

**Meghalaya**, the '*Abode of the Clouds*' (*alaya 'Abode' Megha 'of the Clouds'*) is one of the eight North Eastern States of India. Bounded on the south west by Bangladesh and on all other sides by Assam this mountainous plateau presents a magnificent plethora of natural beauty.

One of the wettest regions on earth, with Cherrapunji 56 Km from Shillong having the highest ever recorded in Asia and 2<sup>nd</sup> highest in the world, average annual rainfall of 450 inches (11,430 mm) over a 74 year period.

Throughout the month of December there was very little rain with no inconvenience experienced which greatly facilitated our freedom of movement.

### **People Groups**

The Khasi, Garo and Jaintia, are not only the original inhabitants of the State but each had their own kingdom until the British annexed them in the 19<sup>th</sup> Century to build a road through the region.

Meghalaya was incorporated into Assam in 1835 where the State language of Assamese was alien. The struggle for greater independence resulted in Meghalaya becoming a full-fledged State in 1972.

Sadly to this day the road linking the Khasi and Jainti hills to Garo is fraught with problems that necessitates traveling from Shillong through Guwahati in Assam to get to Tura the District Headquarters of the Garo Hills.

This geographic isolation from the State Capital unfortunately results in communication problems with e.g., Nurses feeling professionally isolated and deprived.

Sadly in this so called enlightened age the terms *Tribes and Tribals* would appear to bear little resemblance to the original meaning of the division of a distinctive portion of people or nation. The deep psychological trauma of this is a reality.

Scheduled Tribes = 15 with the largest being Khasi, Garo and Hajong.

Scheduled Castes = 16 (include Caste Hindus, Bengali and Assamese)

The common culture of the Tribes of Meghalaya is based on the Matriachal Law of Inheritance, by which custody of property and succession is through the female line passing from mother to the youngest daughter.

Religion constitutes: Christians 64.6%, Hinduism 14.7%; Muslim 4%; Animist/others 16.7%

*When the Messiah returns to reign  
There will be a perfect uniting of the Nations.  
Then we shall sing a new song*

**In preparation for that great day He is waiting now to redeem every person of every tribe and tongue and people and nation.**

**So that right now we may sing together from our hearts**

**He gave me beauty for ashes,  
The oil of joy for mourning,  
The garment of praise  
For the spirit of heaviness;  
That we might be trees of righteousness,  
The planting of the LORD,  
That He might be glorified.**

*This hallmark of true unity in diversity is determined now by us.*

## Look again and Think

### Outstanding Features of Meghalaya and it's Health Institutions

In contrast to the 13 other States and Union Territories in which *Nursing With A Difference* has conducted programs the distinguishing feature of this State and it's Health Institutions was the general cleanliness, neatness and orderliness, except for one remote hospital and some CHC and PHC.

A refreshing change with a fresh challenge which, hopefully, the following observations and facts will help Nurses address:

#### Joy in Observation

**Consistently high standard of cleanliness** in all, but one remote institution.

**Stock supplies** and well cared for equipment not under lock and key, being used for the correct purpose.

**Trolleys** neat and clean and sterile with drums properly closed to maintain sterility

**Diligence and consistency of Nurses** actively involved, and genuinely busy in patient care.

**Curtains** spotless, attractive dainty curtains, properly hung at sparkling clean windows as well as Ward, unit, or office doorways,

**Fresh flowers** were not uncommon and added to the general air of tranquility and beauty in the midst of suffering.

**Carpets, floors, paving and drains** kept spotlessly clean and in good order. Where concrete was cracked or worn from age and much use, this was thoroughly clean and as shiny as possible.

**Furniture** despite age, was spotlessly clean, nicely painted or polished.

**No offensive odors**, no litter of any description from patient, relatives or Nursing and Medical staff. Waste containers were clean and used correctly.

**NB** even when a strike drastically reduced cleaners to 4 in a very large institutions, in one small area only, a slight smell of urine was apparent.

**Overcrowding** was common with many patients accommodated on the floors of wards or wherever there was space. No matter what hour of the day the beds were neat and the surrounding floor spotlessly clean.

**Control of visitors** did not present the generally accepted problems of disorderly, jostling, noisy behavior.

**Nurse's uniforms** were consistently neat, and spotlessly white which added to the overall impression of alertness and cleanliness.

**Saturday was general 'spring clean day'** from 11am groups of men and women were seen on their knees scrubbing corridor floors, architraves etc. in e.g., NIGRIMS, while outside the hospital grounds and in all the streets and byways hundreds of men and boys were seen cutting back growth and cleaning and washing drains. No wonder the capital Shillong is so clean.

**Public transport**, cheap and fast, is essentially by thousands of taxis. Rates are set with an inherent honesty eliminating the hassles of bargaining/overcharging. The few Mini buses plying are generally overcrowded. Intercity Road code respect is marked, Passenger vehicles, mainly Sumo, and thousands of produce carrying trucks, demonstrate excellent driving skills with a noticeable absence of impatience, road rage and honking horns.

Thus both city and intercity travel was an unhassled pleasure even midst major road works.

**City refuse and garbage** collection points were amazingly free of offensive odours.

**Community and Primary Health** Care Centres were often more derelict. Clearly less being spent on upkeep. This did not appear to limit the quality of Nursing care given, but a stronger stance and more creative approach to Centre management could, with little expense make a pleasing difference.

**Nurse's Hostel** accommodation toilets and bathrooms were both clean and fresh even with water restrictions.

**Nurses are under stress** and admit to a constant grind and challenge to maintain an acceptable standard, while Nurses in many CHC and PHC are severely disadvantaged.

*Nurses must address the real causes and management of stress before it is too late.*

## Indicators that reflect

Stress is a normal component in a healthy life.  
Causes of abnormal stress are a constant challenge.  
Wise management of stress factors promotes a healthy

## Commendation generates Questions

**WHAT enables Nursing Services in Government institutions in the State of Meghalaya in India, to so consistently sustain a physically, healthy environment for staff, patients and visitors, as well as to garner, maintain and use its materials and staff so effectively in the provision of patient care?**

*But what of the mental and emotional health of Nurses?*

**WHAT prevents** Nursing Services in the great majority of Medical College and Civil Hospitals in other States within India, where conditions are, generally speaking really deplorable, from doing the same?

Are the positive features of the Nursing Services in Meghalaya in 2006 significantly due to it being:

*A Tribal Society?*

## Reflector

GIVEN That Tribals are generally not highly regarded as civilized

THEN one real professional grief is to have the privilege of interacting with sensitive, thoughtful, caring competent, hard working Nurses and to witness the lowered head, gaze or voice when making an unexpected response such as "I am a tribal" "I am a Garo" etc., in other words my *label* speaks louder than what I am, what I think and what I do.

The point of community hygiene was countered with the fact that 'We Tribals are not like the 'Plain's folk' who are habituated to open defaecation, we guard and protect our water and land.

*It behoves all Nurses to rethink – what do 'Tribals' have that others do not have?*

On the other hand between different *tribal groups* a subtle sense of superiority can suddenly arise.

While this does not in essence differ from the superiority complex that pervades all societies, because of the negating factors, it is an issue that Nurses need to address if the overall Nursing influence is to be strengthened through a genuine uninhibited unity of spirit.

*Preconceived ideas actively inhibit and destroy people, professions and services.*

*What do we see in the clouds?*

**Are the positive features of the Nursing Services in Meghalaya in 2006 significantly due to it being:**

*A Matriachal Society*

**Reflector**

*The aesthetic beauty* of curtains and furnishings, reflected in a certain sense, that the hospital was 'ours', each ward or unit part of a large 'home', bearing the stamp of femininity and maternal care.

The fact that the purse strings were held by women was undoubtedly a significant factor.

Nurse Administrators who select what is purchased have developed a workable system of checks and balances that generates a sense of responsibility and respect for both institutional property and for a healthy environment, albeit not without multiple difficulties and very great effort.

While this 'state of the art' is noteworthy for its effect on the dignity and morale of all categories of staff, patients and relatives, it also presents as a complete reversal of the generally accepted pattern where only the Doctor's office and retiring rooms have any form of aesthetic comfort.

*Why are these desirable quality not found in other States?*

**Are the positive features of the Nursing Services in Meghalaya significantly due to it being:**

*Predominantly Christian?*

**Reflector**

**GIVEN** that the Love of God for all peoples of every tribe and nation, makes available the resurrection power of Jesus Christ, to every individual who desires and chooses to receive and use it throughout life. **THEN all** Nurses ought to be encouraged to diligently identify what is mere ritualism in religion and to seek and appropriate that which will give him/her the power to overcome the negative, often diabolically evil social forces, while pressing on to higher attainable goals in every area of life.

When traveling by public transport, people from all walks of life in Meghalaya, were heard discussing, the negative effects of the intensive commercialization of Christmas (it was December), and materialism with its accompanying instant self-gratification to the extent that the truth of "executing true justice, mercy and compassion, every man to his brother" has been obscured from all but those who genuinely seek meaning and true fulfillment in life.

Nurses recognized and acknowledge the impotence of religion in the current state of the health services. *But what had all too often not been understood, was the importance and value of a personal relationship with the Living God our Heavenly Father through Jesus Christ who came into this world to bring a personal salvation to each one, so that all may freed from the shackles of conformity to an undesirable stressful existence.*

The genuinely heavy burdens, personal, family and community that Nurses bear, can be exchanged for 'Peace that passes understanding' and wisdom from above to effectively manage distressing situations.