THE TRAINING OF NURSES AND MIDWIVES

EXTRACTS OF BHORE COMMITTEE RECOMMENDATIONS

NURSES

The conditions under which nurses have hitherto been required to carry on their profession in this country are recognised by all thinking persons to be deplorable. As long as such conditions obtain it is inconceivable that Indian women from the more educated families will enter that profession in appreciable numbers. We give below in tabular form the main, but not the only, objectionable features of the present system together with the remedies proposed. It will be noted that in all cases it is within the power of Government, if they so wish, to remove these obstacles which cause many aspiring candidates to refrain from undertaking this work which is of such prime importance to the welfare of their country.

<table>
<thead>
<tr>
<th>Present Condition</th>
<th>Proposed Remedy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A lack of any professional status. The granting of gazetted (civil) rank to persons by reason pay drawn or the position of responsibility may reasonably be given such rank.</td>
<td></td>
</tr>
<tr>
<td>2. Under paid senior positions. Salaries to be reviewed and increased so as to render the profession attractive and to meet local economic requirements.</td>
<td></td>
</tr>
<tr>
<td>3. Grossly understaffed hospitals with consequent overwork. An attempt to reach in due course the international standard of one nurse to 2½ beds.</td>
<td></td>
</tr>
<tr>
<td>4. Deplorable living conditions with gross overcrowding. A fresh and vigorous approach to the problem of accommodation and diet by the authorities concerned and the provision of requisite amenities.</td>
<td></td>
</tr>
<tr>
<td>5. Diet not balanced and insufficient for growing young women.</td>
<td></td>
</tr>
<tr>
<td>6. No recreational or cultural facilities.</td>
<td></td>
</tr>
<tr>
<td>7. No general superannuation or pension scheme. Inauguration of a pension or provident fund scheme.</td>
<td></td>
</tr>
</tbody>
</table>

2. As regards training facilities our proposals include the establishment of preliminary training schools which will give midwives, public health nurse and hospital social workers as
well as the establishment of successive groups of training centres for nurses. In view of the extreme shortage of nursing personnel we have recommended that the first group of 100 training centres, each taking 50 pupils, should be started two years before the health organisation begins to be established, that another set of 100 centres should be created during the first two years of the scheme and that a third group of the same number of centres should be established before the third year of the second quinquennium.

3. We have suggested that there should be two grades in nursing profession with corresponding types of training, a junior grade and a senior grade. The entrance qualification for the former should be, we have suggested, a completed course for the middle school standard and for latter a completed course for the matriculation.

4. We have also recommended the establishment of nursing colleges in order to provide a five year degree course in nursing as well as advanced courses in hospital nursing administration, in the teaching of nurses and the training of public health supervisors.

MALE NURSES

5. Owing to the existing social conditions and customs in certain parts of India, male nurses will have to play an important part in the health programme. Male nurses and male staff nurses should be trained and employed in large numbers in the male wards and male outpatient departments of public hospitals, thus releasing women workers for other work.

PUBLIC HEALTH NURSES

6. We have also made specific proposals in regard to the training of public health nurses. They are fully qualified nurses with training in midwifery also. In addition their educational programme should stress, throughout, the preventive point of view. The curriculum should integrate classroom instruction in the science and art of nursing and in social studies with well planned experience in hospitals, community health services and in the homes.

NURSING MANPOWER REQUIREMENT (ESTIMATES)

7. The target to be aimed at is the provision of one nurse to 500 of the estimated population at the end of 30 years — roughly 500 million. This will mean an attempt to raise:

- 20,000 nurses at the end of 5 years
- 50,000 nurses at the end of 10 years
- 100,000 nurses at the end of 15 years
- 250,000 nurses at the end of 20 years
- 500,000 nurses at the end of 25 years
- 1,000,000 nurses at the end of 30 years

The actual number of nurses that can be trained depends upon three factors: (i) the number of young women with a proper educational qualification will be prepared to enter the nursing profession; (ii) the number of properly equipped and properly staffed training institutions that will be available to train such nurses; and (iii) the financial resources available for each training.
8. The number of midwives actually available for midwifery duties in the country is probably 5,000. In order to provide one midwife for every 100 births, approximately 20 times that number or 100,000 midwives will be required.

9. Existing training schools for midwives require considerable improvement. The most serious drawbacks are (i) lack of properly trained and well-equipped supervisory staff; (ii) lack of facilities for antenatal and postnatal work; (iii) lack of domiciliary practice; and (iv) lack of opportunities for witnessing complicated cases of labour. We have laid down certain requirement which should be met before an institution is recognised as a training centre for midwives and have also made detailed recommendations for their training courses.

10. Regulation of the Nursing Profession, including those of Midwives and Health Visitors: (i) At present the regulation of the nursing profession which includes those of midwives and health visitors, is vested in Provincial Nursing Councils which maintain registers of persons who have completed approved courses of training in institutions recognised by them for the purpose and have passed the prescribed examinations. Persons so registered are entitled to practise the profession in their own province. Arrangements for reciprocity with other provinces exist to a degree which varies with the nursing councils concerned.

(ii) We recommend the creation of an All India Nursing Council to coordinate the activities of the Provincial Councils, to lay down minimum educational standards and to safeguard their maintenance. Questions of reciprocity within and outside India should be the concern of this Central Nursing Council. We recommend the maintenance of an All India Register by this Council, with separate schedules for the entry of approved qualifications in general nursing, higher nursing, public health nursing, midwifery and health visiting.

(iii) The power to take disciplinary action should continue in the first instance, to be vested, as at present, in the Provincial Councils, but there should be a right of appeal to the All India Nursing Council over their decisions, with additional provision for further appeal to the Federal Court in circumstances similar to those in which in the United Kingdom, an appeal lies to the High Court against the decision of the General Nursing Council.