Change of Occupation among Nurses

A Study of Factors

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IN the western nursing circles, one finds increasing consensus about major dimensions along which the role of nurse has been changing all these years. Varied observers consistently see it as increasingly technical, specialized,[2] bureaucratic[3], and managerial[4]. Undoubtedly, nursing in the west has become more technical because certain functions which were once reserved for physicians have been transferred to the nurse. Numerous studies have revealed how this technical emphasis has been accompanied by greater specialization of nursing functions and of clinical divisions within the large modern hospitals[5,6]. One has to be aware that the technical-managerial role which has emerged in western nursing contains features requiring scientific preparations and full professional status. In fact, in the west, the evolution of this new concept of the professional nurse has brought about several changes in philosophies and practices of nursing education. In contrast, the situation in India is vastly different because similar stress is not laid on the development of technical-managerial role of the nurse. No wonder, a sizeable number of our trained nurses look forward to changing their occupation. They say that the traditional role of nurse in India is not likely to change in the near future. Several of them hold the opinion that physicians in India, unlike their western counterparts, are not likely to transfer some of their technical functions to nurses at least in the next decade. No doubt, such ideas, feelings and apprehensions force quite a few of them to seek occupational changes. This would be apparent from some of the findings of our study of 250 nurses in PGI, Chandigarh. This study was conducted during 1980-82. The findings presented here are in continuation with the findings reported earlier in this journal.[7]

Religious background of Nurses and their desire to seek change of occupation

It was interesting to note that out of a total of 250 nurses interviewed by us, as many as 137 (54.8%) expressed their desire to seek occupational change. Religion-wise, of the 96 Hindu nurses, the bulk of them (71.9%) expressed their desire to seek change of occupation. More or less similar desire was expressed by the Sikh nurses (67.8%). But significantly, of the 61 Christian nurses, the majority of them (91.8%) did not express any desire to seek occupational change

TABLE I

Religious Background of Nurses and their Desire to seek Change of Occupation

Desire to seek change of occupation	*Religion*			
	Hindu	*Sikh*	*Christian and Others*	*Total*
No desire to seek change of occupation	27 (28.1)	30 (32.2)	56 (91.8)	113 (45.2)
Desire to seek change of occupation	69 (71.9)	63 (67.8)	5 (8.2)	137 (54.8)
Total	96 (38.4)	93 (37.2)	61 (24.4)	250 (100.0)

TABLE II

Rural-Urban Background of Nurses and their desire to seek change of Occupations

Desire to seek change of occupation	*Rural-Urban Background*		
	Rural	*Urban*	*Total*
No desire to seek change of occupation	80 (66.6)	33 (25.4)	113 (45.2)
Desire to seek change of Occupation	40 (33.3)	97 (74.6)	137 (54.8)
Total	120 (48.0)	130 (52.0)	250 (100.0)

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(Table I). We also looked into their rural-urban background in relation to their desire to seek change of occupation.

TABLE III

Age Composition of Nurses and their desire to seek change of occupation

Desire to Seek Change of Occupation	*Age Composition*			
	up to 25 yrs	*26-35 yrs*	*36 yrs and above*	*Total*
No desire to seek change of occupation	41 (51.2)	66 (40.4)	6 (85.7)	113 (45.2)
Desire to seek change of occupation	39 (48.8)	97 (59.6)	1 (14.3)	137 (54.8)
Total	80 (32.0)	163 (66.2)	7 (2.8)	250 (100 0)

TABLE IV

Educational Qualification of Nurses and their desire to seek change of occupation

Desire to Seek Change of Occupation	*Additional Educational Qualifications obtained*				
	A Post Graduate degree	*A Graduate degree*	*Decided to acquire a degree*	*Not decided to acquire a degree*	*Total*
No desire to seek change of oceupation	1 (14.3)	24 (22.8)	40 (45.9)	38 (73.1)	113 (45.2)
Desire to seek change of occupation	5 (85.7)	81 (77.2)	47 (54.1)	14 (26.9)	137 (54.8)
Total	6 (2.4)	105 (42.0)	87 (34.8)	52 (20.0)	250 (100.0)

Rural-urban background of Nurses and their desire to seek change of occupation

As one may expect, of the nurses who expressed their desire to seek change of occupation, 97 (74.6%) had urban background (Table II). Understandably, living in urban areas provides one greater opportunities to aspire for a better standard of living. Such a possibility arises through attainment of higher education, including a post-graduate degree. We also found some interesting correlations about this with their age composition.

Age composition of Nurses and their desire to seek change of occupation

Interestingly, the bulk of those who expressed their desire to seek change of occupation were below 35 i.e. 136 out of a total of 137 nurses. More precisely, the highest number of those who expressed their desire to seek change of occupation belonged to the age group '26-35' (59.6%) (Table III). These findings may be of considerable interest and relevance to our country's health planners who might be equally curious to know whether attainment of additional qualifications has any role to play in nurses seeking change of occupation. We have specially looked into this aspect.

Nurses' attainment of additional qualifications and their desire to seek change of occupation

One of the most significant findings emerging out of our study was that of the 137 nurses who expressed their desire to seek change of occupation, 5 had obtained a postgraduate degree, and as many as 81 had obtained a graduate degree in subjects other than nursing. At the same time, another 47 said that they had made up their mind to acquire another degree in the near future (Table IV). Apparently, attainment of additional qualifications in the form of a degree enabled many a nurse to seek a new occupation or a social role which promises a better standard of living. It may be pointed that basically there are two types of social roles—those which are ascribed and those which are achieved. Ascribed roles are those which are allocated to us at birth like our sex, our kin and our age. However roles which are achieved come about as a result of personal efforts to undertake some additional training. For example, the role of nurse is achieved, through a process of well-defined training. But, by and large, all societies differ in the importance they attribute to ascribed roles as compared to achieved roles. No wonder, in the changed Indian situation, women are increasingly being admitted to occupations which were once exclusively male preserves. This seems to be an important factor behind nurses' effort to seek a change of occupation. It is no longer inconvenient for a nurse to obtain an additional degree through a correspondence course from an Indian University. A large number of universities in India offer correspondence courses for a degree in most Arts subjects. A few years ago such opportunities were virtually non-existent. No wonder, the PGI-trained nurses have made full use of the new educational opportunities provided by numerous Indian universities. However, one has yet to assess systematically whether acquisition of an additional degree simply leads to 'a desire to seek occupational change' or to 'actual possession of a better occupational position'. By way of answering this querry, we can simply say that a substantial number of

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The third issue raised is training and supervision of Nursing personnel : If nurses are needed, involved, training will automatically follow. Although it requires finance, teachers and several other inputs, it can be done and will be done. In India, we have already revised the eurriculum of various categories of Nursing personnel. The number of institutions for training of Auxiliary Nurses and Midwives and addition of seats in the existing school have been done. The training of this category of workers (Female Health Worker) has formed a part of the National Health Policy.

However, much still needs to be done for preparing teachers and supervisory Nursing cadre. Not only inputs in training are required, there is definite need for *creation of posts* at supervisory and teaching levels.

The emphasis is needed in the education of other categories of Nursing personnel in Primary Health Care. Although at the policy level Auxiliary Nurse-Midwife has found a place, her supervision and teaching is still much below requirements. Involvement at the policy level, revision in course contents and increasing the manpower and all three components mentioned by the World Health Assembly will be meaningless if we don't change our attitudes. I feel this august body must find ways and means by which the nursing profession should feel committed to Primary Health Care. Nurses should come out of the walled hospital complex, should work with the people by involving the community in meeting their needs which is one of the main components of Primary Health Care.

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nurses who have obtained an additional degree or who are in the process of obtaining one, sincerely believe that attainment of knowledge and skill in another field would enormously help them seek a better position. Some of them were frank enough to say that in the general public esteem nursing as an occupation is still not rated as high as some other occupations.

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