CHAPTER-8

EMPLOYER-EMPLOYEE RELATIONS

One of the most essential ingredient for the effective and efficient functioning of the hospital especially for the Nursing Organisation is the development of harmonious management and nursing staff relations just like the harmony of musical instruments in an orchestra. Nursing Organisation consists of group of nursing personnel, each of whom is activated by varying motives. Hospital Administration can not fulfill its objectives if it is not supported by the nursing personnel. Mutual respect and understanding between the management and nurses go a long way in promoting the objectives of the hospital. Integration between the nursing personnel and the hospital administration is really the crux of the effort to improve efficiency and to ensure optimum utilization of human resources. There are four aspects of Management/Staff Relations.
(a) Right to Organise and form associations/unions;
(b) Right to strike;
(c) Political activity;
(d) Machinery for negotiation and settlement of disputes.¹

Professor Riggs mentioned that, "one of the pillars of political action in advanced countries is the 'association' through which functionally specific interests are articulated and communicated to decision-making centres".²

Functions of Staff Associations

i) To safeguard the collective and individual interests of staff members. A trade union, in the words of Webbs, "is a continuous association of wage earners for the purpose of maintaining or improving the conditions of their working lives."³

ii) To preserve and develop the unity in an organisation and ensure its efficient functioning.

iii) To facilitate relations between the administration and the staff, by interpreting to the staff, decisions affecting their interests.

iv) To establish and maintain contact with staff associations of the allied agencies and to participate in a federation or a union of these associations.
v) To promote the welfare of all members of the staff association, including aid in case of distress.

vi) To stimulate among its members interest in, and understanding of the organisation programme by means of discussion groups and similar educational activities.

vii) To provide the best means for utilising the ideas and experience of the staff.

viii) To participate in the determination of general principles governing the conditions of service, i.e., recruitment, hours of work, promotion, tenure, remuneration and superannuation. Employees become convinced that they can achieve more through their unions/associations rather than by going alone. Sharp says, "It has been the experience of government employees everywhere that the amelioration of their material status must have organised self-pressure as its initial impetus." 4

Right to organise and form associations/unions

The legal status of public employees unions in India is determined by Article 19 of the Indian Constitution read with article 309. Clause (i) of Article 19 confers on all citizens the fundamental right to freedom of speech, expression, assembly and association, etc. Clause (ii) of Article 19 empowers the State to impose reasonable restrictions of the exercise of these rights in the interests of the security of the State.
Article 309 empowers the legislature to regulate the recruitment and conditions of service of persons appointed to public services and posts. The State can impose reasonable restrictions upon the fundamental rights of civil servants. Such restrictions have been spelt out in the conduct rules.

As a result of restriction the Civil Servants can not join or continue to be members of any service association which has not been recognised within six months of its formation or the recognition to which has been refused or withdrawn. The Government has the liberty to grant or not to grant affiliation to an association. Thus, the employees association are restricted in their right to form association. As it is a disciplinary offence, the following conditions are essential for getting an association recognised:

i) The association must consist of Government employees only.

ii) The executive of the association must be from amongst its members.

iii) The association will remain neutral to political influence.

iv) The association will not entertain individual cases.5

Nursing Personnel have a professional association at the national level named Trained Nurses Association of India. But according to the statement of 'TNAI' Policy with reference to 'Strikes by Nurses', discussed at the TNAI Council Meeting in 1973 and approved by the Executive at its meeting at New Delhi in
July 1976. The TNAI cannot be legally appointed as a negotiating body either at a local, state or national level—for the reasons:

i) Membership of the TNAI includes nurses working not only in Government, but in private and voluntary organisations and even in private practice;

ii) The membership does not include a majority of Government employed nurses.6

In the Nehru Hospital, P.G.I., Chandigarh, Nursing Personnel have P.G.I. Nurses' Welfare Association.

**Strike**

Strike means abstaining from work intentionally. Strike seems to have become a common weapon and an established procedure. "Personnel belonging to service associations like medical, non-medical and para-medical, pharmaceutical resort to strike to pressurize the authorities."7 The concept of strike had no meaning to nurses a couple of decades back, but these days, seeing their sister associations using this weapon freely, they too are inclined to follow suit.

The position in India is the same as in U.K. Strikes are not prohibited by law but it constitutes a breach of discipline. Most of the Conduct Rules prohibit a Government servant from participating in any demonstration/strike.8

TNAI Policy with regard to strikes by nurses states, as a last resort, where the issue involves the welfare of the members of the
profession as a whole, or the improvement of nursing services to the community, the TNAI member may support strike action under the following conditions.

Conditions under which a strike by nurses may be approved or even carried out by TNAI Branches or local Groups:

i) Where grievances exist, they should be thoroughly investigated by the Government Nurses' Association and reported to the local or State TNAI Executive.

ii) The State Branch TNAI Executive should also know all facts regarding the situation and be satisfied that justice requires some action.

iii) All possible approaches through legal efforts should be made to the authorities for correction of the situation.

iv) If no action is taken by the authorities despite all efforts, the situation should be put before the members of the Government Nurses' Association for vote regarding strike.

v) At least two months' warning should be given before the date set for the strike.

vi) During the two months' period the following actions should be carried out:

(a) Efforts to persuade the authorities should continue.

(b) The public should be informed through the Press, etc.
- about the grievance of the nurses stressing the ultimate effect on the care of patient and the public;

- the efforts already made;

- assuring the public that in the event of strike, arrangement will be made to provide nursing care for all seriously ill patients and emergency cases;

- asking support from the Press and public.

(c) Plans should be made by the Government Nurses' Associations and TNAI for the methods to be used in carrying out the strike, informing all members on what their action and behaviour should be as professional people.

(d) The plan for providing emergency nursing care should be carefully made and published.

vii) It must be clearly understood that the TNAI and its members will not support any strike controlled or voted by any union, or organisation which includes other employees than Nurses. It must be planned, voted, and carried out with the above stipulations in a dignified manner and with the assurance that the public understands and will support the nurses' demands and that the nurses will make every effort to prevent harm to patients which might be caused by the strike.
The only way out is that there must be an adequate machinery for negotiations, redress of grievances and settlement of disputes. There also must be some constitutional channels in which the employees can find their vent and if they are just and reasonable, they must be accommodated. So, there must be maximum chances of a dialogue between the employer and the employees so that with mutual discussions they may arrive at some compromise.

Nurses Strike in Nehru Hospital, P.G.I., Chandigarh:

A Case Study

On February, 24\textsuperscript{th} 1994, two nurses and their relatives were allegedly assaulted, humiliated and illegally detained for two hours by the Chief Security Officer, Sh. D.S.Hora, Nursing Superintendent, Ms. Harjinder Kaur, Security Inspector, Sh. Gurbax Singh, and Security Supervisor, Sh. Ujjagar Singh.

The F.I.R. was lodged with the police station west, sector 11 against the four officials, on the behest of the Joint Action Committee (J.A.C.) P.G.I., including P.G.I. Nurses Welfare Association, Medical Technologists Association and The P.G.I. Employees Union.

The J.A.C demanded the suspension of the four officials involved in the case and holding of an independent inquiry into the incident.

Prof. B.N.S. Walia, Director, P.G.I.M.E.R., Chandigarh refused to talk to the J.A.C on this issue because J.A.C had no
locus standi on the issue as it was formed to take up other issues and the present matter related to nurses only. He was willing to talk to the nurses or any individual to sort out the matter. But it was nurses' rigid stand to involve the J.A.C in negotiations. He also rejected the possibility of holding simultaneous inquiry into the matter. The meeting between the P.G.I. authorities and the representatives of nurses failed to break the impasse and indefinite strike was called on from 02.03.94 by the J.A.C to press the suspension of guilty officials.

The J.A.C held rally in front of the Director's office and marched to Deputy Commissioner's office to submit a memorandum for the intervention of the district authorities in this regard. The J.A.C also faxed a memorandum to Mr. B. Shankranand, Union Minister for Health and Family Welfare for taking appropriate action.

Dr. B.N.S. Walia, Director of the Institute threatened to invoke Essential Services Maintenance Act (ESMA) and warned that in case of any attempt to sabotage any installation or equipment of the hospital, strict disciplinary action including termination of services would be taken. He appealed to the agitators to call off their strike as it was causing hardship and delay in the treatment of patients.

Meanwhile association of Resident Doctors (ARD) and the Punjab Nursing Association announced their support to the agitating employees. A majority of the employees of the institute boycotted
their duties and held a rally at the Institute complex. While addressing rally, leaders of various organisations of Punjab, U.T, and Haryana declared that they will observe one day’s fast on March 8th at Plaza(sector-17) Chandigarh.

Director, Dr. B.N.S. Walia said that he was ready to hold an inquiry into the incident if the case was withdrawn from the police first and reiterated that inquiry could be conducted by an independent agency.

Though, the office-bearers of the Trained Nurses Association of India (T.N.A.I), held talks with the P.G.I. authorities and P.G.I. Nurses Welfare Association, as well, but all efforts to break the deadlock failed to yield any result.

Meanwhile, the Governing Body of the P.G.I. had conceded some of the long pending demands of its employees which were cleared by the Standing Finance Committee (S.F.C) and were announced by the Director. The striking employees organised a massive rally which was addressed by leaders of different unions/organisations in the Institute complex and observed the international women day as 'Protest Day'.

J.A.C submitted memorandums to different authorities like:

- Mr. V.K Duggal, Advisor to the UT Administrator.
- Mr. Chander Shekhar, President, Samajwadi Janta Party.
- Mr. Surinder Nath, Governor of Punjab and Administrator U.T., Chandigarh.
Prof. B.N.S. Walia, Director, P.G.I. asked the striking employees of the institute to resume their duties by the morning of 11.03.94. He warned that those who failed to return to their respective duties by that date, would face disciplinary proceedings, including break in service and declared the strike illegal through a notice on 09.03.94. Besides, loss of wages on the principle of 'no work-no pay', the employees may face serious consequences.

On 12th March, 1994 P.G.I., authorities issued seven day notice to some of the striking employees to resume their duties. He also served a seven days show-cause notice to 48 nurses on 15.03.94 and to 25 nurses on 16.03.94, raising the figure to 81. He reiterated his stand that no authorities could bow before threats and said that discipline was more important for any organisation. Police put up a challan in the district court against the four officials on 08.03.94 and they were granted bail on 15.03.94 by Mr. Gobinder Singh Matharoo, Sub-judge first class-cum-Judicial Magistrate. There were heated exchanges between the police and striking employees and atmosphere in the P.G.I. remained tense but under control due to the presence of large number of police. Lower court directed the local police to ensure the injunction that no rally was held within 100 yards of the institute and no slogans were raised.
Many mediators including Dr. Malti Thapar, Secretary, Parliamentary Affairs, Punjab, made efforts to break the deadlock between J.A.C and P.G.I. authorities. Prof. Walia agreed to order a probe into the 24.02.94 incident by any independent authority and initiate action against the four officials on the basis of the inquiry report, provided members of the P.G.I. Nurses Welfare Association resumed their duties and persuaded other associations to follow suit.

On 18.03.94, striking P.G.I. employees burnt 37 show-cause notices. On 19.03.94, P.G.I authorities sought the lists of the employees who remained present on their respective duties during the strike so that their salaries could be made. Senior leaders of the J.A.C met the Union Health Minister, Mr. B. Shankranand in his office at Delhi on 19.03.94 and 20.03.94. The P.G.I. Union's Joint Action Committee called off its 18 days old strike following an appeal by the Union Health Minister, Mr. B. Shankranand who assured appropriate action against the four officials and no victimisation to employees who went on strike.

There was no reason for satisfaction. The so-called conciliation reportedly brought about in Delhi by the Union Health Minister solved no problem.

While welcoming the end of strike, Prof. Walia said that most of the employees were misguided by certain leaders for their vested interests. He said that the 'no work-no pay' formula would be implemented for those who went on strike. Director, in a letter to
the Advisor to the U.T. Administrator, Mr. V.K. Duggal, asked to appoint an officer for an independent inquiry of the incident. Prof. B.N.S. Walia, Director of the institute issued a circular, instructing the Financial Advisor to deduct the wages for the strike period of the employees who had gone on strike. On 24.03.94, the P.G.I. Union's Joint Action Committee threatened to go on an indefinite strike from March 28th if the circular of 'no work- no pay' issued by the Director was not withdrawn. On 25.03.94, JAC held gate rally on the premises of the Institute and heated words were exchanged between the police and certain J.A.C leaders over the issue. On 26.03.94, meanwhile a section of the employees in a meeting elected new president and new advisor to the employees union who in a written statement urged the employees not to go on strike from March 28th as called by the J.A.C. P.G.I sweepers union also made a similar appeal.

Merely eight days after the strike was called off on 20.03.94, again it was revived on 28.03.94. The main demand of JAC was for the suspension of the four officials involved in the unsavoury incident and the withdrawal of 'no work-no pay'.

Mr. V.K. Duggal, in an emergency meeting of concerned officials from P.G.I, the Administration and the Chandigarh police decided to institute a one-member fact finding committee, headed by Ms. Kiran Chadha, administrative officer, Chandigarh Medical College. Prof. Walia claimed that he carried out all the decisions as directed by the Union Health Minister and they could not be
placed under suspension as the fact-finding inquiry committee had
been constituted. On the request of the employees, the Director
P.G.I. agreed to send four officials involved in the incident on
leave till the enquiry was completed.

On 30.03.94, senior nurses also joined the strike. Dr. Malti
Thapar, Secretary, Parliamentary Affairs, Punjab, restarted her
efforts to break the impasse and convened a joint meeting of the
Director and J.A.C leaders in the Punjab Bhawan.

On 02.04.94, striking employees clashed with the police in a
bid to scuttle the fresh recruitment of 100 nurses on an adhoc
basis. After the incident the police registered a case of rioting and
assault on public servants.

On 04.04.94, Ms. Kiran Chadha, Administrative Officer,
Medical College, who was appointed inquiry officer, visited P.G.I.
However the two aggrieved staff nurses did not present
themselves before Ms. Kiran Chadha. P.G.I. Backward Class/SC/
ST Employees Association at an urgent meeting decided to
dissociate itself from the strike.

On 06.04.94, J.A.C continued rallies inside the Institute
premises. Punjab Nursing Association held a rally in protest against
the lathi charge on agitating nurses of P.G.I.

The employees gheraoed the Institute Director, Dr. B.N.S
Walia, and tried to prevent him from leaving office even under
police protection.
Meanwhile on 08.04.94, Public Interest Litigation filed by Dr. S.K. Marwaha, a practising advocate, came up for hearing. Punjab and Haryana High Court intervened to make both sides, the agitating employees and the Institute authorities to reach an agreement through their respective counsels. The Bench passed the orders to the effect that the employees would join duty preferably by 9th April, without any condition and the Judicial Magistrate, Mr. G.S Matharoo would complete the pending criminal trial against the four guilty officials on or before June, 8th 1994. The three guilty male employees of the P.G.I. would proceed on long leave till the criminal trial is concluded and the fourth guilty accused Ms. Harjinder kaur would be shifted from the post of Nursing Superintendent. For all other disputes, a settlement would be arrived at by negotiations across the table between the employees and the management, if negotiations fail, the employees would only resort to a legal recourse and would not go on strike again.

**Effect of Strike on Patients**

As both sides, the JAC and the P.G.I. authorities, adopted a rigid posture on the issue of taking action against the four officials, it was the poor patients who suffered a lot. Out-patient department (O.P.D) services were officially closed on 02.03.94 following a decision of indefinite strike. Hundreds of patients, except the ones whose condition was grim, had to return disappointed. At least, 150 patients who could wait surgery for some more time, were discharged on 02.03.94.
On 03.03.94, medical services remained paralysed, out-patient departments wore deserted look. 71 more patients had to be discharged. Fewer patients requiring emergency surgery were reporting to the hospital.

On 05.03.94, forty more patients were discharged, raising the figure to 340, since the strike. The deadlock between both parties forced the administration to further curtail the medicare to the patients. Sixty percent patients admitted before the strike had been discharged by 05.03.94. "A large number of sick men and women had been sent away to seek whatever help they could find in the commercial medical market. The supply of food and linen to the wards was scarce."

On 06.03.94, only skeletal emergency services functioned. Nine more patients were discharged, raising the figure to 349, since the strike.

On 07.03.94, thirty more patients were discharged.

Till 08.03.94, many patients had died due to the strike.

On 10.03.94, medical services in P.G.I. deteriorated further.

On 13.03.94, medical services remained suspended. The operation theatre did not function. Skeleton emergency services however functioned.

On 16.03.94, "a patient was stuck in a lift in the P.G.I which was being operated by a non-technical man. A P.G.I truck bringing the supply of oxygen from Delhi met with an accident on
the G.T. road which was being driven by a cleaner."12

On 21.03.94, "the General Hospital, Sector-16, Chandigarh witnessed unprecedented rush during strike and was unable to cope. Most of the patients from other cities referred to the P.G.I had to rush to this hospital. Patients were seen lying on the floors."13

There were 292 patients admitted in various wards on 22.03.94. The Tribune reported that, "the loss of or damage to people's lives during this period is beyond estimation."

There was a great rush in all most all the OPD's after the strike. "The adamant elements among the strikers were determined not to accept any reasonable remedy to their imaginary malaise. They resumed work holding out the threat of another long agitation. Eight days after resuming their duties, they struck work again with virulence."14 The second strike started at midnight and the functioning of the Institute was paralysed at odd hours which added to the suffering of the patients.

Out of 850 patients, about 120 were discharged without notice on 28.03.94. Out patient departments were closed officially. some of the patients were refused admission for the second time.

On 29.03.94, over 50 patients were discharged. There were still 600 patients in the hospital.

On 30.03.94, thirty more patients had to be discharged. Total number of patients discharged till 30.03.94 went up to 330. Medical services in the Institute remained paralysed.
On 04.04.94, twenty four more patients were discharged.

Consequent upon the inconvenience and losses faced by the ailing patients, different people expressed their views about the strike and gave various suggestions.

While commenting upon strike, Sh. S.S. Jain, said, it is a patent reality that the strikers are harassing - rather torturing - hundreds of patients in the region. Why should all these strikers not then be suspended forthwith, if rules permit?"¹⁵

A P.G.I. employee commented about strike in the following words: "It is pity that successive strikes have not only paralysed work in P.G.I but also brought further misery to the suffering humanity."¹⁶

The Tribune reported, "Strike has heeped misery on the suffering public. Endless are the grievances of the patients. Nurses are supposed to be serving humanity and not to make it suffer. They are themselves punishing the ailing community."¹⁷ The surgical wards were worst hit by strike. "The Post Graduate Institute of Medical Education and Research, Chandigarh has acquired the reputation of an ailing academic organism which has been living from strike to strike."¹⁸ The current agitation has led to the crippling of the Institute. "What was primarily an issue involving individual nurses became a problem of the medical technologists and the ministerial staff. Besides, of course, of the sympathising nursing fraternity and various departments of this premier
Institute of national importance were put to great hardship or forced to close down."^{19}

"The Director and the agitating employees were fighting a wordy duel. The institute was turned into a political battlefield. A deeply concerned city doctor said, "Political parties had sadly involved themselves in the problems of the house of healing. Politics should not have been brought into the corridors of the P.G.I. I would make a humble request to all (concerned) not to politicise human suffering."^{20}

"The P.G.I. is not only a hospital. It is one of the finest research-oriented institutions in the country, the maintenance of which requires crores of rupees annually. The doctors trained here and the results of scientific exercises done in its various laboratories are expected to improve the quality of life. Each obstructionist act, like the current agitation, puts the research clock back. The hospital, a vital part of the Institute, holds out hope for hundreds of people coming to its special sections after facing disappointment in hospitals in Punjab, Haryana, Himachal Pradesh and even Delhi. Every passing moment here means a grim fight to save lives. The thoughtless manipulators of gullible peoples sentiments do not realise that through their politicking they were literally causing avoidable deaths."^{21}

"Strikes have become a malignant cancer in the P.G.I. which erupts every now and then from one quarter or the other."^{22}
According to a P.G.I. employee, "an opportunity to serve an institution like the P.G.I. should be regarded as a matter of pride for all classes of employees. Closing the doors of this 'Temple of healing and learning' should be resisted at all costs." 23

The cause was trivial - an interpersonal dispute only. These are inevitable, should be quickly resolved to the satisfaction of both parties. 24

"Those with the intention or the power to keep the institute functioning should go to the root of the problem and find ways and means to ensure that such situations do not occur in the future". 25

"The Faculty Association should take the initiative to form a permanent conciliation committee with wide representation to tackle internal conflicts". 26

"The chronically dissatisfied employees should sit with the authorities and solve their problems across the table". 27

"The authorities should also try to learn how not to tackle a situation with emotional overtones". 28

"The employees should not struck work." 29

"It does not matter in what section or in what condition they are placed. They are on the pay rolls of the public; when they are working, they are working for themselves and their families too. They should strike at sickness - and not at the sick." 30
"If legal remedies are sought, work need not be disrupted. The complainants must wait patiently for the verdict."31

According to Ramesh Chand Goel, "Director should do nothing which affects his image as administrator."32

"the Director must see the advantage of not standing on prestige and the nurses must not cross the righteous wrath. The oaths they have taken, should keep them dedicated to the suffering humanity. However, any calling is great only when it is greatly persued."33

Ramesh Chand Goel suggested, "it should prevail upon the P.G.I. management to adjust the periods of strike towards the employees leave account."34

Problems and Suggestions

1. Lack of genuine leadership

The success of unions depends on the right type of leadership, i.e., on the office-bearers who are to give directive to the general body. Most of the members are not interested in contesting elections to become the office bearers. This gives a chance to the unscrupulous elements to be elected to these offices. They become professionals. It is high time that the associations are educated so that they can elect only such office-bearers who are capable and intelligent enough to contribute to the growth of the organisation. Only those leaders should be elected who have a sense of identity with the organisation and staff.
2. Lack of congenial ecology

The general climate of the employer-employee relationship in other organisations also affects employer and employee relationship in a particular organisation. The agitation can be the result of general polluted atmosphere prevailing throughout the system. An effective and harmonious management-staff relationship should be developed which promotes good relations in the whole system. Besides, care must be taken that any decision taken by a particular organisation affects the entire fabric of the system.

3. Absence of effective union and member's involvement

Nursing association do not involve the nurses effectively in their functioning. Most of the nurses felt neglected and were not interested in the work of the association. They rarely attend meetings. Most of the time quorum is not complete. There is a need to promote an intensive and continuous information activity between the association and the nurses. This would also discourage the divisive forces among the members of the association. There was also a feeling among some members that the office bearers of association join the management to grind their own axe. This can be avoided if the members are careful to elect genuine representatives.

4. Limited interests and vision of the nursing association

The functions enumerated in the constitution of the
association are quite exhaustive, but, the nurses are interested only in the improvement of their conditions of service without any attempt to improve the capacity of the organisation. The P.G.I. Nurses Welfare Association is rarely interested in social and cultural activities which is essential to bind the members together in an informal discipline. The P.G.I. Nurses Welfare Association should arrange seminars to find ways to improve the effectiveness of the organisation, so that it can serve its members best.

5. **Ill-managed and irregular association**

P.G.I Nurses Welfare Association is not well managed. It does not carry out its deliberations regularly in a systematic way. It adopts adhoc measures to deal with adhoc problems. There is no regular secretariat to keep the members duly informed of all the developments.

6. **Lack of genuine participation**

Various delegations of the P.G.I. Nurses Welfare Association cited cases of lack of facilities given to nurses association and extreme difficulty of access to decision-making bodies. Such an attitude creates doubts and fears in the minds of the nursing personnel and an atmosphere of distrust prevails in the organisations' immediate environment affecting the efficiency of the organisation adversely.

7. **Irregular payment of contributions**

Most of the nurses do not pay their contributions regularly
which inhibits the organisation to carry on its activities systematically. Members feel disinterested in their association.

8. No publication of proceedings

The deliberations of the P.G.I. Nurses Welfare Association are not regularly published or distributed to the members. The association should bring about proceedings which can induce participation of their members.

9. Non co-operative attitude of the administration

Most of the nursing personnel mentioned that the main cause of the unsatisfactory relations among them is the absence of faith in the integrity and intentions of the administration. Management never wants to share power with the nursing personnel and appears to be cordial only outwardly while actually they would not like to sit and discuss issues with them. Thus, there appears to be no genuine desire and sincere effort on the part of the management to find lasting solutions for organisational problems.

10. Lack of faith in the integrity of management

The proper rapport between the management and the nurses is lacking, resulting in interlocking situations harmful to the growth and development of the administrative system. Besides, the management must always try to ensure the well-being of the nurses and instil faith among the nursing personnel about their fairness, impartiality and integrity. Faith is a contagious disease and once it is developed, it would bend the various levels of the administration
into a cohesive structure.

11. Interference by the management in association's matters

There is a growing tendency for management in organisation to interfere in matters which were exclusively the concern of the P.G.I. Nurses Welfare Association. The management uses the services of certain members to interfere in the functioning of association and get the things approved as already planned or desired by them. This must be discouraged and such underhand methods must be stopped to protect the health of the organisation.

12. Victimisation of union leaders

Most of the nurses complained that the management instead of being cordial, victimises union leaders and thus creates an atmosphere of hostility. The management must consider the office bearers as their friends and guides rather than enemies. The administration should not take any action against a nursing personnel on the ground that she is or has been an officer or representative of the nurses association or otherwise has been active in the association.

13. Absence of well-designed public personnel management

There was no well-designed public personnel management sections to deal effectively with the problems of management staff relations in the organisation. This section must be made responsible for solving not only the problems which have come to the surface but also the potential problems which are likely to
become disruptive in future. This section should also work like a barometer which can indicate the past, present and future trends of management-staff relations like a weather forecasting office. Such sections must be handled by impartial, qualified and experienced persons. So far, wherever such persons have been appointed, they have sided with the management or befooled both. Safeguards against such unscrupulous elements are needed.

14. Political Interference

There was lot of interference by political leaders. Many a time the agitation is encouraged and promoted by the political parties to grind their axe. Some political leaders intervene only to establish their leadership. Such interference is not desirable.

15. Out-dated regulations

Regulations of the P.G.I. Nurses Welfare Association were approved by the administration when its functions were limited. It was generally agreed that management-staff relations suffered by the fact that staff regulations and rules which were drawn up long ago were now in need of urgent revision. Times have changed, as also the thinking on the rights of the nursing personnel. There is also a need to incorporate principles and concepts for staff-management relations to ensure effective consultation and participation devoid of arbitrary and one-sided management.
REFERENCES

10. The Tribune, dated 24.02.94 to 21.03.94 and 29.03.94 to 08.04.94.
11. The Tribune, dated 05.03.94.
12. The Tribune, dated 16.03.94.
13. The Tribune, dated 21.03.94.
14. The Tribune, dated 30.03.94.
15. The Tribune, dated 04.04.94.
16. Ibid.
17. The Tribune, dated 07.03.94.
18. The Tribune, dated 05.03.94.
19. The Tribune, dated 22.03.94.
20. The Tribune, dated 30.03.94.
21. Ibid.
22. The Tribune, dated 04.04.94.
23. Ibid.
24. Ibid.
25. The Tribune, dated 22.03.94.
26. Ibid.
27. Ibid.
28. Ibid.
29. Ibid.
30. Ibid.
31. The Tribune, dated 30.03.94.
32. Ibid.
33. The Tribune, dated 05.03.94.
34. The Tribune, dated 04.04.94.