CHAPTER-5

RECRUITMENT, PROMOTION AND TRAINING

Recruitment of nursing personnel is a process which is of vital importance to the nursing administrative system as a whole, for it determines the tone and calibre of the nursing services, on it rests the usefulness and relevance of the machinery of Health Administration to the society.

In the Nursing Organisation, recruitment means attracting the proper and suitable type of nursing candidates for the post to be filled. Recruitment of nursing personnel is the process of exhausting all the sources for finding prospective nurses. It is the process of finding suitable nurses and stimulating them to apply for jobs in the nursing organisations. According to Shafritz, "The main objective of recruitment can be said to be the generating of an adequate number of qualified applicants from which a good selection decision can be made." Proper selection and placement of new nurses is a prerequisite for the development of an effective nursing force in nursing organisation. The aim is to ensure, as far as possible, that nurses are
engaged in jobs where they have a fair chance of being successful and at the same time well adjusted to their work and its surrounding circumstances.

Positively, a sound nursing recruitment policy strives to maximise the mobilisation of skills and talents so as to place the right nurse on the right job.

Negatively, the nursing recruitment aims at eliminating the nurses not duly qualified for the positions.

Although, only a few nurse managers are free to choose the staff they are required to manage, as most newly appointed managers take over an existing work team, it is still important for them to be skilled in the techniques used in the recruitment and selection of staff. Recruitment of nursing personnel is a vitally important task which needs to be handled competently.

The aim in filling a vacant nursing post is: "to find a competent individual who will fit in with existing team'. There can be little argument about the need for competence but it is sometimes desirable to employ staff who will bring in new ideas and may stimulate a rather complacent team. Other aims in recruiting may be to provide career advancement opportunities for existing staff and to conduct the whole exercise in a cost-effective and well organised manner."

Today recruitment has become both a highly specialised area and a costly exercise too. "Once an individual joins an organisation, costs incurred on him include:

- Acquisition costs i.e. cost of recruitment, selection and placement.
- Training costs i.e. induction, specialised training and on-the-job-training.

Hence, organisations today are focussing on minimising employee turnover with gusto. ³

Recruitment of nurses is the first step in the employment programme and in a fundamental sense the success of that entire programme depends upon the efficacy of recruitment policies and upon the procedures through which they are executed, which needs to be in consonance with personnel policies and organisational goals. Stahl highlights the importance of recruitment policy in the following words:

"It is the cornerstone of the whole personnel structure. Unless recruitment policy is soundly conceived, there can be little hope of building a first rate staff". ⁴

The necessity of evolving a positive recruitment policy is no longer left in doubt. "The basic elements of such a policy include, the following:

i) Discovery and cultivation of the employment market for posts in the public services;

ii) Use of attractive recruitment literature and of publicity;

iii) Use of scientific tests for determining abilities of the candidates;

iv) Tapping capable candidates from within the services;

v) Placement programme which assigns the right man to the right job; and

vi) A follow up probationary programme as an integral of the recruitment process." ⁵
RECRUITMENT METHODS FOR NURSING PERSONNEL

There are two methods of recruitment which are used in the recruitment of nursing personnel in Nehru Hospital, P.G.I., Chandigarh.

i) Direct Recruitment or Recruitment from without i.e. recruitment in the true sense of the term.

ii) Indirect Recruitment or Recruitment from within i.e. promotion

These two methods are not mutually exclusive and nursing service administration meets its requirement of nursing personnel by taking recourse to both of these methods which are as follows:

DIRECT RECRUITMENT

Open selection or recruitment from without. This method is followed for the following posts:

i) Nursing Sister Grade II.

ii) Public Health Nurse.

iii) Chief Nursing Officer.

iv) Nursing Superintendent.

Process of Direct Recruitment

The process of recruitment and selection for above mentioned nursing personnel in the Nursing Organisation of Nehru Hospital, attached to the P.G.I.M.E.R., Chandigarh is as follows:

Clarification of need for the post: For the new post, the head of the department makes the project containing objects and requirements of men, money and material i.e., capital and revenue for the new department. Regarding nursing personnel and their requirement, he consults the Chief Nursing Officer. The proposal is included in the
five year plans. If funds are available, the case is approved by the Standing Finance Committee and the Governing Body. Establishment adopts recruitment rules for filling up these posts.

Besides this, some existing posts fall vacant as some nurses resign or abscond without information for search of greener pastures and brighter future abroad. And at other times, it may be vacated due to retirement or death of nursing personnel. So, these posts also need to be filled by fresh recruitment. At times, nurses also proceed on long leave e.g. maternity leave etc. However, these posts are not filled by new recruitment and the burden of workload is shared by the existing nursing personnel by transferring from one unit or ward to the other at the discretion of the Deputy Nursing Superintendent or Nursing Superintendent for intra departmental arrangement or inter departmental arrangement respectively. The general procedure followed for direct recruitment is as follows:

**Recruiting Authority**

(i) Medical Superintendent is the recruiting authority for the following nursing personnel:
- Nursing Sister Grade-II
- Public Health Nurse

(ii) Director, P.G.I.M.E.R., Chandigarh is the recruiting authority for the following nursing personnel:
- Chief Nursing Officer
- Nursing Superintendent

**Job Requisition**

This is the first essential of recruitment which is intended to give enough information about the job. The recruiting authority
i.e. Medical Superintendent in case of class ‘B’ and ‘C’ posts and Director, P.G.I., Chandigarh in case of class ‘A’ posts notifies the vacancies to all the sources through a well planned advertisement i.e. notification of vacancies is sent to the Regional Employment Exchange (U.T.), Chandigarh as per Employment Exchange (Compulsory Notification of vacancies) Act. 1959. The prescribed proforma is given in (Annexure 9).

Other methods of advertisement are:
- News-papers
- Nursing Journal of India
- Letters to Schools or Colleges of Nursing
- Notice Boards in the Institute
- Television or Radio-in case of emergency

The Notification also mentions job specification which is a statement of the physical, mental and temperamental qualities necessary for the performance of the job, which are:

(a) Qualifications required for the job:
   (i) General educational qualifications
   (ii) Technical qualifications

(b) Specific skill, ability or aptitude.

(c) The degree and extent of job experience.

(d) Personal and physical attributes.

(e) Age and domicile requirements.

Age and qualifications for different posts are as follows:

Designation:

Staff Nurse (Nursing Sister Grade II).
Age:

18-30 years.

Qualifications:

Essential

i) Matric or its equivalent from a recognised University or Board.

ii) Certificate in General Nursing and Midwifery from recognised Institute or equivalent qualification for male nurse.

iii) Should be a Registered ‘A’ Grade Nurse and Midwife with a State Nursing Council or equivalent qualification for male nurse.

Designation:

Public Health Nurse.

Age:

Not exceeding 35 years (Relaxable for Govt. servant up to 5 years in accordance with the institute or order issued by Central Govt.).

Qualification:

Essential

B.Sc. Nursing with 2 years experience as staff nurse (Nursing Sister Grade II) in a teaching hospital.

Desirable:

Training or experience in Family Welfare Programme. Work experience or teaching in rural area.

Designation:

Nursing Superintendent
Age:
Upto 40 years

Qualification:
i) B.Sc. Nursing from a recognised institution.
ii) Registered 'A' Grade Nurse and Midwife.

Experience:
Eight years of experience after B.Sc. Nursing out of which five years should have been spent in administration or teaching in a large institution.

Or

Qualification:
i) Matriculation or its equivalent qualification.
ii) Registered 'A' Grade Nurse and Midwife.
iii) Certificate in Nursing administration and /or teaching from a recognised institution.

Experience:
Fifteen years experience after acquiring all the qualifications mentioned above out of which 5 years should have been spent in administration or teaching in a large institution.

Desirable:
M.Sc. Nursing.

Designation:
Chief Nursing Officer

Age:
Upto 45 years
Qualification:

(i) M.Sc. Nursing from a recognised institution.
(ii) Registered 'A' Grade Nurse and Midwife.

Experience:

Not less than 15 years experience as Assistant Nursing Superintendent or 10 years of service as Deputy Nursing Superintendent or 5 years of service as Nursing Superintendent in a large Medical Institution of repute or in similar capacity in Nursing Administration.

Scrutiny of Applications

If in the notification, applications have been called, then after the last date of receipt of applications is over, the applications are scrutinized. It ensures that the candidates fulfil the requirements for ability and the data required is complete. In this way the unqualified candidates are weeded out and then interview letter is sent to eligible candidates specifying the date and time to appear for interview. Otherwise, if candidates are called directly as specified in the Notification about date and time, then candidates are asked to fill in the application form/bio-data at that time and on the spot scrutiny is done and eligible candidates are asked to appear for the interview.

Principal, College of Nursing, P.G.I., Chandigarh sends the list of bonded graduates who have completed their internship to the Medical Superintendent.

Interview

An interview is conducted to select the suitable candidates. In suitability, they are more concerned about the relationship between the applicant and the requirement of job tasks, duties and responsibilities. The interview panel for the posts of Nursing Sister
Grade II and Public Health Nurse consists of:

Chairman : Medical Superintendent
Members : Financial Advisor
Administrative Officer (Hospital)
Chief Nursing Officer
Liaison Officer.

Interview panel for the post of Chief Nursing Officer and Nursing Superintendent consists of:

Chairman : Dean
Members : Medical Superintendent
Member Secretary : Deputy Director (Admn.)

Selection

Based on the qualifications and the conduct of interview, a selection list of the selected candidates is prepared in order of merit. It means those applicants who are most likely to succeed in the new job are chosen. The list generally contains more names than the vacancies because sometimes when appointment letters are sent, some candidates may not join for some or the other reason. The list remains valid for 6 months.

Appointment letter

The appointment letter is issued to the selected candidates (equivalent to the number of vacancies) according to merit, to communicate to the candidate that she has been selected. It is subject to the police report and medical certificate. It clearly indicates the last date by which a selected candidate is required to join. A copy of appointment letter is given in (Annexure 10).
Medical Examination

Those successful candidates who are issued the appointment letter are supposed to undergo medical examination by the Medical Examination Board specifically constituted from time to time. The medical examination involves examination of eyes, gynaecological examination, general physical examination which includes chest x-ray/screening, checking of weight, height, blood pressure, respiration, pulse rate etc. Medical fitness certificate is mandatory for the formal acceptance of joining report. This is done to assess the general physical ability and strength of the selected candidate to perform the job.

Placement

Consequent upon joining in proper uniform in the Nursing Superintendent’s office, the newly appointed Nursing Sister Grade II is asked to fill in joining report. Then she is posted in the ward/unit according to the requirement or appropriate to her background, aptitude and the demands and exigencies of the Nursing Department. After initial placement, reassignments and transfers do occur to make better utilization of the nurses or to broaden her exposure to different work situations.

Probationary Period

This is the final stage in the selection process. The progress of the newly appointed Nursing Sister Grade II and Public Health Nurse is observed during the probation period, which is two years. This trial period is necessary, since there is no assurance that nursing personnel will work up to their abilities. During this time they are being trained and their capabilities are being tested by periods of
work in variety of situations. It affords Nursing Administrator an opportunity to gauze those intangible and personal qualities of a new nursing personnel that have been overlooked. It is a check on whole selection procedure and provides a means for remedying wrong or inappropriate placements.

**Confirmation**

After successful completion of the probationary period of 2 years, the newly appointed nursing personnel are confirmed in the service or on the job if found fit. But in actual practice this process of confirmation is not strictly followed in this Institute.

**Recruitment of Nursing Sister Grade II: A Case Study**

The procedure of direct recruitment or open selection can be made clear by the following case.

In January, 1997 sixty posts of Staff Nurses (Nursing Sister Grade II) were vacant in Nehru Hospital, P.G.I., Chandigarh. Out of which 30 posts belonged to general category and 15 each to scheduled caste/tribes and other backward classes.

Notification of vacancies or job requisition for the same was sent to the Regional Employment Exchange (U.T.), Chandigarh on 20.01.97 by the Medical Superintendent, Nehru Hospital, P.G.I., Chandigarh. Regional Employment Exchange issued letters to the eligible or prospective candidates enrolled with the employment exchange to report to the Medical Superintendent’s office on 10.2.97 as mentioned in the letter for Notification of Vacancies. On 10.2.97, a list of candidates was sent by the Regional Employment Exchange to the Medical Superintendent, Nehru Hospital, P.G.I., Chandigarh.
The candidates were asked to fill the biodata on a prescribed form (Annexure 11) on the same day.

After scrutinizing the biodata of the candidates, a synopsis was prepared. Interview letters by the Medical Superintendent were sent to the candidates from 25.2.97 to 28.2.97. Interview was held from 17.3.97 to 21.3.97. The original certificates were checked to confirm the particulars mentioned in the biodata.

The Selection Committee consisted of:

- **Chairman**: Dr. V.K. Bhargava, Head of Department of Pharmacology, P.G.I.M.E.R., Chd.
- **Members**: Medical Superintendent, Joint Medical Superintendent, Administrative Officer (H), Nursing Superintendent, Financial Advisor (Absent)

<table>
<thead>
<tr>
<th>Total Candidates</th>
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</tr>
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<tbody>
<tr>
<td>Candidates who were not eligible</td>
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</tr>
<tr>
<td>Candidates who were eligible</td>
<td>399</td>
</tr>
<tr>
<td>Candidates who did report for interview</td>
<td>124</td>
</tr>
<tr>
<td>Candidates who appeared for interview</td>
<td>275</td>
</tr>
</tbody>
</table>

Out of 275 candidates who appeared for the interview:

- Candidates belonging to general category: 253
- Candidates belonging to scheduled caste: 20
- Candidates belonging to other backward class: 02
- Total selected candidates: 46
Out of 46 candidates who were selected:

- Candidates belonging to general category: 30
- Candidates belonging to schedule caste: 14
- Candidates belonging to other backward class: 02

Out of 253 candidates belonging to general category who appeared for the interview, 30 were selected. So each candidate had 11.8% chances of selection.

Out of 20 candidates belonging to scheduled caste, 14 were selected. So each scheduled caste candidate had 70% chances of selection. Out of 2 candidates who belonged to Other Backward Classes (OBC), all were selected. So they had 100% chances of selection.

So, we see that candidates belonging to general category candidates have least chances of selection, whereas candidates belonging to reserve category have much better chances of selection. Fourteen posts remained vacant because of scarcity of candidates belonging to reserve category.

Out of total 275 candidates, who appeared for the interview:

- Matriculate with Diploma in Nursing: 246
- Graduate with Diploma in Nursing: 21
- Post Graduate with Diploma in Nursing: 05
- B.Sc Nursing: 03

All candidates with higher qualifications were selected.

Out of 275 candidates, who appeared for the interview:

- Candidates with experience: 244
- Candidates without experience: 31
Out of total 244 experienced candidates:

<table>
<thead>
<tr>
<th>Experience in Govt. Job</th>
<th>09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience in Private Job</td>
<td>235</td>
</tr>
</tbody>
</table>

All the candidates who were selected, had more experiences than the others who were selected. All candidates with experience in Government job were selected.

A panel of 89 candidates was prepared as waiting list. Appointment letters were dispatched on 7.4.97 to the selected candidates directing them to join within 15 days of the issue of the appointment letter i.e. 22.4.97. Except one selected candidate who got extension from the Medical Superintendent for 40 days because she was doing M.Sc. Nursing, rest all the candidates joined within the stipulated period.

This case brings out the following facts:

- The selection was reasonably fair as candidates with higher qualification and more experience were selected.
- The posts remained vacant from January, 1997 to April, 1997. It took four months to fill up the required vacancies. During this period patient care suffered due to shortage of nursing personnel and already employed nurses were overburdened. So, duration of recruitment process should be decreased to the minimum.
- Fifty percent of the posts were reserved, but due to unavailability of the candidates belonging to reserve categories, only 46 posts could be filled out of 60. So, there should be provision of filling up of the posts from general
category if candidates of reserve category are not available. In the Selection Committee more of Nursing Administrators should be involved in place of Financial Advisor, Administrative officer or Head of Pharmacology Department as Chairman. Chief Nursing Officer should be the Chairman of the Selection Committee for Nursing Personnel.

INDIRECT RECRUITMENT or PROMOTION

Promotion is by far the best incentives that can be provided to recruit and retain well qualified, ambitious, capable and talented nurses in Nursing Service Organisation. It is one of the most important aspects of a sound personnel management in nursing which provides job satisfaction to nurses, boosts their morale and keep them efficient and disciplined. No nursing personnel system can in fact remain efficient if ample opportunities are not provided to the nurses to rise higher and higher. Adequate in-built promotional opportunities are a source of inspiration for hard work and helps to a great extent in achieving the objectives of the nursing service organisation. A sound promotion policy is therefore indispensable to keep the nurses efficient and contended.

Indeed, promotion refers to advancement in rank and status, usually accompanied by increase in emoluments. Promotion generally means allotting a nurse higher duties or higher responsibilities.

L.D. White has defined promotion as "an appointment from a given position to position of higher grade, involving a change of duties to more difficult type of work and greater responsibility, accompanied by change of title and usually an increase in pay".
Promotion is an integral part of a nursing service. A single promotion frequently results in a chain of opportunities for several nurses and encourages their orderly progression in a nursing service career. Promotion in the words of L.D. White, "is one of the means of holding in government service the best qualified men and women who enter the lower grades and thus is an important phase of a Career Service". The prospective of competent candidates for a job, especially of lower positions depends to a great extent upon the promotional opportunities in an organisation in due course of time.

The Fulton Committee observed: "The right promotion at the right time is an essential part of the process of developing to the full talent of men and women in service."

The basic urges of nurses for recognition and advancement can be met by promotion and if it does not, there is high probability of turnover causing brain-drain. In this connection, the Capacity study appointed by UN has commented: ..... "if senior posts are invariably or frequently filled from outside the service, it will prove impossible to retain first class people in the lower ranks, since they will inevitably seek to fulfil their ambitions in other careers which offer better prospects of advancement. Thus, the constraints on efficiency and capacity would be compounded."

Willoughby has defined promotion in terms of reward. He says that, "To the employees, promotion is of direct significance as a reward or possible reward. Actual promotion is a reward, while the opportunity for promotion is a possible reward."

In Proctor's view: A good promotion system is useful to the employees individually as well as to the administration as a whole. He
says that, "Promotion is of direct significance to the management in as much as the rewards given to employees and the incentives held out to them react in important ways on practically all of the phases of employment administration. The actual promotion given to employees tend to create a contented, stable and efficient personnel."\footnote{11}

Debating on the issue of good/bad promotion system, L.D. White remarks, "A badly planned promotion system harms the service not merely by pushing ahead unqualified persons but also by undermining the morale of the whole group. The hope for timely promotion is so normal and wide spread that the influence of a good promotion system is all pervasive."\footnote{12}

Lewis Mayers also supports him when he says that if the promotion is not effected judiciously, there is a danger that it may breed discontent, diminution of incentive and general impairment of morale.\footnote{13}

The term promotion may be differentiated from advancement. Advancement does not bring with it any change in status, duties or responsibilities. This is merely an advance in emoluments which is rather automatic. Dr. L.D. White calls "Advancement" a personnel administrative device which pertains to an advance in pay by a prescribed increment within the scale appropriate to a given position.\footnote{14}

According to Charlesworth, "A promotion is a movement from a position or a status on a lower level of responsibility to a position or a status on a higher level of responsibility."\footnote{15}

Of course, the principle of refreshing an organisation by constant outside appointment of highly qualified persons at various levels need to be safeguarded but if vacancies are too frequently
filled by outside recruitment, staff morale inevitably suffers and so does the efficiency of organisation.

**Promotion in Nursing Service Organisation of Nehru Hospital, P.G.I., Chandigarh**

Following posts are filled by indirect recruitment i.e. from within or by promotion:

1. Nursing Sister Grade I
2. Assistant Nursing Superintendent
3. Deputy Nursing Superintendent
4. Nurse Educator
5. Nurse Epidemiologist
6. Nursing Superintendent

The assessment of the posts to be filled by promotion is determined by the assessment of vacancies. The number of regular vacancies proposed to be filled in the year is estimated as accurately as possible, taking into account clear vacancies arising due to death, retirement, resignation, long-term promotion of incumbents, creation of additional posts on a long-term basis and vacancies arising out of deputation for periods of more than a year, less the number of deputationists likely to return and who are to be provided for.

**Methods of Promotion**

1. **Seniority-cum-fitness**

   The recruitment to the post of Nursing Sister Grade-I is done on the basis of seniority-cum-fitness i.e., non-selection or seniority subject to fitness i.e., rejection of the unfit. The seniority principle is free from political pressures and favouritism. It is also very simple,
clear and objective. It avoids frustration and heart-burning as senior people always remain senior. Even a person like Dr. Finer has supported it in these words, "It is automatic and avoids the need for making invidious distinctions between one person and another, of placing young over the old, of measuring the responsibility for the result of promotion." Mayer, an American author, also supports him. He believes that this system leads to stopping of internal strife. The trouble with the seniority system is that it is so objective that it fails to take any account of personal merit. As a system it is fair to every official except the best ones; an official has nothing to win or lose provided he does not actually become so inefficient that disciplinary action has to be taken against him.

The principle of seniority discourages ambition and removes those incentives which develop personality, courage, self-reliance and progressive outlook, and it fosters self-satisfaction and a dead level of mediocre performance.

2. Merit-cum-Seniority

The recruitment to the rest of the posts mentioned above is done on the basis of merit-cum-seniority i.e. selection. The merit principle is considered to be the best and practically unassailable. It is without doubt that the best people should get higher posts to promote efficiency. In actual practice merit has not received the importance which it deserved and promotions are made on the basis of seniority on account of convenience which is likely to cramp effort among employees and encourages slackness and complacency.

A system of promotion by merit requires fool-proof methods to ascertain merit, primarily to assess the usefulness of employee to the
organisation and to determine his potential for elevation to higher levels.

Comparative merit of eligible nursing personnel is assessed by A.C.R's (annual confidential reports) and by interview with the following weightage:

- A.C.R's : 75%
- Interview : 25%

**Annual Confidential Report (A.C.R.)**

Annual Confidential Report is the performance appraisal system used for the promotion of Nursing Personnel of Nehru Hospital, P.G.I. M.E.R., Chandigarh. It consists of an annual appraisal given by the immediate superior at the end of each financial year. Annual Confidential Report proforma (Annexure 12) carries entries to determine the adequacy and quality of work done and the general personality and integrity of the nursing personnel reported upon. Besides, her fitness for promotion or otherwise is also commented upon. To reduce the ambiguities in relative grading by different nursing officers, a common gradation of 'outstanding', 'above average', 'fair', 'below average', is prescribed to judge each item in that form. This report is written by the immediate nursing supervisor (Reporting Officer), under whom she is working, evaluated by the Nursing Superintendent or Chief Nursing Officer (Reviewing Officer) and finally endorsed-or countersigned by the Medical Superintendent.

The prescribed procedure is that if the A.C.R. contains any adverse remarks as finally confirmed by the reviewing officer and the next higher officer, they are required to be communicated to the nursing personnel concerned, the intention being that she would improve
herself. Also, she is given an opportunity to represent to the authorities against the adverse remarks. It is based on the principle of natural justice i.e. none should be punished without being heard. Such representation is considered in consultation with the reporting and reviewing officer. A final decision is taken by the Medical Superintendent to expunge, modify or retain the adverse remarks.

The assessment of each nursing personnel is made on a fair, just and non-discriminatory evaluation of the confidential reports of the nursing personnel for the preceding five years or years equal to the required qualifying service. No extra weightage is given to the nursing personnel already officiating in the higher grade.

The assessment is done by the Departmental Promotion Committee (D.P.C.) to ensure suitability of candidates for promotion in an objective and impartial manner.

The Departmental Promotion Committee (D.P.C.) consists of:

- **Chairman**: Medical Superintendent
- **Members**: Financial Advisor, Administrative Officer (H), Chief Nursing Officer, Liaison Officer

For the post of Nursing Superintendent, higher D.P.C. is nominated by the Director, P.G.I.M.E.R., Chandigarh. The D.P.C. makes its own assessment of the nursing personnel without being merely guided by the grading, if any, recorded in the confidential records, taking into account, in addition, whether the nursing personnel officer has been awarded any penalty or administered displeasure of
superior authority, as reflected in the confidential reports, or remarks, if any, against the column "integrity" and categorize them as under:

(i) Outstanding  (ii) Very Good  (iii) Good  
(iv) Average  (v) Unfit

The D.P.C. takes suitable notes of non-communication of any adverse remarks in confidential reports. In the case of adverse remarks for which the time allowed for submission of representation is not over, or a decision on the representation against has not been taken, the D.P.C. defers consideration of the case of the nursing personnel concerned until a decision is taken. All nursing personnel, whose grading is equal to or better than the bench-mark "Good", are included in the panel in the order of their inter se seniority, in the lower cadre irrespective of their grading.

**Feeder Grade**

The Grades from which promotion is to be made is as under:

<table>
<thead>
<tr>
<th>Feeder Grade</th>
<th>Promotion Grade</th>
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<tbody>
<tr>
<td>Nursing Sister Grade II</td>
<td>Sister Grade I</td>
</tr>
<tr>
<td>Nursing Sister Grade I</td>
<td>Asstt. Nursing Superintendent</td>
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<tr>
<td>Asstt. Nursing Superintendent</td>
<td>Dy. Nursing Superintendent</td>
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<tr>
<td>Dy. Nursing Superintendent</td>
<td>Nursing Superintendent</td>
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<tr>
<td>Nurse Educator</td>
<td>Nursing Superintendent</td>
</tr>
<tr>
<td>Nurse Epidemiologist</td>
<td>Nursing Superintendent</td>
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</table>

**Age Limit:**

No age limit for promotion.

The eligibility for consideration for the promotion to different categories is as under:
Designation: Nursing Superintendent

Eligibility:

B.Sc. degree in Nursing with 3 years regular service as Deputy Nursing Superintendent.

Or

Assistant Nursing Superintendent with 5 years regular service in the post, possessing diploma in Nursing Administration or B.Sc Nursing and should be registered 'A' Grade Nurse and Midwife.

Designation: Deputy Nursing Superintendent.

Eligibility:

Assistant Nursing Superintendent possessing B.Sc degree in Nursing with 2 years or more regular service in the grade, failing which 5 years of combined regular service as Assistant Nursing Superintendent and Nursing Sister Grade I out of which atleast 1 year should be in the grade of Assistant Nursing Superintendent.

Or

Assistant Nursing Superintendent possessing certificate in General Nursing and Midwifery with 4 years of regular service in the grade failing which 7 years of combined regular service as Assistant Nursing Superintendent and Nursing Sister Grade I out of which atleast 2 years should be in the grade of Assistant Nursing Superintendent.

The Eligibility list for promotion is prepared according to the date on which an Assistant Nursing Superintendent complete the prescribed eligibility service of 2 years or 4 years for combined.
service specified above as one is holding B.Sc degree in Nursing or a certificate in General Nursing and Midwifery.

**Designation:**
Assistant Nursing Superintendent

**Eligibility:**
Nursing Sister Grade I with 3 years of regular service in the grade failing which Nursing Sister Grade II with 8 years of regular combined service in Grade I and Grade II out of which at least 2 years should be in Grade I.

**Designation:**
Nurse Educator

**Eligibility:**
Assistant Nursing Superintendent possessing B.Sc degree in Nursing with 2 years or more regular service in the grade failing which 5 years of combined regular service as Assistant Nursing Superintendent and Nursing Sister Grade I out of which at least 1 year should be in the Grade of Assistant Nursing Superintendent.

Or

Assistant Nursing Superintendent possessing certificate in General Nursing and Midwifery with 4 years regular service in the grade failing which 7 years of combined regular service as Assistant Nursing Superintendent and Nursing Sister Grade I out of which at least 2 years should be in the grade of Assistant Nursing Superintendent.

**Designation:**
Nurse Epidemiologist
Eligibility:

Assistant Nursing Superintendent possessing B.Sc degree in Nursing with 2 years or more regular service in the grade failing which 5 years of combined regular service as Assistant Nursing Superintendent, Nursing Sister Grade I and Public Health Nurse.

Designation:

Nursing Sister Grade I

Eligibility:

Staff Nurse (Nursing Sister Grade II) with 5 years of regular service in the grade.

While discussion with the nursing personnel it was found that the personnel with higher degree e.g. M.Sc. Nursing are not getting preference at the time of promotion. Hence, due weightage should be given to the personnel having higher education.

Interview

There is a provision for interview which carries 25% weightage as prescribed in the recruitment rules of all categories except for the post of Nursing Sister Grade I. But during discussion with the nursing personnel it was reported that in actual practice, no interview is conducted.

Select List

Merit is to be recognized and rewarded. Career advancement is earned by dint of hard work, good conduct and result-oriented performance as reflected in the A.C.R's. Only performance above 'average' is really noteworthy and recognised for reward in the matter of promotion.
A list of promotees is prepared by the Departmental Promotion Committee. The recommendations of the D.P.C. are advisory in nature. It has to be approved by the appointing authority i.e. Medical Superintendent or The Director, P.G.I.M.E.R. Chandigarh.

PROMOTION : A CASE STUDY

The process of indirect recruitment or recruitment from within can be made clear from the following case:

A post of Deputy Nursing Superintendent (D.N.S.) was created on 29.9.97. Since it is a promotional post as mentioned in the recruitment rules, seniormost Assistant Nursing Superintendent (A.N.S.) Mrs. Bhupinder Anand was considered for the post. Departmental Promotion Committee (D.P.C.) was held on 17.11.97, which consisted of:

- **Chairman**: Medical Superintendent
- **Members**: Financial Advisor, Administrative Officer (H), Chief Nursing Officer/N.S, Liaison Officer

Mrs. Bhupinder Anand, Assistant Nursing Superintendent was approved by Departmental Promotion Committee for promotion to the post of D.N.S. Promotion orders were issued on the same date i.e. 17.11.97 by the Director. She joined on the new post of D.N.S. on 18.11.97.

BACK-LOG PROMOTION

In another case, time bound scale/back-log promotion was also given to Nursing Sister Grade-II. In this case those Nursing Sister
Grade-II who had completed their service of eight years by Jan. 1986 were given next scale of Nursing Sister Grade-I but they were not allowed to wear the uniform of Nursing Sister Grade-I and even there was no change in nature of work. Thereby they had to wear the same uniform of Nursing Sister Grade-II and had to do same work of bedside care as done by Nursing Sister Grade-II.

After 1986, no nursing personnel was given time bound scale/back-log promotion.

Then on the recommendation of Departmental Promotion Committee, one ad-hoc increment was sanctioned to 36 nursing personnel from 3.9.91 with the approval of the Standing Finance Committee and Governing Body in their meeting held on 7.1.94 and 25.2.94 respectively and approved by the Director, P.G.I. M.E.R. on 6.12.94 subject to its adjustment as and when these personnel are promoted to the next higher grade after 3.9.91. These orders were released vide Endorsment number EV (9)- P.G.I.-94/2 9251-91 on dated 6.12.94.

SUCCESSOR PLANNING OF TOP PERSONNEL

The success or failure of the organisation depends to a substantial extent upon the capacity, capability, professional competence, motivation and perception of the Chief Executive.

Paul H. Appleby has said, "The persons capable of serving well at high levels are rare birds, they must be sought wherever they may be found and developed by various methods."

Therefore, there is a need for successor planning to ensure best results. Successor planning is concerned with policies, procedures
and practices which enable organisation to plan the requirements of top personnel vis-a-vis the needs. A Chief Executive chosen from within or without at the last minute is likely to spend long a time reinventing the wheel as it were.

SUCCESSOR PLANNING : A CASE STUDY

In another case study in which Successor Planning is done to fill up the post of Deputy Nursing Superintendent (D.N.S) which will be vacated on 31.1.98 due to the retirement on Superannuation of Mrs. Suraj Arora, the present incumbent of this post.

The D.P.C held on 17.11.97 for the previous case for the promotion of Assistant Nursing Superintendent to the post of Deputy Nursing Superintendent also made recommendation that Mrs. Shakuntala Kathuria, Assistant Nursing Superintendent who at present is on deputation to Government Medical College and Hospital, Sector-32, Chandigarh, as Nursing Superintendent will be promoted to the post of Deputy Nursing Superintendent on 01.02.98 on vacation of this post by Mr. Suraj Arora, the present incumbent of the post.

The D.P.C. further recommended that, in case Mrs. Shakuntala Kathuria refuses to join this post, then next Assistant Nursing Superintendent Mrs. Gian Chawla will be promoted to that post.

This study revealed that the successor planning of this post which was done one and half month advance, not only is a sign of efficient administration but also increases morale of the Nursing Personnel which ultimately affects the patient care. So, it is suggested that successor planning should be followed in all the promotions of the Nursing Personnel in Nehru Hospital, P.G.I., Chandigarh.
TRAINING

Nurses' development and training is an essential aspect of the direction of human efforts. It is more important to improve the skills of existing nursing personnel to a maximum than to rely solely on the initial recruitment process to provide the highest skilled nurses.

Training is the process of aiding nursing personnel to become effective in their present and future work by inculcating appropriate habits of thought and action and by the development of the necessary skills, knowledge and attitudes. Training is designed to increase knowledge and skills of the nursing personnel in order to give them greater capacity in their field of work. It is a form of applied education closely related to the skills needed for the nursing care of patients.

The training process is formal or informal. Informal training process is the kind of training which a nursing personnel receives by doing work. Formal training process consists of an actual study course with lectures, seminars, work projects and written assignments. It is categorized into three:

i) Pre-entry training : It is a training which an institute provides to its nursing personnel at the time of entering the service.

ii) Orientation-training : It is explaining the new nurse the various tasks that are required of her, followed by a short period of guidance, as to enable her to pick up the work and perform to the best of her ability. It includes special classes and discussion groups, film depicting the work of the
organisation, visit to work locations and distributions of nursing manuals describing the nurse's privileges and responsibilities.

iii) In-service training: It is an opportunity to a new nurse for formal training provided at regular intervals in appropriate areas. It is the kind of training that is given after a nurse has actually entered service. It may be of formal nature or a combination of formal and informal instruction and work experience.

Inservice training is always in process, the main purpose is to keep the nurses abreast of developments in their field of activity, in governmental aims and strategy regarding health delivery, and in national and their worldwide conditions that effect their work. It helps to equip them for higher responsibilities or to diversify their skills. It is like so many of the other personnel duties of the organisation a never ending process.

**Inservice Training and Staff Development**

The responsibility for training though lies basically with the management, but is also shared by the nursing personnel in practice. Management must help to set the goals and provide the opportunities, whereas nurses must provide the initiative and persistence to permit their development to take place. In all their training efforts, the supreme task of management is to infuse the whole organisation with a common spirit, a universal understanding of the objectives of the organisation and the relation of individual assignments to these objectives.

Assessing of training needs is also a continuous process. The
need for training is generally felt when an organisation suffers from poor supervision, lack of coordination, client complaints etc.

**Staff Development in Nursing Services Department**

Continuing education has ever been an important feature since 1967. The Nursing Department conducts short-term courses of 12-16 weeks duration for on-the-job nursing personnel in the following areas:

- Intensive Care Nursing
- Burn Care Nursing
- Operation Theatre Nursing
- Maternal and Child Health Nursing
- Urology Nursing
- Neuro. Nursing
- Paediatric Nursing
- Orthopaedic Nursing
- Ward Administration
- Hospital Orientation to new recruits

The nursing personnel are also deputed for higher studies for the following courses:

i) B.Sc. Nursing (Post-Basic) for 2 years duration. At present 9 seats have been sanctioned for this course.

ii) M.Sc. Nursing for 2 years duration. At present three seats have been sanctioned for this course.

These efforts towards improving the knowledge and skills of nursing personnel has helped to improve the quality of nursing care provided to the patients.
PROBLEMS AND SUGGESTIONS

Statistical Forecasting

The objective of a long-term recruitment plan is to determine for a given period, several years in advance, the number and type of posts to be filled by recruitment. These requirements must be determined as precisely as possible with a view to formulating a recruitment policy. More specially, it is necessary to ascertain, in addition to the number of posts, the grade levels and the corresponding types of occupation.

Standards

The idea of long-term planning is incompatible with any vague system, the purpose of such planning is to determine what nurses need to be recruited, by what date, with what qualifications, at what age and in what type of appointment. A precise system of calculation and classification is therefore, required.

Ineffective publicity

At present, recruiting authorities only fulfil the formality of advertising the posts and never try to get the best nurses to fulfil the post. Therefore, there is a need of positive publicity.

Interview insufficient test

The interview test is intended to assess such qualities as coolness, initiative, depth of understanding, presence of mind, decision making ability, etc. The period of the interview is too small to judge the capability and capacity of a nurse. The few questions put at random may fail to reveal the real worth of a person. The interview should be done in an objective manner supplemented with
psychological tests. Besides, patterned interview may be used which reveals the potentiality of the candidates. Experts must gauge the clinical competence too.

**Improper placements**

A nurse can give her best to the service only when she gets the proper opportunity to use her knowledge, skills and abilities. Maximum utilisation of nurses' energy is possible only if the placements are made according to the capacities, aptitudes, inclinations and capabilities of the nurses.

**Recruitment operations are delayed**

It takes a very long time between the advertising of the job and the actual appointment. This creates a great deal of inconvenience and harassment to the potential candidates as they cannot take up temporary employment for fear of not being relieved in time. On the other hand, the Government suffers from lack of competent people. There is a need to cut short delays by modifying and streamlining the recruitment procedures.

**Ineffective probation system**

The suitability of candidates can not be guaranteed through recruitment as there is a possibility of some unfit candidates entering nursing services. The purpose of probationary period is to give the appointing authority sufficient opportunity to observe and evaluate the ability, capacity and fitness of nurses to perform the duties satisfactorily and thereby complete the selection process.

**The Choice of a Policy**

All the foregoing remarks point to the conclusion that recruitment
to posts which are reserved in principle for filling by promotion should logically take place increasingly at the junior level. Posts to be filled by direct external recruitment at middle level should be increasingly reserved for experts possessing special qualifications. Lastly, it seems necessary to note that the preparation of a long-term recruitment plan should have additional advantages that are by no means negligible.

From the technical point of view, the preparation of a detailed programme of the recruitment operations should make it possible to eliminate almost all the time-lag which occurs between the occurrence of a vacancy and the appointment of a Nursing Personnel to fill it.
REFERENCES

7. Ibid., p. 379.
17. Goel, S.L. op. cit., p.220