CHAPTER-6

CONDITIONS OF SERVICE

Best nursing care can not be achieved merely by possession of knowledge, skill and ability as performance depends upon motivation of nursing personnel as well. It is only when the nursing personnel are properly motivated that they will use their skill, knowledge and ability to ensure best nursing care. Money is the greatest motivator in a developing country like India. According to Ginzeberg, "Most individuals tend to balance their efforts around an assessment of relative costs (time and energy) and benefits." ¹

An employee attaches great significance to factors which are related to motivation such as pay, opportunities for promotion and working environment etc., which determines his willingness to perform work effectively. A man chooses his career on the basis of pay which he expects to receive. The standards of living and the social prestige of an employee depend to a great extent on
the pay he draws. In the words of Mason Haire, "Pay in one form or another is certainly one of the main springs of motivation in our society."\(^2\)

Organisations can attract motivated and talented personnel only if they establish their image as model employers. A model employer need not necessarily offer the highest rates of pay, but should aim at creating such working environments within the enterprise which will induce employees not only to have an economic attachment with the unit but also a sense of involvement and emotional integration with it.

The true test of a model employer, in the words of the Third Central Pay Commission should be:

Whether the government is attracting and retaining the personnel it needs and they are reasonably satisfied with the pay and other conditions of service taken as a whole. The fulfilment of this test is an essential prerequisite for the proper functioning of administrative machinery.\(^3\)

It makes clear that organisation cannot attract or retain its personnel unless it pays them fair and equitable compensation for their work. Thus an adequate and sound salary structure together with other working conditions is vital to the organisational efficiency and effectiveness. Formulation and implementation of salary or wage policy is one of the most important and complex administrative function.
The Third Central Pay Commission mentioned the criteria of inclusiveness, 'comprehensibility' and 'adequacy'. The commission wanted co-ordination among all sectors of public employment. The Commission fixed the salaries on the basis of duties and responsibilities, difficulty and complexity of the task, qualifications, etc. and rationalised the pay scales and reduced the prevalent 500 scales to a mere 80. The disparity between the lowest and highest scales was reduced from 15.4 as on January, 1970 to 11.8.4

The pay scales of nursing personnel as recommended by Third Central Pay Commission were as shown in table 6.1.

**TABLE-6.1**

**Showing Pay Scales of Nursing Personnel as recommended by Third Central Pay Commission**

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Category</th>
<th>Pay Scale (Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Staff Nurse</td>
<td>425 - 640</td>
</tr>
<tr>
<td>2.</td>
<td>Nursing Sister</td>
<td>455 - 700</td>
</tr>
<tr>
<td>4.</td>
<td>Deputy Nursing Supdtt.</td>
<td>650 - 1200</td>
</tr>
<tr>
<td>5.</td>
<td>Nursing Superintendent/Matron</td>
<td>700 - 1300</td>
</tr>
</tbody>
</table>
The Fourth Central Pay Commission recommended:

i) The rates of pay and other conditions of service in private sector need to be considered, though disproportionate, importance may not be attached to it.

ii) The principle of supply and demand is relevant but for unskilled labour, wages may be linked with Essential Physiological need.

iii) The Government should not only be a model employer but also a good employer.

The main criterion was attracting and retaining the persons it needs and they were reasonably satisfied with the pay and other conditions of service taken as a whole. The Fourth Central Pay Commission recommended 36 scales of pay.6

The Pay scales of Nursing Personnel as recommended by Fourth Central Pay Commission7 were as shown in table 6.2.

In the realm of Nursing too it has meant some relief at different levels. But it has not been able to satisfy fully the genuine urges and aspirations of the large number of Nursing Personnel in different parts of the country.

The Trained Nurses Association of India had submitted to the Pay Commission an elaborate memorandum in Dec. 1983.
<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Category</th>
<th>Pay Scales</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Nsg. Sister Gr. I</td>
<td>1640-60-2600-EB-75-2900</td>
</tr>
<tr>
<td>5.</td>
<td>Nurse Educator</td>
<td>2000-60-2300-75-3200-3500</td>
</tr>
<tr>
<td>7.</td>
<td>Nsg. Supdtt.</td>
<td>2200-75-2800-100-4000</td>
</tr>
<tr>
<td>8.</td>
<td>Chief Nsg. Officer</td>
<td>3000-4500</td>
</tr>
</tbody>
</table>

This memorandum had profiled the structure of the Nursing Profession in a comprehensive manner and had demonstrated that Nurses had more rigorous instruction and training than is the case with personnel in the general categories with whom they are equated for purposes of fixation of emoluments. It had been argued that parities should be established between nursing personnel and appropriate workers in general categories. But, while enhancement was made in the emoluments, the justifiable desired parities with equivalent personnel were not granted and as a result, personnel in the general categories with qualifications and instruction...
equitable to those of nursing personnel have been accorded higher grades of pay.8

Nursing being a special type of service-oriented profession, ought to be given due consideration: allowances as compensation for awkward shifts, rural difficulties, expenses on uniforms and washing allowance, etc., have not attracted the commission's attention that is disappointing.

The Nursing Journal of India, August, 1986 reported:

"The Association is submitting another memorandum to the Union Ministry of Finance pleading that while fixing emoluments of Nurses, the structure of the Nursing profession should be taken in its proper perspective and the special circumstances of the personnel working in this field have to be taken into account. We hope that the vital issues would be reconsidered and steps taken to meet the just demands of Nurses."9

The fifth Central Pay Commission has recommended Pay Scales for Nursing Personnel10 as shown in table 6.3.

The Trained Nurses' Association of India had appealed through a press release to the Government of India on the eve of the strike's commencement, to hold meaningful negotiations with representatives of the agitating nurses with regard to their demands which are genuine and awaiting decision for the past many years since the submission of Report of High Power Committee on Nursing and Nursing Profession (1989).
### TABLE-6.3

**Showing Pay Scales of Nursing Personnel as recommended by Fifth Central Pay Commission**

<table>
<thead>
<tr>
<th>Sr.No</th>
<th>Category</th>
<th>Pay Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Nursing Sister Grade II</td>
<td>5000-150-8000</td>
</tr>
<tr>
<td>2.</td>
<td>Nursing Sister Grade I</td>
<td>5500-175-9000</td>
</tr>
<tr>
<td>4.</td>
<td>Dy. Nsg. Supdtt.</td>
<td>7500-250-12,000</td>
</tr>
<tr>
<td>5.</td>
<td>Nurse Educator</td>
<td>7500-250-12,000</td>
</tr>
<tr>
<td>6.</td>
<td>Nurse Epidemiologist</td>
<td>7500-250-12,000</td>
</tr>
<tr>
<td>7.</td>
<td>Nursing Superintendent</td>
<td>8000-275-13,500</td>
</tr>
<tr>
<td>8.</td>
<td>Chief Nursing Officer</td>
<td>10,000-325-15,200</td>
</tr>
</tbody>
</table>

The anomalies that have been created by successive Pay Commissions speak of inaction and neglect of the Nursing profession by these Commissions and the Government. This is despite the fact that The Trained Nurses' Association of India has been consistently drawing the attention of the Government of glaring discrepancies in Nurses' pay scales according to their qualification and work and also the need for time bound promotions, non-practising allowance, suitable accommodation near the place of work, filling up of vacant posts and regularisation of ad-hoc
appointments and establishment of a separate Directorate of Nursing.\textsuperscript{11}

\textbf{INCREMENTS} 

The payment of increments is closely related to pay policy. In the present pay structure, increments are provided annually and mostly they are automatic. Every Nursing personnel gets increment as per the rate of increment of her grade as shown in table 6.2 and 6.3.

But automatic increase in pay without regard to the proper assessment of work done by the employer will not be conducive to those who can work hard, and thus not lead to motivation. For the organisational efficiency granting of annual increment should be subjected to detailed assessment of performance based on systematic and objective evaluation of work. Annual increment can be stopped if performance is not satisfactory.\textsuperscript{12}

\textbf{ALLOWANCES} 

In addition to the pay, nursing personnel of Nehru Hospital, P.G.I., Chandigarh are getting the following allowances:

\textbf{Dearness Allowance} 

Like other Central Government employees, nursing personnel of P.G.I., Chandigarh are also getting the Dearness allowance to compensate the price increase announced by the Central Govt. from time to time.
In the month of January and July each year, the rate of dearness allowance is increased on the basis of Consumer Price index. The rate of dearness allowance given to the nursing personnel in the month of July 95 was 170% of the basic pay.

The fifth Central Pay Commission has announced revised pay scales from 1-1-96, but still it has not been implemented. After the implementation of new scales, the rate of D.A will be 13% of the new scales from Jan. 1997.

**House Rent Allowance (H.R.A)**

Nursing Personnel of Nehru Hospital, P.G.I., Chandigarh are getting House rent allowance like other Central Govt. employees. The rate of H.R.A. being given to the nurses is as shown in table 6.4.

**TABLE-6.4**

*Showing House Rent Allowance for Nursing Personnel*

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Basic Pay</th>
<th>Amount of H.R.A.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>950-1499</td>
<td>Rs. 250</td>
</tr>
<tr>
<td>2.</td>
<td>1500-2799</td>
<td>Rs. 450</td>
</tr>
<tr>
<td>3.</td>
<td>2800-3599</td>
<td>Rs. 600</td>
</tr>
<tr>
<td>4.</td>
<td>3600-4499</td>
<td>Rs. 800</td>
</tr>
<tr>
<td>5.</td>
<td>4500 and above</td>
<td>Rs. 1000</td>
</tr>
</tbody>
</table>
According to the recommendation of the Fifth Central Pay Commission, House Rent Allowance will be paid at the rate of 15% of the basic pay in the revised scales from 01.08.97 onwards.

Nursing Allowance

All nursing personnel in this Institute are getting Rs. 150/- p.m. as nursing allowance on the pattern of All India Institute of Medical Science, New Delhi.

Washing and Uniform Allowance

All nursing personnel in this Institute are getting washing and uniform allowance to the tune of Rs. 200/- p.m. on the pattern of All India Institute of Medical Science, New Delhi.

City Compensatory Allowance (C.C.A.)

Nursing Personnel of Nehru Hospital, P.G.I., Chandigarh are getting Rs. 20/- per month as city compensatory allowance like other Central Government Employees posted at Chandigarh.

The Fifth Central Pay Commission has recommended C.C.A in Chandigarh from 01.08.97 onwards at the rates shown in table 6.5.

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Basic Pay</th>
<th>Amount of C.C.A p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Below 3000</td>
<td>Rs. 25</td>
</tr>
<tr>
<td>2.</td>
<td>3000-4499</td>
<td>Rs. 35</td>
</tr>
<tr>
<td>3.</td>
<td>4500-5999</td>
<td>Rs. 65</td>
</tr>
<tr>
<td>4.</td>
<td>6000 and above</td>
<td>Rs. 120</td>
</tr>
</tbody>
</table>
FRINGE BENEFITS

The efficiency of the Nursing Personnel and her desire to contribute more towards the achievement of organisational objectives is largely dependent on the working conditions that are conducive to her physical and mental health. Each Nursing Personnel is to be provided facilities even outside her working hours to satisfy some of her basic needs so that she may devote proper attention to her work. Pay is not the only form of remuneration that a nurse receives from the Institute. Fringe benefits are the common supplement to her salary or wages. For the nurses, fringe benefits represent extra income, additional security or more desirable working conditions and these have considerable value in raising the nurses' morale to keep them happy in their jobs and thus are worth the cost.

Nursing personnel in the Nehru Hospital attached to the P.G.I.M.E.R. Chandigarh are entitled to the following types of fringe benefits:

Casual Leave

Nursing officials are entitled for 12 days casual leave per calendar year. It can be taken for half day also. It is normally not granted for more than 8 days at any one time, except under special circumstances.14

Nurses joining during the middle of a year may avail casual leave proportionately or the full period at the discretion of the Chief Nursing Officer.
The fifth Central Pay Commission has recommended casual leave of 8 days in a calendar year. Since the nursing profession is mainly a profession of females, keeping in view the exigencies of round the clock essential services as well as of domestic life, it is suggested that casual leave may be increased to 20 days in a calendar year for nurses on the pattern of Punjab Government.

**Study Leave**

Study leave is granted to nurses with not less than 5 years of service for under-going B.Sc. Nursing (Post-Basic) course or M.Sc. Nursing or Ph.D., for a maximum period of 24 months in the entire service and may be granted at a stretch or in different spells. Requisite bond in the prescribed forms is to be executed for a period of five years.

The fifth Central Pay Commission has recommended the maximum amount of study leave admissible in service to 36 months.

**Earned Leave**

All nursing personnel are entitled to avail total 30 days earned leave in one calendar year. Earned leave can be accumulated up to 240 days. Earned leave can be availed up to 180 days at a time.

Fifth Central Pay Commission has recommended the accumulation of earned leave up to 300 days and it can be availed up to 60 days at a time.
**Half Pay Leave**

Total 20 days half pay leave is admissible to the nursing personnel in one calendar year. It can be availed either with or without medical certificate. Half pay leave can be converted into full pay leave by taking it as 'commuted leave' if the leave applied for is on medical certificate.

**Committed Leave**

Nurses can avail commuted leave not exceeding half the amount of half pay leave due on medical certificate. Commuted leave up to a maximum of 60 days can be granted to nurses in continuation of maternity leave without medical certificate. Commuted leave up to a maximum of 90 days can be taken during the entire service without medical certificate where such leave is utilized for an approved course of study certified to be in public interest.

**Maternity Leave**

Maternity leave of 90 days is admissible to female nurses with less than two surviving children in case of pregnancy. It is granted on full pay.

In case of miscarriage/abortion (induced or otherwise), 6 weeks leave is admissible to nurses irrespective of number of surviving children. Application is to be supported by a certificate from a Registered Medical Practitioner.
The Fifth Central Pay Commission has recommended a maternity leave of total 135 days twice in the service.

**Paternity Leave**

According to the recommendation of the Fifth Central Pay Commission male nurses will be entitled to paternity leave of 15 days with less than two children during the confinement of their wives.

**Extra Ordinary Leave**

Nursing personnel are granted extra ordinary leave in special circumstances such as:

(a) When no other leave is admissible;

(b) When she applies in writing for the grant of extra ordinary leave.²⁰

The Fifth Central Pay Commission has recommended extra ordinary leave limited to 5 years in entire service which may however be extended to 7 years in exceptional cases.

**Special Casual Leave**

Nursing personnel are entitled to special casual leave to attend conferences or training programmes in or outside the Institute. Female nurses are entitled to 14 days special casual leave for Tubectomy/Laproscopy. Male nurses are entitled to 6 days special casual leave for vasectomy operation or 7 days if his wife undergoes Tubectomy/Laproscopy.
Compensatory leave

All nursing personnel are allowed to avail two days compensatory leave in lieu of four half days entitled to other government servants.

Days Off

All nursing personnel have to work for 365 days a year. They do not get holidays on Sundays or gazetted holidays. So, they get days off in lieu of Sundays and gazetted holidays. At present days off are calculated by adding the number of Sundays, half the number of Saturdays and gazetted holidays in a year. These days off are distributed in 12 months of the year. In addition, one day of extra is given for 6 nights in a particular month, e.g., in 1997:

- Number of Sundays in a year - 52
- Half the number of Saturdays - 26
- Gazetted holidays - 13
- Days off - 7-8/month

Leave Travel Concession (L.T.C.)

All nursing personnel are entitled to avail Leave Travel Concession to home town once in a block of two calendar years irrespective of the distance. Any nursing personnel who has completed one year of service is eligible for L.T.C. to home town. Up to 90% of the fare can be taken in advance without interest.

Leave Travel Concession to any place in India is admissible to all nursing personnel including family members in lieu of one of the two journeys to home town in a block of 4 years.
Children Education Assistance

Nursing Personnel are entitled to reimbursement of Tuition Fees for not more than three children and actually paid for each child is as shown in table 6.6.

**TABLE-6.6**

**Showing Children Education Assistance for Nursing Personnel**

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Classes</th>
<th>Subject to a maximum of</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I to X</td>
<td>Rs. 20 p.m.</td>
</tr>
<tr>
<td>2.</td>
<td>XI and XII</td>
<td>Rs. 25 p.m.</td>
</tr>
<tr>
<td>3.</td>
<td>Classes I to XII in respect of physically handicapped/mentally retarded children</td>
<td>Rs. 50 p.m. per child.</td>
</tr>
</tbody>
</table>

Science fee upto the limit of Rs. 5 p.m. will be re-imburseable in addition to the tuition fee in respect of children offering science subjects in classes XI to XII.21

The Fifth Central Pay Commission has doubled the rate of reimbursement of tuition fee.

**Bonus**

Those nurses drawing emoluments upto and including Rs. 2500/- per month are entitled to Adhoc Bonus. Maximum amount of Adhoc Bonus is restricted to the amount of Bonus admissible for the emoluments of Rs. 1600 p.m.

According to Fifth Central Pay Commission, Adhoc Bonus
is admissible to all group 'C' and Group 'B' non-gazzetted nurses without any pay limit. Maximum amount of Bonus is restricted to the amount of Bonus admissible for the emoluments of Rs. 2500/- p.m.

**ADVANCES**

The Institute grant different types of advances to nursing personnel as per rules framed by the Central Pay Commission from time to time. These are:

**House Building Advance (H.B.A.)**

All permanent nursing officials or officials with at least ten years of service are eligible for house building interest bearing advances (HBA) for acquiring a plot and constructing a house thereon/constructing a new house on the plot already owned/purchase of house/flat/conversion of higher purchase into outright purchase of house or flat/enlargement of living accommodation. The amount of advance is 50 times of the basic pay and stagnation increment or Rs. 2.50 lakhs for construction or Rs. 60,000 for enlargement of the house. The amount of advance has been increased to Rs. 7.50 lakhs in Fifth Central Pay Commission as against Rs. 2.50 lakhs.

**Conveyance Advance**

Nursing personnel are entitled for grant of interest bearing advance for purchase of Motor Car/Motor Cycle/Scooter. The eligibility and rate of interest is as per Fifth Central Pay Commission shown in table 6.7.
TABLE-6.7

Showing Conveyance Advance for Nursing Personnel

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Type of vehical</th>
<th>Basic pay +NPA+stagnation increment</th>
<th>Amount on 1st occassion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Motor car</td>
<td>Rs.8000 or more</td>
<td>Rs.1,80,000</td>
</tr>
<tr>
<td>2.</td>
<td>Scooter</td>
<td>Rs.5000 or more</td>
<td>Rs. 20,000</td>
</tr>
<tr>
<td>3.</td>
<td>Motor cycle</td>
<td>Rs.5000 or more</td>
<td>Rs. 30,000</td>
</tr>
</tbody>
</table>

Personal Computer Advance

Nursing Personnel drawing basic pay of Rs. 3500/- p.m or more are eligible for grant of advance to the amount of Rs. 45,000 or the anticipated price of the computer, whichever is less.

Fifth Central Pay Commission has increased the eligibility to basic pay of Rs. 8000 p.m. or more and the amount to Rs. 1 lakh.

Health Facilities

1. Free Medical Facility

In Nehru Hospital, P.G.I., Chandigarh, all the nursing personnel, as well as their dependant family members get free medical facilities, indoor as well as outdoor, including investigations and treatment. It has its own staff clinic and staff dispensary meant for the nurses as well as other employees.
2. Reimbursement of medical bills

The Diagnostic tests such as M.R.I., for which the facilities are not available in P.G.I., and the medicines or articles required for treatment, which are not available in dispensary or store, are reimbursed by the Institute on the submission of bills for the same.

3. Nurse's Sick Room

There are two separate Nurses Sick Rooms in the Private ward on 4th floor, A-Block for the in-door treatment of nursing personnel.

Creche facility

The Institute has provided round the clock creche (Nivedita Creche) facility for the children of nursing personnel on nominal charges. It is very near to the hospital building adjoining the nurses' hostel. Nurses are officially allowed during duty hours to go for breast feeding their infants in the creche.

Hostel facility

Nursing personnel who are not provided with accommodation or who are not availing House Rent Allowance are allowed hostel facility in the Nivedita Hostel near the hospital building. About 260 nursing personnel (27%) are availing this facility.

Accommodation

All married nursing personnel are eligible for accommodation in the campus or in sector-24 Chandigarh. The personnel has to
apply for house accommodation on the prescribed form (Annexure 13). The eligibility Criteria for accommodation is as shown in table 6.8.

**TABLE-6.8**

**Showing Eligibility Criteria for Accommodation for Nursing Personnel**

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Type</th>
<th>Central Pay Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>XIII + I</td>
<td>............</td>
</tr>
<tr>
<td>2.</td>
<td>XII + II</td>
<td>Rs. 950</td>
</tr>
<tr>
<td>3.</td>
<td>XI+III</td>
<td>Rs. 1500</td>
</tr>
<tr>
<td>4.</td>
<td>X</td>
<td>Rs. 2040</td>
</tr>
<tr>
<td>5.</td>
<td>IX</td>
<td>Rs. 2660</td>
</tr>
</tbody>
</table>

Only 98 nursing personnel have been allotted house accommodation till December, 1997. It is worth noting that out of 972 nursing personnel only 98 (1%) have been given house accommodation. So, there is a need to provide more houses to the nursing personnel inside the campus.

**Transport Facility**

Nursing personnel has a transport facility by the Institute. There are two buses of the Institute which pick up the Institute employees including Nursing personnel from different sectors according to the duty timings on reasonable charges i.e. Rs. 20/- p.m. This facility is not available in certain sectors of Chandigarh.
and adjoining satellite towns like Mohali and Panchkula. Most of the employees who have not been provided with Institute accommodation, live in these towns. Therefore, it is suggested that remaining sectors and these towns should also be covered with this facility.

**Entertainment Facility**

Like other employees of the Institute nursing personnel and their family members have a provision of movie show on Sundays on a pass at very nominal rates.

**Canteen Facility**

There is a provision of different canteens in the Institute to which the nurses have an access. However, there is a separate canteen for nurses on 5th floor, B-Block just opposite to the Male Surgical Ward. It's working hours are from 9.30 a.m. to 6.30 p.m. It has very little accommodation. In some areas like operation theatre and emergency, where nurses can not leave the ward/theatre, the tea and snacks are supplied there itself from the employee's welfare canteen in the morning and evening. But there is no provision during night hours. Therefore, it is suggested that nurses canteen should have bigger accommodation and should be working round the clock like Doctor's canteen.

**RETIREMENT**

The age prescribed for retirement of nursing personnel on superannuation is 58 years.23

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Voluntary Retirement

Nurses has the right to retire and get pensionary benefits by giving three months notice to the appointing authority i.e. Director or Medical Superintendent.

(i) After attaining the age of 50 years:
   Groups 'A' and 'B' Nursing Personnel who had entered service before attaining the age of 35 years.

(ii) After attaining the age of 55 years:
    Groups 'A' and 'B' nursing personnel other than (i) above;
    Group 'C' Nursing Personnel;

(iii) On completion of 30 years' qualifying service:
    All nursing personnel.

Nurses have the option to retire voluntarily on completion of 20 years qualifying/continuous service by giving three months notice.

Gratuity

Retirement Gratuity is admissible to permanent nursing personnel who retire after completion of 5 years of qualifying service at the rate of 'one-fourth' of emoluments for each completed six-monthly period of qualifying service subject to a maximum of sixteen and half times 'the emoluments' or Rs. three lakh whichever is less. Temporary nursing personnel who retire on attaining the age of superannuation or on invalidation after a continuous
service of 20 years and more are also eligible for the payment of retirement gratuity at the above rate.24

Pension

A recurring monthly payment is admissible to permanent nursing personnel who retire or are retired with a qualifying service of not less than ten years. Temporary nursing personnel who retire on superannuation or invalidation after rendering not less than ten years of service or retire voluntarily after 20 years' continuous service are also eligible for pension. The different classes of pension are:

1. **Superannuation pension**

   Nursing personnel on retirement after superannuation while on duty or on leave or under suspension are entitled for this benefit.

2. **Retiring Pension**

   Nurses are entitled for voluntary or premature retirement before superannuation.

3. **Invalid Pension**

   Nurses who are retired after being declared by the competent medical authority to be permanently incapacitated for further service are entitled for invalid pension.

4. **Commutation Pension**

   Every nursing personnel is eligible to commute a portion of
her monthly pension for a lumpsum payment, i.e., commuted value of pension. Commutation of compassionate allowance is also admissible. A nursing personnel against whom departmental or judicial proceedings are pending is, however, not eligible to commute a portion of his pension till completion of such proceedings.25

5. Family Pension

The family pension is payable to the family of a nursing personnel on her death in service/after retirement on monthly pension.

6. Extraordinary Pension

If the injury/disease sustained by the nursing personnel is attributable to service and the nursing personnel is boarded out from service as unfit on account of her disability, she is eligible for the grant of disability pension.

If a nursing personnel dies and death is attributable to service, the wife/husband/child of the deceased nursing personnel is eligible for the grant of extraordinary family pension.

General Provident Fund (G.P.F)

Every nursing personnel is supposed to subscribe compulsorily to G.P.F. minimum of 6% of emoluments and not more than total emoluments. There is a provision for taking advances from G.P.F. for different purposes such as illness, education, obligatory expenses, cost of legal proceedings and cost of
defence, etc.

**Withdrawals from G.P.F.** : Withdrawals from G.P.F. is also allowed for purposes such as education/obligatory expenses, illness, housing, repayment of housing loan, purchasing a house site, constructing, reconstructing, renovating ancestral house, extensive repairs/overhauling a motor car/purchase of motor car/motor cycle/scooter etc. or for repaying Government loan already taken for the purpose, making deposit to book a motor car/motor cycle/scooter, payment of subscription for the group insurance scheme.

**Contributory Provident Fund (C.P.F)**

Nursing personnel have a choice to opt for any of the two provident funds. Every non-pensionable nursing personnel is to compulsorily subscribe to the fund subject to the minimum of the 10% of the emoluments or not more than the total emoluments. Government contribution is made to the subscriber's account on the 31st march of each year at the percentage prescribed (10%).

**Incentives for promoting small family norms**

Nursing Personnel like other employees can avail the following incentives:

(i) A special increment in the form of personal pay is given to the nursing personnel for undergoing sterilization operation, who have already one surviving child and not more than three children.
(ii) Nursing Personnel can also avail rebate of 0.5% in the interest on house building advance.

Immediate relief to the family of a Nursing Personnel

If a nursing personnel (gazetted or non-gazetted) dies while in service, her family will be eligible for immediate monetary relief in the form of an advance limited to three month's basic pay of the deceased official or Rs. 2,500 whichever is less.

Group Insurance Scheme

All the nursing personnel have to subscribe for group insurance scheme. Subscription is payable till the end of service including the month in which a nursing personnel retires, dies, resigns, or is removed from service.

CONDUCT RULES

There are certain Conduct Rules for all government servants which are equally applicable to nursing personnel of the Nehru Hospital, P.G.I., Chandigarh. These are:

1. Maintain absolute integrity at all times.
2. Maintain absolute devotion to duty at all times.
3. Those holding responsible posts—maintain independence and impartiality in the discharge of duties.
4. Maintain a responsible and decent standard of conduct in private life.
5. Render prompt and courteous service to the public.
6. Observe proper decorum during lunch break.

7. Report to superiors the fact of your arrest or conviction in a criminal court and the circumstances connected therewith, as soon as it is possible to do so.

8. Keep away from demonstrations organized by political parties in the vicinity/neighbourhood of Government offices.

9. Maintain political neutrality.

10. Manage private affairs in such a way as to avoid habitual indebtedness or insolvency.

11. If any legal proceedings are instituted for the recovery of any debt due or for adjudging as an insolvent, report the full facts of such proceedings to the competent authority.

There are certain rules for Nursing Personnel like other Central Government employees which they have to abide by. These are:

1. Not to make joint representations in matters of common interest.


3. Not to be discourteous, dishonest and partial.

4. Not to adopt dilatory tactics in dealings with the public.
5. Not to convey oral instructions to subordinates. (If done for unavoidable reasons, confirm them in writing as soon as possible.)

6. Not to practise untouchability.

7. Not to join any association or demonstration whose objects or activities are prejudicial to the interest of the sovereignty and integrity of India, public order or morality.

8. Not to give expression to views on Indian or foreign affairs, while visiting foreign countries.

9. Not to get involved in unauthorized communication of any official document or information.

10. Not to join or support any illegal strike.

11. Not to enter into any private correspondence with foreign Embassies or Missions/High Commissions.

12. Not to give or take or abet giving or taking of dowry or demand any dowry directly or indirectly from the parent or guardian of a bride or bridegroom.

13. Not to accept any gift from any foreign firm which is having official dealings.

14. Not to approach subordinates for standing surety for loans taken from private sources either by self, relations/friends.
15. Not to undertake private consultancy work.
16. Not to speculate in any stock, share or other investment.
17. Not to bid at any auction of property where such auction is arranged by own officers.
18. Not to invite any foreign diplomat to stay with self as your guest in India.
19. Not to accept or permit spouse or dependants to accept passage money or free air transport from a Foreign Mission/Government or Organisation.
20. Not to bring any political influence in matters pertaining to service.
21. Not to consume any intoxicating drinks or drugs while on duty.
22. Not to appear in public place in a state of intoxication.

As far as above mentioned rules for Nursing Personnel of Nehru Hospital, P.G.I. are concerned, these should be strictly followed to upkeep the decorum of the Institute of National importance.

Besides these above mentioned conduct rules, nursing personnel are expected to abide by 'Code of Ethics' specified for the nursing personnel.

**Code of Ethics**

1. The fundamental responsibility of the nurse is threefold:
to conserve life, to alleviate suffering and to promote health.

2. The nurse must maintain at all times the highest standards of nursing care and of professional conduct.

3. The nurse must be well prepared to practice and must maintain her knowledge and skill at a consistently high level.

4. The religious beliefs of a patient must be respected.

5. Nurses hold in confidence all personal information entrusted to them.

6. A nurse recognises not only the responsibilities but the limitations of her or his professional functions; recommends or gives medical treatment without medical orders only in emergencies and reports such action to a physician at the earliest possible moment.

7. The nurse is under an obligation to carry out the physician's orders intelligently and loyally and to refuse to participate in unethical procedures.

8. The nurse sustains confidence in the physician and other members of the health team; incompetence or unethical conduct of associates should be exposed but only to the proper authority.

9. A nurse is entitled to just remuneration and accepts only
such compensation as the contract, actual or implied, provides.

10. **Nurses do not permit their names to be used in connection with the advertisement of products or with any other forms of self advertisement.**

11. **The nurse co-operates with and maintains harmonious relationship with members of other professions and with her or his nursing colleagues.**

12. **The nurse in private life adheres to standards of personal ethics which reflect credit upon the profession.**

13. **In personal conduct nurse should not knowingly disregard the accepted patterns of behaviour of the community in which they live and work.**

14. **A nurse should participate and share responsibility with other citizens and other health professions in promoting efforts to meet the health needs of the public-local, state, national and international.**

On personal discussion with the Nursing Officials, it was found that the 'Code of Ethics' are not properly followed in word and spirit and it is suggested that these should be modified and changed with the changing of the time.

In any organisation, all employees can not be expected to conduct themselves with equal zeal in an unimpeachable manner, therefore, a provision for disciplinary action is mandatory. Same
is the case with nursing personnel. The same view is supported by Stahl in the following words:

"No organisation is so perfect, no executive so ingenious, no personnel system so infallible that any of them can continuously avoid some measures of punishment for wrongful behaviour or poor performance of employees."²⁸ According to Dr. Spriegel, "Discipline is the force that prompts an individual or a group to observe the rules, regulations and procedures which are deemed to be necessary to the attainment of an objective, it is force or fear of force which restrains an individual or a group from doing things which are deemed to be destructive of group objectives. It is also the exercise of restraint or the enforcement of penalties for the violation of group regulations."²⁹

Disciplinary action means the administrative steps taken to correct the misbehaviour of the nursing personnel in relation to the performance of their job. Corrective action is initiated to prevent the deterioration of individual inefficiency and ensure that it does not spread to other personnel. The ARC has rightly stated that. "The healthy functioning of the administration depends not only on the competence of its personnel, but also on the maintenance of a high standard of personal conduct and the observance of discipline. It is therefore, essential that there should be a clearly adumbrated code or correct official behaviour and a provision for the punishment of those who deviate therefrom. There should, of course, also be provision for punishing slack-
ness and inefficiency. 30

DISCIPLINARY PROCEEDINGS

On the decision of the appointing authority to initiate disciplinary proceedings against the nursing personnel for any misconduct, all the procedural requirements are adhered to in this regard and punishment for misconduct is inflicted only after the misconduct is clearly established.

Penalties

The following are the penalties that are imposed on nursing personnel depending on the nature of misconduct.

1. Minor Penalties

(i) Censure;

(ii) Withholding of promotions;

(iii) Recovery from pay of the whole or part of any pecuniary loss to Government caused by the personnel's negligence or breach of orders;

(iv) Reduction to a lower stage in the time-scale of pay for a period not exceeding three years, without cumulative effect and not adversely affecting his pension;

(v) Withholding of future increments of pay.

Procedure

1. The nursing personnel is given a copy of the charge-sheet
with a statement of imputations of misconduct.

2. She is given reasonable time and opportunity to submit her defence.

3. On receipt of the defence, the Disciplinary Authority may pass appropriate orders, or may hold an inquiry. The procedure for the inquiry will be as for major penalty.31

As far as disciplinary proceedings against nursing personnel of Nehru Hospital, P.G.I., Chandigarh are concerned, mainly minor penalties are imposed for often being late on duty, negligence of duty in patient care, misbehaviour with the co-workers or with patients/patients' attendants etc. and it should be strictly viewed keeping in view the welfare of the patient as well as the repute of the hospital.

**Major Penalties**

(i) Reduction to a lower stage in the time-scale of pay;

(ii) Reduction to a lower time-scale of pay, grade, post or service;

(iii) Compulsory retirement;

(iv) Removal from service;

(v) Dismissal from service;

**Procedure**

i) The charged Nursing Personnel is served with a charge-sheet together with a statement of imputations of misconduct or misbehaviour and reasonable time and
opportunity given to her to reply to the charges or to be heard in person.

ii) Inquiry is a must to consider charges refuted by her. It must be conducted by the Disciplinary Authority or an Inquiry Officer appointed by it. It also appoints a Presenting Officer to present the charges.

iii) The defending nursing personnel has a right:

(a) to inspect documents referred to in the annexure to the charge-sheet;

(b) to engage any other serving or retired Government servant to assist her;

(c) to engage a legal practitioner,

iv) If at the inquiry the nursing personnel pleads guilty to any of the article of charge, the Inquiry Officer records a finding of guilt in respect of those articles and holds inquiry only in respect of the remaining, if any.

v) Witnesses on both sides are examined, cross-examined and re-examined.

vi) Entire proceedings are recorded in writing, every page signed by the respective witness, the defending nursing personnel and the Inquiry Officer, and copies furnished to the defendant and the Presenting Officer.

vii) If the defending nursing personnel does not attend, ex-parte inquiry is conducted, observing the procedure in full.

viii) On completion, the Inquiry Officer submits his report
and his findings on each article of the charges to the Disciplinary Authority.

ix) Disciplinary Authority may accept or disagree (recording reasons for disagreement), record its findings and make a final order.

x) A copy of the report of the Inquiry Officer is forwarded to the defending Nursing Personnel giving her fifteen days time to make any representation.

xi) The representation, if any, submitted by the defending Nursing Personnel, is considered before passing final orders.³²

In Nehru Hospital, the most common reasons for major penalties is remaining absent from duty for a long period without any information and usually, the reason for remaining absent from duty without information is brain-drain i.e., nurses go abroad for lucrative jobs and get huge emoluments/pay/remuneration. If they do not get settled then they come back and join duty again.

**Suspension**

It is an executive action whereby a nursing personnel just like other government servants is kept out of duty temporarily pending final action against her for criminal offences or acts of indiscipline, delinquency, misdemeanour etc.

A suspended nursing personnel ceases to receive usual pay and allowances from the date of suspension and is entitled for the first three months of suspension to subsistence allowance of an
amount equal to leave salary on half pay, with appropriate
dearness compensatory allowances on furnishing of certificate of
non-employment every month.

The amount of subsistence allowance is increased not exceeding 50% of initial sum if the proceedings are prolonged
due to reasons not directly attributable to the suspended nursing personnel or is decreased in the same manner if she is held
responsible for prolongation.

**Reinstatement**

Nursing personnel like any other government servant after
suspension, or compulsory retirement, or removal, or dismissal
from service, if reinstated in service then reinstating authority issues
orders which includes:

(i) specific decision on treatment of period of suspension
up to reinstatement, compulsory retirement, removal or
dismissal as spent on duty or not and,

(ii) specific decision on the quantum of pay and allowances
for the said period.

**Disciplinary proceedings against nursing personnel of Nehru Hospital, P.G.I., Chandigarh**

1. **Major Penalty : A case study**

   Ms. Sonia Mathew, joined Nursing Services in Nehru Hospital, P.G.I., Chandigarh on 21.11.92 as nursing sister grade
II. Since 19.12.94 she remained absent from her duties. After a
period of four months, a telegram was sent to her on 17.4.95 directing her to join her duties immediately. But there was no response. Again second telegram was sent on 28.06.95, after a gap of two months and ten days, which again directed her to join immediately. Still there was no response, so an ex parte inquiry was initiated and the report of the inquiry was submitted on 09.08.96 by the inquiry officer, Dr. Anil Narang, Deptt. of Paediatrics, P.G.I., Chandigarh. On the basis of the report, it was decided to terminate her services [under rule 14 of CCS (CCA) rules of 1965] and the orders of termination were issued on 26.09.97.

2. Minor Penalty: A case study

Ms. Jyoti John, joined Nursing Services in Nehru Hospital, P.G.I., Chandigarh on 08.05.89 as nursing sister grade II. Since 19.03.96 she remained absent from duties. After about a period of 3 months and 20 days, a telegram was sent to her by the office on 09.07.96, directing her to report on duty immediately. When she did not report on duty even after 2 months and 10 days, she was served with a charge-sheet on 19.09.96. Since there was no response, an ex parte inquiry was initiated. She resumed her duties on 28.12.96 when the inquiry was still in progress. The inquiry report was submitted by the inquiry officer Dr. Ajit Avasthi, Department of psychiatry, P.G.I., Chandigarh on 31.01.96.

On the basis of inquiry report, the disciplinary authority, after taking a lenient view, decided to stop one increment without cumulative effect for a period of one year. Period of absence was
treated as 'dies-non'. The orders were issued on 15.11.97.

These disciplinary proceedings should be initiated without discrimination against all those employees including nursing personnel who remain absent without information.

**GRIEVANCES REDRESSAL MACHINERY**

**Public Grievances Committee**

A Grievances Redressal Machinery has been constituted on 08.09.95 as per guidelines/instructions received from the Govt. of India, Ministry of Health and Family Welfare dated 12.06.95. Medical Superintendent has been appointed as Staff Grievances Officer in respect of staff working in Hospital Establishment which includes nursing personnel.

**Personnel Grievances Committee**

There is also a Personnel Grievances Committee which was constituted on 13.02.93 to look into the grievances of group 'C' and group 'D' employees (including nursing personnel) in respect of their service matters. If necessary, case can be referred by the Staff Grievances Officer to this Committee consisting of following Officers:

- **Chairman** : Director, P.G.I.
- **Members** :
  - Dy. Director (Admn.), P.G.I.
  - Financial Advisor, P.G.I.
  - Administrative Officer, P.G.I.
Pay Anomaly Committee

A Pay Anomaly Committee has been constituted on 22.11.95, to look into the grievances of group 'C' and group 'D' employees (including nursing personnel) in respect of their pay anomalies and aggrieved persons may submit their representations pointing their grievances giving full facts of the case through the respective Heads of the Department and the Branches to the Committee consisted of:

Chairperson : Deputy Director (Admn.), P.G.I.
Members : Medical Superintendent, P.G.I.
Financial Advisor, P.G.I.

Apex Grievance Committee

An Apex Grievance Committee has been constituted on 06.08.97 to look into the grievances of the employees (including nursing personnel). The aggrieved officials may submit their representations through their respective Heads of the Departments and Branches or through respective Grievances Officer, to the Member Secretary of the Committee. The Committee is constituted as:

Chairman : Director, P.G.I.
Member : Dean, P.G.I.

Dy. Director (Admn.), P.G.I.
Medical Superintendent, Nehru Hosp.
Suggestions

The health and vitality of services depends on the levels of remuneration. Therefore, the salary system must be so designed as to attract, motivate and retain the staff. It is suggested that fringe benefit scheme should be carefully planned, consequently the management has to take a logical, objective and integrated attitude towards the fringe package. Considerable attention is needed to determine the optimum combination of fringe benefits for the organisation that will maximise nurses' satisfaction and assure more efficiency.

- The physical surroundings in which nursing personnel do their jobs must be as pleasant and comfortable as the circumstances of the work allow. So, these need to be improved. There should be adequate provisions for taking rest during night shift. As it is neither possible nor desirable to be on feet for 12 hours continuously.

- Good housing with all attached facilities should be provided to all nursing personnel inside the Institute campus keeping in view the shift system of duties and because it is a female dominated profession.

- Welfare services such as transport, canteen facilities must
be improved to be available to all nursing personnel and in all the shifts, 365 days in a year. Transport facility should be available for Panchkula and Mohali too.

- Hours of work should pay due regard to basic social needs at home and in the community.

- Nurses' safety and health must be safeguarded by providing safety or precautionary equipment e.g. gloves, gowns, mask etc.

- Security of employment, together with all insurances against misfortune must be provided to all nursing personnel.

- The fringe benefits, health, safety and welfare measures serve as a golden handcuff reducing the turnover of nursing personnel and making it easier for the management to attract talent and retain it.

- For the overall development of nursing personnel, only good terms of employment are not sufficient, but welfare measures may also be provided which are very much germane to the overall development of the nursing personnel. Welfare measures generate in all nursing personnel a feeling of belongingness.

- Ministry of Personnel, Public Grievances and Pensions has also recognised it when it says that, "It is widely recognised that improvement in the living and working
conditions of the employment helps in improving their efficiency and morale.

- The National Commission on Labour has aptly stressed that the concept of welfare is necessarily a dynamic one. It means a continuous improvement of their standard of living, providing social security and of course, a dignified place in the organisation is essential. 33
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14. Central Civil Services (Leave) FR & SR Rules, Part III.
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18. Central Civil Services (Leave) FR & SR Rule-30(i).
23. Central Civil Services FR Rule-56(a).
24. Central Civil Services (TS), Rule 50 and Rule 10(1B).
31. Central Civil Services (CCA) Rule-16.
32. Central Civil Services (CCA) Rules-14 & 15 and GIIS.