

NURSING WITH A DIFFERENCE

TRUST Established in Delhi 1998

“Let Each Day Be Your Masterpiece” Galatians 6:9

THE RISE AND FALL OF NURSING – ASSAM THE GATEWAY TO EAST

Sonia D Kapoor

I. Entering the Garden of Suffering and Fragrance

Antidote for travel delay weariness – a warm welcome at the station by the Joint Director Nursing, Assam, and a member of the Nursing Council, preceded, the joy, comfort and hospitality by the Nurse Administrators and personnel, Guwahati Medical College during four months of caring-sharing.

Geographical richness and diversity of Assam, from Guwahati through all 23 Districts, is well expressed and contrasted in the lives of Nurses and Nursing in each area.

Sensing the true fragrance of Nursing in Assam comes from the privilege of entering into the garden of suffering in Nursing. It is here that we were able to identify the tender buds and flowers midst the ravages of basic and professional educational inadequacy, and decreasing moral rectitude, that fuels exhaustion with its unwanted and unwarranted impotence.

II. What Made It Happen?

Increasing concern by Nursing With A Difference Trust members for Nurses in the North East States of India who have been responsible for providing Nursing services during the many years of insurgency, political and economic injustice, as well as from the many facets of discrimination.

Conviction and commitment were the outcome of several years of sustained, diligent prayer for the well being, strength and encouragement of our Nurse Colleagues.

Financial provision – Nurses contributions to help Nurses.
Significantly –gifts from Nurse’s families.

LIVING with REALITY

Prayer without work is begging

Work without prayer is slavery

Effective prayer with work

Brings

The blessings and joy of fruitful service

III. Visible Keys to Effectiveness and Outcome

The consistent positive response from Nursing Administration within each institution was great.

With the exception of two institutions, the response of the majority of Nurses engaged in Nursing Services was free, frank, thoughtful and substantially decisive.

The majority of Nurses in the field of Education (faculty and staff) in the main, presented as insular, divorced from the reality of Nursing services, and sadly gave the impression of lacking in both the gifts of caring and creativity.

Unintended consequences of decisions in both Service and Education were addressed with Nurses welcoming and choosing the resource materials they wished to have.

IV. Institutions Visited between 21 September 2004–11 January 2005

A list of all the 47 hospitals and institutions visited is shown in Appendix II.

This list is an important link that provides an authentic picture of the name, type and place of the institutions visited in Assam which will be meaningful to those who have worked or visited. It shows the geographical extensiveness of the exercise, but not the logistics of travel with the very real dangers and associated fears.

It cannot convey the penetration of the environmental and physical attributes or the professional and staffing particularities, accompanied by the power, or powerlessness, which took place as we attempted to overcome the walls of brokenness that dominated, and if allowed, would have acted as a deterrent.

It cannot convey the amazing response by Nurse Administrators and Managers, Directors and Medical Superintendents, in Medical College, Civil, Specialty, Railway, Military Air Force, Police, Christian or other institutions. Specific reference has been limited to Military and Air Force institutions only.

The incredible effort expended by those in authority, to enable the best use of time, was an experience, that all the fine tuned planning, could never have achieved. More than anything, this revealed the good in so many deeply distressed professional health workers who desire the best.

v. Purpose of Visits and Gifts

To identify, with as many Nurses as possible, some of their key concerns, and where appropriate, to offer a variety of resources to encourage and facilitate better patient care with its accompanying job satisfaction:

1. Professional sessions of 2 hours duration (or according to the specific request) for groups of up to 10 Nursing Service personnel and Teaching Staff.

Rationale

Experience had proven that where significant basic and professional educational variables (including language facility) exist, differing frames-of-reference will inevitably result in miscommunication with unintended consequences.

In two hours, with a group of 10 or less, each Nurse has the time and freedom to interact, hear and be heard, to contribute and receive something of lasting value to think about, as well as to make and receive his/her choice from our resources, before returning to service.

2. *Sets of six Modules* on CPR, Burns Nursing and Reconstructive Surgery, AIDS, Shock, Trauma, and Technology. Total = 950 sets of 6 and 410 single Modules were donated.
3. *Song Books* 130 followed by a reprint to meet demand Total = 1650 (still insufficient)
4. *Nurse's New Testaments* Approximately 1500 with requests for many more.

Co-operation between intellect and morality.

Intellect without will is worthless,

Will without intellect is dangerous,

The two combined without philosophy and faith can be lethal.

VI. Protocol – Approach - Outcome

Interruption Not Disruption

A greater or lesser degree of interruption in Nursing Services is inevitable if educational input is included in normal duty hours.

Our commitment –

**‘Interrupt but not disrupt, Nursing Services’
was made clear during our initial interaction with the CNO.**

GIVEN that entry to the Health Institutions in each District requires approval of the District Joint Director (DJD).

THEN it was professional courtesy to meet the Chief Nursing Officer (CNO) of the Institution whose privilege and responsibility it was to facilitate meeting the DJD. This approach proved a morale booster to Nurses who, due to prevailing medical, cultural and social constraints, had been denied this natural courtesy.

Out of 24 Districts in Assam it was possible to meet only 3 DJD’s, one unexpectedly! Arriving on Sunday, I halted to enquire at the ‘Old Hospital’, only to find the DJD directing a Pulse Polio program. Within a few minutes he had called the CNO and Principal Tutor plus arranged transport for me and the many packages of resource materials. An unexpected but mighty blessing.


While communication limitations prevented pre-visit notification, the response by Nurse Administrators was a constant and never ceasing source of amazement and joy. It was as if the CNO or her deputy had been expecting me, even when arriving on her doorstep around 9.pm at night.

Concern was expressed by the Deputy Director Nursing, for my safety when traveling alone, midst the hazards of floods that destroyed bridges and added tension to a politically turbulent State, where strategic targets e.g., Railway services, suffered serial bombings that frequently disrupted communication; constant reminders that insurgency was an ongoing reality.

My key concern was to exercise wisdom and sensitivity, to circumvent misadventure, that would stress the already over taxed State Deputy Director (Nursing).

**Nursing With A Difference
Professional Responsibility**

Respect, and Obedience with
Integrity to
God, the Nation and to man



Reception and Hospitality

- Accommodation and food arranged
- Introduction to Medical Director
- Room arrangements made
- Nurses designated to group and time
- often the first 2 hourly session held within ½ to 2 hours of arrival.

Surely this incredible response indicated the desire of Nurses in Administration to give opportunity to receive fresh input, to the majority of Nursing staff for whom they were responsible.

While the speed with which groups of Nurses were gathered caused some concern in relation to patient management, their enthusiasm and commitment challenged me to give each one the very best possible.

VII. Air force

Brief interaction with the Principal Nursing Officer resulted in a 7.am gathering with the Commandant (C.O.) and all Nursing Officers, followed by small group meetings.

The C.O's expressed amazement and positive approval of the specific content of our program with his expectation that the Medical Officers (M.O's) would attend all other sessions was encouraging.

The M.O's rejection of his invitation only highlighted the constant need to work at unwarranted broken intra-professional relationships that threaten and cripple the overall quality of Health Services.

Superiority based conflict reveals a deep insecurity and need, which, when managed with the power of selfish aggression, eats into the soul of both professions, bringing in its wake 'real loss' and deep distress.

VIII Military

Sustained insurgency limited the privilege of sharing with Nursing Officers. Apart from the joy of the Raising Day Program, plans for professional development programs had to be repeatedly deferred.

Obstacles are made to be overcome. While the program sessions could not be held in any of the Military Hospitals, perseverance made it possible to ascertain need, and in each instance, to get the desired number of Modules, Song Books and New Testaments to the Principal Nurses for distribution.

Joy and Sadness accompany the Reality of Sacrifice in Service. Inevitable restrictions and limitations in mutually desired professional sharing occur. Brief interaction with Nursing Officers included some who had participated and received Modules when posted in other States. Short, sharp but rich sharing.

Restrictions and limitations ought not to make us impotent, for there is no restriction in our professional responsibility, or in our access to the 'Throne of Grace', to pray with thanksgiving for our sisters thus isolated in the service of the Nation.

To care is to share under the guiding hand of our gracious Heavenly Father who alone can bring true comfort, encouragement and strength to each Nursing Officer, not only in Assam, but in every Military, Air force and Navy Hospital in the Nations of the world.

In our strife-ridden world Nurses and Doctors ignore at their own peril

Jesus Words

**"Love One another, as I have loved you..."
John 13:34**

We all have a definite professional role and a ministry of reconciliation.

When this is neither understood nor appreciated we fail miserably to build the health of the Nation.

IX Special Features

GIVEN that in every institution, whether Government Medical College Hospital, Railway, Military, Air Force, Civil, Industrial, Christian or any other – the key people responsible for the management, maintenance and development, belong to the Medical and Nursing Professions.

THEN it is important to consider '*What makes the difference*' and to address individually and collectively, the seemingly complex issues that cause and sustain the downward escalation of the Health Services. Evident in the State, in the widely differing physical environments, are generally low Staff morale, and with very few exceptions, the shameful, inexcusable discrepancies in patient care.

X. How We Did This

At the commencement of every session Nurses shared their concerns, what they believed to be the cause and then we looked at facts.

From this it soon became very clear, that there was a major disconnect between Nursing Education and Nursing Services.

This disconnect was attributed to the respective Nurses having a different appreciation of what ought to be, and what prevails, with the result that the goals and expected outcome of Nursing Education were significantly divorced from the reality of Nursing Service.

XI. Origin of the Disconnect Tragedy

Financial constraints in the 1960's and early70's, placed Nursing Education into the '**Hands off Untouchable Box**', triggering a world wide effort by millions of thinking, caring, well intentioned Nurses. I was involved in this paradox for 3 full years in India and many more years in New Zealand.

Nursing aim and objectives, within the constraints of National policy, were directed towards the overall improvement of Patient/Client care and Nurse Morale. Each mean or measure was devised to:

Reduce attrition rates True student status was expected to equip qualifying Nurses with a sound theoretical and practical basis to better manage/develop Nursing Services.

Reduce stress Well qualified Nurses providing 24 hour Nursing Services with better hours and remuneration, to meet with dignity their personal and family needs.

Control quality Carefully planned Control, Assurance and Development measures within Nursing services and education, were designed to facilitate maximum patient or client productivity, or a peaceful death where this is inevitable.

Bring fulfillment Through continuously enhanced professional confidence and competence.

XII Unintended Consequences

In 2004-5 the unintended consequences were succinctly expressed as concerns and frustrations by Nurses in Assam. However, it was Nurses engaged in Nursing Services, who presented with a significantly more realistic understanding and acceptance of their potential and ability, to address and work through the concerns, to bring about substantive change.

The majority of Nurses in the College and Schools of Nursing presented a general air of indifference with a seemingly unrepentant attitude of self – righteous suffering.

Outcome

A distressingly low standard of Nursing Care with no job satisfaction.

Outcome

Introversion and Self-preservation

Sadly the sole aim of the majority of Nurses in every area of Nursing is to get money at any cost.

XIII Reason Based on Perceived Reality

ACUTE SHORTAGE OF NURSES

- In spite of long standing vacancies many GNM's unemployed
- Large numbers have no job for 1-5 yrs following Registration
- Contract Nurses are on abysmally low and disparate salaries
- Irregular and inadequate Salary for all Nurses
- Usury and extortion deducted at source
- Unrealistic workloads
- Shortage of equipment, supplies and cleaning staff
- Limited accommodation provided for Nurses – majority 'live away'
- Inadequately prepared Nurses.
- *The government was blamed as the primary cause of all problems.*

Spelling out the perceived reasons with each group of Nurses was the basis for critically examining each reason in light of what is i.e., **FACTUAL REALITY**, and the compounding **CONSEQUENCES**.

Details for the following précis are contained in Appendix III

1. FACTUAL REALITY

Lack of knowledge or understanding of real effective power through the Constitution; Govt. authorized rights and responsibilities; or of the Nurse's Pledge which, all but the BSc. And a few recently Registered Nurses, had taken.

CONSEQUENCES

No firm foundation to give dignity.

No real sense of own worth.

No relief from inbuilt fear producing suppressed aggression.

No anchor and No freedom 'To be what each Nurse was capable of being' and 'Wanted to be'.

"No Nurse is an Island, entire of itself;
Every Nurse is a piece of the Continent, a part of the Health Services.

2. FACTUAL REALITY

R.N. "Remises seen as My Rights"

= Stealing thousands of hours a year from patients and students.

= Misusing equipment and supplies on duty.

= Stealing equipment and most of the supplies for personal use.

= Flouting Government Rules and Regulations.

= Allowing the 'Powers that Be' to misappropriate money

designated by Central Gov. for the development of Nursing.

CONSEQUENCES

Inner turmoil, a deep sense of guilt, no trust or confidence.

Defensive and compensatory behaviour with projected shame for being a Nurse.

Frustration compounded by acquiescence to unrealistic demands and dictates of Medical Directors that lead to exploitation of student Nurses and constant decline of Nursing Services.

With no internal or external constraints to effect integrity, right judgment and true justice a Nurse is in the deepest sense in the unenviable position of being powerless.

FACTUAL REALITY

The quality of Nursing Service is significantly determined by
The Quality of Education student Nurses receive.

UNINTENDED
CONSEQUENCES

Increasing
numbers of
poorly qualified,
disillusioned

R.Ns

With no
employment,

Or

Genuinely
unacceptable
employment
prospects for
years to come.

Result

A depressed
degenerate
Profession.

The College of Nursing

Many senior Faculty have no significant Nursing Service experience.

Most students failed to qualify for Medicine or some other Discipline
and were in Nursing by default and not by desire.

B.Sc. Students have no relationship with GNM students. Degree
culture superiority preventing professional and social interaction.

B.Sc. students are trained for Management of Nursing:

- But not for Management in and through Nursing,
- This orientation essentially fuels the urge for more degrees to get
out of Nursing and into Administration, preferably overseas.
- This conviction divorced from reality, adds *More grief to Nursing.*

Such learning, cannot in its truest sense be called Nursing Education.

Schools of Nursing (SON)

- Parents pay an enormous price for a student to enter a SON.
- Older traumatized women, many enter only for financial security,
sadly, with no desire or real inclination to become Nurses.

- Students are forced into a vacuum of suffering in the SON, where too many, poorly
motivated/ inadequately prepared Tutors, give much less than the minimum required, to
produce well qualified Nurses.
- Students receive little or no supervision in the Clinical area.
- Find few RN role models that inspire/motivate through their quality of and joy in Nursing.
- Student Hostels, instead of generating *creativity and growth*, provide little more than a
'virtual prison existence' in overcrowded and thus inadequate facilities.
- It has been well said:

"To affirm a place for oneself is legitimate;
To deny a place to others is not."

We are mostly right in what we affirm,
BUT wrong in what we deny, because
we affirm good in ourselves, but too
often, move on to deny the convictions
and rights of others."

"There is a real danger of turning out
skilled Barbarians who possess much
knowledge, but little wisdom, when we
refer to the 'Quality of Life' and to the
'Sanctity or holiness of Life.'"

XIV Suffering and Leadership

In Nursing we are surrounded with suffering – When we do not understand the *necessity of suffering* we deny reality, ineffectually trying to convince ourselves and in the process become blind and impervious to suffering and end up tolerating the intolerable.

The end result, of which every Nurses ought to be aware, are the dangers of Leadership without Courage, merely domination; and Leadership without Compassion, that is merely technique.



Active Outreach



Builds Relationships

Tolerance

Is not just a passive acceptance of others, nor is it apathetic disregard, or willful resignation.

Tolerance is an active outreach that builds healthy relationships through:

‘Understanding the reality of stories of others’,

‘Sharing the reality of stories that provide the basis of our own culture’.

This, the essence of Leadership, engenders courage and compassion.

Example:

A Nurse Administrator, in tears, said ‘I have to interrupt you, I have heard the ‘Yesu ki Kahani’ (story of Jesus) but no one has explained it like this – His love and His compassion to lift us up... The other Nurse Administrator, also in tears, reinforced the importance of our helping each other through such sharing.

Civilian Nurses, strategically situated in a conflict stricken State, daily deal with trauma that sickens the soul. They constantly contend with the reality of the Principalities and Powers of this world who say, ‘Hands off let them be’ in other words ‘Let them wallow in the misery of their own making’, ‘protect yourself and your own’ and much worse.

NURSING CULTURE

Where have we come from?

Where are we?

Where are we going?

NURSING CULTURE

What makes our Culture?

What breaks our Culture?

What builds our Culture?

FACTUAL REALITY

Nurses come out of Society.

Societies that conform to largely unregenerate norms and mores, that foster self-protective, socialistic-materialism at any cost.

XV Cultural Theories and Practices

Culture is normally based on Cast or Status Systems, Occult Practices, New Age theories, Rituals of Religion, denigration of all but self, aggression and violence springing from avarice and greed; where the sanctity of love is dramatized in juxtaposition with aggression and violence; where the concept of caring through service are beneath the dignity of man.

Culture, sadly, is too often based on the misappropriation of power by the Political, Religious and Professional Pundits.

1. **Pundits who pass dictums and orders, calculated to undermine Nursing Authority, and destroy patient care (in areas in which they have absolutely no legitimate responsibility or right to interfere), with no justification, and irrespective of Nursing Service needs.**
2. **Pundits who make a mockery of the selection of Students by taking Lakhs in bribes and then order the inclusion of the candidate irrespective of suitability to become a Nurse.**
3. **Pundits who are key unprincipled members of the Medical Profession whose prime aim is to fuel the Political Pundits to achieve their own agenda by denigrating Nursing Administration in unjust and draconian ways e.g., when the Dr. concerned discovers the Ward Sister he was bringing to trial is a colleague's wife suddenly there is no issue.**

Measures employed vary from the puerile/ridiculous to the sinisterly destructive where Nurses are trapped into soul destroying double binds. A tragedy for Nursing, more so when B.Sc. Nurses, specifically prepared for management and leadership, are involved.

4. **Pundits who are skilled in propagating religion that requires sacrifice to appease the gods, but deny the transforming power of the only God who out of love for all peoples, made the only acceptable sacrifice for sin and freely offers everyone wisdom and power to live victoriously over sin.**

Consequences

1. **Official Unsubstantiated Edicts – to Nursing Services - causing:**
 - **Constant unwarranted time consuming and humiliating interference into Nursing Service Administration**
 - **Major disruption of Nursing personnel.**
 - **Major disruption to patient care services with no regard for the patient or his family.**
 - **Nurse administrators and managers to be subjected to unjustified threats, abuse, recrimination and irregularities without any recourse to justice.**
 - **Constant undermining of Nursing Authority, standards and quality of Nursing.**
 - **Justifiable diminishing Registered Nurse Morale, with fluctuating motivation and variable job satisfaction.**
 - **Inadequate student clinical experience ensuring more inadequately qualified and poorly motivated Nurses.**
2. **The active sabotage and erosion of Nursing to deflect from the blatant Medico-Political gain through indiscretions.**

3. **Official Edicts – to CON and SON and on Student Education cause:**
 - Student selection to be farcical with *total disregard for applicant’s suitability for Nursing, let alone his/her desire or commitment to Nursing.*
 - Complete erosion of values in the student and in Nursing due to the inordinate greed and graft of those in ‘High Places’.
 - Continuing rampant administrative corruption at State and Institutional level that *actively breeds corruption among faculty and staff.*
 - Fear and futility that *generates strong, self protective barriers and defences.*
 - Untenable student admissions, leading to *gross injustice for students and tutor withdrawal from the clinical scene which ought to be the primary focus of all all Nursing Education.*
 - *Depressingly low standard of Nursing Education, Nursing Moral and Nursing Integrity.*
4. The active destruction of Nursing Education through Medico-political interference to ensure support for the demise of the ‘Government Hospital with justification (albeit false) for complete privatization of health services.
5. A limited supply of BSc. Nurses who see themselves akin to doctors and above Nursing, leaving no room for accountability by checks and balances, through a collaborative relationship of mutual integrity and trust.
6. Health services, that will eventually provide for only the financially viable sector.
7. The socially deprived and financially poor will have no access to health services.
8. Alternative therapies with Conventional Medicine and the Pharmaceutical Companies are now big business worth multiple billions of dollars.
9. Instead of the best and most appropriate from all three areas, syncretism will open wide the door to the healing practices of the occult, witchcraft, tantric, shamanism etc that are poised ready for a grand take over.
10. Crushed in the midst of this financial debacle are the unsuspecting peoples from every echelon of society.

TRIAGE

STOP	This traumatic haemorrhage.
PREVENT	Exsanguination occurring.
HEALING	Followed by healthy Health Services when

*All Nurses are on their toes, on time, on target, and acting in the best interests of each patient.
No matter how hard the row to hoe, each Nurse will be fulfilled.*

The Culture of Nursing can be transformed to become a powerful healing agent, one that chooses to work to bring the reconciling power of life and wholeness to Society.

XVI Analysis I

Four full months of dynamic interaction with hundreds of Nurses, individually, in small group sessions, in their homes/hostels and in the clinical situation, provided countless opportunity for in-depth sharing on many personal and professional aspects of life.

The intensity and freedom of sharing was a consistent and unique experience that may be attributed significantly to the following key factors:

1. Within a few minutes of coming together we were listening to each other and sharing freely and frankly in an unprecedented way.
2. *Identifying the strengths and weakness of people groups represented*, and others within the district and state, proved a strong basis for seeing people as ‘God sees us’ rather than through the jaundiced eyes of the world.
3. *Nurses are members of families*, husbands, sons and other relatives, who have chosen their own particular path, that may add more to brokenness than to wholeness.
4. *A key challenge* is how to help each other fulfill our personal and professional ministry of reconciliation through unconditional compassionate caring that influences all people.
5. *The desired outcome of this challenge* is a positive transforming alternative to the prevailing mores of social and cultural violence.
6. *Cultural Religion, that does not speak with one voice against injustice, and does not help people rise above the politics of conflict*, was seen for what it is ‘diametrically opposed to’ and therefore, a ‘diabolical hindrance to good Nursing.’
7. *Nurses appeared relieved as together we analyzed each situation*, recognized and admitted our own failures, and acknowledged what was definitely wrong.
8. Nurse’s responses came in many ways. One clear demonstration was the large number of Nurses who, when selecting a song chose “Create in Me a Clean Heart O God”; “Beauty For Ashes” and “Bind us Together with LOVE”, in addition to the many other choices made on the basis of meaning, relevance, and a heartfelt desire.

Requests for the ‘Prayer Book’, resulted in a reprint of song books. Music and singing are true expressions from the heart.

Emotions silently welled up but rarely overflowed, as Nurses battled with the deep desire to get out of the distressing situation and to overcome.

The significant nucleus of Nurses in each institution who genuinely desire more, with assistance, will be those who help the cynical, or defensive, Nurses to a higher plane of thinking and action.

Irrespective of Cultural Religion, Nurses spontaneously and frequently ask for specific prayer.

Deep within, the truth is known “We have not because we ask not aright.” Why is it that Religion per se does not teach us to pray aright?

BUT when we ask our Heavenly Father He shows us –

HOW TO:

“Be alert in prayer”
“Pray aright”
“Pray with faith”
“Pray for one another”
“Persevere in prayer”
“Pray with thanksgiving”

AND THAT!

“The effective fervent prayer of a righteous man avails much.”
James 5:16

There is much to be availed in Nursing and through Nursing!

XVII Analysis II The Great Divide

1. GIVEN so few Tutors and Principals throughout the College and all Schools of Nursing in Assam, gave little, if any, evidence of being even remotely interested in the education or welfare of their Students, or in the quality of Clinical experience students get, THEN the need for critical intervention ought not to be delayed.
2. Most Nurses in Nursing Service, but few in Nursing Education, recognized with clarity that the *Great Divide* was a powerful negating factor to good quality Nursing, job satisfaction, self worth and dignity. These Nurses related responsibility to need.
3. These Nurses had a genuine desire to *bridge the divide*, but lacked the personal and professional freedom and resources to present a healthy alternative, in the midst of a most unhealthy Educational and Health Service environment.
4. Promotion in Nursing has little, if any, relevance to competence, be it in education or service. This *significantly adds to the divide*, imputing a stigma rather than a real reward.

XVII Analysis III

Requests that could not be met:

1. Minimal time given e.g., Dhemaji Civil Hospital and School of Nursing. Both CNO and Principal Tutor, were keen committed Nurses, desiring the best for Nursing. Arriving around 9pm and leaving by 11.30 next morning, regret and disappointment were mutual.
2. Health institutions suffer geographical and political isolation as well as marginalization due to insurgency. Many Nurses refuse to uproot and transfer to these sensitive areas thus adding to the deprivation.
3. FEAR, not unfounded for all were at risk, with key people more so than others, brings edicts and restrictions and imposes limitations on the effectiveness of key Nurses.
4. Experiences such as during one critical situation: Government transport was running inspite of a State wide Bund – I chose to trust the Govt. system - 4 hours and 3 missed buses later, I was given a ticket and told I couldn't take packages for Nurses?
5. While the transport saga continued to my destination, my very late, unheralded appearance, *complete with packages*, brought forth a welcome and receptivity that dispelled every atom of weariness.

The effort involved was nothing compared to the joy of sharing where real need exists, and to experience the amazement that someone cared enough to battle the system and bring gifts to encourage Nurses. *God's hand is not shortened that it cannot save:*

Prayerful perseverance won the day:

'Not by might and not by power, but by My Spirit,'

Says the Lord of Hosts."

Zechariah 4:6

XVII Analysis IV

The privilege of facilitating so much frankness and expressions of concern, brings a great responsibility to work out solutions that offer something positive and tangible to enable Nurses:

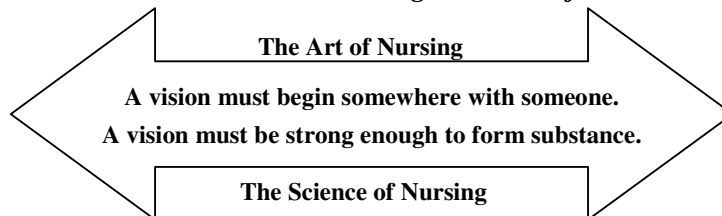
- Build their inner resources.
- Become better equipped to make each day a *Masterpiece*.
- Develop skills as change agents through more effectively managing the present situation.

The first responsibility lies with Nursing With A Difference, *What can we offer Nurses in Assam?* See recommendations 1 to 6.

The second responsibility lies with Nurses in Assam *What is each one prepared to give and do, to bring about changes in her own life and into the life of Nursing and the Health Services?*

The third responsibility lies with the Joint Director Nursing who is committed to facilitate desirable changes in the Health Services through Nursing in her State.

What will our vision mean to the generation of Nurses to come?



Nurses will make a difference by addressing issues in forums and in practice:

1. *The Key elements of an effective Professional Ministry of Nursing*
2. *The Root issues of Nursing Dysfunction*
3. *The Root issues of Nursing Education and Service Disconnect*
4. *The Qualities Nurses want in life and in Nursing for themselves and their patients*
5. *The Disconnect between what 'Nurses want' (heart desire) and 'what is' in Nursing.*
6. *The Individual and collaborative means to achieve desired values.*
7. *The Importance of sharing faith and values to ensure the collective good is realized.*
8. *The Primary influence Nurses expect Nursing to have in relation to the Medical and all other disciplines within the Health Services – Local, State and National.*

Key Stones

To intuitional, rational and sense values

- Nurses with faith in the resurrection power of a living Christ ought to be proactive at all levels.
- Repentance for disunity in Nursing requires convinced minds on what can be achieved through *forgiveness, healing and wholeness.*
- Nurses apathetic or uncomfortable about addressing problems and consequences in Nursing, stand accountable to both God and man. Let us unite in prayer for--

Every Nurse needs Wisdom and Courage to stand in adversity, for True justice and mercy.