THE MILITARY NURSING SERVICE

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The whole medical set-up is for service of the patients. Every patient is a VIP for them and should be given such a feeling. Efficient medical and nursing care coupled with sympathetic approach will not only mitigate his pain but hasten his recovery.

Imagine how a hospital will look like without the white aproned angel walking around ?

MILITARY Nursing Service started in India in 1888 when a small batch of British nurses arrived in India from the U.K. A nursing service was sanctioned during World War I and after the war a small number of these nurses were retained. An interim establishment of 55 nurses was first sanctioned in 1924.

With the out-break of World War II, the Indian Military Service was expanded considerably and an ordinance was issued declaring the IMNS a part of the Indian Armed Forces and conferring the status of commissioned officers on its members. After World War II, due to departure of foreign nurses the strength of the service came down to 320 nursing officers.

The main source of intake in the MNS is through the seven schools of nursing with the armed forces hospitals and a college of nursing affiliated to the Pune University. Two training schools were started at Pune and Delhi in 1950. Later in 1964 the nursing school with MH, Pune was abolished and the College of Nursing was started with AFMC, Pune. Six other nursing schools were started in subsequent years. While probationers at the schools of nursing are awarded Diploma in General Nursing after successful completion of a three-year course, those at the College of Nursing are awarded B.Sc (Nursing) degree after successful completion of four years' course. The average annual intake of all the seven schools of nursing is 160 and that of the College of Nursing 20. All those who pass out from the above institutions are granted permanent regular commission in the MNS in the rank of Lieut. The silver jubilee of MN Schools was celebrated on June 15, 1975.

In addition to the grant of regular commission to those who pass out of the schools of nursing/college of nursing civilian candidates who are registered in General Nursing and Midwifery are granted commission, viz, MNS (T) and MNS (L). Unmarried or divorced/legally separated females without encumbrances up to age of 35 years are eligible for grant of commission in MNS (T). They have an initial liability for 3 years which can be extended for so long as their services are required. They have an all-India service liability and are also eligible to be considered for regular commission at a later date. On the other hand, only married/divorced/legally separated females with encumbrances are eligible for commission in the MNS (L) up to age of 35 years. They have an initial liability of one year which can be extended for so long as their services are required. They are not normally eligible for transfer.

Fields of Speciality

Like doctors in the AMC, nursing officers also have their fields of specialities. They specialise in Operation Theatre, Midwifery, Psychiatric and Orthopaedic Nursing. Nursing officers are detailed to undergo the above courses either in armed forces hospitals or civil institutions. In addition, they are detailed for MSc (Nursing) course in institutions. The diploma holders in General Nursing and Midwifery are sent for post-basic B.Sc and Sister Tutors courses in civil institutions.

The pay scales of nursing officers are lower than that of G.D. officers. They are entitled to dearness allowance, city compensatory allowance, uniform maintenance allowance, qualification, etc., on the lines of other service officers. Before the implementation of the Third Pay Commission Report, nursing officers were entitled to free accommodation, furniture, electricity, water, mess servants and other allied facilities. But after this the free concessions were withdrawn and the nursing officers are required to meet these expenses by themselves.

Prior to 1968, nursing officers were required to resign their commission when they got married. Due to shortage of nursing officers, as a temporary measure, Government have empowered Director-General of Armed Forces Medical Services to sanction retention of regular commissioned officers for a period of two years at a time after their marriage. But this concession is not applicable to MNS (T) officers.

Now about the organisational set up in the MNS. The service is headed by the Matron-in-Chief at Army HQ in the rank of Brigadier. She is assisted by the Principal Matron (Trg) (Lt Col) and a Staff Matron (Major) and two civilian officers. She is also Adviser to DGAFMS, the three DsMS, the Indian Red Cross Society and the Indian Nursing Council in nursing matters. At the command level, the Command Principal Matron (Colonel) is the Chief MNS Officer. In addition to being adviser to DDMS Command in nursing matter she pays periodical visits to armed forces hospitals within her jurisdiction to ensure that patient care is maintained efficiently. Principal Matron/Matron is incharge of hospitals.

Unlike the survival of the fittest of the olden times, patient care plays an important role in these days. Timely administering of medicines, diet control, a word of cheer to the suffering patients are few of the duties of the nursing officers. The speedy recovery of a patient largely depends on the nurse. There should always be a proper understanding and cooperation between the doctor and the nurse.

Nursing officer's welfare deserves special attention. For proper patient care, a nursing officer should be devoted and cheerful. To achieve this the doctors must show them kindness, sympathy and understanding and also ensure that they are treated with respect by all especially the junior staff in the hospital.

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