

Introducing Modern Nursing to Sri Lanka: Rockefeller Foundation and Colombo School of Nursing

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ABSTRACT

This paper examines the Rockefeller Foundation's nursing program at the Colombo School of Nursing from 1948 to 1952. With a \$20,000 grant and two North American nursing instructors, the Rockefeller Foundation sponsored a modern nursing education program in Sri Lanka. The project succeeded in spite of many obstacles.

Key words: Colombo School of Nursing, Rockefeller Foundation

Introduction

In the early 1930s, the Rockefeller Foundation's overall focus shifted from disease control and public health programs to training professional health workers. In particular, the Foundation started training professional nurses in countries where it had established community health units. The Foundation's official position was that the sustainability of health units was dependent upon the availability of skilled personnel. Although nursing never became a priority of the Foundation, it succeeded raising the professional standard of nursing due to a group of dedicated women who were involved in the program (1).

In Sri Lanka, the Rockefeller Foundation had an extensive public health campaign in the twentieth century. It undertook several studies to determine the educational standard of nursing on the island. Immediately after the opening of the first health unit at Kalutara in 1926, W. P. Jacocks, the Foundation's representative in South Asia, carried out the first study, which was followed by another by W. S. Carter. Both these studies stressed that if the health unit program in Sri Lanka were to succeed the country must have a sufficient number of well-trained public health nurses. However, these reports failed to produce any result.

In 1932, Mary Beard, the director of the Foundation's nursing program, re-ignited the interest in nursing education in Sri Lanka. In a report titled, "Note on Public Health Nursing in Ceylon," she observed that: "In Colombo there is every facility for creating an excellent School of Nursing. The General Hospital with its 900 beds has recently opened a new block of wards admirably adapted for teaching nurses... It is the common opinion that there would be no difficulty in attracting a good class of students and in sufficient numbers if such a school were established"(2). Thus, Beard suggested that it would be helpful if the Foundation could arrange a nursing leader to "come to Ceylon for a period of three years" to initiate a program. Following this report, a new round of negotiations between the Foundation's officials and the Colombo government continued for several years.

Fifteen years later, in January 1947, S.F. Chellappah, the Director of Medical and Sanitary Services, submitted a proposal to the Foundation requesting assistance to reorganize the Colombo School of Nursing. He specifically requested two American nursing instructors for a period of six years, and the financial assistance of the Foundation. Chellappah wrote that: "One of them would be placed in charge of the work, [while] the other to assist her. I would therefore be very grateful if Miss Tennant [Mary

Elizabeth Tennant, the director of the nursing division] will make every effort to induce 2 nurses to come out here” (3).

In response to this request, the Foundation decided to undertake a fresh review of the Sri Lanka's nursing requirements. Accordingly, in June 1947, Janet D. Corwin, the Foundation's nursing coordinator for South Asia visited the island and prepared a detailed report of the nursing situation in Sri Lanka. She examined a range of issues including the existing training procedures, employment, and the “structure” of the nursing hierarchy, curriculums, and the “leadership” role in the nursing profession. She described the entire system as closely “intertwined” with the broader colonial setup on the island, and it was to this particular structure of nursing that her report demanded the most urgent attention, if nursing were to be placed in the hands of “educated Ceylonese women.” Her general impression about the island's socio-economic conditions and, in particular, the level of education among women was highly positive. She contended that it was ideal for the Foundation to become involved in the nursing program on the island: “Ceylon is a fairly wealthy island, and one of the most advanced of the British Colonies... .Present government policy is against the importation of personnel from outside Ceylon except in special instances... .Women’s education is fairly widespread and there is quite a large proportion of girls who complete the studies required for the Junior School Leaving Certificate or for Matriculation. Therefore, there is a reasonable number of young women with education to approximately University entrance level from which the nursing profession should be able to draw recruits” (4). Most importantly, she noted that there were no cultural barriers for women entering the field of nursing and that there was a considerable interest in public health among women in the country.

Colonial Structure in the Nursing Profession

The report identified two groups of nurses on the island: (1) English-speaking nurses, and (2) Sinhala and Tamil-speaking nurses. The former received training at the Colombo School of Nursing, while the latter received training at the Lady Ridgeway and the Lady Havelock Hospitals at Colombo, and the Kandy General Hospital. Although the Colombo

School of Nursing offered a 3-year program with an emphasis on theoretical education, it was still an “apprenticeship” course with limited preparation for nursing. The Sinhala and Tamil-speaking nurses received even lesser professional training with significantly inadequate facilities.

Besides these two groups of nurses, there was a one-year midwifery program conducted in vernacular at the Colombo Lying-in-Hospital, followed by six-months field training at the Kalutara health unit. The report praised it as a “good” program that produced midwives, who provided “good, reliable” services across the country. Public health nursing was considered to be a “post-graduate” qualification open to both nurses and midwives upon the completion of 3-year nursing diploma, followed by six months training at Kalutara. According to the report, there were 80 public health nurses on the island for a population of six million. It estimated that approximately 700 were needed for the health units alone if it were to succeed.

The report painted a grim picture of nursing, and described it as “stagnating.” The reasons for this were: (1) political interference, (2) medical domination, and (3) the lack of leadership in the profession.

The report criticized the government for continuing expansion of health services without consulting the nursing profession, which strained the already limited supply of nurses. In the absence of an independent professional body of nurses, the medical profession spoke for nurses. The report argued that these shortcomings could have been easily overcome had there been strong “nursing leaders” in the country; those who controlled the nursing had no long-term interest. The European nurses, “who were mediocre by any standards,” controlled the profession, and did not want to relinquish their power. They prevented the development of leadership qualities among the local nurses. The report pointedly noted that those in charge of the nursing education on the island had no knowledge of modern curriculums, or new methods of teaching; the materials they used were outdated (5).

According to the report, the recruitment of European nurses for senior administrative and teaching positions of the School had effectively demoralized the local nursing students and staff, who could not

foresee any chance of furthering their career. There was a widespread resentment among the Sri Lankan nurses, who felt that there were two classes of nurses: “the poor psychology being practiced of frequent condemnation of the work of Ceylonese nurses, and the difficulty of obtaining advancement after entering the profession.” The point was that the existing system prevented local nurses gaining leadership skills, and maintained European nursing instructors and administrators in a superior position. Because of these, the report argued, the Colombo nursing program failed to attract students of high caliber (6).

Proposals to Modernize the Nursing Education

The report made several recommendations to improve the nursing education in Sri Lanka. Among them, the most urgent need was to create independent Council of Nurses and Midwives to maintain their educational and professional standards, and to monitor their training. Further, it proposed the appointment of an administrative assistant to the Director of the Department of Medical and Sanitary Services to make recommendations on nursing matters.

What is particularly noteworthy was the recommendation to end the practice of recruiting senior nursing personnel from Europe: “The Ceylonese nurses should be capable of leadership themselves and the present political tenor in all phases of the national life makes for a situation which is psychologically against acceptance of large-scale importation.” It is important to note that this particular recommendation was in line with one of the Foundation's core policies in promoting “local leadership” in all public health programs it sponsored around the world. Corwin argued that nursing could become a “creative” profession only when it could attract women of good educational backgrounds and social standing: “The course must be developed along lines which will stimulate the interest of this group of young women and attract them to nursing in large numbers.”

Following Corwin’s report, the Foundation agreed to provide two North American nursing instructors for a period of four years along with a financial grant of \$20,000 to help reorganize the Colombo School of Nursing (7). While these negotiations were in progress, Sri Lanka gained political independence

from Britain in February 1948. In the same year, the Foundation recruited two nursing instructors, Martha Crawford and Dorothy Sutherland, both of whom had an impressive record of international experience in public health. Crawford was a graduate from the University of Toronto, and Sutherland was from the Yale University (8). By recruiting two experienced graduates from these pioneer nursing schools that the Foundation considered to be “models” or “lighthouses” of modern nursing, the Foundation ensured that the Colombo School of Nursing would be able to establish the highest standards in nursing education (9).

However, it soon turned out that the main challenge throughout the project was to find a middle ground between the Foundation's insistence on the “quality” of nursing education and the political pressure to provide more nurses for the expanding rural health services in post-independent Sri Lanka.

Quality or Quantity: That's the Problem

In 1948, a meeting was called at the Ministry of Health, attended by Anna Mary Noll and Robert Briggs Watson of the Foundation, and S.W.R.D. Bandaranaike, the new Minister of Health, and W. G. Wickremesinghe, Director of the Department of Medical and Sanitary Services, to thrash out the specifics of nursing reform in Sri Lanka. During the meeting, the Minister acknowledged that the government was “burdened” by the demand for essential health services from the rural masses, and that they must increase the number of nurses available for rural hospitals and health centers. By contrast, the Foundation’s representatives reminded the Minister that the Foundation's mission in Colombo was to promote the “quality” of nursing education that would ensure well-trained future nursing leaders. The Minister argued that the government needed “to improve the standard of living including the medical and health care for the people, [and that it] got to beat the communist threat...” (10). The Minister was apparently trying to win concessions from the Americans, who were unsympathetic to the government's concern.

In the end, the Minister seemed to have succeeded: “[The Minister] impressed me,” wrote Watson, “as being a person of high moral integrity, sincerely interested in his job and both eager and anxious to carry out his responsibilities... The change from the

former incumbent is refreshing. He wants to start quantity production of nurses at once and one gets the impression that quality is of secondary consideration.” In fact, Watson agreed with the Minister that Sri Lanka “desperately needed” more nurses, and felt that there was a good political atmosphere in the country for a productive collaboration between the Foundation and the government.

The two American nursing instructors, who arrived on the island in 1948, presented a plan that included *short-term* and *long-term* steps to be taken to modernize the Colombo nursing program. As *short-term* steps, they proposed: (1) Fifty students be admitted to the program twice a year; (2) During the first three months, they would learn elementary nursing arts, anatomy and physiology, microbiology and hygiene, nursing history, nutrition and cookery; (3) During the second three months, they would work on the wards, maximum of three hours a day, while continuing to study the above subjects; (4) The classroom lessons and the ward-practices were to be coordinated and supervised; (5) Students were to gain experience in the medical, surgical, and gynecological wards, and the outpatient and operating theaters; (6) They would be assigned sister-tutors, who would monitor their ward services.

Concurrent with these changes, the new program also recommended changing the entrance requirement from Junior School Certificate (grade 8) to Senior School Certificate (grade 10), and prior to the admission, the prospective students were to undergo a complete physical examination. It also recommended recruiting three new sister-tutors to the School, and expanding the library and other facilities at the School.

As for the *long-term* plan, they proposed a new 3-year curriculum with a view to achieving high academic standards. Crawford wrote: “Only when the educational needs of the students take precedence over the service needs of the hospital can the Nurses Training School be considered an educational institution. Therefore, as rapidly as possible the assignment of students to the wards of the hospital must be made on the basis of the students' need primarily” (11). The new program, without any doubt, designed to elevate the academic standards, and to create strict guidelines for ward experience and classroom learning.

Ample time was allowed for the new procedures to become fully integrated into the training program. Writing to Crawford at the Colombo Nursing School, M.C. Balfour, the Foundation's representative in Asia, stated that, “If this [program] is carefully done and put on a time schedule, recognizing that all changes may not be accomplished immediately but rather at given interval of six months, one year, two years etc., you may achieve what is desired.” Having spent a long period in the East, Balfour cautioned his American colleagues in Colombo against pushing for quick results, and urged them to find a balance between the quality of training and the political pressure to supply more nurses a major challenge that the nursing program had to tackle during this period (12).

The Foundation's representatives closely monitored the progress in the implementation of the program, and frequently urged the government to resist employing students for the wards' duties beyond their learning requirements. In 1949, writing to the Director of the Department of Medical and Sanitary Services, Balfour insisted that the “quality” of the training must be the School's priority: “There is such a demand for nurses that the quantitative need seems overpowering. The growth of hospitals and provision of beds has certainly developed beyond the personnel available for staffing purposes. If nursing in Ceylon is to be put on a satisfactory footing there must be a distinction between quality training and other measures to meet quantity needs. Our interest is in the quality aspects of nursing” (13).

What was happening in the cooperative nursing project at this juncture was that the Foundation's representatives were trying to remain “focused” on the original objective of reorganizing the nursing program on a scientific basis, so that Sri Lanka would have well-trained nursing leaders capable of running the program in the future. As Balfour pointed out, the Foundation's main purpose was to provide assistance to produce a “small number of well trained nursing leaders” capable of undertaking the “administrative and teaching” duties of a modern nursing program at Colombo. It was not a part of the Foundation's agreement with the Colombo government to ensure an adequate supply of nurses. But the government's officials did not think about the matter on those same lines; instead they tried to train as many nurses as possible to employ in government's hospitals.

There were several reasons for this lack of clarity, or misunderstanding, on the part of the government: First, besides the political pressure to expand health care facilities, which hindered the scientific education of nursing, the colonial bureaucracy in the health care system did not fully appreciate the new approach to nursing education. As Corwin's report highlighted, the British colonial policy was to "import" senior nurses from Europe who, in turn, recruited local women as nurses. That program, as discussed earlier, was not based on a modern scientific training of nurses, but an apprenticeship system in which women, who worked as nurses were treated as "extra hands" for the doctors. Neither the doctors, nor the European nursing administrators considered nursing as a modern health care profession that required a proper training.

Against this background, the Foundation's attempt to introduce modern nursing standards and curriculums received lukewarm support from the medical profession. As mentioned in Corwin's report, nursing came under the Ceylon Medical Service, which was a branch of the British Medical Service at that time. The Ceylon Medical Service seemed to have had doubts about the relationship between public health and medicine. The government's medical service was polarized between curative and preventive branches, and those who belonged to the former resisted the preventive and public health strategies of the Department (14). Writing to the Director of the Department of Medical and Sanitary Services, Balfour tried to enlighten the medical profession about the Foundation's program in nursing: "May we express the sincere hope that any temporary uncertainty regarding the proper relationship of public health and medical services will be adjusted on a sound basis" (15).

Second, the colonial bureaucracy of the Department of Medical and Sanitary Services was unwilling to accommodate North American trained public health nurses in senior positions. A case in point was Jainu Deen, a Sri Lankan public health nurse trained at the University of Toronto, who could not secure a senior administrative position in the Department. The Department's reluctance to appoint her to a senior position was a concern to the Foundation's officials, who had repeatedly raised the matter with their counterparts in Colombo. The Foundation expected that students it had trained in North America would promote modern scientific methods of health

services that they had learned upon their return to home countries: "Mrs. Jainu Deen, has returned from advanced study in Canada on a Foundation fellowship. She made an excellent record and will be of great value in stimulating further developments. However, she could not serve as Director of the School of Nursing because of existing conditions" (16). The administrative positions were granted to those who were in the rank of "matrons," whereas Jainu Deen designated as a public health nurse was appointed to the Kalutara health unit to train public health nurses. The Foundation's representatives made several representations to the Department of Medical and Sanitary Services on her behalf without success.

This situation was by no means unique to Sri Lanka. The Foundation encountered similar obstacles in India, where the colonial medical system and bureaucracy opposed the Foundation's effort to develop professional nursing. The problems were exacerbated by the Indian social and cultural values that discriminated against women. Discouraged by numerous obstacles, Balfour reportedly argued that the Foundation's campaign to promote professional nursing would not succeed in India, if it insisted on promoting professionalism among Indian nurses. Instead, he suggested that the Foundation train Indian nurses abroad, who would promote the new knowledge and skills among local nursing students when they returned to India. However, as Shirish Kavadi argues, even this approach did not succeed in India because the foreign trained nurses could not garner enough local support to implement their knowledge and training. He concluded that the Foundation's effort "did not bring about any perceptible change in the basic attitude of the people concerned," and thus failed to initiate fundamental changes in the nursing education in India (17). In this respect, Foundation's impatience to turn things around in nursing in these former British colonies, where changes came only gradually, undermined the potential opportunities to promote modern education and training.

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