

Assessment of Nursing Management Capacity in Tamil Nadu



National Institute of Health and Family Welfare
in collaboration with Indian Institute of Management, Ahmedabad
with support from SIDA

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PREFACE

Since Nurses and Midwives are the back bone for the delivery of quality Maternal and Child Health care services, their major contributions to health care development and to achieve the Millennium Development Goals is extremely crucial. India is committed to Millennium Development Goal 5, to improve maternal health by reducing Maternal Mortality Rate $\frac{3}{4}$ by 2015. But managing effective nursing care for maternal and child health in the health care institutions and at the community level, necessarily needs appropriate organizational and management structure at the state level. Various Committees and reports have pointed to the need for strengthening the nursing management capacity at the State Directorate level but there is a gap in policy formation documents and its actual translation.

The nursing management capacity, in the country, is quite weak. This gets reflected, in lack of active participation by human resources in nursing in any of the policy decision making processes. Issues and concerns being sidelined though no doubt, nursing constitutes one of the largest health workforces in the country.

It is important to identify the best practices of different states in order to develop a mechanism for its sharing and replication in other states. To address this issue, an exploratory study was undertaken in three selected states of India i.e., Uttar Pradesh, West Bengal and Tamil Nadu with an aim to review the management of nursing and midwifery issues at the State Directorate, Teaching Institutions, Health Care Institutions and other Nursing Professional Bodies; and identify variations, bottlenecks and gaps, if any, in the Nursing Management Capacity at the state level. The study was a joint effort of the National Institute of Health and Family Welfare, New Delhi and the Indian Institute of Management, Ahmedabad.

The study, in its findings, comes out with recommendations to have a separate nursing division at the state Directorate and preferably to be headed by a nursing professional on the post of 'Director Nursing' or its equivalent. The senior most nursing post must have total autonomy in decision making and to a member of all policy making bodies dealing with health and family welfare issues.

The immense human potential among nursing professionals needs to be converted into reality by creating an enabling work environment for them in terms of providing more power in decision making, and sound Human Resource policies. This requires a complete image changeover, keeping in line with the ever emerging importance of nursing profession, accorded universally. The contribution of the nursing to the overall health of the nation demands more visibility. Today the nurses need to be the equal partners in the betterment of health care delivery system.

Deoki Nandan
Director, NIHFV

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Our special appreciation and thanks for the Tamil Nadu State officials and the nursing professionals at the State Directorate, nursing schools, hospitals, training institutions, professional bodies, etc for extending active support to facilitate the research team in data collection. We are particularly grateful to each of the interviewees who provided their valuable time and shared the relevant information to make this study meaningful.

The study could be successfully carried out due to the active support and involvement of research team members and faculty members from NIHFW and IIM-A and particularly put on record the support extended by Prof. K. Kalaivani during the process of data collection.

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In the end, we sincerely hope that the study would meet the expectations of those involved in this profession and desirable changes are made in our approach and attitudes towards nursing. Together, definitely we will contribute in reducing maternal deaths and morbidities by improving management capacities of nursing/midwifery professionals.

Research Team from NIHFW and IIM-Ahmedabad

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List of Abbreviations

Sl. No	Abbreviations	Full Form
1.	ACR	Annual Confidential Report
2.	ADME	Additional Director of Medical Education
3.	ANC	Ante Natal Care
4.	ANM	Auxiliary Nurse Midwife
5.	B.Sc.	Bachelor of Science
6.	CHC	Community Health Centre
7.	CMAI	Christian Medical Association of India
8.	CNE	Continuing Nursing Education
9.	CEmONC	Emergency Obstetric Comprehensive Emergency Obstetric
10.	DDME	Deputy Director of Medical Education
11.	DME	Director of Medical Education
12.	DNEA	Diploma in Nursing Education and Administration
13.	FHW	Female Health Worker
14.	GNM	General Nurse and Midwives
15.	GOI	Government of India
16.	HIV/AIDS	Human Immunodeficiency Virus/Acquired Immuno Deficiency Syndrome
17.	IGNOU	Indira Gandhi National Open University
18.	IMR	Infant Mortality Rate
19.	INC	Indian Nursing Council
20.	JAO	Joint Administrative Officer
21.	J.D.	Joint Director
22.	JDME	Joint Director of Medical Education
23.	LHV	Lady Health Visitor
24.	MPW	Multi Purpose Worker
25.	M.Sc	Master of Science
26.	MCH	Maternal and Child Health
27.	MDG	Millennium Development Goal
28.	MH	Maternal Health
29.	MMR	Maternal Mortality Rate
30.	MO	Medical Officer
31.	MoHFW	Ministry of Health and Family Welfare
32.	NGO	Non Government Organisation
33.	NRHM	National Rural Health Mission
34.	OPD	Outdoor Patients Department
35.	Ph.D	Doctorate of Philosophy
36.	PHC	Primary Health Centre

37.	PHN	Public Health Nurse
38.	PPH	Post Partum Hemorrhage
39.	PPM	Post Partum Management
40.	RCH	Reproductive Child Health
41.	RMO	Regional Medical Officer
42.	SRS	Sample Survey Research
43.	TFR	Total Fertility Rate
44.	TGNA	Tamil Nadu Government Nursing Association
45.	TN	Tamil Nadu
46.	TNAI	Trained Nurses Association of India
47.	TNMC	Tamil Nadu Nursing and Midwifery Council
48.	VHN	Village Health Nurse
49.	WHO	World Health organization

Chapter I

INTRODUCTION



INTRODUCTION

Nursing services in ancient medicine were practices in India since the times of King Ashoka. Florence Nightingale laid down the foundation of nursing education and services in the eighteenth century in England. At about the same time British rulers in India organized health services first for their army in India and then gradually they were extended to civilians where nursing played a major role. By the end of British rule it was thought to have a more organized health care system including nursing and midwifery education.

Professionalization of nursing in India began in 1905 when nine European nurse superintendents formed an organization which then got expanded and the Trained Nurses Association of India (TNAI) was established in 1909. Through sustained efforts from the TNAI, the Indian Nursing Council Act was passed in 1947 and the first college of nursing affiliated to the University of Delhi was started which was a concrete step towards professionalization of nursing in India. The TNAI established three sub-associations or leagues within TNAI; Health Visitors' League (1922), Midwives and Auxiliary Nurse-Midwives Association (1925) and Student Nurses Association (1929).

Since independence, India has progressed rapidly on various socio-economic indices, but the improvement in maternal health indicators have been slow. The maternal mortality rate is high at 307 per 100,000 live births (RGI, 2003) and more than 50 per cent of deliveries occur at home without skilled assistance. The various committees and commissions appointed by the government with international agency's support that there is a need to develop a strong nursing and midwifery services in the rural areas where there is a paucity of skilled manpower. WHO has also emphasized that "Nursing and midwifery services are vital for attaining health including maternal health as they form the backbone of maternal health care". They are representing over 50% of the health profession.

As early as 1948, World Health Assembly (WHA) identified the need to strengthen the roles of nurses and midwives. After half a century later, in 2001, the member states in WHA again re-affirmed that nurses and midwives play a crucial and cost effective role in reducing excess mortality, morbidity and disability in promotion of healthy lifestyles.

Nursing profession in India developed as "midwifery" constituting of antenatal, natal and postnatal care. Nurses were treated as General Nurses and were rotated in all departments equally (including midwifery). Since the health demands were high and with limited nurses available especially at the rural level, the Auxiliary Nurse Midwives (ANMs) were introduced at the (community level) to cater to the growing MCH needs. The increase in their services ranged from MCH to additional responsibilities of Immunization, family planning and other National Health Programmes, and this diluted the very important "midwifery component". Resultantly the midwifery education, which was encouraged in pre-independence era, lost its importance after independence.

As far as Nursing is considered, great imbalances in the manpower situation can be noticed. In comparison to the developed countries, the nurse population ratio in India is far from satisfactory. In 2004, the ratio was 1:2250 in India and 1:100-150 in Europe. The ratio in African countries, Sri Lanka and Thailand is 1:1400, 1:1100 and

1:850, respectively. Many States in India face a shortage of nurses and midwives (Dilip Kumar, 2005). In the western countries, there are, on an average, 2 to 3 nurses to a doctor, while in India the nurse-patient ratio however varies from 1:5 to 1:60 or 1:100 in different institutions. It strongly indicates how our nursing care services are not adequately developed.

Two of the major goals of MDG's relate to reduction of maternal and child mortality. Majority of these services are delivered by the nursing personnel at the community level. But the goals can not be achieved without strengthening the capacities of the nurses and midwives and presently their potential in terms of delivery of these services remains underutilized.

Acknowledging the contributions made by nurses to society, the late Prime Minister Indira Gandhi during a programme at the All-India Institute of Medical Sciences, New Delhi, observed that, "A nurse is not merely an aid and assistant to a doctor, she has an independent part to play in many areas where a doctor need not necessarily be present. In the western world, a nurse anesthetist is properly trained, takes on important duties in minor surgical procedures and also takes care of newborns, among others. The nurse is in her own right a key member of the medical team".

Different committees since 1946 emphasized the importance of nurse in Health care delivery system. The Health Survey and Development Committee (Bhore Committee, 1946), was the most progressive in terms of its broad perspective and long-term vision for health in the Country. It is relevant to mention here that the Committee had aimed at a target of one nurse to a 500 population. Most of the recommendations of the Bhore Committee are relevant even today. However, majority of the recommendations have not been taken up for implementation and even those that were initiated have been discontinued.

The Shetty Committee (1954) was set up on the recommendation of Central Committee of Health to review the then prevailing training and service conditions for nurses. The committee recommended that hospital nursing service staff and public health nursing service staff should be combined into a single cadre. The Mudaliar Committee (1961), recommended streamlining nursing personnel to three grades of nurses: basic nurse with four years of training (including six months midwifery and six months Public Health Nursing); The Kartar Singh Committee (1972) had the greatest impact in terms of quality and long term changes. This Committee recommended the introduction of Multi Purpose Workers under Health and Family Planning Programme. The Shrivastav Committee (1975) further consolidated the recommendations of the Kartar Singh Committee. The Bajaj Committee (1986) strongly recommended that the health related vocational courses should be for ANM's.

In 1983, the National Health Policy was officially adopted by the Parliament. "Health for all" principles and strategies were incorporated for strengthening and expansion of three tier-primary health care infrastructure - the sub centre, PHC and CHC. However, there was no qualitative difference in the job of any of the public health nursing personnel. Emphasis was given on orientation training to nursing personnel for implementing the new strategies.

The working and living conditions of Nursing personnel have a direct bearing on the status of nursing services. The quality of Nursing care depends on the number and

quality of nursing manpower. It is also related to working conditions, equipment and supplies in the work place. The quality of Nursing service also depends on the opportunities available for enhancement of professional education and incentives for promotions, etc. Taking a serious note of this, a High Power Committee on Nursing was appointed by the Government of India, Ministry of Health and Family Welfare in July 1987 to review the role, functions, status and preparation of nursing personnel; nursing services and other issues related to the development of the profession and to make suitable recommendations to the Government. The Committee observed that nurses are generally not involved in making policies that govern their status and practice. The committee made several recommendations related to working conditions, nursing education, continuing education and staff development, and also recommended norms for nursing services and education. and recommended for structural changes in administrative level, job descriptions for all nursing positions, working hours not more than 40 hours a week, opportunity for higher education after 5 years of service, accommodation and transportation facility for safety and security of nursing personnel, nurses to be relieved from the non nursing duties etc.

The National Health Policy (ref) - 2002 quotes "The ratio of nursing personnel in the country vis-à-vis doctors/beds is very low according to professionally accepted norms. There is also an acute shortage of nurses trained in super-speciality disciplines for deployment in tertiary care facilities. The policy while emphasizing the need for an improvement in the ratio of nurses vis-à-vis doctors/beds lays focuses on improving the skill -level of nurses, and on increasing the ratio of degree- holding nurses vis-à-vis diploma-holding nurses. It recognizes a need for the Central Government to subsidize the setting up, and the running of, training facilities for nurses on a decentralized basis. Also, the Policy recognizes the need for establishing training courses for super-speciality nurses required for tertiary care institutions.

It has been projected that the country requires about 2,00,000 nursing personnel to provide comprehensive care under the National Rural Health Mission (NRHM) project. In order to meet the shortfall in providing quality patient care, the Centre has advised the state governments to enhance the capacity of the Auxiliary Nurse Midwives (ANMs) and GNMs by setting up additional nurse training institutions.

With the objective of improving the standard of nursing education and nursing practice, it has been decided to promote evidence-based practice and nursing research and improve the working condition of nurses.

Management of Nursing and Midwifery Services

Existing situation of nursing and midwifery in India regarding nursing services, nursing education, nursing management, evidence base, nursing research and regulation are reviewed in a paper by Dilip kumar (2005). While focusing on the Management of Nursing and Midwifery Services, the paper quotes" Nurses and midwives are not well accepted or recognized as leaders or administrators. Nursing management skills, leadership, lobbying and negotiating skills are poor. There are an inadequate number of nurse and midwife leaders at the national and State levels for nursing practice, research, education, management, planning and policy development. Although the nurse is a member of the health team, she/he is never asked to represent the profession in planning and policy formulation for nursing services, education, etc. The nursing chief only looks after the nursing personnel and has no authority to make decisions on pay scales, number of posts, staff development

or new interventions". In response to the demand of the Delhi Nurses' Union, the Government of India has sanctioned 5 nursing posts at the national level. It quotes the major nursing issues that need to be addressed as:

- ✧ Insufficient contribution of nurses and midwives to health care development due to: few positions for nurses and midwives at the State and national levels; inadequate nursing leadership and strategic management; inappropriate nurse to population/patient ratio;
- ✧ Poor quality of nursing and midwifery care due to: inadequate number of nursing positions as per the recommended staffing norms; migration issues; insufficient number of nurses with Bachelors' and Masters' degrees and in clinical specialties;
- ✧ Limited competency of nurses and midwives due to: unclear roles and responsibilities of nurses and midwives; ineffective clinical preparation and supervision during training;
- ✧ Inadequate standards and guidelines for nursing practice and also ineffective regulation of nursing and midwifery practice;
- ✧ Inadequate infrastructure for nursing and midwifery practice;
- ✧ Inadequate motivation to provide effective care;
- ✧ Poor quality of nursing education to produce qualified graduates for service due to: an inadequate national nursing and midwifery education plan and development; limited involvement of nurses and midwives at the policy level; shortage of qualified nurse educators; inadequate infrastructure for nursing education; and
- ✧ Limited role and authority of the INC in nursing development due to: limited roles prescribed in the Indian Nursing Council Act, 1947; inconsistency in the Indian Nursing Council and State Nursing Council Acts; insufficient information systems in nursing and midwifery services; and shortage of staff at the INC and State Nursing Councils.

While addressing to the future of nursing and midwifery in India, the paper suggests, that for the Millennium Development Goals to be achieved, Nurses and Midwives in India have to play a major role to improve the health and quality-of-life of people.

For meeting the challenges, the paper recommends for involvement of nurses in health and nursing policy formulation bodies and to empower the nursing workforce to develop leadership and management skills.

It may be concluded, that since the Nurses and Midwives are the back bone for the delivery of effective quality care of MCH services, their major contributions to health care development and to achieve the Millennium Development Goals is extremely crucial. The available research information as presented above does provide strong indication for inherent potential of nursing professionals. Though the various Committees and reports, (National Health Policy; High Power Committee on Nursing; Macroeconomics and Health) have very articulately listed the main recommendations for strengthening the nursing management capacity but there is gap in policy formation documents and its actual translation. And this requires a strong support at the policy level to ensure policy implementation of the key recommendations of earlier reports. It's important to identify the best practices of different states in order to develop a mechanism for its sharing and replication in other states. Nurses and Midwives need to focus to empower themselves and to strengthen their competencies.

Organizing effective nursing care for maternal and child health in the health care institutions and at the community level, necessarily needs good management and administrative practices. Based on the above facts, the present study was undertaken to describe, besides the current Nursing Organizational/administrative structure, the key nursing management issues at the state Directorate, Teaching Institutions, Health Care Institutions and other Nursing Professionals Bodies, in selected states of the country. The study is aimed to identify the bottlenecks and gaps in the Nursing Management Capacity and delivery of services at all the levels. The first part of the study was conducted in the two states i.e. Uttar Pradesh and West Bengal and the present study was conducted in the state of Tamil Nadu.

Chapter II

OBJECTIVES AND METHODOLOGY



I. Objectives

The main objectives of the study were:

1. To review the current Nursing and midwifery Organizational/administrative structure and highlight issues in the state of Tamil Nadu and identify variations and best practices, if any in the state.
2. To review the management of nursing and midwifery issues at the state Directorate, Teaching Institutions, Health Care Institutions and other Nursing Professionals Bodies and identify any constraints.
3. To obtain a perspective and the ideas to strengthen nursing and midwifery management capacities to address maternal health issues appropriately.
4. To draft the recommendations to strengthen nursing and midwifery management capacities.

II. Methodology

This study was exploratory in nature. Both primary and secondary data was collected to obtain qualitative as well as quantitative information.

III. Study Area

The study was carried out in the states of Tamil Nadu. The rationale for choosing this state was to identify the nursing management capacity of the state with the relatively better MCH indicators. The relevant information was collected, from the officials of the following organizations in the state of Tamil Nadu:

1. State Health Directorate
2. Health Care Services, especially Hospitals
3. Educational and Training Institutions (especially the Nursing Schools and Nursing College)
4. The State nursing council
5. Professional Bodies such as TNAI.

IV. Study Population

Interviews were conducted with the following and information collected:

1. Senior Administrators from the State Health Directorates
2. Nursing officials at the Directorate
3. Health Secretary , Health and Family Welfare
4. Mission Director, NRHM
5. All the concerned Directors
6. Matrons of Civil Hospitals
7. Head of State Nursing Council
8. Principals and other faculty members of the Nursing Schools and colleges

V. Tools and Techniques used for data collection

Both primary and secondary data was collected to obtain qualitative as well as quantitative information. Primary Data was obtained by conducting in-depth interviews by using semi structured interview schedules with key respondents. Total 47 key informants including Sr. Administrators, policy makers and State level nursing/midwifery managers from various nursing bodies, clinical and teaching Institutions etc. were interviewed (Interviews were conducted during November 10-14, 2008 at Chennai). Using a checklist, a detailed review of secondary data in the form of reports and documents was carried out.

The detail list is given below in Table 1 and 2. For secondary data, information was collected from various policy documents were reviewed such as Acts/Amendments, organizational structures, reports, data registers and searched the data from internet.

Indepth interviews were carried out from the 19 key informants in Tamil Nadu. The lists of the official's interviewed is attached at Annexure-1.

Table 1: Categories of key informants Interviewed in Tamil Nadu

Sl. No	Designation	Address
1.	Principal Secretary (Health & FW)	Department of Health & Family Welfare Government of Tamil Nadu , Fort St. George, Secretariat, Chennai – 600 009, Tamil Nadu
2.	Special Commissioner & Commissioner for MCH & Welfare and Mission Director	State Health Mission, SHS-TN & Project Director, RCH Project, Government of Tamil Nadu , V Floor, DMS Complex, 359, Anna Salai, Chennai- 600 006
3.	Director Medical Education	Directorate of Medical Education 359-Anna Salai, Teynampet, Chennai-600006, Tamil Nadu
4.	Director Public Health	359-Anna Salai, Teynampet, Chennai-600006, Tamil Nadu
5.	Director of Medical & Rural Health Services	Directorate of Medical and Rural Health Services 359, Anna Salai, Teynampet, Govt. of Tamil Nadu, Chennai-600006
6.	Joint Director Nursing	Directorate of Medical Education 162, EVR Periyar Salai, Kilpauk, Chennai 600 010

7.	Dy. Director Medical Education	Directorate of Medical Education 359-Anna Salai, Teynampet, Chennai-600006, Tamil Nadu
8.	Dy. Director	Medical & Health Services (Nursing) Office of the Director of Medical and Rural Health Services, 359, Anna Salai, Teynampet, Govt. of Tamil Nadu, Chennai -600 006
9.	Director	Kilpauk Medical College & Hospital, Chennai-600 010, Tamil Nadu
10.	Principal	School of Nursing, Kilpauk Medical College & Hospital, Chennai-600 010, Tamil Nadu
11.	Principal	School of Nursing, Govt. General Hospital, Chennai-600 003, Tamil Nadu
12.	Principal	College of Nursing, Madras Medical College, Chennai- 600 003, Tamil Nadu
13.	Trustee	Nursing College, Omayalatchi College of Nursing (Pvt) King Cross Road, Sathyamurthy Nagar, Avadi, Chennai 600 062.
14.	Dean	Nursing College, Omayalatchi College of Nursing (Pvt) King Cross Road, Sathyamurthy Nagar, Avadi, Chennai 600 062.
15.	Principal	Apollo School of Nursing (Pvt.) Vth Floor, 21, Greams Lane, Off Greams Road, Chennai 600006, Tamil Nadu
16.	Registrar	State TNAI GS-3 India Pvt. Limited No-10, Dr. TV Road Chetpet, Chennai - 31 Tamil Nadu
17.	Secretary	State TNAI GS-3 India Pvt. Limited No-10, Dr. TV Road, Chetpet, Chennai - 31, Tamil Nadu
18.	Vice President	State TNAI, Reader, Medical College, Chennai- 600 003
19.	Nurse	Primary Health Centre, Medavakkam

Experiences of data collection: All the officials, interviewed for the study, were very cooperative and provided all the information requested for. Permission was availed from all the respondents for audio recording the interviews and barring a few all agreed for the audio recording. But during the discussion for the sensitive issues like gender discrimination etc. faced by the nurses, the respondents asked for the audios to be switched off.

The data and information, as presented in this report, in the form of figures and tables was further validated by getting them appraised from the key informants. The In-depth interviews focused on the following key variables:

Table 2: Key Variables

Organizational Structure and Functioning	Health directorates (education, clinical and public health services) State nursing councils Hospitals
HR policy for nursing	? Service and conduct rules for Nursing Professionals ? Selection and Recruitment ? Placement and Transfer ? Performance appraisal system in place ? Job profile ? Nursing Cadre ? Career planning /Career graph ? Perceptions/observations/experience for transfer/placement
Training and education (pre service, induction and in service)	? Continued Nursing Education (CNE) ? Methodology for induction training for nursing personnel ? Content areas for induction training for Nursing personnel ? Methodology for promotional training for nursing personnel ? Procedures for training and development

The In-depth interviews also collected feedback on the following:

- ❖ Policy Guidelines to Health and related activities in the context of nursing services
- ❖ Administrative set-up and functioning of Nursing Personnel and their role, responsibilities and job description of nursing functionaries
- ❖ Involvement in Decision making
- ❖ Perception and views on communication patterns in the Directorate
- ❖ Perception and views on coordination with other related units in the Directorate

VI. Secondary Data: Following secondary data was collected:

Secondary data was collected from the following in Tamil Nadu:

1. Trained Nurses Association of India
2. State Nursing Council
3. Directorate of Medical Education (DME)
4. Directorate of Medical Services (DMS)
5. School of Nursing (Govt. General Hospital)
6. School of Nursing (CSI Kalyani, Multispeciality Hospital)
7. Kilpauk Medical College, Chennai
8. College of Nursing, Madras Medical College
9. Omayalatchi College of Nurses
10. Tamil Nadu Health Systems Project
11. Director of Public Health and Preventive Medicine

VII. Data management and Analysis

Detailed notes were taken of each In-depth interview and these were also recorded on the audio tapes. Information was analyzed manually. The responses were categorized into themes against the pre-decided categories and triangulated across interviews and with secondary data collected.

VIII. Limitations of the study

The observations should be viewed in light of the fact that this was a descriptive study based on the interviews of key informants, and primary data was not collected through a sample survey. The study results derive from the opinions from the personal experiences of the key informants and the researchers' interpretations from the interviews and secondary data sources.

Chapter III

DESCRIPTIVE ANALYSIS OF NURSING MANAGEMENT CAPACITY IN TAMIL NADU



Historical Perspective of Maternal Health and Nursing/Midwifery in Tamil Nadu

Reduction of maternal mortality is an important goal of MDG-5, applies to India. The Maternal Health (MH) Programme, a component of the Reproductive and Child Health (RCH) Programme aims at reducing maternal mortality less than 100 by the 2010. The State of Tamil Nadu is getting near to achieving this aim. In fact the official data of the year 2007 shows 95 MMR, already achieved the target. (mohfw.nic.in/NRHM/NPCC_Presentation/Tamil_Nadu_NPCC_08_09_PIP.pps -).

The senior health administrators of the state agreed, that besides effective implementation of various maternal health programmes and upgradation of PHCs, the nursing and midwifery cadre has played an important role in the state's endeavor to better the health indicators.

In Tamil Nadu, nursing services commenced since 1664 by the East India Company for the army personnel, subsequent by Florence Nightingale in 1854. Their work inevitably led reforms to provide a health service for all the people of India, particularly for those in the Madras Presidency. As a result, a Lying-in Hospital was built in 1797 for the poor. It was in this institution that in 1854 the government sanctioned the opening of the first training school of Midwives as there were 150 beds exclusively for women.

Descriptive Analysis of Nursing Management Capacity in Tamil Nadu



INTRODUCTION

State Profile

Tamil Nadu is situated on the southeastern side of the Indian peninsula. It is bounded on the east by Bay of Bengal, in the south by the Indian Ocean, in the west by the states of Kerala and Karnataka and in the north by the Karnataka and Andhra Pradesh.

The state of Tamil Nadu has an area of 130058 sq. km. and a population of 62.41 million. There are 30 districts, 385 blocks and 16317 villages. The state has population density of 479 per sq. km. (as against the national average of 312). The decadal growth rate of the state is 11.72% against 21.54% for the country.

The TFR of the state is 1.7 against the national average of 2.8. The Infant Mortality Rate and Maternal Mortality Ratio are 37 and 134 respectively for Tamil Nadu, which are lower than the national average. Sex ratio is 987, much better than the national level at 933 (Table 3). (<http://cyberjournalist.org.in/census/censex.html>)

Table 3: Socio-Demographic and Health Indicators of Tamil Nadu & India

Vital Events	Tamil Nadu	India	
Total population (Census 2001) (in millions)	62.41	1028.61	
Crude Birth Rate (SRS 2007)	16.2	23.5	
Crude Death Rate (SRS 2007)	7.5	7.5	
Total Fertility Rate (SRS 2006)	1.7	2.8	
Infant Mortality Rate (SRS 2007)	37	57	
Maternal Mortality Ratio (SRS, 2001 - 2003)	134	301	
Institutional Deliveries (DLHS-3) (2007-2008), NFHS-3, India (2005-2006)	94%	41 %	
Sex Ratio (Census 2001)	986	933	
Child Sex Ratio (0-6, Census 2001)	942	927	
Female Literacy Rate (Census 2001) (%)	64.55	53.7	
Population below Poverty line (%)	21.12	26.10	
Expectation of Life at Birth (2006-10)	Male	67.6	65.8
	Female	70.6	68.1

Source: <http://mohfw.nic.in/NRHM/State%20Files/tamilnadu.htm> cited on 11 Feb 09.
http://mohfw.nic.in/dlhs/State_Fact/TamilNadu.pdf cited on 17 Feb 09.
mohfw.nic.in/NFHS-3%20Maternal%20Health.ppt - cited on 17 Feb 09.

The above table shows the main health indicators like birth rate, death rate, TFR, IMR, MMR lower than the national level. This indicates better socio-demographic conditions in Tamil Nadu than the national level.

The state's institutional deliveries are 94%, against the national average of 41%. The respondents in the study mentioned, every year 1.2 lakh deliveries are conducted in government health setup, where nursing/midwifery services plays a key role in ante-natal, natal and post-natal care.

Better socio-demographic and health indicators in TN are reflective of good MCH/ midwifery services and better organizational structure of the health and family welfare in the state.

Table 4: Total Number of Nursing Institutions in Tamil Nadu

Name of the Programme	No. of Institutions		Intake of Students	
	Govt.	Private	Govt.	Private
Diploma in Auxiliary Nurse Midwife/Multipurpose Health Worker	-	14	-	357
Health Visitor/Multipurpose Health Supervisor	1	-	60	-
Diploma in General Nursing and Midwifery	22	161	1336	3685
Basic B.Sc., Nursing	3	116	110	6020
Post Basic B.Sc., Nursing	1	11	40	280
M.Sc., Nursing	1	34	8	461
Diploma in Nursing Education and Administration (DNEA)	-	1	-	15
Total	28	337	1554	10818
	365		12372	

Source: Tamil Nadu Nursing Council, 2008.

The number of nursing institutions shown in Table 4 indicates that private nursing educational institutes, in the state, hugely outnumber the government nursing educational institutions. TN has private institutions, of higher learning, indicating enhanced capacity building of nursing human power for delivering nursing education and quality of services.

The present chapter describes the management structures and the management. Processes especially human resource issues of nursing in the following institutions/organizations:

- I. Nursing Issues at the State Health Directorates.
- II. Role of Nursing/Midwives in Promoting Maternal Health Care Services.
- III. Nursing Issues at the Educational and Training Institutions (especially the Nursing Schools and Nursing Colleges).
- IV. Nursing Issues with the Professional Bodies especially Nursing Council and Tamil Nursing Association.

The detailed analytical description, of the data collected is presented under the following management issues broadly management strategies and human resource issues:

The following Directorates and corporations are functioning under the control of Health and Family Welfare Department of Tamil Nadu.

1. Directorate of Medical Education.
2. Directorate of Medical and Rural Health Services.
3. Directorate of Public Health and Preventive Medicine.
4. Directorate of Indian Medicine and Homeopathy.
5. Directorate of Family Welfare.

6. Directorate of Drugs Control.
7. Tamil Nadu Medical Services Corporation.
8. Tamil Nadu State Health Transport Department.
9. Tamil Nadu State AIDS Control Society.
10. Tamil Nadu State Blindness Control Society.
11. Reproductive Child Health Project.
12. DANIDA Health Care Project.

I. Nursing Issues at the State Health Directorate

Since the state of Tamil Nadu has a unique organizational structure of Health and Family Welfare in the state, which is divided as *viz.* Directorate of Medical Education, Directorate of Medical and Rural Health Services, and the Directorate of Public Health and Preventive Medicine the following discussion focuses on these three Directorates which play a key role in nursing management capacity building at the state level. The post of DD Nursing upgraded to JD Nursing comes under the Directorate of Medical Education and there is another post of Deputy Director, Nursing under the Directorate of Medical and Rural Health Services. These two important positions, dealing directly with nursing services will be discussed under three Directorates as mentioned in the Figure 1. Unlike WB, which has clear cut objectives for the nursing branch, no such objectives are listed for the nursing positions in the TN Directorate.

TN appears to have a unique organizational setup wherein nursing issues are taken care of by the three Directorates *viz.* Directorate of Medical Education, Directorate of Medical and Rural Health Services, and the Directorate of Public Health and Preventive Medicine, indicating an positive impact on better rural health care services and more enhanced nursing and midwifery services .

I.1 Organizational structure

Fig. 1: Organizational Structure of Health and Family Welfare Department Government of Tamil Nadu

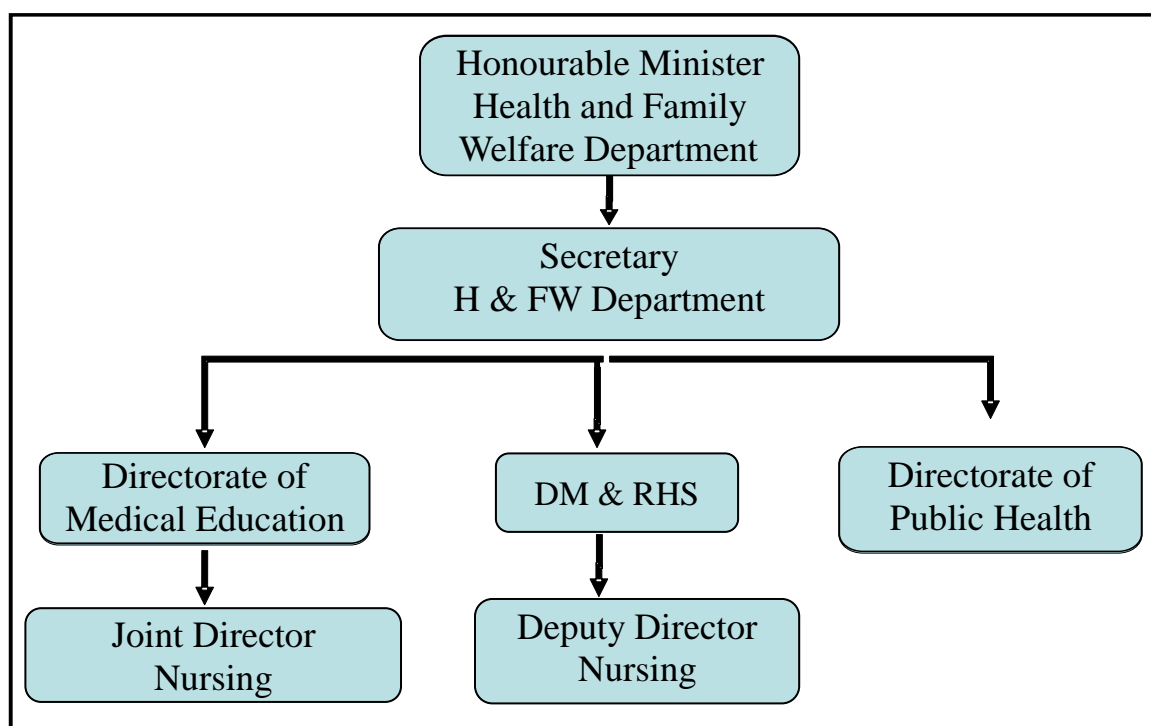


Table 5: Cadre Strength of Nursing Personnel, 2007

Name of the Cadre	DME	DM & RHS	DPH & PM	DMS(ESI)	Total
Nursing Supdt. I	24	22	-	1	47
Nursing Supdt. II	67	42	-	7	116
Nursing Supdt. III	388	206	-	40	634
Staff Nurse	5353	3346/541	363/3100	552	13255
Physiotherapist	102	71	-	10	183
ANM	59	290	-	48	397
Mat. Asst.	40	257	-	138	435
Social Worker	104	4	-	8	116
HV	39	135	-	9	183
Village Health Nurse (Female)/ANM	-	-	10367	-	10367
Sector Health Nurse (F)	-	-	1610	-	1610
Community Health Nurse (F)	-	-	384	-	384
Public Health Nurse (F)	-	-	100	-	100
Health Inspector (Male)	-	-	4311	-	4311
Health Supervisor (Male)	-	-	384	-	384
Non-Medical Supervisor	-	-	384	-	384
Total	6176	4914	21003	813	32906

Source: Directorate of Medical Education.

Table 6: Staff Strength of Nursing in Directorate of Medical and Rural Health Services (DM&RHS)

Types of Cadre	Sanctioned Number	Appointed Number	Number of Vacancies	In Position (%)	Vacant (%)
*Assistant Director of Health services (Nursing)(now	1	1	0	100	0
*State Public Health Nursing supervisor	-	-	-	-	-
*Nursing Superintendent Grade I	19	4	15	21.05	78.94
Deputy Nursing Superintendent (Nursing Superintendent	40	35	5	87.5	12.5
*Assistant Nursing Superintendent	-	-	-	-	-
*Registrar	Details will be furnished by the Tamil Nadu Nursing Council				
*Deputy Registrar					
*Auxiliary Nurse Midwife (ANM)	236	204	32	86.44	13.56
*Staff Nurses on contract basis (including Male	4964	4701	263	94.7	5.29
Staff Nurse Regular (including Male Nurse)	3233	3138	95	97.06	2.94
Matron (Now Nursing Superintendent	196	154	42	78.57	21.4
Maternity Assistant	272	238	34	87.5	12.5
Health Visitor	257	181	76	70.43	29.57
Social Worker	4	2	2	50	50

Source: Directorate of Medical and Rural Health Services (DM&RHS), Tamil Nadu.

Table 7: Vacant Posts

Sl. No.	Name of the Post	Sanctioned Strength	In Position	Vacant (%)	Reason for not filled up	Appointing Authority
1.	Principal	2	-	2 (100)	No eligible person	H & FW. Dept.
2.	Vice-Principal	1	-	1 (100)	No eligible person	
3.	Reader	10	-	10 (100)	Proposal under process	
4.	Lecturer in Nursing	15	14	1(6.67)	Proposal sent	
5.	Nursing Supdt. Gr. I	26			Promotion	
6.	Nursing Supdt. Gr. II	68	48	15 (22.06)	Promotion	Director of Medical and Rural Health Services, Chennai
7.	Nursing Supdt. Gr. III	392	295	87 (29.12)	Promotion	
8.	Nursing Tutor Gr. I	27	20	7 (25.93)	Panel	H & FW Dept.
9.	Nursing Tutor Gr. II	419	261	158 (37.70)	Panel	
10.	Physiotherapist Gr. I	32	27	5 (15.63)	Panel	
11.	Physiotherapist Gr. II	68	65	3 (4.41)	Panel	
12.	Staff Nurse	5410	4937	237 (4.38)	Will be filled in Counselling	Director of Medical and Rural Health Services, Chennai
13.	Auxiliary Nurse Midwife	59	59	Nil		Head of Institution
14.	Maternity Assistant	40	40	Nil		
15.	Social Worker	104	59	45 (43.27)	Vacancy not approved by government	
16.	Health Visitor	59	12	47 (79.66)		
17.	Social Welfare Officer	27	14	13 (48.15)	Adhoc rules not framed	Director of Medical Education
18.	Assistant Lecturer	7	-	7 (100)		
19.	Lecturer in Physiotherapy	2	-	2 (100)		Government

Source: Directorate of Medical Education.

Salaries

Table 8 describes the pay scales of nursing cadre. The cadre is certainly not happy with the present pay scale as they are not equal to central level.

Table 8: Salary Structure/Norms of Basic Salary of Various Cadres (DME)

Sl. No	Name of the category	Scale of pay
1.	Joint Director (Nursing)	14300-18300
2	Deputy Director (Nursing)	Rs. 10000-325-15200/-
3	Nursing Superintendent Gr.I	Rs. 8000-275-13500/-
4	Nursing Superintendent Gr.II	Rs. 6500-200-10500/-
5	Nursing Superintendent Gr.III	Rs. 5500-175-9000/-
6	Nursing Tutor Grade II	Rs. 6500-200-10500/-
7	Staff Nurse (Regular)	Rs. 5000-150-8000/-
8	Staff Nurse (Contract Basis)	Rs. 3500/- in 1st year Rs. 4000/- in 2 nd year Rs. 5000/- from 3 rd year till regular absorption
9	Health Visitor	Rs. 5000-150-8000/-
10	Auxiliary Nursing Midwife	Rs. 3200-85-4900/-
11	Maternity Assistant	Rs. 3200-85-4900/-

Under NRHM the contract Staff (Nurse) is appointed on a fixed salary of Rs, 4000/- per month. The Government of Tamil Nadu plan to absorb them after two years of service at a salary of Rs. 11 thousand per month. In the hope to absorb as a permanent, many joined even on a low salary.

I.A. Directorate of Medical Education

The Directorate of Medical Education, which is functioning since July 1966, plays a pivotal role in developing medical and para-medical personnel to cater to the health needs of the State. The prime responsibilities of the Directorate are as follows:

1. Development of Medical Education including Nursing
2. Administration of Medical Colleges and Teaching Hospitals including Nursing institutions
3. Effective Supervision of selection committee for admission to specified medical and nursing courses of study (details mentioned in Table 8).

Out of the total 21 Nursing Schools and Colleges, 13 are under the control of DME and the 8 under the control of DMRHS and are being run by the Government.

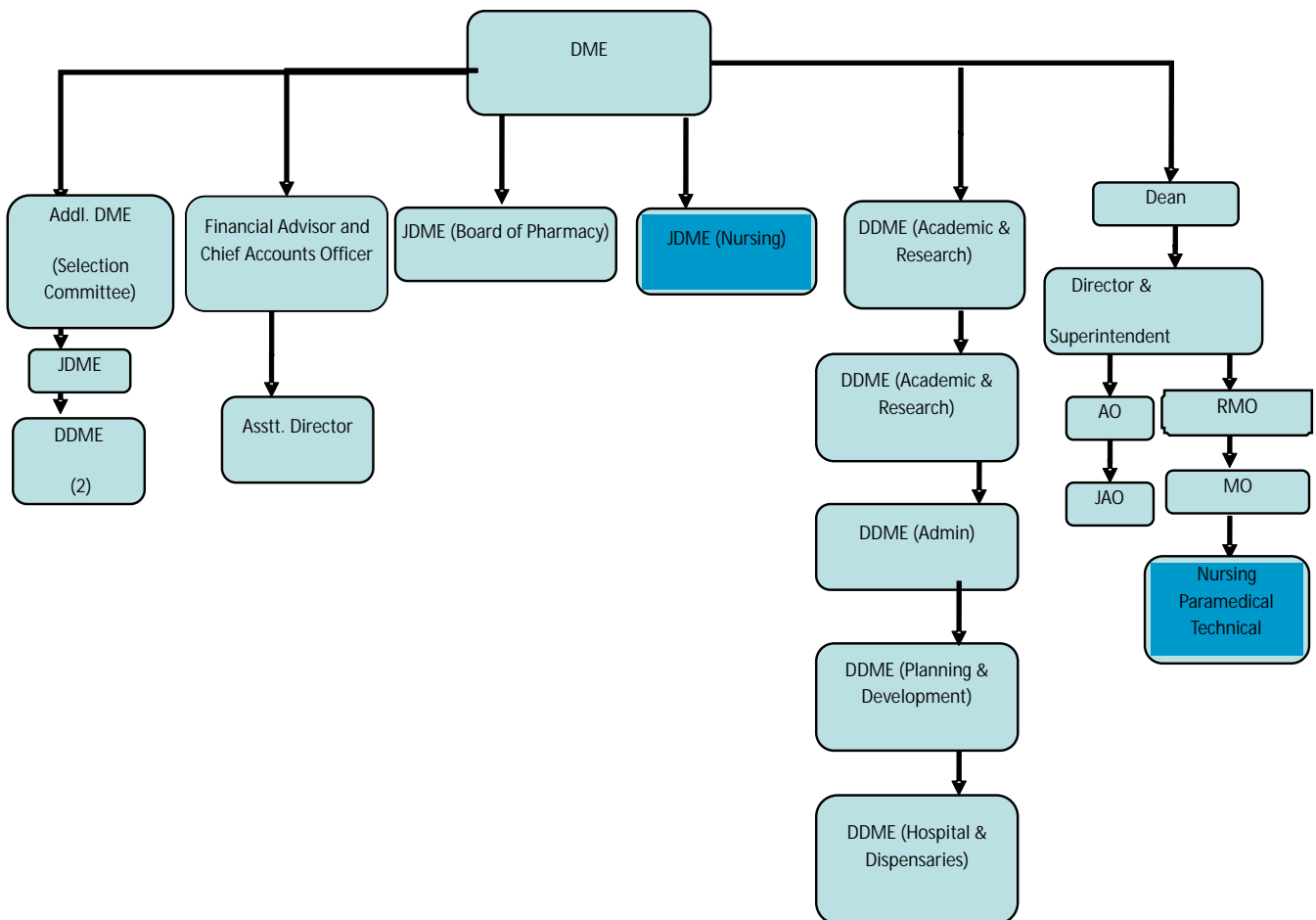
The department also has a role to play in establishment and maintenance of well-equipped teaching institutions, which are the premier referral centers with state of the art equipment and technology. Research is another area of activity for Medical Education Department.

The Joint Director, Nursing is the Executive Officer and looking after the nursing issues under the Directorate of Medical Education (Figure 2).

Tamil Nadu does not have a separate Nursing Division in the Directorate of Medical Education.

The Directorate of Medical Education has two posts for nursing i.e. one is Deputy Director of Medical Education (DDME, Nursing) and the other is Paramedical Technical (Nursing). The selection to this post is on seniority basis. Recently the post of Deputy Director, Nursing has been upgraded to Joint Director Nursing. The Directorate has put up the proposal to have an additional post of DD Nursing to be filled up and this is under process.

Fig. 2: Administrative Structure, Directorate of Medical Education



I.B. Directorate of Medical and Rural Health Services

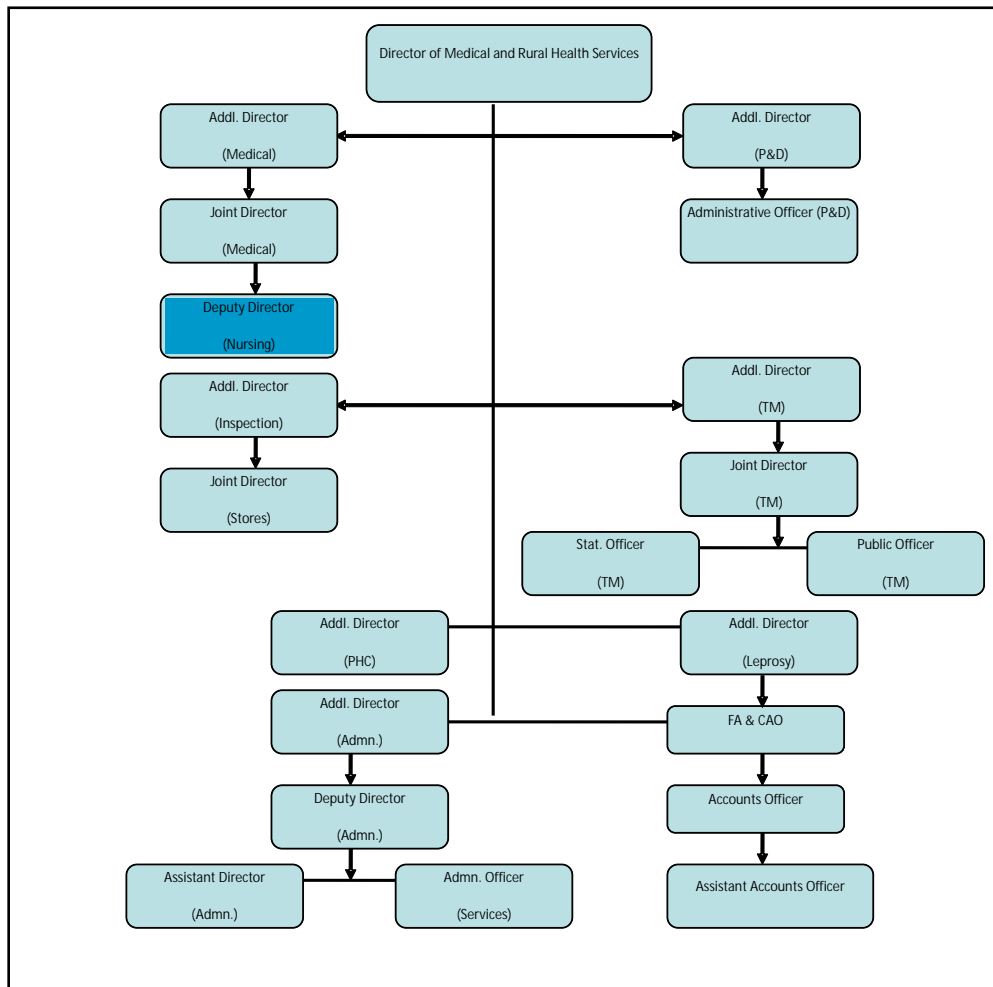
The Directorate Medical and Rural Health Services (DMRHS) are in charge of planning and execution of all programmes of Medical and Rural Health Services Department of Tamil Nadu. Director, Medical and Rural Health Services is the overall in charge of all the medical health care services through the grid of district hospitals, taluk hospitals, non-taluk hospitals, dispensaries, mobile medical units, women and children hospitals and non-teaching medical institutions.

Historically during the early eighties, the Directorate of Family Welfare was disintegrated from the Directorate of Medical Services and Family Welfare for better co-ordination and implementation of Family Welfare Programme. In the year 1999 the Directorate of Medical Services was bifurcated and a separate Directorate to look after the implementation of the ESI Scheme was formed on 1.1.1999. Thus the

Department of Medical Services which was a huge composite department at the time of inception has decade by decade paved way for organisation of various separate departments for better administration and from 1.1.99 onwards, this Department namely the Department of Medical and Rural Health Services is being entrusted with the responsibility of rendering medical care services to the public through the non-teaching medical institutions.

Appointment of the staff nurses are under DMRHS. Recently the government has accorded permission to recruit 660 staff nurses on contract basis. These measures are being taken to improve 24 hours round the clock maternal and child health care activities under State Rural Health Mission by allotting three staff nurses to each of the 220 primary health centres. 200 staff nurses were appointed to the 32 CEMONC hospitals. During the year 2007-08, 1400 staff nurses were appointed on contract basis in the various schemes.

Fig. 3: Administrative Structure of Directorate of Medical and Rural Health Services



Source: www.tnhealth.org/mrhsorg.htm

I.C. Directorate of Public Health and Preventive Medicine

The Directorate of Public Health works closely with the DME and DM&RHS for Nursing issues particularly for the placement and training of nurses for strengthening the midwifery aspects. This cell does not have any separate post of nursing official but they coordinate with other Directorates.

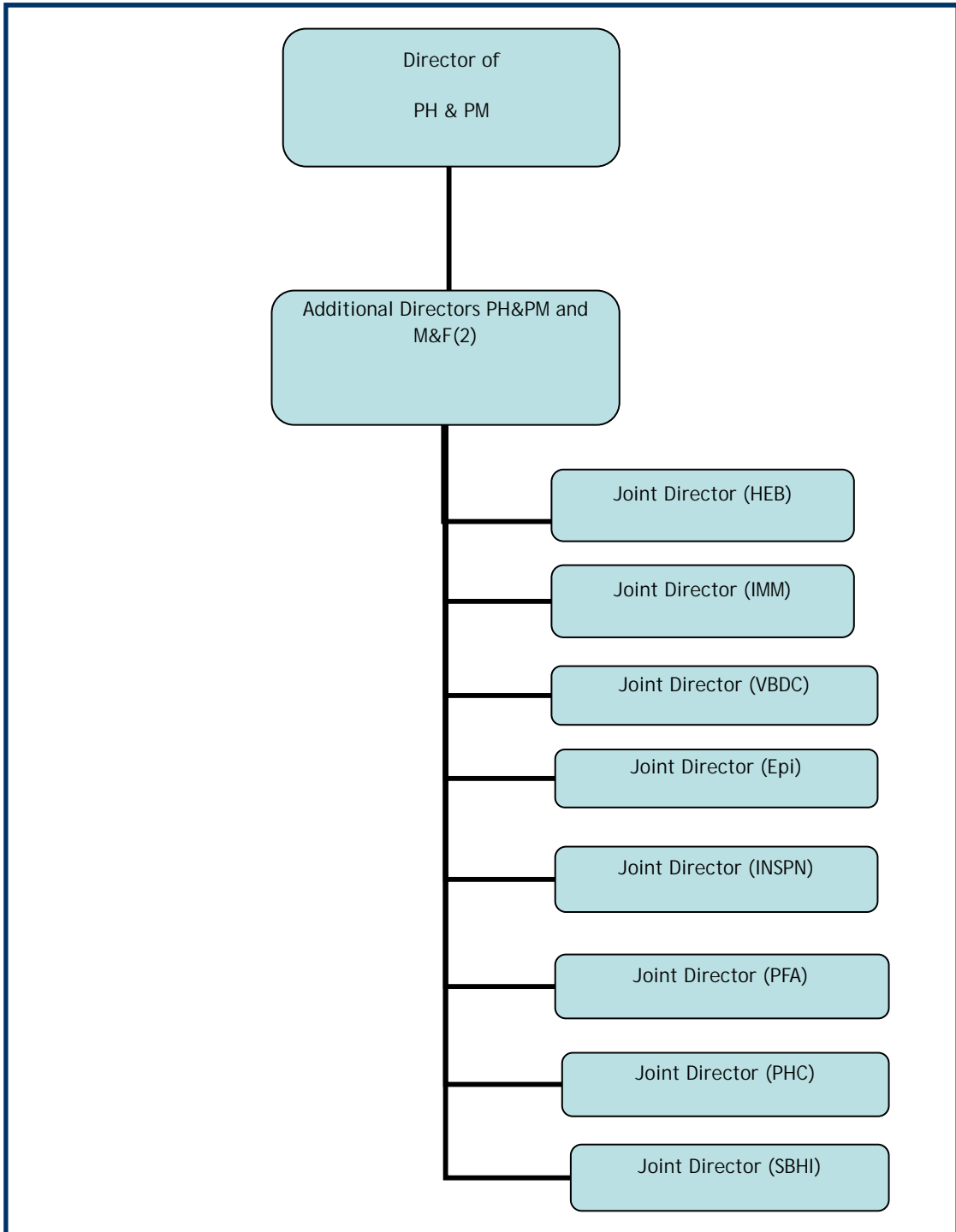
The Director of Public Health and Preventive Medicine is providing primary health care services through a network of 1421 Primary Health Centre and 8706 Health Sub-Centers spread over the entire state. During the year 2007-08 up to March 2008, 683.50 lakhs outpatients and 6.47 lakhs of in patients were treated by these Primary Health Centers and deliveries at the rate of 9 Primary Health Centre per month. The average out-patient in the Primary Health Centre per day is 133 (March 2008). The average inpatient to the Primary Health Centre per month is 38 (March 2008).

1000 Primary Health Centres have been upgraded to provide 24×7 delivery services. 3000 staff nurses were recruited and posted in these 24×7 Primary Health Centers to ensure round the clock delivery services. 1,53,968 deliveries were conducted in the Primary Health Centers. The Primary Health Centres have conducted 86.5% more deliveries when compared with the 2006-07 for the same corresponding period.

The Department of Public Health and Preventive Medicine is responsible for the implementation of various National and State Health Programmes. This department also plans and implements measures to prevent the occurrence of communicable diseases thereby reducing the burden of morbidity, mortality and disability in the state.

The activities undertaken by the department of public Health and Preventive Medicine are provisions of primary health care, which includes maternity and child health services, immunisation of children against vaccine preventable diseases, control of communicable diseases, control of malaria, filaria, japanese encephalitis, elimination of leprosy, iodine deficiency disorder control programme, prevention of food adulteration, health check up of school children, health education of the community and collection of vital statistics under birth and death registration system and environmental sanitation. Nurses are the prime human resources in these centres to deliver health care services qualitatively.

Fig. 4: Organization Structure of PH&PM



1.2. Management Process

There are more than 80,000 registered nurses and more than 90,000 midwifery personnel in the state. The detailed breakup is given in Table 9. Tamil Nadu does not have a separate HR policy for the nursing professionals in the state. There are guidelines for transfer/posting and job responsibilities of each nursing cadre in the state shown as in Annexure 1.

Table 9: Registered Candidates with Tamil Nadu Nurses and Midwives Council as on 14.11.2008

HV	2578
ANM	19214
Nurse	87254
Midwife	91642

I. 3. Recruitments

Every year 1200 nursing students are passed from the government school/colleges and all of them get absorbed in the government sector. They are necessary to sign a bond for 2 years to work with the government. The government does not take the students from the private schools/colleges. The TNMC is not in favor of the government's decision, as per their views the quality of education is better in private colleges/schools as compared to the government, especially trust colleges. One of the private college principal mentioned, "Government does not provided job opportunities to our students hence even though they want to serve the community they have no option but to join private/corporate hospital or to go abroad".

I.3.i. Job Profile of JD Nursing (DME)

JD Nursing is a state level administrative post and DMS is the appointing authority for this post. The main job profile and responsibility includes looking after primarily the service matter and other matters related with state level nursing personnel in the Directorate of Medical Education. JD Nursing also co-ordinates with training section under DME. Though JD Nursing gives views about transfer/placement of nursing personnel but she is not a member of any high level committees. But a strong need was felt for the JD Nursing to have full decision-making power for transfer/placement of nursing personnel as it was observed in WB. To fulfil all these lacunae, a separate Nursing Directorate at the state level, is required to streamline all the nursing issues.

In the absence of any additional senior level nursing professional, at present the workload is very heavy and an additional post of DD/Assistant Nursing Director was required to share the work at the Directorate level with JD (N) and the proposal for DD, Nursing is under process. The proposal to make the present pay scales at par with the central government pay scales is under consideration. At present the salary of the JD (Nursing) is paid from the central government, there is a proposal in pipeline by Government of India that the salary should be paid by the state government.

I.3.ii. Job Profile of DD Nursing (DM&RHS)

Under the Directorate of Medical and Rural Health Services, the nursing issues are looked after by Deputy Director Nursingp and she is the lone officer managing these affairs. Since the job profile was not specifically laid out, this post is takes care of administrative and management work with regard to nursing personnel.

1.4. Selection and Recruitment

1.4.i. Nursing (DME)

The selection to the post of DD Nursing is as per the following criteria/method by transfer from the category of Reader in Nursing, or by promotion from category of Deputy Director (Nursing) from the Director of Medical and Rural Health Services, or by promotion from the category of Lecturer in Nursing, or by promotion from the category of Nursing Tutor-Grade I, or by direct recruitment. But recently the post of DD Nursing has been upgraded to the post of JD (Nursing). At present the salary of the JD (Nursing) is paid from the central government, there is a proposal in pipeline by Government of India that the salary should be paid by the state government.

1.4.ii. Nursing (DM&RHS)

Recruitment of Deputy Director (Nursing) Director of Medical and Rural Health Services is by the promotion from among the Nursing Superintendents Grade I and Nursing Tutors Grade I or by direct recruitment.

1.4.iii. Pre-Service Trainings

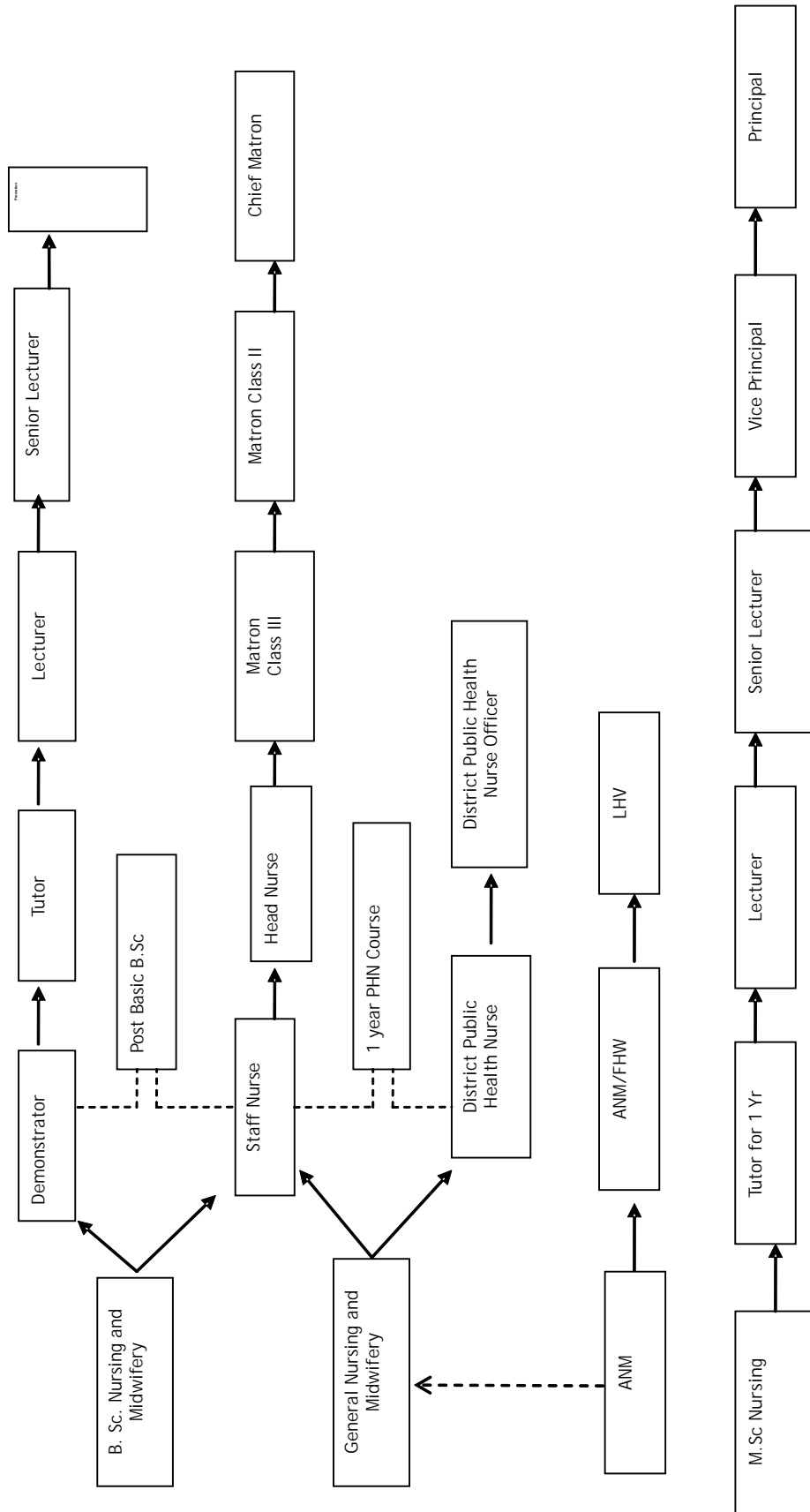
In the state there are 119 colleges (3 government and 116 private) conducting B.Sc Nursing courses. For M.Sc Nursing course, there are 35 colleges (1 government and 34 private). Post Basic B.Sc Nursing courses are provided by 12 colleges (1 government and 11 private). Thus total 166 nursing colleges are running at present, which both include government and private institutions.

- ❖ All the teaching institutions are governed by the guidelines of Nursing Council of India. The list of these schools, and type of courses run in the state, are given in Annexure-II.
- ❖ Due to the increasing demand for nursing human power 69 new colleges and 22 schools are in the process to be sanctioned.
- ❖ ANM schools closed since 1990 as there were surplus ANM in the state those days. Now need to initiate these schools as we may required more ANM at the community level.

Selection to B.Sc (Nursing) courses is done by a selection committee under single window system following the rules of reservation under the chairmanship of Director of Medical Education in accordance with the policy of government announced every year as per the DME guidelines.

Admissions to postgraduate courses are done by the selection committee through a common entrance examination followed by counselling, adopting the rule of reservation. Admission to Diploma courses in Nursing is also done by the selection on merit basis (+2 marks) followed by counseling and adopting the rules of reservation. DME is looking after all these matters.

Fig.5: Career Paths for Nursing Professionals in Tamil Nadu



I.4.iv. Career Path and Promotions of Nursing

Figure 5 describes the career paths for nurse-midwives with various qualifications. As seen, there is a clear demarcation between careers in teaching and careers in clinical and public health services with different requirements for qualification. Usually degree holders make a career in teaching and diploma holders have hospital based careers. Generally as a policy there is very little mixing/movement or transfers of professionals from the teaching and clinical side. One reason for this according to the respondents is because the salary structures are higher on the teaching side. For example the tutor in a nursing school gets higher salary compared to a head nurse in a hospital although their level is the same.

Further the nurse-midwives in the public health side have very few promotional posts. Their career paths are very short. For example the staff nurses who qualify as Public Health Nurse get appointed as District Public Health Nurse (DPHN) which has only one further promotion, that of DPHN Officer. Similarly an ANM/FHW has negligible growth in her career- there is only one possibility of becoming a Female Health Supervisor (FHS). Those ANM/FHWs who take the 6 month training for female health supervisor have to wait for a long time for promotion as there are many more ANMs compared to the posts of FHS (IIM PHN study).

Overall promotions in the nursing cadre are very-very slow. Within the slow system, clinical and community side is the worst. After 30 years of job, staff nurses are promoted as Nursing Superintendent Grade III. At times they are even retired without getting any promotion. Though teachers are highly qualified with more than 20-25 years experience, their late promotions is a serious concern. As per the respondents, frequent change in the leadership and frequent transfers of the high level officers, responsible for the slow process of promotions. The top officers should be at the same place at least for 5 years to provide justice for promotions, set the system and bring the changes in the existing system. The records from the service register and ACR are used for promotions.

I.5. ACR and Performance

Annual Confidential Report (ACR) appraisal system exists, and these reports are only used for the purpose of promotions. ACR is duly filled by the immediate supervisor. This is mandatory for any diplomacy action, although most promotions are based on the seniority. The ACR format is same for all streams including teaching, medical services and health.

II. Role of Nursing/Midwives in Promoting Maternal Health Care Services

India's Eleventh Five Year Plan (2007-2012) on health of women and children emphasizes a crucial role of nursing/midwifery in maternal health for achieving the MDGs. The report quoted *"investments in nursing will provide more return in terms of impact and therefore makes the suggestions - the states should take action for having a nursing cadre set up in the State. A dedicated nursing and paramedical manpower division/unit should be established at the national and state levels"*. (http://planningcommission.gov.in/aboutus/committee/wrkgrp11/wg11_rphfw.pdf cited on 16 February 2009).

Further solution exchange for maternal and child health compiled by Meghendra Banerjee, 22 October 2007, suggested nursing/midwives roles and responsibilities for their better output to save our mothers.

- ✧ Junior Health Assistant or Health Workers (Male & Female) for home visits in a rotation, running sickness clinics, doing all preventive and promotive work and providing population based services, counseling and empowering families for household care.
- ✧ Senior Health Assistants, LHVs, Senior Health Inspectors, Sanitary Inspectors for on job skill training, looking at supplies and making inventories, doing primary outbreak monitoring, micro planning and community based resource mobilization.
- ✧ Nurses in Sub-district Hospitals and PHCs for managing labour rooms, maternity wards, and providing support in surgical procedures like sterilization operations (laparoscopic or otherwise).

www.solutionexchange-un.net.in/en/Download-document/687-Redefining-the-Role-of-Allied-Staff-in-Healthcare.html - cited on Feb 16/02/09.

In accordance with the directions given in the Eleventh Five Year Plan (2007-2012), all the senior health administrators/professionals interviewed in various hospitals quoted '*Nursing is the main core for promoting maternal health and besides conducting deliveries, they play a crucial role in ante-natal, natal, postnatal care, incentive care unit, reproductive and child health including adolescent health care and Post Partum Haemorrhage care*'. (Dr. M. Dhanpal, Dean of Kilpauk Medical College Hospital, Tamil Nadu 2008). Other state level cadre also supported this views, "*involvement of nursing cadre is absolutely necessary to reduce MMR/IMR, hence nursing education should be taken seriously by the government*". Most of the supervisory cadre and matron mentioned about the capacities of nurses to manage even complicated deliveries.

In government health setup of Tamil Nadu, staff nurses conducts most normal deliveries and labour wards are managed by the nursing cadre. They are trained for early identification of maternal complications, referral, obstetric first aid and treatment of minor ailments and also assist the doctors for performing tubectomy operations. They are authorized to sign delivery papers.

"I can conduct any delivery confidently even complicated delivery. In PPM we give oxytocine injection, do uterine massage for contraction, remove placenta and give breastfeeding immediately. In case of serious complication, refer the patient to CHC or district hospital. We accompany with a patient, admit in the hospital and then come back. If possible also do the follow-up by telephone" (Nursing Cadre).

- a. Although they are managing maternal health care and their importance is realized by the state, the staff nurses themselves feel that their efforts are not been valued. As all of them expressed, *"We manage all the complications breech presentation, eclampsia, postoperative cases, labour wards, ICCU, cardiologist ward, paediatric ward, trauma centre but no credit or recognition to us, all the credit goes to doctors"*. (Nursing cadre respondent)

The nursing/midwives are providing, round the clock services in three shifts, 24 hours x 7 days basis in all 1421 PHCs. Due to round the clock availability of staff nurse, the institutional deliveries increased by 50% within two years. Besides, they are responsible to organize maternity picnics, to provide transportation allowance to the public vehicle which carries woman for a delivery. The task of verbal autopsy for maternal deaths is also taken care of by them.

The nurses/midwives are concerned about the, *"Maternal mortality in their respective hospitals/CHC/PHC, as family members transport woman very late with bleeding and eclampsia"*. To reduce these deaths, they suggested awareness promotion schemes like IEC and BCC to sensitize the community and family about the danger signs during pregnancy and post partum period. Another serious concern, was the employment of non-registered nursing cadre, who are poorly trained from the non-registered institutions, in private hospitals in a low salary. It is estimated by the government registers, out of total 94% institutional deliveries, about 60% are conducted in the private hospitals. There is no 'Law' to stop unregistered nursing cadre from practicing. The respondent expressed the strong need to pass amendment to stop illegal practices. The Government nursing cadre, advocates for such an amendment in collaboration with TNAI. As per their views, INC should play an important role in this endeavour. They are also concerned about the appointment of un-trained 'Ayas' (Female Attendant), in maternal wards. To summarize the state and the central government is realized the importance to nursing/midwifery to improve maternal health, the cadre themselves are confident to address maternal health effectively.

II.i. Key Initiatives for Involving Nursing/Midwifery in Service Delivery

Establishment of 24x7 PHCs with good facilities and good infrastructure has been a very successful initiative of Tamil Nadu. 421 PHCs have been upgraded into 24 hours functioning PHCs. In each of these PHCs 3 staff nurses are appointed who work on 8 hours of shift duty. *From 15-09-2008 all 1421 PHCs (100%) functioning as 24 hours PHCs.*

These upgraded PH's have ensured round the clock availability of staff nurse trained in obstetric and newborn care, the staff nurses conduct deliveries, do early identification of maternal complications and referral, provide minor ailments treatment and obstetric first aid, assists the doctor in the PHC OT for performing tubectomy operations:

- ✧ As per the data of PHC deliveries performed during 2006-07 and 2007-08 given below there is a marked improvement in institutional deliveries and as reported with great pride by senior policy makers of the state, institutional deliveries are more than 99 percent in Tamil Nadu.
- ✧ Deliveries for the year 2006-07 (November 06 to October 07) : 98,883
- ✧ Deliveries for the year 2007-08 (November 07 to October 08) : 2,28,085

- ❖ No. of Deliveries increased for current year : 1,29,202
- ❖ No. of deliveries increased during this year : 130.66%

Establishment of 24x7 PHCs



Free Transport for Pregnant Women

To PHC for Delivery



Automan getting from SN for transporting pregnant mother

To Home after Delivery

The visit by the research team to one of the 24x7 PHCs confirmed the upgradation of maternity wards under NRHM programme. The labour rooms were fully equipped along with the operation theater for caesarean deliveries. The PHCs were equipped with the latest computer technology to maintain maternal and child health data with online reporting. The staff nurses are trained to update patient's data regularly to provide to the block/districts authorities.

All PHCs are installed with a solar energy system and hot water facilities available for

24 hours. Add on to it, inverter facility, semi-auto analyser, scan facilities were all provided. Privacy of women is assured with curtains. Very clean toilets observed during the visit! Some PHCs are also equipped with steam laundry unit, and gradually the state plan to install in all PHCs. Garden is developed in front and backside of PHCs. Nurses, doctors and other staff were found to be very enthusiastic to work in such an enabling environment. The increase in number of deliveries, since last two years, shows how the upgrade facilities have changed the community's attitude towards the public health sector.

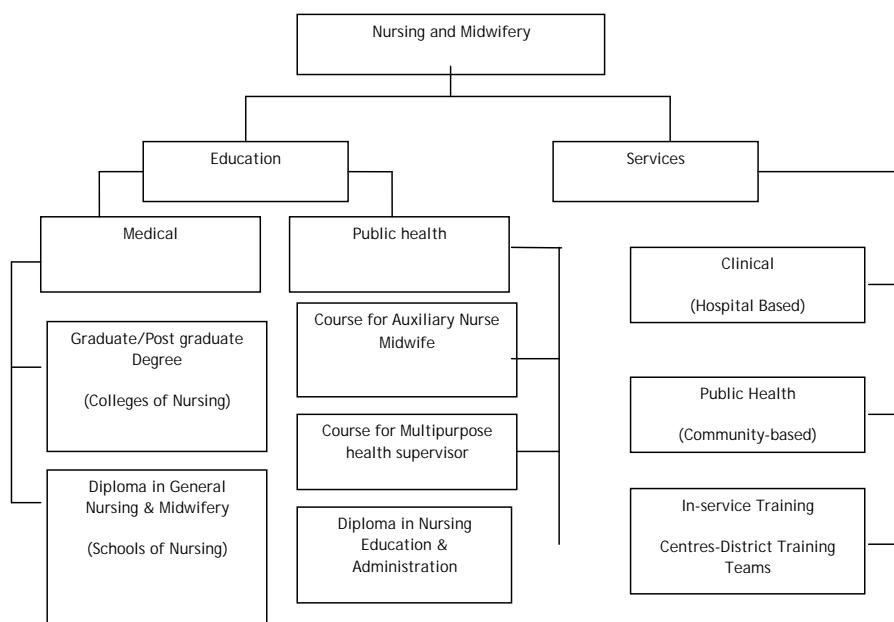
The PHN cadre is also provided the facilities of scooter, bicycle and mobile phones to reach to mothers on time and to improve communication with the community and their supervisors. Quarters in PHC premises are made available with all the basic facilities. The state has shown the improvement of nursing capacities and their output due to these basic facilities. The state also initiated the birth companion scheme, where one of the family members, especially husband, mother or near relatives are permitted to be with woman during delivery to provide emotional support.

All these benefits have led to, increase in institutional deliveries, improved breastfeeding practices, better mother and child interaction, decreased postpartum depression and other problems.

Nutritious food is provided, at the PHC, to the ANC women coming check-up and those admitted for delivery and staff nurse also provides nutrition education and counseling to the women.

To encourage institutional deliveries, the government compensates the wage loss incurred of BPL families' up to two deliveries. Total Rs. 6500/- are given, which includes Rs. 3000/- given during the last 3 months of pregnancy to eat nutritious food Rs. 3000 in post-natal period and Rs. 500/- given from Janani Suraksha Yojana. ANM plays an important role to propagate the scheme and to guide the community to avail the benefits of this scheme.

Fig. 6: Streams of Nursing and Midwifery in Tamil Nadu centrep



Though diploma course for ANM is on the official record, this has been stopped from 1990 as there were surplus cadre during those years. After GNM, certain years of experience, one year course in Public Health Nurse, Diploma in Nursing Education and Administration is conducted. This is required for district level supervisory/administrative position.

The practice side is again divided into clinical and public health. The clinical side comprises of nurses and midwives largely diploma holders, posted in the hospitals large teaching hospitals/civil hospitals, district and sub-district hospitals and Community Health Centres. The public health side comprises of Public Health Nurses (PHNs). The PHNs are posted at the district level and are supposed to monitor the work of the Lady Health Visitors and the Auxiliary Nurse Midwives/Female Health Workers (ANM/FHW) below the district level posted largely at the Primary Health Centres.

III. Nursing Issues at the Educational and Training Institutions (especially the Nursing Schools and Nursing Colleges)

The ancient history of nursing/midwifery of Tamil Nadu is accountable for the highest number of schools and colleges, as compared to other states of India. There are 28 government and 320 private schools/colleges (Table 11), producing more than 12 thousand nursing cadre per year. Besides Kerala and Andhra Pradesh, Tamil Nadu is one of the main suppliers of these cadres to other states of India and abroad.

Table 10: Number of Nursing Education Institutions and Intake of Students in Tamil Nadu

S. No	Institutions	Govt.	Private	Total number	Intake of Govt.	Students Private
1.	Nursing Colleges	14	45	59		
2.	Basic B. Sc. (Nursing)	3	116	119	110	6020
3.	Post Basic B. Sc. (Nursing)	1	11	13	40	280
4.	M. Sc. (Nursing)	1	34	35	08	461
5.	Total	5	161	166	110	6020
6.	Nursing Schools (Govt)	21	149	170		
7.	Diploma in General Nursing & Midwifery	22	161	183	1336-	3685
8.	Diploma in Nursing Education & Administration (DNEA)	-	1	1		15

S. No	Institutions	Govt.	Private	Total number	Intake of Govt.	Students Private
9.	Health Visitor/Multipurpose Health Supervisor	1	-	1	60	
10.	Diploma in Auxiliary Nurse Midwife/Multipurpose Health Worker	-	14	14		357
11.	Total	23	176	199		
12.	Grand Total of Teaching Institutions and Nursing students	28	337	365		

Source: <http://www.tamilnadunursingcouncil.com/siw.asp> and Tamil Nadu Nursing Council, 2008.

The State is in pipeline to initiate/sanction 69 more colleges and 22 schools as there is great demand in foreign countries.

Table 11: Total No. of Institutions

Name of the Course	No. of Institutions				Intake of Students			
	Government (26)	Private (200)	CMA I (17)	Total (243)	Government	Private	CMA I	Total
ANM	05 (Withheld)	08	06	014	-	0227	130	0357
GNM	22	150	11	183	1336	3345	340	5021
H.V.	01	-	-	01	60	-	-	60
D.N.E.A.	-	01	-	001	-	015	-	015
B.Sc., (N)	03	116	-	119	110	6020	-	6130
P.B.B.Sc., (N)	01	11	-	012	40	280	-	320
M.Sc., (N)	01	034	-	035	08	461	-	469
Total	28	320	17	365	12372			

Source: Nursing Council, Tamil Nadu 2008.

Till 2008 only science group students were eligible to join the GNM course but recently in 2009 the state government has opened the GNM course to even the arts group also and this is definitely a positive step for widening the scope of nursing profession. Moreover the government has also introduced nursing as one of the optional subject for eleventh and twelfth standard.

(Source: Nursing Higher Secondary Second Year, Volume 2 Tamil Nadu Textbook Corporation, College Road, Chennai 2005). <http://www.textbooksonline.tn.nic.in/Books/12/Nursing-EM/Vol2/Covers%20and%20Authors.pdf>

The Government ANM schools had been closed since 1990 due to surplus cadre in the state. But due to the need emerging under NRHM, the state is planning to re-open these schools.

III.1. Government Schools and Colleges

Total number government schools of nursing in the state 21. And only 2 government nursing colleges at Government Rajaji Hospital, Madurai, and Madras Medical College, Chennai.

The student teacher ratio in government GNM schools is 21:1 consisting of 5370 students and 252 teachers. Though as per INC norms it should be 10:1. Most of the teachers in nursing schools/colleges are highly 'educated, experienced and enthusiastic, and some also have a doctorate degree. INC has reduced the norms for M.Sc and B.Sc to work in the college of nursing and school of nursing (Information given by Department of MRHS).

The admissions in the teaching institutions are given on the merit basis (marks).

INC curriculum is followed in the State with some additional topics as suggested by the state. As per their norms, nursing students should conduct 20 deliveries and assist in 20 deliveries during their study. But in Tamil Nadu the students of government college/schools are privileged to get enough hands on experience. In the headquarters hospitals in Tamil Nadu, the bed to students ratio is higher than the needed quantity. The total bed strength of the old and new GGH is 2029 and 2722 respectively, so there are more number of beds than the students.

The exact hours for the maternal health in the GNM schools, as per new syllabus (midwifery and Gynae) are 208 hours for theory in Midwifery and Gynae and along with clinical practice in midwifery and Gynae for 918 hours.

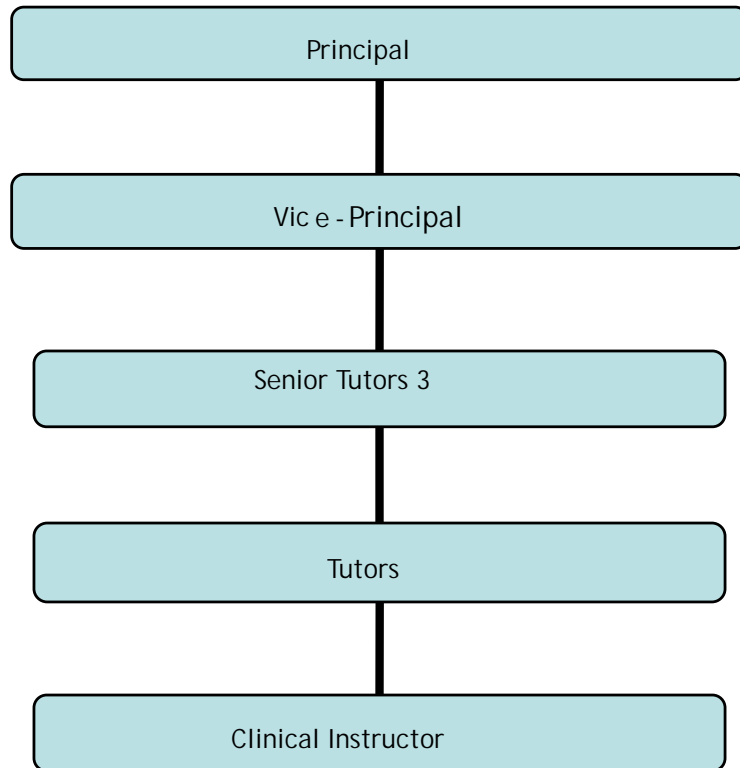
As reported the students, learn PPH management during their night duty. Another benefit in the government hospital is nursing students are allowed to do episiotomy, which is not the case in the private colleges. This advantage to the students may be due to higher institutional deliveries conducted in Tamil Nadu (90.04%), Hostel is compulsory for students in both government and private colleges.

The research team visited two nursing schools, one is school of nursing under the Government General Hospital, Chennai and other is School of Nursing under CSI Kalyani Hospital, Mylapore. This school of nursing is attached with Government General Hospital.

III.1.i. CSI Kalyani, School of Nursing

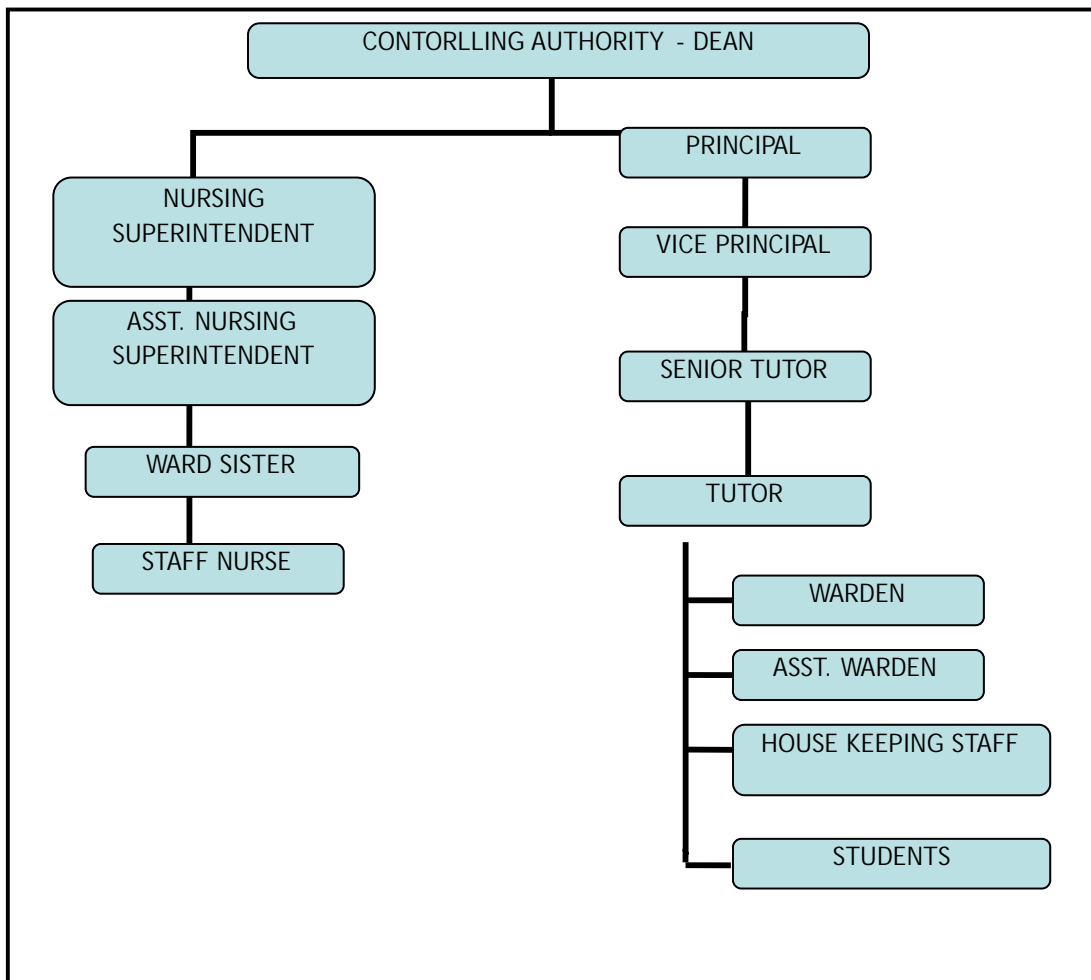
The school of nursing was started in 1955, to impart education in general nursing and midwifery. The programme remained suspended from 1977-86. Then the school of nursing was restarted in the year 1987.

Fig 7: Organisational chart of Nursing staff at Education and Training Institutions



The diploma programme in nursing is 3 years and 6 months duration, practical experience is provided throughout the period of education. They take 25 students in each batch. The admission is given only for girls. Upon successful completion of 3 years and 6 months course the candidates has to do 1 year of compulsory internship. Diploma is awarded by Board of Nursing Education. The diploma to be registered with the Tamil Nadu Nurses and Midwives Council. Here the admission for the diploma course is only for girls. One course is of three and half years of duration i.e., GNM Diploma Course. They are also taking one year service bond from each student.

Fig. 8: Organization Chart for Govt. General Hospital, School of Nursing



III. 1 .ii. Madras College of Nursing

The post of Principal is lying vacant for some years and since the regular post is not filled up, presently the college has a Principal in-charge for the last four years. Besides the lack of human resources there are enormous infrastructure problems. The land provided to nursing college is overpowered by the medical college and they built the hostel for the medical students. Government gives less importance to nursing college as compared to medical college. Also the financial grant, given by government, for nursing education is very less as compared to medical education.

III. 1 .iii. Managerial Issues of the Government Teaching Institutions

The main managerial functions performed by the in-charge of the schools and colleges are carrying out day to day administrative, supervisory, coordinating and monitoring for educational activities like teaching and training. Nursing faculties are not a part of the decision-making body, and are not involved in the selection and recruitment. Director Medical Education is the Chairman and Dean is the Deputy Chairman of the decision-making body. All the policy decisions are taken by the Director Medical

Education and the Director Medical and Rural Health Services. In the nursing school committee we discuss our issues and necessities which will be sent to Dean for recommendations. Dean will forward it to DME.

There are no specific guidelines for involvement of nursing officials in the policy decision-making. But while framing any policy concerning teaching institutions, the nursing tutors are consulted and invited for discussions from time to time. They are not part of any task group.

For nursing school they have separate budget. Budget is operated by the Principal and Medical Director. For hospital, they have separate general budget. Nursing Superintendent has to submit the budget whatever things they want. Nursing Superintendent comes under Medical Superintendent.

Lack of facilities for the teaching cadre: Nursing teachers do not enough space to read & study. Recently, due to efforts of the principal, they managed to get some funds from the private company for getting tables and chairs for the college staff.

Less number of teachers than required: One of the GNM schools visited, had only 25 teaching staff for 450 students. The ratio comes one teacher for 18 students, against the INC norms of teacher students' ratio 1:10.

Teaching cadre is not involved in any policy or admission procedures: Neither Principal, nor senior teaching staff of any government college are included in any policy decision-making body for nursing education but ironically medical doctors are involved in decision-making.

Principal's Post is not Regular

Lack of transportation: As per INC norms, there should be transport facility for staff & students to visit community/villages for nursing/midwives practice. Most of the government colleges and schools, have only one vehicle for 250-270 students and that too not in working condition. As per respondents, most of the students and tutors travel by public buses.

170 students in one class: Teachers cannot pay individual attention to so many students. Furthermore, it is difficult to manage the practical classes with large number of students.

Library need to be strengthened: It was expressed by the teachers that financial assistance should be increased for the library.

Poor infrastructure: There is only one computer in the college as compared to private colleges having computers lab. The schools and colleges have put the request for 10 more computers in each, Furniture and curtains in the school/colleges are very old. No euro plant for the purified water, as their students quite often suffer from waterborne infections. No indoor or outdoor game facility for the students. Due to lack of space the game's room is converted into classroom. There should be separate auditorium for the guest lecture and educational, cultural functions.

Poor hostel facilities: The hostel facility and infrastructure of the government nursing education institutions really need to be improved.

III.2. Private Schools and Colleges

There are total 218 private colleges and schools producing more than 6 thousand cadres mostly for foreign countries and other states of India. Most of the private colleges are affiliated to Medical University, INC and The Tamil Nadu Nurses and Midwives Council (TNMC) and established strategic alliances with the College of Medicine and Nursing. They run Bachelors and Masters Degree courses and few of them are in process to start a doctorate programme.

The research team visited private and trust institutions also. In one of the college visited, 40 faculty members with 16 visiting professors are working for 270 students. In CMA college, even doctors deliver lectures for nursing students. They have liberty to invite eminent guest lectures.

In private colleges, fee ranges from Rs. 1050/- to 5000/- per month, per student. Some private colleges, offers scholarship to disadvantaged students and some gives concession. Omayal Achi College of Nursing offers scholarship to 5 students every year, SC/ST given the priority. Most of the private colleges visited, prefer the diploma and degree courses to female students as male students are difficult to handle and not sincere. Many of the private colleges admit only unmarried girls.

Some of the private colleges and schools absorb students in their own hospitals. Such as - Apollo hospital sign 5 years bond to work with them while getting the admission to captivate all the students, in their hospital chain all over India. On the other hand, some private schools/colleges do not have their own hospital to provide hands on experience to the students. They have established linkages with the private hospital as government hospitals do not allow. Those are Cancer Hospital, Apollo Hospital, JJ Hospital, Subramanian Hospital, Sunderam Neonatal Hospital etc. The private colleges are inspected by the State Council offer every three years.

Christian Medical Association, board college allotted 35 beds for maternity ward out of the total 250 total beds. Every day 3-4 deliveries conducted in the hospital, provide required hands-on experience to the nursing students. Nursing students are well trained in breech presentation and other complications. They are able to maintain the ratio of nurse/bed 1:1 in emergency and maternal ward and 1: 6 in the common ward. Nursing staff is appointed on the basis of recommended ratio by INC - 1: 3 beds.

After certain years of clinical service experience, Christian Medical Association, have the provision that the staff can shift to teaching line and vice-versa as both the cadre get equal salary norms. This enriches both the knowledge and skill of the nursing tutors.

To provide practical experience in community nursing, the college has adopted nearby villages. Nursing students regularly visit and stay in the villages while conducting health survey, ANC check-up or during health education campaign.

Christian Medical Association absorb their own students in the hospital and teaching cadre. In rare case, recruitment is done through advertisement in the newspaper. Selection of the cadre is through comprehensive interview including oral, written and aptitude test.

There is separate budget for the nursing school and a local advisory committee and a

management committee. The nursing cadre is included in all the decision making bodies of the hospitals/schools. All the posts of principals, vice-principals, senior tutors, tutors, clinical inspectors are filled up.

III.2.i. Concerns Expressed by the Private Colleges

- ✧ Permission for seats: It is mandatory for the private colleges to take permission for the number of students to be admitted in their college. But the decision making process takes a long time loosing on crucial time.
- ✧ No job opportunity in the government sector: The students passed out from the private schools and colleges are not eligible to get a job in the government sector.
- ✧ Lack of hands on experience: As some of the private colleges, do not have their own hospital to provide hands on experience, especially in conducting deliveries.

IV. Nursing Issues with the Professional Bodies especially Nursing Council and Tamil Nadu Nursing Associations

IV.A. Tamil Nadu Nurses and Midwives Council

The Tamil Nadu Nurses and Midwives Council is the earliest Nursing Council in the whole South-East Asia. This Council is an autonomous statutory registering body for the Nurses, Midwives, Auxiliary Nurse Midwives/Multipurpose Health Workers/Health Visitors. This Council regulates training programmes and granting recognition to the institutions. The Council aims for the advancement of nursing education and champion the cause of the nursing profession. The Council was registered under the Madras Nurses and Midwives Act 1926. It was amended as per Nurses and Midwives Act VII of 1934 and Act XXVI (26) of 1960. This Council also extends its registration to Union Territories of Pondicherry and Andaman & Nicobar Islands.

Functions of the Tamil Nadu Nursing and Midwives Council are as follows:

- ✧ Registration of Qualification
- ✧ Reciprocal Registration.
- ✧ Foreign Verification.
- ✧ Regulation of training programmes and granting recognition to the nursing institutions in Tamil Nadu, Pondicherry and Andaman and Nicobar Islands.
- ✧ Monitoring the professional ethics.
- ✧ Regulation and surveillance of professional conduct and to check and take action against malpractice

Since the Council does not take any fund from the state government, it generates its own funds from the registration fees, school/college inspection fees and other donations. The Council regulates training programmes and granting recognition to the institutions and aims for the advancement of nursing education and champion the cause of the nursing profession. The rules and regulations framed have been amended on several occasions to suit the rapid changes in science and technologies. Previously the registration of the nursing cadre was for life. Now they have introduced the system of re-registration after every five years to be able to keep the track of number of nurses working in the state. There were more than one lakh registered nurses. The registration fee for the nursing is Rs. 780/- for every five years.

Table 12: No. of Registered Nurses with TNMC (as on 14/11/2008)

Category	Registered Numbers
Health Visitors	2578
ANM	19214
Nurse	87254
Midwife	91642
Total	200688

Annual financial turnover of State Nursing Council is Rs.31, 20,000/-. Since the council does not take any financial assistance from the government, they are able to retain their autonomy. But the state government is very supportive of the activities of the council.

The council headed by President is consisting of total 18 members including - 8 government ex-officio, 5 elected members and 5 are nominated. Registrar who looks after the day to day affairs of the council is not a council member. The council has 9 administrative staff members whose salaries are paid by the council.

Table 13: Courses /Programmes Recognised under this Council Registered Courses

Name of the course	Entry Level as per INC	Course Duration
Diploma in Auxiliary Nurse Midwife/Multipurpose Health Worker	10 th Passed	18 months (1-½ years)
Health Visitor/Multipurpose Health Supervisor (F)	MPHW - Passed	6 Months
Diploma in General Nursing and Midwifery	10+2 Passed - 45% (Science group)	3-½ years
Basic B.Sc., Nursing	10+2 Passed 50% (Science group)	4 years
Post Basic B.Sc., Nursing	Diploma in Nursing with 2 years experience	2 years
M.Sc., Nursing	B.Sc.(N) with 1 year experience	2 years
Diploma in Nursing Education and Administration (DNEA)	Diploma in GNM	10 months

The Council is monitoring the standard of nursing education as prescribed by INC which is imparted through the INC and TNC recognized institutions in Tamil Nadu for the purpose of registering the recognized qualification conferred by the recognized examining bodies.

In the last two decades, the Council gave its approval and recognition to the syllabus

for the degree course in [B.Sc.(N)] Nursing beginning with the College of Nursing attached to the Christian Medical College, Vellore and later in the College of Nursing of the Government General Hospital, Madras. Through its efforts Post-Graduate Courses in Nursing', 'Nursing Tutor Course', 'Hospital Administration', 'Ward Management', etc. beside M.Sc.(N) were introduced. Great impetus has been given to the speedy advancement of nursing education in this state.

Concerns expressed by the Registrar of the Council

- ✧ The Council expressed the need for more sanctioned posts in the state as more than 70% of the passed nursing cadre move out of the country for better opportunities. According to them, the present requirement of nursing cadre is much more than the sanctioned posts. As per WHO standards there should be 2 beds for 1000 population. Considering this ratio, Tamil Nadu's 7 crore population will require total nursing strength of 1 lakh 10 thousand. But the state has only 31 thousand nurses appointed and out of which 16 thousand are in the government sector and 15 thousand workforce in the private sector. The Council is proposing to the government to increase the number of sanctioned posts.
- ✧ The Council also expressed the concern for quality of education in nursing schools and colleges. The Council strongly advocates for more hours of hands on experience in the hospital/community for the degree and diploma nursing courses and do not favour to recognize the Distance Learning degree/ diploma nursing courses in the state.
- ✧ The Nursing Council is attempting to establish simulator labs to enhance the clinical skills of the students and are planning to spend about one crore rupees for this purpose.

At present, the Council is in process of computerization of all the Council data right from its inception.

IV. B. Trained Nursing Association of India (TNAI) - Chennai chapter

TNAI established in 1908 at the national level having 30 state branches. At present, about 3 lakh trained nurses and about 95000 student nurses are registered in all the states in the country. This body is registered and recognized by GOI. TNAI promotes high standards of health care & nursing practice and advances professional, educational socio-economic and general welfare of the nurses. TNAI-Chennai chapter has about 16975 nurses/midwives registered as on Dec' 2008. The President, Vice-President and Treasurers are working on the honorary basis from their home or their professional work place. The administrative cost is adjusted from the grant received from GOI for conducting the CNE programmes. There are total of 11 Executive Members. Due to lack of separate budget for the infrastructure TNAI-Chennai chapter does not have separate building for their office.

Every alternate year, TNAI organizes the conference on the current issues and facilitate the process of award to the students, secured first position in various categories. Two students are selected each year from government and as well as private schools/colleges.

The State Chapter is a member of decision-making body to select nominee for the Florence Nightangle award from the state. They are in a process to bring out state

level newsletter to encourage students and nursing cadre to write their experiences, research studies, case studies, their concerns and networking among all the colleges and schools.

The concerns expressed by the State chapter of TNAI

- ✧ Lack of human resource to perform administrative work and also no office space/infrastructure, computer facility.
- ✧ Inadequate sanctioned post in the government and private hospitals resulting in disproportionate nurse patient ratio.
- ✧ Health sector unable to tap the potential of the nursing personnel leading to “brain drain”. This leading to more and more nurses heading for foreign shores.
- ✧ Poor/unsatisfactory living conditions for nursing cadre and students.
- ✧ Lack of autonomy in decision-making and planning to nursing/midwifery cadre.
- ✧ Non-uniformity in pay structure at all levels. Limited scope for career development. Least opportunities for nursing cadre for specialization.

Chapter IV

SWOT ANALYSIS ON NURSING ISSUES IN TAMIL NADU



1. SWOT ANALYSIS FOR THE DIRECTORATE OF TAMILNADU

STRENGTHS	WEAKNESSES
<p>1. TN appears to have a unique Organizational setup where in Nursing Issues are taken care of by the three Directorates viz: Directorate of Medical Education, Directorate of Medical and Rural Health Services, and the Directorate of Public Health and Preventive Medicine, indicating a positive impact on better rural health care services and more enhanced nursing and midwifery services.</p> <p>2. The Directorate of Medical Education has two posts for nursing i.e. the post of DD Nursing upgraded to JD (JDME, Nursing) and the post of paramedical Technical (Nursing).</p> <p>3. There is another post of Deputy Director, Nursing under the Directorate of Medical and Rural Health Services. These directorate level positions, deal directly with nursing services.</p> <p>4. There are guidelines for transfer/posting and job responsibilities of each nursing cadre in the state.</p>	<ol style="list-style-type: none"> 1. Tamil Nadu does not have a separate nursing division in the Directorate of Medical Education. 2. Senior nursing position especially DD and JD, Nursing are through promotions based on seniority. 3. Tamil Nadu does not have a separate HR policy for the nursing professionals in the state. 4. Lack of involvement of JD (N) and DD (N) in decision making and no defined job responsibilities for these senior positions. 5. Under the Directorate of Medical and Rural Health Services, the nursing issues are looked after by Deputy Director, Nursing and she is the lone officer managing these affairs. Since the job profile was not specifically laid out, this post takes care of routine administrative work with regard to nursing personnel. 6. Though JD (JDME, Nursing) gives views about transfer/placement of Nursing personnel but she is not a member of any high level committees. But a strong need was felt for the JD Nursing to have full decision making power for transfer/placement of nursing personnel. 7. Policy decision making (for nursing matters) carried out by non - nursing senior officials. 8. Skeletal nursing human power in the Directorate. 9. Infrastructure and other resource facilities lacking .
<p>OPPORTUNITIES</p> <ol style="list-style-type: none"> 1. Better MCH indicators in comparison to national figures. 2. With high female literacy in TN, there is a greater human power potential and policy makers to encash on this. 3. NRHM is emphasizing on quality of MCH services, and requires developing skill and competency of nurses and midwives. 4. Policy recommendations documented (e.g. GOI's High Powered Committee on Nursing (1989); Macro Economics report, 2005; and various recomm endations at the high level) and these require initiatives and strong commitment at the Higher level. 5. Relatively stable political situation and almost non -existent political interference in various administrative matters. 	<p>THREATS</p> <ol style="list-style-type: none"> 1. The emerging opportunities from the private health care sector competing with the public sector for placement of trained nursing human power. 2. Health sector unable to tap the potential of the nursing personnel leading to "brain drain" and more & more nurses heading for foreign shores

2. SWOT ANALYSIS OF THE NURSING SERVICES IN HEALTH CARE FACILITIES OF TAMILNADU

STRENGTHS	WEAKNESSES
<ol style="list-style-type: none"> 1. Well established public health set up in TN. 2. Initiatives being taken for increasing the nursing posts. 3. Ad hoc appointments for vacant posts: Appointment of the staff nurses are under DMRHS. Recently the government has accorded permission to recruit more staff Nurses on contract basis. These measures are being taken to improve 24 hours round the clock maternal and Child health care activities under State rural health Mission by allotting three staff nurses to each of the 24/7 primary health centers. 4. The nursing/midwives are providing, round the clock services in three shifts, in all 24/7 PHCs. Due to round the clock availability of staff nurse, the institutional deliveries increased by 50% within two years 	<ol style="list-style-type: none"> 1. Senior level nursing posts vacant . 2. Sr. Matron/ Nursing Superintendent not represented in any policy decision making. 3. Senior nurse administrators of hospitals have no say in training and HR issues of nursing personnel. 4. Issues like provision of accommodation and transport not accorded much attention. 5. Low pay scales in comparison to Centre. 6. No proper guidelines and provisions in place for skill enhancement and also particularly in super specialty areas. 7. Financial powers not delegated even for small budgets and lack of decentralization leads to unnecessary delays for administrative and other managerial affairs of the hospitals. 8. Inadequate sanctioned post in the government and private hospitals resulting in disproportionate nurse patient ratio. 9. The nurse -midwives in the public health side have very few promotional posts. For example the staff nurses who qualify as Public Health Nurse , get appointed as District Public Health Nurse (DPHN) which has only one further promotion, that of DPHN officer. Similarly an ANM/FHW has negligible growth in her career as she very limited opportunity possibility of becoming a Female Health Supervisor (FHS). Those ANM/FHWs who take the 6 month training for Female health supervisor have to wait for a long time for promotion as there are many more ANMs compared to the posts of FHS (IIM PHN study). 10. Overall promotions in the nursing cadre are very slow. Within the slow system, clinical and community side is the most affected. After 30 years of job, staff nurses are promoted as Nursing Superintendent grade III. At times they are even retired without getting any promotion.
OPPORTUNITIES	THREATS
<ol style="list-style-type: none"> 1. Qualified nursing personnel (unemployed) can be utilized. 2. Well drafted guidelines for the requirement of human resources especially nursing personnel developed by nursing council. 3. NRHM focuses on skill enhancement especially for MCH services. 4. Central Govt. keen on developing Public Private Partnership models for effective service delivery. 	<ol style="list-style-type: none"> 1. Due to lack of employment opportunities, the well qualified nurse human power shifting to private sector.

3. SWOT ANALYSIS OF THE EDUCATION AND TRAINING OF NURSES OF TAMILNADU

STRENGTHS	WEAKNESSES
<ol style="list-style-type: none"> 1. Large number of Nursing schools, but especially private nursing schools out numbers the Govt. ones. 2. Nursing students are passed from the government school/colleges and all of them get absorbed in the government sector. They are necessary to sign a bond for 2 years to work with the government. 3. Most of the teachers in nursing schools/colleges are highly educated, experienced and some also have a doctorate degree. 4. In Tamil Nadu, the students of government college/schools are privileged to get enough hands on experience. In the Headquarters hospitals in Tamil Nadu, the bed to student's ratio is higher than the need quantity. 	<ol style="list-style-type: none"> 1. Very less number of Nursing colleges in the govt. sector 2. As no separate budget for the govt. teaching institutions, these are poorly equipped with deficient infrastructure. 3. No training policy for need based training and placement of nursing power. 4. The student to teacher ration in Govt. GNM schools is 21:1 consisting of 5370 students and 252 teachers. Though as per INC norms, should be 10:1. 5. Nursing faculties are not a part of the decision making body, and are not involved in the selection and recruitment. 6. Though teachers are highly qualified with more than 20 -25 years experience, their late promotions is a serious concern. As per the respondents, frequent change in the leadership and frequent transfers of the high level officers, responsible for the slow process of promotions.
OPPORTUNITIES	THREATS
<ol style="list-style-type: none"> 1. Universally the demand for nursing human power is increasing requiring for setting up more number of nursing educational institutions especially in the private sector. 2. Well laid out guidelines for nursing education by INCI. 3. NHP-2002 has already emphasized the need for the Central Government to subsidize the setting up, and the running of, training facilities for nurses on a decentralized basis. 4. In-service training emphasized under NRHM. 	<ol style="list-style-type: none"> 1. Dominance of private nursing schools which outnumber the govt. educational Institutions and this dominance of private nursing schools also adds to the higher cost of nursing education in the state. 2. There is a short fall of qualified trainers to meet the demand of these colleges.

4. SWOT ANALYSIS OF THE PROFESSIONAL BODIES IN TAMIL NADU (STATE NURSING COUNCIL AND TNAI)

<u>STRENGTHS</u>	<u>WEAKNESSES</u>
<ol style="list-style-type: none"> 1. The Tamil Nadu Nurses and Midwives Council, the earliest Nursing Council in the whole South-East Asia, is a very proactive council. 2. The council headed by President is consisting of total 18 members including 8 Government ex-officio, 5 elected members and 5 are nominated. 3. Registrar who is a nursing professional, looks after the day to day affairs of the council and is not a council member. The council has 9 administrative staff members whose salaries are paid by the council. 4. This Council which has well laid down functions, regulates training programmes and granting recognition to the institutions. 5. The Council aims for the advancement of nursing education and champion the cause of the nursing profession. This council also extends its registration to Union Territories of Pondicherry and Andaman & Nicobar Islands. 6. Previously the registration of the nursing cadre was for life. Now they have introduced the system of re-registration every five years to be able to keep the track of number of nurses working in the State. 7. The State Chapter is a member of decision making body to select nominees for the Florence Nightingale award from the State. 	<ol style="list-style-type: none"> 1. The Council expressed the need for more sanctioned posts in the State as more than 70 % of the passed nursing cadre move out of the country for better opportunities. According to them, the present requirement of nursing cadre is much more than the sanctioned posts. 2. The Council also expressed the concern for quality of education in nursing school and colleges. The council strongly advocates for more hours of hands on experience in the hospital/community for the degree and diploma nursing courses. 3. TNAI: Lack of human resource to perform administrative work and also no office space/infrastructure, computer facility. 4. Due to lack of separate budget for the infrastructure, TNAI-Chennai chapter does not have separate building for their office.
<u>OPPORTUNITIES</u>	<u>THREATS</u>
<ol style="list-style-type: none"> 1. As per the emphasis made by National Health Policy, there is a need for the council to establish training courses for super specialty nurses required for tertiary care institutions. 2. More thrust required to establish more degree colleges. 3. National Health Policy has asked for the minimal statutory norms for the deployment of nurses in medical institutions under the Indian Nursing Council Act. 4. The nursing council is attempting to establish simulator labs to enhance the clinical skills of the students. 5. At present, the council is in process of computerization of all the Council data right from its inception. 6. TNAI is in a process to bring out state level Newsletter to encourage students and nursing cadre to write their experiences, research studies, case studies, their concerns and networking among all the colleges and schools. 	

Chapter V

RECOMMENDATIONS



RECOMMENDATIONS

- ❖ Nursing profession needs a complete image changeover keeping in line with the ever emerging importance of nursing profession accorded universally. The contribution of the nursing to the overall health of the nation demands more visibility. Today the nurses need to be the equal partners in the process of health care delivery to achieve the United Nations' Millennium Development Goals.
- ❖ From the image of being submissive and at the receiving end, the nurses need to shift to play the more proactive role. This requires a change in the mindset right from the top level of the planners up to the community and stakeholders.
- ❖ Their immense human potential needs to be converted in to reality by creating an enabling work environment for them in terms of providing more power in decision making, and sound HR policies.
- ❖ The state Directorate should have a separate Nursing Division and preferably to be headed by a nursing professional at the post of 'Director Nursing' or its equivalent. The senior most nursing post must have total autonomy in decision-making and to be member of all policy making bodies dealing with health and family welfare issues.
- ❖ This proposed nursing division should be appropriately staffed with nursing officials to assist the Director, Nursing.
- ❖ The structure of the Nursing Division to have Joint Directors/Additional Directors each for nursing services, nursing education and training and Public Health Nursing/Community Nursing.
- ❖ Clear cut job profiles to be developed for all levels of the nursing cadre from top to bottom.
- ❖ There should be uniformity in the pay scales preferably at par with the central pay scales.
- ❖ For effective manpower planning and development for nursing, it's extremely important is to develop the human resource (HR) policy which will take in to consideration future human resource planning for nurses. The HR policy also to focus on developing guidelines for training and development of the nurses keeping in view the demand generation.
- ❖ The career path should provide flexible opportunities i.e. the transfer from service delivery side to educational and vice versa. But the transfer and placement should be supported by the requisite skill development.
- ❖ Higher educational qualifications should be linked to career growth. But seniority should not be completely ignored, and there can be a certain percentage for seniority-based promotions.
- ❖ Since the working and enabling work environment are the pre-requisite for the

quality of nursing services, the nursing service rules must re-frame guidelines for issues like security, accommodation, and transport.

- ✧ More decentralization with budgetary powers to senior nursing functionaries in the hospitals.
- ✧ The government need to focus on creating more nursing educational institutions (both schools and colleges), by keeping in mind the demand and supply gap for nurses in the service as well as the education sector.
- ✧ The skills of the teaching faculty of the institutions should be strengthened, and the infrastructure and other resources to be provided to facilitate quality nursing education.
- ✧ With the emerging demand for super-specialization in the health sector, the need is to increase the number of super-specialty skill-based courses.
- ✧ For continuous updating of the skills, it will be beneficial to have a separate Continued Nursing Education (CNE) Cell, both at the centre and the state level.
- ✧ Along with developing the clinical skills of the nurses, it is extremely important to provide behavioral skill training especially in leadership skills, assertive skills, communication skill, conflict management and negotiation skills etc.
- ✧ Adequate opportunities for development of midwifery skills for hands on training need to be worked out.
- ✧ To address the need for providing quality health services, the feasibility of developing nurse practitioners and their placement needs to be worked out. WB has already initiated the process.
- ✧ Moreover teaching posts also need to be created for adequate placement. This can be compensated by the creation of more nursing colleges i.e., both B.Sc and M.Sc.

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ANNEXURES



Tamil Nadu Medical Service - Counselling for Transfer and Promotion
Health and Family Welfare (A1) Department

G.O (2D) No. 131

1. G.O.(D) No. 508, Health dated. 10.4.2002.
2. G.O.(Rt) No. 2143, Health, dated 8.20.2002
3. Government Letter No. 35497/A1/02-1.Health, dated 18.10.2002
4. Government Letter No. 52668/A1/02-1, Health, dated 23.10.02
5. Government Letter No. 54453/A1/2002-01, Health, dated 23.12.02
6. Government Letter No. 55147/A1/02-03, Health, dated 14.1.2003
7. Government Letter No. 54453/A1/02-03, Health, dated 12.3.2003
8. Government Letter No. 429441/A1/03-1, Health, dated 29.10.03
9. Government Letter No. 50250/A1/03-1, Health, dated 27.11.03
10. Government Letter No. 50250/A1/03-1, Health, dated 27.11.03
11. Government Letter No. 52427A1/03-1, Health, dated 16.12.03
12. Government D.O Letter No. 12858/A1/04, Health, dated 10.3.04
13. Government Letter No.32639/A1/04-1, Health, dated 5.8.04
14. G.O. (Rt) No. 1277, Health, dated 5.8.2004.

ORDER

1. The Government have introduced a counseling system and issued guidelines from time to time for conducting counseling for transfer and promotion of counsel/para medical personnel working in Health and Family Welfare Department in the government orders and government letters.
2. The government again examined the matter and have decided to extend the salient features of the guidelines being followed in transfer and promotion of teachers in education department to the Health and Family Welfare Department. They accordingly direct that the revised guidelines laid down in the Annexure to this order shall followed for conducting counseling for promotion/transfer of the medical para, medical and non-medical staff under the administrative control of the Health and Family Welfare Department with immediate effect.

(BY ORDER OF THE GOVERNOR)

HEALTH AND FAMILY WELFARE DEPARTMENT
GUIDELINES FOR TRANSFER AND PROMOTION
(Issued with G.O. (2D) No. 131 H&FW Dept. dated 20.11.2007)

1. Periodicity of Counselling
 - 1.1. Counselling for transfer within the Directorate shall be held once in a year during May.
 - 1.2. Counselling for inter-Directorate transfer shall be held once in a year during June. However, this condition is not applicable for the transfer of staff nurses.
 - 1.3. Counselling for the post of nurses for transfer and promotion shall be conducted jointly by the Director of Medical Education and the Director of Medical and Rural Health Services.
2. Re-counselling for filling up vacancies arising as a result of Counselling
 - 2.1. Re-counselling for filling up of the vacancies arising as a result of counselling should be conducted seven days after the original date of counselling. Promotion counselling may be conducted on the date of re-counselling itself. No re-counselling should be conducted in respect of other Directorates.
3. Venue for the Counselling
 - 3.1. Counselling and Re-counselling should be conducted in an Auditorium or a large hall fitted with a Public Address System.
4. Vacancies to be notified for Counselling
 - 4.1. Promotion or transfer shall be considered for the following categories only:
Vacancies arising due to
 - ? retirement including voluntary retirement,
 - ? death,
 - ? promotion of incumbents newly created posts and
 - ? administrative transfer
 - 4.2. Promotion counselling shall be conducted based on regular panels prepared and published by competent authority.
 - 4.3. Vacancies arising up to the end of April shall be taken into account for transfer and promotion counselling.
 - 4.4. Posts wherein the incumbent is on leave or unauthorized absence for more than two months shall be notified as vacancies for counselling.
 - 4.5. However, the following vacancies shall not be notified:
In the case of teaching institutions, specialties where the vacancies in the category (say Professor, Reader etc.) are less than 10% of the sanctioned strength (until such time the vacancy position in that specialty in each teaching institution reaches the level of 10% or less).
5. Who is not eligible to participate in Counselling
 - 5.1. In the case of teaching institutions, the staff from the specialties where the vacancies in the post are 10% or more;
 - 5.2. In the case of medical institutions under the control of Director of Medical and Rural Health Services, the staff from the districts where the total vacancies for the post are 20% or more or the staff from an institution where the total vacancies in that category are 20% or more even if the total vacancies in that category in the district are less than 20%.

- 5.3. In the case of Primary Health Centres, (a) staff from a district where the total vacancies in that category (Medical Officers/Para Medical Staff) in the district are 10% or more; (b) staff from a Primary Health Centre where there is already a vacancy; (c) a lady Medical Officer from a Primary Health Centre where the posts of all other Medical Officers are vacant.
 - 5.4. Medical Officers/Staff who were transferred earlier but had gone on leave without joining there.
 - 5.5. Medical Officers/other Para Medical Staff/Staff Nurses/and other staff who have been transferred on disciplinary grounds and those who are getting transfer as opted earlier and subsequently cancelled the posting on transfer for their own reason. They are not eligible to attend counselling for 3 years (or) till the disciplinary case is over, whichever is earlier.
 - 5.6. Medical Officers, whether appointed through Tamil Nadu Public Service Commission or through Employment Exchange who have not completed one year of service.
 - 5.7. Medical Officers, Para Medical Staff and Staff Nurse who have not completed one year after their last Counselling, excluding the period. The Staff Nurse, who were appointed on contract basis, shall be allowed to participate in the next counselling, as they were posted in far of places at the time of initial appointment.
 - 5.8. Medical Officers with Post Graduate/diploma qualification/super-specialties shall not be considered for posting in ESI Dispensaries.
 - 5.9. Medical Officers and Para Medical Staff who are newly recruited as well as the Medical Officers who report for duty on completion of Post Graduate Degree Course should be posted only in the Districts where there are more vacancies, viz., more than 15% in the case of Directorate of Medical and Rural Health Services and more than 10% in the case of Primary Health Centres.
 - 5.10. As pointed out in para 5.7 above, any person who is posted to a particular place after counselling will have to work there for a minimum period of one year excluding any leave period and he or she is not eligible to attend any counselling till that period is over.
 - 5.11. In the interest of maintaining the quality of the Medical Education and the Medical Services, the government reserve the right to interchange (or) transfer person occupying in the top posts in the premier institutions.
 - 5.12. It is the responsibility of the Deans or Heads of Institutions or Departments to ensure that Medical Officers/para-medical staff, staff nurses ineligible to take part in counselling as narrated in paragraphs 5.1 to 5.7 are not issued the clearance to attend the counselling.
 - 5.13. In the case of Primary Health Centres, where there are only 2 sanctioned posts of Medical Officers, at least one Medical Officer should be available and in the case of Primary Health Centres, Non-Taluk/Taluk Hospitals and ESI Dispensaries, where there are 3 sanctioned posts of Medical Officers, minimum 2 Medical Officers should be available. Wherever there are no lady doctors available in Primary Health Centre, vacancies in such Primary Health Centres shall be reserved for women.
6. Vacancies should be notified in the website every month
 - 6.1. Every month end, the details of vacancies, the cause of each vacancy and the date from which the vacancy arose should be displayed in the official website of Health Department viz., www.tnhealth.org and a report in this regard should be sent to the government by the 5th of the succeeding month.
 - 6.2. Consolidated vacancies to be published before Counselling - These vacancies,

- compiled and published every month, should be consolidated and published before the counselling date. To be specific, the vacancies to be filled up during the counselling should be published in the official website of the Health Department (viz., www.tnhealth.org) and in the Notice Boards of all the Medical Institutions by 7th April/7th May for the counselling to be held in May/June respectively.
- 6.3. List of vacancies once notified for counselling, should not be modified without the approval of the government.
7. Notification of the schedule and venue of counselling and the vacancies
 - 7.1. Along with the consolidated list of vacancies, the schedule and venue for counselling should be published in the official website of the Health Department (viz., www.tnhealth.org) and in the Notice Boards of all the Medical Institutions by the 7th of the previous month, viz., 7th April for the Counselling to be held in May, by 7th May for the Counselling to be held in June.
 - 7.2. Similarly, in respect of the vacancies, arising as a result of Transfer Counselling, the schedule, venue and vacancies to be filled up during re-counselling should be published in the website and in the Notice Boards of the concerned Heads of Departments within seven days of counselling. There should be a clear gap of atleast five working days between the date of publication of the schedule and the actual date of re-counselling. Even for re-counselling, vacancies once notified cannot be modified without the approval of the government.
 8. Persons seeking transfers should bring applications
 - 8.1. All persons seeking transfers should bring their applications duly certified by the Head of the Office for attending counselling. Production of fraudulent certificate will be viewed seriously and is liable for disciplinary action/suspension.
 - 8.2. Before forwarding the application, the Head of the Institution should ensure that the officer is not ineligible for taking part in counselling.
 - 8.3. The transfer application shall be registered by the Head of Department assigning serial numbers in the order of the date of receipt of application and an acknowledgement with the Serial Number should be provided to the applicants.
 9. Criteria and method for Promotion/Transfer
 - 9.1. No mutual transfers shall be considered.
 - 9.2. Transfer counselling should be completed on the same day before starting promotion counselling.
 - 9.3. Promotion to the posts shall be made by counselling in the order of seniority. If the senior is not willing to take up the posts, he should relinquish his right for promotion in writing either temporarily or permanently at the time of counselling and the next eligible person may be promoted and posted in that vacancy.
 - 9.4. If a person eligible for promotion does not relinquish his right, but chooses to absent himself on the day of counselling, or if he attends the counselling but fails to relinquish, it shall be deemed that he is willing to be considered for promotion and shall be promoted and posted to one of the vacancies at the discretion of the Director Government. If he does not join the new post, it will be viewed as an act of indiscipline disobedience and dereliction of duty entailing disciplinary action.

- 9.5. For transfer within the Directorate, station seniority will be the criterion for priority whereas in the case of inter Directorate transfers, service seniority will be criteria for priority.
- 9.6. For counting station seniority, actual period of duty in the present posting alone will be counted, excluding period spent on leave like earned leave, medical leave, extra-ordinary leave etc., and period of unauthorised absence.
- 9.7. In respect of vacancies in the teaching institutions in Chennai City listed out in (a) and (b) below, seniority as per the Civil Medical List (CML) for Assistant Surgeon and panel seniority/seniority as per date of promotion for Readers and other higher categories will be the criterion for priority and not station seniority for the Medical Officer's working in the Chennai City Institutions. For the remaining vacancies the Medical Officer's from Institution will be considered as per station seniority.
 - (a) Madras Medical College, Chennai including Government General Hospital, Chennai, Institute of Child Health and Hospital for Children, Chennai, Institute of Obstetrics and Gynaecology and Hospital for Women and Children, Chennai, Regional Institute of Ophthalmology and Government Ophthalmic Hospital, Chennai, Institute of Mental Health, Chennai, Kasturba Gandhi Hospital for Women and Children, Chennai and Institute of Thoracic Medicine, Chetpuet, Chennai.
 - (b) Stanley Medical College/Hospital, Chennai including Governemnt RSRM Lying-in Hospital, Chennai, Government Thiruvotteeswarar Hospital for Thoracic Medicine, Otteri, Chennai and Government Hospital for Thoracic Medicine, Tambaram, Chennai.
 - (c) Kilpauk Medical College/Hospital, Chennai.
- 9.8. Medical Officers reporting from unauthorised absence should be treated as the junior most and posting should be given accordingly and they are not eligible for appearing for counselling for a period of one year.
- 9.9. Outcome of the counselling shall be determined and exhibited (except the cases where the Government is the transferring authority) on the day of counselling itself.
- 9.10. Wherever government orders are requested, proposals should reach the government within 48 hours of completion of the counselling.
- 9.11. Transfer on administrative grounds, or on complaints shall be effected only after conducting a detailed enquiry on the complaints, duly recording the reason in the file. All such transfers should be reported to the government within a week.
- 9.12. In respect of ministerial staff, there is a General Ban for transfer at present, as per the orders issued in Letter No.5880/S/2002-3, Personnel and Administrative reforms department dated 3.4.2002. However request transfers and mutual transfers can be considered, subject to the conditions mentioned therein. However, promotion counselling for filling up vacancies in respect of categories like Administrative Officers, non-medical staff, drivers, ministerial staff and basic services is permissible.
- 9.13. As a rule, no transfer should be effected in-between the counselling periods, other than those required on administrative grounds, or in the public interest or in the interest of the medical education or public health. The transferring authorities can effect transfers of Medical Officers on administrative grounds, if warranted. The government should be kept informed regarding these transfers. If the transfer is based on allegations and charges, which should be recorded in writing.

- 9.14. Those transferred on account of administrative grounds/grounds of allegation will not be eligible for transfer for the next three years.
 - 9.15. Those who have obtained transfer orders on request cannot apply for transfer atleast for the next one year. This minimum period will not be applicable in case of those who are promoted.
 - 9.16. However, vacancies arising in the inter-counselling period which in the opinion of the Director/government cannot be left vacant till next Counselling may be filled up by the Director/government as the case may be purely on a temporary basis. Similarly when an officer reports for duty from leave or absence, he may be posted temporarily in a vacancy, but such postings should not be done in the institutions in Chennai City and its adjoining districts, Madurai or Coimbatore cities. A report on all such postings made by the Director of Medical Education should be sent to the government for ratification within a week with full justification for the postings. The posts so filled up must invariably be notified as vacancies for the next counselling and the individuals posted temporarily in those posts must be directed to appear for counselling. No exceptions should be made to this rule.
10. Directorate to be obtained in respect of staff under Director of Public Health and Preventive Medicine after counselling
- 10.1. The Director of Public Health and Preventive Medicine shall incorporate the following condition/undertaking in the declaration given by the Doctors, Village Health Nurse/Community Health Nurse at the time of counselling:
 - ? In the case of conceding their request for transfer to their place of requirement, they must remain at the residential quarters/headquarters as the case may be of the Primary Health Centre/Health Sub-centre concerned and in case they fail to remain at the residential quarters/headquarters they accept to face disciplinary action against them including their transfer to a far away place.
 - ? When such a condition/undertaking is accepted by more than one individual for the same place, then the station seniority will be considered among such of those persons for transfer.

RULES FRAMED BY THE GOVERNOR-IN-COUNCIL
UNDER SECTION 11 OF THE MADRAS NURSES AND MIDWIVES ACT
(MADRAS ACT III OF 1926)
NOTIFICATION

G.O.No.324 P.H., dated 11 February 1926, as amended by (1) G.O. No. 348, P.H. dated 2nd March 1931,
(3) G.O. No. 732, P.H. dated 31st -----

I

In exercise of the powers conferred under sub-section (3) section I of the Madras Nurses and Midwives Act, 1926 (Madras Act II of 1926), the Governor-in-Council is hereby pleased to appoint on the 14th day of February 1926 as the date on which the said Act shall come into force.

II

In exercise of the powers conferred by section 11 of the Madras Nurses and Midwives Act, 1926 (Madras Act III of 1926), the Governor in Council is hereby pleased to make the following rules to carry out the purposes of the said Act, namely:

RULES UNDER THE NURSES AND MIDWIVES ACT, 1926
GENERAL

1. In these rules, unless there is anything repugnant the subject or context:

“Act” means the Madras Nurses and Midwives Act, 1926.

“General Nursing” means (a) in the case of women nurse training in the nursing of men, women and children, and (b) in the case of men nurse-training in the nursing of men and children under 12 years of age and nursing general patients, for not less than three years in institutions authorised in that behalf under rule 37.

“Government” means the Government of Madras.

“President” means the President of the Madras Nurses and Midwives Council constituted under section 3 of the Act.

“Registered medical practitioner” means a medical practitioner registered under the Madras Medical Registration Act, 1914.

Words relating to the feminine gender in these rules shall include males.

“Registrar” includes any person duly authorised to act and acting on his behalf.

There shall be a Registrar of the Council for performing the functions assigned to the Registrar by these rules and the by-laws, made under the Act. The first appointment of the Registrar shall be made by the President and the subsequent appointments by the Council. Every person so appointed shall be removable at the pleasure of the Council.

2. The rules in Appendix-A and the forms set out in Appendix b to these rules and all instructions contained the forms shall be deemed to be part of the rules and such form or forms substantially to the like effect shall be used in all cases for which the forms are provided.

RULES REGULATING THE CONDITIONS OF ADMISSION TO THE REGISTER
(Section 11(2) (b) of the Act)

3. Every nurse, midwife, health visitor or auxiliary nurse-midwife who desires to have her name entered in Section I or II of the Register of nurses, midwives, health visitors, auxiliary-nurse-midwives shall apply to the Registrar in Form IV-AAppendix-B to these rules and furnish full particulars of the information required therein. She shall attach to her application any diploma or certificate of training she holds in original together with a copy of each of such diplomas or certificates of training.

EXPLANATION

A woman who desires to have her name entered as nurse and or midwife, health visitor, auxiliary nurse-midwife shall make separate applications therefore in the present form. Section I of the Register shall also include nurse or midwives who were practising in the territory within the meaning of the Madras Nurses and Midwives Amendment Act, 1960 and who were registered under the Travancore-Cochin Nurses and Midwives Act, 1953 (Travancore-Cochin Act X of 1953).

Provided that the course of training in Nursing Midwifery undergone and the examination passed by the persons registered under the Travancore-Cochin Nurses and Midwives Act, 1953 (Travancore-Cochin Act X of 1953) shall conform to those prescribed for entering the names of nurse and midwives under section 5 of the Act.

Note: Part II of the register contains the name of every woman who, though not in possession of any such diploma certificate of training, has been practising as a nurse or as a midwife at the date of commencement of the Act and was allowed to register under Act on the strength of certificate of having undergone instruction and training for a period of not less than two years under a register for a period of not less than two years under a registered medical practitioner or a certificate signed by two registered medical practitioners to show that she was nurse or midwife practising in the state of Madras at the commencement of the Act. The concession which was allowed for a period of three years from the date of commencement of the Act, ceased from the 14th February 1931.

- 32 A) Subject to the provisions of these rules a nurse shall be entitled to have her name entered in Section III of the Register.
1. as a general trained nurse:
 - a) if she has completed three years training at an institution authorised in that behalf under rule 37 and passed the qualifying examination in general nursing conducted by the Madras Government Board of Examiners in Nursing or the Examining Board of the Nurses Auxiliary of the Christian Medical Association of India (South India Branch) or
 - b) if she possesses a certificate or qualification in B.Sc (Nursing) granted by the University of Madras.
 - c) if she possesses a certificate of qualification in general nursing recognised by the Indian Nursing Council as a registrable qualification and is registered by the Nursing Council of the State in which the qualification is granted or
 - d) if her name has been registered by:
 - i. the General Nursing Council for England and Wales, or
 - ii. the General Nursing Council for Scotland, or

- iii. a Board Altranais, Eire, Dublin or
 - iv. the Joint Nursing and Midwives Council for Northern Ireland, or
 - e) if she possesses the qualification granted by an authority in a Part B State recognised by the Council.
2. as a nurse trained in the Nursing of Women and Children:
If she has completed three years training at an institution authorised in that behalf under rule 37 and has passed the qualifying examination in the Nursing of Women and Children conducted by the Examining Board of the Nursing Auxiliary of the Christian Medical Association of India. (South India Branch).
- 32 B) Subject to the provisions of these rules, a midwife shall be entitled to have her name entered in Section I or II of the Register.
- a) if she has completed 18 months training or six months training in the case of trained nurses, at an institution authorised in that behalf under rule 37 and has passed the qualifying examination conducted by the Madras Government Board of Examiners for Midwives, or
 - b) if she possesses a certificate of qualification in midwifery recognised by the Indian Nursing Council as a registrable qualification and is registered by the Nurses and Midwives Council of the State in which the qualification is granted or
 - c) if her name has been registered by
 - i. The Central Midwives Board of London or
 - ii. The Central Midwives Board of Scotland or
 - d) if she possesses a certificate of qualification granted by an authority in a Part B State recognized by the Council.

EXPLANATION

A midwife, who has satisfactorily completed one year training in midwifery before the 24th December, 1937, shall be eligible for registration in the register of midwives, if she had commenced her course of training before the introduction of the revised course of 18 months training if she produces, in addition to other documents, the certificate of professional efficiency referred to in rule 33 (b).

- 32 C) Subject to the provisions of these rules, a visitor shall be entitled to have her name entered in Section I or II of the register:
- a) if she has completed 18 months training in health visiting or 2½ years training in the integrated course in midwifery and health visiting in an institution in behalf and passed the qualifying examination conducted by the Madras Government Board of Examiners for Health Visitors, or
 - b) if she possesses a certificate of qualification recognised by the Indian Nursing Council as a registered qualification and is registered by the Nurses and Midwifery Council of the State in which the qualification is granted.
- 32 D) Subject to the provisions of these rules, and auxiliary nurse-midwife shall be entitled to have her name entered in Section I or II of the register:
- a) if she has completed 2 years training at an institution authorised in that behalf under rule 37 and has passed the qualifying examination conducted by the Madras Government Board of Examiners for auxiliary nurse and midwives or the Examining Board of the Nurses Auxiliary the

- Christian Medical Association of India (South India Branch), or
- b) if she possesses a certificate of qualification in Auxiliary Nursing Midwifery recognised by the Indian Nursing Council as a registrable qualification and is registered by the Nurses and Midwives Council of the State in which the qualification is granted.

4. A) An applicant for registration shall in all cases specify in her application the names and addresses of at least three persons willing and able to give evidence of her good social standing not being a relation for the applicant who known her personally for not less than three years, another shall be a person in whose employment the applicant is on the date of the application or who has employed her at any time within three years prior to such date, and a third shall be a Superintendent of Nursing, registered medical practitioner or other responsible person with whom the applicant is working on the date of application or has worked at any time within three years prior to such date.

B) The Council may invite the persons names by the applicant to furnish testimonials as to her character and professional efficiency in Forms V and VI of Appendix B to these rules as the case may require, and any testimonials so furnished shall be sent direct to the Registrar by the persons furnishing them.

5. A dai who is desirous of having her name entered on the register of dais shall apply to the Registrar in Form IV-C of Appendix B to these rules, and shall attach to her application a certificate showing that she has within a period, of two years immediately preceding the date of her application undergone a course of training for atleast six months at an approved hospital, and has passed an examination at the end thereof. She shall at the end of every second year from the date of her registration appear for re-examination, and if she fails in such re-examination her name may be removed from the register at the discretion of the Council.

The training of dais was discontinued in this Note: 28-7-43 (G.O. No. 1776,P.H. dated 28- 7-43).

6. Every nurse, midwife, health visitor, auxiliary nurse-midwife, or dai whose name has been entered on the register shall be entitled to receive from the Registrar free of charge a certificate of registration in Form VII or Form VII-A of Appendix B to these rules.

Duties and Responsibilities of Nursing Staff

Nursing Superintendent

The Nursing Superintendent is directly responsible to the Head of the Institution for efficient Nursing Care to all patients in the hospital.

- 1 .She is responsible for the general supervision of nursing care given to the patients and all nursing activities within the nursing unit.
- 2 .She prepares the Master plan for professional and non-professional staff under her control.
- 3 .She plans in co-operation with the Nursing Supervisors for effective administration and nursing care.
- 4 .She gives orientation to all new personnel under her control.
- 5 .She is in-charge of hospital linen and adequate supply of the same to wards/departments.
- 6 .Maintains various records and reports such as record of health leave sanctioned, confidential reports etc.
- 7 .Supervises the health needs and welfare for the nursing personnel.
- 8 .Maintains discipline of nursing and auxiliary staff.
- 9 .Conducts staff meeting to discuss ways and means for improving nursing service.
- 1 0Serves as counselor and guides to the nursing staff.
- 1 1Conducts procedures connected selection and recruit-out of nursing students.
- 1 2Arrange for clinical experience of the nursing students.
- 1 3Arranges for and conducts examination for the trainees.

Nursing Supervisor

A Nursing Supervisor is responsible to the Nursing Superintendent for the management of the wards/departments and supervision of the nursing and domestic staff. She is entirely responsible for the efficiency of nursing care.

A. Patient Care

1. Prepares patient care assignment.
2. Assists staff in planning nursing care.
3. Arranges duty hours for professional and non-professional staff.
4. Co-ordinates and facilitates work of para-medical staff.
5. Evaluates patient care given.
6. Gives orientation to new staff.
7. Accompanies the Medical Officer during the ward rounds.

B. Administration

Responsibilities for the General Administration of the Ward:

1. Maintains a health and comfortable environment for the patient.
2. Maintains inventories from time to time verifies the articles against the stock register.
3. Has an overall responsibility for the safe custody of ward linen, furniture and

equipment.

4. Responsible for the correct rendering of indents, memorandum and reports.
5. Responsible for economy in the expenditure for non-diet articles.
6. Verifies indent of drugs and checks the distribution.
7. Supervise distribution of diets to the patients.
8. Maintains good public relations and investigates complaints if any.
9. Restricts movements of visitors.
10. Evaluates performance of staff.

C. Clinical Supervision

1. Teaching and supervision of nursing care.
2. Maintaining clinical experience records.
3. Checking and signing procedures.
4. Guides students with nursing care studies.
5. Plan and carry out ward teaching.
6. Evaluation and conference with students.

DUTIES AND RESPONSIBILITIES OF NURSING STAFF

Nurses

General Care of the Patient

1. Admission of patient.
2. Personal care - including bathing, mouth care, hair combing and shampoo.
3. Treatment of pediculosis.
4. Care of hands, feet, nails.
5. Care of pressure points.
6. Giving and removal of bed pans and urinals.
7. Application of hot water bottles and ice caps.
8. Feeding of patients.

Technical Nursing Care

1. Taking and recording of temperature, pulse and respiration.
2. Administration of medicines and injections.
3. Elevate
4. Catheterisation
5. Dressing
6. Irrigations
7. Oxygen Therapy
8. Pre and post-operative care
9. Preparation of patient care for discharge
10. Last offices of the dead

Ancillary and Clerical

1. Assistance and instructions to patients and relatives.
2. Care of patients clothing and valuables.
3. Bed making with or without patient.
4. Maintenance of nominal register.
5. Preparation of invalid diets.
6. Distribution of diets.
7. Recording of drugs administered.
8. Indenting and accounting for drugs, maintenance of sub store, indent for surgical supplies, stores, diet, urine collection, treatment testing, reporting,

collecting, labeling and dispatching of specimen.

9. Preparation for and assistance in chemical tests, medical procedures and intravenous infusions, assisting the medical officer with various examinations of patients and treatment.

Administrative and Supervisory

1. Handling and taking over charge of shift.
2. Linen furniture and equipment up keep, repairs and replacement.
3. Maintenance of stock registers and inventories.
4. Custody of dangerous drugs.
5. Guidance and supervision of nursing students and domestic staff.
6. Assistance in orientation of new nurses.
7. Maintenance of bed side report.
8. Maintaining a 12 hourly report on patients.
9. Escorting patients to and fro departments .
10. Writing the prescriptions and Medical Officer's instructions in the instruction book writing of.
11. Writing of diets in the diet book.

Cleanliness

1. Cleanliness of unit.
2. Cleaning and setting up of dressing trolley.
3. Cleaning of cupboards, rubber articles, metal, glass and other types of apparatus and equipment.
4. Cleaning up of unit and equipment after a procedure.
5. Arranging for the washing of soiled linen.
6. Disinfection.

CONSTITUTION (RULES AND REGULATIONS) TNAI

The Trained Nurses' Association of India (TNAI) is the national body of practitioners of Nursing at various levels. The main idea behind the establishment of the Association in 1908 was to uphold in every way the dignity and honour of the Nursing profession and to promote team spirit, high standards of Health Care and Nursing Practice apart from enabling the members to represent their grievances and express their point of view to the concerned quarters in problematic situations. The stress is on orientating the members to the real needs of this noble profession, the routine activities of the Association are organized in such a way that those associated with it have a sense of participation in all the programmes of direct professional relevance along with treating the Association as a major source of inspiration and provider of little delights of life occasionally.

While members at some of the Branches and Units are more active in their participation in the TNAI's activities than those at others, the Association has undoubtedly come to be recognized as a major link between the vast number of nurses in various parts of the country, and even some abroad.

The Government of India has recognised the Association as a service organisation and a similar recognition by all the State Governments has been an asset to the promotion of the Association's objectives. The voice of the Association is accepted in most quarters as the voice of nurses in India, and resolutions adopted by it and presented to the various authorities are well received and generally accepted for implementation, sooner or later. The general improvement in living and service conditions of nurses over the years and the increase in salaries bear witness to the efforts of the TNAI and the attention paid by the Union and State Governments to its recommendations. Organisations like the Central Council of Health, the Indian Nursing Council and committees formed by official and non-official agencies to study the problems and prospects of Nursing, work in close collaboration with the Association.

The Association is an associate member of certain other Associations and Societies doing good work in their realms of concern. These societies are; Indian Red Cross Society, Indian Public Health Association, Association for Social Health, Indian Hospital Association, Federation of Delhi Hospital Welfare Societies, Tuberculosis Association of India and Indian Leprosy Association. It also takes part in the activities of important social organisations devoted to the welfare of women, especially National Council of Women in India, and All India Women's Conference.

In its efforts to voice women cause, in February-March 2000 the Association had organised an International Women's Conference jointly with McMaster University Canada in Delhi attended by 489 delegates from 38 countries who deliberated on the theme "Women's Status: Vision and Reality".

The TNAI's membership of the International Council of Nurses (ICN) earlier offered many opportunities of extending our professional horizon to newer ideas. The ICN opened up many possibilities for nurses of India. Its "Nursing Abroad Programme" assisted Indian Nurses, as those in other parts of the world, in their work or study outside their countries. TNAI is affiliated with the Commonwealth Nurses' Federation, which has been fruitful in many ways. The Federation is doing a lot for the

advancement of Nursing as a profession and its guidelines for the national associations have been of great value.

Title, Philosophy, Objectives and Functions

The name of the Association shall be: The Trained Nurses' Association of India.

Philosophy

The Trained Nurses' Association of India believes that good health is a fundamental right of every person and that it is the responsibility of the health profession, including Nursing, to provide the kind of health care, which will give each individual in society every opportunity to achieve optimum health.

As a professional person each nurse is ethically and morally responsible for giving the required care to each individual to the best of her/his ability. The profession as a whole, through the Trained Nurses' Association of India, is, therefore obliged to help in every way to uphold these high standards and to promote the preparation of each nurse so that one is qualified to give the required care. Finally, it is the belief of the Trained Nurses' Association of India that each nurse is a member of the society and is entitled to the same individual rights, privileges, and the goals of physical, mental, economic and social development as are available to other members of the society. The profession is responsible to give such assistance as may be necessary to achieve these goals.

Objectives

The objectives for which the Association is established are:

- a) To uphold in every way the dignity and honour of the nursing profession and to promote a sense of esprit de corps among all nurses.
- b) To promote high standards of health care and nursing practice.
- c) To advance professional, educational, economic and general welfare of nurses.

Functions

- ? To establish functions, standards and qualifications for nursing practice.
- ? To enunciate standards of nursing education and implement these through appropriate channels.
- ? To enunciate standards of nursing service and implement these through appropriate channels.
- ? To establish a code of ethical conduct for practitioners.
- ? To stimulate and promote research designed to increase the knowledge on which the practice of Nursing is based.
- ? To promote legislation and to speak for nurses in regard to legislative action.
- ? To promote and protect the economic welfare of nurses.
- ? To provide professional counselling and placement service for nurses.
- ? To provide for the continuing professional development of practitioners.
- ? To represent nurses and serve as their spokesman with allied national and international organisations, governmental and other bodies and the public.
- ? To serve as the official representative of the trained nurses of India as a member of the International Council of Nurses (whenever possible).
- ? To promote the general health and welfare of the public through the Association programmes, relationships and activities.

RULES AND REGULATIONS

(The existing Rules and Regulations, as recommended by the TNAI Council, at its meeting held at New Delhi in November 1980, and as adopted in the meeting of the House of Delegates held at Jaipur in October 1981 and subsequently amended at Cuttack in January 1990 and Chennai in September 1997 and Imphal 1999).

1. Name and Objects: The name and objects of the Association are as set out in the Memorandum of the Association. The Association is non-political and non-sectarian.
2. Patron and Vice-Patrons: The President of the Republic of India or his wife or Vice-President of India or Chief Justice of India or Speaker of Lok Sabha shall be invited to be Patron of the Association during the term of their office. The Governing Body of the Association, hereafter mentioned as the Council, may invite Governors of the States or the Union Territories of India, their wives or other distinguished holders of offices at the Centre or State levels or in public life of the country other than politicians to be Vice-Patron.
3. President and Vice-Presidents: Members of the Association who form the House of Delegates shall elect at a General Meeting, one of the full members of the Association to be the President. Three other full members of the Association shall be elected as Vice-Presidents (First, Second and Third Vice-Presidents). Out of the three Vice-Presidents, one Vice-President shall be from the place at which the headquarters is located. The term of office in each case shall be four years. The President shall not be eligible for re-election as President and/or for any other TNAI office, but shall be ex-officio member of the Council for one more term. Vacancies between General Meeting shall be filled by the Council at its discretion.
4. Membership: The Association shall consist of Patron, Vice-Patron and members. Members shall be of the following categories:
 - a) Full Members: A full members is a person who is a registered nurse fully trained from an institution recognized by the Indian Nursing Council and holds a certificate of training issued by a Registration Council or Board of Examinations recognized by the Indian Nursing Council.
 - b) Associate Members: The following shall be eligible for Associate Membership:
L.H.Vs, A.N.Ms/Health Workers, Midwives and Registered Dais who are interested in the furtherance of the objectives of the Association as laid down in the Constitution of the Association or the rules and regulations framed there under.
 - c) Affiliate Members: Nursing students of all categories and members of other Nursing organization shall be eligible for Affiliate Membership.
 - d) Institutional Membership: Any institute or organization with similar objectives and philosophy as that of the TNAI shall be eligible for membership.
 - e) Honorary Fellows: The council shall select members of the Association who have rendered service of a very high order to the cause of nursing and confer on them honorary fellowships of TNAI.

Associate and Affiliate Members shall be entitled to vote only on matters affecting their own section of the Association, but no change shall be made

thereby in the policy of the Association or the subscription payable or privilege enjoyed by the members without the approval of the Council.
Institutional Members and Honorary Fellows shall have no voting rights.

5. Membership Fees: All members shall pay an entrance fee and subscription as prescribed by the General Body Meeting from time to time. In all proceedings of the Association no person shall be entitled to vote or be counted as a member whose subscription at the time shall have been in arrears for a period exceeding three months.

Affiliation: The Council may affiliate the Associations/Organizations with similar objects and whose constitution is in harmony with that of the Association, on such terms as the Council may, by its bye-laws, prescribed from time to time. Any organisation to be affiliated shall be an All-India or State-level organization.

6. Branches: The Council shall constitute/dissolve Branches of the Association, either by State, Union Territory, District or by classes of members on such terms as the Council may prescribe from time to time.

The Branches so constituted shall not have separate registration and shall be as constituent parts of the main body and shall act under the guidance and control of the main parent body.

7. Management: The management of the Association shall be entrusted to a Governing Body hereinafter called the Council which shall be constituted as follows:

- (i) President
- (ii) First Vice President
- (iii) Second Vice President
- (iv) Third Vice President
- (v) Hony. Treasurer
- (vi) Secretary-General (not eligible to vote if appointed full time)
- (vii) Assistant Secretary-cum-SNA Advisor (Not eligible to vote if appointed full time)
- (viii) Assistant Secretaries (No vote if appointed full time)
- (ix) Editor (No vote if appointed full time. A Nurse Editor only shall be the member of the Council).
- (x) President or Vice-President, one from each State/Union Territory.
- (xi) Branch Secretaries or Joint Secretaries (one from each State and Union Territory Branches).
- (xii) Co-opted Members (Four)
- (xiii) Chairpersons of Standing Committees and Interest Sections.
- (xiv) Ex-officio Members
 - i) One Elected Member of each affiliated Association.
 - ii) Hony. Secretary, H.V.L
 - iii) Hony. Secretary, M&ANMA/MPHW(F)
 - iv) Immediate Past President of TNAI
 - v) Secretary to Indian Nursing Council
 - vi) Nursing Officer, Indian Red Cross Society
 - vii) Nursing Advisor/Dy. Nursing Advisor/Nursing Officer, Government of India as nominated by TNAI
 - viii) State Nursing Superintendent/DHS/DDHS/ADHS Nursing/Nursing

Officer of DHS, Nursing Officer from Metropolitan, Municipal Corporation, Armed Forces and Railways, nominated by the TNAI, not more than five at a time, by rotation, for a term of four years.

The ex officio members shall not be eligible for the TNAI election, except SI. No. 2 and 3 if full member of TNAI.

8. Executive Committee: The following members of the Council shall constitute the Executive Committee:
- (i) President
 - (ii) First Vice-President
 - (iii) Second Vice-President
 - (iv) Third Vice-President
 - (v) Hony. Treasurer
 - (vi) Secretary General
 - (vii) Assistant Secretary-cum-SNA Advisor
 - (viii) Assistant Secretaries
 - (ix) Chairperson, Socio-Economic Welfare Committee
 - (x) Nine members nominated and elected by Council in rotation from State branches.
 - (xi) Editor (if Editor is a Nurse)
 - (xii) Ex-Officio Member
 - (xiii) Immediate Past President of TNAI

The Executive Committee shall meet at such time and place as President directs. It shall meet once in a year and if necessary one more time as may be decided by TNAI Council. The Executive Committee shall manage all the affairs of the Association on behalf of the Council in the intervals between the regular meetings of the Council, referring to the Council all matters involving changes of policy or having important financial implications.

The quorum for the Executive Committee shall be nine of whom five shall be elected members. However, if quorum is not complete the meeting shall be adjourned for half an hour and meet at the same place and transact necessary Agenda even if the quorum is not complete.

9. House of Delegates: There shall be a House of Delegates consisting of Council members and one representative for every five hundred members from the States. For each fraction above hundred there shall be one representative. For Branches having 50-500 members there shall be one representative. House of Delegates shall conduct the business of the Association.

The Agenda for the meeting of the House of Delegates shall include the adoption of the biennial reports, the passing of the biennial accounts, approval of the biennial budget, and the election of the office bearers of TNAI.

The House of Delegates shall meet biennially at such time and place as the Council decides. The President shall preside over at all meetings. In her/his absence the First Vice-President shall take the chair. In the even of the absence of the Second Vice President, the Third Vice President shall preside over the meeting. In the absence of all the above-mentioned persons, the members present shall elect any

other member to preside. The Chairperson shall have a casting vote.
Two-third of the House of Delegates shall form the quorum.

10. Election

- a) Office Bearers of the Council: The office bearers of the Council of TNAI shall be the President, Vice-President and the Hony. Treasurer elected by the House of Delegates.

The members shall be eligible for re-election in accordance with the Rules and Regulations No. 3. Vacancies between meetings shall be filled by the Council at its discretion. The members so elected shall hold office only for the remainder of the term of those in whose place they are to be elected. No Council member shall serve more than two consecutive terms (8 years) unless the member is elected as President or is an ex-officio member of an affiliated Association. No full member of the Association shall be on the Council for more than four terms. Extended terms of State Branches Office Bearers on the Council shall not be considered as eligibility for TNAI elections. A member nominated on the Council for interim period shall not be eligible to contest TNAI elections. A break after two consecutive terms shall be for a period of not less than four years.

The TNAI Office Bearers who held elected positions, prior to October 1981 Amendments, on TNAI Council, hereafter will not be entitled to preferential status for President and Vice President's elections (the 12th House of Delegates, in its meeting in September 1997 at Chennai, amended the earlier provision).

Ex-officio member's term of office on the Council shall not be counted for TNAI elections. Hony. Secretaries (elected) of HVL and M&ANMA/MPHFW(F), if full members of the Association, shall be eligible for TNAI elections (President, Vice Presidents).

Ex-officio term of the President shall be exempted as fourth term on the Council as in the case of ex-officio member of affiliate association(s). Break if any irrespective of the term (i.e. one term or two terms) shall be for a period of one full term of four years. The person elected on a particular office shall hold the office for the full term (four years) and shall not contest and cross to another office prior to completion of the term of her/his existing elected office.

Returning Officer shall not be eligible to contest for election to any of the offices. Returning Officer shall be appointed by TNAI Council for one term of 4 years i.e. for two national level elections of the TNAI.

- b) Executive Committee: The Executive Committee shall consist of nine members from State Branches. The members of the Committee shall be elected by the Council at its meeting by ballot. The members of the Committee shall be elected members by rotation by the virtue of chair only. The term of members so elected shall be for four years.
- c) House of Delegates: There shall be one representative for every five hundred members from the States. For each fraction or two hundred and fifty or above, there shall be one representative. For branches having fifty to five hundred members, there shall be one representative. They shall be elected at the General Body Meeting of the Branch. The term of the members of the House of Delegates shall be elected at the General Body Meeting of the

Branch. The term of the members of the House of Delegates shall be of four years and they shall be eligible for re-election for one term.

11. Council/Executive Meetings: The meeting shall be called at such time and place as provided for under the regulations.

The President shall preside over at all meetings of the Council, and of the Executive Committee. If she/he is not present, the First Vice President shall take the chair, and if she/he is not present, the Second Vice President shall preside. If she/he is not present, the Third Vice President shall preside. If all the aforesaid are not present, the Council/Executive Committee shall elect one of its members who is present to chair the meeting. The Chairperson shall have a casting vote.

The Council shall meet once a year at such time and place as the President directs. Two-third of the membership of the Council shall form the quorum. If, however, the quorum is not complete the meeting shall be adjourned for half an hour and meet at the same place and transact the necessary Agenda even if the quorum is not complete.

The Council may appoint Standing or Sub-Committees, with power to co-opt members to deal with special subjects. The co-opted members shall not have the right to vote. Co-opted members are not elected members, hence shall not be eligible to contest TNAI.

President's and Vice President's elections. The terms of reference and rules of procedure for Sub-Committees shall be prescribed by the Council. The Sub-Committees shall submit their minutes to the Council but shall have no executive power.

Any member of Council/Executive Committee/Standing Committee who fails to attend more than two consecutive meetings of the concerned body shall cease to be the member of the Council/Executive Committee or Standing Committee, as the case may be.

12. General Meetings: The General Meeting of the members of the Association shall be held biennially at such time and place as the Council may decide. For the inaugural session the Patron (if present) shall be asked to preside, if not, a Vice-Patron shall be asked to preside, if none of the aforesaid is present, the President, TNAI, shall preside. In care of her/his absence, the First Vice President shall take the chair. In case of the inability of the First Vice-President, the Second Vice President shall preside. In the event of the absence of the Second Vice-President, the Third Vice President shall take the chair.

13. Special Meetings: The President, TNAI, may call a Special Meeting of the Council/Executive/House of Delegates at any time she/he deems necessary one-third of the Council/Executive/House of Delegates. The matter to be discussed shall be circulated to the members and no other business shall be discussed. Two-third of the membership shall form the quorum. If, however, the quorum is not complete the meeting shall adjourn for half an hour and meet at the same place and transact the business as per agenda.

14. Officers: The Officers of the Association shall consist of the following elected and

appointed office bearers:

- a) President
- b) Vice-Presidents
- c) Hony. Treasurer
- d) The Secretary-General
- e) Assistant Secretary-cum-SNA Advisor
- f) Assistant Secretaries
- g) Editor of the Nursing Journal of India

Full time officers of the Association appointed by the Council shall have no voting right. TNAI members serving as full time office bearers (paid) on the Council shall not be eligible to contest TNAI elections (President, Vice Presidents), unless prior to their appointment they would have held elected office(s) on the Council.

15. Grant of Money: The Association shall grant to each State Branch an annual grant for each full member in the Branch as decided by the Council from time to time.

16. Property, Bank Accounts and Securities: The property, movable and immovable, belongings to the Association shall be deemed to be vested in the name of the Council of the Association. In all proceedings, civil and criminal, it shall be described as the property of the Council by their proper title.

The Council shall authorize the President, Hony. Treasurer and Secretary-General to purchase, sell, pledge and endorse and otherwise deal with securities of the Association in such a manner as may from time to time vary or realize such investments and also to raise funds and borrow money against securities and investments of the Association. The investments etc. may preferably be made after taking advice from experts in the particular field or line wherein the investment is sought to be made.

17. Notices: Any notice required to be given to members may, unless otherwise required by the Societies Act, be given by publishing the same in the official Journal of the Association (NJI).

18. Amendments of Rules and Regulations: Any alteration to the Rules and Regulations of the Association shall be affected by a vote of at least three-fifth of the full members of the Association present at the meeting of the House of Delegates.

19. Association's Representative to other Organizations: An individual elected by the Council/House of Delegates as representative of TNAI to another organization shall not be authorized to make commitments for the Association. She/he shall be required to report to the Council the findings, recommendations, terms and conditions of the organization to which she/he is elected.

20. Publications: All the books published by Zones, States or Union Territory Branches shall be in the name of the Trained Nurses' Association of India. All papers read at any meetings of the Association or at any educational programme sponsored by the Association, shall become the property of the Association. The Council may cause these to be copyrighted in the name of The Trained Nurses' Association of India.

21. Employees of the Association/Service Conditions: Persons serving under the

TNAI or in any of the institutions started by it, in accordance with its aims and objects, shall be employees of the Association under the control of the Council or its delegate, and will be amenable to all the disciplines of service. The service conditions of all such employees shall be regulated by their service contract as framed by the Rules and Regulations of the Association and accepted by the employees.

1. Official Organ

The Nursing Journal of India shall be the official organ of the Association. A copy of the Journal shall be sent free to all the Full Members and Associate Members who subscribe to the Journal, as decided by the Council from time to time. Each SNA unit shall get a minimum of two copies and a maximum of four copies of the Journal. Copies shall be provided as required under Bye-Laws 3 (e).

2. Duties of Officers

- a) The President, if present, shall preside over the meetings of the Council and the General Meetings of the Association and shall be an ex-officio member of all committees. She/he shall keep in continual touch with implementing the policies of the Association and the decisions made at Council meetings.
- b) In the event of a vacancy in the office of the President, or her/his inability to serve, her/his duties shall be assumed by the First Vice-President until the next General Meetings. In the event of a vacancy in the office of the Second Vice-President or her/his inability to serve, her/his duties shall be assumed by the Third Vice-President until the next General Meeting. The local Vice-President shall keep in touch with the headquarters and take an active part in promoting the interests of the Association.
It shall be obligatory on the part of all Vice-Presidents to attend all the meetings. If they fail to attend two consecutive meetings, they shall be disqualified from holding office.
- c) The Secretary-General shall act as the Executive Officer of the Association to implement its policies. She/he shall be responsible for the preparation for the Meetings and shall be responsible for the management of the headquarters as prescribed in the standing orders as delegated by the Council from time to time. The budget item for building, furnishing and replacement of articles shall be expended at the discretion of the Building and Works Committee of which the Secretary-General shall be an ex-officio member.
- d) The Assistant Secretary-cum-SNA Advisor shall act as the Assistant to the Secretary-General to implement the policies in respect of SNA. She/he shall be responsible for such other duties in the Headquarters and work of the Association as may be prescribed in the Standing Orders and as delegated by the Council from time to time.
- e) The Editor shall edit and publish the Nursing Journal of India and other publications of the Association. She/he shall be responsible to ensure that any official statements made in the Journal are in accordance with the policies of the Association. The Editor shall be the Business Manager of the Journal and also act as Public Relations Officer of the Association.
- f) The Honorary Treasurer shall:
 - (i) Receive the quarterly statement of accounts together with the bank

- statement and reconciliation remarks;
 - (ii) Countersign all pay vouchers;
 - (iii) Verify from bills that expenditure is properly regulated and accounted for;
 - (iv) Verify that selected receipts are duly booked in the cash books; and
 - (v) Report to the Executive Committee and the Council, TNAI, the amount received and any investment or unusual expenditure or savings. She/he shall serve as ex-officio member on all the committees dealing with finances.
- g) The Honorary Secretary of the Health Visitors' League and of the Midwives Association shall:
- (i) Organize units in the various States and keep in touch with the State Branch Committees;
 - (ii) Contact members personally when possible or by correspondence, and through the Journal professional activities. She shall make efforts to recruit new members.
 - (iii) Collect State reports and submit a summarized report to the House of Delegates meeting through the Secretary-General two months prior to the meeting;
 - (iv) Prepare the agenda for biennial meeting of Health Visitors League/Midwives and Auxiliary Nurse-Midwives' Association, held at the time of the House of Delegates meeting.

3. Meetings of the Council

- a) Meetings shall be called at such time and place as are provided for under Clause 12 of the Rules and Regulations.
- b) Notice of every meeting other than a special meeting, shall be issued by the Secretary-General not less than 40 days before the date of the meeting. In case of special meetings, 15 days' notice shall be given.
- c) The agenda shall be prepared by the Secretary-General in consultation with the President; the agenda and explanatory notes in the final form shall be approved by the President, before being issued to members. These shall be issued not less than 15 days before the meeting of the Council.
- d) Additional items for the agenda shall be presented to the Council and Council shall decide which of the items are of sufficient importance to be added to the agenda.
- e) The Council shall appoint a committee to frame resolutions. This committee shall report at last session of the Council meeting. One copy of the resolutions shall be given to the President and one copy to the Minutes Secretary. Copies of previous resolutions with cross-references should be made available to the Resolution Committee.
- f) The minutes of the Council shall be authenticated after confirmation, by the signature of the President. A copy of the minutes of the meetings shall be submitted to the President within 15 days of the meeting, and after being attested by her/him shall be sent to each member within four weeks of the meeting. The minutes shall be confirmed at the next meeting of the Council.
- g) If no objection regarding the correctness of the minutes is received within 30 days of the dispatch of minutes, the decisions may be put into effect before the minutes are confirmed; provided the President may direct that action be taken on a decision of the Council before the expiry of the period

of 30 days mentioned above.

Nursing Research Section

- a) To initiate and stimulate research studies, inquiries/surveys on problems referred to it by the Council.
- b) To scrutinize requests for grants for research studies, inquiries/surveys and make appropriate recommendations to the Council.

4. Representation on the Indian Nursing Council

The representative of the Trained Nurses' Association of India on the Indian Nursing Council shall be the President, TNAI.

STUDENT NURSES' ASSOCIATION (SNA) History and Activities

The Student Nurses' Association (SNA) is a nation-wide organisation. It was established in 1929 at the time of Annual Conference of the Trained Nurses' Association of India (TNAI). The Nursing Superintendent of the Government General Hospital, Madras, Miss. L.N. Jeans, was the first Honorary Organizing Secretary of this Association. The pioneer unit of SNA was established at the General Hospital, Madras, followed by Christian Rainy Hospital, Madras and the Presidency General Hospital, Calcutta.

It is remarkable that the growth of SNA Units has been persistent ever since its inception. In the year 1954, the SNA celebrated its Silver Jubilee and there was significant increase in the number of units by then. The number rose to 117 and the membership to 4,259. The SNA celebrated its Diamond Jubilee with almost three-fold increase in the number of units and seven times increase in the membership, i.e., 355 units and 29,233 members.

The SNA and TNAI used to have combined Annual Conferences, but due to the increase in number of delegates it was felt in 1960 to hold separate Conferences for the Student Nurses. Since 1961 the Student Nurses are having separate Biennial Conferences. These are held alternately with TNAI Conferences.

The students are being given more and more responsibility to manage their affairs both at the State and national levels. In 1975 it was agreed by the TNAI Council that one student representative be included in the State Branch Executive Committee on trial basis before the students are included in the TNAI Council as representatives of SNA.

As work of the Association increased, the need for a full time Secretary for the SNA was felt and in 1947 Miss I. Dorabji was appointed as SNA Secretary. Miss M. Philip succeeded Miss Dorabji in 1964, when Miss Dorabji joined TNAI as Secretary. Miss Philip continued as SNA Secretary till 1967. In 1970 with the reorganisation of TNAI the designation of the SNA Secretary was changed to SNA Advisor. Mrs. Narender Nagpal was appointed first SNA Advisor in 1974 and she served in this capacity upto 1978. Miss D.K. Singh succeeded Mrs. Nagpal after the later's appointment as Secretary, TNAI. Mr. T. Stephens succeeded Miss Singh in 1982. On Mr. T. Stephens' retirement in 1984 Miss Jaiwanti P. Dhaulta Took over as SNA Advisor and continues to be in the post.

Activities of SNA

A wide variety of activities are encouraged at all levels for the SNA members and this is done keeping in view the objects of the Association for which it was formed. The diversity of activities is derived from the professional, social, cultural and recreational spheres. The activities are geared to strengthen curricular and co-curricular components.

Professional

- (a) Organisation of Meetings and Conferences: The first one-day SNA Conference was held in 1951, and the first Biennial SNA Conference was held at Nagpur in 1961.

At the TNAI Conference two SNA members from each State are invited to attend as observers and these student representatives are the Vice-President and the Secretary of the State Branch. They are free to attend social functions also. They are invited to attend Business Meetings as observers.

A three to four day Conference is held for SNA members biennially. The National SNA Advisor in consultation with General Committee of SNA arranges the programme for the Conference. The President or any one of the Vice-Presidents of the TNAI presides over the inaugural session and the student Vice-President of the State presides over the rest of the sessions.

Organising meetings and conferences at all levels is one of the important activities which provides a forum for the members to discuss and find solutions for various problems faced by the students.

At the State level the Conferences are held annually or biennially. At the unit level these are held annually or biennially. At the unit level these are usually in the form of meetings which are organised monthly or bi-monthly. These Conferences and meetings with major professional components are flavoured with socio-cultural and recreational items.

- (b) Maintenance of SNA Diary: The SNA Diary was instituted in 1939. This is a triennial record book drawn up for the use of the Unit Secretaries. Till 1976 the SNA Units used to send the SNA Diaries direct to the TNAI headquarters. for annual assessment but now the Diaries are assessed annually by the State SNA Advisors and the two best Diaries are sent by the State SNA Advisors to the National SNA Advisor for evaluation and awards. These Diaries are assessed keeping in view the Unit activities, viz, professional, educational, extra-curricular and social, cultural and recreational. Proper maintenance of Diary is another criterion. In general the focus of assessment is on the diversity of activities carried out by the Units. The professional component of activities is very important but it does not mean that other components are less important. Since 1988 [Minute No. SNA-GC/18/88/3(i)] Diaries of MPHW (F)/ANM students are evaluated separately.
- (c) Exhibition: Exhibition is one of the oldest, useful and very popular activities of the Association. The first exhibition was inaugurated in 1933. The exhibition has grown in sized and the quality of exhibits has attained a high standard. All categories of students are eligible to participate either individually or in groups. They can prepare models, charts and posters on the subjects taught in their course of studies. The guidelines for the activity are published in *The Nursing Journal of India* three to four months prior to the Conference. As the number of exhibits was increasing every year, it was decided in 1975 to display only those exhibits at national level which are assessed best at the State level. Now this activity is competed at the State level to begin with and only one best entry under each category and section is entertained at the national level.
- (d) Public Speaking and Writing: Public speaking and writing are encouraged at all levels for two reasons: one, to increase self-confidence in the students and to help them gain skill in communication. In order to achieve this the Association arranges debated, panel discussions, seminars and extempore speeches. The topics for these correlate with the theme of the Conference and the trend of the day. The students are encouraged to write on professional topics for *The Nursing Journal of*

India which is the official organ of the TNAI.

- (e) **Project Undertaking:** It is a recent idea which is gaining popularity among nursing students. The students undertake community projects such as School Health Project, Health Survey, Nutrition Survey etc., Home Nursing and specific projects like medical camp, immunization, etc. at the time of celebration of International Nurses' Day. At some institutions regular projects are given to students as part of their field experience.
- (f) **Propagation of Nursing Profession:** To acquaint the general public with the nursing profession, general public is invited to the celebrations and festivities of professional and non-professional nature, such as Nurses' Week, World Health Day, Capping and Graduation ceremonies and other festivities like witnessing a variety entertainment programme, games, sports and tournaments, which are organised by nurses. There are also institution visits, Radio talks and T.V. programmes.
- (g) **Fund Raising:** Fund raising is an important and necessary activity not only of the Head Office, but of all the SNA Units. It is done by getting voluntary donations, sale of donation tickets and by arranging some features. The SNA Units raise fund by organised variety entertainments, fetes, sales, and through other modes of fund raising.
- (h) **Socio-Cultural and Recreational Activities:** The Association believes that the professional development remains incomplete without this component. Young students' energy can be channelled constructively into fine arts like dance, dramatics, music and painting, and competitions are arranged at the time of Conferences. Sports and games are becoming extremely popular and competitions are held at state level at present. A start in this regard has also been made from 1986 SNA Conference by including some items of Sports Competitions.

In addition to the aforesaid activities, there are numerous other activities which are carried out by the Units, in the form of quiz programmes on general knowledge, article writing, poetry writing, flower arrangements, smile competitions, beauty contests, etc. Hobbies like sewing, stitching, interior decorations, etc. are also encouraged.

Awards and Prizes: Most of the prizes for the Association have been donated by the friends and well-wishers of the SNA.

The following are the categories of prizes:

Special Awards: There are many special prizes given for the exhibitions and other competitions. There are: Indira Dorabji Cup, Dufferin Cups (4), Miss Edith Paul Shield, Mr. G. Kanthaia's Rolling Shields (2), Smt. Rajkumari Amrit Kaur Rolling Cup, General Chakravorty Cup, Dettol Shield, MacNaughton Lamp, Sr. Elizabeth Shield, Mrs. H. Chabook Shield, Miss Adranvala Shield, Dr. Jiv Raj Mehta Rolling Shield and Prof. C. Chandrakanthu Rolling Cup.

Apart from these there are three prizes for all the sections under each category in exhibition and also the other competition items.

SNA Rules and Regulations

1. Name

The name of the Association shall be the Student Nurses' Association. The Association is an associate organization of Trained Nurses' Association of India.

2. Objects

- (a) To help students to uphold the dignity and ideals of the profession for which they are qualifying.
- (b) To promote a corporate spirit among students for common good.
- (c) To furnish nurses in training with advice in their courses of study leading up to professional qualification.
- (d) To encourage leadership ability and help students to gain a wide knowledge of the nursing profession in all its different branches and aspects.
- (e) To increase the students' social contacts and general knowledge in order to help them take their place in the world when they have finished their training.
- (f) To encourage both professional and recreational meetings, games and sports.
- (g) To provide a special section in *The Nursing Journal of India* for the benefit of students.
- (h) To encourage students to compete for prizes in the Student Nurses' Exhibition and various competitions, and also to attend national and regional Conferences.

3. President, State Vice Presidents, Secretaries

The President of the TNAI shall be the President of the Association. The SNA Vice President and Secretary shall be one year, but they would be eligible for the re-election for one more term.

4. Membership

Student Nurses of General Nursing and Midwifery, Basic B.Sc Nursing, Multipurpose Health Worker (Female)/Auxiliary Nurse-Midwives, Lady Health Visitors from the training institutions recognised by the Indian Nursing Council, in which a Student Nurses' Unit has been established.

5. Management

The governing body of the Association shall be the Council of TNAI which will receive the recommendations of the General Committee of the SNA for consideration.

The General Committee of SNA shall consist of:

- (a) President of TNAI or one of the Vice Presidents if the President wishes to delegate this responsibility.
- (b) Vice-Presidents of SNA State Branches.
- (c) Hony. Treasurer of TNAI.
- (d) National SNA Advisor who must be a full member of TNAI.
- (e) State Branch SNA Advisors.
- (f) Secretaries of the SNA State Branches.
- (g) Secretary-General, TNAI.

The General Committee shall meet once in a year at the time of TNAI Council meeting. 1/5th or 15 members form a quorum.

SNA General Body

The SNA General Body at the National level shall comprise of:

- (i) Members of SNA General Committee.
- (ii) Three representatives from each unit viz., SNA Vice President, SNA Secretary and SNA Advisor.
- (iii) All SNA Delegates attending the conference.

6. Officers

The officers of TNAI shall be the officers of the Association. The National SNA Advisor of the Student Nurses' Association shall be full time officer appointed by TNAI Council and shall be a member of TNAI. She/he shall act as the administrative officer of the Association to implement its policies. She/he shall be responsible for the necessary preparation for the General Committee meeting, the Student Nurses' Exhibition competitions and for the management of the office as may be prescribed in the standing orders of the TNAI.

7. State Branch Advisors

The State Branch SNA Advisors shall be elected during the State Branch elections. Where there is no State SNA Branch, the Branch Executive shall appoint an SNA Advisor. He/she must be full member of TNAI who is keenly interested in the SNA and has experience of working with Student Nurses.

In case of any vacancies of the SNA Advisor they will be filled by the State Executive, nominating a person for the interim period.

State SNA Advisors shall advise SNA Unit Office Bearers to organise SNA Activities, coordinate these in their respective States and at the national level. They shall keep units in their branches informed of all SNA activities and be the liaison officers between their respective Branches and the National SNA Advisor of the Student Nurses' Association.

They shall help the SNA Officers to organise students conference in the State and endeavour to attend such conference at the national level. They shall also help the students to fulfil the objects of the Association and implement decisions made at the SNA General Committee Meetings and Conferences.

They shall assist in the enrolment of Student Nurses to the SNA and the formation of SNA Units in every training centre and help Student Nurses to realise the importance of becoming full members of TNAI on completion of their training.

The General Body Meetings

The General Body meeting of the Association shall be held at the time of the SNA Conference.

The President, TNAI, shall preside over the SNA meetings. SNA Office Bearers of the

host Branch shall conduct the SNA meetings along with the President. Agenda items from the Branches should be sent to National SNA Advisor at least two months before the General Committee meeting.

Resolutions passed at the General Committee and General Body meetings shall be forwarded by the National SNA Advisor for the Student Nurses' Association to concerned authorities and TNAI Council for consideration. The action taken by the Council and other concerned authorities shall be forwarded by the National SNA Advisor of the Student Nurses' Association to the State SNA Vice-Presidents, Secretaries and the State Branch SNA Advisors.

8. Unit Organisation

All officers shall be elected by the student members of the Unit as follows:

- (a) SNA Advisor shall be a member of the TNAI whose function shall be entirely advisory in nature.
- (b) Vice-President shall be a student and president over all Unit's meetings.
- (c) Treasurer, Convenors and members of sub-committees may be elected to arrange for various activities as the Unit considers necessary.

9. Unit Activities

- (a) The Unit shall decide upon the duties of their officers and committees and draw up a programme of activities in line with the objectives of the SNA.
- (b) The Diary of Unit activities shall be kept by the Unit Secretary and used as the basis for the quarterly reports and the annual reports which shall be a summary of important events.
- (c) Quarterly reports of activities shall be sent to the State SNA Advisor and copy to TNAI headquarters.
- (d) Student page of the Journal: Suitable articles written by members shall be collected by the Unit Secretary and sent to the National SNA Advisor of the Student Nurses' Association through the Unit Advisor or they may be sent through the State SNA Advisor if so desired for publishing.
- (e) Application forms for membership in TNAI shall be given to Unit members as soon as they complete their training. The completed form, including the certification from the Head of the School of Nursing Superintendent shall be forwarded to the Secretary, TNAI.

10. Proxies

No proxies are permitted for attending SNA General Committee meetings/General Body meetings.

SNA Bye-Laws

1. Membership

(i) SNA Membership Enrolment

Membership shall be open to all student nurses of basic programmes: Auxiliary Nurse-Midwives/Multipurpose Health Worker (Female), General Nursing and Midwifery and Basic B.Sc Nursing students. Membership can only be effected through an unit. No individual student may be enrolled.

Application to form a Unit shall be made through the nursing head of the training institute.

A student failing to complete her or his training shall cease automatically to be a member of the Student Nurses' Association and her name shall be taken off the roll by the Unit Secretary.

Students failing to pay annual SNA subscription shall be debarred from contesting any SNA Office.

(ii) SNA Members' Record

The Unit Secretaries shall furnish annually the statement of student members, year-wise, of their Units alongwith Annual Subscription to the National SNA Advisor of the Student Nurses' Association to keep the Unit membership-up-to-date.

(iii) Transfer of SNA-to-TNAI Membership

Members of the Student Nurses' Association on completion of their training shall be eligible for full membership in TNAI and M & ANMA. The application from a student for full membership, if it comes through the Unit Advisor or signed by the Head of her/his Nursing School or Nursing Superintendent, shall be considered valid without accompanying Registration Certificate. Student members who apply within six months of the completion of the training and are successful in their examination, shall be eligible for the concessional rate of subscription as prescribed by the TNAI Council from time to time. No concession shall be given to the students who apply for membership of TNAI after six months from the time of declaration of the result.

2. Fees

The Membership Fee per annum per student for all categories of Nursing Students shall be as per revision made from time to time. Annual Subscription shall be paid upon joining the Association and thereafter renewed every year.

3. SNA Scholarship

In place of SNA-ICN Delegates Fund earlier used for sending student delegates to international conferences, four SNA Scholarships have been established since 1984. They shall be given for the entire training period after reviewing each year's performance.

4. Rules and Regulations

A copy of the Rules and Regulations and Bye-Laws shall be supplied free to each Unit upon joining the Association.

5. The Nursing Journal of India

Two copies of the *The Nursing Journal of India* shall be supplied free to each SNA Unit. One more copy of the *Journal* shall be supplied for every additional upto 25 members. Not more than 4 copies shall be supplied to any Unit.

Students can also directly subscribe for the personal copy of the Journal at the rate

prescribed from time to time.

6. SNA State Branch Advisor, Vice President and Secretary

SNA Advisor, Vice President and Secretary shall represent the State Branches on the General Committee which shall normally meet annually. Vice-President and Secretary shall also represent the State Branches as observers at the TNAI House of Delegates meetings and the Conference. The Chairman of the General Committee shall be the Vice President of the Branch hosting the meeting/Conference. In the event of inability expressed by the host Branch, the Vice President of any other State in rotation shall chair the SNA meetings.

The minute Secretary shall be chosen from among the State Branch Secretaries or Vice Presidents assisted by one of the state SNA Advisors.

7. State Branches

- (i) The object of a State Branch shall be to carry out the objectives of the Student Nurses' Association as set out in the Rules and Regulations.
- (ii) Members of the SNA resident in a State shall be members of the SNA State Branch of that State. The Branch may consist of one or more units.
- (iii) The SNA State Branch Executive Committee shall be constituted as follows:

Elected Members

- i. President, TNAI of the Branch.
- ii. State SNA Advisor.
- iii. State Branch SNA Vice-President
- iv. State Branch SNA Secretary
- v. State Branch SNA Treasurer
- vi. State Branch SNA Programme Chairman.

Ex-Officio

- Hony. Secretary of the TNAI Branch.
- Hony. Treasurer of the TNAI Branch.

Elections of the officers of the State Branch shall be held at the time of annual or biennial meetings or Conferences. The term of office of a member of the State Branch Executive Committee shall be of one year, eligible for re-election for one more term. Vacancies occurring between annual meetings shall be filled by the State Branch Executive Committee.

- (iv) The SNA State Branch Executive Committee shall hold annual/bi-annual meetings.
- (v) State Branch Vice President/Secretary shall submit an annual report of Branch to National SNA Advisor through the State SNA Advisor.
- (vi) In case a TNAI Branch is dissolved or ceases to function, the funds of the Branch shall be transferred to TNAI funds at headquarters.
- (vii) The Office Bearers of the State Branches and their Functions
 - i. State Branch Vice-President: State Branch Vice-President shall represent the State Branch at the SNA General Committee and as observer at certain TNAI meetings, Conferences. She or he shall be the Chairperson of the SNA State Branch Committee and shall preside over at the annual meeting and State Branch Executive meetings.

- ii. State Branch Secretary: State Branch Secretary shall perform the duties usually pertaining to that office which shall include convening of meetings and keeping a record of meetings and the minutes of the meetings. She/he should submit her/his report to the State Branch Advisor who, in turn, would submit the report to the National SNA Advisor and keep her/him informed of the State Branch news and activities.
 - iii. Treasurer shall work in collaboration with TNAI State Branch. Treasurer and SNA Advisor shall help in raising funds for State Branch activities.
 - iv. Programme Chairperson shall be responsible for drawing up the State Branch programme for the year. She or he shall be advised by the SNA Advisor.
- (viii) Quorum
Three fifths of the members shall form a quorum for the State Branch Executive Committee Meeting. If the quorum is not complete the meeting may adjourn for half an hour and meet again at the same place and transact the Agenda.

Where a State Branch has not been organised, Unit Secretary and Vice President shall be chosen by the Units in the State to attend the Annual General Committee Meeting and the Observers' Meeting at the national level.

1. SNA General Body

The SNA General Body of the State shall consist of :

- (i) State SNA Executive Committee members;
- (ii) SNA unit representatives (Vice President, Secretary and SNA Advisor or any other representatives elected or nominated by the Units).

The State SNA General Body meeting of the SNA shall be held annually or bi-annually at the time of State Conference or otherwise. The President of the State Branch, TNAI, shall preside over the SNA meetings in the State. In the absence of the President, the Vice President or any other State Branch Executive Committee member present may be nominated to chair the meeting.

8. Expenses

The expenses of the State SNA Office Bearers, viz. , State SNA Advisors, Vice Presidents and Secretaries attending national level SNA meetings will be met by the TNAI Council from SNA General Fund.

9. Accounts

The Funds of the Association shall be kept by TNAI. The following shall be credited annually to the accounts of TNAI as per the rates revised from time to time.

- ? Affiliation fee for every member of SNA.
- ? Subscription for copies of *The Nursing Journal of India* supplied to the Units.

10. Exhibition

There shall be an exhibition at the time of SNA Conference. The judging of the exhibits shall be done by panel of judges and prizes awarded as per prescribed Conference guidelines.

Student members may enter exhibits for all sections. All entries shall be made on a prescribed form and in accordance with the rules framed and revised from time to

time by TNAI Council or the General Committee of the SNA.

All exhibits should be accompanied by a certificate from the unit SNA Advisors/State SNA Advisor as the case may be stating:

- a) That the exhibit is the bonafide work of the student nurse.
- b) That the student nurse is a member of the SNA Unit of the hospital.
1. Entry form for each exhibit should be sent to the TNAI headquarters alongwith the required registration fee.
2. The following information must accompany each exhibit:
 - (a) Name of the exhibitor.
 - (b) Name of the hospital.
 - (c) Category and section/division in which the exhibit is to be shown.
3. The last date for entry will be fixed by the National SNA Advisor of the Student Nurses' Association.

11. SNA Election Procedures

- (i) Any SNA member from the SNA Unit in regular membership with the SNA at national level may make nomination for the office of the State SNA Vice President, Secretary, Treasurer and Programme Chairperson.
- (ii) The Election Committee and the Returning Officer shall be appointed by the SNA Executive Committee. A nominee shall contest election for one office only.
- (iii) The election committee shall ascertain from nominees their consent for contesting the election and to undertake the choice of the office in case they are nominated for more than one office.
- (iv) The SNA Advisor for the concerned Unit shall verify the validity of the nominee.
- (v) The Election Committee would call the nomination either at the time of election or earlier on a prescribed form or listing on the board whatever is convenient.
- (vi) Three highest nominations in order of merit shall be listed to contest any one office either on the black board or in a provisional ballot paper.
- (vii) Any contesting candidate whose name appeared in the provisional ballot paper or on the black board may request the returning officer to withdraw her or him from the contest before holding the election.
- (viii) The election shall be carried out by secret ballot at the time of SNA General Committee meeting of the State and also General Body meeting of the unit.

Eligible Voters

- (i) The eligible voters shall be the representatives of the SNA Units in their respective States.
- (ii) Each State unit shall furnish the list of eligible voters to the State SNA Advisor or the Returning Officer keeping some stand by names.
- (iii) Returning Officer or her or his deputy will have the custody of the keys of the Ballot Boxes if used.
- (iv) The Returning Officer at the time of election shall appoint the required number of Polling Officers, Tellers and Supervisors for the purpose of election.

Voting Procedure

- a) No canvassing shall be permitted on the day of the election. No person other

- than the voters shall be permitted within the area of the polling booth.
- b) The voters shall queue up at the polling counters and shall indicate their names and show recent Unit annual subscription receipt issued by the TNAI headquarters and sign the voter list before entering the election hall.
 - c) Polling Officer after checking voters' identity would score off the name of voters in red ink.
 - d) Voting may be done either by raising hands or secret ballot whatever is feasible for the Branch.
 - e) The empty ballot boxes if used shall be inspected by the polling officers, supervisors and representatives of the contestants. These are then closed or locked properly and used for voting.

Election Results

- 1) In case voting is done by raising hands, these are counted and written each contestant. In the secret ballot system immediately after polling is over, the Ballot Boxes shall be opened by the returning officer and these are counted in the presence of pollers, supervisors and contestants representative(s) if any. Invalid votes are also counted and kept separately.
- 2) After the counting is completed, contestants are listed in order of merit. Results are signed by the returning officer and others involved in conducting the election and results announced immediately by the Returning Officer. Election results sheet is handed over to the State SNA Advisor who shall make a note of the elections that have been held and declared valid in her/his presence and she/he should sign the same.
- 3) The contestant getting the highest votes shall be declared elected to the concerned office.
- 4) Ballot paper, if any used, shall be destroyed after 30 days if there is no dispute.

Election Disputes

All disputes will be settled by a committee consisting of President of the Branch, Returning Officer and the State SNA Advisor. Decision, if any, shall be made known to the Branch Executive within 30 days of the dispute committee's decision.

12. SNA Units

Each SNA Unit should elect its own office-bearers in its General Body meeting. These officers shall be elected to hold the following positions: SNA Unit Advisor (should be a TNAI member), Vice President, Secretary, Treasurer and Programme Chairperson. The above mentioned members shall be the members of Executive Committee of the Unit. The Executive Committee may formulate any member of committees the Chairpersons of which shall be members of the Executive Committee. The Chairperson may co-opt members on these committees, for assisting the Chairperson in implementation of the job responsibilities.

The Executive Committee should hold meetings at regular intervals or at any other time as necessary.

The SNA General Body meetings should also be held at regular intervals. The agenda for these meetings will be according to the needs of the unit members and the aims

and objects of the SNA. The office bearers should make sincere efforts to make meetings interesting, stimulating and whole-some. The meetings should cover the socio-cultural and professional spheres of life. The students can undertake some useful community projects and report to the General Body. There is need to make use of diverse programme in the meetings to avoid monotony and create interest in the members to be inquisitive and concerned to meet the health and welfare needs of the people.

Unit Secretaries should write to their State Branch Advisors atleast once every three months to report the progress of the Units and ask for suggestions.

Articles should be collected and sent to the National SNA Advisor for insertion in the Student Nurses page of the *The Nursing Journal of India*.

The Unit SNA Advisor is responsible to see that as soon as a Nurse has graduated, she is given an SNA-to-TNAI form for membership in the TNAI. This form should be signed by the Nursing head of the training institution/Nursing Superintendent and sent to the Secretary of the TNAI before the nurse leaves her training school.

Any change of address should be forwarded at once to the Secretary, TNAI, including TNAI membership number and the date of enrolment.

Any change of address should be forwarded at once to the Secretary, TNAI indicating TNAI membership number and the date of enrolment.

The SNA Advisor should explain the advantages gained by Student Nurses who join the TNAI directly when they pass their final examination. Students who join within six months of the declaration of the final year examination successful results shall be eligible for the concessional rate of subscription as prescribed by the TNAI Council from time to time.