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CHAPTER II

REVIEW OF RELATED LITERATURE

This chapter deals with the history of Nursing Education and related literature. History explains the different stages of development of Nursing Education from the beginning till to-day. Later part of the chapter gives the research studies in the field of education regarding correlation of different aspects.

History of Nursing

Throughout the ages, the sick, the disabled, and the helpless have needed the protective tender, loving care which is nursing. Nursing as a science of healing and allaying of physical suffering of men and women, and as a noble and humane profession was known to many ancient people and civilizations including those of India, but, as a systematical science and organized profession, it's history is not a very old one.

Nursing had it's beginning in the family whoever was weak, sick and in need of help was looked after by another member of the family. Later on it was given a religious importance. Before Christian era, there was no organized nursing. The ideas of brotherhood, service, charity and self sacrifice preached by the Christian Church were put into practice by such groups as religious sisters. Till
around 17th Century, medicine and nursing were carried out by priest-physicians. After 17th century medicine and nursing were separated and each moved forward to become professionalised. Over a hundred years ago the majority of nurses were completely illiterate and nurses were required to play a very subordinate role.

The following remark made by the matron of London Hospital to Florence Nightingale in 1854 describes the situation that existed then: "--- in course of her large experience she had never found a nurse who was not drunken and there was immoral conduct practiced in the very wards." (Smith C.W., 1949, P.58).

Since the establishment of the first school of nursing by Florence Nightingale in 1860, nursing practice developed a new concept—proper technical training to become a nurse. During the latter part of the 19th century by persevering efforts of Florence Nightingale the technical and the moral standards of nursing were raised.

Nursing in India

Nursing in India was an ancient art as in other countries. The need of improving nursing care in Military Hospitals had been recognised for many years, but the primary steps to train women for the purpose were taken in Madras in the seventies of the last century. In the following years more nurses were introduced in an increasing
number of hospitals. The service being established as a
general rule, with the help of nurses from Western countries.
Government hospital nurses were recruited directly from
Britain or religious order of nurses to organise hospital
services. Mission Hospital nurses were recruited from
Europe and North America.

Military Nursing Services

In March, 1888, ten fully qualified nurses landed in
Bombay and the foundation of Indian Army Nursing Services
was laid. The first lady Superintendent Miss Locke trained
in London was appointed with her second in Command Miss
Foxley at the Military Hospital but, orderlies were to look
after the patients. During Cholera epidemic good services
were provided to patients because of effective supervision
and thus the opinion for nurses changed. In 1893 the training
for orderlies who looked after the bed-side nursing care,
such as bathing the patients, feeding the patients, making
the beds of the patients was started. Classes were taken
for them by doctors, and ward sisters who were qualified
used to teach them practical work on wards after their theory
course for two months. After the theory and practical training
they were awarded certificates. But according to Miss Locke
this training was inadequate.

During the World War First and Second, nurses were
recruited for the first time from India and Britain. From
1926 their services were made permanent and were known as Indian Military Nursing Services (IMNS).

Since the end of the Second World war further development in training programme took place and a full three years' course was started under trained nursing teachers, with registration from Indian Military Nursing Services (I.M.N.S.).

Civilian Hospitals and Nursing Education

In 1843 the J.J. group of Hospitals which was one of the earliest hospitals in Bombay was started. This hospital has played an important role in development of Nursing in the country. Later on in 1886, the Cama and Albless Hospital was started. In 1871, the Government General Hospital, Madras undertook a plan for training Indian nurses.

During 1920's and 1930's there was rapid development in Medical Technology, this caused a shift in the techniques used by the nurses. Technical methods gained importance. After the second world war the value of medical care gained more importance as compared with nursing care.

Because of the advancement of technology in the field of medicine the role of a nurse has changed from obeying and carrying out doctors' orders to carrying out knowledgeable, prompt observation and taking decisions and helping the patients to become self sufficient.
Nursing Education in 20th Century

1907-1910 North India United Board of Examiners in Nursing was appointed for mission hospitals. This was the beginning of formal evaluation after completion of Nursing Course. In 1909 Bombay Presidency Nursing Association (B.P.N.A.) was started as one of the measures to obtain a degree of uniformity in training nurses.

The first Registration Act to be passed was the Madras Nurses and Midwives Act 1926 - which came into force in February 1928 when its register was opened. The Bombay Nurses, Midwives and Health Visitors Registration Act came into force in June 1935. The trained Nurses' Association has played an important role in framing and getting Nursing Council Registration Act passed.

In 1921, Training School for Health Visitors' was started at Lady Reading School, Delhi. In 1927, the Syllabus of General Nursing Council for England and Wales was adopted which brought about a lot of changes. J.J. Group of Hospitals, Bombay was the first Government training hospital for nurses and Bai Kashibai Ganpat was the first Indian woman to come for this course. Later on similar training programmes were started at different hospitals in Bombay such as King Edward Memorial Hospital, Bai Jerbai Wadia Hospital, and Gokuldas Tejpal Hospital.

Experienced sisters used to teach nursing students, but they had no teacher training. In 1930 training
programme for becoming Nursing Tutors and Administrators was started for the first time at the College of Nursing, Delhi. As there were limited opportunities for sending Indian Nurses out of India for taking Nursing Tutors' Course which was available in London, Florence Nightingale Scholarship for Sister Tutors' course and Administration Course became available. A professional organisation i.e. the Trained Nurses' Association of India (T.N.A.I.) was established in 1909. In 1941 at the T.N.A.I. Conference the following resolution was passed.

"This conference assembled now in Delhi, January 27th to 31st 1941, unanimously agrees that, for the more efficient training of Nurses, for better 'Nursing Care' of patients, a Post Graduate College of Nursing is an urgent necessity."

Since 1935, the Education Committee of T.N.A.I. had been working on a course for trained nurses to be trained as teachers/administrators.

In 1942, Miss E.E. Hutching from Calcutta Hospital was appointed as Chief Nursing Superintendent and Advisor to Government in the office of the Director General of Indian Medical Services, Delhi.

The Shore Committee (1943-46) also suggested to bring improvements in Nursing to have more nurses, for proper nursing service. The committee suggested to have 1 nurse to 5,000 population and to supervise these nurses, there
was a demand for more Nursing Administrators. The number of Military Hospitals increased and for those hospitals also there was a demand for Administrators.

With the help of T.N.A.I. in April, 1948 a course of Hospital Administration of one year's duration was started at the College. In conjunction with the college the Govt. of India also sponsored a sister Tutor Course. The Govt. then requested the T.N.A.I. to get principal and Lecturers for the programme. Miss Margaratta Craig, Nursing Superintendent of Wanless Mission Hospital Miraj, was contacted to be the principal and Miss Edith Buchanan formerly Sister Tutor at Lady Reading Hospital, New Delhi became the Vice-Principal. Later on a College of Nursing was started to provide a four years Basic B.Sc.(Hon.) Nursing Course. At first accommodation was provided at Lady Reading Health School and later on it was changed to American Army Officers quarters, on Jaswant Singh Road, and the College of Nursing was instituted in July, 1946.

In 1947, with T.N.A.I. efforts an Act was passed to constitute Indian Nursing Council with 32 members which got the assent of the Governor General on 31st December, 1947. I.N.C. established uniform standard of training programmes for Nursing and Midwifery Course and Health Visitors Course.

Due to genuine sympathy and support of Rajkumari Amrit Kaur, Health Minister of India at that time the
act was passed through the legislature.

From 1946 to 1949 the Universities of Delhi and Madras established B.Sc.(N) Nursing Programme. This was easy because of the recommendations of Bhore Committee.

In 1950 I.N.C. prescribed Syllabi for different courses i.e. Nurses, Midwives, Auxiliary Nurse Midwives which brought uniformity in training programmes all over the country. In 1953 a Public Health Nursing Course was started at the All India Institute of Hygiene and Public Health, Calcutta, in 1959, M.Sc.(Nursing) Course was started at College of Nursing Delhi. Later on different Diploma and Degree courses in different fields of Nursing were started in many states. For the development of the Nursing Education there was great help provided through T.N.A.I. and the recommendations made by different Commissions appointed.

Appointment of Different Commissions

(I) Bhore Commission 1943 to 1946

Under the Chairmanship of Sir Josef Bhore the Committee recommended the following for Nursing Education and Nursing Services:

1. Establishment of 100 training centres for nurses:

During that time there were only 7,000 Nurses whereas the requirement of Nurses was 80,000. The Commission recommended to have 7,40,000 Nurses by 1977.
2. It was also proposed by the Commission to have a College of Nursing and by July, 1946 this was made possible.

(II) Shetty Committee 1954

In 1954, Shetty Committee under the Chairmanship of the Health Minister of Madras was appointed to review conditions of service emoluments etc. of Nursing Profession.

Committee recommended for:

* Appointment of State Nursing Superintendent.
* Appointment of adequate teaching and supervisory staff for Nurses' training.
* Establishment of Training centres in District hospitals.
* Improvement in training centres was suggested.
* Provision of adequate accommodation for students.
* Provision of adequate facility for practical work.
* Adequate training for Nursing Tutors.
* Deputation of two to four nurses each year to take courses in teaching, administration and Public Health Nursing.
* Proper care for student health.
* Raising educational standards.
* Admissions according to I.N.C. Rules.
* Improvement in working conditions.
* Adequate facility for clinical experience and clinical supervision.
* Staff Education Programme - refresher courses.
* Part time working facilities.
* Need and demand for male nurses.

In short this committee suggested detailed requirements for education of Nurses and their practical experience.

(III) The Mudaliar Committee (1959 to 1961)

The Government of India set up a committee in 1959 under the chairmanship of Dr. Laxmanswami Mudhliar, Vice-Chancellor of Madras University.

The Committee suggested three grades of Nurses:

* Basic Nurses with four years training (Diploma Course).
* Auxiliary Nurses Midwives with two years training.
* Nurses with university degree.

The committee also suggested:

* Health teaching responsibility for health visitors.
* Criteria for admission to general nursing course such as age, qualification.
* Stipend and accommodation facilities for students.
* Separate budget for each nursing school.
* Dai training programme.
* Other post basic courses such as Public Health Nursing.
* Mental Diseases Nursing, Operation Theatre Technique.
* Nursing Service Administration, Sister Tutors' Course.
These suggestions of the Commission brought about a lot of improvement in nursing education and therefore in nursing practice. Inspite of implementation of some of the recommendations of the committees there was still scope for improvement in nursing education. In comparison with the other developing countries a lot of improvement was required to be made in India. As far as health and nursing are concerned, World Health Organisation plays an important role in improving the health status all over the world.

W.H.O. expert committee in Geneva met in October, 1983 for preparing teachers to meet the new need "Health for all by the year 2000." The declaration at Alma-Ata on Primary Health care is key for achieving this goal. After the survey of different countries, the committee found out that reorientation of Post Basic education of nursing teachers and managers was central to this development, and should be in priority and hence teachers education got due importance.

During the meeting of W.H.O.'s Executive in January, 1985 there was discussion concerning the report of the expert committee mentioned above, on education and training of nurse teachers and managers. They also discussed the type of nurse that they expected.

After that, the General Nursing Course became more community oriented and the requirement of admission was raised to higher secondary school certificate examination.
As Nursing is one of the vital segments of health service delivery system, it is one of the essential parts of the system to the extent that it brings vitality to the system itself and brings the quality to this system as we aspire to achieve the goal by 2000 A.D. Keeping this in mind, the Ministry of Health and Family Welfare New Delhi, appointed a commission on 30th June, 1987 with members from Nursing Section and Medical Section.

The Indian Nursing Council and the Trained Nurses Association of India requested the Government of India to set up a Commission to look into the services and education conditions of nurses in the country and suggest improvements.

(IV) The High Power Committee for Nursing and Nurses thus set up states that the nurse population ratio in India is 1:2250 which in developed countries is 1:150-200. Even developing countries like Indonesia, Kenya, Sri Lanka and Thailand have a better nurse population ratio. Nurse physician ratio is 1:2 to 3 in developed countries while in India depending on the part of the nation it is anywhere from 1.5 - 1:60 - 1:100.

The National Health Policy of 1982 declared India's commitment to attain the goal of 'Health for All by the year 2000 A.D.', through universal provision of comprehensive Primary Health Care Services.

There are basically two types of programmes for preparing nursing personnel - i) Auxiliary Nurse Midwifery/
Female Health Workers, programme - 448 training institutions in the country from which approximately 10,981 ANMs/FHWs pass annually. ii) General Nursing and Midwifery programme - a) Diploma in General Nursing and Midwifery - 375 schools from which 8,992 nurses qualify annually. b) Bachelor of Science (Nursing) - 19 Colleges from which 454 Nurses graduate per year.

Besides there are programmes for specialization in different fields of nursing:

1. Forty three promotional Schools for Auxiliary Nurse Midwives/Female Health Workers to become Health Supervisors, the duration of this programme is six months.

2. For graduates of the General Nursing and Midwifery and B.Sc.(N) programmes there are institutions giving Diplomas in speciality training of one academic year in:
   a) Public Health Nursing - 8 programmes.
   b) Nursing Education and Administration - 7 programmes.
   c) Psychiatric Nursing - 2 programmes.
   d) Paediatric Nursing - 1 programme.
   e) Ophthalmic Nursing, Orthopaedic Nursing. Theatre Techniques, Oncology Nursing, are other programmes offered by some institutions but they are not regular programmes.

Graduates of General Nursing and Midwifery also have
an opportunity to join Colleges of Nursing offering post Basic B.Sc.(N) programme of two years.

Graduates of Basic B.Sc.(N) or Post Basic B.Sc.(N) can avail of the opportunity to do M.Sc.(Nursing) offered at eight institutions in the country.

M.Phil of 1 year for full time student and 2 years for part time students is available at the R.A.K. College of Nursing under Delhi University.

**Nursing Education in Gujarat State**

In Gujarat the following programmes are available:

* Auxiliary Nursing Midwifery/Female Health Worker.
* Health Supervisor.
* General Nursing and Midwifery.
* Public Health Nursing.
* Nursing Education.
* Post Basic B.Sc.(N)
* Psychiatric Nursing.

The revised General Nursing and Midwifery programme worked out by the Indian Nursing Council to prepare nurses for the Health for All by 2000 A.D. was adopted by the Gujarat schools of nursing from August, 1988.

Students take up nursing courses since they get stipend and free accommodation in hostels in all Government
Hospitals attached schools, and usually employment on completion of the programme. Recruitment is on basis of merits in the Higher Secondary School Certificate examination; with preference to the Science Stream. The medium of instruction is English and Gujarati for General Nursing and Midwifery programme, but only Gujarati for Auxiliary Nursing Midwifery and Female Health Workers programmes.

In all General and Auxiliary Nursing Schools teachers are qualified (Post Basic B.Sc.(N) D.N.E. or P.H.N. Diploma). However, Libraries are very inadequate and no separate budget is provided which adversely affects the school's growth.

Hostel accommodation is not very satisfactory in some schools. Mess facilities are available through contract system.

According to the high power committee of the Govt. of India (1989) nurses are not involved in policy making hence both nursing education and nursing services suffer considerably. Most of the decisions regarding nursing education are made by persons other than nurses, usually doctors who are in the Directorate of Health. The Committee also states that the requirement of General Nurse Midwives (Degree and Diploma) and Auxiliary Nurse Midwives for the year 2000 A.D. is as shown below:
Present Rea, by 2000 A.D.

<table>
<thead>
<tr>
<th></th>
<th>Present</th>
<th>Reg. by 2000 A.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midwives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Degree &amp; Diploma)</td>
<td>8992</td>
<td>1,88,380</td>
</tr>
<tr>
<td>Auxiliary Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midwives</td>
<td>10,981</td>
<td>78,491</td>
</tr>
</tbody>
</table>

Therefore seats at the present nursing schools need to be increased. The additional seats will also mean more teachers. In Gujarat three types of teacher training programmes are available:

1. Post Basic B.Sc.(N) Degree,
2. Post Basic Diploma in Nursing Education,

The first two are run at the College of Nursing in Ahmedabad, while the third one is at Vaccine Institute, Baroda.

In the two programmes run at the Colleges the teacher training aspect is run on similar lines. The courses in both programmes are basically the same, the evaluation tools alongwith the practical experiences are the same. The investigator when on college faculty often took classes and attended practice teaching for both groups.

The practice teaching for both Diploma Nursing Education and Post Basic B.Sc.(N) is mostly as shown below:

* Students are divided into small groups.
* Each member of the group carries out the teaching lesson using all techniques before the group.

* The group evaluates the teaching.

* Then a repractice is done.

This is the micro-teaching technique and helps the students to gain mastery over teaching.

After this the students practice on the full group with the faculty member sitting in the class. Again students give their comments followed by the faculty member's comments. After two to three such teachings by each of the students they teach in nursing schools, with the faculty members attending. These teachings too are commented upon by students and faculty.

For evaluating these teaching a proforma is followed. The investigator was participant in preparation of this proforma. This proforma was helpful for preparing the tool used in the study. (Appendix)

Those who pass D.N.E./Post Basic B.Sc.(N) programme, (if the posts are available) are appointed as Nursing Tutors. During the experience as Nursing Tutor they develop skill in their job and some achievement obtained which is known as job achievement.

During the training period of Nursing Tutors they are prepared very well, with the result that they are able to
do their job efficiently as expected according to the job
description (Appendix-X). It is usually expected that
this job achievement might have got positive relation with
the educational performance. The present study aims to find
out the relation of educational performance and job achieve­
ment of Nursing Tutors.

Review of Related Studies

To avoid duplication or overlapping, review of related
researches help. It gives guidelines to the researcher.

According to Borg and Gall (1983):

"The review of the literature in educational
research provides you with the means of getting
to the frontier in your particular field of
knowledge. Until you have learned what others
have done and what remains still to be done in
your area, you cannot develop a research project
that will contribute to furthering your field....
If you fail to build this foundation of knowledge
provided by the review of the literature your work
is likely to be shallow and naive, and will often
duplicate work that has already been done better by
someone else." 1

The researches done previously are the guide lines for
new project. It is true for any researcher and particularly
for an educational researcher. The knowledge of different
aspects of the previous researches help for following
methodology, adopting statistical methods, and drawing
conclusions. It helps to know what has been done in the research field and what is left out and how to proceed about it. It reveals the weak as well as strong points of related researches. Thus the review of related literature is an important prerequisite to actual planning and the execution of any research work.

In the area of Nursing Education a few researches have been done but none of this is on correlation between educational performance and job performance. The investigator has tried to refer related studies done to find out correlation in educational areas. Going through various researches particularly those connected with teaching and teachers a few were closely related to the study in hand.

Bina Roy's "Relationship between the measures of success of teachers as students under training and as teachers in schools" (Delhi University, 1965) revealed some points relevant to this study.

* There was greater agreement between persons who had similar background of educational and professional experiences than between those who differed in these areas.

* In determining teacher effectiveness pooled judgements were likely to yield better results than individual assessments.

* The training College staff and the School principals had more in common with each other in judging, the
teachers than either group had with secondary pupils.

* The teachers role as director of training appeared to be more tangible criterion than any other in the determination of teacher effectiveness.

* Other factors besides class-room teaching seemed to exert powerful influence on the school principals in their assessment of teachers.

* There was no characteristic pattern of difference between successful male and female teachers.

* None of the devices used was adequate to measure teacher effectiveness.

Some points relevant to the study in hand were also found in S. Paramji's study on "The relationship between general higher education and job aspiration, job satisfaction, job efficiency of non professional job holders." (M.S. University, 1978).

* Job aspirations were related with the level of education.

* Educated persons were less inclined towards occupations involving physical work except for self employing occupations at the initial stage.

* Educated persons did not seem to have any inclination towards the non salaried self employing occupation except at early stage of education.
Only 12% clerical workers ever thought of becoming clerks at the various stages of education and had a progressively negative association, with job satisfaction of clerical workers. The negative association tended to intensify when the academic merit got added to the length of schooling.

The relationship between the levels of pre-job aspirations and the level of job satisfaction of the clerical workers was found to be negative.

The relationship between the levels of pre-job aspiration and the job levels of efficiency of the clerical workers was not significant.

The relationship between the measures of job satisfaction and job efficiency of clerical workers was not significant.

The length of service was a better predictor of efficiency than the length of schooling.

Education was more potent predictor of clerical dissatisfaction than the length of service.

Matthew George, in "Classroom Behaviour of Teachers and it's relationship with their creativity and self concept." (M.S. University, 1976), has revealed the findings of investigation that indicate

No significant relationship between creative teacher personality and indirect/direct behaviour of teacher.
There was positive correlation between creative teachers' personality and teacher talk, and negative correlation between personality and vicious circle, whereas there was no relationship between creative teacher personality and other dimensions of teacher behaviour.

No relation between creative teachers' process and indirect/direct behaviour of teacher.

There is negative relation between creative teaching process and divergent question ratio whereas there was no relation between creative teaching process and remaining dimensions of teaching behaviour.

No relation between self concept and teacher direct/indirect behaviour self concept of teachers.

Negative relationship between teacher and pupil relation and self concept of teachers.

Negative relationship between chronological age of teachers and their direct/indirect behaviour.

Negative relationship between chronological age of teachers and teacher response ratio constructive, integration with reference to total integration and constructive integration.

No significant difference between male and female teachers in their direct/indirect behaviour.

Trained graduate teachers were indirect in their class-
room behaviour as compared with trained post graduate teachers.

Lavingia G.U. in "A study of Job Satisfaction among School Teachers" (Gujarat University, 1974) has revealed the findings of investigation show that -

i) Primary teachers were more satisfied than the secondary teachers.

ii) Female teachers were more satisfied than male teachers.

iii) Job efficiency was positively correlated with job satisfaction.

iv) Young teachers in the age group of twenty to twenty four years were more satisfied in both the groups of primary and secondary teachers.

v) Unmarried teachers were more satisfied.

Gaur L.B. has stated in his "A study into the comparable validity and selection of candidates to the Medical Colleges on the basis of Intermediate examination marks, on the one hand and performance in the competitive tests for making such selection on the other hand." (M.S. University, 1974) that -

i) There was relationship of very low order between the marks in the intermediate science examination and in courses in medicines.
ii) Physics had better efficiency for prediction of success in medicine than chemistry and biology.

iii) C.P.M.T. marks had no relationship either compositively or separately (subjectwise) with the achievement in medicine.

iv) There was positive and significant correlation between intermediate science examination and C.P.M.T. score.

v) Age and interest influenced the achievement in Medical College, whereas factors like place of residence (rural, urban) sex and socio-economic status had no effect on it.

E.S. Balchandra's Study (Madras University, 1981) on "Teaching effectiveness and students' evaluation of teaching" states that -

i) Evaluation feedback based on students' rating helped teacher to improve teaching.

ii) Students' rating - and self rating of teaching effectiveness were positively and significantly related but the self rating was significantly higher than the students' rating.

iii) Madras University teachers had favourable attitude towards students' evaluation.

iv) Identified factors were subject mastery, intellectual handling, responsiveness, integrity and communicating ability, commitment to teaching, impartiality, motivating, concern for students', progress and informed academic help.
v) Lowest performance teachers on an average was with respect to encourage discussion in the class and the best was with respect to punctuality.

Bokil S.R. states in his study "Investigation into problem of correlation between the marks obtained by the candidates in the various subjects at the Preliminary examination at schools and at the corresponding examination held by the S.S.C. examination Board" (Board of Secondary Education Poona, 1958) that —

i) The pupils did better in the S.S.C. examination as compared to their performance at the preliminary examination in most of the subjects as they got two months for serious study after the latter.

ii) The relative ranking or the attainment of student revealed by the spread of marks remained practically unaltered inspite of wide fluctuations in the standard of assessment of both examinations.

iii) There was high correlation (0.8) between the two exam marks in aggregate total.

iv) Out of thirteen subjects taken for consideration seven subjects showed a correlation, coefficient equal to or greater than 0.6 denoting a high prognostic value of the preliminary exam marks so far as success in the S.S.C. Exam was concerned.
v) The co-efficient of correlation were higher for the subject of scientific and factual character than for the subject of descriptive character.

vi) Most of the compulsory subjects showed correlation than optional subject.

H.M. Deb Nath's "Teaching Efficiently - its measurement and some Determinants" (Vishwa Bharthi University, 1971) revealed some points related to this study that -

i) For effective teaching efficiency, subject matter mastery, method of teaching, academic qualification, mode of exposition, sympathetic attitude towards students, discipline, students' participation, proper use of A.V. aids, appliances in teaching, art of questioning, professional training, intelligence, democratic behaviour, ability to judge teaching are the factors to be considered.

ii) Age, experience, academic achievement and professional training were significant determinants of teaching efficiency.

In this chapter history of Nursing and Nursing Education have been discussed with a view to clarify the development of Nursing Education till to-day.

In the following Chapter, the investigator proposes to discuss the methodology adopted for the present study.