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INTRODUCTION

“THE TRAINED NURSE HAS BECOME ONE OF THE GREAT BLESSINGS OF HUMANITY, TAKING A PLACE BESIDE THE PHYSICIAN AND THE PRIEST”

- WILLIAM OSLER

The health industry has emerged as one of the most challenging sectors as well as one of the largest service sector industries in India with estimated revenue of US$35 billion; it constitutes 5.2% of India’s GDP and employs 4 million people. The Indian health industry is expected to grow at 15% per annum to US$78.6, reaching 6.1% of GDP and employing 9 million people by 2012.

Recognizing the significant potential and challenges in the health sector, the government has prioritized it in the Eleventh Five Year Plan. The private sector plays a significant role by contributing 4.3% of GDP and 80% share of healthcare provision. However, deficiencies persist with respect to access, affordability, efficiency, quality and effectiveness, despite the high level of overall private and public expenditure on health.

In order to be comparable with the healthcare parameters of other developing countries, India’s healthcare sector faces many challenges. For example, to reach a ratio of two beds per 1000 population by 2025, an additional 177 billion beds will be required which will need a total investment of US$86 billion.

There is an acute shortage of doctors, nurses, technicians and healthcare administrators and an additional 0.7 million doctors are needed to reach a doctor population ratio of 1:1000 by 2025. Although the health insurance sector is projected to grow to US$3.8 billion in collected premiums by 2012 from the annual collected premium of US$711 million in 2006, there is a dismal health insurance penetration rate; at present only 2% of the total population is insured.
For the desired changes and a healthy growth of the healthcare sector, a well-defined partnership between the government and the private sector is essential.

The Health Services Committee has been pivotal in facilitating interaction among stakeholders to jointly work towards Health Services reforms and provision of ‘Quality Healthcare to All’, a fundamental right of each Indian citizen. In view of the inadequate healthcare infrastructure, human resource, regulations and quality, the Committee has submitted recommendations to the Government from time to time with the following objectives –

- Provide recommendations for policy change and regulatory reforms
- Promote and disseminate information on Quality Assurance Mechanism
- Facilitate streamlining of sectorial issues amongst stakeholders
- Develop white papers on relevant issues with stakeholder consultation
- Provide Networking and collaboration Platform

ABOUT NURSING:

Nursing is a profession within the health care sector focused on the care of individuals, families, and communities so they may attain, maintain, or recover optimal health and quality of life. Nursing is seen as one of the noblest professions across the world. Nursing is one of the most exciting and in-demand jobs world-wide today. Nurses work to promote health, prevent disease and help patients cope with illness. They are advocates and health educators for patients, families and communities. When providing direct patient care, they observe, assess and record patient symptoms, reactions and progress. Nurses collaborate with physicians in the performance of treatments and examinations, the administration of medications and the provision of direct patient care in convalescence and rehabilitation.

Nurses work in an environment that is constantly changing to provide the best possible care for patients. They are continuously learning about the latest technology and medication as well as considering the evidence that their nursing
practice is based upon. Because they will actually spend more face-to-face time with a patient than doctors, nurses must be particularly skilled at interacting with patients, putting them at ease, and assisting them in their recovery. It is often said that physicians cure, and nurses care.

The Following are some of the Definitions given for Nursing –

According to Florence Nightingale, the founder of modern nursing, "Nursing is the care which puts a person in the best possible condition for nature to restore or preserve health, to prevent or to care disease or injury."

International Council of Nurses defines nursing as “Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.”

Royal College of Nursing, UK, defines Nursing as “The use of clinical judgement in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death."

American Nurses Association defines Nursing as “Nursing is the protection, promotion, and optimization of health and abilities; prevention of illness and injury; alleviation of suffering through the diagnosis and treatment of human responses; and advocacy in health care for individuals, families, communities, and populations.”

Virginia Avenel Henderson defined Nursing as “The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities
contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge.”

In the olden days, the nurse was known as a woman who took care of the sick, injured and dying persons without any formal knowledge. At present, the concept of a nurse has changed. Nowadays, a nurse is a person who provides total care to an individual or community in the problematic situation as well as in healthy conditions; they provide care to sick, injured, disabled and dying clients by preventing diseases and promoting the health status of people. A nurse gives nursing care by recognizing and understanding the needs of an individual or community by considering the changing pattern of health science and technology. Nursing is a helping profession and as such, provides nursing service which contributes to the promotion of well-being of people and the community.

The word "nurse" comes from the Latin word, "Nuticius" which means nourish, foster and protect. Thus, nursing means nourishing and protecting and fostering the health of people. The nursing role refers to all behaviours that are considered appropriate for a nurse. Traditionally, the nurse received more practical knowledge in taking care of the sick, disabled and dying. The role modelling of the nurse today is the consequence of how the roles of nurses were modelled in the past. Similarly, the role modelling of the present day nurses will influence the development of future nursing roles.

Nursing today means different things to different people. Most people still think of nursing as only caring for the sick, assisting the doctors in care or treatment of patients but nursing is more than this. Nursing began as an art when a member of the family cared for sick relatives, friends and neighbours in co-operation with or assisting doctors in their work at home. Nursing service aims to meet the health needs of the entire community and society, prevent illness as well as care for the sick and finally, carry out the research activities to gain more knowledge and improving nursing.
History shows that nursing developed more rapidly in society where women were given more freedom.

Nurses may be differentiated from other health care providers by their approach to patient care, training, and scope of practice. Nurses practice in a wide diversity of practice areas with a different scope of practice and level of prescriber authority in each. Many nurses provide care within the ordering scope of physicians, and this traditional role has come to shape the historic public image of nurses as care providers. However, nurses are permitted by most jurisdictions to practice independently in a variety of settings depending on training level. In the post-war period, nurse education has undergone a process of diversification towards advanced and specialized credentials, and many of the traditional regulations and provider roles are changing.

Nurses develop a plan of care, working collaboratively with physicians, therapists, the patient, the patient's family and other team members, that focus on treating illness to improve quality of life. In the U.S. (and increasingly the United Kingdom), advanced practice nurses, such as clinical nurse specialists and nurse practitioners, diagnose health problems and prescribe medications and other therapies, depending on individual state regulations. Nurses may help coordinate the patient care performed by other members of a health care team such as therapists, medical practitioners and dieticians. Nurses provide care both interdependently, for example, with physicians, and independently as nursing professionals.

The concept of nursing has changed from the past to present. These changes are mainly due to change in the concept of health patterns of illness and diseases, and also the progress made in science and technology. In the past, people used to think of nursing only within the four walls of hospitals, where the role is limited to caring for sick and assisting the doctors in treatment.
Now the concept of nursing has expanded from hospital to community with emphasis on preventive and promotional aspect of healthcare; the role of the nurse is more expanded towards the promotion of health and prevention of diseases rather than just providing care to the sick in the hospital.

HISTORY OF NURSING IN INDIA:

The earliest Indian medicine was Ayurveda Medicine found in Veda 5000 B.C. About 1400 B.C. Charaka, the father of medicine, wrote a book on internal medicine. From these books we learn the hospitals were large and well equipped. Surgery had advanced to a high level. Doctors and attendants or nurses had to be people of high moral character. King Ashoka B.C.226-250, built monasteries and houses for travellers; hospitals for men and animals were founded. Hygienic practise was adapted; cleanliness of body was a religious duty. First importance was given to prevention of diseases. Doctors and nurses were expected to be skilful and trustworthy. They had to keep their nails short. Nurses were usually men or old women.

The modern form of nursing was started by Florence Nightingale. Before that, it was influenced by religious groups. In the 15th and 16th centuries, nursing was dominated in Europe by religious bodies including Benedictine and Augustinian sisters, Franciscan brothers and sisters of charity. Original motivation for caring for the sick was in order to ensure one's salvation by engaging in self-sacrificing work. That is why nursing was considered as a noble work. Today, the salvation has been replaced by a desire to serve people, nation and the world with the help of scientific technology.

Actually, Florence Nightingale (1820-1910) revived nursing during her life time. She said, "Nursing is to help the patient to live."

She was one of the most influential reformers of her time. Even today, her writings remain as relevant as they were 120 years ago. Her own practical
experiences combined with her own aims for the nursing profession gave her a greater insight into problems of hospital administration than her contemporaries. Her social position enabled her to give ideas to the committees, which controlled the voluntary hospitals in those days. But above all, she had the determination to use every weapon she possessed including charm and social pressure to achieve the objective she had in mind, thus becoming the greatest publicist the profession has ever had. After the Crimean War of 1854, nursing could never be the same again. Florence Nightingale's adventure in Crimea, drew public attention on an enormous scale to the problems of nursing role in transforming the recruitment, training and practice of the new profession.

In 1857 the India Mutiny turned Miss Nightingale’s interest to the health of the Army in India. It was for this purpose the Royal Commission was appointed in 1859. In 1868, a sanitary department was established.

In March 1888, ten qualified British nurses arrived in India to look after the British Army in India. In 1905, during the British rule in India, missionary nurses arrived as members of Missionary Medical Association. This was the very start of formalized nursing service in India.

Gradually, the increasing need of adequately trained nurses led to creation of South India Examining Board in 1911 and the North India Examining Board in 1912. It was the mission hospital Nursing leaders who laid the foundation of systematic Nursing education in India. However, the mid India Board of Examination was started in 1934. But this was not regulated for registration. State-wise councils started developing from 1935 onwards. Indian Nursing Council (INC) Act was passed by the Parliament in 1947. The Nursing Council upgraded the educational requirements which permitted only matriculated candidates to seek admission to the schools. Now, India has State-wise registration councils in 19 states. (TNAI yearbook 2000-2001)
The Central Government granted an approval to the Bhore Committee's (1946) recommendations by starting two colleges of Nursing in Delhi (1946) and Vellore (1947). This provided university degree level courses. With the efforts of Professor S. Radhakrishnan (the then Chairman of University Education Commission), Nursing education in the country was integrated into the system of higher education. Over decades, there has been an improvement in the availability of nursing education in India.

**Some Major Milestones In The History Of Nursing In India:**

Military nursing was the earliest type of nursing. In 1664, the East India Company started a hospital for soldiers in a house at Fort St. George, Madras. The first sisters were sent from St Thomas' Hospital, London to this military hospital.

In 1797 a Lying-in-Hospital (maternity) for the poor of Madras was built with the help of subscriptions by John Underwood. In 1854 the government sanctioned a training school for midwives in Madras.

Florence Nightingale was the first woman to have great influence over nursing in India and had a close knowledge of Indian conditions, especially army. She was interested in the nursing service for the civilian population, though her first interest was the welfare of the army in India.

In 1865, Nightingale drew up some detailed "Suggestions on a system of nursing for hospitals in India". Graduates were sent out from the Nightingale School of Nurses at St. Thomas Hospital, England to start similar schools in India. St. Stephens Hospital at Delhi was the first one to begin training the Indian women as nurses in 1867.

In 1871, the first school of nursing was started in Government General Hospital, Madras with a six month diploma midwives program with four students.
Four female superintendents and four trained nurses from England were posted to Madras. Between 1890 and 1900, many schools, under either missions or government, were started in various parts of India. In the 20th century, national nursing associations were started.

In 1897, B. C. Roy worked to the standards of nursing and nurses of both sexes.

In 1908, the trained nurses association of India was formed to uphold the dignity and honour of the nursing profession.

In 1918, training schools were started for health visitors and dais, at Delhi and Karachi. Two English nurses Griffin and Graham were appointed to give training to and to supervise the nurses.

In 1926, Madras State formed the first registration council to provide basic standards in education and training. The first four year bachelor's degree program was established in 1946 at the college of nursing in Delhi and Vellore.

With the assistance from the Rockefeller Foundations, seven health centers were set up between 1931 - 1939 in the cities of Delhi, Madras, Bangalore, Lucknow, Trivandrum, Pune and Calcutta.

In 1947, after Indian independence, the community development programme and the expansion of hospital service created a large demand for nurses, auxiliary nurse midwives, health visitors, midwives, nursing tutors and nursing administrators.

The Indian Nursing Council was passed by ordinance on December 31, 1947. The council was constituted in 1949.

In 1956, Adrenwala was appointed as the Nursing Advisor to Government of India. The development of Nursing in India was greatly influenced by the Christian
missionaries, WorldWar, British rule and by the International agencies such as the World Health Organization UNICEF, the Red Cross, UNSAID etc.

The first master’s degree course, a two-year postgraduate program was begun in 1960 at the Rajkumari Amrit Kaur College of Nursing, Delhi. In 1963, the School of Nursing in Trivandrum, instituted the first two year post certificate Bachelor Degree program.

Associations such as the International Council of Nurses, the nurses auxiliary of the CMA of India, T.N.A.I. Indian Nursing council and State level Registration Council promote and support the nursing profession.

**WHY IS EMPLOYEE (NURSE) MOTIVATION IMPORTANT?**

When looked upon the first time, the link between employee motivation and performance seems to be quite obvious. That’s because every time when we deem a task to be important and valuable to us, we act with a high level of dedication and enthusiasm to its completion. However, the relationship between these two things is in fact a lot more complex. Realistically speaking, the duties we have at work can be most of the time tedious, repetitive and quite boring. Most of us don’t go to work excited that we’re going to have another day in which we’ll respond to dozens of emails, complete a pile of Excel spreadsheets, or other tasks which fall into the dullness category.

With that in mind, managers need to find creative ways in which to consistently keep their employees motivated as much as possible. Motivation is highly important for every company due to the benefits that it’s able to bring. Such benefits include:

**Human Capital Management** – a company can achieve its full potential only by making use of all the financial, physical, and human resources that it has. It is through these resources that the employees get motivated to accomplish their duties.
This way, the enterprise begins to glisten as everyone is doing their best to fulfill their tasks.

Meeting Personal Goals Help an Employee Stay Motivated and Feel About Themselves to Continue to Produce – Motivation can facilitate a worker reaching his/her personal goals, and can facilitate the self-development of an individual. Once that worker meets some initial goals, they realize the clear link between effort and results, which will further motivate them to continue at a high level. This relates closely to --

- **Greater Employee Satisfaction** - Worker satisfaction is important for every company, as this one factor can lead towards progress or regress. In the absence of an incentive plan, employees will not fill ready to fulfill their objectives. Thus, managers should seek to empower them through promotion opportunities, monetary and non-monetary rewards, or disincentives in case of inefficient employees.

- **Raising Employee Efficiency** - An employee’s efficiency level is not strictly related to his abilities and qualifications. In order to get the very best results, an employee needs to have a perfect balance between ability and willingness. Such balance can lead to an increase of productivity, lower operational costs, and an overall improvement in efficiency, and can be achieved only through motivation.

- **A Higher Chance of Meeting the Company’s Goals** – Any enterprise has its goals, which can be achieved only when the following factors are met:
  - There is a proper resource management
  - The work environment is a cooperative one
  - All employees are directed by their objectives
  - Goals can be reached if cooperation and coordination are fulfilled at once through motivation
• **Better Team Harmony** – A proper work environment focused on cooperative relationships is highly important for an organization’s success. Not only that it can bring stability and profits, but employees will also adapt more easy to changes, fact which is ultimately in the company’s benefit.

• **Workforce Stability** – Stability of the personnel is highly important from a business point of view. The staff will stay loyal to the enterprise only they meet a sense of participation within the management side. The abilities and potency of staff can be used in their own advantage, but also in the benefit of the company. This may cause an honest public image within the market which can attract competent and qualified individuals into the business. With all that said, it’s important also to point out that motivation is an interior feeling which should target both the manager and the team members, as they can interact and feed off each other, motivationally speaking. Needs, wishes and desires are interrelated, representing the thrust to act. These wants should be understood by the manager and he/she should formulate and frequently update comprehensive motivation strategies.

If you wish to inspire your personnel, then you need to provide an environment that exudes positive energy. Ensure that all your workers feel that they are an integral contributor to the overall team success. Keep your workplace doors open and keep yourself approachable, and encourage all of your managers to try and be constant. The additional positive of the surroundings, the additional empowering and greater employees’ productivity are the basic elements that will get your business to the top. This is why employee motivation is so important.¹

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¹*Jason Silberman*, “Why Is Employee Motivation So Important For Performance?” May 9, 2013, retrieved from (http://trainingstation.walkme.com/why-is-employee-motivation-so-important-for-performance/) accessed on 01 march 2014
WHY NURSE ATTRITION IS A SERIOUS PROBLEM?

WHO, in its latest bulletin, reports that there is an acute shortage of Nurses all over the World especially in the Developing Nations & Third world countries. In India, It estimated that by the end of the year 2012, 2.4 million nurses are required in the government sector alone.

Though there is a steady supply of Nurses from the Nurse Training Colleges & Other Institutes, WHO predicted that this GAP will widen further and will reach a 4.1 million deficiency mark by the end of the year 2020. These predictions are given only for the Government sector.

In the health care sector, in India, the private players are the dominant ones and account for almost 2/3rd of the total available services & Government sector accounts for only the 1/3rd of the total available services.

If, 1/3rd of the sector itself, is in want of 2.4 million (according to WHO) nurses, one can easily predict the wants of the private sector & the shortage of Nurses in private sector.

Global Demand & Global migration of Nurses from India to other countries is adding more complexity to the Nurse Resources shortage problem in India.

Besides, this market related shortages; everyone knows that Nursing is a highly vigilant and not so well rewarding Job especially in India.

All these reasons sum up to one another there by provoking the Nurses for Job Switching. Job switching in the Nursing sector is one of the Highest (Next is Job switching in BPO sector).

Recruitment is a costly procedure both in terms of Money & Time. The Recruiter (the Organization) will go bankrupt if they cannot achieve the breakeven cost on the recruitment of a staff before they leave.
All these reasons are making all HR managers in the health sector sleepless and hence, forming the genesis for the Retention of Nurses & provoking them to follow different strategies for the retention of the workforce at least until they reach their breakeven point of recruiting cost, in the least case.

In view of all these sensitive issues and problems, a study on the Retention of Nurses & positively motivating them against switching jobs is highly essential and forms the genesis for this research.

# END OF CHAPTER #