The leader of any organisation carries the primary responsibility for realizing the broad objectives of the organisation. Leadership positions in a hospital include all the medical administrators like medical superintendent, chief medical officer, and nursing administrators like matron, assistant matron and other heads of the various departments. Since this study focuses mainly upon the nursing staff - their quality of work environment (QWE) and quality of work life (QWL) - it was thought necessary to take the views of the key members such as hospital medical superintendents, the matron and the assistant matrons. Every hospital covered in the study has a position for either a medical superintendent (250 and above beds) or a chief medical officer (less than 250 bedded hospitals), a position for a matron and a position for an assistant matron. All the heads mentioned in the above sentence have contributed to the study and the details are presented in Table 6.1

### Table 6.1

#### Participation of Key Informants for the Study

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Particulars</th>
<th>Total positions</th>
<th>Vacancy</th>
<th>Actually interviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medical Superintendents</td>
<td>3</td>
<td>-</td>
<td>2*</td>
</tr>
<tr>
<td>2</td>
<td>Chief Medical Officers</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Matron</td>
<td>5</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>Assistant Matron</td>
<td>5</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td><em>Total</em></td>
<td></td>
<td><em>15</em></td>
<td><em>5</em></td>
<td><em>9</em></td>
</tr>
</tbody>
</table>

*One medical superintendent was unable to participate in the study being on long leave.*

There were 9 functional executives who have been interviewed with the help of an interview guide. The guided interview covered the hospital goals, work related
issues, job characteristics, work-life balance, nursing staff satisfaction, organisational practices with regard to nursing administration, polices, required skills and efficiency of nursing staff, relationship related issues, etc. It is expected that these variables would cover the overall requirements of the study. The Key Informants profile is presented in Table 6.2.

**Table 6.2**

<table>
<thead>
<tr>
<th>Descriptions</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
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<td>45-55 years</td>
<td>9</td>
</tr>
<tr>
<td><strong>Designation</strong></td>
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</tr>
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<td>Medical Superintendents</td>
<td>2</td>
</tr>
<tr>
<td>Chief Medical Officers</td>
<td>2</td>
</tr>
<tr>
<td>Matron</td>
<td>4</td>
</tr>
<tr>
<td>Assistant Matron</td>
<td>1</td>
</tr>
<tr>
<td><strong>No of years of experience</strong></td>
<td></td>
</tr>
<tr>
<td>25-30 years</td>
<td>5</td>
</tr>
<tr>
<td>30-35 years</td>
<td>4</td>
</tr>
<tr>
<td><strong>Basic Qualifications</strong></td>
<td></td>
</tr>
<tr>
<td>MBBS, SSLC with Nursing Diploma</td>
<td>4</td>
</tr>
<tr>
<td>Degree in Nursing</td>
<td>1</td>
</tr>
<tr>
<td><strong>Other Professional Qualifications</strong></td>
<td></td>
</tr>
<tr>
<td>Diploma in Hospital Administration (DHA)</td>
<td>4</td>
</tr>
</tbody>
</table>

It is can be seen from Table 5.2 that all the Key Informants belong to the age group of 45 to 55 years. Five have upto 30 years of experience and the remaining upto 35 years. Nearly four (one matron and two medical superintendent, and one chief medical officer) have got special qualifications like Diploma in Hospital Administration. One of the matrons is qualified with a Masters’ degree in Nursing. All the matrons report to the head of the hospital. The head of the hospital is the chief medical officer (CMO) or medical superintendent (MS) and they report to chief medical superintendent (CMS). These functional executives have shared their views, opinions and comments on the quality of work environment (QWE) factors.

As per the guided interview schedule the questions that were asked and the responses that were documented are as follows:
1. What are the basic healthcare goals of your hospital?

Every organisation has appropriate goals which are the guiding principles for the organisation. All the staff members work collectively to achieve these organisational goals. Since the hospital goal has been considered as important guiding principle it is expected that every staff member of hospital knows the goals and abides by them. Keeping this in view the first question posed to the medical superintendents, chief medical officers and matrons asked them to explain the hospital’s current goals. The medical superintendents and matrons stated their opinions on their hospital goals as follows:

- To provide healthcare to the population keeping their needs in mind. To serve the community at large.
- To facilitate and work for the teaching and training of medical and nursing students
- To bring efficiency in service delivery and offer quality healthcare

2. What is the role of nursing staff in achieving the healthcare goals?

3. How is the current job designed to meet hospital goals?

4. According to you describe some of the major problems faced by nurses

5. Physical factors

- Work environment challenges
- Break
- Shift Systems and Scheduling
- Current Workload:
- Exposure to hazardous and infectious substances and Threats to personal safety:
- Physical resource availability to the staff

6. Socio-Psychological - Work Factors

- Team relationships:
- Interpersonal Communication skills
- Clinical knowledge:
- Labour /management relations

What are the basic healthcare goals of your hospital?

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Every organisation has appropriate goals which are the guiding principles for the organisation. All the staff members work collectively to achieve these organisational goals. Since the hospital goal has been considered as important guiding principle it is expected that every staff member of hospital knows the goals and abides by them. Keeping this in view the first question posed to the medical superintendents, chief medical officers and matrons asked them to explain the hospital’s current goals. The medical superintendents and matrons stated their opinions on their hospital goals as follows:

- To provide healthcare to the population keeping their needs in mind. To serve the community at large.
- To facilitate and work for the teaching and training of medical and nursing students
- To bring efficiency in service delivery and offer quality healthcare
• To bring a holistic approach in hospital administration
• To ensure easy accessibility to all kinds of patients
• To provide proper patient care through the available resources
• To provide affordable care to all patients who visit the hospital.
• To maintain cordial relations with community and community leaders

From the above response, it emerges that the goals of the hospital can be summarized as providing healthcare services to the weaker section of the population (mostly the economical weaker section) at an affordable cost, to ensure accessibility, to provide comprehensive healthcare services to the patients with the existing resources and to establish better relationships with the community continuously and thereby developing health and productive population who are useful to economic and social development of the country.

It can be seen from the above responses that the management feels that public hospitals have to be responsible to society. Further, they feel that the nursing staff and other healthcare providers have to be sensitive and understanding towards achieving the health care goals of the hospital. It is not clear as to whether this philosophy and values are carried down to the nurses.

2. What is the role of nursing staff in achieving the healthcare goals?

To the above question, the Key Informants indicated that during the training itself the nurses are provided with the basic goals of nursing profession and their future contribution to the healthcare services. The fundamentals of training prepare the nurses who not only take care of the patient needs, but also instill in them the ideology that they are in service to society. During the training period the nursing staff have been provided with an adequate input to achieve the organisational goals. Hence the Key Informants feel after the completion of their training most of the nursing candidates are ready and trained to follow/fulfill the goals of the hospital effectively. They are trained and prepared to understand the expectation of patients, hospital management and doctors. Basically their
training ensures that they are an integral part of the healthcare delivery system of the hospital.

From these comments it may be deduced that since nurses are trained in a work culture which is similar to the one they will work in, their adjustment to the work place is easier. This is what the management feels. Hence, they do not feel the nursing staff has to spend much time in further coaching the new staff. No formal orientation is provided. It seems that since the hospital gets the advantage of a trained and productive person in terms of providing healthcare, they do not bother to carry out any orientation, rapport building, and provide no document with regard to guidelines, standard operating procedures and other protocols.

In terms of numbers as well importance, nurses constitute a significant part of the workforce in the healthcare delivery system. They play an integral part in achieving the organisational healthcare goals. Basically, the nursing staff is expected to carry out the doctor’s instructions. They assist in completing the procedure, giving injections and any other basic requirements. On the other hand, the nursing services are also an integral part of patient care. When they are not well informed about the organisational goals and procedures, they cannot deliver their best, it shows that communication, interpersonal relationships, working guidelines, etc. are activities that benefit the individuals and that the organisational goals will be met as well as the nursing staff QWL would be improved.

3. How is the current job designed to meet hospital goals?

One of the matrons stated that, “Since there have been several dynamic changes in medical and nursing care delivery this has brought high challenges to most of the nursing staff. Particularly, the nurses with only a diploma are often unable to match the job requirement and patient requirement and recognizing this the nursing council has stated that by 2010 the Nursing Diploma will be replaced by graduate nurses Degree in Nursing (BSc) so that the patient would get the services of a nurse well versed in up-to-date nursing practices”.(if this is a direct quote leave it as is.) It shows that nurses without graduation are unable to move out for further studies and due to their outdated and outmoded practices degree holders
will replace them. Internationally too this has been the trend. In this regard the other Key Informants have no comments.

In brief, the current nursing job design has become outdated due to various changes in technology and improvements in the healthcare delivery and the nursing staff should be more competent as is the need of the hour. Accordingly, there is a proposal to make a higher qualification such as a degree in Nursing as the basic qualification at entry level nurses in public sector hospitals.

4. According to you describe some of major problems faced by nursing staff.

One of the medical superintendents says that, “The nursing staff need certain facilities and resources which are not available to them. Due to the non-availability of these the nursing staff are unable to discharge their duties efficiently. In addition to this there is a shortage of nursing staff in the hospital. The staff are working under pressure due to shortage of workforce”.

One of the Matrons pointed out that, “At present the shortage of resources in the hospital has increased as compared to what it was ten to fifteen years ago”. She felt patients in those days were more (what???). She pointed out that today’s patients are unhappy with the technical and human skills of younger nurses. Further, she said that there are shortages of human resources, materials, equipment and even technology in the hospital. The general population growth has added to overcrowding in the hospital. The number of beds has not gone up proportionately. The technological changes and developments have created more challenges for the nurses. The Staff members are expected to learn more but due to the workload, lack of time and family problems they are unable to spend time on learning. Due to the above reasons the staff have found difficulty in coping with current requirement. Modern patients’ awareness about health and legal aspects also create complication for the staff”. Another Matron says, “Hospital faces shortage of staff across all the categories. Due to this problem team work is seriously affected”.
Hence, it may be seen that clinical, technological and social changes are putting a pressure on nurses to respond. The hospital leadership is required to look into the issues and help the nurses resolve them.

Since the shift system has been put into regular practice, the staff are expected to do duty 24 hours. At the same time the nursing staff have to meet the dual responsibilities which affect the young nurses particularly. Sometimes the staff are unable perform the duty due to family problems. (How can more than one person be using the exact same words?) One of the matrons pointed out that, “We have heard some of our nurses faces lack of peacefulness due to non-settling of issues”. In the work settings nursing staff have set of routine tasks which are mostly independent at the same time they have to work with other people or equipment and essentially they need good material support. The various problems faced by the nursing staff are highlighted below:

- It is seen that there is always a shortage of materials like medicines, linen etc. The patients are thus inconvenienced and they get into arguments with nursing staff.
- There is a shortage of nursing staff leads to work pressure for the nursing staff.
- There is always a shortage of health care providers particularly the doctors and class IV staff which lead to more tension among the nursing staff.
- Modern patients are constantly increasing their demanding which the nurses are unable to meet their requirement due to inadequacy in numbers.
- There are many factors which affect the nursing staff in the work settings, hence, it becomes necessary to look at the various physical and psychological factors affecting the nursing work as well their family life.

Considering the above requirement the focus turned towards quality nursing work life.
Physical factors

Work environment challenges

The work environment provides many challenges to the nursing staff. Since the hospitals under study fall in the medium size category according to the bed capacity (200-400 beds), the size of the hospital itself is a manageable one. One of the Key Informants said that, “the hospital management is able to study and understand the staff requirement directly because the hospital size is manageable... However, the peripheral hospital is a part of the larger system i.e. BMC Health System, many administrative approvals has to be taken from different hierarchies which consume longer time and also involves a lot of paper work. This situation makes it more difficult for the local authorities. Sometimes even a small request or support needed for the nursing staff, the management is unable to meet, and it results in nursing staff’s dissatisfaction”. It can be noticed that all facilities, accessibility of materials depend upon administrative policies, protocols and approvals. Since the hospitals do not have their own source of income and are depend upon the BMC, there is either a lack of funds or a non-availability of funds in time. However, the hospital managements are trying to utilize the funds provided by the competent authority to create facilities, purchase of materials and other patient care requirements. Since these activities are performed under larger systems, due to lack of coordination and other reasons there are many occasions when the staff is unable to get the required resources in time and sometimes not at all.

Hospitals have to make an effort to balance these hard core aspects such as hospital rules, policies, systems and procedures, standard operating protocols, etc. and the soft core aspects such as interpersonal communication, interpersonal relationship, human behaviour and attitude, motivation and leadership development whereby they would achieve the quality work environment which leads to quality of work life not only for nursing staff, but also for others who work in the hospitals. One of the Key Informants believes that “good work creates happiness for the patients”.

In brief, it can be said that within the hospital certain challenges affect the whole system or at least a part of it. These factors play a dynamic role in the work environment whereby the quality of work life (QWL) of the nurse gets affected.
Some of the physical factors that throw up challenges to the nursing staff are workload, work schedule and systems, break, physical resource availability and health injuries to the nursing staff, each of which are explained as follows:

**Current Workload:**
With regard to workload the Key Informants have different opinions. One Medical Superintendent said that “The hospital maintains average workload in most situations however there are seasonal variations, which makes the workload heavy or low in some situations”. Six out of the nine key respondents feel that the nursing staff workload is moderate. There is a consensus on the nursing staff ability to handle the workload of the hospitals. One of the key informants says that “The nursing staff are more experienced and have the practical knowledge to handle the present work load. Since the nursing candidates have been trained and developed in an organisation which has the same environment as their workplace, they find no difficulty in managing the hospital workload”.

One of respondent said that, “The hospital has more number of patients compared to the number of staff. In addition to this, lack of adequate space, improper lighting, or lack of natural ventilation, shortage of linen and short supply of IV sets in the hospital are also increasing the workload of the nursing staff.” One of Key Informants says that “the actual number of staff is much lower as compared to the norms which are prescribed for hospitals. According to municipal rule the nurse to patient ration should be 1: 6, i.e. one staff should be available for every six beds, whereas, the present condition is 1:70, i.e. one staff is responsible for 70 beds. Due to the lack of adequate staff the current working staff faces more and more work pressure.”

There are many other issues connected to the workload of the nursing staff, such as shortage of class IV staff, shortage of materials, etc. which add to the tensions of the staff. Sometimes the nursing staff need to also perform the jobs that are typically the domain of a Class IV employee or a Doctor. The other important issue is that if the patient needs some help they ask the nurse since the nursing staff is present 24 hours and also due to the non-availability other competent authorities. It
is impossible for the nursing staff to refuse to fulfill the patient’s demands so the nursing staff have to be prepared to address several non-medical issues apart from the medical ones of the patients. Sometimes these questions may be beyond her knowledge and she may have to refer to higher authorities and doctors. At other times it may so happen that the work load is heavy in some departments but the staff availability is less. This also leads to work pressure on the staff.

It is a fact that every hospital is known for specialization of certain core services like pediatrics, surgery, Labour wards, Gynecology etc. usually these services are called “core services” which will have more work as compared to the other departments. It becomes necessary to provide more staff to these departments. According to one hospital In-charge “we have reasonable work load and only few wards like male medical ward, pediatrics and NICU have high work loads.” Most of the Key Informants interviewed felt that in general the work load was manageable except in a few departments. Also they feel there are frequent changes in the work load due to seasonal variances. On the whole there is a clear view that the current work can be managed by the available work force because they have sufficient experience and competence to carry out their functions.

In brief, according to the Key Informants the work load is manageable. But it is found that the staff- patient ratio or staff - bed ratio is much abysmal as compared to the recommended ratio. Further, the primary data reveals that the nursing staff are doing double duty are managing more number of patients in their wards. This has a direct negative impact on their quality of work life.

**Shift Systems and Scheduling**

The Matron’s office has a certain set of important functions. These prepare duty rosters, monitor attendance, ensure punctuality among nurses, are in charge of rounds and supervision and attend meeting with the hospital administration. One of Matrons said, “We prepare duty schedule every month at the nursing office. The staff are provided with a duty list and they are expected to follow the same without fail. In case any change is required, the senior nursing staff make necessary arrangements and accordingly the duty is adjusted and the nurses concerned are
provided with duty leave. However, changing the duty roster is not a privilege or a right that the staff can demand as and when it is needed. Only in a case of emergency would it be possible to change the shifts”. It is thus clear that the nursing staff cannot change the duty system or process whenever they want. Their dedication is tested by following the duty schedule rigorously. In fact, any staff who wants to change the duty timings have to make some substitute arrangement or take prior approval from the matron by proper channel through her immediate supervisor.

On some occasions the staff are not allowed to change the shift because of emergencies. One of matrons pointed out that “The staff cannot get their shifts changed if there is a shortage of staff or in emergency situations. In such circumstances the staff is expected to be there in duty and if the staff fail to follow the schedule, action will be taken against them”. There are many reasons for following strict rules in this area. The respondents have many experiences in the past wherein once they allow the staff to take leave or change duty without a substantial reason, it becomes a precedent and other staff are also likely to make their own demands for a favourable schedule. It is not possible for the staff to change their schedule without the knowledge of the nursing management.

A Medical Superintendent from another hospital stated that “duty changing can be done with mutual adjustment. It is done at the level of the Matron’s Office. There is no clear administrative rule with regard to duty change for the nursing staff”. Further, he explained that “from the administration’s side we try to help the staff in whatever ways possible. The nursing staff can avail duty change as an emergency help. The change of duty schedule can be based on the mutual understanding between the staff or prior permission from the superior staff. We have certain special considerations for young nurses and the aged nursing staff”.

The medical officer says that the young nurses are provided maternity leave. Similarly, those senior nursing staff who have completed long years of service are provided with straight duty. It is found that there are different practices followed by matrons of different hospitals such as a strict enforcement of the rules, exchange of duty with mutual understanding and with the knowledge of sister in-charge and the
matron. It shows that scheduling is an internal issue left to the complete discretion of the administrative staff in charge of the concerned department. There are no written guidelines and the matrons are the deciding authority in this regard. It is necessary to be balanced by giving adequate guidelines between the staff and management so that the work environment becomes positive and staff are able to improve their quality of work life.

**Break**

Break means a specific time provided to the staff in between the shifts for relaxation or taking lunch or snacks. Break is a system which is followed in every organisation. In the hospital, the administrative staff are provided with tea and lunch break on two to three occasions for a specific duration and at specific times and at break time all the staff working in the sections or department leave the work place. Sometimes the higher authorities have no control over this matter. It is seen that this practice is not followed by the nursing staff in the hospitals. Providing a break to the nursing staff is one of the issues in the hospital. Since the nursing staff are expected to stay with the patients for 24 hours, there are various opinions with regard to break for nursing staff. The majority of the Key Informants say that “The staff do not have any official break because their services are highly significant and they need to work with patients continuously. However, if there is a substitute available to relieve the staff for lunch and other breaks, it would be possible for the nursing staff to get the break”. There is also another practice is that if two staff are there one can go for lunch and another staff may go on her break when the first staff returns. But it is seen that for the majority of the staff there is no substitute and they have to forego the break.

One of the Matron says that “We ensure that the staff take a break but not at a fixed time for a break because they have to be there with the patient 24 hours. Fixed time means like any other administrative cadre lunch time 1.00 pm to 2.00 pm or Tea break 3.00 pm to 3.15 pm. It is difficult to give such specific break time because there is a possibility that every body may leave the ward at the specified hour and nobody is there to care for the patients. This situation may lead to serious consequences for patient care in the hospital”. Some of the matrons have
mentioned that, “in the morning shifts there is a 30 minutes break time provided for lunch to the staff. In fact there is a problem for the staff to go for few minutes break in other shifts provided the patient care is kept as first priority. This issue of a break is dependent on the individual wards. The ward conditions will decide the break for the nursing staff. In case the ward is busy the staff may not get the break”. The nursing staff are provided a break whenever they are in the morning shift and there is no break in the evening and night shift. The staff have to adjust or mutually help each other to get some break. Ultimately it is seen that the break is not a matter of right and staff have to work as per the guidelines provided by the hospital time to time.

Some of the staff nurses and sister in-charges confirmed that there is a break during the shifts while some of them say there is no official break, and that it can be availed only in the morning shift. It is found that there is no clarity with regard to break in the shift system. This too has a direct negative impact on the nursing staff quality of work life.

Exposure to hazardous and infectious substances and Threats to personal safety: Nursing profession comes under the risk category. Several factors contribute to the risk. The hospital management, regulatory bodies and various institutions are working on this area to control the risk factors of health care providers, including nurses. The nursing staff are provided with appropriate training on the infectious diseases, hazardous substances and other threats. In fact the nursing staff are provided with this training in their curriculum so the majority of the staff members already know how to protect themselves from any work related risk. One of the Key Informants said that “We provide necessary training to the nursing staff. There are guidelines and protocols with regard to staff safety. If the staff follow these guidelines, the risk can be easily managed or taken care of”.

One of the Matrons said that “The staff members are facing work related risk in the hospital because there are chances of getting deadly diseases like HIV-AIDS, Jaundice, Hepatitis, TB and other communicable diseases. The sources of getting infections and exposure to high risks due to various aspects are bio-
medical waste, zero positive patients, road side unhygienic patients, work related injuries like needle prick etc. The staff are expected to take precautions by managing bio-medical waste; segregation, safety measures, follow the guidelines for needle prick injuries, use sterilin-solution which kills the HIV virus and take adequate care before dealing with critical cases”. In case the nursing staff get any injury they are expected to report to the concerned sister in-charge and the matron. A blood test is conducted for the staff and the patient. The staff is provided with treatment and medication for one month. After six months again a checkup is done for the concerned nursing staff. A senior consultant’s opinion is taken. The injured staff are provided treatment i.e. Post exposure profile access (PEP) along with leave. The hospital has provided with adequate materials particularly for the staff safety which include gloves, mask, soap, etc. We have advised the staff to wash their hands frequently as and when it is needed because washing hands is a simple and the best precautionary step.

The hospital provides adequate physical security; however, sometimes it becomes deficient. There are occasions when the relatives visitors come to the hospital in large numbers and the hospital staff are unable to control the crowd. Sometimes the misplacement of materials, absconding patients, etc. in the ward create more tension for the nursing staff and they are accountable. The staff also faces some disturbances from the patients and the patient’s relatives and visitors. One of the matrons mentioned that, “these kinds of problems have been increasing in the recent past”.

Physical safety and security is one of the key concerns for the nursing staff. It is also confirmed by the primary data analysis. This issue affects the nursing staff quality of work life negatively.

Physical resource availability to the staff
All the hospitals under study have the requisite infrastructure to support patient care. In addition to that the hospitals have added a number of services over the years and increased their infrastructural facilities. At the same time there is a growing need to increase patient care services. One of the hospitals’ Medical
Superintendents remarked that “The hospital has a minimum number of equipment which are essentially needed for the patient care. The staff who are on duty have to manage or use such equipments. In case there is a problem they may approach the matron for help. If the staff needs some equipment which are not available in the ward they may take it from another ward with mutual understanding”.

One of the Key Informants echoes some of the others’ opinions about the working conditions and facilities provide in the hospital “The hospitals try to provide all the facilities which are needed by the staff the basic amenities, sanitation facilities and working facilities including safety materials. Also there is an irregular supply of medicines, linen and other requirements for the patients. Sometimes there would be some delay in getting these materials due to various internal and external issues. Otherwise there are no major issues with regard to physical resources management”. It can be understood that there is inadequate supply of materials in the hospital. Further lack of physical facilities leads to more tension and stress to the nursing staff. Even certain circumstances it goes beyond the control. This affects the quality of work life of nursing staff.

**Psycho-social Work Factors**

The socio-psychological factors like nursing staff clinical knowledge, communication skills and team working relationships play a vital role in the work environment.

**Clinical knowledge:**

Seven of the nine Key Informants are happy to note that “The nursing staff have adequate skills to manage the kind of patients visiting the hospital. We do not have any compliant from the clinicians. Since the majority of the staff are very well experienced and they have the ability to handle any kind of problem. In fact the nursing staff understand the patient needs very well, clinical care requirements, and kind of overall diseases pattern which help them provide better patient care” as stated by one of them. It is true that the majority of the staff acquired the required skills to handle the present patients need, however, the change
is technology and complicated diseases profile which challenge the nursing staff’s
abilities. A different viewpoint from each and every key informants in this regard
was found. The nursing staff have confirmed that their skills and abilities are
adequate to manage the public hospital patients’ requirements. It can be concluded
that the present staff have adequate knowledge for managing the current patient
care requirement, however, they feel that they need to update their knowledge and
skills to meet the growing demands of the modern patients.

**Interpersonal Communication skills:**
The heads of hospitals and Matrons have strongly agreed that the nursing staff have
good interpersonal communication skills. One of the Key Informants mentioned
that, “*Our staff are able to communicate with patients, there is no problem for the
patients. We ensure all the nurses are able to speak, read and write the local
languages so that the patients do not have any difficulty*”. The hospital has the
clear policy that every staff should use the language of the patients.

**Team relationships:**
“*We would able to make the team work in certain areas like OT, ICU and some
other wards. It is quite possible for the nurses closely work with the doctors. In
case any difference of opinion crops up, it is sorted out by the senior staff with
immediate effect*”. There is always some sort of misunderstanding between doctors
and nursing staff because most of the doctors’ work fall on to the nursing staff. On
the other hand, the nursing staff have to do the job of class IV staff for an extent.
Sometimes the management of the class IV staff takes more time. There is a need
for strict action against the class IV staff. , It is found from the nursing staff’s
responses that the team work is not up to expectation and this is not healthy.

**Labour /management relations**
One of the key informants indicates that “*We have a clear hierarchy to manage the
nursing services, the matron is in-charge of all sister in-charges who take care of
wards and each sister in-charge manages staff nurses and class IV staff. All the
nursing staff have the provisions to keep in touch with their higher authorities. It
is expected that better communication will smooth relations among the nurses*
and different departments”. The hospital does not have a formal system to maintain relationship with the staff because there is no human relations department. Each section of the staff is handled by sister-in-charge; senior nursing staff and it is their responsibility to keep liaisons with the staff. They are responsible for maintaining better relations with the nursing staff. In case of any problem the hospital management tries to sort out the problems at the earliest. The staff members also bring their work related problems directly to the management and other problems through their union. The management opines that they try to maintain better relations with the concerned departments.

In brief, this chapter states the views of the key informants and finds that their views and perceptions are useful to understand and see the nursing problems. The key informants have expressed their opinion with regard to the goals of the hospital, the role of nursing staff in achieving such goals. Furthermore, they have highlighted the various problems the nursing staff facing while working in Peripheral Hospitals in Mumbai. The nursing staff have constraints with regard to access of physical facilities and working conditions like break, shift systems, lack of relationships between the healthcare providers. However, the key informants believe that the nursing staff are supportive in achieving the hospitals goals, have adequate knowledge to meet the current patient requirements and able to manage the current work of the hospital.

The key informants do not realize the practical issues of nursing staff. They believe that the nursing staff are senior and have long years of experience and this is sufficient to handle the current patient requirements, but it is not adequate in reality because the concept of professional development has not been taken as an important aspect for many years which has resulted in a lack of knowledge about the latest developments in modern nursing science. Moreover, the Key Informants’ approach seems to be autocratic when it comes to satisfying the needs of the nursing staff and this is because they join hands with bureaucratic administrative rules. It can be said that the Key Informants’ initiatives with regard to improving the work environment and quality of work life of nursing staff is inadequate. This results in the quality of work life of nurses being affected adversely.