

Perspective

Nursing in India: Clinging to the Relics of a Bygone Age?

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A B S T R A C T

Throughout its history, nursing has been engaged in a constant struggle for status, acceptance and recognition. A shift from apprenticeship to university-level programmes saw nursing's entry into the professional arena leaving behind the metaphorical gutter and stereotypes. Even in the 21st century, nurses are far behind their medical counterparts in terms of societal status. Unlike the western countries where this disparity is not strikingly evident, it is one of the most glaring realities of India's healthcare system. While nurses are counted among the five most valued professionals in the United Kingdom, United States of America and Australia, nursing is among the least preferred career choices in India. This article discusses the historical development of nursing in India from a gender and social perspective to understand why nursing is where it is today.

Keywords: Nursing, Gender, Society, India, History

Introduction

Issues with regard to gender and social perspectives in nursing vary from country to country, but nowhere else is the phenomenon more evident and considered almost a norm than it is in India. Although Indian nurses self-claim a professional status, an element of honour or public recognition for their claims appear to be far away from reality. Nurses picture themselves as skilled professionals, having mastered specialised knowledge of a profession, whereas, outside their work sphere, nurses in India are compared to unskilled women who do work similar to that of assistants, which is being portrayed from pre-independence time for Indian nurses.¹ Although progress has been made with regard to the image of nurses, social acceptance for Indian nurses seems less forthcoming. It is also a well-accepted fact that social acceptance and professional image of nurses vary across the states, among social classes and across the caste spectrum.

Colonial Years

The British East India Company initiated an organised sector of medical care in the form of hospitals in India by the late 17th century. The clientele of these hospitals were soldiers and civilians of British origin. British nurses with the help of male orderlies or colliers who were Indians, staffed these hospitals. Nursing training for Indians was introduced due to more demand for treating Indian patients. From the beginning, interest to take up nursing as a profession has been on the lower side. The issues with cultural, and social accounts of caste, class, religion, status of women, gendered construction of the occupational realms, influence of the colonial forces, and economic conditions, have prevented the acceptance and upliftment of nursing as a profession in India.² Modern nursing is regarded as a profession founded by the legendary Nurse Florence Nightingale in the mid-19th century. Nursing, throughout its history, reflects that it is a feminine profession and subordinate to the medical

profession which assumes itself to be the custodian of the healthcare enterprise.

In Indian society, nurses and the nursing profession have faced the problems of recruitment from a wider range of social groups within the Indian population other than Christian minorities and lower-income groups, which may be due to the low status traditionally attributed to women in this society. In the Indian scenario, nurses are identified with low social status, dealing with unclean substances and bodily work, with all sorts of people doing the service for others, and occupying a subordinate role and position in the healthcare sector.³ There are many contributing factors to a negative public image of nursing. In the early years, the low social status could be attributed to the rampant incidences of sexual harassment and questions being raised regarding their morality because nurses' work expected them to touch or look after male patients. In media as well, nurses are often portrayed as subservient to medical professionals or as competent only to administer medicines. Women working as nurses outside their domestic sphere had to face the heat of morality questions.^{4,5} Vulnerability skyrocketed for those who had to do night shifts in hospitals. A female seen at night in public places while travelling for work was considered low as per assumed societal norms of the day. Many of these female nurses were breadwinners for their families, which was not considered part of the accepted female role in nineteenth-century India. Nurses were portrayed as dissolute and dirty as the newly trained nurses had to work with the already existing orderlies and colliers who were incompetent and untrained but had years of service under their belts. Due to the low number of available qualified nurses, some hospitals resorted to recruiting female orderlies to fill the gap. This added anxiety status about the profession in an otherwise transforming society. Melosh quoted 'the willingness of some hospitals to admit young women of doubtful character and low intellectual capacity, is so well known that public assumes that all nurses must be of that type'.⁶ The response of the nursing community to this was the self-imposed style of discipline and restrictive professional discourse of service, obedience, and sacrifice. The moral plurality was displayed in their starched white dresses and winged caps guarded through the imposition of a nun.

Post-Independence Years

Although modern nursing came to India in the early eighteenth century, the training of Indian women as nurses started much later. When Indian women were recruited into nursing, they had to face bitter experiences from society and their British counterparts. Nurses trained from abroad, mostly British, were at the top of the hierarchy level and had a social background of being daughters of middle or upper-middle class British families. Meanwhile, the Indian recruits

into nursing were from the lowest section of the Indian social class. British nursing administrators preferred Indian patients to be seen by Indian nurses who they considered as poorly trained in India. Many Indian nurses have well explained the isolation and seclusion they faced while working with the British nurses. Identification of nursing services with low class and servants had been one of the reasons for the societal backlash towards Indian nursing. Anglo-Indian nurses occupied the larger section of nursing in India, which was an example of racial groupism in nursing in India. It also hindered Indian girls from educated and high-income families from opting for nursing as a career choice. Anglo-Indian nurses practised different cultural and gender norms and many were practising nursing, as an easy form of bread earning.⁷

Another flaw was the lack of growth and promotion in the nursing profession in India, which was mainly due to the lack of highly qualified nurses of Indian origin. Their training was mostly at par below the actual status and missed many areas because of societal or moral values. Nurses trained were not given enough exposure, which decreased their generalised patient care skills, and failed to attract educated young girls to come and take up nursing as a profession as they felt no career progression or growth. Indian girls' reluctance to care for patients (male and female) and their poor qualification, as well as the lack of essential nursing skills further enhanced their fear of no future.⁸ The working environment was also not convincing for the public to accept this profession. The probationers were working in poor conditions and being treated as cheap labour by most hospitals. It was evident from the immense workload of treating a full ward with one nurse and ten probationers. The quality of training being imparted was almost at the lowest with no importance given to teaching scientific skills. The Christian mission could alone not be blamed, even the hospital administration, mostly headed by medical professionals considered nursing to be a menial job. Missionary administration had no option other than taking poor women into nursing, as those among other classes, were less interested.⁹

Government at all levels neglected nursing in terms of status, pay, and safe working environment, and spur the development of nursing on basis of local prejudices.¹⁰ Alice Wilikson had highlighted the poor budgetary consideration of nursing in the financial budget, leading to the state government's failure to provide sufficient qualified teachers to train nurses and provide necessary accommodations, and those provided were below standard.¹¹

The unwanted commentaries on nursing procedures like providing personal hygiene or meeting elimination needs, like giving a bedpan, made nursing professionals infused with the idea of keeping themselves away from the acts

of “polluting” which interfered with purity rituals. The resemblance of the work done by Dais, gave nurses, the feeling of being untouchables. Along with that, it was a common Indian belief that care for the sick person should be provided at home by the female members and not by a female nurse at the hospital. Indian missionaries mitigated anxieties of status by using strategies of imposing rigorous discipline, using the cover of nobility and purity, giving the name of nursing a vocation instead of a job, and making an outer view of nursing beyond a materialistic thing.¹²

During the early years of the republic, India had major issues like poverty, education, agriculture etc. to focus on than dedicate its resources to any profession. However, successive governments pushed nursing to the background imposing an atmosphere of benign neglect. The nursing sector was allotted scanty resources and that too focused on nursing education and public health nursing. Public health nurses and health visitors were encouraged to create awareness of health issues. The low neglected state of nursing in clinical services continued but later it was further reinforced. Stipends were offered to students, to magnetise the nursing workforce, so that they don't have to pay for their education and at the end of the training, an income from an assured job, was a lucrative offer in the immediate post-independent decades. The need for the job attracted more girls from the low class to join nursing and helped to ignore the reputation issues associated with it.¹³

Lazarus highlighted the need to deviate nursing recruits from the so-called low-class, low-caste origins to more educated and cultured nurses for the betterment of the profession.⁷ This need was raised as the monopolised nursing education, given by mission schools portrayed, nursing as a destitute woman's means of livelihood which acted as a hindrance for a non-Christian or respectable Christian family to allow their daughters to train as nurses. In spite of that, the missionary support in the growth of nursing in India gave a camouflage that all nurses are from the Christian religion. Earlier Christian converts were recruited into nursing and the practice continued for decades. Kerala had a majority of the Christian population taking nursing. Those who migrated from Kerala to other parts of India to work in hospitals were all Christians. Hence the three words “Kerala, Nursing, Christians” seem to be in one single line. Girls from Hindu and Muslim communities preferred taking other professions such as medicine, engineering, law, etc.⁹

Though there has been a shift in the status of Indian nurses over time in the last few decades, still nursing in today's India needs a magic wand that can improve its image/ recognition in our society. There is a need to improve the image of nursing in media and the field of politics as well. If the healthcare sector is to be revamped, it will

not happen with a nursing workforce fighting for social acceptance and looking for means to overcome status anxiety. Nurses should be seen on bigger platforms and be given the opportunity to express themselves so that the public gets the opportunity to learn what nursing is about and the work nurses perform. The benign neglect faced by nursing, in independent India, is clearly evident from the way Government treats the nursing educational institutes in the public sector. While Government Nursing colleges and schools were the first ones to start educational programmes in nursing, most of them fell into a state of gloom due to administrative apathy and lack of political will. Rajkumari Amrit Kaur College of Nursing, New Delhi is a fitting example of what political indifference could do to a once prominent institute, which laid the foundation for nursing education in South-East Asia.

In India, the social practice or the ideological construct always benefited the male/ masculine honour code and gave them the autonomy to do what they wanted but at the same time, the honour code took away the power from women in making their own choices or decisions in their life. Here, Indian women had little access to education and had limited roles outside the home as it destabilises the control of male authority. Societal norms idealised women as the centre of the family structure who could not work outside the family sphere. Another side of the coin was that caring for men (other than family members) was not acceptable to them and many preferred alternate medical professions.¹⁴ The moral values of women caring for men, and doing night duties were questioned by societal norms.

Due to these reasons, nursing is not valued by Indian society as a viable career option as the established norm dictates it to be a subordinate profession in India. Unlike in developed nations, nursing as a career choice is mostly not the first preference in India. If they couldn't clear the competitive examination for Medicine, they will opt for nursing. This could probably be attributed to the failure of nursing profession to acquire recognition, social status and honour in Indian society. The public also believes that nurses' duty is to listen to doctors' orders and follow them, and they apply no sense on their own to patient care and so on. It is also found that many marriages are rejected just because any of the family members is a nurse and some nurses don't get a partner to marry. Negative notions about nursing have persisted in Indian society throughout its existence.

Indeed, there is a crucial demand for a better projection of the nursing profession in India. The role of a professional organisation like The Trained Nurses Association of India (TNAI) needs to be strengthened for the betterment of nursing. Political support for increasing financial allocation in the budget for nursing can improve work conditions for

nurses. There should be an urgent revision in the status of nursing professionals. Unless physicians, administrators, and society in general, systematically take cognisance of the need of nursing professionals for emotional security and a well-defined social status, there will be no meaningful nursing profession left. Last but not the least, the general public of India needs to be made more aware of the nature, benefits, value, and scope of the nursing profession in order to have a transparent, pure, and coherent attitude towards the nursing profession.

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