Realities and Problems of the Nursing Profession

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NURSING has been differently viewed as "emerging profession", "marginal profession", "semi-profession", and "professionalising occupation" by different Nursing educators at different phases of its growth. The pace of its growth as in other professions is not uniform throughout the world. Problems and challenges encountered by the Nursing profession predominantly determined its course of action.

According to Schein, an eminent Nursing educator, "Nursing is a profession which is experiencing the trends of a maturing profession". Those trends are as follows:

1. Nursing becomes more convergent in their knowledge base and standards of practice.
2. Nursing follows highly differentiated and specialised standards in practice.
3. Nursing becomes more bureaucratised and rigid with respect to the career alternatives they allow.

The Origin

Such trends are characterised by the health needs and infrastructure, commitment of the nurses and the expectations of the society. For instance, the profession of Nursing had its origin in Florence Nightingale's compassionate, committed, tireless, loving and dedicated care and concern given to the sick, wounded and dying soldires. At the time Nursing represented mere expression of sympathy and helpful service to the sick.

If the present functioning of Nursing is juxtaposed with its origin one could appreciate the process of metamorphosis that has occurred in Nursing. Such a process had passed through innumerable hurdles and many insurmountable obstacles with all its past achievements and the present progress. The nursing profession has its own grievences in regard to the professional tasks performed by the nurses. Autonomy being one of the important indicators of the status of any profession, Nursing in India, like in many other developing countries, has to achieve many more attributes.

In spite of the existence and influence of different schools of thought in respect of professional education and training, we, the Indian nurses, seem to have a sufficiently satisfactory curriculum of learning experiences, and competence building mechanisms. It is true that in our training centres, we make use of more western literature than the Indian literature, mainly owing to the fact that literature by Indian authors is scarce or almost negligible.

In regard to the shortage of nurses the profession has to shoulder greater responsibilities in the Indian situation To quote Mrs. Saroj Khaparade, former Minister of State for Health and Family Welfare, the number of Schools of Nursing has gone up from 207 in 1951-56 to 267. The annual outturns have increased from 1227 to 8202. From two degree colleges there are now 19 basic degree colleges and 8 post-graduate degree programmes in Nursing. The total number of Auxiliary Nurse Midwifery programmes is 446 with an annual outturn of 11,208. The total number of registered nurses increased from 24,724 in 1951-56 to 2,07,430. The number of qualified midwives increased from 393 in 1951-56 to 1,08,571 though it is not sufficient. There is shortage of nurses as per the suggested norms of the Central Council of Health in 1968. Whereas in developed countries the ratio of nurse-midwife to population is 1:200, in India the ratio is 1:2050. A stage has come where it is necessary to examine the role of Nursing personnel in the health care delivery system and take appropriate measures to augment the availability of Nursing personnel at various levels.

Job Security and Dignity

In such a situation, the nurses do face certain issues like job security and dignity. To cite a few instances, the emoluments given to the nurses are not commensurate with their training and skills. The nurses in private sector pose additional problems like under-estimation of their professional skills, meagre emoluments, unreasonably long working hours, deprivation of any growth enhancing opportunities and pathetic working conditions with inadequate supplies of essential materials.

Yet another paradox that we find in the Indian situation is that when we have shortage of nurses in general and specialised nurses in particular, there are several occasions wherein the nurses who receive special or advanced training progrommes do not get appropriate placement in the health infrastructure. As a result, we fail to make use of the available professional potential in health care deliveries. In short, the collaboration between educational and training authorities on one side and health care planners and administrators on the other hand need to be further strengthened to prevent such anomalies.

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A good beginning has been made in respect of continuing education programmes, managerial skill programmes for nurses and other allied professional development programmes by T.N.A.I. at Delhi. Such useful programmes need to be organised more frequently and in many other centres, so that the nurses would have opportunities to enrich their professional skills.

Barring a few states, in our country we don't have special Directorates of Nursing at the state level to protect the rights and responsibilities of nurses in different settings. In the absence of such protective and promoting mechanisms, the importance to be given to Nursing gets either ignored or diluted with other larger issues of different professionals. Considering the number of nurses and their contributions, it is high time each state had its special Directorate.

By virtue of the training being given predominantly at urban centres, the nurses after completion of their training prefer to work at urban hospitals rather than going to remote rural areas. It is essential, especially in the context of preserving the dignity of the profession, and service orientation of the Nursing discipline, to shift the training objectives and modalities from urban to rural realities. If the nurse finds it difficult to accept the assignments in relation to rural health care, the society's recognition and its sanction to the profession would be confined to the minority of population, that is, urban only.

Primary and Secondary Prevention

No doubt the secondary prevention or curative aspect needs to be given high priority in a developing country. But equally important is the weightage given to primary prevention, an aspect that is found lacking in the professional training. Such conditions make the nurse feel herself or himself accountable to the patient population rather than the community or society in general.

The emphasis given by the new education policy (1986) in respect of the need and importance of innovative methods of teaching and training in centres of higher education like colleges and universities, is very much applicable to the present day training of nurses in India. In addition to the didactic lectures, bedside learning practices, observational visits and occasional seminar presentations by trainees, it is important to adopt or incorporate other effective methods of teaching like group discussions with patient-population, with specific educational objectives, enrichment of students with teaching and educational methodology, orientation to research methods, increased exposure to rural and tribal areas, etc.

By giving such training to the Nursing students, they would be adequately prepared for the dual responsibilities, namely, Nursing care services as well as capacity to actively participate on the educational programme of their juniors, para professionals and non-professionals in the health team and also in the health education programme for the benefit of patients, family members and to the community at large.

Library facilities in Schools of Nursing need to be strengthened and the habit of using the library needs to be instilled in the minds of the students. In this context, it is also appropriate to make a clarion call to all the Nursing educators to attempt creating indigeneous literature in their area of the Nursing speciality.

Considering the increasing demands on the Nursing profession in health care delivery system, it is imperative on the part of trainers to include the elements of personality development programme as a part of the Nursing curriculum, so that skills like leadership, public speaking, interpersonal adjustment, self-development, creative thinking and innovative actions would become an inseparable part of the professional 'self' of the nurses.

For enhancing the growth and development of the Nursing profession we need to create an impact on the health care planners and administrators and decision-makers at the local hospital levels and the public by organising ourselves through high quality of service to the needy. Let us conclude by quoting Notter and Spalding: "Tomorrow's nurses will need to be even more responsible to the health care requirements of the society assisting in the determination, promotion and attainment of those goals which modern sciences have made and will make possible".

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