CHAPTER VII

SUMMARY, CONCLUSION & SUGGESTIONS
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7.1 INTRODUCTION

The analysis, interpretation and discussion of results have been provided in the preceding chapters. The present chapter is devoted to the main findings of the present study, educational implications based on these findings and suggestions for further research.

7.2 MAIN FINDINGS

For the sake of convenience and clarity, the findings of the present study may be presented under five sections. Section I deals with the findings pertaining to general information and objectives of Nursing Training Colleges of Women in Haryana. Section II deals with the findings regarding financial pattern (income & expenditure), pattern and direction of finances and unit cost of Nursing Training in Nursing Colleges of Women. Section III deals with the findings pertaining to economic rate of return from investment in Nursing Training of Women. Section IV deals with the findings regarding socio economic characteristics of ex-trainees and Section V provides information regarding world bank project for providing necessary training and inservice courses for the Nursing Staff to brush up their knowledge. Section VI provides information regarding status of employment of ex-trainees.
SECTION I

Findings pertaining to general information and objectives of women nursing training colleges in Haryana

1. In the present study physical and infrastructural facilities including equipments and machines varied from institution to institution.

2. Difference in opinion was found among the Heads of the Institutions regarding the objectives of nursing training.

3. Most of the teachers of these nursing training colleges were satisfied with the system of nursing training provided in nursing colleges.

4. Most of the teachers reported lack of parents' interest in the training of their wards.

5. Rules and regulations regarding enrolment, system of training, facilities provided to trainees and teachers were same in all the nursing colleges.

SECTION II

Findings based on financial patterns (income and expenditure), direction of finances and per capita cost

1. The main source of income in all the Nursing Training Colleges was government grant provided every year.

2. There was a gradual increase in total expenditure of all the Nursing Training Colleges.

3. The per capita cost varied from one institution to another.
4. The per capita cost was higher in three year training course (G.N.M.) and one and a half year (A.N.M.), as compared to six months training course (M.P.W.).

5. Index number showed that the dearness allowance constituted major proportion of the total expenditure of Nursing Training Colleges.

6. Government was revising the amount of scholarship from time to time.

SECTION III

Findings regarding rate of return from investment in nursing training of women

1. In the present study, investment in nursing training of women was economically justified.

2. The economic rate of return from investment in nursing training of women varied from one type of training to another type (G.N.M., A.N.M. and M.P.W.). It ranged from about 7.2 percent to 40.8 percent in case of six months and one and a half year training courses (M.P.W. and A.N.M. courses). It varied from about 3.9 percent to 18.5 percent in case of three year training course (G.N.M.).

3. It was found that maximum rate of returns was in M.P.W. (it was 40.8 percent) and the minimum was found in case of G.N.M. (it was 18.5 percent), assuming 100 percent
contribution of nursing training as based on assumption D(100%) (Table 4.37).

4. It was observed that economic returns are less for longer duration of training viz. G.N.M. and higher for lesser duration of training viz. M.P.W.

5. To recognise the women as an important human resource and considering the expenditure on their nursing training as investment poses a problem of ascertaining its economic return. An attempt has been made to calculate the economic rate of return.

Investment in nursing training provides both economic and non economic benefits to the individual. In the present study economic rates of return have been calculated.

a) for calculating the economic rates of return to investment in nursing training of women in nursing colleges in Haryana, the incremental earnings of ex-trainees were calculated.

b) in order to estimate the incremental earnings attributable to nursing training, the information on age specific average monthly earnings which are available to the trainee with three years, one and a half year and six months training at a point of time, were calculated.

c) these earnings were taken as the basis for determining the life time net benefit stream.
d) From the age specific average monthly earnings ($Y_t$), age specific average monthly earnings foregone ($Y_t'$) were deducted.

e) This gives the total monthly incremental earnings corresponding to each age ($t$). After making deductions of total unit cost from incremental earnings corresponding to each age, life time net benefit stream are left. Age specific average monthly earnings (crude) were calculated for computing economic rate of return from investment in nursing training of women at nursing training colleges of Haryana.

f) Age specific average monthly earnings of the ex-trainees were calculated on the basis of the data collected through personal interviews. Fifteen years of age has been taken as the minimum age for entering the nursing training, because this was the minimum age level found in the present study. Maximum age limit was 60 as this is the age of retirement fixed by the government in government services in the colleges.

g) Nursing training has an important effect on the relation between earning and age. It was observed that trained women received lower earnings during the training period because they were paying for their training at that time and they received higher earnings at later ages because the returns were obtained there after. The combined effect of paying for and collecting the return from training in this way would make the
age earnings curve of trained women steeper than that of untrained women and training costs would be higher for a longer duration of training and lower for a lesser duration of training. This would hold true if the cost of training is equal for all the three types of training (G.N.M., A.N.M. & M.P.W.) and then a longer duration would entail higher costs and thus would give higher returns.

Becker also observed that “not only does training make the curve steeper but also more concave, that is, the rate of increase in earnings is affected more at younger than at older age”.

h) Fig. 4.1 shows the age income profile associated with various types of ex-trainees. It is observed that this figure corroborate both the above mentioned observations-the age income profile is steeper for the higher training cost for three years training, that is, G.N.M. Secondly, not only this profile is steeper than others, but those too show a concavity in their trend which confirms that the rate of increase in earnings is affected more at younger ages and it tends to level off at older ages.

i) for the calculation of rate of return, the foregone earnings (opportunity cost) have been treated as indirect cost of nursing training and added to the direct public cost and annual rental value of capital used for training. For this, the unit cost of nursing training of women has been analysed. The life time benefits have been analysed on the basis of the age specific
average monthly earnings and then lifetime net benefits arrived at.

j) As a result of accumulation of capital and technical progress, it is quite possible that earnings of a trainee may be more at a certain age. To take account of this effect of economic growth, Mark Blaug's approach was adopted. Therefore, it is assumed a growth rate of 5.5 percent per annum and monthly income of ex-trainee grows at the rate of 2 percent per annum over time.

k) The crude age specific earnings are adjusted for the fact that not all women obtain employment immediately after the completion of the nursing training. The period between completion of nursing training and getting employment varies from one type of training to the other; it also varies from one individual to another individual. For this, average waiting period for three years training course(G.N.M.) was three months, for one and a half years duration course(A.N.M.), it was six months and for six months training course(M.P.W.), it was one year.

Thus the age specific average monthly income of ex-trainees have been adjusted for the incidence of unemployment according to the particular training.

From this it is observed that the difference in earnings can not be attributed solely to differences in the type of training. Factors like mental ability, achievement, drive, social
class, family background, education of parents all have effect on the earnings of a woman.

Four assumptions were taken \([A(25%), B(50%), C(75%) \& D(100%)]\) where \(A=0.25\), means 25 percent increase in earning is due to nursing training and 75 percent increase is due to other factors. Similarly \(D=1.00\), means the increase in income is solely due to nursing training.

The differentials might arise because the lack of nursing training is a barrier in getting employment for women. Market imperfections manifest themselves also in the form of discriminatory practices in providing funds for investment in human beings and discriminatory tax laws.

Another source of the failure of earnings may lie in status and seniority rules whereby incomes of older workers are maintained even when their working capacity may be falling. In most of the economic analysis of education, almost no attention is paid to identify and quantify these benefits.

As regards the elasticity of substitution of one type of trained labour for another, the fact is that the technical possibilities of this kind of substitution in a developing economy are extremely limited.
Economic rates of return have been computed by the following formula:

\[ V = \sum_{t=17}^{60} \left( \frac{Y_t - Y'_t - C_t}{(1 + r)^{t-n}} \right) = 0 \]

\( Y_t \) = adjusted earnings for incidence of economic growth, unemployment (17 is the average age of entering the institution) expects to achieve at age \( t \), both during and after the completion of the training. col. 4 (4.34 to 4.36).

\( Y'_t \) = adjusted foregone earnings = earnings that an average woman trainee at the time of commencement of the training is in a position to achieve at the age \( t \), it is the measure of indirect public cost of training col. 6.

\( C_t \) = Direct total unit cost of training in year \( t \) measure in terms of direct unit cost in training and annual rental value, that is, building and equipment (col. 9).

\( r \) = Economic rate of return: it is that specific discount rate that makes the discounted value of net benefits stream equal to zero.

We arrive at the value of \( r \) by an iterative procedure, raising the discount rate when the discounted net benefits add to zero.
Economic returns are less for longer duration of training and higher for lesser duration. From this, present value curves are drawn.

As it was evident from the results that in the case of six months training (viz. M. P. W.) and one and a half year training (viz. A. N. M.), the returns were approximately 15.2 percent, 8.8 percent, 7.2 percent respectively, assuming 25 percent contribution of Nursing Training based on Assumptions A.

SECTION IV

Findings regarding socio economic characteristics of ex-trainees

1. It was observed that apart from nursing training there were certain other socio economic characteristics of the trainees that affected their efficiency at work and showed up in their productivity.

2. It was found during the study that most of the trainees belonged to rural area and low income bracket group and very small part of the sample belonged to urban area and high income bracket.

3. The variation in enrolment due to family background varied from training to training. For example, in A.N.M. and M.P.W., most of the trainees belonged to rural area and low income bracket group whereas trainees enrolled in G.N.M. belonged to urban background with educated parents.
SECTION V

In order to improve the knowledge and skills of medical and para medical staff functioning at various levels, a big inservice training programme has been launched in Haryana under a World Bank aided project.

The project has four major objects, namely,

(i) to expand the supply of family welfare services,
(ii) increase the demand for these services,
(iii) improve the quality of the services being delivered and
(iv) to improve the efficiency by which the family welfare programme is managed and operated.

Under the project, buildings of 451 Sub centres, 50 Community education cum demonstration centres, two general nursing schools, hostel and conference room for the Regional Training Centre, Rohtak and State Institute of Health and Family Welfare, Panchkula were constructed. Of these, 247 sub centres, seven community education cum demonstration centres have been completed.

Four hundred and sixty five medical officers, 1223 supervisors, 2778 field workers and 3632 dais(दाई) have been given in service training through different training centres functioning under the project.
SECTION VI

Findings based on status of employment of ex-trainees

1. The study showed that nursing training helped the ex-trainees in getting self employment, government jobs and private jobs.

2. The study revealed that a large proportion of ex-trainees were engaged in self employment rather than government and private jobs.

3. The study also showed that nursing training helped the ex-trainees in their social and economic upliftment and also developed self confidence in them.

7.3 SUGGESTIONS

On the basis of the present study as well as the personal observations of the researcher based on interviews and consultation with experts in the field, the following suggestions are given to make the investment in nursing training of women more effective and for increasing the employment prospective of women.

7.3.1 Need of specially trained staff

For proper implementation of various programmes for the purpose of manpower planning a specially trained staff is required. The facilities must be extended for the inservice training of the teaching staff.

7.3.2 Need for treating expenditure on women as investment

All the expenditure on nursing training of women should be treated as investment and be continued on a long term
basis as a part of planning for economic growth. More liberal expenditure for the women are needed as these are not only justified on social and moral grounds but also on economic grounds.

7.3.3 Location of nursing training colleges

The location of nursing training colleges for women should be encouraged in the rural areas to remove the rural/urban disparities.

7.3.4 Education of parents

The parents should be educated so that they can realise the importance of the education of girls. To enable the parents to do so, it is important to provide them with special education.

7.3.5 Need for creating job opportunities for women

An objective assessment should be made in terms of aptitude of a woman and availability of jobs while selecting a woman for nursing training. It is essential because the employment market is limited for women. There is need for continuous research on the identification of suitable jobs for the women taking into account their inner traits.

7.3.6 Need for treating welfare of the women as an indicator of development

The welfare of the women should be treated as an indicator of development for the measurement of the level of development of the country in general and the state in particular.
7.3.7 Need for proper linkages

Proper linkages between various agencies dealing with different aspects of the problem like training and employment etc. has been suggested for proper utilisation of the existing infrastructure for improved quality of services. The coordination at various levels is essential for this purpose.

7.3.8 Need for political will and operational ideology

For the overall development of the women, one single factor of decisive importance is political will and operational ideology. This is essential for faithful implementation of the schemes actually benefitting the affected people at the grass root level. The political will to educate, to rehabilitate and train women is more important than the provision of financial allocation for them.

7.3.9 Nursing training for work culture

One of the key areas for nursing training efforts should be to bring change in work ethics and work culture. Some employees treat work itself as a terminal value, others take work as a process of achieving social or personal goals and in an extreme case, some take work as an work obligation or even a punishment. The last is the worst kind of culture. However, work culture is an acquired behaviour and therefore, it is open to changes. Thus, the development of a high quality of work culture through nursing training can gain in the long run because as the trainees go higher
on their career ladders, they will help to bring about a change in this area at the highest level.

7.3.10 Bond schemes should be imposed

To control the ‘dropout’ cases where the trainee leaves the College before completing the training, bond scheme should be introduced. Trainees should be made to return the bond money, if they leave the institution without completing the nursing training. Thus, the economic returns to investment in nursing training can be further improved through this scheme.

7.3.11 Promotion of self employment

Nursing training may be structured in such a manner that in addition to wage employment, these may also promote self employment. It is all the more necessary because the organised sector employees form only 99 percent of the work force. In our country, more than 50 percent of the establishments in the unorganised sector are one man establishments. The unorganised sector has, therefore, greatest potential for self employment.

7.3.12 Introduction of modern equipments in nursing training schools

The trainees reported that the equipment in some nursing training colleges were very old. They faced serious problems in handling modern equipments in their profession as they were trained in old equipments. In order to remove this difficulty new and
modern equipments should be introduced in women nursing training colleges.

7.3.13 Identification of the demand of various nursing training

To improve linkages between nursing training and employment, it is imperative to identify the existing training which are in greater demand and the emerging nursing training which will be in demand in the years to come and to plan nursing training in relation to these trainings. This would necessitate undertaking socio economic surveys at the district level. In view of the changes in occupational patterns due to rapid advancement of technology, socio economic surveys should not be a one time affair, but should be conducted after every five years.

7.3.14 Structure of employment market

While assessing the potential manpower demand, the structure of employment market broadly classified into organised and unorganised sectors, has to be examined and analysed. Such an analysis would help in identifying the areas of employment requiring nursing training of different types. Similarly, in the process of assessing supply of manpower to meet the projected demand, supply will have to be examined and analysed from different sources, such as different courses in dais training and other courses offered at plus two level.
To sum up, to improve the productivity of investment in the nursing training of women, the following measures are necessary:

1. Provision of infrastructural facilities.
2. Improvement of working conditions.
3. Upgrading of skills of workers and training of staff.
4. Adoption and Adaptation of new technologies.
5. Suitable employment policy for the full and proper utilisation of this important human resource.
6. Reduction in the unit cost of nursing training by increasing enrolment in nursing training.
7. Expansion of research and development facilities.
8. Strengthening of planning, implementation and monitoring procedures.
9. Creation of productivity consciousness among the administrators. The agencies and the citizens engaged in the welfare activities for the women, who should no more be treated as individuals fully depreciated human capital.
10. For effective health planning, it is important to know the numbers and distribution of all health personnel and the resources available.

All this involves a change in the role of the nurse from the traditional one of assistant to doctors to that of the partner in the planning, implementation and evaluation of health.
programmes. To do this, it is essential to pay greater attention to the training of nurse leaders who can re-examine and re-define roles, identify unmet nursing needs, survey the resources available to meet them and establish realistic and attainable goals.

To see the future potential for nursing resources, the following points need to be noted for implementation.

1. The system of health care services which has a component of nursing categories of services, number and size of category, programmes and functions of each should be properly seen.
2. Organisation of nursing within the health sectors should be maintained.
3. The personnel policies of the employing institutions—current and future recruitment showing hours of work, salaries, fringe benefits, promotional opportunities, deputation and so on should be framed from time to time.

Hence it is seen that quality nursing care in adequate quantity is essential for the development of the human resource for the Indian Population. As the delivery of health care primarily depends on trained manpower without which the human or material resources can neither be properly exploited nor used, a look at the health statistics of India will reveal the naked fact that the number of nurses available in India is far lower than the number needed. The production of qualified nurses is so low that it cannot
bridge the gap in the foreseeable future, and the preparation of nurses at a higher level as specialists is very negligible.

Nurse is the single category of health workers who attends patients round the clock and is engaged in coordination of all the medical and allied care services. Adequate preparation and deployment of them in appropriate ratios is of vital importance for ensuring quality care. World Health Organisation certainly supports the nurses in their efforts to become agents of change in the move towards Health for All. In order to realise the full potential of this power house, nurses will need to be organised and equipped to break down resistance to change and to develop strategies and action plan.

In short, manpower planning is concerned with a systematic organisation of the goals, objectives, priorities and activities of manpower development in order to ensure the right number of staff of the right kind at the right place for doing the right function. The emphasis should be placed on justifying the need for establishment of an apex infrastructure with nurses engaged in the planning and policy making for nursing at the highest level with needed authority, finance and government support. This would lead to a rise in the professional image. Nurse leaders should allocate adequate funds for placing sufficient number of nurses with the right qualification and experience at the right places with proper working conditions to contribute their best in the joint venture of building healthier citizens of our nation.
The emphasis should be placed on justifying the need for establishment of an apex infrastructure with nurses engaged in the planning and policy making for nursing at the highest level with needed authority, finance and government support.

The emphasis by the new education policy (1986) in respect of the need and importance of innovative methods of teaching and training in centres of higher education like colleges and universities, is very much applicable to the present day training of nurses in India.

In addition to the lectures, bedside learning practices, observational visits and occasional seminar presentations by trainees, it is important to adopt or incorporate other effective methods of teaching, for example discussions with patient population with specific educational objectives should be provided to the nursing students.

Nursing education departments should be established in general colleges/universities instead of nursing colleges operating in isolation. In this way expenses will come down tremendously as nursing students will utilise all the facilities of a college/university such as library, games, sports, and other cultural activities, and nursing will get its rightful place in the academic world.