CHAPTER – 6

CONCLUSION AND RECOMMENDATIONS

Nursing is as old as mankind, which gradually shaped into a vocation and has turned into a distinct profession in the modern time. It is permeated into the entire health system to assist an individual in those activities which contribute to attain, sustain and restore health at any point of his life cycle within his home, school, workplace, hospital or community at large. Presently nurses have assumed a crucial role in health care and are the important component of health care manpower.

With the emergence of modern medicine and hospitals adequate nursing service has become of prime importance. Of all the service provided in a hospital, the nursing service is closest to the patient i.e. nurses are with the patient 24 hours of the day. Nursing personnel generally constitute the largest proportion of hospital staff. To manage the large number of nursing staff a sound administration and organisation structure of the hospital as a whole is basic to the organisation and administration of hospital nursing services. Even more fundamental is the need for strong administrative direction because a strong administration can support a weak structure but the structure cannot be maintained if the central administrative core is weak. This implies to the administration of nursing services as well as to hospital. Mutual understanding and common objectives of physicians, the hospital administrators and the nursing administrators are necessary to assume the operations of successful nursing services upon which acceptable nursing care of patients' depend.

Setting the standards of nursing services of the hospital depends largely upon the judgment of nurses themselves, guided by nursing administrator and philosophy of nursing upon which judgment is based. Nurses have the responsibility of meeting health needs of patient continuously during his stay in the hospital. To do this nurse must have requisite knowledge and understanding to analyse the nursing needs of a patient. To achieve this proper preparation and placement of nurses is pre-requisite along with clear-cut job descriptions. Besides it there is need to develop an atmosphere and provide facilities which are congenial to day to day working and opportunities to grow and make progress in the career so that job satisfaction is achieved to its best. As job satisfaction
leads to increase in efficiency and productivity in any profession and this implies to nursing as well.

The job factors that might be expected to influence job satisfaction in a professional setting includes the challenges offered by job; the degree to the concept of job matches with what worker actually does on the job; relationship with supervisor, administrator, policy group, co-workers; professional recognition and opportunities for advancement; adequate salary and promotional opportunities with good living conditions. In order to have job satisfied nurses, nursing administrator and hospital administrators should ensure that all these above stated aspects of the job are well taken care of that in turn well reflect in better health care of patients.

Another area, which needs immediate attention of health and nursing administrators, is level of stress among nurses in the job. As nursing is a stressful profession i.e., intrinsic nature of work, such as dealing with health illness condition and crises is stressful in itself. Further, dealing with death and dying and emotional demands of patients and their families, inadequate staffing, work overload and conflicts with administrators, physicians and nurses are the major sources of stress among nurses. High level of stress among nurses may become the major cause of sickness, absenteeism, frustration and leaving the profession as such which in turn leads to poor performance and shortage of staff.

Good nursing services administration coupled with job satisfied and stress free nurses will help to make the patient satisfied, which is the prime aim of any health care institution. The patients’ satisfaction acts as an important tool to evaluate the performance of health services. The enforcement of Consumer Protection Act (1986) has made the patient satisfaction more vital element of the health care services as the Act describes a patient as a consumer who in case of neglect or failure of getting the satisfactory services even can sue the administrator or health professional.

To examine the performance and effectiveness of nursing services of a health institute it is must to study its organisational structure, operational objectives along with studying level of job satisfaction, level of job stress and patient satisfaction. The health institutions fall in several categories such autonomous, private, public, charitable and so on and so forth. As every hospital situation is unique, each has its own characteristics and
its own problems. In same way in each hospital nursing service is unique. Thus, it was felt important to conduct a comparative study by selecting different types of health care institutes, the results of which could be a great help to administrators, organisers, planners and educationists. For this purpose three different types of hospitals i.e. autonomous, private and Government hospital, were selected from Chandigarh, Punjab and Haryana viz. PGIMER Chandigarh, CMC Ludhiana and PGIMS Rohtak, respectively. A comparative study of nursing services in select hospitals of Punjab, Haryana and Chandigarh was planned with the following objectives:

1. To study the organisation structure of nursing services in select hospitals (Government, Autonomous and Private) in consonance with Indian Nursing Council recommendations.
2. To identify operational objectives of organisation and administration of nursing services in select hospitals.
3. To study and compare job description of nurses in select hospitals.
4. To find out and compare the level of satisfaction and stress among nursing personnel in select hospitals.
5. To assess and compare level of patient satisfaction with nursing services in select hospitals.
6. To suggest remedial interventions to improve the nursing services.

The above objectives were tested through the following hypotheses:

1. The nursing services in the hospitals conform to the Indian Nursing Council recommendations.
2. Objectives of the nursing service department are not fully achieved.
   a) The nursing services in the autonomous hospitals are better placed than the Government owned hospitals.
   b) The nursing services in private hospitals are more professionally managed in comparison to autonomous/Government owned hospitals.
3. Level of job satisfaction of nursing personnel is low.
   a) Higher the specialisation among nursing staff higher is the job satisfaction.
   b) Longer the length of service lower is the job satisfaction.
4. Level of stress among nurses is high.
a) Higher is the level of job satisfaction lower is the level of stress.

b) Longer the length of service lower is the level of job stress.

5. Level of patient satisfaction with nursing services is low.

a) Patient satisfaction is higher in privately managed hospitals as compared to the autonomous/government owed hospital.

b) Higher the experience of nursing personnel lower is the patient satisfaction.

Research Methodology

The present study was conducted in three teaching hospitals i.e. PGIMER Chandigarh (an autonomous body), CMC Ludhiana (a private hospital) and PGIMS Rohtak (a Government hospital) by using both primary and secondary data. The primary data was collected by administering a questionnaire to nursing staff on job satisfaction, ii) job stress and iii) patients were interviewed regarding their level of satisfaction with nursing care. Secondary data was collected from the nursing office of the involved institutes related to organisational set up, job description, nursing manpower, recruitment policies etc. The data so collected was analysed by using a Statistical Package of Social Sciences (SPSS) data processing programme and presented in the form of tables and charts. Appropriate statistical tests like Chi Square Test and ANOVA were applied to draw inferences. The major findings are presented as Chapters 2, 3, 4 and 5; the ensuing discussion highlights the points that depict the real state of nursing services in select hospitals at the micro level.

Main Findings

Hypothesis – 1

The nursing services in the hospital conform to the Indian Nursing Council recommendations.

Indian Nursing Council (INC) is a statutory body established by the Act of Parliament in 1947. It works for laying down standards of nursing education through out the country. It also recommends the optimum nurse - patient ratio. Apart from it Government of India has set up various committees from time to time to lay down standards for nursing practices. Among them last one was High Power Committee on nursing profession set up by Central Government of India which released its report in...
March 1990, and has been accepted by Government of India in principle. This hypothesis will be discussed in the light of Indian Nursing Council guidelines and the recommendations of the High Power Committee.

Data collected from the select hospitals indicate that number of nursing staff on lower positions i.e. Staff Nurse/Sister Grade-II/bedside nurses and Nursing Sister/Sister Grade-I conform to Indian Nursing Council guidelines in the PGIMER Chandigarh and CMC Ludhiana. But the nurse bed ratio in PGIMS Rohtak is lower than recommended guidelines of INC.

Number of nurses on higher positions i.e. Nursing Administrators, which includes Chief Nursing Officer, Nursing Superintendent, Deputy Nursing Superintendent/Matron, Assistant Nursing Superintendent/Assistant Matron, Departmental Nursing Sister/Supervisor were not positioned as per Indian Nursing Council guidelines. There existed lot of variations in hierarchy in select hospitals. It was observed that post of Chief Nursing officer was not there in CMC Ludhiana and PGIMS Rohtak and the post of Deputy Nursing Superintendent/ Matron and Assistant Nursing Superintendent/Assistant Matron were in inadequate number in CMC Ludhiana whereas post of Assistant Nursing Superintendent/Assistant Matron did not exist at all in PGIMS Rohtak. Further, position of Departmental Nursing Sister/Supervisor were not there in PGIMER Chandigarh and PGIMS Rohtak.

The High Power Committee (1990) had recommended gazetted rank for nursing personnel i.e. at least Class-II rank for Nursing Sisters and higher rank for higher positions. However, while observing the structure of these select hospitals it was seen that in PGIMER Chandigarh and PGIMS Rohtak Nursing Sisters/Sister Grade-I are given Class-III/Group-C rank, whereas, in CMC Ludhiana this post is covered under Group-I employees. Further, there is no Class-I rank in PGIMS Rohtak hospital for any position of nursing personnel. Whereas only two Class-I/Group-A positions for nursing personnel in PGIMER Chandigarh and other positions are covered under Group-B except the position of Sister Grade-I/Nursing Sister and Sister Grade-II/Staff Nurse, which are covered under Group-C, whereas, all the positions except Sister Grade-II/Staff Nurse are covered under Group-I employees in CMC Ludhiana.
Another recommendation of the High Power Committee (1990) emphasises that though uniformity in pay scales is not feasible all over India, special allowances for nursing personnel i.e. uniform, washing, risk, messing allowances should be similar throughout the country. While comparing nursing allowances the study found that there is no uniformity regarding nursing allowances in all the select hospitals under review. The High Power Committee has further recommended allotment of houses for nurses on priority basis and instead of nursing hostels for trained nurses rather apartment type of accommodation for married/unmarried nurses besides arrangement of transport for nurses for safety and security of nurses especially during emergencies/odd hours. However, it was observed during the study that in all the select hospitals there was hostel accommodation for trained nurses. Priority accommodation was available only for staff working in operation theatre in CMC Ludhiana. Only PGIMER Chandigarh had the transportation facility for staff residing outside whereas other two hospitals had not provided transport facility to their staff.

Further, for recruitment the High Power Committee had recommended that B. Sc. Nursing be made an essential qualification for Nursing Sisters as the principle of possessing higher qualifications by supervisors than the category to be supervised should apply for all levels and categories of nursing posts and the qualifications and experience of all the nursing posts should be uniform throughout the country. Whereas, it has been observed during the course of the present study that in CMC Ludhiana B.Sc. Nursing was compulsory education for Nursing Sister and Supervisor/Departmental Sister and M.Sc. Nursing for the post of Assistant Nursing Superintendent, Deputy Nursing Superintendent and Nursing Superintendent whereas in PGIMS Rohtak B.Sc. Nursing is not an essential qualification for any nursing post even for the post of Nursing Superintendent while in PGIMER Chandigarh B.Sc. Nursing was compulsory only for Nursing Superintendent, Deputy Nursing Superintendent Educator and Deputy Nursing Superintendent Epidemiologist and M.Sc. Nursing is compulsory for the post of Chief Nursing Officer.

Hence this hypothesis is partially accepted.
Hypothesis – 2

Objective of nursing services are not fully achieved.

On asking about the laid down objectives of nursing services none of the hospital among selected hospital had written objectives. Whereas discussion with the nursing administrators led to conclusion that all the hospitals follow the general objectives for nursing services. As per literature of nursing service administration there are five objectives of nursing departments. Hence, the discussion of this hypothesis will be in the light of objectives of the nursing services, which find mention in the literature of nursing services administration.

I) To provide highest quality of nursing care in terms of total patient needs.

It has been observed that most of patients were satisfied with nursing care in all the select hospitals, which means this objective of providing satisfactory health care by nursing services is achieved.

II) To assist the physician in the medical care of patient and carry out the therapies prescribed

As regards the above objective there are only indirect evidences i.e. patient satisfaction and satisfaction of nurses with work and interpersonal relationship with team members. Regarding these three aspects high level of satisfaction was observed among patients and nurses. This indicates the achievement of this objective whereas interviewing the physicians in this regard was beyond the scope of this study.

III) To promote staff development by in-service and continuing education programme

The information collected from selected hospitals indicates that all the three hospitals have the facility for nurses for 2 years study leave for higher education and short term in-service education programmes. However, these facilities were availed in a higher percentage by nurses from PGIMER Chandigarh, followed by CMC Ludhiana and lowest from PGIMS Rohtak.

Hence achievement of this objective varies in the selected hospitals.

IV) To promote and encourage nursing research to improve quality of nursing practices.
Most of the research in nursing is taken up by nursing education institute/college attached to PGIMER Chandigarh and CMC Ludhiana however; hardly any research is done at PGIMS Rohtak.

Thus, this objective is not fully achieved.

V) To evaluate quality of nursing service

Achievement of this objective was in early stage only. Annual Confidential Report and supervision by the senior nursing personnel were only means to evaluate quality of nursing service in all the select hospitals. In PGIMER Chandigarh some efforts are made to develop and practice nursing standards regarding patient care for improving quality of nursing services. Thus evaluation of quality is in its primary stages.

**Hypothesis – 2 (a)**

The nursing services in autonomous hospital are better placed than Government owned hospital.

It is observed that nurse bed ratio is better in PGIMER Chandigarh, an autonomous hospital than PGIMS Rohtak, a Government owned hospital. The number and cadre of higher positions in nursing department are more in PGIMER Chandigarh. There are even two special positions for taking care of in-service education of nurses and prevention of infection in hospital i.e. DNS Educator and DNS Epidemiologist.

Salaries and allowances paid to nursing staff were better in PGIMER Chandigarh similarly opportunities of higher education and in-service education are more in PGIMER Chandigarh than PGIMS Rohtak.

**Hence this hypothesis is accepted.**

**Hypothesis 2(b)**

Nursing services in private hospitals are more professionally managed in comparison to autonomous/Government owned hospitals.

Promotional avenues were better in CMC Ludhiana, a private hospital, than other two hospitals as all the posts were filled through direct recruitment. B.Sc. Nursing was essential qualification for Nursing Sister and Supervisor and M.Sc. Nursing was essential for higher positions. Whereas PGIMS Rohtak i.e. a Government Hospital all the positions
except Staff Nurse were filled through promotion and no importance was given to higher qualification. Seniority was the only basis for promotions.

In PGIMER Chandigarh i.e. an autonomous body most of the posts were filled through promotion. No importance was given to higher qualification for promotion. Seniority was only basis for promotions. The position of Nursing Superintendent was filled through direct recruitment (50 per cent) and through promotion (50 per cent) with B.Sc. Nursing essential qualification. The post of Chief Nursing Officer was filled by direct recruitment with M.Sc. Nursing as essential qualification. Further the post of Deputy Nursing Superintendent (Educator) and Deputy Nursing Superintendent (Epidemiologist) are to be filled by direct recruitment with B.Sc. Nursing qualification. But till date the said posts were not filled by direct recruitment. Rest of the nursing positions were to be filled by promotion only.

In CMC Ludhiana nurses were motivated for improving their educational status as they had more chances of promotion after acquiring higher qualifications whereas this facility did not exist in other two hospitals. It was observed that nursing education and nursing services go hand in hand in CMC Ludhiana. As nurses on higher positions had dual designation and dual responsibilities such as Nursing Superintendent-cum-Professor, Deputy Nursing Superintendent-cum-Reader, Assistant Nursing Superintendent-cum-Reader, Supervisor-cum-Professor/Reader/Lecturers. Nurses with dual designations were given UGC Scales and were responsible for supervising nurses in hospital and teaching nursing students in College of Nursing, whereas no such arrangements were found in other two hospitals.

Further, nurses from private hospital were satisfied with job in significantly higher percentage than other two hospitals. Similarly, patients in private hospital are satisfied in higher percentage than other two hospitals. However this difference satisfaction level of nurses and patient may be due to inter institutional variability of sample population rather than kind of hospital. As socio demographic profile of nurses and patients, work profile of nurses and variable related to hospital stay were significantly different in all the select hospitals.

**Hence this hypothesis is accepted.**
Hypothesis-3

Level of satisfaction of nursing personnel is low.

Data on level of satisfaction reveals that three fourth of nurses were satisfied or highly satisfied with job. The average score of job satisfaction of nurses was high. The individual hospitals also indicate similar findings.

Hence the hypothesis is rejected.

Hypothesis-3 (a)

Higher the specialization among nursing staff, higher is the job satisfaction.

Nurses working in specialized areas (Specialty Wards, Intensive Care Units, Operation Theatre) were satisfied in higher percentage than nurses working in General Wards, Emergency and Outpatient Department.

Hence this hypothesis is accepted.

Hypothesis-3 (b)

Longer the length of service lower is the job satisfaction.

Data regarding length of service have shown inverse proportion to job satisfaction. With the longer the length of service the percentage of satisfied nurses decreased. However, this trend was statistically not significant.

The average experience of nurses was the highest in PGIMER Chandigarh, followed by PGIMS Rohtak and CMC Ludhiana respectively. Whereas average score of job satisfaction was exactly reverse. So the broader look of data indicates the similar trends mentioned.

Hence this hypothesis is accepted.

Hypothesis-4

Level of stress among nurses is high.

Stress score indicate low level of stress among nurses. This is true for all the select hospitals.

Hence this hypothesis is rejected.

Hypothesis-4 (a)

Higher the level of job satisfaction, lower the level of stress.

It was observed from the data that level of job satisfaction is inversely proportional to level of stress. As the percentage of satisfied or highly satisfied nurses
with job increased the percentage of moderately stressed and severely stressed nurses decreased. In CMC Ludhiana nurses had higher average score of job satisfaction as compared to other two hospitals and nurses from this hospital had lowest average stress score. Similarly, in PGIMER Chandigarh and PGIMS Rohtak nurses have comparatively lower level of job satisfaction than CMC Ludhiana and nurses from these two hospitals experienced comparatively more stress.

**Hence this hypothesis is accepted.**

**Hypothesis-4 (b)**

**Longer the length of service, lower the level of job stress.**

A close analysis of data indicates that stress level increased with increase in years of service. Higher percentage of nurses having less than ten years of service experienced mild stress, whereas higher percentage of nurses having 21 to 30 years of service experienced severe stress. The average experience of nurses from CMC Ludhiana is lower than other two selected hospitals and level of stress experienced by them was also on lower side. The plausible reason behind it may be as the length of service increases, the position in the department also changes i.e. higher supervisory position which means higher responsibility and can in turn cause stress. Those who are not able to achieve higher positions in spite of putting in many years of service are may be stressed because of monotony of job for years together. Hence the findings of study did not comply with the hypothesis.

**Hence this hypothesis is rejected.**

**Hypothesis-5**

**Level of patient satisfaction with nursing service is low.**

It can be observed from the data that satisfaction score of patient was high in all the selected hospitals. Most of patients were satisfied or highly satisfied with nursing care.

**Hence this hypothesis is rejected.**

**Hypotheses-5 (a)**

**Patient satisfaction is higher in privately managed hospitals as compared to autonomous/Government owned hospital.**
Analysis of data indicates that in CMC Ludhiana i.e. a private hospital, average score of patient satisfaction was higher than other two hospitals. Higher percentage of patients from private hospital was satisfied with nursing care as compared to other two hospitals. This difference is statistically significant.

Hence this hypothesis is accepted.

Though this hypothesis is accepted but there are certain pertinent issues to be discussed such as patients satisfaction was inversely proportional to income i.e. lesser the per capita income of the patient more satisfied patient is. It was observed from the data that two third patients for PGIMS Rohtak and more than half from CMC Ludhiana had per capita monthly income is less than Rs. 1000/- however, this percentage was lower in PGIMER Chandigarh. Further, illiterate patients and patients having primary education were satisfied or highly satisfied in large percentage than patients having higher qualification and highest percentage of illiterate patients were from PGIMS Rohtak.

Patients from other religion (Christian, Muslims and Buddhist) were satisfied in higher percentage. High percentage of such patients from other religions was from CMC Ludhiana. Patients from rural areas were more satisfied than patients from urban area and two-third of patients from PGIMS Rohtak were from rural area.

Comparatively higher percentage of patients was dissatisfied who were referred from other hospitals. More than half of patients in PGIMER Chandigarh were referred from other hospitals. Further, longer the duration of treatment in the hospital higher the percentage of satisfied patients. Comparatively longer duration of treatment in hospital was observed in patients from CMC Ludhiana and PGIMS Rohtak as compared to PGIMER Chandigarh as most of referred patients are coming to this PGIMER Chandigarh as compared to the routine patients.

Satisfaction level of patients was directly proportional to level of job satisfaction of nurses and inversely proportional to level of stress among nurses. Highest level of job satisfaction among nurses was observed in CMC Ludhiana and highest level of stress among nurses was observed in PGIMS Rohtak.

The bed occupancy rate of the select hospitals also varied. CMC Ludhiana had 60-70 per cent of bed occupancy rate whereas PGIMS Rohtak and PGIMER Chandigarh had bed occupancy rate which was more than 95 per cent. PGIMER Chandigarh being the
important referral institute in Punjab, Haryana, Himachal, J&K and some parts of UP was always over crowded with patients. Emergency of the hospital is always full and many patients were even treated on trolleys due to lack of beds. The patient may be admitted, treated and discharged from emergency ward only due to lack of beds in the wards, whereas in CMC Ludhiana patients are only settled in emergency for few hours and then shifted to wards. In PGIMS Rohtak the patients were kept in emergency only for 24 hours. Then either they are shifted to ward or were advised to attend OPD. Every morning emergency is vacated and prepared for the new patients.

Comparing the level of patient's satisfaction with nursing care indicates that high level of patient satisfaction was observed in CMC Ludhiana followed by PGIMS Rohtak and PGIMER Chandigarh, respectively. These differences are not due to type of the hospital i.e. Government operated, autonomous and private. Rather these are due to the inter institutional variability related to socio-demographic profile of patients, stay of patients in hospital, job satisfaction and level of stress among nurses, bed occupancy and many other variables which are not covered in the present study.

**Hypotheses-5 (b)**

*Higher the experience of nursing personnel less is patient satisfaction.*

The average experience of nurses in PGIMER Chandigarh was high followed by PGIMS Rohtak and CMC Ludhiana whereas; average patient satisfaction score was just opposite to it.

**Hence this hypothesis is accepted.**

**Suggestions**

On the basis of study following relevant suggestions can be to nursing and hospital administration.

1. Organisation structure of the nursing department should be at per recommendations of INC and High Power Committee recommendations i.e. separate nursing directorates at State/Union Territory level and all type of nursing should be under its control. Cadre of higher level of nursing positions to be raised as per recommendations. Nurse - patient ratio should also be as per INC and High Power Committee recommendations and all the positions and their number should be as per their recommendations.
2. There is need to revise the recruitment policies of nursing services. As two extremes were observed in the select hospitals i.e. either all the positions are filled by direct recruitment or in contrast to it all the positions are filled by promotion only except lowermost and higher level of positions. There should be some proportion in every position to be filled by direct recruitment and some proportion to be filled through promotion. This will provide ample opportunity for fresh and brilliant candidates to come forward and there will be scope of advancement for experienced nurses already in service.

There is need to revise qualifications for the recruitment of all the positions as per INC recommendations as in the present study it was observed that qualifications of some nursing positions were lower in some hospitals than recommended.

3. Job description should not be merely an official document. Rather a copy of it should be given to each nurse at the time of taking up the responsibility of new position so that every individual nurse knows what is expected from her/him.

4. Though over all job satisfaction level of nurses was high but it was observed from the data that satisfaction level of nurses was low in some aspects of job such as salary and fringe benefits, policies and administration, working conditions and personal life due to job. There is need to bring improvements in these aspects of job.

5. It can be seen from the data that nurses who had worked in less than five wards were more satisfied than those worked more than five wards. It is further observed that stress level increased with increased number of wards nurses have worked, which means working continuously in one area gives better recognition, skill and expertise in that area which ultimately gives satisfaction in job. So the policies of changing duty from one area to other needs to be looked into and frequent change of work area should be avoided.

6. Though over all stress level was low among nurses but it can be observed from the data that an inverse relationship was observed between educational status of nurses and levels of stress which means higher level of qualifications helped nurses to be more confident in their work and less stressed. So these select
hospitals should provide more opportunities to nurses for higher education and frequent short term in-service education programmes should be planned for them and the suggestion be implemented in general as well.

7. The study found the level of stress in relation to job satisfaction had an inverse relationship. Nurses who were undecided as per their level of satisfaction and dissatisfied nurses experienced higher level of stress as compared by satisfied and highly satisfied nurses. In different aspects of job a similar kind of inverse relationship was observed between stress and level of satisfaction i.e. higher the level of satisfaction with achievements in job, recognition, responsibility, work, supervision, policy and administration, working condition and personal life due to job lower the level of stress was experienced.

So in order to have efficient and stress free nurses there is need to provide them with opportunities, atmosphere and facilities to work which help them to increase their level of satisfaction.

8. Though most of patients were overall satisfied with nursing care but it was observed that satisfaction level of patients regarding preparation for discharge and communication with nurses was, however, low. Hence, there is need to strengthen these aspects. There is need to devise some set procedures/guidelines to prepare the patients for discharge and nursing administrators need to organise some short term in-service education programmes for improving their communication with the patients and human relations.

9. Satisfaction level of patients was directly proportional to level of job satisfaction of nurses and inversely proportional to level of stress among nurses. Hence, administration needs to take special efforts to raise the level of job satisfaction as such so that there are nurses who are stress free nurses in order to have satisfied patients.

10. In the end it is also suggested that institutes need to have the structure and facilities as per recommendations of INC and High Power Committee (1990). This will take care of many other aspects such as nurses’ job satisfaction, stress free nurses and patients’ satisfaction. Though institutes have made some efforts but complete adaptation yet not there.
The researcher will feel amply rewarded if the present study stimulates serious thinking in some of the crucial areas of nursing services. As this field is quiet ripe for more detailed investigation and many gaps are still visible where no systematic enquiry had been attempted. Some researchers may like to take up the issues, which have been highlighted in the inferences drawn from present study for future generalisations.