CHAPTER I

INTRODUCTION

All human beings, right from the time of birth till death, undergo physical, physiological, mental, emotional and social changes. Every stage in life needs special care.

In the history of mankind Nursing had its start as a branch of mother craft and continues to be one of the many arts carried on by the members of the household. Among the members who had shown skills in caring for the sick, their services were demanded by the needy neighbours. They had no formal preparation, but the knowledge which they had was passed down in the family. There has been an art of nursing and caring for the survival of the human race.

"Nursing has been essential to the preservation of life." (4 : 1)

India is the second most populous country in the world. The statistical data of 1984 show that,

"There is a population of 736 millions and by 2000 A.D., if the present growth rate continues, it is likely to become one thousand million." (21 : 35)
Due to the population explosion it is rather difficult to provide care on time. People need more promotive, preventive and curative care. Hospitals play an important role in this aspect of the care.

"The total number of the hospitals as indicated in the statistical outline of India in 1984 was 5766. This data is related to March 1979 and of which 1,477 were in rural areas. The total number of beds amounted to 466.6 thousands and out of which 56.4 thousand beds were in rural areas and the number of beds per 10,000 population was only 6.8". (41 : 175)

At the Alma Ata Conference in 1978, delegates from over 100 States and many members of international health organizations agencies committed themselves to work towards the objective of "Health for All by 2000 A.D." (60 : 157).

To meet the above health slogan, we need to educate the population on all aspects of health and enhance them to achieve the target.

Under the same goal, the Government of India has specified the following targets:

1. "Reduction of infant mortality rate from the present level of 125 (1978) to below 60 by the year 2000 A.D.

2. To raise the expectation of a life at birth from the present level of 52 years to 64 by the year 2000 A.D."
3. To reduce the crude death rate from the present level of 14 per 1000 population to 9 per 1000 by the year 2000 A.D.

4. To reduce the crude birth rate from the present level of 33 per thousand population to 21 by the year 2000 A.D."

Now it is universally accepted that the above targets can be achieved through primary health care. It means to provide preventive, promotive, curative and rehabilitative health services from womb to tomb, to every individual residing in a defined geographical area. If we want to achieve the above mentioned targets, then we need to increase the number of health personnel, prominent among them being the nurses. We also need to change their role and introduce innovations in their status and in their training programmes.

Before discussing the nurses' role and their training programme, it is essential to understand the basic concepts and the development of the nursing profession.

The word "Nurse" is derived from the Latin "Nutricus meaning, to nourish, to conserve, to foster and to protect." 

The concept of nursing took a wider meaning in the year 1633, when St. Vincent de Paul established the visiting
nursing service called 'The Sisters of Charity'. St. Vincent initiated the training of nurses and encouraged the sisters to study the art of nursing and to attend lectures given by physicians. The nineteenth century heralded the consolidated efforts to improve the hospital services and the quality of nursing.

"Nursing is primarily assisting, individuals (sick or well) with those activities contributing to health, or recovery (or to a peaceful death) that they perform unaided when they have the necessary strength, will or knowledge. Nursing also helps individuals to carry out prescribed therapy and to be independent of assistance as soon as possible." (13 : 14)

The true meaning of a nurse would be as shown under:

N - Noblest profession.
U - Uncomparable to any other profession.
R - Respectable profession coupled with devotion and sacrifice.
S - Sentimental profession to the sick.
E - Educational profession if motivated properly."
(48 ; 45)

Florence Nightingale called "Nursing the finest of fine arts." (20 ; 3)

Nursing has been defined as:

"a science .. A science is a body of knowledge, based on a large number of carefully collected facts which have been arranged and classified in such a way as to establish certain laws and principles." (20 : 4)
The occupation of nursing is becoming increasingly complex. Nursing draws on many disciplines, the humanities, the social and psychological sciences, the natural sciences, the medical sciences and the allied arts. There has been a continuing expansion of knowledge in all the disciplines, as well as advancement of medical innovation. Besides this we are no more confined to the hospitals serving the ultra elite. Community nursing is now so well developed that with the necessary improvising, nursing is carried to the people in their very homes, in their natural habitat.

This requires to change the role, the concepts of the occupation and the functions of nursing. This will affect the various nursing personnel, their knowledge and their image in the society.

Recently in India the trend of nursing profession is slowly changing and is adapting itself to meet the changing health needs and expectations. If one states that nursing is an important aspect of the health programme, then why has it not been raised to the level to which it ought to have been? One thing is certainly clear that there has been a felt need to uplift the nursing profession as a whole and to give it its due recognition in the society.

Medicine and nursing have common goals, the preservation and restoration of health. To provide medical care the nurse plays a very important role. In India we have different
categories of nurses working in different positions in the hospitals and in the community. The nursing profession in India started as follows:

Development of Nursing Profession

The nations of the Common Wealth have, by their historical association with England, been inspired by the practice of the lady with the lamp - Florence Nightingale of Great Britain. Although she never visited India, but soon after the Crimean War due to her commitments and talents to the force, nurses were sent to all British Military Cantonments in India, and this led to the beginning of organized Nursing in India.

The appearance of hospitals exclusively for women and children in the late nineteenth century gave a further impetuous to the training and requirement of nurses. By the end of the nineteenth century, full-fledged Nurses Training Schools appeared in the premier cities of India, as adjuncts to hospitals, such as the Cama Hospital in Bombay, The Aitchison Hospital at Lahore, the Victoria Zenana Hospital in Delhi and the Goshia Hospital in Madras.

Development of Educational Services for Nursing Personnel

The early years, 1860-1920, the first step to organise a nursing service by training women for the purpose was taken in Madras in the seventies of the last century. In the
following years nurses were introduced in an increasing number of hospitals. The service being established as a general rule with the help of nurses from Western countries. For the Government hospitals nurses were recruited directly from England.

A number of nurses from Europe and America also came to India to work in mission hospitals. Their largest contribution to nursing in addition to their example of devotion to duty, has been the training of nurses and midwives which they carried out in the language of the region.

By the beginning of this century a number of training centres were established mainly in the Presidencies of Madras, Bombay and Bengal. Recruitment to nursing was more or less limited to the Anglo Indian and Christian communities.

The first world war opened another field, the Indian Military Nursing Service. Preparation of nursing personnel for the Public Health Field was undertaken only in 1918 by the establishment of training health visitors.

The training in nursing for men was also instituted in the early years of this century.

In 1906, the formation of nurses professional organisation, the Trained Nurses Association of India, and the Publication of the Nursing Journal of India from 1910 gave nurses an opportunity for pooling their experiences and
exchanging ideas. Since its inception, the association has been active in India. The standard and status of nursing has been the force behind most of the educational reforms.

One of the earliest measures to obtain a uniform standard of entrance to training schools and of examinations were taken in Bombay by the formation of the Bombay Presidency Nursing Association (B.P.N.A.) in 1903. From 1911, until the constitution of the Bombay Nursing Council in 1933, this Association was responsible for inspection and recognition of training schools, prescribing of the curriculum, conduct of examinations and registration of nurses and midwives.

1920 - 1939:

During these years the training of nurses and midwives and the health visitors became more standardized and training schools were established.

The first Nurses' Registration Act was passed in Madras in 1920 and by 1939 Nursing Councils were established in all the provinces except Assam.

The course in general nursing has been of three years duration since the early years of this century, but two standards were established in many of the States known as "Senior" or 'A' Grade, and "Junior" or 'B' Grade. The 'A' Grade course was to those who did their training in English, while the 'B' Grade was given to those who did their training in the local language.
Some of the Indian States established a two years course in nursing. In North India, there were courses for Nurse - Daie, which combined Nursing and Midwifery. These have been discontinued.

The period from 1920 to 1940 was one, in which many developments in nursing had taken place abroad. Nurses in India had also aspired towards a wider scope for nursing and opportunities for higher education. As there were no facilities for further studies in India, a number of Indian nurses went to England for courses in nursing education, Public Health Nursing and Midwifery.

The shortage of nurses became markedly apparent during the war years. There was an acute shortage of candidates for training due to more attractive conditions offered by the women's Auxiliary Services. The Auxiliary Nurse's course was started in 1942 and was constituted by women who were given, at first 3 months and later 9 months training. But the recruitment of Auxiliary Nurses was stopped in 1955, as it was felt that the Auxiliary Nurses who had been out of touch with nursing training for ten or more years would require the full period for training.

Short courses in Administration were given to the Sisters of the Indian Military Nurses and at the same time, a one year course to prepare nursing teachers was started. Courses for nursing teachers were also established in the
Central Hospital, Madras and the Christian Medical College, Vellore. This development gave rise to the new category of nursing personnel viz. sister tutors.

In 1946, courses leading to B.Sc. Nursing were established by the Universities of Delhi and Madras at the College of Nursing, New Delhi and the Christian Medical College Hospital at Vellore. The school of Nursing Administration in Delhi was merged with the College of Nursing.

The report on the Bhowe Committee published in 1946 made many valuable recommendations on nursing. One of the earliest to be implemented was the "Indian Nursing Council", which takes decisions from time to time on number of matters related to nursing.

1948 - 1965:

There has been considerable development in nursing during this period corresponding to development in other fields of health, though nursing still falls short of being an adequate service.

Degree programmes:

There are 23 Colleges of Nursing affiliated to or conducted by various universities in India awarding B.Sc. (Hons) Post-basic Degree in Nursing (10) and Masters in Nursing (5). Specialization in Community Nursing, Medical
Surgical Nursing, Psychiatric Nursing and Administration in Nursing can be offered only at the post-graduate level. There are also Diploma courses offered in Public Health Nursing, Psychiatric Nursing and in Administration.

The following Table depicts the present position with reference to Nursing Education.

**TABLE 1.1**

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Type of Course</th>
<th>Duration of Course</th>
<th>Admission requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Certificate General Nursing and Midwifery</td>
<td>3½ years</td>
<td>12 years of schooling.</td>
</tr>
<tr>
<td>IIa</td>
<td>Degree B.Sc. Nursing</td>
<td>4 years</td>
<td>12 years with science subjects</td>
</tr>
<tr>
<td>IIb</td>
<td>Post-basic Nursing</td>
<td>2 years</td>
<td>Registered nurse and midwifery with 2 years experience.</td>
</tr>
<tr>
<td>III</td>
<td>Masters in Nursing</td>
<td>2 years</td>
<td>B.Sc. Nursing with 2 to 3 years experience.</td>
</tr>
<tr>
<td>IV</td>
<td>M.Phil (Master of Philosophy in Nursing)</td>
<td>Full-time will be one year's programme.</td>
<td>Master's degree in nursing or an equivalent qualification.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Part-time will be two years programme.</td>
<td></td>
</tr>
</tbody>
</table>
Table 1.1 ... contd.

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Type of Course</th>
<th>Duration of Course</th>
<th>Admission Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Va</td>
<td>Diploma in Psychiatric Nursing</td>
<td>10 months</td>
<td>Registered Nurse. Registered Midwifery.</td>
</tr>
<tr>
<td>Vb</td>
<td>Nursing Administration</td>
<td>10 months</td>
<td>Registered Nurse. Registered Midwifery.</td>
</tr>
<tr>
<td>Vo</td>
<td>Nursing Education</td>
<td>10 months</td>
<td>Registered Nurse. Registered Midwifery.</td>
</tr>
<tr>
<td>Vd</td>
<td>Public Health Nursing</td>
<td>10 months</td>
<td>Registered Nurse. Registered Midwifery.</td>
</tr>
<tr>
<td>Ve</td>
<td>Sister Tutor's Course</td>
<td>10 months</td>
<td>Registered Nurse. Registered Midwifery.</td>
</tr>
</tbody>
</table>

The following is a brief description of the functions and duties of various nursing personnel.

**Functions and Duties of Various Nursing Personnel**

A hospital Nursing Development is headed by the Nursing Superintendent/Matron who is assisted by the Assistant Matron. At the ward level, the nursing services are provided by staff nurses and ward sisters. The sister tutors are mainly
responsible for teaching the students.

The Central Council of Health has resolved that,

"Nurse bed ratio be 1:3 in teaching hospitals and 1:5 in non-teaching hospitals. This ratio in itself is not very effective due to the fact that nursing services are to be rendered 24 hours a day for 365 days a year. In work situations one would find a nurse looking after 50-100 patients. The ratio at present varies from 1:5 to 1:25 in different states." (57 : 151)

The administrative structure of nursing services is as follows:

The Hospital Pattern of Nursing Services

Matron / Nursing Superintendent

Assistant Matrons

Sister Tutors

Ward Sisters

Staff Nurses

The person in each of the categories in the administrative structure plays a specific role. The duties and role specification of each one of them are shown as under:

Duties of Matron/Nursing Superintendent

The Matron/Nursing Superintendent is answerable to the Medical Superintendent/Dean in a hospital. She is accountable for the safe and efficient running of the various Nursing
departments in the hospital. She is assisted in carrying out her duties, by the assistant matrons, ward sisters, staff nurses and domestic staff.

Nursing functions:

- Participates in the formulation of the philosophy of the hospital in general and those specific to the nursing services.
- Determines goals, aims, objectives and policies of the Nursing Services.
- Implements hospital policies and rules through various nursing units.
- Decides and recommends personnel and material required for running various Nursing Service Departments of the hospital.
- Interviews and recruits Nursing staff.
- Assists in student selection and recruitment of other auxiliary staff whose duties are related to Nursing.
- Ensures the safe and efficient care rendered in the various Nursing Departments of the hospital.
- Makes regular hospital rounds in hospitals and wards.
- Takes hospital rounds with Medical Superintendent.
- Selects and secures proper equipment needed for the hospital or nursing home.
- Looks after the welfare of the patients, their relatives and the Nursing Staff.
- Prepares budgets for the Nursing Services Departments.
- Functions as a member of the condemnation board for linen and other hospital or Nursing Home equipments.
- Prepares duty roster, plans staff leave, and disburses salaries.
- Gives counselling and guidance to the subordinate staff.
- Maintains discipline among nurses and other auxiliary staff.
- Enforces implementation of the hospital rules and regulations.
- Participates in hospital and intra-Hospital meetings/conferences.
- Investigates complaints and takes necessary steps.
- Evaluates confidential staff reports and recommends for promotion or higher studies.
- Plans staff development programmes and other necessary programmes.
- Arranges students' clinical experience and council examinations.
General and office duties:

- Attends to the general correspondence.
- Maintains necessary records concerning the Nursing Staff, students, confidential reports and health records etc.
- Submits annual reports of the Nursing Services departments to Medical Superintendent/Dean, Indian Nursing Council and Nurses' Registration Council.
- Participates in professional and community activities.
- Maintains cordial relations with public and volunteer workers.

Assistant Matron

She is answerable to the Matron and assists her in the nursing service administration of the hospital.

Nursing functions:

- Officiates in the absence of Nursing Superintendent.
- Participates in the formulation of nursing services, philosophies, objectives and policies.
- Assists in the recruitment of Nursing Staff and students' selection.
- Makes master duty roster of the Nursing Staff.
- Keeps records and reports of the Nursing Services.
- Assists in planning and organizing the new units in the hospital, for example intensive care units etc.
- Maintains confidential reports and records of the Nursing Staff.
- Takes regular hospital rounds.
- Supervises care given in various departments.
- Serves on several hospital committees, for example Purchase Committee, Class IV Employees Committees, etc.
- Acts as a liaison officer between the Nursing Superintendent and the Nursing Staff of the hospital.
- Receives night reports from the night supervisor.
- Maintains the attendance and leave register for nurses.
- Initiates condemnation of old and worn-out articles and procurement of new articles.
- Attends to emergency calls in rotation concerning hospital or hostel problems.

Educational functions:
- Assists in planning staff development programmes.
- Ensures clinical experience, facilities for student nurses in various clinical areas of the hospital.
- Guides and counsels Nursing Staff.
- Maintains discipline among nursing personnel.
- Organises experience programmes for post-graduate students from different hospitals.

General duties:
- Escorts special visitors, for hospital rounds.
- Arranges and participates in professional and social functions of the staff and students.
- Carries out the other duties assigned to her by Matron.

Nursing Tutor
- Responsible for planning and implementation of teaching programme.
- Teaching subjects in the curriculum.
- Overall supervision of clinical teaching programme of subjects in hospital/public health field.
- Assisting in the administration of the school of nursing.
- Supervision and guidance of junior teaching staff.
- Supervision of student's health, welfare and security.
- Assisting in the selection of students and admission.
- Assisting in examination, tests etc.
- Supervision of living conditions of students in the hostel.
- Preparation of reports on student's progress.
- Assisting in maintenance of school records.
- Participation in student's guidance programmes.
- Assisting in the general administration of the school.
- Assisting in the procurement of school supplies and equipment.
- Assisting in the library.
- Planning, implementation and evaluation of specific courses.
- Responsibility for organizing workload of staff including teaching assignments.
- Administrative arrangements for student's clinical experience and teaching in hospitals and public health fields.
- Preparation of budgetary proposals,
- Supervision of hostel and office staff.
- Preparation of budgetary proposals.
- Participation in teaching programme.
- Supervision of library services.
- Planning for development of the school.
Ward Sisters

The Nursing Sister is accountable for the nursing care management of a ward or a unit assigned to her. She is answerable to the Matron and Assistant Matron for her ward management. She takes full charge of the ward and assigns work for various categories of nursing and non-nursing personnel working with her. She is responsible for the safety and comfort of the patients in her ward. In a teaching hospital she is expected to ensure good learning fields.

Direct patient care:

- Ensures proper admission and discharge of her patients.
- Plans nursing care and makes patients' assignment as per their nursing needs.
- Assists in the direct care of the patient as and when required.
- Ensures safety, comfort and good personal hygiene of her patients.
- Assists in planning and administration of the therapeutic diet to her patient.
- Maintaining of records of the patients and necessary information imparted to the concerned authorities.
- Takes nursing rounds with staff and students.
- Makes rounds with doctors. Assists him in diagnosis and treatment of the patients.

- Implements doctor's instructions concerning patient's treatment.

- Assists patient and her/his relatives to adjust to the hospital and its routine.

- Co-ordinates patient care with other departments.

**Supervision and administration**: 

- Ensures safe and clean environment for the ward.

- Makes duty and work assignments.

- Indents ward store and keeps necessary records.

- Does regular inventory checking of her/his ward.

- Makes list for condemnation of articles and submits it to all concerned.

- Assists in making ward requirements.

- Establishes and reinforces ward standards prescribed in the hospitals.

- Acts as a liaison officer between ward staff and hospital administration.

- Maintains good public relations in her ward.

- Maintains discipline among the ward workers, for example staff nurses, students and domestic staff.
- Deals appropriately with any adverse situation that has occurred in the ward and reports to the concerned authorities.
- Reports about any medico-legal cases in the ward.
- Writes and submits confidential reports of the staff.
- Sees that students get desired learning experience in the ward.

Educational function:
- Organises orientation programmes for new staff.
- Organises formal and informal ward teaching, conducts bedside clinics and demonstrations.
- Conducts ward conferences/meetings.
- Gives incidental teaching to the patients' relatives, staff nurses, students and domestic staff.
- Guides in formulation of Nursing Care Studies and Nursing Care Plans etc.
- Evaluates the students' performance and submits reports to the school authorities.
- Encourages staff development programme in her ward.

Staff Nurse

Staff Nurse is a first-level professional nurse who provides direct patient care to one patient or a group of
patients assigned to her during duty shift. Assists in ward management and supervision. She is directly responsible to the ward sister.

**Direct Patient Care**:

- Admits and discharges the patient.
- Maintains personal hygiene and comforts of the patient.
- attends to the nutritional needs of the patient, prepares invalid's diet and feeds helpless patients.
- Maintains clean and safe environment of the patients.
- Maintains ward routines.
- Co-ordinates patient care with various health team members.
- Follows doctor's rounds.
- Performs technical tasks, for example, administration of medication, assisting doctors in various medical procedures, preparing articles and the patient for medical or nursing procedures, recording vital signs, tube feeding, giving enema, bowel wash dressing stomach wash, eye and ear care, collection and sending of specimens, pre and post-operative care, etc.
- Assists in administration of transfusion. Perineal cares, breast care, baby care, etc.
- Helps doctors in diagnosis and treatment.
- Maintains intake and output chart.
- Observes changes in patient's condition and records, takes necessary action and reports to the patient and his/her family.
- Accompanies very ill patients sent to other departments or transferred to other institutions.

Ward Management:
- Hands over and takes over the patient and ward equipment and supply.
- Keeps the ward neat and tidy.
- Maintains safety of the ward equipment.
- Prepares and checks ward supplies.
- Assists ward sisters in ward management and officials in her absence. Assists in taking inventories.
- Supervises students and other junior nursing personnel working with her.
- Maintains ward record and reports assigned to her by the sister in-charge.

Educational functions:
- Participates in clinical teaching, both planned and incidental.
- Teaches and guides domestic staff.
- Helps in the orientation of new staff.
- Participates in staff education programme.
- Guides student nurses.

Need for the Study

The profession of nursing and nurses as individuals are facing numerous problems and difficulties throughout their career in every part of our country. The problems are faced at different levels in the nursing profession such as nursing administrators, for example, matrons, assistant matrons, teaching personnel (sister tutors) and others like ward sisters and staff nurses.

Some of the common problems faced by the different personnel in the nursing profession are:

1. Social status of nursing in the society is not yet upgraded.
2. The general apathy of the public towards nurses and nursing profession.
3. No autonomy is granted to the nursing profession. In India, nursing as a profession is still subservient to the medical profession.
4. Job specification in different categories of nursing personnel is lacking.
(5) There is a general lack of job satisfaction.
(6) Pay scales are not satisfactory as compared to the workload.
(7) Working hours and other facilities are not satisfactory.
(8) Staffing pattern is not in proportion with the amount of work expected.
(9) Accommodation facilities, that is hostel as well as family quarters, are not allotted to those in need. This in turn affects the health and efficiency of the nursing personnel concerned.
(10) No creche facilities are available for the children of working nurses.
(11) There are no regular staff development programmes which can help the nurses in upgrading their knowledge and keeping abreast with the changing times.
(12) Shortage of man-power which affects the quality of patients care.
(13) Shortage of equipment and supplies affect adversely the smooth functioning in the ward.
(14) Nurses perform more non-nursing functions instead of giving patient care and nursing functions.

So far no efforts have been made in this direction to study the occupation and career perceptions and the specific socio-economic problems faced by the nurses.
There are a few factors responsible for this social apathy. Under the prevailing circumstances it is essential to study how nurses themselves perceive their own role in their jobs. What is their professional attitude towards nursing? To what extent do they have autonomy in the field of nursing? Do they know the specific nursing jobs to be performed? To what extent do they experience job satisfaction?

This study will enlighten various authorities in the field of nursing to have an awareness of the prevailing conditions of services and thereby perhaps it may help in improving the conditions and the image of nursing profession in our country.

Statement of the Problem

"A Study of Occupation and Career Perceptions of the Various Nursing Personnel Working in the Training Institutions of Nursing in the City of Greater Bombay."

Objectives of the Study

(1) To know the opinions of the nurses towards nursing as a career.

(2) To know their professional attitude.

(3) To determine autonomy of individuals working in the field of nursing.
(4) To study the existing patterns of job specifications of nurses in the hospitals.
(5) To find out the perceptions of nurses in relation to job satisfaction.
(6) To make suggestions to improve the prevailing conditions.

Limitations of the Study

(1) The study is limited to only 16 training hospitals in the city of Greater Bombay.
(2) The conclusions drawn are based only on the written and the verbal responses of the various nursing personnel working in Bombay.
(3) The study is limited to the nurses who are currently employed in various categories in the different institutions. Those who are retired and those who have changed the profession are not considered in the present study.

Definitions of the Terms

(1) Occupation: What occupies one's means of filling one's time, temporary or regular employment, business, calling, pursuit.

(2) Career: Course(s) of progress through life. What one intends mainly, one's professional advancement and success in life.
(3) **Perceptions**: A view of performance of self or others, past or present, relative to an idealized norm.

In the following chapter review of related literature is discussed in detail.