

**निदेशक कार्यालय**  
**अखिल भारतीय आयुर्विज्ञान संस्थान**  
**अंसारी नगर, नई दिल्ली - 110029**

फा.सं.- 40-30/2023-स्था.।

दिनांक : 25.10.2023

**कार्यालय ज्ञापन**

**विषय : एम्स, नई दिल्ली में एकीकृत नर्सिंग शिक्षा एवं सेवा मॉडल के क्रियान्वयन संबंधी।**

अधोहस्ताक्षरी द्वारा यह नोट किया गया है कि दिनांक 04 अप्रैल 2019 के पत्र फा.सं. 1-5/2018-आईएनसी ने भारतीय नर्सिंग परिषद, नर्सिंग शिक्षा एवं सेवा (दोहरी भूमिका) के एकीकरण के लिए एक प्रस्ताव को मंजूरी दे दी है। यह एक नवीनतम दृष्टिकोण है जिसका उद्देश्य बेहतर नर्सिंग सुविधा प्रदान करते हुए नर्सिंग छात्रों के नैदानिक कौशल को बढ़ाना तथा रोगी उपचार करना है। इस मॉडल को अपनाने से शैक्षिक एवं नैदानिक दोनों पक्षों में नर्सिंग कैडर का अधिकतम श्रेष्ठ उपयोग भी किया जा सकता है।

यह भी देखा गया है कि कॉलेज ऑफ नर्सिंग सीएमसी वेल्लोर तथा सेंट जॉन कॉलेज ऑफ नर्सिंग, एसजेएमसीएच, बेंगलोर, सहित अन्य संस्थानों ने भी ऐसे मॉडल को सफलतापूर्वक लागू किया है। इस मॉडल ने सिद्धांत एवं अभ्यास के बीच के अंतर को समाप्त करने, नर्सिंग मानकों को बढ़ाने एवं स्वास्थ्य उपचार के क्षेत्र में नर्सिंग कार्मिकों की विभिन्न भूमिकाओं के प्रभावी उपयोग की संभावना को दर्शाया है।

अन्य संस्थानों में एकीकृत नर्सिंग शिक्षा एवं सेवा के सफलतापूर्वक कार्यान्वयन को देखते हुए, एम्स, नई दिल्ली में इस मॉडल को सक्रिय रूप से अपनाने की संभावना का निर्णय लिया गया है। तदनुसार, एम्स, नई दिल्ली में उक्त मॉडल को लागू करने की व्यवहार्यता एवं तौर-तरीकों का मूल्यांकन करने के लिए निम्नानुसार समिति का गठन किया गया है :

- ☐ संकाय (शैक्षिक) - अध्यक्ष
- ☐ चिकित्सा अधीक्षक (अस्पताल) - सदस्य
- ☐ प्रभारी-आचार्य (नर्सिंग प्रकोष्ठ) - सदस्य
- ☐ प्रधानाचार्य, नर्सिंग कॉलेज - सदस्य
- ☐ मुख्य नर्सिंग अधिकारी (अस्पताल) - सदस्य
- ☐ मुख्य नर्सिंग अधिकारी (एनसीआई) - सदस्य
- ☐ मुख्य प्रशासनिक अधिकारी - सदस्य सचिव

समिति के संदर्भ की शर्तें निम्नलिखित हैं :

1. नर्सिंग शिक्षा एवं सेवा (दोहरी भूमिका) के एकीकरण पर भारतीय नर्सिंग परिषद् की अधिसूचना की समीक्षा करना।
2. उन संस्थानों के अनुभवों एवं परिणामों का अध्ययन करना जहाँ पर एक जैसे मॉडल पहले से ही लागू किए जा चुके हैं।
3. एम्स, नई दिल्ली में एकीकृत नर्सिंग शिक्षा एवं सेवा मॉडल को लागू करने के संभावित लाभ एवं चुनौतियों का आकलन करना।
4. एम्स, नई दिल्ली की संरचना के अनुरूप नर्सिंग शिक्षा एवं सेवा के एकीकरण के लिए एक व्यापक प्रस्ताव तैयार करना।
5. एम्स, नई दिल्ली में मॉडल के प्रभावी कार्यान्वयन हेतु विशिष्ट संदर्भ नीतियों पर विचार करते हुए अनुशंसा करना।

समिति 30 नवंबर 2023 तक अपनी सिफारिशें अधोहस्ताक्षरी को प्रस्तुत करें।

(प्रो. एम. श्रीनिवास)  
निदेशक

**परिचालन : उपर्युक्तानुसार**

**वितरण** (इस अनुरोध के साथ कि इसे अपने नियंत्रणाधीन सभी अधिकारियों को भी प्रसारित किया जाए) :

1. संकायाध्यक्ष (शैक्षिक, अनुसंधान, परीक्षा)
2. अपर निदेशक (प्रशासन)
3. चिकित्सा अधीक्षक (एम्स)
4. सभी केंद्रों के प्रमुखगण/अध्यक्ष, एनसीआई झज्जर
5. विभागाध्यक्षगण
6. वरिष्ठ वित्त सलाहकार
7. प्रभारी-आचार्य, कम्प्यूटर सुविधा

**OFFICE OF THE DIRECTOR  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
Ansari Nagar, New Delhi -110029**

No. F. No. 40-30/2023-Estt.I.

Date: 25.10.2023

OFFICE MEMORANDUM

**Subject: Implementation of Integrated Nursing Education and Service Model at AIIMS New Delhi**

The undersigned has noted that the Indian Nursing Council vide letter F.No. 1-5/2018-INC dated 04 April 2019, has approved a resolution for the Integration of Nursing Education and Service (Dual Role). This is an innovative approach which aims to provide superior nursing care to patients while enhancing the clinical skills of nursing students. Adoption of this model can also lead to the optimal utilization of nursing cadres in both academic and clinical side.

It is noted that institutions such as the College of Nursing, CMC Vellore, and St. John College of Nursing, SJMCH, Bangalore, among others, have successfully implemented a similar model. This model has demonstrated its potential to bridge the gap between theory and practice, elevate nursing standards, and make effective use of nursing personnel across different roles within the healthcare domain.


In view of the successful implementation of the Integrated Nursing Education and Service Model at other institutions, it has been decided to proactively explore the possibility of adopting this model at AIIMS New Delhi. Accordingly, the following committee is constituted to evaluate the feasibility and modalities of implementing the said model at AIIMS New Delhi:

- ☐ Dean (Academic) – Chairperson
- ☐ Medical Superintendent (H) - Member
- ☐ Prof Incharge (Nursing Cell) – Member
- ☐ Principal, College of Nursing - Member
- ☐ Chief Nursing Officer (H) – Member
- ☐ Chief Nursing Officer (NCI) – Member
- ☐ Chief Administrative Officer – Member Secretary

Terms of Reference of the committee shall be as follows:

1. Reviewing the Indian Nursing Council's notification on the Integration of Nursing Education and Service (Dual Role).
2. Studying the experiences and outcomes of institutions that have already implemented a similar model.
3. Assessing the potential advantages and challenges of implementing the Integrated Nursing Education and Service Model at AIIMS New Delhi.
4. Formulating a comprehensive proposal for the integration of nursing education and service within the AIIMS New Delhi framework.
5. Recommending strategies for the effective implementation of the model, considering the unique context of AIIMS New Delhi.

The committee shall submit its recommendations to the undersigned by 30<sup>th</sup> November 2023.

 25/10/2023

(Prof. M. Srinivas)  
Director

**Circulation: As above**

**Distribution** (with a request to also circulate it to all officials under their control):

1. Dean/s (Academic, Research, Examination)
2. Addl. Director (Admin)
3. Medical Superintendent (AIIMS)
4. Chiefs' of all Centres / Head, NCI Jhajjar
5. Heads' of all Departments
6. Sr. Financial Advisor
7. Prof. I/c Computer Facility





स्वास्थ्य एवं परिवार कल्याण मंत्रालय के तहत सांविधिक निकाय  
Statutory Body under the Ministry of Health & Family Welfare

F.No.1-5 / 2018 - INC

Dated:

04 APR 2019

**NOTIFICATION**

**SUB: Resolution Approved By General Body in its Meeting Held on 02.12.2018 –  
Integration of Nursing Education and Service (Dual Role) - reg**

The Council has resolved in its meeting held on 2<sup>nd</sup> December, 2018 that the concept paper for “Integration of Nursing Education and Service - Dual Role” aiming to achieve optimal patient care and to improve the quality of Nursing education through effective utilization of qualified faculty be approved for adoption with an aim to improve the quality of Nursing Education and quality of patient care.

A copy of approved Concept paper is attached herewith in order to adopt / execute the said model.

**(Rathish Nair)**  
Secretary

**Copy Forwarded to:**

1. Additional Secretary (HR ), MoHFW, Government of India, Nirman Bhawan, New Delhi.
2. Joint Secretary (HR), MoHFW, Government of India, Nirman Bhawan, New Delhi
3. DC (MCH), MoHFW, Government of India, Nirman Bhawan, New Delhi
4. ADG(N), MoHFW, Government of India, Nirman Bhawan, New Delhi
5. State Government Health Secretaries ( Medical Education), All States
6. DHS / DME, State Government
7. Registrars, All Universities offering and examining Nursing Programmes
8. Registrars, State Nursing Councils
9. INC Website

# INTEGRATION OF NURSING EDUCATION AND SERVICE-

## A PRAGMATIC MODEL FOR FUTURE HEALTHCARE IN INDIA

### Introduction and Background

Adequate and effective human resources are critical for people's health. Competent and adequate nursing workforce with high relevance to today's healthcare system and delivery are important thrust areas that need to be addressed worldwide. In today's health care in India, providing quality of education and clinical training to provide quality health care is a great challenge. This is emphasized in NHP 2017. To provide quality care, both knowledge and skills are required. The collaboration between education and service is the strength to provide quality care. Education and practice each provide direction to one another. Education influences best practices in clinical area and likewise, demands evidence from practice influencing educational offering.

The current scenario in nursing is such that teachers with Nursing Professionals to PhD qualifications are functioning more as academicians than as nurse managers at the practice settings. On the other hand, the clinical area is staffed more with nurses of diploma qualification. Nursing is a practice discipline requiring both knowledge and skill. It is important to have qualified nurses in the clinical area. Similarly it is important for the nurse educators to be part of service to keep them updated with clinical skills.

To pool the resources of both educators and Nursing Professional at the Clinical setting, integration is the only and an ideal situation. It facilitates both student learning and quality patient care. Integration also improves interpersonal relationship between nurse educators and practitioners and creates a healthier clinical environment, facilitating staff and student learning. It enhances clinical competence of the nurse educators. On the other hand utilization of highly qualified nurses in the clinical area will improve the critical thinking, planning and implementation of care. Thus the transformation of health care and nursing practice requires the integration of nursing service and education. The said model is being implemented in College of Nursing, Vellore and St. John College of Nursing, Bangalore and College of Nursing Tezpur (an Autonomous Body) and some Institutions also started the process of the said model.


### Concept of Integration:

Implementation of integration involves unification of the nursing service and nursing education to improve the quality of nursing care provided in the hospital, wherein qualified faculty from the CON will contribute their knowledge in the clinical field and the senior nursing fraternity from the hospital will be involved in the training and supervision of nursing students.

### Overall Aim:

The aim is to provide high quality nursing care to patients and clinical education and training to students by optimum utilization of all cadres of nursing manpower in the academic and clinical settings.

### Objectives:

- To achieve maximum and effective utilization of HR (nursing) resources
  - To provide quality patient care
  - To provide quality clinical education and training to students
  - To bridge the gap between nursing education and practice
  - To foster commitment and accountability on the part of teaching staff and nurse practitioners towards patient care
- 

- To provide for ongoing staff development through a collaborative effort
- To synergize the effort of nursing educators to teach and give patient care simultaneously
- To work in collaboration with all nursing personnel.

### **Outcomes of Integrated role:**

#### *To organization:*

- ❖ Provides effective utilization of nursing manpower by pooling in of knowledge and skills of different cadre of nurses
- ❖ Prevents duplication of HR utilization, thereby ensures cost containment
- ❖ Promotes decentralization
- ❖ Improves image of the hospital through better patient care with qualified and competent nursing workforce
- ❖ Promotes interdisciplinary interaction.

#### *To clinical learning environment:*

- ❖ Promotes the use of a humanistic approach to learning
- ❖ Maintains a good working team spirit in the clinical area
- ❖ Facilitates an efficient but flexible management style with teaching being recognized
- ❖ Fosters teaching and learning support of nursing from qualified faculty/staff

#### *To the patient:*

- ❖ Achieves improvement in standard of care by holistic approach
- ❖ Pools in of ideas for patients' benefits
- ❖ Ensures team approach
- ❖ Enhances better planning, implementation and evaluation of care
- ❖ Leads to framework for quality assurance practices (standard setting and nursing audit).

#### *To the student: It promotes*

- ❖ Uniformity/consistency in teaching and practice
- ❖ Positive learning environment
- ❖ Exposure to current trends and practices
- ❖ Exposure to ideal role modelling
- ❖ Continuous supervision and learning

#### *To the nursing service staff:*

- ❖ Promotes on going staff development by qualified faculty/nurse managers
- ❖ Achieves mentoring and incidental teaching to staff
- ❖ Orients new staff to ethos, values and expectations of institution
- ❖ Fosters team spirit
- ❖ Promotes job satisfaction and staff retention
- ❖ Develops problem solving, decision making and communication skills
- ❖ Promotes staff-student interaction
- ❖ Is able to mould committed, compassionate and competitive nurses

**PROPOSED MODEL (Hospital with 500 beds (Medical College Hospital)  
and College offering BSc nursing program (100 student intake)**

**Table 1.**

Teaching and Managerial positions at College of Nursing and Hospital  
Nursing Service (As per INC & SIU norms)

COLLEGE OF NURSING	HOSPITAL NURSING SERVICE
1. Principal-1  2. Vice Principal/Professor-2  3. Associate Professor-4  4. Assistant Professor-6  5. Tutor-28  40 (1:10 faculty student ratio) excludes principal -400 students/4years	1. Chief Nursing Officer (CNO)-1  2. Deputy Nursing Superintendent-1  3. Assistant Nursing Superintendent (ANS)-9  4. Senior Nursing Officer (SNO)/ Charge nurse -54  <b>{CNO-1 for 500 or &gt; 500            1 DN for 6 ANS            1 ANS for 6 charge nurses            1 charge nurse for 5 staff            nurses 270 staff nurses for 500            beds}</b>

Table 2. Qualification and equivalent positions

COLLEGE OF NURSING	HOSPITAL NURSING SERVICE
<ul style="list-style-type: none"> <li>• <b>Principal cum professor</b> –MSc with 15 years experience (12 years teaching of which 5years in college with minimum 3years clinical experience) with PhD Nursing</li> <li>• <b>Vice Principal cum professor</b>- MSc with 12 years of experience (10 years teaching of which 5years in College with minimum 2 years clinical experience) PhD in Nursing is desirable</li> <li>• <b>Professor (Senior Nurse Manager/DNS )</b>- MSc with 10 years experience (7years teaching experience of which 4 years in college with minimum 2years clinical experience) PhD in Nursing is desirable</li> <li>• <b>Associate Professor(Senior Nurse Manager )</b>- MSc with 8years experience (5years teaching with minimum 2years clinical experience)</li> </ul>	<ul style="list-style-type: none"> <li>• Nursing Superintendent - MSc with 15 years experience (3years teaching)  Or BSc with 18 years of experience (2years teaching)</li> <li>• Deputy Nursing Supdt (DNS) -  MSc with 10 years experience (3years teaching)  Or BSc with 12 years experience (2years teaching)</li> </ul>

<ul style="list-style-type: none"> <li>• <b>Assistant Professor(Nurse Manager/ANS)</b> - MSc with 3years teaching experience with one year clinical experience</li> <li>• <b>Tutor</b>- BSc/PBBSc/MSc with 1year experience</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Assistant Nursing Supdt (ANS)</b>- MSc with 3years experience (1year teaching) Or BSc with 6 years experience ( 1year teaching)</li> <li>• <b>Senior Nursing Officer (SNO/Charge nurse)</b>- BSc/PBSc with 2years experience Or Diploma with 6 years of experience or Post basic diploma in a specialty with minimum 5 years after GNM clinical experience may be considered)</li> </ul>
	<b>Nursing Officers (NOs/Staff nurses)-BSc with 2years experience may be given dual appointment as tutor and involved in teaching students</b>

\* CNO: MSc/PhD with 15-18 years of experience of which 5 years teaching & administration in the college and 5 years management experience in the hospital.

\*\* Dual appointment is only from the level of tutors/charge nurses

### Job Description

#### Chief Nursing Officer: (M.Sc Nursing/ Ph.D)

Eligibility: M.Sc Nursing/Ph.D with minimum of total 18 years experience in college and hospital of which a minimum of 5 years should be administrative experience at the hospital and 5 years of teaching & administration at the college with 3-5 years of clinical experience at the hospital.

- Exemplifies the mission, vision and philosophy of the academy through nursing practice and education
- Accountable for smooth conduct of both nursing service and nursing education
- Updates director on all matters concerning nursing service and nursing education
- Reports to concerned HR manager/Officer all matters relating to nursing service and education
- Accountable to Finance officer /ADF for all financial matters pertaining of nursing education
- Supervision and performance appraisal of nursing superintendent and principal
- Recruitment and selection of staff for both service and education
- Plan budgeting for nursing services
- Policy making in all matters relating to nursing service and education
- Maintains professional affiliation with other organization for patient care and nursing education
- Champions new initiatives and catalyses change for improvement of nursing services and education including research activities.
- Establishes performance indicators with measures to establish excellence.

#### Principal (M.Sc. Nursing/Ph.D)

Eligibility: M.Sc/Ph.D with a minimum of 15 years experience (12 years teaching of which 5years in college with minimum 3years clinical experience)

- Directly responsible to CNO in all matters pertaining to nursing education

- Supervision and performance appraisal of college of nursing faculty
- Responsible for students discipline and welfare
- Co-ordinates with nursing superintendent for patient care in hospital
- Plan and revise budget for college
- Co-ordinates with CNO in recruitment and selection of the college faculty

*Research:*

Responsible for research activities in College of Nursing.

*Educational functions:*

- Accountable for all matters concerning nursing education
- Co-ordinates with Universities and accreditation bodies regarding academics, planning and implementation in curriculum

**Nursing superintendent: (M.Sc Nursing; Ph.D in Nursing is desirable)**

Eligibility: MSc with 15 years experience (3years teaching) or  
BSc with 18 years of experience (2years teaching)

- Accountable for overall patient care in hospital
- Ensures quality control in nursing service

*Supervision and administration:*

- Directly reports to CNO in all matters of patient care
- Supervision and guidance and performance appraisal of all levels of nursing staff in hospital
- Plan co-ordinates CNE, HICC, NABH
- Promotes welfare and discipline of all staff nurses
- Co-ordinates with principal CON in dual role
- Involved in education and research in nursing service

**Deputy Nursing Superintendent (DNS):**

Eligibility: MSc with 10 years experience (3years teaching)  
Or BSc with 12 years experience (2years teaching)

*Patient care:*

- Responsible for patient care in area assigned
- Conducts supervisory round in rotation

*Supervision and administration:*

- Report to NS for patient care matters (approx.300beds)
- Responsible to principal and vice principal in academic matters
- Supervision and guidance of all ANS under her
- Problem solving of matters related to patient care
- Plan and supervises duty roster prepared by ANS
- Perform specific assignments entrusted
- Responsible for all disciplinary matters within her areas
- Maintains communication and IPR with all channels.
- Fullfill specified assigned responsibilities.

*Educational functions:*

- Responsible to heads of department in college of Nursing, for all academic responsibilities allot to her





- Overall responsible for training and supervision of students in her clinical area

**Assistant Nursing Superintendent/ANS (M.Sc N/ Assist Prof CON)**

Eligibility: MSc with 3years experience (1year teaching)

Or BSc with 6 years experience ( 1year teaching)

*Patient care:*

- Responsible for patient care of assigned area
- Responsible to the DNS for patient care matters
- Problem solving related to direct patient care
- Conducts supervisory rounds for staff and students.

*Supervision and administration:*

- Plans and executes duty roster of nurses posted in her wards
- Plan and conduct ward meetings
- Supervision and guidance of staff nurses and students
- Acts as a liason between the DNS and the staff of her units.
- Performs periodic appraisal of staff

*Educational functions:*

- Responsible to HOD, CON, for academic matters allotted to her.
- Participates in curriculum implementations in college
- Identify learning needs of staff and students
- Conducts nursing rounds for students for the purpose bedside teaching
- Nights supervision in rotation

**Tutor/Senior Nursing Officer:**

Eligibility: MSc with 1 year experience or B.Sc/P.B.B.Sc nursing with minimum 2 years of experience or Diploma with 6 years experience or Post basic diploma in a specialty with minimum 5 years after GNM clinical experience.

*Direct patient care:*

- Ensures proper admission and discharge procedures for her patients
- Assists in the direct care of the patient as an when required
- Implements doctor's instructions concerning patient treatment, investigations and any other procedures.
- Co-ordinates patient care with other departments
- See that the new admissions are seen by the treating doctors at the earliest.
- Ensures entry of above activities electronically as per the institute rules/protocols

*Supervision and administration:*

- Ensures safe and clean environment for the ward
- Makes duty and work assignments
- Maintains good public relations in her ward
- Handle medico-legal cases in the ward as per the existing rules/ protocols

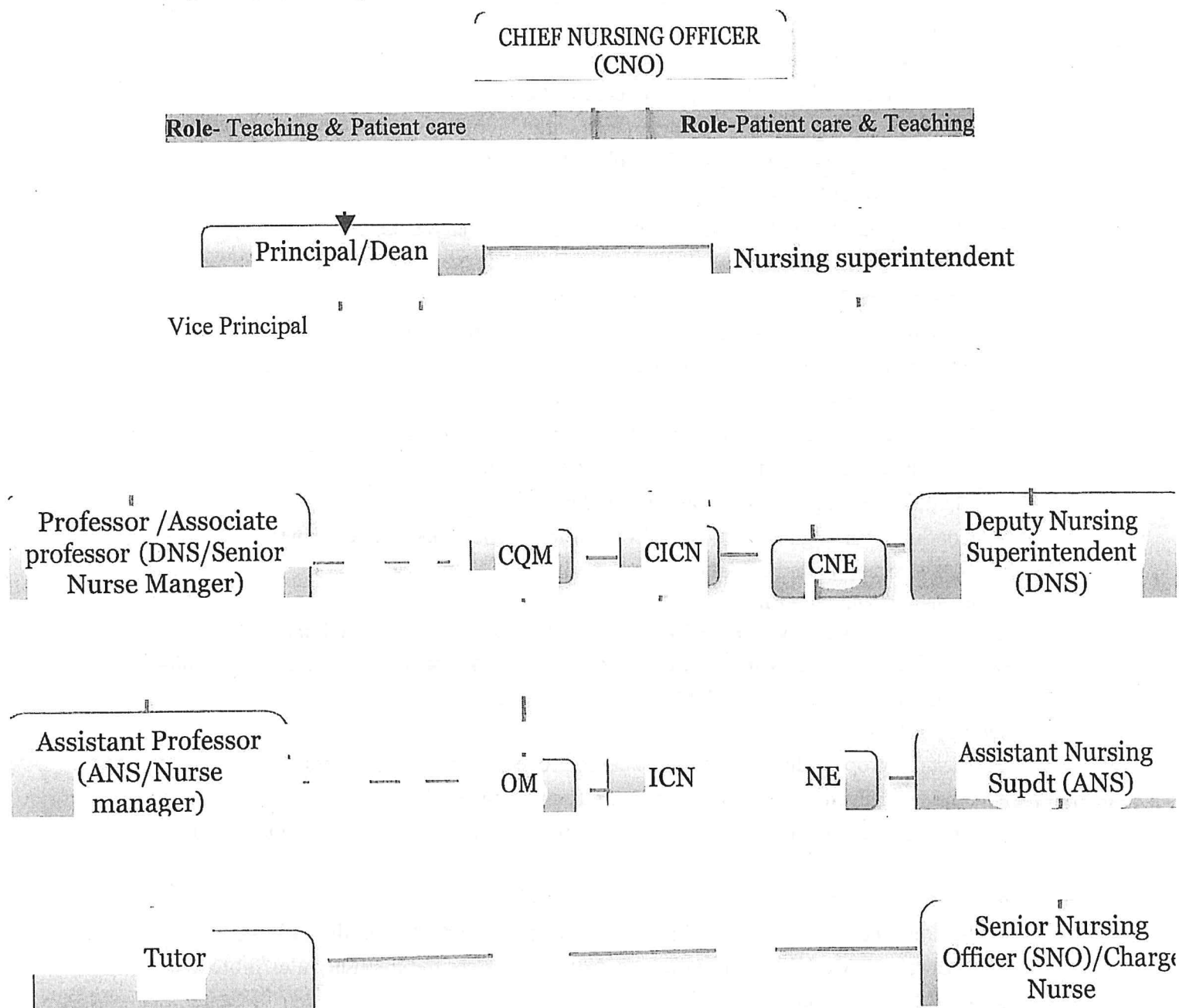
*Educational functions:*

- Gives incidental teaching to patients, relatives, staff nurses, students and the house keeping staff.
- Assists the clinical instructor in the evaluation of students.



## Proposed organogram

The proposed organogram illustrating integration of education and service in nursing is given below in figure1.



**CQM**-Chief Quality Manager, **CICN**-Chief Infection Control Nurse, **CNE**-Chief Nurse Educator. **QM**-Quality Manager, **ICN**-Infection Control Nurse, **NE**-Nurse Educator. Nurse specialist / nurse practitioner cadre can follow the same pathway considering their qualification.

Figure 1. Organogram



In Institutions having both college of nursing offering UG & PG nursing programs and large medical college hospital with more than 500 beds, and integration model is practiced, it is beneficial to have a senior nurse leader to assume the role of **Chief Nursing Officer (CNO)**, the head of nursing. This person must be an expert in both education and service, to contribute effectively to both areas. The individual must possess Ph.D / M.Sc Nursing qualification with minimum of 5 years clinical experience in patient care and 5 years teaching in a college having a total of 15-18 years of experience. Both leaders, the Head of Nursing education / Head of nursing services (**Principal / Nursing Superintendent**) must possess Ph.D / M.Sc Nursing qualification with minimum requirements spelt out earlier. Both leaders must have equal qualification and experience and the remuneration must be equal.

Professor/associate professor who will be the clinical nursing head of department (or cluster of wards/units) in the hospital will report to nursing superintendent for matters concerning patient care. Dotted lines mean equivalent positions in the hospital nursing service having responsibilities for student/staff teaching as well as patient care as per the job description. The size of the department may vary but however the optimum is specified in the worked out example. The assistant professor can assume the responsibility of ANS. The assistant professor/ANS can be responsible for 2-3/3-4 wards/units but the tutor will be responsible for one ward/unit.

The college faculty will assume dual designation and appointment as professor/DNS or senior manager and assistant professor/ANS or nurse manager. They are involved in planning, implementation, and evaluation of student education & training alongside management of patient care in their respective departments and will be members of committees chaired by Principal and Nursing Superintendent at the top managerial level. All the faculty with dual designation along with DNSs, ANSs and SNOs headed by HOD of the respective department must meet together periodically every week to plan concerning matters related to student teaching and patient care. Nurse educators must assume leadership roles in the hospitals and involve in policy making in the clinical areas. Similarly the postgraduate nurses/ nurse managers/charge nurses working in the hospital must involve themselves in sharing their expertise with students through clinical training. Nurse leaders would take responsibility in developing and implementing protocols / policies/ clinical pathway contributing to individualized patient care. The college faculty can fill the DNS and ANS posts in the hospital. The faculty positions of the college and staff positions of the hospital will be maintained.

In hospitals, appropriate positions to be made available for the postgraduate nurses. Various positions that could be offered to the post graduate nurses are Chief Infection Control Nurse, Chief Quality Nurse, Chief In service Educator at the level of Deputy Nursing Superintendent/ANS. These positions could be offered to the postgraduates of both college and hospital depending on the number of faculty available in an institution. The faculty may also assume these positions as additional responsibility.

The nursing superintendent and principal can become CNO on rotation basis. The professors/HODs of the college can be made as principal or nursing superintendent on rotation basis. Chief Nursing officer, Principal and Nursing Superintendent should be representing in all the decision-making bodies of the hospital and college to address patient care as well as student education issues.



## **IMPLEMENTATION GUIDELINES**

As per IPH Standards for inpatient & Outpatient clinical services (wards, ICUs, OT, OPDs and other clinical services) for 500 bedded District Headquarters Hospital and SIU staffing norms, the following guidelines are prepared.

- 1. Integration Model is recommended for 500 bedded medical college/teaching Hospital that has College of Nursing offering at least BSc Nursing with student intake of 100 and both should be under same administration.**
- 2. MSc Faculty who are professors/Associate professors/Assistant professors are given dual appointment for teaching and managerial responsibilities at the college and hospital.**
- 3. Similarly DNS and ANS in the hospital with the required qualification can be involved in teaching students with dual appointment besides their managerial responsibilities at the hospital. If they do not have the required qualification and if they are only BSc, they can be involved in clinical teaching of students only. However, in due course of time, they can be encouraged to get the required qualification.**
- 4. 18 Tutors out of 28 tutors from the college may also be given dual appointment to teach and manage unit at the hospital besides teaching at the college. The rest 10 of them can be posted in Foundations of Nursing (FON) department to teach First year students with the ratio of 1:10 (tutor student ratio).**
- 5. BSc charge nurses/SNOs and BSc staff nurses with required qualification can be offered dual appointment to manage ward/unit as well as teaching students in the clinical area.**
- 6. Faculty positions (Professor/Associate professor/Assistant Professor) have to remain as per INC norms. However, they can fill in DNS/ANS positions at the hospital (20% of them may be permitted- Example 2 DNS/ANS may be reduced when their total DNS & ANS positions are 10).**
- 7. Tutors -10 % of them either at college/Hospital can be shown/filled to reach the INC norms (Example- 3 BSc nurses with dual appointment at the hospital can be shown against tutors).**
- 8. Interchangeability between education and service can be built in protecting the seniority, service and salary/financial benefits of the concerned managers/faculty opting for change.**
- 9. Equivalent salary & positions on both sides must be offered, if the qualification and experience are same.**

### **Assignment of clinical areas to Faculty and hospital nursing supervisors/managers- Example**

The assignment of clinical areas can be based on the availability of faculty and hospital nursing supervisors/managers (DNS/ANS/charge nurses) and existing areas/wards/ICUs/OPDs/OTs of the hospital. An example is worked out to illustrate the optimum span of control for faculty (Professor/Associate professor/Assistant professor/ Tutors) and nurse managers. If more faculty and managers with required qualification is available, then the span of control/number of wards/units can be reduced for every manager. The combination of units may also be changed as per institutions' needs/policies and location of areas (E.g. Medical wards+ICUs or surgical wards+ICUs). A 500 bedded hospital and its clinical services/units/wards/ICUs can be divided into six departments as follows for allocation to faculty/nurse managers.

### **I. Medical/Surgical/Specialty wards**

- 1 DNS/Professor/Associate Professor for 6-8 wards (one ward-25-40 beds, maximum of 200-250 beds)
- 2 ANS/Assistant professor (1 ANS for 3-4 wards)
- 8 Charge nurses/Tutors (1 ward-1 charge nurse)- 4 Charge Nurses + 4 Tutors

### **II. ICUs/HDUs/Casualty**

- 1 DNS/Professor/Associate Professor for 4-6 critical care areas/units
- 2 ANS/Assistant Professor (1 ANS for 2-3 ICUS)
- 6 Charge nurses/Tutors (1 ICU-1 charge nurse)- 4 Charge nurses + 2 Tutors

### **III. OTs (7-8)**

- 1 DNS/Professor/Associate professor for 7-8 OTs
- 2 ANS/Assistant professor (1ANS for 3-4 OTs)
- 4 Charge Nurses/Tutors (1 charge nurse for 2 OTs)- 2 Charge nurses+2 Tutors

### **IV. Maternity wards, New born Unit, Labor Room, Eclampsia room & Septic LR**

- 1 DNS/Professor/Associate professor
- 2 ANS/Assistant professor for 4-6 wards with 160-200 beds (1ANS for 2-3 wards)
- 2 ANS for Labor room & other areas
- 6 Charge nurses/Tutors for wards (3 Charge nurses+ 3 Tutors)
- 6 charge nurses/Tutors for Labor room & others ( 3 charge nurses + 3 Tutors)

### **V. Pediatric wards & ICU**

- 1 DNS/Professor/Associate professor
- 2 ANS/Assistant professor (1 ANS for wards, 1 ANS for ICUs)
- 4 Charge nurses/Tutors (2 Charge Nurses + 2 Tutors)

### **VI. OPDs & diagnostic services**

- 1 ANS for 7-8 OPDs
- 4 charge nurses/Tutors (2 charge nurses+2 Tutors)

### **Summary**

1. DNS/Professor/Associate professor- 5 (Prof/Associate professor-5 excludes Vice Principal-VP & DNS)
2. ANS/Assistant Professor- 13 (ANS-7 + Assistant professors-6)
3. Charge nurses/Tutors- 35 (Charge nurses- 17 + Tutors-18)

Charge nurses who are BScs with required qualification can be given dual appointment to teach students besides their managerial responsibilities. BSc qualified staff nurses with required qualification may also be given dual appointment to perform the dual role. At the time of introducing the integration model, if adequate number of MScs and BScs are not available, the existing staff with specified work experience on a temporary basis may be utilized until the qualified are appointed or the existing staff upgraded with in stipulated time period of 4-6 years maximum.

## **IMPLEMENTATION PROCESS – STEPS**

### **I. CREATING AWARENESS AND COMMITMENT TO INTRODUCE INTEGRATION MODEL**

1. The concerned administrators and senior faculty and nursing service staff should understand the concept, its implementation process, dual roles and responsibilities of faculty and hospital nurse managers. This can be clarified by them visiting and observing institutions and gaining first hand information regarding its application of the concept, its benefits and challenges.

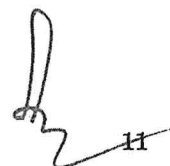
2. The institution's administration and heads of college of nursing and hospital nursing service should become committed to the concept of integration and its major benefits and outcomes of patient care.
3. Communicate to all involved in the implementation process, the benefits to patients, staff and organization, opportunities and challenges. Prepare the entire team from college and nursing service by holding discussions preparing the ground for implementation

## **II. DEALING WITH RESISTANCE AND GAINING SUPPORT**

1. Gain full support from the top administration.
2. Address fears by showing individuals and groups how the change is going to help them do their jobs more effectively or how it supports the direction of the practice.
3. Initiate the change on a trial basis (Pilot test the process)
4. Make plans to assess the pros and cons after a set period of time

## **III. IMPLEMENT THE PROCESS**

1. Identify or appoint NS with the required qualification (MSc qualified with required experience equivalent to principal). If not available, the existing MSc/BSc as indicated may continue until new appointment or upgrading of existing BSc to MSc within 1-2 years. This is permissible on a temporary basis only.
2. Categorize the clinical departments as per the worked example or as per the size of the hospital and existing services. Six areas are shown in the example. Every college with 100 student intake must have 5 professors/associate professors (Professor-1 & Associate professor-4, excluding vice principal). Five of them with dual appointment as senior nurse managers or DNS can be designated as clinical heads of the five areas and one (OPD & diagnostic services) may be allocated to one ANS/Assistant professor.
3. A total of 13 ANS/Assistant professor is required (Assistant professor-6 from college is available and 7 ANS from hospital are required). Nine ANS is the requirement for the hospital as per SIU norms. Seven ANS with required qualification if available may be appointed with dual designation, who can be posted to different clinical areas as per worked out example. If only BScs are available, then, two during first year and two in the second year and three in the third year may be sponsored to undergo MSc that means by 2 years two will be upgraded and by three years 4 will be upgraded and four years 7 will be upgraded to MSc or two new appointment is done by 2 years, by four years, two will be upgraded, by six years three will be upgraded (Table 3). Until then the existing BSc with the required experience will continue to work as ANS with dual designation.
4. A total of 35 tutors/charge nurses with BSc are required for dual appointment. 18 tutors are available at the college. The rest 17 of them, if qualified BScs are available, then they can be posted with dual appointment as per guidelines in example. If not available, Diploma with required experience may serve as charge nurses and be involved with only clinical teaching. Then every year for 4 years, existing 4-5 diploma charge nurses can be sent to undergo PBBSc and by 5 years all of these nurses can be upgraded to BSc and given dual appointment. It is preferred if any permanent BSc staff nurses are available,





then they may be considered or to appoint 50 % of BSc/MSc staff as charge nurses and the rest 50 % of existing diploma charge nurses be upgraded.  
5. The summary is shown in Table 3 below.

**Table 3**  
**Summary of staffing plans to achieve integration**

S.No	Faculty /nurse manger designation	1 <sup>st</sup> option-maximum period			2 <sup>nd</sup> option-maximum period		
		2 years	3years	4-5years	2years	3-4years	5-6years
1	NS	New appointment -initial			upgrading existing NS to MSc		
2	DNS	Do			Do		
3	ANS	Upgrading existing-2	Upgrading existing staff- 2	Upgrading existing staff -3 by 4 yrs	New appointment -2	Upgrading existing staff-2	Upgrading existing staff - 3
4	Charge nurses	Upgrading existing staff-4	Upgrading existing staff -4	Upgrading existing staff-4 by 4 yrs & 5 by 5yrs	New appointment -4	New appointment-4, Upgrading-4	Upgrading 5

#### IV. Review of the process & measurement of outcomes

The entire process is assessed identifying pros and cons and outcomes are measured. Modifications can be suggested if required.

The proposed integration model would have numerous benefits to both education and service. Quality of nursing education would improve with increased skill development measured by competency assessment of new graduates. Dual appointments will reduce the cost by reducing the staff numbers to some extent and enhancing staff retention that can be measured by financial audit.

In the hospitals, it would also enhance quality care. Positive quality indicators are reduction in morbidity, mortality, adverse events, medication errors, pressure ulcer, HAIs and hospital stay. Periodical audits will facilitate objective measurement of these outcomes. Research must be conducted to identify short-term and long-term outcomes on patients, staff and organization. It would also promote interdisciplinary collaboration that can also be assessed.

### **Challenges / issues**

Implementing the above organogram will face great resistance from the current nursing service staff, which is unavoidable. However the following measures can be undertaken to overcome this resistance:

- Ensure that the existing position and promotion of nurse leaders in the hospital will not be affected
- Give stipulated time for the current Diploma nurse leaders to upgrade themselves
- Providing dual appointment and involvement in student teaching may increase the morale of hospital nurse managers
- Faculty will be able to upgrade their skill and dual appointment may enhance their job satisfaction
- Provide competency building and competency assessment for the nurse leaders at every level
- Make it mandatory for nursing faculty to have a minimum of 25% credit hours from competency development
- Conduct Joint collaborative meetings for the leaders from both education and service on a regular basis and provide continuous guidance, support and encouragement
- The institution experiencing positive outcomes may introduce inbuilt system with incentives such as awards/opportunities to leaders based on their performance

### **Conclusion**

Implementing the proposed integration improves the quality of Nursing care to the patient. It is necessary to formulate cadre and recruitment rules accordingly and formalize the same in their respective governing boards/ government gazettes, which can go on the public domain to make it official and binding.

This proposal is an ideal system to implement completely. However in order to protect the current nursing personnel, the suggested proposals to be followed in all the new appointments and to be implemented, in a phased manner over a period of time. The organizations can also prepare inter seniority list in order to protect every one's interest and take declaration from them that they are satisfied and will abide by the same.

**Note:** After finalizing the Cadre and recruitment rules, if there are eligible candidates in the same organization they may be recruited for those posts.



## **INTEGRATION OF NURSING SERVICE AND EDUCATION AT ST. JOHN'S, BANGALORE**

The idea to initiate integration of nursing service and education was introduced by Mr. Dileep Kumar, INC President during his visit to St. John's National Academy of Health Sciences. The management took up the suggestion after which implementation of the Dual role in St. John's National academy of health sciences took place on 1<sup>st</sup> July 2013, wherein, qualified faculty from the College of nursing contribute their knowledge in the clinical field and the senior nursing fraternity from the hospital are involved in the training and supervision of student nurses.

### **PLANNING**

**The steps involved in the process were as follows:**

- A Decision was taken by the Executive Council in November 2010 to explore the possibility of integration.
- A Committee was constituted consisting of Chief Of Medical Services (Chairperson), Principal CON, Nursing Superintendent, Professor CON & Asst Nursing Suptdt.
- The Mandate of the committee was to study the process at other institutions (NIMHANS & CMC Vellore), to assess the feasibility of integrating Nursing Services & Education at SJMCH, to identify possible hurdles in implementation & to lay down the process to achieve integration
- The committee visited CMC Vellore on 11<sup>th</sup> Feb 2011 & NIMHANS on 17<sup>th</sup> Feb 2011
- Activities of the committee included Series of Meetings, Brain Storming, Discussing the possible benefits, thoughts and concerns
- The committee came up with suggestions & a proposed plan of
  - Unified Head for both Services & Education,
  - The Senior posts could be in rotation from an eligible pool
  - Area Faculty responsible for a section/Area according to specialty. ( Professor or Assoc Prof)
  - Designation & utilization of Supervisory Nurses of the hospital to be looked into.
  - Pilot the plan in one area, add the entire floor & add on floors in a phased manner
- **Proposal for implementation of Dual role was submitted on 22<sup>nd</sup> March 2011**
- Pilot project was conducted in Nov./ Dec. 2012 on 5<sup>th</sup> Floor . (Medicine Floor),  
Prof in Med Surg was Overall responsible for dual role, Assisted by a faculty (Asst Prof ), one Tutor in each ward along with the Ward In charges.  
The team was largely involved in patient care issues and staffing, staff training.
- After piloting the feasibility of integration was established and the same was implemented.

### **IMPLEMENTATION:**

- On 01<sup>st</sup> July 2013 integration of nursing service and education came into effect at St. John's.
- New Organogram was implemented
- New Appointment letters were issued to the concerned faculty.
- Orientation meeting for all stake holders was held on the very same day.

The overall Objectives were as follows:

- High quality nursing care
- Optimum utilization of nursing manpower
- To evaluate the quality of nursing services and education.
- Encourage a Collaborative approach.
- Synergize the effort of nursing educators and senior staff nurses
- Bridge the gap between theory and practice
- Foster commitment & accountability

### **ONGOING EVALUATION:**

- Feedback from different categories of health care personnel were obtained.
- Meetings and discussions with DNS/Mentors/Head nurses helped in evaluation.
- Research study: *Perception and attitude of health personnel regarding concept of integration was done in St. Johns Medical College Hospital.* 500 health personnels from different categories were selected. A Likert rating scale was used to collect the data. The results showed that 77.8% of the subjects had very good perception; 92.8% had a favorable attitude towards the concept of integration. There was also a significant correlation between perception and attitude towards concept of integration.

### **BENEFITS:**

#### **To the organization:**

- Effective utilization of nursing manpower cost effectiveness;
- Promotes decentralization: authority, responsibility and accountability given to DNS/Mentors .
- Research enhanced by including hospital staff into research teams.
- Recruitment of staff nurses enhanced by use of OSCE.
- Improves image of the hospital –good quality care/ other organizations also approached us as to how we started and how we overcame challenges
- Promotes interdisciplinary interaction and collaboration.



#### To clinical environment

- Humanistic approach to learning –supervision by qualified staff/ Drs were more involved in teaching
- A good working team spirit- regular meetings with the concerned HODs( Doctors)
- An efficient, flexible management
- Teaching and learning support of nursing from qualified staff.

#### To the students

- Uniformity / consistency in teaching & practice.
- Interns were found to be more confident in skills
- Positive learning environment
- Exposure to ideal Role Modeling
- Continuous supervision & learning takes place.
- Training of mentors & head nurses for supervision of students

#### To the patients

- Improvement in standard of care by holistic approach.
- Pooling in of ideas for patients benefits
- Team approach, Better planning, implementation & evaluation of care
- Improvement in quality indicators

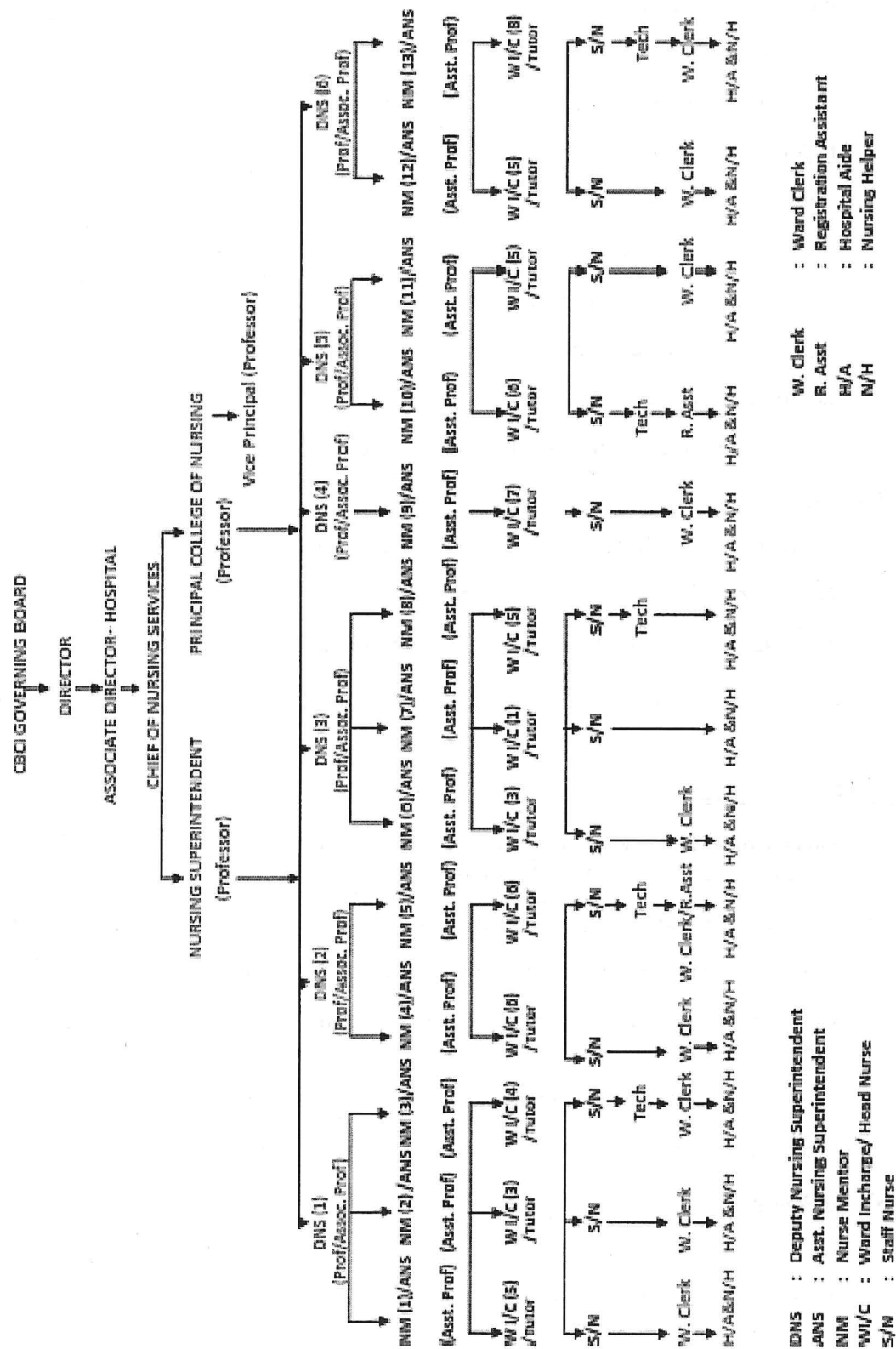
#### **ONGOING CHALLENGES**

- Quality time spent with students supervision has come down from college faculty due to increased workload. No time to counsel students.
- Feedback from some students regarding classes by hospital staff; not very appreciative
- Hospital staff not very eager to take up student supervision
- Hospital staff expect CON staff to be there round the clock; not realizing teaching load and other college activities
- CON staff stress and burn out at times, not able to complete task on time
- Workload increased but no additional increment for the same

#### **WAY FORWARD:**

- 360° feedback to be taken
- Restructuring needed as per hospital requirement

# **ORGANIZATION CHART OF NURSING SERVICE DEPARTMENT (SJMCH)**



# **To assess the perception and attitude of health personnel regarding the concept of integration in nursing**

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## **Abstract:**

**Introduction:** Integration of nursing education and service is a challenge. Nurses need to accept it to promoted effective leader and enhance knowledge. They need to have a clear perception and attitude for its success. This study was done to assess the perception and attitude of health personnel regarding the concept of integration in nursing.

**Methods:** A non experimental descriptive survey was conducted using 500 health personnel which included staff nurse, doctors, ward clerks and hospital aides. They were selected by disproportionate random sampling method. The instruments used for data collection was a Likert type rating scale to assess the perception and attitude of health personnel.

**Result:** The health personnel 77.8% had a very good perception and 92.8% had a favourable attitude towards the concept of integration in nursing.

**Conclusion:** The ultimate aim of nursing profession is quality care, which is assured when it is in the hands of competent nursing personnel. Hence, we as professionals should focus on bridging the existing gap between nursing service and education by the concept of integration.

**Keywords:** concept of integration, perception, attitude, health personnel.

## **Introduction:**

Nursing is a vital service provided to mankind by dedicated nurses, for which they need to be on the frontline to review and optimise the healthcare delivery by improving access, promoting higher quality of care, developing new roles and taking up leadership qualities more intensively.<sup>1</sup> This can be effectively managed by effective integration between nursing education and service because a high quality care is defined as being consistent with current professional knowledge and increasingly likelihood of desired patient care outcomes.

The gap between nursing education and service has its historical roots, as the schools attached to the hospital were largely staffed by the students, which preceded over their learning needs. This led to the creation of separate institutions for nursing education with independent administrative structures, budget and staff in order to provide an effective educational environment.<sup>2</sup>

There has been a considerable progress in nursing over the past several decades, especially in the area of education. The already existing nursing educational programmes have been strengthened and re-oriented in order to ensure that the graduates have the essential competence to make effective contributions in improving people's health and quality of life. This has thus resulted in rapid qualitative advances in education field but lacked comparable improvements in nursing service. This is because, even though we are producing quality graduates they are moving from bedside service to the education or teaching side of nursing profession, because of which the quality care that would have been given, is left out.<sup>3</sup>

The complexities of health and nursing care today make expanded nursing knowledge a necessity in contemporary care setting. <sup>4</sup> In nursing we have teachers with post graduate to PhD qualifications, who are functioning as academicians more than a bedside nurse or nurse manager. The clinical areas on the other hand are staffed with nurses of diploma to graduate qualification. By the utilization of these highly qualified nurses in the clinical areas will definitely improve the level of critical thinking, planning and implementation of care. Thus, the transformation of health care and nursing practice requires the integration of nursing service and education.

A study was conducted in three central government hospitals/schools of nursing in Delhi on nursing personnel from education, administration and service to

obtain their opinion towards dual role. It was found that 92.4% of the nursing personnel expressed agreement for dual role. None of the nursing personnel disagreed with performing dual role. There was no significant difference in opinion of nursing personnel towards dual role between nurse educator and nurse practitioner. It also concluded that the nursing personnel felt that dual role is necessary in nursing, as it has advantages like better learning experience, good quality nursing care, better coordination between nursing service , education and personnel development.<sup>5</sup>

A study conducted by WHO, on the process and outcome of integration between nursing services and nursing education to improve quality of nursing services and nursing education in South East Asian Countries, at College of Nursing in All India Institute of Medical Sciences, found that the integration process is effective for improving the quality of nursing care as perceived by doctors, nurses and undergraduate nursing students and in improving the patient's satisfaction from nursing care. Quality of nursing care perceived by doctors improved from 26.06% to 30.68%, nurses perceived an increase of 7% and quality of nursing perceived by students improved from 18.10% to 33.36%. There was an improvement in patient satisfaction from 40.29% to 70%. Job satisfaction of nursing personnel increased from 9% to 86%. Utilization of nursing time shows an increase of 20% in patient care complex and a reduction in non-productive work from 32% to 15% and off station time from 24% to 9% percentages. This shows that integration between nursing services and nursing education is feasible to implement provided suitable measures are adopted to maintain high level of job satisfaction among nurses.<sup>6</sup>

A study was done in Kasturba Hospital Manipal, to compare the perception of health care consumers, deliverers and nurse educators on nurses, nursing practice

and education, with 30 samples in each 3 groups. The study findings revealed that there was a significant difference found in the median perception scores on the nursing education system between nurses and nurse educators ( $Z = -2.581$ ,  $p < 0.0125$ ) as well as physicians/surgeons and nurse educators ( $Z = -4.176$ ,  $p < 0.0125$ ) in relation to the nursing education system the health care consumers scored low (mean=10, SD=3.35) in total perception scores as well as in nursing education system in particular ( mean=2.37, SD=1.40).<sup>7</sup>

A study was conducted in 13 different colleges in India, to assess the attitude of 46 nurse educators and nurse practitioners towards the concept of dual role. It revealed that 78.57% of nurse educators were having favourable attitude towards dual role. The nurse educators from the institution where the dual role was practised have more favourable attitude than nurse educators from other institutions.<sup>8</sup>

Thus, considering the above mentioned reviews, the present study was conducted to assess the perception and attitude of health personnel regarding the concept of integration in nursing.

**Objectives:**

1. To assess the perception of health personnel regarding the concept of integration in nursing.
2. To assess the attitude of health personnel towards the concept of integration in nursing.
3. To determine the correlation between perception and attitude towards the concept of integration in nursing.
4. To determine the association of
  - Perception with the baseline variables.
  - Attitude with the baseline variables

## **Hypothesis**

H<sub>1</sub>: There will be a significant correlation between the perception and attitude of health personnel at 0.05 level of significance.

H<sub>2</sub>: There will be a significant association of perception with the selected baseline variables at 0.05 level of significance.

H<sub>3</sub>: There will be a significant association of attitude with the selected baseline variables at 0.05 level of significance.

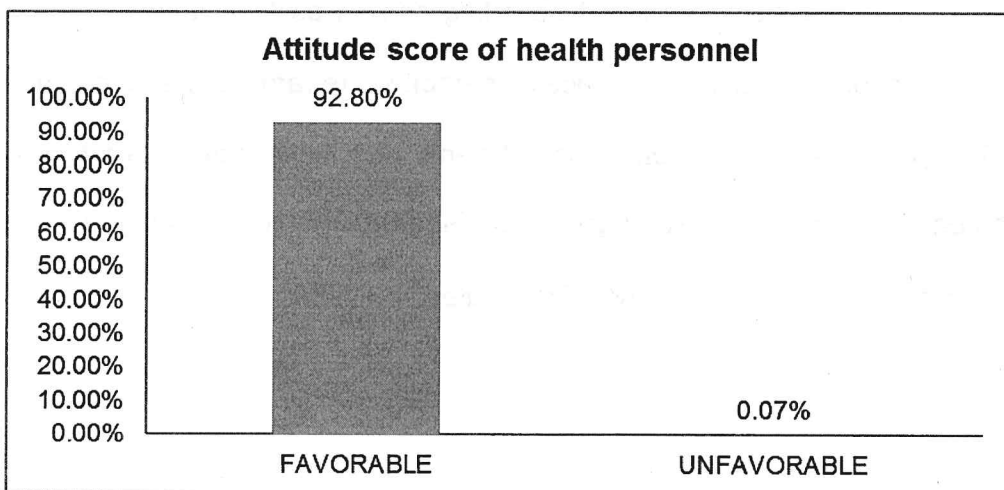
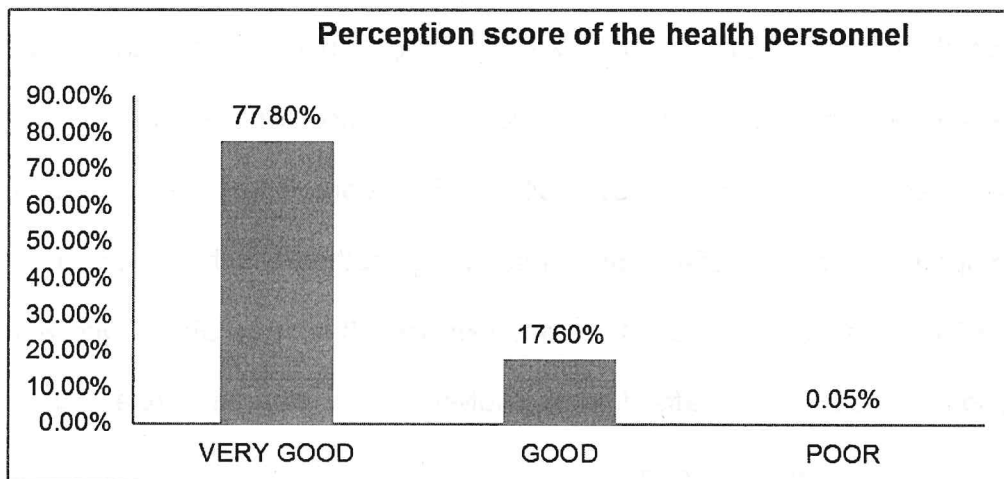
## **Methodology:**

The research design used for the study was non experimental descriptive survey design. The sample size comprised of 500 health personnel with a minimum of 6 months experience in St. John's Medical College, Bangalore. The sampling method used was disproportionate stratified random sampling method which resulted in the selection of 80 doctors, 321 nurses, 21 ward clerks and 78 hospital aides, who were selected by lottery method. All staffs directly involved in the integration role and are from college of nursing were excluded.

The purpose of the study was explained to the participants and an informed consent was obtained prior to the study. A likert type rating scale was then administered to assess the perception and attitude of health personnel regarding the concept of integration. The perception rating scale had 22 items and the attitude scale had 20 items. Each item had two alternatives agree and disagree. The time duration given to each participant to fill a questionnaire was 25 minutes.

## Result:

The study shows that, out of 500 study samples, 77.80% had a very good perception and 92.80% had a favourable attitude. It also shows a significant correlation found between perception and attitude of health personnel towards the concept of integration in nursing. The study also shows a significant association of perception with age, qualification, years of working experience in the present college and total years of working experience at 0.05 level of significance. There is no significant association of attitude found with the baseline variables at 0.05 level of significance.





**Discussion:**

The descriptive analysis of the perception of health personnel towards the concept of integration revealed that 77.8% had a very good perception and only 0.04% had a poor perception towards the concept of integration. It also revealed that 85% of the health personnel perceive that the concept of integration in nursing improves quality of patient care by better planning and better documentation of care. In a similar study done by WHO in AllMS reveals that the quality of care perceived by doctors improved from 26.06% to 30.68%, nurses perceived an increase of 7% and quality of nursing perceived by students improved from 18.10% to 33.36%.<sup>6</sup>

With respect to the attitude of the health personnel, 92.8% had a favourable attitude and only 0.07% had an unfavourable attitude. A similar study conducted in Delhi with nursing personnel as samples revealed that 92.4% of them had a favourable opinion towards the concept of integration.<sup>5</sup> In another similar study done with nurse practitioners and nurse administrators as samples revealed that 78.57% of them had a favourable attitude towards dual role.<sup>8</sup>

The findings in the study show that there was a significant correlation between perception and attitude of the health personnel towards the concept of integration in nursing at 0.05 level of significance. The value of 0.45 shows that there is a positive correlation between perception and attitude. Hence, it means that the attitude of the health personnel will be favourable if they have a good perception towards the concept of integration.

In the present study, there was significant association of perception with age, qualification, years of working experience in the present institution and total years of working experience at 0.05 level of significance.

There was no significant association of perception with gender, designation and area of posting at 0.05 level of significance. The attitude findings revealed that there was no significant association of attitude with the selected baseline variables at 0.05 level of significance.

A similar study done on nursing personnel also revealed that there was no significant association of the opinion score with the baseline variables i.e. age, designation, professional education and professional experience

**Limitations:**

The patient satisfaction was not assessed as baseline data for which comparison was not available prior and after integration.

**Recommendations:**

- Patient outcome survey can be done to know the change in patient care after integration.
- A qualitative study on experience of staff involved in integration could be undertaken.
- Study can be done to assess the various factors related to the favourable and unfavourable attitude and perception of the health personnel.

**Conclusion:**

The findings of the study have some important implications in the field of nursing administration, practice and education. The nursing professional need to focus more on bridging and removing the existing gap between nursing service and nursing education by the implementation of this concept in the institutions, because the ultimate aim of the profession is quality care which is assured when it is in the hands of competent nursing personnel.

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