Nursing Education for Better Health: The Vision Beyond Care

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Nursing is one of the most important and noble professions dedicated to the service of mankind. Nurses are partners in the total health care system of the country like any other category of health professionals. The nurses comprise a large population of the health care providers, they have a close and continued contact with the people which provides them a better opportunity than any other professional to assist people in achieving their optimum health.

Nursing not only means caring for the sick and assisting the doctors, but also has a pivotal role to play and is required to meet the demand and needs of the time, so that it continues to remain a vital service to mankind. For this it will have to broaden the body of knowledge it uses at present by improving the techniques of education and service. The profession of Nursing will have to widen its scope in order to provide to the society care in keeping with the advancements in the field of medicine.

The role of nursing has taken a new meaning with the launching of "Health for All by 2000 A.D.". The achievement of the goal of "Health for All" will depend upon nursing educators who alone can prepare nurses for this challenge. The need of the hour is well prepared nurses who can successfully undertake the task of teaching, guiding and directing, the health workers at the grass-root level in the community by creating an awareness in them regarding their own great potential for providing socially relevant health delivery system.

The National Health Policy reaffirms that it is necessary to appreciate that effective delivery of health care services would depend largely on the nature of education, training and appropriate orientation towards community health of all categories of medical and health functionaries, including their capacity to function as an integrated team. This would require each one of its members to perform the given tasks within a coordinated action programme. It is therefore of crucial importance that the entire approach towards the education of all health personnel, including nursing, be reviewed in terms of national needs and priorities and accordingly the training programmes be formulated to produce and develop efficient, intelligent and humane nursing personnel. Efforts are on now to put nursing profession on a sound footing.

Nursing, therefore, means nurturing people to their fullest health capacity. Its main objective is to promote health, prevent diseases and prolong life. However, this objective of nursing can be best achieved by ensuring that every birth is safe, every female baby has conducive environment for its normal growth and ultimately for health and happy motherhood in order to produce healthy babies again.

These objectives of nursing are not new. We know the problem, and its magnitude and also that its solution lies in primary health care approach. We can assess the amount of manpower, that will be needed and we also have the technology. Our only shortcoming is that we are providing poor quality of health services and the main reason for this is poor quality of education and training of health functionaries at all levels.

Health manpower requirements serve as a basis for planning, implementing and evaluating the education and training of nurses at all levels. In India, although we admit approx. 8-9 thousand students per year, in nursing courses there still exists a big gap between the actual requirement and the output for a country of our magnitude. Availability of nursing manpower is an important aspect of health services. When health plans are made, certain factors like availability of resources, appropriate technology, effective management of resources alongwith people's participation and acceptance, are taken into account.

When we talk of nursing manpower availability for MCH services, we need to know how best to produce, deploy and use the manpower in right numbers, and with the right skills to perform at various levels of the health care system. Nursing manpower is mainly being produced through three types of training programmes, viz. General Nursing programmes as well as diploma, Postcertificate and P.G. Diploma programmes; and ANM/HV, renamed as FHW/FHS programmes. These programmes in nursing education provide the health care system with a regular supply of professionals.

Every since we got independence,

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we have had committees for formulating a pattern for village, district and state level health care system.

Mudaliar Committee of 1961, Mukherji Committee of 1966, Kartar Singh Committee of 1973 and Srivastava Committee in 1975 have all recommended the types of workers required, ratio of workers to workers and ratio of different health functionaries to the given population. The norms have been laid on the basis of health manpower planning in India. On studying the existing nursing services in relation to the community needs and the educational experience, we find that health services in the rural communities are mostly provided by *dais* and traditional practitioners of folk medicines. The services rendered by professional nurses remain confined to the urban areas because of a serious deficiency in the planning. The main reason of this maldistribution of health workers is due to hospital-based nursing education.

Nurses have continued to work in hospitals more than in the community, though educationally they are being prepared for the community health nursing services even long before the Alma Ata declaration was made. Hence, nurses still remain an untapped resource for community nursing services.

The community nursing services of the country at present comprise of three main categories: (a) Health supervisors (until recently known as LHVs), (b) the HWs, both male and female, and (c) HWF, also called ANMs. The other categories of workers who help to provide nursing and health services to citizens include thousands of *dais* (trained as well as untrained) who practice midwifery in villages. Nursing education and service have so far remained confined to higher education institutions of nursing. In order to tap this vast potential, nurse educators will have to prepare and educate professionals for providing the services with the required prerequisite knowledge, skills and attitudes.

To ensure that we have proper type of trainers, we need to critically analyse the desired characteristics of each set of workers and then formulate entrance requirements and syllabus for each category. The training programmes need to be evaluated on the basis of job performance of the graduates and not on their performance in the examination, as is the case at present.

The question then arises as to how best to make available the nursing manpower for this large area left uncovered, on which lies the thrust of MCH services? Generally four methods are used in planning for health manpower: (a) Health needs methods (b) Service target method (c) Health demand (d) Manpower/population ratio method.

Of these the method mentioned last requires the latest data and is simple in application. Some of the aspects taken into consideration in this method are: current situation, international comparisons, recommended standards, ratios observed in the well placed areas of the country and extrapolation of the past trends. The WHO in its technical report No. 558 has suggested certain changes.

(a) Changes in conceptual framework:

Nursing must develop keeping the needs of the community in mind, education programme must take into consideration all aspects of human life.

(b) Change in nursing education:

The curriculum must be restructured with modification of methods of teaching and redefinition of roles. There is an urgent need to have people-oriented curriculum so that graduates will be able to absorb such basic knowledge and skill as is needed to adapt health care to family and community, using medical and referral services for the greatest benefit of the patients and families under their care.

In the above context nursing education needs to start from healthy family and then move on to diseases and disabilities.

For this purpose students will have to be exposed more to the community. The existing situation reveals that out of 24 weeks of the programme at the B.Sc. level in Nursing, only 1/6th of the time is spent in the community by the students.

It has lately been realised by nurse educators that the B.Sc. Nursing curricula are not relevant for preparing midwives who will be able to assume greater responsibilities in providing relevant care to mothers and children using Primary Health Care approach. This is so because midwifery training is not sensitive to the community oriented and community based maternal problems in India. The present curricula, both in general nursing programmes and B.Sc. Nursing, offer hospital based approach. The content is related more to Anatomy and Physiology of pregnancy, labour and puerperium. It is not only necessary to look into the pathology in curricula but also widen the horizon in a broader perspective of "women health and development".

In order to understand the health status of women, nurses must view the health care system beyond the medical framework. It must be realised that health is very much dependent upon social conditions, cultural practices and ideology. Many of the health problems that afflict women in their child-bearing years have roots in childhood. It is important to understand that discrimination in childhood acts as a contributing factor towards maternal mortality and morbidity. Preference for sons is widespread in our country which is the main reason for negligence in the care of daughters. Thus, the roots of a woman's ill-health lie in her socio-cultural and economic position in the family and society. The committee on "Status of women in India" has reported that the cultural norms that affect women's health care are the attitudes to marriage, age of marriage, the value attached to fertility, sex of the child and the ideal role demanded of the

women by social conventions. They determine not only her status in the family but also the degree of her access to medical care education and nutrition. This accessibility, is again impaired by various constraints from within the family and the society at large.

It has to be realised that in MCH programmes, the base level of the health team should be composed of mothers, older children in the family and local members of the community. Herein lies the vital role of the basic work force for mother care comprising of TBA and CHVs and the AWWS. They play an important role in the health education of the community; whereby they need to consider mothers as the first providers of health and help them to know how to take care of themselves and their children and take timely action whenever the need arises.

For the reorganisation and reorientation of the present approach in MCH care we will have to adopt an approach which is removed from the present traditional pattern. In this context, it is necessary to mention the newer trends of MCH care as reflected in the deliberations of the First National Convention of Nurses held in Delhi in 1988 under the auspices of the Ministry of Health and Family Welfare. It was recommended that there should be expansion of District Health Teams to include MCH nurses in order to strengthen health oriented services for mothers, school children, women and elderly population.

The role of the PHN at the district level will then have to be modified. The PHN will have to act not only as a link person between the primary health workers and the rest of the personnel in the health team, but will also have to train them in the basic approach and relevant practical aspects in community health nursing.

However, the best of curricula remain only on paper because of lack of proper attitude of key trainers to the process of teaching and learning in the appropriate context and due to shortage of staff and teaching facilities. This is very much evident from the training needs assessment done by the ORG (Baroda) in the State of Andhra Pradesh and the monitoring report of the National Area Project in A.P. According to these reports the key post of Joint Director (PHN) in the SIHFW and the four recommended posts of PHN instructors at the Regional Training Centres were vacant as on 31.3.1992. This is an example of the starkingly shocking situation regarding practices related to faculty appointments, and ignorance on the part of health workers in the community.

In terms of quality of nursing services, questions are being raised about the training curriculum and the role of nurses in society-are they meeting the needs of our population? Are they responding to the community needs? Should they play a role merely in community health care or should they also be able to play a rehabilitative role in the community?

The role of the nurse must change from that of as an assistant to the physician, to that of counsellor and supporter and assistant to the patient and his/her family. To meet this need, nursing education should be equipped to instil in an individual the commitment and comparison necessary to play an active role in preventive health care.

Apart from this, the INC in a study of the curriculum, staffing and teaching patterns in the nursing professions has observed that general nursing and ANM schools continue to concentrate on family planning rather than on the overall content of primary health care. Long hours of work and increasing specialisation in medical care have disoriented them from the more pressing needs of the community.

Thus nursing education on the whole has failed to take into account the experience required to tackle all the problems associated with community health care.

If nursing education has to be improved it is essential that we focus attention on the training schools, teachers, and facilities available. Much more time needs to be spent in the community itself, in order to motivate health personnel to work under the existing conditions. This would not only ensure community satisfaction and health care at the grass roots but will also enable the nurse/ANM to take independent decision in the area of her work. Follow-up and refresher courses would be beneficial in this regard.

In addition to the above mentioned changes the job description of nurses should be clearly defined their working hours and workload should be reduced, their pay-scales and promotional avenues should be scrutinised and occupational hazards examined so that more and more women are encouraged to join the profession. Apart from this the monopoly which doctors enjoy over the profession of medicine must be done away with. Equally dangerous are certain practices in the nursing profession-a qualified nurse with a diploma in general nursing of B.Sc. nursing is not allowed to dispense medicines unless it is under the directions of the doctors, yet the CHW or ANM with much less experience can do so. Practices such as these also need to be re-examined critically.

The training courses for all the categories, namely, B.Sc. nursing, general nursing for midwifery need to be revised. The curriculum needs to spell out clearly the level of knowledge, attitude and skills that the students are expected to have. Also a multidiscplinary approach to teaching in nursing should be adopted in order to provide an opportunity to the students for varied experience in community health nursing.

In the above context therefore any curriculum in nursing can be planned keeping the following in view. First, emphasis can be on the subjects that the

planners of the syllabus feel the nursing staff ought to know. Secondly emphasis can be on the range of skills the staff is expected to practice in a given community situation.

In view of the above analysis one can only draw attention of the planners and policy makers in the profession of nursing and the health sector to the fact that unless steps are taken to redress the problems and contradictions in this profession itself, nurses will remain shackled to hospital base care alone.

The success of primary health care will depend only on reorientation and training of nurses at all levels. Hence, nurse educators are called upon to develop, modify and enrich the curricu lums of the nursing education programme so that it is able to meet the demands of time, and continues to grow. Curriculum development should be an ongoing process, it provides an important challenge of making nursing education more relevant in the context of 'Health for All by 2000 AD'.

Also in order to strengthen the role of nursing personnel the managerial leadership in nursing education will have to play an importnt role in developing the human resource potential to the maximum. Only then will we be able to produce nurses who are knowledgeable and can manage skillfully individuals and groups of people, finances, material and supplies, time, and stress situations. This will also hasten the process of the achievement of the ultimate goal of health for all by 2000 A.D.

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Tamil Nadu State Branch, TNAI

Continuing Education Programme

Workshop on 29.05.93 - 10 A.M. to 4.30 P.M.

Theme : **Clinical Evaluation and Practical Examinations-Issues.**

Venue : **College of Nursing, Saveetha Dental College and Hospitals, No. 1 Poonamallee By-pass Road, Madras-600 077**

Transport will be provided to and from College of Nursing Madras Medical College/Govt. General Hospital / Madras Central Station / Madras-3.

Hosted by: Saveetha Medical and Educational Trust.

ALL ARE INVITED

Last date of receipt of information about attendance 2.5.93

S. Sundaram
Secretary, TNAI,
Tamil Nadu State Branch

KERALA STATE BRANCH, TNAI

Appeal for donation

Kerala State Branch, TNAI has decided to establish an 'Old Age Home' for retired nurses in the country. The main aim of the institute is to provide an enjoyable retired life in the home atomsphere in the evergreen land of Kerala and support them in the time of need. At the individual level we request our friends and members to co-operate and donate funds generously towards this noble cause. Donations, payable to Sr. Emmanuel, President, Kerala State Branch, TNAI, Lisie Hospital, Ernakulam, can be in the form of demand draft/cheque etc. Preference will be given to the benefactors.

Sr. Gilbert
Secretary
Kerala State Branch, TNAI