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**Satisfaction and Challenges of Women Religious as
Medical Doctors in India**

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Satisfaction and Challenges of Women Religious as Medical Doctors in India

Introduction

The Satisfaction and Challenges of Women Religious as Medical Doctors in India was a project designed by Sister Mini Joseph, JMJ, M.Sc.N. in consultation with CARA – the Center for Applied Research in the Apostolate at Georgetown University. Sister Mini conducted the survey while serving as a Visiting Scholar at CARA in 2023 in conjunction with the *Sister Doctors Forum of India* (SDFI). The purpose of the study is to examine in which ways the sisters are satisfied and challenged by the work they do as sister doctors in India.

The survey's contents were reviewed and approved by SDFI.¹ They, in turn, forwarded the link to the online survey (hosted on CARA's website) to sister doctors who are members of the forum. Altogether, the survey received a response from 214 sister doctors in India.

This report is arranged in four parts:

- Part I: Backgrounds and characteristics of women religious responding to the survey.
- Part II: Satisfaction with ministry
- Part III: Concern in primary ministry
- Part IV: Source of Support

¹ The survey instrument, as well as the percentages giving responses to each of the questions, is presented in Appendix I. Also presented there is the non-response rate for each question.

Executive Summary

The Satisfaction and Challenges of Women Religious as Medical Doctors in India was a project designed by Sister Mini Joseph, JMJ, M.Sc. N. in consultation with CARA – the Center for Applied Research in the Apostolate at Georgetown University. Sister Mini conducted the survey while serving as a Visiting Scholar at CARA in conjunction with the *Sister Doctors Forum of India* (SDFI). The purpose of the study is to examine in which ways the sisters are satisfied and challenged by the work they do as sister doctors in India. The report is based on the survey completed by 214 sister doctors in India between April and December 2023.

Backgrounds and Characteristics

- When asked about the state in India where their ministry is located, nearly a quarter (23%) respondents report working in Tamil Nadu. One in five (22%) work in Kerala. One in ten (10%) work in Karnataka. One in sixteen works in Maharashtra (7%) and Chhattisgarh (6%). Others (32%) report working in 16 other states of India.
- When asked where they work, seven in ten (70%) responding sisters report that their ministry is in a rural area, whereas three in ten (30%) report their ministry is in an urban area.
- When asked the type of health care institution which they worked for, nearly nine in ten responding sister doctors (88%) report that they work in one of health care institutions owned by their congregation. More than one in ten responding sister doctors (12%) report that they work in one of health care institutions owned by either the government or a private sector, or others.
- The responding sister doctors were born between 1937 and 1992 and thus range in age from 31 to 86. The average age of the respondents overall is 54. Half of respondents are 51 or younger.
- The responding sister doctors report entering religious life as young as 15 and as old as 34 years old. On average, the respondents entered religious life at the age of 19. At least half of them entered at this age.
- The responding sister doctors report being as young as 22 and as old as 49 when they became sister doctors. On average, they were 30 years old, and half were 30 years old when they became sister doctors.
- When asked about the highest level of education they have completed, three in five (60%) report having MBBS and PG degree as their highest level of education.

- When asked of areas of specialization which they have completed, one third of responding sister doctors (34%) had specialization in OBG. One in twenty had specialization in pediatrics (18%).
- When asked of their current living status, more than nine in ten responding sister doctors (93%) report living with other sisters in their own congregation.

Satisfaction with Ministry

- When asked about their primary motivation for becoming a doctor, four in five (79%) report that their congregation suggested they become a sister doctor.
- Overall, the responding sister doctors are happy with their primary ministry. Almost all responding women religious (98%) report being at least “somewhat” satisfied with their current ministry overall, with nearly seven in ten being “very much” satisfied with their current ministry.
- The responding sister doctors who minister in rural areas are more likely than those who minister in city/urban areas to be “very much” satisfied with their primary ministry.
- Those who minister in one of health care institutions owned by others (government, private sector) are most likely to be “very much” satisfied with their primary ministry as a sister doctor overall, meanwhile those who work in one of health care institutions owned by their congregation are most likely to be “very much” satisfied with their primary ministry in the sense of personal accomplishment.
- When asked about various aspects on their health care institutions, almost all responding sister doctors (94%) report that they are at least “somewhat” satisfied with their health care institutions in providing health care to the poor and marginalized (94%) and enabling to integrate the values and principles of their congregation in health care (93%), with more than half being “very” satisfied with their health care institutions in these two aspects.
- Responding sister doctors who work in rural areas are most likely to report that they are “very” satisfied with their health care institutions.

Concern in Primary Ministry

- When asked about their concerns in various areas of their primary ministry, eight in ten (78%) report that maintaining the right balance between the duties of your religious life and the demands of your work life is at least “somewhat” of a concern to them, with two in five report it is a “great concern” to them.

- The responding sister doctors who minister in urban/city areas are more likely than those who minister in rural areas to report that coping with the tension between their religious beliefs and the tasks they perform at their health care institution and adhering to Church teachings in some difficult health care situations are at least “somewhat” of a concern to them in their primary ministry; meanwhile, those who work in rural areas are more likely than those who work in urban/city areas to say that dealing with their mental health issues (anxiety, stress, depression, loneliness/isolation) is at least “somewhat” of a concern to them.
- The responding sister doctors who work in one of the health care institutions owned by their congregation are more likely to report that dealing with difficult patients and coping with the tension between their religious beliefs and the tasks they perform at their health care institution are at least “somewhat” of a concern to them in their primary ministry; meanwhile, those who work in one of the health care institutions owned by others (government or private sector) are more likely than those who work in one of the health care institutions owned by their congregation to say that dealing with their physical health issues (chronic illness, tiredness, weight issues) is at least “somewhat” of a concern to them.
- The responding sister doctors were asked to answer to a question “What do you find most challenging in your health care ministry as a sister doctor?” The respondents report the heavy workload, that they had no time for prayer or community life, and they wish to satisfy the needs of the patients.
- The responding sister doctors were also asked “What do you, as a sister doctor, find most challenging in religious life?” The Sisters reported the following challenges like Internal conflict with community sisters due to lack of understanding, ego problems, outdated mindset, and lack of support in general, balance work and community responsibilities, lack of time for prayer or rest, unable to fulfill many needs of ministry, obedience to community/authority, conflict with Government, stand for truth.

Sources of Support

- When asked about the support they received from various sources in their ministry, at least nine in ten report they receive at least “somewhat” of support from people like community superior, friends/well-wishers, provincial superior, colleagues, health care institution, Community sisters’ patients, sisters in the local community, and family members.
- The responding sister doctors who minister in rural areas are more likely than those who minister in city/urban areas to receive “very much of support” in their ministry as a sister doctor from the sources like friends, family members, provincial superior, SDFI.

- The sister doctors in India were asked how their religious community can be of help in their ministry. Nearly nine in ten respondents (88%) report that it would be at least “somewhat” helpful if their religious community provides them with a quiet place to sleep no matter what shift they work (88%) and stand by them when they encounter difficult situations in their ministry (85%), with more than six in ten say these aspects would be “very” helpful.
- The sister doctors were asked “In what ways can Sister Doctor Forum of India do to help you fulfill your health care ministry while balancing your religious life?” The responding sister doctors share various ways that SDFI can help the sister doctors are: Promote awareness and understanding, coordinate additional medical staff, provide resources to balance work and religious life, provide educational resources, provide spiritual resources to them.
- The sister doctors were asked “In your opinion, what is most needed to improve the health care ministry of sister doctors in India?” The responding sister doctors share various ways that SDFI can help through providing adequate staff/support, fellowship/network among sister doctors, understanding and respect, education, improvements to general healthcare system (non-personnel related, facilities, rural focus, admin structure, etc.), finance, spiritual renewal/rest.

Satisfaction and Challenges of Women Religious as Medical Doctors in India

Part I. Backgrounds and Characteristics of Participating Sister Doctors

This part describes the demographic characteristics and background experiences of the 214 women religious ministering as medical doctors in India responding to the survey. These characteristics include the location where they work, their current age, age at time of entrance to religious life, age of becoming a medical doctor, and highest level of education.

State Where Sisters Doctors Minister

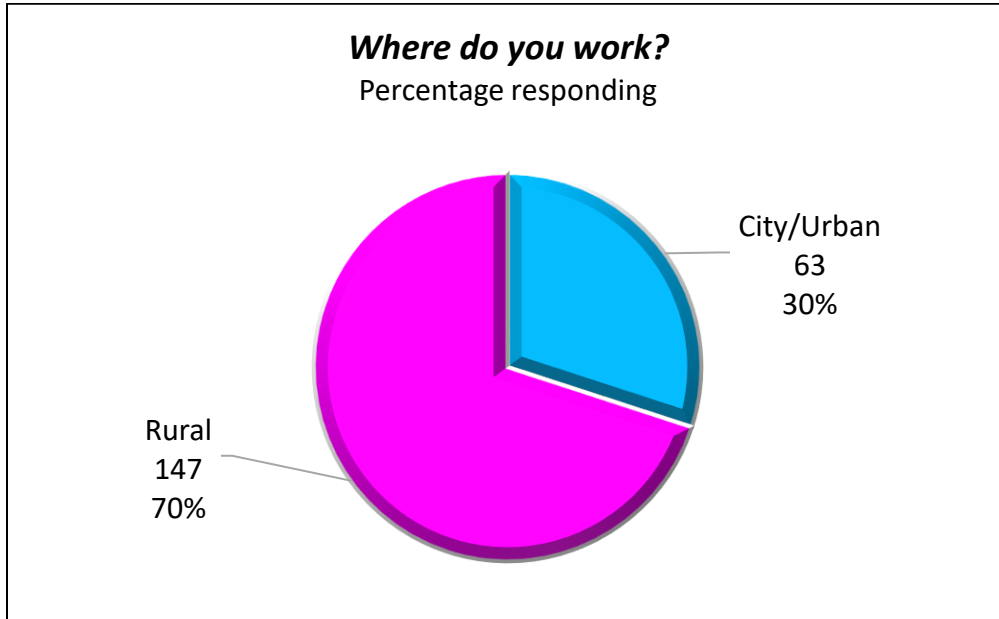
When asked about the state in India where their ministry is located, nearly a quarter (23%) respondents report working in Tamil Nadu. One in five (22%) work in Kerala. One in ten (10%) work in Karnataka. One in sixteen works in Maharashtra (7%) and Chhattisgarh (6%). Others (32%) report working in 16 other states of India.

<i>Which state do you work?</i>		
Number and percentage responding		
	Number	Percentage
	#	%
Tamil Nadu	49	23
Kerala	48	22
Karnataka	22	10
Maharashtra	15	7
Chhattisgarh	12	6
Andhra Pradesh	11	5
Uttar Pradesh	8	4
Jharkhand	7	3
Telangana	7	3
Bihar	4	2
Madhya Pradesh	4	2
West Bengal	4	2
Assam	3	1
Gujrat	3	1

Meghalaya	3	1
Jammu & Kashmir (UT)	2	1
Punjab	2	1
Andaman & Nicobar Islands (UT)	1	<1
Delhi NCT (UT)	1	<1
Goa	1	<1
Uttarakhand	1	<1

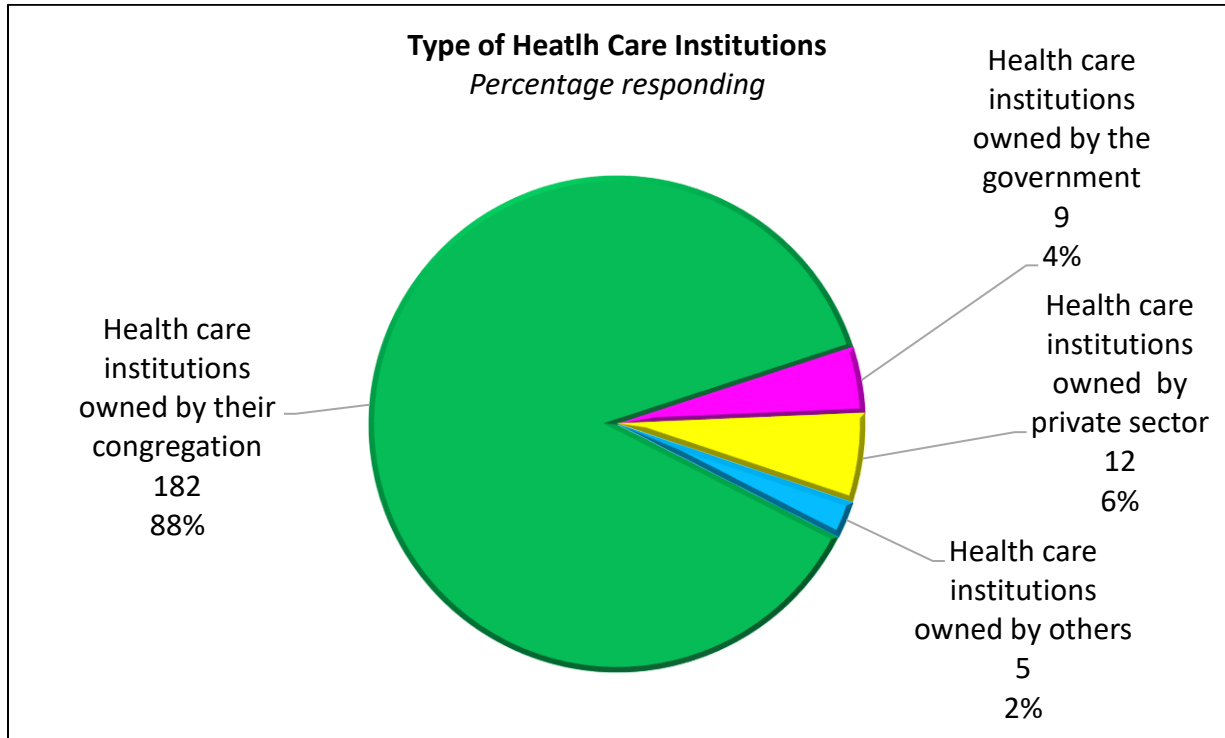
Ministry Location

When asked where they work, seven in ten (70%) responding sisters report that their ministry is in a rural area, whereas three in ten (30%) report their ministry is in an urban area.



Type of Health Care Institutions

When asked the type of health care institution which they worked for, nearly nine in ten responding sister doctors (88%) report that they work in one of the health care institutions owned by their congregation.



More than one in ten responding sister doctors (12%) report that they work in one of health care institutions owned by either the government or a private sector, or others.

For the purpose of comparison throughout this report, the types of health care institutions are recorded into two main groups as follows:

- Health care institutions owned by their congregation: 182 (88%)
- Health care institutions owned by others: 26 (12%)

Age of Responding Sister Doctors

The responding sister doctors were born between 1937 and 1992 and thus range in age from 31 to 86. The average age of the respondents overall is 54. Half of respondents are 51 or younger.

Age Distribution	
<i>Percentage in each category</i>	
	All
	<i>(N = 174)</i>
	%
30-39	14
40-49	30
50-59	24
60-69	20
70-and over	13
Age range	31-86
Average age	54
Median age	51

Age at Time of Entrance into Religious Life

The responding sister doctors report entering religious life as young as 15 and as old as 34 years old. On average, the respondents entered religious life at the age of 19. At least half of them entered at this age.

Age at Time of Entrance into Religious Life	
<i>Percentage in each category</i>	
	All
	%
17 or Younger	41
18-19	14
20-21	23
22-23	18
24-25	3
26 or older	2
Age range	15-34
Average age	19
Median age	19

- Four in ten respondents (41%) entered religious life right after completing secondary education.
- One tenth (14%) entered religious life between 18 to 19 years old.
- One in five (23%) entered religious life between 20 to 21 years old.
- One -sixth (18%) entered religious life between 22 to 23 years old.
- Just three percent entered religious life between 24 to 25 years old.
- Two percent entered religious life at the age of 26 or older.

Age at Time of Becoming Sister Doctor

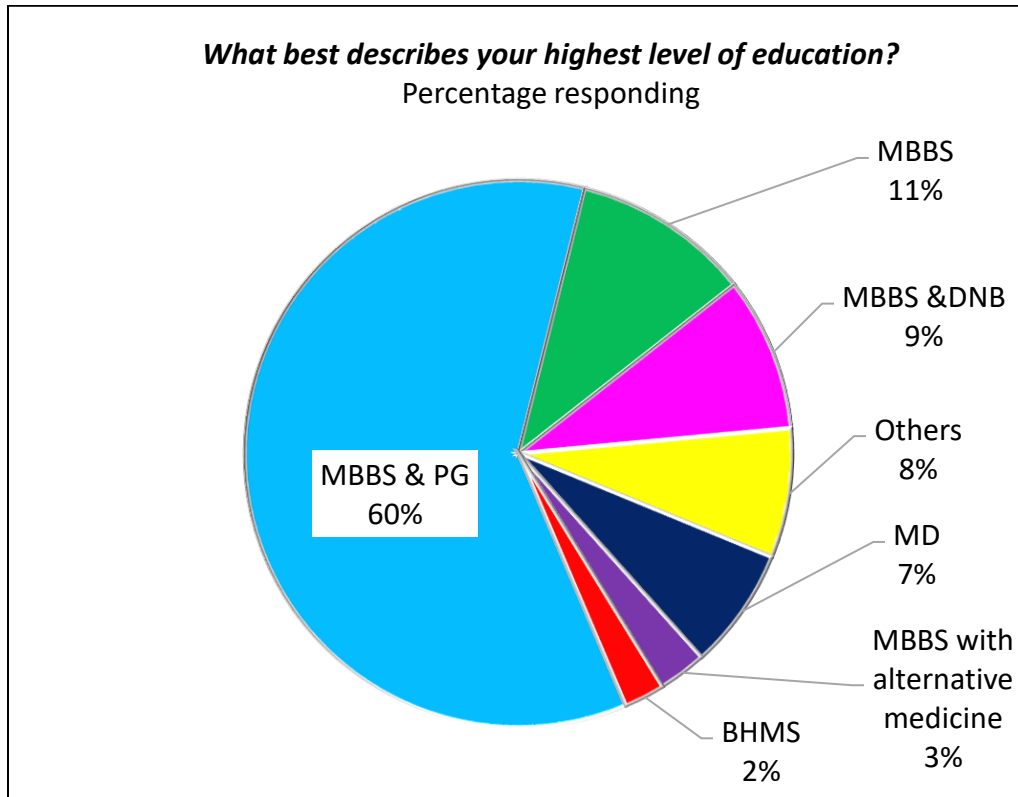
The responding sister doctors report being as young as 22 and as old as 49 when they became sister doctors. On average, they were 30 years old, and half were 30 years old when they became sister doctors.

Age of Becoming a sister Doctor	
<i>Percentage responding</i>	
	All
	%
25 or younger	6
26-30	56
31-35	32
36 or older	6
Age range	22-49
Average	30
Median	30

- One in twenty became sister doctors at the age of 25 or younger.
- Nearly six in ten (56%) became sister doctors between age 26 and 30.
- A third became sister doctors between 31 and 35 years old.
- One in twenty became sister doctors at the age of 36 or older.

Highest Level of Education and Specialization

When asked about the highest level of education they have completed, three in five (60%) report having MBBS and PG degree as their highest level of education.



- One in ten reports having MBBS (11%) as well as MBBS and DNB (9%) as their highest level of education.
- Seven percent report having a MD degree.
- Eight percent report having other degrees. These include:
 - MBBS & MS
 - Fellowship neonatology.
 - Fellowship in family medicine and palliative medicine.
 - Family medicine
 - DGO
 - Counselling
 - BSMS
 - BAMS & PG
 - Ayurveda
 - Alternative system
 - Alternative medicine

Areas of Specialization

When asked of areas of specialization which they have completed, one third of responding sister doctors (34%) had specialization in OBG. One in five had specialization in pediatrics (18%). The other specialization earned by the sister doctors are listed table below.

<i>Your areas of Specialization? (Please reanalyze)</i>		
Percentage responding		
	Number	Percentage
	#	%
OBG	72	34
Pediatrics	39	18
Family Medicine	14	7
General Medicine	19	9
General Surgery	13	6
Internal Medicine	6	3
Psychiatry	5	3
Homoeopathy	3	2
Cardiology	2	1
Chest Physician	2	1
Community Medicine	2	1
Surgery	1	1
Acupuncture	1	1
BHMS MD	1	1
Counselling	1	1
Dental	1	1
Holistic Health	2	1
DCH	1	1
Mental Health	1	1
Naturopathy	1	1
Ophthalmology and Ent	1	1
Public Health	1	1
Siddha	1	1
Pediatrics and Family medicine	1	1
Oral Pathologist and Microbiologist	1	1
No Specialization	1	1

Living Situation of Sister Doctors

When asked of the current living status, more than nine in ten responding sister doctors (93%) report living with other sisters in their own congregation.

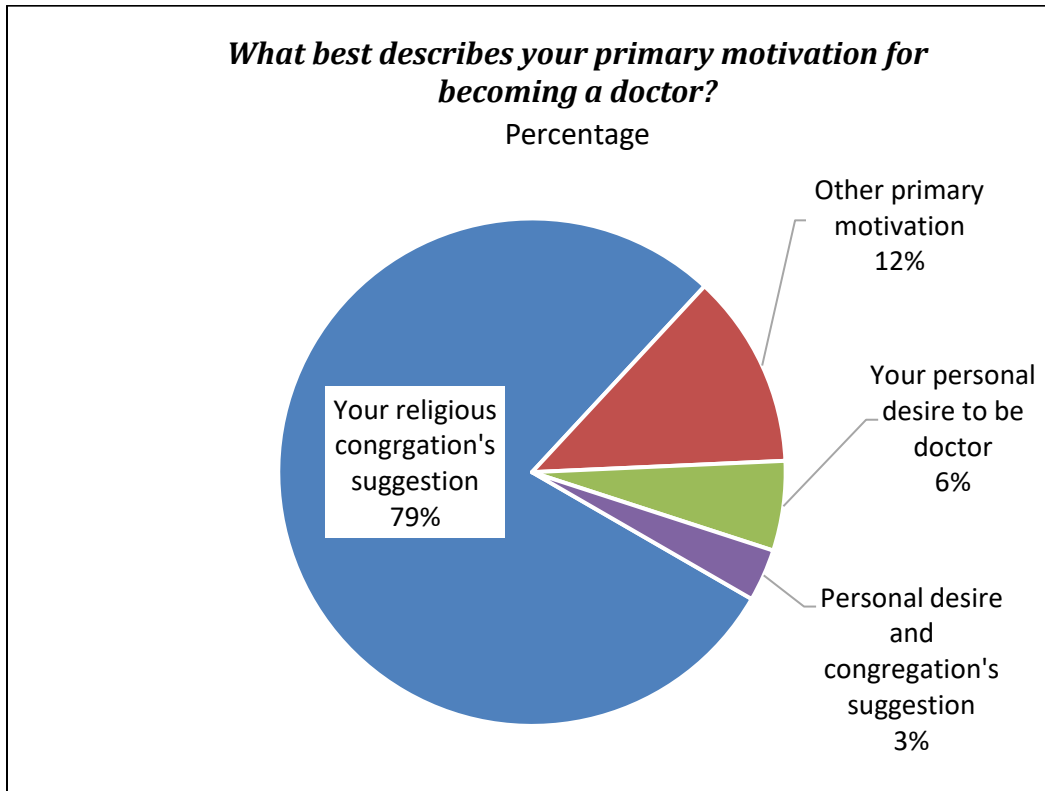
<i>Which of these bests describes your current living situation?</i>		
Percentage responding		
	#	%
I live with other sisters of my congregation	196	93
I live with sisters of another congregation	10	5
I live with sisters of both my congregation and other congregations	3	1
I live alone	1	1

- One in twenty responding sister doctors live with sisters of another congregation.
- Three responding sister doctors report living with sisters of both their congregation and other congregations.
- Just one responding sister doctor reports living alone.

Part II. Satisfaction with Ministry

Primary Motivation to Becoming Sister Doctor

When asked about the primary motivation for becoming a doctor one, four in five (79%) report that their congregation suggested they become a sister doctor.



- One in twenty respondents report that their primary motivation for becoming a medical doctor came from their personal desire.
- Seven respondents report that their primary motivation for becoming a medical doctor came from both their personal desire and their congregation's suggestion.
- One in ten responding sister doctors report other primary motivations. Some of these are:
 - Familial tendency.
 - God called me.
 - Humanity.
 - Love to work for the sick and disabled.
 - My grandfather was a doctor.
 - Seeing the sufferings of people O wanted to alleviate the pain and sufferings.
 - Service to humanity.

- Special charisma I had from childhood to take care of the sick.
- To care comfort and console. That's the motivation.
- To care for the sick and needy.
- To continue the healing mission of the Lord in our time
- To help the poor and sick in the rural set up.
- To provide holistic health care to the sick and needy.
- To reach the outreached.
- To reach the unreached.
- To render medical service to the underprivileged.
- To serve the less privileged.
- To serve the marginalized.
- To serve the most needy.
- To serve the people of God.
- To serve the sick and downtrodden.
- To serve the sick and suffering like Jesus.
- To serve the sick who are poor.
- To work among the privileged.

Satisfaction in Ministry

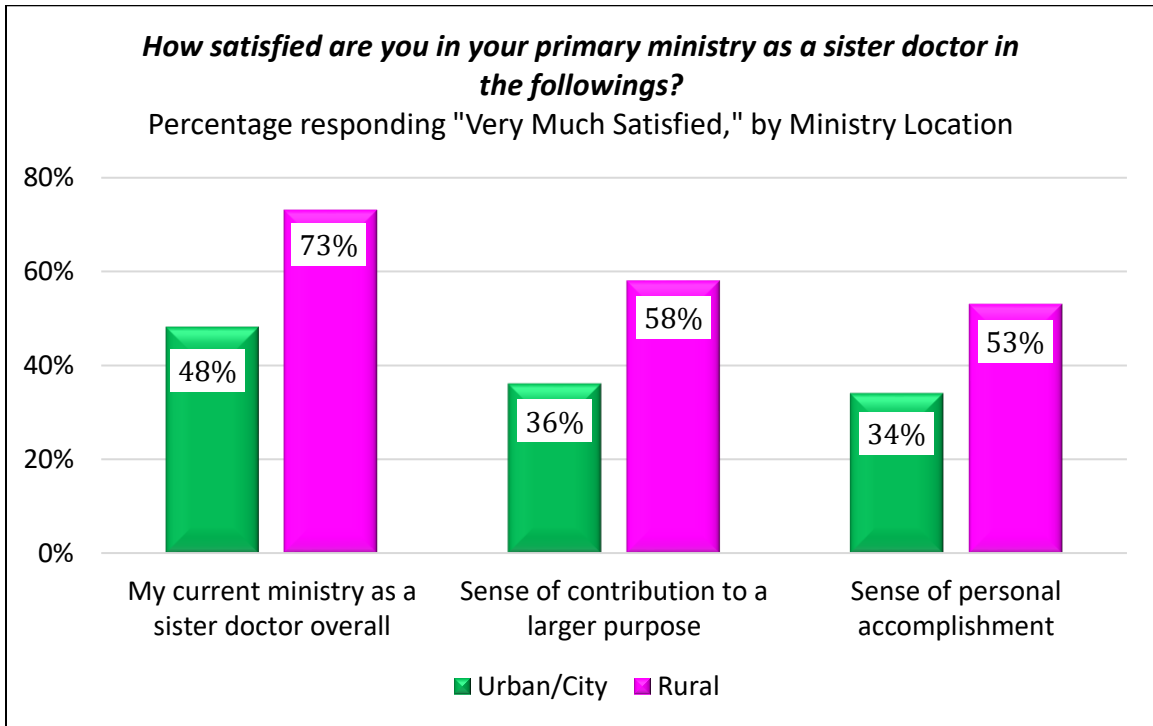
Overall, the responding sister doctors are happy with their primary ministry. Almost all responding women religious (98%) report being at least “somewhat” satisfied with their current ministry overall, with nearly seven in ten being “very much” satisfied with their current ministry.

Primary Ministry Satisfaction		
<i>Percentage responding</i>		
	“Somewhat” or “Very Much” %	“Very Much” only %
My current ministry as a sister doctor overall	98	65
Sense of contribution to a larger purpose	91	51
Sense of personal accomplishment	88	47
Support I receive for my current ministry	86	41

- Nine in ten respondents are at least “somewhat” satisfied with the sense of contribution to a larger purpose (91%) and sense of personal accomplishment (88%) in their primary ministry. At least half report being “very much” satisfied with these two aspects.
- Nearly nine in ten (86%) are at least “somewhat” satisfied with the support they receive for their current ministry, with four in ten are “very much” satisfied with this aspect.

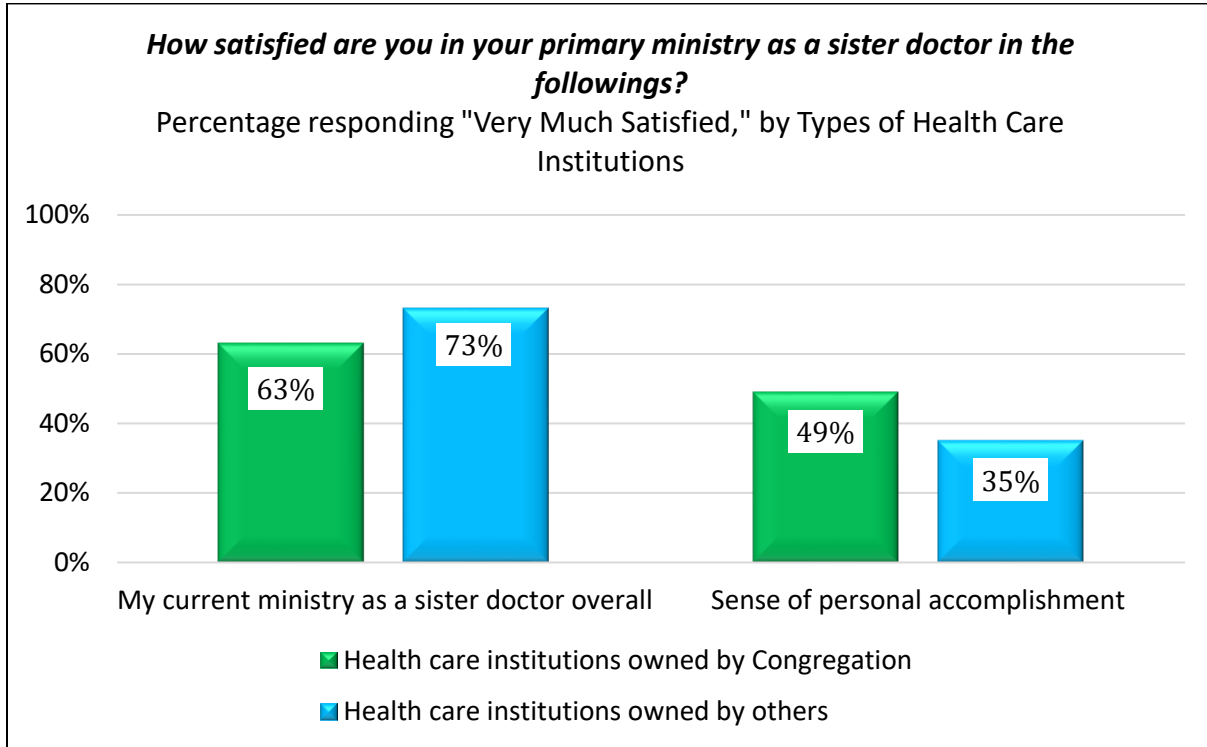
Difference by Location of Ministry

The responding sister doctors who minister in rural areas are more likely than those who minister in city/urban areas to be “very much” satisfied with their primary ministry in the aspects mentioned in the chart below.



Difference by Types of Health Care Institutions

Those who minister in one of the health care institutions owned by others (government, private sector) are most likely to be “very much” satisfied with their primary ministry as a sister doctor overall, meanwhile those who work in one of health care institutions owned by their congregation are most likely to be “very much” satisfied with their primary ministry in the sense of personal accomplishment.



Satisfaction with Health Care Institutions

When asked about various aspects on their health care institutions, almost all responding sister doctors (94%) report that they are at least “somewhat” satisfied with their health care institutions in providing health care to the poor and marginalized (94%) and enabling to integrate the values and principles of their congregation in health care (93%), with more than half being “very” satisfied with their health care institutions in these two aspects.

Satisfaction with Primary Health Care Institution		
<i>Percentage responding</i>		
	“Somewhat” or “Very Satisfied”	“Very Satisfied” only
	%	%
Proving health care to the poor and marginalized	94	54
Enabling to integrate the values and principles of your religious institute in health care	93	46
Providing quality care to the patients	92	45
Receiving adequate support from the heads of departments	90	46
Your colleagues and co-workers recognizing and accepting you as a true health professional	88	56

Eight in ten respondents report being at least “somewhat” satisfied with their primary ministry in the aspects mentioned in the table below.

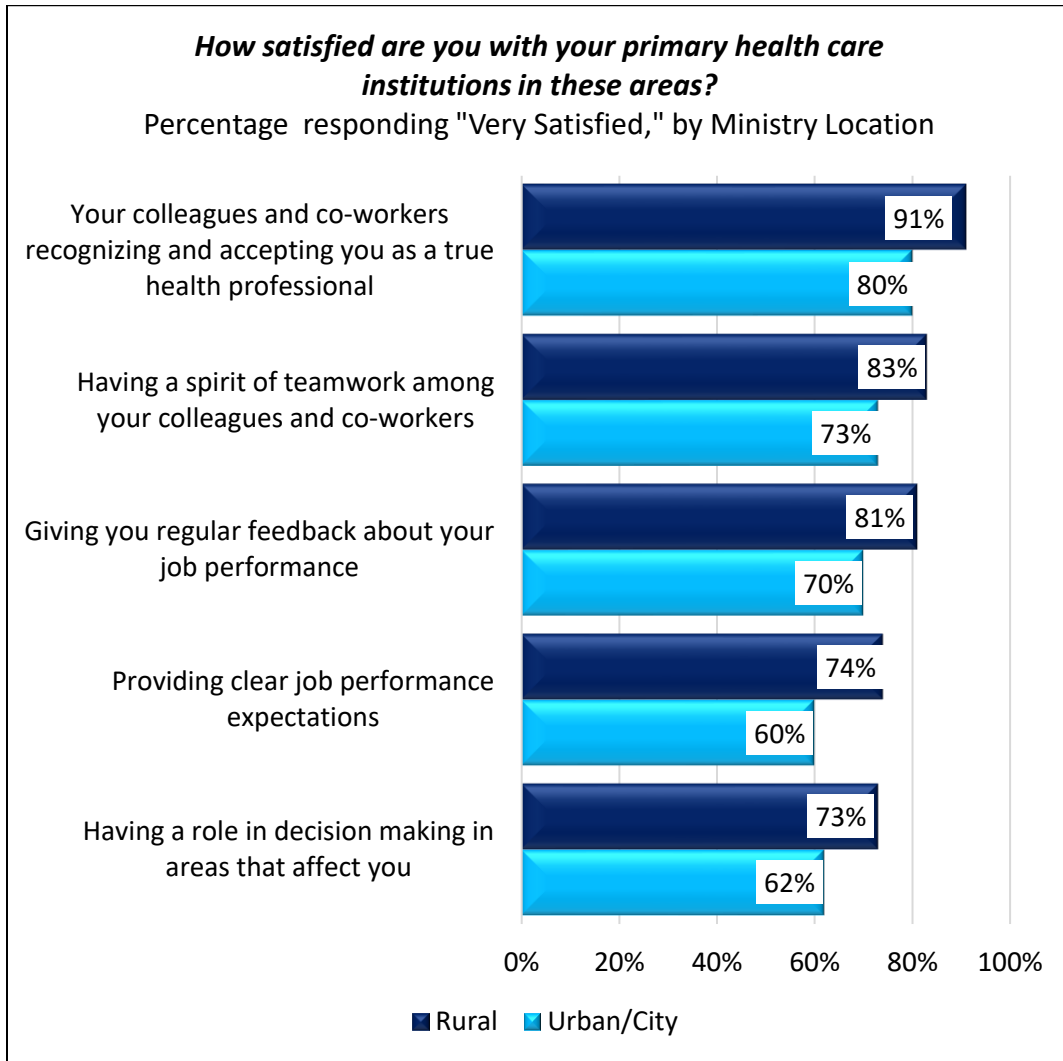
Satisfaction with Primary Health Care Institution		
<i>Percentage responding</i>		
	“Somewhat” or “Very Satisfied”	“Very Satisfied” only
	%	%
Having a spirit of teamwork among your colleagues and co-workers	80	45
Having a role in decision making in areas that affect you	79	45
Assigning you a reasonable workload	79	39
Providing good mentors that help you practice your profession	75	28

Seven in ten respondents report being at least “somewhat” satisfied with their primary ministry in the aspects mentioned in the table below.

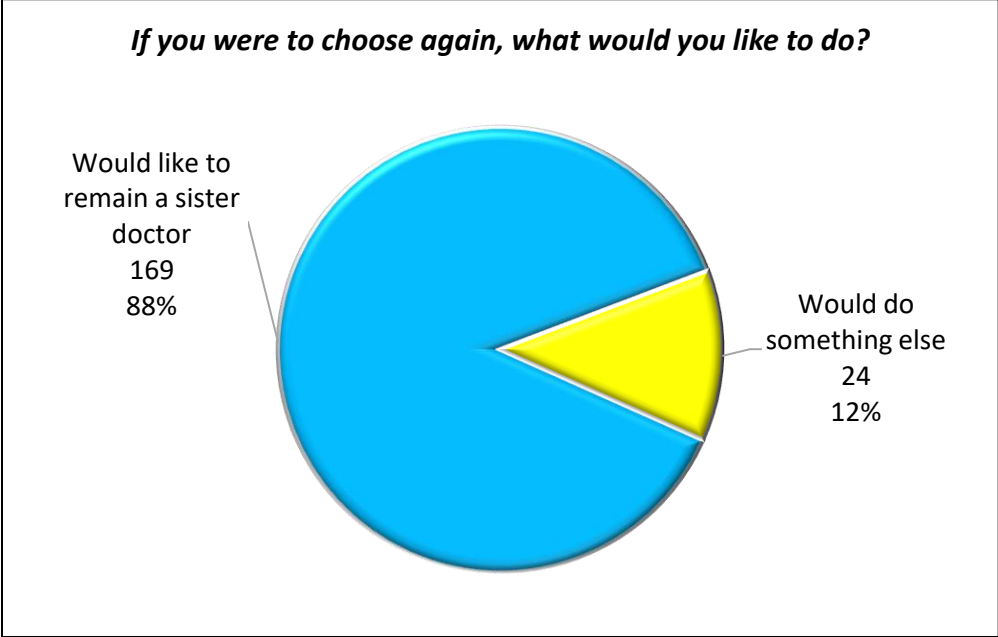
Satisfaction with Primary Health Care Institution <i>Percentage responding</i>		
	“Somewhat” or “Very satisfied” %	“Very satisfied” only %
Providing clear job performance expectations	70	28
Giving you regular feedback about your job performance	70	24
Availability of on-going professional development	68	21
Helping you keep up to date with new developments in your health care field to maintain professional competence	67	29

Satisfaction with Health Care Institutions by Ministry Location

Responding sister doctors who work in rural areas are most likely to report that they are “very” satisfied with their health care institutions in the areas mentioned in the chart below.



When asked if they were to choose again, what they would like to do, nearly nine in ten responding sister doctors (88%) report that they would like to remain a sister doctor; meanwhile, more than one in ten report that they would do something else.



Part III. Concern in Primary Ministry

Aspects of Concern

When asked about their concerns in various areas of their primary ministry, eight in ten (78%) report that maintaining the right balance between the duties of your religious life and the demands of your work life is at least “somewhat” of a concern to them, with two in five report it is a “great concern” to them.

<i>How much of a concern to you are each of the following?</i>		
	Percentage responding	
	“Somewhat” or “Great” of a Concern	“Great Concern” Only
	%	%
Maintaining the right balance between the duties of your religious life and the demands of your work life	78	40
Dealing with a heavy workload at your health care institution	74	32
Dealing with inadequate staffing at your institution	73	32
Dealing with difficult work supervisors	73	34
Dealing with difficult co-workers	70	28
Dealing with difficult patients	68	32

- More than seven in ten report that the followings are at least “somewhat” of a concern to them, with three in seven saying these are “great concern” to them:
 - Dealing with a heavy workload at their health care institution (74%)
 - Dealing with inadequate staffing at their institution (73%)
 - Dealing with difficult work supervisors (73%)
- Seven in ten indicate that dealing with difficult co-workers (70%) and dealing with difficult patients (68%) are “great concern” to them.

<i>How much of a concern to you are each of the following</i>		
	Percentage responding	
	“Somewhat” or “Great” of a Concern	“Great Concern” Only
	%	%
Being able to adequately care for the emotional and spiritual needs of your patients	64	27
Having enough time to get to know your patients well	59	22
Not being allowed to identify yourself publicly as a religious Sister at your institution	58	24
Coping with the tension between your religious beliefs and the tasks you perform at your health care institution	56	29
Adhering to Church teachings in some difficult health care situations	55	18

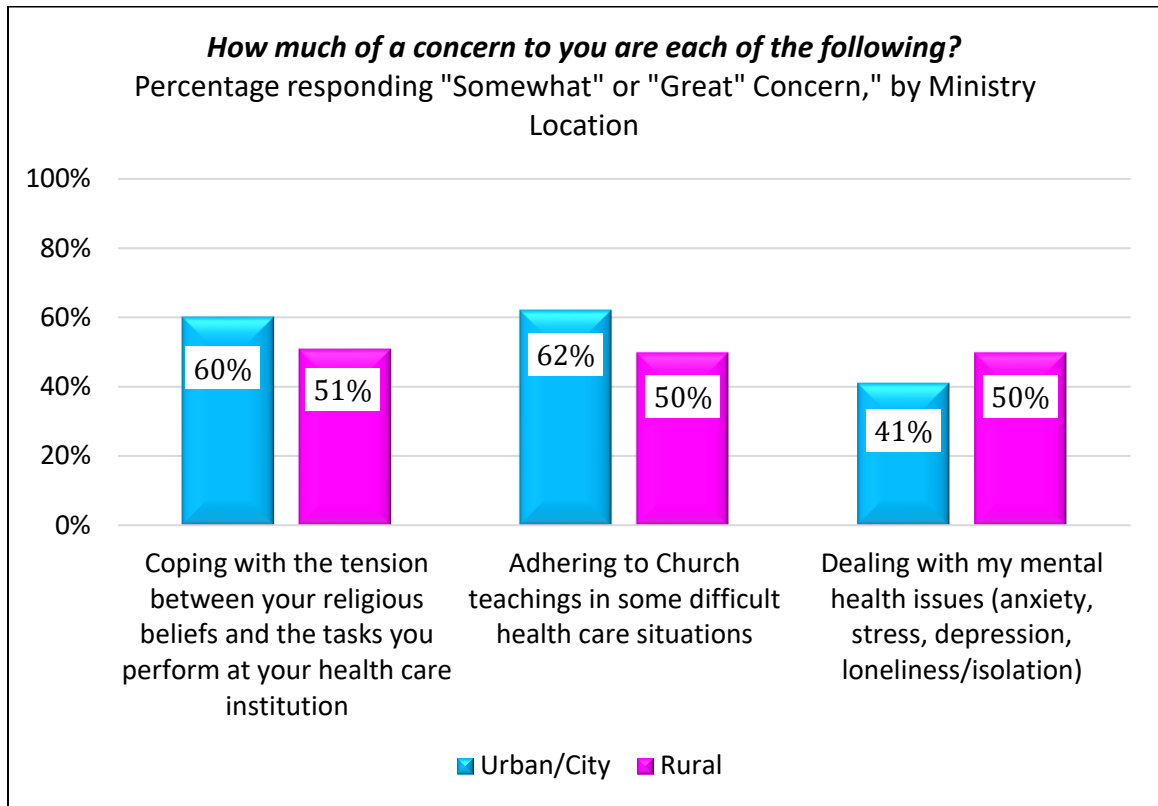
- More than six in ten (64%) report that being able to adequately care for the emotional and spiritual needs of their patients is at least “somewhat” of a concern to them, with three in ten saying this is a “great concern” to them.
- Six in ten report that having enough time to get to know your patients well (59%) and not being allowed to identify yourself publicly as a religious Sister at their institution (58%) are at least “somewhat” of a concern to them.
- Nearly six in ten report that coping with the tension between their religious beliefs and the tasks they perform at their health care institution (56%) and adhering to Church teachings in some difficult health care situations (55%) are at least “somewhat” of a concern to them.

<i>How much of a concern to you are each of the following</i>		
	Percentage responding	
	“Somewhat” or “Great” of a Concern	“Great Concern” Only
	%	%
Serving patients with inadequate facilities	54	22
Receiving sufficient support from the sisters in the local community	54	22
Being engaged in the community life due to the work schedule	54	34
Spending sufficient time with the community members	54	24
Dealing with my physical health issues (chronic illness, tiredness, weight issues)	48	22
Dealing with my mental health issues (anxiety, stress, depression, loneliness/isolation)	37	17

- More than half of responding sister doctors (54%) report that the followings are at least “somewhat” of a concern to them:
 - Serving patients with inadequate facilities
 - Receiving sufficient support from the sisters in the local community
 - Being engaged in the community life due to the work schedule
 - Spending sufficient time with the community members
- Half say (48%) indicate that dealing with my physical health issues (chronic illness, tiredness, weight issues) is at least “somewhat” of a concern to them.
- Four in ten (37%) report that dealing with my mental health issues (anxiety, stress, depression, loneliness/isolation) is at least “somewhat” of a concern to them.

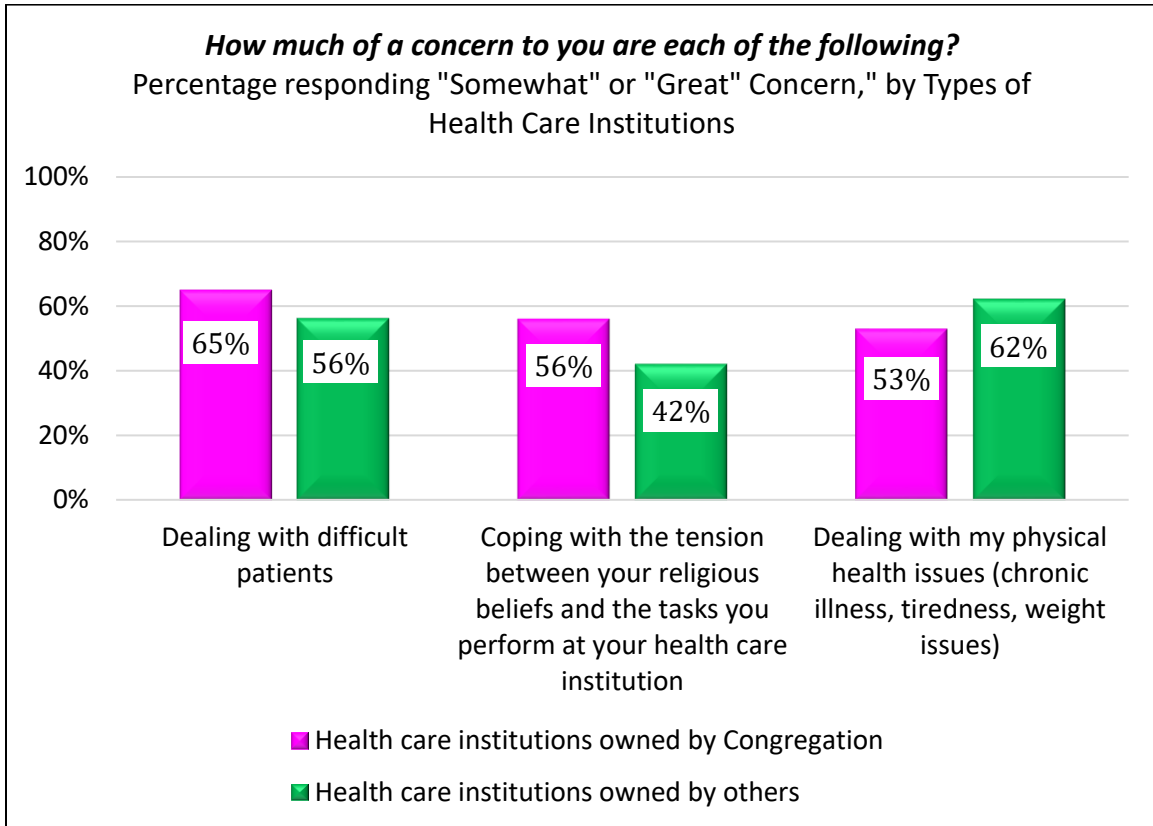
Difference by Ministry Location

The responding sister doctors who minister in urban/city areas are mostly likely to report that coping with the tension between their religious beliefs and the tasks they perform at their health care institution, and adhering to Church teachings in some difficult health care situations are at least “somewhat” of a concern to them in their primary ministry. Meanwhile, those who work in rural areas are most likely to say that dealing with their mental health issues (anxiety, stress, depression, loneliness/isolation) is at least “somewhat” of a concern to them.



Difference by Types of Health Care Institutions

The responding sister doctors who work in one of the health care institutions owned by their congregation are most likely to report that dealing with difficult patients and coping with the tension between their religious beliefs and the tasks they perform at their health care institution are at least “somewhat” of a concern to them in their primary ministry. Meanwhile, those who work in one of the health care institutions owned by others (government or private sector) are most likely to say that dealing with their physical health issues (chronic illness, tiredness, weight issues) is at least “somewhat” of a concern to them.



Most Challenging in Health Care Ministry

The responding sister doctors were asked to answer to a question “*What do you find most challenging in your health care ministry as a sister doctor?*” The respondents report the heavy workload, that they had no time for prayer or community life, and they wish to satisfy the needs of the patients. Some of their quotes are as bellow:

Heavy workload

- *Working alone for 24hrs without any help from any senior doctors. Managing serious patients.*
- *Workload when we are alone. Whole hospital we need to manage. Not much time for prayer.*
- *Workload and managing community life and spiritual life.*
- *To give adequate time for each patient.*
- *To cope with work & religious obligations.*
- *To coordinate both as a full religious life and a fulltime doctor*
- *To balance community life with professional duties. To be available day and night without any rest, whenever needed.*
- *To balance religious duties and hospital work. Most of the time I am exhausted by doing both.*
- *To balance community demands and hospital demands and prayer life.*

No time for prayer/community

- *To find time for my prayers.*
- *To balance prayer life, community life, and my ministry.*
- *Sometimes to adjust to the community activities.*
- *Often not getting time like others in the community for prayer but making life as a constant prayer trying to be with the Lord every moment.*
- *Lack of time for spiritual conferences.*
- *Coping up with duties and prayer life*
- *Combining health care ministry and fulfilling the requirements of religious life*
- *Being a medical professional at times community or congratulations timetable & schedule may not be followed appropriately like another sister do.*
- *Balancing leadership in the province and growth in the profession.*

Work and patient demands

- *Satisfaction of patient.*
- *Patients rising demands.*
- *My inadequacy and inability and lack of confidence.*
- *Medicolegal issues.*
- *Imparting knowledge how to, healthy living, lack of Education, ignorance, poverty, unhygienic environment.*
- *I want to reach out to the people with the best care with low-cost medical care.*
- *Giving sufficient time to patients.*

Most Challenging in Religious Life as a Sister Doctor

The responding sister doctors were also asked “*What do you, as a sister doctor, find most challenging in religious life?*” The Sisters reported the following challenges.

Internal conflict with community sisters due to lack of understanding, ego problems, outdated mindset, and lack of support

- *Cooperation with community.*
- *Community life.*
- *Comparison with other sisters, criticism.*
- *Ego problems and less collaboration from the sisters.*
- *Inadequacy from the congregation for a new thinking and planning.*
- *Misunderstanding.*
- *The role of sister doctor is not understood by other sisters.*
- *Sometimes lack understanding and support.*
- *Support from my sisters.*
- *The unnecessary Ego and Personality clashes.*
- *To convince myself as a doctor sister to my fellow religious sisters.*
- *To get the understanding of the community regarding our work.*
- *Very traditional mindset and lack of understanding towards our profession and needs and need for social interaction as doctor or sister and allowing flexible way of dressing.*
- *Prayer timing in the community. Unable to participate along with community So misunderstandings.*
- *Encouragement for healing ministry from authority. Satisfying sister nurses.*
- *To satisfy our sisters and others as the demand is more.*

Balance work and community responsibilities

- *To cope up between work and community timetable.*
- *Adhering to community timetable, especially attending morning prayer.*
- *Balance between both.*
- *Balance between religious life and profession.*
- *Balancing well between religious and professional life.*
- *Balancing with the demands of the apostolates and religious life.*
- *Being present for all community activities.*
- *Being with the community. Especially common gatherings, recreation.*
- *Community activities and to be present for it every time, sometime at the expense of patient care.*
- *Community life plus health care ministry if not time bound, it's difficult.*
- *Community meetings.*
- *May not be able to join the community for prayer and recreation for many days.*
- *Multiple responsibilities at a time like medical director, medico-social councilor of the congregation, single doctor in the department.*

- *My health problem and lack of time sometimes.*
- *No leave, no outing, 365 days' work, have to participate in all religious activities and work, so not our own time, no updates.*
- *Not able to be with my sisters.*
- *Often confined to the workplace as the workload is more. Even though my circle of life has enlarged yet feel lonely sometimes as for everyone I am a doctor but not a person with emotions, needs and wants.*

Lack of time for prayer or rest

- *Don't get enough time to pray.*
- *Don't get proper time for prayer life since on call for 24 hours.*
- *Finding enough time for prayer.*
- *Finding quiet time for prayer, and to relax.*
- *Heavy burden of work sometimes.*
- *I chose this life to spend more time with God, but I end up not even making a proper 8-day retreat. Sometimes feel like a voluntary worker making money for my institution. I don't feel religious. Lack of proper prayer and time for reflection has created a lot of anger, frustration and a lot of negative energy and a constant desire for a break to renew my spiritual life.*
- *I find it difficult to spend quality time in prayer while I'm able to workday and night unceasingly. So, in the process I compromise on prayer in exchange for work. That leaves a deep dent in my conscience and in my commitment.*

Unable to fulfill many needs of ministry

- *No able to perform, as an image of Christ, Lacking the gifts of Holy spirit in abundance.*
- *100% availability to everyone. Like St. Paul becoming everything to everyone for Christ's sake.*
- *I am unable to provide every need of the patient as ours is an interior village where I am working now.*
- *To give quality care, spiritual needs of the patient. Affordability.*
- *To satisfy the expectations of patients, especially religious patients.*

Obedience to community/authority

- *Lack of support from my authorities especially from the provincial (TN) who is very much money minded.*
- *To comply with the demands of day to day living of community life.*
- *To obey superiors in case of right hospital ministry. Some time they won't allow us to go right path because of prejudice and forgot our primary call.*
- *Poor support and help to understand & cope with age related issues in middle age. 2. Career / Professional advancement hindered by congregation rules/compulsion to serve in small health care centers owned by the congregation itself and not work in medical colleges/ established centers of the specialty beyond a certain limited period etc.*
- *Freedom to travel your own journey.*

- *Obeying authority.*
- *To work continuously in a rural area. To follow Church obligations vs governments laws.*

Conflict with Government

- *Competitive spirit and less support from government.*
- *It's better to give more importance to the health ministry than the other govt aided ministry by the congregation.*

Stand for truth

- *Consistency between what I do, pray, and work.*
- *Stand for truth keeping constant contact attending come conference etc.*
- *Standing for justice to the poor.*

Others

- *Daring to take risks and to request what I aspire for.*
- *Difficult to bring up the health infrastructure.*
- *Even though I have great support, I find it very challenging to convince and take decisions at the right time for the good of all.*
- *Every time changing place to place is very difficult to find stability in the ministry.*
- *Everything.*
- *I gave myself into leadership in religious life. Advice and accompaniment when sister doctors are young.*
- *Lack adequate skilled staffs.*
- *lack of flexibility.*
- *Lack of long term vision.*
- *Multitasking.*
- *New vocations.*
- *Priorities in religious life regarding health care.*
- *Support and concern from others.*
- *Tackling with the problems arise in health center as well as to about it to the superiors who do understand the difficulties that we face.*

Part IV. Sources of Support

Sources of Support

When asked about the support they received from various sources in their ministry, at least nine in ten report that they receive at least “somewhat” support from people listed in the table below.

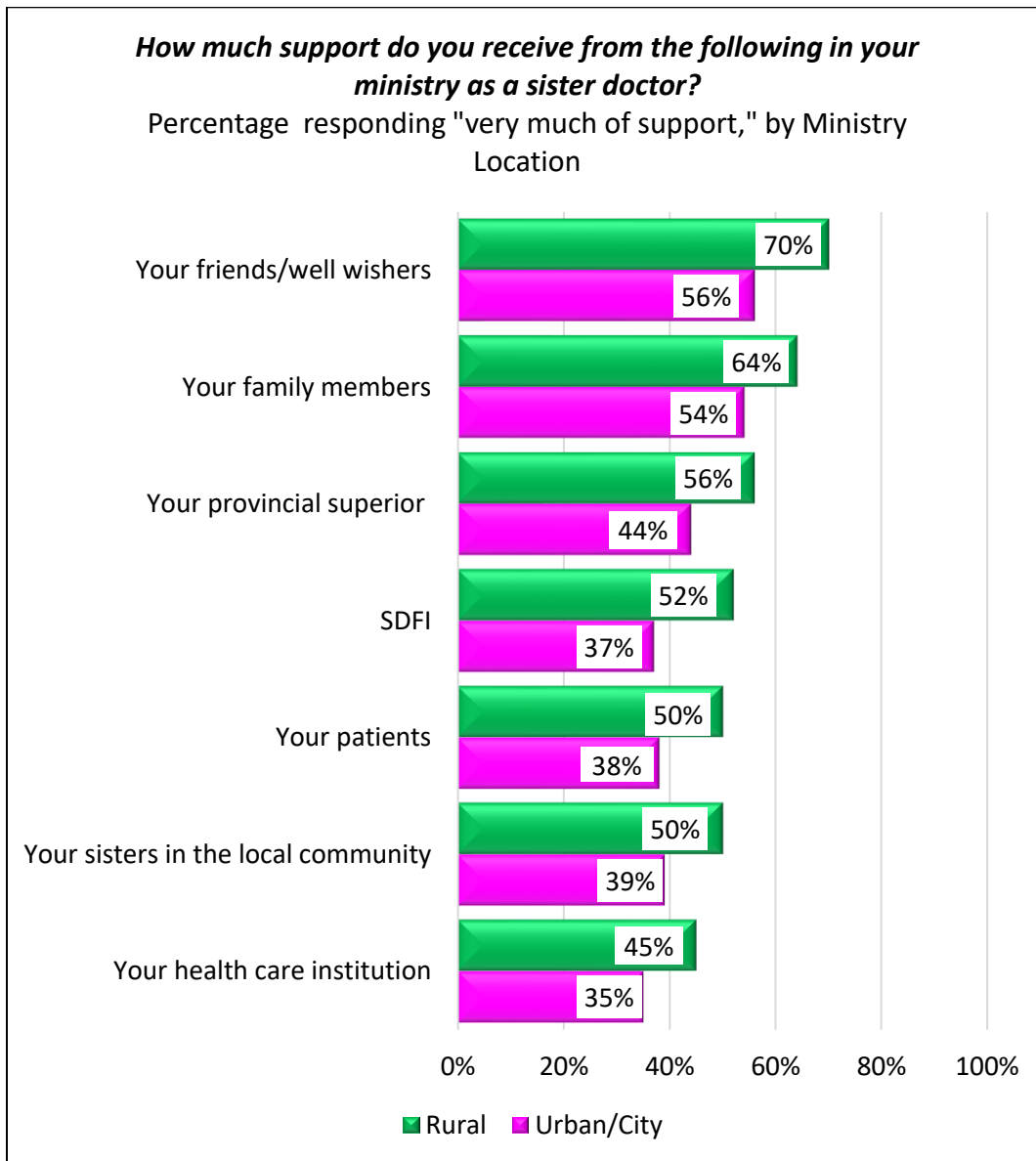
<i>How much support do you receive from the following in your ministry as a sister doctor?</i>		
Percentage responding		
	“Somewhat” or “Very Much”	“Very Much” Only
	%	%
Your community superior	92	51
Your friends/well wishers	92	65
Your provincial superior	91	51
Your colleagues	91	51
Your health care institution	90	42
Community sisters	89	43
Your patients	89	46
Your sisters in the local community	88	47
Your family members	87	61

At least four in five or more receive at least “somewhat” support from people listed in the table below.

<i>How much support do you receive from the following in your ministry as a sister doctor?</i>		
Percentage responding		
	“Somewhat” or “Very Much”	“Very Much” Only
	%	%
Sister nurses	84	38
Lay doctors	81	39
Your superior general	81	49
Other sister doctors	80	41
SDFI	79	46

Difference by Ministry Location

The responding sister doctors who minister in rural areas are more likely than those who minister in city/urban areas to receive “very much of support” in their ministry as a sister doctor from the sources mentioned in the chart below.



Support from Religious Community

The sister doctors in India were asked how their religious community can be of help in their ministry. Nearly nine in ten respondents (88%) report that it would be at least “somewhat” helpful if their religious community provides them with a quiet place to sleep no matter what shift they work (88%) and stand by them when they encounter difficult situations in their ministry (85%), with more than six in ten say these aspects would be “very” helpful.

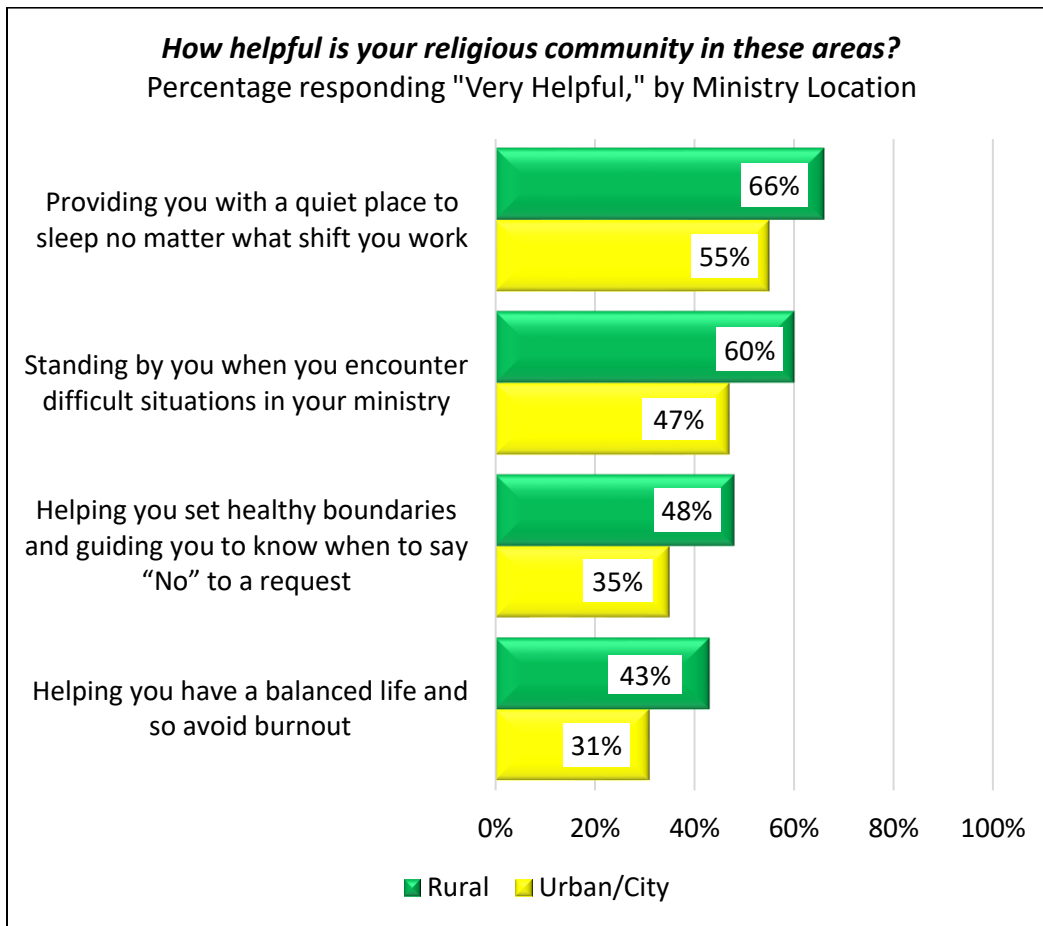
<i>How helpful is your religious community in these areas??</i>		
Percentage responding		
	“Somewhat” or “Very Helpful” %	“Very Helpful” only %
Providing you with a quiet place to sleep no matter what shift you work	88	62
Standing by you when you encounter difficult situations in your ministry	85	56
Providing you with support for your health care ministry	84	48
Allowing you the flexibility you need for community duties because of your work schedule	83	53
Helping you set healthy boundaries and guiding you to know when to say “No” to a request	79	43
Helping you view health care in its larger social justice context	78	33
Helping you have a balanced life and so avoid burnout	77	38
Providing you a place to talk about and reflect on the difficult situations you encounter in your health care ministry	74	37

- More than eight in ten indicate it would be at least “somewhat” helpful if their religious community provides them with support for their health care ministry (84%) and allow them the flexibility they need for community duties because of their work schedule (83%).
- Nearly eight in ten say it would be at least “somewhat” helpful if their religious community does the followings:

- Help them set healthy boundaries and guide them to know when to say “No” to a request (79%).
 - Help them view health care in its larger social justice context (78%).
 - Help them have a balanced life and so avoid burnout (77%).
- More than seven in ten (74%) report that it would be at least “somewhat” helpful if their religious community provides them a place to talk about and reflect on the difficult situations they encounter in their health care ministry.

Difference by Ministry Location

The responding sister doctors who minister in rural areas are more likely than those who minister in city/urban areas to report it would be helpful if their religious community help them with the areas mentioned in the chart below.



How Sister Doctor Forum of India Can Help (SDFI)

In the survey, the sister doctors were asked “*In what ways can Sister Doctor Forum of India do to help you fulfill your health care ministry while balancing your religious life?*” The responding sister doctors share various ways that SDFI can help the sister doctors. Some categories are:

- Promote awareness and understanding
- Coordinate additional medical staff
- Provide resources to balance work and religious life
- Provide educational resources
- Provide spiritual resources
- Others

Promote awareness and understanding

- *By making us aware of our struggle in our religious life and in duties to our religious authorities.*
- *By sharing our concerns.*
- *Reminders/courses on balancing religious life and medicine, 2)Intimating major superiors of congregations about the needs/demands of health care ministry and suggestions of how to approach/help/handle sisters involved in healthcare ministry (because if major superiors are from a non-medical background, they find it difficult to understand those in the medical ministry and hence cannot appropriately cater to their needs and the demands of the healthcare system because of which we are unable to exercise our ministry to its maximum potential).*
- *Addressing the Congregation heads and nurses for better understanding support and collaboration.*
- *All superiors could be enlightened about the importance and need of the health care ministry.*
- *By updating knowledge and challenges in religious life.*

Coordinate additional medical staff

- *Arrange a doctor when I am in great need.*
- *Arrange more staffs to reduce the workload.*
- *By providing infrastructure, personnel and updating program.*
- *By providing someone to replace me to attend 1-2 months of renewal course.*
- *By relieving me sometimes. Providing short- & long-term replacements in person if possible.*
- *Create a possibility of having a source of personnel for replacement duties when urgently required.*
- *Help to provide doctors for mission hospitals that are unable to get doctors.*
- *If could get some help of sister doctors on a short time basis.*
- *If some Sister Doctors can replace for me to go for a spiritual renewal.*

- *If Specialists (Sister doctors or other committed doctors) could be made available to serve in the institution in rotation 2-3 years at a time. Also, staff nurses and other paramedical workers when there is an extreme need.*
- *In personal if I get one pediatrician it will be of great help.*

Work/life balance resources

- *Arrange some awareness or integrating sessions for few days in a year. Those who want can attend.*
- *as you try to improve the updating knowledge, finance etc. to practice the deep-rooted spirituality and to overcome the name, fame, cast, creed, language, nation.*
- *Awareness about self-care, in giving some tips helping how to balance both. Seniors can share their experience.*
- *Awareness to superiors.*
- *Balance between work and religious duties.*
- *Balancing work and life as a Nun doctor.*
- *Conducting update courses, seminars, workshops, retreats, self-care activities, providing materials for self-care and professional updates, and periodic meeting of doctor sisters*
- *Forming self-care groups, organizing CME relevant to update us.*
- *Helping us to do the best in time management and relieve our stress.*

Coordinate gatherings/fellowship

- *Keeping specialty-based gathering.*
- *All are more concern about their own health Centre and congregation. Can you see the possibility of different congregation working together?*
- *Already the SDFI is organizing the AGBM And the CMEs which are very helpful.*
- *Annual gathering..*
- *Arrange conference with good CME.*
- *Batch get together, refreshment course etc.*
- *Building our fellowship, sharing and moral support.*
- *By sharing each other*
- *By supporting and helping each other.*
- *Conferences of SDFI.*
- *Gatherings and sharing.*
- *Meeting other sister doctors, sharing do help. And now the social media group is a great help*
- *Motivational & inspiring classes; online conferences etc.*
- *Offer opportunities for updating. Organize meetings where we can relax with each other for some days. Organize occasionally a retreat for sister doctors to build up spiritually.*

Educational resources

- *Insights and meetings.*
- *Knowledge sharing.*

- *By organizing periodic updating programs.*
- *Constant support by updating us with continued medical education.*
- *Giving some spiritual and academic updating.*
- *Online courses and classes.*
- *Periodically updating both.*
- *Some refresh courses.*
- *To arrange some spiritual inputs along with professional updating.*
- *To Provide the updates in all the fields to improve our knowledge.*
- *Updating in recent advances. Spiritual growth. Humility needs for sister doctors as well as other sisters.*
- *Virtual and physical CME. Refresher courses.*
- *The periodical input sessions not only to improve knowledge but to improve the religious vocation.*

Spiritual resources

- *By providing motivational and Spiritual inputs.*
- *Arrange some short weekend retreat.*
- *Can organize spiritual renewal course once in a way.*
- *CMEs and short spiritual courses.*

Others

- *Financial support.*
- *Money help.*
- *Addressing legal support when needed.*
- *Come to my aid whenever I am in difficulty.*
- *Give awareness to authorities that we too are human and not super power.*
- *Give awareness to the superiors regarding the struggles of sister doctors.*
- *Give more awareness to the superiors, how we are struggling.*
- *Guidance.*
- *Help for the proper administration of the institution entrusted.*
- *Projects or programs for the poor patients.*
- *Providing support and care.*
- *Shortly I will be going to Africa, to work in Malawi, to start a new mission. So, I will see what I should do after reaching there. Work in Malawi is very challenging.*
- *Some monitory help and time to time sharing in meetings.*
- *Spiritual animation during meetings.*
- *Support through communications.*

Need to Improve Health Care Ministry of Sister Doctors

In the survey, the sister doctors were asked “*In your opinion, what is most needed to improve the health care ministry of sister doctors in India??*” The responding sister doctors share various ways that SDFI can help the sister doctors. Some categories are:

Adequate staff/support

- *Coordination between sister doctors and to have a group of the sister doctors of different specialists to help each other working in rural areas.*
- *Personal, especially in the village set up.*
- *To give proper support and manpower for Village areas workers.*
- *Adequate staff in remote areas.*
- *Adequate support for sister Doctors.*
- *Afford a good team for the Sister Doctor, to help her be faithful and fruitful in her mission.*
- *By providing more manpower, so that she may able to work without " burnout".*
- *Enough hardworking staff availability.*
- *I want to start Caesarian operation. I am a gynecologist but lack of anesthesia doctor in this village we find difficulty to start operation. And we have to refer patients.*
- *Committed, dedicated, loyal health care workers who will work as a team in the interest of the patient.*

Fellowship/network among sister doctors

- *Offer opportunities for updating. Organize meetings where we can relax with each other for some days. Organize occasionally a retreat for sister doctors to build up spiritually.*
- *Professionalism Collaboration with other doctors Cooperation at community and leadership levels.*
- *Should develop an integrated vision to have comprehensive health services including other systems of medicines also .. I get the impression that only those who studied in St. John's are forming SDFI.*
- *Support system in the health care fraternity of at least Christians and also with Government health care system.*
- *A coordination between sister doctors.*
- *Better understanding and cooperation from Congregation and community sisters. Creating a network to support in needs.*
- *By discussing and sharing of our lives with each other at regular intervals.*
- *Collaboration.*
- *Collaboration of inter Congregation health ministry and sharing the resources.*
- *Collaboration, networking, improved communication, support activities.*

Understanding and respect

- *A proper support and encouraging system.*

- *Rest, relaxation & self-care. Updating academically. Grow in spirituality. Acceptance from the community and congregation.*
- *Support 100% from the higher authority.*
- *Dialogues between sister doctors and higher authorities. Even with ecclesiastical authorities. Dialogues between congregational authorities.*
- *Moral support from the members and local administration. And economic stability.*
- *To have a good rapport with the authorities of the health care authorities and the congregation.*
- *Acceptance & Mutual understanding.*
- *Acceptance by the Admin staff and Superiors, supervisors.*
- *accepting and understanding the profession related issues*

Education

- *Needs assistance in updating knowledge in the subject, administration of institution and to have support in difficult circumstances in office.*
- *Regular and timely updating of medical knowledge and technology.*
- *Evaluation at all levels.*
- *updated knowledge and equipment.*
- *Available specialization. MBBS alone is not enough.*
- *From time-to-time refresher course and gathering.*
- *Knowledge update and funds.*
- *Encourage to have more sister from the congregations.*
- *Medical update.*
- *In helping to produce, I mean educate more sister doctors.*
- *Now a days getting a seat for PG IN any subject is very difficult. So, SDGI can do something in this area in collaboration with St. Johns Medical college & CHAI, like Ultrasound & other courses, like online PG courses.*
- *Occasions to update the subject and interact with colleges.*

Improvements to general healthcare system (non-personnel related; facilities, rural focus, administrative structure, etc.)

- *Administrators who are focused on the poor rather than spending money on expensive infrastructure that resemble corporate hospitals, and on making money for the province with a competitive mind.*
- *Administrators who are leaders and include sister doctors in their decision makings. Recognizing our spiritual needs, needs for a break when we are overloaded with work every day. Even if it means just taking us out for a few hours on a free day.*
- *A place to work without fear and pressure.*
- *In my opinion only sister doctors could reach out to people. If we could train health animators in interior villages, it is a great achievement.*
- *Putting us in rural areas fully occupied has now taken away my interest to achieve.*
- *Though it is risky to practice in rural area we should never step back.*

- *We concentrate more in quality health Care of rural India. keep away from commercialism.*
- *Work more in the rural India where people need us.*
- *Arrangements to place sister doctors at appropriate centers as per their expertise. Some sister doctors with M.D. degree are placed at hospitals where patient load is very poor. They can be utilized for busy centers to make them feel worth working.*
- *I think to work with little modern and nice instruments and machines. Most of the time not allowed to buy new ones.*

Finance

- *Finance and manpower.*
- *Financial assistance.*
- *Financial support and availability of dedicated doctors.*
- *Having enough funds and personal in health care profession.*
- *Give chances for them to update, especially those who are working in periphery 24hrs x 7 x 365 days.*
- *I should update my health care ministry to attend all the meetings.*
- *Improved skills and cooperation of all the sisters.*
- *Resource persons financial support to hospitals during epidemics/ calamities.*

Spiritual renewal/rest

- *Once own wholistic health.*
- *Time for self-care.*
- *Being dedicated and committed sister doctor.*
- *Dedication, focused job, & taking care of self.*
- *Doing my service to the patients with great concern and love. Every other thing to do will be taught by the situation.*
- *Help the young sister doctor to grow in spirituality- that is to fall in love of Jesus so that she takes all her problems to Jesus as Jesus had daily conversation with His Father about His mission. Then no sister will falter.*
- *Peace of mind in the community and workplace.*
- *They should have good self-awareness and value based than need based life.*
- *To be mission oriented than individual success oriented.*
- *True love for the poor and commitment.*
- *Updating the professional carrier Consistency between prayer and work.*
- *We need empathy and concern. Only God can give to us.*
- *Filling the gap of deficient personnel to provide ample time for a sister doctor to recoup her drained out physical energy and get back to duty with renewed strength and energy.*
- *Give break from their work at an interval. To prevent burn out.*
- *Decrease workload.*
- *Need at least two weeks of leave from work.*
- *Mental health and prevention of burnout.*

- *Probably a little break in between, to refresh, rejuvenate themselves physically, mentally, socially along with spiritual rejuvenation.*
- *Not to overload.*

Others

- *I'm not in a position to comment.*
- *Minimum investigation facilities and committed sisters.*
- *Nothing.*
- *Regional level to be strengthened.*
- *Respect and understand other indigenous practices and Indian culture too.*
- *Self-sacrifice communication.*
- *Strong enough to handle all situations.*
- *We can't generalize because some work in well-established hospitals and some work in rural set ups and some are struggling to start anew.*

Appendice

Appendix I: Questionnaire and Response Frequencies

ABOUT YOU

1. Type of health care institution(s) where you *primarily* practice(d) as a doctor:
 - 72 Hospital owned by your congregation
 - 4 Hospital owned by the government
 - 4 Hospital owned by private sector
 - 10 Health care center owned by your congregation
 - 1 Health care center owned by the government
 - 1 Health care center owned by private sector
 - 4 Dispensary owned by your congregation
 - 1 Nursing home owned by private sector
 - 1 Palliative care center by your congregation
 - 0 Palliative care center by the government
 - 1 Hospice owned by your congregation
 - 0 Hospice owned by the government
 - 2 Other(s): _____

2. ____ How many beds are there in the hospital where you work?

3. ____ How many sister doctors do you work with?

4. Where do you work?
 - 30 City/Urban
 - 70 Rural

5. Which state do you work? _____
 - 5 Andhra Pradesh
 - 0 Arunachal Pradesh
 - 1 Assam
 - 2 Bihar
 - 6 Chhattisgarh
 - 1 Goa
 - 1 Gujrat
 - 0 Haryana
 - 0 Himachal Pradesh
 - 3 Jharkhand
 - 11 Karnataka
 - 23 Kerala
 - 2 Madhya Pradesh
 - 7 Maharashtra
 - 0 Manipur
 - 1 Meghalaya

- 0 Mizoram
- 0 Nagaland
- 0 Odisha
- 1 Punjab
- 1 Rajasthan
- 0 Sikkim
- 24 Tamil Nadu
- 3 Telangana
- 0 Tripura
- 4 Uttar Pradesh
- 1 Uttarakhand
- 2 West Bengal
- 1 Andaman & Nicobar Islands (UT)
- 0 Chandigarh (UT)
- 1 Delhi NCT (UT)
- 0 Haveli and Daman and Diu (UT)
- 1 Jammu & Kashmir (UT)
- 0 Ladakh (UT)
- 0 Lakshadweep (UT)
- 0 Puducherry (UT)

6. What *best* describes your primary motivation for becoming a doctor?
- 6 Your personal desire to be a doctor
 - 79 Your religious congregation's suggestion/encouragement to become a doctor
 - 3 Both personal desire and congregation
 - 12 Other primary motivation: _____
7. What best describe your highest level of education?
- 10 MBBS
 - 60 M.B.BS &PG
 - 9 M.B.BS&DNB
 - 3 M.B.BS with Alternative medicine
 - 19 Other(s): _____
8. Your area(s) of specialization: _____
9. Your year of birth: _____
10. Year you entered religious life: _____
11. Year you became a doctor: _____

12. Which of these bests describes your current living situation? *Please check only one response.*

1 I live alone

93 I live with other sisters of my congregation

5 I live with sisters of another congregation

1 I live with sisters of both my congregation and other congregations

0 I live with lay people

0 Other: _____

SATISFACTION WITH YOUR PRIMARY HEALTH CARE INSTITUTION

13. How satisfied are you with your <u>primary</u> health care institution in these areas?	Not at all satisfied	Satisfied a little	Somewhat satisfied	Very satisfied
a. Receiving adequate support from the heads of departments	5	5	44	46
b. Having a role in decision making in areas that affect you	7	14	34	45
c. Providing good mentors that help you practice your profession	10	15	47	28
d. Helping you keep up-to-date with new developments in your health care field to maintain professional competence	12	21	37	29
e. Providing clear job performance expectations	12	19	42	28
f. Giving you regular feedback about your job performance	10	20	46	24
g. Having a spirit of teamwork among your colleagues and co-workers	7	13	35	45
h. Your colleagues and co-workers recognizing and accepting you as a true health professional	3	10	32	56
i. Assigning you a reasonable workload	5	15	40	39
j. Providing quality care to the patients	3	5	48	45
k. Proving health care to the poor and marginalized	2	5	40	54
l. Enabling to integrate the values and principles of your religious institute in health care	2	5	48	46
m. Availability of on-going professional development	9	23	47	21

14. How satisfied are you in your primary ministry as a sister doctor in the followings?	Not at all	Only a little	Somewhat	Very much
a. My current ministry as a sister doctor overall	0	2	32	65
b. Sense of contribution to a larger purpose	2	7	40	51
c. Sense of personal accomplishment	2	10	42	47
d. Support I receive for my current ministry	1	13	46	41

CONCERN IN YOUR PRIMARY MINISTRY

15. How much of a concern to you in each of the followings?	No Concern	A Little Concern	Somewhat of a Concern	Great Concern
a. Maintaining the right balance between the duties of your religious life and the demands of your work life	6	17	38	40
b. Dealing with a heavy workload at your health care institution	10	20	42	28
c. Dealing with inadequate staffing at your institution	9	24	36	32
d. Dealing with difficult work supervisors	19	28	32	22
e. Dealing with difficult co-workers	16	29	36	18
f. Dealing with difficult patients	10	26	37	27
g. Being able to adequately care for the emotional and spiritual needs of your patients	7	20	41	32
h. Having enough time to get to know your patients well	8	18	41	32
i. Not being allowed to identify yourself publicly as a religious Sister at your institution	50	13	20	17
j. Coping with the tension between your religious beliefs and the tasks you perform at your health care institution	25	21	32	22
k. Adhering to Church teachings in some difficult health care situations	25	21	20	34
l. Serving patients with inadequate facilities	8	20	39	34
m. Receiving sufficient support from the sisters in the local community	23	21	27	29
n. Being engaged in the community life due to the work schedule	15	27	34	24
o. Spending sufficient time with the community members	16	24	37	22

p. Dealing with my physical health issues (chronic illness, tiredness, weight issues)	22	23	31	24
q. Dealing with my mental health issues (anxiety, stress, depression, loneliness/isolation)	24	28	26	22

SOURCE OF SUSPPORT

16. How much support do you receive from the followings in your ministry as a sister doctor?	Not much support	A little of support	Somewhat of support	Very much of support
a. Your superior general	9	10	32	49
b. Your provincial superior	6	10	33	51
c. Your community superior	4	6	40	51
d. Your sisters in the local community	1	11	41	47
e. Your family members	6	7	26	61
f. Your friends/well wishers	1	7	27	65
g. Your colleagues	1	8	40	51
h. Sister nurses	4	13	46	38
i. Your patients	1	10	43	46
j. Community sisters	1	10	46	43
k. Lay doctors	4	13	43	40
l. Other sister doctors	7	12	39	41
m. SDFI	6	15	33	46
n. Your health care institution	3	8	48	42
o. Other (s):	10	19	50	21

17. How helpful is your religious community in these areas?	Not helpful	A little helpful	Somewhat helpful	Very helpful
a. Providing you with support for your health care ministry	2	14	36	48
b. Helping you have a balanced life and so avoid burnout	3	20	39	39
c. Allowing you the flexibility you need for community duties because of your work schedule	3	14	31	53
d. Providing you with a quiet place to sleep no matter what shift you work	4	9	26	62
e. Helping you set healthy boundaries and guiding you to know when to say "No" to a request	3	18	36	43
f. Providing you a place to talk about and reflect on the difficult situations you encounter in your health care ministry	5	21	37	37

g. Standing by you when you encounter difficult situations in your ministry	3	13	28	56
h. Helping you view health care in its larger social justice context	4	19	44	32

18. If you were to choose again, what would you like to do?

88 Would like to remain a sister doctor

12 Would do something else

19. What do you find most challenging in your health care ministry as a Sister doctor?
20. What do you, as a Sister doctor, find most challenging in religious life?
21. In what ways can Sister Doctor Forum of India do to help you fulfill your health care ministry while balancing your religious life?
22. In your opinion, what is most needed to improve the health care ministry of sister doctors in India?
23. Briefly share one of your most memorable experiences as a sister doctor.

Appendix II: Transcription of Responses to Open-Ended Questions

Question 19. What do you find most challenging in your health care ministry as a sister doctor?

1) Quality healthcare at minimum cost in rural setup 2) The preconceived notions of patients in rural areas with respect to treatment. E.g.- indiscriminate demand for injections, non-adherence to medication.

Adhering to community timetable.

Adjusting with the regular religious practices as the congregation wants to do and not updating knowledge both religious and public life with the rest of the world which very strange it seems.

Always demanding free health care services.

Always mind gets distracted with the care of patients.

Always not able to help the poor.

As a religious sister to work in a rural area.

As I am only the homoeopathy sister doctor no one to share my experiences with.

As I work in the Govt hospital, the corruption and the slowness to get the things to be done are intolerable.

At present situation people are expecting free treatment.

Balancing both religious duties and responsibilities of a doctor.... Over load. No one to replace.

Balancing leadership in the province and growth in the profession.

Being all in all specialties.

Being good in all of the situations.

Being medical professional at times community or congregation's timetable & schedule may not be followed appropriately like other sisters do.

Church rules sometimes oppose the government rules. For e.g. sterilization.

Collaboration among sisters. Proper personnel. Team spirit. Encouragement for healing ministry from authority.

Combining health care ministry and fulfilling the requirements of religious life.

Community support.

Competition between mission hospitals and co-operative hospitals.

Competition with corporate hospitals.

Convincing authorities to upgrade hospital, collaborate with others and update sister nurses and other staff. They don't receive ideas so well.

Convincing the patient.

Coping up with duties and prayer life.

Coping up with the government demands.

Coping with inadequacies, being in the government system. To move against the current.

Demands of government officials.

Difficult to cope up with the advanced healthcare system.

Difficult to get committed doctors and nurses.

Economic management.

Expert.

Facilities, staff, cooperation of the people of the area.

Facing new and challenging and unexpected complications of the patient, failing to maintain serenity and composure in difficult and tense situations.

Financial constraints to go forward with the innovative ideas I have, which causes less advancement in the field.

Financial problem.

Finding difference between a lay doctor and myself in my mission.

Getting the cooperation of the secular doctors with regard to loyalty, commitment, punctuality and availability in times of emergency.

Giving witness of the unconditional love of Jesus.

Government rules and regulations.

Handling stress, isolation in community, less facility.

Healing with divine love is my motto. Since I'm working in remote area with non-Christians, it's a question mark how much I give Jesus to them.

Health problem.

Heavy work-- in context of aging.

I am the only one doctor in charge. So, there will be workload. Cannot take proper rest due to administration work as well as duty as a doctor. patient is not happy to see other duty doctor.

I don't have another doctor to support.

I often miss to give JESUS and the word of God personally to my patients and their families.

I want to reach out to the people with the best care with low-cost medical care.

Imparting knowledge, how to, healthy living. Lack of education, ignorance, poverty, unhygienic environment.

Indifference shown by the sister nurses, caring for lay doctors more than sister doctors.

Inequality of resources and personal in remote areas.

Insufficient healthcare facilities, lack of sensible staff sisters who are willing to serve.

Integrating religious life duties and ministry.

Jealousy among the sisters. Misunderstanding and poor support.

Keeping my professional knowledge and skills high and up to date.

Lack of communication, encouragement and support.

Lack of dedicated, supportive coworkers including sisters.

Lack of facilities, support from higher authority, lack of teamwork from sister nurses.

Lack of facility as well as staff deficiency because the diocese and congregation lack funds and motivation.

Lack of growth in profession.

Lack of knowledge about the healthcare ministry among the superiors.

Lack of personnel sometimes.

Lack of personnel.

Lack of personnel.

Lack of personnel.

Lack of support from community.

Lack of time for spiritual conferences.

Lack of time to update myself at professional level.

Less manpower.

Less understanding by Religious sisters.

Limitations to choose where to work.

Living spiritual, religious and professional life in all its fullness integrating all together.

Managing a difficult case scenario alone.

Many times, I don't relax and no one to replace. Hence, I have attended very few meetings and medical seminars.

Medicolegal issues.

Most of my sisters don't understand me as a doctor sister.

My commitment to Jesus helped me to face the difficult situation in my early years of my health ministry as a sister doctor and so enjoyed as a sister doctor.

No adequate personnel to support.

No big challenges.

No colleagues and someone to consult.

No freedom to work. Constrained by rules.

No proper infrastructure and personnel to take of emergencies in the hospital. I specialize in surgery but I have to manage all the other departments except surgery.

Not able to do any free treatment for the poor in spite of being in a charity institution.

Not able to handle the work load. Need another doctor. Need more staff.

Not able to update the knowledge and providing quality care to the non-affordable.

Not enough time to available for the patient.

Not getting qualified doctors.

Not updated as the doctors who lives in city.

Nothing challenging.

Nothing specific.

Nothing.

Often not getting time like others in the community for prayer but making life as a constant prayer trying to be with the Lord every moment.

Only one doctor in the department.

Option for the poor.

Patients are very poor. Financially & educationally.

Patients' rising demands.

People expect free health services most of the time.

Poor vision about the ministry on the part of the congregation.

Presently I am concerned with HIV children and their future. The new Leprosy affected patients, even young ones is also challenging.

Professional update.

Religious values /Ethical principles of being a doctor.

Satisfaction of patient.

Since it is a rural hospital, we need to refer the patients to higher centers. Many times, parents are unwilling.

Single person and no other senior doctors whom I can consult with.

Single-handed to carry out such a responsibility, physical health, presence of quack doctors in the locality who spoil the health of the public.

Sister doctors who can't update.

Sometimes people look at us differently with our dress.

Sometimes to treat poor patients due to lack of fund.

Staff.

Support and understanding from the sup.

Support from superiors and community.

Taking personal decisions to help the poor and marginalized.

The challenge to prove myself better than any lay doctors due to the double minded respect and obligation to sister doctors and lay doctors.

Though a general practitioner, I have to manage a department with a 13 bedded ICU 42 bedded ward, casualty and OPD (outpatient department) along with another senior doctor who is also not a physician and junior doctors who are not MBBS but BMS... Alternate day duties. Apart from the work load, my challenge is my lack of knowledge to handle cases not willing to go to higher center, and lack of opportunity to update my knowledge. In spite of all efforts we are not getting physicians to come and work in our center. There is absolutely no opportunity to take a break, sometimes even when I'm sick.

Till now nothing.

Time management.

Time management.

Time to get both duties of congregation and profession.

To balance between religious life and health ministry.

To balance community demands and hospital demands and prayer life.

To balance community life with professional duties. To be available day and night without any rest, whenever needed.

To balance prayer life, community life and my ministry.

To balance prayer life.

To balance religious duties and hospital work. Most of the time I am exhausted by doing both.

To be happy for serving marginalized people in my society.

To be like Christ.

To be like Jesus.

To commit myself fully-update my knowledge and skills -to take up challenges basically come out my secure world.

To convince other lay doctors of our competence.

To coordinate both a full religious life and a fulltime doctor.

To cope with work & religious obligations.

To depend on administration.

To find out God's will.

To find time for my prayers.

To give adequate time for each patient.

To say no to abortion. Be pro-life. Unable to give financial help the poor patients.

To stand for values, for justice for the poor, politicians getting involved in small matters and taking advantage for helping them so that in future they may get political advantage.

To teach and take care of nursing staff.

To work 24 hours.

To work alone not many people who knows the value.

Too much work load with minimum facilities, less staff, and more demands from patients.

Unable to do more charity to my poor patients as I wish.

Unable to participate in the meetings due to health reasons.

Updating knowledge.

Very minimum facilities in our own hospitals but have to treat pts with minimum requirements with risk.

Very poor infrastructure and staffing.

Violence of patients.

When I started my career, I thought it was finance and support from the congregation, now I realize it is the lack of my spirituality and total surrender to GOD.

With Jesus all challenges become opportunity.

Working alone for 24hrs without any help from any senior doctors. Managing serious patients.

Working still at full strength even at old age.

Working under administration which does not consult.

Workload and managing community life and spiritual life.

Workload when we are alone. Whole hospital we need to manage. No much time for prayer.

Workload.

Question 20. What do you, as a Sister doctor, find most challenging in religious life?

1. Poor support and help to understand & cope with age related issues in middle age. 2. Career / Professional advancement hindered by congregation rules/compulsion to serve in small health care centers owned by the congregation itself and not work in medical colleges/ established centers of the specialty beyond a certain limited period etc.

100% availability to everyone. Like St. Paul becoming everything to everyone for Christ's sake.

Adhering to community time table, specially attending morning prayer.

After so many years of life it is easy only I have to see clearly everything with involvement and live my life simply what my inner being wants.

Balance between both.

Balance between religious life and profession.

Balancing between community activities and ministry.

Balancing community life and my missing life.

Balancing of prayer life.

Balancing prayer life with community activities.

Balancing religious life and professional life.

Balancing well between religious and professional life.

Balancing with the demands of the apostolates and religious life.

Balancing work and religious duties.

Be a sincere consecrated sister.

Being present for all community activities.

Being with the community. Especially common gatherings, recreation etc.

Burnout.

Community activities and to be present for it every time, sometime at the expense of patient care.

Community life plus healthcare ministry if not time bound, it's difficult.

Community life.

Community meetings.

Comparison with other sisters, criticism.

Competitive spirit and less support from government.

Consistency between what I do, pray and work.

Cooperation with community.

Daring to take risks and to request what I aspire for.

Difficult to bring up the health infrastructure.

Don't get enough time to pray.

Don't get proper time for prayer life since on call for 24 hours.

Ego problems and less collaboration from the sisters.

Encouragement for healing ministry from authority Satisfying sister nurses.

Even though I have great support, I find it very challenging to convince and take decisions at the right time for the good of all.

Every time changing place to place, very difficult to find stability in the ministry.

Everything.

Finding enough time for prayer.

Finding quiet time for prayer, and to relax.

Finding time for community activities.

Freedom to travel your own journey.

Heavy burden of work sometimes.

I am unable to provide every need of the patient as ours is an interior village where I am working now.

I chose this life to spend more time with God, but I end up not even making a proper 8-day retreat. Sometimes feel like a voluntary worker making money for my institution. I don't feel like a religious. Lack of proper prayer and time for reflection has created a lot of anger, frustration and lot of negative energy and a constant desire for a break to renew my spiritual life.

I do not have any major issues in this regard.

I find it difficult to spend quality time in prayer while I'm able to work day and night unceasingly. So, in the process I compromise on prayer in exchange for work. That leaves a deep dent in my conscience and in my commitment.

I gave myself into leadership in Religious life. Advice and accompaniment when sister doctors are young.

I have to work alone. I am one in all in the clinic. Can't take even take the home holidays.

Inability to balance due to work load, lack of personnel.

Inability to spend adequate time for prayer due to my heavy work schedule.

Inadequacy from the congregation for a new thinking and planning.

It's better to give more importance to the health ministry than the other govt-aided ministry by the congregation.

Keep up with religious life.

Keeping up the community routine.

Lack adequate skilled staffs.

Lack of flexibility.

Lack of long-term vision.

Lack of support from my authorities specially from the provincial (TN) who is very much money minded.

Lack of time for personal prayer and relaxation.

Lack of time for prayer life. Missing community life.

Lack of time to spend in personal prayer and community.

Less time for prayer Life.

Less time for prayers.

Live a calm and peaceful life.

Live community life in all its richness.

Making time for personal prayer and staying faithful to it, come what may.

May not be able to join the community for prayer and recreation for many days.

Misunderstanding.

Multiple responsibilities at a time, like - medical director, medico-social councilor of the congregation, single doctor in the department.

Multitasking.

My community was always understanding and supportive and this gave me a purpose in my life.

My health problem and lack of time sometimes.

New vocations.

No challenges.

No leave, no outing, 365 days' work, have to participate in all religious activities and work, so no our own time, no updates.

No personal time. burned out.

Not able to be with my sisters.

Not able to perform, as an image of Christ. Lacking the gifts of Holy Spirit in abundance.

Not able to satisfy the inner thirst for more time for meditation and tranquility.

Not much of challenges.

Nothing conferences, different seminars, we can meet our friends and share openly.

Nothing much at present due to the understanding Superior cum Administrator.

Nothing much.

Nothing.

Nothing.

Nothing.

Nothing. I am happy about my religious life.

Obeying authority.

Often confined to the work place as work load is more. Even though my circle of life has enlarged, yet feel lonely sometimes as for everyone I am a doctor but not a person with emotions, needs and wants.

Prayer life and community works.

Prayer life.

Prayer time and rest are very little for us as doctors.

Prayer timing in the community, unable to participate along with community, so misunderstandings.

Priorities in religious life regarding healthcare.

Quality time for prayer.

Religious life is not only mission and also to realize and experience the god within me in all circumstances.

Role of sister doctor is not understood by other sisters.

Scarcity of time to read a lot of books.

Sometimes I am not able to enjoy the joy of being in community.

Sometimes lack understanding and support.

Stand for truth keeping constant contact, attending come conference etc.

Standing for justice to the poor.

Striking a balance with my prayer and duties in the hospital.

Support and concern from others.

Support from my sisters.

Tackling with the problems arise in health center as well as to about it to the superiors who do understand the difficulties that we face.

Team spirit.

The income we get is comparatively less than those get from other professionals like teachers.

The same as above.

The unnecessary ego and personality clashes.

Time for prayer.

Time table and other facilities not adjusted for healthcare ministry.

Time-management and failing to spend quality time with Jesus.... In silence.

To balance prayer life and to work as a sister doctor.

To balance religious life and professional life. To come together for community activities ...To stay alone in hospital when all others go for functions and for church celebration...

To balance the demands of community timetable and workload.

To balance with community and ministry together.

To be a true religious.

To be faithful to my community exercises.

To be like Jesus, in all situations.

To be loyal at all times.

To be present for all the community activities and prayer and to do on call duties throughout.

To comply with the demands of day to day living of community life.

To constantly have a right balance between personal, community, religious and professional life.

To convince myself as a doctor sister to my fellow religious sisters.

To cope up between work and community time table.

To cope up with the coworkers.

To cope with all the community activities.

To find adequate time and inner silence to commune with the Lord.

To find adequate time for religious practices / to be punctual & regular.

To find time for prayer.

To get enough time for prayer.

To get more time for encountering with the Lord.

To get the understanding of the community regarding our work.

To give quality care, spiritual needs of the patient. Affordability.

To give time for community.

To have a quality prayer time.

To have the humility, calmness patience, tolerance, forgiveness and love of Christ.

To keep up the time table.

To manage between my work and every practice of religious life.

To manage religious and professional life.

To obey superiors in case of right hospital ministry. Sometimes they won't allow us to go on the right path because of prejudice and forgot our primary call.

To participate all community activities and congregations' meetings.

To participate in the community activities.

To satisfy our sisters and others as the demand is more.

To satisfy the expectations of patients especially religious patients.

To spend extra time for spiritual reading.

To update professionally and to find time for spiritual growth.

To work continuously in a rural area to follow Church obligations vs governments laws.

To work in the hospital along with the same community members.

Unable to spend quality time with Jesus.

Very difficult to find out time for prayer .

Very traditional mindset and lack of understanding towards our profession and needy. And need for social interaction as doctor sisters and allowing flexible way of dressing.

When I am tied call for Emergency.

Question 21. In what ways can Sister Doctor Forum of India do to help you fulfill your health care ministry while balancing your religious life?

1)Reminders/courses on balancing religious life and medicine, 2)Intimating major superiors of congregations about the needs/demands of health care ministry and suggestions of how to approach/help/handle sisters involved in healthcare ministry (because if major superiors are from a non-medical background, they find it difficult to understand those in the medical ministry and hence cannot appropriately cater to their needs and the demands of the healthcare system because of which we are unable to exercise our ministry to its maximum potential).

Addressing legal support when needed.

Addressing the Congregation heads and nurses for better understanding support and collaboration.

All are more concerned about their own health center and congregation. Can you see the possibility of different congregation working together?

All superiors could be enlightened about the importance and need of the healthcare ministry.

Already the SDFI is organizing the AGBM And the CMEs which are very helpful.

Annual gathering.

Arrange a doctor when I am in great need.

Arrange conference with good CME.

Arrange more staffs to reduce the work load.

Arrange some awareness or integrating sessions for few days in a year. Those who want can attend.

Arrange some short weekend retreat.

As you try to improve the updating knowledge, finance etc. to practice the deep-rooted spirituality and to overcome the name, fame, cast, creed, language, nation.

Awareness about self-care, in giving some tips helping how to balance both. Seniors can share their experience.

Awareness to superiors.

Balance between work and religious duties.

Balancing work and life as a nun doctor.

Batch get together, refreshment course etc.

Building our fellowship, sharing and moral support.

By making aware of our struggle in our religious life and in duties to our religious authorities.

By organizing periodic updating programs.

By providing infrastructure, personnel and updating program.

By providing motivational and spiritual inputs.

By providing someone to replace me to attend 1-2 months of renewal course.

By relieving me sometimes. Providing short- & long-term replacement in person if possible.

By sharing each other.

By sharing our concerns.

By supporting and helping each other.

By updating knowledge and challenges in religious life.

Can organize spiritual renewal course once in a while.

CMEs and short spiritual courses.

Come to my aid whenever I am in difficulty.

Conducting update courses, seminars, workshops, retreats, self-care activities, providing materials for self-care and professional updates, and periodic meeting of doctor sisters.

Conferences of SDFI.

Constant support by updating us with continued medical education.

Create a possibility of having a source of personnel for replacement duties when urgently required.

Dialogue with the concerned sister doctors and if needed to share the sister's difficulties with congregation superior so that a solution can be arrived. SDFI can take a lead in it.

Financial support.

Forming self-care groups, organizing CME relevant to update us.

Gatherings and sharing.

Give awareness to authorities that we too are human and not superpower.

Give awareness to the superiors regarding the struggles of sister doctors.

Give more awareness to the superiors, how we are struggling.

Giving some spiritual and academic updating.

Guidance.

Help for the proper administration of the institution entrusted.

Help provide doctors for mission hospitals that are unable to get doctors.

Helping us to do the best in time management and relieve our stress.

I cannot say.

I think I need time and experience.

If could get some help of sister doctors on a short time basis.

If some sister doctor can replace for me to go for a spiritual renewal.

If specialists (sister doctors or other committed doctors) could be made available to serve in the institution in rotation 2-3 years at a time. Also, staff nurses and other paramedical workers when there is an extreme need.

If they can provide some doctors (bond) students from St. Johns, it will help us.

If we get one gynecologist, for one or two months, we could go for some renewal programs.

If you can provide a part time reliever.

I'm practicing Homoeopathy, I like to come for all conferences, but there are very few members from alternative medicine. If they are increased, there can be better sharing of life.

In personnel if I get one pediatrician it will be of great help.

In whatever possible way they can.

Individual sister should take responsibility to balance healthcare ministry and religious life.

Input sessions.

Insights and meetings.

Inter-congregational transfers for a change.

It may be helpful if SDFI could send some guidelines, concern, enquiries, etc. to our Provincial superiors and head of our institutions about us.

Job description for doctor sisters.

Keeping specialty-based gathering.

Knowledge sharing.

May be conduct some programs for time management, anger / emotion management, providing suitable updates on existing and innovation in medical field.

Maybe some help as person. As materials maybe some relaxation and motivative talks, or picnics or anything.

Meeting other sister doctors, sharing does help. And now the social media group is a great help.

Money help.

Moral support. Friendly communication. Relaxation program dialogs.

Motivational & inspiring classes; online conferences etc.

My congregation supports me for this.

Need no special help.

Need of updating the medical knowledge and to be freed from the hospital for the same and to have some personal time for themselves for prayer and reflection.

Nil.

Nil.

No suggestions.

No way.

Not much.

Nothing much.

Nothing specific.

Nothing.

Nothing.

Nothing.

Nothing.

Nothing. I should take daring steps.

Occasional personnel to release me for my own spiritual & physical needs like retreats and holidays for relaxation.

Offer opportunities for updating. Organize meetings where we can relax with each other for some days. Organize occasionally a retreat for sister doctors to build up spiritually.

Online courses and classes.

Organizing meet with our provincial and people in authority.

Periodically updating both.

Praying and supporting and provide personnel if needed at times.

Projects or programs for the poor patients.

Provide information to congregation.

Providing more junior doctor in the form of rural service.

Providing personnel, upgrading in other centers.

Providing support and care.

Providing update classes. Making relievers to meet emergency needs.

Provincial should be let known the tension and struggle of a sister doctor and adequate support by the nurses and community.

Regional meetings, batch-wise gatherings. A day to share with our own.

Regular meetings and CME.

Relievers.

Replacement of the doctor - during - retreat/ prayer days/ holidays.

Respite care occasionally to give a sister doctor to work so we can take a break.

SDFI doing much so continue.

Self-help care, providing sister doctor replacement.

Setting up a platform to come together and share our difficulties.

Sharing the knowledge and experience with each other encouraging and supporting one another.

Shortly I will be going to Africa, to work in Malawi, to start a new mission. So, I will see what I should do after reaching there. Work in Malawi is very challenging.

Since I am living in the frontier region of our country they can replace at a time of need and emergency.

Some gatherings and sharing of their experiences and discussing their problems in the group.

Some ministry helps and time to time sharing in meetings.

Some refreshments course.

Someone to relieve me for Retreats, Home holidays etc...

Spiritual animation during meetings.

Strengthening at needy time.

Suggest major superiors in giving a chance to work with outsiders than with own congregation sisters, when already there is much complicated patients to handle in the hospital.

Support through communications,

Support through prayers and meetings.

support to share and understand the difficult situations.

Support us spiritually, company, helping us to refresh our medical knowledge.

Supported well last 2 yrs.

Supporting with ideas to raise funds and circulate personal if possible. inter religious/zonal /national /regional online help and guidance, ideas, to improve the hospital or get govt funds. Or exchange personal when need a break or some religious institution had chapter or retreat.

The periodical input sessions not only to improve knowledge but to improve the religious vocation.

They are helping us maximum in every way.

They have done. To bring awareness in the congregation about sister doctors challenges.

To address our major superior and local superior also frequent gathering to discuss about our ministry and challenges guidance to settling would be better.

To arrange some spiritual inputs along with professional updating.

To conduct de-stress management course.

To get someone to replace me when needed.

To help with medical personnel in need, especially I need one Gynecologist here very much ...for one Gynecologist it is too much here.

To help with other sister doctors for replacements.

To provide the updates in all the fields to improve our knowledge.

To stand by. As you do.

Understand in a better way.

Understanding and support.

Updating in recent advances. spiritual growth, humility needs for sister doctors as well as other sisters.

Updating our knowledge. Togetherness and solidarity.

Virtual and physical CME. Refresher courses.

Question 22. In your opinion, what is most needed to improve the health care ministry of sister doctors in India?

A coordination between sister doctors.

A place to work without fear and pressure.

A proper support and encouraging system.

Able to decide.

Acceptance & mutual understanding.

Acceptance by the admin staff and superiors, supervisors.

Accepting and understanding the profession-related issues.

Accountability and visibility.

Adequate staff in remote areas.

Adequate support for sister doctors.

Administrators who are focused on the poor rather than spending money on expensive infrastructure that resemble corporate hospitals, and on making money for the province with a competitive mind. Administrators who are leaders and include sister doctors in their decision makings. Recognizing our spiritual needs, needs for breaks when we are overloaded with work every day. Even if it means just taking us out for a few hours on a free day.

Afford a good team for the Sister Doctor, to help her be faithful and fruitful in her mission.

Anointing of the Holy Spirit.

Arrangements to place sister doctors at appropriate centers as per their expertise. Some sister doctors with M.D. degree are placed at hospitals where patient load is very poor. They can be utilized for busy centers to make them feel worth working.

Available specialization. MBBS alone is not enough.

Avoid frequent transfer.

Being dedicated and committed sister doctor.

Better understanding and cooperation from congregation and community sisters. Creating a network to support needs.

By discussing and sharing our lives with each other at regular intervals.

By providing more manpower, so that she may able to work without " burnout".

Challenging/daring spirit among Sister Doctors. Broadmindedness among Major Superiors/ Hospital Administrators. More service oriented than merely sustaining institutions/monetary gain.

Collaboration of inter-congregational health ministry and sharing the resources.

Collaboration, networking, improved communication, support activities.

Collaboration.

Come together and renew and Revamp our spiritual strength and medical knowledge.

Committed, dedicated, loyal healthcare workers who will work as a team in the interest of the patient.

Community support as SDFI.

Congregation's support required.

Coordination between sister doctors and to have a group of the sister doctors of different specialists to help each other working in rural areas.

Decrease work load.

Dedication, focused job, & take care of self.

Dialogues between sister doctors and higher authorities. Even with ecclesiastical authorities. Dialogues between congregational authorities.

Doing my service to the patients with great concern and love. Every other thing to do will be taught by the situation.

Encourage to have more sister doctors from the congregations.

Enough hardworking staff availability.

Evaluation at all levels.

Filling the gap of deficient personnel to provide ample time for a sister doctor to recoup her drained out physical energy and get back to duty with renewed strength and energy.

Finance and manpower.

Financial assistance.

Financial support and availability of dedicated doctors.

From time to time refresh courses and gatherings.

Give break from their work at intervals. To prevent burn out.

Give chances for them to update...especially those who are working in periphery 24hrs × 7 × 365days.

Good skills.

Having enough funds and personnel in health care profession.

Help the young sister doctor to grow in spirituality- that is to fall in love of Jesus so that she takes all her problems to Jesus as Jesus had daily conversation with His Father about His mission, then no sister will falter.

Hospital facilities especially in rural setting.

I should update my healthcare minister to attend all the meetings.

I think to work with little modern and nice instruments and machines. Most of the time not allowed to buy new ones.

I want to start Cesarean operation. I am a gynecologist but lack of anesthesia doctor in this village we find difficulty to start operation. And we have to refer patients.

I'm not in a position to comment.

Improve the quality of healthcare.

Improved skills and cooperation of all the sisters.

In helping to produce, I mean educate more sister doctors.

In my opinion only sister doctors could reach out to people. If we could train health animators in interior villages it is a great achievement.

Knowledge update and funds.

Knowledge-sharing, fund-sharing, keeping wide range of thoughts and activities about healthcare ministry, finding alternative minimum side effects or no side methods of treatment would improve our healthcare ministry in India.

Lack of professionalism in our institutions.

Lack of resources and knowledge, no independence is given to the sister doctor in regards to her ministry.

Love, concern, support and understanding.

Medical update.

Mental health and prevention of burnout.

Minimum investigation facilities and committed sisters.

Moral support from the members and local administration and economic stability.

More coordination among sister doctors of one area. To help other Centre's when they need some help by assisting in their work or providing personnel.

More exposure for them than only remaining in their small centers. As soon as a sister doctor is finished in her studies she is called back to the congregation to work in the hospital without providing any practice. With minimum experience she has to work. Providing exposure.

More personnel in each hospital.

More personnel.

More staff to support.

Mutual support from sister doctors, in this very competitive world.

Mutual support.

Need assistance in updating knowledge in the subject, administration of institution and to have support in difficult circumstances in office.

Need at least two weeks of leave from work.

Need good administration in our hospitals.

Need good support from congregation.

Networking.

Not to overload.

Nothing.

Nowadays getting a seat for PG in any subject is very difficult. So, SDGI Cando something in this area in collaboration with St. Johns Medical college & CHAI, like ultrasound & other courses, like online PG courses.

Occasions to update the subject and interact with colleges.

Offer opportunities for updating. Organize meetings where we can relax with each other for some days. Organize occasionally a retreat for sister doctors to build up spiritually.

Open-minded authorities. Collaboration with active SDFI and other organizations. Legal advisors and administration advisers.

Open-minded thinking at the congregational level.

Openness and generosity between the superiors of congregations and hence to collaborate with each other and to share the resources including human resources and move towards a clear aim to improve the wholistic health of India.

Our own wholistic health.

Peace of mind in the community and workplace.

Personnel, especially in the village set up.

Probably little breaks, to refresh, rejuvenate themselves physically, mentally, socially along with spiritual rejuvenation.

Professional collaboration with other doctors. Cooperation at community and leadership levels.

Provision of more doctors in centers where only one doctor (sister doctor)

Putting us in rural areas fully occupied has now taken away my interest to achieve.

Refreshment courses, mutual support.

Regional level to be strengthened.

Regular and timely updating of medical knowledge and technology.

Resource persons, financial support to hospitals during epidemics/ calamities.

Respect and understand other indigenous practices and Indian culture too.

Rest, relaxation & self-care. Updating academically. Growth in spirituality. Acceptance from the community and congregation.

Reunions and seminars.

Self-sacrifice communication.

Set up has to be updated. Lot of financial crisis.

Sharing.

Should develop an integrated vision to have comprehensive health services including other systems of medicines also. I get the impression that only those who studied in St. John's are forming SDFI.

Sister doctors can be pooled rather than sticking to own congregation and their needs.

Social support.

Strong enough to handle all situations.

Support 100% from the higher authority.

Support from community and professional.

*Support from congregation to value you for who you are and what you are capable on.
Providing an environment conducive for happily working.*

Support from congregation.

Support from government organization.

Support from the administration is a felt need, profit making must not be the priority.

Support from the congregation.

Support system in the healthcare, fraternity of at least Christians and also with Government healthcare system.

Team work.

There should be mutual support among sisters of different congregations, where it is needed.

They should be provided with help. Also, don't let them work as a one man show and be locked in their places draining all their capacities.

They should have good self-awareness and value-based than need-based life.

Though it is risky to practice in rural area we should never step back.

Time for self-care.

Timely update.

To be mission-oriented than individual success oriented.

To build a network of help among sister doctors.

To give proper support and manpower for village areas workers.

To have a good rapport with the authorities of the healthcare authorities and the congregation.

To have experience in different fields, departments.

To help one another as sister doctors. Big hospitals allow young doctors to have hands on training for a year before they venture into small health centers on their own. This will empower them, give confidence to tackle difficult situations.

To improve the education.

To respect sister doctors by sisters as they respect lay doctors.

Training.

True love for poor and commitment.

Unity and sharing among sister doctors and community members.

Update our knowledge to face current health issues.

Update the knowledge and also deep-rooted prayer life.

Update the knowledge.

Updated knowledge and equipment.

Updating the knowledge and skills and the spirit of consecrated.

Updating the professional career. Consistency between prayer and work.

We can't generalize because some work in well-established hospitals and some work in rural set-ups and some are struggling to start anew.

We concentrate more in quality healthcare of rural India. Keep away from commercialism.

We need empathy and concern. Only God can give to us.

We need more Sister Doctors.

We need more support system from the congregation.

Well-equipped hospital setup.

Work more in rural India where people need us.

Question 23. Briefly share one of your most memorable experiences as a sister doctor.

A pre-term newborn baby was abandoned a few years ago at a nearby government hospital and this particular baby was brought by us to our hospital. When I saw the baby, it had labored breathing and was quite critical. We started giving the baby oxygen as well as intravenous fluids without much hope. After an hour the baby showed the signs of improvement and I was excited to continue the treatment further. By God's grace in spite of having many complications like hypoglycemia, hypocalcemia, seizures and hyperbilirubinemia the baby was able to overcome all the challenges and grew well. At the age of 8 months the baby was taken for adoption and grew well. At the age of two years we heard that the baby won the first prize in healthy baby contest. God's plans are amazing. I still cherish the memories of this newborn.

A very poor and neglected patient on the road side was brought to the hospital with a stinging wound with maggots on her breast and we cared for her as a team and helped her recover and followed up for a year until she died even though she was not able to pay. The empathy I am able to share with the patients and possibility to care for the poor and the marginalized.

A young boy 17yrs old presented with lower and upper limbs weakness after having treated for fever. Immediately I referred to higher center i/v/o GBS. Now he is able to walk. From a remote village two girls joined BSC nursing.

After COVID pandemic I conducted medical camps in remote villages of Amaravati, Melghat forest area with the support of Car it as Kinda. It was time of mansion. I enjoyed God's love and protection in full string. Nine days continued in midst of full of water and rain. Every day 200 to 250 patients treated in nine camps, 52 villages benefited. Now I feel wonder in God's marvelous.

An elderly lady conceiving after my treatment getting a triplet, two female and a male baby, all alive and healthy attending school now. The happiness of the parents, I thank God. Miracles still happen, even now if only you believe.

Approachability appreciated.

As a Doctor sister I met many challenge cases. One patient recovered from unconscious after three days.

As a sister doctor I am privileged to work in a rural set up and the poor patients have the access to approach me and I feel satisfied in treating them.

Because of our good network like SDFI we feel connected and supported wherever we go.

Being a gynecologist, the smile on the faces of a mother who has waited for years altogether to conceive and finally delivers her baby...indeed a memorable moment.

By saving poor patient with clinical skills and commitment.

Caring for a leprosy patient who had sustained burn injuries. He was in helpless situation, no one even to take him to the hospital, forget about someone staying with him in the hospital. That was a most challenging, rewarding memorable experience, to see him completely healed

of the burns. His remark brought tears into my eyes, he said, "When I came, you only took care of me."

Caring for the needy in spite of economic instability.

Coordinating SDFI during the disastrous situation specially during tsunami in TN, Earthquake at Kashmir and Gujarat.

Could help many ladies to achieve self-dignity & self-esteem.

Delivery of more precious babies.

Diagnosing a child with Kawasaki disease and treating when it was missed by others.

During a pandemic I could work hard day and night for the patients and the disease did not affect me.

During COVID period, helped lot of struggling patients who did not have any health facility and who overcame from disease thanked me as I am their Angel, gave me a meaning and contentment for having chosen this profession.

Every day is memorable experience because most of my decisions are taken by my Lord. I get to see many of my ventilator patients later walking and coming to the OPD. Their smile and gratitude are what sustains my desire to carry on.

Every day is memorable to me, in one way or other positively and negatively, but I remember one incident as an intern, I could help out of my way to a patient in the ward, whose care-taker was an old, not that studied uncle. I could take an extra mile to help this uncle and child.

Experience of great joy when patient and people appreciate our service.

Faith of the poor people in God and in my capabilities even when I was hesitant and defendant. God's merciful love in risky situation and His loving protection and guidance.

Feeling satisfied in ministry in spite of lack of support in day today life. Treating infertility patients with minimal treatment and having good results Taking care of patients with bad obstetrics history till the delivery.

Fulfilling yet challenging ministry.

Giving life to my patients. Many of them with severe Anemia go for PPH (my area is sickle cell positive almost 90 percentage. Many with CPR I have given back life. I still thank God for them.

God guide me.

God has guided me in a tremendous way to treat so many patients.

God working through our hands bringing miraculous healing.

Gods helping hand in most critical situation.

Going out of our way & helping someone with compassion.

Good memories are working in the rural area.

Healing the disease of the patients.

Helping a family to cope with cancer.

Helping the needy people in my own healthcare center.

Helping the needy poor patients

Here in this hospital we treat snake bite patients besides other patients. We see regularly God working miracles through us.

High-risk patient getting healed.

HIV Centre patients showed their gratitude.

I am giving blood, then operating an abruptio placentae patient.

I am nothing. God in all. All in God.

I am privileged to enter and go anywhere.

I am so happy that I could help a child who was dying with a congenital heart disease, was helped by my batch mates (financially) underwent open heart surgery at Amrita hospital free of cost, now three year-old boy doing well.

I am working in a lay govt institute. Where I come across only Hindu brethren. They call me as Devi of that institute as I go in my religious costume.

I could divert many couples from MTP with counselling and positive support. Could help out many infertility patients, and timely support for the poor patients.

I could help one son by giving blood. Likewise, donated blood 8 times.

I could save the life of a baby weighing 600.00gm only which landed in my hand during P/V examination in the consulting due to bleeding P/V at 23 weeks gestation. That also without incubator. (Covered under woolen clothes and keeping hot water bag on both sides of the baby along with oral tube feeding). Also helped to have baby for >75000 infertile couples during the last 30-33 years of my service by the Grace of God.

I could save the life of few young people by doing emergency procedures.

I could save two patients' lives when they had MI, by thorough physical examination, as I had no ECG machine available.

I could work in Disaster management programs in many occasions, like Bhopal Gas Tragedy in 1984. Earthquake in Lathur, Jabalpur, Gujarat. Flood relief in Manipur. Fire outbreak in Maharashtra. Flood relief in Solapur etc.

I diagnosed a cancer in early stage. Patient was very grateful.

I enjoy the circle of lovely sister doctor friends. All moments when I could give Jesus and Word of God to patients.

I experienced God's healing power while handling critical situation.

I have a satisfaction of giving the healing touch of Jesus, every day during the hospital rounds at least one or two patients ask me to pray over them.

I have lot more to share I do wholistic approach for my medical practice being gynecologist. I do practice general medicine, even treating my uncle's cancer with lifestyle modification that is healthy food, positive approach to all his emotions, and activities bring him with great potential to perform his business much more what he was before. I treat infertility patients, 5 - 6 patients who thought they would never become pregnant. They followed my advice religiously and gave birth so nature works wonders we need to identify make it possible like our great leader and physician Jesus.

I have many experiences. Whenever I am called to deal with a real emergency I always took Mother Mary with me. Once I was called because after one hour of a normal delivery, the staff could not deliver the placenta out. I went praying to the blessed Mother and as I reached, placenta just came out smoothly with no complication.

I have plenty of experiences. Recent one. Jesus gave new life to a baby after delivery (absent fetal heart for 17 minutes. With prayer filled with tears and bag and mask resuscitation child had life with no incubation as well no consequences of hypoxia. Baby is now 7 months. Perfectly well. Praise be to God. 2. Could counsel number of couples to continue pregnancy (those who came wanting abortions) 3. It's really wonderful to be as sister doctor where we experience Jesus physically and serve the sick and suffering. Patients find a difference between sister doctor and other doctors 4. Could counsel and encourage many people who wanted to end up life. Oh many more wonderful experiences 5. One 6 year old girl child could not walk for 7-8 months (Muslim child) poor family. Not affordable to go to higher center. Told them the power Jesus and gave the minimum medication what I have. She was able to walk on 19th day without support. Now she is going to school.

I have seen patients healing because of the trust they have in a sister doctor. A patient with gangrene was advised to amputate his leg was healed completely with my medicine.

I remember one of my patients being very grateful for the healing she received with my treatment... glory to God.

I was able to save the life of a 1.5 year old boy with congenital cardiac disease who was left to die. I am so grateful to my batch mates who contributed generously and the child underwent an open-heart surgery at AMRITA hospital and doing well now.

I was not allowed to practice as gynecologist for few years. I kept myself patiently trusting only God who finally solved the problem. Everything is possible if God wills.

In the heart of a village when there were no phones etc. to recognize sickle cell anemia and do a checkup so as to find the percentage of patients with the same. After I was transferred another sister doctor continued the work and then the govt. took it up.

Jesus healing patients miraculously.

Joy of meeting Christ every day in each patient I meet.

Managing all kinds of patients with God's grace.

Many memorable experiences. In early part of professional life there was a patient with atonic PPH all current methods failed. And patient was about to die. We took her to the operation theatre to do hysterectomy and suddenly God inspired me to give intra-myometrial prostaglandins which was not known then. This was done, the bleeding stopped. Her general condition improved. She did not need hysterectomy and went home hale and hearty. When she returned with her family it was such a joy for me. It was a both a professional and spiritual experience.

Many patients see me as their own family member that they long to see me in all their visits...I make them pray to God in their delivery time also that after 9 memories prayed to Mother Mary, within 10 minutes a difficult delivery was conducted without complications and the whole family started trusting in God...I'm happy that I'm working as the instrument of God to spread his name through my mission.

My experience with a child with status epilepticus. Child was very sick, we referred the child. Parents were not willing to take the child from our hospital. Trusting in Divine Providence admitted and took care of the child. Within few days' faster recovery. Parents were very grateful. My heart overflows with gratitude towards the Almighty.

Not considering the work load and criticism in the community.

Nothing special but able to give more time for the patients.

Nothing.

Of a child coming back to life after resuscitation.

Of being a sister and a doctor to all my patients.

Of being able to follow pregnant women who trusted me for being a sister doctor and developed a lasting relationship with me.

On a mobile dispensary visit to a village in the interior once a woman in labour was brought to me and I had no delivery kit with me, but since it was an emergency I had to manage with my bare hands. I spread some newspapers on the ground and placed the patient on it. When I examined the patient behold it was a breech presentation and I had to manage. I turned to Mother Mary to help me and to guide my hands. I was able to deliver the patient and the baby cried immediately after birth. However, she had a big tear therefore I had to rush her to the dispensary which was about 30 kms away and there I sutured her. It was around midnight. I will never forget that challenging experience.

On many occasions, diagnosing conditions correctly and relieving them of their pain/illness which they've been neglecting/wrongly treating.

Once as I was seriously ill suddenly and was advised rest in every way. I was much troubled as I had no help. I rang up to my classmate Sister Doctor who was just elected as Provincial, of her congregation. To my utter surprise she rushed to help me the next day.

Once I experienced a Jesus Presence and miracle in a critical situation (patients' violence).

Once I had an Eclampsia patient. Fetus was dead. Mother not very conscious. First, I wanted to send her somewhere but her mother was crying and saying that she was very poor and couldn't take anywhere-whatever happens let it happen here. Took out the dead fetus and tried my best to save the mother. On the 3rd day I heard the father of the girl talking to a man. He was so happy his daughter was saved. That man was asking how he was going to pay. He said he would sell his cow and pay. Something happened inside me what have I done? Save the lady at the cost of their sustenance. From then on, I started living in the villages. (Maybe if I were there I could have saved the child too).

Once one patient was very serious and in a remote place and there was no facility to take her somewhere else. At night I prayed for her sitting near her. For my surprise she became conscious, gradually became okay. It was her 10th delivery.

One most challenging decision I had to make about my patient in the OR of doing a hysterectomy on a primi patient and in the course of time following up, she became my best friend. Thus, lots of life-giving experiences I have in my career.

One of memorable experiences is the service I did during Tsunami 2004. From the very next day of tsunami I helped the tsunami victims and lived with them ate with them with almost no comfort and the village youth was our coworkers. We loved them and they loved us very much. At last the love which counts.

One of my most memorable experiences is saving a baby from being aborted. She was the child of a mentally ill woman who got pregnant while on antipsychotic medication. Her gynecologist advised her to abort the baby as she thought the medicine will cause disability in the baby. But before going for abortion the patient and her family came to me and sought my advice. They finally heeded to my persistent advice not to kill the baby in the womb. She gave birth to a healthy angelic girl child. The parents are still extremely grateful that they heard me and valued my advice. I am also grateful to God that I could save the baby. Few more babies I could from abortion this way. I stand so firmly for pro-life and against abortion always in all situations.

One patient came to me after seeing all the specialists and super specialists. He had distension of abdomen. I diagnosed abdominal tuberculosis and started on ATT. He became completely alright and was very grateful. Many infertility patients come to us leaving all the gynecologists. Many patients from far away come to us for normal delivery.

Patients open up their psychological and spiritual matters easily, just because I am a sister doctor. This has happened many times.

People from all walks of life have developed a kind of trust on me. As a sister doctor we have more opportunities to spread health awareness in our parish, diocese and through many other institutions. In my Parish once in a month I visit the leaders of Anbiam groups and give them health awareness talks which they share with each of their Anbiam members. People have benefited from this.

Presence of God.

Provide health to the unreachable.

Saved a man's foot from amputation for which he fell on his knees in front of me and I felt I have not done enough to receive that.

Saved many lives. Given comfort to needed people.

Saving a patient on the OT table while performing cesarean section who went into arrest.

Saving the lives of a mother and child with limited resources and with my community praying for the same and supporting me to face each difficult situation.

Saving two heart disease patients who were serious and unable to go to higher center for ICU care. Taking difficult delivery with minimum facility.

Services to the people where the patient is free to share.

Sometimes I am alone in 200 bedded hospital, when my colleagues are sick or in leave, but God has blessed me with His knowledge and strength to manage apart from my field that is general surgery. I manage pediatrics, OBG, ICU and NICU.

Spending time for my patients for treating and counselling in their struggles on many occasions give me the happiness and satisfaction. Unable to narrate now on time basis.

Successful treatment of 2 extreme preterm babies (less than 28 weeks) with minimum resources available at hospital with good progress.

Support from my sister doctor friends in my loneliness and problems.

Taking care of an abandoned sick lady nearby us.

Taking care of the patient with tender heart and fully supporting the family with spiritual and physical aspect. The baby was fully of anomalies, did not get aborted and the baby was delivered in our hospital. Given full care till the end of life with gentle care and supported the parents. They conceived after many counselling and now they have a normal baby.

Ten years of carrying serious and those who need emergency operations to 25 km and managing them. Managing rupture uterus in labor. Managing the cardiac arrest on the OT table and reviving the patients.

The Divine Providence of God during my studies as MBBS and PG

The experience of the presence of God in daily life is the backbone of my life. Even though life as a sister doctor is tough, working 24×7 days, taking administrative duties along with the duties of the doctor, yet there is lot of inner joy since everything that happens is a miracle in my life. Here in the tribal area through my ministry, I am able to evangelize. Soon after my MBBS, one of the children from a non-Christian family was brought very critical with cerebral malaria in coma. By the grace God the child was healed. For me it was a chance to talk to them about the power of Jesus. Today the whole family is baptized and living a faithful Christian life.

The experiences during COVID-19 home care & corona test in bedridden patients and in dead bodies also.

The gratitude and joy of the patients who get babies after the infertility treatment from me.

The gratitude of people when they get cured.

The intervention of God when I was so helpless while I was treating a patient who had testicular torsion. The attender, his daughter was blind and the people who brought him disappeared.... I never knew what to do. They were not willing to go to a higher center. I prayed to God through the intercession of Brother Bob SJ who is the founder of this institution and tried the procedure..... And the patient was healed miraculously.

The smile on the face of the poor sick person leaving after the treatment and with a better health.

The support of my patients, When I was doing my PG.

The trust and confidence the patients put in our services.

There are lot of sacrifices needed to work as a sister doctor. We need to fulfill duty of a doctor at the same time duty of a religious sister. I work in a busy hospital where there is daily outpatient department in an average 60 and deliveries 50 to 60 per month and scans nearly 100 and no time for any personal relaxation or enjoyment. But when patients realize and gives a gift or appreciate my work as the best doctor ever seen.... that gives lot of satisfaction and happiness in my work. That gives me more energy and enthusiasm to work again.

Thousands of experiences of joy and satisfaction seeing the lives God saved through my hands. Children calling me mother since I saved them from being aborted.

To care for the poor and marginalized. To help the patient through counseling to recoup their vitality. To touch with the touch of Jesus.

To help an infertile couple to have a baby after 27 years of married life (at 47 years).

Travel.

Treated more than 100 infertility patients with naturopathy medicine and brought light in their life by the grace of God.

Treating of COVID positive patients during pandemic.

Two to three abortion cases which I could prevent through counselling; the couples came back very happy & grateful with the babies.

Very rewarding faith experience in terms of my helplessness verses God 's intervention in saving the life of critical patients.

When a complicated case gets well and goes home happily, it is a great joy. Negative experience as well. Last month a patient had a difficult delivery, fetal distress and could not survive the baby, a great stress and agony for me. To face attenders and answer them.

When a patient had a near death experience after her delivery, we were able to save her with the Grace of God and the medical expertise of my team. That made a big difference to the patient and me. God never fails even in the most impossible situation.

When infertile couples become fertile.

When lot of infertility patients conceive with my limited knowledge and when I see babies in their hand. It is highly rewarding and satisfying.

When my patients are healed they say thank you. But I tell them it is God who healed you because of your faith. And we together praise the Lord.

When on a fourth day of my home holidays, a call from hospital to start immediately. When reasoned, one of our nurse religious sister's father, very serious, on treatment with Specialists, not responding. The hospital team with all the nurses, religious sisters and patients' attenders, thought that my presence would do something good in the situation and so was it, when I responded and returned immediately.

When patient became better.

Wherever we go, someone or other will be there to help you always.

While doing LSCS, patient bled severely, Patient went into shock, looked dead for all purposes for 7-8 hours. But with much support of prayer by community members, and resuscitation method patient came back to life. A great miracle no doubt. And my heart flooded with such deep gratitude I can feel it even now after 13-14. God's hand supported me, and my sisters stood by me.

With only as an MBBS but with self-made experience in all specialties running a maternity hospital in the most rural J&k, function as an OBG pediatrician, anesthetist doing LSCS with petromax light in the winter. If I do not do this two lives would be gone.

Witnessing as religious sister doctor in challenging times

Working among Leprosy and TB patients is quite satisfactory.

Working among the tribal people and convincing them to seek for medical attention rather believing in witchcrafts and superstitious believes.

Working as a religious doctor.

Working in a remote village of Bengal area as a physician for people in every kind of village in a hundred-kilometer radius. Happy to see people who are abandoned by medical colleges to die rising from their disease-stricken body to a healthy one just by adequate care and concern and God's grace.

Working in a rural area helping the poor patients.

Working in Bengal, a 120 kg lady [name] came with her father saying whatever you want to do, do it, but save my daughter. She was abandoned by medical College and send home to die. Treated her as SLE, with available medicines, egg white for hypoalbuminemia etc... On first week she lost 7 kg, and subsequently she became 46 within 6 months with full of enthusiasm. Her sons thanked for giving back her. That was an awesome moment.