In addition to the six major determinants of job satisfaction of an employee, which were discussed in the previous chapter, there are a few more variables which form a part of an employee's working conditions. Some of these are related to physical conditions at the work-place while most of them are related to the psychological state of affairs of the employee while he is at work. Such aspects of work-role of a nurse are discussed below in detail:

(G) **JOB SECURITY**

a) **Security**: The most important aspect of a work-role for a common employee.

Usually an individual is employed by an organisation on a temporary basis in the initial period of his employment. The authorities observe his work for a specified period according to the rules of the organisation and if satisfied about it, confirm him in the employment. The confirmation brings with it many advantages, rights and facilities to be received by the employee. A confirmed employee cannot be removed from his office without any substantial reason and even if the management does not want him to continue, it
has to take action according to the established rules and regulations only. Confirmation represents permanency of a job. Job Security is usually the most important aspect of a work role according to a common employee when he is asked to rank different aspects of his work-role in terms of their importance, according to V.H. Vroom. The reason is obvious. Job security means permanency of a job which results into a continuous receipt of a fixed income on a fixed date enabling the employee to satisfy his numerous wants and gain material satisfaction. So job security and safety needs are of second priority, coming next to the physiological needs and are directly related to the job satisfaction of a worker.

b) Confirmation: The nurses working in government hospitals are State Government employees. According to the rules, a State Government employee nurse is confirmed after three years of her appointment on her satisfactory work. When a nurse is confirmed in the employment, she receives a letter of confirmation as a proof from the Superintendent of Nursing Services, Bombay.

The nurses in the sample were asked whether they were made permanent in their service and if not, what were the reasons for that. It was observed that most of the sampled nurses did not know whether they were actually made permanent or not. They told that they had been working in government hospitals for many years and so they assumed that they were confirmed but the government had not given any written evidence to them as regards their confirmation. They could not prove it in the court of law. Particularly the experienced and senior nurses who had worked for more than 15 to 20 years were much perturbed about the fact that legally speaking they were still working on a temporary basis. They always had a feeling of insecurity and instability about the future. They had lost a sense of belonging to the organisation. Only 7 of the sampled nurses told that they were confirmed in service; but taking into account the response of others, it can be said that these seven nurses were only assuming that they were confirmed and they also did not have any written evidence in the form of a confirmation letter with them.

(H) OPPORTUNITY OF MAKING COLLECTIVE BARGAINING/EFFORTS :

a) Collective bargaining upholds the Democratic Principles

Employees are weaker than the employer in respect of administrative powers, economic stability etc. The
employer's scope of authority is much larger than theirs. He can determine their activities, status, level of achievement and most important, the price of their labour. He has a direct control over them when they are on duty and sometimes they let him control them even when they are off duty. The concepts of equality and democracy go against such a situation. To correct the imbalance of authority and status, the workers must come together, form an organisation or association of their own and deal with the employer on equal terms. They must take advantage of their number and their collective power. They must unite and make collective efforts to improve their working conditions as well as social conditions. Opportunity of making collective bargaining gives them psychological support, self-confidence, a feeling of dignity and equality.

b) **War or Peace?** : Eighty four of the sampled nurses, consisting 87.39% (approx.) of the total sample population, strongly recommended that collective efforts were necessary for the improvement of the working conditions and the living conditions of nurses. When they asked for opportunity of making collective bargaining, they were not unaware of their responsibility as loyal employees. They felt that they were educated, cultured citizens who knew their plus points as well as their limitations. They must maintain excellent relationship with the management with continuous and efficient
service and exercise of skill and ability in work. Labour-management relations should not be allowed to affect the quality of work; but through their association, the nurses must deal with the management on equal terms and make the management improve the working conditions of the employees. They must frequently meet the management in meetings where there will be "give and take" of ideas, mutual co-operation and respect. The points of difference of opinion and problems of each party should be studied and discussed with open minds. The nurses felt that all this would be possible only if they remained organised and dealt with the management collectively. Some of these nurses, who were strongly in favour of collective bargaining, were annoyed with the way in which management dealt with them at present and told that they wanted to come together and fight against the management for their legitimate rights. According to them, management could never understand or respond to peaceful efforts in this respect. Only eight of the sampled nurses did not react at all to this query in our questionnaire.

Out of the 84 nurses in favour of collective bargaining, 20 nurses preferred the peaceful methods such as exchange of thoughts, appeal, representation, mutual understanding etc. Again, there were 20 nurses who believed that they could bring about the necessary change in management's
attitude through militant methods like non-co-operation in work, go-slow, strike, open demonstrations against the management etc. The remaining 44 nurses did not specify their choice of method of collective bargaining which meant that either they preferred both the peaceful and militant methods or that they could not make out which of these was a better one. In support of their preference for collective efforts by either method, it was said that organised efforts were based on collective thinking and when so many individuals acted in a specific direction in agreement, rapid progress was assured. Collective efforts could not be neglected by the society and they had the support of a large number of individuals. The power of the will of a large group of citizens made the government take active interest in the problem and take worthwhile decision. A single individual could not hope to get justice against the society or the government but a united group of individuals certainly could have a decisive weightage. The higher management cannot satisfy the group by mere promises. It cannot neglect it. On the other hand, the group can bring pressure on the management for taking decision in a particular direction. The results of collective bargaining are of a permanent nature which can be received by all employees and they have full recognition of the management. The sampled nurses felt
that there was nothing immoral or unjustifiable in making collective efforts to enforce their rights when they had been performing their functions efficiently.

c) International Standards in respect of opportunities of collective bargaining to nurses:

The General Conference of the International Labour Organisation, in its Recommendation 157 concerning Employment and Conditions of Work and Life of Nursing Personnel, has been very particular regarding the proper status and recognition to be given to the nurses' organisations. For example, while describing the scope of the above Recommendation, it is said that the competent authority may, after consultation with the employers' and workers' organisations concerned, where such organisations exist, establish rules concerning nursing personnel who give services on a voluntary basis.

As regards the policy concerning nursing services and nursing personnel, it is said that each member (nation) should adopt and apply, in a manner appropriate to national conditions, a policy concerning nursing services and nursing personnel.

personnel, which should be formulated in consultation with the employers' and workers' organisations concerned and that measures should be taken, in consultation with the employers' and workers' organisations concerned, to establish a rational nursing personnel structure by classifying nursing personnel in a limited number of categories determined by reference to education and training, level of functions and authorisation to practise. 43

As regards participation, Recommendation 157 contains the following suggestions:

"19) (1) Measures should be taken to promote the participation of nursing personnel in the planning and in decisions concerning national health policy in general and concerning their profession in particular at all levels, in a manner appropriate to national conditions.

(2) In particular -

a) qualified representatives of nursing personnel, or of organisations representing them, should be associated with the elaboration and application of policies and general principles regarding the nursing profession, including those

43) Ibid, p.3
regarding education and training and the practice of the profession;

b) conditions of employment and work should be determined by negotiations between the employers' and workers' organisations concerned;

c) the settlement of disputes arising in connection with the determination of terms and conditions of employment should be sought through negotiation between the parties or through independent and impartial machinery, such as mediation, conciliation and voluntary arbitration, with a view to make it unnecessary for the organisations representing nursing personnel to have recourse to such other steps as are normally open to organisations of other workers in defence of their legitimate interests;

d) in the employing establishment, nursing personnel or their representatives should be associated with decisions relating to their professional life, in a manner appropriate to the questions at issue.

20) Representatives of nursing personnel should be assured the protection provided for in the Workers' Representatives Convention and Recommendation, 1971. 44

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44) Ibid, p.7
In the annex of the above Recommendation 157, suggestions concerning practical application of the policy concerning nursing services and nursing personnel are given. In it, it is said that in particular, measures should be taken to determine, in consultation with the representatives of those concerned, the relationship between nursing personnel and other categories of health personnel and that classification of functions should be based on an analysis of jobs and an evaluation of functions made in consultation with the employers' and workers' organisations concerned.

d) Nurses' Unions: At present three unions of nurses are found in government hospitals in Poona. They are as follows:

i) Maharashtra State Government Employees' Nurses' Association.

ii) Trained Nurses' Union.

iii) Trained Nurses' Association of India, Poona branch.

The Maharashtra State Government Employees' Nurses' Association is a part of the Maharashtra Government Nurses' Federation which is a very powerful nurses' organisation functioning on state level. Its membership consists of

45) Ibid, p.18
nurses all over Maharashtra. The Maharashtra State Government Employees' Nurses' Association does not believe much in peaceful methods of collective bargaining. It feels that if the government is not understanding and kind to them, it must be taught to be kind. The Association's result-oriented practical attitude has won a large following for itself among the nurses but the same has been the reason of dislike by the government. The Association's militant methods of work have made it very popular among the rank and file nurses. The Association is not yet recognised by the government because of its strong view-points and stiff attitude towards nurses' problems; but the government is aware that it has to take note of this powerful nurses' association, every time it is dealing with something about government nurses. The Chairman of the Association was a member of the Mohite Committee appointed by the Maharashtra Government to go into the question of improvement in nursing services and nursing education in the State. Bhole Pay Commission of the Maharashtra Government also had consulted the leaders of the Association while studying the question of fixation of pay scales. Therefore, whether the government recognises it or not, the Association is there functioning as a collective labour power. The Association was established in 1968 and since then it has worked hard to improve the working conditions of nurses.
The 'Trained Nurses Union' was established on 1st January, 1978 when 54 days strike of the state government employees was at its peak. The founder nurses of the Trained Nurses Union had a definite reasoning for establishing a separate union of their own. According to them, nursing services were essential services which could not be withdrawn from the public for the nurses' personal benefit. The Trained Nurses Union did not participate in that strike. According to this union of nurses, peaceful methods of collective bargaining also can be successful if used skilfully. The members of this union have determined to give their first preference to duty. They would not like to be used as mere tools by the political leaders outside. The compromising and elastic attitude of the Trained Nurses Union has won for itself a following of peace-loving nurses and the favour of the government authorities. This union is recognised by the government.

The Poona branch of the Trained Nurses Association of India should have been much powerful association because of the Trained Nurses Association of India's work on all India scale and its oldest existence. But actually, it was found that this third association of nurses was inactive and not so popular. A nurse could be a member of any number of associations, therefore, some nurses had been members
of Trained Nurses Association of India also, in addition to other memberships, for prestige-purposes but they did not expect to get any results from it.

It was found that the dissatisfied oppressed element in nurses supported and liked the Maharashtra Government Nurses' Federation and its Association than the other two unions for the solution of local problems. Of course, the aims of all the three unions were the same i.e. betterment of the nurses but their ways were different.

The nurses in the sample were asked to evaluate the performance of their associations. 40 sampled nurses exactly knew the nature of the efforts made by the association for improving the working conditions and the living conditions of nurses. Others admitted that they did not know what efforts were made but were aware that "something" was being done for them. Members of the Maharashtra Government Nurses' Federation told that as a result of continuous efforts of their union, they got all public holidays, second and fourth Saturday holidays as other State Government servants. There was an increase in messing allowance, uniform allowance, washing allowance etc. Special allowance to nurses in mental hospital which was previously discontinued, was continued again. Efforts were made to get these allowances in full in actual practice. Break duties were discontinued.
There was a reduction in hours of work. Night duty was fixed for 5 days only and the day duty was fixed at 8 hours only. The Federation represented the nursing community in Vanmala Mohite Committee which was appointed by the government to go into the question of improvement in the nursing services and nursing education in the State of Maharashtra. The representatives of the nurses, from time to time, met the ministers, government officers, social workers and members of the Mohite Committee and through continuous correspondence, personal interviews, representations etc., persuaded them to take active interest in the nurses' problems. At present, their aim was to get the dearness allowance at Central Government's rate. For that they had participated in the 54 days' strike of State Government employees which took place in January, 1978. The Federation was able to increase the status of the nursing community. Membership of the Mohite Committee was the proof of this fact and in addition, Bhole Commission which was considering the question of the revision of pay scales of Government Servants, had discussions with the representatives of the Federation to know the viewpoint of the nurses in that respect. The nurses told that their unions were relatively newly established, economically not so strong, but the team-spirit of the members was so powerful that they were successful in communicating with the government. They told that
the office-bearers of the unions were loyal and hard-working persons who organised the nurses working in different hospitals into a powerful net-work of dedicated union-members throughout the State. The Members of the Trained Nurses'Union told that their union was only a few months old and it had a limited backing. Its scope of work at present was limited to Poona City only. Despite that, the members and the office-bearers hoped to do much work for the improvement of the nurses' working conditions and living conditions. These nurses believed in peaceful methods of collective bargaining and thought that continuity and excellence in nursing services provided at the hospitals was more important than the increases in pay etc. for the nurses. With this viewpoint the Trained Nurses'Union had kept itself aloof from the 54 days' strike of State Government employees in January, 1978.

Out of the total sample population, only two nurses had not taken membership of any of these two unions. The reason was that they had been newly employed in a government hospital and according to them it was too early for them to choose either of these unions on a rational basis. The remaining 90 nurses were union-members. It means that nearly 98% of the nursing personnel in our sample were union-members. Of these, 36 nurses said that their unions were successful in improving their working conditions and living conditions.
Eight of these nurses were of the opinion that the unions had not been successful in such efforts. The reasons for the failure were, according to them, economic weakness of the union, limited membership, lack of effective communication with all members of the union, lack of understanding, interference of political leaders, cold response from the government, internal politics in the union itself. It was observed that division of the nursing community under two separate union-banners was hindering the labour movement. On any issue, when any one of the unions stood against the management, the other one supported the government. The result was obviously nothing else but haphazard, sporadic efforts by the nurses devoid of any positive impact on their conditions of work and life. 46 of the sampled nurses who were union members said that their unions were only partly successful in improving their conditions of work but these nurses were hopeful about the future.

(I) GUIDANCE FROM THE SUPERIORS:

a) Special importance of guidance from the superiors in the field of nursing:

In any field of work, a new entrant needs a lot of guidance from his superiors. He has formal education. He has dedication and willingness to do hard work but he lacks work experience. Without the practical guidance from his
superiors, he would have had to carry on by trial and error method which would have meant a wastage of time, money and energy. Even those, who have worked for a couple of years on a particular job, cannot sometimes decide what is exactly to be done in an emergency. In complex situations, they need an expert advice from their superiors. This is particularly true in case of nursing profession because of its peculiarities. A student nurse, after completion of the course, gets an appointment in a hospital as a staff nurse. In her training period, she studies everything in her books of studies. She goes through some practical training also. But still the actual work in the hospital is certainly a new experience for her and she needs helpful and understanding superiors frequently. Nursing profession is built around the patient - a human being with emotions, whims, likes and dislikes and it has to deal with life and death every second. Emergencies crop up at any time. Experienced nurses develop the necessary presence of mind and adjust to the changing situations quickly; but still moments come when even their experience fails them and they have to seek expert and timely guidance from their superiors.

b) Present situation: 50 of the nurses told that they were satisfied about this aspect of their work and could receive the needed guidance at any time. Some of these
remarked that it depended on the person seeking advice and also on the person giving it. The remaining 42 nurses told that their superiors could not give them proper guidance and help. According to these nurses, a new nurse in the hospital did not get the necessary orientation. She should be informed by the superiors about her job, her hospital, patients, procedures, routine of work etc. The superiors must themselves take an initiative in understanding her problems and suggesting proper solutions of those problems. Such a guidance from the superiors would develop self-confidence in that new nurse. It would also develop harmonious relationship between her and the superiors. The sampled nurses suggested that staff meetings must be conducted regularly to provide opportunity for the give and take of guidance, advice and help. They further observed that the nurses must remember that they were to act as superiors of the Class IV servants and in this relation they must supervise, direct and guide the class IV servants as regards use of modern equipments and time and labour saving devices etc.

(J) COMMUNICATION :

a) Role of communication in determining morale of the employees :

Keith Davis defines communication as the passing of information and also the understanding from one person
to another. It is a sharing of thoughts and is the process by which a manager (or any superior) reaches others to manage their work. One person can initiate the process but cannot complete it. It is completed by a receiver. It means that communication is a two-way process. The purpose of communication is to supply the information necessary for job performance and active co-operation. In other words, communication provides the means whereby a plan can be implemented and action co-ordinated towards the common goal. It is a means whereby the members of the organisation can be motivated to execute such plans willingly and effectively. The management can perform its functions like planning, organising, directing, co-ordinating and controlling and get the work done by the employees only by the means of effective communication.

b) Present situation: The nurses in our sample were asked about their experience in this respect. Nearly all of them told that the management failed to supply the information that was necessary for job performance. No special efforts were made to direct the new nurses in their work. The nurses

got some information about the work in their training course and the practical knowledge had to be gained through actual experience only. New-comers had to learn by trial and error method, on their own. A few senior and experienced nurses helped the new-comers and carried out the job in co-operation. Communication being a two-way process, it could not be completed by the nurses alone. They were eager to receive it or initiate it but did not get much response from the management. It had a bad effect on the morale of the nurses. Further, according to Messers Learned, Ulrich and Booz, good communication exists where anyone in the organisation is free to contact whoever can help him with his problem and if the members are restricted to formal channels of communication only, they become frustrated. In government hospitals, Matrons and Assistant Matrons and other senior members of the nursing staff were feared by the junior nurses. Some years back, a staff nurse or a student nurse dared not enter the office of the Matron without the permission of the Sister even for genuine problems. The situation had changed to some extent over the years according to the sampled nurses' reports but still the nature of relations was the same. Nurses could not

47) Edmund P. Learned, David N. Ulrich and Donald R. Booz - Executive Action, Division of Research, Graduate School of Business Administration, Harvard University, Boston, 1951, P.P. 111-113
break the channels of formal organisation for attaining effective communication. Not only staff nurses but even the officers like Matrons felt the communication barrier between themselves and the management. Any change in the policy or new rules and regulations regarding the nursing personnel or regarding the working of the hospital came to the Matrons suddenly in the form of Government Resolution for immediate implementation. They were not consulted or informed before hand regarding it. They did not get any opportunity to convey their difficulties to the government. All the sampled nurses strongly supported the idea of conducting staff meetings regularly for achieving effective communication. Meetings should be conducted for the entire nursing personnel and for different wards or departments separately as per necessity. Similarly, a regular news-letter, bulletin or special booklet to inform the hospital employees about policies, services, rules etc. should be published by the government. The nurses felt that the nature of their work was most uncertain requiring increased information flow in order to maintain a comparable level of performance. They also needed feedback about their performance to know how well they were meeting the organisational goals and to enhance their self-image and feeling of success. They expected that effective channels of communication should be developed in the organisation which should
provide them information about items that affect them and their work directly, for example, working conditions, supervisory relationships, operating rules, fringe benefits, policies etc.

c) **Heavy reliance on the knowledge gained through education and training**

Because of the ineffective communication at present, the nurses mostly had to depend on the knowledge gained during their training period. In addition to guidance from superiors and effective communication within the organisation, proper training to the nurses was necessary for a total effective performance. 44 of the sampled nurses reported that they had received education and training suited to their work. According to them, they could work better because of their training. 30 of the sampled nurses did not respond to this question. The remaining ten nurses flatly remarked that they had passed the course examination but actually did not get all the necessary information about their job in their training period. These nurses had a number of suggestions to make for improvement in their training and education. They were as follows:

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(a) After every 2 or five years, a nurse must attend a refresher course to keep her knowledge up-to-date. Management should organise these refresher courses in which experts,
successful doctors and officers like Matrons should give lectures and demonstrations in new developments and discoveries in medical science.

(b) When a nurse is appointed in a special department, she should get complete information about the nature of her job, her co-workers, supervisors, operating rules, procedure of work etc. from her supervisors.

(c) Even if a nurse works only in one department and is specialised in that type of work, she should be in touch with the working of other wards. So special refresher courses should be organised for giving her knowledge regarding other departments in the hospital.

(d) Management should arrange lectures of outside experts about modern machines, equipments, drugs and techniques at least once in a month.

(e) An up-to-date library with a plenty of newsletters, magazines, bulletins and current books of eminent authors should be available to all the nursing staff, with suitable timings.

(f) Various nursing courses should make compulsory such subjects for study that are compulsory for admission to B.Sc. (Nursing) Course, so that a nurse, after completing her General Nursing Course, can immediately join the B.Sc. (Nursing) Course. Today she cannot do so if she has not taken proper optional subjects at her General Nursing Course.
(g) Poona University should arrange and conduct B.Sc. (Psychiatric Nursing) Course for those nurses who have a Diploma in Psychiatric Nursing. At present, a course in Psychiatric Nursing is conducted at Bangalore. Paediatric Nursing Course is conducted at Bombay while the Public Health Nursing Course is conducted at Nagpur. To be a tutor, a nurse has to attend a special course of the duration of 9 months at Delhi or she has to do B.Sc. (Nursing) Course. Of these, in Poona, only the B.Sc. (Nursing) Course, which is a degree course of four years' duration, is conducted at Armed Forces Medical College. Poona University is not yet willing to conduct this course. Auxiliary Nurse Midwifery Course of 2 years' duration is conducted in K.E.M. Hospital and Tarachand Hospital in Poona while General Nursing and Midwifery Course of 3½ years' duration is conducted at Sassoon General Hospital in Poona. All other specialised courses are conducted outside Poona. Therefore, the nurses in Poona cannot hope to take higher education unless they are sent to these courses on deputation. The nurses are denied the opportunity of self-development because of lack of facilities in Poona. This deficiency should be removed by the initiative of Poona University and all these specialised courses should be started here also. M.Sc. (Nursing) Course can be done at Delhi and Ahmedabad and even Ph.D.
in Nursing can be done there. These facilities should be made available to nurses in Poona also.

(h) Every day the student nurses attend the classroom lectures for about 3 hours and they spend the remaining four hours working in wards according to the time-table set by the Nurses' Training School in Poona. In actual practice, it is noticed that they have to spend many more hours in wards in addition to the four hours set in the time-table. Acute shortage of the nursing staff and unrestricted admission of the patients has increased the load of work so much that student nurses have to be used for service purposes. Further, these students reside in the hostels located in the hospital compound. So in emergencies, they have to be available for work in wards. They have to do night duties even. After so much hard work, they do not have enough energies for their studies. It is true that work in wards gives them practical knowledge and experience, but some proportion between the work done and lectures attended should be maintained. Here some difference of opinion was found among the tutors and other nurses. According to the tutors, their students were over-worked because of the work in wards and they were short of time for their studies, while the other nurses said that practical work was more important than the theory taught in the classrooms. So more time should be allotted for bed-
side nursing in wards. There should be correlation between the theory taught in classrooms and the practical in wards.

(i) The current course curriculums are comprehensive and more than sufficient. No change is necessary there but there is a shortage of good books in English as well as in Marathi. The government should take initiative in this respect and encourage the experienced and learned nurses to write good text books.

(j) Examinations should be conducted on semester system and admissions should be given once a year without any relation to the number of vacant seats in the first year of the course. That means, every year a fixed number of new students should be admitted in the first year.

(k) In the Nurses' Training School in the Sassoon Hospital, male student nurses were admitted until 1960 only. After that, they were trained in Miraj and Shrirampur but not in Poona. This practice is not justifiable as it is a discrimination in educational opportunities on the basis of sex. Males in Poona willing to join courses in nursing and taking up nursing as a career are rather discouraged by this policy. They are really very useful in operation theatres or in wards giving psychiatric treatment. Therefore, educational facilities should be made available to males in Poona also.
(1) Nurses should have the possibility of education and training abroad by way of organised exchange programmes.

d) **International Standards as regards education and training of the nurses**

The General Conference of the International Labour Organisation in its Recommendation 157 concerning Employment and Conditions of Work and Life of Nursing Personnel has made a number of suggestions regarding education and training of nursing personnel. They are as follows:

"7) (1) Measures should be taken to provide the necessary information and guidance on the nursing profession to persons wishing to take up nursing as a career.

(2) Where appropriate, basic nursing education should be conducted in educational institutions within the framework of the general education system of the country at a level similar to that of comparable professional groups.

(3) Laws or regulations should prescribe the basic requirements regarding nursing education and training and provide for the supervision of such education and training, or should empower the competent authority or competent professional bodies to do so.

(4) Nursing education and training should be organised by reference to recognised community needs, taking account
of resources available in the country, and should be co-
ordinated with the education and training of other workers
in the field of health.

8) (1) Nursing education and training should include both
theory and practice in conformity with a programme officially
recognised by the competent authorities.

(2) Practical training should be given in approved
preventive, curative and rehabilitation services, under the
supervision of qualified nurses.

9) (1) The duration of basic nursing education and training
should be related to the minimum educational requirements
for entry to training and to the purposes of training.

(2) There should be two levels of approved basic
education and training :-

a) an advanced level, designed to train professional
nurses having sufficiently wide and thorough skills to
enable them to provide the most complex nursing care and to
organise and evaluate nursing care, in hospitals and other
health-related community services; as far as possible,
students accepted for education and training at this level
should have the background of general education required for
entry to university;
b) a less advanced level, designed to train auxiliary nurses able to provide general nursing care which is less complex but which requires technical skills and aptitude for personal relations; students accepted for education and training at this level should have attained as advanced a level as possible of secondary education.

10) There should be programmes of higher nursing education to prepare nursing personnel for the highest responsibilities in direct and supportive nursing care, in the administration of nursing services, in nursing education and in research and development in the field of nursing.

11) Nursing aides should be given theoretical and practical training appropriate to their functions.

12) (1) Continuing education and training both at the workplace and outside should be an integral part of the programme for nursing education and training and be available to all so as to ensure the updating and upgrading of knowledge and skills and to enable nursing personnel to acquire and apply new ideas and techniques in the field of nursing and related sciences.

   (2) Continuing nursing education and training should include provision for programmes which would promote and facilitate the advancement of nursing aides and auxiliary nurses.
Such education and training should also include provision which would facilitate re-entry into nursing after a period of interruption."

The same Recommendation 157 makes the following suggestions as regards the nursing students:

"59) Nursing Students should enjoy the rights and freedoms of students in other disciplines, subject only to limitations which are essential for their education and training.

60) (1) Practical work of nursing students should be organised and carried out by reference to their training needs; it should in no case be used as a means of meeting normal staff requirements.

(2) During their practical work, nursing students should only be assigned tasks which correspond to their level of preparation.

(3) Throughout their education and training, nursing students should have the same health protection as nursing personnel.

(4) Nursing Students should have appropriate legal protection.

61) During their education and training, nursing students should receive precise and detailed information on the employment, working conditions and career prospects of nursing personnel, and on the means available to them to further their economic, social and professional interests. 

As regards possibilities of education and training and the resultant employment abroad, Recommendation 157 of the International Labour Organisation suggests as follows:

"62) In order to promote exchanges of personnel, ideas and knowledge, and thereby improve nursing care, Members (countries) should endeavour, in particular by multi-lateral or bilateral arrangements, to -

a) harmonise education and training for the nursing profession without lowering standards;

b) lay down the conditions of mutual recognition of qualifications acquired abroad;

c) harmonise the requirements for authorisation to practice;

d) organise nursing personnel exchange programmes.

49) Ibid, p.15
63) (1) Nursing personnel should be encouraged to use the possibilities of education and training available in their own country.

(2) Where necessary or desirable, they should have the possibility of education and training abroad, as far as possible by way of organised exchange programmes.

64) (1) Nursing personnel undergoing education or training abroad should be able to obtain appropriate financial aid, on conditions to be determined by multi-lateral or bilateral agreements or national laws or regulations.

(2) Such aid may be made dependent on an undertaking to return to their country within a reasonable time and to work there for a specified minimum period in a job corresponding to the newly acquired qualifications, on terms at least equal to those applicable to other nationals.

65) Consideration should be given to the possibility of detaching personnel wishing to work or train abroad for a specified period, without break in the employment relationship.

66) (1) Foreign nursing personnel should have qualifications recognised by the competent authority as appropriate for the posts to be filled and satisfy all other conditions for the practice of the profession in the country of employment;
foreign personnel participating in organised exchange programmes may be exempted from the latter requirement.

(2) The employer should satisfy himself that foreign nursing personnel have adequate language ability for the posts to be filled.

(3) Foreign nursing personnel with equivalent qualifications should have conditions of employment which are as favourable as those of national personnel in posts involving the same duties and responsibilities.

67) (1) Recruitment for foreign nursing personnel for employment should be authorised only -

a) if there is a lack of qualified personnel for the posts to be filled in the country of employment;

b) if there is no shortage of nursing personnel with the qualifications sought in the country of origin.

(2) Recruitment of foreign nursing personnel should be undertaken in conformity with the relevant provisions of the Migration for Employment Convention and Recommendation (Revised), 1949.

68) Nursing personnel employed or in training abroad should be given all necessary facilities when they wish to be repatriated.

69) As regards social security, Members should, in accordance with national practice -
a) assure to foreign nursing personnel training or working in the country equality of treatment with national personnel;

b) participate in bilateral or multilateral arrangements designed to ensure the maintenance of the acquired rights or rights in course of acquisition of migrant nursing personnel, as well as the provision of benefits abroad." 50

As regards practical application of the above suggestions, Recommendation 157 contained following measures:-

"6) Where the educational possibilities of large sections of the population are limited, measures should be taken within the programmes of nursing education and training to supplement the general education of students who have not attained the level required in accordance with Paragraph 9 of the Recommendation mentioned previously.

7) Programmes of nursing education and training should provide a basis for access to education and training for higher responsibilities, create a desire for self-improvement, and prepare students to apply their knowledge and skills as members of the health team." 51

50) Ibid, p.16
51) Ibid, p.19
(e) Mohite Committee and nurses' education and training:

Vanmala Mohite Committee's report on the improvement of nursing services and nursing education in the State of Maharashtra devotes one full chapter to the discussion of the nursing education here. It analyses and studies the present system of nursing education, points out its drawbacks, finds out the deficiencies and remedies on them and suggests definite measures, short term as well as long term, for its rationalisation. All these things are discussed in detail in the chapter 7 of the present thesis.

(K) DELEGATION OF AUTHORITY:

a) Importance of delegation as a determinant of job satisfaction:

According to Allen, delegation is the process a manager follows in dividing the work assigned to him so that he performs that part which only he, because of his unique organisational placement, can perform effectively, and so that he can get others to help him with what remains. He must entrust to others the performance of part of the work

he would otherwise have to do himself and he must provide a means of checking up on the work that is done for him to ensure that it is done as he wishes.

According to Koontz and O'Donnell, the primary purpose of delegation is to make organisation possible. No one person in an enterprise can do all the tasks necessary for accomplishment of group purpose. As the enterprise grows in size, it is impossible for one person to exercise all the authority for making decisions. There is a limit to the number of persons a manager can effectively supervise and for whom he can make decisions. Once this limit is passed, authority must be delegated to subordinates who will make decisions within the area of their assigned duties.

b) Authority, responsibility and accountability in a nursing organisation;

According to Allen, there are three essential aspects of delegation - the entrustment of work or responsibility, to another for performance; the entrustment of powers and rights, or authority, to be exercised; and the creation of

an obligation, or accountability, on the part of the person accepting the delegation to perform in terms of the standards established.\textsuperscript{54} While studying these three aspects of the existing delegation process in government hospitals as regards nursing personnel, it was observed that the entrustment of work or responsibility was done at every level of organisation as per needs of the organisation. Sometimes there was too much delegation of responsibility. The best example for this was the responsibility of stock of drugs and costly machinery worth lakhs of rupees was entrusted with a Ward Sister or Operation Theatre Sister. A Ward Sister was responsible for repairs, renewals and maintenance of valuable machines and equipments used in that ward and she had to keep accurate, up-to-date \( \sqrt{ } \) registers of stocks of drugs and equipment. Many Ward Sisters in our sample suggested that the doctors looking after the ward or the medical officers in the hospital should take the responsibility of the costly equipments instead of delegating it downwards to the Ward Sisters; the responsibility of stock of drugs, linen etc. should be entrusted to a store keeper and the responsibility of keeping accounts

or registers should be delegated to clerical staff instead of holding the Ward Sister responsible. Vanmala Mohite Committee appointed by the government to look into the question of improvement in nursing service and nursing education in the state also has strongly recommended reduction in multifarious non-nursing duties that are loaded over the Matrons, Assistant Matrons, Sisters, Staff Nurses etc.

The entrustment of powers and rights or authority to make possible the performance of the work delegated is another aspect of delegation. Here the sampled nurses reported their dissatisfaction. They were not given enough powers or rights to perform the work delegated to them and found themselves in an strange or helpless position. For example, the Operation Theatre Nurses were responsible for repairs, renewals and maintenance of equipments in the theatre but whenever time came for a repair or renewal, expenditure for that purpose had to be sanctioned and orders to the suppliers or contractors were given by higher authorities. As a result, it always happened that timely repair or renewal could not take place or the equipments ordered were not of the required quality and quantity. During a personal visit to one of the government hospitals, an incident in an important ward like Intensive Care Unit was noticed. The Ward Sister had noticed that torches
required by the doctors for inspection and treatment of patients were out of order because the battery cells had to be replaced. She reported it to the office as per procedure and had to wait for a month or so to get the cells replaced. She sent several reminders for quick action but it was of no use. During this period she did not remember for how many times she had to face criticism and reprimands from the doctor. Another example of disparity between authority and responsibility is the question of maintenance of discipline among the Class IV servants. The staff nurses have the responsibility of getting the work done through Class IV staff but these servants are arrogant. They often take to drinking. They use foul language. They misappropriate food, linen, drugs, bed-sheets etc. They do not report on duty in time. The staff nurses in the sample reported that they were irritated by the non-cooperative attitude of the Class IV servants and their work was badly affected by it, but they did not have the necessary authority to discipline these servants. All that they could do was to make a complaint against the Class IV servants to the Matron and there was no guarantee that action would be taken by the Matron even. Vanmala Mohite Committee also has agreed in its report that if the nurses had to adequately supervise and control the work of Class IV servants in the hospitals, they needed to be delegated with
suitable powers. Their association in committee for the appointment of Class IV staff as well as in departmental inquiries and commandable and punitive action committees for class IV servants, would go a long way in enhancing their image before them.55

The third aspect of delegation is accountability or obligation to carry out responsibility and exercise authority in terms of performance standards established. A person can be held accountable only to the extent that he is delegated responsibility and authority. Withholding automatically authority restricts accountability in an equivalent amount. In government hospitals, there was over-delegation of responsibility or a delegation of responsibility to the wrong level of organisation, and in addition, the authority was not enough to carry out the responsibility delegated. As a result, accountability created in nursing personnel was not meaningful. Still, the accountability assumed from them could not be delegated by the nurses upwards or downwards in the organisation which created dissatisfaction among them. Failure of the delegation process was a representative of

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55) Report of the committee appointed by the Government to go into the question of Nursing Services and Nursing Education in the State of Maharashtra - Urban Development, Public Health and Housing Department, Govt. of Maharashtra, 1976, p. 18
the non-effectiveness of the management and it also influenced the relationships between the subordinates and their superiors adversely. The remedies on the faulty delegation in State hospitals are easy to make out: clear definition of specific duties and responsibilities as well as authority of each category of nursing personnel, parity of authority and responsibility, unity of command, delegation by results expected.

(L) **PHYSICAL FACILITIES AT THE WORK-PLACE**

Employees expect their work-place to have a good lighting and ventilation. The work-place should be clean and pleasantly coloured. The location of different departments in the building should be suitable to the nature of work performed. There should be facilities like sanitary blocks, rest rooms, lifts (in a working condition) if the work-place is a multi-storeyed structure etc. There should be good messing facilities.

a) **Lighting and Ventilation** : During the personal visits to various government hospitals in Poona, it was observed that they had good lighting and ventilation facilities. It was natural because they were the places where sick people came for treatment and medical science required such places to have good light and air.
b) **Cleanliness**: Cleanliness was observed everywhere in the wards as far as possible; but the corridors, staircases and waiting rooms were shabby. Here the patients and their relatives had to be blamed. In government hospitals, treatment was free of charge, so the people who came as patients were mostly from the lower strata of society, illiterate, uncultured, poor, with no idea or regard for rules of health. Even beggars were brought there for treatment. Many nurses told us that these people did not care to use sanitary blocks and made use of corridors or even wards for that purpose. They spat everywhere. They did not know or want to use waste paper baskets. The nurses frequently requested them to observe the rules of health but it was no use. Written instructions and requests in the form of boards and posters had no effect on these people as most of them could not read. Under such circumstances, even if the janitors cleaned the hospital once or twice during the day, it soon became shabby as before. The nurses had nothing to complain against the management in this regard.

c) **Layout of the departments**: The layout of departments was suitable to the nature of the work performed as far as possible because the hospital buildings were built taking into consideration the needs of a hospital. The rooms were big enough to contain many patients with attached
duty rooms for nurses. Of course the large inflow of patients made these spacious wards over-crowded and the only remedy on this was to control the admission of patients in the wards. The layout of furniture in the wards was ideal taking into consideration the flow of work. The nurses could have a look at all the patients from their desk and hurry to help if necessary. Only a few wards had inconvenient layout, for example, the Paediatric Ward in the Sassoon General Hospital consisted of number of small rooms and the nurses or the Sister in charge of the ward could not see and look after all the patients at the same time. As a result the nurses had to have continuous rounds in all the rooms to see if everything was all right. It put a lot of physical strain on them and they had a difficulty in supervision of the ward.

d) Rest rooms, mess facilities, sanitary blocks etc.

There were no special rest rooms for the nurses. Also there was no mess where the nurses could take their meals. They were so over-worked that they would have had neither time nor energy to go to the rest room or mess to refresh themselves even if there would have been any rest room or mess available. All that they could do was to spend a few minutes of rest in the old-fashioned and dull duty room and have the meals there hurriedly. A spacious, airy, clean, pleasantly coloured rest room with good furniture, light magazines and
newspapers and other recreational facilities was really necessary for the nurses. Such a rest room should be located near the ward so that the nurses should be able to go there without spending much time. Each hospital must provide the nurses with equally clean, spacious, pleasantly decorated mess where they will get a good nutritious food with a few choices to select at their convenience almost around the clock. Adequate resting and messing facilities are more important for nurses who have to work long hours in the company of sick people to relieve them of the fatigue of over-work and increase their resistance or to avoid susceptibility to infection.

e) **Mohite Committee and physical facilities at the hospital**:

Vanmala Mohite Committee appointed by the government to study the nursing service and nursing education has suggested that instead of keeping absolutely fixed hours for breakfast, lunch, afternoon tea and dinner, cafetaria-like facilities round the clock should be made available to nurses to cope up with changing duty timings and emergency work of the nurses so that they get the meals according to their own convenience. The Committee has pointed out that clean, hygienic and inspiring atmosphere of the hospital is a crucial factor in maintaining good working environment.
Just as physical needs dominate an individual with first preference and unless they are satisfied, the individual cannot take notice of other higher order needs, similarly, the hospital must have adequate physical facilities first. The environmental factors have to be considered only after that.

(M) OCCUPATIONAL HEALTH PROTECTION:

a) Special importance of occupational health protection in the field of nursing:

Nurses have to work long hours in the atmosphere of sick people. They can be more susceptible to infection. Particularly those who work in T.B. hospital or in wards dealing with communicable diseases have a great danger to their own health. Those working in mental hospital also have to bear continuous mental tension while treating various patients, which is harmful for their own mental health. Because of its peculiar nature, the nursing occupation needs special provisions for the protection of health of the nurses. Regular medical check-up, provision of appropriate treatment facilities, recoupment and rest, leave and other allowances, provision of nutritious diet etc. are the measures which should be made available to the nurses for protecting their health. Instead of curing the patient after he has been caught by the disease, it is always better to take preventive care. So stress should be given on the regular medical check-up and nutritious diet and rest in case of nursing personnel.
The sampled nurses reported that they did not get satisfactory occupational health protection. According to the rules, they could get free medical check-up and treatment at the government hospital. They could get leave on medical grounds for recoupment and rest but no effective preventive care was taken for their health protection. Though facilities of medical check-up were made available on demand, medical check-up at regular intervals was not made compulsory, and therefore, the nurses did not much care to have it. Nurses working in chest hospital and mental hospital and those who work in wards giving treatment on leprosy or other infectious diseases should get a special allowance for the risk they undertake, but in actual practice it was observed that they did not receive any special allowance for their health care. To increase the resistance to infection, the nurses must have a square nutritious meal at a proper time. They must drink a lot of milk and eat fresh fruit, eggs etc. This would be possible only if they have adequate purchasing power for buying these things. The sampled nurses reported that they got messing allowance of Rs. 70/- for that purpose. This is a ridiculous figure when we compare it to the rising cost of food. Further, the messing allowance was not used by the nurse for actually taking good diet but it was used for meeting household expenditure with the remaining salary. So
the purpose of the allowance was lost. Most of the nurses came from a lower middle class income group and they alone could not take a rich diet when the other family members ate simple food. So the only remedy for making them have a good diet was to make provision of nutritious diet at their workplace. If a cafetaria providing wholesome food, milk and milk products around the clock was provided at the hospital, the nurses could spend their messing allowance for taking their break-fast, meals and other items there according to their own convenience. It was suggested by some sampled nurses that as a preventive measure, pregnant nurses or those having very small children should be temporarily transferred from wards treating patients of communicable diseases to other wards or hospitals. Some pointed out that an industrial worker got a financial compensation and other benefits under the Workmen's Compensation Act, 1923, when he met with an accident in the workshop. If a nurse fell prey to a dangerous communicable disease, the case was similar to that industrial worker having an accident and so a nurse should also get financial compensation for that. It was also suggested that the government should insure every nurse for a specific amount against the possible risk to her health.
b) Mohite Committee's suggestions:

Vanmala Mohite Committee appointed by the government to study nursing services and nursing education in the State strongly recommended in its report the necessity of compulsory regular medical check-up, provision of treatment facilities, recoupment and rest, leave and other allowances. For nutritious diet, it suggested the merging of adequate messing allowance in the pay of nurses and provision of a cafetaria working round the clock at every large hospital where the nursing staff would pay for their breakfast, meals etc. which they choose to buy there.

c) International Standards as regards nurses' health protection:

The General Conference of the International Labour Organisation convened at Geneva passed Recommendation 157 concerning Employment and Conditions of Work and Life of Nursing Personnel in its 63rd Session on 21st June, 1977, in which detailed suggestions are made on the subject of occupational health protection. They are as follows:

"44) Each member should endeavour to adopt laws and regulations on occupational health and safety to the special nature of nursing work and of the environment in which it is carried out, and to increase the protection afforded by them."
45) (1) Nursing personnel should have access to occupational health services operating in accordance with the provisions of the Occupational Health Services Recommendation, 1959.

(2) Where occupational health services have not yet been set up for all undertakings, medical care establishments employing nursing personnel should be among the undertakings for which such services should be set up in the first instance.

46) (1) Each member and the employers' and workers' organisations concerned should pay particular attention to the provisions of the Protection of Workers' Health Recommendation, 1953, and endeavour to ensure its application to nursing personnel.

(2) All appropriate measures should be taken to prevent, reduce or eliminate risks to the health or safety of nursing personnel.

47) (1) Nursing personnel should undergo medical examinations on taking up and terminating an appointment, and at regular intervals during their service.

(2) Nursing personnel regularly assigned to work in circumstances such that a definite risk to their health or to that of others around them exists or may be suspected should undergo regular medical examinations at intervals appropriate to the risk involved.
(3) Objectivity and confidentiality should be assured in examinations provided for in this paragraph; the examinations referred to should not be carried out by doctors with whom the persons examined have a close working relationship.

48) (1) Studies should be undertaken and kept up-to-date to determine special risks to which nursing personnel may be exposed in the exercise of their profession so that these risks may be prevented and, as appropriate, compensated.

(2) For that purpose, cases of occupational accidents and cases of diseases recognised as occupational under laws or regulations concerning employment injury benefits, or liable to be occupational in origin, should be notified to the competent authority, in a manner to be prescribed by national laws or regulations, in accordance with Paragraphs 14 to 17 of the Protection of Workers' Health Recommendation, 1953.

49) (1) All possible steps should be taken to ensure that nursing personnel are not exposed to special risks. Where exposure to special risks is unavoidable, measures should be taken to minimise it.

(2) Measures such as the provision and use of protective clothing, immunisation, shorter hours, more frequent rest breaks, temporary removal from the risk or longer
annual holidays should be provided for in respect to nursing personnel regularly assigned to duties involving special risks so as to reduce their exposure to these risks.

(3) In addition, nursing personnel who are exposed to special risks should receive financial compensation.

50) Pregnant women and parents of young children whose normal assignment could be prejudicial to their health or that of their children should be transferred, without loss of entitlements, to work appropriate to their situation.

51) The collaboration of nursing personnel and of organisations representing them should be sought in ensuring the effective application of provisions concerning the protection of the health and safety of nursing personnel.

52) Appropriate measures should be taken for the supervision of the application of the laws and regulations and other provisions concerning the protection of the health and safety of nursing personnel."

For the practical application of the above suggestions, Recommendation 157 pointed out as follows:—

"24) Nursing personnel in respect of whom special measures should be taken should include, in particular, personnel regularly exposed to ionising radiations or to anaesthetic substances and personnel in contact with infectious diseases or mental illness.

25) Nursing personnel regularly exposed to ionising radiations should, in addition, enjoy the protection of the measures provided for in the Radiation Protection Convention and Recommendation, 1960.

26) Work to which pregnant women or mothers of young children should not be assigned should include —

a) as regards women covered by Paragraph 5 of the Maternity Protection Recommendation, 1952, the types of work enumerated therein;

b) generally, work involving exposure to ionising radiations or anaesthetic substances or involving contact with infectious diseases.

27) In order to ensure continuity in the acquisition of rights and the provision of benefits, steps should be taken to co-ordinate such private supplementary schemes as exist with each other and with statutory schemes.
28) In order to ensure that nursing personnel receive the compensation for illness contracted as a result of their work, Members should, by laws or regulations -

a) prescribe a list establishing a presumption of occupational origin in respect of certain diseases when they are contracted by nursing personnel, and revise the list periodically in the light of scientific and technical developments affecting nursing personnel;

b) complement that list by a general definition of occupational diseases or by other provision enabling nursing personnel to establish the occupational origin of diseases not presumed to be occupational by virtue of the list.\textsuperscript{57}

The General Conference of the International Labour Organisation, in the same session, passed a resolution concerning the application of certain international labour standards to nursing personnel, in which it noted, in particular, that the Employment Injury Benefits Convention, 1964, covered all employees, the exclusion of public servants being possible only where they were covered by schemes providing equivalent benefits, and that the scope of the Maternity Protection

\textsuperscript{57} Ibid, p.22
Convention (Revised), 1952, expressly included "establishments for the treatment and care of the sick (and) infirm", and it appealed to all Member countries to ensure that the provisions of these instruments were fully applied in practice to nursing personnel."

(N) WELFARE FACILITIES :

An employee spends the best part of his day at the work-place doing what he is told to do by the employer. The employer pays for that, but mere monetary consideration is not sufficient. The employer must undertake to look after the overall welfare of the employees. He must help them to enjoy their work and life. He must create team-spirit, a feeling of oneness with the organisation amongst them. All the employees in the organisation should look at themselves as family-members in a very large family. The employer should try to improve their standard of living by giving them maximum returns and he should also try to improve their standard of life, help them in developing their personalities to responsible citizens, give full scope to their various qualities, likes, preferences and aspirations not related

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58) Ibid, p.23
to their jobs. He must be their friend, philosopher and guide. The nurses in our sample observed that in modern organisations employing thousands of employees at a time, it was difficult for the employers to look after the welfare of the employees but at least something could be done in that direction. Provision of a good library of the hospital was one of such measures. The management should maintain a library with all types of books and magazines, newsletters, newspapers catering to the needs of all nurses, providing enlightenment as well as entertainment. A sports association of the employees should be established and the management should give the association all facilities like a hall, sports material, play ground etc. The association should encourage the members to develop their skills in various sports. It should organise competitions, friendly matches with the associations in other hospitals and should offer prizes in public functions. Similarly, a cultural association should be established in each hospital which will arrange different cultural activities related to drama, music, social work, literature etc. Such associations will participate in competitions of drama, music etc organised by the government. It was found that no such association existed in any government hospital in Poona. The management should encourage the nurses to form co-operative housing societies,
co-operative credit societies or co-operative consumer societies. A scheme of co-operative housing society of nurses has been prepared by the initiative of the members of Trained Nurses Union. The government has helped them get the land near Katraj area. A co-operative credit society also exists in the Sassoon General Hospital where some of the nurses keep their savings and get the benefit of the society. A creche has been made available at the Sassoon General Hospital for the convenience of working mothers where a trained nurse is appointed by the government to look after the babies and so the nurses who keep their babies there can go to work without worrying for the proper care of their children. The sampled nurses demanded that a post of a welfare officer should be created in every hospital. This officer will be there to look after the overall well-being of the nurses and he should necessarily have previous experience of working as a nurse. The government should try to give the maximum number of nurses accommodation facilities in the form of quarters, loans for purchase of an accommodation, loan and preference for purchase of scooters, preference for their children in admissions to schools and colleges, scholarships and free-ships in education for their children, provision of good food at the place of work, transport facilities, recreational facilities, provision of a telephone at home etc.
In the hospital organisation, each category of nursing personnel should have clearly defined objectives for itself and it should work in the direction of those objectives; that means, the authorities and responsibilities of each category of nursing personnel or each post on various levels of organisation should be clearly defined. Accountability for deficient performance of the objectives should be fixed. For prompt attention to the problems and grievances of every nursing personnel, there should be a well-defined pyramidal hierarchy of nursing administration with clearcut delegation of administrative powers. According to the Vanmala Mohite Committee, these factors were crucial for a balanced organisational set-up for administration of nursing services.

The existing organisational set-up has been discussed elsewhere while studying delegation, guidance from the superiors etc. It was observed that each category of nursing personnel had clearly defined objectives for itself. Its duties and responsibilities were determined by the management and we

59) Report of the committee appointed by the Government to go into the question of Nursing Services and Nursing Education in the State of Maharashtra - Urban Development, Public Health and Housing Department, Govt. of Maharashtra, 1976, p.2
could get them in a written form in the Hospital Administration Manual. Accountability for deficient performance was also fixed; but the delegation of authority was not done scientifically. Nurses could not use the authority vested in them because of pressures from top management. Sometimes, those nurses who had specialised education in nursing, like psychiatric nursing or paediatric nursing, complained that their superiors were not trained specially for that line of nursing and so they could not properly distribute authorities and duties among the available nursing staff. As a result, the knowledge and skill of these specially trained nurses was wasted. The nurses were loaded with many non-nursing duties and those who worked more had to work still more. The superiors and co-workers expected such nurses to be always that way and nobody tried to correct the imbalance in the load of work of different members of the organisation. There was no proper co-ordination of work among the staff. This was because there was shortage of working hands and equipments and too many functions had to be performed at one and the same time by the nurses. Out of the total sampled

population, 82 nurses were of the opinion that the procedure of work needed to be modernised and more accurate co-ordination was necessary. 32 of the sampled nurses said that they had their job description, they had understood what they were expected to do and worked accordingly as far as possible, but the remaining sixty nurses in our sample were of the opinion that the nursing profession could not work according to job descriptions. Nursing profession was built up around a human being - a patient who is a live, flesh and blood being with emotions, likes, dislikes, feelings. A nurse had the responsibility of his life. Her skill, efficiency, resourcefulness and hard work could save him and her dullness, lethargy or lack of intelligence could even kill him. Therefore, a nurse could not work exactly as per her job description. She had to use her own intelligence, judgement, her own method of work and her own way of treating each patient. Nobody but herself could anticipate and plan her work. It was better to leave a nurse on her own after giving her broad instructions about the work. The details should be left to her. Job descriptions may be useful in repetitive jobs dealing with inanimate things like machines but they were useless in dealing with human beings. According to Robert Townsend, job descriptions are like strait jackets.
"They are great for key-punch operators and other jobs where turnover is high and the work is largely repetitive. Judgment jobs are constantly changing in nature and the good people should be allowed to use their jobs to see how good they are. At best, a job description freezes the job. At worst, they are prepared by personnel people who cannot write and do not understand the jobs. Then they are not only expensive to prepare and regularly revise, but they are important morale sappers." Townsend's remarks are so clear and appropriate that no further explanation is necessary.