CHAPTER VI

DISCUSSION OF RESULTS

The findings of the present study have been discussed hereafter in the light of the hypotheses.

The first hypothesis was that the Ward sister would have significantly greater gratification of needs than the Staff nurse. The findings of the present study (Table 5) point out that the Ward sister enjoyed greater gratification of most of the needs, but not of all the needs, when compared with the Staff nurse. Out of the 14 needs studied, the Ward sister had greater gratification of 9 needs. These needs were Achievement, Deference, Order, Exhibition, Autonomy, Dominance, Nurturance, Endurance, and Aggression. The mean scores of
Ward sister on these 9 needs were found to be higher than the mean scores of the Staff nurse. The differences in the mean scores (t values) were statistically significant at .01 level.

For three needs, the Ward sister had lesser gratification than the Staff nurse. These needs were Affiliation, Succorance and Change. The differences in the mean scores (t values) on these three needs were significant at .01 level.

The Ward sister and the Staff nurse had almost similar level of gratification on two needs, that is, Intraception and Abasement. The differences in the mean scores (t values) of the Ward sister and the Staff nurse on these two needs were not found to be statistically significant.

The above findings are in consonance with the comments of Argyris (1962), Davis (1967), Barrett (1968), Palmer (1970), Krueger (1980), and Smith (1980).

Studies in the fields of Industrial Psychology, Business Management, and Public Administration are replete with the dictum finding: higher the job, greater the satisfaction.

The Ward sister position is definitely a superior position as compared to the Staff nurse position, both administratively and professionally. The higher job-position bestows upon the Ward sister greater opportunities for the gratification of the various needs.
But in the present study it is found that the higher job position of the Ward sister offers lesser gratification on three needs whereas the lower job position of the Staff nurse offers greater gratification of the said three needs.

Can this be due to the sampling bias, beyond the control of the investigator? The sample consisted of 50 Ward sisters and 250 Staff nurses. The disproportionate number of the two categories of nursing personnel, is not remediable in any single setting. The Staff nurses far out-number the Ward sisters in a hospital. The sample of the present study was taken from the total population of 70 Ward sisters, and 403 Staff nurses, working in the hospital.

A more plausible explanation is that the so-called discrepancy is due to the inherent nature of the two job positions. It cannot be denied that different jobs and/or job positions proffer different opportunities for the expression and gratification of the various needs. That is why the need profile and the hierarchy of needs of various jobs or job positions are not similar.

However, the present study clearly established that, out of 14 needs, the Ward sister position offered greater gratification of 9 needs, whereas the Staff nurse position offered greater gratification of only three needs. It will not be wrong to state that the present findings uphold the hypothesis
to a large extent. However, further research in this direction is necessary and desirable to clinch the issue.

In order to have a clear and differential understanding of the Ward sister position and the Staff nurse position, an in-depth analysis was conducted concerning their need profiles and hierarchies of needs. The second hypothesis is directly related to this aspect of the study.

The second hypothesis was that the needs for Achievement, Dominance, Autonomy, Aggression and Exhibition would occupy higher levels in the hierarchy of needs of the Ward sister than the Staff nurse.

The order of needs in the need hierarchy of the Ward sister has been given in Table 6. The 14 needs have the following rank-order: Deference, Dominance, Order, Autonomy, Exhibition, Endurance, (Achievement, Aggression), Nurturance, Affiliation, Intraception, Succorance, Change, and Abasement. Needs within parentheses bear the same rank-order.

The present study indicates that the hypothesis has only partially been supported. Out of the five needs, only 3 needs appear in the top ranks of the hierarchy. As hypothesised, Achievement and Aggression do not occupy higher levels in the need hierarchy. Both these needs appear in the middle of the need hierarchy and occupy the same rank-order.

On the other hand, Deference and Order
appear in the higher ranks of the hierarchy. Why
deference and Order appear in the top 5 ranks of the
need hierarchy of the Ward sister? This can be
explained by reviewing the role of the Ward sister.

Nursing is a helping profession
Its main objective is to help the patient meet all
his needs—physical, psychological, social, and
spiritual. Consideration for the sick person and
his anxious relatives is fundamental to good nursing
practice (Fielda, 1953; Brown, 1961; Gipps and
Smith, 1963; Hays and Larson, 1963; Beland, 1965;
Skipper and Leonard, 1965; Peplau, 1965;
Augustin, 1965; Henderson, 1966; Davis, 1966;
King, 1968; Paterson, 1971; Kratz, 1977 and
Rawnsley, 1980). Further, the nursing profession
is subsidiary to medical profession. The nurse has to
implement therapeutic regimen prescribed by the
doctor. Professionally, the nurse is trained to
accept the leadership of the doctor, in the management
of the patient (Bates, 1965; Christman, 1965;
Lambertsen, 1965; Peplau, 1966; Selmanoff, 1968;
Little, 1980).

Naturally, the need for Deference
becomes the strongest need and occupies the top level
in the hierarchy of needs in the Ward sister.

The Ward sister is responsible for the
organisation and implementation of nursing services
in the ward. She controls the various categories of personnel in the ward (Mooth and Rivto, 1966; McGibbony, 1969; Springall, 1971; Donovan, 1971; Alexander, 1972; Gongalton, 1977; Carruthers, 1977; Jones, 1977; Kimbro and Gifford, 1980; England, 1980). She is accountable for all incidents and accidents in the ward (Lynn, 1980). She has to keep up-to-date record of the ward equipment. She has to indent and arrange the ward requirements as regards medicines, laundry, diet and other special equipment. She is held responsible for the cleanliness and hygiene standards of the ward. She is incharge of the admission, treatment and discharge records of the patients in her ward. She assigns duties and responsibilities to the various types of personnel working in the ward. She has to set up the standards of patient care. The multi-dimensional duties and responsibilities of the Ward sister demand efficient planning, organisation, administration and supervision (Benne and Bennis, 1969; Hagen and Wolff, 1964; Kahn, 1964; Mereness, 1970; Rogers, 1970; Thomas, 1971). Everything has to be in order and well-planned for the smooth running of the ward and in meeting all the medical and nursing needs of the patients.

That is why the need for Order occupies the third rank in the need hierarchy of 14 needs of the Ward sister.
From the above discussion, it can be assumed that the Ward sister position offers greater gratification of the needs for Deference and Order. That is why these needs appear in the top five ranks of the need hierarchy of the Ward sister.

The third hypothesis was that the needs for Nurturance, Affiliation, Order, Endurance and Deference would be at a higher level in the need hierarchy of the Staff nurse than the Ward sister.

The rank-order of the needs of the Staff nurse, as shown in Table 6, is as follows: Succorance, Deference, (Affiliation, Nurturance, Change,) Exhibition, Endurance, Intraception, Achievement, Order, Aggression, Autonomy, Dominance and Abasement. Needs within parentheses bear the same rank-order.

It is evident from the facts that the postulated need for Order does not appear in the top five ranks of the need hierarchy of the Staff nurse. Only four needs of the hypothesis (Nurturance, Affiliation, Deference and Endurance) appear in the top five ranks of the need hierarchy. Thus the hypothesis is only partially true.

The other two needs that appear in the top five ranks are Succorance and Change. The possible reasons for this picture are discussed hereafter.

The Staff nurse position is the first-level position in nursing profession. After the
successful completion of nursing education/training, a person begins her professional career as a Staff nurse.

Nursing profession makes maximum demands on the Staff nurse. She is in direct contact with the sick and is fully responsible for the nursing care of patients assigned to her by the Ward sister (Bellak, 1952; Schilder, 1953; Abdellah and Strachan, 1959; Meyer, 1960; Henderson, 1960; Hershey, 1962; Smith, 1964; Weeks and Griffith, 1964; Brown, 1980; Curtin, 1980; Johnston, 1980; and Jacobs, 1980).

Each patient poses typical problems to the Staff nurse, for which sometimes she is not prepared. She needs help and guidance from her seniors and knowledgeable colleagues. Brown (1966), Myers (1966), Novick (1966), Campbell (1967), Ramey (1969), ICN (1977) and Garant (1980)---they all have highlighted the aforesaid fact in different words.

Further, the serious and critically ill patients keep the Staff nurse so engrossed that she finds it difficult to successfully meet the various needs of other convalescing patients. Sometimes the work-load is so heavy and patient-load in the ward is so excessive that she needs extra help to do justice with her patients, with her work and with herself. The observations of Rapaport (1957), Abdellah and Levine (1958), Brooks (1961), McGhee (1961), Pearson (1967), Woodridge (1968), Schoenberg (1972), Gardner (1980) and Salmond (1980) strongly support these facts.
Again, working with terminally ill patients in emotionally surcharged atmosphere, depletes the inner resources of the Staff nurse. She works in trying conditions. The psycho-social challenges are too many. The politico-economic strains are too huge. The problem of "burn-out" is really staggering. An extra ounce of energy and succour assist the Staff nurse to cope up with her professional burdens. Nursing literature is full of references in this area (Aasterud, 1962; Allen, 1964; Bozian, 1964; Erickson, 1965; Adamek, 1965; Irene and Howe, 1965; Frances and Munjas, 1968; Peeples and Francis, 1968; Kubler-Ross, 1969; Tart, 1969; Schneidman and Farberow, 1970; Driscoll, 1972; Boore, 1977; Altschul and Simpson, 1970; Dubree and Vogelpohl, 1980).

The above facts strongly support the findings of the present study. That is why the need for Succorance occupies the top rank in the need hierarchy of the Staff nurse.

The need for Change appears in the top five ranks of the need hierarchy of the Staff nurse. The Staff nurse position is at the lowest rung of the nursing profession. The Staff nurse has no freedom of work or independence of action. She has a subserviant role. Myers (1959) and Barnes (1961) have discussed the implications of the situation and the way the Staff nurse feels about it.
The Staff nurse has so many masters to please — the patient, the doctor, the Ward sister, the relatives of the patient, and the hospital administrator. To reconcile the conflicting demands of these masters, it makes the Staff nurse a frustrated person. Abdellah and Levine (1957), Johnson (1962), Carona (1964), Lewis (1965), Christman (1970), Bayles (1980), and Ford (1980) have discussed the factors and conditions that make the Staff nurse feel frustrated and seek a change.

Further, the Staff nurse is in direct contact with suffering, disability, and death, which affect her physical and mental health. A change in her work situation is the best tonic to keep her psychological homeostasis.

The Staff nurse is also keen to have experience in different wards. The urge to progress and to change her social and professional status is very marked in the Staff nurse. Change in ward placement and change in staffing pattern has been advocated by Schade (1960), Fletcher (1967), Bermock and Corsini (1973), Aroskar (1980), Smith and Davis (1980), and Scully (1980).

The findings of the present study are supported by the writings of the above-said earlier investigators.

In order to understand the modus operandi of need gratification, an in-depth analysis of the
need hierarchies was undertaken. Three different patterns of needs emerged (Table 7). In the first pattern, the needs for Deference, Exhibition, Endurance, Achievement and Abasement, maintained more or less similar hierarchy in the two groups. Inspite of the fact that the scores on these needs were different in the two groups, the hierarchical order of the needs did not undergo any change.

The second pattern indicated that some of the needs, like Dominance, Order, Autonomy, and Aggression (in that order) were found to occupy higher ranks in the need hierarchy of the Ward sister as compared to the Staff nurse. The needs which maintained a lower hierarchical level in the Ward sister, were Nurturance, Affiliation, Intraception, Succorance, and Change (in that order).

The third pattern showed the needs for Succorance, Affiliation, Nurturance, Change and Intraception (in that order) occupied higher ranks in the need hierarchy of the Staff nurse, as compared to the Ward sister. The needs occupying lower ranks in the Staff nurse, were Order, Aggression, Autonomy, and Dominance (in that order).

Can it be presumed that these three patterns indicate the needs that are gratified specifically by virtue of the profession, by virtue of the Ward sister position and by virtue of the Staff nurse position?
The first pattern, in which certain needs occupy almost similar hierarchical level in the Ward sister as well as in the Staff nurse, seems to be related to the nursing profession as such. The Ward sister position or the Staff nurse position has no bearing on the gratification of these needs.

The Ward sister and the Staff nurse have gone through the same professional education and training, prescribed by the Indian Nursing Council. Both have acquired the same professional values, the same professional goals and the same professional attitudes. That is why certain needs have not been affected by the job position. These needs are Deference, Exhibition, Endurance, Achievement and Abasement.

The nurse is educated and trained to look up to the doctor for all types of instructions. The nurse has to meticulously carry out the treatment regimen prescribed by the doctor. The nurse is expected to meet the physical, psychological, social and spiritual needs of her patient. To meet this end, she is expected to work in close harmony with the relatives and friends of the patient. She gets suggestions from others for the welfare of her patient. The profession has laid down certain norms to which she must conform. That is why the need for Deference, occupies the first and second rank in the need hierarchy of the Ward sister and the Staff nurse, respectively.

The nurse works in a grim setting of pain, suffering and apprehension. Her patients look
up to her for all their needs. The relatives of patients have a spate of queries which they address to the nurse. The nurse is expected to give a ray of hope to the patients and their relatives. She has to exhibit before them the positive and healthy aspect of life. Her ingenuity, her wit, her personal charm, her imaginative repartee, her professional touch, her sound knowledge, her love of life --- the profession places high premium on all these qualities. The need for Exhibition occupies 5th and 6th position in the need hierarchy of the Ward sister and the Staff nurse, respectively.

Nursing profession is a most demanding profession. The nurse lives through all the vicissitudes of frustration, agony, and anxiety. She witnesses the birth-pangs as well as the rigors of death. She sees mutilated bodies, seeping pus, twisted limbs, ghastly gashes, cardiac arrests, cancerous growths, debilitating diseases, mental aberrations, and incurable maladies. All the time, she is face to face with most pressing, anxiety-arousing challenges. No day passes without a tragedy too deep for tears. Although death is the ultimate winner, a nurse must always continue fighting a losing battle. The profession demands a nerve of steel and conscious cultivation of Endurance. The need for Endurance occupies 6th and 7th place in the need hierarchy of the Ward sister and the Staff nurse, respectively.
Nursing profession always offers moments of great satisfaction and unmatched achievement as well. The nurse assists in making a kidney transplant, in introducing a cardiac shunt, in fixing a cornea graft. The patients get a new fully functioning kidney; a new healthy heart; a new seeing eye. What else could be a greater achievement!

The nurse acts as a physical support to the elderly sick, an emotional crutch to the mentally disturbed, a spiritual succour to the bereaved mother, an understanding companion to the afflicted adolescent, a loving surrogate to the needy young, and a professional aide to the hospitalised adult. She becomes an extra ounce of energy to the debilitated, a bright ray of hope to the frustrated, a steadfast resolution to the conflict-ridden, and a soothing priest to the terminally ill. Her continuous, constant, consistent and progressive nursing care turn the sick into healthy, the dependent into independent, the hopeless into inspiring, and the famished into beaming. With her Mida's touch, life becomes many a splendoured thing. The profession offers multitude opportunities to its personnel to gratify their need for Achievement. Achievement occupies 8th and 9th rank in the need hierarchy of the Ward sister and the Staff nurse, respectively.

Nursing profession has not been given its due recognition, neither by the society nor by
the medical profession. Nursing was not considered as profession. It did not have a well-planned, university-based education. Nursing education was mostly hospital-based apprenticeship training. But in recent times, there has been an upsurge in nursing education, nursing practice, and nursing philosophy. In order to have an independent professional identity, nurses have revolted against all the age-old legacies. There is a volatile reaction among nursing personnel for social recognition and professional status. This reaction has been reflected in the low need for Abasement in the votaries of the profession. Abasement occupies the bottom rank in the need hierarchies of both the Ward sister and the Staff nurse.

The second pattern seems to be related to the job position of the Ward sister. The needs of Dominance, Order, Autonomy and Aggression occupy higher ranks in the Ward sister as compared to the Staff nurse. These needs seem to be gratified by the job requirements of the Ward sister.

The Ward sister is over-all incharge of the ward. She is supposed to provide leadership and initiative to the ward personnel; institute discipline and order in the ward; translate and implement the hospital policies; arrange and control regular supply of medicines, laundry and equipment; assign and assess the nursing care provided; establish cooperation and coordination with the other hospital departments; and promote and participate in educational
and research programmes in her ward. These responsibilities offer greater opportunities to the Ward sister to gratify her needs for Dominance, Order, Autonomy and Aggression (Table 7).

A large number of expositions have been published on the role of the Ward sister. These have been reviewed in Chapter III, under the heading "The Ward Sister Role". All these writings support the second pattern as discussed heretofore. These studies clearly establish that the Ward sister role does provide opportunities for the gratification of the needs for Dominance, Order, Autonomy and Aggression.

The third pattern seems to be related to the job position of the Staff nurse. The needs for Succorance, Affiliation, Nurturance, Change and Intraception (in that order) occupied higher ranks in the need hierarchy of the Staff nurse as compared to the Ward sister. These needs seem to be gratified by the job requirements of the Staff nurse.

Staff nurse is the first-level and junior-most position in the nursing services of the hospital. An individual joins as Staff nurse just after finishing her nursing education-and-training. She is a young person with dedication to nursing ideals and a keen desire to serve the sick. She is supposed to be loyal to her profession and to her hospital. On the job, she has multifarious and very exacting duties. She is sincerely involved
and genuinely concerned with the betterment of her patients. She is incharge of direct bed-side nursing care of the sick. She is responsible for meeting the physical, psychological, social and spiritual needs of her patients. At times, she witnesses extreme suffering and even death. Anyone in such a situation, becomes reflective, ruminative, and analytical about the stupendous questions of here and hereafter. Naturally, the duties/responsibilities of the Staff nurse provide her ample opportunities to gratify her needs for Succorance, Affiliation, Nurturance, Change and Intraception (Table 7).

Literature is full of references about the role of the Staff nurse. These writings have been reviewed in Chapter III, under the title "The Staff Nurse Role". These studies support the third pattern as discussed earlier. These studies clearly establish that the Staff nurse role does provide ample opportunities for the gratification of the needs for Succorance, Affiliation, Nurturance, Change and Intraception.

The above discussion highlights the fact that different job responsibilities of nursing personnel do affect and contribute differently to the expression and gratification of needs.

The fourth hypothesis was that the nursing personnel would have a different hierarchy of needs as compared to the normative/control group.
Literature does not throw much light whether the need profiles of nursing personnel would be different from the need profiles of female employees working in other occupations/professions, or females in general.

The postulate of difference in the need profiles of nursing personnel and women in general, was tested by comparing the need profiles of nursing personnel with need profiles of female college students as developed by Tripathi (1930).

The mean scores of all the needs of Ward sisters were compared with the mean scores of all the needs of college female students. The t-values of all the needs were significant at .01 level of significance (Table 8).

Similarly, the mean scores of all the needs of Staff nurses were compared with the mean scores of college female students. The t-values of all the needs were found to be significant at .01 level, except for the need for Dominance, which was not significant (Table 9).

These facts clearly establish that the fourth hypothesis has been supported in this study.

In order to understand the correlation between the need profiles of Ward sisters and Staff nurses on the one hand and female college students on the other, Rho correlations were computed.

It was found that Abasement occupied
the bottom rank (out of 14 needs) in the need profile of the Ward sister as well as of the Staff nurse but it had 7.5th rank in the need profile of the female college student. Deference was at the 1st and 2nd rank for the Ward sister and the Staff nurse, respectively, whereas it was at the 12th rank in the female college student. Achievement was at the 7.5th and 9th position in the profile of the Ward sister and the Staff nurse, but it was at the 4.5th position in the profile of the student. Exhibition was at the 5th and 6th place for the Ward sister and the Staff nurse, whereas it was at the 12th place for the student. However, Endurance occupied 6th and/or 7th rank for the Ward sister, the Staff nurse as well as the student (Tripathi, 1980).

There are significant differences in the rank-order of needs of Ward sister and female college student. For example, Order occupied 3rd rank for the Ward sister but 9.5th rank for the student. The differences in the rank-order of other needs for the Ward sister and female college student, respectively, are as follows: Autonomy (4th and 14th rank); Affiliation (10th and 2nd rank); Intraception (11th and 7.5th rank); Succorance (12th and 9.5th rank); Nurturance (9th and 12th rank); Change (13th and 4.5th rank); and Aggression (7.5th and 3rd rank). However, the two have almost the same rank order for Dominance (2nd and 1st rank).
The Rho correlation between the Ward sister and the female college student was negative, although non-significant (Table 10).

Significant differences were also obtained in the rank order of needs of the Staff nurse and the female college student. For example, Succorance occupied 1st rank in the need hierarchy of the Staff nurse but it was at the 9.5th rank in the need hierarchy of the female college student. The differences in the rank-order of other needs for the Staff nurse and the student, respectively, are as follows: Dominance (13th and 1st rank); Nurturance (4th and 12th rank); Aggression (11th and 3rd rank).

But they had almost the same rank-order for Order (10th and 9.5th), Intraception (8th and 7.5th), Change (4th and 4.5th), and Autonomy (12th and 14th) and Affiliation (4th and 2nd).

The Rho correlation between the Staff nurse and the female college student was found to be negative and non-significant (Table 10).

A similar picture emerged from the comparison of need profiles of nursing personnel with the need profiles of female college students as developed by Edwards (Tables 11 and 12).

From the preceding comparison of need hierarchies, it becomes evident that nursing personnel have significantly different need profiles from the female college student.
This difference can be attributed to the difference in age, occupation and occupational status of the two groups. The investigator is quite aware of the non-comparability of nursing personnel with the college sample, but under the circumstances, no other occupational sample was available for comparison of need profiles and need hierarchies. It was thought that some comparison is better than no comparison.

The important question is: Can it be presumed that the need profiles of nursing personnel will be different from the need profiles of comparative groups of female employees from other occupations/professions?

It is incumbent to conduct comparative need profile studies of different professional groups before the above-made statement can be upheld with confidence.

The findings of the present study, however, do indicate that there should be different need profiles of people working in different professions and at different positions. This line of argument has been fully supported by the hierarchies of needs given in Table 10. Further, the findings of the present study are supported by the studies conducted by Srivastava (1981), Venkataraman (1981), Reiter (1980), Gupta (1980), Sutaria (1980), and Mohamood (1981). In the West, studies conducted by
Adams and Kline (1970), Gynther and Gertz (1982), Cohen et al (1965), Lentz and Michaels (1965), and Navran and Stauffacher (1958) support the findings of the present study, but there are some differences as well, may be due to the cultural background.

The 5th hypothesis was that Age, Education and Length of service will have similar effect on the need gratification levels of the Ward sister as well as the Staff nurse.

The two groups of subjects (Ward sisters and Staff nurses) were found to be significantly different, as expected, on the variables of Age and Length of service but the variable of Education was found to be equally distributed in the two groups (Tables I, 2, and 3).

**Effect of Age on Needs:** For the Ward sister, Age was found to be significantly related with the needs for Achievement, Deference and Exhibition (Table 13). However, the need for Exhibition had negative correlation with Age. It is a natural phenomenon that as age grows, the tendency to show-off and exhibit decreases. As one grows older, achievements accumulate, and the individual goes after merit and attainment, in place of overt exhibition. This fact is further supported by the finding that Achievement is positively related with Age. Further, Age brings experience, maturity and understanding. Exposure to varieties of life situations makes a person more considerate,
more humble and more stable. That may be the reason why Age is positively related with Deference in Ward sisters.

For the Staff nurse, Age is positively related with Achievement, but negatively related with Deference and Succorance (Table 13). The Staff nurse is younger in age but has the same educational level and professional background as the Ward sister has. Hence she feels that she can deliver the goods without getting help and guidance from others. Further, the Staff nurse wants to prove to her seniors that she can independently manage and carry out her responsibilities. This is an important factor for getting promotions. Because of these factors, Age appears to be negatively related with Deference and Succorance in Staff nurses.

The mean age of Ward sisters and Staff nurses is 36.38 years and 27.76 years, respectively. There is an age bar for entrance to nursing education. A candidate must be at least 18 years old at the time of admission to a nursing school/college. Both diploma and degree courses are of 3/4 years duration. A person qualifies for nursing registration only at the end of successful completion of nursing education. Thus, the entry to nursing profession cannot be prior to the age of 21/22 years. At this age, a person is quite mature physically, physiologically, psychologically, socially and professionally, and can successfully discharge the nursing responsibilities entrusted to her. The demands on the nurse are so
numerous and so varied, that she has to be perforce emotionally stable, ethically strong, and legally just.

Effect of Education on Needs: Although Ward sisters and Staff nurses formed a homogeneous group with regard to their professional education, yet it was found that Education was significantly and positively related to the needs for Exhibition and Autonomy in the case of Ward sisters, but the needs for Exhibition, Autonomy, and Affiliation were negatively related in the case of Staff nurses (Table 14).

Education brings to the individual both knowledge and confidence, which further lead to social recognition and autonomy. Higher the education, higher the social and vocational status. Social recognition and social status have a direct bearing on the need for Exhibition. Vocational status bestows autonomy and power. These factors are equally true in the case of Ward sister as well.

On the other hand, Staff nurse plays a subservient role in the medical set-up. Although there is no difference between the Ward sister and the Staff nurse as regards Education (Table 2), the Staff nurse is subordinate to the Ward sister. She has no autonomy. At times, she feels that Education is not an asset in her career. Higher the education, lesser the job satisfaction, for the Staff nurse. The findings of Handa (1980) fully support this argument.
She develops negative attitude. This situation brings in its wake alienation. Instead of feeling proud of her education, she becomes morose. This may be the reason that Education has inverse relationship with the needs of Exhibition, Autonomy and Affiliation in the case of Staff nurse.

The mean educational level for both Ward sisters and Staff nurses was about 15 years schooling. In the sample, there were 38 Ward sisters (76%) and 205 Staff nurses (82%) having diploma in nursing; and there were 12 Ward sisters (24%) and 45 Staff nurses (18%) having degree level nursing education. The recent upsurge in nursing education is affecting both Ward sisters and Staff nurses equally. The difference seen in the two groups is the result of the hospital policies for deputation/leave for higher education for nursing personnel. Although Ward sister-Staff nurse ratio in the hospital is 70:403, the deputation for higher education is 3:3 for Ward sisters and Staff nurses.

Effect of Length of service on needs: The Length of service was found to be significantly related with five needs in Ward sisters and with two needs in Staff nurses. The needs for Deference, Exhibition, Autonomy, Affiliation, and Intraception were related to Length of service in Ward sisters whereas in Staff nurses, it was related to Achievement and Order (Table 15).

Longer the service, higher the age. For Ward sister, Length of service has exactly the same relation with Deference and Exhibition, as Age
had with these needs. Hence, the same rationale holds good in this section as well. Length of service bestows seniority which brings both position and autonomy. At times, Length of service brings disillusionment, if there are no more channels of promotion. The Ward sister has very limited channels of promotion. The longer the service, the more the Ward sister feels her dead-end situation. That may be the reason that Length of service has an inverse relation with Affiliation. Length of service exposes the Ward sister to varied life experiences, both good and bad. Age and experiences develop the habit of self-examination and examination of other's motives. That may be the reason for the positive relation between Intraception and Length of service in the case of Ward sister.

For the Staff nurse, Length of service will bring financial gains and promotion opportunities. Experience makes a man perfect. Experience brings both precision and proficiency. That may be the reason that Length of service is positively related to Achievement and Order in the case of Staff nurse.

The mean Length of service of Ward sisters and Staff nurses is 14.30 years and 5.68 years, respectively. There is no length of service restriction to be a Ward sister. The principle of seniority in service and the Annual Confidential Reports about work-and-conduct of the individual are basic considerations for promotion to be a Ward sister.
Ward Administration Certificate or Ward-sister Course certificate (short-term in-service training courses) were regarded desirable for promotion to be a Ward sister. It has been observed that it took 6 to 8 years for promotion to be a Ward sister, if a position is vacant.

Thompson (1968) found that Length of service and job satisfaction were inversely related in the case of Staff nurses, after 8 years of service. Further, Age affected negatively the amount of nursing care given to the patients, after the age of 30 years in the case of Staff nurses.

To conclude, it can be said that the need for Deference is influenced by both Age and length of service in Ward sisters, but by Age in Staff nurses. Exhibition is influenced by Age, Education and Length of service in Ward sisters, and by Education alone in Staff nurses. Achievement scores are affected by Age in both groups. Length of service also influences this need but only in the Staff nurse group. Autonomy is affected by Education and Length of service in Ward sisters and by Education in Staff nurses. Scores on Affiliation are inversely affected by Length of service and Education in Ward sisters and in Staff nurses, respectively. Length of service positively influenced the scores of the need for Intraception in Ward sisters and the scores of the need for Order in Staff nurses. For Staff nurses, Age was inversely related to Succorance.
The preceding analysis clearly indicates that scores on various needs are differently influenced by the variables of Age, Education, and length of service in the two groups of Ward sisters and Staff nurses.

Inter-correlations among the three Demographic Variables were also examined (Table *i6*). It was found that Age and Education were inversely related both in Ward sisters and Staff nurses. On the other hand, Age and Length of service were very highly related in both the groups. But Education and Length of service were inversely related in the Ward sister group as well as in the Staff nurse group.

There are no clear-cut references in literature, or in published studies, showing how needs are affected by the various demographic variables, such as Age, Education, and Length of service.

Marital Status and Nursing Personnel: The difference in marital status of Ward sisters and Staff nurses is highly significant (Table 4). Married Ward sisters constituted 96% whereas married Staff nurses constituted 37% of the respective groups. No doubt, age factor affected the marital status of the Ward sisters. But 63% of Staff nurses were still unmarried at the mean age of 27.76 years. An in-depth probe in this regard revealed that nursing personnel were finding it difficult to get suitable matches, because of the social stigma attached to the profession. It was
revealed that even the Ward sisters got married around the age of 30 years. The socio-economic problems faced by the families of nursing personnel was another contributing factor in the late marriage of nursing personnel. The CAHP-TMAI Report (1975) declared that families of 22% nursing students could not afford the cost of further education, and the families of 18% students preferred nursing profession because the students were paid even during their training. Further, the families of 37% nursing students preferred nursing profession because it was easy to get a job and the person became an earning hand to supplement the family finances. All these factors point towards the socio-economic problems faced by the families of nursing personnel.

The 6th hypothesis was that the need gratification level would be inversely related to the anxiety level, both for the Ward sister and the Staff nurse.

This hypothesis did not get support by the findings of this study.

Although the need gratification levels of Ward sister and Staff nurse were found significantly different on 12 needs out of 14 needs (Table 5), the level of anxiety of Ward sister and Staff nurse as measured on IPAT Anxiety Scale (Table 17) was found to be almost identical. The mean Anxiety score of Ward sister was 31.74 and that of the Staff nurse was 31.81 (t = .06, p = n.s.). This is perhaps
due to the common professional training that makes them conditioned to the varieties of anxiety-provoking situations and also due to the professional demands that make them accept and fight out the most demanding challenges of disease, deprivation and death.

Wise (1980), House (1977), Heath (1977), Reinkemeyer (1970), Kadish and Long (1970), Millard (1968), Hartz (1968), Alexander (1966), Reiter (1966), Norris (1964) --- all of them highlighted the need for specific curriculum in the preparation of a professional nurse. Many researchers have tried to analyse the personality characteristics of nursing students and the effects of various types of nursing education in the development of the personality of the nursing student. In this regard, significant findings have been reported by Kakar and Dean (1980), Spector and Bleeks (1980), Davis et al (1966), Brown (1965), Cve (1965), Duster (1964), Fox et al (1963), Flanagan et al (1963), Izard (1962), Redden and Scales (1961), Fox and Diamond (1959) and Sanford et al (1956).

Christy (1980) and Fromer (1980) have highlighted the effect of nursing practice in the hospital and the community on the personality development of the nurse.

One of the cardinal functions of nursing is to prepare the patient and his relatives to face and meet all types of eventualities. This in turn reinforces the personality of the nurse to
fight all feelings of insecurity and imminent danger. This line of thinking has been highlighted by Wagner (1980), Ashton (1977), Broome (1977), Arndt and Laeger (1970), Kelly (1966), Burrill (1966), Pohl (1965), Jackson (1965), Simmons (1962), and Godek (1959).

The preceding discussion and the literature cited in support of the discussion clearly indicate that the professional education and the professional practice prepare very adequately all nurses to cope up with the feelings of anxiety and insecurity. That is the reason that there is no significant difference in the levels of anxiety in the Ward sister and the Staff nurse.

The scores of Low-, Middle- and High-anxious groups of both Ward sisters and Staff nurses (Tables 18 and 19) were not found to be significantly different as regards the level of gratification of many needs. In the Ward sister, the need gratification scores of Low-, Middle- and High-anxious groups were significantly different only on four needs (Order, Exhibition, Affiliation and Intraception). In the Staff nurse, the need gratification scores of Low-, Middle- and High-anxious groups were significantly different on two needs only, i.e., Order and Exhibition. But these differences which turned out to be significant, were of no practical value, because the differences were so small that practical utility could not be visualised.
The graphs (Figures III and IV), depicting Low- and High-anxious groups in Ward sisters and Staff nurses respectively, run parallel on all needs, except for minor fluctuations which may be considered an artifact of sampling or statistics.

The TPPS need scores were correlated with the IPAT Anxiety scores. In the case of Ward sisters, only two needs were significantly related to anxiety. It was observed that higher gratification of the need for Autonomy led to more anxiety and higher gratification of the need for Nurturance led to lowering of anxiety in the Ward sister (Table 20).

If one demands more Autonomy, one has to shoulder more responsibility. Uneasy lies the head that wears the crown. On the other hand, helping, serving, and nurturing the sick, the poor, and the infirm, have always been regarded virtuous by all religions. The higher gratification of the need for Nurturance in the hospital setting definitely produces peace, joy and a sense of being of service to fellow human beings.

In the case of Staff nurse, only four needs were found to be significantly related to anxiety, yet the correlations were negligible, ranging from .13 to .11 (Table 20). Order and Affiliation were found to have positive correlation whereas Succorance and Abasement had negative correlation with anxiety.
To be orderly, well-planned and organised, one has to be cautious, alert and vigilant. Further, the more one affiliates with the service of the sick and the more one identifies with the welfare of the patients, one experiences bottle-necks, helplessness, hopelessness and frustration, invariably culminating in anxiety. Naturally, the correlation between anxiety and the needs for Order and Affiliation will be positive.

On the other hand, if one gives more dedicated nursing care and more help to the patients, one will experience more peace and contentment. Similarly, when one is more conscientious, God-fearing and humble, one experiences an inner peace and strength. All confession relieves anxiety and all humility cancels tension. Naturally, the correlation between anxiety and the needs for Succorance and Abasement is negative.

The findings of the present study have been supported by Tripathi (1980). He found that Anxiety scores as measured by Sinha's Anxiety Scale had no significant correlation with the need gratification levels of college students (Table 20).

It is however surprising to note that anxiety was found to be significantly related to Age, Education, and Length of service in the case of Ward sisters, but not in the case of Staff nurses (Table 21). The Ward sister position is a coveted one. But there are no further avenues of promotion. It is almost the dead-end of the nursing career. The Ward sister
with the mean age of 36.38 years, becomes painfully conscious of her professional predicament. With advancing years, her family and social responsibilities go on multiplying, but professionally she starts stagnating.

Similarly, higher educational achievements of the Ward sister do not open greater professional avenues. For the medical man, any educational achievement is well-rewarded. But in the case of nursing personnel, higher educational achievements do not bring any reward, as there are very meagre professional avenues. Higher education brings frustration and disenchantment with the nursing profession. This is specifically true for the Ward sister who has reached almost the dead-end of her professional career.

Length of service, when not rewarded with commensurate benefits, produces alienation with the profession. For the Ward sister, every year added to her length of service, makes her more conscious of her situation.

The 7th hypothesis was that the need gratification level would have positive correlation with the job satisfaction level, both for the Ward sister as well as the Staff nurse.

This hypothesis has not been supported by the results of the present study.

Ward sisters and Staff nurses were found to be significantly different in their level of
job satisfaction (Table 22). Ward sister was found to be much more satisfied than Staff nurse. There were 96% Ward sisters above the 57th percentile, whereas there were 65% Staff nurses above the 57th percentile. The mean job satisfaction score of Ward sister was 10.70, whereas the mean job satisfaction score of Staff nurse was 8.24 (t = 7.11, p = .01).

Many reasons can be ascribed to this difference. It may be due to the supra-infra position relationship of the two. This fact has been supported by the findings of many investigators, such as Bhargava and Mukherji (1983), Sinha (1983), Verma and Sinha (1983), Kumar et al (1982), Agarwal et al (1976), Ganguli (1974), Lahiri (1973), Pestonjee (1973), Vroom (1966), Lahiri (1965), Super (1957), Caplow (1954), Super (1939), and Hoppock (1939).

The Ward sister, as mentioned earlier in various references, is administratively in charge of the ward, whereas the Staff nurse, holding a first-level position. The Ward sister is like a commander, the decision-maker, whereas the Staff nurse is like a soldier, who is not supposed to ask how and why of the orders given. The Ward sister works largely as liaison whereas the Staff nurse has to please three masters—the patient, the doctor, and the ward administrator. The Ward sister plans and distributes the work-load and nursing responsibilities in the ward, whereas the Staff nurse is the actual load-carrier.
AHP-TMAI Report (1975) has critically examined the factors that contribute to the job satisfaction of nursing personnel.

A similar picture has been reported from the West, with regard to the job status of Ward sister and Staff nurse, and similar findings have emerged with regard to their job satisfaction. The review of literature is replete with such studies.

The scores of Low-, Middle- and High-job satisfaction groups among Ward sisters and Staff nurses (Tables 23 and 24) were not found to be significantly different as regards the level of gratification of most of the needs. In the Ward sister, the need gratification scores of Low-, Middle- and High-job satisfaction groups were significantly different only with regard to Achievement and Autonomy. In the Staff nurses, the need gratification scores of Low-, Middle- and High-job satisfaction groups were significantly different on only three needs — Autonomy, Affiliation and Intraception. These findings are strong indicators that job satisfaction levels of the Ward sister as well as the Staff nurse, are not related with the need gratification levels of these nursing personnel.

The graphs (Figures VI and VII) depicting Low- and High-job satisfaction groups in the Ward sisters and the Staff nurses respectively, run parallel on all needs, with minor non-significant fluctuations.
This picture clearly establishes that job satisfaction has no relationship with need gratification, as far as nursing personnel are concerned.

Similar findings have been reported from the fields of industry, commerce, business management and public administration. In Indian conditions, perhaps the most important factors affecting job satisfaction are pay-packet and job security. The findings of Prasad (1983), McCormick and Tiffin (1979), Singh (1979), Shah (1976), Dixit (1971), Lahiri and Srivastava (1967), Sinha (1958), and Canters (1948) have emphasised that money and security in a job are the most important considerations in place of need gratification.

Some other investigators have pointed out that status, channels of promotion, and organisational climate are equally potent factors affecting job satisfaction. Datta (1983), Prasad and Gowda (1977), Prabhu et al (1975), Kulkarni (1973), Rao and Ganpati (1973), Pestonjee and Basu (1972), Laxmi Narain (1971), Sharma (1971), Natraj and Hafeez (1969), Blum and Naylor (1968), and Litwin and Stringer (1968) bear testimony to these facts.

Even Maslow (1954) has postulated that gratification of lower level needs is essential for the gratification of the higher level needs. The physical/physiological needs and the safety needs...
precede the satisfaction of psychological needs. That may be the reason that financial and security aspects of a job affect the job satisfaction levels much more and much earlier than the gratification of psychological needs.

In the Ward sister (Table 25), job satisfaction was found to be positively related to the need for Order ($r = .27$, $p = .05$) and the need for Autonomy ($r = .36$, $p = .01$). It is understandable that a better organised person and a more orderly way of occupational life, do contribute to job satisfaction. Further, Autonomy in the job situation endows a person with freedom of judgment and action. This does contribute to job satisfaction. Studies conducted by Venkataratnam and Rao (1983), Kornhauser (1969), Veness (1969), Berger (1968), Sawlapukar et al. (1968), Gross and Brown (1967), Prasad (1965), and Halm (1959) support the findings of the present investigation.

In the Staff nurse (Table 25), job satisfaction was found to be related to the need for Order ($r = .13$, $p = .05$) and the need for Deference ($r = .32$, $p = .01$). Nursing education and training inculcate in the nurse the prime value of order, discipline, cleanliness, organisation, health and hygiene. If a nurse is able to achieve these ends, she is naturally satisfied with her work. That may be the reason that the need for Order has been found to be positively related with job satisfaction, both in the Ward sister and the Staff nurse.
Nursing profession demands from the nurse to be earnestly concerned with the weal of her patients, to meet all their physical, social, psychological and spiritual needs, to respect the wishes of the relatives of the patient and to show due deference to authority. The fulfilment of these objectives produces a very congenial climate, resulting in and contributing to job satisfaction. Studies conducted by Pratap and Srivastava (1983), Campbell et al. (1970), Likert (1967), Goddard (1958), Saiyadin (1976), Norman (1971), Smith et al. (1969), Bloom and Barry (1967), Perrodin (1964), Alexander (1962), MacEachern (1962), and Siegal (1962) strongly supported the findings of the present study.

It is interesting to note that Age does not have any significant relationship with the job satisfaction, both for the Ward sister and the Staff nurse (Table 26).

But it was found that Education was negatively related to job satisfaction. For the Ward sister, the correlation was - .27, and for the Staff nurse, the correlation was - .28. This is mainly due to the very limited channels of promotion in the profession. Higher education is not awarded, resulting in frustration and dissatisfaction (Table 26).

But interestingly, Length of service has positive relationship with job satisfaction,
both for the Ward sister and the Staff nurse. For the Ward sister, the correlation is .97 and for the Staff nurse, the r is .99 (Table 26). These findings are on the expected line. It is natural that after spending a number of years in the profession, one gets reconciled with it, especially when no other openings or alternatives are available. The above findings are supported by Klein and Maher (1966), Singh and Baumgartell (1966), Sinha (1966), Thorndike (1963), Bhatt (1962), and Carey (1959).