



# NURSING PROFESSION: A Historical Perspective.

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**Abstract:** Like any other profession, nursing also has hoary history. Its practice is undated upon philosophies of religion and philanthropy and rooted in services rendered at home by the family members, charitable institutions, and at war fields by the people with humanitarian concerns. Nursing care started with crude beginnings, but now attained a professional status no less important than the medical profession. The knowledge base, altruistic orientation, and the ethical standards of the profession not only widened its areas of practice but enhanced its importance in the health-care system in modern days.

Nearly everyone at some time or other depends on a nurse. Nurses are among the most respected and admired members of the society, for the services they have rendered in caring the sick, injured and the infirm, right from the beginning of the profession down to the present. Study of the historical background of the nursing profession is not only interesting, but it also helps us to understand and appreciate the influence of the past on the professional nursing as we know it today.

Although it is common to think that nursing started with Florence Nightingale, there were, of course, plenty of nurses before her. In the earlier times, nursing was carried out at home, mainly by relatives. By the 19<sup>th</sup> century, nurses, apart from a patient's family, fell into four categories, each with little formal training. First, there were nursing sisters in religious orders. Next, came pauper nurses, who looked after their fellow inmates in work houses, Thirdly, there were the servant/nurses in voluntary hospitals. The last category, midwives, had already made attempts to become an independent profession and since the eighteenth century formal training could be obtained at (lying-in) hospitals. (Pat Hodgson 1986:7)

In ancient times, much of the practice of medicine in India, Egypt, Assyria, and Greece was inextricably mingled with religious practices. In the Fourth century B.C. the Greek physician Hippocrates laid the foundation of rational medicine. Even at that time we find no mention of skilled nursing by specially trained attendants. Treatment was carried out by the physician or his pupil

assistants and the general nursing care of the patient was in the hands of the women of the household or slaves. It is worth noting that a large proportion of the nursing care of the sick was continued to be carried out by women of the household throughout the history. Midwives were frequently mentioned in early days, and midwifery was usually a hereditary family profession. The 'man midwife' and the obstetric physician were innovations of the seventeenth century. (Clarke, Margaret 1979)

The nursing sisters of the religious order began with the start of Christian era. The teaching of Christ emphasized service to the very humblest living creature as 'service to God' and the duty of the strong to bear the burden of the weak. The order of Deaconesses, became the first organized visiting service. It included nursing service as part of their Christian duties. In the medieval period, when the Church was the great intellectual and social fora in all the countries of Christendom, the religious orders were responsible for the care of all who needed help, whether from sickness, poverty, or old age. The monasteries which consisted of houses for monks and for nuns, were under the supreme control of the Abbess, who were women with wide knowledge and high administrative abilities.

At the time of the Crusades, in the 12<sup>th</sup> C, the military orders were founded. The most powerful and famous was the order of the Knights Hospitallers of St. John of Jerusalem. This order had a 'league' or branch in every country of Christendom. They founded and maintained hospitals first in Jerusalem and later in Rhodes and Malta. The nursing was performed by 'serving brothers', but there was a subsidiary woman's order whose members nursed in the hospitals at Jerusalem though not in any other hospital of the order.

In France, in the 17<sup>th</sup> C, the most important nursing order was that of the Augustinian Sisters. These sisters, in addition to nursing, were to do domestic work, like washing. They were also required to do religious duties and their working day was directed by the priests and not by the physicians. However, these sisters of Charity were not so efficient in nursing as there was no specialized training in nursing care. It was St. Vincent, a French priest who took interest in organizing training to the sisters and instructed them to give implicit obedience to the physicians and render service wherever needed.

From the disestablishment of the Monasteries orders by Henry VIII until the reforms of the 19<sup>th</sup> C, England had no nursing orders comparable with Augustinian sisters or the sisters of charity.

The existing charitable foundations had to start their institutions with such women as they were able to hire. The status of nurses was hardly as good as that of a domestic servant. However, due to the great advances in medicine, surgery, and all scientific knowledge, there was an awakening of public conscience, and the more advanced physicians advocated the training of educated women for real nursing service.

The pre-Nightingale period of nursing reforms was marked by the attempts of a German pastor Theodore Fliedner and his wife, Frederca, who gave training to a succession of young women of good character and up bringing to be deaconesses whose duties included nursing in hospitals, homes and in home management, the care of young children, and religious visiting. Indeed, it was an attempt to give an organized training to the nursing sisters.

In 1845, St. Johns House was started as a training school for nurses under religious directions. The head of the community was a priest of the Anglican Church. The nurses went to King's College Hospital for practical experience and also received instructions from the doctors at the hospital. Later this order took over the entire nursing in that hospital until a lay training school was established in 1885. It was here that the great Florence Nightingale began her training in 1851. Modern nursing owes much to this unique lady who blazed a trail in the field which is as bright as ever even now. What we understand by the term 'nursing' and the work with which it identified was conceived first by Florence Nightingale, that too at a time when nursing was rather looked down upon by the contemporary society. The reforms she instituted in the care of the sick still form the basis for nursing as it is practiced now. She advocated the establishment of schools and training of personnel to carry on the work of caring for the sick and the suffering. The world remembers her by the terrific amount of work she did in the Crimean war (1854) in tending to the sick and the injured, the maimed and the suffering. Known lovingly as the Lady with a Lamp, Florence Nightingale was the forerunner of modern nursing. She opened a full-fledged training school for nurses at St. Thomas Hospital in London.

If England gave the starting point for modern nursing, the USA gave it direction. The importance of nursing was realized during the civil war in USA, in 1861 due to the exigencies of the war. The importance of formal training for nurses was felt and early schools were patterned after the Florence Nightingale School at London. The trainee nurses also performed the duties of a cook, dietician, maid, trained attendant and social worker. As it happened in its earlier stages, major stages of development in nursing coincided with the two world wars. People realized the importance of nursing profession and the need for special training for the professional nurses.

Nursing profession walked a long way after Florence Nightingale. Different varieties of health professionals like district nurse, midwives, and health visitors have been recognized and statutory registrations came into practice. There were also opportunities for nursing in the army, navy and there were chances to work abroad in the colonies. Mental nursing, industrial nursing and even private nursing have appeared and became an attraction not only to young women but also to married women and men.

During the post-war period nursing witnessed many changes and development towards attaining a professional status. Many of the 'housekeeping' tasks once performed by nurses were taken away to leave them free to use their nursing skills. More men were encouraged to join the service. Requirement of registration, recruitment and training enhanced its future development as a profession.

With the rapid advancement in the field of medical science and technology, more and more complex areas of study and practice have appeared in the field of nursing as well. Nursing has become complex as it consists of caring functions and administration.

The holistic approach to health insists that total good health and well being can be achieved by understanding the whole person in a perspective that includes his physical, mental, emotional, social and spiritual dimensions. The modern concept of Nursing believes in “Individualised and Holistic Care”, wherein a nurse, without ignoring the patient’s disease and physician’s prescription, includes the added dimension of caring for the whole person, realising that each patient may react differently to the disease affecting him and respond differently to the treatment prescribed to him by the doctor and accordingly she makes decisions about his care.

Nursing services in modern society has to address certain basic issues like improving patient care standards and providing quality and tertiary care. A nurse’s role is pivotal in providing the health care delivery system both in the hospitals and the peripheral health centers. Nursing services today has the overall responsibility for the provisions of quality nursing care for patients and management of its human, physical, and financial resources.

The nursing administration, which consists of a new management structure, requires the nurses to undergo courses in business studies, and computing. As a matter of fact, nursing today is different in every way from the past, except that it remains essentially a caring profession. The future lies with the new professionalism and specialization. Computers and machines, which have come into medicine, could make treatment more impersonal but the caring process for which a nurse is responsible cannot be impersonal.

In India, the first school to train women in nursing care was started in 1854 in a lying-in Hospital at Chennai (formerly known as Madras). The training in General Nursing was actually started in July 1871 in the General Hospital, Chennai. The candidates who have got training in General Nursing were to undergo midwifery training in the lying-in Hospitals. The J. J. group of Hospitals’ training school at Mumbai was the first Government School to train native girls in 1886.

By the beginning of the nineteenth century, a number of hospital-based training schools were established, mainly in the then presidencies of Madras and Bombay as well as in Bangalore and in Punjab, Delhi, United Provinces and Mysore.

From 1875 onwards, a number of Dufferin Hospitals were started for women and children in the country with the support of the countess of Dufferin Fund. In 1885, the “National Association for supplying Medical Aid by Women to the Women of India” was established. This Association continued to work for provision of Medical Education and Nursing Education for Women in India. Accordingly, training schools for Indian women were started in various Dufferin Hospitals like Cama Hospital, Mumbai, Lady Lyall Hospital, Agra, Victoria Caste and Gosha Hospital, Chennai, Victoria Zenona Hospital, Delhi and Lady Aitchison Hospital at Lahore.

In 1908, the Trained Nurses' Association of India, a Nurses' Professional Organisation was formed. Since its inception, the Association has been active in promoting the standards and status of Nursing and has been the force behind most of the educational reforms. One of the earliest steps for obtaining uniform standards in nursing was taken in Mumbai by the formation of Bombay Presidency Nursing Association in 1909.

From 1911, until the contribution of the Bombay Nursing Council in 1935, this Association was responsible for the inspection and recognition of training schools, prescribing the curriculum, conducting examinations and registration of Nurses and midwives.

Simultaneously, large number of Mission Hospitals started training schools for Nurses and midwives. In the beginning, only the European and Anglo-Indian girls were taking up training in nursing and midwifery. There were many obstacles in getting candidates from Indian Society for training in this profession. The deep seated inhibitions of caste and the purdah system prevented Hindu and Muslim girls from entering into this profession. However, Christian girls took a lead in taking up training in Nursing profession. Despite all these difficulties and frequent disappointments, candidates from Indian Society have been selected by many schools for training in nursing services.

At first, the duration of training, the contents of the course, the language of training and the pattern of examination were worked out independently by the hospitals, which offered training in nursing. The first attempt to organize the systematic training of Nurses and their public examination was made by the Mission hospitals in north India in 1872. The formation of Board of Examinations at first in North India, and later in South India and Mid-India, resulted in framing of rules governing admission to the board, standards of training, curriculum and examinations.

In 1911, a Nursing Committee of the South India Medical Association was formed to draw up a scheme for the training and examination of Nurses. During the period from 1920 to 1939, the training of Nurses and Midwives became more standardized and training schools were established in all the provinces of British India and also in many of the Indian States.

The first Nurses' Registration Act was passed in Madras in 1926 followed by Punjab Nursing Council Act in 1932 and Bombay Nursing Council Act in 1935. By 1939, Nursing Councils were established in almost all Provinces except Assam. Various grades of training for nurses, midwives and Health visitors had also developed.

The duration of the course in General Nursing has been three years, and many states adopted "Senior" or "A" Grade and "Junior" or "B" Grade in nurse training, which applied to both male and female nurses.

The Trained Nurses' Association of India had for a long time urged the setting up of an all India Nursing Council whereby it would be possible to establish a uniform standard of training and certification throughout the country for Nurses, Midwives and Health Visitors. In December 1947, an Act to constitute the Indian Nursing Council was passed. This Act extends to all the states of the Indian Union except Jammu and Kashmir.

The courses in General Nursing were revised and curricula were prescribed for two grades of Nurses – Junior Grade and Senior Grade. The Junior Grade Course was of three years duration in General Nursing and a Senior Grade Nurse had to undergo a minimum of six months of Midwifery training. In 1954 a special provision was made for male nurses in lieu of Midwifery for female nurses. In 1954, Public Health was integrated into the Basic Nursing Course. In 1956, the minimum requirements to be fulfilled by a training institution offering a GNM Course were added to the regulations. The course had been revised at first in 1963 and next in 1982. Three years of integrated programme of GNM was prescribed in 1982, which is implemented by almost all the State Nursing Councils. It is mandatory for all the State Nursing Registration Councils and Examination Boards to implement the syllabus and follow the regulations for the purpose of recognition of the course and for reciprocal registration etc. By 1998 there were 651 GNM Schools of Nursing in the Country which are recognized by Indian Nursing Council. There are many more state recognized schools, which are yet to be recognized by the Indian Nursing Council. These are Government, Private, Voluntary and Mission Schools.

During the late nineteenth and early twentieth centuries, there had been an acute shortage of trained teachers through out the country. There were very limited opportunities for higher education for trained Nurses abroad because of heavy expenses. Due to a consistent pressure from Trained Nurses Association of India, and other organizations, courses in Hospital Administration and Sister Tutor Programmes have been started in Delhi in 1943 and later in Madras, Vellore and Indore. Since then the courses have increased in number and variety. Starting of a course in Psychiatric Nursing especially for male nursing students in lieu of Midwifery and the Training of Nurses in Public Health had been the important developments in the field of Nurse Education.

B. Sc. Nursing (Hons) was started at Delhi in July 1946 in the school of Hospital Administration which was started in 1943. A similar course in B. Sc Nursing was started at the CMC, Vellore, Madras University, Tamilnadu in 1946 by the joint Church Society of England, USA and Canada. Following the successful experience of these two colleges and on the recommendations of various Education Commissions, conferences and workshops held by TNAI, the WHO and the UGC, some more colleges came up in different states affiliated to different State Universities. The Leelabai Tackersy College of Nursing (SNDT Women's University), Bombay (1952), College of Nursing (All India Institute of Medical Sciences), New Delhi (1969), College of Nursing in Indore in 1960, College of Nursing, SMS Hospital Campus, Jaipur, Rajasthan in 1963, College of Nursing, Armed Forces Medical College, Pune in 1964 and Colleges of Nursing in Bangalore in 1972, Calcutta in 1974, Vishakpatnam in 1979, were among the first few to start B. Sc course in Nursing.

Presently many private colleges have come up, especially in Karnataka, Tamilnadu, Andhra Pradesh, Kerala and Maharashtra.

In consonance with the philosophy of continuous education and to have a broad and sound preparation for up gradation of professional standard, two years Post-Basic / Certificate B. Sc Degree Programmes for Nurses with Diploma in General Nursing and Midwifery was started in 1962 by the School of Nursing, University of Thiruvananthapuram. Gradually many other Colleges of Nursing started offering similar courses. The need to prepare the Nurses for senior positions in Nursing Services, Nursing Education, Administration and Research has led to the Starting of two years course in Master of Nursing (M. Sc in Nursing) at the College of Nursing in New Delhi in 1959, in CMC Vellore in 1969, and subsequently in Mumbai, Chandigarh and Ludhiana.

Of late, M. Phil and Ph. D programmes have been started by various Universities in India in order to strengthen the research capabilities of Nurses. The need for continuing education for the advanced study and career development for trained Nurses has been recommended by various committees. Hence, in-service deputation of the staff for higher studies to keep them abreast with the changing technology and health care trends in the country.

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