CHAPTER II:

NURSING AS A PROFESSION:

The role of woman:

Traditional concepts about a woman's role in the economic life of our country have undergone a revolutionary change in the present century. A woman a few decades ago, was not regarded as a "worker" who produced "marketable goods". She was at the most graded as a secondary worker - a labour reserve compressed into a relatively narrow range of low income, low skilled jobs or eased out of labour force in the man-dominated world. But, with the rising tempo of industrialisation in the country and the consequent development of trade, commerce, social and commercial services, more & more women started accepting paid employment. The changes in our social attitude helped to accelerate women's employment in all spheres of the economy. As it is revealed by the official study which was jointly undertaken by the Labour Bureau, Simla, and Labour and Employment Division, Planning Commission, from the year 1901, a significant increase has taken place in women's employment in various fields such as

1) Standing Guy - The Unrecorded Economic Contribution of Women, Women At work, an ILO newsbulletin (no.1-1977), p.6
education, research, public administration, factory industry etc. The number of women workers has specially increased in the tertiary sector of the economy.²

A large portion of women workers in the country is employed in the nursing profession. While considering the question of providing employment to women, the nursing occupation can never be neglected. Women prefer the nursing profession as most suitable for them. The essentials of the profession are such that a woman can naturally fit into it. A woman is a loving mother by nature, kind, patient and sympathetic. Whenever she sees an ailing person, she visualises a helpless child in that person and voluntarily comes forward to take care of that person. These instinctive qualities and skills of a woman are fully utilised in the nursing profession.

Nursing is a noble profession. A nurse, who serves the patients conscientiously, helps them get rid of pains and strains, and sometimes pulls them back to life from the clutches of death, is not less than an angel for the patient. She may be accepting monetary reward for her work, everybody born in this world has to do it for his daily bread; but a nurse does such a kind of work which she could not have

possibly done if she was not kind, compassionate, affectionate and patient. An inner urge to serve the mankind motivates her to work for people. This has been a tradition right from Florence Nightingale who saved the lives of dying soldiers on the battlefield. The lady with a lamp went to the wounded soldiers to give them whatever help she could and worked hard day and night, risking her life, on a battlefield. Every nurse who does the nursing of a patient with care, love and tenderness, and neglects even her own hunger and thirst for giving him prompt and accurate medical help and feels an inner satisfaction and eternal joy when a dying patient comes back to life with her assistance, is like a sister to the patient. Only a blood relation could act and feel like that. That is why a nurse is called as "Sister." She is proud of her profession because the word NURSE represents the following qualities in her :- N stands for nobility of the profession and the family of a nurse; U represents unity among all nurses; R means regularity in work; S stands for sympathy to the patients; and E represents excellent etiquettes.

The Nurse : Next in importance to Doctor :

As stated by the Mohite Committee Report, next to the doctor, nurse is the most important member of the health
team. Whether in a hospital or in the field, it is her skills, attitudes, competence, confidence and morale that largely determines the quality and standard of health care and medical care offered by the Services to the community. In today's atomic age, the importance of health care has increased tremendously. Medical science is advancing at a gigantic pace. Scientists have been able to conquer many of the communicable diseases like smallpox completely or almost completely but many new diseases have been discovered. In the developing countries like India, the conditions are worse. Problems like family-planning have to be tackled with due consideration to various related aspects. Scientific attitude is totally lacking. These countries want quick urbanisation and industrial growth without realising the danger of pollution and its accompanying problems. All this has enhanced the problems involved in today's health-care system to such an extent that the entire technique of health-care has been radically changed to meet the requirements of the people adequately. The new progressive technique consists of curative, preventive and health-promotive activities. In the light of these circumstances, the nursing

3) Report of the committee appointed by the Government to go into the question of improvement of Nursing Services and Nursing Education in the State of Maharashtra - Government of Maharashtra, 1976 (known as Mohite Committee Report) p.26
profession assumes tremendous importance as an indispensable part of the entire health plan of the nation.

Because of the growing importance of the profession and also increasing scope for women to be successful in the career of nursing, a large number of women want to take to nursing as their career. A woman who wishes to be employed as a nurse in a government hospital has to be specially trained for that purpose. Two courses in nursing are available at present and this woman has to complete either of them successfully. By completing the General Nursing and Midwifery Course, she can work in city government hospitals and if she undergoes the Auxiliary Nurse Midwifery Course which is a lower level course than the course mentioned earlier, she can be employed in government hospitals and health centres in rural areas. Specialised courses in Psychiatric Nursing, Paediatric Nursing, Public Health Nursing etc. are also available for her, if she wishes to take higher education. If she completes B.Sc. Nursing Course successfully, she can even get higher posts in nursing administration or enter in the teaching line in nursing. As a student, she has to stay in a hostel in the premises of the nursing school, gets a free lodging and boarding, and in addition to it, gets a stipend. In short, she can earn while learning and does not have to depend on her parents or husband any more. After passing the final examination with minimum 50% marks, she
immediately gets an employment in some government hospital in a city or in government health centres in rural areas as a staff nurse. She works on that post, for at least 8 to 15 years, and then is promoted to the post of Sister and probably retires on the same post. As a Sister, she acts as the head of that particular ward, manages the work of staff nurses, Class IV servants and student nurses, supervises their work and keeps due records. She is responsible for safety of all the equipments in the ward, repairs of the equipments and regular supply of the equipments according to the needs of the ward. As a Staff Nurse, she assists the Sister in all respect, carries out orders of the doctors as regards patients' nursing care, keeps proper records and supervises student nurses. She has to work for 8 hours a day but these hours of work may be lengthened according to the needs of the work involved. Her work schedule contains shift duties as follows:—
7.30 a.m. to 2.30 p.m., 1 p.m. to 8 p.m. and 8 p.m. to 8 a.m.
Her night shift is of 12 hours.

Special features of the nursing profession:

A nurse finds her occupation very interesting and at the same time of a very complicated nature because of its peculiarities. The nursing profession is a women-dominated profession. It is found that nearly 100% employees employed as a nursing staff in any government hospital are women.
Most of them are from lower middle class families and they have a job for economic reasons. Of these, married women have to shoulder all the domestic responsibilities like cooking, household work, looking after children etc. in addition to the hospital duties. Those who are unmarried also cannot escape the domestic work because of the traditional view point of the society towards women. Being from the low income group, they cannot afford to have many servants to keep the house. So it must be noted that the total load of work during any day puts tremendous strain on them. Because of the special nature of this profession, the duty hours are not normal office duty hours. A nurse, having day duty, has to reach her work-place at early hours about 7.30 a.m. and is relieved at about 2.30 p.m. Moreover, she has to keep a margin of an hour or so for travelling to and from the work-place. Duty hours are always changing according to changing needs of the hospital. A nurse has to do a night duty which is not there for other ordinary employees. She has to work overtime when there are emergencies which may arise frequently at know-not-what time. Nursing is a noble profession in which members are expected to have humanitarian approach and devotion towards their work. They must be ready for a sacrifice. As the profession deals with human life, a nurse always has to be on her toes. She has a standing duty. She is always standing (or running) to serve the helpless patients. The duty is heavy particularly in operation
theatres and emergency wards. A special feature of the nursing profession is that a nurse has to give medical assistance and take care of physical cure of the patient as well as has to be kind and consoling to give him moral support. This is particularly true in the case of a psychiatric nurse or a nurse working with patients of near-non-curable diseases like Cancer. The job is of a delicate and difficult nature which is a tremendous mental strain for the nurse herself. As the Mohite Committee puts it, the obligations and work conditions connected with the nursing duties make her role very different from other working women not only in the work situations, but also in the social, domestic and personal canvas of her life. On an average, nursing duties can be more taxing than similar work on a desk in an office or in other business or industrial establishment. 4

I.L.C. contribution:

The complicated nature of the nursing profession and the importance of improvement in its employment and working conditions were recognised by the International Labour Organisation. The General Conference of the International

4) Ibid.
Labour Organisation was convened at Geneva by the Governing Body of the International Labour Office on 1st June, 1977. In its sixty-third session, the convention concerning Employment and Conditions of Work and Life of Nursing Personnel was adopted on 21st June, 1977 (by 322 votes in favour, zero against, with 64 abstentions). While adopting the convention, the General Conference openly expressed its recognition to the vital role played by the nursing personnel, together with other workers in the field of health, in the protection and improvement of the health and welfare of the population. It also recognised that the public sector should play an active role in the improvement of conditions of employment and work of nursing personnel. It noted that the present situation of nursing personnel in many countries, in which there is a shortage of qualified persons and existing staff are not always utilised to best effect, is an obstacle to the development of effective health services. It also noted that nursing personnel are covered by many international labour conventions and recommendations laying down general standards concerning employment and conditions of work, such as instruments on discrimination, on freedom of association.

and the right to bargain collectively, on voluntary conciliation
and arbitration, on hours of work, holidays with pay and paid
educational leave, on social security and welfare facilities
and on maternity protection and the protection of workers'
health. Considering the special conditions in which nursing
is carried out, the General Conference formed an opinion that
it was desirable to supplement the above-mentioned general
standards by standards specific to nursing personnel,
designed to enable them to enjoy a status corresponding to
their role in the field of health and acceptable to them.
Noting that the proposals (which were the sixth item on the
agenda of the 63rd session of the General Conference) contained
the standards framed in co-operation with the World Health
Organisation in promoting and securing the application of
those standards, the General Conference of the ILO, decided
to adopt those proposals with regard to employment and
conditions of work and life of nursing personnel.

According to the above-mentioned convention, each
member country of the ILO ratifying the convention was to
adopt and apply, in a manner appropriate to national conditions,
a policy concerning nursing services and nursing personnel
designed, within the frame-work of a general health programme
and within the resources available for health care as a whole,
to provide quantity and quality of nursing care necessary
for attaining the highest possible level of health for
the population. In particular, necessary measures were to be taken to provide nursing personnel with education and training appropriate to the exercise of their functions and employment and working conditions including career prospects and remuneration, which were likely to attract persons to the profession and retain them in it. The policy concerning nursing personnel was to be formulated in consultation with the employers' and workers' organisations concerned and it was to be co-ordinated with policies relating to other aspects of health care and to other workers in the field of health. The basic requirements regarding nursing education and training and the supervision of such education and training was to be laid down by national laws or regulations or by a competent authority or competent professional bodies empowered by such laws or regulations to do so. Nursing education and training was to be co-ordinated with the education and training of other workers in the field of health. The Convention made it necessary for the national laws of the member countries to specify the requirements for the practice of nursing and limit that practice to persons who met those requirements. Measures were to be taken to promote the

participation of nursing personnel in the planning of nursing services and consultation with such personnel on decisions concerning them in a manner appropriate to national conditions. The determination of conditions of employment and work was to be made preferably by negotiations between employers' and workers' organisations concerned. The settlement of disputes arising in connection with the above was to be sought through negotiations between the parties or in such a manner as to ensure the confidence of the parties involved through independent and impartial machinery like mediation, conciliation and voluntary arbitration. The Convention expected nursing personnel to enjoy conditions at least equivalent to those of other workers in the country concerned in respect of hours of work including regulation and compensation, overtime, inconvenient hours and shift work, weekly rest, paid annual holidays, educational leave, maternity leave, sick leave and social security. The Convention also expected the member countries to improve existing laws and regulations on occupational health protection to cover the risks involved in the nursing occupation adequately.

The General Conference of the I.L.O., on the same date, adopted certain recommendations which were cited as the Nursing Personnel Recommendations, 1977. These recommendations put down in specific words detailed suggestions regarding the policy concerning nursing services and nursing
personnel, education and training, practice of the nursing profession, participation in management, career development, remuneration, working time and rest periods, occupational health protection, social security, special employment agreements, nursing students and international co-operation. The recommendations also suggested methods of practical application of the recommendations.

The Nursing Personnel Recommendations, 1977, made by the General Conference of the I.L.O. are most valuable from the point of view of the nursing profession as they represent the enlightenment of the countries all over the world as regards the need for improvement in life and labour of nursing personnel. They are a sort of international standards regarding employment and working conditions of the nursing personnel which can act as guidelines for all the countries while determining the policy as regards the nursing profession.

*State Nursing Services in Maharashtra*;

It would be interesting to trace the historical background of State Nursing Services in Maharashtra. The nursing services in Maharashtra were formally started with the formation of what was known as nursing associations of the various hospitals like the J.J.Hospital, G.T.Hospital, Saint George's Hospital, Cama Hospital in Bombay City and other district hospitals at Thane, Nasik and Dhulia. These
nursing associations were not controlled by Government but they were self-dependent bodies whose administration used to be run by prominent lay people and philanthropists. Government did not have any financial responsibility of these associations. The main business of these private associations was to provide nursing services to the government hospitals and nursing education programme. This practice went on from the 20s of this century. The foremost nursing association at the J.J.Hospital was started by Sir Ness Wadia. The associations at Cama and G.T.Hospitals were administered by the then prominent Indian philanthropists, and the one at the Saint Georges' Hospital by Europeans living in Bombay.

At this time, the nursing service was done by the religious nuns of the "All Saint Order." The first supervisor sister to work at the J.J.Hospital was Sister Josephine. Likewise, a number of All Saint Order sisters manned the hospitals. The first Indian Matron to be employed was Miss T.K. Adranwala, in the year 1928 at the J.J.Hospital.

Gradually the government hospitals began to expand their activities and these nursing associations could not cope with the expanding programme and the financial liabilities involved in providing nursing services to these hospitals. It was with this reason that Government took
over all the liabilities and assets of these nursing associations and began to handle the programme of providing the nursing services under the administration of Surgeon-General, General Candy, in the year 1945. Each hospital was having a compact cadre of the nursing services of its own. It was in the year 1947 that the State Nursing Services was formed. Government created a post of Superintendent of Nursing Services in the Office of the Surgeon-General in the year 1945 and the first person to hold this post was an English-trained Canadian lady followed by the first Indian Miss M. Doctor. Gradually the associations started handing over their assets and liabilities.

At this time there was no question of providing nursing services in rural areas. Private agencies like Bombay Mother and Children Welfare Society trained daies and sent them to work in rural areas. In the year 1955, under Dr. Vishwanathan, the director of Public Health, a large maternity and child health programme was undertaken with the assistance of WHO and UNICEF. It was then that the question of providing staff to the public health centres and the sub-centres arose. Although there was no amalgamation of Medical and Public Health Department at that time, the Superintendent of Nursing Services and the Director of Public Health worked very closely so that the Medical Department could train the Auxiliary Nurse Midwives and send them for
service in primary health centres and sub-centres. Later on the Medical Department started deputing qualified trained nurse midwives to these centres for a period of three years after giving them three months' orientation in public health course. A post of Assistant Director, Public Health (Nursing) was created in 1966. There was no facility in the State for conducting the post-graduate courses. Government used to depute nurses to Delhi, Vellore, Trivendrum for the courses of Sister Tutor, Public Health Nursing and for B.Sc.Nursing. Ultimately a college of nursing was established in Bombay in the year 1960 for conducting B.Sc.Nursing Course.

**Government Hospitals in Poona**

In Poona, there are four hospitals that are completely owned and administered by the Government of Maharashtra. They come under the administration and control of the Urban Development, Public Health and Housing Department of the Government of Maharashtra. They are as follows:

1. **Sassoon General Hospital** (Jai Prakash Narayan Road, Poona - 411 001)
2. **Central Mental Hospital** (Jail Road, Yeravada, Poona - 411 006)
3. **Pune Chest Hospital** (Aundh Camp Road, Poona - 411 007)
4. **Employees State Insurance Scheme Hospital**, (Aundh Road, Poona - 411 007)

Out of these, the first three hospitals are open to general public. The forth one i.e. E.S.I.S. Hospital makes
medical and nursing services available to the workers and their dependents only and an independent director specially appointed for that hospital manages it.

The Sassoon General Hospital was the largest government hospital in Poona in 1977-78 with 34 wards in it. In each ward there was one Sister and 6 to 7 Staff Nurses. The Sassoon General Hospital was founded in 1869. The Pune Chest Hospital was established in Aundh Camp, Poona, in 1956. In the year 1977-78, there were 8 wards in it. The Central Mental Hospital was founded in Yerawada in 1912 and in the year 1977-78 there were 250 wards. The E.S.I.S. hospital was established in Aundh Camp, Poona, on 26th January 1973, to meet the requirements of the Employee State Insurance Act 1948 in which it was provided that the workers participating in the Employee State Insurance Scheme should have a medical treatment in the E.S.I.S.Hospital only. That is why only workers and their dependents get medical and nursing services in this hospital. In the year 1977-78, there were 12 wards in this hospital.

In State Nursing Services, the nursing staff comprised Matrons (Gazetted), Assistant Matrons (Gazetted), Matrons (Non-Gazetted), Assistant Matrons (Non-Gazetted), Tutors, Sisters, Public Health Nurses, Psychiatric Nurses, Paediatric Nurses, Staff Nurses, Midwives, House and linen-
keepers, Health Visitors, Student Nurses 3 1/2 years and Student Nurses 2 years. 7

For the purpose of the present survey, Matrons (Gazetted) and Matrons (Non-Gazetted) have been regarded as one class. Similarly Assistant Matrons (Gazetted) and Assistant Matrons (Non-Gazetted) have been classified together as one class. All Student Nurses have been classified as "Student Nurse" irrespective of the duration of their course. Moreover, Health Visitors and Midwives have not been studied in the present survey as they are not employed in city government hospitals and they are found in rural areas. 7

In the year 1977-78, the total nursing staff in the Sassoon General Hospital was 841, consisting of 1 Matron, 2 Assistant Matrons, 9 Sister Tutors, 4 Clinical Instructors, 1 Home Sister, 2 Night Superintendents, 5 Theatre Sisters, 50 Ward Sisters, 356 Staff Nurses, 3 House and linen-keepers, 5 Paediatric Sisters, 4 Public Health Nurses and 399 Student Nurses. Psychiatric Nurses and Nurses specialised in T.B. treatment were not found in Sassoon General Hospital because independent hospitals were available in Poona for the treatment of T.B. patients and patients having mental illness. On the other

hand, student nurses, though they were not employees of the State Government in real sense of the term, could be found in the Sassoon General Hospital only because the School of Nursing is situated there. In other government hospitals in Poona, student nurses could not be found. Similarly, the teaching staff in the School of Nursing i.e. Sister Tutors and Clinical Instructors could be found in the Sassoon General Hospital only. As the courses in nursing are residential courses, student nurses have to reside in the Nurses' Home in the premises of the Sassoon General Hospital. Therefore, Home Sister and House and linen-keepers could be found in that hospital only.

The Pune Chest Hospital had the total nursing staff of 130 nurses in 1977-78. There was 1 Matron, 1 Assistant Matron, 13 Ward Sisters, 98 Staff Nurses and 17 Nurses specialised in T.B. treatment.

The total nursing staff of the Central Mental Hospital was 105 in 1977-78, consisting of 1 Matron, 2 Assistant Matrons, 12 Ward Sisters, 75 Staff Nurses and 15 Psychiatric Nurses.

The E.S.I.S. Hospital was manned by 89 nurses in all in the year 1977-78. The total nursing staff consisted of 1 Matron, 1 Assistant Matron, 2 Theatre Sisters, 15 Ward Sisters and 70 Staff Nurses.
Spokes and 90 staff nurses.
The total nursing staff in government hospitals in Poona was 1165 in the year 1977-78. It consisted of 4 Matrons, 6 Assistant Matrons, 9 Sister Tutors, 4 Clinical Instructors, 1 Home Sister, 2 Night Superintendents, 7 Theatre Sisters, 90 Ward Sisters, 599 Staff Nurses, 399 Student Nurses, 3 House and linen-keepers, 5 Paediatric Sisters, 17 Nurses specialised in T.B. treatment, 15 Psychiatric Sisters and 4 Public Health Nurses.

The Regulations in Maharashtra:

For an efficient management of the State Nursing Services, the Government of Maharashtra has made certain rules as regards the government nurses and the procedures as regards their recruitment, appointment, pay etc. have been fixed. As the nurses working in government hospitals are State Government employees, the Bombay Civil Services Rules (BCSR) of the Government of Maharashtra are applicable to them. (In the year 1977-78, these rules were being revised, therefore, the relevant provisions in these rules could not be supplied). According to the Government Rules, Nursing services are para-medical services and they are regarded as "Essential Services."

Nursing staff vacancies in a government hospital are not filled from applicants in open market. There is no special recruitment board, written tests or interviews. Every year a definite number of students nurses receive a certificate of passing from the Maharashtra Nursing Council, on successful completion of a nursing course. The list of all successful candidates is prepared by the Council and from that list, the candidates are recruited in various government hospitals as per requirements. The candidates are asked to let the Council know their choice for a particular hospital or for a particular place but there is no certainty that the candidates would get a call at that particular hospital or place. As far as possible, efforts are made to give proper consideration to the candidate's preferences. When the candidate gets such a call of employment, she usually eagerly responds to it because an employment in a government hospital is advantageous than an employment in private clinics in many respects.

The Superintendent of Nursing Services, Bombay, is the proper authority to appoint a trained nurse in a government hospital. The appointment is made for the post of Staff Nurse, at first, on a temporary basis. A nurse is confirmed by the Superintendent of Nursing Services on completing three years of satisfactory service by issue of a letter of confirmation. On appointment, a nurse enters into
a bond of Rs.2,500/- for eighteen months' work in a
government hospital. While she is on duty, she wears a
white saree or a white frock type uniform, shoes, cap and
a blue or red belt according to her designation.

The nursing personnel in government hospitals
receive their salary in following pay scales : -

(1) Matron (Gazetted) (750 beds and above)
   Rs.475-725 plus messing allowance (Rs.709-925)

(2) Matron (Gazetted) (500 to 750 beds)
   Rs.420-625 plus messing allowance (Rs.650-825)

(3) Matron (Gazetted) (200 to 500 beds)
   Rs.300-525 plus messing allowance (Rs.516-753)

(4) Assistant Matron (Gazetted) (500 beds and above)
   Rs.300-525 plus messing allowance (Rs.516-753)

(5) Matron (Non-Gazetted) (Less than 200 beds)
   Rs.250-370 plus messing allowance (Rs.465-536)

(6) Assistant Matron (Non-Gazetted) (Less than 500 beds)
   Rs.220-340 plus messing allowance (Rs.436-556)

(7) Sister Tutor/Clinical Instructor
   Rs.250-370 plus messing allowance (Rs.465-536)

(8) Ward Sister/Ward Master/Home Sister/Night
   Superintendent/Psychiatric Nurse/Paediatric Nurse/
   Public Health Nurse/Theatre Sister/Nurse specialised
   in T.B. treatment.
   Rs.170-280 plus messing allowance (Rs.358-496)

(9) Staff Nurse/House and Linen-keeper
   Rs.135-215 plus messing allowance (Rs.299-431)

(10) Nurse Mobile Hospital Unit/Nurse-Midwife Primary
    Health Centre and Rural Family Planning Centre :
    Rs.160-250 plus messing allowance (Rs.323-446)
In addition to the basic pay, the nursing personnel receive the following allowances:

(1) Dearness allowance depending on the basic pay
(2) Messing allowance Rs.70/- per month (in Poona)
(3) Uniform allowance Rs.20/- per month
(4) Washing allowance Rs.10/- per month
(5) House Rent allowance Rs.55/- per month

The above allowances are received by all the nursing personnel irrespective of their designation. The Theatre Sister receives Rs.30/- per month as an allowance for the special nature of her job. Similarly, the Theatre Staff Nurse receives Rs.20/- per month as an allowance for the special nature of her job. A Psychiatric Nurse receives Rs.20/- per month and a Staff Nurse in the Mental Hospital receives Rs.15/- per month as a special allowance. A Paediatric Nurse does not get special pay scale or allowance for her additional educational qualification or for the specialised nature of her job. A student nurse gets a stipend of Rs.142/- per month in the first year, Rs.152/- per month in the second year and Rs.172/- per month in the remaining one year (third year) and six months. In addition, the compulsory lodging and boarding in a hostel is free of charge for her.

As a State Government employee, a nurse is not allowed to do any other paid job while she is in the present employment.
If the employment contract is to be terminated, one month's notice is required, on both the sides. Before she resigns, a nurse has to give complete charge of the work.

A nurse gets 50% reduction in the charge for railway travel, only for herself. An accommodation in a hostel can be available to her free of charge, if she is a student nurse. An accommodation in a hostel or family quarters provided by the Government can be available to her at a concessional rent. A nurse can get free medical advice and service in a government hospital. If she takes medical treatment outside the government hospital, only the price of certain enlisted medicines can be reimbursed. The facility of provident fund is available for a nurse in a government hospital but whether to have a provident fund account or not is dependent on the wishes of the employee and the amount to be contributed to the fund is to be voluntarily decided. If a nurse has a provident fund account, she can get a loan out of her fund at 7\(\frac{1}{2}\) % rate of interest. A nurse can get a paid maternity leave for three months for the first three deliveries.

A nurse is fully trained for her job before she is appointed as a nurse in a government hospital. She must be a holder of a certificate of the Maharashtra Nursing Council, certifying successful completion of a nursing course. In other occupations, a person merely has the education or
theoretical knowledge when he enters into that occupation and he is given the necessary training afterwards on the job itself or through some training course. In nursing occupation, it cannot be afforded because nursing deals with lives of people. Therefore, a nurse is completely educated and also trained for her job when she undertakes an assignment.

There are five courses in nursing education and training 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 and Paediatric Nursing Course.

Auxiliary Nurse Midwifery Course is of two years' duration. General Nursing and Midwifery Course is of three years and six months' duration. Both these courses are being conducted as per the requirements laid down by the Maharashtra Nursing Council. The Post basic B.Sc. Nursing Course is of two years' duration and it is being conducted according to the requirements laid down by the University of Bombay. In addition to the B.Sc. Nursing Course conducted by the Government of Maharashtra, there are other colleges of nursing conducting the B.Sc. Nursing Course such as Armed Forces Medical College of Nursing, Pune and the S.N.D.T. University, Bombay. Public Health Nursing and Paediatric Nursing both are courses of one year duration and they are being conducted as per the requirements laid down by the Maharashtra Nursing Council.
The special feature of all these courses in nursing education is that clinical experience is compulsory. The minimum period of clinical experience in different subjects of study is clearly mentioned in the Rules of the Maharashtra Nursing Council.

Once a nurse is appointed in a government hospital, she gets no further training as such, but experience on the job itself is the best teacher for her.

The Superintendent of Nursing Services, Bombay, is the proper authority to promote a nurse to the next position and grade. On completion of the education, a trained nurse gets an appointment as a Staff Nurse. She can be promoted to the position of a Ward Sister. A Ward Sister can be Assistant Matron; and the final and supreme promotion is that of a Matron. If a Staff Nurse successfully completes the required special courses, she can be promoted as a Sister Tutor or a Psychiatric Nurse or a Paediatric Nurse.

While giving promotions, education, experience, special ability or skill are given proper consideration. Backward class nurses have reserved seats in promotions because of the Government policy to give preferential treatment to backward classes in all respects.
In the usual course of action, the Ward Sisters observe the day-to-day work of the Staff Nurses under their control and report their reactions to the Matron. The Matron, as a part of her duty, maintains up-to-date confidential reports of all nurses in the hospital and on the basis of those reports makes recommendations for promotions to the Superintendent of Nursing Services which are forwarded by him to the Surgeon-General.

As a State Government servant, a nurse is eligible to transfers. A nurse in Poona can be transferred to any government hospital outside Poona and the Superintendent of Nursing Services is the proper authority to order her transfer. A nurse working in one government hospital in Poona cannot be transferred to some other government hospital in Poona itself. For example, a nurse employed in the Sassoon General Hospital cannot be transferred to the Central Mental Hospital. A nurse working in a particular ward of a government hospital can be transferred to another ward in the same hospital according to the needs of the hospital. For example, a nurse working in Ante-natal Ward in the Sassoon General Hospital can be transferred to Paediatric Ward in the same hospital. The Matron has the right to authorise such a transfer, in consultation with the Dean of the hospital.
The Hospital Administration Manual published by the Government of Maharashtra has given standard rules of duties of nursing staff at government hospitals as follows:

**Duties of Matron:**

1. The Matron of the hospital is directly responsible to the Chief Medical Officer (Medical Superintendent), for the efficient management of the departments committed to her charge - (a) The nursing service of the hospital, (b) The training school for the nurses. She shall collaborate with the Chief Medical Officer of the hospital, with whom it is expected, she will work loyally and harmoniously to promote the interests of the hospital.

2. The appointment of the Matron and the termination of her services will be according to rules laid down by the Government of Maharashtra. She shall receive such salary and emoluments as may be determined by the Government of Maharashtra.

3. The Matron may not absent herself from the hospital for more than her ordinary off duty hours, without the knowledge of the Chief Medical Officer of the hospital.

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(4) The Matron is responsible for the nursing service of the hospital, for the distribution of the nursing staff, and for the adequate nursing care of all patients, including routine care, baths, treatments, dietary. She shall carefully note whether directions given in regard to these things, are carried out, and that a satisfactory standard of nursing is maintained. She will visit all patients, and will investigate immediately all complaints and report them to the Medical Superintendent.

(5) The Matron shall frequently visit all departments, wards, kitchens, sanitary blocks of the hospital and shall see that they are kept well ventilated, clean and in good condition.

(6) The Matron may have to advise the Medical Superintendent, as to the selection of linen, bed furnishings, clothing for the hospital. She will be responsible for seeing that issue of bed linen is made to each, according to reasonable requirements and that a due supply of house linen (according to sanction being granted for free bedding, etc., for Nurses Homes), is maintained and kept in good order. She shall also be responsible that all inventories are carefully taken at the accustomed periods. She will also be responsible for the duty clothes of the nursing staff, their uniforms - general tidiness and cleanliness.
(7) The Matron will scrutinise applications received from the candidates, desirous of undergoing the course of training as a Nurse-Auxiliary, Nurse-Midwife, Health Visitor, Public Health Nurse, and recommend to the Medical Officer, names of candidates found suitable for admission. The admission order will be passed by the Medical Officer. She will also keep a list of Staff-Nurses who by merit and length of service, etc., are in her opinion deserving promotion to higher rank and forward her recommendations to the Medical Officer, who will forward the same to the Surgeon-General.

(8) The Matron with the assistance of Sister-Tutor and Public Health Nurse and Ward and Departmental Sisters, shall provide for the training of student nurses, student Auxiliary Nurses, student Health Visitor, student Public Health Nurse, according to the requirements of the State Nursing Council, in theory and the clinical domiciliary and Public Health practice fields.

She will arrange for lectures, classes, selections tests of examinations, etc. She will keep a register of attendants of lectures. In the absence of the Sister-Tutor at the hospital, she will herself or with the assistance of a senior Sister or Public Health Nurse, give nursing lectures and demonstrations. She will be required to suggest from time to time improvements for the school and the training of the nurses.
She will arrange for regular staff meetings and in-service training of all the staff, under control.

If sister-Tutor has been appointed at the hospital, she will be primarily a teacher but the Matron may in consultation with the Medical Officer ask her to relieve administrative nursing officers in exceptional cases, but not for routine relief or other administrative nurses like the Matrons, Assistant Matrons, etc.

(9) The Matron shall be responsible for the records of all nursing personnel and shall keep records of their duties, attendance, capabilities, temperaments, health, etc., she will keep records in accordance with the forms supplied by the Government of Maharashtra. She will herself make memorandum of the character of each nurse and any special aptitude shown.

(10) The Matron is responsible for the discipline of the nursing staff and in the event of serious misconduct on the part of any member of the nursing staff, she shall report the matter to the Medical Officer, who may suspend the nurse, pending further investigation as laid down in the Bombay Civil Rules.

(11) The Matron shall be responsible for the welfare and counselling of the nursing staff.
(12) The Matron shall recommend to the Medical Superintendent or the Chief Medical Officer in the matter of management and dismissal of all domestic staff employed in the Nurses' Home.

(13) The Matron will be responsible for the care and health of the nursing staff and nursing students and will see that the Medical Superintendent is informed at once in case of illness and that proper medical and nursing attendance is provided without delay. She will also be responsible for the arrangements for the medical examination of the nursing staff and nursing students of the hospital.

(14) The Matron shall prepare a weekly report of her work and present it to the Medical Officer, recording therein, all such occurrences in her department as may seem to be of sufficient importance, shall be at liberty to bring forward suggestions, she may desire to make for the improvement of any of the departments under her charge e.g., nursing service of the hospital and the training school for nurses, etc.

(15) The Matron will assist in the disbursement of salaries and wages to the entire nursing staff and domestic staff.

(16) When the Surgeon-General, a Government official or a distinguished visitor visits the hospital, the Matron will accompany the Medical Superintendent during that visit.
(17) When any non-medical visitors desire to visit the hospital, the Matron will arrange for the same, in consultation with the Medical Superintendent or the Chief Medical Officer and see that they are shown the hospital with courtesy and care.

If a medical visitor wishes to inspect the hospital, she will inform the Medical Superintendent or his deputy, without delay and receive his instructions in the matter.

(18) The Matron will do such other duties as are allotted to her from time to time.

(19) In the event of any difference of opinion between the Matron and the Chief Medical Officer on administrative or other matters affecting the working of the hospital or its staff, the Matron has the right to demand that the matter be referred to the Surgeon-General for decision.

Duties of the Assistant Matron:

She is the Chief Administrative Nursing Officer, under the Matron, she will -

(1) Supervise all departments in the Matron's absence and during her off duty.

(2) Visit wards, O.P.D., Nurses' Home, sick nursing staff, alternatively with the Matron.
(3) Inspect cooked meals daily and ensure that they are properly cooked.

(4) Take nurses roll and attend nurses (breakfast on alternative morning with Home Sisters).

(5) Keep the following :-

a) Records of new applicants and entrants to the training school, for nurses or midwives.

b) Official Office diary from which records are copied.

c) Day-book, noting daily changes and movement of Staff.

d) Holiday booking diary.

e) Establishment book or nominal roll

f) Records of all wards reports of student nurses or midwives.

g) Uniform book order and giving out nursing staff (if and when free uniforms are issued), domestic staff Nurses Home.

h) Maintain health records of students.

(6) Attend to letters and correspondence for the Matron.

(7) Assist in the tuition of the nurses.

(8) Assist in the preparation of hospital inventory.

(9) Take part in the social and cultural life of the trained staff and of the student nurses and help them whenever they are in difficulties.

(10) Be present and assist the Matron in the disbursement of salaries and wages to the nursing staff and domestic staff.
(11) Assistant at regular staff meetings and in service training of staff.

(12) The Assistant Matron will do such other duties as are allotted to her from time to time.

Sister-Tutor /Master-Tutor Duties:

(1) The Tutor will assist the Matron in scrutiny of applications of candidates for training and selection of candidates.

(2) Tutor shall be responsible for arrangement of the teaching programmes which should be approved by the Matron.

(3) She shall ensure that the training is carried out in the class room and hospital wards and departments, in accordance with the prescribed curriculum.

(4) She shall undertake theoretical, practical and clinical instructions of students and tutorials on subjects taken by specialists and external teachers.

(5) She shall be responsible for joint meetings of teachers, including Ward Sister, Public Health Nurses to corelate theory and practice.

(6) She is responsible for maintaining registers of attendance to lectures of students, practical experience, examination, results, etc.
(7) She is responsible for maintaining up-to-date record of practical work, etc., of each student.

(8) She is responsible for arranging and supervising of extra curricular activities and for counselling of students.

(9) She may be required to maintain health record of students.

(10) She will take charge of the class room and will keep an inventory of equipment.

(11) She will take charge of the Nurses' Library.

(12) She will attend regularly staff meetings and participate in the in-service training of staff.

(13) She will do such other duties as are allotted to her from time to time and work amicably with the Matron and her deputy. If the Matron is on leave, she will obey the person deputed to work in place of the Matron.

(14) The Sister-Tutor may not absent herself from duty on any occasion without the previous consent of the Matron, except in case of illness, when she will inform the Matron.

**Night Superintendent's Duties:**

(1) The Night Superintendent shall have the supervision of the wards and shall superintend the nursing of the patients and shall be in control of the entire nursing staff on night duty.
(2) On going on duty, she shall take the Day-report in the Matron's office, report is made of new arrivals, sick nurses, nurses not in nurses sleeping out-impending operations. She shall see that the servant staff is present, then make her first round and verify reports and orders, left. She shall see that all instructions left for nurses are properly carried out.

(3) She shall visit the wards at irregular intervals making at least three visits during the night and visit such wards as require special attention as often necessary.

(4) She shall attend the Resident Medical Officer, on his round and summon the Houseman in every case of emergency.

(5) In the event of a patient's condition suddenly becoming critical during the night, she shall see that the friends of the patient and if possible, a clergyman or priest are summoned, immediately. When death occurs at which the Houseman has not been present, she must be informed immediately.

(6) She shall be responsible generally to the Matron for the discipline of the night nurses and servant staff. She shall report any case of indisposition. She shall see that the night nurses in each ward remain chiefly near bed cases. Nurses shall on no account sit together in duty rooms.
(7) She and the night nurses shall not receive visits from any member of the staff off duty and she shall see that the night nurses do not visit other wards than their own, without permission, so that no articles of patient's diet are removed from the hospital by any one.

(8) She shall see that economy is practised in regard to lights.

(9) All night nurses will work under the control of the Night Superintendent, to whom she will refer in all cases of difficulty.

(10) The Night Superintendent shall see the Matron every morning and submit reports regarding cases and any irregularity, which may have occurred during the night.

(11) The Night Superintendent shall note the hours at which, day nurses, who may be on late pass, return, and shall see herself that they are not let into the Nurse's Home. If the Matron is of opinion that it is not feasible for the Night Superintendent to do these duties on account of the nurses' quarters being away or for other reasons, she may entrust this duty to any of the Sisters or senior Staff Nurses.

(12) The Night-Superintendent shall see that all nurses have a good meal during the night. She may be required to Superintend the night nurses' meals.
Ward Sister or Ward Master—Duties:

(1) A Ward Sister/Ward Master is entirely under the jurisdiction of Nursing Superintendent, or her deputy, and must carry out her order to the best of her ability.

(2) It is expected that the Ward Sister will act loyally, co-operatively and amicably with all the medical staff and students and that she shall help them wherever it is possible to do so.

(3) Training student nurses is the Sister's primary duty as on this factor depends almost entirely the efficient nursing of the patients. The Sister is responsible for instructing nurses in all the subjects specified in their training, charts, etc., and for seeing that the theory taught in the classroom is practised in the wards, and for training student nurses in the habits of observation, accuracy, neatness and economy. She shall co-operate with the Sister-Tutor, with whom she shall establish a good working relationship, in effecting good nursing procedure and teaching of student nurses. She shall also welcome the Sister-Tutor, when she visits her department or brings students for instruction. She should arrange and conduct in consultation with the Sister-Tutor, clinical instructions for the nursing students.

(4) Nursing of patients - The Sister is responsible for the arrangement of proper assistance to be given to the Medical Officer, for the examination and treatment to patients.
The Sister is responsible for the efficient nursing of the patients. She will arrange for all treatment to be carried out including diet and medicines and will explain to her nurses the special observations necessary for each patient. The Sister will personally supervise the serving and distribution of the patient's food, complying with particular tests of the patients, whenever possible. She would be in contact with the relatives of the patients and in collaboration with doctors, should notify the relatives of progress or relapse in the condition of the patients, always ascertaining their wishes in cases of impending death. She should arrange to comply with any patient's wishes with regard to his own priest of the particular class of religion.

(5) Care and maintenance of ward equipment and general management - The sister is responsible for the cleanliness, order and ventilation of her wards, service rooms, pantry and sanitary annex. She will also pay attention to the cleanliness of cupboards, floor, utensils, etc. She is responsible for the work of the ward domestic staff. She has charge of the linen and all ward equipment and is responsible for seeing that no deficiencies occur. She is responsible for the arrangements of duties of nursing and domestic staff assigned to her wards and also to arrange and conduct regular staff meetings.
(6) She is responsible for diet sheets, indent of drugs and stores and for the safe keeping of poisonous drugs.

(7) If there is any infringement or any misconduct by patients or their relatives, the Sister shall report it immediately to the Matron. The Sister should maintain the admission and discharge register in her ward and exercise particular care in the event of discharge, transfer or death of a police case. Transfer of patients from one ward to another should be made in collaboration with the Medical Officer.

(8) The Sister should accompany the Superintendent, the Matron and the Resident Medical Officer and the visiting staff on their rounds.

(9) She shall take care that no nurse or servant receives fee or reward from patients or their friends.

(10) A Sister shall give the Matron the earliest possible information of serious cases or operations in connection with her ward and shall duly report to her, if any of her nurses appear to be out of health and in need of professional advice.

(11) The Sister shall be careful that no visitors are admitted to the wards except on the appointed days and hours without a written permission from the Superintendent. But in cases of serious illness, she will arrange with the Medical
Superintendent, or Chief Medical Officer, to secure an attendant pass to enable the relatives or friends to enter the hospital at any hour while the serious condition of the patient lasts. However, she will take due care to see that other patients in the wards are not disturbed by the attending visitors. She shall take care that visitors do not bring harmful articles of food or drinking to the patients and that all bundles belonging to the patients are inspected before being taken out of the ward.

(12) The Sister and the Night Superintendent are required on the occurrence of death, to send two of their ward servants by day and two of the hamals or servants by night to the mortuary for the stretcher and these men, with any other assistance necessary shall convey the body to the mortuary accompanied by a nurse, who shall see that each body is properly placed on the table and laid out according to its rites.

(13) The Sister or her deputy shall make a general survey of her wards before leaving for the night, and shall give the night nurse full instructions for the performance of their duties, pointing out any special orders regarding the treatment of any particular patient or patients which may have been given by the Medical Officer, Incharge of the case, and any change in condition or symptoms of any patient which
require special attention. The night nurse, on being relieved in the morning by Sister shall similarly inform the Sister of any change in symptoms or treatment which may have taken place during her term of duty.

(14) On admission of a patient to the ward, the Sister should take charge of all his valuables, money, clothes, etc. enter them in a book kept for this purpose and send them to the hospital office for safe custody. The steward or officer receiving these, should sign the Ward Sister's book in token of their receipt. A similar procedure should be observed as regards patients dying in the hospital who retained anything in their possession without the knowledge of the hospital staff.

(15) When a Sister is being relieved of the charge of her wards, she shall go over the whole stock with the relieving Sister and they shall each sign a delivery and receiving certificate, certifying the correctness or otherwise, of the stock. This certificate shall be submitted through the Lady Superintendent to the Medical Superintendent.

(16) Sisters and nurses on duty shall satisfy themselves that there is no shortage of water supply and if there be, the Resident Medical Officer or the next responsible Medical Officer on duty should be informed at once. Similarly, any wastage noticed by overflow from the tanks from leaking taps should be reported at once.
(17) All Sisters and nurses are held responsible for any unnecessary use of lights and fans and gas appliances.

(18) In the case of fire, they should turn off all switches, controlling the burning area and at once inform the Medical Officer on duty.

(19) The Sister will do such other duties as are allotted to her from time to time.

**Theatre Sister's Duties**:

(1) The Theatre Sister will be entirely responsible for the setting out, the disinfection and sterility of the cupboards, furniture, trolleys, instruments etc. in the operation theatre.

(2) She shall be responsible for all the instruments and equipments in the operation theatre. An inventory shall be taken once a month. Deficiency shall be reported through the Matron.

(3) She shall be responsible for making adequate arrangements for any operations that may be performed.

(4) She shall train any nurses placed under the authority in practical work and give demonstrations in theatre work to senior nurses, preparing for examinations.

(5) The servants attached to the theatre shall be under her control.
(6) She shall keep a book in which anyone taking instruments or surgical appliances from the theatre shall sign his or her name. On return of the article, the Sister shall cancel the entry over her signature in the presence of the party concerned. The dates of removal and return should be shown.

(7) She will submit regular indents for all possible requirements through the Matron to the Superintendent.

(8) Every quarter, she shall prepare and submit to the Superintendent through the Matron, a list of instruments requiring repair, and also, of any unserviceable dead stock.

(9) On relinquishing charge of the theatre, the Sister shall go over the whole stock with the relieving Sister and they shall respectively sign a delivery and receiving certificate, specifying any deficiencies. This certificate shall be submitted through the Lady Superintendent to the Superintendent.

**Staff Nurse's Duties:**

The Staff Nurse's duties are arranged by the Sister in accordance with the needs of the Ward.

(1) In the Sister's absence she is responsible for entire management of the ward.
(2) She will help the Sister in teaching student nurses and in the supervision of their work.

(3) She will assist in keeping up ward supplies.

(4) She will assist in the nursing of patients.

(5) She will assist in the supervision of the ward servants' work.

(6) She will assist in the supervision, serving and distribution of patients' food.

(7) Staff Nurses must immediately report any change they may observe in a patient to the Sister and must at all times bring to her notice circumstance which, in their opinion may prove hurtful to the patient or injurious to the interest of the hospital.

(8) Her first duty in the morning is to take her report from the night nurse. Secondly, she will visit each patient in turn and enquire, "How are you, did you sleep, did you have your drinks or medicines, etc.? Are you comfortable? Is everything alright? Can I get you anything? Can I do anything for you?" By this early round, she will know about every patient before her Sister or doctor arrives. It must be her pride that she knows all about every one of her patients.
(9) She will inform the doctor on duty of the arrival of a new patient. Within ten minutes of the patient's arrival, she will take the patient's T.P.R. and chart as soon as possible. She will ascertain whether the patient has had any food or drink that morning or day, and deal with this according to the orders of the doctors in the out-patients department or in the casualty room. Extra diets required for such new patients should be obtained immediately from the steward's department. When in doubt she will give only water.

(10) Report to Sister each morning a full report of all patients.

Duties of the Warden, Home Sister or House and Linen Keeper for the Nurses' Homes at the hospital:

(1) To look after the comfort of nurses in the Nurses' Home.

(2) To supervise servants attached to the Nurses' Home.

(3) To make all arrangements regarding messing the nursing staff: (a) supplies, (b) preparation, planning and serving of meals, and (c) keeping of relevant records.

(4) The House and Linen Keeper's house-keeping duties will include supervision of the cleanliness and general arrangements of the Home. She shall bring to the attention of the Matron any need, repairs, renewals, etc.
(5) She shall be responsible for the supervision of linen which may be supplied by the Hospital in the Nurses' Home, and for the laundering and mending of the same.

(6) At hospitals where the number of resident nurses is small, the Linen-Keeper's time is not fully occupied, she may be given the following additional work, if the appointment of a Hospital Linen-Keeper does not exist. The supervision of Nurses' Home and mess will, however, be her first responsibility—supervision of hospital linen:

(a) New stock, (b) Issue to wards, (c) Mending, (d) Despatch and return of linen to and from laundry, where central linen supply is established, (e) Keeping of relevant records.

(7) The House and Linen-Keeper shall be responsible to the Chief Medical Officer through the Matron.

Duties of Nurse-Midwife with Public Health Orientation and Health Visitor:

(1) She will provide direct Public Health nursing service with the primary health centre and a defined area of the community block.

(2) She will give assistance in the service provided at the three sub-centres.
She will undertake delegated responsibility for day to day supervision of nursing and midwifery in the area.

She will maintain health education as an integral part of all midwifery and nursing services.

She will help to establish and maintain standards of nursing and midwifery services for the benefit of 'In-patients', and "Out-patients" and those receiving domiciliary care.

She will help to arrange the duties of the staff.

She will promote and supervise the proper use, care and maintenance of equipment and supplies.

She will help to establish and maintain up-to-date records and reports.

She will guide and supervise the domiciliary practice, experience of Auxiliary Nurse-Midwife students.

In the Primary Health Centre:

She will help the Medical Officer in providing a good sanitary and clean environment for both "in" and "out" patients.

She will, when in-patients are admitted, arrange for and supervise the necessary nursing and midwifery care.
(3) She will help in the establishment and conduct of regular scheduled anti-natal clinics.

(4) She will help in the establishment and conduct of regular scheduled child welfare clinics.

(5) She will help in the establishment of a system of routine post-natal examinations which may be timed with 3 or 4 above.

(6) She will help in the arrangement of days for general medical clinics in accordance with the needs of the area.

(7) She will, in consultation with the Medical Officer, arrange for the reference of all patients requiring specialist advice.

(8) She will, in the case of referred cases, establish and maintain a system of follow up in regard to attendance and home visits.

In the Community:

(1) She will establish a system of follow up and home visits, guide the Auxiliary Nurse-Midwives in home visiting work.

(2) She will herself undertake to visit the more difficult or problem cases, including ante-natal, post-natal and child care cases.
(3) She will, in consultation with the Medical Officer, follow up special cases which are regarded as urgent and serious health problems.

(4) She will undertake domiciliary deliveries and post-natal care.

(5) She will build up good relationships with the local dais and take part in an approved scheme for the training of dais and guide the Auxiliary Nurse-Midwives in supervision of dais.

(6) She will, in co-operation with the health team and local teachers, take part in a planned school health to give priority to pure water supplies, environmental sanitation, immunisation services, detection of defects and follow up of serious defects.

(7) She will, whenever indicated, assist patients in securing appropriate medical care.

(8) She will in her dealings with the community, promote understanding and implementation of the rules of health.

In the Sub-Centres:

(1) She will help in the establishment of regular scheduled ante-natal clinics.

(2) She will help in the establishment of regular scheduled child welfare clinics.
(3) She will help in the establishment of a system of follow up with regard to attendance and home visits.

(4) She will help in the establishment and conduct of regular scheduled general medical clinics.

The Nurse-Midwife/Health Visitor will be directly responsible to the Medical Officer, incharge of the primary health centre and receive supervision from the District Public Health Nurse Supervisor.

The Nurse-Midwife/Health Visitor may be delegated responsibility for day to day supervision of Auxiliary Nurse-Midwives and dais in the area.

Duties of Auxiliary Nurse-Midwife or Midwife in the Health Centre:

Under the guidance of the Nurse-Midwife/Health Visitor, the Auxiliary Nurse-Midwife.

(1) will establish and conduct regular scheduled antenatal clinics;

(2) will establish and conduct regular scheduled child welfare clinics;

(3) will assist as required in the nursing or midwifery case of emergency in patients;

(4) will assist in the teaching and undertake supervision of the local dais;
(5) will assist in the general-medical clinics;

(6) will render first aid and give minor ailment treatment according to standing orders;

(7) will maintain records of work done and submit the necessary reports as required;

(8) will assist in the maintenance of cleanliness in the health centre;

(9) will be responsible for proper use, care and maintenance of requirement and supplies used by her;

(10) will refer all sick or abnormal cases to the Medical Officer of the primary health centre.

In the Community:

(1) will make ante-natal home visits with special reference to the preparation for delivery;

(2) will undertake normal deliveries within the limits of 100-120 cases per year;

(3) will give post-natal care to domiciliary cases, according to standing orders;

(4) will undertake supervision of health/infants up to one year old (after post-natal period of at least three spaced visits is desirable);
(5) will undertake follow up of sick children and mothers;

(6) will visit healthy pre-school children (at least one visit per year, is desirable);

(7) will when required, go to the assistance of local dais;

(8) will help in training and supervision of local dais;

(9) will assist, when necessary, in a planned school health programme;

(10) will, whenever indicated, assist patients in securing proper medical care either by calling the help of the Medical Officer or sending the patients to the doctor.

The Auxiliary Nurse-Midwife will be directly responsible to the Medical Officer in charge of the primary health centre and receive day to day supervision from the Primary Health Centre Nurse and overall supervision from the District Public Health Nurse Supervisor.

The Auxiliary Nurse-Midwife will undertake delegated responsibility for the supervision of dais within her area in accordance with the approved scheme for the training of indigenous dais.
Duties of Public Health Nurses:

1. The duties of a Public Health Nurse, when appointed at the primary wealth centre, will be similar as laid down for the Nurse-Midwife or Health Visitor.

2. The Public Health Nurse may be required to take direct responsibility as instructor of Rural Welfare Training Unit.

The Duties of Public Health Nurse when appointed at a training centre for Nurse-Midwives will be as follow:

1. Public Health Nurse will be a member of the teaching team at the school of nursing.

2. She will assist in the development of Public Health Nursing service to be utilised as practice-field for Nurse-Midwives.

3. She will undertake instructions of students as required in curriculum.

4. She will participate in staff meetings and in-service education programmes.

5. She will do such other duties as are allotted to her from time to time by the Matron and work amicably with the Sister-Tutors.
Duties of District Public Health Nurse-Supervisor General:

1. She will, under the direction of the District Health Officer, be given authority to direct and develop all public health nursing and midwifery services in the district.

2. She will take part in all relevant discussions concerning the overall health services of the district.

3. She will, in consultation with other members of the Community Development Block, collect and evaluate up-to-date relevant data concerning policies, needs, resources of her area.

4. She will co-operate with the schools of nursing and midwifery in arranging supervised field experience for student nurses and Auxiliary Nurse-Midwife students.

5. She will interpret the needs of the nursing and midwifery services to the District Health Officer, other community development administrators, lay Committees and community as whole.

Administrative:

1. She will be responsible for carrying out policies and programmes in an efficient manner.

2. She will make recommendations to the District Health Officer on the following matters:
Selection of staff where the District Health Officer is the appointing authority.

Placement of staff
Selection of candidates for fellowships and further education.
Approval of leave.
Promotion of staff
Welfare of staff.

(3) She will report to the District Health Officer, any cases in which disciplinary action appears necessary.

(4) She will be responsible for ascertaining the need for and maintaining supplies and equipments required for her section.

(5) She will evaluate the reports of nursing and midwifery staff and forward those to the District Health Officer.

(6) She will submit a report of her work to the District Health Officer.

Supervisor:

(1) She will try to promote professional growth of the staff and encourage individual initiative.

(2) She will interpret to the staffs the policies, plans and rules for regulating and developing the service.

(3) She will advise on the organisation and planning of work.
(4) She will help the individual staff member to evaluate the needs of her particular area and select priorities of her work.

(5) She will pay special attention to improving the quality and quantity of the services and in co-operation with the training centres set standards for procedures and techniques.

(6) She will, at all times, encourage co-operative team spirit among staff members.

(7) She will check and advise on use, care and maintenance of equipment.

(8) She will review with the staff members concerned records, reports and statistical data and advise where necessary.

(9) She will carry out her duties by being available for individual conferences with staff members, through the medium of staff meetings, and by the field visits to the centres and in the community.

(10) She will, in planning her field visits, keep in mind these minimum recommendation:– houtine visits: at least four visits a year to each staff member. Staff in insolated areas should receive high priority.

Extra Visits: To new staff, poor workers and during planning and establishment of new activities.
(11) She will arrange in-service education by means of programme for orientation of new staff.

   a) interpretation of new developments in public nursing and midwifery.

   b) Discussion, demonstrations and supervised practice.

   c) A feasible plan for dia-training.

(12) She will delegate administrative and supervisory functions within the limits of the staff members' capacity bearing in mind the duties of the Staff-members.

The headquarters of the District Public Health Nurse Supervisor will be the headquarters of the District Health Officer.

The District Public Health Nurse Supervisor will be directly responsible to the District Health Officer. In technical matters relating to nursing, etc., she will be guided by the State Superintendent of Nursing Services.

The District Public Health Nurse Supervisor will exercise supervision of all nursing personnel within the district.
There are no definite schemes of job-rotation in respect of nurses, but the Matron has the right to transfer a nurse from one ward to another ward, in consultation with the Dean of the hospital and when this right is exercised by her, it automatically results in a job-rotation. The nature of the job in a particular ward is certainly different from that of the nature of the job in another ward. So a nurse, who has been transferred, has to adjust herself completely to a new type of job in her new ward. In this manner, it is a sort of change of a job for her. Transfers from Poona to some other places have a similar effect.

A government nurse retires at the age of 55. She can get an extension of 3 years and retire at the age of 58.

After retirement, a nurse receives a pension which is \( \frac{1}{3} \) of the basic pay at the time of retirement. There are no schemes of rehabilitation of retired government nurses.

For the past few years, the Government of Maharashtra had been aware that the nursing services in the State were being practised under many handicaps. Working conditions in government hospitals were so arduous and irksome that they denied any job satisfaction or any worthwhile nursing experience to nurses working there. Continuous shortage of necessary drugs, equipments and essential items like running
water, shortage of Class IV staff, heavy work-load accentuated by many non-nursing duties, totally uninspiring staff-management relations, absence of recognition and appreciation of the nursing services as an important wing of the medical science—these were only a few of the many constituents of the bad working conditions in government hospitals. As a result, it was noticed that well-trained as well as not so well trained nurses in these hospitals could not give levels of nursing services expected from them. This reflected in the overall low grade health service in the State.

All this had to be changed. The question of improvement of the nursing education and nursing services was becoming progressively serious and it was necessary that it received immediate attention of the Government. Therefore, on 20th November, 1975, a committee was appointed by Government of Maharashtra to go into the question of improvement of nursing education and to evolve a machinery to consider the various problems relating to nursing services and nursing education, under the chairmanship of Mrs. Vanmala Mohite.

The Committee consisted of 12 members in all, including the Chairman. The Committee's constitution was ideal from the point of view of securing its goals, having the social workers, leaders, thinkers, experts in the field, office-bearers of the prime institutions concerning medical and nursing education and research, office-bearers of the
nurses' associations and representatives of the nurses themselves as its members. The specific terms of reference of this Committee were the following - a) Rationalisation of existing system of nursing education. b) To suggest ways and means for improvement in the quality of nursing services. c) To consider the problems of nursing personnel relating to service conditions, improvement in the status and other ancillary benefits. Members of the Committee undertook extensive field visits and interviews of the various categories of nursing persons in teaching and non-teaching district hospitals, cottage hospitals and dispensaries and primary health centres and sub-centres for obtaining a first hand knowledge of the problems and conditions of the nursing personnel. Experts in the field of problem analysis work specially prepared a technical questionnaire in English as well as in Marathi. Copies of this questionnaire were issued to the various categories of nursing personnel individually and the respondents were appealed to make their independent, frank and free reporting. The opinion so received constituted an important and major source of information for the Committee. The Committee took every possible step within the frame work and resources available at its command to acquaint itself in regard to the task assigned to it. Various organisations and individuals interested and connected with nursing education and services in Maharashtra were requested to send
memoranda, suggestions and recommendations to the Committee. In addition, some individuals on their own met the members of the Committee with personal complaints giving first-hand information regarding difficulties encountered by the nurses while working in urban areas as well as in the remotest villages in some of the districts in Maharashtra. After careful consideration at the different aspects connected with the subject of their study, the members of the Committee submitted a detailed report to the Government on 24th November 1976.

The Report is yet to be approved by the Government.

The Mohite Committee has made 42 recommendations in all in relation to nursing education and training and nursing services including recommendations pertaining to working conditions, living conditions and administration and organisation and some miscellaneous recommendations.

It is said that the implementation of the recommendations would require 12 crores of rupees which is not a small sum. It will take some time for the Government to allot a considerable sum like that for the betterment of government nurses out of its limited resources.

It is now more than thirty years since independence and yet the government nurses, giving valuable services to the society, remain totally neglected. It is much desired that the Government of Maharashtra 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. It will be the first step towards the ultimate objective of giving proper status and recognition to the nursing profession.

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