

Unfolding the Conference Theme : Planning and Implementing Change in Nursing

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Introduction

In 2000, the United Nations Member States agreed on 8 Millennium Development Goals (MDGs) with targets to be achieved by 2015. Most of the MDGs relate to health and include eradicating extreme poverty and hunger, reducing child mortality, improving maternal health and combating HIV/AIDS, malaria and other infectious diseases. Many of the MDG targets are already in jeopardy because of the persistent inequalities in health status and access to health services. Nurses and midwives offer additional capacity with respect to reaching MDGs - particularly in creating policy and programmatic context. A WHO study shows that nurse density is the primary driver for lower HIV rates. In acute care, hospitals with a greater proportion of nurses experience lower mortality (by 5%).

Being at the first and last points of patient-contact, nurses and midwives shoulder the biggest burden of care. It is evident that safe, proven and reasonable interventions are not reaching those in need and that there is a disproportionate number of patients with lesser means and unmet needs.

Nurses and Midwives deliver over 80 percent of the care in remote areas with poor or no access to the latest health information. Trained Nurses and Mid-

wives deliver approximately 80 percent of the health care and up to 90 percent of the paediatric care at the same or better quality - and at a cost lower than that which is currently provided by primary care physicians. Further, nurses and midwives play important roles within their own communities - roles for which they are not compensated. They are also involved in supervisory roles within health-care settings and in community health work. A recent study showed that, as frontline workers, nurses and midwives compensate for the shortcomings of the health system by way of individual adjustment - at times to the detriment of their own health and livelihood. This consequently serves to replicate the inequities in the health workforce.

Change in nursing means the improvements required in Nursing Education, Nursing Practice and Nursing Regulations, which depends upon the following factors.

Time of Changes

Twenty years ago the internet was just emerging as a research tool and it was not readily available to the public. Another change has been in the area of general education. Public is now far more informed and desires to be involved as educated partners in health care rather than remaining as

passive recipients.

Disease

There are new global health threats to contend with: climate change, the grim reality of pandemic diseases, the emergence and re-emergence of infectious diseases and anti-microbial resistance that have put public health more to the centre-stage of world security agenda. This has led to new and significant public and private funding and investment and has opened high-level political doors to health advocates and public health values.

The treatment of disease is one strategy but the promotion of health and the prevention of disease are increasingly being recognised as essential components of any health system design. Maintaining well-being and preventing problems are essential parts of a health professional's role. Accordingly, curricula and programmes of education need to reflect this shift in emphasis.

Socio-Political Issues

Adoption of a business approach to health reform, guided by efficiency and outcome measures, has often led to a re-orientation of priorities.

Patient Education

Health illiteracy is associ-



ated with premature death, prolonged hospital stays, poorer health and increased health system costs. Nurses have always played a pivotal role in translating health jargon into meaningful information.

Labour Dynamics

Efforts aimed at addressing the MDGs and other global health challenges will have only limited impact in the absence of adequate human resources. The World Health Report (WHO 2006) acknowledged that addressing workforce shortages and imbalances, whether due to economics, working conditions, security issues, training, migration or other causes, requires urgent attention.

Technology and Telecommunication Advances

Internet, mobile phones and other information and communication technological advances allow for instant local-global linkages, as well as cost-effective information transfer and intelligence gathering. These technological changes, albeit unevenly distributed within countries, create new opportunities for local, national and international health care delivery.

Nurses and other health professionals need to have access to these technologies but also be equipped with the necessary knowledge and skills to use these devices for optimum impact. New models of interviewing, diagnosing, prescribing and facilitating treatment and care as well as evaluating and offering follow-up, need to be de-

veloped and taught to the members of the profession.

Economics

Increasingly, the health professionals are dealing with better informed patients and public. Patients are demanding improved access to services, many of which are expensive. Governments are therefore finding it difficult to meet the ever-increasing demands of community. The health sector, highly dependent on human resources, is constantly being asked to find more efficient and effective ways to deliver services and promote well-being. Such economic pressures can lead to excessive workloads, inadequate supervision, lack of supplies and other resources. These can place the patient at risk and place nurses in situations where their ability to deliver care in accordance with their scope of practice and code of conduct may be compromised.

Nursing Practice

Nursing practice should focus on area of specialisation and seize the opportunity for creating innovative new roles within the current system. This will require agreement and shared goals between care organisations and educational programmes.

Professional practice environments should change. In the past, nurses have functioned in a practical, division-of-labour model that is no longer appropriate.

Nurses, as strong and vital professionals, possess cognitive knowledge, advanced skills, systems un-

derstanding and creativity. They provide individualised, holistic care and integrate research into practice. Nurses must be valued for their unique contributions to the system and recognized for their ability to adopt, and adapt to, change - not only in patient populations but also in healthcare delivery.

Nursing Education

Continuing professional development is essential as a means of ensuring that the practitioner remains competent to practice.

Nursing education and nurse educators are facing unprecedented challenges and working hard to address the looming nursing workforce shortage. New programmes are coming on line, and enrollments in existing programmes are expanding, in response to growing demands for entry to the profession. At the same time, we are facing a critical faculty shortage and reported shortages of, or growing competition for, clinical learning sites. Yet, our traditional teaching-learning models are not serving us well in facing these challenges.

Simulation Technology

Schools could increase the use of simulation technology. Admittedly, a substantial upfront investment is needed to equip an on-campus learning space with state-of-the-art simulation models and computer technology. However, once the investment is made, such a laboratory makes it possible for students to practice in a safe environ-

ment, without risk to patients, and acquire a level of knowledge and practice that readies them for the actual clinical environment. This can decrease the number of practice hours and the close supervision needed in the actual clinical setting, thus reducing the burden on clinical teaching staff. Funding for the technology can be sought through public and private sources, as well as through cost-sharing with clinical partners.

Nursing Regulations

In the future, nursing regulatory systems will grow from the application of core principles. These include accountability, collaboration, competence, effectiveness, efficiency and affordability, equity, evaluation, flexibility, public participation, relevance, responsiveness, self-regulation, transparency and universality. These principles serve to improve and reinforce professional regulation. They also act as building blocks to create viable, responsive and appropriate regulatory mechanisms, policies and practices. The principles are the profession's universal declaration as to what is needed to protect the public from unsafe or incompetent care, and to promote the highest attainable level of good quality care.

A number of challenges have to be addressed to maximise the contribution of nurses and midwives, including: (a) the provision of quality education and effective health-service delivery; (b) management and retention of the health workforce; (c)

motivation of nurses and midwives; (d) establishment of effective teamwork and collaborative partnerships; (e) recognition and management of the talent (skill sets) of nurses and midwives; recruitment, retention and training of new nurses and midwives; (g) developing comprehensive programmes on the recruitment and retention of nurses and midwives; (h) involve nurses and midwives in the development of their health systems and in framing, planning and implementing health policies at all levels; (i) review legislation and regulatory processes relating to nursing and midwifery; and (j) generate core data as part of national health information systems.

At present there are 830 Auxiliary Nurse Midwifery, 2117 General Nursing and Midwifery, 1324 B.Sc. (Nursing) and 386 M.Sc. (Nursing) institutions with training capacity of 20,280, 84,557, 66678 and 6915 respectively.

Indian Nursing Council initiated following Proactive Measures to promote Nursing and Midwifery in India:

- (a) Student patient ratio relaxed from 1:5 to 1:3.
- (b) The land from 5 acres has been relaxed to constructed building of 54,000 sq ft for School/ College of Nursing and Hostel.
- (c) Relaxed norms for teaching faculty to start B.Sc. (N) Programme:
 - (i) at least 2 M.Sc. (N) faculty to be available,
 - (ii) qualification and experience of the Nursing

Teachers relaxed up to 2012, (iii) sharing of teaching faculty for both diploma and graduate programme

- (d) Relaxation for opening M.Sc. (N) programme : (i) Super specialty Hospitals can start MSc (N) without having undergraduate programme, (ii) teacher student ratio for MSc (N) programme relaxed from 1:5 to 1:10, (iii) essentiality certificate to open M.Sc. (N) programme from State Government not required for those institutions which are already having Indian Nursing Council -recognised programme like Diploma or Degree.
- (e) Admission for Nursing allowed for married candidates.
- (f) Age increased for Teaching Faculty up to 70 years.
- (g) Maximum number of 100 seats will be allowed to the hospitals with 300 beds without insisting Medical College.
- (h) Distance from school to hospital relaxed from 15 km to 30 km
- (i) Eligibility criteria to admission i.e. marks obtained in Diploma and Degree has been relaxed by 5% (GNM - 40%, B.Sc. - 45%).
- (j) School/College should have their own building by 2009 (till then rented building allowed).

Government Initiatives

- (a) Upgrading the School of Nursing into College of Nursing to train and more graduate nurses.

The norm has been revised from Rs. 1.50 crore to Rs. 6.00 crore.

- (b) Continuing Education for the nursing educator, administration and for clinical nurses to update the knowledge and skill, is in tune with recommendation of INC for renewal linked with Continuing Nursing Education. The norm has been revised from Rs. 75000/- to Rs. 1.65 lakh (7 days training for 30 participants)
- (c) Launching of one-year Nursing Midwifery Practitioner Programme to be positioned at Community Health Centre (CHC) / Public Health Centre (PHC) where gynaecologists are not available. They can provide specialist nursing midwifery services to bring down the maternal and infant mortality. Similarly another 14 specialties have been identified viz. Emergency and Trauma, Cardiothoracic Neo-Natal, Operation Room, Orthopedics, Critical Care, Oncology, Psychiatric, Neuro Sciences, Geriatric and Nurse practitioner to train the nurses in super-speciality area so that they can work affectively as a team member in hospital.
- (d) Capacity building of State Nursing Council and State Nursing Cell with a fund allocation of Rs. 1.00 crore to each for initiating necessary reforms.

- (e) Establishing 269 ANM and GNM schools in high focus states to increase the nursing manpower @ Rs. 5.00 crores for ANM school and Rs. 10.00 crores for GNM school.
- (f) Faculty Development Programme - to train the nursing teachers to man the nursing education programmes in high focus states where faculty development programme at the PG level has been initiated.
- (g) Starting 6 Colleges of Nursing at the sites of AIIMS - like institutions at Jodhpur, Patna, Bhopal, Bhubaneshwar, Raipur and Rishikesh at Rs. 20 crore per institution,
- (h) To improve the quality of nursing education, financial assistance is provided to nursing institutions in government sector for capacity building. Norm has been revised from Rs. 10.00 lakh to Rs. 25.00 lakh towards capacity building,
- (i) To address above initiatives Government of India has allocated a sum of about Rs. 3,000 crore during the XI five-year plan.
- (j) Establishing Centre of Excellence in major states with an estimate of Rs. 30.00 crore.
- (k) Government has increased retirement age for Nursing education with MSc (N) qualification from 60 to 65 years.

Indian Nursing Council Initiatives

- (a) Revised the syllabi of GNM, Post-Basic B.Sc (N), B.Sc, ANM Syllabus

(SBA & IMNCI has been integrated), and MSc (N).

- (b) PhD Nursing Curriculum has been developed.
- (c) Minimum Standards for Nursing Practice has developed
- (d) Code of Ethics has been formulated
- (e) Pilot Project on Quality Assurance Model (QAM) implemented in selected wards at PGI, Chandigarh and Dr RML Hospital.
- (f) Data base of Nursing Educational Institutions & Faculty has been developed.
- (g) Syllabus for different speciality nursing programme has been developed.
- (h) Syllabus is under preparation for Nurse Anesthesia, HIV/AIDS, Paediatric Nursing, Public Health Nursing, and Transplant Nurse.
- (i) Clinton Foundation : Indian Institute of Advanced Nursing Foundation is being developed with Public Private Partnership to train nurses in HIV/AIDS. State of art institute will be developed.
- (j) A grant of US\$ 33 million has been approved by Global funding for AIDS, Malaria and Tuberculosis (GFATM) for training of 90,000 Nurses in HIV/AIDS and capacity building of 55 nursing educational institutions in India.
- (k) Indian Nursing Council is in the process of making INC a member of International Council of Nurses (ICN) at the global level. CEO of ICN will be visiting India in this regard.

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