

# CASE STUDY 6



*...implementation of the ILO policy on decent work in health care institutions, better regulations and their enforcement to ensure that standards are maintained in the colleges of nursing, improvements are needed in the work environment to promote better nursing care...*  
- Mary Anthony

**MARY ANTHONY** is the Principal of a nursing college in Kerala, India and has been working in this position since 2007. She hails from a small town in central Kerala and is the eldest of the three daughters. Her father was a superintendent in the education department of the Government of Kerala and her mother was a teacher. Mary completed her Bachelor's degree in nursing in Kerala in 1988 and her Masters in Nursing from a premier institute in Bangalore in 1993.

Sherin specializes in Psychiatric Nursing. With an interest in the academia, she completed an M. Phil in Rehabilitation and Behaviour Science in 1996. She worked in Oman for six years. Currently, she is pursuing PhD studies from a university in Kerala. Mary's husband is a Professional Nurse and she has a daughter.

## PRE-MIGRATION

After completing her preliminary nursing training, Mary worked for three years as a nursing instructor in a college of nursing in Coimbatore, Tamil Nadu. After completing her Masters, she taught briefly in the same college before joining a noted institute in Karnataka. Though she continued to acquire higher degrees, her salary was in no way commensurate with her qualifications and experience.

Mary's husband was working in Saudi Arabia, but, at that time, jobs there did not allow spouses to accompany their partners. Newly married, she wanted to stay with her husband and also plan for her own family. "So, we decided it would be better that we go to a place where both of us can work together," she says. At the same time, Mary was undergoing treatment in India for certain medical complications, but the treatment was very costly. A large chunk of her husband's salary had to be spent on the treatment.

She was informed by friends that some hospitals in Oman provided quality treatment for conditions similar to hers and if she worked there, the treatment would be free. This information motivated Mary and her husband to seek work in Oman. "I was

not keen to leave India. I believed in serving the country,” she says. The low salary and high medical costs here urged her to work abroad to meet her personal expenses. She learned about opportunities in Oman from her friends who were working there. She was selected directly by Government officials from Oman, through a written test and interview.

## MIGRATION

Mary and her husband migrated to Oman in 1998 where she joined a reputed institute as a Senior Clinical Instructor. Upon arrival, she was provided a fully furnished villa. Being a new employee, she underwent a short orientation programme, of one week, organized by the institute.

Her primary job responsibility included training the nursing students and nurse educators. She was responsible for organizing theoretical training as well as assisting students in the clinics. She also supervised them while they provided nursing care to the patients. Mary was well qualified and was given the charge of ‘continued education and quality improvement of nurses and nursing educators’ in the hospital. She held the additional charge of internship coordination and training of preceptors.

Working in Oman was an excellent professional experience for Mary. She established good working relationships with all her colleagues. She received respect and acknowledgement for her work from the students and her colleagues. The work environment in the institute was exceptionally good. “Nurses are treated as health professionals,” she recounted. They are recognized, appreciated and valued for their work. In India, this was less common. She feels that in India, the work pressure, lack of good facilities and equipment for procedures negatively affects the quality of care.

Being an astute academician, she compared the teaching system in India and Oman. She concluded that, in India, the learning mechanisms for the methods and procedures was through textbooks, which is different than when learning through practical experiences. The training is also different between the countries. In Oman, students were trained in a standard way that ensured uniformity in knowledge of medical procedures throughout the country. Protocols are followed for conducting procedures correctly. In contrast, India lacks protocols and clear standards, often leading people to resort to improvisation while performing the procedures using whatever facilities/equipment are available at the moment.

Mary received some opportunities for professional growth while in Oman. The country was in the process of developing its own Nursing Council at that time and the Dean of her institute was a member in the council. Since Mary held an MPhil degree, she was qualified to contribute substantially to the institute. She was given the opportunity to participate in designing the Nursing Council, for which she reviewed and helped prepare the policy documents and guidelines. She can proudly look back and speak of her contribution in establishing the council which is functioning successfully now. Mary was also the member of the Psychiatric Nursing Task Force under the Director General of Education and Training of Muscat. She prepared the course book for the teachers and students while she was in Oman.

Culturally, Oman was in some ways similar to India and there were no restrictions. Mary and her family could enjoy their life freely. They could attend churches and participate in the Sunday services. She was able to avail the best treatment for her medical complications in Oman and was ultimately cured of the problems.

The people in Oman were very friendly. There were people from all parts of the world. The Government officials in Oman were always ‘protective’ towards foreigners. Administrative officers deputed by the government were responsible for their welfare. After some time, her husband left for India to pursue higher studies. During that period, she lived alone with her child and a caretaker, but did not feel insecure in any way. Good remuneration, structured work conditions, and additional benefits motivated her to continue working there for six years.

The salary in Oman was less than other Middle East countries. There is no scope for higher education in the Middle East and this, Mary feels, is a major lacuna that affects professionals there. Analysing her work, she concluded that her professional growth was being affected by the fact that she was working in an undergraduate training program; when by the time she had left India she was a part of the Post Graduate and MPhil programs. Moreover, there was no opportunity to take up PhD studies in Oman and Mary was keen to continue her studies.

Alone with her two-year-old daughter, she missed the support and company of her family. She felt that her daughter needed to grow up with her cousins and know her grandparents. She wanted to go back to her roots. She also felt she was not growing professionally and was stagnating in her career.

Since her main objective had not been only to earn a higher salary, she was satisfied with her experience in Oman and did not look for jobs in other countries, when she finished her tenure there. She started looking for jobs only in India and planned for her return home.

Asked if she would like to go back again, Mary says she could go for short assignments if she got the opportunity, but her personal commitments now would not allow her to stay away from home for long.

## **RETURNING BACK**

Mary returned to India in 2005. At that time, many colleges in India were starting post graduate courses and there was a scarcity of post graduate teachers. She and her husband joined the same institute as teachers. However, this was an undergraduate training program and a PhD degree was required to teach in post graduate programs. Mary joined the PhD course in 2006 but could not continue for personal reasons. After resolving those responsibilities, she joined a PhD program again in 2008.

Mary is actively contributing to the training of nurses in India. She works to improve the quality of education in the institutes where she teaches. She organizes continued education for nurses by purchasing books and journals for them and also organizing staff development programs to add to their clinical knowledge and thereby improve health outcomes. She says she is lucky to have a good team with a shared vision of improving quality of care. The hospital management has been supportive, too. Mary feels happy she returned to be with her family and that she has been able to attain success in her endeavours.

She is a part of the Trainers Association of India which motivates nurses for continuing education and updating their knowledge. The association has been organizing Nursing Continuing Education Programs on a zonal level and contributing to building the nursing cadre of India. Until now, 4 education programmes have been organized in Kerala. She believes that such trainings should continue in order to reach all the staff and the curriculum needs to incorporate clinically relevant topics.

The Kerala Nursing Council has introduced training programs and provides registration for five years to nurses who complete 30 hours of credit in Nursing Continuing Education. It is now mandatory for nurses to undergo these programs to order to get registered with the council.

## **LOOKING BACK...**

According to Mary, working in India is often not motivating for nurses -the salary is poor and there is no job security. Staff are often exploited in the private sector and burdened with heavy workloads. Private hospitals often focus on profit-making and do not invest in improving the quality. They do not allocate resources for training their staff or employ any motivational strategies like better pay and work conditions.

Learning from her work in Oman, Mary strongly feels nursing education should have better regulations to improve its quality. According to her, corruption at different levels affects quality, especially the accreditation process. Facilities in nursing schools are not often adequately scrutinized before providing license. Often norms are not adhered to while giving permission to start a nursing college. Norms related to infrastructure and qualifications for faculty positions and their number, are commonly violated. She feels that colleges are permitted to run Graduate and Post Graduate courses without the requisite facilities. Political involvement in nursing education is another disturbing factor. Similarly, the guidelines for teachers' salaries are not adhered to, more so in private nursing colleges.

Mary had several suggestions to improve the quality of work condition of health workers in general and nurses in particular. She would like the implementation of the ILO policy on decent work in health care institutions. She wants better regulations and their enforcement to ensure that standards are maintained in the colleges of nursing. Improvements are needed in the work environment to promote better nursing care. Some of these necessary improvements include higher salaries and provision of supportive infrastructure and facilities. Proper work division between staff members with clear job descriptions and incentives to motivate staff are needed to improve performance. The staff should be encouraged to pursue higher education. Nursing education should be regulated and protocols of care should be established to maintain standards in nursing practice. Career pathways for nurses should be better defined, as well.

## CONCLUDING

Mary feels that major changes are required to woo back the migrant nursing workforce. The country should augment its investment in research related to the nursing profession. This would strengthen the nursing cadre and help it receive its due recognition.

