**Introduction**

Modern Nursing made its advent into colonial India in the middle of 19th century (**1**). This was linked with the arrival of nurses from the west who were mostly females with deep rooted cultural heritage of Christian religion (**1**). In the early years of Nursing in India, mostly the religious nuns or Christian converts were only working as nurses [**1**].

The growth of professionalism in Nursing has strong influences from Christian doctrines for the religious. This happened not only in India, but all over the globe where early hospital establishments were linked to Christianity [**2**]. An example for this is the usage of nurses’ caps which were initially the veils or habits worn by religious nuns and deaconesses of the church (**3**). Another strong illustration for this is the title of ‘sister’ (the way religious nuns are addressed) being used to address professional nurses (**1**). These influences got so deeply entrenched that they almost got synonymous to a professional nurse. Other than these visible influences, the years of religious dogma of vocationalism, asceticism and obedience has percolated into the very essence of nursing (**1**).

**Trends of change in Nursing**

Nursing in India has evolved a lot in the last century. From a vocation, it has grown into a profession with its own body of knowledge and unparalleled contribution to healthcare.

The usage of caps by nurses has almost disappeared from uniforms for nurses. It is a potential carrier of pathogens **(4)** and has no meaning other than for a symbolic culture. The traditional white frock uniforms have also been replaced by culturally appropriate dresses or unisex scrubs which are comfortable and dignified.

However , the title ‘sister’ for a nurse continues to be used in Indian hospitals. ‘Sister’ evokes the image of a selfless religious nun dressed in a spotless white frock. The title ‘sister’ has drained its meaning and intention. For the male nurse, the title ‘brother’ is used, again not having a useful meaning attached to it. It is an archaic form of language which is often having rhetoric effects in the context of a hospital.

**Professional stereotyping of Nursing**

According to John Pearn ‘A stereotype results from an attributional metonymy’(**5**). Nurse has been substituted for the attributes seen in religious sisters and thus a stereotype has been created around it. Prolonged use of the term over all these decades has reinforced the stereotype to such an extent that it has nearly become impossible to address a nurse anything other than ‘sister’ or ‘brother’. This can also be argumented to have influenced the nurses to subconsciously change their attributes to fit into the title they are given. Thus stereotyping a profession eventually can be a potential reason for distorted self-image as well as public image of nursing. This should be viewed as an ethical issue.

In most of the countries around the world, in the early years, nurses were addressed as ‘nursing sister’ or ‘sister’. Many of these countries except some of the Middle Eastern countries are no longer using the same title.

Until recently, the nursing personnel including the males were designated as ‘Sister Grade II/ Sister Grade I’/‘Nursing sister’, which was nothing less than sexism and breech of gender identity. The job title of ‘nursing officer’ was initiated by Government of India vide an order (**6**) for the nurses working in Central government hospitals. However this has not changed the way nurses are addressed. In the wake of secular and gender neutral workplaces, it is disgraceful and professionally unethical to be addressed with a title that reflects remnants of the past with no specific meaning or reason. On the contrary it is perpetuating a stereotype.

**Professional ways of addressing a nurse**

Authentic respect should be echoed in the titles used for nurses. Referring to a nurse as a nursing officer in conversations or over telephone will dramatically improve professionalism attached to it. Even general appellations like ‘madam’ or ‘sir’, from patients and other health care team members are much acknowledging. The peers should rather address each other using their names. This improves the specificity of the communication and the receiver has a higher tendency to act on the content of the message. This is based on the ‘cocktail party effect’ in which a person has high level perceptual processing of language when being called by his or her name even in distractive situations **(7)**. In order to facilitate being addressed by name, nurses should wear their name badges.

**Conclusion**

Nursing is a career choice for a large number of Indian youngsters. The professional bodies of nurses in India like the Trained Nurses Association of India (TNAI) and the statutory bodies like Indian Nursing council (INC) have taken several steps for the professional development of Nursing. Nevertheless, the image of nursing in India needs to be remodeled and a change in the title will help the profession leave the shackles of past behind and break the stereotypes.

A change in the way of addressing a nurse has got a lot to do with the professional image of Nursing. Nursing profession is in need of advocates. Nurses themselves and the colleagues in the health care team have their best role in projecting nursing as a profession.

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