Nursing services constitute an indispensable ingredient of Health Services and Administration to promote socio-economic development. Nurses play an important role in the health care delivery system and in the achievement of the goal to maintain the minimal state of health. Health is provided mostly through hospitals, primary health centres or dispensaries etc. There are some complex hospitals which have been set up to promote research and teaching of health personnel in our country e.g. The All India Institute of Medical Sciences (AIIMS), New Delhi, The National Institute of Mental Health and Neuro-Sciences (NIMHANS), Bangalore, The Sher-E-Kashmir Institute of Medical Sciences (SKIMS), Srinagar, and The Post Graduate Institute of Medical Education and Research (P.G.I.M.E.R.), Chandigarh. The Nehru Hospital attached to the Post Graduate Institute of Medical Education and Research, Chandigarh is a super specialised hospital which was conceived in 1960 as a centre of excellence. It
was formally inaugurated in 1963. It was started first as a hospital so that the community could be served and relief and comfort brought to the ailing citizens from different states of India. It has gradually expanded and provides services through 17 outpatient departments and indoor services with 38 wards/units with 1098 functional beds. During the year 1996-97, there were 35,220 admissions and 7,64,167 out patient attendance. It has 51 different departments besides Nursing Service Department.

We have undertaken the study of Nursing Service Administration of Nehru Hospital, attached to the Post-Graduate Institute of Medical Education and Research, Chandigarh. It is headed by Chief Nursing Officer, who is assisted by one Nursing Superintendent, eight Deputy Nursing Superintendents, thirteen Assistant Nursing Superintendents, ninety three Nursing Sisters Grade-I and 857 Nursing Sisters Grade-II. It may also be mentioned that P.G.I. has also well developed Nursing College leading to B.Sc. and M.Sc. degrees.

In this complex hospital, multiple problems originate due to the influence of external as well as internal environment. Internal environment includes factors like nature of employed workers including nursing personnel and the state of available facilities. These problems start affecting the efficiency and image of the institute. If the administrators of that institute are not conscious to find out causes of such problems and limit the effect of these elements on time then it is but natural that there will be fall in the quality of services provided by the organisation.
Therefore, efficient administrators plan to control such problems as soon as they start surfacing. To know about these problems, their causes and effects, and to find solutions, studies are conducted from time to time.

Many studies have been undertaken related to the isolated aspects of Nursing Administration but there has been scarcity of studies in the field of administration of nursing services in its holistic aspect. Therefore, to fill this gap, the present study i.e. Nursing Service Administration - a Case Study of Nehru Hospital, P.G.I.M.E.R., Chandigarh has been undertaken with the following objectives:

1. To examine the existing organisation of nursing services to find out issues and problems facing nursing organisation in hospitals.
2. To identify operational objectives of organisation and administration of Nursing Services.
3. To review the effectiveness of methods of recruitment and promotion.
4. To assess the salary structure, fringe benefits and working conditions of Nursing Personnel.
5. To find out level of job satisfaction and to identify factors of satisfaction/dissatisfaction among Nursing Personnel.
6. To assess employer-employee relationship in the Nursing Service Administration.
7. To suggest effective measures to improve the nursing service administration in context of emerging challenges.

To achieve these objectives following methodology was adopted:

1. Study of Documents

The literature related to and having bearing on the Nursing Service Administration was studied. All the annual reports of the Post Graduate Institute of Medical Education and Research, Chandigarh, since 1967 have been studied. All the Nursing administration documents such as recruitment rules, nursing policy manuals, job descriptions, nursing records and reports, and duty rosters etc. were thoroughly examined.

2. Case-Study

A Male Medical Ward was thoroughly studied to examine the variety of factors operating within the hospital and to study the working conditions.

Cases of Selection and promotion were studied in depth to analyse the recruitment process. A case of successor planning was also examined.

Cases of minor and major penalties were examined to study the process of disciplinary proceedings.

A case study to assess employer-employee relations was also done.
3. Observation

Observation as a tool of research was employed to collect data, cross-check and supplement the data collected by other means. The working of the male medical ward was observed to see the actual operations during different times of the day. The functions of different categories of personnel including different level of nursing personnel, doctors and class-IV employees were observed in process. The inter-relationship between different personnel as well as services provided by other departments were also observed.

4. Empirical Study

A structured questionnaire with 50 items was prepared to study level of job satisfaction among nursing personnel and to find out factors of satisfaction/dissatisfaction. Simple random sampling method was used to select nursing personnel for the study. Sample constituted 200 Nursing Sister Grade-II. Data collected was analysed to find level of satisfaction and factors of satisfaction and dissatisfaction.

The study has been presented in the form of 9 chapters as follows:

1. Introduction
2. Origin and Development
3. Organisation of Nursing Services
4. Ward Administration
5. Recruitment, Promotion and Training
6. Conditions of Service
7. Job Satisfaction
8. Employer-Employee relations
9. Conclusions and Recommendations

Some of the important suggestions based on the facts and analysis is presented here, under different headings:

**Organisation of Nursing Services**

Various facts which emerged during the study of Nursing Service Administration in the Nehru Hospital, P.G.I., Chandigarh are as follows:

i) **Delays in the appointment of Top Nursing Personnel**

The Nursing organisation has remained without its Chief executive most of the time. The post of Chief Nursing Officer has been lying vacant since November, 1994. Though the post has been advertised twice but it could not be filled due to the non-availability of the candidate with the required qualifications. So the authorities should relax certain qualifications or experience so that post could be filled.

The post of Nursing Superintendent is also lying vacant since 1995. Though an interview has been conducted and candidate selected but due to representation by the reserve category candidate in the court the post could not be filled. Therefore, it is suggested that authorities should direct the court to expedite the decision. Nursing service department is just like a boat without a captain. As put forth by Dr. Goel: "Without the right
iv) **No parity of authority and responsibility**

Authority and responsibility are not in proportion to each other as Chief Nursing Officer cannot take major decisions like recruitment or promotion at her own without consultation of Medical Superintendent. By definition, authority is the right to act and take decision without the obligation to consult others. So, it indicates that she has no authority. When she is responsible for the provision of patient care in the hospital, she should have the authority to decide about manpower requirement. She should be given full authority commensurate with her responsibilities. If authority and responsibility are not properly matched, it will be difficult to achieve harmonious organisation relationships or ensure effective accountability.

v) **Principle of Unity of Command not followed**

Principle of Unity of Command is not followed, as Nursing Sisters Grade-II receive orders from more than one Nursing Sister Grade-I, as well as from Medical Personnel, and causes confusion. So, they should get instructions from only one official so as to ensure effective reporting and control, as well as to maintain discipline and morale among nursing personnel.

vi) **Span of control is not equally distributed**

Span of control is not equally distributed in all shifts and at all levels. It is limited at higher echelons. On the lower echelons it is limited during morning shifts but it is diluted during evening and night shift. Analysis of the study on job satisfaction has indicated that nurses are marginally satisfied about the supervision.
(score 622) but they are not satisfied about the guidance they get from their seniors in the performance of their duties (score 511). Hence, supervisory staff should be equally distributed in different shifts to maintain adequate span of control so that there is no wastage of manpower and effective supervision and adequate guidance is given to the subordinates to maintain quality as well as quantity of work.

vii) Absence of Judicious decentralisation and delegation

The analysis of job satisfaction study has indicated that nurses are not satisfied about guidance given by seniors in the performance of duties (score 511). So, there should be judicious decentralisation and delegation for the optimisation of services. Duties and responsibilities should be clearly demarcated according to classification of personnel to avoid ambiguities. Delegation of responsibility should also accompany authority commensurate to responsibility.

Personnel Administration

1. Recruitment

i) Delays in the recruitment to the vacant posts: Posts remain vacant for a long time and recruitment procedure entail great delays as indicated by a case study of recruitment, which took about four months to fill the posts. Hence, the patient care suffered in all the departments, as work load was shared by the existing manpower by transferring from one unit to other. There is already shortage of manpower, which is multiplied because of absenteeism, deputation or long leave as well as due to opening
of new departments as pointed out in different annual reports of P.G.I. Therefore, it is suggested that duration of recruitment process should be decreased to minimum by long term recruitment plan and by preparation of a detailed programme of the recruitment operations.

ii) Inadequate Advertisement: At present, recruiting authorities only fulfil the formality of advertising of posts and never try to get the best nurses to fulfil the post. Therefore, there is a need of positive publicity, especially to fill the posts at higher echelons of the nursing service organisation.

iii) Interview procedure faulty: Above all, the period of the interview was small (5 days for 275 candidates) to judge the capability and capacity of a nurse. Therefore, it is suggested that interview should be done in an objective manner, supplemented with psychological tests. Besides, patterned interview may be used which reveals potentiality of the candidates. Experts must gauze the clinical competence too.

iv) Poor representation of Nursing Personnel in Selection Committee: At present, the selection committee for nursing personnel consists of Medical Superintendent, Joint Medical Superintendent, Administrative Officer (H), Nursing Superintendent and Financial Advisor under the Chairmanship of Head of Pharmacology department, as is evident from the case study of recruitment. But, it is suggested that more of nursing administrators should be involved under the Chairmanship of Chief Nursing
Officer because nursing personnel know about nursing care better than others.

v) Placement not done as per qualifications: At present, the posting is not done according to the specialisation of the nurses. This has been indicated by the job satisfaction study as nurses are not satisfied about practice of posting in the area of speciality or choice (score 467). Maximum utilisation of nurse's energy is possible only if the placements are made according to the capacities, aptitudes, inclinations and capabilities of the nurses. So, it is suggested that nurses should be given opportunity to use their knowledge, skills and abilities by posting them in the area of their speciality.

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.

The quality patient care can only be provided if the hospital employes the right number of nursing personnel, with the right level of qualification, in the right place, at the right time, with right performance, to achieve the right objectives.

vi) Probation System not followed effectively: The probation system is not being used effectively. It is a mere formality. Therefore, it suggested that this system should be purposefully utilised to observe and evaluate the ability, capacity and fitness of nurses to perform the duties satisfactorily and
thereby complete the selection process.

vii) Reservations affect performance: Moreover, 50% posts were reserved (25% for SC/ST and 25% for OBC), as indicated by the case study on recruitment, whereas the availability of reserve category candidates was less, as is evident by less number of applications of candidates belonging to reserve category. Therefore, it is suggested that the reservation should be done in the training institute for Nursing i.e. College of Nursing. Reserve category candidates may be motivated to join nursing and expert coaching may be given, so that they can take up the job reserved for them. There should be provision of filling up of posts from general category if candidates of reserve category are not available. For this purpose, permission should be taken in advance from S.C. Commission.

2. Promotion

i) Merit not given due weightage: The policies governing promotions are not sound. The nursing personnel have shown dissatisfaction about policies governing promotions (score 289) and recognition given to their qualification (score 378) and with reward for outstanding performance (score 333) as indicated by findings of the study on job satisfaction. It shows that merit is not given due consideration in promotions. The nursing personnel with higher qualifications e.g. M.Sc. Nursing or showing better performance are not getting preference at the time of promotions. It generates frustration among the highly qualified nursing personnel. Frustration leads to indolence; indolence to
indifference and indifference to inefficiency. It also lowers the
morale of nursing personnel possessing higher qualification and
they loose enthusiasm for professional advancement, which is very
much essential for better patient care and to improve the
efficiency, qualitatively as well as quantitatively. Nurses with
higher qualifications can undertake or participate in research for
better patient care but when no credit is given then they do not
take interest. Promotion or looking forward for a reasonable
promotion is a great incentive in itself and is very much essential.
So, due weightage should be given to personnel possessing higher
qualifications. Therefore, it is suggested that able young nurses
with higher qualifications and necessary attributes of a good
nurse and motivation should be considered on the basis of merit.
Experiments may be started with the introduction of qualifying
and promotion examination for positions in the supervisory and
executive grades. Merit is very much essential for the provision
of quality nursing care and keeping in view the national
importance of the Institute and to maintain its reputation of
excellent services.

ii) Performance appraisal system defective: At present
promotions are made after scrutinising the annual confidential
reports (A.C.R.), the only system of performance appraisal which
carries 75% weightage. The A.C.R.'s do not enable the nursing
administrators to assess the overall merit of the candidates. The
study on job satisfaction have indicated that nurses are not satisfied
about the system of performance appraisal (score 444).
Therefore, it is suggested that there should be strict appraisal of the work as a basis for advancement predicted predominantly on merit. The system of annual confidential reports should be overhauled to facilitate assessment of performance appraisal of abilities and identification of potentials for promotions with great care and objectivity.

iii) Recruitment rules not followed in toto: Moreover, the recruitment rules are not being followed in letter and spirit as is evident by the scrutiny of recruitment rules and the case study on promotions. Interview is not conducted for promotional posts, which carries 25% weightage, whereas annual confidential reports are given 100% weightage, which as per rules should be given only 75% weightage. Therefore, it is suggested that interview must be conducted and 50% weightage should be given to interview and 50% weightage to ACR's. So the recruitment rules needs to be modified accordingly.

iv) Lack of refresher courses for promoted personnel: The Nursing Personnel who are promoted to the next higher cadre are not prepared to take up the higher responsibilities. The promoted nursing personnel must be trained with the refresher courses in those aspects of nursing service administration which cannot be acquired beforehand.

There should be rational forward planning of their assignments to ensure their maximum utilisation and proper development of their aptitudes.
High Power Committee on Nursing and Nursing Profession appointed by the Government of India, Ministry of Health and Family Welfare has recommended the following:

- For promotion to the post of Nursing Sister Grade-I, Post-basic B.Sc. Nursing be made essential qualification.
- Each nurse should have three promotions during her service period.
- Promotions should be based on merit cum seniority.
- Promotion to the senior most administrative/teaching posts should be made only by open selection. In cases of stagnation, selection grade and running scales should be given.
- Nurses in higher position like Nursing Sister Grade-I, Assistant Nursing Superintendent, Deputy Nursing Superintendent and Nursing Superintendent must have courses in Management and Administration before promotions.
- Promotion opportunities for clinical specialities, like administrative posts be considered for improving quality Nursing Services.

International Labour Organisation has recommended:

The promotion of Nursing personnel should be based on equitable criteria and take account of experience and demonstrated ability.

3. **Lack of Satisfaction about Remuneration**

The findings of the job satisfaction study indicate that nurses
are not satisfied with their pay scales (score 515) and allowances (score 442). There are glaring discrepancies in nurse's pay scales according to their qualifications and work. Post Graduate Institute is an Institute of National importance and here majority of nursing personnel are better qualified and put in more efforts to maintain the reputation of the Institute as compared to Nurses of Punjab and Himachal Pradesh, but they have higher pay scales than that of nurses in this Institute. The health and vitality of services depends on the levels of remuneration. Therefore, the salary structure must be so designed as to attract, motivate and retain the staff.

International Labour Organisation has recommended:

- The remuneration of nursing personnel should be fixed at levels which are commensurate with their socio-economic needs, qualifications, responsibilities, duties and experience, which take account of the constraints and hazards inherent in the profession, and which are likely to attract persons to the profession and retain them in it.

- Levels of remuneration for nursing personnel having similar or equivalent duties and working in similar or equivalent conditions, should be comparable, whatever the establishments, areas or sectors in which they work.

- Shift work system should be compensated by an increase in remuneration which should not be less than
that applicable to shift work in other employment in the country.

High Power Committee has recommended special allowances for nursing personnel such as uniform allowance, washing, risk, messing allowance and it should be uniform throughout the country.

**Ward Administration**

1. **Location haphazard resulting into unco-ordinated structure**

   At present the wards for similar ailments are located on different floors and blocks that causes wastage of manpower. Therefore, it is suggested that wards with similar ailments should be located nearby, so that same doctor can see in all these areas and manpower can be saved and overcrowding of doctors avoided.

2. **Big size of ward**

   At present the wards are of big size as is evident from the case study of ward administration of Male Medical Ward which has 71 beds. It is difficult to control such a big ward and it also creates the problem of span of control. It is difficult to supervise large number of subordinates effectively. Therefore, it is suggested that size of the wards should be reduced to 40-45 beds. It will also reduce over crowding as number of patients' attendants will also reduce proportionately.

3. **Defective Construction**

   The construction of the ward is defective as the cubicles are separated from each other with full brick walls which
hampers the continuous observation of the patients especially of the patients in the recovery room. Therefore, it is suggested that hospital engineering department must involve nursing personnel while planning for the hospital construction or alterations of existing structure. The inter cubicle walls should not be more than 4 feet high and rest of the walls should be raised with glass partition. Nurses have shown marginal satisfaction with the layout of the ward (score 667). The recovery room for serious patients, who require continuous observation should be on both sides of the duty room as in Neuro-Surgical Ward of the same hospital. Moreover there should be provision of more bathrooms and latrines to ensure one each for eight patients.

4. **Facilities for nursing personnel inadequate**

The findings of the study on job satisfaction has indicated that nurses are not satisfied with the dinning place facilities in the ward (score 418), with the toilet facilities in the ward (score 450), and with the changing room facilities in the ward (score 546). Therefore, it is suggested that adequate provisions must be made to improve dinning room facilities, changing room facilities and toilet facilities for them.

International Labour Organisation has also recommended that:

i) nursing personnel should be free to take their meals in places of their choice.

ii) they should be able to take their rest breaks at a place other than their work place.
for the efficient and smooth functioning of the hospital. Periodic meetings, time to time socio-cultural activities for all the groups together will help in creating a healthy atmosphere and thus, will improve interpersonal relationship.

7. **Handing over/Taking over cumbersome**

The handing over and Taking over is not proper at the change of shift as it is not being done from bed to bed most of the time, which is liable to result in negligence. Therefore, it is suggested that there should be 15-30 minutes overlapping time at each change of shift so that it is spent on bed to bed handing over and taking over and hence will help to improve patient care and avoid negligence. Daily discussion among all the nursing personnel in the unit must be enforced at the time of handing over and taking over. This will help to enlighten each other with their jobs and performances.

8. **Materials Management defective**

There is defective materials management and shortage of equipment and supplies especially linen in the wards, which is worsened on holidays as is evident from the case study of ward administration. Even the findings of the study on job satisfaction has indicated that nurses are dissatisfied about the supply of equipment in the ward (score 400), which ultimately effects nursing care. If equipment and supplies are improved, that will help in saving time and energy and will improve quality patient care. Equipment needing repair should be repaired in time and irrepairable equipment should be condemned. Even hoardings
also needs to be avoided for proper utilization wherever needed.

At present there is pilferage and improper use of goods by doctors and other personnel. So, they may be taught health economics and the proper utilization of hospital material to avoid wastage and thereby curtail mounting hospital expenses. For pilferage and loss of things, nursing personnel are held responsible and they have to compensate for it. This is evident in the findings of the job satisfaction study, which shows that nurses are not satisfied about the policy of losses in the ward (score 452). Therefore, it is suggested that to prevent pilferage or loss of things, a security personnel may be posted at the entry of the ward, round the clock. This will also check over-crowding and maintain discipline and also provide security to the night staff. Nurses should not be made responsible for losses. The High Power Committee has recommended: "Policies for breakage and losses to be developed and nurses not to be made responsible for breakage and losses."

9. Lack of effective control over class IV employees

Case study on ward administration points out that there is indiscipline among the class IV employees. Nursing personnel do not have effective control over the ward servants and safaiwalas. They are under the direct control of the sanitary inspector, and their duty roster is prepared by the ward aide. This vitiates the principle of "parity of responsibility and authority." The findings of the study of job satisfaction also indicate that nurses are dissatisfied about the respect shown to them by
12. **Non-Nursing jobs allocated to nursing personnel**

At present nurses perform many non-nursing jobs as evidenced in case study on ward administration such as store-keeping, indenting and receiving supply of sterilized material or sending and receiving linen, maintaining census book, writing patient list, attending to phone-calls, directing servants or safaiwalas, sending patients to different departments and reducing crowd by patient's attendants etc. This results in wastage of manpower resources. The findings of job satisfaction study also point out that nurses are not satisfied about the non-nursing jobs they have to do (score 440) and the variety of work they have to do (score 532). Therefore, it is suggested that these jobs can be taken up by non-nursing personnel e.g. cleanliness of the ward can be supervised by sanitary supervisor in all shifts, reduction of rush of patient's attendants taken over by security personnel and the rest of the work managed by ward aide, so that nursing personnel utilize their time and energy for patient care. Practical nurses may also be employed to do simple jobs such as bed making or attending to personal hygiene of the patients. So that jobs requiring higher skills are done by more qualified professional nurses. This will make proper utilization of manpower.

High Power Committee has also recommended: i) nurses to be relieved from non-nursing jobs. ii) group 'D' employees be made responsible for house keeping department.

13. **Long night shifts**

During night shift nurses are working for 12 hours at a
stretch. It is impossible especially for women who have dual responsibility of household as well as of taxing work load of the job. It has been pointed out in the study of job satisfaction also in which nurses have shown dissatisfaction about working in night shift (score 372). Moreover, duties for long hours is against the labour laws too.

International labour organisation has recommended that

i) "The normal working hours of nursing personnel should not be higher than those set in the country for workers in general.

ii) Normal daily hours of work should be continuous and not exceed eight hours, except where arrangements, work rules or arbitration rewards for flexible hours or a compressed week, in any case, normal working week should remain within the limits referred to in para. 32.

iii) There should be rest breaks of reasonable duration included in the normal hours of work, and meal breaks of reasonable duration.

iv) Nursing personnel who work in particularly arduous or unpleasant conditions should benefit from a reduction of working hours and/or increase in rest periods, without any decrease in total remuneration."

Therefore, it is suggested that nursing personnel should be officially allowed to take uninterrupted rest of sufficient duration during night duty. Adequate arrangement should be made for taking rest without disturbance.
Facilities

1. **Provisions for Leave insufficient**

   At present nursing personnel are getting 12 days casual leave, whereas Fifth Central Pay Commission has recommended 8 days Casual leave in a calendar year. Since the nursing profession is mainly a profession of females, so, 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 for nursing personnel on the pattern of Punjab Government.

2. **Days off System defective**

   At present Nursing Sister Grade-II are getting 7-9 days off in a month depending upon the number of gazetted holidays in the year and number of night duties. Nurses have not indicated satisfaction about the system of days off (score 600). Therefore, it is suggested that a more satisfactory method of days off should be sorted out by mutual discussion with the nurses welfare association.

3. **Canteen facility insufficient**

   However, nurses have an access to all the canteens in the institute except doctors canteen, but they have a separate canteen which is too small and operates for limited hours (9.30 a.m.-6.00 p.m.). It also remains closed many a times for days together. Therefore, it is suggested that nurses canteen should have larger accommodation and should work round the clock.
like doctors canteen, as nurses are also working round the clock.

4. **Transport facility inadequate**

The study on job satisfaction has shown that nurses are not satisfied with the transport facility provided to them (score 422). At present, there are only two buses for all employees, which are plying only between the limited sectors, to the utter neglect of the nurses who are residing in other sectors, or the satellite towns of Mohali and Panchkula. Therefore, it is suggested that more buses should be arranged to cover the remaining sectors and satellite towns of Mohali and Panchkula.

High Power Committee has recommended the following:

During odd hours, calamities etc., arrangements for transport must be made for Nursing personnel. Chartered buses on payment may provide a solution from housing colonies built for hospital staff.

5. **Accommodation facility inadequate**

At present, only 1% of the nursing personnel have been provided with accommodation, that too below the status of nursing personnel i.e. Type XI to XIII or category 1 to III according to basic pay. It is 2-3 room accommodation.

Nurses have shown dissatisfaction about the living accommodation provided to them (score 330). About 25% nursing personnel are availing the hostel facility.

Therefore, it is suggested that all married nurses should be provided with living accommodation inside the campus and it
should be better accommodation, minimum (3 room set).

High Power Committee has recommended:

As far as possible, the Nursing staff should be considered for priority allotment of accommodation near the work place. Hospital should not build Nurses' Hostels for trained nurses. Apartment type of accommodation should be provided where married/ unmarried nurses can be allowed to live. Housing Colonies for hospitals may be considered in the long run.

**Job Satisfaction**

Some of the important areas in which nurses have revealed satisfaction are:

- Health facilities provided by the Institute, as all nursing personnel, including their dependents, are entitled for free investigation & treatment including indoor services in the private ward.

- Creche facilities, which are available round the clock throughout the year.

- Facilities for on-the-job training, as nursing personnel get opportunity for higher education with study leave for professional advancement as well as to attend small short-term refresher courses conducted from time to time, in or outside the institute.

- The prescribed coloured uniform consisting of saree or salwar kameez, which has replaced the traditional white frock and cap.

- Their own performance, as they put their head and
heart to provide best possible (within the constraints) nursing care to the patients.

- Over all Nursing Service administration in the ward, as the Nursing Sister Grade I do their best to manage the affairs of the ward.

These areas may be strengthened, wherever possible, so as to raise the level of job satisfaction still higher, and thus motivate the nursing personnel to achieve better patient care.

Some of the important areas in which nurses have depicted dissatisfaction are:

- Policies governing promotions, as qualifications and merit are not given due consideration resulting in lowered enthusiasm for professional advancement.

- Rewards for outstanding performance, as nurses who demonstrate their skill and put in hard work in patient care do not get any reward, as earlier they used to get best nurse award every year.

- Provision of living accommodation, as only 1% of nursing personnel have been provided with living accommodation, that too below their status or dignity.

- Supply of equipment in the ward, as linen, sterilized material and other equipment required for patient care is not adequate.

- Respect shown by class IV employees, as they are not under the direct control of the nursing personnel.

Administration needs to make real efforts in these areas so...
as to raise the level of satisfaction, improve motivation and work efficiency so as to get better quality of service.

Administration should modify policies governing promotions and give due recognition to qualifications and merit, and should also give rewards for outstanding performance.

Supply of equipment in the ward may also be improved so that nurses can do their best without wasting their time in search of equipment required for provision of nursing care.

Administration should provide living accommodation better than class IV employees, that will indirectly raise their status and draw respect from them.

**Unsatisfactory Employer-Employee Relations**

Strikes in the Institute are testimony to the unsatisfactory employer-employee relations. Steps should be taken to improve strained relations between the administration and nurses and develop a cordial environment of mutual trust by:

- Educating nurses association to elect capable and intelligent office-bearers who can contribute to the growth of the organisation.

- Promoting an intensive and continuous information activity between the association and the nurses so as to improve their effective involvement.

- Association should carry out its deliberations regularly in a systematic way and not adopt ad-hoc measures to deal with ad-hoc problems.
- Nurses should pay their contributions regularly to assist the organisation to carry out its activities systematically.

- The association should bring about proceedings to induce participation of the nurses.

- The management should make sincere efforts to find lasting solutions for organisational problems by discussion across the table and ensure the well-being of nurses and instill faith among nursing personnel about their fairness, impartiality and integrity.

- Management must stop interference in matters of the association through underhand methods.

- Management must consider the office bearers as their friends and stop their victimization.

- There should be well-designed public personnel management section handled by impartial, qualified and experienced personnel to deal effectively with the problems which have surfaced as well as potential problems which are likely to become disruptive in the future.

- Interference by political leaders to grind their own axe must be discouraged.

- There is a need to incorporate principles and concepts for employer-employee relations to ensure effective consultation and participation devoid of arbitrary and one-sided management.
We have seen in our analysis that Nursing Services constitute the back bone of P.G.I., a prestigious Institute of the Government of India, under the Ministry of Health and Family Welfare, New Delhi. We hope that the policy makers, planners and administrators of health services would be benefitted by the facts and suggestions given above for the improvement of Nursing Services and Administration.