Anglo- Indians and Europeans. It was the mission hospitals which began training Indians as nurses. Here the trained staffs were certified nurses from recognized hospitals in the various countries in which the missions were supported. They soon came to feel very strongly the need to organize the regular training of Indian nurses. This was essential not only to provide adequate nursing for the patients under their charge, but also for the establishment of a nursing service of fully qualified Indians. After the World War II, the practice of nursing in India reached greater heights. The Indian

nurses started preparing themselves for administrative and teaching positions which were till then handled by the English nurses.

Nursing Profession Today

Health worker migration theories have tended to focus on labour market conditions as principal push or pull factors. The role of education systems in producing internationally oriented health workers has been less explored. The Indian case illustrates the globally oriented nature of health care training, and informs a broader understanding of both the process of health worker migration, and how it reflects wider marketization tendencies evident in India's education and health systems. The Indian case also demonstrates how the global orientation of education systems in source regions is increasingly central to comprehending the place of health workers in the global and Asian rise in migration. Indian corporate health care training systems are increasingly aligned with the production of professionals orientated to globally integrated health human resource labour markets, and our conceptual analysis of such processes must effectively reflect these tendencies.

Research evidence on nurses' working conditions and job satisfaction in India is limited. However, reports indicate that nursing lacks clear career pathways and mechanisms for promotion; in-service training is rare (except in the best corporate hospitals); pay is low (especially in small private hospitals); and working conditions are often inadequate, lacking sufficient staff, equipment and infra-structure. One study in New Delhi, found that nurse: patient ratios of 1:50 were the norm. In the same study nurses reported spending much of their time doing administrative, menial or unskilled work. In a study of female health workers in Kolkata, more than 50% of respondents admitted experiencing sexual harassment at work. Nurses in private hospitals in New Delhi recently staged a strike in protest of low pay and exploitative working conditions.

The nursing profession lacks strong strategic representation at key decision making forums at both State and National levels. Nursing is governed through the national Indian Nursing Council (INC) and State level Nursing Councils (SNCs). The INC advises the government on nursing matters, prescribes national nursing education syllabi and specifies minimum quality criteria for educational institutions. State Nursing Councils inspect and accredit training institutions, conduct examinations, monitor rules of professional conduct and

maintain an active register. However, the legal authority of the INC is weak. For example, a recent survey concluded that 61% of all nurse training institutions do not meet INC standards, but it is unable to take action as the institutions have nonetheless been accredited by the SNCs. Nursing is also represented by a number of state and city based organisations, including the national Trained Nurses Association of India (TNAI). Greater nursing participation in health workforce policy making has been urgently recommended. The INC is currently not a member of the International Council of Nursing.

Due to increasing demand for nurses nationally and internationally, India has witnessed a dramatic proliferation of nursing education institutions in recent years, although there is still an overall shortage. Over 88% of nurse education is now delivered in the private sector. There is also a geographical imbalance in nursing education, with most graduate and postgraduate education being delivered in the South. For example, the highly populous but poorer States in the North (e.g. Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh) account for only 9% of nursing schools in the country.

Human resources in health care are central to its functioning. They play a crucial role in determining the health status of the population as they contribute different skills and undertake various tasks in the health system. The scarcity of health workers negatively affects the quality and efficiency of services provided by a country's health system. The data reveal a severe shortage of health workers in most parts of the world. Several reports have highlighted significant problems in nursing education, emphasising that quality must not be sacrificed in the country's current drive to scale up nurse training provision.

Disparities in health worker distribution, irrespective of the country, are a major problem faced by health systems today. Countries with relatively higher needs of health care do not have enough employed health workers, whereas countries with relatively lower requirements of health workers are some of the biggest consumers of health services. The availability of health professionals in most of the countries does not match with the health needs of the population. Most of the countries across the globe are presently facing acute shortages of nurses and witness a maldistribution of health workers across states, rural and urban regions. Nurses, along with other health care professionals, are involved in the direct delivery of health care to the population and therefore form an essential part of the health system. To overcome these shortages, the developed countries are undertaking active recruitment of foreign nurses. Most of the nurses migrating to the high income countries come from the

developing countries. India is one of the major source countries providing nurses to the developed nations. The source country's health systems, especially the developing ones, face a severe loss of trained staff as the nurses migrate from both the public and private sector. A country with an already dismal health system suffers more when nurses migrate to other countries.

Nursing is predominantly gendered work has also been widely analyzed as one important element in the relative status of nursing and its attractiveness as a career to those of high social status. At present the Nursing Profession is facing with several challenges including low prestige, poor public perception, financial issues, heavy work load, stressful conditions, and lack of professional gratification coupled with shortage of nursing personnel and poor quality of training and education.

References

1. Abraham, Meera, 'Religion, Cast and Gender: Missionaries and Nursing History in South India', *B.I. Publications Pvt. Ltd.*, 1996.
2. Bhadra, Mita, 'Indian Women in Medicine: An Enquiry since 1880', *Indian Anthropologist*, Vol.41, No.1, January- June 2011.
3. Bradfield, E. W. C., *An Indian Medical Review*, Manager of Publication, Delhi, 1938.
4. Cardiological Society of India, 'Respect for Nursing Professional: Silence must be heard', *Indian Heart Journal*, Vol.67, 2015, pp. 413–415.
5. Dorabji, Indira, 'Student Nurses Association of India', *The American Journal of Nursing*, Vol. 53, No. 2, Feb. 1953, pp. 176- 177.
6. Kumar, Deepak; Sekhar, Basu Raj(eds.), *Medical Encounters in British India*, Oxford University Press, New Delhi, 2013.
7. Malathi, B; *Growth of Medical Education in Colonial South India (1857 – 1928)* (unpublished Thesis), Pondicherry University, 2004.
8. Nair, Sreelekha, Irudaya S. Rajan, 'Nursing Education in India: Changing Facets and Emerging Trends', *Economic and Political Weekly*, Vol. 52, No. 24, 17 June 2017.
9. Percot, Marie, Rajan, S. Irudaya; *Female Emigration from India: Case study of Nurses*, *Economic and Political Weekly*, Vol. 42, No.4, 2007.

10. Pragya, Kumar; *Medical Education in India*, Deep and Deep Publications, New Delhi, 1987.
11. Roberts, Margeret Walten, 'International migration of health professionals and the marketization and privatization of health education in India: From push-pull to Global political economy', *Social Science and Medicine*, Vol. 124, January 2015, pp.374-378
12. R. Tiwari, Rajanarayan, Sharma, Kavya, Zodpay P. Sanjay, 'Situational analysis of nursing education and work force in India', *Economic and Political Weekly*, Vol. 61, Issue 3, May-June 2013, pp.129-136.
13. Raman Kutty. V, 'Historical analysis of the development of health care facilities in Kerala State, India', *Health Policy And Planning*; Vol.15(1), Oxford University Press, Trivandrum, 2000, pp. 103-10.
14. Simpson, M. Ruby, Emory, H. Florence, 'Public Health Nursing', *Canadian Public Health Journal*, Vol.20, No.8, Aug.1929, pp. 409- 413.
15. Timmons, Stephan; Evans, Catrin; Nair, Sreelekha, 'The Development of Nursing Profession in a Globalised Context: A Qualitative Case Study in Kerala, India', *Social Science and Medicine*, Vol.166, 2016, pp.41-48.