

CASE STUDY 7



...if a mistake had been committed, own it and try to rectify it by carrying out the necessary steps to manage as it was the patient's life at stake.

- Mrs. Theresa Francis

MRS.THERESA FRANCIS has worked as a nursing lecturer since 2005. She lives with her husband and daughter in Pala, Kerala. She is from a simple Keralite family and was born 8th among 7 boys and 3 girls. Her father was a farmer, who educated each of his ten children. She completed her basic education in Kerala and joined a bachelor degree in arts (B.A.) program but was not sure which profession to pursue. Her elder sister was a laboratory technician and took her along to the hospital where she worked in Orissa. The hospital work and environment impressed young Theresa and she decided to make nursing her profession. She studied nursing (Bachelor of Science, BSc) at a college of nursing in Uttar Pradesh and graduated in 1978. Thereafter, she started her career as a tutor in a well-established nursing college of New Delhi, where she worked from 1984 to 1988. Her younger sister was also inspired to take up the medical profession and is trained as a laboratory technician.

PRE-MIGRATION

While working in Delhi, Mrs Theresa developed a keen interest to work in foreign countries and be exposed to their style of work and culture. She knew working abroad would come with the added advantage of earning a good salary. She had a chance to work in the U.S. where her husband's brother and father were working, but her husband did not think this was the best option because of the differences in the culture and systems. An opportunity in Iraq was also ruled out due to the war situation there.

She applied for a job in Saudi Arabia. Recruitment was through an agency, which received a fee of Rs 20,000- for the process. The interviews were conducted by officers from the Ministry of Health (MoH) of Saudi Arabia. The process was difficult. There were many applicants for the posts and people had to wait in queues for a long time, but her eagerness paid off. Though the interview was for staff nurse posts, the management decided to sign her up for administrative work as her prerequisite work experience of 3 years was in the non-clinical domain. She willingly accepted the post offered. Her documents were processed within 2months. Although her friends got theirs much later, she decided to go ahead alone. She had heard that she may need a parda (veil) and bought one. Other than that, no other preparations were required.

MIGRATION

In 1988, Mrs. Theresa left India to work in Saudi Arabia.

Some staff from the MoH received her at the airport. She was worried as she was alone and being received by an all male team, but soon realised there was no problem. She was taken to the hospital hostel where everything had been arranged. Newly migrated staff had to go to the ministry within the next 2 to 3 days where the officials would interview the appointees again and then assign work at different hospitals. There were 23 hospitals under the MoH at that time. She was provided with a furnished apartment with a living room, kitchen, etc and fitted with gas and air conditioner. Food was available at the café and she could also cook independently in her house. Domestic help was available for cleaning the apartment and washing. Incidentally, these cleaners were also migrant workers. A one day orientation at the hospital was given to the new staff.

Initially, when she joined as supervisor, people did not expect much from a small-built person like her. Gradually, the people observed her work, dedication, and her astuteness in catching mistakes and they understood how capable she was in her work. Someone even called her an 'atom bomb' – small but powerful.

Working in Saudi Arabia was a good experience. Good facilities and the latest equipment were available. Mrs. Theresa feels that if a person is skilled, she/he would not be hesitant of doing any work. She was proud of her training which equipped her with technical skills. She was equally comfortable with pushing the trolley as well as doing specialized procedures which other nurses would hesitate to do as it is generally done by doctors. As a supervisor, she was strict about the quality of work, but she did not harass anyone. She recalled one incident when a Filipino nurse had administered an injection without doing a preliminary skin test. Mrs. Theresa saw the patient having allergic symptoms like wheezing, while doing the ward rounds and checked for the skin test mark which was not there. She quickly talked to the doctor and gave the patient anti-allergy drugs. The nurse on duty had denied it was her fault. Mrs. Theresa's prompt action saved the patient and patient's daughter thanked her for saving her mother's life.

She heard of unprofessional practices in the hospital. For example, some nursing staff asking junior or unqualified staff to give injections, like chicken pox vaccines, since the nurse on duty was pregnant. She was sure no one tried these on her shift as she was vigilant. She recounts that even when doctors made some mistakes and urged her not to report it, she would reiterate that she was not there to police but to help and serve. She urged everyone that if a mistake had been committed, own it and try to rectify it by carrying out the necessary steps to manage as it was the patient's life at stake. After such initial incidents, the staff became more confident about her expertise and knowledge and shared more with her. She sincerely states that she worked, helped, and cooperated with everyone.

Recognition of her work was in the form of promotions in designation. She had joined as a Nursing supervisor, subsequently assumed the post of Assistant nursing director, then the In-service education coordinator, and finally the officiating Nursing director. In 1991, she received the Best Nurse Award from the King. While working as the Assistant nursing director, she used to organize and participate in symposiums and was awarded the second prize and certificate for these. Her seniors were confident she would do well. In her tenure, the hospital had been winning the best In-service award among the MoH's 23 hospitals. She had also been considered for a gold medal for good service but for some reason, it did not materialize. Since there were no students, she supervised the staff and often provided guidance for symposiums, which was appreciated.

Awards were not linked to promotions. Promotions were on the basis of work. Salary was according to work performance. The staffs were supported with other amenities such as free housing and food. Medical treatment, if required, was free. Mrs. Theresa could save her salary and also received a gratuity at the time of leaving the work. She also received social support through her friends there and colleagues who were from diverse regions- Filipinos, Sudanese, Egyptians and Nigerians.

Mrs. Theresa had been married and had 1 child before joining her job, but she had gone alone for this job assignment. Her family was able to join her after 5 years. They stayed there for 12 years and during that time, her daughter studied in the embassy school until the 4th standard. She had not planned to come back to India at all, but her husband and daughter returned after some years as

her husband had set up his small business in India. She missed her family and wanted to join them, especially her daughter who was a teenager by then, and required her support. So, she quit her job and returned to India in 2000 to join her family.

Mrs. Theresa feels that for her, working abroad was a good professional experience and she believes that people earn more respect “there than here.” She adds that she could learn more there since she was the coordinator and had the opportunity to visit different hospitals and later share those experiences. Other than that, there were monetary gains. She was able to build a house for the family while working there. Loss was felt mostly in the terms of being away from her family. She did not feel insecure or restricted and she clarified that use of parda was not compulsory. The management provided a vehicle for the staff to visit the market. She felt safe there and had no other tension. Another important gain from her work abroad was the quality time she could spend with her family and friends as she could avail some leave every 9 months to visit India. Leave could be applied for as vacations (45 days) or for emergencies.

Her “always happy to do something” attitude and sincerity towards her duties impressed her employers in Saudi Arabia and they were not willing to release her. Her resignation application was rejected three times, before being sanctioned. The process of paper work for returning back was handled by the MoH.

RETURNING BACK

Mrs. Theresa had not planned to work when she returned to India. Her family had enough money and her husband was earning. However, she got a job within 1 month when her college senior was setting up a school of nursing in another city in Kerala, and asked her to help. She and her sister started a School of Nursing, and for 1 year, both of them taught all the study courses. They stayed there from Monday through Friday, and apart from the salary, food and accommodation was provided. Eventually, the distance from her family urged her to leave the job and take up a position in her hometown. She worked in a nearby private hospital which had a convenient daily commute. She worked there for 5 years before her current position as a lecturer at the University.

Mrs. Theresa and her family had to adjust a lot to reintegrate into the Indian system. Her daughter did not know Malayalam, which was required even in English medium schools. In addition, the living expenses in India are significant as commodities are expensive. She had to face several unnecessary hassles from the municipality and electricity departments and there are “24 hrs tensions” here. She also said that after working abroad for many years, there is a loss of awareness about the changes in the system. After returning to India, she felt she was not aware of the situation in Kerala and “culturally it felt different.”

She feels there is no recognition for hard work in India and professionals receive inadequate money and no benefits working here. Working conditions in Kerala are not good, professionals have to work hard to earn and the hours are not conducive. She recounts several people who had difficulty in finding jobs after returning to India.

Patient behaviour remains unchanged in any country and people’s demand for services is universal. On comparison, there was no gender discrimination in Saudi Arabia but it exists here. Professional growth is better in India and our country is good for higher education. While working in other countries, “once the staff members there understand your style of work, no one interferes; while in India, you have to face a lot of interference in work”. She feels there is no appreciation of work here at all.

In spite of the present conditions, she feels satisfied having worked abroad and was able to learn and earn while she was there. Money here is lower than she expected, but she feels happy being with her family and friends. She has had several opportunities to go abroad but does not want to leave her family again.

The work atmosphere here has not been great but she continues with her profession as an instructor since it benefits the students. Being the coordinator for the first year of students’ training, she feels that she is contributing significantly by moulding the students who are fresh out of college.

LOOKING BACK...

Living is difficult in India due to rising prices. So many qualified people go abroad just for monetary benefits. Moreover, 3 years work experience is currently a prerequisite for foreign jobs and many nurses and technicians work for three years in India and then leave the country to work abroad. If the government could improve the salaries of health professionals based on qualifications and experience, people would stay back. Skilled professionals should be given the recognition and respect due to them.

Nursing training here is not adequate. Mrs. Theresa opines that schools should have cross learning, which should be a continuous process of in-service education. Skilled workers should have an organization in each district to serve as a common platform. They should meet annually to share ideas and also maintain a list of resource persons in each district.

She wishes to advise young health professionals to go abroad for some time, to be exposed to the working environment and earn money. She suggests that they should go before they are married as they have lesser responsibilities at that time. Afterwards, they should return to India to stay with their family and work in this country.

