CHAPTER - 1

INTRODUCTION

Health is the topmost priority in every individual's life. Importance of health is evident in old sayings, like "Health is wealth" and "Healthy body has a healthy mind". Ancient intellectuals of India like lord Charaka and Sushruta have also advocated the importance of health. According to Sushruta-the ancient surgeon of India:

"Samadosha Samagnischa, Samadhaatu mala kriyah
Prasnnatmendriamanaah, Swastha itybhideeyate",

which means: a healthy person is the one who has equilibrium of the three doshas (Vata, Pitta, and Kapha-the three nutrients or body fluids), who has normal digestion, normal condition of the tissues and excretory processes, whose soul is free from bondage and whose mind and senses are clear and bright.¹

According to World Health Organisation: "Health is a state of
of complete physical, mental and social well being and not merely an absence of disease or infirmity." Health is that valuable asset of life which is not only the concern of the administrators alone but the man himself feels anxious to look after his health and get protection from disease.

When the families are healthy, happy and prosperous then there is adequate and proper development of the nation. Good health is a prerequisite to human productivity and the development process. It is essential for economic and technological development. A healthy community is the infrastructure to build an economically viable society. The progress of society greatly depends on the quality of its people. Unhealthy people can hardly be expected to make any valid contribution towards development programmes. Health is man's greatest possession, for it lays a solid foundation for his happiness. Charaka, the renowned ayurvedic physician is known to have said that health was vital for ethical, artistic, material and spiritual development of man.

Buddha has said that of all the gains, the gains of health are the highest and the best. Health is not only basic to lead a happy life for an individual but also necessary for all productive activities in the society.

Health has been given the central place starting from the W.H.O. declaration to the constitutions of the present developed
states of the world. The whole development cycle of the man depends upon intellectual calibre, curiosity and constructive thinking, but all of these qualities depend upon his good health and mental status. Therefore, to meet this very important need of the healthy citizens of a healthy society, the healthy services are one of the top priorities for the Administration. For the past few decades, health services have been demanded as one of the fundamental rights.

Health Administration is a part of Public Administration and is an important aspect of social welfare activities. The Government of India has a separate Ministry of Health and Family Welfare at the Central level which undertakes the responsibilities of policy formation regarding health, development of new health programmes, provision of financial help and technical assistance to the State Governments, and regulation of health departments of all states. The Ministry of Health and Family Welfare of the Central Government is the nodal agency to look after health services.

Union Health Ministry keeps its association in one or the other form with all the sources regarding planning and implementation of its activities. There are also many organisations like World Health Organisation, Indian Nursing Council, Indian Medical Council, National Institute of Health and Family Welfare, which helps the Central Government regarding health matters. There is a minister of the cabinet level who is the incharge of the Ministry of Health and Family Welfare. In the political structure of Central Govern-
ment, one Minister of State and one Deputy Minister assists the Health Minister. In the subordinate structure there are secretaries and other officials. The senior officers of Indian Administrative Services under the leadership of health secretary are responsible for providing necessary facts and figures and information regarding implementation of health policies and programmes. Secretary Health is the main advisor to the Health Minister. The secretariate of central health ministry takes necessary assistance from the Director General Health Services while making its policies and programmes.

Although public health, sanitation and hospital is a subject of State List under the seventh schedule of the constitution, basically population control and family planning was considered a part of public health, but according to the section 57th of the 42nd amendment of the Constitution, population control and family planning has been made a subject of common list. Thus Centre as well as States, both can make laws on these subjects, but there is a provision that if there is a controversy, then the Central Government will supersede the State Government. Bhore Committee in 1946 and Mudhliar Committee in 1961 had given detailed guidelines to the government for the planning of health services. The Central Government formulate policies regarding health on the basis of national surveys, recommendations of health related committees formulated from time to time and guidelines issued by World Health Organisation.
Nursing Service is an important part of health services. So all its decisions regarding policy matters are taken by the health ministry itself. There is a seniormost officer of Nursing Administration, who is the Nursing Advisor to the Central Government regarding guidance about matters and issues concerning nurses. It works under the Director General of Health Services.

IMPORTANCE OF NURSING SERVICES

Good health can be considered as a valuable asset of any person or nation. Good thinking, actions and work efficiency can be developed only with the sound health. In all developing countries like India, where low health status is a major concern, the responsibility for raising the status of health and provision of health services to each individual has been given to the Administration. The Indian Constitution has kept the subject of health in the state list. That is why, the structure of administrative machinery responsible for the provision of health services is different in each state. Even then the objectives of health departments of all the States are same. The objectives are: prevention of diseases, promotion of health, early treatment and rehabilitation through health education and research etc. There is a dire need of well organised services to achieve the target of "Health for All by 2000 AD". Because health and family welfare services are very vast, therefore the number and classification of workers related with this field is equally large. The responsibility for successful completion of treatment and health programmes lies not only with the
concerned policy makers and doctors, but also lies with the nursing personnel and other health workers too. Today, the health services have not remained traditional but have been connected with medical management, education and research.

The objectives of medical management/care and nursing care are the same. In the sequence of health preservation and its rehabilitation, the foremost role of doctor is the diagnosis and treatment of disease whereas the role of nurses is much more vast. Their functions include service to the patient, help to the patient, to give rest and guide the patient. Being a unique organ of the vast machinery of health system, nursing service is that devoted profession in the service of mankind, which provides curative, preventive and promotive health services to the individual, family and community irrespective of cast, creed, religion and sex.

India is engulfed with number of problems because of vast geographical area and cultural diversities. The environment of illiteracy, poverty and religious superstitions has kept the status of health at a low level in India. Nursing has a great role to play in National Health Programmes devised to improve and to promote the national health. Considering the importance of Nursing Services, the former Prime Minister of India, late Mrs. Indira Gandhi said," A nurse is not merely an assistant to doctors. She has an independent part to play in many areas where doctors need not necessarily be present ..... ANM who does such valuable field work along with woman health visitor should be given due recog-
nition on the basis of equality and not to be regarded as a lesser member of the profession".  

Dr. Mahler, the former Director General of World Health Organisation said. "If the millions of nurses in a thousand different places articulate the same ideas and convictions about Primary Health Care and come together as one force, then they could act as a power-house for change. I believe that such a change is coming and that nurses around the globe, whose work touches each of us intimately, will greatly help to bring it about. World Health Organisation will certainly support nurses in their efforts to become agents of change in the move towards Health for All".  

NURSING SERVICE ADMINISTRATION  

Before going through the Nursing Service Administration, it is necessary to know the definition of Nursing and Administration.  

Nursing is a broad word. The origin of this word is not very old. As per the English Dictionary, 'to nurse' is 'to nourish' and 'to nurture'. The 'nurse' suggests a person who has the care of the young, 'to look after carefully' so as to promote growth and development, to bring up, to train, to feed and tend in infancy.  

The genesis of nursing profession is rooted in antiquity. The origin of this profession dates back to the origin of human species. Osler, Sir William writes: ".....Nursing as an art to be cultivated, as profession to be followed is modern: Nursing as a
practice originated in the dim past, when some mother among the cave dwellers cooled the forehead of her sick child with water from the brook .... ".

In the words of Brown, "The professional nurse will be one who recognises and understands the fundamental (health) needs of a person, sick or well, and who knows how these needs can best be met. She will possess a body of scientific nursing knowledge which is based upon and keeps pace with general scientific advancement and she will be able to apply this knowledge in meeting the nursing needs of a person and community".

Ayurveda gives nursing a significant place by making it one of the four legs on which therapeutics stands.

It means, "The physician, the drugs, the attendant and the patient constitute the four basic factors for treatment. Possessed of required qualities, they lead to the earliest cure of disease".

Thus, a nurse was considered as important as the vaidya, the medicine and the patient.

The nursing professionals, working as complementary to the physician have primary responsibilities of 'Caring' the sick by guiding, helping and counselling. This relationship with the patient is continuous and involves both the state of illness as well as state of well being.
The spirit of service combined with the training in the art of nursing makes the woman the proper instrument for the administration of care to the ailing patient. Charaka describes the qualities needed in a nurse thus:

उ पचारः सता दाध्यमनुरागः।
शौच चेति चतुष्कोडवः युनः पश्चिमे जन्म॥

It means, knowledge of nursing, skill, affection for the master (patient) and cleanliness ..... these four are the tetrad of desiderata in the attending person.

Charaka, the exponent of traditional Indian medicine has defined the attributes of a good nurse which inspired even the west. Charaka makes reference to the attributes of nurse: (1) Knowledge of the manner in which the drugs should be prepared or compounded for administration; (2) cleverness; (3) devotedness to the patient waited upon; and (4) purity (both of mind and body) are the four qualifications of the attending nurse. 12

According to Sister Olivia, "Nursing in its broadest sense may be defined as an art and science which involves the whole patient, body, mind and spirit; promotes his spiritual, mental and physical health by precept and by example; stresses health education and preservation, as well as administration to the sick; involves the care of patient's environment-social and spiritual, as well as physical and gives health service to the family and community as well as to the individuals". 13
The qualities required in a female nurse are well enumerated in the following extract:

"To become a good nurse, a woman must possess considerable intelligence, good education, healthy physique, good manners, an even temper, a sympathetic temperament and deft hands. To these, she must add habits of observation, punctuality, obedience, cleanliness, a sense of proportion and a capacity for and habit of accurate statement. Training can only strengthen these qualities and habits. It can not produce them."14

International Council of Nurses refer to Nurse, "as a person who has completed a programme of basic nursing education and is qualified and authorised in her country to supply the most responsible service of nursing nature for promotion of health, prevention of illness and care of the sick".15

"Unique function of the nurse is to assist the individual sick or well, in the performance of those activities contributing to health, or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge, and to do this in such a way as to help him gain independence as rapidly as possible. This aspect of work, this part of her function, she initiates and controls, of this she is a master."16

"Nursing is defined as a process of action, reaction and interaction whereby nurses assist individuals of any age group, to meet their basic human needs, in coping with their health status at some particular point in their life cycle".17
Shanks and Kennedy have emphasized that: "The fundamental goal of nursing profession is to provide patients with the best possible nursing care. Throughout the history of their profession, nurses have strived to attain this goal while confronted by vast technologic, economic and sociologic changes that have exerted a challenging impact on the nature of the health services provided. Nursing has responded to the demands imposed by these changes and will continue to respond in order to accomplish the goals of the profession. As health services increase, the need for nursing services increases, and more and more persons become involved in providing these services." \(^1^8\)

The multifarious activities and responsibilities of the nurse has compelled her to streamline her professional activities into three main areas:

i) Nursing Education

ii) Nursing Service

iii) Nursing Administration

These three areas overlap with each other and they can be distinguished but not separated. Nursing administration has taken all the principles and practices, available, and suitable, from the parent-body of public administration. The principles of public administration are generic and nursing administration is just one field where these generic principles have been applied. Before defining nursing administration, it is both significant and relevant to discuss something about general administration.
Human society has been organised and administered in one form or the other right from the beginning of social interaction. The word 'administer' is derived from the Latin words 'ad+ministrare', which means, to care for or to look after people, to manage their affairs. Administration is a universal process permeating all collective effort, be it public or private, civil or military, large scale or otherwise. It is a co-operative effort directed towards the realization of a consciously laid down objective. Thus administration is a characteristic of all enterprises in pursuit of conscious purposes. Administration is the concern of not only modern civilization but the cherished effort of the early man. Building the pyramids in Egypt, was also an astonishing administrative feat. The Roman empire itself was the high pinnacle of administration. The British administered an empire where, it is said, the sun never set. In the modern times, public administration however, has three distinguishing features:

"It's purposes have been completely re-oriented, its functions have enormously increased in number, variety and complexity, and its methodology has grown from the trial-and error stage into an orderly discipline with an organised, ever increasing body of knowledge and experience."19

Pfiffner and Presthus defined administration as: "The organisation and direction of human and material resources to achieve desired ends."20

Simon et al. have written: "In its broadest sense administra-
tion can be defined as the activities of groups, co-operating to accomplish common goals."\textsuperscript{21}

According to White, administration is "the direction, co-ordination and control of many persons to achieve some purpose or objectives."\textsuperscript{22}

In the same fashion, nursing administration is responsible for giving direction, co-ordination and control of various categories of nursing personnel who work for the objective of giving nursing care to the patient population.

According to Herman Finer: "Nursing service is that segment of the Administration which actively take part to fulfil the objectives of health programmes and policies to constitute, to serve the patients, with the help of other health workers, to make the services more friendly and effective.\textsuperscript{23}

According to Goddard: "Nursing Service Administration at any level is the application of the principles of administration for the ultimate purpose of providing nursing service to the individual. In the over all administration of a nursing service, whether at the national, intermediate or local level, there is the responsibility for forecasting the needs and for estimating the material and human resources required. There is also the responsibility for the adequate training and distribution of staff, and for the organisation of the service in order that the staff may maintain the necessary level of efficiency."\textsuperscript{24}
Major responsibilities of Nursing Service Administration:

1. planning for total patient care,
2. selection of personnel and assignment of their activities,
3. organisational and clerical activities of the nursing service office,
4. general supervision,
5. relationships with other departments,
6. public relations, and
7. after-care of patients.

Role of Nursing Services in the field of health

There is a well organised structure of nursing services from top most level to lower most level in the health administration for the successful functioning of the planned health programmes developed for the purpose of promotion of health. The set objectives of the health programmes can be achieved only with the help of nursing personnel. Usually a nursing service personnel is available in each village or town. The personnel working in the rural area are well aware of the regional geographical condition, cultural heritage, traditions, customs and values. Due to routine contact with the patients they also develop informal personal relations. Nursing personnel can implement the health policies more successfully and effectively because of understanding with the patients, their families and the community. This is the reason why
even today in the Indian villages, the rural patients prefer to take medical advice from the low level health workers than the employed doctors.

Another reason for the important role of nursing services in the field of health is the continuity of contact of nursing personnel with the patient. Doctors often think that their responsibility is over after prescribing the medicine. Other necessary information regarding treatment, procedures and time and mode of administration of those medicines is completed by nursing personnel only. They very well understand the benefits gained or problems faced by the patients due to medicine or treatment procedures.

Nursing personnel also know and understand the social, psychological and spiritual problems which occur during implementation of health programmes and they suggest the ways and means to overcome them. The success of the family welfare and immunization programmes in practice all over the country depends upon the efficiency, determination and spirit of service of all these workers only. The success of community development programmes launched from 2nd October, 1952, twenty point programme and presently announced "Health for all by 2000 AD" too, depends upon the capability, skill and perfection of these nursing services.

The role played by nursing services is portrayed in the following areas:

1) **Prevention of Disease and Promotion of Health**

"Prevention is better than Cure." Modern health services
follow this saying and provide vaccines and multi-vitamin tablets to the people for the prevention of infectious and deficiency diseases. Good diet and good health habits help to promote health. Health education is provided to the community to develop habits of cleanliness, awareness about diseases and consciousness about health, and the responsibility to do all above mentioned activities lies on the nursing personnel. It is of utmost importance to complete this work at the primary or lower level in the Indian context especially for the people of remote areas where they still ignore health and believe on superstitions as the cause of diseases.

ii) Treatment of diseases

The man has been the target of one or the other disease since the ancient times. He has been continuously developing new techniques to fight against diseases and in search of their treatment. But the situation is becoming so alarming that the new diseases outnumber the new techniques. The development of new techniques does not keep pace with the growth of new varieties of diseases. To fight against these diseases, and for their actual comfortable treatment, efficient nursing services are of utmost importance along with the medical specialists. Surgery done by any skilled surgeon can not be successful unless and until nursing care is provided to the patient in a scientific way. Therefore, the importance of nursing services is proved to be equal to medical services in the field of health administration.
iii) **Education and Research**

With the development of new techniques and methods in the field of medicine, the methods of patient care and treatment are also changing day by day. Similarly, research is being done in the field of nursing. Health education related to family welfare, population control, maternal-child welfare, contagious diseases, habits of cleanliness, spread of diseases, sex education and malnutrition etc. is being provided through different means of communication or by health workers. Information and broadcasting through electronic communication media is being viewed as revolution these days.

iv) **Service to humanity**

No work is more pious than the service of a helpless person groaning with pain and fighting against illness. This is a noble and memorable job whether it is being carried out by Red Cross, Missionaries of Charity or Government workers. Administration have well organised nursing services to fulfil the motto of a welfare state. In a country full of diseases like India, the organisation of such services is very important so that suffering and helpless patients can be looked after. This unique service rendered by nursing personnel has no parallel.
REVIEW OF LITERATURE

The history of nursing is as old as origin of the man. To become a well organised part of Health Administration in the present public welfare administration, Nursing Services had to pass through a process of development since centuries. It is said that the Sumerian Civilization was one of the oldest civilization of the world in which man had learned to live with all the primary comforts and facilities of life. The Egyptian civilization developed in 2500 B.C. At that time in the field of medicine, woman used to assist during the process of surgery and provide assurance to the patients. Perhaps it was a primary and unorganised form of Nursing Services.

Aristotle, (460 B.C. ) has acknowledged Hippocrates as a founder of medical science. Hippocrates, who for the first time gave the scientific form to the medical science said "Disease is not given by God, but it is natural and disease can be detected by thorough investigation and inspection".26

The period of Ashoka’s reign which was pre-eminently Buddhistic, was the golden period of progress in India. The institution of hospitals was a well-established fact in India in the 3rd century B.C when Europe could not even dream of it. The trunk roads instead of being lined with ordinary trees were lined with trees useful for medical purposes. Missionaries were sent to foreign countries to provide spiritual and medical aid. Buddhist monks were expert surgeons. It is no wonder thus that the art of
nursing attained a well developed form during this period. The following extract from Kashyap Samhita bears ample testimony to the advanced state of nursing during that period.

In the 1st century, Roman civilization was greatly influenced by Christianity and since then nursing became the part of Christian religion. The citizens of Roman civilization were of the opinion that one should give food to the hungry, give water to the thirsty, give clothes to the naked, meet the prisoner, give shelter to the homeless, serve the patient, and bury the dead. The supporters of above mentioned civilization full of human sentiments were called Deacons in Roman language. In 250 A.D. when St. Halena became the queen of Rome, nursing got all the more State recognition. During this period, Christian Shelter Houses were created and hospitals were opened.

In the 2nd Century, Charaka- the ancient physician of India explained the rules for looking after the patient which can be seen as the first lesson of nursing encarved on the pages of Indian history.27

In the 5th Century, Sushurata- the ancient surgeon of India advocated the definition of disease and how to do surgery and plastic surgery. But in the later stages, this civilization continued to split by the muslim intruders. Since then, males entered the nursing job. Males were recruited in the army for the job of nursing. During 1050, in Amalki and Yurushalam, the process of isolating the patients of contagious diseases was started and
importance of nursing care started increasing. In 1426, the medical subject was introduced for the first time in education in the Paris University of France.

The period from 1500-1700 A.D is known as the period of Scientific Progress in Europe. During this period, the progress of science, industrial development and new inventions were started, but even though there was a rapid progress in each field yet there was not specific progress in the development of nursing. Even during this period, ill-educated, women of low status and helpless widows used to do the job of nursing. There were no rules and regulations regarding training or uniform for the nurses. But in 1860, for the first time in New York, Miss Youphamia von Reusellar raised this issue and advocated specific uniform for nurses.28

**Modern Nursing**

Modern Nursing Services took birth in 1854 during the ‘Crimean War’ between Russia and friendly countries i.e., Britain, France and Turkey. The soldiers of Russia and France wounded in that war were looked after by the nurses related with the missionary services. But no nursing services were available to look after the soldiers of British Army. At that time a newspaper named “London Times” had written in this regard “Why we have no sisters of charity?” 29

The same newspaper had portrayed the critical condition of the wounded soldiers of British Army. Impressed by the comments of aforesaid newspaper, Miss Florence Nightingale, a
general nurse of England proceeded towards Crimea along with other 38 general nurses. There was a big hospital of ‘Scooty’ near to the Crimean war place. But there it was impossible to treat and provide care to the patients because of acute shortage of means, equipments and materials such as clothes, utensils, instruments, soaps etc., necessary for the nursing care. Florence Nightingale started care of the wounded soldiers with the equipments and materials which she had carried along. Initially, being a woman, she had to face a lot of criticism. Miss Florence Nightingale, not only looked after the wounded soldiers of British Army day and night, but also provided assurance to them and used to write letters to their families. During night, when the whole Crimean war place plunged into dangerous silence, Miss Florence Nightingale, with the lamp in her hand, used to go and lookafter wounded soldiers. After seeing such a strange Goddess of humanity, wounded soldiers used to become sentimental and some soldiers started calling her as ‘God’. Only because of this background she is known as “Lady with the lamp”.

Russia and Turkey could not obtain any specific political advantage because of Crimean war but the whole mankind definitely got an invaluable gift in the form of invention of modern nursing. After the war came to an end, the British soldiers gifted a large amount of money as a token of respect and honour to Miss Florence Nightingale-the originator of nursing services. It was a symbol of kind heart of the originator of nursing that she donated
this money for opening the first school of modern nursing. Impressed by her services, she was specially promoted as General Superintendent in England. Her health continued to regress during the Crimean war. Therefore, instead of active nursing care services she started doing administrative work with her untiring efforts. The first nursing training centre was opened in St. Thomas Hospital London on 15th June, 1860 with 15 nursing trainees to provide training in Modern Nursing. Initially, the doctors strongly opposed this but after realising the assisting utility of nursing they started encouraging this work.

The creator of Modern Nursing-Miss Florence Nightingale was honoured with 'Order of Merit' by King Edward Seven for her distinguished, wonderful and worth mentioning services. She was the first lady in the world to receive this honour. On this occasion, King Edward Seven said “It is a matter of pride for Britishers that a woman without crown is ruling the whole world because of her serving capability”. In the honour of this great Lady, 12th May is celebrated as an International Nurses Day, every year.

**Modern Nursing Services in India**

In India, nursing services got a modern shape during the British rule. During this period, for the first time in 1664 "Council of St. George Madras" explained the condition of physical sickness of the troops of the British Service through his letter to Sir Edward Binter, an agent of East India Company. To solve this
problem some orderlies were sent to Madras as an assistance by the British Government.

After the Crimean war in 1864, to provide an expanded form to the modern nursing services started in Europe, Miss Florence Nightingale drafted a 'Circular of enquiry' which was sent to all military stations in India. In this enquiry, questions were framed to study the health conditions and health problems of each place. The British empire got the information about Indian circumstances on the basis of these questionnaires and information notices. From 1664 to 1888, the British soldiers continued to be looked after by some attendants. But on 28th March, 1888, ten fully qualified certificate nurses from London reached Bombay to streamline the "Indian Army Nursing Services" in India. Miss. Locke who was a nurse trained from St. Bartholomew's Hospital London came to India as Nursing Officer. Along with her, five other nurses were stationed at Rawalpindi and Miss Foxley with three others were sent to Bangalore. At that time nursing services were available for only British soldiers. These nurses had to face ward servants who were dirty, lazy, untruthful and great thieves. Majority of the medical officers were very much against having women nurses in the army and raised many objections and refused cooperation but gradually this attitude changed.

In 1893, Miss. Locke stressed the great need to establish the training of hospital orderlies on a regular basis, and in the following year a regular system of training men for hospital work.
was inaugurated. Twelve lectures were given by a Medical Officer on First Aid and Elementary Nursing to those men who volunteered to take the course and apply for Nursing Certificate. After passing this course satisfactorily the applicants were sent to the wards, where the sisters gave them teaching in practical nursing. After a period of regular attendance for two months in the wards they were given a certificate. This could not be considered a real training, but the foundation for the training of nursing orderlies was well laid down.

J.J. Group of Hospitals Bombay was the first Government hospital in western India to play a major role in bringing Indian women in nursing and providing training. In 1891, nursing training was started in Bombay with the help of “All Saints Sisters”. The first Indian Lady to have the courage to come forward for nursing training was “Kashi Bai Ganpat” who was sent by the Thane Municipality. In India, till independence, nursing services were mostly available for the urban people and British soldiers. Each province of the country had its own popular treatment method and local Vaidya and Hakims. There was no proper development of rural health and public health care. Deliveries were conducted in a traditional way by the dais who usually used to be illiterate, belonging to backward classes and were completely unaware of the scientific methods of nursing care. They worked with experience only. To provide training to the dais, the first effort was made in this direction by Miss Havelet at Amritsar in 1886.
long before Independence. In 1907, "Society of Seva Sadan" was founded in Pune by the wife of Justice Ranade who planned to provide basic education and means to the Hindu widows to make them self-supporting.

In north India in 1911, a medical college was opened at Delhi with the help of Lady Hardinge which used to provide nursing training only, along with providing M.B.B.S. training to women.

In India, nurses were recruited in a well organised way in 1917 in "Queen Allexander Military Service". These services were regularised in 1926. At that time twelve matrons, 25 staff nurses and 18 sisters were on the job. Three years modern nursing training was started from the military nursing services. At the time of 2nd world war, only one nurse was available for fifty to sixty thousand population in India.  

The shortage of nurses became markedly apparent during the war years, mainly because of the demands of the military hospitals and expansion of civil hospitals. There was an acute shortage of candidates for training partly due to the more attractive conditions of service offered by the women's auxiliary services. Two steps were taken by the Government of India to ameliorate the situation. To meet the shortage of numbers, in 1942, Auxiliary Nursing Services were organised to provide nursing services to general public. Six months Elementary Nursing Training was given for the services. They were called the Assistant Nurses. A Chief Nursing Superintendent was appointed
in the office of the DGIMS to organise the services and also to be the Advisor in nursing to the Director General.

In 1921, a "Health School was opened in Delhi to prepare a trained team of public health workers which was named "Lady Reading Health School" in 1926. Health visitors were given training in this school. But for years there continued to be shortage of adequate number in this institution because of the problems that health visitors had to provide door to door health service. In India, second health care school was opened in Lahore in 1922. Even then, the status of health services remained low till independence.

"Trained Nurses Association of India" (T.N.A.I) organised in 1908, was the first organisation to keep the nurses united and demand more facilities. With the decisions and suggestions taken in the T.N.A.I conference held in 1941, this organisation apprised Director General Health Services of the Indian British Government that good teachers were required to provide a thorough training for nursing. Till then, nursing trainees were provided training about behaviour treatment by the Nursing Director or Nursing Sister who herself used to be very busy in fulfilling the other responsibilities. Nursing teachers had to go to "Royal College of Nursing London" for training. To fill this shortage in the country and to produce more skilled and trained teachers, a school of "Hospital Administration" was opened at Delhi in 1943. The same school in 1946 was named as College of Nursing in
which training in 'Nursing Administration' and "Sister Tutor" was also given along with Degree in Nursing.

For the first time in 1903, Surgeon General proposed to the Government to set up a Nursing Registration Council for the registration of Nurses which could not be accepted. One of the earliest measures to obtain a uniform standard of entrance to training schools and of examinations, was taken in Bombay by the establishment of Bombay Presidency Nursing Association in 1909. This association laid down curriculum in nursing schools and rules for the inspection and recognition of training schools, conduct of examinations and registration of nurses and midwives. This association continued to work till "Bombay nurses, midwives and health visitors council" was established in 1935. In north India, at the initiative of some nursing directors, a conference of nursing and medical superintendents was organised which resulted in the formation of the North India United Board of Examiners for "Mission Hospitals" was established in 1910. Rules governing admission to the board and standard of training, curriculum and examination were laid down. The minimum length of general training was fixed at three years, with an additional year in midwifery. The first examination was held in 1910, but records only exist from 1911.

At first, only a few hospitals in Punjab, U.P., and Bihar joined the board, but very soon numbers increased, as hospitals in the north-west frontier province, Sind, Bengal and Rajputana came in;
and a little later a number of government and Dufferin Hospitals
applied for affiliation. This greatly helped in the coordination of nurses
training throughout North India and facilitated in the raising of
standards. Soon after 1910, the minimum qualification required
for student nurses was the Anglo-vernacular eighth standard
examination. Nurses were examined in either English or Urdu. In
the year 1905, 'Association of Nursing Superintendent of India'
was formed as a first step to bring together, the members of the
nursing profession. It brought about many reforms and much
progress in the training of nurses and the management of hospitals.
The association grew fast and within three years it was
considered essential that trained nurses other than nursing
superintendent should be asked to cooperate in this work. For
this reason in 1908, a second association was formed called,
"Trained Nurses Association of India". The magazine "Nursing
Journal of India-an official organ of the Trained Nurses Association
of India was first issued in 1910 and is continued till today as a
monthly publication. In 1912, the T.N.A.I. was affiliated to
the International Nurses Council in which it stands 8th on the
list of National Nurses Association. By this affiliation, India's
National Association has pledged itself to a policy of self-govern-
ment and freedom from any political domination.

Since then, the association has held that nurses should be
self-governing in all matters relating to their profession. It
maintains that:
i) in the matter of the selection, appointment, and dismissal of nursing staff, authority should be in the hands of the Hospital Nursing Superintendent.

ii) on the Nurse's Registration council there should always be a nurse majority.

iii) the Registrar should be a fully trained certificated nurse.

The Association was registered on June 16th, 1917 under the Societies Registration Act No. XXI of 1860. The Association continued its efforts that states/provinces pass Acts regarding constitution of Nursing Council so that with this legalisation nurses' status could be uplifted. The first Nurse's Registration Act was passed in Madras in 1926. The similar Acts were passed in Punjab in 1932, Bombay, Bihar and Orissa in 1935, Bengal and Uttar Pradesh in 1934, central province (M.P) in 1936, Assam in 1944 and Travancore states in 1946.31

In the year 1943, the Health Survey and Development Committee (Bhore Committee) was appointed by Govt of India under the chairmanship of Sir Joseph Bhore to make a broad survey of the present position in regard to health conditions and health organisations in British India and to bring recommendations for the future developments.32 This committee submitted its recommendations to the Government in 1946. The extract of Bhore Committee recommendations regarding the existing deplorable conditions of nursing and the recommendations regarding training
of nurses hundred fold and of midwives twenty fold are given in Annexure-I.

In these recommendations there were many suggestions regarding the promotion of nursing services to make it uniform and prestigious. For the implementation of suggestions given by the committee, the Govt of India opened a College of Nursing at New Delhi in 1946. The role of T.N.A.I. has been very significant in this direction. In the same series, International Nurses Council was established by the Govt. of India on 31st December, 1947 to regulate the standards of nursing education.

In 1950, the International Nursing Council made three important decisions:

(a) There should be only two standards of training for general nursing and midwifery.

(i) the full course of general nursing to be for three years followed by minimum of six months of midwifery; and

(ii) a course of auxiliary nurse midwife for two years;

(b) The minimum entrance for the auxiliary nurse midwife to be 7th or 8th standard of education; and

(c) The auxiliary nurse midwifery course to replace various courses like Junior Grade Nursing Certificate and the other nursing courses.
The main objective was to bring uniformity in the health services in the whole country, so that they were run by trained Auxiliary Nurses and Midwives. In pursuance of resolutions passed at the second committee of the Central Council of Health held at Rajkot in February 1954, a committee was appointed to review the conditions of service, employment etc. of nursing profession under the Chairmanship of Shri. A.B.Shetty, Minister of Health, Madras. The terms of reference of the Committee were as follows:

(a) To survey the existing facilities for teaching in nursing, conditions of work and emoluments of various grades of nurses;

(b) To assess the minimum requirements of the country as a whole in respect of nurses and to recommend specified measures to overcome the shortage. The committee should particularly examine whether teaching can be imparted on a large scale in the regional languages or if this is not feasible at present, whether admission qualification can be lowered without adversely affecting the quantity of service rendered to the community by the nurses; and

(c) To examine the existing conditions of service and emoluments admissible to nurses in the various States and the State-aided-institutions and to make recommendations for their improvement so as to attract educated young women from good families to the profession. In
making these recommendations, the committee should keep in view the financial resources of the States so that it may be feasible to introduce uniform scales of salary and other conditions of service for nurses throughout the country. The extract of recommendation is given in Annexure II.

During the implementation of the recommendations of Shetty Committee, following changes were made:

(a) New schools at district level for training of Auxiliary Nurse Midwife and training of general nurses were established. The number of ANM schools increased from two in 1952 to 146 in the year 1958. Another 50 schools for general nursing were added,

(b) Training of male nurses was carried on in some States,

(c) Selection committees were formed for selection of nursing students,

(d) Public health nursing was integrated in general nursing and midwifery course to enable the qualified nurses to work either in the hospital or community. Nurses were appointed in the office of the Directorate of Health Services in the States to strengthen nursing education and nursing service in the States. Attempts were made to create additional posts in the hospitals as per recommendations.33
The Government of India, Ministry of Health had set up a Health Survey and Planning Committee under the chairmanship of Dr. A. Lakshmana Swamy Mudaliar on June 12th 1959, to undertake the review of the developments that have taken place since the publication of the report of Health Survey and Development Committee (Bhore Committee) 1946 with a view to formulate further health programmes for the country in the third and subsequent five year plan periods. Terms of reference of the Committee were as follows:

i) The assessment in the field of medical relief and public health since submission of Health Survey and Development Committee (The Bhore committee) report.

ii) To review health development in the country during the first and second five year plans. The extract of the recommendations is given in Annexure-III.

During the implementation of recommendations:

(1) Three grades of training of nurses were further strengthened.

(a) B.Sc degree (four years) with entrance qualification as Senior Cambridge or Intermediate, Pre-university course to be integrated with general nursing, midwifery and public health nursing education at university level,

(b) General nursing and midwifery for three and half years duration. Entrance qualification to be matric. Training at
hospital level integrating public health nursing in nursing
and midwifery; and

(c) Auxiliary nurse midwifery training of two years with
entrance qualification of eighth class.

(2) Medium of language to be English in diploma courses in
nursing. However, some states taught in Hindi or regional
language.

(3) Training facilities for training of degree nurses, diploma
nurses and A.N.M. were increased.

(4) Public health nursing diploma course of ten months
duration was started for registered general nurses and
midwives to replace Lady Health Visitor with public health
nurse in phased manner.

(5) Opportunities were provided to nursing personnel of one
category for getting training in the next grade e.g., provi-
sions were made for auxiliary nurse midwives to do general
nursing and midwifery course. Similarly, provision was made
for diploma holder nurse to do degree course in Nursing
(two years duration).

(6) Nurses holding degree in nursing were considered for higher
posts only after minimum of 2-3 years of practical experience.

(7) Master's degree in nursing was started in 1959 for providing
opportunities for higher education to B.Sc. degree holders.
Male nurses were given training in V.D., rehabilitation etc., but training of females were given preference as recommended.

Efforts were made to increase stipend and living conditions of student nurses.

Courses in psychiatric nursing, paediatric nursing were initiated.

The turn-out of nurses increased from 1827 in 1954 to 2851 in 1961. Approximately 200 additional nurses were trained every year. Similar increase was noticed in turn out of auxiliary nurse midwives. There are 446 school of nursing conducting auxiliary nursing midwifery course. The duration of the course and entrance requirements have been changed as per recommendations of Kartar Singh Committee report (1974). The entrance requirements have been raised to tenth class and the duration of the course has been reduced from two years to one and half years. The revised syllabus was approved in 1977 by the International Nursing Council (INC). The Candidates passing out from the course were to be registered as ANM (designated in the field as female health workers).

Health Manpower Planning, Production and Management Committee (Bajaj Committee 1986-87), besides its recommendations on Education in Health Sciences, also recommended:

- Preparation of plan of action for health manpower
management taking into consideration employment retention, support and development of health care personnel.

- Uniform employment procedure and recruitment policies and preparation of job descriptions.
- Enunciation of central guidelines for cadre planning with promotional avenues both for vertical movement and a lateral induction based on seniority and merit.
- Same salary structure, all over India.
- Provision of incentives by way of allowances, better living and working conditions and other fringe benefits to make rural service more attractive.
- Development of continuing education programmes i.e. refresher courses, in-service training, bridge courses for advanced professional education. Committee also projected Nursing Manpower requirements for Hospital Nursing Services.\textsuperscript{35}

Regarding manpower, Eli Ginzberg stated that traditionally there has been under utilization of qualified man power by "Capital-poor Institutions" like universities and hospitals where specialised personnel have to be employed to function for a good portion of their time at less than their highest level of capability. This is because these institutions generally are unable to afford supportive, clerical and administrative personnel in the number needed to free the professional and technical staff from the routine work.\textsuperscript{36}
Aydelotte is of the view that any institution whose purpose is the delivery of health care is confronted with the difficult question of relation between staffing and qualities of patient care. 37

A High Power Committee (1990), in its report brought to the light the facts that the nursing personnel enjoy poor status and are plagued with some chronic problems such as long working hours, inadequate work place (duty station), lack of supplies and equipment, forced performance of non-nursing duties. Compared with other professionals, nurses have low salary and poor status. It also observed that nurses are generally not involved in making policies that govern their status and practice. Nearly 97% of nurses are in group 'C' category and their status in the Directorate is quite low.

It's recommendations on working conditions of Nursing Personnel included:

- Uniformity in employment procedures and recruitment rules,
- Preparation of job description of all categories of nursing personnel.
- Reduction of working hours to 40 hours/week and provision of weekly days off and gazetted holidays, compensatory days off and compensation for extra working hours.
- Provision of uniformity in special allowance such as Uniform allowance, Washing, Risk, Messing allowance etc.
- Provision of at least three promotional opportunities during service period on the basis of seniority-cum-merit.
- Promotion to seniormost administrative post to be by open selection and B.Sc. Nursing be essential for promotion to the post of ward sister.
- Increase in the number of posts in supervisory cadre.
- Selection grade and running scales to be given in cases of stagnation.
- Provision of deputation for higher studies and refresher courses.
- Priority allotment of accommodation near the work place.
- Arrangement for transport during odd hours and calamities etc.
- Schemes of special incentives such as awards or special increment.
- Extension of medical facilities.
- Provision of other welfare measures like Cretch, Children Education Allowance.
- Nurses not to be made responsible for breakage and losses.
- Hospitals to develop Central Sterile Supply Departments, Central Linen Services, Central Drug Supply System and group 'D' employees be responsible for housekeeping department.

Besides these committees, some other reports have also been published concerning Nursing Services in Hospitals. The reports
published by Sood (1988), Lalitha and Shankaraiah (1989), Mehta (1990), Suryamani (1990), Bose (1994), Earnest et al. (1996), Mahajan and Verma (1997), Clara (1997), highlight various aspects of Nursing Service Administration in Hospital settings. They have also pointed out problems related to nursing administration and services like shortage of staff, heavy work load, low pay scales, stagnation, poor working conditions, lack of accommodation etc. But there is not a single comprehensive, scientific study conducted in India on nursing service administration in a hospital attached to a Teaching-cum-Research Institute.

**Significance of the Study**

The study of available literature described in the previous pages clearly indicates that the literature about the role of nursing services in the health care delivery system is available in abundance but the literature on administration of nursing services is very scanty. The review of literature clearly points out that there is no comprehensive scientific study about organisation and administration of nursing services in teaching-cum-research institutes. So this study is an attempt to over come some of these short-comings. Therefore, different aspects of nursing service administration in the Nehru Hospital attached to the Post-Graduate Institute of Medical Education and Research, Chandigarh is being investigated.

The present study will help the organisers, planners, administrators of health services and educators in the field of nursing to act with more efficient measures to improve administration of
nursing services and to increase the job satisfaction and decrease such factors which lead to poor performance and absenteeism, thereby improving the standard of nursing care qualitatively as well as quantitatively, without any significant cost.

**SCOPE OF THE STUDY**

In the present study, different aspects of administration of the nursing personnel employed in the Nehru-Hospital attached to the Post-Graduate Institute of Medical Education and Research, Chandigarh is being investigated irrespective of their position, qualification or place of posting.

**OBJECTIVES OF THE STUDY**

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.

HYPOTHESES

1. The organisational structure of the nursing service department is not conducive for harmonious growth of Nursing Personnel.

2. The objectives of Nursing Service Department are not being fully achieved.

3. The recruitment and promotion procedure are not followed as per rules.

4. The placement of the staff in different units is not conducive to quality patient care.

5. The working conditions e.g. salary structure and fringe benefits of nursing personnel are not satisfactory.

6. The nursing personnel waste their time in non-nursing jobs.

7. The job satisfaction of the nursing personnel is low.

8. The interpersonal relationship are not conducive and does not promote team-work.

9. The employer-employee relations are not healthy and harmonious.
RESEARCH METHODOLOGY

The present study has been conducted to investigate Nursing Service Administration in Nehru Hospital attached to the Post-Graduate Institute of Medical Education and Research Chandigarh. It has been conducted as follows:

1. **Study of Documents and related literature** - 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 were thoroughly examined such as recruitment rules, nursing policy manuals, job descriptions, nursing records and reports, and duty rosters etc.

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 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 levels 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 was prepared to study level of job satisfaction among nursing personnel and to find out factors of satisfaction/dissatisfaction.

**CHAPTERISATION**

The report is presented under following chapters:

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
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