CHAPTER-IV :

WORKING CONDITIONS OF THE GOVERNMENT NURSING PERSONNEL
IN PCCNA :

PART I

Direct Relationship between Working Conditions and Morale :

The demand for skilled nurses has been growing day by day to meet the challenges inherent in the situation. If the supply must be in co-ordination with the demand, it is necessary to study the factors that have a bearing on the supply of nurses in the labour market. New girls must be attracted to the nursing profession, and at the same time, those who are already in it, must be retained there. For this, it is necessary that the profession of nursing with all its aspects must be agreeable to the expectations of the nurses. It must provide them with a full job satisfaction.

Variables like job satisfaction, employee attitudes and morale have acquired an important place in the literature of industrial, vocational and social psychology. The terms job satisfaction, job attitudes and morale, used interchangeably, refer to affective orientations on the part of the individuals towards work roles which they are presently occupying. Positive attitudes towards job are conceptually equivalent to job satisfaction and negative attitudes towards the job
dissatisfaction. Likert and Willits defined job morale as an individual's mental attitude toward all features of his work and toward all the people with whom he works. Similarly, Guion has defined morale as the extent to which the individual's needs are satisfied and the extent to which the individual perceives that satisfaction as stemming from his total job situation.

If the individuals in the nursing profession have a job satisfaction, a high morale or a positive job attitude, the society will receive a regular supply of excellent nursing services and general standard of health will improve. It is necessary to make out the factors on which this job satisfaction depends. As in any other business, government nurses work for their employer for salaries. As State Government employees, they work for the agreed span of time at the agreed work-place and in return get a monetary reward. The Government as an employer, expects the nurses to be loyal, punctual and hard-working. It likes them working as dedicated members of a work-force acting willingly and effectively


towards the fulfilment of the common goal. The nurses are aware of the expectations of their employer and they honestly try to act accordingly but they also in turn expect certain things from their employer. They know that they can work effectively if the employer provides them ideal working conditions. There is a direct relationship between working conditions offered to employees and their job satisfaction. Good working conditions include clean, hygienic and decent work-place with all the necessary facilities, suitable and reasonable hours of work, satisfactory pay and allowances, agreeable rules regarding transfers, promotions and leave, availability of free accommodation, transportation, telephone and welfare facilities like medical aid and maternity benefit, full protection to the nurse's health, appreciation of an efficient performance, democratic atmosphere in the organisation, freedom of association, encouragement for worker's participation in management, absence of discrimination on any ground and protection to the right of collective bargaining. Good working conditions also mean security, satisfaction and fulfilment in the job. It is found that excellent working conditions reduce the number of disputes between the workers and management and encourage smooth flow of work.
Determinants of Job Satisfaction:

As stated by Victor H. Vroom, the major determinants of job satisfaction are as follows:

(a) Hours of work
(b) Supervision
(c) The Work Group
(d) Job Content
(e) Wages
(f) Promotional Opportunities

In addition to the above, some other factors also have considerable impact on the morale of the employees. They may seem to be of a trifling nature or one may not think them directly relevant to the job satisfaction but in fact many times these factors are found to be one of the important reasons of positive or negative employee attitudes towards the job. They are as follows:

(a) Job security
(b) Opportunity to make collective bargaining/efforts
(c) Guidance from the superiors
(d) Communication
(e) Delegation of authority
(f) Physical facilities at the work-place
(g) Occupational health protection
(h) Welfare facilities
(i) Balanced organisational set-up

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These determinants of job satisfaction are nothing else, but different aspects of the conditions of employment and work. Every employer must possess the skill of managing these determinants effectively if he wants his employees to be contented and peaceful.

Nurses working in government hospitals form the part of the medical organisation in Maharashtra. As stated by Keith Davis, an organisation is a social system. Whenever people join together in some sort of formal structure to achieve an objective, an organisation has been created. Generally the people also use some sort of formal technology to help achieve their objective, so there is an interaction of people, technology and structure in an organisation. All these three elements are influenced by the external social system and they in turn influence it. The people, the living, thinking, feeling beings, who create the organisation, constitute the internal social system of the organisation. All people in the organisation are interested in improving the human behaviour in the organisation as it relates to structure, technology and the external social system, but the management has more responsibility in this respect. It has to develop an environment in which its people are motivated to develop

teamwork that effectively fulfils their own needs and also achieves organisational objectives. People, through their creativity, can produce outputs greater than the sum of their inputs. The management's job is, therefore, not to push or drive employees but to release inner drives that employees already have. Each person in the world is individually different. So in an organisation, the management has to motivate employees by treating them differently. Normal human behaviour is caused by certain motives. Each employee has certain needs and he works to fulfil those needs. Needs can be classified in various ways. The simplest classification is: basic physiological or primary needs and social or psychological needs called secondary needs. The physiological needs like food, water, sleep, air to breathe, satisfactory temperature arise out of basic physiology of life and are important to survival. They are universal among people, but they exist in different intensity. Secondary needs are higher-order needs of the mind and spirit rather than of physical body, for example, rivalry, self-esteem, sense of duty, belonging etc. These needs vary among people much more than primary needs. Secondary needs are often hidden so that a person cannot recognise them and he attributes his dissatisfaction to something more tangible, such as wages.
According to A.H. Maslow, needs have certain levels of priority. There is a need priority of five levels as follows:

(a) Basic physiological needs
(b) Safety and security
(c) Belonging and social needs
(d) Esteem and status
(e) Self-actualisation and fulfilment

Order of Priority of Human Needs according to Maslow

Need levels have a definite sequence of domination; for example, unless basic physiological needs are reasonably satisfied, Need Number 2 does not dominate.

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and
Needs create tensions that are modified by one's culture to cause certain wants. The total satisfaction from doing a particular job increases when various wants of the person who does the job are satisfied. There is a direct relationship between the satisfaction of wants or needs and the job satisfaction of the employee. Job behaviour and the quality of the work done depends on job satisfaction. According to Victor H. Vroom, the more satisfied a worker, the stronger the force on him to remain in his job. There is a negative relationship between job satisfaction and resignations, absences and accidents.

Therefore, if the employer wants steady, efficient, excellent and productive performance from his employees, he must create such an environment in the organisation which would help each employee to satisfy his various needs. It can be easily noticed that satisfaction of basic physiological needs is directly related to wages or physical facilities at the work-place. 2nd order needs of safety and security are related to job security, occupational health protection. Similarly, satisfaction of remaining different types of needs depends on some aspect of the working conditions of the employees which is one of the determinants of their job satisfaction. The employer must be able to handle these determinants of job satisfaction successfully.
The present study had the objective of knowing whether the Government of Maharashtra was successful in creating such ideal working conditions for the nurses in government hospitals in Poona. So the questionnaire and questions in personal interviews were designed with a view to measuring the job satisfaction, job attitude and morale of the nurses. The nurses' responses provided ample information about their liking or otherwise for various aspects of their work-roles and they painted a gloomy picture of the working conditions of nurses due to the Government's failure to manage nearly all determinants of job satisfaction. The sampled nurses' responses revealed the following information:

(A) **Hours of Work** :

a) **Total Hours of Duty** :

<table>
<thead>
<tr>
<th>Designation</th>
<th>Hours of work</th>
<th>Total</th>
</tr>
</thead>
<tbody>
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<td></td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Tutor</td>
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<td>1</td>
</tr>
<tr>
<td>Sister</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>Psychiatric Nurse</td>
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<td>3</td>
</tr>
<tr>
<td>Paediatric Nurse</td>
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<td>4</td>
</tr>
<tr>
<td>Staff Nurse</td>
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<td>17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
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<td>30</td>
</tr>
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**TABLE VII**

**DISTRIBUTION OF THE PRESENT SAMPLE POPULATION ACCORDING TO HOURS OF WORK**
It was noticed that nearly all of the selected nurses worked for eight or more hours per day. 65.22% (approximately) of the sampled nurses had to work for more than ten hours a day. Out of these, seven nurses reported that they had to do twelve to thirteen hours of duty at the hospital. No nurse in the present sample population worked for more than fourteen hours a day. Only two were lucky, having to spend only six to seven hours at work.

According to the rules, a nurse has to work for eight hours per day; but as it is seen above, most of the nurses put three to four hours of work over and above the normal duty hours. It meant that they were terribly overworked and had to suffer from the bad effects of over-work. They admitted that the result was always too much tension and fatigue, lack of friendly atmosphere in the wards, deterioration in the quality of medical care of the patients and reduction in job satisfaction. The nurses had to work in the company of sick people in the atmosphere of germs, diseases and death. They had a standing duty. The mental and physical exertion of working so many long hours in a hospital put tremendous strain on them. The standing duty made some of them fall prey to a nervous disease. The nurses felt that the remuneration they received for the work was ridiculously small even if related to the official eight-hour duty and the real
remuneration was even smaller as they always worked more than eight hours every day. Taking into consideration the actual hours of work with physical and mental strain involved, the load of work for nurses was much more than that found in other occupations.

It was mentioned that the main reason of added hours of work was the shortage of nursing staff. Compared with the requirements of medical and health care in Poona, the total number of government hospitals is limited. Fixed number of posts is sanctioned for every hospital. There is an increasing flow of patients to these hospitals and the nursing hands available for taking care of these patients are not many. The hospital cannot deny medical help to serious patients and hence they have to be admitted in the wards even though the wards are already occupied to their full capacity. This fact was confirmed in the course of personal visits to the government hospitals and patients were seen lying even on the floor as all the available beds were fully occupied. The official records kept by the nurses also confirmed the fact that the number of patients admitted and treated in each ward was many times greater than the sanctioned beds in each ward. Obviously, employment of additional nursing hands was not so easy as the admission of additional patients. The result was unavoidable. The available staff had to treat all the patients that were admitted regardless of their number and
they had to work overtime for giving even the barest minimum nursing service to so many patients. The Indian Nursing Council Act, 1935, has prescribed the formula of 5:1 for the proportion of patients and nurses in a government hospital; that means for every five patients, there must be one nurse in a government hospital. It was noticed that this formula was entirely ignored in all such hospitals in Pcona. According to most of the sampled nurses, there was one more reason for the added hours of work and that was the non-nursing duties imposed on the nurses. The nurses have to do much clerical work like keeping various records of the patients, checking and keeping registers of medicines, stock of equipments, linen, utensils, food etc. The nurses unnecessarily have to bear the burden of this additional work which is actually no part of a nurse's job. Most of the sampled nurses complained that these non-nursing duties not only reduced the time available for bed-side care of the patients but increased the duty hours of the nurses to a large extent. All the sampled nurses demanded immediate removal of non-nursing work for the benefit of both the patients as well as the nurses.

b) Travelling Time: The nurses pointed out that hours of work given in the answers to the questionnaire were absolute working hours. In addition the nurses had to spend some time in travelling to the place of work and also back to their home. It was noticed that there were only 24 nurses who had got an
accommodation in the nurses' hostel or the family quarters in the premises of the hospital. They were living near their place of work and had to spend no time in travelling but the remaining 68 sampled nurses had got an accommodation outside the premises of the hospital and the range of distance from the hospital was 1/2 mile to 14 miles. On an average, a nurse had to travel 2 miles to reach her work-place and she spent on an average 1 hour for that. This time includes only the time required to reach the gate of the hospital premises. Actually the nurse required about 10 to 15 minutes more to reach her ward. Nurses residing outside the hospital-compound travelled to their work-place either by bus, rikshaw or railway. About 50% of the nurses who had to travel to their work-place every day made use of the PMT buses as it was cheaper than hiring a rikshaw. 15 nurses walked to the hospital while 7 others used bicycles. While choosing the mode of travel, they had to strike a balance between the cost of travelling and the time required for reaching the hospital. As most of the nurses were coming from lower middle class families, they could not afford to use costly vehicles like rikshaw or taxi every day and in effect had to spend more time in travelling.

It is apt to regard the time so spent on travelling to and from the hospital as an addition in the hours of work. If we do so, the hours of work of nurses as revealed by table 7, have to be inflated by about 1 to $1\frac{1}{2}$ hours.
c) **Over-time**: When asked about how many extra hours they spent on work last month, all the sampled nurses unanimously answered that it was impossible to keep a record of their over-time work. They said that they had to work extra hours every day. Neither they themselves nor the hospital management bothered to keep any record of that. Obviously, no overtime pay was given.

d) **The Work Schedule**: In all the government hospitals in Poona, there are shift duties for the nurses. The timings are 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. (night shift of 12 hours). The work schedule, the pattern of normal working hours in which the employee is expected to be performing his regular duties at the work-place, has obvious implications for the work-environment as well as for the non-work-environment. As the nursing profession is of a very special nature, dealing with life and death at every moment of a day, a nurse cannot expect her work-schedule to be as simple and convenient as the normal office schedule. For married nurses and for those who have small children to look after, it is really trying to report on duty at 7.30 a.m. or at night. Because of shortage of nurses, sometimes a nurse had to attend the patients from 7.30 a.m. to 2.30 p.m. and then again had to be on duty at night. Duties or shifts were changed by the management according to the needs of the hospital and load of work; but a nurse was not given sufficient
notice of change in her work schedule. This caused much dislocation and disorganisation of her personal and family life. Break duties were frequent some years ago. So much physical and mental strain could not be easily coped up with. Recently, some improvement in these circumstances had taken place and no break duties were given according to the sampled nurses' responses. But still, the timings were not completely convenient according to the needs of women employees like nurses. Of course, all the nurses in the sample confessed that they had accepted this inconvenience as a part of their work role.

e) Night-Duty: Night duty was one of the peculiarities of the nursing profession. Leave apart the physical and mental strain involved in serving sick people at odd hours of night, the nurses had to do night duty for twelve hours in all. Instead of reduction in hours of duty at night as a compensation for the extra strain and tension, the duty hours increased by four hours than the usual eight-hour duty. No financial compensation was given for these extra duty hours. In this case also, all the sampled nurses agreed that they had accepted the night duty as a part of their work role.

f) Hours spent in Domestic Work, Leisure time available & Leisure time activities:

According to Victor H. Vroom, the work role occupied by a person affects not only how he will use his working
hours but also how he can spend his leisure time. A person's job usually influences the community in which he lives, the way in which other members of the community respond to him and the amount of time he can spend with his children. The basic assumption is that the valence of a given work schedule for a person will be an inverse function of the extent to which that work schedule restricts his ability to perform satisfying leisure activity. Therefore, the questionnaire made an inquiry regarding the hours spent in domestic core, leisure time available and the leisure time activities of the sampled nurses. It could certainly throw some light on the relationship between work schedule and job satisfaction of nurses. As regards the time spent in domestic work, all the male nurses in the sample reported that they "wasted" no time in domestic work. There were 13 nurses who had no domestic work as such, as they had got an accommodation in nurses' hostel but they had to spend 1 to 3 hours a day in similar personal work. Remaining 75 of the sampled nurses spent more than four hours every day in domestic work. 41 nurses spent about 4 to 6 hours, 20 nurses spent about 7 to 9 hours and 14 nurses spent about 10 to 12 hours in domestic work.

They were house-wives and mothers responsible for making happy, comfortable homes for their families. Those from joint families reported that all the time available other than duty hours at the hospital was spent in domestic work. As regards the rest hours, it was noticed that the male nurses in the sample could take rest all the time other than their duty hours at the hospital. Similar was the condition of nurses living in nurses' hostel; but the remaining 75 nurses had very limited time for rest. Of these, 44 nurses reported that they could not get any rest except the sleep of five to six hours at night. If they had night duty, they could not get that much sleep even. A few nurses said that they could snatch a rest of half an hour or so but nothing could provide them the mental rest, relaxation or peace of mind that was needed most. Talking about the leisure time activities, some of those who had reported to have no rest at all, said that they preferred to take rest and only complete rest whenever they had leisure time at their disposal. Other leisure time activities were sewing, knitting, reading and writing, preparation of new recipes, sports and social work. 26 of the sampled nurses stuck to traditional leisure time activities of women such as sewing, knitting, cooking etc. More than \( \frac{1}{3} \) rd of the sampled nurses regularly read religious, philosophical or spiritual literature for reducing mental strain and tension which they had to face during
the work-day. About twelve enlightened nurses tried to keep their knowledge up-to-date by reading magazines and periodicals related to medical profession. They made special efforts to improve their English as well. It is interesting to note that the same nurses were socially conscious. They had a liking for social work and were zealous members of the nurses' unions. They looked around themselves with open eyes and open minds and wanted to use their leisure time for some sort of creative work. Very few of the sampled nurses, numbering only 5 in total, reported their leisure time activity to be sports like badminton or tennis. Those who rarely got an leisure time, spent it, if any, in cleaning the house, mending clothes, helping children in their studies and doing other sundry jobs. No body did any such activity which would yield any income; but some nurses reported that they tailored their own and the family members' clothes to save money. More than 75% of the sampled nurses told that they had no entertainment. They attended entertainment programmes rarely even though they had a liking for music, drama and other arts. Some of them had a poetic, nature-loving tendency of mind and wanted to be away from the routine city life whenever possible; but the domestic responsibilities consumed all their leisure time and the energy also so that they could not develop their hobbies. The abnormal work schedule was the factor intensifying the inability to enjoy the leisure time.
But the traditions associating a woman to the domestic responsibilities, rather than the inconvenient work schedule, were mainly responsible for lack of leisure for the nurses. All the nurses agreed that the position would not have been much different if they would have had accepted some other employment and a change in the type of work itself was regarded as an entertainment for a woman by the society.

g) **Rest Intervals and Resting Facilities**

Too long hours of work and even the inconvenient work schedule with a night duty of 12 hours could have been less strenuous if there had been enough and regular rest intervals. Nurses doing a standing duty for long hours in the atmosphere of diseases under too much mental and physical strain certainly needed adequate rest breaks during the work-day. The rest break could reduce the fatigue and freshen them for serving the patients again. The nurses could have tea and snacks, they could take a wash and rest for a couple of minutes. They could talk to their friends and engage themselves in some thought other than their work in the wards. It could provide them a sort of mental relief. Nurses are human beings and not machines. Human beings need rest as they need work. Shockingly, it was noticed that no rest intervals were there for the nursing personnel. All the sampled nurses unanimously told that there was no fixed time for a rest break. The nurses were so much over-worked that sometimes
they could not have their meals or tea. Emergencies arose at any moment and duty got the first preference. If they could find a few minutes to have meals or tea, the nurses hurriedly had them in the ward itself. No rest room was available nearby. No recreational facilities were available. Because of lack of rest pauses, the work in the wards became an indefinite and apparently interminable activity creating boredom and job-dissatisfaction. According to Wyatt, Fraser and Stock (1929), "the amount of boredom experienced by an employee bears some relation to the conditions of work and it is less liable to arise when suitable rest pauses are introduced within the spell of work." All the sampled nurses demanded immediate introduction of rest pauses in their work.

h) Holidays, leave etc.: The nurses in our sample were working in government hospitals. So they were regarded as State Government employees. The rules regarding weekly rest, holidays and leave of different kinds set by the Maharashtra Government for its employees were applicable to nurses also. More than 90% of the sampled nurses told that they were fully satisfied about the holiday and leave rules of the Government and had no improvements to suggest about them. A few years

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ago, the nurses were not getting a holiday on 2nd and 4th Saturday of a month which the other government servants had been enjoying; but afterwards this injustice was removed. The nurses did not want any addition in the holidays and leave etc., but they had a few suggestions about the enforcement of these rules. They told that it was impossible to take a legitimate leave or holiday when some other employee was not available to act as a reliever. Therefore, it seemed necessary to increase the nursing staff in a hospital if all the existing staff were to enjoy their holidays and leave according to the rules. The nurses expected that these rules should be applicable to all the nurses in all the hospitals throughout the State and the officers in the hospital should not be allowed to interfere in their enforcement. The rules made by the Government were really satisfactory, but in actual practice the nurses could have a very limited advantage of them. Some of the sampled nurses demanded a five-day week. Some said that they should be allowed to take the available leave and holidays continuously without break. Some suggested that if they were denied the holidays according to the government rules, they should receive overtime pay for those days. It was also suggested that every nurse should be compulsorily sent on leave for one month during a year for complete rest and health purposes. Provision for such a leave was there in the rules but the nurses expected it to be
compulsorily enforced. Nurses wanted no cut in allowances when the leave taken by them was legitimate. Some of the sampled nurses pointed out petty injustice done to them in comparison with other hospital staff in this regard. For example, a clerk could automatically enjoy holiday on Sunday when he had taken a casual leave from Monday to Saturday, but a nurse had to work on Sunday at the end of her similar casual leave.

1) **Mohite Committee and Nurses' Hours of Work**

Working time of the nurses has its implications on the job satisfaction of the nurses and many aspects like hours of work, work schedule, overtime and compensation for that, break duties, rest pauses, weekly rest, leave, holidays etc. have to be taken into account with all the minute details for determining its actual effect on the morale of the nurses. Vanmala Mohite Committee Report has thought over some of these aspects and it has made some suggestions of fundamental importance as follows:--

1. Check on the unrestricted admission of patients.
2. Proportionate number of nursing personnel to the number of patients.
3. Introduction of four shifts of duty of six hours each in the course of a day to be implemented during the Sixth Plan period.
4. As an interim measure, allocation of imaginative 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.
(5) Employment of part-time nurses.

(6) Elimination or drastic reduction of all non-nursing duties of the nursing personnel by a) introducing a system of central store supply of linen, sterile equipments and drugs, b) establishing floor pharmacy system, c) simplifying the procedure for accounting of drugs, d) assigning clerks to a group of wards, e) establishing a suitable managerial cadre of staff to look after the hospital supplies, maintenance and dead stock registers of the hospital.

(7) Provision of quarters at the site of work for 50% of the staff nurses and family quarters for at least 10% of the nursing personnel.

(8) Provision of a mobile van service similar to a school bus with an appropriate charge being duly recovered, to save the time in commuting to and fro for work.

(9) Arranging with the city transport companies to permit nurses to board buses on presentation of identity cards without being required to stand in queues.

(10) Easy allotment and extension of loan facilities for purchase of scooter to those nurses who prefer to use them.

All the nurses in the sample strongly supported the above suggestions. In addition, they demanded reduction in official duty hours. According to them, continuous six hours duty was appropriate in a nursing profession but at least it should be seen that the duty does not extend more than eight hours a day. Some of the sampled nurses agreed that an increase in hours of work and responsibility was justified with an increase in seniority and they all were willing to do overtime work if there was an emergency. They were ready to work hard not caring even for their own rest and comfort for curing a serious patient. They valued the mental
satisfaction derived from such extra work; but 12 hours' night duty was too strenuous which they expected to be reduced to six or eight hours or a financial compensation for extra duty hours at night. All the sampled nurses unanimously demanded at least 15 minutes' rest pause during a work-day and a good room to rest. Nearly all of the sampled nurses agreed with the Vanmala Mohite Committee Report as regards the overtime payment and considered such payment neither desirable nor justified. Considering the nature of the profession, they felt that some overtime work was normal if it was only sometimes during the week but they felt that three to four hours of additional work every day was unjust and should be avoided as far as possible.

j) **International Standards as regards Hours of Work for Nurses:**

The General Conference of the International Labour Organisation adopted the Nursing Personnel Recommendation, 1977, in its 63rd session on 21st June, 1977. The Nursing Personnel Recommendation puts down specifically the expectations of the nurses throughout the world regarding their working time and rest periods. They are as follows:

"(VIII) Working Time and Rest Periods :

30) For the purpose of this Recommendation -

(a) the term "normal hours of work" means the number of hours fixed in each country by or in pursuance of laws or regulations, collective agreements or arbitration awards;
(b) the term "overtime" means hours worked in excess of normal hours of work;

(c) the term "on-call duty" means periods of time during which nursing personnel are; at the work-place or elsewhere, at the disposal of the employer,in order to respond to possible calls;

(d) the term "inconvenient hours" means hours worked on other than the normal working days and at other than the normal working time of the country.

31) The time during which nursing personnel are at the disposal of the employer - such as the time needed to organise their work and the time needed to receive and transmit instructions - should be counted as working time for nursing personnel, subject to possible special provisions concerning on-call duty.

32)(1) The normal weekly hours of nursing personnel should not be higher than those set in the country concerned for workers in general.

(2) Where the normal working week of workers in general exceeds 40 hours, steps should be taken to bring it down, progressively, but as rapidly as possible, to that level for nursing personnel, without any reduction in salary.
33) (1) Normal daily hours of work should be continuous and not exceed eight hours, except where arrangements are made by laws and regulations, collective agreements, works rules or arbitration awards for flexible hours or a compressed week; in any case, the normal working week should remain within the limits set in the country concerned for workers in general.

(2) The working day, including overtime, should not exceed 12 hours.

(3) Temporary exceptions to the above provisions should be authorised only in case of special emergency.

34) (1) There should be mean breaks of reasonable duration.

(2) There should be rest breaks of reasonable duration included in the normal hours of work.

35) Nursing Personnel should have sufficient notice of working schedules to enable them to organise their personal and family life accordingly. Exceptions to these schedules should be authorised only in case of special emergency.

36) (1) Where nursing personnel are entitled to less than 48 hours of continuous weekly rest, steps should be taken to bring their weekly rest to that level.
(2) The weekly rest of nursing personnel should in no case be less than 36 uninterrupted hours.

37) (1) There should be as little recourse to overtime work, work at inconvenient hours and on-call duty as possible.
(2) Overtime and work on public holidays should be compensated in time of and/or remuneration at a higher rate than the normal salary rate.
(3) Work at inconvenient hours other than public holidays should be compensated by an addition to salary.

38) (1) Shift work should be compensated by an increase in remuneration which should not be less than that applicable to shift work in other employment in the country.
(2) Nursing Personnel assigned to shift work should have a period of continuous rest of at least 12 hours between shifts.
(3) A single shift of duty divided by a period of unremunerated time (split shift) should be avoided.

39) (1) Nursing personnel should be entitled to, and required to take, a paid annual holiday of at least the same length as other workers in the country.
(2) Where the length of the paid annual holiday is less than four weeks for one year of service, steps should be taken to bring it progressively, but as rapidly as possible, to that level for nursing personnel.
40) Nursing personnel who work in particularly arduous or unpleasant conditions should benefit from a reduction of working hours and/or an increase in rest periods, without any decrease in total remuneration.

41) (1) Nursing personnel absent from work by reason of illness or injury should be entitled, for a period and in a manner determined by laws or regulations or by collective agreements, to:

a) Maintenance of the employment relationship and of rights deriving therefrom;

b) income security.

(2) The laws or regulations, or collective agreements, establishing sick leave entitlement should distinguish between:

a) cases in which the illness or injury is service-incurred;

b) cases in which the person concerned is not incapacitated for work but absence from work is necessary to protect the health of others;

c) cases of illness or injury unrelated to work.

42) (1) Nursing personnel, without distinction between married and unmarried persons, should be assured the benefits and protection provided for in the Maternity Protection Convention (Revised), 1952, and the Maternity Protection Recommendation, 1952.
(2) Maternity leave should not be considered to be sick leave.

(3) The measures provided for in the Employment (Women with Family Responsibilities) Recommendation, 1965, should be applied in respect of nursing personnel.

43) Decisions concerning the organisation of work, working time and rest periods should be taken in agreement or in consultation with freely chosen representatives of the nursing personnel or with organisations representing them.

They should bear, in particular, on -

a) the hours to be regarded as inconvenient hours;

b) the conditions in which on-call duty will be counted as working time;

c) the conditions in which the exceptions to these provisions will be authorised;

d) the length of the rest breaks and the manner in which they are to be taken;

e) the form and amount of the compensation provided for overtime, work on public holidays and shift work;

f) Working Schedule;

g) the conditions to be considered as particularly arduous or unpleasant.

The General Conference of the International Labour Organisation, at the same time, made the following suggestions concerning practical application of the above recommendations:

"18) (1) In the organisation of hours of work, every effort should be made, subject to the requirements of the service, to allocate shift work, overtime work and work at inconvenient hours equitably between nursing personnel, and in particular between permanent and temporary and between full-time and part-time personnel, and to take account as far as possible of individual preferences and of special considerations regarding such matters as climate, transportation and family responsibilities.

(2) The organisation of hours of work for nursing personnel should be based on the need for nursing services rather than subordinated to the work pattern of other health service personnel.

19) (1) Appropriate measures to limit the need for overtime, for work at inconvenient hours and for on-call duty should be taken in the organisation of work, in determining the number and use of staff and in scheduling hours of work; in particular, account should be taken of the need for replacing nursing personnel during absences or leave authorised by laws or regulations or collective agreements, so that the personnel who are present will not be over-burdened.
(2) Overtime should be worked on a voluntary basis, except where it is essential for patient care and sufficient volunteers are not available.

20) The notice of working schedules should be given at least two weeks in advance.

21) Any period of on-call duty during which nursing personnel are required to remain at the workplace or the services of nursing personnel are actually used should be fully regarded as working time and remunerated as such.

22) (1) Nursing personnel should be free to take their meals in places of their choice.

(2) They should be able to take their rest breaks at a place other than their work-place.

23) The time at which the annual holiday is to be taken should be determined on an equitable basis, due account being taken of family obligations, individual preferences and the requirements of the service.

Taking into consideration the present situation in the government hospitals in Poona regarding the working time,

20) Ibid, p.21
it can be admitted that there is a necessity for enforcing the Recommendation of the General Conference of the International Labour Organisation here also, as quickly as possible. Mohite Committee's recommendations in this respect have more practical importance as the Committee originated and worked in Maharashtra and could know the pulse of the nursing profession here; therefore, it is necessary that those recommendations also should be implemented in toto for making improvement regarding working time of nurses and they should be properly supplemented by suggestions made by the sampled nurses regarding normal hours of work, night duty, rest pause and a place for rest pause etc., given elsewhere before in this chapter.

(B) Supervision :

a) Role of Supervision in determining the Morale :

Supervision is one of the important determinants of job satisfaction. M.L. Putnam (1930), an enthusiastic proponent of this viewpoint, had studied the results of the programme of interviewing in the famous Hawthorne works of the Western Electric Company and had remarked as follows:

"Finally the comments from employees have convinced us that the relationship between first line supervisors and the individual workman is of more importance in determining
the attitude, morale, general happiness and efficiency of that
employee than any other single factor.\textsuperscript{21} In the context of the
nurses, it means that the relationship between the different
levels of management like Matron, Sister, Staff Nurse etc. in
the hospital organisation must be harmonious, friendly and
mutually faithful to create favourable job attitude in all
the employees. The immediate supervisor's attitude towards
the job influences the worker's attitude and creativity to a
large extent.

According to V.H. Vroom, supervisors can be characterised
in terms of the degree to which they are considerate of their
subordinates. An employee-oriented supervisor is more
effective than a production-oriented supervisor in creating
favourable job attitude. An employee-oriented supervisor is
more considerate to his subordinates. His acts facilitate the
attainment of rewards or the avoidance of punishments by his
subordinates. An employee-oriented supervisor established a
supportive personal relationship with his subordinates, took

\begin{itemize}
\item[21)] Putnam M.L. - Improving employee relations, Personnel J., 1930, 8, p.325
\end{itemize}
a personal interest in them and was understanding when mistakes were made. On the other hand, a production-oriented supervisor viewed his subordinates as 'people to get the work done' and was concerned primarily with achieving a high level of production according to Vroom.

Vroom further adds, "One of the basic assumptions of those associated with the human relations movement is that persons obtain satisfaction from influencing decisions and controlling their work environment. Terms such as group decision, democratic leadership and participative supervision, all of which have an important place in the literature on human relations, refer to supervisory styles which permit subordinates a substantial degree of influence on decisions which affect them. There is considerable evidence that the satisfaction of subordinates is positively associated with the degree to which they are permitted an opportunity to participate in making decisions."  

b) **Existing Supervisory Behaviour** : For the purpose of the present study, nurses working on different levels of

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23) Ibid

24) Ibid p.115
management were personally interviewed and they supplied valuable information about the existing and expected supervisory behaviour in government hospitals. According to them, supervisory style of behaviour in comparatively lower levels of management was employee-oriented, considerate and quite understanding. Sisters who were in charge of different wards supervised the work of the Staff Nurses. It was reported that a supportive personal relationship existed in between these two levels of management. Both had to work together in the same ward, throughout their duty hours. Staff Nurses always needed the help and advice of a Sister. Sisters were the experienced Staff Nurses promoted to that post after a substantially long service. A Sister also could not perform her duty effectively without complete and voluntary co-operation of the Staff Nurses. Therefore, the Staff Nurses told that they were fully satisfied about the supervisory aspect of their working conditions. But when the relationship between Sisters and their supervisors, that means the Assistant Matrons and Matrons, was studied, it was found that there was a lack of understanding and mutual trust in them. Matrons and Assistant Matrons were reported to be authoritative in their attitude. They were said to be totally disinterested in the betterment of the Sisters. They were concerned primarily with achieving a
high level of work and could never understand the subordinates when mistakes were made. It was found that a large gap of communication and understanding between these two levels of management had divided the entire nursing organisation in two parts completely detached of one another. Matrons and Assistant Matrons were irritated and Sisters were frustrated. Those who worked as Sister Tutors or Assistant Matrons which are regarded as high level management positions in the nursing organisation, again, had friendly relations with their supervisors, Matrons. This was because they could understand the problems faced by their supervisors and had sympathy for them. The Matrons themselves were confused and helpless as they could not be considerate to the subordinates even though they wished to. They felt that the top medical authorities in the Government used them as mere tools to administer the orders.

c) Decision-making: As regards influence in decision-making, surprisingly, it was found that the nurses had given very little thought to this aspect of working conditions. Our questionnaire had inquired about their willingness to participate in management. Out of the 92 total sampled nurses, 30 did not respond to this question at all. Probably they could not even imagine of having any influence in the decision making process. Some of them told us that they had
to achieve many other things before they could demand participation in management. Some told us that they were working only for earning money and it did not matter whether they were allowed to decide the things for themselves or not. 62 sampled nurses positively demanded participation in management and they were confident about their ability in decision-making. They felt that they could successfully manage the things if given a chance. Out of these, only 16 could make suggestions regarding the way in which they wished to participate in decision-making. They told us that they were responsible persons and could prove their decision-making ability if ever the management gave them a chance to attend all the meetings connected with the field of nursing. They felt that their union-leaders should be nominated as members of different committees like complaints committee. Representatives of the nurses should work in the Joint Consultative Council and have free exchange of ideas with the management. The management should take all the policy decisions, concerned especially with the nursing personnel, only after consulting the representatives of the nurses. If a new department is to be opened in a hospital, nurses should be consulted along with doctors and other experts. Any decision connected with a particular ward should be taken and implemented only after it is approved by the nurses.
working there. According to the nurses, consultation and free exchange of ideas would automatically improve the status given to them. But on the whole it was noticed that the sampled nurses were dissatisfied about this particular aspect of the present working conditions and had lost interest and satisfaction from the job.

(C) The Work Group:

a) Role of the Work Group in determining the job attitude of its members:

In modern organisations like government hospitals there are number of employees working together. A nurse cannot work in isolation. She is continuously associated in work with other nurses, supervisors, doctors, medical officers, Class IV servants etc. Her work group influences her job satisfaction and productivity to a large extent.

"Work groups would be attractive to their members to the extent to which the nature of the situation permits or requires interaction. The degree of attraction between any two members of the group should be directly related to the extent to which they interact with one another while performing their work," said V.H. Vroom. He meant that the employees

25) Ibid, p.120
must get an opportunity to interact with one another frequently while performing their work. The situation itself should require or permit the workers to work together so that favourable job attitude is created in the employees. T.M. Newcomb hypothesized that interaction between members of the group was rewarding when it resulted in cognition of similar attitudes toward important and relevant objects. If a member of a group perceives other members as having similar attitudes towards relevant objects, he feels positive attraction towards the group and the job because similarity of attitudes permits the "ready calculability of the others' behaviours" as well as "the validation of one's own orientation toward relevant objects."

Another variable which has been said to be affecting the attractiveness of a work-group for its members is the degree to which they are accepted or valued by other group members. R.M. Bellows said - "The manner in which a new employee is accepted by and adjusts to his fellow workers may determine to a large extent his satisfaction with his job, his


Newcomb T.M. - The prediction of inter-personal attraction. Amer. Psychologist, 1956, 11, p.579
attitudes towards his job, employer, boss and the firm, his amount of production and even the length of time he remains with the company." 27

Another point to be noted about the work group is that interaction between two members of the group would be satisfying to both, creating attraction towards each other and favourable attitude towards the job, if this interaction has the consequence of facilitating the progress of each of the members towards the attainment of his goals. Goal-inter-dependence is necessary. The interaction of the members should be co-operative, not competitive.

Attraction to the work-group depends upon such properties of the group as its goals, programmes, size, type of the organisation and position in the community as well as upon the needs the group members for affiliation, recognition, security and other things which can be mediated by the group.

b) The present situation as regards opportunity of interaction, similarity of attitudes, acceptance by fellow workers, goal inter-dependence etc.

The nurses in government hospitals were studied as members of a work group, in the present study. It was noticed

that a Sister in charge of a ward and her Staff Nurses functioned harmoniously as a work group. They had an opportunity of interaction frequently. They had a similarity of attitudes towards the job, patients, superiors and subordinates. The entire ward functioned as one compact unit. New nurses were quickly accepted and adjusted in the group. All the nurses in a ward had the same goal to achieve - giving excellent service to the patients. So the relation between the nurses had to be co-operative in nature.

However, as said elsewhere in this chapter, there was a wide gap of understanding between these nurses and the nurses working on higher levels of management. A feeling of togetherness was not found in between Matrons, Assistant Matrons etc. and the Sisters and Staff Nurses. A few years ago, Staff Nurses did not dare to enter the Matron's cabin even for a genuine work. Traditional concepts regarding strict discipline had hampered any communication or interaction between them. Recently, there was some improvement, but still all the nurses in a hospital were not making a compact homogeneous group. Only in few respects, all the nursing personnel had similar attitudes, for example, all of them disapproved of the high-handed behaviour of the doctors, visiting specialists and medical officers, and secondly, all of them agreed that it was necessary to discipline the arrogant and non-cooperative Class IV Servants.
(D) **Job Content**

a) **Importance of Job-content as a determinant of employee morale**

The number and nature of functions which an employee has to perform has much impact on the employee's job satisfaction. Favourable job-content factors like achievement and the work itself generally tend to produce job satisfaction and the unfavourable job-content factors like bad supervision or poor working conditions tend to produce dissatisfaction.

A positive relationship between the level or status of the worker's job and his job satisfaction exists and in general reported job satisfaction declines with occupational levels. This is because positions at high levels provide more rewards to their occupants than those at lower levels. Jobs which are high in level, either in a single organisation or in society as a whole, are generally more highly paid, less repetitive, provide more freedom and require less physical effort than other jobs low in level.

Specialisation is another factor determining the job satisfaction. Virtually all occupations have undergone increased specialisation during this century. Greater specialisation leads to the increases in efficiency but it also leads to increase in the repetitiveness of the jobs and as a result job satisfaction is reduced.
b) **The number and nature of functions involved in a job**: 

The nurses in our sample were asked many questions about their job content and the job satisfaction as related to the job content. Job content means the number and nature of functions involved in a job. The selected nurses were asked to describe their every-day duties which were found to be exactly similar to those described earlier in this Thesis.

In the present sample, Matrons, Assistant Matrons, Night Superintendents, Home Sisters were not included because they found it difficult to co-operate. Theatre Sisters were included in the sample and they were included in the class of Ward Sisters only. Public Health Nurses worked in Poona but their scope of work included area outside Poona also. Similarly, Nurse Midwives, Health Visitors and Auxiliary Nurse Midwives worked outside Poona, so they were not included in the present sample. Therefore, for the purpose of information, duties of those nurses who could not co-operate with us but who were actually a part of the government nursing staff in Poona were collected from the Hospital Administration Manual published by the Government of Maharashtra. The duties of the remaining nursing personnel, included in the sample, were found in the answers to the questionnaire.
It could be easily discerned that the number of functions to be performed was large and the nature of work involved in case of various posts of nurses was really interesting and meaningful. As one of the selected nurses observed, the centre towards which all the activities in this profession were focussed, was the patient - a human being and there was nothing more interesting, more attractive, more fascinating than a human being. Therefore, the selected nurses agreed that their work was never boring or monotonous. By giving nursing care to sick and relieving them of pains and agony, they got mental satisfaction and peace. It can be concluded that as regards the number of functions and the nature of work involved in the job, a nurse's job content certainly created favourable job attitude in her. However, it should be noted that very few selected nurses could supply complete information regarding the number and nature of functions involved in their job. Though they were performing all the duties expected of them by their employer, they could not define them in exact words. This happened particularly in respect of Staff Nurses in the sample.

c) **Level or Status of the employee**: As mentioned earlier, there is a positive relationship between the level or status of the worker and his job satisfaction. From this point of view, it was interesting to know the opinions of the selected
nurses regarding the status that they had. Job level of the nurses could be studied either as it was in the society as a whole or as it stood within the hospital organisation. As regards the job level or status in the society as a whole, 32 of the selected nurses, consisting 91.30% (approx.) of the sample population, observed that their profession did not get its due recognition, respect and status from the society. People never regarded it as an important, respected and indispensable wing of the medical science. They could not bear the idea of sending their wives, daughters or sisters to work as nurses. In our movies, dramas and various forms of literature, the image of a nurse is often distorted. All the sampled nurses unanimously demanded that positive efforts to uplift the status of a nurse must be made through media of mass communication like newspapers, television, radio etc. 74 of the sampled nurses told that they liked to be called as "Sister." They felt that they did the nursing of a patient with such care, love and tenderness, and neglected even their own hunger and thirst for giving him prompt and accurate medical help, and felt such an inner satisfaction and joy when a dying patient came back to life because of their assistance, that they were like sisters to the patient. Only a blood relation could act and feel like that. So they preferred being called as "Sister" than as "Nurse." 12 of the sampled nurses, on
the other hand, liked to be called as "Nurse." According to them, it was their profession and there was nothing to be ashamed of when people recognised them by their profession. They had voluntarily chosen this career. The nursing job was a specialised job requiring skill as well as knowledge, so they were proud of being called as "Nurse." 6 of the sampled nurses told that they did not care for what they were called. According to them, good treatment to a nurse was more important than the lip service of calling her as "Sister." "Sister" was one of the designations of nursing personnel and it was not proper to attach any other meaning to that word. It was better to call a nurse "Sister" only if she actually held that designation. According to them, as far as they did their job honestly, it was least important what they were called as or whether they were given high status and importance by the society. In a society, some ignorant people were bound to be there along with individuals who understood everything.

When the sampled nurses were asked what profession they would choose if given a chance to choose one again, surprisingly, 80 of them told that they would like to choose the same profession only. Six of the sampled nurses told that perhaps they would choose teaching profession while the remaining six would like to find a clerical job. It is interesting to note that nobody wanted a job in industrial
establishments. Some remarked that even though a worker in an industry got excellent pay and other benefits, the working environment and the work group were not acceptable. It can be concluded that even though the sampled nurses had some reservations about the nursing profession, they were satisfied about the job-content and they loved it so much that they were not ready to leave the profession even if they were given a chance to do so.

d) Specialisation: As mentioned before, job satisfaction can vary with the degree of specialisation in the job content. Greater specialisation increases repetitiveness of the job leading to a reduction in job satisfaction. The effects of repetitive work received considerable attention during the 1920's in the work of the Industrial Fatigue Research Board in Great Britain. A large number of studies were carried out in both laboratory and industrial settings on the determinants and consequences of monotony and boredom in tasks. The major conclusions of these studies were summarized by Wyatt, Fraser and Stock as follows:

The amount of boredom experienced bears some relation to the conditions of work. It is liable to arise:

(a) when the form of activity is changed at suitable times within the spell of work,
(b) when the operatives are paid according to output instead of time worked,
(c) when the work is conceived as a series of self-contained tasks rather than as an indefinite and apparently interminable activity,
(d) when the operatives are allowed to work in compact social groups rather than as isolated units,
(e) when suitable rest pauses are introduced within the spell of work.

A job which calls for a single operation or very few operations to be performed over and over reduces the job satisfaction. One of the reasons for this can be the physiological process of fatigue. Continuous activation of a muscle results in a decrease in the probability and amplitude of its response. This decreased responsiveness is called fatigue. It seems reasonable to assume that performing the same operation over and over again would be more fatiguing than performing different operations as it would involve the use of different muscles; but many of the repetitive jobs which are disliked are not fatiguing in the usual sense of the term. It is not the amount of physical effort which the workers require, but their "sameness" that workers point to in describing the source of their displeasure. After the
repeated performance of an activity the subject becomes psychologically satiated for the activity. Even though initially it might have been pleasant, the repetition of an activity results in deterioration characterized by efforts to change the activity, followed by a complete intolerance for the activity. Therefore, it is necessary to make a job less repetitive by increasing the number of operations which the worker performs or by increasing the frequency with which he can change from one operation to another. Job enlargement refers to increases in the number of operations making up a single work role. It provides workers with a large number of operations to perform and typically increases the frequency with which they can change from one operation to another. On the other hand, in job rotation, which is another way of decreasing the repetitiveness of work, the content of a single work role remains the same, although the worker is enabled to move periodically from one work role to another. The effect, as far as repetitiveness is concerned, is to increase the total number of operations that the worker performs over some long time period but not to increase the frequency with which he can alternate from one operation to another.

In the present study, an effort was made to find out if the nurses rated their work roles as monotonous and
boring and if so, did the management take any steps to reduce the repetitiveness in their work by designing job enlargement or job rotation programmes.

The different posts of nurses have specific duties and responsibilities attached to them and the number of those duties and responsibilities is not small. Each of these work roles contains considerable functions to be performed by the worker, and further, all these activities or functions are centred around the patients who are human beings, everybody being unique by himself. Therefore, the work of a nurse can never be monotonous and boring. All the sampled nurses were of the opinion that their job was of a specialised nature but it was not repetitive. The work roles were enough large and no further job enlargement was necessary. The sampled nurses reported that no job rotation programmes were undertaken by the management purposefully, but transfer from one ward to another ward or department was not unusual, which automatically involved the process of job rotation. Though essentially the functions of every nurse were nearly the same, details, patients and their diseases changed with the ward. Transfers from one ward to another ward were made according to the needs of the hospital and not according to the needs of the nurses for job rotation. Though the sampled nurses told that their job was not repetitive, 66 of them preferred a change-over
to another ward after every two to three years. This fact represents natural human tendency towards variety. Those who preferred job rotation in this form told that while working in different wards, they could serve and help different types of patients, they got used to different types of nursing and varied treatments given for different ailments. Change in work always kept their knowledge fresh and up-to-date, making them confident about their work. They learnt new things with their new work roles. So they welcomed a transfer to another ward but expected that such transfers should not be too frequent. The change should take place ideally after three to five years, so that the nurse can become fully conversant with the work of a particular ward. Twenty of the selected nurses preferred to work in one and the same ward continuously because according to them, with a continuous experience of years of treating a particular type of patients, their knowledge became intensive and deep. They became more efficient and accurate in the entire routine of work of that ward. Their superiors also acknowledged and respected their experienced opinion in that field. Doctors and other superior officers confidently held them responsible for smooth functioning of that ward. The nurse who worked in that ward for years could make useful suggestions about necessary improvements, which were promptly approved by the management most of the times.
All these things created favourable job attitude among them and they liked their job still more. For the remaining six selected nurses, working in the same ward continuously or working in different wards was the same thing as they had to work in any case, somewhere. Those working in a T.B. hospital held similar opinion because in that hospital all wards housed patients who needed the same treatment. Some of those, who had worked for more than twenty years, remarked that they had enough knowledge regarding all wards so far and then would like to work in a ward of their choice for the remaining years of service.

e) Control over work method and control over work pace

Control over work method and control over work pace have to be taken into account while determining an employee's job satisfaction. Pioneers in the field of management like F.W.Taylor (1911) and Frank and Lillian Gilbreth (1919) believed that workers who actually perform the job should not be permitted to decide how that job should be done and that planning of the job was a highly complex activity that required the application of special techniques and so it should be separated from doing the job. The doing of the job could be entrusted to the workers but the method of doing it should be decided upon by the management. But M.S.Viteles criticised
the basic assumption of Taylor and Gilbreths that there is one best way of doing the work and he strongly put forth that depriving the worker of control over his own methods of work had negative affective consequences on worker satisfaction. According to V.H. Vroom, the pace at which a worker performs his job may be regulated either mechanically or socially, but inability to control one's own pace of work is highly detrimental to worker satisfaction. If we try to apply the above observations to the nurses' work, we find that their work is not related to machines but animate human being who has emotions, feelings, motives. While treating patients, the nurses cannot use the same method of work and behaviour and they cannot maintain the same pace of work for all. Depending upon their experience, skill and the individual needs of patients, the nurses have to deal with each one differently. Most of the sampled nurses told that it was impossible to decide the work-method and work-pace for their type of job and the management also did not decide any. Once the general frame-work of duties was decided, a nurse had the freedom of determining her own method and speed of work within that frame-work.

29) Viteles M.S. - Industrial Psychology, New York, Norton, 1932

f) Full scope to use skills and abilities: It is often believed that an individual derives satisfaction from jobs which permit him to use his skills and abilities which he believes he possesses. In this respect, the sampled nurses observed that their skills and abilities lay in the actual beside nursing of the patients, but in day-to-day work, they were loaded with so many non-nursing duties that very little time was left for practising their special skills and abilities. "A musician must make music, an artist must paint, a poet must write if he is to be ultimately happy. What a man can be, he must be. This need we may call self-actualisation," said A.H. Maslow. But, a nurse could not be what she could. The unsatisfied need for self-actualisation certainly affected her job satisfaction adversely.

(E) Wages:

a) Most frequent and powerful source of job dissatisfaction:

It is noticed that there is much controversy over the importance of wages or remuneration in determining the worker's job satisfaction. Economists are prone to stress the importance

of the size of the pay-cheque in determining a worker's job satisfaction and the probability that he will remain in his job. Social scientists associated with the human relations movement typically view economic factors as highly over-emphasized and stress the importance of the satisfaction of social and ego needs. According to V.H. Vroom, when workers are asked to rank different aspects of the work role in terms of their importance, wages tend to be rated as less important than security, opportunity for advancement and company and management, but as more important than job content, supervision, the social aspects of the job, communication, working conditions and benefits. However, when they are asked to describe what makes them satisfied or dissatisfied with their jobs, wages are found to be the most frequent source of dissatisfaction but the least source of satisfaction.

In Chapter 2, information about the nurses' pay-scales and allowances is already mentioned. Bhule Pay Commission has recommended the upward revision of those pay-scales and grades for the nurses. It has reduced the levels

in the nursing hierarchy by combining some of them and brought the entire nursing staff on seven grades and scales as shown below:

<table>
<thead>
<tr>
<th>Category</th>
<th>Grade</th>
<th>Pay-scale recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Matron (Gazetted) (750 beds and above)</td>
<td>Gr. 13</td>
<td>Rs. 750-1150</td>
</tr>
<tr>
<td>(2) Matron (Gazetted) (500 to 750 beds)</td>
<td>Gr. 13</td>
<td>Rs. 750-1150</td>
</tr>
<tr>
<td>(3) Matron (Gazetted) (200 to 500 beds)</td>
<td>Gr. 11</td>
<td>Rs. 600-950</td>
</tr>
<tr>
<td>(4) Assistant Matron (Gazetted) (500 beds and above)</td>
<td>Gr. 11</td>
<td>Rs. 600-950</td>
</tr>
<tr>
<td>(5) Matron (Non Gazetted) (Less than 200 beds)</td>
<td>Gr. 10</td>
<td>Rs. 500-900</td>
</tr>
<tr>
<td>(6) Assistant Matron (Non Gazetted) (Less than 500 beds)</td>
<td>Gr. 10</td>
<td>Rs. 500-900</td>
</tr>
<tr>
<td>(7) Sister Tutor/Clinical Instructor</td>
<td>Gr. 10</td>
<td>Rs. 500-900</td>
</tr>
<tr>
<td>(8) Sister/Ward Master</td>
<td>Gr. 9</td>
<td>Rs. 395-700-Extn.-775</td>
</tr>
<tr>
<td>(9) Nurse Mobile Hospital Unit</td>
<td>Gr. 8</td>
<td>Rs. 365-660-Extn.-735</td>
</tr>
<tr>
<td>(10) Nurse Midwife-Primary Health Centre and Rural Family Planning Centre</td>
<td>Gr. 8</td>
<td>Rs. 365-660-Extn.-735</td>
</tr>
<tr>
<td>(11) Staff Nurse</td>
<td>Gr. 7</td>
<td>Rs. 335-630-Extn.-720</td>
</tr>
</tbody>
</table>
List of Revised Scales of Pay in detail is as follows:-

<table>
<thead>
<tr>
<th>Grade No.</th>
<th>Scale of Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) 7</td>
<td>335-15-630-Extn.-15-720</td>
</tr>
<tr>
<td>(2) 8</td>
<td>365-15-500-20-660-Extn.-15-735</td>
</tr>
<tr>
<td>(3) 9</td>
<td>395-15-500-20-700-Extn.-15-775</td>
</tr>
<tr>
<td>(4) 10</td>
<td>500-20-700-25-900</td>
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<tr>
<td>(5) 11</td>
<td>600-30-750-40-950</td>
</tr>
<tr>
<td>(6) 13</td>
<td>750-40-1150</td>
</tr>
<tr>
<td>(7) 19</td>
<td>1100-50-1550-75-1700</td>
</tr>
</tbody>
</table>

The Government has agreed to pay the revised scales of pay but it has given the grades one step lower than as recommended by the Bhole Commission. So the nurses had a feeling of injustice. Further, whenever the messing allowance is drawn by a nurse, a deduction varying from Rs.35 to Rs.50 depending on the pay, is made from amount of dearness allowance net admissible to her. The benefit accruing on account of messing allowance to a nurse is thus smaller than the quantum of the messing allowance would indicate. The Third Central Pay Commission of the Government of India had recommended that the messing allowance of the Central Government employee nurses should be merged in their pay scales to allow them full benefit of the messing allowance and this recommendation was put into practice by the Central Government.
Therefore, Maharashtra Government Nurses Federation has demanded similar merger of the allowance in pay-scales of State Government nurses also.

b) **Salaries**: The only source of income for nurses:

As they were State Government employees, the nurses were not allowed to do any other paid job while they were in the present employment. It means that the nurses had no other source of income than their salaries. The Bombay Civil Services Conduct, Discipline and Appeal Rules clearly demand so and add further that State Government employees cannot have any income in the form of gift, gratuity or reward etc. from others:

6)(1) Save as otherwise provided in the rule, a Government Servant shall not, except with the previous sanction -

i) of Government in the case of a Head of a Department; and

ii) of the Head of his Department, in the case of any other Government servant in superior service,

a) accept directly or indirectly on his own behalf or on behalf of any person; or

b) permit any member of his family so to accept any gift, gratuity or reward or any offer of a gift, gratuity or reward from a person not a member of his family.

(2) ---------------
(3) Subject to any general or special order of the Government, any Government servant may accept a complimentary present of fruit or flowers or similar articles of trifling value, but all Government servants shall use their best endeavours to discourage the tender of such gifts.

21) A Government servant shall not, without the previous sanction of the Government, engage in any trade or undertake any employment while on duty or on leave, other than his public duties or carry on, whether directly or indirectly, any business or undertaking or use his position as a Government servant to help such business or undertaking. A Government servant will be held responsible for any act in this connection done by his wife or any other member of his family living with or in any way dependent on him.

A Government servant may take occasional work of a literary or artistic character provided that his public duties do not suffer thereby; but Government may, in its discretion, at any time forbid him to undertake or require him to abandon any employment which in its opinion is undesirable.33"

c) Savings and investments of nurses: While studying the investment pattern of the sampled nurses, it was noticed that four of the sampled nurses could not save anything from their salaries. It was because they were the only earning members of the family and had to support the dependents out of their meagre salaries. 24 of the sampled nurses kept their personal savings in the Post Office, either in the form of savings account or in the form of Cumulative Time Deposits and other deposits. 80 of the sampled nurses had savings accounts in commercial or other banks. It is interesting to note that more than 10% of these also had a recurring deposit account in their bank. The Recurring Deposit Scheme is most suited to the needs of lower middle class fixed income-earners. 44 of the sampled nurses had insured their life out of their savings. The range of amount of policy was Rs. Ten Thousand to Rs. Three Thousand but mostly the amount was found to be Rs. Five Thousand. Only 6 of the sampled nurses had invested their personal savings in shares of public or private limited companies. It is interesting to note that these were the same nurses who had got themselves employed not out of economic necessity and their husbands were businessmen or salary earners having a monthly income of Rs. One Thousand or more. Therefore, they could dore to invest in a comparatively risky investment like shares. Ten sampled nurses had kept their savings in
the co-operative credit society in the Sassoon General Hospital or elsewhere in the form of deposits.

d) Provident Fund: Whether to have a provident fund account or not was dependent on the wishes of the employee and the amount to be contributed to the fund was also to be voluntarily decided, the sampled nurses told. 13 sampled nurses did not have a provident fund account. Others contributed to their fund every month in the range of Rs.80 to Rs.10, looking upon it as a safe method of saving regularly and received an interest of 4% p.a. on their fund. The Management did not contribute anything to the provident fund. Minimum deduction out of the salaries by way of contribution to provident fund was Rs.10/- per month. Those who had a provident fund account could get a loan out of their fund at 7½% rate of interest p.a. according to the rules. The nurses complained that they were not fully satisfied about the accounting of their funds. The clerical work related to their funds was incomplete, inefficient and inaccurate, the loan sanction and disbursement was not timely and the rate of interest received was low. Therefore, the nurses did not want to take the risk and trouble of keeping their hard-earned savings in the form of provident fund.

e) Perquisites received by the nurses: Eight sampled nurses did not know whether they could be in receipt of any
other additional benefit along with the salaries. Others
should
were at least aware that they get a few perquisites
like free or concessional travel, accommodation, medical
service, food, telephone, etc. Eight more sampled nurses
told that they received some perquisites but they could not
exactly tell what they were. The nurses could not travel
free of charge, but they got 50% reduction in the charge only
for themselves, if they were travelling by railway. They
could not get this concession for their family members or if
they commuted by any other form of transportation. As regards
free or concessional accommodation, it was noticed that only
24 selected nurses got an accommodation in hostels or family
quarters provided by the Government, at a concessional rent.
The family quarters were not specially built as quarters with
all facilities of normal residential quarters but the old
constructions which were previously used as wards of the
hospital were now given to the nurses as family quarters.
This was the case of nurses in the Central Mental Hospital.
The selected nurses could get free medical treatment in the
government hospitals. Therefore, usually they took it there
only, instead of going to other outside doctors. Any outside
medical bill could not be reimbursed. Only the price of
certain enlisted medicines could be reimbursed. The charge
for medical service taken outside the government hospitals
could not be reimbursed. Those who took advantage of the free medical advice and service in the government hospitals did not get any preferential or special treatment there because they were State Government employees. They were treated like other citizens. The nurses received Rs.70/- per month as messing allowance and Rs.55/- as house rent allowance along with their salaries. The Government did not give them any facility like car, scooter or bus or any other vehicle to come to the place of work. They could make telephone calls to outsiders from the hospital but had to pay for those calls. No residential telephone lines were supplied to nurses.

f) **Nurses' expectations**: The sampled nurses were asked to enumerate their expectations about their pay scale and other allowances in relation to their load of work. 32 of the sampled nurses did not mention any of their expectations about the pay scale. They were silent about other allowances also. Others, who preferred to speak out, could enumerate their expectations only broadly. Very few specific suggestions were made. Many of the sampled nurses told that they supported their association or union in all respects and their union would decide the pay scale and other allowances to be demanded. Some observed that taking into consideration the education, experience, responsibilities and load of work, their
present scale of pay and allowances were certainly unsatisfactory. The dearness allowance was insufficient compared to soaring prices of necessities. Pensions were calculated on the basic pay which was very low and the allowances were not taken into account for that purpose, so the nurses nearing their retirement dreaded the years to come. The sampled nurses demanded following improvements in respect of pay scales and allowances:

(a) The pay and allowances should be calculated according to the Central Government scales.

(b) Pay scales and allowances should be revised after every five years. Especially the dearness allowance should be carefully revised, comparing it with the current price index.

(c) While fixing the pay scale, comparison with the pay scales of other professions is necessary. Education, experience, responsibility, total load of work and risk involved should receive enough weightage.

(d) Pay scale should be dependent on the type of work done. Nurses working in T.B. hospital or those working in wards where patients of communicable diseases are treated should get special allowance. Those who work in mental hospital should also get a substantial special allowance for the continuous responsibility and risk they face.

(e) Uniform allowance and washing allowance should be increased because the nurses have to spend much more than the present allowances received for these purposes.
(f) House rent allowance should be increased because the nurses have to pay much higher rent than the amount of allowance received for that purpose. As a security measure against the risks to health in this profession, the nurses must have a good diet which would be possible only if the messing allowance is increased appropriately.

(g) Special allowance for night duty should be given.

(h) The nurses spend much time and money in travelling to and from their place of work. So they should get a travelling allowance depending on the distance travelled or a reimbursement of bus or rikshaw fare or a free pass of PMT buses.

(i) A Ward Sister is responsible for the safety and excellent maintenance of machines and equipments worth lakhs of rupees. So she should get a special responsibility allowance.

(j) Messing allowance should be merged in basic pay.

Office-bearers of the nurses' unions who were interviewed for the purpose of the present study, reported that they had constantly made efforts for improving the economic condition of the nurses by demanding improved pay scales and allowances, as stated above, to the Government. They agreed that the Government also was kind enough to hear their representations and act accordingly, if possible. Till 1966, nurses were completely neglected. The Pay Commission that was looking after the entire pay problem at that time did not ask for any representation of the nurses, but after that the Government's attitude towards nurses changed slowly but positively towards more understanding, sympathy and justice.
The recent Bhole Commission made it a point to consult the nurses' union in this respect before submitting its report to the Government. Not only this, but the representatives of the nurses who had to travel all the way to Bombay, for this purpose, were given even travelling allowance and daily allowance. Of course, the report of the Bhole Commission was not agreeable to the nurses in some respects, but at least they were satisfied that the Commission had taken note of their opinion. The change in attitude towards them was appreciated by them.

The sampled nurses strongly demanded upward revision of pay scales and allowances; but it may be that they wanted something else which they themselves could not make out. As discussed elsewhere in this chapter, their higher-order needs like belonging, social involvement, esteem, status, self-actualisation and fulfilment were not satisfied. The society did not recognise the nursing profession as a respectable, important and indispensable wing of medical science; but the higher order needs are often hidden so the nurses perhaps could not recognise them and demanded more wages instead. Keith Davis was right when he observed, "Since secondary needs are so nebulous, dissatisfied workers usually attribute their dissatisfaction to something more tangible, such as wages. Many so-called wage disputes do not really concern
wages, so meeting the wage request does not remove the basic dissatisfaction that existed.34"


h) **International Standards as regards nurses' pay**

The General Conference of the International Labour Organization made the following recommendations regarding remuneration which form a part of its Recommendation 157 concerning Employment and Conditions of Work and Life of Nursing Personnel adopted in its sixty third session on 21st June, 1977:-

"25) (1) The remuneration of nursing personnel should be fixed at levels which are commensurate with their socio-economic needs, qualifications, responsibilities, duties and experience, which take account of the constraints and hazards inherent in the profession and which are likely to attract persons to the profession and retain them in it.

(2) Levels of remuneration should bear comparison with those of other professions requiring similar or equivalent qualifications and carrying similar or equivalent responsibilities.

(3) Levels of remuneration for nursing personnel having similar or equivalent duties and working in similar or equivalent conditions should be comparable, whatever the establishments, areas or sectors in which they work.

(4) Remuneration should be adjusted from time to time to take into account variations in the cost of living and rises in the national standard of living."
(5) The remuneration of nursing personnel should be fixed by collective agreement.

26) Scales of remuneration should take account of the classification of functions and responsibilities of nursing personnel.

27) Nursing personnel who work in particularly arduous or unpleasant conditions should receive financial compensation for this.

28) (1) Remuneration should be payable entirely in money.

(2) Deductions from wages should be permitted only under conditions and to the extent prescribed by national laws or regulations or fixed by collective agreement or arbitration award.

(3) Nursing personnel should be free to decide whether or not to use the services provided by the employer.

29) Work clothing, medical kits, transport facilities and other supplies required by the employer or necessary for the performance of the work should be provided by the employer to nursing personnel and maintained free of charge."

The General Conference of the International Labour Organisation made following suggestions concerning practical application of the above recommendations :-
"16) Pending the attainment of levels of remuneration comparable with those of other professions requiring similar or equivalent qualifications and carrying similar or equivalent responsibilities, measures should be taken, where necessary, to bring remuneration as rapidly as possible to a level which is likely to attract nursing personnel to the profession and retain them in it.

17) (1) Additions to salary and compensatory payments which are granted on a regular basis should, to an extent commensurate with general practice in the professions, be regarded as an integral part of remuneration for the calculation of holiday pay, pensions and other social benefits.

(2) Their amount should be periodically reviewed in the light of changes in the cost of living."

(F) Promotional Opportunities:

a) Promotion: An excellent motivational factor:

Organisations can be described as hierarchy of roles. Role occupants may remain in the same role throughout their organisational membership or they may be promoted to a role involving greater wages, power and status. The opportunities

for promotion offered to members of the organisation are highly variable and are often assumed to have a marked effect on job satisfaction because a position at a higher level in the same organisation typically involves changes in supervision, co-workers, job content and pay. A person's evaluation of his present position directly affects his expectations regarding promotion. However, we can reasonably assume that receiving a promotion will be more rewarding to persons who did not expect it than those who did. Similarly, failure to receive a promotion might be less frustrating to those who did not expect it than to those who did. Ample promotional opportunities assure an employee full utilisation and development of his skills and abilities and a chance of growth. A promotion which can be received can be an excellent psychological motivational factor for the employees. Promotional opportunities represent opportunities to satisfy higher order needs like esteem, status, self-actualisation and fulfilment.

b) Scarcity of promotional opportunities and its reasons:

66 of the sampled nurses complained that there were many difficulties in getting a promotion in a government hospital. According to their reports, they were totally dissatisfied about the promotional opportunities as none were offered to them in normal course of time. A trained nurse,
at the completion of her course was first appointed as a Staff Nurse. She could not expect to be promoted as Ward Sister unless she had worked for at least 20 years. This fact was revealed by Table 6 given earlier showing the distribution of the sampled nurses according to their designations and years of service. A promotion to the post of a Ward Sister was usually the first and the last promotion to be received by a nurse. Only one or two fortunate Ward Sisters got promotion to the posts of Assistant Matron or Matron. The number of posts at such a high level in the organisation was very limited and literally nobody expected to capture one easily. This situation was harmful for the spirit of development, improvement and progress in performance as well as educational qualifications in nurses. Even some of the expert Ward Sisters and senior Sister Tutors openly criticised the scarcity of promotional opportunities in government hospitals. "Why should we work more and better - why should we keep our knowledge up to date - why should we take the trouble of gaining higher qualifications when we are not going to get any material benefit for our extra efforts ?" - they straight-way questioned us. In the absence of any opportunity for their own betterment, they had lost interest in their work.
Several cadres of nurses were one of the important reasons of the scarcity of promotional opportunities. After completing a course in nursing, a nurse is appointed at some hospital which may be a teaching institution or a non-teaching institution. Her appointment at that hospital, which determines her cadre, is done by the government itself and she usually has no choice in that decision. A nurse working in a non-teaching institution cannot be promoted to a higher post easily or she cannot get a promotion in a teaching institution afterwards. So also change of cadre from Zilla Parishad to Government is not permitted under the rules. The sampled nurses told that their counterparts under Zilla Parishad had no opportunity for promotion or transfer and were denied opportunity for higher training even though they were ambitious and promising. Secondly, the non-teaching institutions were usually located in small towns away from Poona and so many nurses refused to go there even on promotion. When senior nurses refused such a transfer, automatically they held the senior posts in hospitals in Poona and the junior nurses here could never find a vacant post at a higher level for them. The selected nurses told that a promotion was always associated with a transfer which posed many problems like security, accommodation etc. for married as well as unmarried nurses. A transfer dislocated their family life,
disturbed the education of children and the nurse had to adjust herself to a completely unfamiliar life at an unfamiliar place. This much cost for a promotion could not be afforded easily. That was why many nurses refused a promotion when it was accompanied by a transfer to other place. Nurses in military service complained that they were neglected while giving promotions. Same was the case with male nurses. Usually male nurses were better qualified but they were never promoted to the post of a Matron or Assistant Matron. All the male nurses in our sample protested against the discrimination on the basis of sex in this women-dominated profession. Another common complaint in this regard was against the discrimination on the basis of caste and surprisingly it came from nurses belonging to so-called superior castes. Many nurses told that the nurses belonging to the so-called superior castes like Brahmins or Marathas were purposefully kept away from their rightful promotions. According to the government orders, backward class nurses had to be given preferential treatment in every respect, they had reserved seats in promotions also. In effect, able candidates from Brahmin, Maratha and other forward communities lost their promotions to the backward class candidates even though the backward class candidates were less qualified, less experienced and sometimes less able even. This situation stimulated nothing else but frustration, agony and
dissatisfaction among the forward class nurses. These nurses told that they did not have any grudge against the backward class nurses but it was really painful when you had to work under a junior nurse whom you had once taught the preliminary things in work when she was starting her career. It disturbed them psychologically. Because of the government policy to support backward class nurses and because of the purposeful non-cooperative attitude towards forward class nurses, even most experienced and senior nurses' talents were wasted. In the usual course of action, the Ward Sisters observed the day-to-day work of the Staff Nurses in their wards and reported their reactions to the Matron. The Matron as a part of her duty, maintained up-to-date confidential reports of all nurses in her hospital and on the basis of those reports made recommendations for promotions. Such a process of allocation of promotions is not dependable as there is much scope for favouritism.

Even though as many as 66 sampled nurses enumerated the difficulties faced by them in getting promotions, 24 of them could not put down in specific words what they expected to be done in this regard. Suggestions regarding the improvement in promotional opportunities were as follows:

(a) Several cadres of nurses and their types such as nurses in non-teaching institutions and nurses in teaching institutions should be demolished and promotions should be given irrespective of the cadre.
(b) Seniority, sincerity in work, extraordinary skill and special or additional qualifications must receive proper weightage.

(c) Before giving a promotion, every-day work and performance for several years should be reviewed impartially.

(d) There should be no discrimination on the basis of sex.

(e) Promotion should not be dependent on the caste of the candidate.

(f) If the promoted nurse is transferred to another place, proper arrangements regarding accommodation, personal security, education of children should be made. If she is married, her husband also should be transferred at that place, if possible, to avoid disruption of her family life.

(g) Those who are promoted should get a special training necessary for efficient performance in their new work roles and they should get full scope in handling their new duties. The promotions should not be nominal.

(h) To reduce favouritism, the procedure of allotment of promotions on the basis of confidential reports should be changed and departmental or wardwise examinations similar to bank examinations should be conducted for competing candidates.

(i) After every five years of service, a nurse should be automatically promoted to the next senior designation, but this is not possible as the number of posts is limited. So after every five years, she should get the next senior post's grade so that she at least gets financial compensation for the non-receipt of the senior designation and status.

c) Mohite Committee and Promotional Opportunities for Nurses:

Vanmala Mohite Committee appointed by the Government to go into the question of nursing education and nursing
services in the State of Maharashtra did not make any specific suggestion regarding the promotional opportunities of nurses working in government hospitals. It only mentioned that several cadres of nursing services in the State were undesirable. Change of cadre from Zilla Parishad to Government was not permitted and so the nurses working under Zilla Parishad had no avenues of promotion or transfer to teaching or non-teaching hospitals in the State. The Committee cited the lack of opportunities for higher training or promotions or transfers to favourable centres as one of problems common with all the cadres of nursing services and suggested that this problem would be solved by creation of a State cadre of nursing services. Merger of various existing cadres into only one comprehensive cadre of nursing services would make it possible for efficient and deserving nurses to take advantage of the opportunities for promotion and higher training.

d) **International Standards as regards promotional opportunities for nursing personnel**;

The General Conference of the International Labour Organisation in its Recommendation No.157 concerning

37) Report of the Committee appointed by the Govt. to go into the question of Nursing Education and Nursing Services in the State of Maharashtra, p.19, Urban Development, Public Health and Housing Department, Government of Maharashtra - 1976.
Employment and Conditions of Work and Life of Nursing Personnel has made following suggestions for the career development of nurses:

"21) (1) Measures should be taken to offer nursing personnel reasonable career prospects by providing for a sufficiently varied and open range of possibilities of professional advancement, leadership positions in direct and supportive nursing care, the administration of nursing services, nursing education, and research and development in the field of nursing, and a grading and remuneration structure recognising the acceptance of functions involving increased responsibility, and required greater technical skill and professional judgement.

(2) These measures should also give recognition to the importance of functions involving direct relations with patients and the public.

22) Measures should be taken to give nursing personnel advice and guidance on career prospects and, as appropriate, on re-entry into nursing after a period of interruption.

23) In determining the level at which nursing personnel re-entering the profession after an interruption of its practice should be employed, account should be taken of previous nursing experience and the duration of the interruption.
24) (1) Nursing personnel wishing to participate in programmes of continuing education and training and capable of doing so should be given the necessary facilities.

(2) These facilities might consist in the grant of paid or unpaid educational leave, adaption of hours of work, and payment of study or training costs; wherever possible, nursing personnel should be granted paid educational leave in accordance with the Paid Educational Leave Convention, 1974.

(3) Employees should provide staff and facilities for in-service training of nursing personnel, preferably at the workplace.\(^{38}\)

The General Conference, in the Annex to the Recommendation 157, made following suggestions concerning practical application of the above recommendations:

"11) Where the possibilities of professional advancement are limited as a result of the manner in which nursing services in general are conceived, measures might be taken to facilitate access to studies leading to qualifications for other health professions."

12) (1) Measures should be taken to establish systems of classification and of scales of remuneration which provide possibilities of professional advancement on the basis of the classification of the level of functions.

(2) These systems should be sufficiently open to provide an incentive for nursing personnel to pass from one level to another.

(3) The promotion of nursing personnel should be based on equitable criteria and take account of experience and demonstrated ability.

13) Increases in remuneration should be provided for, at every level, by reference to the development of experience and ability.

14) (1) Measures should be taken to encourage nursing personnel to make the greatest possible use of their knowledge and their qualifications in their work.

(2) The responsibilities effectively assumed by nursing personnel and the competence shown by them should be continuously reviewed so as to ensure remuneration and possibilities of advancement or promotion corresponding thereto.

15) (1) Periods of paid education leave should be considered to be periods of work for the purpose of entitlement to
social benefits and other rights deriving from the employment relationship.

(2) As far as possible, periods of unpaid educational leave for the purpose of additional education and training should be taken into consideration in the calculation of seniority, particularly as regards remuneration and pension rights."

(e) Transfer and the problems related to it :

As it was noticed before, a promotion was accompanied by a transfer to some other far away city or even a village which posed a variety of problems for the nurse and so sometimes, she was prepared to give up her promotion to avoid the transfer, but everybody could not do so every time and they had to accept transfers even without promotions. In the present survey, an effort was made to study the current government policy regarding transfers of nurses. Out of the total sample population, 42 nurses consisting more than 45% of the total sample population had been transferred from one place to another. Nearly one half of these had been transferred to other places on more than one instance.

39) Ibid, p.27
There was no rule as regards the period of transfer or the time interval between two subsequent transfers. A nurse could be transferred to some other place after she had worked at one place for few months only. There were instances when a nurse who had been working at one hospital for more than eight years had to face a transfer. Further, the management did not bother to consult the nurse as regards her reaction to the proposed transfer before taking the actual decision. The transfer order came unexpectedly. Therefore, even if the nurse had any genuine difficulty, she could not express it and make any effort to change the management's decision. Only six of the sampled nurses who had experienced transfers reported that the management had asked for their opinion as regards their proposed transfer and had taken the actual decision of their transfer only after receiving their full consent. It is interesting to note that these nurses were office bearers of the nurses' unions having considerable control over the union-members. Some of the sampled nurses complained that they were transferred to a very distant place and did not get any travelling allowance for going all the way to the new place of work. No assistance was provided to them by the government as regards accommodation, admissions to schools or colleges for the children, transport etc. They had to stay away from their family incurring double
expenditure of maintaining two establishments and a lot of disturbance in family life; so they could not concentrate on their work.

Vanmala Mohite Committee's Report includes very valuable suggestions as regards transfers of nursing personnel. The Committee made following recommendations:

Nurses should be posted or stationed near the territory or geographical area where their parents or families reside. Transfer after a few years is a necessary part of the government service and so as far as possible a nurse should be located in the area of her choice. Young nurses below the age of thirty years should be posted in larger towns and in larger hospitals, taking into consideration the load of family responsibilities on them. Middle-aged and mature nurses are comparatively more independent of their family responsibilities and can adjust to a change easily, so they should be posted in smaller hospitals in small towns or villages. Transfers, particularly of senior nursing personnel who have administrative authority vested in them like Matrons or Assistant Matrons should be made every four to six years. Other nursing staff

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should not be ordinarily transferred. Unmarried nurses may be transferred. Married nurses should be transferred only on administrative reasons. When transfers are made, a choice may be given to transferred nurses. Further facilities of accommodation, admission to school for children etc. may be extended to them by the authorities. Husband, if in government service, should be transferred together with the nurse on transfer. All these recommendations should be implemented as quickly as possible.

To study the general reaction of nurses towards a transfer, the sampled nurses were asked whether they were ready to work outside Poona. It was noticed that 70 of the sampled nurses, consisting 80.43% of the total sample population, emphasised their unwillingness to leave Poona. The remaining 22 sampled nurses who were ready to work outside Poona were unmarried, widowed or divorced. That means, these categories of nurses did not have much attractive family life and they were relatively free of the domestic responsibilities. All the male nurses in our sample were ready to work outside Poona. The sampled nurses gave number of reasons why they did not want to go outside Poona. The most frequently quoted reason was the education of children. Here there were good schools and colleges with excellent educational standards, offering number of facilities to good students. Residence
in Poona only could provide the children steady and quality education. Further, if the nurse and her family left Poona because of her transfer, the children could not get admissions in the schools there easily, and even if they got it, it was difficult for them to adjust to the new environment, new method of teaching etc. in that school. They lost continuity. Another reason frequently quoted by the nurses for their choice of Poona was that their husbands were either serving in Poona or they had private business in Poona. If such nurses were transferred to other places, they would have to live alone at their place of work, leaving their spouses and families at Poona. Many nurses were blunt enough to tell us that such a situation, if continued for a long time, could create number of problems and they would never prefer to loose their family life for the career and employment. Some nurses told that they shouldered the entire responsibility of their family and had younger sisters and brothers who had to be educated and old, sick parents who had to be looked after; so it was not possible for them to leave Poona. If transferred to other place, they told, they would have to visit Poona frequently, which would be costly and time consuming and they would not get so much paid leave. Unmarried young nurses did not like the idea of working at places other than Poona because it was difficult to get suitable and secure
accommodation outside Poona. Some told that they had settled in Poona permanently and had purchased an ownership flat even and so did not like the idea of leaving Poona. The ambitious, enlightened nurses observed that Poona was a city of knowledge wisdom and thought. Here they could participate in number of activities and develop an all-round fresh personality of their own. Poona provided them rich educational facilities and also the enthusiasm to use those facilities, so they would never leave Poona. One of the senior nurses nearing retirement told that she had worked for years outside Poona, even in rural surroundings and now she would like to spend her remaining term in a quiet and comfortable city like Poona. One young mother had a practical difficulty. She told that she could keep her six-month old child in the creche at the Sassoon Hospital and then work in the hospital without any worry. But there were no creches in other hospitals. So if she was transferred outside Poona, she would have to resign as there would be no one to look after her baby.

80 of the selected nurses, consisting 86.963% (approx.) of the total sample population, told that they were not prepared to work in rural areas. Only twelve of the sampled nurses showed their willingness in this respect and these included male nurses and widowed as well as divorced nurses. Many of those who disliked the work in rural surroundings
agreed that their services were more necessary in the rural areas than the urban areas but it was very inconvenient to work there because of the following reasons:

Even the necessities cannot be satisfied. There are no facilities like water, electricity, sanitary blocks. No good accommodation is available. There are no educational facilities for children. Being far away from the city, there are no other activities or social life. No recreational facilities are available. Rural area is mostly backward area with no industries and industrial life. There are no railways, buses or any other means of transport. As a nurse midwife, one has to make home visits in the village and other surrounding area coming under the health centre’s authority and has to travel by bullock-cart or mostly on foot. There are no good roads. In rainy season, rivers block your way frequently and it is very dangerous to travel at night. Village people are illiterate. They are engrossed with traditions, customs and deep-rooted prejudices. They do not have a slightest idea of the recent advancements in medical or any other science. They do not have faith in the nurse. Even today, many of them regard her as an unholy woman who makes witchcraft so that they should not have babies. They regard her presence as dangerous and disastrous. Rural people are poor, addicts of liquor etc. and do not have
money to buy medical aid or equipments. They are not clean and do not know even the general rules of health and they neglect their health in spite of medical advice when they have much work to do in their farms in seasons. The staff available on primary health centre is very limited and a single nurse has to be in charge of even 5000 to 6000 people coming under the authority of that health centre. So the load of work is tremendous. The Medical Officer is responsible for the work of the health centre but he is not always present at the health centre. So in the day to-day routine, people hold the nurse responsible for good as well as bad things. They expect too much from a nurse and the higher authorities do not provide the necessary administrative protection. The local influential people and political leaders try to exploit the nurse for non-nursing work. Personal safety is a major problem. There is harrassment as regards leave, salary, transfer. Uncompromising nurses have to face threats of homicide, teasing, use of foul language and trouble from anti-social elements. Sometimes, the higher authorities give bad treatment to the people and in turn the people give bad treatment to the innocent nurse who has to work in day-to-day contact with the public. Many harrowing stories of nurses working in rural areas are heard now-a-days and experience proves them. In addition to these reasons, for the dislike of work in rural areas, the sampled nurses told that special
attraction and affection for Poona made that dislike more intense. Unwillingness to disturb the family life, husband's private business, absence of creches in rural hospitals etc. were the other common reasons.

It must be taken into account here that even though the sampled nurses gave so many reasons for their non-preference for rural area, most of these reasons were based on hear-say. Out of the total sample population, nearly 65% nurses had never left Poona. They had no actual work experience in primary health centre or sub-centres. So one has to be cautious while accepting their opinions in this respect. On the other hand, some of those nurses, who had worked in rural area for a couple of years, reported that they had a very good experience of the rural people. They agreed that they had 24 hours' duty in those days and people were backward in all respects but they were co-operative and helpful. The local influential people like patil and sarpanch did everything that they could to assist the nurse and never took advantage of the nurse who was alone there. These nurses found that if they loved the rural people, the people also loved them and understood their difficulties.

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