

PROFESSIONAL RECOGNITION AND RANK IDENTITY IN THE MILITARY NURSING SERVICE: A REVIEW OF NOMENCLATURE

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Abstract

The Military Nursing Service is an integral part of India's military healthcare system—managing clinical care, education, operations, and administration. MNS officers are commissioned by the President, similar to other Armed Forces Medical Services officers. However, in practice, the service still relies on old-fashioned nursing titles rather than treating officers according to their actual ranks. This split between rank and job title creates real problems in how these officers are recognised and respected.

This paper examines the evolution of MNS officer titles and where things stand today. We examine how this inconsistency affects rank recognition, professional standing, and the collaboration of different military branches. We examined regulations, analysed historical trends, compared the Military Nursing Service (MNS) with other military medical groups such as the Army Medical Corps, and assessed how international military forces and civilian nursing in India manage this issue. Our findings are clear: the problem does not stem from any intentional policy but rather from the use of outdated naming conventions in military nursing that fail to reflect the reality of MNS officers as fully commissioned officers with expanded responsibilities. Our proposed solution is simple: adopt rank as the primary identifier and use specific job titles as additional descriptors to avoid ambiguity. This method is effective in other military branches and would bring MNS practices in line with international standards while appropriately acknowledging MNS officers as fully commissioned members of the armed forces.²¹³

Keywords; Military Nursing Service; professional identity; commissioned rank; nomenclature; nursing leadership; military healthcare systems; health services administration

Objectives

This study examines:

- How nursing officer titles in the Indian MNS developed and what the current system looks like
- What impact these titles have on how ranks are perceived and officers are recognised
- How other military medical branches and international armed forces handle similar situations²
- Where civilian nursing in India is heading with recent reform efforts¹³
- What a workable new naming structure could look like that respects both rank and role

□ I. Introduction

The Military Nursing Service has been part of India's Armed Forces Medical Services since organised military nursing began in 1888. After Independence, it was reformed in 1950 and formally became part of the regular army. The 1954 Army Rules made it official: nursing officers receive commissions. However, in daily practice, you still see them referred to by old nursing titles like "Ward Sister" and "Matron"—the commissioned rank takes a backseat. Rather than treating this as just a naming issue, we need to see it as a real institutional problem that shapes how these officers are seen and valued.¹²

II. Current Nomenclature System in the Military Nursing Service

When nursing officers are posted or appointed, the written orders usually list them with old-style nursing job titles such as Ward Sister, Senior Sister, or Matron. For ex., at the Major rank, they might be called "General Duty Matron" or a specialty matron—jobs that mix administration with hands-on ward management. The problem is obvious: the actual rank is lost in the mixture.

Table 1. MNS hierarchy and designation

| Rank | Designation in service orders & records | What They Actually Do |
|----------------|--|--|
| Lieutenant | Ward Sister | Direct patient care |
| Captain | Senior Sister | Patient care |
| Major | General Duty Matron or Specialty Matron | Advanced care with supervisory duties |
| Lieut. Colonel | General Duty Matron or Specialty Matron/Ward in charge | Nursing administration with continued clinical care; ward-in-charge |
| Colonel | Matron-in-Charge or Principal (Nursing College) | Nursing leadership roles of hospital or training institution |
| Brigadier | Senior Administrative Role (MNS) | Top-level nursing administration/nursing head Command Hospitals/ policies and training |
| Major General | ADGMNS | Apex role; Head of military Nursing service |

Both the courts and the Ministry of Defence have consistently affirmed that MNS officers hold the status of commissioned officers. However, in everyday situations, job titles often take precedence over ranks, diminishing the true importance of being a commissioned officer. When job titles become the primary means of identifying individuals, it does not enhance the understanding of their roles; instead, it diminishes the respect they receive as officers, particularly in interactions with other services or during joint operations.²

Despite being formally commissioned and having clear rules in place, MNS officers have had to go to court multiple times to gain clarity and basic recognition of their status. There have been disputes about the order of precedence, protocol, insignia, who has authority over them, and how they fit into the institution. Each time, courts have had to step in and reaffirm the rules. This keeps happening, which tells us something important: it is not isolated mistakes or bad administration here and there. This points to a deeper problem: the military establishment has not really internally accepted MNS officers as full members with the same standing as other officers. To be fair, this does not come from an official policy to hold them back. It is more that rules are interpreted differently depending on who is applying them, and the responsibility for nursing is scattered across different departments without clear authority.

III. How Other AFMS designate Corps officers

In the Army Medical Corps and the Army Dental Corps—other major medical cadres in the Indian armed forces—officers are identified primarily by their commissioned ranks. Doctors and dentists are referred to by their rank. In contrast, the Military Nursing Service operates within an administrative framework under the overall authority of the Director General Armed Forces Medical Services. This is why the invisibility of rank in MNS is not an unavoidable characteristic of the military nursing hierarchy; it is a structural choice built into how the service is run.²

Table 2. Comparative Command and Nomenclature Practices in other AFMS officer Cadres²

| Medical Cadre | Reports Through | How Officers Are Identified | Effect on Their Status |
|--------------------------|--------------------------------------|---|--------------------------|
| Army Medical Corps | DGAFMS via AMC | Commissioned rank | Rank is clear and strong |
| Army Dental Corps | Director General (Dental Services) | Commissioned rank | Rank is clear and strong |
| Military Nursing Service | AMC ,As the ADGMNS reports to DGAFMS | Appointment-based designation as per current practice | Rank gets diluted |

III(b). Military Nursing Structure in other International Armed Forces

Most countries follow a **rank-centred model of professional identification** for nursing officers. Commissioned rank functions as the primary marker of authority, responsibility, and institutional position, whereas nursing roles or specialties are communicated through secondary descriptors appropriate to clinical or administrative contexts. This approach explicitly recognises nursing officers as integral members of the military command structure rather than as role-defined auxiliary members.

- **United Kingdom:** The Queen Alexandra's Royal Army Nursing Corps commissions nursing officers and addresses them by rank in official documents, orders, and ceremonies, with functional roles used contextually within clinical environments.⁹

- **United States :** Army Nurse Corps officers operate within a clearly defined rank structure. Your rank determines your leadership responsibility and authority, which are separate from your clinical specialty.⁸

- **Canada and Australia :** Similar approaches . Nursing officers are embedded in the officer corps and identified by rank across all contexts—administrative and operational –and when working with other services.¹⁰

Table 3. Comparative Nomenclature Practices in Selected International Military Nursing Services⁸⁻¹²

| Country | Main Identifier | Model |
|----------------|----------------------|------------------------|
| United States | Rank | Rank-based |
| United Kingdom | Rank | Rank-based |
| Australia | Rank | Rank-based |
| Nepal | Mixed approach | Both rank and function |
| China | Organizational grade | Function-based |

This pattern is consistent everywhere. Viewed in this context, the continued reliance on appointment-based or role-centred nomenclature within the Military Nursing Service in India represents a divergence from universally accepted military nursing norms. India's ongoing use of job-based titles for MNS officers is an exception and strengthens the case for reforming the naming system to restore rank visibility.

III(c). Civilian Nursing Nomenclature in India

Although the military and civilian sectors differ, developments in civilian nursing are noteworthy. In India, nursing reforms have led to a more streamlined and organised naming system. The title "Nursing Officer" is now used for entry-level nurses, and distinct titles exist for roles in supervision, management, and academia.¹³

Table 4. Civilian Nursing Nomenclature and Career Progression in India

| Career Level | Title | Role |
|-------------------------|---|---------------------------------------|
| Junior level | Nursing Officer | Direct patient care |
| Supervisory level | Senior Nursing Officer or Chief Nursing Officer | Managing and leading nursing teams |
| Hospital administration | Nursing Superintendent | Running nursing at the hospital level |
| Teaching/ Academics | Principal (College of Nursing) | Running a nursing school |

The civilian framework demonstrates that a clear and consistent naming system can enhance professional identity and facilitate career advancement. This serves as a useful point of reference for military service, even though the contexts are not identical.

IV. What We're Proposing and Why

The solution is a dual approach: make rank the main identifier and use specific job titles as secondary descriptors where it's relevant. This approach is straightforward and has been successfully implemented in other military sectors. In official correspondence, orders, or interactions across services, an MNS officer's rank is prioritised over others. That's the identifier. The specific nursing role, whether clinical, supervisory, or administrative, is noted when relevant for context or clarity. However, rank is what anchors identity. This is how doctors in the AMC operate. This is how engineers and legal officers in the military work. There's no confusion.

Table 5. Proposed Dual-Identifier Nomenclature Framework for the Military Nursing Service

What This Would Look Like

| Rank | Nursing Role Title | What the Job Involves |
|-----------------------|--|---|
| Lieutenant or Captain | Nursing Officer | Clinical nursing and patient care |
| Major | Senior Nursing Officer | Clinical leadership and supervision |
| Lieut. Colonel | Chief Nursing Officer | Overall nursing leadership and management |
| Colonel | Matron-in-Charge or Principal (Training College) | Hospital or training institution leadership |
| Brigadier | Senior Administrative Role (MNS) | Top nursing administration |
| Major General | Additional Director General (MNS) | Head of the service |

The key point is that this separation of authority (rank) from function (role) does not create confusion; it creates clarity. This makes it possible to properly recognise MNS officers as commissioned officers whose nursing expertise is acknowledged, but not sandboxed into.

V. What This Would Actually Mean

Altering the naming system is more significant than it initially appears. A straightforward, rank-oriented method influences:

Self-perception and value of officers: Being consistently recognised by rank instead of a job title impacts morale and identity. Officers recognise their place within the officer corps.

Visibility of leadership: In joint operations or inter-service settings, rank-based identification highlights nursing leadership, which is currently overlooked.

Collaboration among different military branches: A uniform system minimises the friction caused by the need to explain or justify MNS status, reducing conflicts and legal disputes.

This issue cannot be resolved with superficial changes or partial measures. A genuine transition to rank-first identification in all official contexts is necessary.

VI. Conclusion

The naming of MNS officers is not a trivial administrative matter; it poses a significant issue with tangible effects on authority, morale, and the service's role within the larger military framework. Using civilian nursing titles for officially commissioned officers creates a confusing and contradictory perception of their identity and position. Implementing a dual identifier system that includes both rank and functional roles effectively addresses this issue. This approach is principled, practical, and aligns with international standards. This means that MNS officers are recognised unequivocally as commissioned officers, not just nursing professionals. Their expertise is explicitly acknowledged, not just assumed. It translates what the law already says into how people operate and think¹³.

In the end, this type of nomenclature reform is a necessary step. It is about making the institution's practice match its own rules—recognising that MNS officers are fully commissioned members of the armed forces who deserve clarity, respect, and institutional recognition for both their rank and expertise.

Conflict of Interest

The authors declare that there is no conflict of interest related to this study. The views expressed are solely those of the authors and do not represent the official position of the institutions with which they are affiliated.

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References

1. Government of India. Reconstitution of the Military Nursing Service as a Regular Army Service. New Delhi: Ministry of Defence; 1950.
2. Government of India. Army Rules, 1954. New Delhi: Ministry of Law and Justice; 1954.
3. Armed Forces Medical Services. Regulations for the Army Medical Services. New Delhi: Government of India; year not specified.
4. McGann S. The battle of the nurses: military nursing in the First World War. Manchester: Manchester University Press; 1992.
5. Wong CA, Laschinger HKS. Authentic leadership, performance, and job satisfaction: the mediating role of empowerment. *J Adv Nurs.* 2013;69(4):947-959.
6. Chaboyer W, Harbeck E, Lee BO, Grealish L. Professional identity in nursing: a review. *J Nurs Manag.* 2014;22(5):601-610.
7. Rao S, Kumar P, Singh R. Professional identity and hierarchy in military healthcare teams. *Med J Armed Forces India.* 2018;74(3):210-215.
8. Department of Defense (US). Military Health System Nursing Strategy. Washington (DC): Department of Defense; 2020.
9. Ministry of Defence (UK). Defence Medical Services personnel policy. London: Ministry of Defence; 2019.
10. Australian Defence Force. Health Services Manual. Canberra: Australian Defence Force; 2021.¹⁰
11. Nepal Army Medical Directorate. Organisation of nursing services. Kathmandu: Nepal Army Medical Directorate; 2018.¹¹
12. Li X, Zhang Y, Wang H. Nursing roles in the PLA medical system. *Chin J Mil Med.* 2019;42(6):401-406.¹²
13. Government of India. Guidelines for the designation of nursing personnel. New Delhi: Ministry of Health and Family Welfare; 2020.
14. Government of India. National Nursing and Midwifery Commission Act, 2023. New Delhi: Government of India; 2023.