CHAPTER VII:

**IMPROVEMENT OF NURSING SERVICES AND NURSING EDUCATION IN THE STATE OF MAHARASHTRA**

**SALIENT FEATURES AND OBSERVATIONS:**

The Vanamala Mohite Committee Report (1976), which is based on the survey, specially conducted to go into the question of improvement of nursing services and nursing education in the State of Maharashtra, is divided into six chapters. In the first chapter, it enlists the factors considered crucial for maintenance of adequate standards in respect of nursing education and nursing services. The second chapter is devoted to the thought of improvement of nursing education. It describes the existing system of nursing education and then points out why and how it should be rationalised. The third chapter contains a study of various problems of nursing services and an effort is made to evolve a machinery to consider the problems relating to nursing services and nursing education. The Mohite Committee Report also projects the future profile of nursing education and nursing services in the State of Maharashtra.

The Committee feels that for the overall improvement in the nursing services, nursing education has to be rationalised along with the rationalisation of working conditions and living conditions. Certain changes in the organisation and administration of the nursing services would also be
supportive to the process of overall rationalisation. Therefore, the Committee has made some valuable recommendations to the government, which are classified as follows:

(A) Recommendations pertaining to nursing education and training.

(B) Recommendations pertaining to nursing services:
   a) Working Conditions
   b) Living Conditions
   c) Administration and Organisation
   d) Miscellaneous

Factors considered crucial for maintenance of adequate standards in respect of nursing education and nursing services are given in the form of guidelines which the Committee wants to be followed in the process of overall rationalisation of nursing education and nursing services. The Committee compares these standards with actual position in government hospitals in the state and then finds out the remedies, if possible.

According to the Mohite Committee Report, for maintenance of adequate standards in nursing education, quality of training imparted to nursing students is most important which is dependent on following factors:

(a) Level of lower and higher school education.
(b) Admission requirements for various courses in nursing education.
(c) Standard of training and experience of nursing teachers.
(d) Fulfilment of minimum requirements of nursing education viz. of the course curriculae, staff, equipments, class rooms, laboratories, particularly library and the general standard of the hospital where clinical training is given.

(e) Supervision and guidance from senior teaching staff.

For maintaining adequate standards in nursing services, mainly three factors have to be considered and they are:

(a) Working environment
(b) Psychological satisfaction and
(c) Organisational Set-up for administration of the nursing services.

Working environment depends on clean, hygienic and inspiring atmosphere of the hospital, adequacy of supplies such as running water, linen, drugs, stationery, appratus, utensils and equipment, elimination or drastic reduction of all non-nursing duties of the nursing personnel, development of right attitudes of conscientiousness, discipline and co-operation amongst subordinate as well as superior members of the staff viz. Class IV staff as well as senior nursing personnel, housemen, registrars and senior doctors, proportionate number of nursing personnel as Class IV staff to the number of patients.

Psychological satisfaction depends on the following factors: work distribution according to the level
of training, experience and seniority in the cadre of nursing services, opportunities to learn about recent advances in nursing services during daily work, recognition of the nursing service as an important, respected and an indispensable wing of the medical science, provision of smart, clean uniform radiating discipline, respect, cleanliness and kindness, ample domestic facilities such as clean airy rooms, neat atmosphere, wholesome food, adequate rest and recreation, avenues of appreciation through rewards, promotions etc. for high degree of interest and performance in work.

The third important factor determining the quality of the nursing services is the organisational set-up for administration of the nursing services. A good organisational set-up requires evaluation by objectives clearly defined for each category of nursing personnel, supervision by immediate senior cadre and accountability for deficient performance of the objectives, a well-defined set-up of nursing administration with clear-cut delegation of administrative powers for prompt attention to the problems and grievances of every nursing personnel.

The Committee has correctly observed most of the factors that are crucial for maintenance of quality in nursing education and nursing services. It has pinpointed the possible weak links in the nursing education which, if
neglected, may have permanent impact on the quality of nursing services in the State. But it must be noted here that the standard of education depends not only on the quality of training imparted to the students from the teaching staff but also on the response of the students themselves. It is necessary that the teaching staff, well-trained and experienced, gives full attention to the supervision and guidance of the students. The teaching staff is also responsible to see that the course contents are complete and up-to-date, there is no shortage of equipments, class-rooms and laboratories are available with all necessary facilities, library is full with books containing modern and up-to-date knowledge in the medical science, general standard of the hospital where clinical training is given is satisfactory. The standard of nursing education equally depends on the quality of the students themselves. Their integrity, willingness to study, hard work and liking for the subjects and the job has much weightage in the maintenance of standard in nursing education. This is not very much stressed by the Committee. The Committee has aptly said that level of lower and higher school education of the students should be carefully determined as this level of the school education of the students will determine the basic quality of the students the nursing teachers are
going to train during the academic years to come. When the basic educational qualifications are carefully prescribed, the teachers can take for granted that the students at their hand have a particular level of basic knowledge, intelligence and understanding and they can adjust the speed of instruction on that basis. Admission requirements for various courses in nursing education should be determined carefully and, in addition, efforts should be made to develop a liking for the subjects and the job amongst the nursing students.

In case of working environment, the Committee has located certain important determinants of the quality of nursing services like adequacy of supplies or clean and hygienic atmosphere of the hospital. It has not missed some peculiar factors like attitude of co-operation towards nursing staff from Class IV staff as well as senior nursing personnel, housemen, registrar and senior doctors. The Committee also takes note that working environments will be improved if there is proportionate number of nursing personnel and Class IV staff to the number of patients and the nursing staff does not have to bear the burden of non-nursing duties such as clerical work. However, the Committee has not mentioned certain substantially important determinants of working environments such as remuneration and perquisites, adequate holidays with pay, welfare schemes like protection
of workers' health etc. which must be noted while going into the question of improvement of nursing services.

Working conditions also include psychological satisfaction. The Committee has observed that work-distribution according to the level of training, experience, seniority is an important factor determining the level of satisfaction among the employees. Nurses want recognition from the society to their profession, opportunities to develop the professional skills, appreciation of good performance in work through rewards, promotions etc. They want rest and recreation. They would like to meet people in a smart and clean uniform. It is felt that certain notable factors like freedom of association and the right to bargain collectively or to demand a non-discrimination on any basis have been missed by the Committee. The nurses want the satisfaction of doing a creative job. They do not want to be mere jigs in a large machine. They want a share in the process of decision-making. They want recognition and status from the public as well as from co-workers in the hospitals. At present, the hospital staff like doctors and registrars or even the Class IV servants, it is ascertained, do not behave with enough cordiality with the nursing personnel. As a result, the nurses feel neglected and insulted. Efforts have to be made to boost up their morale. The Committee has not made
any comment on this factor while listing the determinants of the psychological satisfaction.

While pointing out the important factors in determining the organisational set-up for administration of the nursing services, the Committee has observed the importance of clearly defined objectives for each category of nursing personnel, methods of evaluation of performance on the basis of these objectives, Flawless supervision by immediate senior cadre, authority and responsibility carrying accountability for a particular performance and clearcut delegation of administrative powers for prompt attention to the grievances of every nursing personnel. The Committee has rightly stressed the importance of "well-defined" set-up of nursing administration. By that, it means that the scope of authority and responsibility of each category of nursing personnel must be determined in definite terms.

(A) NURSING EDUCATION AND THE RECOMMENDATIONS PERTAINING TO IT ;

Before presenting the scheme of rationalisation of the nursing education in the State, the Committee, as a first step, defines the primary objectives of training programmes in nursing education :-
"It is necessary to remember that we are trying to produce competent nursing personnel who can provide standard nursing care. Secondly, we have to provide an answer to meet the conditions arising in the rural areas, training for which can only be given by adequate field care experience. Further, it is necessary to prepare a corps of competent nursing teachers to take care of teaching programmes at undergraduate, refreshers as well as post-graduate level. We also need to provide for training of nursing personnel for handling sophisticated modern equipments and instruments of Intensive Cardiac Care Unit type. On the other hand, we have to provide such teaching programme which can prepare nurses for primary health centre where she is the key person in promotive and preventive health services including maternity and child welfare as well as family planning work."

The Committee furthers adds: "The primary objective of nursing education is to produce nursing personnel of optimum competence and skills who have the right attitudes and who have imbibed the traditions of this noble profession to adequately fulfil various roles she is called upon to

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69) Report of the committee appointed by the Government to go into the question of Nursing Services and Nursing Education in the State of Maharashtra - Urban Development, Public Health and Housing Dept., Govt. of Maharashtra, 1976, p.3
work in health care of the community, in the hospitals, health centres and in the field."

The Committee feels that the present system of nursing is a traditional system, outdated and outmoded, which must be replaced immediately. The method and mode of training of a nurse in various capacities must be reviewed and rationalised by the health planners and nursing councils.

**COURSES IN NURSING EDUCATION**

There are five types of courses in nursing being conducted by the Government of Maharashtra - Auxiliary Nurse Midwifery Course, General Nursing and Midwifery Course, Post-basic B.Sc Nursing Course, Public Health Nursing Course, Paediatric Nursing Course.

The first two courses are being conducted as per the requirements laid down by the Maharashtra Nursing Council. The Post-basic B.Sc Nursing Course is being conducted according to the requirements laid down by the University of Bombay. Besides the above courses, conducted by the State Government,

70) Ibid
there are other Colleges of Nursing viz. Armed Forces Medical College of Nursing, Pune and the S.N.D.T. University, Bombay, conducting the B.Sc. Nursing Course.

The Auxiliary Nurse Midwifery Course is of two years' duration and the admission requirement is VIII standard. The General Nursing and Midwifery Course is of three years and six months' duration and admission requirement is S.S.C. or X standard. The Post-basic B.Sc. Nursing Course is of two years' duration and entrance requirement is passing of General Nursing and Midwifery Course with two years' experience as Staff Nurse. Public Health Nursing and Paediatric Nursing both are courses of one year duration after General Nursing and Midwifery Course.

For the above courses, following number of seats exist in the State of Maharashtra :

- Auxiliary Nurse Midwifery Course .. 938 Seats,
- General Nursing & Midwifery Course .. 2966 Seats,
- Post-basic B.Sc. Nursing Course .. 40 Seats (Govt.)
  & 20 Seats (Non-Govt.)
- Public Health Nursing Course .. 20 Seats,
- Paediatric Nursing Course .. 15 Seats

It is necessary to reconsider the minimum educational requirement for the admission to the Auxiliary
Nurse Midwifery Course and the General Nursing and Midwifery courses. The duration of these must be reviewed carefully and changed accordingly. The Committee feels that provision should be made for specialisation by conducting a degree course which will prepare a nurse for specific role as Psychiatric Nurse, Paediatric Nurse, Nursing Teacher etc. Enough thought must be given to duration of internship in different nursing courses, minimum age limit and reservation of a specified number of seats for admission to medical colleges.

Another important factor which cannot be ignored is the need to bring change in the emphasis from curative to public health aspects of nursing care. As regards the course content of nursing training at all levels, we have been imitating the British system with large emphasis on curative nursing care. Efforts must be made to change it into a public-health-aspect-oriented training. We must train the nurses to work in the field of public health like family planning and Maternal and Child Care needs of the rural population. The Committee observes, "Where medical expertise and skills have developed to a high order but the nursing
skills have not kept pace with such excellence, the health status of those nations' people does not rise substantially.\(^{71}\)

This observation should act as an eye-opener for those who are responsible for health status of the people of Maharashtra.

The Committee also recognises the importance of Auxiliary Nurse Midwife working at primary health centres and sub-centres as an important link in the chain of the health team in the State. Though she is at the lowest level of cadre, she bears heavy responsibility as most of the times she is the only person available at these centres to meet the situation in the absence of medical personnel. Primary health centres and sub-centres being many in number, the Medical Officer is unable to visit all the centres adequately. In such circumstances, Auxiliary Nurse Midwife must be well-trained to handle the situation independently. The training course of the Auxiliary Nurse Midwife must be strengthened by suitable changes in the course contents and field training so that Auxiliary Nurse Midwife can be called as Community Nurse Midwife in a true sense of the term.

\(^{71}\) Ibid, p.4
The nursing schools conducting General Nursing and Midwifery Course at non-teaching hospitals are working unsatisfactorily due to inadequacy of experienced teachers, classrooms, laboratories, modern equipment, instruments, hostels and other physical facilities. The government should recognise and accept the recommendations of the Maharashtra Nursing Council, made from time to time, regarding the nursing education, as mandatory for all courses of nursing education in the State. The revised courses in nursing, including the target-oriented internship programmes with emphasis on field experience in rural areas, must be organised carefully. Their successful organisation depends on the development of the necessary infra-structure by the government at primary health centres and selected sub-centres. It is also necessary to make arrangements for medical team visits of specialists, hostel for the intern nurses and transport facilities for making home visits.

The Committee observes the need for upgrading the present College of Nursing conducting Post-basic B.Sc.Nursing Course of the Bombay University as a post-graduate institute of nursing which will conduct all the higher courses of specialisation in nursing including a course for teachers in Nursing Education as well as refresher courses at all levels. The Committee feels that establishment of one more post-graduate institute is also necessary.
The Committee also further recognises the need for enhancing the status of a nurse in a hospital. In the past, a Ward Sister, completely in charge of a ward including patients relations and activities of the resident medical doctors, medical students and Class IV staff, was regarded as a central figure in all situations. But today, she has lost her indispensable high status. She has no authority, no identity. It is very necessary to re-establish her image in the day-to-day administration of the hospital by improving the quality of training and giving her adequate authority to complete the duties and responsibilities assigned to her.

**Selection of the Students:**

For a systematic selection of students in nursing schools, all nursing schools in the State should be divided regionwise and as far as possible admissions in a particular school should be restricted to candidates belonging to the concerned region only. Candidates from other states will get admissions only if they can produce a certificate of minimum ten years' citizenship of Maharashtra. If there are more schools than one in a region, centralised regionwise selections entirely on merits, with backward class reservation as per government policy, should be made with fixed number of admissions in the first year. While making selection of candidates, undue importance should not be
given to personal interviews and they should be used only to verify marks and original certificates or to assess physical fitness of the candidate. Admissions should be fixed in number, independent of the vacancies created by the number of students passing out in the final year of the respective courses. The government should provide for additional stipends, to be paid to the additional number of students who will be joining the first year irrespective of clearance in the final year. At present, the government has imposed 18 months' working bond for Rs. 2,500/- on the student nurses, which is reasonable in view of the government expenditure on each student nurse in the form of a stipend. But sometimes, social attitude toward the nursing profession makes a nurse leave the profession and then the bond money becomes a heavy burden for the parents of the girl. Most of the nurses come from lower middle class families for whom the bond money causes undue hardships. So the Committee feels that the bond terms should be more rational and it would be a welcome change if the condition of bond money is replaced by a service bond of two years' work in any government hospital after completion of training. Unless she works so, she should not be awarded successfully a certificate of having \[ \text{completed a course of training in nursing education and she having become a} \]
qualified nurse. Further, another unreasonable rule of repaying the stipend money on discontinuation of studies should also be removed.

The Committee, in its survey, found that generally people in rural areas did not like the idea of sending their daughters to nursing courses. They felt that it was a below-dignity, low-grade profession. Even the girls who were inclined to take up a course in nursing education had very little idea about their career and they had to face opposition towards such career even from their family members. The Committee feels that the ignorance and resistance towards nursing profession must be removed with the help of proper vocational guidance regarding nursing education with effective use of various media of communication like newspapers, radio, television etc.

THE COURSE CONTENTS:

The syllabi and regulations adopted by the Maharashtra Nursing Council on the prescriptions of the Indian Nursing Council are satisfactorily comprehensive. The only change that is required is that more emphasis on practical and field training is necessary. Also there should be emphasis on handling modern sophisticated equipments and instruments. The present course content has curative bias
which must be changed into a course with preventive and health promotive approach. Every nurse should get appropriate field training in family planning work which is very important in the context of our national programme. Such a field training must be well-organised in respect of transport, communications and accommodation facilities in the rural areas.

The basic medical subjects should be taught at appropriate level by teachers from the relevant departments of the medical college and the basic as well as clinical subjects of the nursing education should be taught by experienced nurse teachers. Much remains to be done regarding the teaching methods in the nursing education. It is necessary to rationalise the entire system of communication, clinical training and the examination system itself. The present emphasis on long hours of lecturing merely imparts bookish knowledge. Practical and clinical training is most inadequate. Nurse teachers and Ward Sisters in the hospital must see that the students are well-supervised during the practical training. They must be careful to see that the students get the clinical training in the ward regarding the things that they have learnt from the classroom lectures. Theory taught in the class and practicals and clinical demonstrations in the laboratories and wards must go hand in hand. Lectures in the classroom must be made more informative with the help of
abundent use of audio-visual aids like transparencies, films, charts, models, video tapes etc. and the knowledge so gained should be well-supported by practical bed-side training in wards or in the outdoor visits. Tutorials, seminars and group discussions will be useful for exchange of ideas and information. According to the Committee, it is necessary to schedule the time of the students and plan the distribution of work amongst them. At present, students spend about $\frac{2}{3}$ of their time in listening to the classroom lectures and in effect find themselves short of practical training. Some students are asked to do long hours of night duties while others have relatively lighter load of work. This has adverse effect on attendance of classes and learning. These two drawbacks in the routine of study should be removed with the help of a good time-table with balanced approach towards the theory as well as practical and clinical classes and duties of a student nurse. Total time spent by a student during her studies should not exceed eight hours per day and should be properly divided between ward experience, laboratory training and classroom, as determined by Maharashtra Nursing Council. Student nurses should not be utilised for work in the wards when they are not properly supervised by tutors or demonstrators. Students cannot be regarded as substitutes for trained nurses, but nursing education is one of those fields
where the age old practice of apprentice system is exceedingly suited if it is supplemented by knowledge of theory. Nursing education is primarily a practical training in bed-side care of the patients. The Committee aptly says, "The ward, the outdoor and other situations are in fact the laboratories for practical training of the nurses which we can ill-afford to dispense with." This kind of practical training can never be given in stimulated work situations or simply by giving tutorials or demonstrations as in other courses of arts, science and humanities. Not only the people, but a variety of sick people with emotional overtones consists the material for practical training of nursing care. Such a training can only be given and necessary skills can be learnt by actually performing these duties over a period of time. So the Committee feels that the demand from the student nurses and from representatives of nurses' associations for student status to the nursing students on the lines of Medical, Science or Engineering Students is totally unjustified and cannot be granted to the student nurses.

The short-comings in the nursing teachers must be noted and corrective line of action should be taken.

72) Ibid, p.8
Greater participation and involvement of the student nurses as well as the teachers during every activity of their work situations is necessary. The nursing teachers today have no training in teaching methodology. So, short courses in teaching methods must be arranged for the teaching staff itself. At present, the Sister Tutors never bother about practical training in the wards. They are reluctant to have anything to do with the bedside care of the patients in the wards. They should be actively involved in nursing care and service in wards. The Committee strongly feels that the difference between Sister Tutors and Ward Sisters should be completely eliminated. Both should equally participate in teaching and in the patient care of the ward where they teach the students. The doctors of Medicine, Surgery and Pharmacology should teach the nurses. The resident doctor who is present on the spot is the expert who also can be much useful for teaching purposes. The nursing teachers must understand that it is their responsibility to shape the minds of young nurse-students in such a way that they develop kind, sympathetic and co-operative attitude towards others, which is a soul of this profession.

In-service training is most essential for nurses. If the nurses do not keep themselves in touch with the modern developments in the field, their knowledge will be obsolete.
within a few years. They must keep abreast with the recent advances in Nursing Science. For this, higher education like specialised courses and B.Sc. and M.Sc. in nursing should be encouraged and recognised by awarding additional increments or other monetary incentives. It is also necessary to arrange refresher courses at nursing schools every fourth or fifth year for giving the nurses an opportunity to brush up their knowledge. It is suggested that, from the point of view of economy as well as optimisation of resources, it would be better to pool all para-medical education together with nursing as far as middle level of health team is concerned. So after two years of basic training, the third year of internship could branch off into at least 3 main branches - Hospital Care, Community Health Care and Laboratory Services.

**PHYSICAL FACILITIES**:

Maharashtra Nursing Council has laid down that there should be adequate physical facilities in every nursing school. Space allotted for the activities of the school should be on liberal standards. Classrooms for lectures, demonstrations and laboratories for conducting practicals should be spacious, well-ventilated, with adequate number of fans, projectors, epidiascope, blackboards etc.

It is necessary to stress the importance of adequate library facilities with sufficient number of text-books,
reference books, journals, and periodicals written in English as well as in regional language i.e. Marathi. Timings should be convenient for student nurses with open access system. It is the duty of the government to provide adequate library grant to every nursing school. A common room for the student nurses with all essential facilities like fans etc. should be there in every nursing school so that the students can rest there when they can spare a couple of minutes from their busy schedule. The common room should possess recreational facilities to enable the students to develop their other interests and substantiate their personality in spare time.

HOSTEL FACILITIES:

Student nurses have to attend lectures in classrooms as well as they have to take practical training in wards. Their hours of work are both during the day and night depending upon their duties. It is convenient for them to have an accommodation in the premises of the nursing school. Student nurses, naturally, during their studies, are immature, young girls of about 16 to 17 years of age. From the point of view of security, it is better to provide them with residential hostel facilities. They have to spend most of their time with the sick people in an atmosphere which creates terrible physical and mental strain. Therefore, they need well-ventilated standard size rooms with adequate sanitary facilities with
preferably 24 hours running water. Nurses at village level are very unlucky in this matter as sometimes they have to attend camps where there is no toilet or bathroom, leave aside other facilities. No new nursing school should be allowed to start unless it has adequate hostel facilities and a minimum 50 per cent of hostel facilities be made available where they do not exist in the existing nursing schools.

**MESS FACILITIES**

Student nurses, spending long hours with sick people, are always susceptible to infection. To increase their resistance power, they must get adequate, nutritious diet. At present, the time-table of student nurses allows them fixed time for breakfast, lunch, afternoon tea and dinner, but this system is inconvenient because in this profession emergencies may always crop up at any time and the students may be delayed in their work at the wards or outdoor etc. and they may not get their meals or tea which is very unfair and harmful to their health. Instead of keeping fixed hours for meals etc., a cafeteria, having a square nutritious meal with a few choices to select available almost around the clock, should be made available to student nurses. The cafeteria should provide tea, coffee and milk freely on demand. Messing allowance, which is received by the nurses at present, does
not serve its purpose of providing nutritious diet to nurses themselves but it is spent to meet the household expenditure. So instead this cafeteria-like facility should be provided.

**EXAMINATION SYSTEM**

Today, at the end of each year and at the end of the entire course, an examination is conducted to determine whether a student has attained a particular standard. There is no internal assessment. In effect, the student nurses become careless about the day-to-day working. They neglect the routine work in wards, remain absent in the classrooms. To avoid this, it is suggested that a semester system or block system of teaching the various subjects and conducting the examination, as in medical courses, should be applied. This should be supported by greater stress on practical and clinical examinations as well as a well-graded internal assessment system at all levels, as recommended by the University Grants Commission in their report on examination reforms.

The Mohite Committee has, of course, studied the entire system of nursing education at present in detail. It has located the troubled areas which are disturbed enough to gain serious consideration immediately and has made practical recommendations for improvement of nursing education and training in the State.\(^{73}\)

\(^{73}\) Ibid, p.p. 28-30
AGREEABLE RECOMMENDATIONS:

(1) The minimum requirements for admission for Auxiliary Nurse Midwife and Nurse Midwife should be X Standard; the duration of Auxiliary Nurse Midwife Course should be of two years after X Standard and that of Nurse Midwife Course should be of three years after X Standard. Both these courses should be called "Diploma Courses." A degree course providing for specialisation should also be provided for with 10+2+3 for Auxiliary Nurse Midwife and 10+3+2 for Nurse Midwife. Such degree courses should prepare a nurse for specific role as Paediatric Nurse, Psychiatric Nurse, Intensive Care Nurse, Nursing Teacher, Nurse Administrator etc. A request may be made to the universities concerned to make suitable modifications in the admission rules.

(2) All General Nursing Diploma students passing out General Nursing Examination should put in one year's internship at the end of two years of which six months will be spent in the rural setting. Similarly, at the end of one and half year's Auxiliary Nurse Midwife Course, students shall have to put in six months of internship in the rural setting. For all the above courses, the relevant diplomas or degrees shall only be awarded after the candidate puts in two years' service in government or in any other establishment in the State, unless she is selected for a specialised training.
(3) Auxiliary Nurse Midwife completing her course of training of two years after X Standard, should be eligible for a General Nursing Diploma Course by putting in a condensed course of one year's duration. She would be required to put in an internship programme of one year only.

(4) A specified member of seats should be reserved for admission to medical colleges for the deserving candidates who are diploma-holders in nursing education and who have served in rural areas for at least three years.

(5) Minimum age limit for both these Auxiliary Nurse Midwife and General Nursing Courses should be kept at sixteen years complete as on 31st December of the year when she seeks admission.

(6) Auxiliary Nurse Midwife should be called as Community Nurse Midwife.

(7) One single factor that can be blamed most for fall in standards of nursing education is the casual way with which management of nursing schools treat the minimum requirements of nursing education and frequently ignore the recommendations of the Nursing Council. All requirements of standard of education, posts, curriculae, physical facilities etc., laid down by the Maharashtra Nursing Council as well as universities concerned, should be mandatory and as such no
compromise in this regard should be permitted. The Mohite Committee is sufficiently concerned with this aspect of the nursing education to recommend to the government to amend, if necessary, Maharashtra Nursing Council Act, to give powers to the Council to derecognise nursing schools, when necessary.

(8) College of Nursing imparting post-basic B.Sc. Nursing Course of the Bombay University should be fully upgraded as the post-graduate institute of nursing and government should also establish one more institute of nursing education preferably in any other region of Maharashtra. While doing so, care should be taken to develop full-fledged teaching departments suitable for training degree courses of specialisation for nursing education of nursing personnel.

(9) Students for admission for various courses of nursing education should be selected strictly on merit.

(10) Government should adopt a system of definite number of admissions once a year irrespective of passing out of students in the final year class at each nursing school.

(11) Vocational guidance regarding nursing education should be further strengthened through the Bureau of Technical Education as well as through mass media.
(12) In view of compulsory service for 2 years, the present system of bond which is causing undue hardships should be discontinued. Students discontinuing the studies should not be required to repay the stipend money.

(13) Time-table for student nurses should be realistic which should not exceed eight hours per day and should be properly divided between ward experience, laboratory and classroom training, as laid down by the Maharashtra Nursing Council.

(14) All categories of nursing teachers need to be actively involved in nursing care and nursing services become effective teachers and the present distinction between Ward Sister and Sister Tutor should be totally eliminated.

(15) Adequate residential hostel facilities for student nurses are necessary. No new school without adequate hostel facilities should be allowed to start. A minimum of 50% of hostel facilities should be made available in the existing nursing schools where the same does not exist.

(16) Appropriate refresher courses should be organised at the post-graduate institute of nursing and at selected schools of nursing.

(17) Semester system or block system of teaching in various subjects and conduction of examinations as adopted for the
medical course should be introduced for nursing education as well.

(18) A well-graded internal assessment system should be introduced at all levels of nursing education.

(19) For the purposes of economy and of an optimisation of resources, all para-medical education should be pooled together with nursing as far as middle level of health team is concerned. After two years of basic training, the third year (internship) should branch off into at least three main branches - Hospital Care, Community, Health Service and Laboratory Service. This measure may be useful in mitigating the deficiency of health personnel in the long run as well as improve the quality of health services.

(B) NURSING SERVICES AND THE RECOMMENDATIONS PERTAINING TO IT:

WORKING CONDITIONS: In this category, the Mohite Committee has mainly discussed long and abnormal duty hours, shortage of nursing personnel at peak hours of a day, non-nursing duties loaded over the nursing staff, responsibility for the breakage of hospital articles and a need for a neat and smart uniform.

The duty hours for all types of nursing personnel are very long. During the day, they have to work for 7 to 10
hours and during the night, they work for 13 hours or even more. Compared to other offices, these duty hours are certainly unduely heavy. Auxiliary Nurse Midwives in rural areas and student nurses have to put in longer hours of duty varying between 6 to 12 hours and 8 to 14 hours respectively. The duty is continuous, almost without rest intervals. There is no fixed time for a rest interval and it may vary from 15 minutes to about 1 hour. Long and inconvenient duty hours have not fetched a compensatory holiday for the nurses. Shortage of nursing staff is one of the major reasons for the increased load of work on the existing staff. In urban areas, student nurses can be used to compensate the shortage of staff but in rural areas, there are no nursing schools to supply student nurses to meet the shortage of hands and the existing staff has to work overtime. Further, sanctioned number of beds is always ignored in any hospital and patients are admitted far beyond 10 to 15% of increase to the sanctioned bed strength of the hospital. Three or four hours of additional time of work almost every day of the week cannot be considered as normal or just. Efforts must be made to avoid it by employing adequate number of nurses and by admitting the patients according to the accepted ratio by Maharashtra Nursing Council. The Committee strongly feels that in spite of a demand by a number of nurses for overtime payment, such a payment is not desirable or justified.
The second problem to be tackled with in respect of working conditions is shortage of nursing hands at peak hours of the day in a hospital. During the early mornings till about lunch time, the load of nursing work is very heavy. During afternoons as well as during nights, it is lighter except for new admissions and patients in critical conditions. Naturally, the hospital needs a large number of nursing hands during the peak hours of the day and relatively smaller number at other times. This situation results in split hours of duty for some nurses which is inconvenient for them. There should be four shifts of work during a day. Each shift will consist of six hours of work. When the present system of eight hour duty is changed into six hour shift duty, it will create a large number of posts at all the State hospitals and to employ so many new hands immediately at the same time is beyond the resources of the State at present. So the system of four shifts of six hours each should be implemented during Sixth Plan period and in the meantime, as an interim measure, a system of three shifts should be adopted. The first two shifts will consist of seven hours each and the night shift will consist of ten hours to be followed by a proper compensatory holiday.

One more solution to the problem of shortage of hands at the peak hours of the day is employing nurses
on part time basis. These part time nurses may work for four hours in a day and they may be employed to work in the early morning till the lunch time. There are a large number of trained nurses in a society who give up nursing career after do not marriage and having children. They accept the job as they cannot do full time work along with the household work including looking after children. This is a sheer waste of their education and skill - a loss to the society. If the valuable, costly education and skill of those trained nurses is to be saved and properly utilised, if thousands of labour hours are to be turned into productive services to the society and if a source of income and mental satisfaction is to be provided to the educated unemployed thereby reducing unemployment in the economy, part time work should be provided to these nurses. It would solve the problem of the hospitals regarding extra nursing hands during busy hours. Such a move was made in the past by the government but it failed as the salaries offered for the part time work was barely enough to cover the travelling expenses to come to work. The scheme of creating part time nursing posts should be revived with a reasonable remuneration to be offered.

Non-nursing duties loaded over the nursing staff pose one of the major problems related to working conditions. There is a shortage of facilities which are most essential
facilities like running water, adequate quality and quantity of drugs, medicines, surgical dressings, spirit, bandages, linen, lint, cotton, bed sheets and towels are always in shortage having fall in the quality of health services offered in government hospitals. The problem becomes more serious due to multifarious non-nursing duties on the existing nursing staff. For example, Ward Sisters are held responsible for the charge of every article, large and small, in size and cost, in the wards. For this, they have to maintain elaborate registers of stock indent and issue of articles. Bedside nursing of patients is the real nursing duty but in addition so many other duties which have nothing to do about patient-care are loaded over the nurses. Keeping registers of indent and issue of articles or maintenance of expenditure record of life-savings but dangerous drugs is a clerical job involving a lot of paper-work and it is very much time-consuming and bothersome for the nurses whose duties change at specific intervals. Further, the nurses are held responsible for existance, maintenance, repairs of machines and all sundry articles in the ward and for that they have to fill a number of forms and indents and registers every day. The procedure of accounting is also complicated taxing the energies of nurses to a considerable extent. The State Government is for giving satisfactory nursing services to the patients.
running its nursing personnel at the expenses of considerable efforts, energy and expenditure to the exchaquor, hence it can ill-afford wasting their time in non-nursing activities, particularly when the hospitals suffer from shortage of nursing personnel.

To reduce the burden of the clerical work, it is necessary to have a system of central store supply of linen and sterile equipments.

The procedure of accounting of drugs should be simplified.

Floor pharmacy system should be established in all large hospitals and sub-stores in district and other hospitals for solving the difficulty of indenting medicines and other supplies so that the nurses would be able to get the necessary supplies quickly without unnecessary procedural details of filling up indents etc.

A clerk should be assigned to a group of wards to do the paper work.

A suitable managerial cadre of staff under direct control of a non-technical Administrative Deputy Superintendent should be established. Such cadre of managerial staff should be bare minimum to look after the hospital supplies, maintenance and dead-stock registers of the hospital.
The entire question of supplies, stock maintenance expenditure and accountability of the hospital materials and drugs needs to be examined and rationalised by experts in modern management science. A system of material management should be so designed that there is an uninterrupted flow of hospital materials and the maintenance of record, expenditure, accounting etc. is carried out without unduely taxing the energy of the nursing personnel.

Certain clerical work, due to its special nature, has to be done by a nurse only. For example, health charts, medicine schedules, accounts of drugs given to a particular patient, record of patients' admission and discharge etc. Such necessary duties of a nurse should be identified and training should be given for their efficient performance.

Duties of nurses have been specified by the government according to Government Resolution in Urban Development, Public Health and Housing Department No. NUR.3762/39609/G, dated 17-8-1962. These duties should be revised and rationalised. A nurse should be relieved of unnecessary non-nursing duties but she should be actively involved in the supervision of cleaning, organisation and discipline in the wards. She should play a major role in the patients' education regarding health promotion and prevention of diseases. She should maintain good public relations including patients and their relatives.
Further, there is the problem of responsibility for the breakage of the hospital articles. The Committee observes that nurses carry the responsibility of all the hospital articles in the ward and they are the persons who are charged for breakages like thermometers, glasswares, injection syringes etc. or for excess use of dressing materials. There are many other categories of employees in a hospital who should equally bear the responsibility of observance of economy and proper care in the use of materials and instruments but it is found that only the nurses are penalised in this way. This injustice creates irritation and distrust in the minds of nursing staff when there are genuine cases of accident or wear and tear.

According to government letter, Local-Self Government and Public Health Department, No.HSP-1255/23373-D, dated 6th January, 1956, whenever the equipment, linen etc. is in constant actual use and handled by all staff attached to the ward, it is not possible to fix the responsibility for loss or breakage owing to the change over of staff at the end of 8 hours duty, the recovery should be made from the staff in the following ratio:-

a) In teaching institutions - i) Sister - 34 per cent; ii) Nurses or Senior Nurse working opposite to Sister - 22 per cent; iii) Student Nurses - 22 per cent; iv) Class IV personnel (ward servants and sweepers) - 22 per cent.
b) Non-teaching institutions - i) Sister or Staff Nurse in-charge - 34 per cent; ii) Staff Nurses - 33 per cent; iii) Class IV personnel (ward servants and sweepers) - 33 per cent.

c) In Nurses-Homes and dining rooms - i) Home Sister or House-Keeper - 40 per cent; ii) Bearers, Butlers and/or Hamals 60 per cent.

The incidence of penalty falls heavily on a nurse even when the responsibility of loss or breakage really cannot be fixed on her. The Committee feels that no penalty should be levied for loss or breakage on the nursing personnel. The value of such articles should be depreciated regularly according to a standard prescribed formula, and only beyond that, penalties should be levied upon persons handling those articles. Only the Head of the Institution should have the authority to make reference to police.

The last point in regard to working conditions of the nursing personnel is the need for a clean, neat and smart

uniform. It is observed that a uniform gives a nurse an image of cleanliness, discipline, alertness, devotion and kindness in the society. It is necessary for the type of work she does. So a white frock type of uniform for institutions and a white saree type of uniform for community work should be prescribed by the government for all nursing personnel. Initially four sets, and later on, three sets of such uniform should be supplied to each nurse per year through centrally located garment unit which should be established by the government itself for production of nursing uniform of various sizes or an appropriate amount should be given to each nurse every year for this purpose. It should be insisted that all nurses wear clean and starched uniforms at all times. For that purpose, in large teaching hospitals, the facilities of getting the uniforms cleaned, starched and pressed free of cost at their laundry establishment should be made available. In smaller hospitals where there is no laundry establishment, nurses should get a suitably enhanced washing allowance.

**LIVING CONDITIONS**

While studying this aspect of nursing services, the problem of accommodation and in addition the problem of provision of messing facilities is the most pressing problem.
The problem of accommodation is very much important in this profession because of the peculiarities of this profession. Most of the nurses are women from lower middle class families and they have to come on duty round the clock. So it is very necessary that they are provided quarters in the compound or near vicinity of the hospital at which they work. If they get an accommodation near their workplace, it would be advantageous because of the following reasons:

This is a profession where emergencies arise any time. At such times, nursing staff can be made available for duty immediately. The load of work in a hospital is heavy in the morning till lunch time, creating a shortage of nursing hands, and on the other hand in the afternoon and during the night, there is relatively lighter load of work. Administration has to see to it that adequate staff is always available at any time. It has to arrange time of shift duties according to volume of work in the hospital. If the nurses are provided quarters in the compound of the hospital, it would be possible for the administration to arrange time of shift duties even at odd hours as the nurses would not be required to travel outside the hospital compound.

As the nurses would not be required to leave the hospital compound for coming on duty, the question of their safety would be automatically solved.
Late arrival on duty or absenteism would be minimum. Punctuality would be easily achieved.

Provision of rest rooms and other recreational facilities would not be necessary in the hospitals as the same would exist in the hostels concerned.

Nurses having family quarters or hostels near their work-place would not need the provision of messing facilities for food, tea, coffee etc. at the hospital.

One cannot ignore the difficulties involved in the provision of accommodation to all the nursing staff in the compound of the hospital.

A number of nursing personnel having family prefer to stay out rather than in the quarters in the compound. This may be perhaps due to the atmosphere of worry, pains and death in and around the hospital or the nurses may not be willing to accept the obligation of attending to the duty on demand.

If all the nurses are provided with family quarters, problems of large population and its concomitant result of management, pollution of environment etc. would be created for the hospital.

Thefts of hospital materials, equipments, drugs etc. are generally associated with the provision of quarters of
every kind. Temptation to use these hospital-owned materials for private purposes would be irresistible leading to a direct financial loss to the hospital.

The cost of constructing family quarters for all the nurses would be tremendous. The proposal would be impractical considering the funds available with the State.

Taking into consideration the above difficulties, 50 per cent of the staff nurses should be provided with quarters and at least 10 per cent of the nursing personnel should be provided with family quarters at every hospital in the State. Most of the quarters and hostels provided to nurses at present do not have satisfactory basic amenities of running water and sanitary facilities. This position must be improved as quickly as possible.

The accommodation problem of nursing staff can be solved by forming co-operative housing societies of the nurses. The government should assist and encourage the nurses to form such societies and allot suitable land preferably in the vicinity of hospitals at a concessional rate. Financial assistance should be provided in the form of house-building loans either from the government or from the nurses' provident fund, L.I.C. or Housing Board and nationalised banks on easy terms. The nurses deserve a number of ancillary benefits
in addition to the salaries they get. Proper and timely efforts to solve the nurses' problems of accommodation, food, transport would certainly improve their morale. So it would be a welcome step to extend the field of domestic and household needs by forming co-operative consumer stores owned by the nurses.

The question of provision of messing facilities must be taken into account while considering the living conditions of nurses. The government has already accepted that provision of messing facilities is a part of its obligation and it has been making such provision for years. Messing facilities are at present provided to nurses as well as to student nurses. Nurses in urban areas get Rs.70 and those in rural areas get Rs.50 as a messing allowance which is added to their salary and then it is deducted from the salary as they take their food in the hospital mess. Those who prefer to eat at home also have their messing allowance cut as no option is permitted. The amount of the allowance is insufficient to buy a breakfast, two meals and afternoon tea for a nurse. The obvious result is a curtailment in the quantity of breakfast and meals. This is harmful as the nurses do not get sufficient and nutritious food to increase their resistance to diseases. Improvement of messing facilities have not kept pace with the rising cost of living. Further, there is no necessity
to keep so much difference between the allowance paid to urban nurses and rural nurses as the difference between the cost of food in urban and mofussil areas is only marginal. The student nurses should be provided messing facilities in the form of cafetaria and all the remaining categories of nurses should have an adequate amount towards messing allowance merged with their pay. A cafetaria providing good food and milk etc. almost round the clock should be provided in every large hospital where nurses, who prefer to eat there, should take their breakfast, meals and other items and they should pay for that. This arrangement would give an option to the nurses to eat or not to eat at the cafetaria and would simplify most of the problems of the government in running the mess and paying messing allowance to nurses.

ADMINISTRATION AND ORGANISATION:

There are three areas in the present nursing administration and organisation where an improvement is most essential and urgent.

The method of placement of nurses must be improved. It is quite logical to expect a nurse after completion of her training to be posted near the geographical area where her family resides. As far as possible, the government
should try to employ her in a hospital which is situated in her native place or a place where her parents reside so that her private or family life is not disturbed. Sometimes, it is impossible to do so due to number of reasons; for example, transfers after a few years is a necessary part of the government service and a nurse may not always get a placement in the area of her choice. In general, from the point of view of safety of the nurses, young and immature nurses below age of 30 years should be posted in larger hospitals in larger towns. Middle-aged mature nurses can take care of themselves in smaller towns in cottage hospitals, so they should be posted in rural areas.

Senior nurses like Matrons or Assistant Matrons, who hold a responsible designation with administrative authority, should be transferred every four to six years as a rule as it is necessary for healthy administration.

Nursing staff other than the senior nursing staff should not be ordinarily transferred.

Unmarried nurses may be transferred. Married nurses should be transferred only on administrative reasons. Husband, if in government service, should be transferred together with the nurse on transfer.

When transfers are made, a choice may be given to the transferred employee.
Facilities of accommodation, admission to school for children etc. may be extended to the transferred nurse by the authorities, as far as possible.

Another area of nursing services' administration, in need of an improvement, is the area of personnel management. A nurse cannot work in isolation. She is a part of the medical team. As an employee in a hospital, she has to deal with doctors, specialists, registrars, housemen, medical students, paramedical personnel and Class IV servants in the performance of her duties. Besides the patients, these are the persons with whom she has to maintain good relations. If the hospital is to provide excellent health services to the society, all these individuals must work in co-operation, harmony and discipline. This would be possible by clearly outlining the specific duties, responsibilities and authorities of each category of personnel working in the hospital. The Class IV servants constitute an important part of the hospital organisation providing manual labour for cleanliness, communication, transport and smooth functioning of the hospital. Nurses can perform their own duties effectively only if they get co-operation from Class IV servants. So it is necessary to review the time-consuming and labourious task of swabbing, sweeping and dusting which is done by these Class IV servants. These people should get regular training of doing the work
by modern methods. Modern time and labour-saving devices like vacuum cleaners, swabbing devices, powered trollies for carrying hospital articles, power laundry etc. should be supplied to them. It is the duty of the nurses to supervise and control the work of Class IV servants, but for that it is necessary to delegate suitable powers to them. It is also necessary to enhance the image of a nurse before Class IV servants. They must learn to respect and obey her. Association of the nurses in Committee for the appointment of Class IV staff as well as departmental inquiries, commandable and punitive action committees for Class IV servants will be useful from this point of view.

One more important, much-desired and long overdue improvement is the creation of a State cadre of nursing services. At present there are a number of cadres of nursing services in Maharashtra: Nurses working in the allopathic, teaching as well as non-teaching hospitals in the State, nurses working in primary health centres under Z.P. jurisdiction, nurses working in Employees State Insurance Scheme, nurses working in ayurvedic hospitals, nurses working in homeopathic hospitals. Most of the problems are common to nurses belonging to all these cadres, but the nurses belonging to Zilla Parishad jurisdiction are particularly unhappy. While working in primary health centres or sub-centres in
remote rural areas, they have to face problems like exploitation, personal safety, harassment regarding salary, leave, influential transfer etc. Local people try to overpower them and treat them as their maid-servant at their homes. Nurses are not treated with respect. Uncompromising nurses have to face threats of transfers, delaying or denying of their legitimate leave, delaying payments of their salaries. Antisocial elements like drunk individuals harass the unmarried girls or young widows in the form of teasing, use of foul language etc. Zilla Parishad Administration exploits the nurses for non-nursing work also. Change of cadre is at present not permitted under the rules. So the nurses have no opportunity for promotion, higher training or transfer to favourable centres. These nurses feel a lack of machinery to vent their grievances. Nurses working in non-teaching hospitals like homoeopathic or E.S.I.S. hospitals are always overworked because there are no student nurses to help them. So there is a strong demand that all nurses should be brought under State Government control. All the problems faced by the various cadres of nurses would be solved by creation of a State Cadre. Creation of a general State Cadre would bring all the nurses under one umbrella providing ample promotional and training opportunities. Transfers would be possible
leading to balanced supply of nursing hands to all areas according to needs and there would be maximum utilisation of the available nursing personnel.

The third area where an improvement is necessary is the remuneration paid to the nurses. The Mohite Committee has not made any specific recommendation regarding pay scales of nursing personnel as the government wants this problem to be studied by an independent authority. From time to time, pay commissions and other committees have been appointed by the government for this purpose. (When the report of the Mohite Committee was being prepared, the Third Pay Commission was considering recommendations regarding adequate remuneration to nurses.) So the Committee has only stressed the importance of the immediate upward revision of the pay scales of nursing personnel and suggests that a special allowance should be given to the nurses who are posted in rural or difficult tribal areas.

Miscellaneous:

In this category, the miscellaneous problems like transport, educational facilities, facilities for medical check-up, need of creches, social bias against nursing career, need for recognising an outstanding performance etc. have to be taken into account.
The nurses spend considerable amount of time in commuting to and from work. In small towns or rural areas, nearly all nurses have to travel a distance of about one to eight kilometers to reach their workplace either by the State Transport Service or other bus service, rickshaw, cycle etc. In difficult tribal areas or in the Konkan region, no other mode of transport than on foot is possible. In large cities also, the nurses have to travel large distances by local trains, buses, rickshaws etc. This is strenuous for women workers. Punctuality of time is also difficult to observe. Further, as the nurses are not provided accommodation facilities in the hospital compound, they have to start very early and while returning, they reach their homes late. In order to solve this problem, provision of a mobile van service similar to a school bus would be useful. Nurses would of course pay appropriate charge for that. State Transport or other private transport companies can easily make such arrangement in rural areas also; In large metropolitan cities like Bombay city, transport companies should permit the nurses to board buses on presenting identity cards without being required to stand in queues. Loan facilities and easy allotments should be given to nurses for purchase of scooters or other vehicles if they prefer to use them. Where nurses have to travel as a part of their
duty, for example, when they are doing field visits, it is the duty of the government to make provision for adequate transport. Auxiliary Nurse Midwives are frequently required to visit homes of people from one village to another for family planning work etc. and they have to travel on foot. In such circumstances, female attendants should be provided to them for their security and such attendants should be reasonably paid.

The economic position of the nurses being similar to school teachers, educational facilities like freeships, half-freeships and free books similar on the lines of those given to children of school teachers should be offered to nurses also. Particularly Auxiliary Nurse Midwives working in rural areas will benefit from this a lot.

The nurses have to work long hours with sick people, so medical check-up at regular intervals is most essential for them. As a preventive precaution, such medical check-ups should be made compulsory for all nurses. If necessary, treatment facilities, recoupment and rest, leave, other allowance for nutritious diet etc. should be supplied to them for adequate health care of the nurses.
Like other working mothers, nurses also have to face the problem of looking after their small children while they are at their work. They have to come to the hospital for work for long hours at odd times. They have to do night duties rotationally and leave their small children at home. Particularly when children are ill and left alone at home, it is terrible psychological strain for the nurses as they feel that they are neglecting their own children. The crech facilities, on a small charge, should be made available at every hospital where there is a demand for the same for minimum ten children. Such crech facilities should be opened by making suitable rooms and other space for sanitary facilities. The hospital administration should supply play-things, little furniture etc. for the crech. For every twenty children to be looked after, a qualified nurse on the hospital staff should be allotted to the crech. This would create confidence amongst the other nurses who leave their children in the crech. They would be assured that adequate care is taken of their children. It would enable them to concentrate on their own work. Arrangement for milk and other baby foods will have to be made by the nurse-mothers themselves.

One of the major problems in the nursing profession is in regard to the social bias against the nursing career.
Even though the old stigma, humiliation and bias against the nursing career is in the process of fast disappearance, no concrete efforts are done to raise the status of this profession. Young girls, particularly in rural Maharashtra, who wish to take up this career, still have to face resistance from their family members, relatives and neighbours. They invariably experience humiliating attitude of the general public. This is why only a few years ago, Maharashtra had to depend largely on the girls coming from Kerala and other states for supply of nursing hands in our hospitals. It is only during the last decade or so that we have been self-sufficient in this respect. Positive efforts towards strengthening the public image of a nurse are desired immediately. Nurses must be recognised as indispensable partners of the medical team. For this, it is necessary to adopt following measures. The nurses, to whom the questionnaire was given, almost unanimously endorsed these suggestions in writing, and more so informally.

It is found that the character of a nurse is slighted directly or indirectly in common literature, dramas, films, fiction etc. Such tendencies should be positively resented by the society.

The noble and humanitarian role of a nurse should be emphasised in different media of mass communication like radio, television, newspapers etc.
Appropriate short stories and lessons should be introduced regarding this subject in the text books of lower and middle schools for early education of children.

Influential women in the society in the field of arts, literature and government should mobilise their efforts to bring about this very necessary change in the attitude of the society.

Any outstanding performance by nurses in all categories of nursing service should be recognised. Expertise in nursing in highly technical field such as Intensive Cardiac Care Unit, assistance in Open Heart Surgery etc. is creditable and must be duly recognised; but, outstanding work at rural level like field work in Malaria and Leprosy control, maternal and child health, family planning etc. is equally important. Separate awards should be offered for these different categories of nursing services. To honour the expert nursing skill and to enlighten the society regarding the recognition of this profession, such awards should be given away before a public function. Government should select deserving nursing personnel for State and National Awards announced on the Republic Days.

Senior nursing personnel should be nominated on various hospital committees and local committees such as
Visiting Board, Advisory Committee, College Council, Diet Committee, Class IV Liaison Committee etc.

Senior nursing personnel should be selected as Hon. Magistrates or Special Executive Magistrates.

In this way, our society should take active and immediate steps to raise the status of this profession so that, automatically, improvement in the nurses' education and services will take fast momentum.

AGREEABLE RECOMMENDATIONS:

After giving careful and detailed consideration to all the points discussed above regarding the working conditions, living conditions, administration and organisation and miscellaneous matters, the following practical recommendations emerge for improvement of nursing services in Maharashtra.

a) Working Conditions:

(1) Nursing personnel strongly feel that at present their duty hours are inequitable as often they have to work without compensatory holiday for over ten to twelve hours at a stretch. There should be four shifts during the course of a day.

75) Report of the committee appointed by the Government to go into the question of Nursing Services and Nursing Education in the State of Maharashtra - Urban Development, Public Health and Housing Dept., Govt. of Maharashtra, 1976, p.p. 30-34.
This means six working hours for every shift. If this is accepted, it would solve the problem as giving a compensatory holiday is no solution to the problem. However, introduction of a six hourly shift will entail creation of a large number of posts at all the hospitals which may be beyond the present resources of the State. The legitimate demand of nursing personnel of six hourly shift duties be implemented by the government during Sixth Plan period. In the meantime, as an interim measure, government may adopt a system of allocation of duties of seven hours during the first shift, seven hours during the next shift and ten hours for the night shift to be followed by proper compensatory holiday for the nursing personnel. This will provide a fair solution of the problem for the present.

(2) Facilities for employing part-time nurses to put in four hours of duty per day be created by offering fair and reasonable emoluments commensurate with their skill and hours of work.

(3) A system of central store supply of linen and other sterile articles be introduced. The procedure for accounting drugs administered in the wards may be simplified. It is felt that the entire question of supplies, stock maintenance expenditure and accountability of hospital materials and drugs needs to be organised at all hospitals. For this
suitable managerial cadre of staff may be created under the direct control of non-technical administrative Deputy Superintendent for looking after the clerical and materials and drugs supplies administration.

(4) It is also necessary to improve organisational set-up of hospitals. In this regard, it is necessary to make the following recommendations although they are not directly connected with the nursing services. These are the recommendations on general improvement of the hospital - Several committee reports like the recommendations of the Rationalisation Committee and the recommendations of the project report by management experts of the J.J. Group of Hospitals as well as that on Dental Education and Dental Services Committee have made similar recommendations which are pending for acceptance and implementation at the government level. Expeditious action in this regard would go a long way not only towards betterment of the hospital services but also in improvement of all strata of services in the government hospitals including nursing services.

(5) As at present, the nursing personnel is loaded with clerical and other non-nursing work. The paper work of the nurses be reduced to a minimum. The nurses are ideally suited to maintain and promote rapport with the public,
patients and their relatives. This aspect of their duty should be duly encouraged in order to give right perspective to the nursing care. Also nurses can play a major role in the patients' education regarding health promotion and prevention of disease. They have an equally responsible duty in the field of public relations and hospital administration. Hence nurses should be actively involved in matters of supervision of cleaning, organisation and discipline in the wards.

(6) Government has specified the duties of nurses in the past vide Government Resolution No. NUR.3762/39609/G, dated 17th August, 1962. This list of duties needs revision and rationalisation in the light of higher responsibilities and greater skill that new nurses' training courses have provided for. It is suggested that the duties of the nurses should be accordingly revised.

(7) A standard formula be prescribed for breakages of hospital articles beyond which penalties be levied upon persons handling it. References to police whenever necessary should be done only through the head of the institution.

(8) Government should prescribe a white frock-type uniform for institutions and white saree type uniform
for community work for all nursing personnel. It is recommended
that initially four sets and later on three sets of such
uniform be supplied to each nurse per year. Government shall
have to establish centrally located garment unit to produce
such nursing uniform of various sizes. Alternatively, the
government may disburse appropriate amount in lieu of the
uniforms to each nurse every year.

(9) Government should extend the facilities of getting the
nurses' uniforms cleaned, starched and pressed free of cost
at their laundry establishment in large teaching hospitals.
In smaller hospitals where such facilities may not exist, the
nurses be paid a suitably enhanced washing allowance.

a) Living Conditions :

(1) 50 per cent of the staff nurses be provided with quarters
and at least 10 per cent of the nursing personnel should be
provided with family quarters at every hospital in the State.

(2) Nurses working at the primary health centre and sub-
centres should be provided with adequate residential
accommodation.

(3) The government should assist and encourage nursing
personnel to form co-operative housing societies and allot
them suitable land for this purpose preferably in the vicinity
of their work at concessional rates.
(4) The present system of providing messing allowance be dispensed with and an adequate amount towards messing allowance should be merged with the pay of nursing personnel.

(5) Cafeteria providing wholesome food, milk and milk products should be provided in every large hospital. The nursing staff should pay for their breakfast, meals or any other item which they choose to buy at such cafeteria.

c) Administration and Organisation

(1) Auxiliary Nurse Midwives and Staff Nurses after their training preferably be posted near the geographical area where their parents or families reside.

(2) Young nurses below the age of thirty, whenever possible, should be posted in larger hospitals and in larger towns. Middle-aged and mature nurses be posted in smaller towns and cottage hospitals in rural surroundings.

(3) Administrative nursing staff should be transferred every four to six years. Other nursing staff should not ordinarily be transferred. Unmarried nurses may however be transferred. Married nursing staff should be transferred only on administrative grounds.

(4) A regular training programme should be instituted for Class IV staff for organising, cleaning, communication,
transport and smooth functioning of the hospital. The traditional and time-consuming methods of today should be replaced by modern methods using time and labour saving implements and devices. Supervision of Class IV staff should, be entrusted to the nursing hierarchy. Nursing staff should however, set an example in dignity of labour whenever called for in the performance of duty during patients case.

(5) There are a number of specific as well as non-specific, common as well as uncommon problems connected with the various cadres (including those under Z.P. administration) of nursing personnel at present in the State. To solve these problems it is necessary to creat a general State Cadre of all the nursing services in the State.

(6) While it is not possible to make any specific recommendation regarding pay scales of nursing personnel, it is worthwhile going through the recommendations made by the Head of the Department. It is necessary to stress the importance of the immediate upward revision of the pay scale of nursing personnel. It is also necessary to rationalise cadres as suggested in the recommendations. The Mohite Committee, of course, is strongly in favour of special allowance to be given to the nursing personnel who are posted in rural and difficult tribal areas.
(7) Government should evolve a structure of nursing organisation and administration on the lines of a simple pyramidal plan of hierarchy where the points of control and the responsibility in decision-making are clearly outlined.

d) Miscellaneous :

(1) Adequate transport facilities may be extended to the nurses by making arrangements with the city transport companies to permit them to board buses on presentation of identity cards without being required to stand in queues. Government should also extend easy allotment and loan facilities for purchase of scooter to these nurses who prefer to use them.

(2) At primary health centres and sub-centres and during field visits, when a nurse has to travel as a part of her duty, government should provide for her transport.

(3) Auxiliary Nurse Midwife, when required to travel on foot, should be given adequate security arrangement by providing female attendents. Such female attendents should be paid reasonable emoluments.

(4) Educational facilities in the form of freeships, half freeships and free books similar on the lines of those
given to the children of school teachers be offered to appropriate categories of nursing personnel, particularly to Auxiliary Nurse Midwives working in rural areas.

(5) Facilities for medical check-up at regular intervals be made available and the same should be obligatory for all the nursing staff.

(6) Crech facilities should be made available at every hospital where there is demand for the same for ten or more children to be looked after.

(7) Public image of the nurses needs to be strengthened. This may be done by initiating active efforts to aptly represent the noble and humanitarian role of a nurse in such media of mass education, as literature, fiction, dramas, films, movies, radio, television and other forms of art communications. For this purpose, due emphasis be laid at the appropriate level of high school education to include in their curriculae the humanitarian role of nursing services.

(8) Outstanding performance of nurses of all categories of service should be recognised by the government before public functions. Separate awards be instituted for this purpose.
The Mohite Committee has appropriately suggested possible solutions to these problems and it has recommended to the government certain changes in the present policy and practice regarding nursing profession which would bring about necessary improvement in nursing services and nursing education in the State.

(C) EFFECTIVE ORGANISATION :

Problems relating to nursing services and nursing education can be solved through effective organisation and administration. Nursing Services are an important part of the health team of the State. They constitute a very large organisation having thousands of skilled and expert nurses as its members.

Such a large organisation can function effectively only if it has the qualities of a sound organisation. They are as follows :-

(1) Unity of objective
(2) Specialisation : precise division of work
(3) Co-ordination of all efforts towards the common goal.

(4) Clear unbroken line of authority

(5) Authority equal to responsibility.

(6) Efficiency: attainment of objectives with lowest possible cost.

(7) Effective delegation.

(8) Unity of Command.

(9) Span of Control: limited number of subordinates to each superior.

(10) Balance: in the size of various departments, between standardisation of procedures and flexibility, between centralisation and decentralisation, between span of control and chain of command.

(11) Appropriate communication.

(12) Optimum use of human resources: full scope of personal ability.

(13) Exception Principle: recurring decisions handled by lower level managers in a routine manner and problems involving unusual matters referred to higher level.

(14) Flexibility to changing circumstances.

(15) Systematic grouping of activities: departmentation.

(16) Definiteness: each activity contributing to the basic goals of the organisation with minimum of effort and maximum of efficiency on the part of the employee.

(17) Scalar Principle: the degree of responsibility and corresponding authority decreasing in relation to the levels of organisation structure from relatively complete responsibility and authority at the top (with top management) to relatively little responsibility and authority at the lowest level - authority flowing downwards from the top to the bottom - responsibility and accountability flowing upwards from the bottom to the top.
A large organisation like nursing services cannot be managed satisfactorily by overlapping or delegated responsibilities. This is precisely what has happened to nursing services. Another defect in the present administration of nurses is that it is rather loosely woven with multiple points of control such as the Office of the Director of Medical Education and Research, Office of the Director of Health Services, Matrons as well as Deans and Superintendents, District Health Officers and Public Health Nurses. This faculty arrangement blocks the channels of communication. There is no clear-cut definition of authority and responsibility of each office of management. There is no unity of command. Decision-making is faulty. There is no co-ordination in the activities of different offices of management. Balanced functioning of different parts of the nursing services has become impossible.

The entire machinery of administration of nursing services must be reorganised, taking into account the essentials of a sound organisation. There must be appropriate delegation of administrative and financial powers. Proper supervision, guidance and support must be given to nurses working throughout the organisation. Channels of communication must be live and free. Every member working in the organisation must have easy channel of approach without
social, political or administrative difficulties to express her grievance and expect justice. To achieve the above objectives, the future nursing services could be administered on the following lines.

A nursing division should be established in which the highest managerial post would be that of the Chief Nurse or the Chief Nursing Administrator; or still better, the post will be designated as a State Nurse. A Senior Nursing Personnel with necessary nursing qualification and experience will hold the post of a State Nurse who will function as the Chief Administrator in all matters of administration of Nursing Education and Nursing Services. The State Nurse should function in consultation with and under the guidance of the Director of Health Services and the Director of Medical Education and Research, Bombay, in policy matters, planning, financial implications, matters of government commitment and advice to the government regarding nursing matters. In fact all such matters should be brought before a committee consisting of Director of Health Services, Director of Medical Education and Research and the State Nurse for decision-making. The Senior Director will be acting as the Chairman and the State Nurse will be the Member Secretary of the Committee. The State Nurse will be responsible to both the Directors for co-ordinating activities of the nursing schools with that of
the nursing services. There will be two Deputy State Nurses to assist the State Nurse. One of them will be looking after the Nursing Education and the other one will take care of the Nursing Services. The State should be divided in four regions and there should be four Assistant State Nurses, one for each region. The Assistant State Nurses should be posted at the headquarters of the respective regions but they would be touring officers and they would tour in their respective regions. The Assistant State Nurse should be in-charge of both the Nursing Education and Nursing Services in the region allotted to her and she shall be responsible for all matters of the nursing administration both of education and services connected with all the categories of nurses in her region.

That means, she will be the Regional Administrative Head of the nurses in the teaching and non-teaching institutions, nurses working under Zilla Parishads, nurses working under ayurvedic and homoeopathic hospitals and any other. The District Public Health Nurses and the Matrons of the hospitals in that region would work under the administrative control of the Assistant State Nurse of that region. Following is the chart of the Nursing Division explaining the designations and relationships amongst them as discussed above.
Once the organisation is established, as shown above, all problems of nursing personnel would flow from bottom to the top through appropriate levels of management. As it is seen from the chart, the problems arising in region A, B, C or D will be taken note of by the Matrons and the District Public Health Nurses in the respective regions. Then they will be passed on to Assistant State Nurses in charge of the concerned regions. The Assistant State Nurses will communicate
them with the appropriate Deputy State Nurse and finally the Deputy State Nurse will refer it to the State Nurse who would take decision in consultation with the Director of Health Services and the Director of Medical Education and Research as and when necessary. All matters of day-to-day and routine service conditions, where the government directives are clearly stated, should be decided upon by the respective Assistant State Nurses. Matters involving departure from rules, discretion, administrative and financial powers of delegated nature should be channeled through the respective Assistant State Nurse to the Deputy State Nurse. Cases involving policy matters, planning, financial implications and government commitments should be referred by the Deputy State Nurse to the State Nurse who shall take decisions in consultation with the two Directors. For prompt and successful disposal of problems, it is very necessary that duties and responsibilities of the various posts in the organisation are clearly defined and there is appropriate delegation of administrative and financial powers and control. For successful organisation and administration of Nursing Education and Nursing Services, a structure of organisation on the lines of simple pyramidal plan of hierarchy should be built up, and in this structure, the points of control and responsibility in decision-making should be clearly stated.
With this detailed plan of reorganisation of the Nursing Education and Nursing Services, on the basis of a simplified organisational structure, it is useful to note the future profile of Nursing Education and Nursing Services in Maharashtra. Taking into consideration the gigantic pace at which medical science and health care is advancing today, the nurse of tomorrow must not only be lady with the lamp, but also competent in the delivery of health care like a junior doctor. At the primary health centres and sub-centres, the Auxiliary Nurse Midwife will function to take care of maternal and child health work, communicable diseases and minor ailments. She will be adequately trained and supported in all respects by the government. Slightly a higher than S.S.C. or about 10+2 level, she will have to take care of a population of not more than fifteen thousand. At present, a very large population of almost a lakh of people is entrusted to her for nursing care which is too much a work-load for her. In future, it should be reduced to about fifteen thousand people. The Auxiliary Nurse Midwife of tomorrow shall be called Middle Level Health Assistant or Community Health Visitor somewhat on the lines of Chinese system of rendering health services at the grass root level of the community. Trained in public health, community health, sanitation, innoculation, vaccination, communicable diseases, family
planning, maternal and child health as well as diagnosis and
treatment of common illness, she would be responsible for
preventive and health promotive services to the community.
She will have the knowledge of allied systems of medicines
such as ayurvedic and homoeopathic for treatment of diseases.
Trained in the basic principles of physio-therapy and occu­
pational therapy, she would enlighten the rural people regarding
the importance of daily exercise, fresh air, clean water
supply and nutritious food. In this way, she should be a
competent State-licensed nurse permitted to serve within
Maharashtra.

In district, urban and metropolitan hospitals, the
nurses would be of the order of middle level doctors. They
would be trained in handling sophisticated equipments. They
should know how to detect and meet emergencies. They should
have specialised training in Paediatric Care, Intensive Cardiac
Care, Operation Theatre, Neuro Surgery, Orthopaedic Surgery,

If the entire Mohite Committee Report is reviewed
carefully step by step, it has to be admitted that the
Committee has really worked very hard. It has studied the
present state of affairs in the profession from all the
possible angles. It has given full consideration to every
urgent issue pertaining to Nursing Education and Nursing Services and only after that it has suggested some improvements in the present policy and procedures. The recommendations made by the Committee to the government are practicable. The Committee has been successful in ventilating the feelings of the nursing community on different problems. The Committee, by making specific recommendations to the government, has taken the first step in the total rationalisation of this profession, for which the nurses have been waiting so long. Social workers, thinkers, and experts in the field of nursing and experienced nurses who have been working in State hospitals for years as well as office bearers of the nurses' unions unanimously agreed to the fact that the Report was similar to their line of thinking and it represented the real position in this field quite correctly. The union leaders observed that the Report was supporting and strengthening the demands already made by the nurses' unions and it should be accepted and implemented by the government as promptly as possible.

Unfortunately, the government has not so far taken any action on the implementation of the Mohite Committee Report, even though the Committee presented the Report to the government about two years ago. It is said that the implementation requires 12 crores of ₹ which is not a small sum
and it will take some time for the government to allot such a considerable sum for the specified purpose out of its limited resources.

The major shortcoming in the Report seems to be its inability to emphasize the importance of the psychological factors involved in the working conditions of the nursing personnel. We are aware that man does not live by bread alone. He needs job satisfaction, status, recognition, co-operation from colleagues, mutual understanding, trust and confidence from superiors and subordinates. He wants opportunity to test his skill and its appreciation by others. He wants to take decisions. He wants to maintain his image, his personality. All these are his psychological needs. They cannot be ignored. From this point of view, the Report seems to be weak in understanding the importance of developing necessary environment to boost up the morale of the nursing personnel. It does not suggest any means to improve staff-management relationships. It does not mention new schemes for personality development of the nurses. Nothing is said in the Report about the participation in management, collective bargaining, freedom of association etc. The report is silent on effective schemes of motivation. The only exception to this is a recommendation for public presentation of awards to outstanding
nurses. But there is always the other side of the coin. It may be possible that the Report is silent on psychological aspects of the working condition because at present even the material aspects of the working conditions are not up to the point. When the nurses are not satisfied regarding pay, allowances, hours of work, timings, accommodation, messing facilities etc. it is necessary to remove these difficulties first. Physical or material needs always have a preference over psychological needs. Therefore, the Mohite Committee must have considered the material needs with prominence. Once the process of improvement of Nursing Education and Nursing Services gets momentum, it would make the government take care of the psychological requirements of the nurses automatically. However, it is necessary to take note of this particular unavoidable weakness of the Report.

It is very much desired that the government takes active steps to implement the Mohite Committee Report immediately by making the necessary funds and facilities available and building up the necessary infra-structure throughout the State. Implementation of the Mohite Committee Report will not be able to completely rationalise the profession, but it would be at least the first step towards the ultimate objective of giving proper status and recognition to the nursing profession.

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