

Domain wise psychological well-being among doctors and nurses: Comparative study of marital status and annual income

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Abstract

The present study examines Domain wise psychological well-being among doctors and nurses – comparative study of marital status and annual income. A total of 600 (doctors-300, nurses-300) samples were selected randomly from Bangalore City. Information was collected from using an instrument developed by Carol, D, Ryff's Medium Form of Psychological Well Being Scale (PWBS). Two way ANOVA were used for analysis. Result revealed that doctors and nurses do not show any significant difference in overall psychological wellbeing. However in the domains of autonomy and environmental mastery doctors and nurses differ significantly. Result shows that married and unmarried doctors and nurses' differ significantly on overall psychological wellbeing, domains wise result indicate that married and unmarried doctors and nurse differ significantly on Purpose in life and self-acceptance. Study revealed significant difference between annual income of above one lakh and up to one lakh of doctors and nurses on over all psychological well-being, domain wise significant differences was observed in their score of autonomy, environmental mastery, positive relation with others and self-acceptance.

Keywords: psychological wellbeing, marital status, annual income

Introduction

Physicians or medical doctors are the professionals who practices medicine, which is concerned with promoting, maintaining and restoring health through the study, diagnosis and cure of disease, injury, and other physical and mental impairments (WHO, 2010) ^[14]. Doctors are considered to be different types according to their specialty. There are doctors for heart problems, ENT problems, and bone and muscle problems to name a few. Certain designations for doctors are general. These contain general practitioner, who is a neighborhood doctor and provides medicines for almost every sickness and trauma who offer medical aid in emergency rooms.

Nurses are the group of medical professionals who have direct contact with patients and play an important role in treating and curing with proper procedure. Nursing encompasses autonomous and combined care of individuals of all ages, families, groups and communities, sick or well and in all conditions. Nursing is considered as promotion of health, prevention of illness, and the care of ill, disabled and dying people. Encouragement, support of a safe environment, participation in shaping health policy, health systems management, research and education are also key nursing roles. Florence Nightingale laid the foundations of professional nursing during the Crimean War (Winkel, 2009) ^[13]. The Nightingale model of professional education have set up the first school of nursing that is associated to a continuously operating hospital and medical school spread widely in Europe and North America after 1870 (Quinn, 2014).

American Nurses Association (2009) ^[2] defines “nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human

response, and advocacy in the care of individuals, families, communities, and populations”.

Nursing is the most distinct among all healthcare professions. Nurses practice in a wide range of settings but generally nurses are divided depending on the needs of the person being nursed. The major populations are: communities or public, family or individual across the lifespan, adult-gerontology, pediatrics, neonatal, women's health or gender related, psycho/mental health. There are also specialist areas such as cardiac nursing, orthopedic nursing, palliative care, preoperative, obstetrical nursing, oncology nursing, nursing informatics, tele-nursing. Some are attorneys and others work with attorneys as legal nurse consultants, reviewing patient records to assure that adequate care was provided and testifying in court. Nurses can work on a temporary basis, which involves doing shifts without a contract in a variety of settings, sometimes known as per diem nursing agency nursing or travel nursing. Nurses work as researchers in laboratories, universities and research institutions. Nurses have also been delving into the world of informatics, acting as consultants to the creation of computerized charting programs and other software. There was a time when professional nurses had very little choice of service because nursing was centered in the hospital and bedside nursing. Career opportunities are more varied now for a numbers of reasons (Wilkinson & Alice, 1958) ^[12].

The concept of well-being has been used in all most every religious book. The most popular Hinduism starts with ‘Sarve Bhavantu Sukhin’ (let all enjoy well-being). Bagavath Geeta claims well-being to be most important feature of life. This well-being can be attained by liberation from anxiety producing fixation and attachments. Buddhism preaches that love and well-being for all i.e. not only for the believers but also for the followers of other religions. Christianity's

mission is to bring about true well-being for mankind. Quran states 'Saber Tawakkul' that is to have patience and to have faith in God and observing patience leads to real well being. Many terms such as happiness, hope, satisfaction, good mental health, positive effect and well-being have been used in the literature interchangeably and synonymously. Well-being is mainly used for specific variety of goodness, for example, enjoying life, living in a comfortable environment, being of worth for the surrounding, able to cope with life, etc. the term psychological well-being denotes that something is in a good state. It does not specify what the 'something' is and 'what' and secondly by spelling out the criteria of wellness (Veenhoven, 2004).

According to Levi (1987) [6] psychological well-being is a "dynamic state characterized by reasonable amount of harmony between individual's abilities, needs and expectations, environmental demands and opportunities". Psychological well-being play an important role to do with the management of the existential challenges of life such as having meaning in one's life growing and developing as a person.

'Psychological well-being is a person's evaluative reactions to his/her life either in terms of life satisfaction or internal cognitive evaluations. Well-being is examined as a harmonious satisfaction of one's desires and goal (Chekola, 1975) [3]. General well-being is a part of the concept of positive mental health; which is not a mere absence of disease or infirmity (Verma, 1988) [11].

Ahmad *et al.*, (2015) [1] studied the relationship between Diet, exercise and psychological wellbeing of health care professionals (doctors, dentists, and nurses) in Pakistan. The sample consists of 1,190 healthcare professionals. Warwick Edinburg Mental Wellbeing Scale, Dietary Guidelines-2010 was employed to quantify diet, and American Heart Association guidelines were appointed for the analysis of exercise. Researcher used one way ANOVA, t test and Multiple Linear Regression for the analysis. Result of the study revealed that mental wellbeing is positively associated with having breakfast regularly, supplement intake, often use of unsaturated fatty acids instead of very frequently, presence of hypertension, working recommended and less than recommended hours (7-8 hours).

Escriba & Burillo (2004) [5] in their study entitled psychological well-being among hospital personnel, the role of family demands and psychological work environment was investigated. Sample consists of 313 workers of Valencia (Spain) by means of a self-answered questionnaire. Result revealed that gender role and psychological work environment have a negative influence on the psychological well-being of hospital staff.

Objectives

The objectives of the present study are as follows: A) to determine the psychological well-being of doctors and nurses. B) To assess marital status variance of psychological well-being among doctors and nurses. C) To assess annual income variance of psychological well-being among doctors and nurses.

Hypotheses

The following hypotheses were framed for the study: A) doctors and nurses differ in Psychological wellbeing. B) There will be marital status influence on Psychological wellbeing. 3) There will be annual income influence on Psychological wellbeing.

Method

Sample

Based on random sampling technique, the overall sample for this study covered 600. Out of them, 300 doctors and 300 nurses were included in this study. Sample was drawn from different private and government hospitals of Bangalore city.

Tools

Socio Demographic Data Sheet: This includes details about age, sex, gender, Length of service, marital status, and Annual income.

Psychological Well Being Scale (1995)-Medium form

The test of psychological well-being was developed by Carol Ryff (1995), which consists of 54 questions. Each item has to be rated on 6-point scale on the continuum of strongly disagree to strongly agree. This test consists of 6 different sub-areas namely Autonomy, Environment Mastery (EM), Personal Growth (PG), Positive Relation with Others (PRWO), Purpose in Life (PIL) and Self-Acceptance (SA). The minimum scores of a subject on this scale will be 54 and the maximum possible scores will be 324. In this test high score indicates that the respondent has a mastery of well-being in his or her life. Conversely, a low score shows that the respondent struggles to feel comfortable with that concept.

Procedure

After taking permission from the consent authority, subjects were assessed on Psychological well-being (PWB). Further, data were analyzed using descriptive statistics.

Group and psychological wellbeing

Two ways ANOVA revealed overall psychological wellbeing scores were analyzed across group, age and interaction between group and age. On the whole the result found that doctors and nurses did not differ significantly on psychological wellbeing scores ($F=1.652$; $P=0.420$). Domain wise significant difference was observed between doctors and nurses on autonomy ($F=3.904$; $P=0.046$) and environmental Mastery ($F=9.037$; $P=0.003$). Further, mean values clearly indicated that nurse respondents had higher scores on autonomy (mean, 35.046) and environmental Mastery (mean 36.230) than doctor's respondent's autonomy (mean, 34.120) and environmental Mastery (mean 34.580). However, doctors and nurses did not differed significantly on other domains of psychological wellbeing, such as personal growth ($F=0.306$; $P=0.581$), positive relation with other ($F=0.908$; $P=0.341$), Purpose in life ($F=0.069$; $P=0.793$), and self-acceptance ($F=1.203$; $P=0.652$).

Marital status and psychological wellbeing

Result indicates significant difference between marital status of doctors and nurses on over all psychological well-being with F value of 4.513 and significance level of 0.034. The mean value obtained for the respondent in the group of married is 208.514 and unmarried is 213.459 respectively. Further, mean values clearly indicated that unmarried doctors and nurses had higher scores on psychological wellbeing than married. Domain wise significant differences was observed in their score of Purpose in life ($F=9.645$; $P=0.002$), and self-acceptance ($F=6.801$; $P=0.009$). Further mean value of unmarried respondents had more Purpose in life (mean 35.918) than married respondents' score (mean 34.199). In the case of self-acceptance, unmarried doctors and nurses (mean 36.344) showed to be higher self-acceptance than married respondents (mean 35.103). Two way ANOVA revealed non-significant difference on the domains autonomy ($F=0.001$; $P=0.979$) environmental mastery ($F=1.846$; $P=0.175$), personal growth ($F=1.154$; $P=0.283$). Positive relation with others ($F=1.838$; $P=0.176$) respectively.

Group, marital status and Psychological well being

Overall interaction effect of group and marital status differ significantly on psychological well-being ($F=3.934$; $P=0.048$), whereas married nurses (mean, 211.910) are shown to be more psychological wellbeing than married doctors (mean, 205.513), and unmarried doctors showed to be more psychological well-being (mean, 214.927) than unmarried nurses (mean, 212.233). Domain wise interaction effect were observed in positive relation with others ($F=5.530$; $P=0.019$), whereas unmarried doctors (mean, 36.603) were observed to be more psychological well-being than unmarried nurses (mean, 34.797). Two way ANOVA revealed non-significant interaction effect of group and marital status on autonomy ($F=1.467$; $P=0.226$), environmental mastery ($F=2.833$; $P=0.093$), personal growth ($F=1.228$; $P=0.268$), purpose in life ($F=0.696$; $P=0.404$), and self-acceptance ($F=3.771$; $P=0.053$) respectively

Annual income and psychological wellbeing

Result indicates significant difference between annual income of above one lakh and up to one lakh of doctors and nurses on over all psychological well-being with F value of 6.478 and significance level of 0.011. The mean value obtained for the respondent in the group of up to one lakh is 207.806 and

above one lakh is 212.887 respectively. Further, mean values clearly indicated that annual income above one lakh respondents had higher scores on psychological wellbeing than annual income below one lakh. Domain wise significant differences was observed in their score of autonomy ($F=7.791$; $p=0.005$), environmental mastery ($F=4.875$; $P=0.028$), positive relation with others ($F=6.754$; $P=0.010$) and self-acceptance ($F=7.750$; $P=0.006$). Further mean value of annual income above one lakh respondents had more autonomy, environmental mastery, positive relation with others and self-acceptance than annual income below one lakh respondents. Two way ANOVA revealed non-significant difference on the domains personal growth ($F=0.002$; $P=0.966$) and purpose in life ($F=1.879$; $P=0.171$) respectively.

Group, annual income and Psychological well being

Overall interaction effect of group and annual income differ significantly on psychological well-being ($F=7.171$; $P=0.008$), whereas nurses annual income up to one lakh (mean, 212.192) are shown to be more psychological wellbeing than doctors annual income up to one lakh (mean, 201.822). Domain wise interaction effect were observed in environmental mastery ($F=5.380$; $P=0.021$), whereas nurses annual income up to one lakh (mean, 36.254) are shown to be more psychological wellbeing than doctors annual income up to one lakh (mean, 33.271). domain of positive relation with others ($F=11.863$; $P=0.001$), nurses annual income up to one lakh (mean, 35.310) are shown to be more psychological wellbeing than doctors annual income up to one lakh (mean, 33.355) and doctors annual income above one lakh (mean, 36.604) are shown to be more psychological wellbeing than nurses annual income above one lakh (mean, 34.856). Domain of Purpose in life ($F=5.134$; $P=0.024$), nurses annual income up to one lakh (mean, 35.304) are shown to be more psychological wellbeing than doctors annual income upto one lakh (mean, 33.508). Two way ANOVA revealed non-significant interaction effect of group and annual income on autonomy ($F=2.334$; $P=0.127$), personal growth ($F=1.660$; $P=0.198$), and self-acceptance ($F=1.534$; $P=0.216$) respectively.

Table. 1: showing the domain wise Psychological Wellbeing (PWB) scores of doctors and nurses

Group	Marital status	N	Domains of Psychological wellbeing												Total	
			Autonomy		Environmental mastery		Personal growth		Positive relation with others		Purpose in life		Self-acceptance		Total PWB	
			Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Doctors	Married	189	33.915	5.193	34.037	5.899	34.497	5.025	34.576	6.783	33.915	6.295	34.571	6.012	205.513	26.539
	Unmarried	111	34.468	6.273	35.504	6.199	35.531	5.972	36.603	7.550	36.090	6.861	36.729	6.154	214.927	31.678
	Total	300	34.120	5.613	34.580	6.043	34.880	5.408	35.326	7.131	34.720	6.583	35.370	6.144	208.996	28.857
Nurses	Married	167	35.281	5.171	36.299	5.987	34.760	6.110	35.341	6.241	34.521	6.893	35.706	5.563	211.910	27.906
	Unmarried	133	34.751	4.993	36.142	4.949	34.744	5.762	34.797	5.665	35.774	6.514	36.022	4.918	212.233	24.344
	Total	300	35.046	5.091	36.230	5.543	34.753	5.948	35.100	5.989	35.076	6.745	35.846	5.281	212.053	26.344
Total	Married	356	34.556	5.220	35.098	6.039	34.620	5.554	34.935	6.536	34.199	6.580	35.103	5.825	208.514	27.338
	Unmarried	244	34.6230	5.601	35.852	5.550	35.102	5.859	35.618	6.637	35.918	6.662	36.344	5.514	213.459	27.892
	Total	600	34.583	5.374	35.405	5.852	34.816	5.680	35.213	6.581	34.898	6.661	35.608	5.729	210.525	27.649
F (Group)1.596			F=3.404;P =0.066		F=9.037;P=0.003		F=0.306;P=0.581		F=0.908;P=0.341		F=0.069;P=0.793		F=1.203; P=0.652		F=1.652; P=0.420	
F(marital status)1.596			F=0.001;P=0.979		F=1.846;P=0.175		F=1.154;P=0.283		F=1.838;P=0.176		F=9.645;P=0.002		F=6.801; P=0.009		F=4.513; P=0.034	
F(interaction)1.596			F=1.467;P=0.226		F=2.833;P=0.093		F=1.228;P=0.268		F=5.530;P=0.019		F=0.696;P=0.404		F=3.771; P=0.053		F=3.934; P=0.048	

Table. 2: showing the domain wise Psychological Wellbeing (PWB) scores of doctors and nurses

Group	Annual Income	N	Domains of Psychological wellbeing												Total	
			Autonomy		Environmental mastery		Personal growth		Positive relation with others		Purpose in life		Self-acceptance		Total PWB	
			Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Doctors	Up to 1 lakh	118	32.966	5.180	33.271	5.434	34.500	5.872	33.355	6.348	33.508	6.947	34.220	5.961	201.822	28.360
	Abv 1 lakh	182	34.868	5.768	35.428	6.277	35.126	5.086	36.604	7.334	35.505	6.231	36.115	6.161	213.648	28.292
	Total	300	34.120	5.613	34.580	6.043	34.880	5.408	35.326	7.131	34.720	6.583	35.370	6.144	208.996	28.857
Nurses	Up to 1 lakh	161	34.788	4.954	36.254	5.337	35.024	5.589	35.310	5.472	35.304	6.181	35.509	5.000	212.192	23.933
	Abv 1 lakh	139	35.345	5.248	36.201	5.791	34.438	6.346	34.856	6.549	34.812	7.358	36.237	5.581	211.892	28.975
	Total	300	35.046	5.091	36.230	5.543	34.753	5.948	35.100	5.989	35.076	6.745	35.846	5.281	212.053	26.344
Total	Up to 1 lakh	279	34.017	5.121	34.992	5.568	34.802	5.706	34.483	5.927	34.544	6.564	34.964	5.454	207.806	26.353
	Abv 1 lakh	321	35.074	5.545	35.763	6.074	34.828	5.667	35.847	7.048	35.205	6.740	36.168	5.908	212.887	28.558
	Total	600	34.583	5.374	35.405	5.852	34.816	5.680	35.213	6.581	34.898	6.661	35.608	5.729	210.525	27.649
F (Group)1.596			F=6.818;p =0.009		F=15.535; p=0.000		F=0.030; P=0.863		F=0.037; P=0.848		F=1.009; P=0.316		F=2.242; P=0.135		F=3.618; P=0.058	
F (Annual Income)1.596			F=7.791;p=0.005		F=4.875;P=0.028		F=0.002; P=0.966		F=6.754; P=0.010		F=1.879; P=0.171		F=7.750; P=0.006		F=6.478; P=0.011	
F (interaction)1.596			F=2.334; P=0.127		F=5.380; P=0.021		F=1.660; P=0.198		F=11.863; P=0.001		F=5.134; P=0.024		F=1.534; P=0.216		F=7.171; P=0.008	

Discussion

The main objective of the current research is to study psychological wellbeing of doctors and nurses in Bangalore city. The hypothesis states that: 'doctors and nurses differ in Psychological wellbeing'. Statistical method of ANOVA has been applied to measure between-subjects by SPSS (version 20) to test the hypothesis.

Outcome of the study it was found that overall score of doctors and nurses did not differ significantly in their psychological wellbeing. However Doctors and nurses differed significantly in the domain of autonomy and environmental mastery score. Nurses scored high on autonomy and environmental mastery compare to doctors. Other domains of psychological wellbeing such as personal growth, positive relation with others, purpose in life and self-acceptance, there is no significant differences between doctors and nurses.

The second objective of the current research is to assess marital status variance of psychological well-being among doctors and nurses. Hypothesis of the study states that: 'There will be marital status influence on Psychological wellbeing'.

Findings of the study revealed that married and unmarried doctors and nurses' differ significantly on overall psychological wellbeing, whereas unmarried doctors and nurses had higher scores on psychological wellbeing than married respondents. Domains wise result indicates that married and unmarried doctors and nurse differ significantly on Purpose in life and self-acceptance. Unmarried respondents had more Purpose in life than married respondents'. In the case of self-acceptance, unmarried doctors and nurses showed to be higher self-acceptance than married respondents. In the rest of the domains like autonomy, environment mastery, personal growth and positive relation with others, married and unmarried doctors and nurses do not differ significantly. Overall interaction effect of group and marital status differ significantly on psychological well-being, whereas married nurses are shown to be more psychological wellbeing than married doctors, and unmarried doctors showed to be more psychological well-being than unmarried nurses. Domain wise interaction effect was observed in positive relation with others, whereas unmarried doctors were observed to be more psychological well-being than unmarried nurses. Two way ANOVA revealed non-significant interaction effect of group and marital status on autonomy, environmental mastery, personal growth, purpose in life, and self-acceptance respectively.

The finding was supported by Marks & Lambert (1998) ^[7] reported that marriage continued to promote well-being for both men and women, in some cases—for example, autonomy, personal growth—the single fared better than the married. The effects of continuity in single status were not very different for women in contrast to men.

The third objective of the current research is to assess annual income variance of psychological well-being among doctors and nurses. Hypothesis of the study states that: 'There will be annual income influence on Psychological wellbeing'.

Findings of the study revealed significant difference between annual income of above one lakh and up to one lakh of doctors and nurses on over all psychological well-being, whereas annual income above one lakh respondents had higher scores on psychological wellbeing than annual income below one lakh. Domain wise significant differences was

observed in their score of autonomy, environmental mastery, positive relation with others and self-acceptance. Further mean value of annual income above one lakh respondents had more autonomy, environmental mastery, positive relation with others and self-acceptance than annual income below one lakh respondents. Non-significant difference was observed in their domains personal growth and purpose in life respectively. Overall interaction effect of group and annual income differ significantly on psychological well-being, whereas nurses' annual income up to one lakh are shown to be more psychological wellbeing than doctors' annual income up to one lakh. Domain wise interaction effect was observed in environmental mastery, whereas nurses' annual income up to one lakh are shown to be more psychological wellbeing than doctors' annual income up to one lakh. domain of positive relation with others, nurses annual income up to one lakh are shown to be more psychological wellbeing than doctors annual income up to one lakh and doctors annual income above one lakh are shown to be more psychological wellbeing than nurses annual income above one lakh. Domain of Purpose in life, nurses' annual income up to one lakh is shown to be more psychological wellbeing than doctors' annual income up to one lakh. Two way ANOVA revealed non-significant interaction effect of group and annual income on autonomy, personal growth and self-acceptance.

A Study by Diener *et al.*, (1993) ^[4] revealed that significant correlations were found in the U.S. between income and well-being, but the cross-country correlations were larger. No evidence for the influence of relative standards on income was found. Income appeared to produce lesser increases in subjective well-being at higher income levels in the U.S., but this pattern was not evident across countries. Another study by Rogers & DeBoer (2001) ^[9] in their study entitles 'Changes in Wives' Income: Effects on Marital Happiness, Psychological Well-Being, and the Risk of Divorce'. The result revealed that increases in married women's absolute and relative income significantly increase their marital happiness and well-being. Increases in married women's absolute income generally have non-significant effects for married men. However, married men's well-being is significantly lower when married women's proportional contributions to the total family income are increased. The likelihood of divorce is not significantly affected by increases in married women's income. Nevertheless, increases in married women's income may indirectly lower the risk of divorce by increasing women's marital happiness.

Conclusion

It may be noted from the above studies that doctors and nurses working in Bangalore City do not show any difference in overall psychological wellbeing. However in the Domains of autonomy and environmental mastery doctors and nurses differ significantly. Findings of the study revealed that married and unmarried doctors and nurses' differ significantly on overall psychological wellbeing, domains wise result indicate that married and unmarried doctors and nurse differ significantly on Purpose in life and self-acceptance. Findings of the study revealed significant difference between annual income of above one lakh and up to one lakh of doctors and nurses on over all psychological well-being, Domain wise significant differences was observed in their score of

autonomy, environmental mastery, positive relation with others and self-acceptance.

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