

## SOCIO-ECONOMIC AND HEALTH CONDITIONS OF NURSES IN PRIVATE HOSPITALS IN KERALA- A STUDY WITH SPECIAL REFERENCE TO KOLLAM

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### Abstract

*Nursing practice perhaps originated from the very instinct of preserving and protecting life with the passage of time, nursing practices and services became more and more refined and are striving for excellence for making the profession more benefitting to the needs of contemporary society. Significantly, nursing service is one of the largest and important service resources of any health care establishment. The primary purpose of nursing practice is to provide quality care to patients as an integral part of comprehensive health care service rendered by a health care organization. Nursing is a discipline of applied nature. Unlike other services, nursing first started as a practice and then got organized as a scientific. In the new world of health care nursing profession is emerging as a significant contender. Hence the present study aims to assess the socio-economic and health conditions of nurses in private hospitals in Kerala.*



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## INTRODUCTION

Health is a state of complete physical, social and mental well being and not merely the absence of disease or infirmity. Health is thus a level of functional efficiency of living beings and a general condition of a person's mind, body and spirit, meaning it is free from illness, injury and pain. It's a resource of everyday life and a positive concept emphasizing physical capabilities. Good health is a secret of every happy man. There is an old saying, 'Health is wealth'. Staying healthy for children is vital for proper growth and development of mind and body as they need to focus in the class and fully participate in the activities of the field.

In professional spaces, health is crucial in dealing with different workplace situations and conflicts. If one is unfit in any of the mentioned aspects above, this can heavily affect how an individual becomes productive in the work place. Of course, good health can be equated to productivity. In this context and without it, more conflicts may arise that may be very hard to deal with. Good health is not a myth; it is something that we can really achieve

as long as we put our minds in it and as long as we remember how to properly value ourselves. All it takes is the right perception of our self-worth and some self-esteem.

Nurses play an integral role in the health care industry, providing care to patients and filling leadership roles at hospitals, health systems and other organisation. But being a nurse is not without its challenges. It is a demanding profession that requires a lot of dedication and commitment. Even though there are a lot of reasons why nursing has come to a leading edge as a fantasy profession for the future. Nursing profession has been taken up more keenly in Kerala than elsewhere in India. The state housed 63 nursing colleges in 1991 and added 17 private nursing colleges by 2003. Now the state has 98 nursing colleges offering 141 courses. Kerala is the state from where most number of nurses graduate annually. The number of nurses migrating to other countries is highest in Kerala.

In the private sector, the nurses are confronted with extremely low paying job (between Rs.3000-Rs.4000 a month) as against the labour standard of around Rs.6000 (which is also pathetically low). Even the most experienced ones only get paid about Rs.8000 to Rs.9000. Many have to sign a 2-3 year bonded contract that inevitably binds the nurses to the hospitals and breaking the contract often entails shelling out Rs.50000 to Rs.100000 for obtaining their release. Otherwise, all their certificates are held by the hospital management. Most of the nurses are forced to work beyond the mandatory 8 hours working day, to more than 10 to 11 hours. Apart from low wages, none of the nurses are given employment benefits like provident fund (PF) and gratuity. The nurses are not even given health coverage deposit facing higher risk of infections.

In India, important section of nurses is highly exploited with lack of respect and dignity at work place and more importantly paid extremely low salaries with lack of job security. Many nurses, who mainly come from poor backgrounds, have to pay lakhs or rupees to get a nursing degree and hence have to take huge loans thus leaving them indebted. But after graduation, what really confronts them is lack of opportunity in government run hospitals. Kerala has for long been reputed for sending the largest number of trained and dedicated nurses to all parts of the world. But, at home, the nurses are struggling hard for decent wages and working conditions. The present study is taken up against this background.

## **OBJECTIVES OF THE STUDY**

1. To know the financial stability of nurses in private hospitals.
2. To analyse the health condition of nurses in private hospitals.
3. To suggest the measures to improve the working condition of Nurses.

## **SIGNIFICANCE OF THE STUDY**

Nursing profession play an important role in providing seamless and efficient health care services in hospitals and nursing homes. Nurses are the backbone of the Indian healthcare system and their shortage in the long term will have hazardous impact on the overall functioning of the sector. It will lead to shutdown of hospitals, unavailability of quality medical care and increased clinical complications. But we are not concerned about their condition. So I think, it is necessary to study the conditions of nurses, the areas like socio-economic and health in particular.

## **METHODOLOGY**

The following methodology was used for this study:

- Data used – both primary and secondary data was used. Primary data was collected from 50 nurses working in private hospitals in Kollam using sampling technique. Secondary data for the purpose of study was collected from published sources such as books, journals, and internet.
- Tools for presentation – For the presentation of the collected and classified data, statistical tools such as tables, figures, etc. were used.

## **NURSES AS A CLASS IN HOSPITAL INDUSTRY**

In the highly competitive hospital industry, the strategies of managements for revenue enhancement and cost reduction face some constraints. Their attempt for revenue enhancement by increasing the treatment cost was constrained by the low cost healthcare provided by the evenly distributed government hospitals (Varatharajan et al 2002: 14). The quality concerns of the health literate population urged the private sector for huge spending on doctor's salary and infrastructural development which in turn obscured the chances of cost-cutting. Thus, the private hospitals targeted the nurses' salary and labor for cost reduction.

Nurses in the hospital industry are a class in itself in the three dimensions of class relations: property-wise (ownership of means of production and share in surplus), authority-wise (control over the means of production, production process and policy decisions), and in

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terms of quality of work (skills and expertise). But by virtue of professional qualifications and nature of work they are identified as a status group or a service class. In the authority hierarchy in hospitals the nurses occupy the position below the paramedical staff and clerks and just above the menial workers. In practice, their duties overlap with ward boys and sweepers in both the patient-crowded government hospitals and the labor-squeezing private hospitals. Even though the nurses are skilled workers, unlike the doctors they hardly fetch a brand name for their skill in the hospital industry.

Since the nurses' qualification remains the blind spot of Kerala's health literacy, the managements were able to fill up the vacancies with trainees causing the disappearance of permanent jobs for nurses in the private sector. The proliferation of private self-financing nursing schools and colleges in the state, which provided the hospitals with a new investment option and resource for institutional expansion, has also enhanced the supply of labour. To save the labor cost in hospitals, the principals and teachers of nursing colleges/schools were directed by the managements to assign hospital duty to nursing students as part of internal assessment, without pay. Capital exercised free rein over labor in the absence of trade unions in hospitals and student unions in the nursing institutes. The hospital managements in collusion with doctors and powerful caste/community organizations acted as strong pressure groups to block political interventions in the workplace.

### **ISSUES FACED BY NURSES**

The issue as the nurses have very well realized is not merely a question of wage dispute, but pertains to the highly exploitative nature of these private/ corporate hospitals. The conditions of the nurses even in government hospitals is no better as the 8 days hunger strike by 4700 contract nurses in Bangalore demonstrated. Of course the solution to the problem cannot bring about by reforming or regulating the private sector. It is a question on the one hand of complete absence of Universal health care in India versus an over abundance of private hospitals in every street corner of Urban India. Only nationalization of these private/corporate hospitals, under the democratic control of the working class, trade unions and health workers, can bring about a long lasting change not only to the living conditions of the nurses but also the vast majority of the Indian people who have been totally denied of basic health care.

Some of the issues faced by the nurses include the following. All hospital management says duty time is only 8 hour, but in reality this hardly the case with most of

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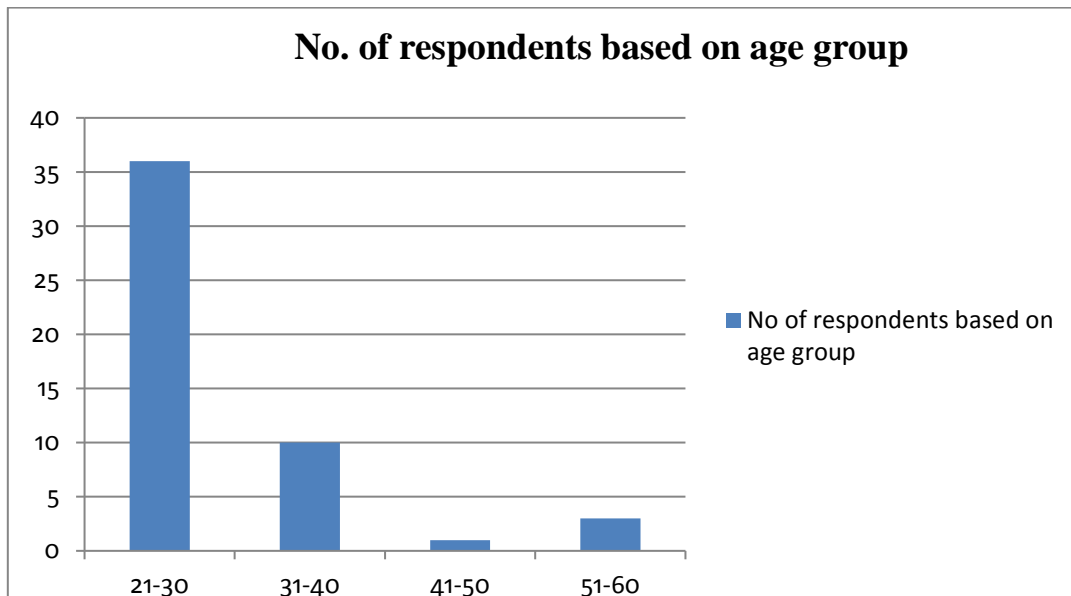
them made to work beyond the duty time. Most of the hospitals are not providing medical insurance or free health coverage especially given the fact that nurses are more prone to get diseases and infections. Many of the hospitals pay a very low wages, as low as Rs. 1800 a month (which is nowhere near even pathetic the labor minimum wages of around Rs. 6000). While hospitals charge patients anywhere from Rs. 1500-2500 (per day) as nurses fee but nowhere is this reflected in the nurse's salary. Private/ corporate hospitals demand bonded contracts, which if broken, nurses are forced to pay more than Rs. 50,000. Even the so called ISO certified hospitals hire untrained nurses thus bringing down the wages of skilled nurses and putting the lives of patients at risk. Male nurses are denied opportunities often because of flimsy reasons, while they cleverly over exploit female nurses by under paying and over-exploiting them. Nurses are punished on flimsiest grounds; cuts in their salary or double duty time are rampant. Besides all these, none of them enjoy any basic rights as workers and are denied trade union rights. Moreover, many nurses are made to endure psychological abuses from the management.

#### **ANALYSIS OF DATA**

##### **Distribution of Sample respondents on the basis of gender**

<b>Gender</b>	<b>Number of respondents</b>	<b>Percentage</b>
Male	1	2%
Female	49	98%
Total	50	100%

From the above table, we find that majority of nurses were female about 98% and only the remaining males. These figures reveals that the male population are not ready to work as a nurse.



**Distribution of sample respondent on the basis of marital status**

Marital Status	Number	Percentage
Married	38	76%
Unmarried	12	24%
Total	50	100%

From the total number of respondents, 76% are leading a married life and the remaining 24% were not.

**Distribution of sample respondents on the basis of members in family**

Number of members	Number	Percentage
4 and below	35	70%
Above 4	15	30%
Total	50	100%

The table reveals the fact that, 70% of the families of sample respondents have family members between 4 and below. 30% of the families of sample respondents have family members above 4.

### Distribution of sample respondents on the basis of members in family having job

Number of members Having job	Number	Percentage
2 and bellow	33	66%
Above 2	17	34%
Total	50	100%

From the table, we can identify the fact that number of members having job between 2 and below is 66% and the number of members having job above 2 is around 34%.

### Distribution of sample respondents on the basis of length of service

Length of service	Number	Percentage
Bellow 10	42	84%
11-20	5	10%
21-30	3	6%
Total	50	100%

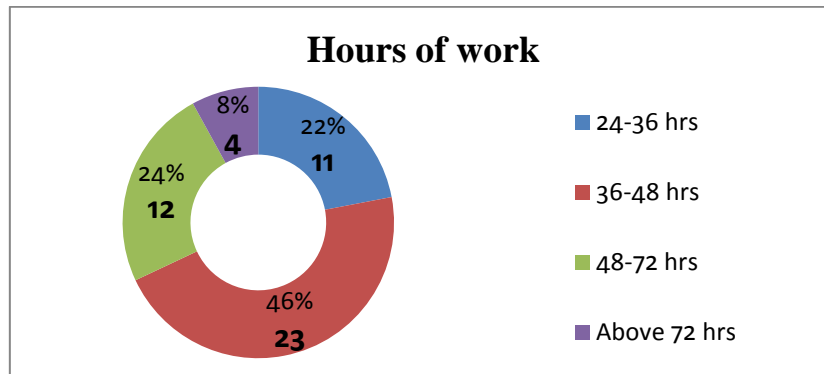
The table shows that, 84% of the nurses have below 10 years of service and 10% have 11-20 years of work experience. Only the remaining 6% have 21-30 years of services.

### Distribution of sample respondents on the basis of qualification

Qualification	Number	Percentage
General	21	42%
BSc nursing	29	58%
Total	50	100%

From the above table, we can find that majority of nurses about 58% having BSc nursing qualification and the reaming 45% have only general nursing qualification.

**Distribution of sample respondents on the basis of hours of work in a week**



The above figure shows that out of the total respondents, 46% of nurse’s work for 36-48 hours and 24% for 48-72 hours and 22% of nurses’ work for 24-36 hours. The remaining 8% of nurses work for above 72 hours per week.

**Distribution of sample respondents on the basis of satisfaction with availability of facilities**

Satisfied	Number	Percentage
Yes	46	92%
No	4	8%
Total	50	100%

From the above we can see that 92% of the respondents were satisfied with facilities available to them at the hospitals and the remaining 8% were not satisfied with the facilities provided to them.

**Distribution of sample respondents on the basis of work significance**

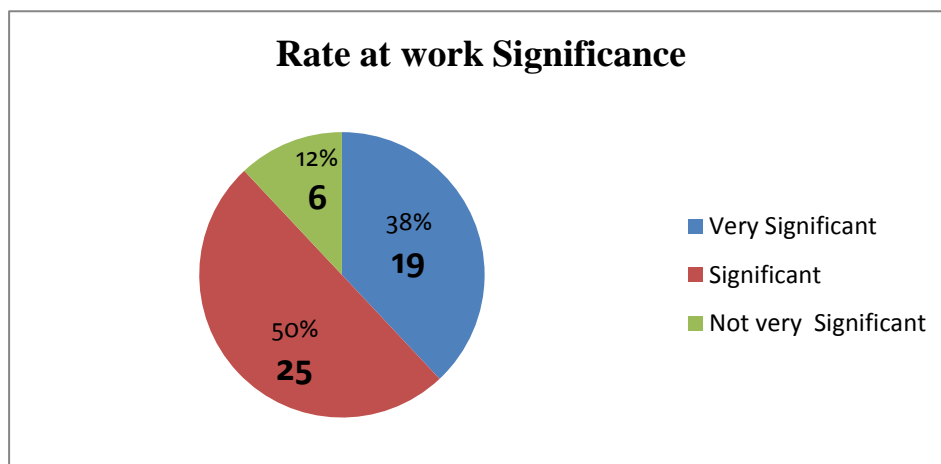




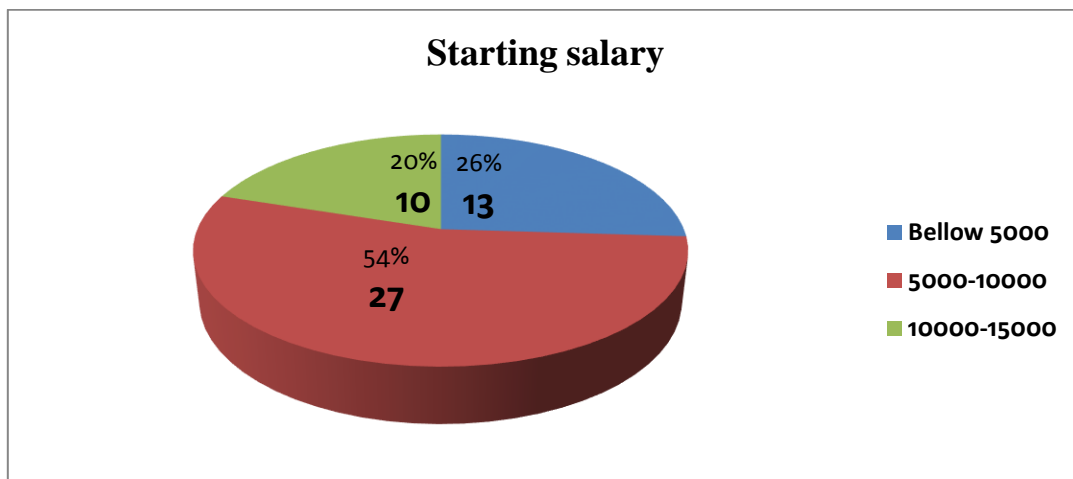
Figure shows that 50% of the sample respondents were significant in their rate of work and 38% were very significant and remaining 12% were not very significant.

**Distribution of sample respondents on the basis of opinion on security of employment**

Employment security	Number	Percentage
Yes	41	82%
No	9	18%
Total	50	100%

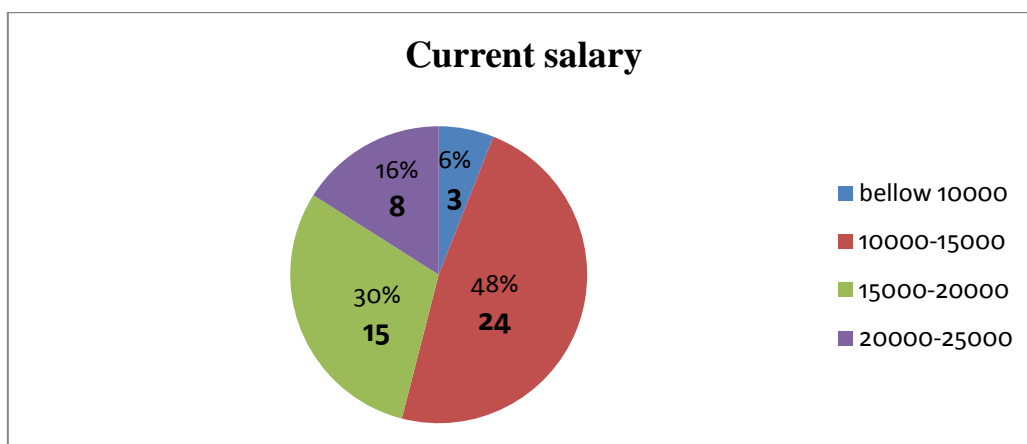
The table shows that 82% of the total sample respondents have employment security and only 18% of the respondents does not have kind of employment security.

**Distribution of sample respondents on the basis of starting salary**



The figure shows that 54% of the sample respondents have received a starting salary between Rs.5000-10000. And 26% received a salary below Rs.5000 and the remaining 20% of the respondents received a starting salary between Rs.10000-15000.

**Distribution of sample respondents on the basis of current salary**



From the above figure we can see that 48% of the total sample respondents receive a current salary between Rs.10000-15000. 30% of the respondents receive a salary ranging between Rs.15000-20000 and 16% receive amount between Rs.20000-25000. The remaining 6% receives a current salary below Rs.10000.

**Distribution of sample respondents on the basis of loan taken**

<b>Loan taken</b>	<b>Number</b>	<b>Percentage</b>
Yes	8	16%
No	42	84%
Total	50	100%

From the above table we can see that out of the total respondents 16% have taken educational loans and the remaining 84% have not taken any kind of educational loans.

**Distribution of Sample respondents on the basis of insurance card provided by the Hospital**

<b>Insurance card provided by the government</b>	<b>Number</b>	<b>Percentage</b>
Yes	20	40%
No	30	60%
Total	50	100%

The table shows that 60% of the sample respondents were not provided any kind of insurance card by the hospital and the remaining 40% have insurance card provided by the hospital.

**Distribution of sample respondents on the basis of benefit provided by government**

<b>Benefits provided by the government</b>	<b>Number</b>	<b>Percentage</b>
Yes	18	36%
No	32	64%
Total	50	100%

The table shows that 36% of the total respondents enjoy benefits provided by the government and the remaining 64% were not.

### Distribution of sample respondents on the basis of health condition

Health issues	Number	Percentage
Yes	2	4%
No	48	96%
Total	50	100%

Out of the total sample respondents only 4% are facing certain health issues and the remaining 96% does not have such health problems.

### FINDINGS OF THE STUDY

The purpose of our study was to study the social condition, economic condition and health conditions of nurses in private hospitals. From the detailed study of our project we found that

- ❖ Majority of the nurses were females. The number of male nurses was very low compared to that of female nurses.
- ❖ Majority of the nurses falls into the age group 21 to 30. The number of nurses between the age 31 to 40 and 41 to 50 are relatively low as compared to the first category.
- ❖ Another major finding was that the number of unmarried nurses is much higher than that married nurses.
- ❖ From our study we also found that according to our data, majority of the nurses were Christians followed by Hindus and Muslims. Only 2% of nurses are from Muslim community.
- ❖ Majority of the total sample respondent's fathers have job. Only a small portion of father's of the sample respondents doesn't have a job.
- ❖ We also found that only few percentages of the mothers of the sample respondents are jobless. Majority of the sample respondent's mothers have job.
- ❖ A large portion of the families of the respondents have family members of 4 and below and the rest have above 4 members in their family.
- ❖ Out of the total respondents a higher proportion stated that the number of members in their family who are having job is 2 and below. And the remaining has more than two members having job.
- ❖ From our study we also found that most of the nurses have a relatively low work experience and only few nurses have comparatively high work experience.

- ❖ Our study also states that the number of nurses who have BSc nursing as qualification is higher than the number of nurses who have General nursing qualification. But there is no wage differentiation based on their qualification.
- ❖ The duty time of the nurses ranges between a minimum of 36hrs to 72hrs a week. Majority of the nurses' work for 36hrs to 48hrs a week which may increase based on the situation. The highest of 72hrs per week is performed by 8% of the total respondents. But there is not much difference in the wages given to them. There is only a marginal increase.
- ❖ Another finding is that no matter how hard the work is, higher percentage of the total sample respondents are happy with the facilities provided to them. Only a small portion is not satisfied with the available facilities.
- ❖ Same is in the case of work significance. Half of the sample respondents are satisfied with their job.
- ❖ An interesting finding from our study was that out of the total number of nurses that we took for our study, more than 80% of them have employment security. Only a few nurses do not have job security.
- ❖ The most important finding of the study is that even though the salaries of the nurses have increased, there is not any huge or considerable increase. The nurses who were getting below Rs.5000 as salary now get Rs.10000. There is an increase of just Rs.5000 which is not that big. This is the case in every level. There is an increase of Rs, 5000 to Rs.10000 in every level. When we consider the cost of living now of present world this increase is not sufficient.
- ❖ Our study reveals that, only a small portion of the nurses have taken educational loans for completing their studies.
- ❖ When we consider the benefits provided by the hospitals to the nurses, we can find that a larger proportion of nurses get such benefits and the remaining not.
- ❖ When we consider the benefits provided by the Govt. Only a small proportion of the sample respondents enjoy benefits from the Govt.
- ❖ One of the most satisfying finding is that, majority of the nurses are completely healthy as they does not suffer from any kind of health issues. Only 4% of the nurses have some kinds of health issues. This is a positive finding because the nurses are the ones who help us to be healthy and there health is also important.

## SUGGESTIONS

On the basis of the above findings we can say that even though there are some improvements in the salary of the nurses and their working conditions, there are still many things that need to be changed. The conditions of the nurses are yet to be fully improved.

- ❖ The hospital management can improve the current clinical situation in order to increase the work conditions and reducing the stress level of the nurses. This will in term result in reduce in the shortage of nurses in the health care services. A well adaptable working climate and a healthy relationship with the management will help the nurses to do their work more productively without any kind of over stress anger.
- ❖ The most significant change that can be made possible is that the salary of the nurses can be increased even more. So that they can meet their expenses and still have some kind of savings with them. There should be a minimum wage increase of Rs.10000. Even though this is not equal to the services given by the nurses, it will help them in one way or another.
- ❖ From the study we understand that the number of nurses from the Muslim community is very low. It is because the Muslim family think that nursing profession is not good and it is not suitable for their children. This attitude needs to be changed. Because the more people who come to the nursing profession the better, it will reduce the shortage of nurses.
- ❖ The over work load of the nurses should also be reframed. The longer the work hour, the higher will be the stress and it will also affect the total productivity of the nurses because no human can work at the same phase for longer period of time. So the timeframe of work should be determined accordingly.
- ❖ Another thing that can be done for improving the welfare of the nurses is that they should get additional salary for the additional work given by them. It will automatically lead them to work in a more productive and efficient manner.
- ❖ To motivate the nurses the hospitals can provide each and every nurse some kind of benefits like insurance card or any other helpful facilities. This will help them in one way or another. By doing so, the hospitals can make the nurses motivated and the hospitals which give importance to the needs of their nurses can attract more skilled nurses.

- ❖ The hospital management should also make sure that the nurses are protected from any kind of violence activities from the patients or any other persons who visits the hospital. It will help the nurses to work peacefully.

## **CONCLUSION**

The main focus of our study was to know about the socio economic and health conditions of nurses in private hospitals. From the detailed analysis of our study we came into the conclusion that even now in many of the hospitals, a considerable number of nurses are being exploited. Their needs are not considered by the hospital management. Even though the salary of the nurses have increased due to their continuous strikes and protest, the new wage are still not enough to meet the current expenditure. We can see that the increased salary is not adequate for their job position and this picture makes it clear why the nurses are on strike for demanding higher salary. This states that the economic condition of the nurses is not that good. Or we can say that there is no financial stability for the nurses.

As part of our second objective, the analysis of the study shows that irrespective of age, majority o the nurses does not suffer from any kind of health problems. A substantial portion of nurses are benefited from some kind of facilities like insurance cards provided by the respective hospitals and government. But still there are a few who are not getting any kind of benefits from neither the hospitals nor the government.

When we consider the social status, we can see that in some religious community the nursing profession is not well received. The families in those religions are not ready to send their children to nursing because they think that that is not a good profession. Thus we can say that the social status of the nurses is not that good. Another example for this situation is that our study reveals that majority of the nurses are female there are only few male nurses. This indicates that the male population does not consider as a job suitable for them. They see nursing as a job reserved for female. In their point of view, the male nurses are not socially accepted.

Thus as a short conclusion we can say that even though the conditions of the nurses have improved, we cannot say that all of their needs are satisfied. There are still thousands of nurses being exploited by the hospital managements. Lots of changes are still needed for improving the socio economic and health conditions of nurses. Like better wage and better facilities etc...Only then we can say that the nurses are given the recognition they deserve.

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