CHAPTER I

INTRODUCTION

The genesis of nursing profession is rooted in antiquity. The origin of this profession coincides with the origin of human species. Sir William Osler (1925) writes:

"..... Nursing as an art to be cultivated, as a profession to be followed, is modern; nursing as a practice, originated in the dim past when some mother in the cave-dwellers cooled the forehead of her sick child with water from the brook ....."

The word 'nurse' comes from the Latin word 'nutricius', which means 'that nourishes, fosters, and protects'.

In the dictionary, the word 'nursing' has a wide range of meanings which, however, fall
into the following three categories according to the basic ideas expressed. Nursing means (1) to nourish, to protect, to support; (2) to train, to educate, and to supply with whatever promotes growth, development or progress; and (3) to give curative care and treatment to the sick and infirm.

During our transition from an agrarian to a scientific-humanistic society, the dominant functions of nursing have been modified as an inevitable consequence of changes in the social, economic, political, educational, and scientific-technological milieu in which the consumer and the practitioner of nursing meet. As functions change and proliferate, consensus among nurses on the essence of nursing has continued to elude us. The elusiveness of a sound and lasting definition of nursing as a practice discipline is undoubtedly due to large part to the fact that there has been more theorising than data-gathering about nursing practice. Positions taken in this century on the nature and contribution of nursing have resulted more often from deductive than from inductive reasoning, as evidenced by Henderson's review of published studies in nursing from 1900 through 1959.

However, the attempt to define nursing goes back well beyond the turn of the century, for over 100 years ago, Nightingale (1860) wrote
that nursing signified "little more than the administra-
tion of medicines and the application of poultices".
She continued by saying that it ought to signify the
proper use of fresh air, warmth, cleanliness, and
quiet and the proper selection and administration of
diet --- all at the least expense of vital power to
the patient. Moreover, Nightingale did not limit
nursing to the care of the sick, for she wrote:
"The same laws of health, or of nursing, for they
are in reality the same, obtain among the well as
among the sick".

Henderson (1964) proposed 14 activities
contributing to health with which nursing is responsible
for assisting the individual, and suggested that
existing or potential loss of the power to control or
perform those activities signals the existence of a
nursing problem.

The nursing literature of the last
twenty years or so has produced a plethora of expository
pronouncements on the nature, philosophy, and
science of nursing.

The primary responsibility of the nurse
is that of helping the patient with his daily patterns
of living, or with those activities that he ordinarily
performs without assistance. She also helps to provide
for those activities that make life more than a
vegetative process: namely, social interaction,
learning health habits and recreational activities.
It is this intimate, demanding and yet inexpressibly rewarding service that the nurse is best prepared to render.

Positions on the essence of nursing have frequently evolved from dialogues about proper distinctions between professional and technical nursing practice in such areas as the commonness of nursing problems, degree of standardisation of nursing actions, and predictability of patient response. With few exceptions these distinctions continue to be made on a very limited data base. Absence of patient data in support of arguments for or against proliferation of levels of preparations for nurses has fostered dissention within nursing and has added to confusion about nursing in public forums.

The practice of professional nursing requires a body of knowledge of facts, concepts, principles, and theories. This body of knowledge is derived from the humanities and the biological, physical, and behavioural sciences. The nurse is trained and equipped with (a) biological and physical sciences, (b) social sciences, (c) medical sciences, and (d) nursing arts. She masters not only the theoretical concepts but also acquires perfect practical skills. This body of knowledge is necessary to the understanding of (1) the needs of people; (2) the importance of the ability to adapt physiologically, emotionally, and socially to changes in
the environment; (3) the results of failure of man to adapt; and (4) the role of the nurse as a helping professional.

There are thousands of nurses in our country, working round the clock. Their contribution to the health care delivery system is unique. They are working in hospitals, in industries, in community, in army, in schools as well as in sanitoriums.

The work of the nurse is not only demanding but also is very challenging. On the one hand, she helps deliver new lives; on the other, she prepares the dying for a peaceful end. She is herself an embodiment of cleanliness, but she is handling pus and sputum. She is herself a picture of radiant health, but she is looking after patients with deadliest and incurable diseases. She handles ministers and millionaires as well as the helpless and homeless. She offers her helping hand not only to the elderly and the infirm, but also fondles the young and the budding. A nurse is a unique person: maternal in her feelings, and metallic in her discipline; reasonable in her thinking, and responsible in her duty; scientific in her knowledge, and artistic in her working. She is the meeting-ground of the opposites. The demands made on her person are multifarious. Further, she is very actively involved in the national commitment of the Ulma Ata.
When nursing profession is comparatively so arduous and exacting, why people opt for it? Interesting explanations have been offered: people join the nursing profession because of the financially subsidised nursing training, the attractive uniform, the authoritative status, the sheltered environment, the security of job, the handsome salary, the desire to serve the sick humanity, the opportunity to work with eminent doctors, and the pleasure to work in reputed hospitals in big cities. At best, these explanations are only stray and subjective opinions. For a scientist, it is imperative to objectively investigate and find the correct answers to the following questions:

What goes into the constitution of a nurse? What is her personality make-up? What type of persons join nursing profession? What type of persons are successful in nursing profession? What psychological needs meet gratification in the nursing situation? What is the need profile of a professional nurse? To what degree the need gratification of a nurse is correlated with job satisfaction and anxiety? Are
the need profiles of nurses, working at different positions of authority, the same or different? Is it possible to predict success for persons aspiring to join nursing profession? Are the need hierarchies of nursing personnel significantly different from persons working in other professions? Has this profession a specific need hierarchy or profile that could be said to be uniquely indicative of the 'nursing personality'?

The survey of the source literature of the last twenty years indicated that most of the questions raised have remained unprobed and only scanty references are available in literature published abroad and in our country. Personal enquiries and discussions with nursing leaders and administrators in the country, manifested divergent and many times opposite views on these issues. To bridge up this gap in knowledge, it was planned to study the need profile of nursing personnel. As human needs are strong motivators of human behaviour, the study of need profile of nursing personnel is expected to throw light on their personality make-up. Major theorists, like Thomas (1923), Murray (1938), Maslow (1954), Strauss and Sayles (1971) and Stallwood (1975) have contended that the construct personality can be conceived as a number of biological, psychological, social and spiritual needs. These needs are operative in all persons. Some of these needs are more pressing, and others are less demanding.
Thus these needs are said to vary in their hierarchical structure. These needs act as a motivational force to determine behaviour. When these needs are not gratified, they produce tensions, and when they are gratified, the tension produced by them is reduced. The aim of this tension reduction is to bring about a form of psychological homeostasis.

This theoretical rationale has been extended into areas of professional and vocational choice. It is presumed that certain professions or professional positions allow for the expression of certain behaviours which may fulfil some underlying psychological need or needs. This reasoning would apply even to the nursing profession. By studying the need gratification levels of nursing personnel, it is presumed that one can delineate the typical nursing personality. The need profiles and the need hierarchies of different types of nursing personnel would further help to differentiate nursing profession from other professions. This can pave the way for preparing psychological tools for selecting desirable types of persons to join this profession.

Need gratification is presumed to be closely related to job satisfaction. In the process of seeking adjustment with the various psycho-socio-physical conditions of the work environment, if the individual feels that he is able to gratify those needs which are of significant importance to him, he
is expected to develop a positive attitude to his job, and thus reveal higher job satisfaction. In other words, job satisfaction can act as an index of need gratification.

Nurses are the backbone of hospital services. They are the hub around which all the spokes of the hospital services are revolving. The nurse stays in the ward round the clock to look after her patients. The nurse not only takes care of the physical well-being of her patients, but also caters to their social and psychological needs. The nurse witnesses 'birth pains' as well as 'rigors mortis'. The job of the nurse is extremely exacting and arduous. But how does she look at her job? Has she developed positive attitudes toward her job? Does she derive full satisfaction from her job? Are her human needs gratified in her job?

Rider (1950) has genuinely highlighted:

"Unless the nurse's human needs are met in her work, she will be unable to satisfy the human needs of her patients."

In order to understand their need gratification, it is imperative to understand the level of job satisfaction of nursing personnel. The study of job satisfaction of nursing personnel will throw light on the need gratification patterns of these personnel. That is why the present investigation has undertaken to probe the relationship between job satisfaction and need gratification of nursing personnel.
Need gratification can also be studied by assessing the level of anxiety and tension of a person. It has been theoretically established that gratification of needs produces psychological homeostasis. Non-gratification of needs produces psychological tension and anxiety. Thus, the level of tension and anxiety is likely to prove a good indicator of need gratification.

Nurses work in an anxiety-ridden environment. There is always risk, pain, suffering, loss and hardship involved in the legion of pathological conditions that patients suffer from. The hospital environment does affect the nursing personnel and their anxiety levels.

The nurse-patient ratio in the hospitals is dismally inadequate to meet the professional standard of 1:3. Sometimes, a single professional nurse is managing a full ward of patients. The work load, the complexity of her work, and the urgency of her services are very anxiety-generating factors. Added to this is a horde of anxious relatives making repeated enquiries about the well-being of their patients.

The inadequate supplies of drugs, the non-cooperating equipment-and-hygiene maintenance personnel, the break-down of essential, life-saving equipment when urgently required, the acute emergencies and time-consuming non-nursing tasks make the nurse tense and anxious.
Above all, the secondary role of the nurse in the medical setting, the social stigma attached with the profession, the poor rewards and recognition given to the nursing personnel, make her feel both small and inadequate. As a result, the nurses feel frustrated and anxious.

The study of anxiety levels among nursing personnel is presumed to throw light on their job satisfaction as well as need gratification. It is presumed that anxiety is conversely related to both job satisfaction and need gratification, that anxiety level may serve as an index of both job satisfaction and need gratification.

The present investigation does not claim to find answers for all the questions raised in the preceding pages. It is limited to the study of need profile as related to job satisfaction and anxiety level among nursing personnel. It has been planned to achieve the objectives given on the next page.
OBJECTIVES

1. To prepare need profile of nursing personnel.

2. To find out the association of needs with some of the demographic variables, such as Age, Education and Length of service, and position of nursing personnel.

3. To compare the need profiles of more anxious and less anxious nursing personnel.

4. To compare the need profiles of those who are more satisfied and less satisfied in their jobs.

5. To find out the relationship among needs, job satisfaction, and anxiety levels of nursing personnel.