Socio-Economic Background of Nurses in a Hospital Organisation

Dr. E. SURYAMANI

THE most cherished and essential function of society for all times is to render appropriate and effective services to the sick. The sick requires assistance because he is "dependent, egocentric, subject to irrational fears and, in general, his capacity for normal self-control is weakened." (Johnson & Martin, 1958 : 373-377). Historically the nurse has taken up the service of the sick as her function. Sigmund Nosow and Willima Form described nursing as, "an occupation traditionally identified with women's social role of ministering to the ill and womanly kindness and affection." (Nosow & Form, 1962). This has been treated as patient care.

As a profession, Nursing is of recent origin, but the art of Nursing has been in existence in many forms for a long time. Previously her functions were that of "mother-surrogate" and "bed-side—psychologist" (Rushing, 1966) for patients. These functions were inclusive in nature (inclusive of all kinds of personal care and advising, counselling, comforting, serving, feeding and so on). In modern times nursing profession stresses more on comprehensive nursing care for the patients which consists of both direct nursing care functions (like meeting physical, social, psychological, spiritual, economic and educational needs of the patients) and indirect nursing care functions (like maintaining supplies and equipments, carrying out clerical and house keeping functions) (Jayalakshmi, 1980 : 65). Besides learning the techniques relating to these functions, the Staff Nurse is trained in the skills of rendering expressive patient care as an important part of comprehensive nursing care. In the hospital situation the expressive function of a professional nurse involves devotion of time for the patients by acquiring knowledge of the socio-economic background of the patient, by reducing the tensions, fears and anxieties of a patient regarding the illness and the course of treatment, by extending sefless service and affectionate behaviour and by providing physical and psychological comfort to the patient with appropriate care. This expressive care function of a nurse is more important in the treatment of a patient, because doctor's instrumental activities like examining, diagnosing, prescribing and treating are often felt by the patient to be embarrasing, painful and anxiety provoking and tend to produce high levels of emotional tension in the patient. But, nurse by her explanations, reassurance and comforting ministration can sell to reduce them and prepare the patient for accepting the treatment.

To participate in all these events, she must understand herself, her own involvement, her own aptitude toward disease, toward people and toward work situation. The nurse understands the principles of organization and administration because, in reality, whether she likes it or not, she has become defects administrator in the complexity of patient care. Hence the nurse comes under one of the important functionaries of the hospital, who is at patient care unit continuously. But the nurse is treated as a semi-professional (Etzioni, 1972, Damle, Commen, 1978 and many other sociologists have classified nurses as semi-professionals). The status of a nurse as well as her remuneration are comparatively low, her work load is heavy. Still the nurse opts for her nursing profession.

For appreciating her choice of profession, aptitudes, work in the hospital organization, and to know whether her family background, economic and educational conditions influence her choice and continuation of profession, it is important to study and analyse the socio-economic background of the nurse in the hospital.

Purpose of the Study

Hence the purpose of the present study is to present a composite picture of socio-economic background of Staff Nurses working in the hospital organization and also to analyse the psychology of the nurses in the career choice, prestige and status in the occupational community as well as in society.

Area for Field Study

King George Hospital, one of the biggest teaching-cum-general hospitals, in the State of Andhra Pradesh located in Visakhapatnam was selected for the present study. It is a large scale formal organization. In consists of around 150 Staff Nurses and so it is decided to take the entire universe of Staff Nurses (since it is manageable in size for administering the interview schedule for collection of data).

A summary of the analysed data is presented below :

Age : When age is categorised into different age groups, the single largest majority of respondents (35.3 per cent) belong to the age group of 31 to 35 years, followed by 34.0 per cent of the nurses coming from the age group 26 to 30 years.

The author is a U.G.C. Research Associate in the Department of Sociology, Andhra University, Waltair.

Table-1

Ages of the Respondents

Ages of the respondents (in years)	*Frequency*	*Percentage*
25 and below	11	7.3
26—30	51	34.0
31—35	53	35.3
36—40	19	12.7
41 and above	16	10.7
Total	150	100.0

Range=22 to 51 years
Mean age : 32 years

This revealed that almost 70.0 per cent of the sampled nurses fall within the age range of 26 to 35 years, which shows that the sample is composed of young and middle aged persons, with the mean age for the sample as a whole being 32 years. The studies of Plakkottam (1973), Ahluwalia (1971), Raman (1971) and Ramanamma and Bambawale (1980) show similar results in their respective studies, i.e., the sample consists of young aged persons. This is mainly because nurses join the course after passing the matriculation or S.S.L.C. examination and the student nurses are paid a stipend as soon as they join the course.

Religion : As Table-2 indicates a majority of (54.0 per cent) respondents are Christians followed by Hindus consisting 43.3 per cent and the remaining 2.7 per cent are Muslims. This pattern not only agrees with the findings of the earlier studies (Commen, 1978 : 40) but also conforms to all India pattern. (The Coordinating Agency for Health Planning, 1974 : 18).

Table-2

Religious Background of the Respondents

Religion	*Frequency*	*Percentage*
Christians	81	54.0
Hindus	65	43.3
Muslims	4	2.7
Total	150	100.0

According to the abovesaid All India Survey of Nurses 65% of the nurses were Christians, 30.0 per cent were Hindus, 2.5 per ecnt were Muslims and the rest of the religious communities constituted 2.5 cent. Such predominance of Christians can be explained by Oommen (1978 : 45) in a correct way. According to him Nursing being exclusively a female occupation and since many women from Hindu and Muslim families were not inclined to enter professions till recent times, Christian women might have been over represented in a predominantly female occupation. But their monopoly in nursing seems to be due to certain deep rooted structural reasons (Oommen, 1978 : 45). The fact that the nursing profession might have been considered ritually 'unclean' by Hindus and the observance of 'purdah' and illiteracy among Muslim women might have prevented their entry into this occupational career. Further, the low prestige associated with nursing as an occupation in the eyes of the community, generating partially from the fact that the female nurse has to handle male patients, might have been a disincentive to women in general to enter this profession. All this indicates the relationship between social structure, cultural values, class background and occupational recruitment. Beyond this, it is to be noted that the present allopathic system of medicine was introduced in India by the Christian Missionaries whose motto is service to humanity, the tendency on their part to prefer native Christian women for this newly introduced occupational role is reflected in the predominance of Christians among nurses (Oommen, 1978 : 45).

The study by Ramanamma and Bambawale (1980 : 449) clearly indicates that Hindus and Christians contribute substantially to this profession (140 : 107 respectively).

Caste Background : With the close association between Caste and Occupation in the traditional Indian social structure, one has to look at the caste background of the Hindus. According to the data of the 65 Hindu respondents in the sample (leaving apart 81 Christians and 4 Muslim respondents) 32.3 per cent come from Dwijas (twice born castes) namely Brahmins, Kshatriyas and Vysyas, followed by 26.2 per cent having from peasant castes such as Kapu, Kamma and Telaga. While another 23.0 per cent belong to service castes, the remaining 18.5 per cent belong to Scheduled Castes.

Table-3

Respondents' Caste Composition

Castes	*Frequency*	*Percentage*
Dwijas	21	32.2
Peasant castes	17	26.2
Service castes	15	23.0
Scheduled castes	12	18.5

Thus it can be seen that there is a less representation of nurses from scheduled castes notwithstanding the special concessions given to them for entry into educational institutions. This anomaly points to the fact that a minimum level of socio-economic development is a pre-requisite for even to utilise the special benefits extended to such under-developed social

categories. The other reason is that the scheduled caste people generally tend to get converted into Christianity. Our analysis further indicates that of these 65 Hindu respondents, a majority of 58.5 per cent alone come from forward castes, whereas only 23.0 per cent are from the economically backward classes.

Educational Attainment : The educational qualifications of nurses on investigation indicates that most of them (86.0 per cent) are matriculates or its equivalent. However, while about 11.0 per cent passed Intermediate or equivalent thereof, the rest 3.0 per cent are Graduates. Though the general educational qualification prescribed for nursing is a pass in S.S.L.C. or Matriculation, few women have either improved their qualifications after entry into the profession or entered the profession with qualifications more than the minimum prescribed.

Table-4

Educational Background of the Respondents

Education	*Frequency*	*Percentage*
10th class or SSLC or Matriculation	129	86.0
P.U.C. or VII Form or Intermediate	17	11.3
B.A. or B.Sc. or B.Com.	4	2.7
Total	150	100.0

But, by and large, when the researcher had a personal detailed talk, most of the nurses expressed that they do not have any special interest in improving their academic qualifications. It is to be noted that, in the nursing profession, promotions are based only on the number of years of service and special in-service training obtained.

Further, while all the respondents underwent nursing training in general before their recruitment into the profession, 28.0 per cent took further special training in various branches of their profession. Of this 28.0 per cent, more than 50.0 per cent are specialised in theatre training and the rest have developed their specialised skills in blood bank, psychiatry, public health and cardiology departments.

Motivation for Selecting the Nursing Profession

One's own choice of selection of a profession or an occupation is a positive and crucial factor that determines the role performance, role commitment, job satisfaction of the role performer. When questioned why did they choose nursing ?, about 61.7 per cent expressed categorically their inherent desire to render service to the sick and to them nursing is a noble profession. About 13.0 per cent stated that economic necessity is the main factor responsible for their induction into the nursing profession. This is the only profession which is readily available to the girls with a minimum of educational qualifications whose socio-economic background is also poor. While in the case of 9.0 per cent, the reason for their choosing the profession is to escape from leisure, about 5.0 per cent sought this profession since they did not get any job other than this. The remaining respondents stated different reasons for their choosing nursing profession, like lure of the dress pattern of the nursing profession, lure of the relatives who are nurses, ability to postpone marriage and as an alternative to the practice of medicine, etc.

Table-5

Reasons for the Professional Selection of the Respondents

Reason	*Frequency*	*Percentage*
Economic necessity	20	13.3
Lack of other jobs	7	4.7
Inherent desire to render service to the sick	91	60.7
To escape leisure	13	8.7
Other reasons	19	12.6
Total	150	100.0

When asked from whom the initiative came for them to join the profession, 76.7 per cent informed that they have joined this profession on their own and the initiative and decision came on their own only. On the other hand, while 21.3 per cent stated that the initiative and advice came from their parents, close relatives and friends, the remaining 2.0 per cent joined the profession on compulsion much against their wishes. Thus, it can be seen that a Majority of the nurses joined the profession on their own with interest to serve the suffering humanity.

It may be worthwhile to mention here that in a study of doctors in India (Taylor, 1976) it was found that while deciding to join the medical profession the doctors attached high importance to 'intellectual satisfaction', whereas the nurses were relatively more service oriented than the doctors. Oommen (1978) also empirically stated that nurses are motivated by humanitarian considerations in entering the profession.

Residential Conditions : In order to determine whether the nurses had an urban or rural upbringing, they were requested to point out their place of birth and place of residence before their entry into the profession. The data revealed that almost 70.0 per cent were born and brought up in towns and cities as against 30.0 per cent being only rural-bred. That means the urban influence was greater than the rural. Thus, we notice a relatively higher proportion of urban-bred are likely to enter the nursing profession, facilitating a middle class identity, as compared with

the rural-bred occupations identified with lower middle classes.

Table-6

Respondents' Residential Background

Residence	*Frequency*	*Percentage*
Rural	46	30.7
Urban	104	69.3
Total	150	100.0

It is to be noted that most of these nurses (66.7 per cent) hail from Visakhapatnam city and its neighbouring districts like East Godavari, West Godavari and Srikakulam. Some others belong to other far off districts within the State, but their number is insignificant. It is further noticeable that about 7.0 per cent hail from the State of Kerala.

Monthly Income : Income is an important variable for deciding the status of a person in modern society, besides the property or wealth one possesses. The life styles and life patterns of persons in the present society depend to a large extent on one's income. Therefore an understanding of income derived from the occupations becomes necessary. According to Table-7 the monthly income range of the respondents varies from Rs. 352 to Rs. 800 per month and the average works out to be Rs. 558.

Table-7

Respondents' Monthly Income

Income (in Rupees)	*Frequency*	*Percentage*
500 and below	50	33.3
501—600	52	34.7
601—700	39	26.0
701—800	9	6.0
Total	150	100.0

While 33.3 per cent got a monthly income of Rs. 500 and below each, 34.7 per cent are in the income range of Rs. 501 to 600 each, 26.0 per cent are in the income range of Rs. 601 to 700 each, and the rest 6.0 per cent have their income in between Rs. 701 to 800 each. In other words 60.0 per cent of the respondents in the sample have their monthly income ranging from Rs. 501 to Rs. 700 each. On probing almost all the respondents one knew that they have no private practice at all. Since unmarried female nurses have to study compulsorily in nurses quarters, they have any way no chance for private practice.

Duration of Service : Usually the respondents' income mainly depends upon the duration of service and experience in the organization, since experience and qualifications play an important role in deciding one's promotion, enhancement of pay and other benefits. One's seniority and the resultant experience are respected and guarded in the profession. Hence the need to know the relative professional experience of nurses which in turn has an influence on their role performance. Further as years go by, commitment to the profession, and strict adherence to professional ethics may vary depending upon the type of person and the particular situation.

Table-8

Respondents' Duration of Service

Duration of Service	*Frequency*	*Percentage*
Below 5	24	16.0
5—10	53	35.3
10—15	43	28.7
15—20	21	14.0
20 and above	9	6.0
Total	150	100.0

Hence, the analysis of the service experience of the nurses is necessary and useful. Table-8 reveals that while 16.0 per cent of the respondents in the sample have an experience of below five years each in the nursing profession, only 6.0 per cent have completed each more than twenty years of experience. But a single largest group of respondents namely, 35.3 per cent have an experience ranging between five and ten years followed by 28.7 per cent whose experience ranges between ten and fifteen years. However, the remaining 14.0 per cent have fifteen to twenty years of continued experience in the profession. Those respondents whose experience ranges between five and fifteen years constituted 64.0 per cent and they dominated over others in the sample. While the respondents' range of service varies between one to thirty years, the average duration of service of the sampled respondents comes to eleven years.

Marital Status : It is interesting to note that while 80.7 per cent of the respondents are married and are living with their husbands, 16.7 per cent are unmarried at the time of investigation. The remaining 2.6 per cent are either widowed or divorced or separated. Informal discussions with the nurses reveal that nurses were not averse to marriage at all. They felt that they can always arrange their duty timings conveniently and that there would not be much disturbance in the normal family life.

(Continued on p. 97)

Socio-Economic Background

(*Continued from p. 84*)

Table-9

Marital Status of the Respondents

Marital Status	*Frequency*	*Percentage*
Married	121	80.7
Unmarried	25	16.7
Separated, divorced and widowed	4	2.6
Total	150	100.0

On the contrary most of the unmarried nurses are holding a strong view that their occupation itself is a negative factor in preventing them from marriage, since the public esteem of nursing is very low. There are a few nurses who have decided to remain single and dedicate themselves to the nursing profession. It is very interesting to note that out of 121 married respondents, 17 of them have chosen their husbands from other castes, which shows that nurses are not against inter-caste marriage.

Duration of Married Life : Of the duration of married life enjoyed by the married nurses, 40.5 per cent of them have experienced each six to ten years of married life, followed by 25.6 per cent of the married respondents whose duration of married life was below five years. While 20.7 per cent of the married respondents enjoyed each eleven to fifteen years of married life, the remaining 13.2 per cent have had more than fifteen years of married life. Thus, by and large, most of the nurses in the sample (75.0 per cent) have a prolonged experience of married life of 5 years and above.

Family Background : In the present study each respondent experienced living in two different families since the respondents are females. The first family was the family in which the respondent lived at the time of her entry into the nursing profession (past family) and the second family is the family in which the respondents are currently living at the time of investigation either with their husbands and children or one attached still to their parental families (present family) in case of the unmarried.

Family Type : Past and Present : Data on the type of family of the nurses at the time of their entry into the profession reveals that 57.0 per cent seem to come from nuclear families in comparison with 43.0 per cent who belong to extended families. But looking at the data on the present type of family to which they belong, we observe that 45.0 per cent are currently living in nuclear families in contrast to 55.0 per cent who lived in extended families. Contrary to the expectation, a majority of the respondents are at present living in and maintaining extended families even in a city. In all probability, the reason for the prevalence and survival of extended family living in majority of cases is that most of them are employed along with their husbands and they need assistance of somebody to look after their families and children.

Table-10

Respondents' Family Type : Past & Present

Family	*Past*		*Present*	
	Frequency	*Percentage*	*Frequeney*	*Percentage*
Nuclear Family	86	57.0	67	45.0
Extended Family	64	43.0	83	55.0
Total	150	100.0	150	100.0

In such cases, they have to depend upon either in-laws or their parents or other relatives. Hence, the domination of extended families in the sample.

Family Size : Past and Present

Data on past family size at the time of entry into the training and profession reveal that a single largest majority of 44.7 per cent were having a family size of four to six members each in their parental home, followed by 36.7 per cent whose parental family size ranges from seven to nine members each. While 12.0 per cent are those whose parental family size consists of ten and more each, the remaining 6.6 per cent have a family size of below three members each.

Contrary to this, we find that while a majority (53.5 per cent) has at present a family size of four to six members each, 22.0 per cent have a family size ranging between seven to nine members each. Those respondents whose family size is below three members each constitute 21.3 per cent, whereas only 3.4 per cent have their family size of ten and more.

These factors reveal that the overall family size at present has been reduced and only 25.0 per cent have more than seven members each at present in contrast to 50.0 per cent whose past family size is more than seven members each.

Number of Earning Members : In addition to the past and present family size, the number of earning members in their parental families as well as in their present families consists of a majority (62.0 per cent) having in their parental families only one earning member each, followed by 27.0 per cent whose parental families have two earning members each. The rest 11.0 per cent have three or more earning members each.

Contrary to this, if we look at the data on the number of earning members, the present families have an overwhelming majority of 77.0 per cent at

present who have two earning members each including themselves, whereas only 15.0 per cent have only one single earning member each (the respondent herself) in their present families. However, the remaining 8.0 per cent have 3 or more earning members each.

It is to be noted here that the current economic position of the nurses in their families has definitely improved over the economic position of the parental families at the time of their entry into the profession. This factor along with the over-burdened family size of the majority of the parental families of the nurses might have influenced them in taking the decision to join the nursing profession, when other opportunities were not available.

Family Income, Past & Present Families : While the past monthly family income at the time of her entry into the profession includes incomes of respondents' parents, brothers and unmarried sisters, if any, the present monthly family income at the time of the investigation, includes incomes of the respondents and their husbands and other earning members in the family, if any.

Table-11

Family Income : Past & Present Families

Income in Rupees	*Past*		*Present*	
	Frequency	*Percentage*	*Frequency*	*Percentage*
Below 500	107	71.3	6	4.0
501—1000	31	20.7	71	47.3
1001—1500	12	8.0	52	34.7
1500 and above	—	—	21	14.0
Total	150	100.0	150	100.0

If we compare the respondents' past monthly family income with that of their present monthly family income it is clear that out of 150 respondents, a single largest group of 71.3 per cent had a past monthly family income of below Rs. 500/- each, whereas a minimum of number of 4.0 per cent had a present monthly family income of below Rs. 500 each. While only 28.7 per cent belonged to the past families whose monthly family income was above Rs. 500, 96.0 per cent of the respondents in the present families have monthly family income of above Rs. 500 each. One more interesting point that is to be noted here is that about half of the respondents (48.7 per cent) of the present families had a monthly income of above Rs. 1,000 each. This shows, that the nurses are enjoying better economic status in their present families than in their past families.

Father's Socio-economic Background : Coming to the respondents' fathers' socio-economic background, the researcher has analysed the data relating to fathers' socio-economic background in terms of their education, occupation and income. Accordingly, we notice that 44.0 per cent of the nurses' fathers were educated upto upper primary level and another 44.0 per cent were qualified with higher secondary education. It means that 88.0 per cent of fathers completed their education upto secondary level only. While 9.3 per cent of fathers were educated at higher levels and even with technical qualifications, the remaining 2.5 per cent were purely illiterates.

With this educational background of fathers, if we see their occupational distribution, we observe that 72.5 per cent of fathers were engaged in white-collar low professional occupations, whereas only 5.5 per cent of their fathers were doing white-collar high professional jobs. It is to be noticed that most of the fathers, who were engaged in white-collar low professional jobs, were the school teachers. Similarly, most of the fathers who come under white-collar high professional occupational category were doctors. But, while 18.3 per cent of the fathers were agriculturists, the remaining 37.0 per cent were engaged in business.

Coming to the income background of the fathers we notice that a majority of fathers (50.8 per cent) belonged to the income category of Rs. 100 to 300 per month, followed by 24.6 per cent whose income ranged from Rs. 300 to 500 each per month. We also notice that while 16.0 per cent of the fathers were earning Rs. 100 and below each per month, 8.5 per cent were earning Rs. 500 and more each per month.

Husbands' Backgrounds : As far as the husbands' socio-economic background in terms of their education, occupation and income is concerned, out of 150 nurses, 80.7 per cent are married and are living with their husbands. Out of these 80.7 per cent of the currently married nurses, 55.4 per cent have their husbands who studied upto higher secondary level, followed by 30.6 per cent whose husbands had finished their higher education. In the case of the remaining 14.0 per cent, their husbands are qualified in technical and skilled courses.

But out of these 121 (80.7 per cent) husbands, eight are unemployed, two are retired and the remaining hundred and eleven are engaged in other occupations contributing their share to the income of the family. Of these 111 husbands who are occupied, 77.5 per cent are engaged in white-collar lower professional jobs such as nursing tutors, pharmacists, medical technicians, school teachers, clerks and managers etc. while 12.6 per cent are working in white-collar high professional jobs like doctors, engineers, lawyers, principals, research officers etc., 8.1 per cent doing business. The remaining 1.8 per cent, however, are agriculturists.

Coming to the husbands' income, of those 111 who are working, 46.8 per cent belong to the monthly income category of Rs. 500 to 1000 each, whereas 40.6 per cent earn a monthly income of Rs. 500 and below each. While those husbands whose monthly income ranges between Rs. 1,000 to 1,500 each constitute 9 per cent, the remaining 3.6 per cent earn more than Rs. 1,500 each per month.

Thus, if we compare the past family background of the nurses in terms of their fathers' education, occupation and income with that of their present family background keeping in view the husbands' education, occupation and income, we notice the pattern of social mobility that the nurses are experiencing, in that their fathers and husbands belong to different generations. It is noticeable that the nurses' husbands are better educated than their fathers, which means that the nurses are experiencing an upward mobility in terms of their class position.

Subjective Perception of their Past and Present Status: For a question "How would you describe the economic circumstances in which you grew up ?", about 50.0 per cent answered that the economic condition in which they grew up was "average". About 42.0 per cent referred to it as "difficult". However, for 6.7 per cent the economic circumstances in which they grew up were "well-off". But in the case of the remaining 1.3 per cent the economic circumstances varied from time to time.

Regarding their own subjective perception and evaluation of their current social status in society an overwhelming majority of nurses (61.3 per cent) felt that it is middle status, while 36.7 per cent perceived that it is lower and for the remaining 2.0 per cent, it was the lowest. All this is an indirect indication of the sense of upward mobility the nurses seem to experience, taking their lower-middle class socio-economic background into consideration.

However, a majority of the respondent nurses really felt that they are not getting the respect they deserve from the larger community. As Oommen rightly pointed out, the status deprivation of nurses was rooted in their antecedent lower economic status, incorrect societal perception and of the nature of work they perform as nurses (1978 : 59). In other words, the subjective perception of nurses' status is anchored in multiple sources of economic, social and cultural deprivation.

Status in the Occupational Community : In order to ascertain the status and position in the occupational hierarchy in which they work, the nurses were asked to rank their status position from among the doctors, post-graduates, house-surgeons, hospital administrators, health visitors, social workers etc. Answering this, an overwhelming majority of nurses (82.0 per cent) ranked themselves second in the hospital hierarchy next to the doctors. Of the remaining 18.0 per cent, while 12.0 per cent ranked themselves at the third place next to doctors and administrators, 6.0 per cent indicated their 4th rank. This shows that the nurses have a high self-esteem, which is reflected in their rating of professions. The nurses perceive professional expertise as a more important basis of hierarchy than power and prestige.

When asked whether there is any prestige or preference associated with working in any particular ward of the hospital, 78.0 per cent thought that it is more prestigious to work in Medical, Surgcial, Gynaecology, and Paediatrics wards, since the working conditions in those wards are better besides the fact that their work can very well be recognized and appreciated by the doctors as well as the patients and the public. However, the remaining nurses did not think in terms of prestige or preference to work in any particular ward. For them, working in any ward is alike.

Thus, the socio-economic characteristics of the semi-professional nurses (as also their self-rating vis-a-vis the rating from the wider viewpoint of community, and their self-rating in the occupational hierarchy within the organization) reveal certain trends like that nurses are mainly drawn from lower middle-class families, whose fathers are usually school educated and who pursue lower administrative jobs or farming as their occupational careers. Having been drawn from lower middle-class families, the nurses are experiencing an upward social mobility. As regards their self-rating of their social standing, it is higher than what is expected and their sense of deprivation is mainly cultural. Similarly, a majority of the nurses ranked themselves in the second category in the hospital hierarchy next to the doctors ; which means that the nurses being semi-professionals bestow more importance on professional competence.

Bibliography

1. Ahluwalia, Balraj Kaur, 1971. "The Socio-Economic Background of Army Nurses—A case study" M.A., *Dissertation,* University of Poona.

2. The Coordinating Agency for Health Planning, 1974. *Nursing Survey in India*, New Delhi.

3. Etzioni, Amitai, 1972. *Modern Organizations* New Delhi : Printice Hall of India Private Limited.

4. Jayalakshmi, D, 1980. "Nurses' role Performance : A Research Study" *The Nursing Journal of India*, March Vol. LXXI, No. 3.

5. Johnson, M and Martin, H.W., 1958. "A Sociological Analysis of the Nurses Role" *American Journal of Nursing*, 58.

6. Nosow Sigmund and William H. Form (eds) 1962. *"Man, Work and Society"* Basic Book, INC Publishers, New York.

7. Oomen, T.K., 1978. *Doctors and Nurses : A study in Occupational Role structures* Macmillan Company of India Ltd.

8. Plakkottam, Joseph L, 1973. "A Study of Nurses and their work with special reference to occupational selection", M.A. Dissertation, University of Poona.

9. Raman Praveena, 1971. "Role perception of Nurses : A case study", M.A. Dissertation, University of Poona.

10. Ramanamma, A and Bambawala, U, 1980. "Socio-Economic Background of Nurses" Indian Journal of Social Work, Vol. XL, No. 4 Jan.

11. Rushing, 1966. "The Hospital Nurse as Mother Surrogate and Bedside Psychologist" Mental Hygiene, 50:1, January.