

Problems to be overcome in Establishing an Economic Programme

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THE nurses' professional association in all countries has a responsibility towards obtaining good working conditions for nurses; of these conditions one of the most important is just remuneration. The interest of the professional association in this matter is limited to obtaining those conditions under which nurses, at all levels, can do good work, because the primary concern of the association is a high quality of professional practice.

In the W.H.O. manual on "Principles of Nursing Adminis-



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tration Applied to Nursing Service," Mr. Goddard has discussed three methods of determining remuneration: by fiat, the traditional method; by collective bargaining, which he rightly says, "is not wholly satisfactory as the end result depends not necessarily on the merits of the case, but on the bargaining strength of the contracting parties"; by a system of

job measurement based on job analysis. There are two ways described under the last-named method; the principle in both is to analyse the various factors of a job, such as mental and physical requirements of the worker, conditions of work, responsibility, etc., and then to translate these factors into money values. A most complex process, I thought, but, worth working on, not so much for deciding remuneration, as for arriving at some sound principles for deciding on the relationship between the different branches of nursing; for instance, how does the post of a public health nurse compare with that of a ward sister in relation to professional responsibilities and working conditions?

In studying the economic position of nurses, the nurses' association would naturally be guided by the existing pattern. In countries where government is the largest employer of nurses, the proposals should bear relation to government policy in this matter.

The pattern recommended by the Royal Commission on Public Services in India, 1912-1915, interpreted liberally, still holds good in our country. It was stated that:

"The only safe criterion is that government should pay so much and so much only to their employees as is necessary to obtain recruits of the right stamp, and to maintain them in such a degree of comfort and dignity as will shield them from temptation and keep them efficient for the term of their service."

Other countries perhaps think on similar lines. I read recently

that in a country where pay scales for health visitors are not standardised, the law simply requires that "she should receive enough to enable her to live."

Other factors that government takes into consideration are the preparation required for a post and the responsibility involved. Where qualifications for recruitment are identical or comparable, it is considered that the starting salary should also be comparable. It is also held that qualifications should not be equated simply because the level of education or training prescribed is identical or comparable. If a higher standard of mental equipment or personal qualities is required, a higher starting salary is fair and reasonable.

A question that is of some concern to the nurses' association is the relationship nursing should bear to other professions. It is usual to compare nursing with teaching or the para-medical professions, such as occupational or physiotherapists, medico-social workers, though, because of conditions peculiar to nursing, comparison is difficult. It costs a high school teacher or a medico-social worker more to get her university qualification than it has cost the ward sister to get her nursing certificate. On the one hand, there is a higher level of academic education, but the working conditions would very likely

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be easier than for nurses. On the other hand, the ward sister has had some years of professional experience; her working hours may be longer and, in addition, to her duty to the patients, she would carry considerable responsibility for control and supervision of nurses and domestic staff and for the safe-keeping of equipment and drugs. How should the two compare? Whether one should equate nurses with teachers or para-medical workers, or with other occupations that attract girls of a similar age group and education, such as secretarial work or hostesses in air lines, is a question which can only be decided by each nurses' association in the context of conditions prevailing in their own country. In India, the total emoluments of nurses compare reasonably well with other women's professions which require similar periods of training. Our association has, therefore, not concerned itself too much with remuneration, but because status and salary go together in government service, we have tried to keep to the fore before the authorities two matters which affect the standing of nurses.

It is in comparatively recent times that nursing has emerged as a profession with legally recognised standards of education and registration. It is, therefore, necessary to draw attention to the fact that nurses have undergone a prescribed course, including both theory and practice, before they are ready to practise, and that they have to take further courses in education and administration before being considered eligible for senior positions. This should be taken into account, not only in determining pay scales, but in the standing accorded to nursing. Another point that, we have felt it is important to stress, is that pay scales for nurses have been regulated, as a rule, by the fact that they get allowances in cash or kind for board, lodging, uniform and laundry. Consequently, the basic pay of the nurse is low compared to other posts in the health service. This may affect Nursing

Superintendents particularly, as they do not then have the authority commensurate with their responsibilities for ensuring a good nursing service.

A more important problem for the nurses' association to consider and try to solve is that of the economic relationship of the different branches within nursing. The hierarchical pattern of Matron, Assistant Matron, Sister, Staff Nurse is an accepted one, but the problem arises in trying to get agreement on the standing of Nursing Tutors and Public Health Nurses *vis-a-vis* the hospital nursing staff or the sister in a specialized field as against the sister in the general ward. In India, and perhaps in other countries also, the government does not favour the idea of a number of categories on different pay scales in a single service. It is considered desirable to fit the different categories into scales prescribed already. It is the responsibility of nurses to advise on what the relationship should be between the different branches, but nurses themselves are not always agreed about this subject.

It has been questioned why public health nurses should not be on the same pay scale as nursing tutors as both categories have had a post-certificate course for one academic year. One reply to that has been that the public health nursing course prepares a nurse for first level position only in the public health field; it also gives them promotion to a sister's scale much sooner than is ordinarily given to a staff nurse.

The same scale has been recommended for assistant matrons and departmental sisters with the object of making it worthwhile for good ward sisters to remain in the clinical field and not be drawn away to the administrator's desk. That brings me to the question of incentives.

In one of our States, and in the Army, there is a practice of granting an additional allowance for holding an additional qualification. We have supported that and would

like to see this practice followed in all States. Apart from the incentive it gives to nurses to undertake further study and training, it also ensures that the nurse will continue to work in the field for which she has had special preparation for a reasonable length of time.

On the question of overtime, our nurses' association has said that:

"Nursing is a profession whose members are expected to give such service as is needed, but no persons can work efficiently if they are habitually overworked. Hence, while we do not recommend overtime pay, we urge the appointment of a sufficient number of nurses so that they are not required to work over-time."

The association has also not recommended additional payment for nurses working in tuberculosis or mental hospitals; the so-called "risk allowance". But we have recommended that if such institutions are located at a distance from the town, nursing and other staff should be allowed the use of hospital transport once a week or so to go into town and return.

The formulation of policies by the nurses' association on remuneration and other matters affecting nurses is only of practical value when employing authorities agree to the policies, even if they are not adopted *in toto*. This raises the question of recognition of the nurses association as a body which represents the views of nurses and which has a right to be consulted.

I, personally, am convinced that before the association undertakes any steps to obtain official and legal recognition it should build up a reputation for the soundness of its opinions and recommendations. If its views are reputed to be well-founded and realistic, the association will get a hearing whether it is officially recognised or not. This has been our experience. It is, of course, also necessary that the association should have a large majority of nurses in the country as its mem-

bers so that it can truly represent the views of the nursing profession.

Whatever our personal views may be on the professional association entering into bargaining for its members, there is no doubt that collective bargaining has come to stay.

To quote Lewis and Maude in "Professional People".

"Nationalization is giving additional impetus to the growth of trade union types of organisation among professional people.....In private industry professional employees, for the most part, negotiate their contracts separately with their employers; their salaries and perquisites, if any, and any special terms of employment are kept confidential. But faced with a huge nation-wide employer, it is almost impossible to maintain such a degree of individual bargaining..... It, therefore, becomes necessary for technicians, technologists, and even senior management to become part of the collective bargaining machinery."

The main advantage of official recognition of the nurses' association as a bargaining authority would be the right to be consulted and heard on the question of working and service conditions for nurses. The procedure to be followed in getting such recognition would, naturally, vary in each country. The I.L.O. publication on "Employment and Conditions of Work of Nurses" states that some kind of machinery for negotiating the working conditions of nurses exists in 41 of the 51 countries for which information is available. Various patterns are described. In many countries the negotiating machinery has been set up by government; nurses being represented by the nurses'

professional organization. In some countries, such as Finland, Norway and Sweden, the nurses' organizations are legally empowered to negotiate for all groups of nurses. In other countries the machinery set up by government may cover its own employees only. In the United Kingdom, the Nurses and Midwives' Whitley Council is the negotiating agency for nurses employed by the National Health Service. Nurses employed outside that service are not covered by the Whitley Council agreements though, in general, their salaries and working conditions are similar to those negotiated for the National Health Service.

In India, the Nurses Association has not taken any definite measures to get official recognition though the question has been discussed time and again. One of the reasons why we have not felt any urgency to do so was that, in 1950, as a consequence of a difficult situation in one of the States, the Government of India was pleased to decide that "Some machinery should be provided for dealing adequately with the grievances of the nursing profession... The Trained Nurses' Association of India could, in the opinion of the Government of India, well serve as a forum for voicing such grievances." Under the existing rules, the government could not accord formal recognition because the association included members who were not government employees, but it was decided by the Government of India that the association should be considered to be on par with other recognised service associations. The resolutions and recommendations of the nurses' association are given consideration by the Central and State Governments, but the association cannot claim a right to be consulted. For example, the nurses' association submitted a memorandum to the Central Pay Commission and had

an informal hearing, but was not called upon officially to give evidence.

In undertaking the responsibility for being the negotiating authority, the nurses' association may meet with the problem of finding nurses who would have the competence and could devote the time needed for this work. As said in the I.L.O. publication on Employment of Nurses, "collective negotiation is a difficult art and its publication in professional fields of work raises many complex problems". The negotiators should not only be able to present their case convincingly, but should also be skilled in the art of persuasion. They should also have the confidence of the nurses on whose behalf they are negotiating. The result of the negotiations is usually a compromise, which the nurses should be ready to accept with good grace.

Finally, there is the question of safeguarding professional standards while using a machinery for collective bargaining. As long as nursing is a scarce commodity, the bargaining authority would have strength, especially if it carries a large membership. That strength should be tempered by ethical considerations. Each nurses association is, no doubt, well aware of this problem, for in the last count nurses depend, as others do, on the goodwill and support of the public in getting a fair deal and nursing would benefit in direct proportion to the quality of service it is prepared to give.

- (1) Report of the Commission of Enquiry on emoluments and conditions of service of the Central Government Employees, 1957-59.
- (2) W.H.O. monograph—Principles of Administration applied to Nursing Service. By H.A. Goddard.
- (3) I.L.O. publication—Employment and Conditions of Work of Nurses.