

505

**SOCIALIZATION OF STUDENTS IN A
NURSING TRAINING INSTITUTION - A CASE
STUDY OF SAFDARJANG HOSPITAL
NURSING SCHOOL**

**DISSERTATION
SUBMITTED TO THE JAWAHARLAL NEHRU UNIVERSITY
IN PARTIAL FULFILMENT OF THE REQUIREMENTS
FOR THE DEGREE OF
MASTER OF PHILOSOPHY**

MARCH 1984

(NAYANTARA) MISHRA

**CENTRE OF SOCIAL MEDICINE AND COMMUNITY HEALTH
SCHOOL OF SOCIAL SCIENCES
JAWAHARLAL NEHRU UNIVERSITY, NEW DELHI**

C E R T I F I C A T E

Certified that the dissertation entitled 'Socialization of Students in a Nursing Training Institution - A case study of Saffderjeng Hospital Nursing School' submitted by Ms. Nayantara Mishra, is in partial fulfilment of six credits for the degree of 'Master of Philosophy' of this University.

This work is original and has not been submitted so far, in part or full for any other degree or diploma of any University.

We recommend that this dissertation may be placed before the examiners for evaluation.

Prabha Ramalingaswami

Dr. (Mrs.) P. Ramalingaswami
Chairman

D. D. Banerji
Dr. D. Banerji
Supervisor

ACKNOWLEDGEMENTS

It is with great pleasure that I avail of this opportunity to express my indebtedness and gratitude to my respected supervisor Prof. D. Banerji, Head of the Department of Social Medicine and Community Health.

My heartfelt thanks to Dr. I. Qadeer, Associate Professor of Social Medicine and Community Health for her excellent suggestions.

I express my sincere thanks to Mr. N. P. Joshi for his help. I am grateful to the Matron and Tutors of Safdarjang Nursing School without whose cooperation I could not have completed this study.

Last but, not the least, I express my deep gratitude towards my husband and son Pappu, whose sympathetic understanding and cooperation helped me to complete this study.

N. t. Mishra
NAYANTARA MISHRA

C O N T E N T S

<u>C o n t e n t</u>	<u>P a g e N o.</u>
<u>P a r t - I</u>	
1. CHAPTER-I .. INTRODUCTION	1
2. CHAPTER-II .. RESEARCH DESIGN	19
<u>P a r t - II</u>	
3. CHAPTER-III .. BACKGROUND KNOWLEDGE OF THE PROFESSION AND NURSING SCHOOL, SOCIO-CULTURAL ENVIRONMENT OF THE SCHOOL	37
4. CHAPTER-IV .. PERSONALITY PROFILE OF THE STUDENTS	74
5. CHAPTER-V .. INTERACTION BETWEEN THE STUDENTS AND THE SOCIO- CULTURAL ENVIRONMENT OF THE SCHOOL	93
<u>P a r t - III</u>	
6. CHAPTER-VI .. DISCUSSION	121
7. CHAPTER-VII .. SUMMARY AND CONCLUSION	146
8. APPENDIX-I .. SCHEDULE FOR THE STUDY OF PROFILE OF STUDENTS	152

PART - I

INTRODUCTION AND DESIGN OF
THE STUDY

CHAPTER I
I N T R O D U C T I O N

Why is this study important?

How a girl with the lower middle class background gradually changes to a competent professional nurse during the three and half years of training in a nursing institution? The different processes involved during this period of learning and initiation in bringing about the dramatic change is of considerable sociological interest. Professional socialization has been recognised as an important area of study by the medical sociologists. Specially, the intense human relationship involved in nursing education and practice makes the study of this educational programme much more important and stimulating.

Study of sociology of nursing education reveals that nursing culture does not have its roots in India. Rather, it has an exclusively non-indigenous, Western cultural background. Way back in the 17th century, the Western medical system was brought to India by the British to serve the British soldiers, officials and Indian elites. Missionaries from various European countries took active interest in

this direction with a religious motive to help poor Indians. According to Wilkinson ⁽³¹⁾, hospitals had some sort of attendants to look after the sick soldiers as far back in 1664. During mid-nineteenth century, the British failed in their effort to train nurses in some Indian hospitals. In 1854, Florence Nightingale, the pioneer in the field was instrumental in reforming the British Army Nursing Service. Because of her enormous interest in helping the British soldiers, her thought turned towards India where so many of them were stationed. Because of her efforts the Indian Army Nursing Service was launched by British Government in bringing fully qualified, certified nursing personnel from overseas ⁽³¹⁾. The first Nursing Superintendent was trained in Bartholomew Hospital, London. The Indian Military Service, developed during First World War emerged as a fully constituted independent service during 1939-45. It was attached to Queen Alexandria's Military Nursing Service, which served both British and Indian Station hospitals. Here also the nursing personnel had been recruited from Britain. After the Second World War, the urgent need for more nursing personnel forced the British Government to introduce 3 years nursing training

course in selected Military Hospitals. Fully qualified nurses who were serving Q.A.I.M.N.S (Queen Alexandria's Indian Military Nursing Service) became sister tutors in these schools. Simultaneously short term (6 months) Auxiliary Nursing Service was also introduced.

At the same time, nursing personnel were recruited from overseas for the civil hospitals of the various states. In all these above types of Nursing training Centres or schools (A.I.M.N.S., I.A.N.S., Civil Hospitals), the nursing superintendents and tutors were either trained overseas or untrained sisters of various missionaries or communities. These schools were imparting training only to Europeans and Anglo-Indians. However, during that period only one institution (Sevasadan) was established by Mrs. Ranade in 1907 where the General and Midwifery course was exclusively meant for Hindu widows for their social upliftment. Mission hospitals established in the various states of India recruited certified nurses from these countries which were instrumental in financing and establishing the missions. These missionaries were the first to train the Indians as nurses. Apart from the very important consideration regarding the nature of work

of a nurse and the poor quality of her training, certain cultural issues in the Indian population have also played significant role in the shaping of the nursing profession in India. Firstly, nursing was considered as an "impure" work. Therefore, the nursing profession did not attract girls from what can be called "better families". Christian missionaries, on the other hand, found nursing work as an important vehicle for their proselytizing activities. As the foreign missionaries did not suffer from any such inhibitions, by providing selfless nursing services to the needy, they earned a neat deal of goodwill from the population. Further, they also did not have difficulties in inducing the converted christian girls to take to the nursing profession. Christians did not attach any stigma against this profession. In fact, it is considered by them as a noble profession of serving the suffering humanity. The profession also provided an important avenue for employment for young girls. Therefore, the profession of nursing in India got very closely linked with the christian missionaries and, as a corollary, it got further alienated from the main stream of Indian society. Thus the pioneers in this profession, including all the members of the Association of Nursing Superintendents⁽⁷⁾ formed

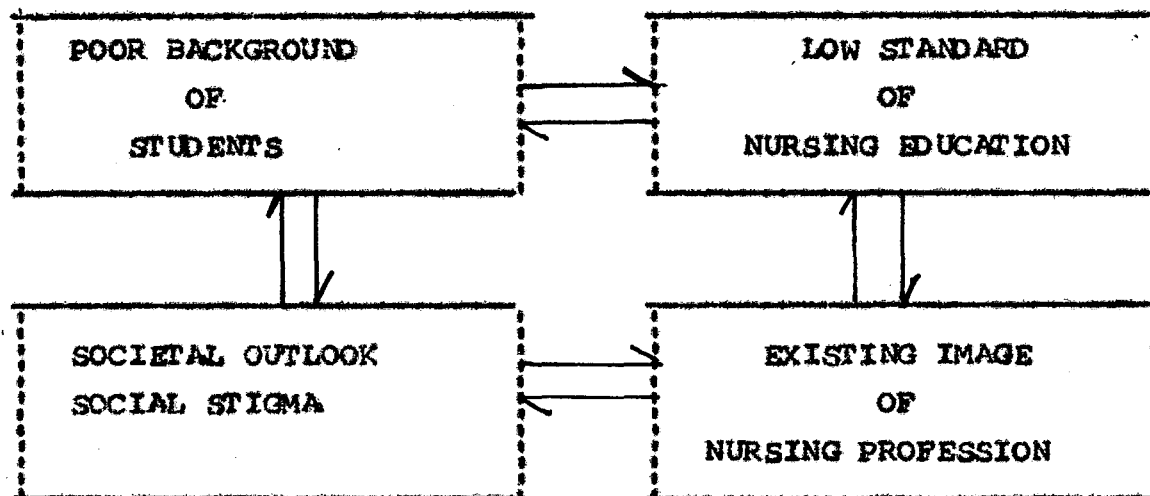
in 1905, were either foreigners or trained abroad with almost completely alien cultural and religious background. Till the Second World War, there was no standard nursing training course. The duration of the programme, syllabus and minimum educational qualification of candidates varied from state to state. In some cases it was below standard or patterned on Anglo-Saxon norms⁽¹⁾, which had an important impact on the image of the profession in the society.

In order to improve the prevailing state of nursing profession, the Trained Nurses Association of India (T.N.A.I) was formed in 1922. The T.N.A.I. was in fact an amalgamation of the previously formed Association of Nursing Superintendents and Trained Nurses Association in the earlier years. The T.N.A.I and many other foreign agencies such as Rockefeller Foundation, and Royal College of Nursing in London provided funds for the training of Indian Nurses overseas in order to produce competent nursing tutors and administrators. The T.N.A.I had been pressing the Government to establish post-graduate college of nursing in India. Their effort succeeded in 1946, when the first College of Nursing was established in India.

Similarly, with the efforts of T.N.A.I., the Indian Nursing Council was established in 1949 with the objective of standardising the nursing care and education. The minimum educational qualification for eligibility for joining nursing training was elevated to matriculation all over the country. But the standardised syllabus recommended by this council was mostly Anglo-Saxon in form divorced from the socio-economic realities of the country.

Besides this important factor of a cultural stigma against nursing work, the low status accorded to women in India has also had a major influence on the development of the profession in the country. Comparatively, women have poorer access to education and employment; early marriage, child bearing and child rearing and economic dependance are major handicaps for a woman in India; finally, when they take up nursing as a profession, as in many other fields of employment, they are subjected to discrimination and exploitation.

Thus all the considerations discussed above gives rise to a vicious cycle:



After independence, socio-economic conditions did not change materially and this perpetuated the low status of the profession. Even now, nursing profession is not considered as a decent and respectable one and the character of nursing personnel is often viewed with considerable suspicion. The above type of social stigma is reinforced because of the poor image and low standard of nursing education.

Thus, the above type of forces which affect the input, i.e., the category of persons joining this

profession, ultimately also affects the outcome, i.e., the trained personnel who finally pass out of these training institutions.

The Concept of Professional Socialization

The process of change which enables the individual to take up a social role or to work as good working members of the society is known as the process of socialization. As according to Ruhela and Vyas⁽²⁸⁾, this process of socialization has been defined by scholars in different ways. There are three significant schools of thought (1) the Behaviouristic-Interactionistic School, (2) Symbolic-Subjectivistic School and (3) Symbolic-Interactionistic School.

According to them, out of the three, the Symbolic-Interactionistic School is the most acceptable theory of socialization today. The pioneers of this school of thought include Parson⁽²³⁾, Merton⁽²⁰⁾, Kluckohn⁽¹⁴⁾, Linton⁽¹⁷⁾, Brim⁽⁵⁾. Unlike the other two Schools, which emphasise one factor or the other as important in the process of socialization, the Symbolic-Interactionistic School, according to Ruhela and Vyas, "Focuses upon the reciprocal interaction between the individual and the social situation, leading to the

internalization of values and skills of the society in the personality system. It gives due weightage to both - to the individual organism and social situation and culture". According to this theory "socialization is learning of roles which are contingent upon values and norms of society" (28, P 154-5).

In this process of learning of a professional role, the educational institution has an everlasting impression on its members even after passing out of it. As according to Becker (4, P 88-9), "Though the learning of professional culture is a lifelong process but it seems to be more lively, more exciting and more self-conscious and yet perhaps more deeply unconscious in the period of learning and initiation". This process in the context of an educational institution comprises of three elements:

- (i) The socio-cultural environment of the school,
- (ii) The personality profile of the students,
- (iii) The interaction between the above two elements or how the process of change comes over the personality.

The socio-cultural environment of a nursing school comprises of the whole network of social relationship in the school, in hospital wards as well as in the hostel.

A hospital has a very complex system, consisting of a hierarchy of personnel who have sub-cultures of their own. The culture of highly trained superspecialists form one extreme of this culture, with the culture of the sweepers forming the other extreme. The system becomes even more complicated because of patients, who are supposed to form the pivot of the system; every other component of the hospital is expected to "serve" the patient. There are two important cultural characteristics of patients in a hospital: They are derived from a very wide spectrum of strata of the community and, by definition, patients are sick persons who have sought help in hospitals. The nursing personnel form one subculture within the overall cultural complex of a hospital.

Culture of the school refers to the rules and regulations governing the school and the values, interests and norms shared by nursing personnel in common. But the

social environment includes a generalized study of the total social set up and the various personnel involved directly or indirectly in the learning process of the student nurses.

The second major element is the personality profile of the socializee, as has been termed by Parson⁽²³⁾. According to Hallowel^(6, p-605), "Personality is more or less an enduring organization of forces within the individual. These persisting forces of personality help to determine response in various situations". Thus, the study of social background of the group in general is basic in understanding the gradual development of personality as per the requirement of the new social role the individual has to take up in future.

The third important area of study is the interaction between the above two factors, or in other words, how the socialization of the students take place in the given socio-cultural environment. According to Parson^(23, pp-205), this whole process of interaction takes place through:

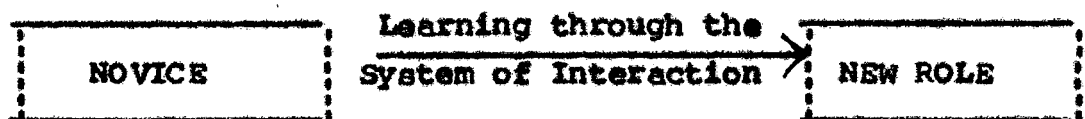
- (1) Normal learning by which new values, objects, behaviours, patterns are acquired by the actor.

- (2) The mechanism of self control - the rules and regulations that operate in the direction of motivating the actor to abandon their deviance and resume conformity.
- (3) Mechanism of value acquisition through interaction.

The mechanism of adulthood socialization is much more complicated as it derives from complex social interaction or conditioning, the attitude and value so learned become a part of the individual personality. As Kuppaswamy^(16, pp 39-52) puts in rightly "gradually through the process of internalization, the value so learned become a part of the personality".

This process of interaction has been viewed differently by the two major traditions in the study of Professional Socialization. The "inductive approach" looks at it as a group process where as according to Merton^(20, 288) "neophytes acquire in patterned but selective fashion, the attitude, values, skill, knowledge and the way of life established by the professional culture". The reactive tradition treats it as a very complicated process of continual learning and relearning. According to this

approach, the process of interaction helps the novices with their lay culture to gradually get initiated into the professional subculture and finally to take up the social role. But during the learning of a role one faces the problem of self conception and discovery of self. As according to Becker^(4, p-83) "the novice is not a passive object particularly when surrounded by other trainees - but a person who consciously and unconsciously accepts, rejects and modifies the material transmitted".



REVIEW OF LITERATURE

Professional socialization has been recognized as an important area of study by medical sociologists. Yet, very few valuable scientific studies have been conducted in this area. Among the Western sociologists, according to J.H.Simpson⁽³⁰⁾, there are two main traditions in the study of professional socialization. One is the 'induction' approach, by R.Merton⁽²⁰⁾ and his colleagues in "The Student

Physician" and the other of Howard Becker and his co-workers⁽³⁾ in "Boys in white" where the author labels the 'reactive approach'.

The Student Physician is a series of studies on students of three medical colleges in the newly introduced comprehensive medical care and teaching programme in the respective medical institutions. This group of social scientists reject the focus on psychological aspect in the process of learning of medical students. According to them, "learning to be a physician, like complex learning of other kinds, is not only a function of intelligence and aptitude and of motivation and self image, it is also a function of the social environments in which learning and performance takes place". The methodology chosen, crossed the disciplinary boundaries of psychology, sociology and anthropology. Together, this helped in developing the additional skills and knowledge needed for these studies.

The study of Howard Becker and his colleagues, on the otherhand, was a longitudinal study of all the students of a medical school to see how the medical students with their lay culture interact and react in the professional culture of the School. The objective was to study the medical school as an organization, in which, the student

acquired some basic perspective on his latter activity as a doctor. The concept and theories used were a mixture of social and psychological in nature. Medical school is viewed as an organization of collective forms of social action in which the individual behaviour is shaped by the expectation of others. But the concentration was less on individual variation and action rather than what was common in the group. No systematic design and data gathering methods and techniques have been used in this study; they were decided by theoretical commitment and were open in nature. The different techniques used were participant observation, study of daily diaries and taking up of systematic informal interview and through the use of interview guides.

The third notable study is by J.H.Simpson titled "From Student to Nurse - A Longitudinal Study of Socialization", which according to Virginia Olsen^(30, p 353) "attempts to reconcile the divergent strains posed by the above two traditions in professional socialization". This study is a longitudinal one conducted on nursing students of Duke University in the American South. The key problem analysed is that of the stability of socialization.

Initially the inductive model of socialization was used to gather data which aimed to understand group processes in the socialization of student nurses. But subsequently their goal shifted to development of a model which would illuminate problems about professional socialization found in the literature but not analysed in the earlier studies. Utilizing a three-dimensional conceptualization of occupational socialization which includes education, orientation to the occupational role and relatedness to the occupation, Virginia Olsen^(30 P 354) comes to the conclusion that "knowledge and skill - are the essential conditions for the persistence of orientations to the occupational role".

Among the Indian social scientists very few notable contributions have been made in this field. T.V.Rao's "Doctors in the Making" is a study on the medical students, is confined to the psychological aspect neglecting the role of organizational environment which is an integral part in the study of professional socialization. Another study conducted by D.N.Kakkar⁽¹²⁾ and his co-workers titled "Choice of Profession - Role Performance and Future Orientation" on 250 nursing personnel is similarly confined to these individuals and all the data were gathered through a semi-structured interview schedule.

Two other notable Indian studies on professionals are T.N.Madan's "Doctors and Society" and T.K.Oommen's "Doctors and Nurses". The first one is based on the case study of doctors in three medical institutions of national importance in three Asian countries, including one in India. The objective of the study was to see who the doctors are in terms of their socio-cultural and economic background and how and where they have been trained. But all the data were collected using an ill-structured questionnaire which paralyses the findings of this study. T.K.Oommen's study, on the otherhand focussed on the doctors and nurses of 10 public hospitals in the city of Delhi. In this study, attention was focussed on occupational roles with varying degrees of professionalization functioning within complex organization. But methodologically as well as on the basis of sample selection, the study loses its claim to be scientific. Thus the Indian studies, because of inherent methodological errors, fail in making any contribution towards the study of professional socialization.

Taking into account all the above considerations methodologically, the present study has adopted three major elements, i.e., study of the socio-cultural environment, personality profile of the students and interaction of the students within the socio-cultural environment

In this sense, the investigator has drawn from conceptual and methodological frame work of both Merton and Becker in developing her study design.

OBJECTIVE

Considering the above mentioned factors, the study was carried out with the following objectives in mind:

- 1) To study the socio-cultural environment of the School.
- 2) To study the personality profile of the students joining the School.
- 3) To study the interaction between the above two with a view to find out how the process of socialization takes place.

CHAPTER-IIDESIGN OF THE STUDY

Because of the obvious limitations of a student working for her dissertation for the degree of Master of Philosophy, it has not been possible to conduct an extensive study to cover all aspects of socialization of nurses in different nursing institutions in different parts of the country. For the purpose of this dissertation, the study was confined only to a single nursing school which provides education in general nursing and midwifery. Nursing Schools still provide the bulk of the nursing personnel in India. There are 279 nursing schools in India as against 22 nursing colleges. The Safdarjang Nursing School was selected purposefully because of the following reasons:

- 1) The Safdarjang Hospital to which the School is affiliated:
 - (1) Provides facilities for both under-graduate and post-graduate medical education. For under-graduate medical education, it serves as a teaching hospital for the University College of Medical Sciences of the Delhi University. On its own also it provides post-graduate education and training in some major specialities. There are also periodic training courses

for para-medical personnel. Thus, being a teaching hospital has good academic atmosphere.

- (ii) It is a fairly big metropolitan hospital with a total bed strength of 1207.
 - (iii) The hospital is under the administration of Central Government and gets relatively higher grants.
 - (iv) Medical care is given to patients free of cost.
- 2) The School of Nursing is fairly old, established in 1960 and it functions in collaboration with the Trained Nurses Association of India (T.N.A.I).
 - 3) Unlike many other nursing institutions, it has a good building for teaching purpose. The students get good hostel accomodation during the training period.
 - 4) The staffing (teaching) pattern is adequate and at par with the Indian Nursing Council's recommendations⁽⁹⁾, i.e., 1:20 students.
 - 5) This School follows the curriculum prescribed by Indian Nursing Council.
 - 6) As per the report of the review committee⁽²⁷⁾ on nursing education, this School comes in the category of the few nursing schools having a student patient ratio 1:6. Thus the clinical workload on the students is much less than

other nursing institutions, where they are treated more as staff members, rather than students.

7) According to T.N.A.I. officials it is one of the best nursing schools in Delhi.

8) The selection of nursing students to this institution is done on an all India basis.

STUDY POPULATION

As the study of socialization had to be viewed through three perspectives, namely socio-cultural environment, personality profile and the interaction between the above two elements, a wide range of population had to be covered as per the requirement of each of the three category of variables.

1) SOCIO-CULTURAL ENVIRONMENT

Though it includes the study of a wide range of the population, except in a few cases where extensive, depth study was undertaken, the rest of the population was studied to the extent it contributed towards the socialization of the trainees:

TH-14/4

(i) In the School	)	Matron
	)	Sister Tutors
	)	Doctor Tutors
	)	Senior Students
(ii) In the Hostel	)	Asst. Nursing Superintendent
Hostel	)	Staff Sisters
Residents	)	Students (Seniors, peers)
	)	Home Sister
(iii) In the Hospital	)	Clinical Tutor
Wards	)	Supervising
	)	Nursing personnel
	)	Doctors and other professionals
	)	Class IV Employees
	)	Patients and their relatives

2) PERSONALITY PROFILE OF THE STUDENTS

All the four batches, having 58 trainees in all, were studied in considerable depth.

3) PROCESS OF INTERACTION

Students' interaction with all the various personnel mentioned under socio-cultural environment was studied in detail. Different techniques were used to study this wide network of social interaction.

DATA REQUIRED FOR STUDY

As has been discussed in Chapter I, this study required collection of data on a wide range of variables under each of the three main areas involved in the process of socialization, namely:-

1) Study of the socio-cultural Environment of the School

- (i) Obtaining brief historical background of the school.
- (ii) Description of the location, building and organization of the school, the hospital wards and the hostel.
- (iii) Study of the culture of the nursing profession. How their behaviour, dress pattern or physical symbols in general characterise nursing as a separate profession?
- (iv) Study of the social and cultural norms of the school. The behaviour which are expected from the nursing personnel as members of a group. What are the various rules and regulations prescribed as well as how they are being implemented to reinforce these accepted modes of behaviour?
- (v) Course content/academic performance - to find out what are the different subjects that are taught and in which way they are significant for the new students. Similarly, what are the different type of clinical trainings recommended

and how they are being implemented?

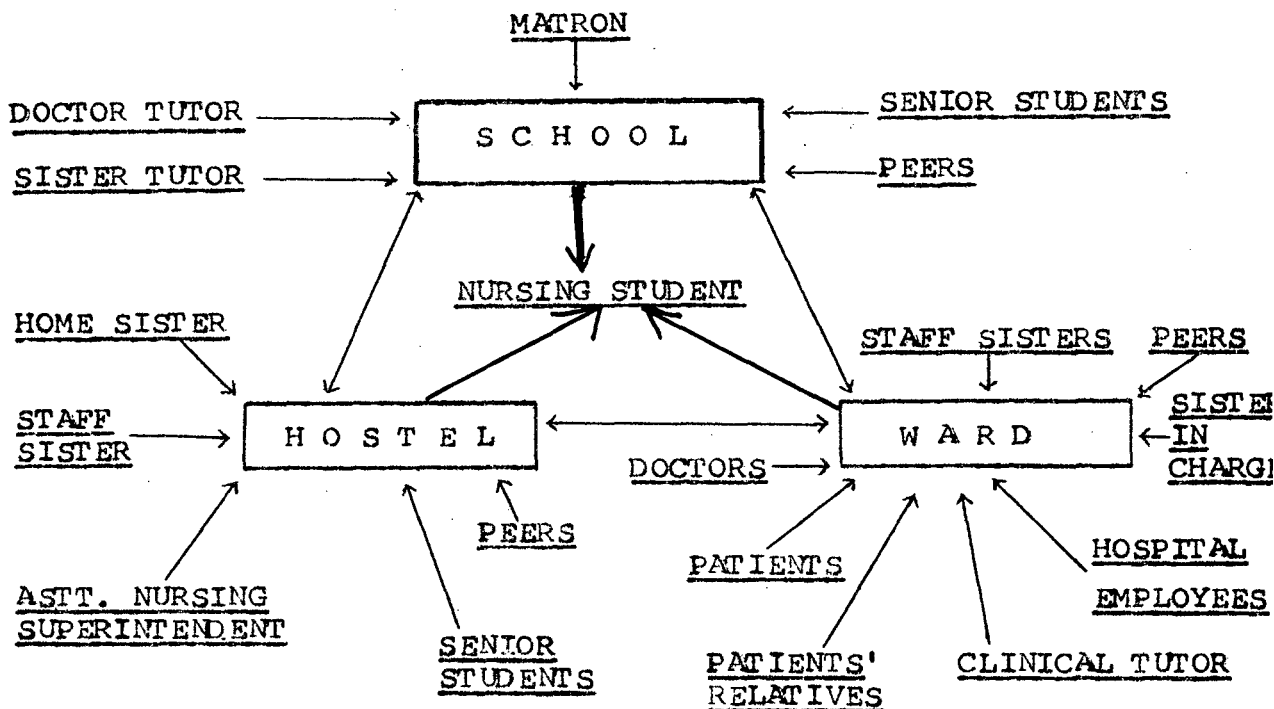
- (vi) The study of different personnel involved directly or indirectly in the socialization of the student nurses:-
- (a) Background data on the tutors - regional, social, economic, religious, educational and marital status.
 - (b) The various categories of nursing personnel in the hostel including the home sister - A general study of the way of life of these persons.
 - (c) Various categories of the concerned individuals in the hospital -
 - General category of patients - sex, age, economic background including the nature and extent of suffering.
 - Hierarchy of supervising nursing personnel - a detailed study of this aspect is necessary in wards.
 - Doctors - various categories of doctors in ward and as teachers.
 - Behaviour and attitude of other hospital employees.
- (vii) Study of the total environment of the clinical set up - how they influence the socialization of the trainees?

2) PERSONALITY PROFILE OF THE STUDENTS

- (i) Social background of the students - collection of detailed information regarding their educational, religious, regional, economic background to get a full picture of the category of students joining the profession.
- (ii) Personal characteristics of students - dress, manner, poise, topics of conversation among themselves.
- (iii) Attitude towards the profession - what made them to take up this profession - their future goal, performance in the ward.

3) INTERACTION OF THE STUDENTS WITH THE SOCIO-CULTURAL ENVIRONMENT

The following chart presents a general framework of the interaction. It also gives an idea of the various types of data that had to be collected to gain an understanding of the interaction.



The following types of data were collected to study this interaction:-

- a) A comparative study of all the four batches of students to find out how this process of change comes in the students over a period of time.
- b) How a student gradually acquires technical competence and learns the importance of properly interacting with people.
- c) A comparison of the level of technical competence and the interaction with these various categories of personnel

- with ~~between~~ the new entrants to work out the process of change that comes about in the students.
- d) Interaction with the clinical tutors from the first year to the final year.
 - e) How different problems arise at different stages. At the beginning, the new environment, new social setting, new subjects for study, rules of the school and frequent tests pose problem for the student. How these initial problems are tackled and are replaced by academic and professional adjustment problems in the subsequent years? Finally, how after encountering the different difficulties, they acquire the status of a nurse? How far their identification with nursing as a separate profession gives them a feeling of security or self-fulfilment - how they gradually rationalize their profession?
 - f) How the nursing student gradually conforms to the nursing culture - accepts its values, norms, behaviours, consciously and unconsciously? How, as a nurse, she learns a number of nonverbal techniques as part of her skill while communicating with different persons?

- g) Students' reaction to the authorities (tutors, clinical tutor, supervising nursing personnel) and thorough comparison between the different groups - to find out how gradually they are accepting it as a part of their life.

As pointed out in the interaction chart, obtaining data on the above lines required study of the interaction at three different settings - in the hostel, in the school and in hospital wards.

TECHNIQUES USED

Basing on the above conceptualization, a tentative design of the study was drawn. Research techniques were chosen according to the type of data to be collected for study.

In studying the process of socialization, it was not intended to have a one-time, quantitative study of students in isolation through the use of schedule. To study the students in their total socio-cultural environment, various anthropological techniques such as bibliographic studies, direct observation, depth interviews and specific case reports were employed to provide the critical insights

which help in getting an understanding of the process of socialization among the nurses. The emphasis in the study has been on collection of qualitative information concerning key factors which promote this process.

Study of personality of students is one of the major components of the study. Because of the limitations mentioned earlier, data were collected only on those aspects of personality of the students which have major bearing for the study. Socio-cultural and economic background of the students and characteristics common to the group were studied keeping in mind their importance in the process of social learning.

Quantitative data have been collected wherever possible to make a more systematic analysis concerning certain aspects, which were noted in the course of collection of quantitative data. After identifying the issues which needed - quantification, an open ended interview schedule was prepared which was administered to all the 58 nursing students.

PROCESS OF COLLECTING DATA

Dates and Duration of field work

The pilot study was started in 26th August 1981, which continued for 15 days upto 10th September 1981. The

pilot study enabled the investigator to define more precisely how the research techniques were to be applied to the study population - and to finalise the design of the study. The final study was started from 15th September 1981 and the overall data collection was completed by 29th December 1981.

Pilot Study

The pilot study was conducted for fifteen days in the selected school to test the suitability of the initial research design. Keeping the theoretical background in mind, various suggested techniques were used to test their validity and reliability in gathering data on the various dimensions of the study. Then the investigator had intensive discussion with the supervisor regarding the field experience gained by her. Basing on his suggestions, necessary corrections were made in the use of the research techniques and on the total design. New dimensions were also added wherever necessary keeping in view the specific case of Safdarjeng Nursing School.

Establishing Rapport

With the help of an official letter from the supervisor, the investigator got formally introduced with the matron and sister tutors as a research scholar from

Jawaharlal Nehru University interested to conduct a study on the students of their institution. The investigator had intensive discussion with all these personnel to convince them that this is basically a study on the students and ultimately a step towards bringing out the problems of nursing personnel in general. Being convinced that this was mainly a study on the students, they extended all help to the investigator. The matron in particular was extremely helpful. Therefore, getting the official permission for study did not pose a problem. Again at first, the tutors showed much resistance and reluctance to the investigator's attending the classes. On a number of occasions they gave their false timings. However, after much persuasion and assurance, the investigator finally succeeded in her effort and she could attend classes to make direct observations.

Initially, one of the tutors introduced the investigator with one batch of students. Taking help of this group of students, the investigator got acquainted with the rest of the students. Among the students she introduced herself as a student from Jawaharlal Nehru University who has taken up a study on the students of their school as a part of her course work. The investigator

carefully avoided her being identified with the authority which would have marred the very purpose of the study. She accompanied the students to their class room, ward and visited the hostel alone right from the beginning. In the hostel, she had leisurely discussions with the students, she accompanied them to their recreation room. She also paid regular visits to their respective rooms. The students in their preliminary and first year stage were mostly very innocent and enthusiastic in nature. Thus, establishing rapport and working among them was not much difficult. But among the rest of the groups, initially she faced much resistance and reluctance. Many of them wanted to know the nature of the study and if in any way it would benefit them. Regular and frequent visits to their hostel and use of every skill to gain their confidence finally helped in collecting data on sensitive issues like the economic background, aspects of their personal life including some of the interesting case reports which were much necessary for strengthening the findings of the study. The investigator adopted a similar approach in getting co-operation from the home sister in the hostel and the doctors, sisters and staff nurses in the ward. Regular visits of the investigator

was accepted gradually. This being a general hospital, where a large number of functionaries work at the same time, the physical presence of the investigator in the different wards to observe the various concerning individual and their interaction with the students did not come in the way of normal working schedule.

RELIABILITY OF THE DATA

In this study, anthropological techniques such as bibliographic studies, direct observation, depth interviews and specific case studies had to be used to develop insights which help in getting an understanding of this process of socialization. Because of this, the emphasis in the study has been on collection of qualitative information concerning the key factors which promote this process. Quantitative data have been collected wherever possible to make a more systematic analysis concerning certain aspects which were noted in the course of collection of qualitative data. The data thus collected were repeatedly cross-examined at different levels with the help of records, interviews with colleagues, peer groups and those in immediate contact with the respondents.

REPORTS AND RECORDS

While collecting data, the investigator maintained three types of records; field notes, daily diaries and

consolidated records. Filling the schedule, recording of case notes on interviews, recording case reports and observations were made in the field. But whenever the investigator felt it would come in the way of data collection, the necessary information was noted afterwards. On the basis of field notes, daily diaries were written elaborately. Then after discussion with the supervisor, a consolidated report on specific aspects were prepared every fortnight.

Interview with students from North India was usually done in hindi to enable them to express themselves more effectively whereas, that with the South Indians and other regions was done in a mixed english and hindi.

ANALYSIS AND PRESENTATION OF DATA

After collection of the bulk of data, the next task of the investigator was to arrange them in an orderly fashion according to the requirement of the research design, then to interpret them and finally conclusions were drawn.

The qualitative data were first divided into the variables as given in page 23-5. The quantitative data were collected through the schedule administered to all the 58 nursing students. For the purpose of analysis, the questions included in the schedule were identified

in the form of specific parameters. After coding, the response were then tabulated to present the distribution of variables concerning the quantitative profile of some of the parameters.

The analysed data was then reorganized and presented in the form of three chapters. As per the requirement of the study of the process of socialization, the socio-cultural set up of the school, hostel and hospital ward is presented in the third chapter. This is followed by the data on the personality profile of the students. In the fifth chapter presentation of data on the interaction process between the above two factors is given. In each of these three chapters, the qualitative data is strengthened with the use of quantitative data followed by case reports, wherever found appropriate for the study.

LIMITATIONS OF THE STUDY

This can be considered as an overall 'case study' of a single nursing institution. Within the small study population every effort has been made to make it a neat scientific study within its well specified limits. This is not a mere quantitative study of the students in isolation.

but a study of the complicated process of socialization in their total socio-cultural environment. This obviously small, cross sectional study is strengthened because the process of change is studied in terms of comparison of the four batches of students.

Being confined to a single nursing institution, no claim is being made that the findings are applicable to all the 279 schools of nursing in the country. Nor does the investigator claim that even within the single school, she had made an exhaustive study of the process of socialization. As it is an M.Phil. dissertation, her aim has been very modest one. At best, she can claim to have taken the first tentative step in the important field of socialization and professionalization of nurses in India.

PART - II

FINDINGS OF THE STUDY

CHAPTER III

BACKGROUND KNOWLEDGE OF THE PROFESSION AND NURSING SCHOOL

THE GENERAL NURSING AND MIDWIFERY TRAINING PROGRAMME

The Indian Nursing Council was established in 1947. At present it is a fullfledged statutory body affiliated to the Ministry of Health and Family Welfare under the Government of India. This Council ensures the standard of nursing training programme in the country and has the power to give recognition to Nursing Schools. The Indian Nursing Council visualises the following objectives behind the implementation of the General Nursing and Midwifery training programme: (9)

- 1) Knowledge and understanding of the basic principles underlying the techniques and methods used in nursing.
- 2) To acquire the knowledge and understanding, to develop the skills and attitudes necessary for planning and carrying out comprehensive nursing care for sick persons of all ages in the hospital or community including that portion of medical treatment which is the responsibility of nursing personnel.
- 3) To develop an ability to think and act independently, to accept responsibility as individuals, a nurse and as a citizen.
- 4) To develop an ability to teach people sick or well on measures which contribute to total health.

- 5) To develop the ability to co-operate with others in the hospital and community in the care of the sick, prevention of disease and promotion of health.
- 6) To acquire an understanding to plan and implement a pattern of nursing administration in the ward or public health unit and an ability to supervise and guide auxiliary personnel - who are part of the nursing team.
- 7) To develop an ability to establish priorities in patient and community need, so that she can give the maximum care out of the minimum resources.
- 8) To acquire sufficient understanding of the roles and functions of auxiliary nursing personnel for her to be able to participate in these training programmes according to the levels of her ability.

According to the I.N.C., the general nursing and midwifery certificate course is for three and half years. The first 12 weeks known as preliminary training stage (P.T.S.) during which the students are not assigned any ward duties, only they may attend ward duties, for observation and supervision practice.

The I.N.C. has prescribed the following syllabus for the training programme:-

GENERAL NURSING

- 1) BASIC SCIENCES like Anatomy, Physiology, Microbiology, Pharmacology, Nutrition and Psychology.
- 2) PRINCIPLES AND PRACTICES OF NURSING - Fundamentals of Nursing, Elements of Nursing Administration, Health Teaching.
- 3) NURSING - Introduction to Medical Sciences, Medical Nursing, Surgical Nursing, Maternal and Child Nursing, Psychiatric Nursing, Emergency Nursing.
- 4) COMMUNITY ORGANIZATION - This includes Elementary Sociology, Economics, Professional Understanding, Professional Adjustment and Professional Trends.

MIDWIFERY COURSE (SUBJECT OUTLINE)

- 1) Reproductive System.
- 2) Embriology.
- 3) Physiology of Pregnancy.
- 4) Antenatal Care.
- 5) Preparation for delivery.
- 6) Physiology of Labour.
- 7) Conduct of Labour.
- 8) Review of care of newborn.

- 9) Post Natal Examination.
- 10) Multiple Pregnancy.
- 11) Abnormalities in Labour.
- 12) Abnormalities of Puerperium.
- 13) The Infant.
- 14) Drugs - Common drugs and Standing order Anaesthetics and analgesis, role of midwife.
- 15) Maternal Health Service - Maternal Health Service and Community Health Service Clinics; Domicilliary Services; Record Keeping; Training Indegenous Dais; Social, Cultural and Economic aspects of Midwifery and Family Planning.

CLINICAL EXPERIENCE

Clinical experience is the most vital part of the training programme. According to the I.N.C., the students should be provided with clinical facilities in the following areas:-

- 1) Medical (Gynaecology, Geneto-urinary).
- 2) Surgical.
- 3) Tuberculosis (T.B.)

- 4) Paediatrics.
- 5) Obstetrics.
- 6) Eye and E.N.T.
- 7) Antenatal and post natal clinics along with midwifery - both hospital and community.

TIME DISTRIBUTION (I.N.C'S RECOMMENDATION)

1) Formal Instruction (Discussion, Visits and Demonstration)

First year	-	400 hours (250 hours during preliminary training stage.
Second year	-	250 hours.
Third year	-	150 hours.
Final year	-	70 hours.

2) Clinical

Medical Nursing (including communicable disease)	-	10 months
Surgical Nursing (Gynaecology 1 month and Operation Theatre 2 months)	-	11 months
Child Nursing	-	1 month
Out Patients' Department	-	2 months

Night duties - 5 months

3) Vacations - The trainees are entitled to 3 months vacation, one month during each of the training years.

EVALUATION SYSTEM

According to I.N.C., two written public examinations are to be conducted within these three years of General Nursing Course. The first examination is to be held after a period of not less than 11 months from the beginning of the course. The second public examination is to be held after 2 years and 9 months or atleast one year after passing the first examination. The questions will not only be of factual nature but also test her practical knowledge.

Practical examination in nursing has to be conducted during the second public examination (under I.N.C). In the school, one moth before the second public examination, this practical examination is to be held under a nurse examiner, in the clinical setting or at a health centre. Minimum pass marks for both theory and practical is 50% and 70% for securing distinction.

In case a student fails in one paper, she is allowed to write the same in the subsequent examination. A minimum of five attempts ~~is~~ permitted. After the second

public examination, the successful candidates will be given the General Nursing Certificate.

RECORDS

The following records of the students should be maintained in the school:

Admission record, Record of the class attendance,
Clinical experience, Progress report showing grades,
Health and final records.

RECOMMENDATION REGARDING TEACHING STAFF

According to I.N.C., two tutors are to be appointed for the first 50 students and one each for additional 20 students. In addition to the above staff, one public health tutor and a tutor for maternal and child health is also recommended. External lectures are to be arranged according to the need of the programme.

STIPEND

Each trainee during the training period is entitled to get a stipend of Rs.125/- p.m.

PHYSICAL FACILITIES

The school building should have minimum of two class-rooms. Apart from class room, one demonstration room for

nursing care and another for nutrition is also recommended. Laboratory facilities for anatomy, physiology, physics and chemistry must be provided for the students.

OFFICES

The teaching staff should be given two rooms for official use with separate sitting arrangements.

HOSTEL

The students have to be compulsory residents of the hostel. Each student should be provided with a single room accommodation with minimum furniture as well as proper toilet facilities. The Home Sister will be in charge of the trainees. In addition, hygienic dining and kitchen facilities should be there in the hostel.

LIBRARY

The School should have a library having upto date journals and reference books.

ADMISSION PROCEDURE

The minimum age for admission to the School is 17 years and should not exceed 35 years. However, the age limit can be relaxed at the discretion of the School authorities. In the past, the minimum essential qualification

was 10th class of a higher secondary school or senior school certificate. But in 1981, the revised admission rules imposes the minimum necessary qualification to 10 + 2. The other requirement is that the candidate should be either unmarried or widow without encumbrance. Above all, the medical report is the most essential document to establish the medical fitness of the candidate.

ADMINISTRATION

The School is managed by the Nursing Superintendent or Matron who should have regular budget allotment at her disposal for - Library, purchase of books and journals, office supplies, teaching equipment, transport, contingencies.

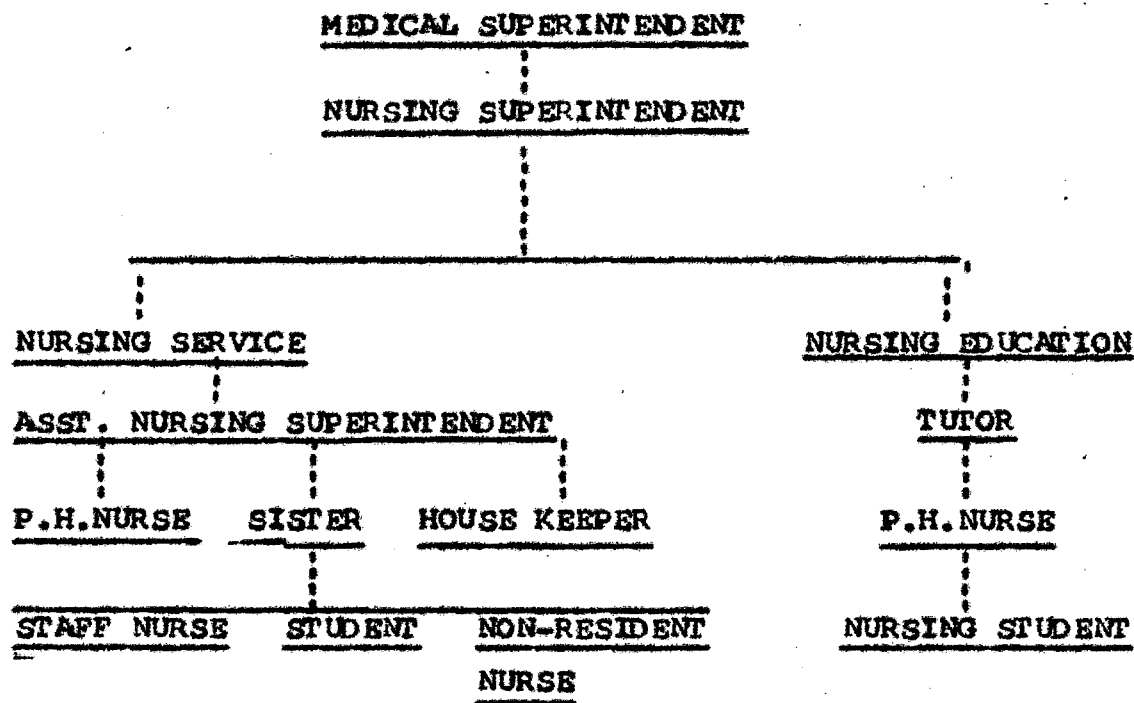
BACKGROUND INFORMATION ON THE SAFDARJANG NURSING SCHOOL

SAFDARJANG HOSPITAL

During the Second World War, Safdarjang Hospital was initially started as a base hospital for American soldiers. When it was handed over to the country after the war, it became an annexe of Irwin Hospital. In 1954, when the Government of India decided to organise a Central Government Health Scheme (C.G.H.S), this hospital was taken over and since then it has slowly grown upto a large general hospital.

It also serves as a referral hospital for several C.G.H.S dispensaries in the city. The hospital also provides post-graduate education and training in some major medical specialities and is affiliated to the Delhi University. It also serves as the teaching hospital for under-graduate students of the University College of Medical Sciences. Thus, being a teaching hospital, it provides treatment and training facilities in most of the medical specialities. The sanctioned bed-strength of the hospital is now 1,207 (but invariably it runs 18-20 percent over this bed-strength). In 1954, the bed-strength was only 179. The Hospital has 34 wards and 53 special clinics. The Medical Superintendent is the administrative head of this Hospital.

The Nursing Superintendent is the controlling head of the Nursing Service and the attached Nursing School. The Nursing organization chart prescribed by this Hospital is as follows:



SAFDARJANG HOSPITAL NURSING SCHOOL

This school was started in April 1960 with 14 students in its rolls. According to the 1977 prospectus of the school ⁽²⁵⁾, the school provides training facilities to 30 students per year and is planned to expand it to 100 trainees per year.

The School provides a three and half year General Nursing and Midwifery Course. The Midwifery Course

was started only in January 1963. This 6 months course is offered alternately in the first half, i.e. from October to March to the General Nursing Students of the School in their final stage and in the second half, i.e. from April to September to the sponsored inservice midwives from various states. Out of the total 3½ years, the first 3 months are considered as preliminary training stages (P.T.S) after which the students are put on day shifts in various clinical wards.

Initially (i.e. from 1960 upto 1972) the School had no building of its own. Classes were taken up occasionally in hospital blocks. The School building is located in one corner of the hospital complex and is very close to the Nurses' Hostel.

TEACHING STAFF AND THE VARIOUS SUPERVISORY NURSING PERSONNEL

This School fulfills the I.N.C.'s requirements regarding its teaching staff. The Nursing Superintendent is the administrative head of the School. There are two Sister Tutors, one Public Health Tutor, one Midwifery Tutor and one Clinical Tutor. Apart from the Sister Tutors, the doctors of the hospital are expected to take classes in

their respective disciplines. On the clinical side, Assistant Nursing Superintendents of the respective hospital blocks, Sisters and one Clinical Tutor (affiliated to the School) are expected to help in conducting the training of the student nurses.

CURRICULUM FOR TRAINING PROGRAMME

Basing on the I.N.C.'s requirement, the School has drawn an elaborate chart of the subjects to be taught and the clinical experience the students have to undergo at different stages of the training programme.

PRELIMINARY TRAINING STAGE

The following subjects are to be taught in the first three months:-

- 1) Orientation
- 2) Fundamentals of Nursing
- 3) History of Nursing
- 4) Emergency Nursing
- 5) Anatomy and Physiology
- 6) Microbiology
- 7) Physics and Chemistry
- 8) Professional Adjustment

After one and half months of classroom teaching on orientation and fundamentals of nursing care, students are required to work in the ward. But the 2-3 hours daily clinical work at this stage consists mainly of observation and supervised practice.

THE FIRST YEAR

In the nine months of first year (i.e. from October to next September) the subjects to be taught are as follows:-

- 1) Anatomy and Physiology
- 2) Psychology
- 3) Fundamentals of Nursing
- 4) History of Nursing
- 5) Community Health and Child Health

Apart from regular classroom teaching, 6-7 hours clinical work are assigned to the students. They are divided into two groups and are to be posted in the two male medical and surgical wards. In addition to these, a few days' experience in the emergency ward and public health nursing are also prescribed during the first year.

THE SECOND YEAR

The second year students are requested to have classroom teaching in the following subjects:-

- 1) Medical Nursing
- 2) Surgical Nursing
- 3) Psychiatry Nursing
- 4) Maternal Nursing
- 5) Community Nursing
- 6) Pharmacology
- 7) Family Planning
- 8) Economics and Elementary Sociology
- 9) Professional Adjustment

Clinical experience at this stage is different in nature. The students are to be posted in different wards, i.e. Burns and Plastic Surgery, Surgical and Medical, Skin, Venereal Diseases, Orthopaedics, Tetanus, Cancer, T.B. and Emergency Wards. The number of students in one group is reduced to 3-4. Furthermore, in this one year, they are given one month night duty and one month leave.

THE THIRD YEAR

During third year, classroom teaching has to be given in the following clinical subjects:-

- 1) Medical and Surgical
- 2) Community Health
- 3) Paediatrics Nursing
- 4) Professional Trends
- 5) Ward Administration

The students have to work in the Gynaecology, Eye, E.N.T wards and in superspecialities like Neurosurgery and Cardiothoracic Surgery. In addition to the above clinical experience in the wards, one month's night duty, one week posting in a surgical operation theatre and one month in a rural health centre are the important assignments during this period.

THE FINAL YEAR

The final year syllabus tallies with the recommendations of the I.N.C. Clinical experience is given in antenatal and post natal care and neonatology. But in addition to the above clinical experience, the students have to conduct 20 delivery cases without seeking anybody's help.

TIME DISTRIBUTION

The School has drawn a clearcut distribution

of the time to be spent in the classroom teaching and clinical wards during the three and half years course. The schedule is given below:-

T A B L E - I
YEAR-WISE DISTRIBUTION OF TIME

YEAR	FORMAL INSTRUCTION	CLINICAL	TUTORIAL
P. T. S	252 hrs	50 hrs	120 hrs
FIRST YEAR	152 hrs	788 hrs	100 hrs
SECOND YEAR	335 hrs	1180 hrs	100 hrs
THIRD YEAR	335 hrs	1280 hrs	100 hrs
FINAL YEAR	70 hrs	650 hrs	50 hrs

EVALUATION SYSTEM

The School has a rigid form of evaluation system. Following the I.N.C.'s prescription, two main public examinations are held during the three and half years' training programme. The first one is held at the end of 11 months during first year and the second one, one month prior to the end of third year. Apart from these

public examinations, two main home examinations (conducted by the School) are held at the end of the second year and final year. In addition to theory papers, practical examinations are also conducted in clinical wards. In addition to these, monthly tests are held and written assignments are given periodically. Following the I.N.C.'s recommendation, monthly and quarterly reports of students' behaviour in the school, hostel and performance in the ward are maintained in the record.

UNIFORM

White uniform is compulsory for the students. During the first 13 weeks of clinical experience, i.e. during the preliminary training stage, they are expected to wear white saree and white shoes. After passing the P.T.S., through the formal capping ceremony, they are initiated to the profession. Wearing white starched gown, cap, stockings and shoes is the highlight of this ceremony. Then onwards, this uniform has to be worn by the student throughout her training period, only the colour of the stripes on either side of the cap differ from batch to batch.

ADMISSION PROCEDURE

Contrary to what is mentioned in the prospectus, the School admits on an average 14-15 students per batch. Admission is on all India basis and is done through open competition. Eligibility for admission are same as the I.N.C. recommendation⁽⁹⁾. The interview board consists of the Nursing Superintendent, Asst. Nursing Superintendent Senior Sister Tutor, an officer deputed by Medical Superintendent for this purpose and one officer from the Directorate General of Health Services. The candidates are to appear for a written test after which an interview is held for the candidates who are declared successful in the written test.

HOSTEL

The four-storied hostel building is located just across the road near the Nursing School. The hostel accommodates nearly 300 nursing personnel. The hostel residents are a mixture of all categories of nursing personnel, such as Asst. Nursing Superintendents, Staff Nurses and Students. The students have been allotted rooms at the third floor.

The Home Sisters are in charge of looking after the students. The mess is jointly managed by a Home Sister

and the hostel residents including senior student trainees. The residents are served with breakfast, lunch, evening tea and dinner. Monthly bill of the mess is roughly Rs.95/pm ..

SOCIO-CULTURAL ENVIRONMENT OF THE SCHOOL, THE HOSPITAL
WARDS AND THE HOSTEL

IN THE SCHOOL

The socio-cultural environment of the School is the sum total of the classroom setting, other curricular and extracurricular actions, personalities of the tutors and the academic atmosphere as a whole.

The school is located in a congested double storeyed building with its entrance on the backside through a courtyard. The school has seven rooms in all, out of which two are used for teaching purposes. In addition to classrooms, there is one demonstration room. These rooms are ill-ventilated. This shows that the educational side does not receive its due attention in this culture. Four rooms are used as the offices of the two sister tutors, public health tutor, the matron and the Asst. Nursing Superintendent. One room is used as a separate office of the School.

Functioning of the School

The matron is the administrative head of the School. But the educational programme is planned by the experienced senior tutor alongwith the other tutors. In fact, this senior tutor is the main person to arrange the classroom teaching and ward experience of the students. The School education schedule is finalised after consultation with the Matron, Asst. Nursing Superintendents, and doctor-in-charge of the respective hospital blocks. As the administrative head of the School, the duty of the Matron is to take an active part in new admissions to the school, allocation of clinical duties to the trainees and taking rounds in the hospital to supervise their work. She has no control over the budget allocation to the School. The Medical Superintendent is the highest controlling authority and sanctions money to the School in consultation with the Matron.

Background of the Teaching Staff

The Matron of the School is a middle aged, unmarried christian lady and promoted from her previous post of Asst. Nursing Superintendent in this Hospital. Thus, she lacks any teaching experience. The senior

sister tutor and the other sister tutor are both post-certificate holders in nursing. The senior sister tutor is a middle aged, sikh, married lady with a pleasant, commanding personality. This lady, despite her bright career, was compelled to join this profession because of the low economic and educational status of her family members. She has also much better teaching capabilities than the others. She is working as a tutor in this School for the last 14 years and is an active member of Trained Nurses' Association of India and had her post-certificate training from R.A.K. College of Nursing. The second sister tutor is a middle aged, married, Hindu Punjabi lady. She is in this School for the last 15 years. This lady is very lethargic in her work. The midwifery tutor, on the other hand, is a Kerala Christian. She is unmarried. She had her school and general nursing training from Kerala and post-certificate course in midwifery from R.A.K. College of Nursing. Personality-wise she is an average type of lady.

The public health tutor is a middle aged, tribal converted Christian lady from U.P. She is married. She had her general nursing training from U.P. and Post-certificate course in Public health nursing from R.A.K. College of Nursing.

She is a mild person. She joined in the present job because of better pay scale and low work load and is working here for the last 13 years. She is very poor in her teaching and most often comes to the class unprepared.

The basic pay scale of the Public Health Tutor is Rs.450/- per month whereas that of the other tutor is Rs.550/- per month.

A study of the opinion of the students regarding these tutors gave us the following types of opinion:-

T A B L E - II
OPINION REGARDING THE TUTORS

TUTOR	NUMBER OF STUDENTS	OPINION OF THE STUDENTS
1) Senior Sister Tutor	(i) 34	Most capable and competent tutor.
	(ii) 7 (all from South India)	She has a deep rooted hatred feeling towards the girls from South.
	(iii) 9	She is very strict.
	(iv) 8 (all in P.T.S.)	Had no clearcut opinion.

TUTOR	NUMBER OF STUDENTS		OPINION OF THE STUDENTS
2) Second Sister	(i)	24	Kind, considerate, affectionate.
	(ii)	19 (all South Indian girls)	No partiality towards the students.
	(iii)	15 (all in P.T.S.)	Had no clearcut opinion.
3) P.H.Tutor	(i)	21	She is not good at teaching.
	(ii)	27	Kind hearted, considerate and motherly lady.
	(iii)	10 (all in P.T.S.)	Had no clearcut opinion.
4) Midwifery Tutor	<u>All Final Year</u>		
	(i)	8	Good, considerate, kind.
	(ii)	5 (all from South India)	Free of any bias towards the students.

Thus, the preceding profile of the tutors as not so competent but considerate and sympathetic was found to be a characteristic feature of the culture of this school.

This was perhaps the reason why the tutors so vehemently opposed the idea of the investigator attending classes to make direct observation of the classroom teaching under each tutor.

The above opinion chart also reveals that a deep-rooted regional bias does persist among some members of the teaching staff. That was why several times the tutors from North India in their interview have mentioned the problem of South Indian students outnumbering those from North India; whereas, the Kerala midwifery tutor opined the girls from South India as much more intelligent and bright in comparison to those from North India.

During the course of their interviews, though, the tutors pointed out the low status of the profession, none of them could point out the exact reason why this state still perpetuates. In general, the tutors of the school were found to have no connection with the clinical side. Being confined to the school building, they were responsible for imparting only the theoretical knowledge of the programme. Even the tutor teaching nursing art was never found to be interested in correlating it with

the ward situation in reality. Also, the prescribed responsibility of the tutors⁽²⁴⁾, such as paying individual attention to each student, organizing seminars, debates, panel discussions, to help the student to use reference books and library, however was not noticed at any period during the three and half months field study. Also not a single tutorial class was taken by any of the tutors inspite of the recommendations made in the syllabus of the Indian Nursing Council.

Apart from the sister tutors, doctors are also supposed to be involved in the teaching programme at various stages. The doctors are mostly residents, registrars and in very rare cases specialists. But the doctors, who are assigned to this task, neither have any special training or orientation regarding how and what to teach the student nurses. Of the total 42 students in the second year, third year and final year batch, 34 opined the average doctor tutors either not to be so good in their teaching or to be careless and irregular about their timing. The investigator had the opportunity to attend only 7 such classes. A peculiar feature of these classes was that there was a communication gap between the

doctor tutor and the recipient, i.e. the students. The lack of provision for formal orientation of doctors towards the training programme and (as will be pointed out later) the low academic calibre of the students are mainly responsible for creating this situation. Of course, importance and relevance of the subjects being taught is equally important. For example, the medical and surgical classes taken up by the doctor tutors were found to be liked by 19 students out of the total 28 belonging to the third year and final year group.

ACADEMIC ATMOSPHERE

Position of Library in the Nursing Education

The library is situated adjacent to the nurses hostel. It has a two storeyed building which is a portion of the resident doctors hostel. It is mainly the library of the medical students and has a meagre collection of books on nursing including the prescribed textbooks. A small collection of old journals like Nursing Mirror, Nursing Outlook and Nursing Times only upto 1977 publication are there. Among the display of recent arrivals, only the American Journal of Nursing was available. The tutors were hardly in the habit of using the library. During the

investigator's 3 months of study, the senior tutor was seen in the library only twice, whereas, among the students, only P.T.S. students were frequently coming to the library because of the frequent tests in which they had to appear. The rest of the students were also seen in the library only during the pre-examination days. Thus, in the training programme library plays a very limited role. Even when the All India Institute of Medical Sciences (A.I.I.M.S.) library having a good collection of nursing test-books and journals is located on the opposite side of the road, the students were never seen taking interest in that library.

General Atmosphere

The unquestioned acceptance of the neglected theoretical side was found to be an important component of the culture of the School. The neglected picture of the library and the lack of interest on the part of the tutors gives rise to a situation which is almost devoid of academic atmosphere. Though the classes were taken religiously, but it is done almost as a ritual. The classroom teaching is almost one-sided, the students being passive listeners only. The theoretical side and clinical training are totally separate compartments, the tutors having no connection

with the practical side of the training programme. The rule of the School, such as daily check-ups of the diary, frequent tests, maintenance of the students' record together are indications of the importance of punctuality in this culture. But a close look at the students' daily diary, records and some of the written assignments confirmed the previous view that low academic calibre is the characteristic features of this profession.

Punctuality, politeness and submissiveness are valued most in the nursing personnel. These traits are cultivated among students through rigid rules and punishments such as overtime work in the ward, scolding given in case of deviance from these accepted modes of behaviour.

In the School, uniform is compulsory irrespective of the position held by the personnel. Uniform worn by the matron, teaching staff and students conveys that uniform is the first and foremost symbol of this profession. Secondly, as a rule, tutors are expected to be addressed as 'sister' by the students, whereas, the senior students force their juniors to address them as Didi. Paying respect to the teaching staff as well as senior students is the accepted mode of behaviour for the junior students in this culture.

IN THE HOSTEL

Social Set-up

The four storeyed hostel building is situated nearer to the School across the road. The building has a huge grilled gate at the entrance, where the guard sits with a register. The residents of the hostel are a mixture of all categories of nursing personnel. The students have been allotted rooms on the third floor. Students upto third year have to stay in double seated accommodation provided with minimum furniture. Subsequently they get single seated rooms.

Hostel Residents' way of life

The hostel residents are a blend of Assistant nursing superintendents, staff nurses and students. The special feature of this hostel is that despite their different ranks and positions, the residents are in general the nursing personnel with a typical way of life characterising them as a member of a group.

All the residents being nursing personnel, changing one's daily routine according to their study hour is a part and parcel of hostel life. For example, during the periods of night and evening duties, the nurse in general have little

time for outing; whereas, during the days of morning duty, off day and holidays, regular outing in the evening is an usual habit of the nursing personnel. Thus, alongwith the variation in duty hours, the time to go out for shopping or with one's boyfriend is an integral part of their life.

Wearing of uniform, restriction on hair style and on the use of cosmetics while on duty is an accepted way of life for these people. But once the duty hour is over, wearing colourful dresses, using cosmetics and having one's own choice of hair style is a luxury for them. There is a competition amongst the hostel residents for wearing colourful fashionable dresses.

Some of the hostel residents had friendship with the opposite sex including some doctors of this hospital. Therefore, two or three youngmen loitering outside the hostel sometimes with scooters or motorcycles is a regular sight. There are cases where such love affair have finally ended up in matrimony. In one special case, one good looking North Indian staff nurse had just got married to a resident doctor of the same hospital. Similarly, two South Indian nurses and one North Indian girl had got married to boys who were

previously patients of this hospital. But in few other cases, the girls having been subjected to sexual exploitation because of their vulnerable position have ultimately turned into loose charactered ones.

The rules of the hostel are accepted by the hostel residents as a part of their daily routine. According to the rules of the hostel, on working days the residents (specially the students) are expected to remain present between the specified time for their meals, all students are to gather for one hour each afternoon in the recreation room to take part in the various indoor games. For all the hostel residents the regular outing hour is upto 8 p.m. A student's presence in her room after this permitted hour is ensured through regular check-ups by the home sister as well as the maintenance of register in the hostel. The preliminary training students throughout the three months training period are not permitted a single pass for a full day (slip over pass - S.O.P.), not even on weekends and holidays. For the rest of students prior notice has to be given to the home sister in order to get the S.O.P. and the date and time of joining the hostel has to be reported. The senior students were found to have adjusted their daily routine according to these prescribed rules

and regulations of the hostel. They were never seen complaining against these strict rules of the hostel.

Among the hostel residents in general, there is a distinct dividing line between the South Indians and North Indians. Firstly, on the basis of looks, a very large proportion of the South Indian girls were mostly dark complexioned and not so good looking. In addition, difference in their mother tongue, food habits, taste, dress pattern and the general cultural background stand as the barrier between the two groups. Even the socialization in the profession and common hostel accommodation has not helped in bridging this gap. Religion (South Indians mostly being Christians) to some extent deepens the above regional feeling existing between the two groups.

IN THE HOSPITAL WARD

Clinical Set-up

There is a wide variation in the clinical setting of these various wards. For example, the male surgical ward is very neat and clean, whereas, the medical and maternity wards are over crowded and dirty. Emergency ward gives an entirely different experience. The T.B. Hospital at Mehrauli and the Rural Health Centre at Najafgarh, being separate, have an atmosphere which is entirely different from this hospital. The capacity to adjust oneself to these

wide varieties of clinical surrounding is an important element of this nursing sub-culture. Thus, the staff nurses and the supervising personnel, including the senior students, were found to be working in these various clinical set-ups without any hesitation or complaint.

Variation in Personalities

Variation in the clinical set-up becomes further complicated because of the wide variation in the sex, age and personality of the wide variety of personnel with whom a student comes in contact with at various stages of her clinical training.

During her training period, the student comes across a wide range of patients with different socio-economic background, sex and in the range of suffering. Majority of the patients undergoing treatment in this hospital were from middle or lower middle class background. Mostly there is a mixture of local patients and patients from nearby rural areas. As a result, the attendants of the patients are also with the above type of background. The personality and expectation of these people varies widely. Further, the students come in contact with patients of various age

groups (e.g. acute emergency cases, chronic illness and minor ailments etc.). The nursing personnel are expected to develop the ability to work among these patients with tolerance and ease. That is why of the total 30 students in the P.T.S. and first year group, 21 complained about the scolding they get from their clinical tutors and supervisory staff as well as regarding their difficulty in working among these patients, whereas, for the remaining two groups of students, who have by this time acquired the needed skills as a part of their personality, seldom complained about the strictures in the ward.

The doctors being academically bright, knowledgeable, and skilled are accepted as superiors by the nursing personnel. Wards are visited by doctors with various ranks and positions such as Residents, Registrars, Medical Officers and specialists. In the socialization of the students, chiefly Residents and Registrars have a more important role to play as these are the medical personnel with whom the student comes in immediate contact in her daily clinical work.

The interaction pattern with the employees such as wardboys, sweepers, is different. These low ranking

employees pay respect to the aged senior staff and sister-in-charge; whereas, the junior staff and young students are taken more as co-workers than skilled professionals. Thus in the ward, the nurse has to adjust herself to the expectation of these various people according to her age and position.

The self image of nursing personnel as well as interaction pattern with the various categories of individuals in the ward set the models for imitation by the students. The first and foremost, the symbol of starched white uniform worn by the nursing personnel in general, irrespective of their rank and position sets an example for the students and they accept it as the symbol of their profession.

In all the observed wards (surgical, medical, paediatrics, maternity), the nursing personnel were found to have a special ability to interact freely with the opposite sex, such as, patients, patients' relatives, doctors and employees. The next and most remarkable feature is their indifferent professional attitude towards the suffering of the patients. Similarly, to insulate oneself against the well or ill-behaviour of patients or their relatives was observed as a marked feature of the

personality of these nursing personnel. The student comes in direct contact with the clinical tutor, sister-in-charge and staff nurses.

The clinical tutor is an unmarried sikh, senior staff nurse affiliated to the School. This lady is very rough in her behaviour and she unsuccessfully attempts to project herself as an english-speaking modern sophisticated lady. This lady with her arrogant behaviour and improper way of handling the patients more as objects of demonstration rather than human beings, certainly sets a negative model for the students.

CHAPTER - IVPERSONALITY PROFILES OF THE STUDENTS

Study of the socio-cultural, economic and educational background of the students was made to find out the category of persons who join this profession. Only those personality characteristics of the individuals of the group was studied which influenced the attitude and thereby the process of socialization as a whole.

AGE OF THE STUDENTS

The age distribution of the students under study was as follows:-

TABLE - IIIYEAR-WISE DISTRIBUTION OF AGE

<u>YEAR-WISE</u>	<u>17 - 19</u> <u>YRS.</u>	<u>20 - 22</u> <u>YRS.</u>	<u>23 - 25</u> <u>YRS.</u>	<u>26 - 27</u> <u>YRS.</u>
Preliminary Training Stage	10	6	-	-
Second Year	11	2	1	-
Third year	3	7	3	2
Final Year	-	8	4	1

Majority of the students were below 20 years of age and most of them belong to the P.T.S and second year group; whereas, those above 20 years were mostly either in the third or in the final year. Previously, the age limit for admission according to Indian Nursing Council was between 17 to 35 years; the educational qualification was eleventh or a high school certificate and there was no restriction on the upper educational limit. As a result, all sorts of candidates including some graduates and ex-service candidates had joined the course. But in 1981, somewhat strict rules were formulated according to which preference is being given to the candidates who have cleared the 10 + 2 final examination. This is the primary factor for the marked variation of age between the senior and the junior students.

MARITAL STATUS

All the 58 trainees were unmarried. Though the I.N.C recommends the admission of widows without encumbrance, there was not a single widow among the studied population.

PLACE OF RESIDENCE AND SCHOOLING/COLLEGE

Out of the 58 students, 13 were from rural, 19 from semi-urban and rest 26 were from urban areas. Thus,

77% were with urban and semi-urban background.

About their place of schooling or college, two had it in rural areas, 24 in semi-urban and 32 in urban areas (31 in Delhi itself).

RELIGIOUS BACKGROUND AND MOTHER TONGUE

The following Table presents the distribution of the students according to their mother tongues and religions.

T A B L E - I V

RELIGIOUS BACKGROUND AND MOTHER TONGUE

MOTHER TONGUE	HINDU	CHRISTIAN	BUDDHIST	SIKH	TOTAL
Hindi	15	4	-	-	19
Punjabi	3	1	-	4	8
Malayalam	2	19	-	-	21
Tamil	3	-	-	-	3
Bengali	1	-	-	-	1
Pahari	1	-	-	-	1
Sikkimese	-	-	2	-	2
Tibetan	1	-	-	-	1
Oraon	-	1	-	-	1
Sindhi	1	-	-	-	1
Grand Total	27	25	2	4	58

Thus, the number of Hindu students was found to outnumber those of Christian by a thin margin. But in language-religion correlation, Malayalam with that of Christianity was the most predominant; whereas, the 14 Hindus with Hindi speaking background was not something special. Hindu religion was found in combination with most of the regional languages.

A batch-wise study of religious background of the students revealed nothing notable. But on the basis of regional background alone, a reduction in the number of South Indian (Malayalam and Tamil speaking) students in the last two batches, i.e. P.T.S and second year was marked. The distribution of the South Indian students in the different batches was as follows:-

T A B L E - V
DISTRIBUTION OF SOUTH INDIAN STUDENTS

YEAR-WISE	NUMBER OF SOUTH INDIAN STUDENTS
Final year	7
Third year	8
Second year	4
P.T.S	5

On the otherhand, a batch-wise study of the proportion of Delhi (local) and non-Delhi (outside) students showed an increase in the number of local students in the later batches.

T A B L E - VI

PROPORTION OF LOCAL VIS-A-VIS OUTSIDE STUDENTS

<u>YEAR-WISE</u>	<u>LOCAL STUDENTS</u>	<u>OUTSIDE STUDENTS</u>	<u>TOTAL</u>
P.T.S	10	6	16
Second Year	10	4	14
Third Year	7	8	15
Final Year	4	9	13
Grand Total	31	27	58

ECONOMIC STATUS

This issue being a sensitive one, extra care was taken while collecting information on this area. Having established good rapport with the girls, data regarding this aspect was collected in the most tactful way through informal discussion. Later the reliability of the data

was rechecked at different levels such as from room mates, class mates and through official records of students.

A cross-comparison between the size of the family and economic background of the girls is given in the following Table:-

T A B L E - VII
INCOME AND SIZE OF FAMILY

INCOME PER MONTH	1 - 4 MEMBERS	5 - 8 MEMBERS	9 - 12 MEMBERS	TOTAL
Below Rs.500/-	4	18	10	32
In between Rs.500/- to Rs.700/-	1	9	8	18
In between Rs.700/- to Rs.1000/-	-	5	2	7
Rs.1000/- & above	-	-	1	1
Grand total	5	32	21	58

It is clear that big family size and low economic condition are the two notable features of the background of the students. The only student with a better economic status, i.e. above Rs.1000/- per month was from a big family with total 12 members.

OCCUPATION OF PARENTS

An enquiry into the occupation of the father gave the following responses. Fathers of 37 students were either hawkers, 4th class employees, petty businessmen or poor farmers; whereas, those of the remaining 15 were either in some clerical or teaching jobs and one was a middle class businessman. In 3 cases, the father had expired and in the rest two, retired.

Thus, the data on economic conditions is further strengthened by the data on the occupation of the father which show that majority of them were also from low social status.

EDUCATIONAL BACKGROUND

The distribution of students in each batch according to their educational qualification is as follows:-

T A B L E - V I I IEDUCATIONAL QUALIFICATION

<u>YEAR-WISE</u>	<u>MATRICU- LATES</u>	<u>10 + 2/HR. SECONDARY/ S.S.L.C</u>	<u>P.D.C/ B.A/B.Sc. 2ND YEAR</u>	<u>GRADUATES</u>
P.T.S	-	10	5	1
Second Year	2	6	4	2
Third Year	1	6	5	3
Final Year	2	5	3	3
Total	5	27	17	9

Thus, in the final year, there was a mixture of students with various educational qualifications, which is also found in the next two groups. But in the pre-training group, only one graduate and not a single matriculate was there. The reason of this marked change being, the change in the rules regarding the minimum educational qualification necessary for admission to this course.

The profile of the educational background is given in the following Table:-

T A B L E - IX
ACADEMIC CAREER

EDUCATIONAL BACKGROUND	SCIENCE	ARTS	COMMERCE	GENERAL	TOTAL
Matriculates	0	0	0	5	5
10 + 2/Hr.Sec./ S.S.L.C	6	18	3	0	27
P.D.C./B.A./ B.Sc. II year	7	10	0	0	17
Graduates	0	8	1	0	9
Total	13	36	4	5	58

There was not a single science graduate. Among the Pre-Degree/B.A./B.Sc. 2nd year group, 7 had science and the rest 10 had arts background. Similarly, students having S.S.L.C./Hr. Secondary qualification in majority, i.e., 21 out of 27 were in the non-science group.

Data on their educational performance could further strengthen the above findings. Except the two Sikkimese students, in whose official record the above information was missing, the educational performance of the rest 56 students was as follows:-

T A B L E - X
ACADEMIC PERFORMANCE

EDUCATIONAL QUALIFICATION	BELOW AVERAGE (BELOW 40%)	AVERAGE (BETWEEN 40% - 50%)	GOOD
Matriculates	1	2	1
Higher Sec./ S.S.L.C./10+2	12	9	6
P.D.C./B.A./ B.Sc. II yr.	3	8	5
Graduates	6	3	0
Total	22	22	12
Percentage	39.29%	39.29%	21.44%

A further enquiry into the number of attempts made to pass the respective examinations made it clear that among the below average and average category of students, 15 (i.e. 25.8%) had passed in a second attempt and that too mostly on compartmental basis. One notable point is that 5 out of these, 15 students were graduates.

Thus, the above data on the academic performance of the students on the whole makes it clear that most of the students, i.e. 78.56%, had a poor career. All the 9 graduates were without honours because of their poor record. The strict rule followed ^{recently} ~~this year~~ regarding admission of candidates was found to be a mere strictness on educational qualification. Because the record of most of the students even in the last batch was also poor.

The above quantitative data make it clear that nursing at present is taken up mostly by those who have no other choice than to join here. But when questioned on the reason why they opted for this profession, the following category of responses were noted:-

T A B L E - X IDISTRIBUTION OF OPINION REGARDING CHOICE OF PROFESSION

<u>NO. OF TRAINEES</u>	<u>PERCENTAGE</u>	<u>REASON FOR CHOOSING THE PROFESSION</u>
26	44.82%	Out of own interest/To help the suffering patients/To serve the country.
1	1.72%	Attracted towards the white uniform.
19	32.75%	To have a career.
12	20.71%	Compelled by situation.

The following are some of the notable factors (either motivational or compelling) which in general are the reasons for the students opting for nursing profession. But it should be noted that there is no clearcut demarcation between them, rather they were found in cross combination in many cases:-

Relative in this profession

Of the 58 students, 34 (60%) had one or more relative in this same profession. Among these 34, 23 admitted to their having been influenced by these relatives

while joining this profession. Thus, having a relative in this profession was marked to be one of the motivational factors for the girls joining this profession.

Compelling situation

Out of the 58 students, 17 were doing some job before joining this course. The low socio-economic condition, in addition to their poor educational record, compel these girls to take up this profession. The following case report on a final year girl provides useful insights:-

This girl (A) was from Delhi. Her father was a watchman and she has 5 sisters and 4 brothers in all. After completing her eleventh class, she was forced to quit her study as her father could not afford higher education. Her performance was below average. Being the eldest daughter of the house, her task was to help her mother in the household chores. She was busy throughout the day in cooking and cleaning the house. Meanwhile, she tried for a job at several places which was in vain. Finally, after 2 years she applied for this course. The selection to this course was a great relief to her. In addition to the stipend money, she got relieved from the burden of doing the household work.

The second case report though with a slight difference is a typical case of extreme low socio-economic condition which compels some of the girls to join this profession:

This girl (B) was from Kanpur. She had 5 brothers and sisters in all. Her eldest sister had very low education and got married at a young age. The same would have been the fate of this girl but because of the sudden demise of her long ailing father, having no other source of income, her mother had no other choice than to send her to join this course. This training with its stipend money and the guarantee for a secured future was a help to the family as a whole. This girl saved whatever little money she could to help her family and her ultimate aim was to take up a job and help in the education of her young brothers and sisters.

Future Plans

Regarding their future plan, the 58 responses were as follows:-

TABLE - XIIFUTURE PLAN

YEAR-WISE	1	2	3	4	5	6
P.T.S	-	-	6	-	9	1
Second Year	1	-	8	-	5	-
Third Year	3	3	7	-	1	1
Final year	3	4	5	1	-	-
Total	7	7	26	1	15	2
Percentage			44.82%	1.72%		3.44%

CODES OF RESPONSES

1. To go for higher studies.
2. To migrate to some foreign country.
3. To become a staff nurse/to continue in the same line.
4. To give it up and get married.
5. Yet have not given a serious thought to it.
6. Not interested in nursing, shall try to do M.B.B.S./take up some other job.

Most of the students, i.e. 26 out of the 58 (45%), having been convinced about their shortcomings, opted to continue as staff nurse; whereas, only 7 (12%) were interested to go for higher nursing education. As will be discussed later under the attitude of students towards the profession in P.P. ⁹⁻² few of the students who were planning to quit the job were peculiar in some sense or the other. They were the only three girls who were not satisfied with the nursing profession.

Among these 58 girls, 7 (12%) were interested to migrate to some European or oil-rich Middle-East countries. All these girls had one or more relative settled abroad. Thus for them, nursing profession was only a means of achieving their final goal of migrating to some foreign country. The following case report on a second year girl from South India gives an idea about these girls:-

The girl (C) was from South India. Her father was a teacher. This girl had 5 brothers and sisters in all. Two of her elder sisters are in nursing profession, one being in Kuwait. The girl was not interested to join the same profession. She was interested to become a lawyer. But having a poor career and after passing her B.A. in a second attempt, she was bound to follow the footsteps of her sisters. Her future plan was to join her sister in Kuwait.

ATTITUDE TOWARDS THE PROFESSION

The attitude towards the profession was judged from several other aspects such as their socio-economic background, future plan, performance in the classroom as well as in the clinical ward. The data on the socio-economic and educational background has made it almost clear that low economic and poor academic background are the two major factors compelling the students to join this profession. Having accepted it as the last straw, the girls had no cherished ambition for nursing career. The confused answer of the P.T.S. students regarding future plans, to some extent, reflects their attitude towards the profession. On the other hand, the students with higher qualification having no high ambition also explains their attitude towards the profession. On the whole, the poor academic record being the characteristic feature of the students at large influences their having no interest in the profession.

Of the total 58 students, three expressed their strong desire to quit this profession and take up some other job. All these 3 girls were found to be peculiar (atypical) in some sense or the other.

In the first case (A₁), the nursing student was a graduate and a student of final year of the nursing school. Despite of her poor educational and economic background, projects herself as if she hails from a rich family with a good educational career. She told the investigator how because of ill-luck she failed to join the Air-hostess training programme for which she had been selected. Therefore, despite of her unwillingness, she was bound to join this nursing profession. This girl had a fancy for luxury living which was obvious from the decorations in her room. Despite the many frustrating experiences she had in her love affairs in the past, still she expressed her future plan to quit this profession and finally to get married.

In the second case (B₁), the girl was from Kerala. She was the only girl among the students with her parents income above Rs.1000/- per month. Her father, two brothers and one sister were all established in Korea working under a reputed Indian company. This Keralite hindu girl was convent educated and aspired the ambition of becoming a doctor in future. But because of her poor educational career, finally she had to join in nursing. But still then she had the desire to switchover to M.B.B.S. if ever possible in future.

The third case (C₁) is that of only graduate among the freshers. This girl having a poor career, was doing some sort of job before joining nursing. This girl was a Keralite christian. Her father was a farmer with below Rs.500/- income per month. The selection for nursing course with its attraction of stipend money and guarantee of a secured future was enough for her to join here. But being the only graduate in her group, in order to give a boost to her self-image, she told the investigator about her plan to do some decent job quitting this nursing profession.

PERSONALITY CHARACTERISTICS

A deep probing study on this aspect was not necessary. Thus the characteristics which are common to the group is listed to present a picture of the category of persons who join this profession.

On the basis of appearance, there was a mixture of goodlooking, plain-looking as well as not so good-looking types of girls. But there was a marked difference between the North Indian and South Indian girls on the basis of their looks. Among the 31 North Indian girls (one from Bengal), half of them were good looking and among the rest there was

a mixture of plain-looking and not so good-looking type. On the other hand, among the 23 South Indian students, about 60% were in the not so good-looking (dark complexioned, thin) and the rest 40% was a mixture of plain-looking and a few good-looking girls. Both the Sikkimese were good-looking and the one girl from Himachal Pradesh was plain-looking and the one from U.P. tribal area was in the not so good-looking group.

Among the freshers or the students in their preliminary training stage, all except two were found to be very shy, meek and mild in nature. Whereas the two local girls, having their education from english medium schools in Delhi were quite smart in their dress choice as well as mode of interaction with others. But all the 16 girls in this group were found to be very curious about their environment and were very simple and innocent in their behaviour. Specifically among the 5 South Indian girls, a feeling of insecurity was marked in their personality along with the above characteristics, which is the resultant of their totally different cultural background, ignorance of the local language, deep-rooted regional bias existing in the socio-cultural environment, along with the numerous adjustments they have to make in a totally new environment. Among the rest of the groups, the gradual change brought through the process of socialization will be discussed in the next chapter.

CHAPTER - V

INTERACTION BETWEEN THE STUDENTS AND THE TOTAL SOCIO-CULTURAL ENVIRONMENT OF THE SCHOOL

In this part, an attempt is made to illuminate the processes of interaction through which the students gradually accept their self-role as the 'nurse'. Therefore, an indepth study of the interaction pattern among each batch of students was made to find out how a stage-wise change is marked as the new entrant passes from P.T.S. to the final year.

PRELIMINARY TRAINING STAGE

This period was found to be very critical for the new entrants as they face a series of adjustment problems and the resulting stresses and strains. The nature and degree of adjustment was found to be different for the local students than those from outside Delhi, particularly from South India.

For the 23 out of the 27 girls from outside Delhi, the complete and sudden isolation from the familiar background inflicted psychological trauma. During this period, they suffered from mental depression. This feeling of isolation is further aggravated by the communication barrier existing between them and the hindi speaking local girls. Among the 27 girls from outside, 24 (23 South Indians and one Sikkimese) had faced much difficulty because of this communication barrier.

Further, taking of North Indian food (for the 23 South Indian girls) was much difficult for these first few months. The extreme cold winter of Delhi during the beginning of the session makes things worse for the fresher. That is why 8 of the total number of girls from outside had some health problems during their preliminary stage. One South Indian girl in her final year recalled her bitter experience during this initial stage in the following words:

"With what difficulty I passed the entire preliminary stage ! The complete detachment from near and dear ones was a terrible experience. In addition, the problem of adjusting to this completely new environment was much too difficult for me. We South Indians are used to taking rice. But taking the North Indian curry and chappati was a hard task. You see, the North Indian girls are very ill behaved and uncultured ! Further, my inability to speak the local language kept me mum in the hostel, school and particularly in the ward while dealing with the patients. Because of all the above reasons, I was feeling so homesick, even at times I was feeling like going back to my parents - to my own people and place".

On the otherhand, for the 31 local students, the stress was somewhat minor. Of these students, 24 complained

about their feeling of home-sickness, whereas all the 31 cited their difficulty in adjusting to the new environment of the hostel, the rules and regulations followed both in the hostel as well as school. But all the 31 girls had managed to visit their respective homes between the usual leisure hours which lessened the stress arising out of compulsory confinement in the hostel. Only 7 girls in this group had faced the difficulty in taking the poor quality of food served in the hostel.

The South Indian girls, who face the same type of problems of adjustment and who have the same type of cultural background, quite naturally develop a group fellow feeling. Further, the hostile attitude of the local girls towards their South Indian counterparts helps in strengthening this bond of friendship on a regional basis. In the study group of 16 trainees in their preliminary stage, the 5 South Indian girls were found to have formed a separate group at the end of the first month. On the other hand, the North Indian girls with the similar cultural background and mostly sharing the local language naturally developed friendship between themselves.

Financial difficulty is one of the major problems faced by majority of students during this stage. Out of

the 58 students, 43 complained regarding the difficulties they faced to meet the initial expenses, such as, buying of uniform, some books which were compulsory for them along with the many personal expenses in settling down in the new environment.

All the above problems in the very beginning certainly cause a lot of tension in the new entrants' mind which is further aggravated by the tense atmosphere and rigid rules of the hostel. As has already been described in the first part, the student comes in contact with various types of nursing personnel. In the study group of 16 P.T.S. students, in case of 14, including all the 5 South Indian girls, an eagerness to observe and learn about these various personnel was marked. Whenever they did get together, their discussion was mainly centred around the senior students and hostel residents pertaining to their dress, make-up and their affairs. Thus an image of the 'nurse' is built in her mind right from the beginning.

On the teaching side, emphasis given on punctuality in maintaining the daily diaries, attendance, written assignment and frequent tests conducted by the tutors creates much tension in the minds of these teenagers, most of whom are of

low academic calibre. For 45 out of total 58 students, appearing frequent tests was very difficult. All the 16 students in the study group expressed their anxiety to pass the tests. Most of the time they were seen busy with their study. They were the only group of students frequenting the library. Though the subjects at this stage are mainly simple fundamental sciences and nursing art, still then 36 out of the 58 students had faced the difficulty in understanding them. Even 21 of the total 58 students complained against the english medium followed in the classroom teaching which further complicates the above factor.

In the ward, for 24 girls (23 South Indians and 1 Sikkimese) among the total 58, inability to speak in hindi made the interaction with the patients very difficult. Though at this stage the students have to do very little clinical work, but all the 16 girls in the study group complained about the vigilant attention of staff sisters and frequent check-ups and rough behaviour of the clinical tutor. Thus, the students instead of being curious were found to be always tense and cautious in every aspect of their work. To sum up, the student faces an acute crisis of self identity in the ward.

This initial stage is full of financial, emotional, and various other adjustment problems for the neophytes.

THE SECOND YEAR

At the time of study, this group of students had joined the second year after completing the final examination of first year. There were 14 girls in all, out of which 4 were from South India.

After P.T.S., for 9 girls including the 4 from South India in this group, wearing of the gown style uniform was quite embarrassing. Whereas for the remaining 5 (all being from Delhi) local girls opined that being used to wearing that type of dress, they did not face any such difficulty. For them, only the maintenance of starched white uniform was a hectic job initially. But for all the 14 girls, restriction on the use of jewellery, cosmetics and on hairstyle was certainly difficult to reconcile with. But the uniform worn by the nursing personnel in general was enough in making them unconsciously accept it as a part of their life.

By the end of the first year (when the study was being conducted) the students were found to have adjusted themselves to some extent in the School. They had learnt how to interact with each and every sister tutor and the doctor tutors as well. By this time they were well conversant with the behaviour pattern of these personnel. In case of the senior tutor, the students were found to be very

attentive in the class; whereas in the public health, physics and chemistry classes taken by the other two sister tutors, the whole class was found to be in a relaxed mood. In one class of psychology being taken up by a doctor tutor, the investigator observed the students to be lacking any interest and even two were found to be dozing in the class. In general the students were passive listeners in the class. But among the 14 girls in this group, 13 complained against the heavy course work, maintenance of daily diary, whereas 9 against the frequent tests conducted by the tutors of the school. By this time the students had accepted the importance given to the clinical side and the neglected role of theory in the entire training programme. That is why, in this group, only one student mentioned the importance of clinical practice and rest 5 both of theory and practice in their profession. Seriousness in study and use of library was marked before the examination days. Right before the mid-term test and final public examination, the students were found with books even in the ward while posted on clinical duty.

On the clinical side, the 14 students, faced different types of adjustment problems. The 4 South Indian girls' inability to speak the local language hindi came in

the way of their interaction with the patients, particularly the illiterate ones. Of course, at the time of study they had picked up a few words and sentences in hindi, which helped them to overcome the above difficulty to some extent. All these 4 girls mentioned their preference for the urban based educated patients. Working among the male patients was also difficult for these girls.

On the other hand, except two, the rest of the girls complained against the heavy workload in the clinical side. But all these 10 girls had a preference for the illiterate poor patients, because unlike the better off, educated patients, they are innocent and much well behaved. Even many of these students described how these patients pay much respect to them and even at times address them as 'doctor'. On the other hand, most of the educated patients think of the students as their servants or even at times as loose charactered girls. The following experience of a good looking girl in this group depicts the above point:

The patient was middle aged and from a well-to-do family. But his behaviour was very cheap while dealing with the students. The girl (A) in charge of the patient had much difficulty with the patient as he

gave filthy gestures and demanded undue attention all the time. For four consecutive days she tolerated it as she was equally afraid to bring the matter to the notice of the supervising staff. Fortunately on the fourth day, the patient got discharged from the hospital.

All the 14 girls recalled their nervous reaction during their initial encounter with blood, injury and acute suffering. Initially, working in the casualty was nerve racking. Dealing with serious patients, blood, injury, life and death situation made them feel dejected. Eight of the students in this group described how they had experienced a negative attitude towards life during many such encounters. The investigator had an opportunity to witness students' reaction in one such occasion:

In the surgical ward, a patient with fatal internal injuries received from an accident was gasping for his last breath. All the 7 girls in the group were much disturbed and were trying to remain away from the patient. In order to relieve their tension, they were coming together as much time as possible to exchange their nervous experiences.

The staff sisters view these girls as unskilled and unpaid staff rather than students. That is why, any 'fault' or any sentimental behaviour on their part is not accepted with ease. For such behaviour they get much scolding. On the other hand, even after one year, the students were not interested in the clinical work. Both these factors produce an unhealthy atmosphere in the clinical ward. Thus, learning of the various skills was not being done out of their own interest but through compulsion and control of the supervising personnel. That is why, 12 of the girls labelled the average behaviour of supervising staff as rough. All the 14^{girls} complained against the clinical tutor who was very strict and kept constant vigil on the students.

At this stage they come in contact with the resident doctors who stay in the ward for longer hours than the senior doctors. The 4 South Indian girls facing the numerous adjustment problems were found to be very reserved and having a much more formal relationship with the doctors. Among the rest of the girls, the doctors were the centre of discussion.

The insecure feeling arising out of their low socio-economic background make them extend friendship with

the opposite sex with the sole desire of achieving a secure status through marriage. Thus, five girls in this group had already established such relationship. Out of these 5 girls, 4 were quite optimistic about marriage with these boys of their choice.

Except one girl getting financial help from her doctor boy friend, the rest 13 had financial difficulty to meet all their expenses. Only two girls in this group could manage within the stipend money. But the rest 11 at times had to ask for monetary help from their guardian. But financial difficulty causes much stress at various stages during this period.

In the hostel premises, these students had built up good relationship with their peers as well as seniors. During the leisure hours, the tendency to come together was very much marked among this group. The grouping was based on regional background of the girls. There was a deep-rooted rivalry between the two groups. The North Indian girls openly labelled the South Indian girls as 'the dark complexioned ugly looking girls with their peculiar mother tongue'. On the other hand, the South Indian girls expressed their feeling in the following manners:

'The North Indian girls are ill-behaved ones. They are not at all cultured'.

It produced a tense atmosphere in the hostel, specifically for the girls from South India. Therefore, this stage for the students was found to be full of wide range of adjustment problems. They face diverse sequences in respect to their self identity. Further, it varied on the basis of their regional background. For the South Indian girls the deep-rooted regional bias in the socio-cultural environment keeps them withdrawn and isolated. In addition, the vigilant attention and scolding from the supervising staff in the ward and the strict rules and regulations of the School induces inferiority complex in them. On the other hand, for the North Indian girls the problem is somewhat minor. Still then, the dealing with male patients, ~~constant~~ constant scolding from the supervisory staff and clinical tutor in the ward as well as the emphasis given on punctuality in the school, together put much strain in the minds of these teenagers. Thus, the students in general experience an acute crisis of self identity in relation to these various interacting individuals.

THE THIRD YEAR

This group of students passing the second year home examination had joined the third year at the time of

study. The remarkable change among these girls was that, by this time they had overcome most of the adjustment problem they were facing initially during P.T.S. For instance, none of these girls complained against the white uniform, rules and regulations of the hostel, restrictions of the tutors. No more the feeling of home-sickness or isolation was there, particularly among the South Indian girls. Rather the adjustment problems at this stage were of a different nature.

The group tendency of the previous years gradually loses its hold. Firstly the reduction in the number of students working in a ward during second year, in addition to the increased responsibility keeps them absorbed in their work. Secondly, the problem of adjusting to the diverse clinical fields and the concerned personalities throughout the second year leaves them little time. Unlike the previous group, the girls get little time in the ward to mix with one another. But all the 15 students complained about the heavy work load because of the individual posting in the beginning of third year.

Adjustment with the wide variation in the clinical setting is the highlight of the socialization process during this year. For 10 of the total 15 students, working in the

Psychiatry ward ^{was} strenuous and at times had caused feeling of insecurity in them. The mental condition of the girls can be well imagined from the following experience of one of the girls in this group:

'The student was in charge of a middle aged male patient in the Psychiatry ward. Once when she asked the patient and his attendant to vacate the bed so that she would clean it, the mentally imbalanced patient caught hold of her and slapped her on the face. The girl in a state of humiliation left the ward immediately and was so upset that even she thought of quitting her training. But after two or three days of thinking and after much consolation from her friends and seniors, she regained her courage and joined her duty'.

Thus, gradually in the course of their training, humiliation and physical assault is at times accepted as a part and parcel of the profession. They gradually learn to tolerate these things in order to become competent professionals in future.

All the 15 girls mentioned of mental depression, nervousness because of the difficulty in working in the operation theatre initially. The strange atmosphere (neat and silent) of the operation theatre, along with the O.T. gown worn by all those involved in the operation and the

process of operation had given them a sick feeling initially. Though the encounter with injury, blood was not new, but the atmosphere was new for them. Similarly for 10 students, working among the venereal disease patients was much too embarrassing. All the 15 girls mentioned the depressing effect of working among the chronic patients, specifically those suffering from cancer. These patients mostly admitted with an advanced stage of their disease and with their acute suffering caused considerable emotional strain. On the other hand, 9 of the girls complained about the dirty and neglected atmosphere of T.B.Hospital at Mehrauli, which made working there much too difficult. Thus, during second year adjustment to the various ward situations and thereby the concerned personalities, in addition to the increased responsibility is much hectic for the students.

At various stages during this one year, the students get exposed to the patients with different types of suffering and social background. Initially in each novel situation she feels quite insecure and shaky while dealing with these various patients and their relatives. But gradually by the end of the training period in the respective wards, she learns to adjust to the environment. Further, the attitude and behaviour of staff sisters has a great impact on them. By the

end of second year and beginning of third year, these girls had learnt some of the indifferent and irritating attitude towards the patients. That is why, out of the 15 students, only 1 stated her liking for poor and illiterate patients, whereas, 6 stated their liking for cooperative patients and the rest 8 had no special choice for the patients. At this stage, the students had lost most of their emotional feeling towards the patients. No more were they discussing about the well or ill behaviour of a patient or feeling elated by the respect paid by a patient. Thus, a purely professional attitude towards the patients had developed in most of the girls. Even the 8 girls from South India having learnt hindi, no more complained about the communication problem with any group of patients.

At this stage the girls were passing through a transitional stage of professional adjustment. Unlike the previous batch of students; instead of grumbling about the staff sisters, doctors and patients; unconsciously as well as consciously they had adjusted themselves according to the expectation of these personnel.

The consistent neglect of theory and overemphasis on clinical side is accepted as a part and parcel of the training programme. So 12 of the students stated the importance of ^{clinical work where} both theory and practice in the entire training ^{as only 3 of the importance of.}

programme.

On the hostel side, the girls were found to be well adjusted. The feeling of home-sickness was absent. Though, by this time, the South Indian girls had learnt hindi and thereby had developed friendship with other classmates, even then the regional feeling was very much there. The local girls were in the habit of going out at their leisure hours either to their own house or relatives' place or with their boyfriends. On the other hand, except the two good looking girls having boyfriends, the rest 4 South Indian girls were most of the time confined to the hostel. Thus, naturally, these girls had still retained their previous attachment for their fellow girls.

Six girls in this group including 2 from South India had boyfriends. The boyfriends of 2 girls were doctors, 3 were ex-patients and rest one was an outsider. Thus, a love affair growing from the hospital premises was found to be a usual happening in this group. Detailed enquiry into their past history revealed that in 3 cases the girls had been ditched by one person or the other in their love affair. The history of one good-looking South Indian girl depicts the general vulverability of the girls:

'The girl (S) was from South India and quite good looking and smart. She was from a lower income group family having 10 members in total. At the end of first year, she got involved with a young doctor (resident). The girl having least liking for the profession had nourished the high hope of getting married to her doctor boyfriend. But ironically her fiancée deserted her after 6 months of courtship. Here her plight did not cease, she had another similar heartbreaking experience soon after this incidence. The resulting trauma turned her finally to an easily available, loose charactered girl.'

Of course rest of the 3 girls were steadily, going out with their boyfriends with whom they were planning for marriage. One remarkable characteristic of the group of students was that no more the young patients or doctors were the centre point of their discussion. Rather the link with any such person was a secret matter. Thus, by this time the trainees had developed a matured attitude regarding this aspect of their life.

Among this group of students, 8 rated themselves primarily as Nurse than students whereas, the rest 7 primarily as students. Thus, the students at this stage facing the various professional adjustment problems in the ward were in a transitional phase from student to Nurse.

FINAL YEAR

This group had a contrasting difference from the newly joined students. Personality-wise these students were much more mature than the rest of the group. That is why, it was not so easy on the part of the investigator to conduct the study on this group. All the 13 girls in this group were quite diplomatic and sceptic in their behaviour. They would give an appointment for interview and quite often were found to be absent on the particular day! Very rarely they would agree for instant interviews. Even at times, they suggested that instead of bothering both the parties, the investigator should give false information for her study.

The quantitative data on the personality factor of the 4 groups was collected in order to find out how gradually the process of change comes over the girls through

the process of socialization. The first question was how did these students rate themselves, primarily as students or as nurse, the response of the 4 batches of students was in the following manner:-

T A B L E - XIII
OPINION REGARDING SELF-IMAGE

YEAR-WISE	PRIMARILY AS A STUDENT	PRIMARILY AS A NURSE
P. T. S.	16	-
Second Year	10	4
Third Year	7	8
Final Year	2	11

It is pretty clear from the above Table as how gradually the students accept themselves as individual nurse. In the P.T.S. group, students facing several adjustment problems, the cent per cent response was that they do conceive themselves primarily as students. Whereas in the final year group, except two girls, the rest of the students had accepted their self-image as individual nurse.

Unlike the P.T.S. and second year group who were passing through a period of identity crisis, the third year group was facing a period of purely professional adjustment, it being a time of learning the future role of a nurse. But in case of the final year, the students after working in the ward alone directly under the staff sister throughout the previous year (3rd year), a remarkable change was marked in their personality. The close and intense interaction with staff sisters, patients, doctors - makes her feel herself as an individual nurse.

The relationship with the staff sister was more like a colleague rather than someone superior. A gradual change was marked in the student-staff relationship from preliminary stage to final year. Question on the average behaviour of staff sister, leaving apart the 10 P.T.S. students who had not been exposed to the clinical side, rest of the 48 responses were in the following manner:-

T A B L E - X I V
OPINION REGARDING STAFF SISTERS

YEAR-WISE	GOOD COOPERATIVE	MOSTLY ROUGH	HARD TO GENERALISE
P. T. S.	1	5	-
Second Year	1	12	1
Third Year	8	2	5
Final Year	10	1	2

Gradually the hard feeling towards staff sisters undergoes change. By this time having learnt most of the skills of general nursing, the staff sisters are no more viewed as superiors but as equals. One more point of difference between the juniors and the final year students is that, no more the staff sisters' behaviour is a subject of discussion among the senior students. Thus the intense contact with nursing personnel throughout third year helps them in unconsciously identifying themselves as one among them.

This batch of students throughout their third year had the opportunity to take active part in the monthly

meetings and various cultural programmes of Student Nurses Association (S.N.A). Therefore 10 of the total 13 students in this group were keen on discussing their participation in these various functions of the S.N.A. Frequent contact with students of different institutions and the active participation together help them in receding that old inferiority complex and to gradually accept their self-image as individual nurses.

Similarly, a professional attitude towards the patient gradually emerges in the students. The rigorous and frequent change in the nature of the clinical experience has a great role to play in bringing up this change. Question on the type of patients liked most, 42 (excluding the P.T.S. group) responses were as follows:-

T A B L E - X V
OPINION REGARDING PATIENTS

	All types	Cooperatives	Urban based educated	Poor illiterate	No specific choice
Second Year	-	1	4	7	2
Third Year	4	6	-	1	2
Final Year	2	10	1	-	-

Thus, gradually the attitude towards patients changes. In the second year group, the response was mostly influenced by the background as well as ill-adjusted condition of the students. The South Indian students having their communication problem, naturally had a preference for the urban based educated patients. Whereas, the majority preference for poor illiterate patient was quite usual in a phase when they were passing through identity crisis. The third year batch being in a transitional phase of professional adjustment, a mixed type of response was noted regarding their preference for the patients. But in the final year, exposure to the wide range of clinical settings and thereby to different types of patients with wide range of personalities compel the students to develop a professional attitude towards the patients. That is why, majority of the students expressed their liking for cooperative patients. Unlike the junior batches, this group was not at all emotionally affected by the well or ill behaviour of the patients. By this time, they were well convinced about their status and position as nurse.

Having learnt most of the nursing skills, a remarkable confidence was noted among this group of students.

They maintained a cool and indifferent attitude while dealing with serious patients with acute suffering. No more patient was a matter of discussion. Working in the casualty, Operation Theatre and continuous exposure to varieties of suffering, death has quite naturally brought this change in them. Even while working in the paediatrics, cardio-thoracic intensive care unit, the investigator observed all the 13 students to be quite confident in their dealing with the patients.

Unlike the P.T.S. group, this group of students had given up the tendency to group together. Rather, each one had developed intimate relationship with hardly one girl among her entire group of peers. The allotment of single room accommodation in the hostel, in addition to the nature of work in the ward helps her to overcome her previous feelings of insecurity and she gradually learns to accept herself as an individual 'nurse'. The forceful isolation helps her to gain self confidence.

The three years exposure had made them well convinced about the attitude of doctors towards the nurses. The response of the second year, third year and final year groups on the above issue was as follows:-

T A B L E - X V IOPINION REGARDING DOCTORS

<u>YEAR-WISE</u>	<u>GOOD COOPERA- TIVES</u>	<u>THEY DON'T CONSIDER US AS EQUALS</u>	<u>NOT BOTHE- RED ABOUT THEM</u>	<u>HARD TO GENERA- LISE</u>
Second Year	4	8	-	2
Third Year	6	5	-	4
Final Year	7	1	4	10

In this group, 5 of the girls were having boy-friends. Except one, all these girls were good-looking. Of these 5 girls, 2 had very frustrating experience in their love affair including the one reported in page 90. The rest 3 girls were quite optimistic about their marriage with the boys of their choice.

The continuous interaction with the opposite sex, such as; doctors, hospital employees, male patients and their attendants make them overcome their initial inhibitions and develop the ability to interact with these various personnel freely.

Coming to their future plan, the responses were quite interesting:-

T A B L E - X V I IFUTURE PLAN

YEAR-WISE	CODE NUMBERS FOR RESPONSE					
	1	2	3	4	5	6
P. T. S	-	-	6	-	9	1
Second Year	1	-	8	-	5	-
Third Year	3	3	7	-	1	1
Final Year	3	4	5	1	-	-
Total	7	7	26	1	15	2

CODES OF RESPONSES

1. To go for higher studies.
2. To migrate to some foreign country.
3. To become a staff nurse/to continue in the same line.
4. To give it up and get married.
5. Yet have not given serious thought to it.
6. Not interested in nursing, shall try to do M.B.B.S/take up some other job.

In the P.T.S., the students were quite confused in this matter which is because they had no pre-planning or ambition to join this profession. Gradually, with the passage of time, side by side with their acceptance of their self-image

of the nurse gradually make them serious about their future. Most of the students realising their limitations opted to continue as staff sisters. Whereas those opting for higher studies were very few. Whereas the 7 (12%) planning to migrate to some foreign country, had one or more relative settled abroad. Similarly as has been discussed earlier under chapter IV, few of the students, who were planning to quit the job were peculiar in some sense or the other. They were the only three girls who were not satisfied or found the profession to be very boring.

Even among this group of students, the regional feeling was found to be very much there. Though South Indian girls had learnt the local language very well and had accepted some of the local dress patterns, still then the deep seated regional bias was very much there.

To sum up, the three years nursing training had brought various changes in the trainees in their final stage. The innocent, mild, curious teenager gradually changes to a smart, english-speaking, starch white uniform clad, diplomatic, matured professional nurse. The process of socialization brings changes in her outlook towards situations like life and death, disease and suffering as well as her interaction with the opposite sex.

PART - III

DISCUSSION AND SUMMARY

CHAPTER - VIDISCUSSION

The present study, despite of its cross-sectional and micro-nature, derives a great deal of its conceptual and methodological framework from the two main traditions of the Western sociologists in the study of professional socialization, namely the 'inductive' approach by Merton⁽²⁰⁾ and the 'reactive approach by Howard Becker⁽³⁾. The key problem analyzed is the stability of the process of socialization. This is not a mere quantitative study of the students in their isolation, but a study of the complicated process of socialization in their total socio-cultural environment. Thus, the study gives better insights on how this process of socialization takes place in nursing education in Indian context.

According to the findings of this study, the socio-cultural environment has a vital role to play in shaping the behaviour of students through the expectations of the various interacting individuals. Though, it was studied as a group process (as in inductive approach), but the findings illuminate the importance of students interaction and reaction (as in reactive approach) to the existing socio-cultural environment of the school before finally accepting the role of nurse. But the findings of the present study on the nursing students

in India with their characteristic poor academic background do not agree with Becker's^(4, p83) findings on the aspect of novice ... to some extent modifying the professional culture. Similarly the findings do not agree with those of J.H. Simpson⁽³⁰⁾ on nursing students of an American University. According to the latter study, knowledge and skill are the essential conditions for the persistence of orientation to the occupational role. But in India, nursing personnel is accepted more as a skilled person rather than a knowledgeable professional. Therefore, in the socialization process, apart from proficiency in the associated skill, the socio-cultural environment has a vital role to play in shaping her to a competent nurse.

Because of the various limitations, a wide extensive study was not possible. In order to make an exploratory, scientific study with this limited scope, the case study of one nursing institution was taken. As according to T.N. Madan⁽¹⁹⁾, the institution and category of people are part of a larger sub-system encompassing culture and society, a case-study therefore illuminates a much larger area than it describes. The present study therefore, though confined to a single nursing institution, reveals something significant

about nursing education and nursing profession in India.

The Safdarjang School of Nursing which from the start had a proper school building, hostel accommodation, library facilities and adequate number of teaching staff and which follows the curriculum laid down by Indian Nursing Council should be considered among the better nursing schools of the country. This assessment is also shared by the Trained Nurses' Association of India (T.N.A.I). However, the study revealed that even such an obviously above-average school suffers from major shortcomings.

The school building with its entrance on the back-side and the congested, not-so-healthy classroom setting, neglected library facilities, to some extent reflect that little importance is given to the academic aspect in the training programme. Having a Matron of the School who deals almost entirely with the administrative side and who has not much contact with classroom-teaching is a major drawback of the training programme. She was aware of her low intellectual calibre and appeared to be quite content with this role. The School has no separate budget allocation. The necessary fund is released from the total hospital budget which is under the control of Medical Superintendent. This reflect the low position and status of Nursing Superintendent in this teaching hospital.

The other peculiar feature of the training programme is the complete dichotomy between the classroom teaching and clinical training given to the students. The classroom teaching has no connection with the clinical side. The sister tutors taking theory classes mostly during P.T.S. and first year were confined to the School building and impart only theoretical knowledge. In addition, these tutors are not academically of very high calibre and therefore they have little interest in creating academic atmosphere in the School. Therefore, the I.N.C's recommendations regarding their taking part in panel discussions, seminars, creating interest among the students for using the library does not get implemented properly. Further, as has been illustrated in Table-II, the students opinion reveal that a deep-rooted regional bias persist among the teaching staff which create an unhealthy atmosphere on the academic side. On the other hand, the doctor tutors, though academically bright and are in touch with the practical side, often turn out to be poor teachers of nurses. First of all, these doctors have no special orientation regarding how to teach the nursing students. Secondly, the poor academic background of the students further widens this communication gap.

Despite these shortcomings, the rules of the School such as punctuality in attending the classes, wearing of uniforms, regular check-up of daily diaries, conducting of frequent tests are followed religiously without any mistake. Thus on the educational side, sincerity is valued more than the knowledge gained by the students.

In the hostel, the residents being nursing personnel, are expected to have a certain way and behaviour common to them as a group. During off hours, wearing of colourful dresses, using cosmetics is a luxury for some of the hostel residents. In addition, the tendency to have friendship with the opposite sex was marked among some of the nursing personnel. The above type of behaviour can be explained as the outcome of the following factors. First and foremost is, the low socio-economic background of these professionals in general is responsible in making them incur an insecure feeling. Further, the nature of their profession which involves intense interaction with the opposite sex, make some seek friendship with boys with the sole purpose of matrimony. In some cases it wind up in marriage. But in some other cases, the girls fall prey to sexual exploitation because of their vulnerable position. The resulting frustration, therefore has turned some hostel residents into girls of easy virtue.

The next notable feature is the deeprooted regional feeling that persists in the hostel life. As has already been discussed under Chapter-III, the difference in language, religion, dress pattern and in looks are the various factors contributing towards the perpetuation of this unhealthy atmosphere in the hostel.

The socio-cultural environment of the hospital ward plays the keyrole in the process of socialisation of the student nurse. There is wide variation in the social setting of the various wards. The social setting of surgical ward is very neat and clean, whereas a majority of wards (e.g. medical, maternity) are over-crowded and thereby untidy. On the otherhand, the setting of operation theatre (with clean white linens, clean tables, O.T. uniform and surgical equipment) gives the picture of sophisticated medical system.

There is a wide variation in the age, sex and personality characteristic of the concerned individuals. In addition, the task of frequently dealing with the opposite sex such as doctors, patients, patients relatives and hospital employees was found to be significant in the process of socialization of the teenaged nursing students.

The nature and extent of suffering of the patients further complicates the clinical setting. There are patients with minor ailments, fatal injuries, chronic suffering as well as few in their last stage. The expectations of patients from nursing personnel varies according to their back-ground. The educated middle class patients look down upon them as lowly paid employees of the hospital, whereas, the patients with poor economic and rural background view them as the white uniform clad ill-behaviourd professionals.

The intellectual superiority and the relative high social status of the doctors place them in a much superior position to that of the nursing personnel. Similarly the negative attitude of some of the doctorstowards the nurses as loose characterd and lowly paid employees of the hospital has tremendous impact on the process of socialization. The various types of hospital employees (i.e. nursing orderly, sweepers) play a pertinent role in the process of socialization. The behaviour of these employees differ depending on the age and position held by the nursing personnel. The nursing personnel with starched white gown style uniform and their use of high sounding medical terms make them get identified with the advanced Western medical system. The nursing personnel in general were

observed to have a special ability to interact freely with the opposite sex such as doctors, patients, their attendants and hospital employees. Similarly a detached attitude towards suffering, blood and injury, life and death situation was peculiar to these professionals. Further, they were less sensitive towards the well or ill behaviour of the patients. This group of professionals were competent enough as skilled personnel in discharging nursing service.

Thus in the entire training programme the practical training is given much emphasis neglecting the academic side. In the socio-cultural environment, the model nurse is accepted more as a skilled, competent, professional rather than a bright, intellectual person.

The next question is which category of persons are joining this profession? All the 58 nursing students studied at a point of time were unmarried and between the age group of 17 to 27 years (Table No. III). Majority, i.e. 77% were with urban and semi-urban background. The number of hindu girls outnumbered that of christians by a thin margin. But language and religion-wise Malayali christians were predominant, i.e. 19 (33%), out of the total 58 trainees. In the 4 batches, the number of North Indian girls showed a gradual increase from final year to P.T.S. whereas those

from South India had a decline in their number (Table V & VI). In terms of their economic background, majority were from lower middle class background, in 55% cases the family income being below Rs.500/- per month. In 55% cases the family size was large (more than 8 members) and in case of 4 girls, the father was deceased. The parents of majority of students were in low social occupations such as petty businessmen, hawkers, fourth class employees and poor farmers. In case of 12% of the girls, the parents were either in the clerical or teaching jobs. Thus, the girls in general were from lower and lower middle class background. In terms of their academic background among the students, 26 out of 58, i.e. 31%, had higher educational qualification including 9 (16%) graduates. Though at the outset it gives a good impression, a close examination of their academic performance (Table No. X) shows that 44 out of the total 58, i.e. 79%, were in the below average and average category. Even among them, 15 including 5 graduates had passed their last examination in a second chance. Excluding the 5 metriculates, among the rest, 75% including all the 9 graduates had either arts or commerce background.

*) The data on the socio-cultural background reflects a

pattern of change in the category of persons joining this profession. This is against what has been discussed by Winkinson⁽³¹⁾ and Oomen⁽²²⁾. Unlike the previous dominance of Kerala christians in this profession, in the study population it had been reduced to 33% in their number whereas more girls from North Indian families have started joining this profession. Even though the study population is very small, still then, the time trend reflecting the change in the socio-cultural background makes us take an optimistic view regarding the changing social norm and changing status of woman in Indian society.

Despite the dynamism observed in the socio-cultural background, still the low economic condition (Table NO. VII) and poor educational career (Table Nos. VIII, IX, X) were the two compelling forces behind the girls opting to join this profession. The strict rule followed recently regarding the admission of candidates was found to be a mere strictness on educational qualification. Though the low economic condition in addition to the pressing dowry problem has compelled girls from North Indian hindu families to join this profession, still then it remains

the choice for girls with poor academic background who have very few other alternatives.

Free education and secured future were the two main attractions for the girls joining this training programme. Of the 58 girls, 17, i.e. 29%, were doing some sort of job (e.g. sales girls, part time work in some beauty parlour etc.) before joining this course. The case report given in page⁸⁵ depicting the unhealthy family background of the students further conforms the above view point. Thirty one students, out of the total 58 (60%) had one or more relative in the same profession, which was found to be one of the important motivating factors for their joining this profession.

The seven girls of the total 58, i.e. 12%, who had plan to migrate to some foreign country each had one or more relative staying abroad. For them nursing training was a transitory phase and was the means to earn more money. The much discussed problem of braindrain in nursing profession is reflected even in the small population under study. For these girls with their poor background, nursing provides an easy opportunity of social mobility and elevate their position in the marriage market for attracting prospective young men.

The socialization of these girls with their characteristic low economic and poor academic background, under the existing socio-cultural environment of the nursing school become a very remarkable process. The students are put under tremendous stress and strain of various nature at different stages of the training programme. The new entrants faced a multitude of initial adjustment problems immediately after their joining into the nursing school. Financial constraints is one of the mundane problem, the teenagers usually come across at the beginning. A good number of them (43 of 58 = 74%) complained regarding their difficulty to meet the expenses, such as purchase of uniforms, books and other accessories which are mandatory for the pursuation of the study. The personal expenditure at the initial stage is bit high. However, the girls from South India had some additional problems. For them, sudden exposure to a totally different cultural, language and social environment was like a fish out of water in Delhi. Altogether a new culture and the communication problem drive them crazy, which imprignates regionalism into their mind. The above factors are responsible in building good rapport and intense friendship in between the South Indian girls. This later culminates in a strong disliking for the North Indian girls.

Sudden severance of the family link was a traumatic experience to all those who hailed from outside Delhi. In addition to all the above problems, the compulsion of consuming North Indian food and the extremes of Delhi climate make things worse for the outsiders. Eight out of 28 girls complained of not keeping good health because of sudden change in climate. The excruciating painful experience at the initial stage narrated by a girl (reported in page 94) further highlight their plight.

On the other hand, the local girls had some trivial problems. But, initial adjustment problems to the totally new surrounding was faced by one and all. All the above difficulties at the very outset were the root cause of upsetting the mental tranquility and peace of the new entrants' mind culminating in unnecessary mental tension which further was aggravated by the tense, unfriendly atmosphere and rigid rules of the hostel.

In the teaching side lot of emphasis is given on punctuality, maintenance of daily diary, regular completion of written assignment and timely assessment conducted by tutors were very painstaking and harassing experience for the girls.

On the clinical side, the students at this stage are expected to practice the simple nursing care under the

supervision of clinical tutor and supervising nursing personnel. In the study group the girls were observed to have little interest in the clinical work and all of them complained against the vigilant attitude of the supervising nursing personnel. To conclude the initial stage was rather ladden with financial constraints, emotional and various other adjustment problems for the neophytes.

The next batch of students after their success in the first public examination were promoted to the second year Nursing course. Besides the initial adjustment problems, this particular group of students had the problem of self identity. The girls were observed to be ill adjusted to the socio-cultural environment even after one year of stay. Though they had built up good relationship with their peers as well as seniors, still then the rivalry between the South Indian and North Indian girls was very much evident. As noted in page No.103, the views of the girls from the two groups reflected their deep-rooted regional bias which was also responsible for the tense atmosphere in the hostel. For many of these girls, wearing of white uniform was quite embarassing. But all the girls in the study group complained regarding the maintenance of the white uniform. Restrictions imposed on

the use of jewellery, cosmetics and hair style was disliked by most of the girls. The girls at this stage were quite confused regarding their own position in relation to the various interacting individuals. First of all, working in the ward, specially among the male patients was a hard task for the teenagers. Further they were found to be emotionally affected by the well or ill behaviour of the patients. As shown in Table No. XV, the liking for a particular category of patients was influenced mostly by the socio-economic background of the girls. All the 4 girls from South India with acute communication problem preferred the educated english-speaking patients. Whereas among the rest, 7 had a soft corner for the poor-illiterate patients mostly from rural areas for their respectable behaviour. Also, situations like life and death, acute suffering, blood loss and injury had tremendous impact in the minds of these neophytes. The girls were found to be very tense and nervous to face any critical situation. Even after spending one year, the students had developed little interest in their clinical work. Therefore, the learning of the various skills was not being practiced out of their own interest but rather through compulsion and control of the supervising personnel

such as the clinical tutor, senior nursing staff and at times the doctors. Many of the supervisory personnel on the otherhand were found to be very rude and illmannered in their approach towards these freshers. Both the above factors were not conducive for the much needed healthy atmosphere for learning on the clinical wards. Working with the doctors and hospital employees was a harculian task for the girls. On the academic side, the girls were found to be almost adjusted themselves according to the expectation of the teaching staff. Still then, some of them complained against the heavy course work, maintenance of daily diary and frequent tests conducted during their first year. In summary, the students besides the various initial adjustment problems faced an acute crisis of self identity.

The third year group after spending two years in the nursing school were found to have overcome most of the initial adjustment problems. None of the girls in this group complained against the white uniform, rules and regulations of the hostel or strictness imposed on the academic side. No more the feeling of home sickness or isolation was observed among the girls at this stage.

However, the intense regional feeling was still deeprooted amongst the girls. The wide variation in the clinical setting and the concerned personalities is the highlight of the process of socialization at this stage. Therefore, the problems faced by this group of students were purely professional in nature. For instance dealing with the psychiatry patients was strenuous for 10 out of the total fifteen girls. Similarly working in the totally different clinical setup of the operation Theatre on the one hand and the T.B. Hospital at Mehrauli on the otherhand were the various upheal tasks faced at this stage. Further, the the reduction in the number of girls working in a ward in addition to the increased responsibility keep them absorbed in their work. Unlike the previous groups, little time was left there for these girls to have get together and to mix with each other. Therefore, the group tendency gradually loses its hold. The girls were observed to have developed a professional attitude towards the patients. Very rarely they were being emotionally affected by the suffering and behaviour of the patients. That is the reason why out of the 15 girls only one had retained her liking for poor and

illiterate patients, where as among the rest six had their reservation for cooperative patients, and eight had no special choice regarding the patients. Even the girls from South India, having picked up Hindi were no more facing the interaction problem with any group of patients. Unlike the previous batch of students, instead of grumbling about the staff sisters, doctors, clinical tutor, this group of girls were observed to have adjusted themselves in the ward according to the expectations of these various personnel. The students at this stage facing the numerous professional adjustment problems in the clinical setup were in a transitional phase from student to Nurse.

Though a comparative study of the four batches, the following changes were observed in students in their final year training stage. The first two batches were quite enthusiastic and innocent type in their behaviour. Where as the later two batches specifically the final year group had developed a professional way of dealing with novel and adverse situation. The first two batches facing the identity crisis were observed to have a strong affinity towards their friends and classmates. But the

later two batches, particularly the final year group of girls were found to be very confident and had accepted themselves as individual 'nurses'. Dealing with the wide variety of clinical set up, novel and adverse situations and the wide network of interacting individuals had helped them to gradually amalgamate themselves in the model of a nurse. This becomes further clear from the opinion chart in Table No. XIII, which shows how the students gradually and finally accept themselves primarily as nurse rather than students. The change also reflected in the interaction pattern of the students. As shown in Table Nos. XIV, XV and XVI, the second year group in their ill-adjusted condition complained against the various interacting individuals such as doctors, patients and supervising nursing personnel. But notable change marked in the opinion of the later two groups of students. Through the process of learning they had adjusted themselves according to the expectations of these interacting individuals. The opinion of the second year group regarding the patients was very much influenced by the socio-economic background of the girls. The students at this stage were observed to be very sensitive towards the suffering

as well as behaviour of the patients. So also working among the male patients was a difficult task for them. But as we passed on to the later two batches, a remarkable change was marked in the personality of the girls. The continuous change in the clinical set up and thereby the constant exposure to the various constraints gradually help them to cultivate these various traits in their personality in order to become competent nurse. As noted in page No.106, the case report of the third year girl shows how even physical assault at times is tolerated and accepted as a part of the role of a competent nurse. The senior nursing personnel play a major role in this process of socialization of the student nurse.

Further, the girls at their final year stage were well adjusted to the hostel life as well as the teaching programme as a whole. Despite the 90% having non-english medium educational background upto school level and even upto college level, by the end of the programme, the students had developed the ability to speak in english. Similarly, the starch white gown style uniform had been accepted as a part of their regular routine. Socialization in the school

had made them realize the importance of punctuality, discipline and cleanliness in the nursing culture. On the academic side, the maintenance of daily diary, submitting of written assignments and preparations to pass the tests were done without much difficulty. The use of library and the eagerness to acquire much knowledge was conspicuous by their absence. The importance given to the practical aspect throughout the training programme and the 'model' nurse accepted as a skilled competent professional had made these students mould themselves on the same line.

The process of learning had enabled the teenaged girls to acquire the capability to deal with members of the opposite sex, such as doctors, patients, patients' relatives and the hospital employees without any inhibition. One of the important features of the process of socialization in nursing profession is the vulnerability of the girls towards sexual exploitation (as reported in page No. 110). The present study ascribe two major factors for the above malady. First and foremost being the deprived background of the girls in their teens, drive some to incur a sense of insecure feeling. Further, the intense interaction with the opposite sex throughout their training period make some

develop friendship with boys with the hope of matrimony. Even in some cases, such relationship finally wind up in marriage. Where as, in a few other cases the frustrating experience because of the breaking up of such a tie had finally turned some into girls of easy virtue. But astoundingly, despite the above mentioned adverse factors, 80% of the girls have remained away from any such relationship. Thus, the study to some extent proves the insignificance of the social image depicting the nursing professional as loose characterized. Rather, the 20% falling into this category were solely the victims of sexual exploitation against their own will. The attitude of the young men to take advantage of the vulnerability of the girls is a direct outcome of the social stigma attached to the profession and the existing norms of the society.

The deep-rooted regional feeling in the socio-cultural environment has great repercussions in the socialization of the students as well. Initially the cultural difference and communication problems keeps the South Indian girls separate from the North Indian girls. The difference in their looks, language, religion and the general cultural background stand as barriers between the

two groups. Even at the final year stage, they maintained their identity and kept a distance from others on the basis of their regional background. The regional bias deeprooted in the sociocultural environment further widens the gap existing between the two groups of students. This to some extent, comes in the way of growth of the much needed healthy academic atmosphere in the School.

The next notable observation of the process of socialization is that, it certainly changes the value of these girls in the society. As pointed out by Oomen⁽²²⁾, becoming a professional nurse and being assured of employment in future enables them to acquire much better position. The chances of going abroad further enhances their position in attracting prospective youngmen for marriage. The awareness regarding this aspect further helps them in developing self-confidence.

Some of the findings from the present study can to some extent be generalised for the entire nursing profession and nursing education in India. First of all, nursing education in India has some deep-rooted negative features. The incompetent teaching staff, lack of coordination between theory and practice, neglect of

the academic aspect and excessive emphasis on the clinical side are the factors responsible for perpetuating low educational standards in nursing. One can well imagine what must be the standard of education in the institutions located in much more disadvantaged areas which are ill-equipped, ill-staffed and in general fall far below the minimum institutional requirements. The low socio-economic and poor academic background of the students further aggravate the problem of nursing education.

As has already been discussed, the culture of the nursing profession as well as the poor background of the students are responsible in bringing certain negative developments in the character of some of the girls. From this, one can well imagine the situation in those nursing institutions where nursing personnel have no secured accommodation facilities. Under such a situation, the image of nursing profession suffers further and perpetuates the social stigma attached to the profession.

From the above discussion it is clear that the low standard of nursing education is the outcome of series of complicated social processes repeated in a cyclic manner; one resulting out of as well as giving rise to the other.

The findings of this study provides us with enough reasons to question the quality of nursing educational planning in India. A further numerical increase of the nursing institutions will only deteriorate the existing low image of the profession, the educational planners' first criterion should be towards correcting the inherent defects in the educational system. This should include, planning the education according to the country's socio-economic needs, good coordination between theory and practical aspect, giving the necessary importance to the academic side, providing competent teaching staff, provision for refresher courses for the tutors etc. Implementation of these measures will certainly help in elevating the standard of nursing education. In addition, providing better facilities, such as, healthy working conditions and secure accommodation for the nursing professionals are important measures towards improving the image of nursing profession. Correction of these qualitative aspects will certainly help in changing the attitude of society towards the profession. Change of social attitude will ultimately stimulate brighter students to join nursing as a profession with better educational standards and better employment opportunity. After achieving this stage, the planners can go for increasing the number of educational institutions thereby increasing the number of competent, skilled as well as academically bright professionals.

CHAPTER - VIISUMMARY

In India, the study of the socialization of students into the role of professional nurses gains importance because, it encompasses the three valid sociological issues, such as, firstly sociology of nursing education, secondly it being a part of the problem of women and lastly the methodological importance of the study of the process of socialization. Because of the various limitations, a wide extensive study was not possible. In order to make an exploratory scientific study within this limited scope, the case study of a single nursing institution was taken. Safdarjang Nursing School being one of the better nursing schools of the country, was selected purposely for the study.

This is not a quantitative study of the students in their isolation, but is a study of the complicated process of socialization in their total socio-cultural environment. The process of change was studied through comparison of the 4 batches of students. The methodological tools were chosen according to the type of data required for the study.

Though, confined to a single nursing institution, every effort was made to make it a neat scientific study. Therefore, the study gives better insights into the process of socialization. The process of socialization was analyzed using a three dimensional approach, namely the socio-cultural environment of the school, personality profile of the students and lastly the interaction between the above two or in other words, how the process of change gradually comes over the student enabling her to take up the role of a competent professional nurse.

In the socialization of a nursing student, the socio-cultural environment of the school, hostel and hospital ward as a whole is significant. Of course, the wide variation in the clinical setting and the concerning individual has a keyrole in the making of the future nurse.

In the School, lack of coordination between theory and practical training, not fully competent teaching staff, the neglected picture of library together reflect the absence of an academic atmosphere. On the other hand, emphasis given on punctuality, discipline and cleanliness have serious repercussions on the nursing students. On the hostel side, right from the beginning the close and intense contact with various categories of persons is peculiar to this training programme. The behaviour, personality characteristics and

character of these hostel resident in general is set as model for the students.

On the clinical side, the wide variation in the clinical setting, and thereby the personality and expectation of the various concerning individuals make the socialization of the nursing students much more complicated and remarkably different from that in any other professional education. For example, the attitude of doctors towards the nurse, the attitude of supervising nursing personnel towards their own profession and towards the patients, the attitude of the patient or layman towards the 'nurse' are some of the important elements in the socialization process. So also work in the male ward, performing of night duty, variation in the nature and degree of disease and suffering of patients play significant role in moulding up of the student to a professional nurse.

Study of the profile of the 58 student nurse revealed that, the girls were mostly with poor educational career in addition to their low socio-economic background. The socialization of this category of girls into the role of smart competent professional nurse was indeed^a they dramatic process. In the very beginning, the sudden isolation from the familiar background and compulsory confinement in the

hostel poses great problem for the neophytes. Thus, during preliminary training stage, the students with their lay background face a lot of difficulty in adjusting to the new environment. For the girls from South India who have different cultural background and communication problems, adjustment to the entirely new environment was much more difficult. For the local girls, the problem was somewhat minor. During the first year, along with these initial problems of adjustment, on the clinical side the students faced the problem of identity crisis in relation to the various concerning individuals, such as, clinical tutor, supervisory nursing personnel, doctors, patients and hospital employees. But with the passage of time at the end of first year they could overcome these initial adjustment problems. During second and third year the consistent change in ward situation and thereby the concerning interacting individuals put the students in a state of continuous professional adjustment. Taking the senior nursing personnel as their reference model, the student tried to build herself according to the expectation of these various individuals. The gradual increase in the load and responsibility on the clinical side under the direct supervision of the staff nurses, finally, helps her in accepting the self role as an individual nurse.

Similarly, in the hostel, the continuous exposure to the nursing culture, taking part in the various cultural programmes of the Student Nurses' Association helps her to finally identify herself as one of the white uniform clad individual 'nurse'.

The process of socialization finally changes the girls to smart, english-speaking, skilled, competent nurses rather than academically bright knowledgeable persons. Even the South Indian girls had overcome most of the initial adjustment problems. But the deep-rooted regional feeling in the socio-cultural environment is perpetuated through the process of socialization. Therefore, the students even at their final year had the regional fellow feeling. The process of socialization is responsible for making few of the girls loose charactered. The socio-cultural environment and the low economic background of the girls are both responsible for the above change brought about in some nursing students.

Thus, the study though confined to a single nursing institution, tell something in general about nursing education and profession in India. The lower standard of nursing education is the outcome of a series of social processes one arising out of as well as reinforcing the other. The defective educational system along with the poor image of nursing

personnel, makes it exclusively reserved for a specific category of people, i.e. those with low economic and poor academic background. At the same time, the defective educational system is responsible for perpetuating the low image of nursing professional in society.

Therefore, the first task of the educational planners should be towards correcting the educational system through the following steps - planning the nursing education according to socio-economic needs of the country, providing better trained, competent teaching staff, proper orientation course for the doctor tutors, refresher course for the teaching staff, better coordination between theory and practice etc. In addition, providing good job opportunities for the professionals with healthy working condition and secure accommodation will help in improvising the image of the profession. Implementation of all these measures will ultimately help in elevating the standard of nursing education and image of nursing profession which in turn will stimulate brighter students towards this profession. Only after achieving this final stage, they can go for numerical increase of nursing institutions and thereby the number of nursing professionals.

APPENDIX - ISCHEDULE FOR THE STUDY OF PROFILE OF STUDENTSSAMPLE

- Serial No. _____ Date and Time: _____
1. Name: _____
 2. Age: _____
 3. Marital Status: _____
 4. Address: a) Present _____
b) Permanent _____
 5. Place of education: a) School _____
b) College _____
 6. Religion: _____
 7. Caste: _____
 8. Mother Tongue: _____
 9. Proficiency in any other language: _____
 10. Occupation of Parents: a) Father _____
b) Mother _____
 11. Income of Parents: a) Below Rs. 500/- p.m.
b) Rs. 500/- to Rs. 700/- p.m.
c) Rs. 700/- to Rs. 1,000/- p.m.
d) Rs. 1,000/- and above.
 12. Educational Qualification: _____

13. Medium of Instruction: a) School _____
b). College _____
14. Why did you join this profession?
15. Have you been influenced by your family members to join this profession?
16. Do you have any relatives in this profession? Has he or she inspired you to take to this profession?
17. Do you have any relatives staying abroad? Has he or she was a source of inspiration for your joining this profession?
18. What is your opinion regarding this profession?
19. How do you feel yourself being in this profession?
20. What are the duties of a nurse?
21. What are the major kind of adjustments you had to make during your first year at the nursing school? Do they differ from the problems that you are facing at present?
22. Which part of your training do you think is more important for your career?
23. What is your opinion regarding how a nurse should behave towards patients?
24. Whom do you confide at the time of trouble?

25. Which sister tutor you like most? Why?
26. Which sister tutor you do not like? Why?
27. Out of the subjects you are being taught upto now, which are the ones' you find most interesting? Why?
28. Which are the subjects you do not like? Why?
29. How is ^{your} ~~is~~ work in the ward?
30. How do the various nursing personnel behave towards you?
31. How do the hospital employees behave towards you?
32. How is the behaviour of doctors towards you or your friends?
33. Which type of patients you like most? Why?
34. How do you consider yourself?
 - a) Primarily as a Nurse rather than a student.
 - b) Primarily as a student rather than a Nurse.
35. What are you planning to do in future?
36. How is your hostel life?
37. Do you have any boyfriends?
38. How do you pass your leisure time?
39. In the hostel, which type of girls you like? Why? Which type of girls you do not like?

REFERENCES

1. Aggarwal, K.C 1976. "Structural Change in Nursing Education in India - II - A plan of action". The Nursing Journal of India. Vol.LXVII, No.9, pp 220-22.
2. A survey of research in Sociology and Social Anthropology 1974. Vol.II, I. C. S. S. R., pp 72.
3. Becker, Geer, Hughes, Strauss 1961. Boys in white - Student Culture in Medical School. Chicago University Press.
4. Becker and Geer 1966. Medical Care - Readings in the Sociology of Medical Education. Edited by W. Richard Scott and Volkart, I.H. Printed in U.S.A., pp 83-86-88-89.
5. Brim, O.G. Jr. and Wheeler 1966. Socialization after Childhood - Two Esseys, John Wiley and Sons, New York.
6. Hallowel, A.I. 1953. Culture, Personality and Society in 'Anthropology Today' Edited by Kroeber and others pp 597, University of Chicago Press.
7. Handbook of the T.N.A.I 1980. Eleventh Edition, T.N.A.I., New Delhi.
8. Health Statistics of India 1981. Central Bureau of Health Intelligence, Directorate General Health Services, Ministry of Health and Family Welfare, New Delhi.

9. Indian Nursing Council 1981. Syllabi and Regulations for the courses in General Nursing and Midwifery, New Delhi.
10. Indian Nursing Council. Record of Practical work, New Delhi.
11. Johnson, S.C 1951. A Textbook of Nurses in India, Ch I., New Delhi.
12. Kakar, D.N., Dean, M., Mishra, P. and Chopra Sukhsha 1981. Choice of profession, role, performance and future orientation - The Nursing Journal of India. Vol. LXXII, No.3, March.
13. Kluckohn Clyde 1949. Mirror of Man, McGraw Hill Book Company, pp 123.
14. Kluckohn, K., Murray, Henry, A 1962. Personality: In Nature, Society and Culture. Second Edition. pp 21, Alfred, A Knopf, New York.
15. Kroeber, A.L 1968. "What Culture is" in Man in Adaptation - Edited by Cohen, Aldaine Publishing Company, Chicago, pp 13.
16. Kuppuswamy, B 1973. Elements of Social Psychology, Ch III, pp 39-52, Vikas Publishing House Pvt. Ltd.
17. Linton, R 1968. Cultural Background of Personality Routledge and Kegan Paul Publication, London, pp 2-12-82, 98.
18. Linton, R 1947. Cultural Background of Personality. Routledge and Kegan Paul, London.

19. Madan, T.N 1980. **Doctors and Society.** Vikas Publishing House, Preface.
20. Merton, R 1957. **Student Physician - Introductory Studies in the Sociology of Medical Education - A report from the Bureau of Applied Social Research, Columbia University.**
21. **Need for Change in Nursing Education 1971.** T.N.A.I Publication. **The first All India Nursing Education Conference.**
22. Oommen, T.K 1978. **Doctors and Nurses - A study of Occupation Role Structure.** Mc Millan Company of India, Preface.
23. Person, T 1951. **Social System.** The Free Press, Ch VI, pp 205-29.
24. **Personnel Policies for Nursing Personnel of Safdarjung Hospital 1978, New Delhi.**
25. **Prospectus 1977.** School of Nursing, Safdarjung Hospital.
26. Rao, T.V 1976. **Doctors in Making.** Ahmedabad Sahitya Mudranalaya.
27. **Report of the Nursing Committee to review conditions of service emoluments etc. of Nursing Profession (1954).** Govt. of India, Ministry of Health, New Delhi.
28. Ruhela, S.P Vyas, K.C 1970. **Sociological Foundations of Education in Contemporary India.** N.C.E.R.T., pp 115, 154-5, 316-26.

29. Safdarjang Hospital, A few facts. 1980. Central Health Education Bureau, New Delhi.
30. Olesen, V 1981. Review of 'From Student to Nurse' in Sociology of Health and Illness. Vol.3, No.3, Nov., pp 353-55. Published by Routledge and Kegan Paul Ltd.
31. Wilkinson, A 1958. A Brief History of Nursing in India and Pakistan. Printed in India, Diocesan Press, Madras.