impressed upon the British Queen by them. The Queen entrusted Lady Dufferin with the task of providing medical services to the women of India. She took the initiative in establishing national association for supplying medical aid by women to the women of India; this association had started training of midwives.

In the beginning, the training for nurses was different from that of midwives. Training for nurses was to prepare 2 grades of nurses viz. Senior or A grade nurses with training of 4 years and Junior or B grade nurses with training of 2 years duration. For public health work, health visitors were trained in Lady Reading Health School Delhi; the duration of their training was nine months to one and a half years without nursing or midwifery. Midwifery training was for one year for trained nurses and from eighteen months to two years for others.

In the 1930s there was a strong movement for giving further training to experienced Indian nurses to prepare them to shoulder the responsibility of sister tutors and also to take up hospital administration. There was a great shortage of teachers in the training schools throughout the country. The facilities for post-graduate training were extremely limited, largely owing to financial constraints. These inadequacies were voiced at a conference of the Trained Nurses Association of India held in Delhi in 1941. The conference urged the Government to take necessary steps to start a post-graduate college of nursing without delay. As a result, the School of Nursing Administration was established in Delhi in April 1943.

Subsequent developments were influenced greatly by the report of the Health Survey and Development Committee (Bhore) in 1946. During that period, there were 190 schools of nursing recognised by the nursing councils. But it was stated in the report that the facilities in the training schools were far from satisfactory and therefore the committee recommended setting up of an All India Nursing Council to ensure that the required standards of training were attained by all the training institutions in the country. The committee recommended to continue 2 grades of training nurses viz.,
senior grade and junior grade, to establish a university degree course in nursing and to transform the School of Nursing Administration in Delhi into a College of Nursing. Following these recommendations degree courses in nursing were started in Delhi and Madras. Indian Nursing Council was set up, Senior A grade nursing, Junior B grade nursing and midwifery training were continued. 

Bhore Committee had made important recommendations to meet the nursing manpower requirements. It made projections on the number of nurses and midwives required for the entire population. This manpower projections were not based on local conditions like morbidity status, hospital beds and available resources. It followed the pattern in developed countries in this regard. But the expansion of training facilities i.e. to increase the number of nurses hundred fold and midwives twenty fold did not take place as recommended. 

After the establishment of the Indian Nursing Council concerted efforts were made to bring about uniformity in training throughout the country. The training of health visitors was found as less than adequate for public health work and the trend was to replace them by Public Health Nurses. Also, the services of nurse-midwives and health visitors were confined to urban areas. In order to provide nursing care to the rural population, a person, trained in simple nursing including midwifery was considered necessary. To prepare such a category of nurses and to substitute the various courses of junior grades in nursing and midwifery, the Indian Nursing Council formulated a syllabus for training of auxiliary nurse midwives. The first such course was started in Punjab in 1951. 

In 1954, following the recommendations of Shetty Committee, public health nursing was integrated in general nursing and midwifery course to enable the qualified nurses to work either in hospital or community. This committee had found that it was not feasible to have a nurse-population ratio of 1:500 as recommended by Bhore Committee. Therefore, it recommended one nurse for five patients in non-teaching hospitals and one nurse for three patients in teaching hospitals. It had also
recommended to further strengthen the training of auxiliaries and general nurses, and as a result the number of ANM and General Nursing Schools had increased considerably.

In 1959, the Health Survey and Planning Committee (Mudaliar) recommended to strengthen the training of B.Sc, GNM (general nursing-cum-midwifery) and ANM (auxiliary nursing-cum-midwifery). It also recommended to start special courses to prepare nurses in public health nursing, paediatric nursing and psychiatric nursing, to replace health visitors by public health nurses, to prepare nurses with P. G. degree to take up higher responsibilities in administration, education and research and to provide career mobility for nurses i.e., ANM to GNM, GNM to degree, degree to P. G. degree etc. As a result the training facilities were strengthened and P. G. degree course and courses in paediatric nursing, psychiatric nursing and public health nursing were initiated.

The report of the second education commission by Shri D. S. Kothari was important as it influenced women’s education. It recommended for having courses in higher education specially meant to serve the needs of women. It stressed the need for linking higher education with specific avenues for women’s employment. As a result, professional training in nursing received importance.

Later on the Mukherjee Committee in 1966 laid emphasis on accelerating the training of nurses and the requirement of ANMs for family planning. This helped in increasing the number of nurses and ANMs further. In 1972, Kartar Singh Committee recommended to strengthen public health services by introducing female health workers with one and a half-year preparation in the place of ANMs, and health visitors to be replaced by health supervisors with six months promotional course after health workers training of one and a half years. As a result the training of health workers was strengthened.

In 1986, Bajaj Committee on Health Manpower Planning, Production and Management had predicted the nursing manpower required for hospitals and community services. It observed that there was negligence in planning and production of all
categories of health care providers except medical manpower.

M.Phil in nursing was started in Delhi University in 1986 and facilities for doctoral studies were started in Delhi University, Punjab University and Jawaharlal Nehru University. Indira Gandhi National Open University now offers distance education to GNMs in post basic B.Sc. nursing.

The efforts to meet the manpower requirements in nursing have not produced considerable impact so far. Quantitywise the number of nurses are 5-6 times short of the anticipated requirements. There is need to increase the training facilities 3-4 times to meet the set nursing manpower requirements (High power Committee on nursing 1987).

A high power committee on nurses and nursing profession was appointed in 1987 to review the conditions of service, status and allied matters pertaining to nursing profession. It had recommended for two levels of nursing personnel viz., professional nurse (degree level) and auxiliary nurse/vocational nurse, to strengthen post basic B.Sc. nursing and M.Sc. nursing, provision for continuing education of nurses and selection of students to nursing on the basis of merit and aptitude.

As of now there are mainly 3 categories of nurses viz., diploma or GNM (general nurse-cum-midwife), FHW (female health worker) and B.Sc. nurse or graduate nurse. In addition there are M.Sc. nurses and nurses with speciality preparation like those who undergo the following courses:

1. Promotional Course of 6 months for female health workers.
2. Public Health nursing course of 10 months for GNMs.
3. Diploma in nursing education and administration of 10 months for GNMs.
4. Diploma in psychiatric nursing - 10 months for GNM/B.Sc.
5. Diploma in paediatric Nursing of 10 months for GNM/B.Sc.
6. Post certificate B.Sc. Nursing of 2 years duration for GNMs.
Other courses offered are skin and V.D. nursing, maternal and child health, burns nursing, TB nursing, cardiothoracic nursing, neurology nursing and intensive care nursing.

Till 1986 there were 2,07,430 nurses, 1,08,511 ANMs, 5571 B.Sc. nurses and 526 M.Sc. nurses registered with the various nursing councils in India. However, these figures do not delete those who have migrated or retired or died. The projected requirements will need facilities to produce nearly 4 lakh more nurses. Till 1986, the total number of nurses with higher qualifications were as follows:

- M.Sc. Nursing: 472
- B.Sc. Nursing 4 years: 4117
- Post basic B.Sc. Nursing: 1990
- Diploma in public health nursing: 2388
- Diploma in paediatric nursing: 192
- Diploma in psychiatric nursing: 632
- Diploma for sister tutors: 1686
- Diploma in Administration: 869

The above figures indicate that nurses with speciality training, with preparation in teaching and administration are grossly inadequate.

The Bhore Committee had recommended for 1:500 nurse population ratio, and later Shetty Committee changed it over to 1:3 beds for teaching hospitals and 1:5 beds for non-teaching hospitals. These norms had been arrived at arbitrarily not taking into consideration the number of hospitals, admissions, rural urban differences or the available resources. The Committee never made job specification for auxiliaries and GNMs. Even though the committees recommended to raise the status of the profession and improve the working conditions of nurses, the progress made in this area was
tardy resulting in increased work load, poor salary, lack of promotional avenues etc. In addition the committees did not specifically find the requirements for nurses with speciality preparation, B.Sc. nurses and M.Sc. nurses.

1.2 Evolution of Nursing Training in Kerala

As in the other states of Indian Union, the training of Nurses in Kerala is mainly through senior A-grade Nursing and Junior B-grade nursing for hospitals, training in midwifery to prepare midwives and health visitors course for public health work. Later on these training programmes were converted into General Nursing-cum-Midwifery training programme of three and a half years duration to training nurses for hospitals and auxiliary nursing-cum-midwifery training programme of two years to prepare nurses to work in public health setting.

In 1960, for training nurses in administration and education, short training courses were organized like diploma in nursing education and administration. In 1962, post basic nursing education of two year duration (first of its kind in India) was started in College of Nursing, Trivandrum. This helped many nurses in hospitals to further their training and to acquire degree in nursing. However, in the beginning many nurses underwent this training, but later their number decreased and the career prospects of undergoing this course also became low. Therefore, in the year 1971, post-basic B.Sc nursing course was abolished and in 1972 four year B.Sc nursing programme was started.

Although the purpose behind organizing post basic B.Sc nursing was to provide opportunity for nurses in service to take up administrative and teaching functions and to promote their career mobility, there was an unfavourable trend among nurses in service to oppose the introduction of higher qualifications to assume administrative and teaching posts. The nurses in service perceived it as a move to block their career mobility, and majority of them did not want to undergo further education in nursing.
But actually trained nurses were needed to assume teaching posts in schools of nursing and administrative posts in hospitals. Therefore, the four year B.Sc nursing programme was started in 1972 and is continuing. Later two more colleges were started in Kottayam and Calicut for meeting the requirements of such nurses.

At the same time, schools offering GNM training were functioning in the Government and private sector. Yearwise trends show that the number of such schools have increased considerably over the years and such increase is more in the private sector.

The GNMs work in the hospital setting where as the majority of the B.Sc nurses work in schools of nursing either in private or government sector. But there is a growing debate among nursing leaders about the adequacy of GNM programme in training nurses for hospitals and the current move is for upgradation of all schools of nursing to colleges of nursing.

Therefore, it will be worthwhile to study the curricula of both the programmes (B.Sc. and Diploma) in depth and to make a comparison of both to find out as to which training is more relevant to the hospital setting.

1.3 Review of Related Literature

An exploratory study to find out the nature and intensity of problems encountered by B.Sc nursing students of College of Nursing under the University of Delhi was conducted in the year 1964-65. Total 111 students were the subjects from all the four years of the programme. Data were collected through unstructured and structured inventive methods and problems listed. The findings of the study revealed that a very high percentage of the students had problems in the following areas viz., curriculum and college programme, finances, living conditions and food, social and recreational activities, personal-psychological relations and adjustment to the college. Ranking of the problem areas by weighted score showed that the most pressing
problematic area was in relation to curriculum and college programme. 85 per cent of the final year students expressed that the curriculum was too theoretical (Gulabani, 1965) to be effective.

Another study was conducted to investigate into the problems in the implementation of the revised GNM programme in select areas of curriculum. The sample consisted of ten GNM schools, their nurse administrators, teachers, physical facilities of the school and some selected records. Data were collected by means of an interview schedule, a questionnaire, an observation, checklist and with a proforma for record analysis. Majority of the teachers expressed that the period of time available for instructions was inadequate for theory as well as for practicals. All the ten schools reported inadequacy in course description especially for practical instruction. None of the schools met the staffing criteria as laid down by Indian Nursing Council. Clinical experiences provided were inadequate in terms of need-based and patient-centred care. As regards community nursing the nature of experience was not in accordance with the level for which the course had been revised (Sarkar, 1990).

A comparative study on degree versus diploma nursing students was conducted for identifying and meeting the unique nursing needs of patients with fractured shaft of femur and who were with skin or skeletal traction. A checklist was used to collect data, a proforma was designed for the patients to evaluate the health, teaching and nursing care they received from the nursing students and a five point Likert's scale proforma was used to evaluate the performance of degree versus diploma students by the investigator through nonparticipative observation. The study sample consisted of six male patients and 18 nursing students, nine of each group. The study concluded that degree nursing students were better than diploma students in meeting the nursing needs of the patients with fractured femur. However, the sample was too small to make generalisation and the study was held in an ideal nurse patient ratio of 1:1 as only one patient was assigned to each student during each shift (Rawat, 1980).
The problems encountered by the students and teachers of the midwifery nursing course in the revised GNM curriculum (1986) were studied in select private schools of Nursing in Tamil Nadu. The sample included 56 GNM students, four midwifery nursing teachers and selected records of the institutions concerning midwifery. Data collection was through opinionnaires and record analysis. Findings showed that there was lack of correlation between theory and practice of the midwifery nursing course. Most of the students expressed lack of confidence to work in the community maternity field (Elizabeth, 1993).

The professional problems encountered by the graduates of college of Nursing, Calcutta, were studied through postal questionnaire. Total subjects were 80 holding different positions working in different health care settings. Majority of the graduates gave suggestions for improving the learning experiences in B.Sc (Hons) Nursing programme in the content, teaching strategy and learning environment component (Das, 1986).

A study was conducted to develop criteria for the evaluation of educational programmes in nursing that lead to basic preparation of a nurse. The method used was content analysis of syllabi, and a checklist to observe the product. The checklist was administered to five nursing superintendents and five doctors of hospitals in Delhi. The combined group of doctors and nursing superintendents assessed the performance of a B.Sc nurse in general better than that of a certificate nurse. The B.Sc nurse was preferred by all judges in the area of interpersonal relationship and communication skill. However, in this study the sample is too small and the mode of selection of the judges is vague (Condee, 1968).

Cost analysis of basic university programme in Nursing at College of Nursing, Delhi, was conducted in 1973. The amount spent by students and college during the four years was calculated. The cost to prepare a B.Sc (Hons) nurse was estimated as Rs.21,191 (Annamma, 1973).
A follow up study of the utilisation of postgraduates of Rajkumari Amrit Kaur College of Nursing, University of Delhi, from 1984 to 1994 was conducted by Anita Das. The study was done by securing responses through mailed questionnaires. The questionnaire included personal data sheet, job placement, performance in nursing education, performance in nursing administration, and performance in area of specialisation, involvement in nursing research and professional problems encountered in job situations. Questionnaires were sent to 112 postgraduates of the college who were residing in India and in the neighbouring countries of Nepal, Bhutan and Bangladesh. The response rate was 62.5%. However, the questions were close by ended and structured to fixed responses. It was limited to the investigators formulated responses. The results showed that the majority of postgraduates (75.71%) were employed in schools or colleges of nursing and were holding positions ranging from principals to nursing tutors. They were involved had in variety of nursing education programmes. They felt that the masters programme had helped them to handle their job responsibilities in areas of nursing education, nursing administration and clinical specialisation with greater understanding and competency acquired during the programme. Majority of the postgraduates felt confident but hectic work schedule and lack of encouragement and motivation from the supervisor were the main reasons which hindered them from conducting regular research activities. Besides this, failure to get recognition for their abilities and qualifications and inadequate opportunities for professional development were the main professional problems faced by them.

Another study was conducted on meta-analysis of activities performed by nurses in hospitals in India. In this study nursing activity studies were conducted in various service areas of different hospitals. These areas included medical, surgical, paediatric, orthopaedic, maternity, emergency and outpatient departments and mental hospitals. 17 nursing activity studies served as the limit of research interest. These studies also covered the activities of various categories of personnel working in the service limit eg. ward sisters, staff nurses, student nurses, auxiliary nurse midwife,
wardboys, ayahs and sweepers.

All these studies were undertaken using the non-participant intermittent and instantaneous observation method. For the purpose of analysis, the units consisting of nursing activity were taken up. In the present study, activities observed for ward sisters and staff nurses only are included. Moreover only studies conducted in the inpatient units were included. The analysis of finding on the activities of head nurses in the seven areas of responsibility showed that out of the three functions in the nursing area viz, nursing practice, administration and education, head nurses performed most in the areas of nursing practice and least or negligible part in the areas of education. There was a trend indicating a decrease in the activity area of clinical duties. It was also noted that 1/3 of total activities performed by head nurses was non-productive. The staff nurses performed 60.81% activities in the area of nursing, 23.4% in non-nursing and 16.5% in the category of non-productive. Performance in the non-productive area varied from 2.85% to 34% in the case of staff nurses. The limitations of the study were incomplete data on settings, description, nurse-patient ratio, daily census and bed strength. Although 22 studies were identified, only 10 studies could be integrated because the classification of activities was different and could not be brought together under same variables.

A study of the existing clinical teaching programme in select schools of nursing offering GNM programme was held in West Bengal. A purposive sample of 41 tutors or clinical instructors involved in the clinical teaching programme and 157 students undertaking the GNM course during 1990-91 was drawn up. Sample for the study consisted of six government training schools, their tutors or clinical instructors and first, second and third year students. For data collection, select records maintained in these schools in relation to the background of the tutors, objectives and clinical rotation plan for clinical teaching programme were used. The tools were questionnaire for clinical instructors or tutors, questionnaire for students, and proforma for record analysis.
The responses were already made. There were no free response questions. The responses were limited to 'always', 'sometimes', 'never', or Yes or No, or putting a tick mark against the responses. The major finding of the study was that only 1/6th of the total number of schools formulated the objectives and others followed the INC syllabi. Tutors, nursing superintendents and PHN supervisors were involved in making a rotation plan. The students were supervised by tutors, ward in charges, staff nurses, and PHN supervisor in the fields. Experiences gained in the fields of psychiatry, surgery and community were reported by students and they proved to be inadequate. Varieties of clinical teaching methods were used except role play, problem solving and project method. Students were mainly evaluated by clinical tutors and no proforma was used by a majority of the tutors to evaluate the students.

Tutors reported shortage of staff for clinical supervision, lack of co-operation from service personnel, lack of time to provide guidance and counselling, shortage of clinical tutors, and inadequate clinical facilities as problems in the clinical fields. (Sikha Chattopadhyaya 1991.)

A study to assess the level of patient satisfaction with nursing care and nurse's behaviour in select hospitals in Bangalore was done by Fernandes Annie Isabel in 1992. A structured interview schedule on patient satisfaction with nursing care and nurse's behaviour was used. Sample was drawn from the two selected hospitals; from their medical and surgical wards. The total population was 1400 and the sample size was 160. The interview responses were structured and were limited to a 3-point level of satisfaction. As a result the responses had got suggestibility they were not free response type.

Majority of the respondents were satisfied with nursing care and nurses' behaviour. Higher satisfaction was expressed with nurse's behaviour than with nursing care. Most of the female respondents had indicated higher satisfaction than the male respondents. Environment and hygiene were identified as areas of nursing care providing
higher satisfaction whereas tests, procedures and treatment as nursing areas of least satisfaction.

An investigation to find out the levels of satisfaction of staff nurses in Government hospitals in Calcutta was done in 1970 by Roy Rama.

Staff nurses working in the four Government hospitals in Calcutta were included in the study. A ready made scale namely wood scale was used for the measurement of job satisfaction. This scale was adopted from industrial psychology. Modified wood scale was used in this study.

Personal factors such as family, social background, personality variables and intelligence influence job satisfaction. These factors are not considered in this study.

Scores were given to each framed responses and five point scale. The responses were not framed on the basis of the setting of the hospital.

The majority of staff nurses are satisfied, though the satisfaction levels vary. Highly satisfied are 21%, satisfied are 44%, low satisfied are 25% and 10% are dissatisfied. The % of highly satisfied is less.

The areas which show satisfaction of the majority of staff nurses are job instruction, suggestion, assuming responsibility, work meaning, knowledge of management plans, employees' general correlation, employees' public relation, job attitude, career opportunity and inservice training. The areas where dissatisfaction is expressed are supervision, work recognition, work environment, compensation, promotion and outside factor.

Another study on job satisfaction of staff nurses in medical college-associated group of hospitals in Srinagar, Jammu and Kashmir was done by Jyot Kaul in 1989.

The sample included 126 staff nurses in five medical college-associated group of hospitals. The investigator decided to develop a suitable tool for herself which was the structured questionnaire.
The results showed that majority of the staff nurses had low level of satisfaction. High satisfaction was related to professional issues and supervisor's competency whereas factors with which the staff nurses were least satisfied were related to material rewards and individuals employing agency. Job satisfaction was positively related to the factors of age, marital status, duration of experience and inversely related to the number of dependents.

In this study the staff nurse's family and socio-economic background was not taken into consideration. Job satisfaction was measured on a four-point scale in which the responses were only strongly agreed, agree, disagreed and strongly disagreed. Here, the responses became suggestible.

A study on attitudes of B.Sc nursing interns towards psychiatric nursing was done in 1983 by Gangaclari. The sample included 43 female interns. An attitude scale was constructed to determine the attitude.

The co-efficient of correlation between knowledge and attitude showed that there was no relationships between knowledge about psychiatric illness and attitude towards psychiatric nursing. However, the responses were limited to true or false type on Yes or No type.

A study of value patterns and preferences for nursing career in teaching and clinical practice of senior nursing students of College of Nursing, Baghdad, was done by Nasir (1982). For this study modified form of allport-vernon-lindsey study's Item scale was used which consisted of 45 value items. The study included third and fourth year students numbering 138. In respect of career preference in teaching and clinical practice, the findings showed that 12.32% of students preferred teaching as their future career, whereas 10.14% students preferred clinical practice as their future career. 39.86% of students scored the highest in both teaching and clinical practice and 37.68% of students scored the lowest in these two careers.
An exploratory study to find out patient satisfaction with nursing care as expressed by patients after their discharge from hospital was studied by Piyaraylal Koul in 1982.

Patients' expression of their satisfaction with 10 nursing care areas were 1) admission 2) comfort 3) medication 4) treatment or procedures 5) diet 6) psychological support 7) personal hygiene 8) environment 9) administration and 10) discharge.

There were three response categories like dissatisfied score (0), fairly satisfied score (1) and satisfied score (2)

There was average level of patient satisfaction with overall nursing care on all items of the interview schedule. On the whole hospitalized patients tend to feel satisfied with nursing care in the areas of comfort, medication, administration, environment, personal hygiene, and psychological support. The areas of dissatisfaction with nursing care have been identified as discharge, diet, treatment or procedures and admission.

A study of the nature and intensity of the problems encountered by the basic B.Sc nursing students of the College of Nursing, Bangalore, as expressed by them was done in 1982 by Sharadabai.

The sample consisted of 66 students in all four years. The tool used was a student problem inventory. It had five areas viz health area, psycho-social area, academic area, clinical area and hostel life area. Each area consisted of 25 statements.

The students encountered problems in all the five areas considered under study. They intensity of the problems was much higher in the clinical area for all the group of students. The intensity was least in all the areas for I year students and highest for III year students. There was no significant difference found in the nature of problems encountered among the male and female students.
The responses were limited to 4 types viz, not a problem at all, occasional problem, moderately serious problem and most serious problem.

Another study conducted was on perspective of student nurses and their perceptions of professional nursing during the nurse training programme. This study was done in Sweden.

The study was undertaken to identify what preconceptions which student nurses had of nursing when they entered the nurse training programme at university and how these views changed during the course. The term perspective was chosen to describe how the students viewed themselves, their environment, ways of thinking and feeling about nursing and the opportunity to act in nursing and educational situations. The data for this ethnographic study were collected by means of participant observation, interviews and document analysis. The subjects were 41 nursing students enrolled in the nursing programme at a school of nursing in the Swedish midlands. Four different ways of perceiving the nursing function were discerned from the descriptions of the task, status and personality traits associated with nursing. The results indicated that student nurses perceived nursing in a very traditional way and that their perceptions tended to be stable during the training period. The findings suggested that about one third of the students developed a new perspective and a self-concept as a nurse during the course, but the traditional image of the nurse persisted.

Nurse's perception of the first hour of morning shift was studied in a German hospital.

Morning shifts in Germany usually start at 6 am. Apart from the well known effects of shifts work on health and family or social life, the early rising poses additional problems. Thirteen nurses on a female surgical and on a male medical ward were interviewed using a semistuctured interview guide. Seven themes emerged from the results. a) the impact of rising early on the individual, b) the detrimental
effects of alternating shifts on well being, c) disturbances to personal life, d) the rationale for early start, e) consequences for patients, f) suggestions for change and g) increased risk of leaving the job. The findings suggested that early start put nurses under considerable stress. However the sample was too small.

An exploratory study of the problems of student nurses and guidance services provided as expressed by student nurses was conducted in 1991 by Mary P.K.

The study was conducted in 2 Government and 2 private schools of nursing in Tamil Nadu. The sample consisted of 180 GNM students. The tool used was a ready made problem check list. The findings were 1) maximum problems of students in schools of nursing were in academic area and minimum problems were reported in health area, 2) maximum guidance received was in health area and minimum guidance received was reported in the area of recreational and social activities. 3) students in Government schools reported more problems than private schools in all the areas selected for study. 4) students in Government schools reported to have received less guidance in majority of the problem areas than those in the private schools of nursing.

A study was conducted to ascertain the level of job satisfaction among male nurses in relation to selected background factors in 1992 by Devadason.

The sample included 100 male nurses working as staff nurses in different hospitals of Karnataka. The job satisfaction was determined by four-point scoring. The study revealed that 1) job satisfaction of male nurses was less than their job expectation 2) Majority of male nurses reported high job satisfaction regarding responsibility, the work itself, recognition, interpersonal relations and achievement. 3) Majority of male nurses had low job satisfaction regarding working conditions, salary, status and security, supervision, growth and advancement, policy and administration 4) Job expectation, educational status, years of experience and job setting made no significant difference in job satisfaction of male nurses. 5) Low positive correlation was observed between job expectation and job satisfaction in all the 10 job areas. 6) There was a significant
relationship between job satisfaction in job content and job context area and years of experience of male nurses.

A study was done on job satisfaction among Japanese nurses by Yamashita, M. The instrument for measuring occupational satisfaction of hospital nurses developed by Stamps and her associates was used. Initial items were reviewed by content experts who were familiar with measurement of work satisfaction among health professionals and nursing practice in Japan. The questionnaire was administered to 630 nurses practising in a large acute care hospital in a southern part of Japan. The result from testing psychometric properties of the translated version of the instrument were satisfactory. The conclusions were that the nurses in the study were not satisfied but not dissatisfied either. On all items they showed relatively strong commitment to their work. However extrinsic factors such as having little opportunities for promotion or less favourable working condition appeared to negatively influence job satisfaction in the study. The findings support the dual factor theory of Herzberg and also Maslow’s theory.

A study on nurses’ autonomy and job satisfaction was conducted by Sara Carmeliteal in Israel. Nurses’ autonomy is strictly limited by physicians’ close supervision and control. A prolonged physicians strike in Israel in 1983 created a special situation where for three months nurses had to provide primary health care services without physician. This study was undertaken at the end of the strike and it focusses on nurses’ comparative perceptions of autonomy and job satisfaction with relation to the role performance during the strike and in usual working conditions. Data were collected by means of a self administered questionnaire. 1144 nurses were included in this study. 61% of the primary health care nurses responded. The strike situation increased the normal work load of the nurses but it also gave many nurses the opportunity to initiate and carry out special programmes in their clinics and communities. The majority of nurses reported that in general they were satisfied with their work and perceived it...
as autonomous. The increase in routine as well as self initiated activities was found to be positively but weakly correlated with an increase in job satisfaction and in the perception of role autonomy during the strike.

A case study was conducted on politics of nursing in relation to clinical grading. The clinical grading policy for nurses in the United Kingdom and the extend to which the participating groups in the policy development process realised their objectives was studied. This study is based on the literature available at the time of the research and the result of structured interviews with a range of individuals involved in the policy process. The results exposed the cleavages between the different representative groups on the staff side. In particular they exposed the weakness of nursing as a professional pressure group and the strength of the state and its agents in determining the outcomes of policy in the public arena.

A study on nurse appraisal systems, its characteristics and effectiveness was done in New York, U.S.A (Cardy and Korody, 1991). The method employed was surveying of the directors of nursing regarding characteristics and effectiveness of their nurse appraisal system. Results indicated that perceived effectiveness was influenced by process rather than technical characteristics of the system.

A study on nurses' views of the coping of patient was done by Kahn etal (1994) in Washington, U.S.A. Interactive interviews with 26 nurses were used to elicit explanations of the meanings of coping and stories from their practice that illustrated coping. Analysis of the interview transcripts revealed three themes in the form of idioms for particular and different ways of talking about coping. The first idiom represented a view of coping as a rational cognitive problem solving response to illness. In the second idiom, nurses spoke of coping as permeated with values that constrained with the prior view of coping as rational process. In the final idiom, nurses spoke of coping as courage.

A study on evaluating teaching effectiveness was conducted by Kirschling
The study was done using an instrument for evaluation of teaching effectiveness developed at the school of nursing, Oregon Health Sciences University. It attempts to capture the students perception of the quality of the teacher-student relationship as well as other salient aspects of teaching practice. The valuation tool contained 26 items evaluating teaching effectiveness and 14 items that evaluate course. The teaching effectiveness items yield five scales including knowledge and expertise, facilitative teaching methods, communication style, use of own experiences and feedback.

A case study on student nurse wastage was conducted by Mashaba and Mhlongo (1995). This study was undertaken at a university school of nursing in South Africa in order to establish to what extent student nurse wastage at the school conformed to trends in schools offering the same four year basic nursing courses. The views of students were solicited about factors that precipitated student nurse attrition at this school. Responses were collected on how to curb wastage and retain students on this course. The sample included 147 students who were currently pursuing the course and all previous students of this school who answered the description of actually or potentially dropping the course. The findings showed that this institution was among those whose attrition rate was low but it conformed to the trend of student attrition in other universities.

Namate (1995) conducted a study in Malawi on the cost of registered nurse midwifery education. This was an exploratory study to estimate the cost and to describe factors which influenced the cost of such education in Malawi. Results demonstrate that nursing education is costly, be it in a developing or a developed country.

The studies conducted so far have neither dealt with nursing services in depth nor have studied them in relation to the training which nurses received. Therefore, this investigator proposes to study nursing services in government hospitals and training programmes in selected districts in the state of Kerala.
1.4 The Study

In the hospital nurses are among the important providers of patient care. The nurses who work in the hospital are mainly of three categories viz., diploma nurses, Nurses with B.Sc degree in nursing or equivalent degree (post basic B.Sc Nursing) and ANMs (auxiliary nurse-cum-midwives) or female health workers of multipurpose workers scheme.

The training of diploma nurses is of three years duration in schools of nursing. The training aims at equipping the nurses with needed knowledge and aptitude and skill in providing comprehensive nursing care to patients in the hospital and community. However, she is given major training in the hospital, she is on the roster of the hospital staff, hence the hospital depends on student's staffing round the clock. In reality, majority of diploma nurses work in the hospitals as staff nurses.

The B.Sc nurses are trained in colleges of nursing affiliated to the universities and they receive four years training. The training aims at equipping them with the needed knowledge, aptitude and skill in providing comprehensive nursing care to clients in the hospital and community, and also to help them acquire skills in administration and teaching so as to enable them to take up first level managerial positions in the hospital, schools of nursing and community. Majority of the B.Sc nurses work in schools of nursing as tutors or as clinical instructors. A few of them work as staff nurses in hospital in the beginning of their career. As compared with diploma nurses, B.Sc nurses have more job opportunities because their educational preparation is such that they can become trainers in school of nursing, health workers' school and college of nursing. In addition, they have better career prospects abroad.

Nursing care of the sick is a critical component of the health care in hospitals and there are different categories of nurses in hospital. But the staff nurses are the ones who provide direct patient care in the hospital. The basic training needed to become staff nurse is either a diploma in nursing or B.Sc in nursing.
Provision of adequate nursing care is crucial in the early recovery of patients in hospital. Moreover, now the concept of patient care in hospital has expanded from mere curative care to comprehensive care which includes preventive, promotive and rehabilitative care. As the health care has advanced much due to innovations in medical science and technology, the roles and functions expected of the nurse in hospital have also undergone changes. In this context, does the training imparted to nursing personnel take into consideration (a) how to equip the nurses through training to carry out their newer roles due to advancement in patient care (b) to meet the needs of the sick client in the hospital?

Keeping in view the job functions of the staff nurse in the hospital how far the nursing training equips them to carry out their job functions? As the training to prepare nurses for the hospital is mainly by diploma course and B.Sc nursing course it will be worthwhile to study these two training programmes viz., diploma in nursing and B.Sc nursing so as to find out its adequacy and relevance in relation to the job functions to be carried out in the hospital.

1.5 Critical Issues in Training

What training should be given to nurses to enable them to function as nurses at the basic level in the hospital? How should the training differ for different categories of nurses viz., diploma and B.Sc? what should be the job functions for each category of nurse?

Does the training respond to the changing health needs of clients? Does it respond to changes in health care and related technological changes? What relevance the training has got when the health problems of clients are considered and also the job functions to be performed in hospital are considered? Which training i.e., diploma or B.Sc nursing is better in this regard? How to make the training programme of nurses more adequate and relevant to meet today’s hospital setting?

Is there any waste in training and performance due to training different
categories of nurses for hospital?. What is the expenditure incurred for training a diploma nurse? What is the expenditure incurred for training a B.Sc nurse?

How does the curricula of B.Sc nursing and diploma programme differ? (Curriculum is the sum total of the learning experiences provided to the student by the training institution to fulfill the educational objectives formulated for the training). How the learning experiences are selected and organized? Are they adequate and relevant? How the learning experiences are implemented and how are they evaluated? What are the strengths and weaknesses in each training programme related to these aspects?

What are the inadequacies in the curriculum? Is it in theory or practical experience? What more learning experiences are needed to make the curriculum more adequate and relevant? To make the nurses competent to perform their job functions as staff nurse in the hospital whether any modifications to be brought in the curriculum? If so what modifications? In diploma? In B.Sc Nursing?

When placed in the hospital how do the nurses perform as staff nurses? Which nurse (B.Sc or diploma) is better in this regard? As the nurses become experienced what difference it makes in their performance? In various levels of hospitals how the nurses performance differ? Why do they perform better or poor?

The training institutions of nursing are either in the Government or private sector. In this study the focus will be on the training institutions under the government sector.

Since the investigator is a native of Kerala and has been a nurse in the Government health services and presently a nurse educator she has the advantage of securing the data needed for the study from this state in a much easier way, than if she selected a different state.
1.6 The Problem

Study of nursing services in government hospitals and training programmes in nursing in selected districts of Kerala.

1.7 Objectives

The main objective is to make a detailed study of the nursing services in Government hospitals and also to study the training programmes viz., diploma and B.Sc nursing, in relation to the services. With this objective in view it is proposed 1. To study the factors fostering or hindering their performance in the hospital as staff nurse.
2. To find out the adequacy and relevance of the curricular content in relation to the functions as staff nurse in the hospital.
3. To analyse the content of the curriculum of B.Sc nursing and diploma programmes.
4. To examine the curriculum as practised in relation to the guidelines of the Indian Nursing Council.
5. To estimate the cost of training a student in each programme viz., B.Sc and diploma.