

# **Nursing With A Difference**

Trust Established in Delhi 1998

*"Let Each Day Be Your Masterpiece". Galatians 6.9*

## **NURSE - WHERE ARE YOU?**

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### **LANGUAGE SKILL!**

**Nursing Education!**

**Nurses Training Quacks!**

**GENDER!**

*"Let no corrupt communication proceed out of your mouth,  
But that which is good for necessary edification,  
That it may impart grace to hearers.  
And grieve not the Holy Spirit of God,  
By whom you were sealed for the day of redemption"  
Ephesians 4:29, 30.*

### **LANGUAGE SKILLS**

Language is an essential means of communication for every Nurse; the tongue is a small but important organ of speech; Speech is the intelligible utterance of the mouth. Language is an essential refined instrument that brings order out of chaos, or a weapon that creates chaos leading to devastating destruction.

Language is initially the mother tongue, as maturity and competence increase the State, Regional and National languages become additional mediums to effective communication. Language may be of a natural good standard or it may be sub standard; it may be formal or informal, professional or unprofessional.

While some people have a natural linguistic ability e.g. one Nurse's four year old son was proficient in 4 languages, the greater majority have to study diligently to master a second language. In India both Hindi the National language and English the International language are second languages. With State policy demanding that the State language be the official language of communication, language has become a major and compounding problem for Nurses and for our profession:

### **NURSING EDUCATION**

1. The actual or real standard of Nursing education in 2003 when Tutors have more access to learning and resources, greatly reduced teaching loads, shorter working hours, higher salaries and distinctive uniform as a status symbol, is significantly lower than in the 1960's when there were e.g., 2 Tutors to the now 7 or more and 1 Matron to the greatly increased Nursing Service Administration.
2. Nurses including Tutors, in 2003 think, talk and write in Gujarate and state that they cannot speak English. Most if not all teaching except in a few and in the main Christian, Schools of Nursing is carried out with the tutor translating everything as she/he thinks fit from English into Gujarate.
3. Contrast this with Nurses who trained in the 1960's who speak good English and are in a position to read and think for themselves. What has happened?

### **Why have Nurses failed to achieve what their Nurse Mentors helped them to achieve?**

4. Tutors, like the Kiwi with wings but cannot fly, now lack confidence to talk let alone teach in English. Apart from a tiny newsletter with a small circulation, there is no Nursing material in Gujarate and virtually nothing in Hindi or any of the other State languages.
5. There is no doubt that the majority of Nurses can read English reasonably or quite well, but such is the pressure from their own profession and the Doctors that they lack confidence and actively reinforce the stereotype imposed upon them.

## INTELLECTUAL OPPRESSION AND SUPPRESSION IN NURSING

1. Students grow into Nursing writing notes from what the Tutor may or may not have said in Gujarate. The student has no means of checking spelling, meaning of words, or transferring knowledge by cross reference or contextual referencing. Comprehension is essentially limited.
2. Thus the natural curiosity that leads to a thinking mind developing the skill of critical analysis is never encouraged to surface let alone develop and come to fruition. Hence student notes that should reflect key points to be studied in depth from more than one perspective, become the be all and end all of a student's academic base.
3. Arguments abound as to why this must be so. The fact that students from the second level program conducted in an English medium Christian Hospital SON, within a few months of receiving their ANM. Registration, all get positions as Head Nurses in Private Hospitals over the Government trained 1st level Nurses is a sad indictment on our system of learning and of administration and teaching in Schools of Nursing
4. In another city an ANM holds the top Nurse Administrator position in a large Private Hospital that is developing a Medical and Dental College. While this Institution considers the Indian Nursing Council requirements to be too high for realizing a School or College of Nursing they have appointed a Registered Nurse to be their "Administrator"? ***NB "not Nurse Administrator"***.

### Defying the Nurse's Act

All of the above common situations, plus many more are grave cause for concern.

### What Powerful Forces

Operate within and without of Nursing to create such confusion?

### Nurse

What remedial action are you taking to stop this criminal activity?

Sin in all its various guises will be exposed; it must be repented of and prayerfully overcome. It is time for Nurses to speak the TRUTH with love, first to each other and then to those who would oppress or suppress.

**Inter-Professional discipline is the greatest single force required to overcome and combat this evil.**

Only when our Heavenly Father shines the Light of His Truth into each Nurse's mind, heart soul and spirit will we have the personal and professional courage to stand for Truth and Quality in Nursing Education; such that enables every Nurse to be properly equipped to build true and effective Nursing Services.

## NURSES TRAINING QUACKS!

1. Another major concern is the Indian Medical Association policy that cons gullible GNM's and BSc Nurses into running 6-month programs to meet the "nursing need" of Private Hospitals. These Doctors charge phenomenal fees from the unsuspecting public, and have no compunction in illegally labeling these "Doctor's assistants" as "Nurse" in the same way as they do totally untrained helpers and women who have failed to qualify for their General Nurse Registration.

Private Hospital Administrators clearly state 'Nurses' are only required to carry out the Doctor's orders! With their responsibility to understand all relevant Acts including the Nurse's Act, what is the hidden agenda in the publicly spewed 'Manifesto' rhetoric of these high profile Institutions?

### **JUST THINK NURSE!**

Can it be that a GNM or even an ANM knows too much  
For Comfort when integrity and accountability are not the key  
Considerations in profit driven Institutions  
Administered and run by a Medical Syndicate?

2. Yet another suicidal act by these Nurses, who themselves have received the best from e.g. RAK College of Nursing, the first most prestigious College of Nursing in India that had international reciprocity: Having now established their own Nursing Bureaus cum Training Centers is to convince themselves that the production of these ‘illegal untrained nurses’ is part of fulfilling Government policy and funding to “uplift disadvantaged women”?

Does the Government who authorizes Doctors and Nurses to practice their professions know what the real agenda of the Medical Profession is in terms of health for the Nation?

3. Given that the Director General of Health is a Doctor and the National and State Ministers of Health are significantly if not completely guided by the strong Medical Lobby THEN *now* is the time before it is too late, for Nurses to stand before the Almighty God our Heavenly Father and the true Judge of all man for Wisdom that is above the wisdom of this world. ***Herein lays true power.***

### **Deception is a Calculated Lie-**

Deliberately deceiving people who believe they are being cared for by Nurses, and deceiving thousands of trainees, is a calculated lie, it is criminal activity in the name of health and Nursing.

**That is Sin**

4. Example, One Nurse and her husband have 6 training centers attached to their Nursing Bureau in which, by September 2002, they had already trained 1800 educationally disadvantaged young women and men with a mere 2hours/day/5days per week/3months only in theory *following which* they have 3 months virtually unsupervised experience in a Private Hospital prior to receiving their certificate and being sent forth bearing the title ‘NURSE’! ***AND there are many other such programs operating under one guise or another.***
5. Two text books written by the BSc Nurse Administrator of the above Bureau clearly encourages the student to be a “Good Nurse” reinforcing this travesty to Nursing with the traditional photograph/picture of a Nurse.

The list of abbreviations makes the mind boggle with the wide variety of plausible definitions for all unintelligible abbreviations. This was tested in another Private Hospital with the Administrator and Principal Tutor who were conducting a similar course. It was no laughing matter when the implications of such abbreviations became apparent.

6. Drugs listed under two headings only - Buscopan along with several other drugs is included under both headings – One Private Hospital Administrator whose trainees uniform is a replica of the recognized Student Nurse uniform, cementing yet another deception in the minds of the students and the unsuspecting public, was visibly upset when asked what would happen when one of these ‘pseudo nurses’ or ‘trained quacks’ were to give Buscopan, having been taught it was an antibiotic, to a 7 month pregnant woman? She had not realized the implications of what she was administering!
7. Considering that in the 1950’s “Nurse Aids” received an 18-month training program with daily lectures in theory in the classroom as well as daily controlled clinical teaching sessions apart from always working under the direct supervision of a Registered General Nurse/Midwife prior to presenting for the National Nursing Council examination. ***Success resulted in being registered and employed as a Nurse Aid. Failure denied both.***
8. With the uphill struggle over the years to build the quality of Nursing Education in every nation, the current trend is destructively retrogressive to Nursing and to the welfare of the peoples of the Nation.
9. To further compound matters many of these so called Nursing Bureaus also employ Nurses for Private hospitals already employed in Government Hospitals. Apart from being illegal, this further desecrates the integrity of Nurses – in the Private Institution the Nurse is forced to work much harder for less pay with the result that when returning to duty in the Government Institution they sleep the night away or drag their feet so that patients who cannot afford the exorbitant Private Hospital costs, are subjected to minimal inferior care.

***Where is our Nursing Conscience?***

## LOYALTY VERSUS DYSLOYALTY

1. Do Nurses involved in such nefarious activities know that they are traitors to their own profession?
2. That they have betrayed the National trust invested in them by the Government?
3. Are they unaware of the shame they are bringing upon themselves and their Profession?
4. Have they willfully renounced the pledge they solemnly took before God and man to practice their profession with integrity?
5. Have these Nurses become 'pawns ' to the god of money?

### ***JUST THINK NURSE***

“Even the jackal present their breasts  
To nurse their young;  
But the daughter of my people has become cruel,  
Like ostriches in the wilderness.”

The hands of the compassionate women  
Have cooked their own children;  
They became food for them  
In the destruction of the daughter of My people.

Lamentations 4 : 3, 10.

## GENDER OR PROFESSIONALISM

1. The need for and appreciation of good male Nurses is not disputed.
2. While genuinely professional male Nurses are a joy and inspiration to work with, like most Nurses they have no clear appreciation of real Nursing power with the result that too often the power that is employed is decidedly destructive to Nursing as a Profession.
3. What is of deep concern is the professionally discourteous manner many male Staff Nurses use to *issue orders* to their Nurse Administrators who sadly too often acquiesce, as a result of strong cultural, religious and language norms and mores.
4. Many male Nurses have good or reasonably good spoken English. This is understandable as they are out and about much more than female Nurses including the wife who is also a Nurse! The traditional and accepted male dominance is thus enhanced
5. Fear and money are as dominant a force to be reckoned with by male Nurses, if not more so than among many female Nurses. In the height of the Gujarat traumas one group of 15 male Nurses had been assigned to go on deputation e.g., to man the Dead Body Van picking up the carnage. They argued and resisted for one entire day until the writer was requested to share and pray with them. Some shed tears but all went. On their return the only thing in their mind was compensatory pay.
6. Investigation revealed employment with a future and economic necessity to be the driving forces aimed at taking over, by fair means or foul, the top Nursing positions. The prestige symbols proudly displayed by male Nurses include motor bikes and cars. Many male Nurses quickly gain their Post-Basic BSc and computer skills very often while their wives also Nurses are disadvantaged by speaking only the State language, Gujarate, and by being heavily committed to caring for their children and home.

### ***Masculinity and Femininity***

***Are God given virtues.***

Male Nurse Administrators are more vulnerable than their female counterparts due to the predominantly female work force.

### ***Male Nurse Responsibility***

To keep himself and his Nursing Staff from desecrating the virtues of sexuality in the presence of temptation is therefore the greater if he is to effectively administer Nursing Services in an unbiased mature manner.

### ***Sexuality***

**And health in  
Nursing  
Need to be  
Addressed.**

## MEANS AND END IN NURSING

The relevance of Mahatma Gandhi's commitment to means and end is worth noting, pondering and implementing to break the diabolical cycle in Nursing outlined above.

"Gandhi had one problem in life: **In this matter am I on the side of truth?** When he decided to adapt two things, truth and ahimsa (non-violence) - *one the fact and the other the method of applying the fact* – he went forth believing that he had cosmic backing for what he was doing. It gave him an inner steadiness of purpose and a terrific drive.

He could not use a wrong means to get to a right end, for he knew that the means pre-exist in and determine the ends. Hence he was prepared to call off a movement even when it was apparently successful, for he knew that success would turn to ashes if the means did not coincide with truth and non-violence."

Jawaharlal Nehru considered Gandhi's greatest contribution to be: "*Means and ends must be consistent.*"

Mahatma Gandhi's strategy was truth, his method was non-violence.

The words of the Lord Jesus Christ are found in the Sermon on the Mount Mathew Chapters 5 – 7. The discourse requires less than fifteen minutes to read, but its brevity has not diminished its profound influence on the world. The Sermon on the Mount presents new laws and standards for God's people with the assurance of wisdom and power as the means to achieve them.

His words, truth, justice and mercy, are supported by His power over every realm (disease, demons, death, and nature) are revealed in Mathew Chapters 8-11:1. In Mathew 28:18-20 He gives us our commission for life along with the assurance of His presence and power to fulfill that commission in this world of sin and tribulation.

**God created man in His own image...**

**He created them male and female**

Then God **blessed them**, and God said to **them**:

**"Be fruitful and multiply"**

What kind of Professional fruit are we bringing forth?

**"Fill the earth"**

Are we filling the earth with health and wholeness?

**"Subdue it and have**

**Dominion over all creatures..."**

Inherent in these words when we learn to properly appropriate them, is all the power and dignity we need to collaborate and make Nursing a dynamic, clean, contributor to the real health of the Nation.

**The clarion call for Nurses today is clear**

"Wake Up!

Accept the Challenge!

Unite at the Throne of Grace

**Sin, personal or secret, cannot and must not be hidden.**

All sin brings powerlessness and shame to the Nursing Profession and ultimately to the individual Nurse.

**Mahatma Gandhi's words are true today**

"There have been tyrants and murders, and for a time they can seem to be invincible, but in the end they always fall. Think of it, *always*".

**DISASTER MITIGATION INVOLVES RESTITUTION, RENEWAL AND REVIVAL.**

Anger in the heart in God's sight is as good as murder. Sure evidence of anger in Nurse's hearts is the outward manifestation of rebellion against the Government, chronic stress related ill health, marriage and family breakdown.

**Repent and Receive:** The cleansing power of forgiveness;

Wisdom for each situation that is much more than the daily bread we eat;

The enabling presence and power of the Holy Spirit promised to all who will ask believing, and are prepared to go forth in faith to get victory over the sins that are binding us like shackles of iron and dragging us down into the sloth of despair.

**NOW**

**Enhance your Effectiveness:**

Stop, think again and pray for the men and women in Government that they with us be granted the integrity and enabling power to exercise Godly Wisdom, true justice and mercy every man to his brother.

The outcome will be Nurses Governing Nursing.

**We now have good reason to rejoice with thanksgiving for  
We can stand straight, true and tall like the Deodar Tree  
We will be able to meet each obstacle and learn how to overcome it  
We will find and experience the wonder of God's power  
Working creatively in and through us.**