Analysis of Current Nursing Situation

Existing Standards of Nursing

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EVERY profession is required to develop its own values of providing service to justify its existence. As members of the Nursing profession, we are accountable to patients who are actual consumers of our service, employers, fellow professionals, and to ourselves for the care we provide. To be accountable means to be answerable and responsible for providing quality, efficiency and effectiveness of service.

While talking about standards of Nursing profession in India one has to introspect and analyse the existing situation. Have we really developed any standards of Nursing? Do we have any national standards? If so, in which aspects of Nursing have we set such standards? In Nursing care or Nursing education or Nursing management or in public health or clinical fields? What is the framework within which the standards are made and what is the yardstick by which we can measure, monitor and evaluate Nursing standards.

Status of Nursing Standards

Let us also look at the situation of Nursing standards in India. Many a time one finds oneself in an embarrassing position when other professionals and members of the public talk on the topic of Nursing standards. Apparently, there is a growing concern among the Nursing leaders, government and professional organizations over the lack of adequate standards of Nursing in the country. There is a general feeling that Nursing care standards are deteriorating, and that nurses are becoming apathetic to human suffering, and that a phenomenon of dehumanization of the profession is taking place.

All of us are aware that Nursing profession has undergone certain changes over the past few decades. These changes have come about due to such factors as advancement of medical technology, advancement in Nursing education, change in values, and political, social and economic changes in the country. Initially, Nursing was considered an art and a vocation. It demanded human qualities of devotion and dedication. In those days, patient care received the primary attention, and much time was spent in mastering the skills of performing certain Nursing care functions, without much broadbased education. Later, it was envisaged that by improving the educational standards of nurses, we would be able to provide quality care to patients based on scientific knowledge. From our experience of the past three decades, it seems this shift in emphasis on broadbased education has not delivered the required goods. There has been no significant progress or breakthrough in the provision of standard Nursing care. The reasons are very very obvious.

The Nursing profession has not paid any serious attention to establishment of Nursing standards. It has not developed in this aspect, although the position with regard to standardisation in Nursing education is noteworthy. This is in spite of the fact that various Commissions and Committees were set up to look into the health care delivery system in the country. These advocated removal of shortage of Nursing manpower, training of manpower, creation of more posts at the top level in States, improvement of service conditions, etc. But none of them have given specific guidelines in improving the standard of Nursing care.

As mentioned earlier, the setting up of standard of practice in any profession is the primary responsibility of the members of the profession. The Licensing bodies, the Indian Nursing Council and the State Registration Councils, are required to specify the minimal range of standards. In our assessment, this does not seem to have been done. The INC and State Nurses' Registration Councils have limited their role primarily to registration, and to same extent to standardisation of Nursing education. The establishment of adequate standards for Nursing practice has been left for others. The professional organizations, also, have to have a share in this default for ignoring this vital aspect of the profession.

In the developed as well as some of the south-east Asian countries, Nursing leaders, professional organizations and licensing bodies have joined hands and formulated specific standards of practice. Relatively speaking, we are lagging behind them and there seems to be an urgent need to come forward in this regard.

Factors Contributing to the Existing Situation

There is yet another dimension which cannot be ignored while putting in our efforts to improve the standards. The Nursing profession does not function in isolation. There are myriads of other factors which influence the standards even if these were laid down. It needs the cooperation of society, patient population, agencies, Nursing departments, allied workers and professionals, and the nurses themselves.

Before we further deal with the subject of existing standards of Nursing, we would first like to analyse the meaning of the word 'standard', and then deal

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with why we need standards, who sets the standards and the framework required to set the standards. Such an analysis would help us to understand the situation as it exists at present.

The word 'standard' has been defined in the Chambers Dictionary as: "a broad statement of quality, a definite level of excellence of adequacy required, aimed at or possible". Other workers have defined it as a model or example established by authority, custom or general consent; agreed upon achievable level of performance considered proper and adequate for a specific purpose against which actual performance can be compared; an acknowledged measure of comparison for quantitative or qualitative value; criterion or norm; a descriptive statement of the desired level of performance against which to evaluate the quality, structure, process or outcome. As can be seen, the key concepts are having a measure or a criterion or a norm with which to measure something.

Why do We Need Standards?: We need standards because these provide direction. These provide a baseline for evaluating quality of Nursing care, ranging from excellent care to unsafe care. Having standards also helps in improving quality Nursing care, increased effectiveness and efficiency of care. Standards also help in decision-making and choosing alternatives for delivering the health care. These further help in supervision and improving performance. Last but not the least, these help in justifying demands for resource allocation.

Nature and Characteristics of Standards: It can be said in general that the standards must be broad enough to apply to a wide variety of settings. These must be realistic, acceptable and attainable. Standards must be stated in unambiguous terms, must be based on current knowledge and scientific practices. Standards must be reviewed, revised, monitored and evaluated periodically. The standards may specify the optimal and minimal levels of performance of outcomes.

Who Sets the Standards?: Standards are invariably specified by various standard setting agencies and organisations like: (i) Licensing and registering bodies (ii) Professional organizations/associations, (iii) Government departments—national, state, local units, (iv) Institutions, agencies or departments, and (v) Individuals (one's own personal standards). It is very important that the members of the profession should feel concerned about the care provided and the standards of Nursing care at the individual level. As a logical consequence, it is essential that the nurses are involved, rather they should get themselves involved, in the development of national, state level and institutional Nursing standards.

Framework to Set Standards

As mentioned earlier, there is a need to have a framework for developing standards. The framework upon which the standards are based can broadly be classified into three models. These are: Nursing Process, Donabedian model and Williamson's model. The Nursing Process is the oldest of these and is perhaps known to most leaders in Nursing in India. It has been much discussed and debated in the academic and non-academic circles. In this context this writer is reminded of her own training in early sixties when so much attention was paid to the inculcation of skills by adopting certain procedures and techniques meticulously while delivering bedside care. The Nursing process technique of developing standards has four steps: assessment, planning, implementation and evaluation. In this we first study and assess the situation as it stands, and on that empirical basis the care is carefully planned before its implementation. An integral part of this process is making an objective evaluation of the plan, its implementation, the difficulties and problems encountered, and the outcome. We feel that this model is being followed in general at many of the places in our country. Some of them are conscious of adopting this technique, while most others are doing it without calling it the Nursing process.

The second model that we have chosen to include is known as Donabedian model of evaluation of quality of care. Relatively speaking, it is a new model that has been adopted and propagated by Manitoba Association of Registered Nurses in Canada. The salient criteria of working out standards in this model are: structure, process and outcome. Let us briefly describe these:

Structure Criteria involve identification of essential supports, such as resources and equipment which need to be provided in settings where Nursing occurs. The structure criterion places the onus of responsibility upon the administration to provide the support necessary for good Nursing care.

Process Criteria outline specific Nursing activities necessary to achieve desired patient/client goals. It helps to measure such factors as the degree of skill with which Nursing techniques or procedures are carried out, degree of client participation in care, the nature of interaction between the Nursing personnel and the client. The process standards are generally stated in terms of desired level of Nursing performance and take into consideration quantity, adequacy, quality and appropriateness of Nursing care.

Outcome Criteria indicate the end result and effects of Nursing care. In Nursing, the outcome may be difficult to isolate. However, one has to determine how much patients' health outcome is due to Nursing, how much is due to medicine, and how much is due to other factors. These may be related to patients' health status, self-care ability, preventable disability, morbidity and complications, and restorative functions.

The third model that we have included in this paper is Williamson's Health Care Outcome model. This is again, relatively speaking, a new concept prevalent in north America. The distinct feature of this model is that it broadens outcome evaluation to include diagnostic outcomes, therapeutic outcomes and educational outcomes. The diagnostic outcomes are the results of Nursing assessment. Therapeutic

outcomes are the results of implementation of Nursing care, and educational outcomes are the results of the teaching-learning process. This model appears to be difficult to follow since the outcomes are not easy to assess.

To summarise what we have stated so far, the key features of the three models of framing Nursing standards are:

Nursing Process	*Donabedian's Model*	*Williamson's Model*
Assessment	Structure	Diagnostic outcome
Planning	Process	Therapeutic outcome
Implementation	Outcome	Educational outcome
Evaluation		

(Source: *Standards of Nursing Care*, Manitoba Association of Registered Nurses, Second Edition, June 1981.)

In the Indian situation, the very foundation on which Nursing structure is built needs to be strengthened. One finds that the basic requirements of providing care are not available, leave alone standard care. Factors like acute shortage of Nursing personnel, shortage of equipment and supplies, communication gap between the health policy makers and nurses, and management of Nursing affairs by people other than nurses are the major contributory factors for lack of standards.

Some other factors which have affected the provision of quality care and have created frustration, and lowered the morale of the Nursing personnel are: longer duty hours, low pay scales, lack of promotional avenues, problems of accommodation particularly for married nurses, lack of day care centres and creches for the children of nurses, and absence of a uniform cadre of Nursing throughout the country.

With this background, let us examine whether we in India have done something to take into account the various models for developing Nursing standards. Have we really utilized the scientific thinking done by our counterparts in other parts of the world in this regard, To me, it appears that we have not done anything that is perceptible.

It seems necessary that action needs to be initiated at all levels—national, state, institutional and community—to evaluate the existing level of Nursing care. To begin this exercise, evaluation committees can be formed to identify the structural as well as procedural aspects. Such committees can prepare the required baseline and then make recommendations to ensure provision of standard Nursing care. The nurses themselves can and must begin this exercise. We have waited long enough for others to improve the Nursing situation and we have witnessed the downfall.

Book Review

A Manual for Research Beginners

ELEMENTS OF RESEARCH IN NURSING by Eleanor, W. Treece and James W. Treece, C.V. Mosby Company, 4th Edition, 1986.

Elements of Research in Nursing is a boon for the beginners to clarify and comprehend the basic conceepts of research process. Written in simple language, the book provides guidance to conduct research and to write, publish and critically evaluate a research report. A comprehensive bibliography at the end of each chapter provides maximum scope for expansion of further investigation and reading.

The book is mainly divided into six parts, comprising a total of 27 chapters. First 14 chapters introduce the reader to research process and making preparation for qualitative research and data collection. The chapter on reliability and validity (Chapter 15) is explained thoroughly with multiple figures, which help to assimilate the concepts. Chapters 16 to 20 discuss various data collection instruments. The chapter on conducting pilot study and pretesting of instrument (Chapter 21) has been discussed in great detail.

Data analysing is discussed through simple statistical methods. Last three chapters are devoted to writing and publication of research reports. Except for chapter IV dealing with critiquing research articles, all other chapters are in right sequence with regard to the introduction of steps of research process.

Critiquing research articles is possible after learning the research methodology. Therefore, the chapter would fit more appropriately in the last section of the book. The role of the first level nurses as participants and consumers of scientific investigations has also been emphasized.

The following observations are made:

(a) Too many direct references, giving author's names in the contents of first three chapters distract the continuum of readability.

(b) In the chapter on conceptual research models, more information with suitable examples could have been given for greater clarity to the beginning researchers.

(c) More examples from day-to-day Nursing situations need to be cited and at least one researchable problem continued throughout the book in giving examples would have been better for the sake of clarification of different concepts.

On the whole, we have found this manual to be most appropriate reference, for learning research methodology, for the undergraduate and graduate Nursing students, for whom this text has been primarity designed.

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