Aspects of Nursing and Nurse Education as Related to the Indian Nurse

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Come, fill the cup, and in the fire of spring Your
winter-garment of Repentance fling:
The Bird of Time has but a little way
To flutter – and the Bird is on the wing.
OMAR KHAYYAM

OPSOMMING

Die Indiërs het 'n eeueoue kultuur — 'n kultuur waarin die man as beskermer en versorger van die vrou aanvaar is wat op haar beurt weer bereid was om die rol van eggenote en moeder te aanvaar. Maatskaplike omwentelinge het ook 'n verandering in die rol van die vrou teweeggebring.

Daar is min mense wat verpleging met Mahatma Gandhi sal verbind, en tog kan hy onder die Hindoes sowel in Indië as in Suid-Afrika as 'n baanbreker beskou word. Sy leringe het baie daartoe bygedra om die vooroordeel ten opsigte van die kastestelsel en diens aan "buitestaanders" uit die weg te ruim.

Diens aan ander is een van die basiese leerstellinge van die Koran, maar omdat die vrou in afsondering opgegroei het, is haar diens aan ander tot die naaste familie beperk — soms buite die grense van die familie — maar nooit tot manlikes nie. Die gesag van tradisie is reeds ietwat getemper.

In Suid-Afrika soos in Indië was dit die Christen-Indiërs wat in hulle sendingonderrig met verpleging begin het.

Eers in die vyftigerjare van die eeu het Indiërdogters met die oog op verpleging na vore gekom. Ouerlike gesag speel nog 'n belangrike rol en ouers wil nie graag hê dat hulle dogters ver van die huis moet wees nie.

Deur haar algemene en professionele optrede en deur haar belangstelling in die samelewing moet die Indiërverpleegster help om die opvatting van die Indiërgemeenskap dat verpleging werk vir bediendes is, te verander. As Indiërverpleegsters hulle plek in die samelewing wil inneem, sal daar ook baie meer van hulle bereid moet wees om professioneel opgelei te word. Na registrasie behoort hulle met hulle opleiding voort te gaan en op bepaalde gebiede te spesialiseer.

Suid-Afrika het 'n groot gebrek aan Indiërleiers op die gebied van verpleging, en dit is noodsaaklik dat daar 'n kern van hulle gevorm word. Indiërverpleegonderwysers is die beste in staat om studente wat leierskapsmoontlikhede toon, te keur en aan te moedig.

SOCIO-CULTURAL HERITAGE

The Indian girl has centuries of culture behind her and her upbringing is imbued with age-old philosophies and customs. They have been handed down by word of mouth and the practice of extended families has helped perpetuate this.

Culturally, the male has been considered and accepted as the protector and provider of the female. The female's prime role has been an expressive one, that is, the nurture of offspring. For this she is prepared from an early age.

Some customs may seem incomprehensible or astonishing but to be seen in perspective one has to appreciate the circumstances prevailing at the time. For example, the custom of polygamy arose out of necessity. Following wars large numbers of widows and orphans were left homeless. With the shortage of males (lost in battle) it became necessary for one man to provide for and protect more than one woman. This necessity does not obtain now so there are far fewer polygamous marriages now than was the case in the past.

According to the Bhagvad Gita the Hindu Society is divided into four classes viz:

— the élite class
— the warrior class
— the merchant class
— and the menial class.

Widows were categorized in the last group. Nursing of strangers and non-relatives was considered lowly and therefore widows were relegated to these tasks (this after the practice of suttee was abolished).

Special emphasis is laid on the role of the mother in the process of socialization. I quote: "Mother is the first teacher of the child. She alone can give to the child the milk of knowledge and culture." This may have some bearing on the reluctance of nurses to continue working after marriage. Of necessity (the economic climate) many do work.

Over the years attitudes have changed. The social change has been mainly due to science, technology and the industrial revolution. In many homes nursing is not considered menial but in others it is still relegated to a low status.

HINDUISM AND NURSING

Very few people today would associate nursing with Mahatma Gandhi, yet he could be regarded truly as a pioneer among the Hindus both in India and South Africa. He cites many instances in his autobiography of occasions when he had organised and taken an active part in nursing.

During the Anglo-Boer War of 1899 and later the Zulu Rebellion of 1904/5, he organized and trained volunteers into an ambulance corps. With the help of Dr. Booth (founder of St. Aidan's Mission Hospital) rudimentary instruction in first aid and field nursing was given. The corps carried out their work in the battlefield, removing the injured, dressing their wounds and nursing them back to health. In both instances government recognition was accorded. "General Buller mentioned with appreciation the work of the corps in his dispatches and the leaders were awarded war medals . . ." (Gandhi p. 162) "After the Zulu Rebellion . . . I got a letter from the Governor specially thanking the ambulance corps for its services" (Gandhi p. 238.)

Other more pertinent aspects of nursing are revealed, in particular the black plague (pneumonic plague) which broke out in a mine near Johannesburg circa 1904 when he was summoned by a friend to help.

Dr. William Godfrey (among the first Indian doctors) who practised in Johannesburg also hastened to the rescue. "It was a terrible night — that night of vigil and nursing. I had nursed a number of patients before, but never any attacked by the black plague." . . . "To give them their doses of medicine, to attend to their wants, to keep them and their beds clean and tidy, and to cheer them was all that we had to do . . ."

". . . So far as I can recollect, we pulled all the patients through that night . . ." (Gandhi p. 217-219.)

There are many personal and intimate details of his experiences mentioned in this book, but one particular occasion, on which he asked his wife Kasturba to assist, marks the turning point and echoes the attitude of Indian women towards nursing.

When Gandhi was practising in Durban, his office clerks often stayed with him, and there were among them Hindus and Christians. His wife managed the pots of the others, but to clean those used by one who was of a low caste seemed to her to be the limit. "But I was a cruelly kind husband. I regarded myself as her teacher, and so harassed her out of my blind love for her".

This attitude of Kasturba (Gandhi's wife) so typical of most Hindu women, was deep-rooted in their upbringing and religious conviction. The caste system, though of scriptural origin, was literally interpreted, used more to the personal advantage of crafty, religious teachers and left an indelible mark on the minds of conservative Hindus. No amount of early reform or enlightenment would budge those in whom the traditional beliefs were engrained. Thus these beliefs became implanted in South African Indian Society through those who came to this country as indentured labourers or free migrants.

But the teachings of Mahatma Gandhi had done much to remove the prejudice associated with the caste system. He had advocated its abolition in the new constitution when India became independent in 1947. Since then great strides have been made in the reformation of its social systems. He practised truth and lived by the principles of the Bhagvad Gita.

Health principles were learnt through scriptural teachings but the Hindu woman could only practise her teachings in her home or immediate family.

For a woman to serve some one other than her husband or immediate family was frowned upon. Many regarded service to "outsiders" as disreputable. There are still pockets of such conservatives who believe that those who have encouraged women to take part in political and other patriotic activities have done incalculable harm. These believe that the new system has produced "unfeminine" women by leading them gradually from patriotism to liberty to license. On the whole many women are respected very highly in the community in which they serve.

The folk who criticised most were the very ones who demanded for themselves the best medical attention. Who was to supply this need? Many wanted to be nursed by their own kind, yet they were not prepared to send their daughters into nursing because it was regarded as a menial task.

Fortunately the reforms which came with greater enlightenment to Hindus abroad and at home paved the way. Mahatma Gandhi set the pace in South Africa and India. "The wise possessed of knowledge, . . . and being freed from the fetters of birth, go to the place which is beyond evil" (Gita 2 V51).

In South Africa as in India, it was the Christian Indians who through their missionary teaching embarked upon nursing. Later they were followed by the Hindu males who emulated Gandhi. These were medical orderlies. Gandhi worked at St. Aidan's Hospital as a volunteer, taking time off from a busy legal practice. It was not until the mid-forties that

the first group of Indian males entered nursing as a career, and in 1944 the first group qualified from King Edward VIII Hospital. In succeeding years Indian girls began taking interest in nursing as a career.

ISLAM AND NURSING

Service to others — a friend in need, the sick, the poor — is one of the tenets of the Quran. Because of the practice of purdah the Muslim woman could only give service to other females. Although the practice of purdah has disappeared in nearly all but the primitive societies, the free mixing of males and females is still taboo.

At social gatherings separate accommodation must be provided for males and females. Up to puberty mixing is tolerated; this may partly explain the relatively small number of Muslim girls in High Schools.

Basically the role of the female is considered to be one of nurturing but whenever necessary she must participate in community activities — for the benefit of the individual and the community as a whole.

Many of the Islamic laws and customs are severe, and the attack on their authenticity, in present-day circumstances, began a long time ago. This has been done mainly by those who have been touched by Western traditions and philosophies. But no matter how high a position these (a relatively small number) enjoy, doubts about the Quran being the Word of Gid is more than they dare attempt. In matters of the mind, the progressive may adopt modern ways of thought and probably make use of them, but the masses are still ruled by conservatism and religious tenets are adhered to tenaciously.

Over the years the authority of tradition has been tempered; what was once a good guide to the social life of the community does not obtain in its entirety to the present socio-cultural-economic situation.

The place of nursing in the modern Muslim world is an exalted one. The few who have braved the traditions are admired and gratifyingly are being emulated more and more.

LATE ENTRY INTO NURSING

Indian girls have been tardy in joining the nursing profession. This has been mainly due to our socio-cultural heritage and partly to the low professional image of nursing in the Indian community.

With social change the traditionally subservient role of the Indian woman has changed considerably. Today many Indian women are sole breadwinners or are part-contributors to the family income.

Values and attitudes towards education and the acquisition of a profession or career have changed for the better. Before the education of Indians became a national concern many sacrifices were made by parents to send their children to school. Where a choice had to be made, due to limited funds, sons were chosen for further education.

With so few Indian girls possessing the basic educational requirements for a career it was not until the 1950's that Indian girls entered nursing.

Training schools built close to the community have helped with the recruitment of Indian girls. Parental control is still seen as an important function in the family and parents do not like the thought of their daughters being far from home and under little or no control.

The training period of nursing serves, inconspicuously, as a test. When the girl has proved to her parents that she has "grown-up" and can look after herself, no holds are barred in respect of further professional training or place of employment. It is not unusual to find an Indian nurse doing her midwifery training in a province away from home or going abroad to widen her horizons.

LOW STATUS OF NURSING IN THE INDIAN COMMUNITY

The low status of nursing in the Indian community, the opinion that it is a "menial task" must be eradicated. Who is better equipped than the Indian nurse to do this?

The Indian nurses' behaviour both on and off duty overtly and covertly helps the public to form opinions and gain impressions of nurses and nursing.

Many of the attitudes towards nursing may be attributed to ignorance. Ignorance of:

- the basic requirements for nurse-training;
- what nursing education entails;
- the extent and responsibilities of the nursing process;
- the fields of nursing viz. nursing service, education and research;
- the professional and legal status of nursing;
- the job opportunities;
- the available post-basic courses;
- the fact that nursing fills a community need.

How can the nurse help change untoward opinions of nursing?

How to **behave** as a professional nurse must be taught and practised throughout the training period. No one single lecture on this subject will suffice. The greater part of it will be learnt through emulation. This places a special responsibility on the shoulders of registered personnel, who will have to watch their own behaviour in its minutest detail.

Nurses will have to play a greater role in community affairs as well. Many do, but the number is relatively small. The Indian community has numerous voluntary organizations which will be glad of help from nurses.

Nurses who are parents must make greater efforts to attend P.T.A. meetings.This is an excellent opportunity to get to know parents of young children, to win their confidence and to enlighten them on nursing.

GENERAL EDUCATION / NURSE EDUCATION:

The girl who is going to embark on nursing must be given guidance in the choice of her subjects for secondary education. This should be done when the girl is in Standard 5 or 6. It is too late to tell a girl who is in standard 8 and who is interested in nursing what subjects she should have chosen. School counsellors could (and many do) do much to assist and to guide.

It is not unusual to find an applicant with subjects such as bookkeeping, commerce, typing who maintains that she "always" wanted to do nursing. If school subjects do not relate to or do not help with the nursing subjects the first year of training becomes extremely difficult. Not only does the nurse have to orientate herself to "alien" subjects but has to master them within a few months to be able to pass the stringent internal and external tests and examinations.*

The pass mark in schools is lower that that which obtains in nursing education. Those whose average at school has been between 50% and 70% cope well but the girl who just managed to pass needs a period of adjustment. This of necessity can only be a very short one because the first external examination is within months of the commencement of training and pre-requisites to the examination have to be met. **

With English being the medium in more and more homes and in all Indian schools, written and verbal expression is less of a problem now than it was in the past.

In the light of the gap between general education and nurse education the fact that so many nurses do meet Council requirements is commendable.

JOB OPPORTUNITIES

With the economic climate in its present state it becomes increasingly necessary for nurses to continue working after starting a family. Many would like part-time work which could augment the family income but still give mothers adequate time for family responsibilities.

In many quarters the concept of part-time work is not well-received. This is probably due to misconceptions about the periods part-time nurses could work.

Many feel that part-time nurses can only be employed in clinics or clinic situations (general O.P.D.) and for popular shifts only, for example, morning sessions. This is not so: the part-time nurse can usefully be employed in ward situations and the sessions can be placed anywhere on a 24-hour continuum. ***

In Canada it is not unusual to find a part-time nurse working from 10 p.m. to 6 a.m. two or three times a week.

The private sector absorbs a substantial percentage of registered nurses. These places of employment (private nursing homes and commercial houses) will have to play a greater role in the professional preparation of nurses. The conditions of service in the private sector are very attractive and this fact probably lures many registered nurses.

By far the largest percentage of Indian nurses are employed in governmental institutions. In 1960 there were no Indian nurses registered with the South African Nursing Council in a third capacity, today there are a number of tutors, community health, theatre, paediatric and intensive care nurses. In spite of this progress specialization must be encouraged and opportunities offered to more nurses.

FUTURE IMPLICATIONS

If we are to take our rightful place in the community far more Indian nurses must be professionally prepared. With the concept of a comprehensive health programme, base hospitals and their satellite clinics (day hospitals) will have to be staffed with well-equipped nurses prepared to play an extended role.

Recruiting campaigns at strategic centres will help to attract school-leavers but the best advertisement for (or against) nursing is the nurse — her appearance, her general and professional behaviour.

The present, and undoubtedly the future, explosion of knowledge makes it necessary for selected persons to specialize in chosen fields. Flitting from one post-basic course to another (unless related) should not be encouraged.

The **basic** nursing courses offered in South Africa are exactly that, i.e., basic. The fundamentals of nursing are taught but to be able to nurse effectively after registration continuing education is of the essence. This is the personal responsibility of each nurse; there is no place for complacency in nursing.

South Africa is sadly lacking in Indian nurse-leaders. To make an impact on nursing we will have to establish a core of nurse-leaders. The myth that leaders can become effective executives with "experience" must be forgotten. To lead we must be prepared to learn to do so.

It is true that some may have leadership potential but it must be developed. The Indian nurse must have the maturity to encourage this development, no matter whether the person is a subordinate. I say maturity because sometimes encouragement is not forthcoming for fear of being replaced or superceded.

Indian nurse-educators are well-placed to pick out those Indian students with leadership potential. These could then be encouraged and guided in the choice of post-basic courses and fields of nursing.

Traditional bureacratic management in nursing is, I think, obsolete. For now and the future we will have to promote an organisational structure which invites creativity. Drucker speaks of "innovative management" where top personnel are dynamic and creative and where there is concern for the future state of the enterprise.

CONCLUSION

In the final analysis the extent and depth of the nursing process and its concomitant fields, viz. administration, education and research depend on the nurse's definition of nursing. Basically nursing is doing those things for and to the patient/client that he would do if he had the knowledge, or the resources or the strength (physical and/or mental) to do so.

The Indian nurse can play a significant role in progressive standards of patient care. The challenge is there: it is for her to meet it.

Much time is spent on considering the "image" of the profession, and it is no longer possible for the nurse to escape publicity in a modern world of mass media. Whether or not it is the right image is largely in her own hands.

**Editorial Comment:* This applies to all race groups and is not necessarily related to lack of counselling. It may be due to the fact that teachers of a wide range of subjects are not always available.

**It is not compulsory for students to be admitted to the first external examination within a few months. This is entirely at the discretion of the school and should be related to the pace of learning of the student.

***Only a limited percentage of total staff in any institution can be part-time.

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