



THE INFLUENCE OF MIDDLE EAST OIL ECONOMY RELATED SOCIAL CHANGES ON NURSING EDUCATION IN INDIA

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Abstract: This study has been undertaken to investigate the influence of Middle East Oil Economy related social changes on Nursing Education in India. A qualitative focused group interview was carried out among Veteran nurses, Nurse educators, and Hospital Administrators at tertiary care teaching hospital South India. Results revealed that, the oil economic boom resulted in the middle east Asian countries opened a way for Indian Nurses. Nursing professionals got a golden opportunity to work there and earn more money. This has resulted in changes in the nursing education in India.

Index Terms – Middle East Oil Company, Veteran Nurses, Nurse Educators, Hospital Administrators and Nursing education

I. INTRODUCTION

The role of education as an agent or instrument for social change and development is widely recognized today. Social change may take when humans need change.

India is considered the second largest exporter of nurses after the Philippines. Many Indian nurses have migrated to work in OECD countries, the Gulf countries and some ASEAN countries. While Indian nurses are migrating overseas to fill shortages at their destinations, India has itself been suffering from an acute scarcity of nurses since its independence in 1947.

According to Maclver, social change takes place as a response to many types of changes that takes place in the social and non-social environment. Education can initiate social changes by bringing about a change in outlook and attitude of man .It can bring about a change in the pattern of social relationship and thereby it may cause social changes.(Shelly Shah, 2017)

Social changes were taking place rapidly but an alarming absence of public health and sanitary measures continued. The ratio of nurse to patient remained dangerously low. The opening of nursing schools and colleges gave nursing profession a higher social and economic status, than it had previously known. The formation of Indian Nursing Council brought about change in nursing education in the post-independence period. (Abbas S, 2020)

The economic growth resulted from the identification of oil and natural gas in the gulf region has remarkably changed in the life of the people in the Middle East and South East Asian Countries. Labourers and professionals flocked to these Middle East countries in search of employment. With a booming economy, trained professionals got a golden opportunity to earn. What was the influence of these economic changes on a profession like Nursing? Definitely these changes have brought many life style changes of the Middle East, and countries like Philippines, India, Sreelanka and Pakistan. This study attempts to assess the influence of Middle East oil economy related changes on Nursing Education in India.

Objective

To assess the influence of social change due to economic growth resulted from the identification oil and natural gas resources in the gulf region, on Nursing Education in India.

II. Methodology

Research Design : Qualitative Design

Technique : Focus Group Interview

Setting Of the Study : A tertiary care teaching hospital, Wayanad, Kerala, South India

Population : Veteran nurses, Nurse educators, and Hospital Administrators

Sample size : Eleven

Hospital administrator & Nurse educators 6

Veteran Nurses 5

Sampling Pattern : Non probability Purposive sampling

The participants were informed about the purpose of the study and were requested to participate in the focus group interview. Few of the participants had more than 40 years of experience in the field of health care.

Criteria for Sample Selection

- Hospital administrator with more than 40years of experience in this field
- Nurse educators who had worked abroad and India more than 30 years
- Veteran Nurses with more than 30 years of experience in nursing

Tool

25 open ended questions were posed to the focus group members by the researchers and some of the responses from the group guided the researchers to ask more questions

Data Collection

A maximum sample of 11 adults were selected and semi structured in-depth interviews were conducted in 2 focus groups. Interviews were recorded and transcribed.

III. DISCUSSION AND FINDINGS

The following are the findings of the study

Attitude:

One hospital administrator shared the following points which were agreed by others

Fifty years ago majority of the people in gulf region were poor since they had few resources. Education and health care were poor. But when the Europeans helped them to develop the identified oil and natural gas resources in to an economy it changed their life style. More of the development in the field of infrastructure, roads industries and health care happened. Their money power enhanced and their purchasing power. They were lacking manpower and brain power which they were ready to purchase from other countries. Since they had no trained nurses they were ready to recruit nurses from India were there were trained nurses due to post independence changes in the field of nursing training. They came to realize the value of health care. So they purchased our nurses with good salary and other benefits

Impact of this purchasing power regarding nursing education was described by most of the participants in the following ways;

Earlier only Christians used to go for nursing since it was considered as a service in line with the works of Jesus Christ. Priests motivated young Christian girls for this vocation. They remained unmarried and served the patients with devotion and all nursing leaders of yester years belong to this category.

Only very few Hindus and Muslims used to come for this profession. Hindus and Muslims were never preferred their females to be exposed to the public. Hence there was reluctance. Crossing the seas was a taboo for Hindus.

Later on when Gulf opportunity become evident, Christian families improved due to the money they earned through their daughters who were nurses. This motivated Hindus and Muslims too to join Nursing Profession, Muslims were referred in Gulf countries. So more of the Muslim women came forward for this profession

Socio economic Group

From the low socio economic group to all socio economic groups started joining for nursing.

One administrator started, *'I had students from very poor families. Most of them were not having even adequate number of dress to wear'*.

Almost all participants agreed majority of students who joined Nursing in the initial period were from poor families. Their aim was a job, to look after their families and themselves. Now a days candidates from all socio economic group prefer nursing.

Institutional Growth

One Veteran nurse expressed her view;

In India, there were only few nursing educational institutions during 1960's. During that period only few used to join for nursing.

The oil economic changes in the Middle East Asian countries helped trained health professionals to work there and earn more money. As a result more candidates came for nursing. In order to meet this demand more institutions got started and the number of seats also got increased.

Curriculum Changes

Though nurses mentioned that the candidates who used to join in nursing in olden days had either passed or failed in tenth standard. But Gulf countries demanded skilled nurses and this has resulted in better training for nurses. Administrator do not agree with this point. The curriculum changes were viewed as a result of changes that happened in the field of Medical sciences.

Many of the participants agreed, *the entry of male candidates in nursing is mainly because of the Middle East oil economic boom, which had given them job opportunities and increased payment.* Muslim countries preferred men to work in male wards.

Impact on Higher education

One of the participants shared her experience;

"after my appointment at Middle east oil company with good pay, I got admission for Master's degree in CMC Vellore. But I did not feel to leave my job and go for higher studies because of the high payment I was getting from Gulf Job. Now I am regretting."

Like me many people did not go for higher education in Nursing due to this Job opportunity abroad. So higher education in the field of nursing is difficult for nurses working and who has family.

One of the nurse educators, who has been the state SNA advisor for a decade, shared her opinion;

"Because of the very good payment offered by the gulf countries, most of the nurses migrated and there was a brain drain. Because of this quality of nursing care in India became poor when compared to those Gulf countries."

Nurse educators told that the post basic BSc program started at Govt. College of Nursing Trivandrum got cancelled as there were no candidates to join for the course. This was a negative influence on higher and continued nursing education in India .Gulf countries do not differentiate nurses based on their qualification till recently. So there was no motivation for GNM's to go for BSc or MSc program. There was no difference in salary or jobs. Nobody wanted to resign their well paid jobs for the sake of higher studies which offered no attraction at that time.

One administrator, felt that

"the money gain was transitory and it has affected the nurses' families badly in the sense. The children and aged parents were left uncared."

Emerging Theme

One of the social changes that probably had a negative impact on professional nursing is brain drain of nurses from India and higher education being blocked for many deserving candidates.

In a state like Kerala Nursing Education has made it a women economy. Women become economically independent which has resulted in some amount of liberation for them.

Few participants expressed the view of

“Nursing made women an economy factor ‘a cash crop’ and this has resulted in reduced spouse abuse”.

Thus nursing educational boom as a result of change in Gulf economy had paved way to a social change in making our economy a knowledge economy through nurses.

IV. DISCUSSION

This study has been undertaken to investigate the influence of Middle East Oil Economy related social changes on Nursing Education in India. The oil economic boom resulted in the middle east Asian countries opened a way for Indian Nurses. Nursing professionals got a golden opportunity to work there and earn more money. This has resulted in changes in the nursing education.

Socio-cultural norms have reinforced the concept of gender-based segregation on the basis of role assignment. This has caused less acceptance of male nurses, because society does not consider nursing a suitable profession for men. The inherent qualities, traditional household roles, and fundamental nature of work are preferable characteristics that adhere to female nurses only. The gendered context is the construction of an identity of a person which is highly relevant to the division of labour work on behalf of performativity. In patriarchal societies, the continuous observance of gender roles denies the entry of men into female-dominated professions, but when men do come to join the nursing profession, they cannot sustain their prevailing role of hegemonic masculinity (Harding T, 2000).

In this study participants agreed, the entry of male candidates in nursing is mainly because of the Middle East oil economic boom, which had given them job opportunities and increased payment. The presence of male nurses in the healthcare system changed over time. On the one hand, male nursing is beneficial for sharing the burden of duties, workload and gender balance within the profession. But on the other hand, male nurses are seen as separate identities in this feminine domain, which results in feelings of isolation and affirms their sense of not belonging or being acknowledged as part of the profession (Meadus RJ, 2009)

V. LIMITATIONS

The overall limitations linked with qualitative research also apply to the interpretation of this study. One might expect that the study population is quite selective, as respondents have been recruited from large public and teaching hospitals. Furthermore, their willingness to participate in the study may lead to a selection bias. For that reason, it is not clear in how far the results are generalizable. A further limitation may occur in the form of data analysis. Although a thematic analysis is based on the articulated phrases, not expressed attitudes and non-verbal information has not been included. Religious practices and beliefs play a major role in perceptions and practices in the study region. Therefore, these aspects may have influenced the perceptions and reports of the study participants.

VI. CONCLUSION

The oil economic boom resulted in the middle east Asian countries opened a way for Indian Nurses. Nursing professionals got a golden opportunity to work there and earn more money. This has resulted in changes in the nursing education.

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