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NURSING AND MIDWIFERY IN PAKISTAN

by

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I INTRODUCTION

In Pakistan the nursing profession still labours under the stress of many problems, some of which are traditional and others acquired. The recruitment still lags behind the demands that are increasing rapidly. The educated and well trained girls are seldom attracted to join the nursing profession because of lack of proper image of the profession in general, and unattractive training conditions in particular. On the other hand, the community today is more conscious about health and expects a high standard of health services. This demand has brought about an expansion in our health services. But the proper administration of these services has been hindered due to shortage of personnel of all categories. "Involved in all of the problems is the relentless one - whether the pay and conditions of services of nurses are adequate to attract and hold the necessary numbers and quality of personnel". 1/

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1/ Herman Finer Adm & the N.S. The MacMillan Company, New York 1961.

II NEEDS IN NURSING AND MIDWIFERY

In this chapter, I shall mainly talk on the needs at various levels as compared to the population of Pakistan which is now about 120 million. For this population, we have only 5 000 registered nurses. This gives a ratio of one nurse to 24 000 people. The Public Health field is serviced by lady health visitors and midwives as far as Maternal and Child Health care is concerned. The needs in various other fields cannot be met at present, as the demand in various fields remains greater than the supply.

In Pakistan, the Central Institutions are only three in number, as the responsibility in the health sphere mostly lies with the provinces. East Pakistan with a greater population has relatively fewer nurses, health visitors and midwives than there are in West Pakistan. In both the Wings, health facilities and personnel are concentrated in the urban areas, leaving the rural areas with 87 percent of country's population without some of the basic minimum of medical care. Much of the medical care in villages is given by non-professional personnel. Perhaps I will not be wrong if I say that even today there are people among the villagers who have access only to non-scientific methods of treatment.

If these factors are taken into consideration, the picture of our health services does not appear to be too bright. Our Government is very keen to accelerate better health standards for the people and thereby the pace of economic development in the country. During the period of 1965-70 a sum of Rs. 900 million had been allocated for the general health sector. The major sub-sectors for which the allocation was earmarked included the Malaria Eradication programme, Hospital beds, rural health centres, Tuberculosis Control, Medical Education and Training. The achievement of the Third Plan fell short as compared to the target in certain areas. The position with regard to these achievements (see Annex I) shows failure in the implementation of rural health programmes resulting from

delay in allocation of funds and lack of trained manpower. This also caused delay in the provision of hospital beds.

Under the Rural Health Services, each Union Council is to be provided with a health unit. Each centre with three sub-centres would serve a population of 50 000. It means we need to develop 7 467 health units in the country, of which 4 055 would be in East Pakistan and 4 312 in West Pakistan. These units, particularly sub-centres are to be manned by para-medical personnel till such time as doctors are made available. Besides para-medical personnel, the Government of East Pakistan needs 6 000 more nurses, 2 500 lady health visitors and twenty-five midwives, and in West Pakistan, 7 500 nurses, 2 781 lady health visitors and 2 024 midwives are required during the period of 1970-75.

The new strategy during the coming years will be to give preference to preventive services over curative services, to assign priority to development of rural health services and to integrate the various unipurpose programmes, i.e. family planning, malaria eradication programmes etc. with basic health services. For the effective implementation of these programmes we need to train the required number of nurses without delay.

The Government of East Pakistan has only five training centres which turn out fifty-sixty trained nurses in a year. One can easily imagine what effort will be required to be put in to enhance the output to more than a thousand a year.

III QUALITATIVE AND QUANTITATIVE NEEDS IN THE FIELDS OF NURSING AND MIDWIFERY

Quality of service cannot be maintained without quantity. When the number of personnel required for a service is less, then the persons in service will be under pressure. This pressure will eventually lead to inefficiency in work. No doubt this will arise disgust and despondency in a competent and conscientious nurse. The race for achieving a greater number of nurses in a shorter period

may also call for the sacrifice of quality. Quantity, therefore, is an inherent factor of quality.

Even though quality is desired, but the demand for urgent needs in administration, supervision, teaching and specialization cannot possibly be ignored. In developing countries, we need to reach a standard of quantity first, then only we could think and plan for quality. In this age of specialization and rapid devdevelopment, when there is decrease of quality in general education there is scarcity of staff everywhere it is desirable to proceed patiently. The other alternative would be that more than one category of nurses need to be trained.

An illustration of these considerations may be found in the situationsin Pakistan.

Following independence we had less than twenty nurses who were prepared in any kind of specialized nursing.

It was this dearth which stimulated an interest in the establishment of a post-graduate college in nursing in Karachi. So far 200 nurses have received training in this college and are working in different capacities in our hospitals, wherever training schools are attached.

The number of this personnel available in nursing service administration is by no means adequate, as the country is in need of large number of nurse administrators. Shortage of nurses accentuated by the heavy burden of non-nursing duties on Ward Sisters has decreased the quality in administration.

Similarly there are a few problems in teaching jobs. Limitation exists as far as the availalbe posts are concerned. Teachers are only employed in theoretical areas. Practical training is hardly supervised throughout the training period. Supervision of any kind is only given during the preliminary training period. The second and third year students are expected to learn by trial and error method. The Pakistan Nursing Council has now decided that Clinical

Instructors should be employed for the supervision of practical training of the student nurses. This decision has actually created multiple problems for us. We need a large number of teachers for the effective running of our teaching programme, but because of lack of incentive in the teaching jobs, we suffer both qualitatively and quantitatively. The present pay scales of the teachers are less than those engaged in nursing administration. This situation has obliged us to lose a number of qualified personnel for better prospects in administrative posts in the country and abroad.

Similarly, nurses do not get attracted to supervisory and specialized nursing fields. First of all, public health nursing is almost non-existent. It exists only in the Maternity and Child Health Field, which is being taken care of by the Lady Health Visitors. The few trained public health nurses available in the country work as Assistant Inspectresses for supervision of the workers in the MCH field.

In other specialized areas like tuberculosis psychiatric nursing, etc. no additional incentive is provided. The trained nurses do not like to work in these fields unless they are compelled under the service rules. Moreover, the dearth of qualified nurses in general nursing is so great that one can hardly think of staffing these institutions with fully trained nurses. As an alternative practical nurses, both male and female, have been trained for a year for service in the special hospitals. Recently, the Pakistan Nursing Council has worked out course outlines for six specialized courses, such as tuberculosis nursing, public health nursing, psychiatric and ophthalmic nursing, and operation theatre techniques, along with midwifery training. These courses are expected to be started in the near future.

But the programme of special care cannot progress until and unless specially prepared nurses are also available to render skilled care.

IV PROBLEMS PRESENT AND ENVISAGED

1. Scarcity of trained nurses plays a serious role at all levels

We inherited this shortage at independence. There were only two government nursing training schools and another half a dozen were attached to Mission hospitals. These schools were located in West Pakistan. Now we have five government schools for training nurses in East Pakistan and twenty-one training schools in West Pakistan having 1 600 places for students' admission. These schools produce 350 or more nurses per annum and the magnitude of this shortage has been slowly decreasing. (See Annex I).

2. Lack of status as Nurses

Status may be:

2.1 A function of comparative poverty or affluence

Nurses in general are not granted much status. But the social and cultural pattern of our society is such that without status a person/or her work is not recognized. If today our Government grants Class-I status to all our nurses, they will immediately be lifted to a higher status of the society, claiming respect from the public. In USA or UK the position is quite different. Nursing as a profession enjoys a high status. There is no need for granting any special status to their services. The salary of our nurses is also very low. Consequently, living coditions and accommodation are unfavourable. As a result, nursing is given lowest priority by our girls in the choice of career. They are more attracted to other relatively prospective and socially established profession leaving only a few for nursing education. (See Annex II for Nurses Salary Structure).

2.2 A function of dignity, personal as well as social

People generally do not recognize or look upon a person unless he

or she is a degree holder. Nurses are given diplomas after three years of training.[1] Even though their curriculum is quite tough as compared to those of other courses, and the standard of their training is also very high, it does not mean much to the public. In the present pattern of education of the nurses, the nursing students are treated as employees as they are paid stipends during training and work their way through the training course by serving the hospital. The attempt to change this pattern of education is always met with opposition, specially at the Provincial and institutional levels, as many of our hospital nursing services are maintained through the students' cheap labour. This is so because the number of qualified nurses is inadequate to meet the demands. The excessive time spent in the practical field produces exhaution and a distaste for the profession. This results in a deterrent effect on those recruits who might otherwise be prepared to join the profession.

Moreover, the social and cultural values of the country demand degrees for any recognized studies. Without degrees the nursing profession cannot command professional regard.

2.3 A function of respect, self as well as social

Commitment to the job is necessary for gaining respect, self as well as social. What I mean by "Commitment" is internalization of the medical way of life and complete acceptance of the aims, ideals and the forms of the nursing profession.[2] If a person is really committed to a job, he or she never needs any supervision. He or she

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[1] It should be mentioned that in Pakistan diplomas and degrees are two different things. The former is rated comparatively inferior than the latter.

[2] W.E. Moore and A.S. Feldman, (EDS) Labour Commitment and Social Changes in developing economics Council of social studies, New York 1961.

will do the job as being devoted to it. When this condition is created amongst nurses, they will gain self respect which ultimately will command social respect.

This feature is lacking greatly among nurses. The result of this deficiency is a nursing "drop out".

Other reasons for lack of self respect are connected with the previously mentioned system of education, and lack of status and equality in the health team.

V ILLUSTRATION OF AN EXISTING OR ENVISAGED PROBLEM

1. The development of the Psychiatric Nursing component of a Programme of Nursing Education

"The basic principles of mental health, once learnt, experienced, and accepted as part of one's working philosophy are applicable in all situations whether of health or illness."[1] The problems with which the nurses are confronted daily in nursing and midwifery services are mostly human problems and it can be best handled if they have a background in the subject. Their knowledge will help them to interpret each little action of a patient in a meaningful way and they will be able to deal with the situation accordingly. This awareness called for the revision of nurses basic curriculum. A course outline of thirty hours has been added to increase the nurses' sensitiveness to patients needs. In addition, practical training is also given as part of their course. The students learn the different behavioural patterns which are considered to be expression of emotional as well as human needs.

In the field of public health, the nurses are committed to meet the whole needs of the patients. Where principles of mental health are integrated in the programme, this will enable them provide understanding, support and encouragement to the patients as well as to the community which they serve.

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[1] Rita McEwan, Nurse Instructor New Zealand Post-graduate School for nurses and Nasserch A. Roboobi, Teheran, Iran Mental Health - The Pivot of Human Relation- [illegible] Gazette, October 1969.

In the past specially prepared practical nurses were being utilized in the Mental Hospital. Gradually the incidence of mental illness is rising. This rise has brought a considerable expansion in the facilities for giving specialized care. The Medical as well as the nursing staff are being specially prepared for giving the care. The Pakistan Nursing Council has decidedto introduce training in psychiatric nursing for a period of one year as a post-basic programme. This will be introduced in a city where learning experiences are available.

2. The staffing and inherent functions in:

2.1 A patient care unit

In a patient care unit or a ward, a ward sister remains in charge. She may have one or two staff nurses assisting her. If the hospital is a non-teaching institution, the auxiliaries popularly known as Aya, or ward boys, sweepers and sweeperesses work along with the nurses. In a training institution student nurses work during all three shifts of duty. Usually thirty-forty patients are looked after in a ward. The Ward Sister is mainly responsible for the nursing services for these patients. Apart from this she has to discharge a number of other non-nursing duties. She is to indent medicines, diet, ward equipments, stationeries, exchange dirty linen with clean, maintain ward stocks, answer telephones, etc. In a teaching institution she is also responsible for supervising the students' practical work. If a medical college is attached to the hospital, she has certain peripheral responsibilities with regard to medical students attached to patients.

This highly complex character of her responsibilities as nurse in charge leaves her in sheer confusion. She fails to devote time to the care of the patients. In case of any mistake in the treatment of patients or administration of the ward she is answerable to matron, doctors, patients and patients relatives.

2.2 A Health Centre

Under the Rural Health Services programme, a health centre with three sub-centres is provided to serve a population of 50 000. Each Union Council will have such a health centre by 1975.

These health centres are backed by a graded hospital service beginning with the Tehsil Headquarter Hospital and going through the district Headquarter Hospital to the large centres of specialist medical relief attached to the major medical teaching centres. On the administrative side the success of the scheme of health services in the rural areas depends mainly upon an efficient and strict system of administrative control and effective supervision. In each district, there will be a District Health Officer with a provision of transport for inspection and supervision of field work. In each Tehsil-sub-Division, there will be an Assistant District Health Officer to assist the District Health Officer in the supervision of the rural health programme, the existing dispensaries and the preventive staff working in the Tehsil-sub-Division.

2.3 The staff of one rural health centre and its three sub-centres

i. Primary centre

Medical Officer (man)	1
Medical Officer (woman)	1
Dispenser	1
Dressers	2
Laboratory Technician	1
Health Technician	1
Lady Health Visitor	1
Midwife/Nurse Dai/Trained Dai	1
Clerk	1
Driver	1
Fitter	1
Sanitary Patrol	1
Peon	1
Ward Servants	2
Other ancillary staff including cook	6

ii. Sub-Centre

Health Technician	1
Midwife/Nurse Dai/Trained Dai	1
Sanitary Patrol	1
Peon-cum-Chaukidar	1
Sweeper (part-time)	1

These health centres will play the dual role of providing medical relief and of taking an active part in the preventive campaign. It will also organize special health services for mothers and children, school children and industrial workers as well as other diseases like malaria, tuberculosis, mental diseases and some others. In order to expand the existing hospital facilities in rural areas, a few beds may be attached to these centres.

3. Preventive Aspect of Midwifery Care

Maternal and child health care is provided by Maternity and Child Health sections of health centre. These services include ante-natal and post-natal care infant and todlers clinics, home visiting, family planning services, nutrition, mother craft classes, immunization, dais training and domiciliary midwifery services.

In East Pakistan the Government provides the building and services of the staff. UNICEF assists with supplies of drugs, standard maternity and child health equipment and health education materials. Besides lady doctors, public health nurses and lady health visitors work in MCH services.

Maternity and Child Health activities are supervised by inspectresses (lady doctors) and assistant inspectresses (public health nurses) for maintaining the quality of services. They are responsible for the supervision of MCH activities and training of dais. They also give guidance to the Health Visitors. The Health Visitors provide health care to mothers and children in the clinics, out-patients departments and homes.

VI SUMMARY

At the time of Independence, the number of trained nurses in the country was very small. While there has been considerable expansion of health services and facilities in the country. The number of trained manpower to meet these needs has lagged behind particularly so in the field of nursing. The number of training institutions has increased but these facilities have remained under utilization.

The image of the nurse has remained traditionally low and the terms of training and services have remained unattractive. Even the limited number of qualified nurses, who have had post-basic training as teachers and ward administrators, are under severe load of service, a good deal of which is regretably of a non-nursing nature. What is most urgently required is not an increased number of training schools, but a radical improvement in the training and service conditions of nurses so that the image of the profession, as a whole, is brightened.

One other important need is to develop appropriate educational and training courses for various levels of nursing personnel to suit men and women of various educational and aptitude levels. It is very unlikely that even a crash training programme aimed at providing fully qualified nurses at every level of health services will be successful in many years to come.

ANNEX I

Category	Plan Target	Achievements
Doctors	4 800	5 000
Nurses	1 800	1 600
Lady Health Visitors	1 700	900
Hospital Beds	12 800	16 500
Rural Health Centres	547	167
Sanitary Inspectors	-	700
Para-medical Personnel	-	1 500

COMPARISON OF THE NUMBERS OF HEALTH PERSONNEL IN PAKISTAN FOR THE YEARS 1948 and 1970

	1948		1970	
Category	Population numbers	Ratio to Population	Population numbers	120 million ratio to population
Doctors	3 500	1: 20 800	20 904	1:5 350
Nurses	370	1:227 000	4 847	1:13 074
Health Visitors	180	1:405 000	1 227	1:81 140
Midwives	1 250	1: 58 400	4 300	1:22 100

ANNEX II

Sl No.	Name of posts	Existing prescribed scales of 1948	Revised prescribed scales
1.	Matron	Rs. 350-35-5-525	Rs.350-35-525-EB-40-685
2.	Asst. Matron	Rs. 220-8-260-EB-10 300- plus Rs.30/- special pay	Rs.305-10-355-EB-15-400/- plus Rs.35/- special pay
3.	Sister Tutor (Grade I)	Rs. 185-195-15-300- plus 50/- s.p.	Rs.265-15-355-20-395/- plus 60/- s.p.
4.	Sister Tutor (Grade II)	Rs. 160-10-250/- plus Rs.60/- s.p.	Rs.240-10-300-15-345/- plus Rs.60/- s.p.
5.	Sister (Grade I)	Rs. 185-195-15-300- plus Rs.25/- s.p. when posted in operation theatre	Rs.265-15-355-20-395 plus Rs.30/- s.p. when posted in operation theatre
6.	Home sister	Rs. 185-195-15-300	Rs.265-15-355-20-395
7.	Sister (Grade II)	Rs. 160-10-250-plus Rs.25/- s.p. when posted in operation theatre	Rs.185-10-205-15-325 plus Rs.30/- s.p. when posted in operation theatre
8.	Staff Nurse/ Nurses	Rs. 125-10-225 plus Rs.25/- s.p. when posted in operation theatre	Rs.185-10-205-15-325 plus Rs.30/- s.p. when posted in operation theatre
9.	Student Nurse	Rs.40/-(fixed) plus allow. (1st year) Rs.50/- (2nd year) Rs.60/-(fixed) plus allowance (3rd year)	(Rs.80/- 1st year allowance) Rs. 95/- (2nd year) Rs.110/- (3rd year)

A glance on this chart gives a gloomy picture, when a totally uneducated and unskilled labourer is paid a salary of Rs.140/- p.m. these days. How can the society look upon nursing with such low salary as a respectable profession?