Administration of Nursing Services in Rajasthan State: A Report

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Introduction

Health care is the basic need of all human beings. To meet the goal of 'Health For All by 2000 A.D.' States and health related agencies all over the world are taking appropriate steps. The role of nursing services in the field of medical and health hardly needs to be mentioned.

The profession of nursing is as old as mankind itself. By nursing we mean providing physical, spiritual and emotional care in a variety of settings. Nursing services comprise activities like dealing with preventive measures to maintain a state of wellness, teaching a patient or his or her family member, caring for and restoring an individual to optimal, physical and emotional health, and coordinating the rehabilitation of those who are ill.

According to Shanks and Kennedy "Nursing service administration is that organisation through which nurses in a hospital or another type of health agency are able to provide best possible nursing care for patients in hospital or under jurisdiction of another type of health agency".

It is common thinking amongst medical and health administrators that nursing services are subordinate services. This is probably why hardly any efforts are made by any government to promote nursing services. The nursing services scenario in the state of Rajasthan is very bad. Most of the nursing personnel (92%) are unsatisfied with the administration.

Being a student of public administration and a Male nurse in Rajasthan Medical and Health Services in Jaipur, the author was in a position to give a thought to the question as to why the nursing services are not so effective? Is it due to administrative lacunae? Despite expansion of health infrastructure, improvement in nursing services in India has been relatively slow. Hence, the present study with the objective of identifying major deficiencies in nursing administration was undertaken.

Scope of the Study

The present study deals with organisation, classification of posts, recruitment, training and promotional system of nursing personnel in the state of Rajasthan. It is concerned with the theoretical rules and regulations formulated by Government, and the existing situation with regard to their implementation.

Hypothesis

The efficiency and satisfaction of employees in any organisation depend on the organisational set-up, recruitment system, training methods, promotional avenues and service conditions (Rules). It was hypothesised that the inefficiency of Rajasthan nursing services and dissatisfaction of the employees are due to defective personnel administration. This hypothesis was approved by respondents at the time of primary data collection.

Respondents

All the nursing staff of allopathic hospitals and dispensaries, urban as well as rural, in the whole of Rajasthan state, who are registered with the Rajasthan Nursing Council, Jaipur and are working under Directorate of Medical Health and Family Welfare Services, Rajasthan formed the subjects for the study.

Objectives of the Study

- To know organisational structure of nursing services at Central, State, Regional and District levels, and the role of nursing services in community as well as medical and health field.
- To find out in detail the working system of nursing services in the state of Rajasthan.
- To know classification of posts and recruitment system of Rajasthan Nursing services with a view to ruling out their inefficiency.
- To know training system and promotional methods adopted in Rajasthan Nursing services and to find out major lacunae related to these.
- Analysis of reactions of nursing personnel related with various aspects of personnel administration (Tabulation etc.)
- Problems and solutions.

Research Methodology

To make this thesis authentic and reliable it was decided to collect the

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primary data by questionnaire/schedule, interview and observation methods. The secondary data were derived from books, government reports, old theses, journals, articles and service rules of Rajasthan Government.

About 150 questionnaires/schedules were prepared and given to Health Workers (female), Female Health Supervisors (sector), Male Nurses Gr.II, Staff Nurses, Sisters, Male Nurses Gr.I, Nursing Tutors and Nursing Superintendents. The questionnaires were distributed to some by hand and to others by mail. A total of 104 questionnaires were received back out of which 4 were incomplete. The questionnaires included open ended as well as close ended questions.

Major Findings

The respondents' dissatisfaction was evident from their response to the questions mentioned in the questionnaires. The major problems related to the administration of Nursing personnel in the state of Rajasthan, identified on the basis of respondents' views are:

- The names of posts are not in accordance with the spirit of Indian culture and employees' work or duty: The post ''Male Nurse'' in Indian society is mentioned jocularly. The people think that 'Nurse' means only 'female nurse'. It was noted that cadres or names of posts were changed every 15 years, e.g. Compounder - Male Nurse - Nurse (Male and Female both) Health Assistant (Female) is known in Ref. as ''Female health supervisor sector''. It is too long and not easy to speak in daily routine.
- Inadequate pay and allowances of nursing staff: More qualified nurses are getting less salary than lesser qualified nurses, e.g. a staff nurse who has passed General Nursing Diploma (3-years) after 10+2 basic education is getting the pay scale of Rs. 1400-2600, while Public Health nurse instructor who has B. Sc. Nursing degree (4 years) after 10+2 basic education is getting the pay scale of Rs. 1400-2360.
- No ''Psychiatric nurse'' was found to be working in the State of Rajasthan though the post is mentioned in service Rules.
- No authority is entrusted to nursing superintendents and even Joint Director (Nursing)- the supreme post in Rajasthan. All authority and power is in the hands of doctors. As a result, nursing officers are not involved in administrative matters.
- Dual control or supervision of the nursing personnel: A staff nurse for instance is supervised by the nursing superintendent as well as doctors.
- Heavy work load in Directorate, delay in administrative matters and red tapism are common.
- The candidates who have passed 10+2 with Arts & Commerce subjects are also allowed to enter Nursing training (pre-service). As a result, they find it difficult to understand Anatomy, Physiology and Pharmacology.
- From the list of candidates eligible for training being prepared centre-and district-wise, it was observed that while at Jaipur and Alwar training centres the candidate last on the list had about 60% marks in Barmer and Bhilwara district training centres the topmost candidate had 60% marks. Thus no justice is being done to qualified persons.
- Reservations based on caste have led to division in the nursing staff.
- Permanent nursing posts are not advertised through media. The posts are always filled in by the Directorate according to the information of Rajasthan Nursing Council. This is not according to law.
- Lack of nursing tutors at Training Centres: According to Indian Nursing Council norms there must be one nursing tutor for every 10 nursing students. But in Rajasthan there is one nursing tutor for about 20-30 students while about 100 trained nursing tutors are in the waiting list.
- Lack of facilities at Nursing Training Centres, like hostel, furniture, canteen, play-grounds, library, exhibition hall, etc.
- There is no provision of separate budget for nursing training centres. This makes management of financial problems difficult. The budget allocation depends on the discretion of Chief Medical and Health Officer of concerned districts.
- The syllabus and curricula have not been updated. The nursing procedures practised about 30 years ago are being taught to trainees.
- Heavy and long hours of duty are being allotted to the nursing students, and they are paid a stipend of Rs. 80-150/- p.m. while permanent nursing staff gets the salary of Rs. 3000/- p.m.
- Lack of books and literature: Even after 45 years of independence the Nursing education books are being imported from abroad.
- Lack of facilities for higher education (M.Sc. Nursing, M.Phil & Ph.D.) and specialised courses in Nursing in the state of Rajasthan.
- Viva-voce examinations of Nursing students are taken by doctors, which nursing students find difficult. This is despite the fact that Indian Nursing Council has strictly mentioned the rules with regard to General Nursing Syllabus/books for the nursing examination.
- There is a lack of promotional chances, and departmental promotion committees do not meet regularly. Implementation of Seniority list is always pending.

Suggestions

- There must be a separate Directorate of Nursing Services headed by a senior and qualified Nurse. Past experience shows that doctors have never tried to promote nursing services. It is also recommended that there must be a ''Directorate General of Nursing Services'' at National level.
- Names of posts should be according to Indian cultural situations. The desig-

nation of male nurse must be either 'junior doctor' or 'Nursing Officer' or 'Medical Inspector'

- More authority must be given to nursing superintendents and other senior officers so that they can perform their duties more easily and properly.
- Pay (salary) must be given according to work and qualifications.
- "Unity of command" rule must be practised which means "one subordinate headed by one boss".
- Only those candidates should be allowed to enter Nursing training who have passed 10+2 examination with Biology group subjects.
- The preparation of a common list of trainees must be at state level rather than district-wise.
- Reservations on the basis of caste should be abolished.
- There must be a separate Recruitment Board for Nursing personnel.
- Respondents took keen interest in "Pre-Nursing Test", on the pattern of pre-medical and pre-teachers education training test, so that only qualified candidates enter nursing training.
- Attractive advertisement for recruitment: The recruitment for permanent nursing personnel must be advertised at national level.
- More trainers (Nursing Tutors) should be recruited.
- Specialization course (6 months certificate course), in Nursing must be started in Rajasthan state.
- Separate budget allocation for nursing training centres should be made.
- The stipend amount for nursing students in lieu of duties should be raised to Rs.1500/- p.m. with a subsequent increase in stipend from time to time.
- Syllabus and curriculum should be changed after every three years.
- Indian writers should be encouraged by Govt. of Rajasthan to write books for Nursing Training.
- Seniority list of Nursing personnel must be prepared well in time.
- Promotion must be based on merit. More qualified nurses may be given extra incentive for promotion.
- Departmental Promotion Committee (DPC) should be regular and neutral.
- Viva-voce test of Nursing students by doctors must be stopped.
- M. Sc. Nursing and Research facilities should be made available in at least 5 Nursing Colleges in Rajasthan.
- Nursing officers must undergo training at Rajasthan Public Administration School, Jaipur in disciplines of organisational theory and administrative behaviour.
- Refresher courses for in-service staff should be organised.
- Reservations in promotion must be abolished.
- There must be a HMD (Health Manpower Development) Cell at State capital so that efficiency and demand for health personnel can be increased.

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Strength of Nursing Personnel in Rajasthan as on 30.5.1991

S.No.	Name of Post	Sanctioned	Vacant
1.	Joint Director (Nursing)	1	1
2.	Deputy Director (Nursing)	2	2
3.	Nursing Superintendent Gr. I	47	10
4.	Nursing Superintendent Gr. II	107	20
5.	District Public Health Nurse	27	14
6.	Public Health Nurse	186	7
7.	Male Nurse Gr. I	1265	89
8.	Sister Gr. I	446	51
9.	Nursing Tutor	258	4
10.	Male Nurse Gr. II	5440	564
11.	Staff Nurse	2459	428
12.	Health Assitants (F) LHV	1308	147
13.	Health Workers (F) ANM	10442	1740