Nursing Services in India

An Urgent Need for Reorganisation in View of the Goal: Health for All by 2000 A.D.

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(This is the second and concluding part of the above article, the first part of which was published in the November 1988 issue of the Journal).

Reorganisation of Nursing Services in India

Nurses has a vital role to play in achieving the goal of Health for All by 2000 AD through Primary Health Care approach. Nursing profession, in the broad sense includes all nurses, midwives, auxiliary nurse midwives (Female Health Workers). Nurse is the most crucial component of health care team. One of the major problems facing the health and nursing administrators is now to provide nursing personnel in quantity demanded and quality they know is needed and possible. According to the latest official figures available, there are 207,430 nurses and 108,511 auxiliary nurse midwives registered upto December 31, 1986. In contrast, the projected need is for 959,980 nurses by the year 2000. The conditions under which nurses have hitherto required to carry on their profession in this country are deplorable. The pay scale, status and general working conditions of the nurses require considerable improvement if the proper type of women are to be attracted to this service in adequate numbers as recommended by Bhore Committee (1946).

Now keeping in view the major goals of Health for All 2000 AD, the priorities should be identified and alternatives should be planned to strengthen the nursing component of health services. Nurse's work is to be regarded as an essential and integral component of national health programme. Nurses are to be given opportunity to participate as members of inter-disciplinary team, in planning, programming, implementing and evaluating health and nursing services. In order to ensure better coordination and greater functional efficiency, it is desirable that all nursing personnel should be technically as well as administratively under the control of nursing personnel themselves. Nurses are to assume leadership in all areas of functioning concerning nursing administration, nursing education and nursing services within the range of health service programmes of the country. Nursing as a fulfledged profession should be able to enjoy absolute autonomy to remedy the prevailing nursing situations in the country.

Existing Structure of Nursing Services National, State and District Level

National Level (Central Government): There is a post of Nursing Adviser in the Directorate General of Health Services. She is assisted by a Nursing Officer and support staff for all her work. Nursing Adviser is directly responsible to the Deputy Director General (Medical). She is responsible for advising the Government on all matters concerning nursing services, nursing education etc. The existing position of the Nursing Adviser in the organisation chart of the Directorate General of Health Services is given in Appendix IV.

State Level: There are posts of nurses in practically all the Directorates of Health Services in the States to look after nursing services and nursing education. In most of the States nurse at the State level looks after only the hospital nursing services and Schools of Nursing attached with the hospitals. The community nursing components including training of auxiliary midwives is looked after by a doctor in the Maternal and Child Welfare Division. In the States of West Bengal, Gujarat, Karnataka, Kerala, Maharashtra, Orissa there are more than one nurse working at the directorate level.

District Level: The post of District Public Health Nurse has been created under the family welfare programme. She is expected to look after all the health visitors and auxiliary nurse midwives working in her district in Primary Health Centres and Sub-centres.

Issues and Problems

Majority of Schools of Nursing today are run by hospitals. Students are still counted as service staff from the day they enter schools. School is under the administrative control of Medical Superintendent/ Nursing Superintendent. Most of the schools don't have separate budget, nursing advisory committee, teaching block or proper hostel building. Schools further lack teachers, teaching equipment and facilities.

The demands of service are given priority over the learning needs in classroom or in the wards. Many a times students are put on night duty alone. Students are in fact providing the maximum nursing service coverage for which they are not qualified. In fact, recommendations of three major committees like a separate budget for the schools of nursing, long spells of night duty, proper living conditions have not been implemented effectively.

Auxiliary Nurse Midwifery Programme: Four hundred and forty six schools are financed by the Central Government. Even in these schools working and living conditions are not adequate. Most of the States are also forming separate examining boards to examine

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the students *e.g.* Gujarat and Bihar. The State Nursing Councils/Indian Nursing Councils are debarred from visiting/inspecting these schools.

B.Sc. Degree Nursing/Post Basic B.Sc. Degree/ Master of Nursing: Most of the colleges imparting these courses are controlled academically by universities but financial control is with the State Health Authorities. Excepting one college i.e. SNDT, Bombay, no college enjoys the working conditions and emoluments as per university pattern.

Number of Diploma Courses in various nursing specialities like Psychiatric Nursing, Paediatric Nursing, Public Health Nursing are grossly inadequate. Clinical courses for many of the specialities like Cancer Nursing, Intensive Care Nursing, Coronary Care Nursing, Neurological Nursing etc. are not existing. The reasons may be that quality nursing services have not yet been demanded in these areas.

Nursing Services: At the institutional level the overall nurse bed ratio varies from 1:3 to 1:8. No norms for deployment of nurses for departments, clinics etc. exist.

The nurse in the office of the Directorate of Health Services/Directorate General of Health Services is not involved in any policy planning etc. This has to be attributed to her low level of placement in the organisational set up.

The recommendations of Mudaliar Committee of having a nursing education component under the division of professional education and research and nursing services under the division of medical care have not been implemented. The position of the nurse in the Directorate General of Health Services is only advisory in nature whereas State level nurses have more executive functions.

There is no coordination or channel of functions between the nurses working in the Directorate General of Health Services and the nurse working in the Rural Health Divisions at the Central level.

At the State level, the nurses in majority of States have no control over the community health nursing services. This is under the control of doctors. At the district level a post of public health nurse has been created. Some States, however, have appointed two Public Health Nurses at district level.

The International Council of Nurses to which the Trained Nurses' Association of India is affiliated has discussed this issue thoroughly and adopted a resolution at the meeting of the Council of National Representatives, Singapore, 1975:

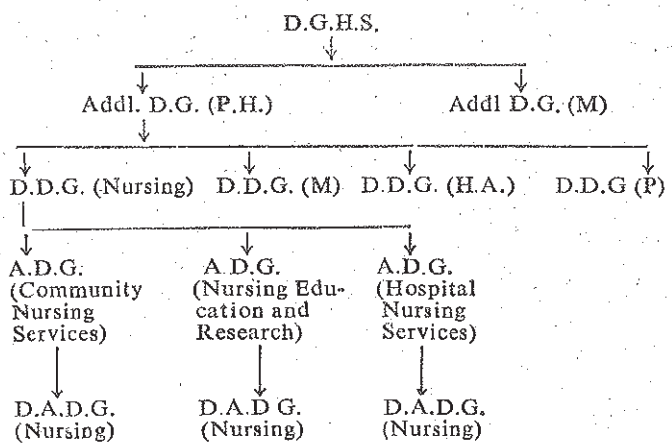
Nursing Authorities: "WHEREAS nursing is a nursing profession in its own right although it is allied in providing health care with its colleagues in all other health professions; and WHEREAS nurses have the responsibility and accountability for nursing service which they provide for people, sick and well; and WHEREAS nursing has a body of nursing knowledge and nursing practices which must be taught to nursing students who otherwise would not be educated to provide nursing services; and WHEREAS the subject matter of nursing courses is distinct and different from the content of such non-nursing courses as medical science, pharmacology, psychology, and other subjects taught by non-nurse faculty; THEREFORE BE IT RESOLVED that all nursing services in health care facilities of all types be directed by qualified directors who are nurses; and FURTHER BE IT RESOLVED that all nursing education programmes basic, post-basic and specialised be directed by specially qualified nurses; and FINALLY BE IT RESOLVED that all teaching of nursing courses, theory and practice, be done by nurses who are qualified to teach."

An example of organisational set up of Nursing in Bangladesh is given at Appendix V. One can see that nurses have greater autonomy and responsibility of managing the nursing component of the health care system.

Even in Nepal, the chief of the Nursing Services at the Directorate General level is assisted by several assistants to look after the Nursing Administration, Hospital Services, Primary Health Care, Research, Continuing Education and Natural Health Priority Programmes of the Government of Nepal.

Proposed Nursing Organisational Set up at National Level (Central) : In order to ensure coordination and greater functional efficiency of nursing services in the country, it is essential that all nursing personnel should be technically as well as administratively under the control of nursing personnel themselves. At the national level, the post of Nursing Adviser should be brought at par with other Deputy Director Generals. She should be assisted at least with three posts of Assistant Director Generals for Nursing Services (Hospital), Nursing Education and Research and Community Nursing Services. This will facilitate her participation in policy matters for nursing component of National Health Services and National Health Plans.

Proposed Nursing Organisation set up at National Level

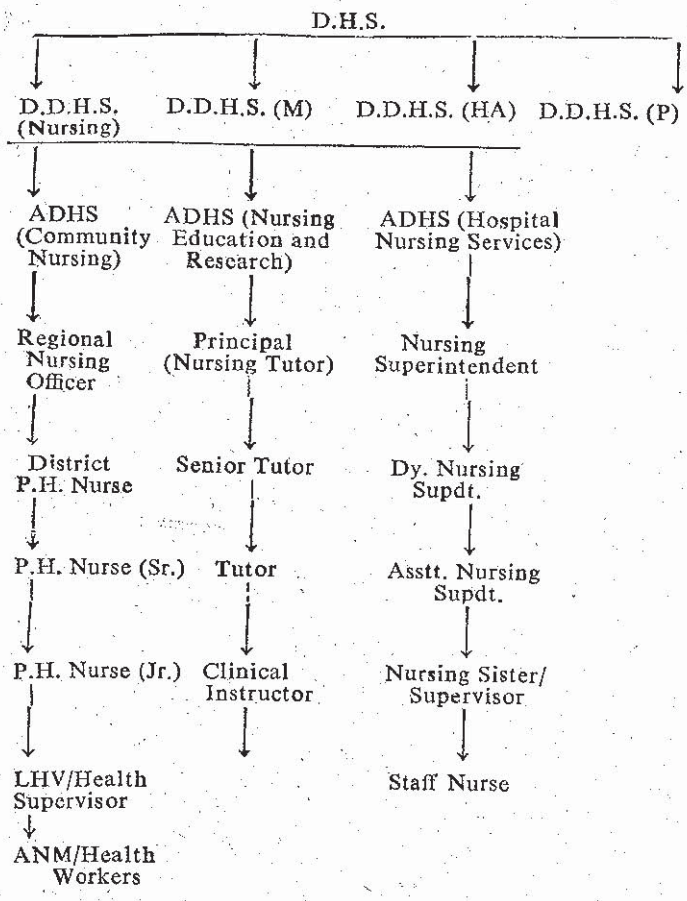


By organising the nursing network of the Central Government on the above lines, it would be possible to look after the total nursing component of health services in their proper framework and take appropriate decisions according to special needs of the discipline. It should be quite natural to achieve this

objective in the proposed set up as nurses themselves would be able to take decision about their varied complexities, uninterrupted and guided solely by the special needs of the speciality.

Once the Central Government (National level) takes the initiative to rationalise the existing set up, the State Government can follow the example.

Proposed organisation of Nursing at State level is given below:



APPENDIX I

The Training of Nurses and Midwives

Extracts of Bhore Committee Recommendations

Nurses

The conditions under which nurses have hitherto been required to carry on their profession in this country are recognised by all thinking persons to be deplorable. As long as such conditions obtain it is inconceivable that Indian women from the more educated families will enter that profession in appreciable numbers. We give below in tabular form the main, but not the only, objectionable features of the present system together with the remedies proposed. It will be noted that in all cases it is within the power of Government, if they so wish, to remove these obstacles which cause many aspiring candidates to refrain from undertaking this work which is of such prime importance to the welfare of their country.

Present Condition	*Proposed Remedy*
1. A lack of any professional status.	The granting of gazetted (civil) rank to persons by reason of pay drawn or the position of responsibility may reasonably be given such rank.
2. Under paid senior positions.	Salaries to be reviewed and increased so as to render the profession attractive and to meet local economic requirements.
3. Grossly understaffed hospitals with consequent overwork.	An attempt to reach in due course the international standard of one nurse to 2½ beds.
4. Deplorable living conditions with gross overcrowding.	A fresh and vigorous approach to the problem of accommodation and diet by the authorities concerned and the provision of requisite amenities.
5. Diet not balanced and insufficient for growing young women.	
6. No recreational or cultural facilities.	
7. No general superannuation or pension scheme.	Inauguration of a pension or provident fund scheme.

2. As regards training facilities our proposals include the establishment of preliminary training schools which will give midwives, public health nurse and hospital social workers as well as the establishment of successive groups of training centres for nurses. In view of the extreme shortage of nursing personnel we have recommended that the first group of 100 training centres, each taking 50 pupils, should be started two years before the health organisation begins to be established, that another set of 100 centres should be created during the first two years of the scheme and that a third group of the same number of centres should be established before the third year of the second quinquennium.

3. We have suggested that there should be two grades in nursing profession with corresponding types of training, a junior grade and a senior grade. The entrance qualification for the former should be, we have suggested, a completed course for the middle school standard and for latter a completed course for the matriculation.

4. We have also recommended the establishment of nursing colleges in order to provide a five year degree course in nursing as well as advanced courses in hospital nursing administration, in the teaching of nurses and the training of public health supervisors.

Male Nurses

5. Owing to the existing social conditions and customs in certain parts of India, male nurses will have to play an important part in the health programme. Male nurses and male staff nurses should be trained and employed in large numbers in the male wards and male outpatient departments of public hospitals, thus releasing women workers for other work.

Public Health Nurses

6. We have also made specific proposals in regard to the training of public health nurses. They are fully qualified nurses with training in midwifery also. In addition their educational programme should stress, throughout, the preventive point of view. The curriculum should integrate classroom instruction in the science and art of nursing and in social studies with well planned experience in hospitals, community health services and in the homes.

Nursing Manpower Requirement (Estimates)

7. The target to be aimed at is the provision of one nurse to 500 of the estimated population at the end of 30 years—roughly 500 million. This will mean an attempt to raise:

20,000 nurses at the end of	5 years
50,000 nurses at the end of	10 years
100,000 nurses at the end of	15 years
250,000 nurses at the end of	20 years
500,000 nurses at the end of	25 years
1,000,000 nurses at the end of	30 years

The actual number of nurses that can be trained depends upon three factors: (i) the number of young women with a proper educational qualification will be prepared to enter the nursing profession; (ii) the number of properly equipped and properly staffed training institutions that will be available to train such nurses; and (iii) The financial resources available for each training.

Midwives

8. The number of midwives actually available for midwifery duties in the country is probably 5,000. In order to provide one midwife for every 100 births, approximately 20 times that number or 100,000 midwives will be required.

9. Existing training schools for midwives require considerable improvement. The most serious drawbacks are (i) lack of properly trained and well-equipped supervisory staff; (ii) lack of facilities for antenatal and postnatal work; (iii) lack of domiciliary practice; and (iv) lack of opportunities for witnessing complicated cases of labour. We have laid down certain requirement which should be met before an institution is recognised as a training centre for midwives and have also made detailed recommendations for their training courses.

10. Regulation of the Nursing Profession, including those of Midwives and Health Visitors: (i) At present the regulation of the nursing profession which includes those of midwives and health visitors, is vested in Provincial Nursing Councils which maintain registers of persons who have completed approved courses of training in institutions recognised by them for the pupose and have passed the prescribed examinations. Persons so registered are entitled to practise the profession in their own province. Arrangements for reciprocity with other provinces exist to a degree which varies with the nursing councils concerned.

(ii) We recommend the creation of an All India Nursing Council to coordinate the activities of the Provincial Councils, to lay down minimum educational standards and to safeguard their maintenance. Questions of reciprocity within and outside India should be the concern of this Central Nursing Council. We recommend the maintenance of an All India Register by this Council, with separate schedules for the entry of approved qualifications in general nursing, higher nursing, public health nursing, midwifery and health visiting.

(iii) The power to take disciplinary action should continue in the first instance, to be vested, as at present, in the Provincial Councils, but there should be a right of appeal to the All India Nursing Council over their decisions, with additional provision for further appeal to the Federal Court in circumstances similar to those in which in the United Kingdom, an appeal lies to the High Court against the decision of the General Nursing Council.

APPENDIX II

Summary of Recommendations of Shetty Committee

Nursing Training

1. Recruitment of additional studies, and the necessary staff for supervision and teaching, in the existing centres as a first step towards increasing the number of nursing personnel.

2. Creation of posts for nursing staff in institutions and in the public health field to absorb the additional number of nurses who will be trained.

3. The appointment of auxiliary nurses and midwives to supplement the nursing service in hospitals or wards which are not used for training nurses. Establishment of training centres in District Headquarter's hospitals for auxiliary nurses and midwives.

4. Improvement in conditions of training of nurses. Priority to be given to:

a. provision of adequate living accommodation;
b. proper facilities for practical work, and adequate training for sister tutors and ward sisters;
c. proper care of students health;
d. raising of educational standards wherever possible; and
e. shorter working hours.

5. Better publicity to the potentialities of nursing as a career.

6. Special consideration to be given to personality and home background when recruiting students, providing that they meet other minimum requirements. Selection Committee to be constituted of Medical and Nursing Superintendents and Sister Tutor.

7. Ordinarily, married women, unless widowed or separated from their husbands, not to be admitted for training. Students not to be allowed to marry during training period.

8. Minimum requirements for admission to training schools to be in accordance with the regulations of the Indian Nursing Council.

9. Medium of instruction to be decided on by each State. Individual training centres should also have discretion to decide this question.

10. Setting up a system of counselling for students, an experienced sister being assigned to a group of students for this purpose.

11. Students to be required to be resident during training.

12. Stipend and allowances adequate for messing, uniforms and laundry expenses.

13. Students may be required to execute a bond for two years.

14. Recruitment of men as student nurses be in proportion to the employment open to them.

Nursing Service

Organisation of Nursing Service

1. The appointment of a Superintendent of Nursing Service in each State.

2. Combining the nursing service for hospitals and that for the public health field into one service. Inclusion of experience of public health and domicilliary nursing in the basic course for nurses and midwives.

Manpower Requirements

Assessment of the Minimum Requirements of the Country

The Bhore Committee had recommended one nurse to 500 of the population and one midwife for every 100 births. There should be one Public Health Nurse or Health Visitors to 5000 of the population. In accordance with the recommendations the number needed would be—nurses 7,00,000, midwives 87,500, public health nurses or health visitors 70,000.

It will obviously be difficult to obtain these numbers in the near future and also to find the finances to employ them. Our Committee also felt that it would be premature to consider the requirements of the nursing services for the total population, when the needs for nurses in the existing health services have not been met adequately. We consider that it would be more practicable at this stage to assess the requirements, as far as institutional services are concerned, on a ratio of nurses and midwives to existing hospital beds; and for the domiciliary services, to assess the number of health visitors or public health nurses required for the population in areas in which services from Health or Maternal and Child Health Centres have been established. It would not serve a useful purpose, at present, to go into the question of supplying nurses in areas where other health services have not been established. The number of midwives needed could be assessed in proportion to the approximate number of births in the country. More midwives would be needed for rural areas where communications are not good, than for the compact areas of towns and cities.

We decided on the following ratios as a basis for assessing the number of nursing staff needed at present and also for increasing the number in future—

1. Hospitals—1 nurse (also qualified in midwifery for women's and maternity services) including students, to three patients in hospitals used for the training of nurses and midwives. The teaching and administrative staff and staff in special departments should not be included in calculating the number of nurses required, one nurse, also qualified in midwifery for women's and maternity services to five patients in all other hospitals.
2. Domiciliary Midwifery—1 midwife to 100 births in rural areas, in towns and cities, in compact areas, one midwife to 150 births.
3. Public Health Field—1 public health nurse or health visitor to 10,000 of the population.

Auxiliary nurses and midwives to be assigned duties in keeping with their training and to be required to work under supervision.

APPENDIX III

Recommendations of Mudaliar Committee (1959-61)

1. There should be three grades of nurses, viz. the basic nurse with four years of training, the auxiliary nurse midwife with two years of training and the nurse with a degree qualification.

2. Candidates admitted to the general nursing course should have the minimum qualification of matriculation or equivalent, and the candidates for the degree course should have passed the higher secondary or pre-university examination.

3. In view of the need for securing a larger number of recruits for the nursing profession the age of admission can be relaxed to 16 in suitable cases as a transitional measure particularly in States where there are difficulties in recruiting candidates at the age of 17.

4. The medium of instruction should preferably be English for the general nursing course, while the degree course should be taught only in English.

5. Nurse pupils should not be over-burdened with the routine duties in hospitals, but more attention should be given to training and practical experience. They should not be subjected to too many spells of night duty in hospitals.

6. A large number of hospitals in the country can be utilised for Nursing Schools. District headquarters

hospitals with a bed strength of 75 to 100 should also be utilised for this purpose.

7. The minimum number of admissions to the course should be 12.

8. Student nurses should be provided free furnished accommodation in hospitals, free board, free supply of uniforms, laundry arrangements, free books, free medical services, medical check-up twice a year and suitable recreational facilities. The stipend during training should be a minimum of Rs. 35 increasing by Rs. 10 every year.

9. There should be a Nursing Advisory Committee in each school for advising on admissions and welfare of the trainees.

10. Each nursing school should have its own separate budget.

11. The training of auxiliary nurse midwives should be continued and extended, because it will be necessary for a long time to come to have a second line of trained personnel to meet the needs of the country.

12. The number of auxiliary nurse midwives to be trained should be phased in such a way that there will be one auxiliary nurse midwife for 5,000 population by the end of 15 years.

13. The time is come when fresh thinking on the type of training at present given to health visitors should be done. There should, instead, be a public health nurse with a basic nursing qualification and one year's further training particularly in domiciliary care and other public health aspects of community work.

14. Any person trained in one category of nursing should get an opportunity of being trained in the next higher grade, under conditions to be specified by the Indian Nursing Council.

15. There should also be higher training for the general sick nurse, public health nurse, paediatric nurse, mental nurse, theatre nurse, sister tutor and nursing administrator.

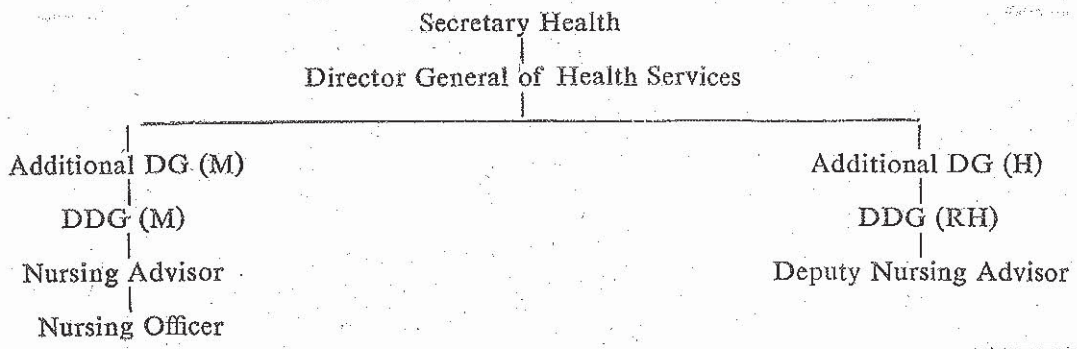
16. Promotion of degree course nurses or basic nurses to posts of higher responsibility should be considered only after a minimum of three to five years of practical experience after qualification, has been put on.

17. Male nurses should be trained only for certain types of work e.g. mental hospitals, army hospitals, VD clinics and rehabilitation centres.

18. In general, sufficiently attractive terms should be given to young girls in order to enable them to the to the nursing profession rather than the clerical profession.

APPENDIX IV

Present Nursing set up at the Centre as on December 1987



APPENDIX V

Organisational Chart of the Directorate of Nursing Services, Bangladesh