

Preparing Nursing Students for Leadership Positions

Deepa Vinoo

Recent trends in the areas of professional health education sector and the gainful career options available have led to an explosion of institutions catering to aspiring youngsters in India. One of the more popularly sought after course on offer is in nursing. The liberalization in licensing and recognition norms laid down by accrediting statutory bodies for setting up schools and colleges delivering quality nursing courses has burgeoned from the nineties. Not less significant in influencing nursing as a career choice, is the developing trend in global placements available for graduates from third world countries like India.

In preparing nursing students towards leadership it is incumbent that the syllabus and education modules presently used in training be re-oriented to equipping students with adequate wherewithal to cope with the challenges ahead. Professional competence alone is no longer enough; an additional capacity to adapt to rapidly morphing scenarios and changing profiles of social fabrics and socio-economic profiles of populations is imperative.

Are we preparing our young professionals with skills to counter the fall-outs of the General Agreement on Trades and Tariff (GATT) & World Trade Organization (WTO)? The internationalisation of academia and employment opportunities, with its inevitable onus on com-

petence as the only criteria for placement, mandates that we look inward and prepare better for the no-holds-barred rat race ahead. To prepare not just nurses with degrees, but, graduate nurses with expertise in handling extraneous areas abutting the profession, is the need of the hour.

To address these conflict areas, we can categorize the likely problems under the following broad areas where leadership qualities are required in addition to discharge of nursing duties:

- ◆ Global level
- ◆ National level
- ◆ Local level

This paper dissects the more salient problems that prevail in each of the above scenarios cited and discusses why qualities of leadership could be the major resource and strength to overcome them.

Global level

While there is little debate and less doubt about the competence and quality of nursing professionals graduating from India, the fact remains that a majority of them are inadequately prepared or trained in the adaptation of their core knowledge to fit into global perspective. The first among the two significant areas of handicap is lack of expertise in computing and bio-informatics.

In today's world of hi-teach medical transcription and telemedicine, and the rapid dissemination of data on diagnosis, disease and drugs through internet and multimedia-web, student nurses from India, except

those from few pockets of excellence, are totally unprepared for the barrage of pharmaco-therapeutic information computers provide. So rigorous has been the onslaught of the medium that fears are already being expressed in developed countries of the narrowing knowledge gap between health care professionals. A patient who knows, being treated by a physician who knows more, in the presence of a nurse who knows as much! In fact the nurse of today in the west underplays her subject knowledge in order to smoothen professional interactions and relationships.

How does (or can) a nurse from India, whose knowledge of bio-informatics is next to nil, hope to match her counterpart? Syllabus revision is imperative. Every nursing graduate from India must have a working knowledge of computers, manuscript writing and internet access. To make a nurse a leader, she must first be taught how to be led. The Indian Nursing Council has a great responsibility in making sure Indian graduates match with, and may be even excel their fellow professionals outside India through introduction of compulsory computer education.

The second significant area, and probably more alarming is the advent of newer diseases like SARS, HIV & AIDS. The ravages of these viral afflictions have become global. The exposure of the nursing professionals to accidental infections threatens the very existence of the cadre in some endemic locales. A 1993 report from USA, records that among the fif-

The author is Lecturer at NITTF Usha Institute of Nursing Sciences, Deralakatte, Mangalore.

teen odd health care delivery professionals likely to interact with patients, the ones belonging to the nursing sector show the highest incidence of occupational exposure hazard. Whilst we in the third world are yet grappling with the likes of tuberculosis and parasitic infections, others in the west are learning to cope with lethal infections that promise cent per cent mortality. Are we preparing our nursing students to see the global picture? If today's nurse from India needs to play a meaningful role in combating the physical and psychological debris from the western disease, she has to be equipped with the mental strength and moral character to stand undaunted in a ward full of AIDS/HIV infected terminal cases.

The opening up of health sector to international players makes it doubly important that we take hard decisions and rapid steps to train our students to work in hostile unhealthy environs with poise and equanimity. Leaders are made, and the quicker we make them, the better. Not far off could be the day when such imported infections become Indian too. Forewarned is forearmed, it is said.

National Level

The burgeoning phenomenon of consumer activism has not spared health professionals. A patient's right to seek court protection through complaint is today his constitutionally guaranteed right. While the attendant hospital, and more specifically the treating physician is first target for the act, the nurse too has, inevitably, become part of the litigation process. Through awareness of the consumer act, and

laws governing patient-doctor trade was only desirable some years ago, but becomes mandatory now. The role a knowledgeable nurse can play in counselling and mitigating rage and despair against perceived or real medical negligence cannot be over emphasized. Sage advice, coming from years of experience, and most importantly (in most cases at least) from a female nurse, often serves to defuse patient rage. The nurse as a leader can influence a peeved party from a hit-back attitude. Leadership of high quality, brought about by training during undergraduate days by psychologists is required. The Indian Nursing Council must introduce workshops and seminars with 'Consumer Act' as course content. Knowledge is power. A nurse with a functional knowledge of legalese is a source of strength in the health delivery system.

Social responsibilities and national commitments of the professional sector to community

Syllabus revision to include diverse subjects such as computer usage, linguistics and communication skills, basics of medico-legal problems, grounding in national health objectives and management techniques would not only make tomorrow's graduates more techno-savvy, but potential leaders.

causes are of paramount importance. The role of a dedicated nurse in making success of paediatric immunization programmes, family welfare guidelines and nutritional status monitoring is vital. The pivotal part played by paramedical and allied health professionals in the eradication of the dreaded scourge, small pox, and the near elimination of polio in-

ternationally, is widely acknowledged. Her role as a family friend and a woman confidante, makes her an invaluable asset in spreading the message and significance of 'breast feeding'.

With new and deadlier afflictions and pandemics poised to strike at third world populations, the nurse role in motivating the laity to personal hygiene and health, is central to all major national programmes and plans.

Local level

As the most visible 'face' of the health care world to the community, the nurse and her uniform carry weight. Her presence, as a representative authority of the health sector makes an undeniable impact on the credibility of her message. She alone, among professionals has the wherewithal to convince and inspire confidence in a sceptical or superstitious mother dithering over a decision on tubectomy. When her white uniform and commanding presence can (and do) inspire positive responses, is it not prudent that she be prepared in her initial students days itself, to take charge and lead. To endow the fledgling nursing undergraduate with skills on effective communication and rational management are imperative needs.

More significantly, the ability of a nurse to interact with a patient in a language he understands has a tremendous bearing on the outcome of his treatment. The nurse of today must be equipped with potential to simplify medical jargon and terminology to comprehensive levels- not only in lay

prose, but also in the local language. This brings us to ponder over yet another much neglected area in the nursing education curriculum-linguistics.

The modern professional graduate, seeks pastures far beyond her familiar environs. Her home territory now is the world itself. Her major handicap remains her inability to interact with a patient in his or her tongue. Not that this is always possible, but a sound working base in one or more Indian languages along with conversation level expertise in one or more foreign languages, will arm the Indian nurse with better leadership qualities and ammunition.

Conclusion

In this paper, I have touched upon only some areas that mandate better preparation of nursing

students to cope with the changing world. The statutory bodies that dictate course and curriculum content have major challenges ahead. To prepare a nurse, not just as a cog in the hospital chain, but for showing leadership in the health care delivery system. To achieve this end, various problem areas have been analysed and discussed. It is fervently hoped that the powers-that-be take up these issues and address them with courage and conviction. Syllabus revision to include diverse subjects such as computer usage, linguistics and communication skills, basics of medico-legal problems, grounding in national health objectives and management techniques should not only make tomorrow's graduate more techno-savvy, but a potential leader.

Bibliography

Hoy, R & Robbins, J, The Profession of Nursing, McGraw- Hill Book Co. (U.K.), 1979

References

1. Lancaster J., Nursing Issues in leading and managing Change Mosby, St. Louis Missouri 1999
2. Zerwekh J., Glaborn J. C., Nursing Today, Transition and trends, W.B. Saunders Company, Pennsylvania, Edu3.
3. Mc Closky J, Grace H.K., Current Issues in Nursing, Mosby, St. Louis Missouri 4th. Edition
4. Deloughery G.L., Issues and Trends in Nursing, Mosby, St. Louis, Missouri, 2nd edition.
5. Potter P, Perry A.G., Fundamentals of Nursing, Mosby 3rd. edition.

School of Nursing Public Khalsa College for Women

Kandhala Jattan,
Hoshiarpur, Punjab.

Phone No. 01886-233355, 233354

(Affiliated to P.N.R.C. & INC New Delhi)

REQUIRED:

Vice Principal	1
Nursing Tutors	5
Clinical Instructor	5
Librarian	1

Excellent pay scale with free furnished accommodation. Interested candidates can contact immediately Principal & Managing Committee.

Principal

College of Nursing Adesh Institute of Medical Sciences

Kotakpura Road, Muktsar.

Ph. -01633 - 262952, 500801, Fax 01633 - 261212

E-Mail: adesh_con@yahoo.co.in

Reader - 5 (One in each Specialty). Master Degree in Nsg. -10 years experience after M. Sc. (N) in College of Nursing. Relaxable to suitable candidates with 5 years of experience in college with an aggregate of 10 years experience.

Lecturers - 7

Community Health Nsg - 2 Paed Nsg. - 1
Med. Sug. Nsg. - 2 Obst. Gynaec. - 1
Psychiatric Nsg. - 1
Master degree in Nsg. 3 years teaching experience after M. Sc. (N). Experience relaxable.

Clinical Instructors -10 for B. Sc. (N) Program
Master Degree in Nsg. Or B. Sc. (N)

Apply with full bio data & recent photograph within 15 days. Salary as per UGC grades. 45% DA, 25% P. G. Allowance + Ph. D. Allowance & Free accommodation / HRA. Preference will be given to the experienced candidates. Retired persons below 65 years of age can also apply.

Principal