# CHAPTER I

## Introduction

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CHAPTER I

INTRODUCTION

The history of nursing starts from the history of human kind. It was necessary to look after to those who are suffering from many illnesses, diseases or injuries and those who were dependent. It was essential to help them to carry out their daily activities, to take care of them and to care and provide comfort to them. The need of nursing profession is never ending till the human life is existing on this earth. Nursing is nurturing therefore From the dawn of civilization, evidence prevails to support the premise that nurturing has been essential to the preservation of life. For survival of the human race, therefore, is in inextricably interlinked and helped for the development of nursing. Nursing is an art as well it is a science. Nursing is an art and science of head, heart and hands. Head is a knowledge, which helps you to answer why any procedure, treatment to be done for which a nurse need to have knowledge of scientific principles, formal training for all illnesses and diseases. For nursing care you need a heart. Each nurse has a heart but it should be filled with sympathy and empathy for their patients/clients. It is necessary to know patients psychological and, sociological and spiritual problems then only possible to give holistic care. For each nursing procedure it needs delicate handling as well as skill to perform in easy and well manner. It is an art of hands. Nursing has been the oldest of the arts and the youngest of the profession. As mother is a first nurse for her new born child Therefore it is called the oldest of the art. To get the status of profession to nursing as this movement was recent; therefore it is youngest as profession.

Nurse this word has come from the Latin word nutritious, it means nourishing. Nursing is defined by various authors at various times in various manners. Henderson says “nursing is primarily assisting the individuals (sick or well) in the performances of those activities, contributing or its recovery (or to a peaceful death) that he would perform unaided, if he had the necessary strength, will or knowledge. The unique contribution of nursing is
to help the individual to be independent or such assistance as soon as possible”.

As per this definition nursing helps a patient or client to gain independency for self care and if he/she is well to gain optimum health. Through health education nurses will give the knowledge to their patient/clients. Nutrition and good diet as well as psychological support system will bring strength and will power to survive and fast recovery from the sickness. If at all the condition of the patient is unrecoverable or towards death, spiritual care to be provided as per patient’s will, wish and unnecessary the procedures which may cause him uncomfort or hurt him to be avoided so that it helps for peaceful death.

Nursing works for community health. Through home nursing and working in large community it diagnoses community problems ike communicable diseases and preventive, primitive care is given. Nursing assists in family health care and community health care also in all settings either at home, school or hospital They never differ race or religion, rich or poor, literate or illiterate, young or old. Nursing is one of the greatest of humanitarian services for all people

The International Council of Nurses has accepted this definition. Nursing, besides being a honorable profession Nursing has its own body of knowledge scientifically based and humanitarianism that promises expanded benefits to people and society. It assists the individual or family to achieve their potential for self-direction for health.

Nursing provides skillful care for the sick in appropriate relationship with the patient, family, physician and with others who have related responsibilities. Nursing is concerned with the prevention of illness and the restoration of health. It is not concerned only with sick or disease oriented but it has holistic approach which involves physical, mental, social, emotional and spiritual aspect. Skillful nursing care embraces total well being as the whole person,

Nursing is defined by the Royal College of Nursing  in 2003, as the use of clinical judgment in the provision of care to enable people to improve,
maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death. In this definition coping ability of a person is mentioned. Person is able to come out of his health problems by resisting power, by increasing his immunity, through healthy life styles.

ANA (2012)³ defines nursing as the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations as per this definition health continuum to be balanced as illnesses are prevented through preventive measures and promotion of health activities to gain optimum of health.

1.1. HISTORY AND DEVELOPMENT OF NURSING

History of nursing provides an understanding of the heritage behind Nursing as career and highlights the contributions of eminent and inspirational nurses towards development of the nursing profession. This history is divided in further phases.

1.1.1 Ancient civilization

Nursing is nourishing or nurturing. Therefore it was as old as human beings are existed. In human being there is basic natural instinct of nurturing and caring. Parents specially mother and father instinct are the main source of the nursing impulse, and is found in the hearts of people of all ages. A mother's care for her sick child always found expression in such acts to alleviate pain and help the child to get better. If child is sick, parents will be sitting with the child till he gets cure. They will take care of his comfort, do all the measures to alleviate his pain or discomfort whatever it may be. In society also we found this noblest forms of humanitarianism are found in people of all ages to help each other by showing mercy, love and kindness, concerns or any kind of help to those who are in physical, mental, social distress,
1.1.2 Pre-Historic Nursing

Myths, songs and other findings of the archaeologists throw some light on pre-historic man's care for this sick. In the pre-historic era, Illness earlier was seen as “magic”, “sin” or “punishment”. It was also believed that illness and diseases were appeared to be associated or caused by by evil spirits within the body. To get rid of these evil spirit, the body had to be ill treated or the body has to face unpleasant things. For example, the ill person was kept on he/she was beaten badly sand administering nauseous medicines, beating of drums, magic rites and ceremonies and by causing sudden fright. Sometimes cruel methods were used such as holes were made in the affected parts of the body to allow the evil spirit to escape. Besides this, there were also many other ways of treating illness. Loud noises, magic by mantic were used for sudden frightening to evil spirit. Yet we find such treatments in Adiwasi or remote areas. Even on a ady of full moon or No moon we find such treatments in some part of the country.

Primitive man's skill in fighting disease has given us many medical and surgical treatments such as massage fomentations, repining, bone setting, hot and cold baths, etc. The doctor cum nurse in such cases was the medicine man or the witch doctor or as influence was increased priest became the medicine man or priest physician.

1.1.3 Nursing in India in Early Civilizations

In India, about 3000 B.C. we had the Ayurvedic system of medicine, which can be traced back to Ayurveda stressed on hygiene, prevention of sickness, inoculation against small pox, sanitation, lavatories, good ventilation, kitchen, construction of hospitals, cultivation of medicinal plants and suitable building for housing animals.

Atreya was the first great physician and teacher of Ayurveda. He lived about 800 B.C. During 700-600 B.C Sushruta and Charaka started practice of surgery and medicine. Sushruta Samhita is written by the great surgeon Sushruta, who says "the physician, the patient, the drugs and the nurse are four feet of 'Padas' of the medicine, upon which the cure depends". He then explains how cash may be a true 'Pada' (Foot). The nurse is a pada
when he is kind hearted practiced dissection. Sushruta was a great surgeon and was known as a „father of surgery” they also practiced vaccination and physiotherapy strong, trustworthy and mindful of the physician's orders. The nurse is one who attends the patient; is cool headed and pleasant in his demeanor; does not speak ill of anybody; is strong and attentive to the requirements of the sick and strictly follows the instructions of the physicians.

The great physician Charaka has written the Charak Samhita in which he explains details of the manner in which drugs should be prepared or compounded for administration. According to him, resourcefulness, devotedness to the patient waited upon, and purity of mind and body are the qualification of the attending nurse. The Charaka Samhita states that attendants on the sick should have good behaviour and should be distinguish for purity and cleanliness of habits. Nursing treatments as it is named now is Panchkarma were prescribed are baths, now shuhirbhut and steam bath, enema to evacuate the bowels, now in ayurveda it is called as Basti, emetics to produce vomiting, which is Vaman vaginal and urethral infusion, now named as uttar basti,Nasya treatment and gargles, massages, rubbing or pressing the limbs etc. were the part of treatment but in many parts of the India this is used as alternative and complementary therapies.

A nurse was expected to assist the patient to walk or move about and to make clean beds. She was supposed to prepare the different drugs from different herbs as prescribed by a physicians, not only that but she was expected to be skilled in compounding drugs and ever willing to do any work as demanded.

During this period, King Emperor Ashoka was the first person to make hospitals for men ,women and for travelers in India. The old women and men were working as nurses. At that time ne made rules of hygiene like compulsory baths,cutting the short nails and wearing clean clothes .Even delivered lady should be kept in clean and well ventilated area and she should not come out if that room. He emphasized on prevention of diseases through clean environement.
Hippocrates yet known by “Hippocate Oath”, he brought the concept of diseases that are caused by man’s behavior against the laws of nature and not by evil spirit. He is the first person to apply cold sponging for fever and hot applications or fomentations for pain relief which we practice now.

1.1.4. Early Christian era (1AD to 500 AD)

Nursing in Pre-Christian times, religious beliefs had great bearing on the attitude towards the sick and the mode of caring for the sick and the suffering. Christianity believed that one should render services of love to humanity without any reward. It was equal to one’s sincere love of God. This principle was absorbed in nursing and helped to improve the status of a nurse. When this impulse or motive is re-enforced by religious philosophies and beliefs, it inspires people to live a life of service and of self-sacrifice for the sake of others. Along with this spirit, special training and experience has made nursing an ideal and useful profession. Women began nursing as an expression of Christianity (acts of mercy) Women were recognized as important members of community Some of examples of such women areas: Phoebe - considered the first Deaconess and visiting nurse Fabiola was a wealthy Christian in Rome and founded the first public hospital in Rome. Paula - was a friend of Fabiola. She devoted herself for the services of the sick. She built a hospital for strangers, pilgrims, and travelers and for the sick. She constructed a monastery in Bethlehem. They gave good nursing care for the sick.

1.1.5. Middle Ages (500-1000 A.D)

The early middle age was a dark age in the history of nursing. Throughout the middle ages, care was provided primarily by religious orders to sick and poor. During the middle ages, early hospitals were operated by nurses who were affiliated with religious organizations. Roman authorities shifted their capital. People were turned to the monasteries which became the places of education, medical care and nursing. Knight Hospitalizes of St. John’sof Jerusalem cared for the injured on the battle field - their symbol: a bright, Red Cross. Knights organized nursing care, some of nurses were nuns and deaconess.
The Late Middle Ages (1000 to 1500 AD)—was the period of military order. Many religious wars were lasted for many years.

1.1.6. **Renaissance (1500AD –1850AD) - The dark period of nursing.**

Rise of Protestantism meant that many Catholic monasteries offering nursing care and medicine was closed down. Nursing was not valued as an intellectual endeavor. It lost much of its economic support and social status. The nurses were poorly fed, over worked and poor salary was given. Their work was cleaning, laundry and scrubbing. The Protestants viewed the woman's place as being in the home raising children. Hence nurses of this period consists of "Wayward" women of low status. Women of ill reputed, poor, single women with no family or hope of marriage, became nurses" instead of going to jail. It is called as "dark period for the nursing field. At present also some private doctors have the same concept. Trained nurses refuses to work besides their nursing duties and demand good salary then they prefer to appoint untrained ladies whom they only teach through practice in their own hospital and no formal training.

1.1.7. **Apprentice Period**

Pastor Theodur Fliedner and his wife Frederika opened the Kaiserwerth Deaconess Institute—the first formal nursing school and its most famous student was Florence Nightingale. She went to Kaiserwerth in the year 1854 for 3 months for training.

1.1.8. **Nightingale Era (1820-1910) - Dawn of modern nursing.**

The history of professional nursing traditionally began with Florence Nightingale. She was born on 12th May 1860 in England in a very rich and wealthy British family. She was a well-educated daughter of wealthy parents, where she declared the social conventions to become a nurse; her parents resisted her for her decision. They tried to convince her that Nursing was not a respectable career for a well educated and bred lady. But Florence believed that nursing provided an independent calling which was full on intellectual and social freedom for women who had less career options at the time. In 18th and 19th centuries, nursing profession expanded into care of soldiers.
during prominent wars. There was a call from British Government during Crimean war. There was nobody to take care of the wounded soldiers. They were just dying of “septicaemia” She responded to the calls of the Government and on Oct. 21, 1854, she left with 38 female and Christian nurses for the Crimean War. Where Florence Nightingale served as a nurse, with her 38 colleagues. She took a review and found that British casualties were high; Personal and environmental conditions were worst. She made the British rulers to establish cleanliness and sanitation rules. Patients were received clean clothes, special diets and plenty of well nourished food, improved water supply. Patients were received proper nursing care, dressings of the wounds and scientific nursing care and her accomplishments at Crimean in two years brought death rate decreased drastically to half. She used to take rounds in the night time with a lantern in her hand and go to patient by patient, enquire to each of them regarding their health and mental support given to each patient. She was reorganized by the barracks of military hospital, Soldiers named he as the “Lady with the Lamp”. Till today, this lamp remained as the symbol of nursing profession. She wrote a theory on environment and cleanliness. Nightingale established a reputation which allowed her to improve nursing. She was philosopher, statistician and historian. Today Nightingale is considered as the” founder of modern nursing. She laid the foundation of professional nursing in 1860 with the establishment of her first secular nursing school, which started on 9th July 1860, in the world as St. Thomas Hospital in London. It was the first school of Nursing provided theory based knowledge and clinical skill building. Her birthday is celebrated as International Nurses Day on 12th May of each year. In India a lane in Delhi where TNAI office is situated is known as „Florence lane”. National Presidential award is given to the „Best Nurses” in India in her memories for each year.

1.1.9. Modern nursing in India

Progress in scientific technology and advance knowledge in medical science brought tremendous changes in nursing field. Instruments like Stethoscope, ventilators, appliances like air bed, pulse meter and different
type of researches like invention of organisms etc. has changed the nursing field also. However if we look history, Military nursing was the earliest type of nursing. Florence Nightingale had a great influence over nursing in India especially in the army. Historically, nursing in India had evolved under British rule. The British Medical Services, later known as the Indian Medical Services, were the first to develop nursing as a profession in India. The formal education of nurses started in India under various hospital-based training schools. It was mostly the women from among Anglo-Indians, Europeans and Indian Christians communities who formed the nursing workforce during British rule, and was considered a Christian profession. The participation of Indians in nursing services was considered important by the British for arranging a workforce of Indian nurses who could provide care to the patients and take up necessary administrative and teaching responsibilities. However, the British found out that it was difficult to train Indian nurses because they considered nursing work as menial. A Florence was a Christian lady and her 38 friens were also Christian, as well as her first batch of students were also Christians. It all turned in a belief that it is a profession of Christians. The caste and religious norms restricted Hindu and Muslim women from joining the nursing profession.

St Stephens Hospital at Delhi was the first one to begin training the Indian girls as nurses in 1867. In 1871, the first School of Nursing was started in Government General Hospital, Madras,. B.C. Roy did great work in raising the standards of nursing and that of male and female nurses. At the end of the 19th century, more nurses started working towards leadership and education policy in nursing schools, therefore recognizing their roles as more than bedside caregivers. In the 20th century nursing continued to evolve to having professional organizations and new programs designed to specifically address nursing profession challenges. Nursing skills developed more during this time and nurses gained greater roles with more critical functions and not being a doctor’s assistant only but expanded into many specialties.”

The Trained Nurses Association of India, (TNAI) the first professional organization was formed in 1908, Madras State formed the first registration council in 1926. The first four-year basic Bachelor Degree program were
established in 1946 at the college of nursing in Delhi and Vellore. The Indian Nursing Council was passed ordinance on December 31\textsuperscript{st} 1947. The council was constituted in 1949, Miss Adrenwala was appointed as the Nursing Advisor to Government of India in 1956. First master’s degree course, a two-year postgraduate program was begun at the College of Nursing, Delhi. In 1960, the School of Nursing in Trivandrum, instituted the first two years post certificate Bachelor Degree program in 1963. Maharashtra Nursing council act came in existence in 1966. This council is a autonomous and the licensure body as well as examination body. The first school of nursing stated in Maharashtra at J.J. Hospital, Bombay (Mumbai). Bai Kashibai Ganpat is a first Indian and Maharashtrian lady from Thane (1891). Diplom course was started in Maharashtra and first degree and post graduate ourse was started at SNDT Women’s University, Mumbai.

The increasing emphasis on national and international work in developing countries and the advocacy of healthy and safe environments has strengthened the nursing profession. The associations such as International Council of Nurses, the nurses auxiliary of the CMA of India, T.N.A.I. Indian Nursing council and State level Registration Council are closely connected with promotion and the upliftment of the nursing profession. World Health Organisation (WHO) supports and recognizes nursing as the backbone of most health care systems around the world.

1.2 

**NURSING AS THE PROFESSION**

Nursing is not only a profession but” Noble Profession”, Nursing is widely regarded as a noble profession in the society because of the core value it promotes in its practice-which is the care of life.\textsuperscript{7} A profession is an occupation with ethical components that is devoted to the promotion of human welfare. Nursing fulfills criteria of a profession.

The services provided are vital to humanity and the welfare of the society.- Nursing is the service that is essential to the wellbeing of the people and to the society. Nursing promotes, maintains and restores the health of individuals, groups and communities. Assisting others to attain the highest
level of wellness is the goal of nursing. Caring, meaning nurturing and helping others are the basic components of professional nursing.

2. There is a special body of knowledge that is continually enlarged through research.-Yet we do not have independent body of knowledge. We borrow knowledge from all the different sciences. Like physical science, social science, nursing theory, and technology, in the care of others as research is lacking. However our leaders and educationist and post graduate students are trying for researches in India but none of the theories have come other than old theories formed in westerns. For research authority and standing orders and legal issues are main restraining factors.

3. The services involve intellectual activities.- Individual responsibilities (accountability) are a strong feature. Nursing process is a cognitive activity that requires both critical and creative thinking and serves as the basis of providing nursing care “Individual accountability” in nursing has become the hallmark of practice. Accountability is being answerable to someone for something one has done. Through legal opinion and court cases, society has demonstrated that nurses are individually responsible for their actions as well as for those of personnel under their supervision. It is the experience of the researcher is that „Ego” of the doctors is a big hindrance to use the intellectual ability of a nurse. They think that nurses should obey without questioning though they are capable in knowledge.

4. Practitioners are educated in institution of higher learning.- There are basic nursing program, Diploma, baccalaureate program, master’s and Doctoral program in nursing. Nursing programmes are brought in stream of basic education as 10+2+3 for diploma programme,10+2+4 for degree programme and +2 for P.G. Programme and Ph.D. also. Even “Nurse Practioner programme in Primary Health Care”would be a landmark.

5. Practitioners are relatively independent and control their own policies and activities. (Autonomy). -Autonomy or control over one’s practice is another controversial area for nursing. Autonomy is written in books but not found in practice. Responsibility and accountability is existing but authority and autonomy is a big question. The literature suggests that lack of autonomy in
the profession is related to a tendency toward lack of autonomy in the characteristics of the type of individual who is attracted to nursing. Others say that rather than talk of a static traditional concept of "profession", (because in reality there is no "ideal" profession that meets all criteria) it would be more useful to think in terms of the process of "professionalization". They see nursing as being on a continuum of professionalization. The above discussion dealt with the collective characteristics of nursing as a profession.

Recently one ANM had a FIR for conducting a delivery. Though many nursing actions are independent, most nurses are employed in hospitals where authority resides in one’s position.

6. Practitioners are motivated by service (altruism) and considered their work an important component of their lives. Nurses are dedicated to the ideal of service to others, which is known as altruism. In modern society of nurses these words as „devotion, dedication” are lacking. In formal period many nurses were either single or widow but now many married men and women are in nursing profession. All nursing unions are demanding for facilities and salaries, working hours as other professions and occupation demands.

7. There is a Code of Ethics which illustrates the profession's regard for high ideals of conduct to guide the decisions of practitioners. The International Council of Nurses (ICN) has established Code of Nursing Ethics through which standards of practice are established, promoted and refined. Having our own code of ethics fulfills the fifth criterion in the classification of an occupational group as a profession. Nursing as an occupational group has its own distinct culture consisting of certain values, norms and symbols. We, as nursing educators, strive to instill in our students attitudes and values that relate to believing in the worth and dignity of an individual.

Inherent in nursing is respect for life, dignity of an individual and rights of human beings. It is unrestricted to consideration of nationality, religion, caste, creed, age, sex or social status.

8. There is an organization (Association) that encourages and supports high standards of practice. Nursing has a number of professional associations that
were formed to promote the improvement of the profession. Foremost among these, is the TNAI. The purposes of TNAI (The Trained Nurses Association of India) are to foster high standards of nursing practice, promote professional and educational advancement of nurses and promote the welfare of the nurses.

We in nursing, from the time of Florence Nightingale, have been concerned with improving our image as bona fide professionals. For many years we have been striving to have nursing classified as a profession on equal footing, for example, with medicine and law.

The goal of nurses to be classified as "professionals" does not stem from a seemingly shallow wish for status and increased remuneration but, instead, from the more altruistic motive to provide a specialized service to society. The nurse's altruistic motive is concerned with the promotion of health and the prevention of disease as well as the treatment of illness.

To provide a needed service to the society, needed advance knowledge in its field. To protect its members and make it possible to practice effectively A Professional Nurse therefore, is a person who has completed a basic nursing education programme from a recognized school/college of nursing and licensed in her/his country/State to practice

Nursing is a calling that requires special, advanced, knowledge, skill and preparation. An occupation that it grows out of society’s needs for special services. The most extensive sociological examination of nursing is found in the literature on professions, which has sought to answer the question of whether nursing is a profession by locating it in an occupational hierarchy based on education, self-regulation and autonomy. Here, nurses have been primarily compared to physicians as the model for a classic professional. Researchers have found that nursing has historically sought to achieve an occupational identity by upgrading skills, increasing educational credentials, recruiting from the middle class, and establishing licensing requirements to regulate practice, thus leading many to grant it a professional status. As the most common strategy to advance their professional standing, nursing education and training has moved from apprenticeships in the
hospital to university programs. . . . The establishment of academic programs emphasizing science, theory, and research has served to validate a core body of knowledge by which nursing claims institutional recognition. (Adapted from Apesoa-Varano, 2007, p. 250)  

Many consider altruism the hallmark of a profession. Nursing has a tradition of service to others. This service, however, must be guided by certain rules, policies, or code of ethics. Part of the process whereby nursing students learn these professional behaviors are through socialization.

1.3.  SOCIOLOGY IN NURSING

Sociology can be defined most simply as the study of „human social life” . A sociological approach to nursing locates the work of individual nurses squarely within a social context rather than considering it in isolation. In general terms, when a sociological analysis is applied to the essence of individual health care experience, whether it is that of patients or health care workers, this is termed „sociology in nursing”. „The sociology of nursing” usually refers to issues affecting the profession as a whole, such as its occupational status, or recruitment and attrition problems. The role of sociology in relation to nursing is continuously debated within the literature. However, as Pinikahana (2003) has argued, the most important thing to remember is that sociology is only relevant to nurses if it is applied to nursing. There are two main types of sociological knowledge relevant to nurses: one is identified as sociology in nursing and the other as the sociology of nursing. Each type of knowledge has the scope to enable the „ordinary” day-to-day work of nurses to be seen in a different light; it is this alternative perspective which is characteristic of sociology. Sociology encourages us to view everyday phenomena in a different way. It is like being given a new pair of glasses. This is sometimes referred to as problematizing; that is, what at first sight might seem unremarkable becomes problematic. More will be said about this later, but first let us turn to the distinction between sociology in and of nursing. It is must to know social background of a person or a family before advising the treatment. Health
problems are different. For example, small house and many people staying together can cause a disease like tuberculosis.

1.4. SOCIALIZATION

Simpson (1979)\textsuperscript{14} provided one definition of "socialization" that is acceptable for the purposes of this study. Socialization is seen as involving: the acquisition of attitudes along with skills and behavior patterns that constitute the professional role. Socialization processes include direct learning through didactic teaching and indirect learning through example and sustained involvement with others in the professional subsystem\textsuperscript{1} ... Students gradually acquire the professional culture through cumulative learning that develops them into “full” professionals.\textsuperscript{15} Greenwood (1984) said that in order to succeed in a chosen profession the student must make an effective adjustment to the professional culture. He said that: Mastery of the underlying body of theory and acquisition of the technical skills are in themselves insufficient guarantees of professional success. The recruit must also become familiar with and learn to weave his [sic] way through the labyrinth of the professional culture. Therefore the transformation of the neophyte into a professional is essentially an acculturation process wherein he internalizes the social values.\textsuperscript{16}

Process of direct socialization starts after birth. The child learns from different agencies. Parents, Family, his friends or playmates, spiritual beliefs from temple, mosque, or church environments. Relationship with each other, neighbors”, and through society he learns many things. He develops attitudes, morals and values through socialization. P. Bordeu has mentioned that ideas, beliefs and development of perceptions towards a profession, person or situation are also developed through process of socialization.

1.5. PERCEPTION

Perception is the set of processes by which an individual becomes aware of and interprets information about the environment. Perception may be defined as the process by which an individual selects, organizes and interpret stimuli into a meaningful and coherent picture of the environment.
in which he lives. The process by which people notice and make sense of information from the environment.\textsuperscript{17}

Perception refers to the way we try to understand the world around us. We gather information through our five sense organs, but perception adds meaning to these sensory inputs. The process of perception is essentially subjective in nature, as it is never an exact recording of the event or the situation. As pointed out, a situation may be the same but the interpretation of that situation by two individuals may be immensely different.

Perception is the process by which we organize and interpret our sensory impressions in order to give meaning to the environment.

Perception is affected by our past experiences. Perception involves memory images. For example-a child who was admitted in hospital, he observes a nurse who is taking care of him wears a white dress is called as “sister”. He develops that image in his memory. Second time on a road also when he sees a girl with white dress calls her as a “sister. Our past experiences, mind sets, personal or acquired interest, motives affect our perception. Besides this our beliefs, ideas, attitudes and cultures also affect our perception. Our way of thinking towards a person, objects, situation or some professions are also developed through perception.

1.5.1. PERCEPTIONS OF THE NURSING PROFESSION:

Perception is the way you think about or understand someone or something, it is the ability to understand or notice something easily, the way that you notice or understand and interpret by using one of our senses. It develops a concept about

Today, the conceptualization by students of the nursing profession appears uncertain, and the question asked by many students is “What is nursing?”\textsuperscript{18} Students’ perceptions of nursing are based on visual images that are often limited to bedside care and drug administration instead of that of a highly skilled and well-educated nursing professional with an important role to play in health care. Each one of us visit an hospital for self treatment or relatives, friend, or for neighbours are admitted or for OPD care. A nurse coming
with a tray in her hand or giving medicines or injection. Such images are formed through visual perception. Other image is nurses have been predominantly females who were easily recognized by a white cap and white British style uniforms making the professional and the profession more visible. Today, white uniforms and caps have been replaced by vivid colored scrub suits worn by both male and female nurses. Though there are male nurses are not viewed as nurses. Image for male nurses id formed as doctors. Even male nurses are prohibited in maternity wards though they learn midwifery but male doctors would be permissible. Such perceptions are developed in a society.

In ancient time, nursing care was provided by men and women who were associated from widows, poor family women and other female or men criminals. Because of involvement of such type of people the reputation of nursing was low in society and the attitude of people towards it was negative. Nursing in Pre-Christian times, religious beliefs had great bearing on the attitude towards the sick and the mode of caring for the sick and the suffering. Christianity believed that one should render services of love to humanity without any reward. It was equal to one’s sincere love of God. They develop a concept that “Service to human beings who are in need is service to God.” This principle was absorbed in nursing and helped to improve the status of a nurse.

There are number of factors that the most nursing students develop the negative attitude towards the nursing profession in India. Which may include low reputation of the profession in society, no definite job description for nurses, no criteria for various administrative posts in nursing, no use of higher degrees for higher post, dominance of doctors everywhere in all job settings, no autonomy to the profession and lower salary for nurses. In Government sector they have positive attitude as stability of jobs, Good salary, definite working hours and other facilities but in private settings condition is worst.

Ms Florence Nightingale the lady with a lamp a well-educated woman from an affluent class family became a nurse and improved the profession drastically in nineteenth century that people gradually began to accept nursing as a respectable profession in the society. At that time, nursing was seen as
employment that needed neither study nor intelligence. In India, nursing hindered due to various reasons like low state of women, caste system among Hindus, illiteracy, poverty, and political unrest. After the establishment of Trained Nurses Association of India (TNAI) and Indian Nursing Council (INC) in the year 1908 and 1947 respectively. Nursing profession continued to grow and over the past 100 years the attitude of the society towards it has been changed to some extent.

Meritorious as well as other high school students do not opt for nursing profession as good carrier option. It is not attractive for them. On the contrary, they have a wide range of pre-existing negative perceptions about nursing.

A study of 1000 American nursing students reported that students believed nursing to be physically challenging and that there is inadequate respect and recognition of nursing. A study of 1000 American nursing students reported that students believed nursing to be physically challenging and that there is inadequate respect and recognition of nursing. Whereas other studies reported that students perceive opportunity to help people to gain a better health. But many nursing students viewed nursing as a noble and well-regarded career path. They expressed that nursing profession equires strength, patience and compassion.

Nursing students who had already taken admission Studies investigating students’ perception of nursing at the beginning of the nursing programme showed that the students had very high and idealistic views of the profession with concepts of caring, helping others, great service to the sick in need and so on but as they were progressing year to year and after the exposure to clinical experiences their concept of compassion and nurturing shifted it to negative side. Student’s perceptions of nursing showed that students considered nursing as being more of technical, documentation and procedural skills.

Apart from the traditional perception of nursing as caring, a longitudinal study regarding perception towards nursing profession showed that students considered nursing as a profession based on scientific knowledge and requires expertise in.
Perceptions held by the public about the nursing profession greatly influence the personal and public image of the nursing profession. A man is a social animal. To be a member of the society, a person does think about the social image and prestige of that profession. When male students choose nursing as a profession, it is thought that whether he is joining a famine profession. How he would be viewed by others? If a girl wants to choose this profession, she also is worried about her future. As public image with low social status may hurdle to her marriage. It means public image make differences in choice of nursing profession. However now most of the nurses getting married, mostly both of them are in same profession, though not always. Guarantee of employment is also a factor to improve the prestige, may be image of The perception of nurses being not as professional as the other professions should be highly fought by all members of the profession with the aim of establishing professional uniqueness. However perceptions are different according to place, social background, educational background and family profession. If parents are in a same profession, children also try to opt for the same profession as „theory of capital culture.”

1.5.2. PERCEPTION OF NURSING PROFESSION AS A CAREER

Career development is the lifelong process that incorporates education, occupational training, and work as well as one’s social and leisure life. Students need to be aware of and to understand career options if they are to make an career decision. There was a time when professional nurses had very little choice of service because nursing was centered in the hospital and bedside nursing. Now time is changed. Career opportunities are more varied now for a numbers of reasons.

Students often view the status of a job linked to value judgments about the visible dimensions of the job. Thus students” career perceptions may be less defined, resulting in a decline of students. The Study conducted by Sibongil M, revealed that school leavers perception about the positive aspects of nursing career as; 87.6 percent opportunity to care for others, 43.3 percent other aspects, In other study, 15.7 percent stable career, 14.7 percent
possibility of getting paid while studying, 8.3 percent different avenues to follow within nursing, 7.4 percent good career progression, 6.5 percent good prospects for travel, 6.5 m percent any job opportunities, 3.7 percent interesting career, 0.9 percent don’t know about nursing profession. The study concluded that high percentage of parents are unknown regarding nursing profession. iv

One’s previous ideas about the career is highly influenced the decision to choose nursing to be their career or any other career. These pre-ideas are conceived through the media and society. It is important to ascertain how students perceive nursing and The society and play a major role in influencing the image and ideas the student has of nursing career. 24

Another perception about nursing is that it is regarded as a career more suitable for females than male and this was found out from a research made in the University of Ontario Canada 25 The research was made from female and male nurses and non-nursing university students. It was found out that it is generally perceived by the society and stereotypes that male nurses are for example, gay, effeminate, less compassionate and caring than female nurses and it contributes negatively to the recruitment and retention of the nursing students in the program and adds to the shortage of nurses.. Due to the fact that the career in nursing has been associated with feminine characteristics, it is frequently perceived as a woman’s job.

Nursing was considered to be a female profession. Females has natural instinct of caring as well as in a patriotic society responsibilities which are unwritten but given by the society. Males are head and important in a family for earning and females for caring and secondary household work. Devotion, dedication and patience are more with females which is less found in males. However it is the experience of the researcher is that females are more sincere in their work than males though it is necessary to prove by the research. However studies found that patients also prefer a „female nurse.”

Vanhanen and Janhonen 26s say that majority of nursing students perceive nursing as a career which offers opportunities in caring for people and the students also emphasized on employment opportunities while nursing promotes their own personal growth. However, Mendez and Louis 27 say that
“nursing student”s do not always regards nursing as an ideal career. Therefore the students choose nursing or other reasons, like recruitment opportunities”

Opportunities of jobs in many sectors like public or private are plenty. None nurse is unemployed unless she does not wish to work. If Government job they are satisfied compared to private sector. They need to work in odd hours, lot of physical and mental strain may lead to perceive the nursing profession is not ideal.

A research done of highly academic students in the United Kingdom revealed a different perception of how some people perceive nursing. These students wouldn”t consider taking a nursing career because of the perception that doctors cure patients whilst nurses only care for patients. The students also believed that nursing shouldn”t be a university programme because they didn”t believe that nursing required a university education. In short the students believed that nursing wasn”t for high achievers but for low achievers and dim students, therefore, this hindered the students from choosing nursing as their career and therefore chose to undertake other courses which were believed to be in line with their grades and nursing was viewed as the last resort career choice.

It is the experience of the researcher that when patients are admitted in the wards, the relatives and patient will give lot of respect to the nurses. Nurses give service for 24 hours and doctors will take round and see a patient, hardly for 10 minutes. But when patient is discharged, they will praise doctors like anything and forget the services given by nurses. After going out they may give adverse comments. Of course, nurses also do not expect their appreciation as this the routine for them.

1.6. CAREER OPPORTUNITIES IN NURSING

Many perusing students are uncertain about what career opportunities nursing will offer them and some have misconceptions about what a nurse actually does. Some students have just never considered nursing. Neither they have spent enough time with a nursing professional or volunteered in a healthcare setting to acquire a background on which to establish perceptions about nursing, and thus have limited their opportunities for more informed career decision-making skills.
Literature suggests that students career perceptions are highly individual, and are the product of contracted images of jobs they see for themselves, derived images from media, and delegated images from parents and friends.

It was already discussed that parents and school leavers had no knowledge or poor knowledge about the scope of nursing profession, which is proved by the research. Even many students or educated people and surprisingly many private doctors working in OPD base do not knew about the diploma, degree, P.G. and doctorate in nursing. Neither knew about duration of the course or university degree course, their visual perception is just an auxiliary to the physician, obeying orders from the doctors as media, T.V. perceives such images. If these basics are not known how can we expect about career opportunities?

Nursing is a noble career. It’s a career that allows you to help save people’s lives, bring cheer, and comfort to those in need. The nursing career is very gratifying and rewarding in terms of the joys it brings. People with strong values, respect for human life, compassion for suffering and empathy will be attracted to the nursing career.

Nurse is present at the time of birth, she experiences joyful, smiling faces and she witnesses death of a patient, Both the time she respects an individual. Life and death are observed by her. In between this she strives for comfort of the patient though her own child may not be comfortable at her home. Therefore it is a noble profession.

There is a large demand for nurses nationwide, many job opportunities, various nursing career choices, good benefits, many choices both in terms of specialty areas and opportunity for advancement. Nurses are as important and as responsible in the hospital, as doctors and other staff members. Since there has been an increased consciousness about health in India, the status of health care industries has improved and with this career in nursing is growing. Specialized nurses are in high demand, by health organizations. There are many organizations, hospitals, clinics, industries and schools where nurses are needed.

Till human lives are existed, there would be a need of nurses. Never ending it is.” Population of India has crossed Arabs, increase in Health care delivery system, would need more hospitals, rural centers and sub centers as well as many medical college hospitals and super specialty hospitals. As per population ratio of nurse-patient all types of nurses are needed. There are lot of opportunities for recruitment as well as promotion avenues.
A career in nursing is the most preferred one these days, exciting career option for both men and women in the medical field. This field has a lot of career options offer a large area of branches and services. With the discovery of new diseases and the awareness about health, their status is growing globally. Newer technologies brightening up the medical field, health care careers are booming.

A growing demand in nursing has placed this profession in a very marketable position. Students can enroll into a nursing course and be qualified as a registered nurse; then can consider going further in a career with a Masters degree. To climb up the ladder of success in your nursing career, carry on with a post-masters certification as a Registered Nurse. (RN). These are demanding nursing courses, just as the profession itself. With the increasing figures of declining health providers worldwide, the nurse can be kept quite fully occupied at work. Nurses can enjoy diverse job opportunities with job security along with that their personal and professional growth opportunities.

Non clinical nursing jobs involve careers without the practical side of bedside nursing in a more hectic environment such as a hospital or major health unit. Many entering the non clinical area of nursing begin to teach, manage, consult, do health type financing, assist in processing improvements and/or enter into the information technology side of health care. Other non clinical options include nursing informatics, science teaching, nursing training, medical certificating, and medical writing, doing advocacy for patients, giving legal nursing advice, working for insurance health companies or becoming an independent nursing expert. Many Pharmacology companies are appointing nurse-researcher who is inventors for preparing comfort and therapeutic appliances and equipments.

One more field is coming up as „Alternative and Complementary therapies. Other health systems of medicine like Ayurveda, Homeopathy, Naturopathy, Body mind therapies, Energy based therapies are utilized by the 38% of the population in the world (WHO report-2015) due to change in life styles, which is full of stress and strain due to advance technologies and also side effects of Allopathies. These specialize avenues will be open for nursing career also.

Better avenues are open for experienced nurses in administration like Nursing Superintendent, Director of Nursing, State Nursing Superintendent and Nursing Advisor to the Govt. of India, the highest administrative position on a national level.

Those interested to work in community, or in industry either in governmental, private or with NGO‟s can work to their full extent and have better job satisfaction.
Positions in nursing education are.-- Sister Tutor / clinical instructor, tutor, senior tutor, lecturer, and associate professor, Reader in nursing and Professor in nursing so also principal and dean of colleges, plus they may be elected on various honorary posts in universities and in various associations. Nursing service abroad - attractive salaries and promising professional opportunities, which causes a major increase for nursing service in abroad.

1.7. INFLUENCING FACTORS TO CHOOSE NURSING PROFESSION.

The reasons students choose to study nursing are firstly, the education and career aspirations which include the student’s belief that nursing is their choice of career and that there is advancement in the nursing career or nursing education.

The second reason is the personal ability, self-confidence, interest, motivation, and perseverance of the parents. Parental and peer encouragement which includes their perceptions and support.

Third reason is the socio-economic status which includes job security, images, the expectations of employment. This boils down to job security, knowing that after studying it is easy to acquire a job and that as a healthcare professional, one cannot go without a job. 29

Vanhanen and Janhonen 30 refer to prior research results by Vanhanen et al. where nursing students’ orientation to the profession is defined in terms of orientation to caring, students’ own experiences and nursing expertise. These orientations differ with regard to the student’s pre-educational experiences of nursing and caring, the meaning of nursing as work to them, and the students’ expectations of nursing education and a future career in nursing. A study done in Honkong 32 indicated that the students decision to choose or not to choose nursing was significantly influenced by factors like Gender, biology subject pursued, previous academic achievement and mother’s occupation and the students’ perception. The parents, the school teachers, friends, past experiences with career activities and working in hospital were some of the influences that made the students have the intent to study nursing. In addition, personal contact with the healthcare with someone in the healthcare system would influence the decision to choose nursing career. If one experiences a death of intimate person in hospital, if this phenomena is
observed by her closely that situation also would influence one in choosing nursing as a career, with the intention of helping the others with similar conditions.

Knowledge about the career can be the main factor to influence one’s decision to study nursing and this could come through family members and exposure to work experience.

Society’s impression of nursing as a career. Family, friends and society play important roles in influencing the choice of nursing career and the recruitment of nursing students into the profession.

The media played a major role in the career choice of students in the United Kingdom, to the high academic achieving students whose main source regarding nursing appeared to be through television programmes and were reliant in the small amount of television programmes for their image of nursing and nurses and nurse educators.

Even working hours and facilities, salary and safety of the profession also influence the choice of nursing career. For example, after getting degree, if a person is getting job as a teacher, she need not have night shift, naturally this factor will influence for choice of this career whereas a staff nurse in Govt. hospital though she has done graduation or even post graduation, but duty hours in hospital is hardly 3-4 days in a week and hardly there is any difference in salary, then she opt to be a staff nurse only because she is able to get plenty of time for her family. Such apparently minor things also influence the choice of a career in nursing profession.

1.8. CURRENT NURSING SHORTAGE

The shortage of nurses is not a recent phenomenon, nor one restricted to a specific geographical location. Although there have been nursing shortages in the past, the current shortage is different. Locke, J. (1959). An Essay Concerning Human Understanding. Dover Publications, June 1959. It is driven by the demand for growing healthcare needs and the aging of the “baby boomer” nursing work force. According to the World Health Organisation, it is estimated that 10.43 lakh nurses would be required by 2012 in the country. Taking into account 3.72 lakh nurses available and 3.13
lakh nurse likely to be trained with the existing capacity, there would be shortfall of 3.50 lakh nurses. India will need 2.4 million nurses by 2012 to achieve the government's aim of a nurse-patient ratio of one nurse per 500 populations. On the eve of International Nursing Day on Tuesday, WHO said, "In most countries, there is a shortage of nurses but nowhere is it so acute as in the developing world. The developed world fills its vacancies by enticing nurses from other countries, while developing countries are unable to compete with better pay and better professional development." In India, nurse shortages occur at every level of the healthcare system. "The states with the worst healthcare human resource shortages are also the ones with the worst health indicators and highest infant and child mortality," Nidhi Chaudhary from the WHO' New Delhi office said. One thing the public does know about nurses is that inadequate nurse staffing in hospitals may be jeopardizing the quality of patient care. According to the Nursing Council of India, there are around 10.35 lakh nurses registered with them, but only 40% are in active service. This is what the government could classify as a "health crisis.

According to the Union health ministry, India is currently facing a shortage of over 60% nurses. In fact, in few public hospitals in the city, the nurse-patient ratio is about 1:60 in the evening and night shifts. “The nurse-patient ratio is extremely strained and possibly the worst when compared to other developed countries,” said Thresiamma Sugathan, president, Trained Nurse Association of India, Mumbai branch homes appointing under qualified and untrained nurses.

Indian Nursing council, New Delhi is an apex regulatory body to maintain the quality of education, Uniformity all over India and quality standardized practice for patient/client care either in hospital or community settings To maintain these standards” Indian Nursing council, h as prepared norms regarding student-teacher ratio, Nurse-patient ratio etc. for all the nursing cadres which is verified at the time of inspection in school/college setting as well as in clinical area. As we already discussed, population is increasing, new hospitals, school/colleges are started but as per economical theory, there is big gap in production –demand and supply, which is leading to shortage of nurses in all cadres. Those nurses working in job are getting
retired, some of them died and some do not opt a job or even some are changing the job. This leads to shortage of nurses.

1.8.1. PROFESSIONAL, SOCIAL AND ECONOMICAL REASONS LEADING TO THE NURSING SHORTAGE

There are different reasons for shortage of nurses. Data demonstrate that most health systems across the globe face nursing shortages, varying across regions and rural-urban distribution. Although nursing services are an integral part of both preventive and curative aspects of India's health system, the nursing estimates of the country shows that India has been facing shortage of nurses since independence. Studies show that professional, social and economic reasons are considered to be behind the nursing shortage in India.

It was already discussed about economical theory of demand-production and supply leading to deficiency of nurses. Whatever the production we had, but we are not able to retain them in the profession for various reasons.

Health care cutbacks and inadequate funding for quality patient care. As a result, nurses have become frustrated with these restrictions placed on their ability to provide quality patient care, therefore they are finding it more difficult to encourage students to enter the nursing profession, and many have left the profession or retired.

The nursing profession in India lacks high professional status, has low and unattractive salaries, gets inadequate recognition from the community for the services provided by them and has little incentives for quality performance.

The institutions responsible for nursing training lack the required physical and human resources. Most of these training institutes work as appendages to hospitals. Many institutions do not have their own building, No pre clinical labs for demonstrations, No clinical area for hospital and rural training, No qualified teachers as per ratio even no principal, no equipments, A.V.Aids or teaching facilities and on a day of inspection, authorities of the
institutions try to borrow from somebody and all unethical practices are adopted. Now INC has prepared many affidavits”, scanning of the teachers and penalty, if no own building and various other measures are taken. Even students documents are collected and physical presence of the students are not found. However many rules and measures are taken by the regulatory bodies to control these malpratces. Such malpractices are again leading to shortage of nurses.

The rural job preference amongst nurses is shaped by factors such as living conditions, Lack of basic amenities in rural areas, shortage of accommodation, low professional and educational opportunities, poor working conditions, no gazette status for nurses, lack of equipment and supplies in work places, low salary, staffing norms, extra workload, time spent on non-nursing duties, chances of sexual harassment at the workplace, personal and professional growth opportunities, intellectual stimulation, transportation, availability of jobs for the spouse and educational facilities for their children.

The nursing profession is given low social status because of the prevalent religious and societal traditions. Security, safety, incentives for promotion, nursing work involves rendering services on a personal level to the patient, for example to complete the target of tubectomy patient, nurse accompany patient in health centers and make all the expenses. Poor supply of universal precaution appliances therefore there are chances of being exposed to communicable diseases through the exposure to body fluids. The work undertaken by nurses still has social stigma attached to it. This can be cited as one of the main reasons behind the low perception held by the Indian society towards the nursing profession. The nurses are considered to be secondary in position as compared to other health professionals in India. There is a vast difference in the prestige and recognition accorded to doctors as compared to nurses, the nursing profession continues to be neglected in India. Some of the causes behind this neglect are more emphasis on medical education, political influence by the medical community and less allocation of financial resources on health by the Indian government. The professional and financial incentives to The scarcity of nurses in the country is leading the private health sector to fill its demand by employing untrained nurses or
undertaking nurse poaching from other health institutions. Only 40 per cent of the total nursing workforce in the country is said to be active because of low recruitment, migration, attrition and drop-outs due to poor working conditions. The public health institutions are facing the dual challenge of dealing with the existing shortage of nurses and the loss of trained nursing personnel to private health organizations and other countries.

**International migration of nurses from India**

Similar reasons induce Indian nurses to look for migration opportunities in other countries. Most nurses want to go abroad as the salaries are attractive and the working conditions are better.” India has been discovered as a new source country for recruiting well trained, English speaking nurses by the high-income countries to overcome shortage of nurses faced by them. The migration of nurses from India can be traced from the decade of 1970’s. Most of the private hospitals in India offer an initial pay of Rs. 2500 to Rs. 3000 per month, whereas an Indian nurse can earn as much as Rs. 40,000 per month as a starting salary after migrating to the Gulf countries. A nurse, who goes abroad, mainly saves for three purposes, i.e. for sending remittances back home, for dowry and for future savings. It is difficult for a nurse to have sufficient savings from her earnings in India. Thus, she realistically chooses a suitable option, i.e., migrating to other countries earlier, a few Indian nurses used to migrate because earning prospects were high. This helped them to send remittances back home, which were used for various purposes, e.g. building a new house, financing children’s education and for a small business that the husband might start. But, in the post-1980’s there was a shift to mass migration of nurses from India, most of them belonging to the state of Kerala. The recruitment of nurses from India is mainly targeted from a few geographical locations. There are three recruitment hubs in the country, i.e. Kochi, Bangalore and Delhi. These centers facilitate migration of nurses to other countries like the US, the UK, Ireland, Singapore, New Zealand, Australia and the Gulf nations. The majority of the nursing workforce in the country is represented by Karalite Christians, who comprise a large section of the nurses migrating from India. Nursing is taken up by women as a part of their family strategy in which their education and migration constitute a vital part of
the entire process. The majority of nurses in India come from lower-middle class families. Most of the women take up nursing profession because they have plans to work abroad. A nurse working abroad has better marriage prospects as she might be seen as a ticket for the groom to move abroad and to get employment there. The preferences held by groom’s family for choosing the prospective bride among nurses in descending order are the nurses with a citizenship of the developed countries, nurses who are working abroad with a work permit, one who has some relatives in India, they try to absorb them in abroad.

It is the experience of the researcher that turn over from corporate hospitals at Mumbai and Pune and mission hospitals at Miraj is very fast. Many students from above area and Karnataka, Kerala people come to nursing with intention to work in abroad after completion of nursing course.

Many bright students are looking for advanced degrees, and are often confused regarding academic tracks for nursing. These students are often discouraged by the lack of the profession is said to have long suffered from public stereotyping and from being closely associated with femininity and powerlessness. The time has never been better for nurses to reach out to the public to change certain perceptions about nursing. Various people have different understandings of the nursing profession based on prior events in their lives since perceptions are subjective. Nursing faces competition from many other career paths, which has made it more difficult to recruit students into nursing. Students are looking for “high status” careers, and because students” perceptions of nursing are limited to visible images instead of informed career decisions, many view nursing as bedside care and taking orders from physicians.

The number of students applying to degree nursing programs across the nation is decreasing. It is observed in Western Maharashtra that private Colleges of nursing who are offering degree courses in nursing, nearly 40% seats are remaining vacant as per report of vacant seats in MUHS 2013. It is observed that in Maharashtra, Govt. university is compelling for common Entrance Test and deemed university conduct own CET but if students have failed to appear this exam, they are not eligible for admissions and most of the
students are not aware of it, due to which seats are remaining vacant in colleges

1.9. MOTIVATION OF PRE-NURSING STUDENTS

There are many problems, hurdles for nursing profession to retain the nurses and to motivate the 10+2 science students towards nursing profession. Students are looking for “high status” careers, students last option may be nursing as they look for many other career paths, and because students’ perceptions of nursing are limited to sensory and visual images, pre-conceived ideas, pre jaundiced views, No or limited knowledge about the scope and, different programmes, its duration or eligibility, whether through informing them motivation of these students about scope, career opportunities and importance of nursing in human life, could it be possible to motivate these students for admission to nursing.

Dicey Smith, and expert in the field says, “Nursing is the only profession I know that allows one to impact the lives of others from birth to the grave. It is often referred to as the “heart and soul” of health care. Studies prompted by Congressional involvement showed a strong and consistent relationship between nurse staffing and important patient outcomes in acute care hospitals inpatient units. The results of these studies indicated that patients cared for by a higher registered nurse share of total staffing had a reduction in secondary infections and length of stay in hospital. Also, careful monitoring of in-home technology by nurses showed improved clinical outcome. Economic factors integrated into healthcare and hospitals since the 1990s, show the importance of excellent healthcare provided to patients by professional RNs. Many aspects of adult jobs such as nursing are invisible to young people, thus making it difficult for them to select nursing as a career choice. Many bright students are looking for advanced degrees, and are often confused regarding academic tracks for nursing. These students are often discouraged by the lack of standardization in nursing education, and choose alternative curricula in medicine instead of nursing. Students also need to be aware of advanced degrees in nursing and courses like Nurse practitioner where they can work independently. Understanding students’ perceptions of
nursing can be helpful in formulating curricula to empower students with excellent career making skills which will determine the future of nursing...

Students need to understand themselves in order to explore and plan a career. Students will need to be well informed about the nursing profession in order to make a more informed career decision. All students need to be aware of the educational track they need in order to reach individual career goals in nursing, which may lead to enhance recruitment into nursing, lower the attrition rate of nursing students, and influence retention of nursing graduates in the present health system environment. Students could be offered the educational environment of a healthcare career orientation course, Introduction to Nursing, which should enable them to make a more informed career decision about nursing. A curriculum inclusive of the “high status” academics required for baccalaureate nursing, which includes interactive group learning and “shadowing” of nursing professionals, could provide improved career decision-making skills for prenursing students. Undecided students interested in finding out more about a career in professional nursing can also utilize the class to enhance a career decision influence a pre nursing student’s image of nursing, career making skills, or factors that negatively affect students’ images of nursing. Sound images of nursing and more informed dimensional career opportunities in nursing could provide students significant skills for more informed career decisions. Developing improved career-making skills allows pre nursing opportunities to explore career/job satisfaction in nursing

1.10 STATEMENT OF THE PROBLEM

Nursing Colleges have to recruit and retain qualified applicants in order to confront the current challenge to nursing resources. In order to reduce the current nursing shortage and insure the delivery of quality healthcare, although academic excellence should be recognized and is important, recognition is needed of the student who demonstrates potential and who can bring much contribution to nursing education and the health care system in the form of critical thinking, creativity, responsibility and accountability.
It is important to know the perceptions of B.ScNursing students because they offer strategic clues towards successful recruitment of the next generation of nurses. To attract more individuals to the profession, a positive image of nursing needs to be engendered by nurse educators and the general community. Attitudes, beliefs, and values are highly subjective areas, usually based upon perception and not fact. Perceptions held by the public about the nursing profession greatly influence the personal and public image of nursing. The perception of nurses being not as professional as the other professions should be highly fought by all members of the profession with the aim of establishing professional uniqueness. The role of gender in the choice of a career is an extremely important concept, because men constitute nearly half of the potential recruitment pool. Noticing a male nurse being ridiculed would deter boys to think of a nursing career.  

1.10. DEFINITIONS OF TERMS

Perception

As per oxford dictionary the word perception” is defined as the “ability to perceive and the result of perceiving, is to realize or become aware of something through the senses, an impression accompanied by an understanding of what it is. It is the receipt of the sensory stimuli by a person regarding objects, situation, person (s) or profession, interpretation of. The perceived stimuli add to a person”s knowledge, whereby their views are turned into attitudes

Perception is the way in which something is regarded, understood, or interpreted. Therefore nursing as a „concept” is more than just a definition”.

In this study perception is student”s personal ideas, views, beliefs and concepts that they have about the nursing profession.
Perception of nursing profession

In this study, the researcher has categorized perception towards nursing profession in three subareas as:

„Care “aspect-It includes nurses role in health care system and necessary knowledge and technical skills required to accomplish her job/role as a professional.

Nursing as a profession: It includes criterion of the profession as well as qualities as a nurse.

Social and economical benefits: It includes social views, social status , job- and advancement opportunities, career avenues and economical benefits.

Level of perception: After statistical analysis of the scores in all the above three subareas ,level of perception towards nursing profession will be categorized as good, average and poor according to mean level.

B.sc. nursing students: After passing 12th science, with Physics, Chemistry, Biology subjects, those students who had taken admission to university degree course of four years and studying in first, second, third and fourth year in recognized institution.

Western Maharashtra

In this study, private unaided colleges from Kolhapur two colleges-D.Y.Patil College of Nursing,(Deemed University), Savitribai Phule Nursing College (MUHS) ,from Sangli district-Wanless College of Nursing,Miraj (MUHS),Bharati College of Nursing (Deemed University), Satara district-Krishna Institute of Nursing Sciences,Karad, ( Deemed University),and Pune district-Tilak Maharashtra College of Nursing (Deemed University).

Weaker section

In this study, Students belonged to low percentage of marks- -below 50% marks in 12th PCBE group, Low socio-economical group as Father”s/guardian „s income is below Rs.2 lakh per annum and belonged to scheduled. caste.
Critical thinking

As per dictionary.com's 46 it is the mental process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and evaluating information to reach an answer or disciplined thinking that is clear, rational, open-minded, and informed by evidence.

In the study conducted by Safadi, R 47 and others concept is applied as per a statement by Michael Scriven and Richard Paul, “Critical thinking is the intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication, as a guide to belief and action. In its exemplary form, it is based on universal intellectual values that transcend subject matter divisions: clarity, accuracy, precision, consistency, relevance, sound evidence, good reasons, depth, breadth, and fairness.’

Influencing Factors

Those are power of persons on things to be a compelling for or producing effects on the actions, behavior, opinions etc. of others.

In this study, reasons or the influencing factors which forced or provoked the students to choose and enroll in B.Sc.nursing

1.11. DELIMITATIONS

This study was belonged to the students studying in B.Sc.Nuring of four years at Western Maharashtra Nursing Colleges, in D.Y.Patil College of Nursing, Kolhapur, Savitribai Phule College of Nursing ,Kolhapur, Wanless College of Nursing, Miraj, Bharti Vidyapeeth College of Nursing, Sangli and Krishna Institute of Nursing Sciences ,Karad, District Satara,Tilak Maharashtra Vidyapeeth College of Nursing,Pune, studying in the academic year 2008–2009 were eligible only. The findings may be influence by social and cultural issues. However results may be applicable to Maharashtra where enrollment to the B.Sc.Nursing prograame is problematic.
1.12. CONCEPTUAL FRAMEWORK

A conceptual framework is a group of concepts and set of prepositions that spell out the relationship between them. The conceptual framework plays several interrelated roles in the progress of science and overall purpose is to make findings meaningful and application for generalization. This facilitates communication and provides systematic approach for research, education, administration and to practice.

The conceptual framework used in the present research study is based on Resenstock’s and Becker’s Health Belief Model. This theory consists of interacting components like individual perception, Modifying factors cues to action and Likelihood actions. In this study:

Individual perception

Individual perception is the data obtained through senses and memory are organized, interpreted and transformed and are related to socio-demographical variables such as age, gender, religion, socio economical status, academic achievement, situational variables such as parental or social influence, prior experience regarding profession, desire to help others/values

Modifying Factors

Modifying Factors that influence perception relate to the perceiver, perceived and situation. All these factors are of two kinds:

- **Internal environmental (endogenous) factors.**
- **External environmental (exogenous) factors.**

**Internal environmental factors:**

These factors reside in person It includes perceiver’s attitude, motives, interest, expectations, experience, personal attributes and knowledge regarding profession.

**External environmental factors:**

These factors include availability of opportunities, Job guarantee, job security, Personal fulfillment & Advancement, which are influencing to modify the perception.
Cues to action

Those are also modifying factors like guidance by others and, nursing educators, experience of family members or relatives, peer group and social pressure which are influencing to modify the perception.

Likelihood action

Due to above all factors individual perceives benefits and changes his/her perception regarding the nursing profession resulting into enrollment to B.Sc.nursing course.

In the light of all these factors, the researcher has tried here to study the influence of these factors on perception and enrollment to B.Sc.Nursing in selected colleges of Western Maharashtra.

1.13 Theoretical Framework

The theoretical framework used in this study is based on theory stated by Pierre Bourdieu, (1986) a French Sociologist influenced by Karl Marx's concept of economic: capital., Pierre Bourdieu, 49 distinguishes between three forms of capital, cultural capital and social capital. The underlying concept is that how personal or group perception is determined by culture through socialization. It is generated through family, friends, peer groups, neighbors and teachers or by social groups.

He defines social capital as "the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition."50 Bourdieu employs the concept to demonstrate a mechanism for the generational reproduction of inequality. He thus points out that the wealthy and powerful use their "old boys” network" or other social capital to maintain advantages for themselves, their social class, and their children.

Social capital is the expected collective or economic benefits derived from the preferential treatment and cooperation between individuals and groups. The term social capital was in intermittent use from about 1890, but only became widely used in the late 1990. The debate of community versus modernization of society and individualism has been the most discussed
topic among the fathers of sociology Tönnies, 1887; Durkheim, 1893; Simmel, 1905; and Weber, 1946. They were convinced that industrialization and urbanization were transforming social relationship in an irreversible way. They observed a breakdown of traditional bonds and the progressive development of anomie and alienation in society (Wilmott, 1986).

This theory was criticized as social capital, a new name from an old idea. Social Capital theory gained importance through the integration of classical sociological theory with the description of an intangible form of capital. In this way the classical definition of capital has been overcome allowing researchers to tackle issues in a new manner (Ferragina, 2010:73). Social capital can only be generated collectively on the presence of communities and social networks, but individuals and groups can use it at the same time. Individuals can exploit social capital of their networks to achieve private objectives and groups can use it to enforce a certain set of norms or behaviors. In this sense, social capital is generated collectively but it can also be used individually, bridging the dichotomized approach 'communitarianism' versus 'individualism' (Ferragina, 2010:75).

Aldrich, Associate Professor at Purdue University, describes three mechanisms of social capital. Aldrich defines the three differences as bonding, bridging, and linking social capital. Bonding capital are the relationships a person has with friends and family, making it also the strongest form of social capital. Bridging capital is the relationship between friends of friends, making its strength secondary to bonding capital. Linking capital is the relationship between a person and a government official or other elected leader.

According to Bourdieu, habitus refers to the social context within which a social actor is socialized. Thus, it is the social platform, itself, that equips one with the social reality they become accustomed to. Out of habitus comes field, the manner in which one integrates and displays his or her habitus. To this end, it is the social exchange and interaction between two or more social actors. To illustrate this, we assume that an individual wishes to better his
place in society. He therefore accumulates social capital by involving himself in a social network, adhering to the norms of that group, allowing him to later access the resources (e.g., social relationships) gained over time. If, in the case of education, he uses these resources to better his educational outcomes, thereby enabling him to become socially mobile, he effectively has worked to reiterate and reproduce the stratification of society, as social capital has done little to alleviate the system as a whole. This may be one negative aspect of social capital, but seems to be an inevitable one in and of it, as are all forms of capital.

1.14. Summary

Nursing was noted to be as old as time. It basically started from: instinct-human nature of nurturing, caring. The paternal and maternal instinct in a human being is the main source of the nursing impulse and is found in the hearts of people of all ages. A mother's care for her sick child always found expression in such acts to alleviate pain and help the child to get better. Nursing is an oldest art but before civilization, it was provided by those who were widow, divorced, poor women and other criminals as a punishment. Therefore there was no social status, neither was it a reputed work nor it was a source to earn, even there was no scientific formal training. People had very poor perception towards nursing. In 18th century, Florence Nightingale, (1820-1910) a unmarried , beautiful and highly educated Christian lady from very rich family at Italy, who had a great desire to serve sick and needy people, responded with 38 nurses to the calling of British Government to serve wounded soldiers at Crimean war. Due to poor environment like uncleanliness, poor food and water supply, poor nursing care death rate among soldiers were 100 percent. Her efforts and nursing care brought this death rate to zero within six months. British Government and public realized importance of nursing and she was awarded order of merit” The lady with the lamp” as she used to on night rounds with a lamp in her hand. She started formal nursing school at st Thomas Hospital, London and she was known as pioneer of modern nursing, 12th May, her birth day is celebrate as „International day,“ Her efforts brought this profession in light and perception
of public towards nursing was improving. After establishment of trained nurses association of India and Indian nursing Council and many schools and colleges had helped to strengthen the positive perception towards nursing. However yet seats in nursing schools, Colleges are remaining vacant though India is facing problem of shortage of nurses. Yet this profession is not perceived to that extent as other professions. There are influencing factors like famine profession, no autonomy but doctors dominance, no respect or social status, less salary and rigid duty hours, only low academic achievers enter the nursing. At present maternal and infant mortality rates which are health indicators of the nation relies on nurses work. Nurses are the major part of health care system. In India there are facilities for diploma and degree courses and it is the need of hour that more students should be attracted to the nursing profession. It provides good career as well as opportunities for personal advancement. Nursing is expanded to preventive, promotive, curative and rehabilitative aspect. This profession is essential till mankind exists. There are job opportunities in regional, national as well as international nurses. Many nurses are migrating to abroad for high salaries, best facilities and high rank posts in hospital, in administration and in education. It fulfills desire to help sick, gives job satisfaction. Considering all these views the researcher felt the need to explore perception of B.Sc. Nursing students who are enrolled in selected colleges of Western Maharshtra
Individual Perception

- Perceiver’s Interest
- Motives
- Personal Attributes
- Expectations
- Experiences
- Desire to help sick/others

Modifying Factors

- Internal Environmental Factors:
  - Perceiver’s Interest
  - Motives
  - Personal Attributes
  - Expectations
  - Experiences
  - Desire to help sick/others

- External Environmental Factors:
  - Availability of jobs
  - Job Guarantee
  - Job Security
  - Socio-economic benefits
  - Personal Advancement
  - Personal Fulfillment

Likelihood Action

- Perceived Benefits
- And
- Improved perception
- Of an individual

Socio Demographical Factors

- Age
- Gender
- Religion
- Economical Status

Knowledge & Attitude Regarding Nursing Profession

Perceivers Threat/Barriers

- Female Profession, Low social Status

Cues to Action

- Parents Guidance, Social & peer Pressure

Enrollment to B.Sc. Nursing

Conceptual Framework Based on Reensteinstock’s and Becker’s Health Belief
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