

**THE RISE AND FALL OF NURSING - ASSAM THE GATEWAY TO EAST**

**APPENDIX III**

While digging into the ‘*Garden of Suffering*’ brings to the surface the splinters that inflame and cause grief, the painful process, eventually allows the strengths and true fragrance in Nursing to emerge.

**FACTUAL REALITY**

**CONSEQUENCES**

<p>Lack of knowledge or understanding of real effective power through the Constitution, Govt. authorized rights/responsibilities, and the Nurse’s Pledge, which all but the B.Sc. and a few recently Registered Nurses had taken.</p>	<p>No firm foundation to give dignity No real sense of own worth No anchor and no freedom ‘to be what each Nurse was capable of being’ Inbuilt fear producing suppressed aggression</p>
<p>Stealing time from Patients and students, Institution, and Government.</p> <p>Most Nurses are actually in their area of responsibility for barely 2hrs. per day, 6 days a week .</p> <p>Teaching Staff as little as 1hr. per day when Giving a lecture. Some Tutors do not give even one lecture per week.</p> <p>Some Schools of Nursing are fully staffed but have no students and tutors have no work.</p> <p>With rare exceptions, Clinical Supervision of students is on paper only</p>	<p>Disobedience to God’s Law of ‘True justice and mercy every man to his brother’</p> <p>Flouting of ‘Government rules and regulations’</p> <p>Both of which inevitably results in no effective internal or external constraint for wrong doing.</p> <p>Most Nurses spontaneously acknowledged and recognized these facts as sin.</p> <p>Without exception Nurses ascribed to being religious, but recognized that ‘Religion’ as such had done nothing to help them.</p>
<p><b>R.N. remises:</b></p> <p>From 8 or 8.30am until 11am or later Nurse Administrators spend time checking R.N’s signing on and organizing Ward coverage.</p> <p>Irrespective of whether Nurses are two or more hours late on duty or one more early off duty their signature stands for a complete duty.</p> <p>Official duty time that could be classified ‘used for personal use’ can be extensive.</p> <p>Official duty time is of necessity rushed in order to administer heavily prescribed drugs. R.N. duties comprise mainly, if not solely of drug administration and writing in registers.</p>	<p>Nurse Administrators – Time misused.</p> <p>No effective voice of authority, leads to both overt and covert aggression.</p> <p>Powerlessness is evidenced in frustration which is compounded by acquiescence to unbelievably unrealistic demands and dictates by Medical Directors.</p> <p>This in turn leads to exploitation of student Nurses through flouting of Govt. and Nursing Council guidelines and stipulated requirements.</p>

**FACTUAL REALITY (Cont.)**

**CONSEQUENCES (Cont.)**

<p><b>Equipment and Supplies</b></p> <p>Soap, paper, pins locked in CNO's Office dispensed by Nurse administrators cutting into 1 inch cubes and counting pages and pins.</p> <p>Gauze, gamgee and cotton wool stringently in the extreme distributed to Wards/Units but freely used (bundles of around 5metres) by Nurse Administrators and all categories of Nurses, for Dusting and cleaning in their office and in their homes</p> <p>Special gauze provided for large abdominal swabs used by senior Nurses for washing the floors in their private accommodation.</p> <p>Good quality red hospital blankets found more in homes and hostels than in wards.</p>	<p>No trust leads to lack of integrity.</p> <p>It eats into the soul of the Nurse.</p> <p>Constant suppression of guilt leads to anxiety and fear that results in exhaustion, fatalism, the development of multiple defense mechanisms and bizarre behaviours that destroy the beauty and potential of each person.</p> <p>Such examples set norms that quickly become culturally acceptable. These norms are now transmitted to the student Nurse whose tender conscience with nothing to feed on of value, becomes the breeding ground for avarice, contempt and 'my rights at any cost.'</p> <p>Unresolved frustration and anger.</p> <p>Suppression of abilities and emotions from oppression within and without destroy the spirit of Nurses leading to severe behavioral and attitudinal changes that reflect the current dominant ethos of Corruption and Bribery.</p>
<p><b>Cleanliness:</b></p> <p>With the exception of very few Government Hospitals, the general standard of cleanliness was so low, even in comparison to the poor housing of slum dwellers, which was observed to be much cleaner.</p> <p>Asepsis in such conditions is an unrealistic expectation.</p>	<p>Nurses expressed their shame at the appalling lack of cleanliness and freely admitted that their homes were much cleaner.</p> <p>While everyone blamed the cleaning staff no one made an effort to teach, guide or encourage them.</p> <p>Directors of the Medical Colleges, Principals of the Colleges, Medical, Nursing and Dental, Medical Superintendents and Chief Nursing Officers, all walked passed massive areas of filth to enter the institution but were powerless to change the situation.</p> <p>Large numbers of staff of all categories, as well as patients relatives and visitors covered their nose and mouth as they entered the hospital environs.</p>
<p><b>Standard of Nursing Care:</b></p> <p>The great majority of Nurses spontaneously referred to the very low standard of Nursing Care. They found 'cause to blame', but had no idea, commitment or motivation to improve the situation with the available, even though limited resources.</p> <p>With very few exceptions, there is no 'Hand-over of each duty. This is understandable as most RN's are not present on duty at change over time, and students just 'come on duty' with no guidance or supervision.</p>	<p>Nurses are actively allowing themselves to be ground down by creating and imposing "unacceptable to Nursing" norms. These norms destroy before any effort by caring Nurses to improve and overcome the status quo can take root,</p> <p>The compounding negative effect on Student Nurses mean large and increasing numbers of even more powerless and very inadequately trained Nurses each year.</p> <p><i>YET in their heart the majority of Nurses and Student Nurses expressed the desire, and I believe, genuinely want to be good Nurses.</i></p>

**FACTUAL REALITY (Cont.)**

**CONSEQUENCES (Cont.)**

<p><b>Shortage of Nursing Staff:</b></p> <p>Defence Force Hospitals appear to have a genuine shortage of Nursing Officers, which is attributed to significantly high attrition rates from early retirement. Official reasons classified as family or personal belie the truth of the real underlying causes.</p> <p>Railway Hospitals appear to have a better organization of RNs, primarily due to the traditional expectation of internal discipline for good quality of patient and client care, engendered during their training. The negative effects of closure of Railway S.O.N and the employment of Govt. trained Nurses which has lowered the standard is cause for concern.</p> <p>Christian Hospitals have traditionally striven for high standards with minimum RN's but the maximum number of student Nurses.</p> <p>Both Private and Christian Institutions attribute financial constraints to RN Shortage.</p> <p>Both have a mind set that insists student Nurses, and untrained personnel be key Nursing care givers with 2<sup>nd</sup> Level Nurses placed in 'Charge' proving the adage 'A little knowledge can be a dangerous thing' and ensuring a downward escalation of Nursing Service and Nursing Education.</p>	<p>The struggle to maintain the traditionally high standard of Nursing Service, taxes available Nursing Officers, compounding the stress level from long working hours and genuinely stressful hard work.</p> <p>The pride in quality Railway Hospital Service when the concept of 'Railway Family' is alien to the thinking of recruited RN's <i>brings with it an unexpected dissonance</i> that can be traced to the Government Culture of Nursing. This is in contrast to RN's who, trained in Christian Institutions, have traditionally contributed to the building of the Railway Hospital Services.</p> <p>While the education of Student Nurses in Christian Institutions is unequivocally higher than that of their Govt. trained counterparts, exploitation in one institution produces an inability to stand for values once in Govt. Service. This is contrary to the philosophy of Christian Institutions and to the Teaching of Jesus Christ, that they espouse.</p> <p>Employing untrained people and labeling them 'Nurses'; placing 2<sup>nd</sup> Level Nurses in positions beyond their level of competence, even over the R.N. flouts Govt. regulations, God's law of justice and mercy, denigrates the Nursing Profession, fosters corruption and malpractice and breeds discontent and malpractice.</p> <p>There is, and can be, no blessing.</p>
<p><b>Marriage Breakdown:</b></p> <p>Whether living under one roof or separated geographically, the trauma of breakdown tends to be a tragic ongoing saga in too many lives.</p> <p>Children and Teenage problems lead to stress.</p> <p>Cultural/religious norms demand Nurses fulfill obligations that are both soul destroying and destructive to maturity and family wholeness.</p>	<p>A significant underlying cause of physical, mental and emotional stress is evident in the inability to cope with professional demands, and very often with chronic ill health.</p> <p>Nurses are left with no internal or external support structure. Individual Nurses who spontaneously stated "We are like the walking dead." showed amazing insight and sensitivity.</p>
<p><b>Accommodation and Travel:</b></p> <p>While accommodation is limited many Nurses choose to live 'at home' and travel 2 or more hours from another district even when they could 'live in'.</p> <p>Most Nurses choose to leave for transport around the scheduled time for duty. By leaving earlier they would have had seats and arrived in less time/on time due to reduced traffic flow.</p>	<p>With a few exceptions, housing and travel has become a great big bogey to generate self pity and a plank for complaint.</p> <p>Differences between the standard/availability of accommodation for Doctors and Nurses fuels a sense of injustice.</p> <p>Provides an excuse for negligence, denying the fact that all over the world Nurses have to manage a home and work.</p>

**FACTUAL REALITY (Cont.)****CONSEQUENCES (Cont.)**

**College of Nursing**

**A thin veneer of courtesy failed to mask a strong false sense of superiority and disinterest**

**Good Faculty Student ratio.**

**Most if not all senior Faculty had no Nursing Service Experience following graduation.**

**Faculty blamed Government for the shocking condition of the MCH Nursing Services but saw no link in their using those services for student experience, or to the filth, stench and garbage everyone had to walk around to enter MCH, and their responsibility as Nurses, Faculty and Citizens.**

**Graduating Nurses made it very clear that they were not “Nurses” as their training was almost the same level as Doctors.**

**B.Sc. Nurses expected student GNM’s to give all the Nursing Care which was considered beneath their professional training.**

**B.Sc. Nurses, while very eloquent in discussion, lacked sensitivity, professional know-how, and after an hour on duty could not relate Dr’s orders with patient’s condition and treatment.**

**Post basic B.Sc. Nurses on the whole had a more realistic approach to Nursing.**

**In not one hospital where B.Sc. Nurses were employed, was there any evidence of their presence in the practical reality of improved or improving Nursing Service.**

**No matter how desperate Nursing Service was no tutor B.Sc. or other in SON with no students, offered or gave any help whatsoever to the Hospital. They were content to sit and do nothing – literally nothing year after year.**

**True educational and professional superiority that is evidenced in a richness of sharing with genuine unselfconscious humbleness, was lacking**

**Status and position when the heart and mind are not right, do not bring dignity and job satisfaction into Nursing.**

**Shame in bearing the title Nurse produces a fertile breeding ground for cultural-religious philosophy’s that denigrate human worth to thrive, actively preventing Nurses from being proactive in Nursing.**

**Community Hygiene, a predominantly low cultural-religious priority in India, is allowed to flourish by those who profess to be ‘Health Educators’ and look down on the masses as uneducable.**

**Effective teaching is much more than a mere academic exercise.**

**Nursing Education that is not directed towards the development and uplifting of Nursing Services is not worth the paper the degrees are written upon.**

**Most B.Sc. Nurses admitted to having failed to qualify for Medicine, Law etc. and considered themselves above ‘Nursing’. Thus ‘superiority’ was a veneer for ‘failure and inferiority’.**

**The original dislocation which drove Nurses to work for improvements in Nursing Education for Service has backfired and in its place is a GREAT BIG UNHOLY DIVIDE.**

### Map Of Reality

To overcome the unintended consequences of past decisions a concerted effort by every Nurse starting with the individual is needed:



- To look at ourselves as we are.
- To see us as God intended us to be.
- To repent.
- To receive forgiveness and to forgive.
- To pool our resources.
- To help each other.