Position Paper on Nursing Education in India

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The History

The early steps for training of nurses were taken in Madras in the seventies of the last century. By the beginning of this century, a number of training centres were established mainly in the presidencies of Madras, Bombay and Bengal. The apprenticeship system of training had become established. Nursing was mainly confined to hospitals. The first world war opened another field, the Indian Military Nursing Service. Training of Nursing personnel for Public Health field was undertaken in 1918 by the establishment of Lady Reading Health School for Training Health Visitors. Training in Nursing for men was also instituted in the early years of this century.

The earliest measures for obtaining uniform standards of entrance to training schools and of examinations, were taken in Bombay by the formation of the Bombay Presidency Nursing Association in 1909. The first Nurses' Registration Act was passed in Madras in 1926 and Bombay Nursing Council was constituted in 1935. By 1939 Nursing Councils were established in several provinces. The courses in General Nursing had been of three years' duration but two standards were maintained. A school for preparing nurses in Administration was established in Delhi by the Government of India in 1943.

SETTING UP OF THE HEALTH SURVEY & DEVELOPMENT COMMITTEE UNDER THE CHAIRMANSHIP OF SIR JOSEPH BHORE (1943)

In the year 1943, the Health Survey & Development Committee was appointed by the Government of India under the Chairmanship of Sir Joseph Bhore to make:

(a) a broad survey of the present position in regard to health condition and health organisation in British India; and

(b) recommendations for future development.

EXTRACTS OF BHORE COMMITTEE RECOMMENDATIONS

The Training of Nurses and Midwives

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 who by reason of pay drawn or the position of responsibility may reasonably be given such rank.
2. Underpaid 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. 5. Diet not balanced and insufficient for growing young women. 6. No recreational or cultural facilities.	A fresh and vigorous approach to the problem of accommodation and diet by the authorities concerned and the provision of requisite amenities.
7. No general superannuation or pension schemes.	Inauguration of a pension or provident fund scheme.

This Position Paper has been prepared by Mrs. R.K. Sood, Nursing Advisor, Ministry of Health and Family Welfare, Government of India.

"As regards training facilities our proposals include the establishment of preliminary training schools which will give midwives, public health nurses 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.

"We have suggested that there should be two grades in the 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

"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

"Owing to the existing social conditions and customs in certaing 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

"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 class room 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)

"*The target to be aimed at:* 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	,, ,, ,,	... 10 ,,
100,000	,, ,, ,,	... 15 ,,
250,000	,, ,, ,,	... 20 ,,
500,000	,, ,, ,,	... 25 ,,
1,000,000	,, ,, ,,	... 30 ,,

"The actual number of nurses that can be trained depends upon three factors:

(i) the number of young women with a proper educational qualification who 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 such training.

Midwives

"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.

"Existing training schools for midwives require considerable improvement. The most serious drawbacks are: (1) Lack of properly trained and well-equipped supervisory staff, (2) lack of facilities for antenatal and post-natal work, (3) lack of domiciliary practice, and (4) lack of opportunities for witnessing complicated cases of labour. We have laid down certain requirements 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.

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 purpose 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 Council concerned.

"(ii) We recommend the creation of an All-India Nursing Council to co-ordinate 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."

IMPLEMENTATION OF THE RECOMMENDATIONS OF BHORE COMMITTEE REPORT

1. *Establishment of Degree Programme in Nursing:* A College of Nursing was established in 1946 at New Delhi. The college offers 4 years B.Sc. (Hons.) degree in Nursing. The college was affiliated with University of Delhi. The curriculum had full integration of Public Health Nursing through the 4 years. College students were and are sent for urban and rural public health nursing experience to Chawla Sub-centre (Najafgarh P.H.C.). The graduates were and are appointed as Public Health nurses in various fields. The teachers of the colleges were given gazetted status. Training of male nurses was continued.

2. Two grades of Nursing courses, i.e. Senior 'A' grade and Junior 'B' grade, were started.

3. Training of Male Nurses was continued.

4. Expansion of Training facilities, however, did not take place as recommended. The annual out-turn increased from 1227 nurses in 1949 to 1740 nurses in 1953. (i.e. approx. 500 only—100 additional per year, were trained). Not much expansion also took place for training of Public Health nurses.

Establishment of Indian Nursing Council

Also, as a result of Bhore Committee recommendation Indian Nursing Council was established in 1947 to regulate the Standards of Nursing education. In the year 1950 Indian Nursing Council made 3 important decisions.

(1) There should be only *two* standards of training for nursing and midwifery.

(a) The full course in Nursing of 3 years duration followed by a course in midwifery of a minimum period of six months.

(b) A course for Auxiliary Nurse-Midwife for 2 years.

(2) The minimum educational requirements for entrance to the Nursing course to be matriculation and for auxiliary nurse midwifery the educational standards were kept as 7th or 8th passed.

(3) The Auxiliary Nurse-Midwifery course to replace the various courses for the Junior grade certificates and the course in midwifery for candidates other than nurses.

APPOINTMENT OF THE NURSING COMMITTEE TO REVIEW CONDITIONS OF SERVICE, EMPLOYMENT, ETC. OF THE NURSING PROFESSION UNDER THE CHAIRMANSHIP OF SHRI A.B. SHETTY, MINISTER OF HEALTH, MADRAS (1954)

In persuance of the resolution passed at the second meeting of the Central Council of Health held at Rajkot in February 1954, a Committee was appointed to review the condition of service, emolument, etc. of the Nursing profession in May, 1954.

The terms of reference to the Committee are as follows:

(i) To survey the existing facilities for teaching in Nursing, conditions of work and emoluments of the various grades of nurses.

(iii) To assess the minimum requirements of the country as a whole in respect of nurses and to recommend specific measures to overcome the shortage. The Committee should particularly examine whether teaching cannot be imparted on a large scale in the regional languages or if this is not feasible at present, whether admission qualifications can be lowered without materially affecting adversely the quality of service rendered to the community by the nurses.

(iii) To examine the existing conditions of service and emoluments admissible to nurses in the various states and state-aided institutions and to make recommendations for their improvement so as to attract educated young women from good families to the profession. In making these recommendations, the Committee should keep in view the financial resources of the states so that it may be feasible to introduce uniform scales of salary and other conditions of service for nurses throughout the country.

Summary of Recommendations

Nursing Training

(1) Recruitment of additional students, and the necessary staff for supervision and teaching, in the existing training 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 Headquarters 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 standard wherever possible;

(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 Tutors.

(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, uniform and laundry expenses.

(13) Students may be required to execute a bond for 2 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 & Domiciliary 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 Visitor 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 service 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 concered, 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 3 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. 1 nurse, also qualified in midwifery for women's and maternity services to 5 patients in all other hospitals.

(2) Domiciliary Midwifery—1 midwife to 100 births in rural areas, in towns and cities, in compact areas, 1 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.

Implementation of the Recommendations of Shetty Committee Report

Nursing Training

(1) New Schools at district level for training of Auxiliary nurse-midwives and training of nurses were opened. The number of A.N.M. schools increased from 2 in 1952 to 146 in the year 1958. Another 50 schools of nursing were started.

(2) Training of male nurses was continued in some States.

(3) Selection Committees were formed for selection of student nurses.

(4) Public Health Nursing was integrated in General Nursing and midwifery course to enable the qualified nurses to work either in hospitals or community.

Nursing Services

Nurses were appointed in the office of Directorate, Health Services for strengthening of Nursing Education and Nursing Services in the states.

Manpower Requirements

Attempts were made to create posts in the hospitals as per recommendations.

SETTING UP OF THE HEALTH SURVEY AND PLANNING COMMITTEE UNDER THE CHAIRMANSHIP OF DR. A. LAKSHMANASWAMI MUDALIAR (1959-61)

The Government of India in the Ministry of Health set up a Committee on the 12th June, 1959, to undertake the review of the developments that have taken place since the publication of the Report of the Health Survey and Development Committee (Bhore Committee) in 1946 with a view to formulate further health programme for the country in the third and subsequent Five Year Plan periods. The terms of reference of the Committee were as follows:

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POSITION PAPER *(Contd. from page 96)*

Terms of Reference

The assessment (or evaluation) in the field of medical relief and Public Health since the submission of the Health Survey & Development Committee. (The Bhore Committee).

Review of the first and second five year plan of Health Development in the country.

Recommendations

"(1) There should be three grades of nurses, viz. the basic nurse with 4 years of training, the auxiliary nurse midwife with 2 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 larger number of hospitals in the country can be utilised for Nursing Schools. Distribution headquarters hospitals with a bed strength of 75 to 100 should also be utilized 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 training 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 sister, sister tutor and nursing adminitrator.

(16) Promotion of Degree course nurses or basic nurses to posts of higher responsibility should be considered only after a minimum of 3 to 5 years of practical experience after qualification has been put in.

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

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

Implementation of Recommendations of Mudaliar Committee Report

(1) Three grades of training of nurses were further strengthened: i.e. (a) B.Sc. degree (4 years), (b) General Nursing and Midwifery (3½ yrs.) (c) Auxiliary nursing training of 2 years

Public Health Nursing was integrated in General Nursing & Midwifery course. 3 months of clinical experience in community nursing was made compulsory. The additional 6 months of Public Health Nursing was not initiated.

(2) Qualifications recommended for admission to three grades of training programme were implemented.

(3) Medium of instruction for degree/diploma courses in English. However, some states do teaching in Hindi & Regional languages.

(4) Training facilities for training of nurses, auxiliary nursing and B.Sc. nursing were increased.

(5) The Public Health Nursing course of 10 months duration was started for qualified nurses to prepare Public Health nurses instead of Lady Health Visitors.

(6) Opportunities were provided to Nursing personnel of one category of getting training in the next grade i.e. provisions were made for Auxiliary Nurse Midwives to do General Nursing and Midwifery course. Similarly, provision was made for Diploma holder nurses to do degree course in nursing (2 years duration.)

(7) Nurses holding degree in Nursing were considered for higher posts only after minimum of 2-3 years of practical experience.

(8) Master's degree in Nursing was started in 1959 for providing opportunities for B.Sc. degree nurses.

(9) Male nurses were given training in V.D., Rehabilitation etc. but training of females was given preference as recommended.

(10) Efforts were made to increase stipend & living conditions of student nurses.

(11) Courses in Psychiatric Nursing, Paediatric Nursing were initiated.

Nursing Manpower

The outturn of nurses increased from 1827 in 1954 to 2851 in 1961. Approximately 200 additional nurses were trained every year. Similar increase was noticed in the outturn of Auxiliary nurse midwives.

General Nursing & Midwifery

Training of nurses is primarily a state subject. Central Govt. has only one college of Nursing (R.A.K. College of Nursing) 3 schools of nursing (only 2 offer midwifery training) 2 centres for training of Public Health Nurses, one Centre for Diploma Course in Psychiatric Nursing (10 months duration), under the Ministry of Health & Family Welfare. Autonomous bodies like P.G.I., Chandigarh, A.I.I.M.S., New Delhi, National Institute of Mental Health & Neuro Sciences are also conducting training of nurses of different levels. In all there are 326 schools of Nursing attached to various hospitals at district, state, institution level. The duration of the course is 3½ years. The entrance requirements for Diploma/certificate course in Nursing have been raised from Matriculation to 12th pass from 1981 to enable these candidates to pursue higher studies in Nursing at the University level. Approximately 8500 (1984) nurses qualify every year. Qualified candidates are registered as nurses and midwives with various Nursing Councils in India.

Auxiliary Nursing & Midwifery

There are 400 plus Schools of Nursing conducting Auxiliary Nursing Midwifery course. The duration of the course and entrance requirements have been changed as per recommendations of Kartar Singh Committee Report. The entrance requirements have been raised to 10th pass (Matriculation) and the duration of the course has been reduced from 2 years to 1½ years. The revised syllabus was approved in 1977 by the Indian Nursing Council. The candidates passing out from this course are to be registered as Auxiliary Nurse Midwives (designated in the field as Female Health Worker).

B.Sc. Degree in Nursing

There are 19 degree programmes in Nursing of 4 years duration. Approximately, 400 B.Sc. nurses graduate every year. These nurses are qualified in Nursing, Midwifery and Public Health Nursing.

Provision also exist for 2 years' degree course in Nursing for Diploma/Certificate holders in Nursing.

Masters in Nursing

Only 4 colleges in the country offer Master's degree in Nursing.

Apart from these there are Diploma courses in Psychiatric Nursing (2) Paediatric Nursing (3) Public Health Nursing (4) Nursing Education and Administration.

Continuing Education

A department of continuing education has been established at the R.A.K. College of Nursing during the 5th Plan period.

Nursing Legislation

Apart from national level Indian Nursing council there are 16 State Nursing and Registration Councils and 3 examining Boards. Directors, Health Services, are the Presidents of the Councils. Many Councils don't have the nurse Registrar. The Councils are either looked after by the nurse in the office of Director, Health Services, or a non-nurse acts as a Registrar. A resolution was passed in the year 1977 by the Indian Nursing Council for appointment of Nurse Registrar and Renewal of Registration. However, upto date only 6-7 councils have nurse Registrars and 6-7 Councils have agreed in principle for renewal of Registration every 5 years. 3-4 states are following it. The number of Registered Nurses and A.N.M.s as on 31.12.1984 are:

Nurses	: 170,888
Auxiliary Nurse Midwives	: 89,952 (Not complete)

Issues and Problems

1. As to date majority of schools of Nursing are run by hospitals. Students are still counted as a service staff from the day they enter the school. School is under the administrative control of Medical Suptdt./ Nursing Suptdt. 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 either 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 at occassions they are not qualified. In fact, recommendations of three major Committees like separate Budget for the school, students should not be given long spells of night duty etc., proper living conditions have not been implemented effectively.

2. *Auxiliary Nurse-Midwifery Programme:* 350+ schools are financed by Central Govt. Even in these schools working and living conditions are not adequate. Most of States are also forming separate examining Boards to examine the students e.g. Gujarat & Bihar. The State Nursing Councils/Indian Nursing Councils are debarred from visiting/Inspecting these schools.

3. *B.Sc. Degree Nursing/Post-Basic B.Sc. Degree/ Master of Nursing*: Most of the colleges imparting these degrees are although academically controlled by universities, yet financial control is with the State

Health authorities. Excepting one college, i.e., S.N.D.T., Bombay no college enjoys the working condition, emoluments as per University pattern.

4. 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, coronory care nursing, Neurological nursing etc. are not existing. The reasons may be that quality nursing services have not yet been demanded in these areas.

5. Regional Training centres have been set up by R.H.D., Government of India, for training of P.H. nurses and Tutors. These are not yet reported to the Indian Nursing Council. (Not yet recognised).

Nursing Services

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

The nurse in the office of D.H.S./D.G.H.S. 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 D.G.H.S. 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 D.G.H.S. 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 on the Community Health nursing services. This is under the central of Doctors. At the district level a post of Public Health nurse has been created. Some States, however, have appointed 2 Public Health Nurses at district level.

Nursing Manpower

As per recommendations of Bhore Committee, 10 lakh nurses were required by the year 1976 whereas the number of registered nurses is only 1,70,888. This is nearly 5-6 times short of the anticipated requirements. Again the nurse-doctor ratio is 1:2. (308633 doctors registered in Medical Council of India upto 31-12-83) whereas there is need for 3 nurses to 1 doctor. This again stresses shortage of nursing manpower in the country.

It has been roughly estimated that even for meeting the institutional needs by 2000 A.D. nearly 6 lakh nurses would be required. The shortage with the existing training facilities will be to the tune of 3 lakh. Hence, there is need to increase the training facilities by 3-4 times. Accordingly, teacher training facilities etc. will have to augmented.

SUGGESTIONS

Nursing Education

(1) Uniformity in the Training of Nurses:

(a) Nursing Education be brought into the stream of General Education i.e. 10 + 2 + 3 pattern of Education. Schools attached with Medical Colleges and hospitals be upgraded to degree level in phased manner. This is essential as no district level hospital can provide adequate clinical experience for training of professional nurse.

(b) Hospitals at District level and attached with private organisations can initiate 2 years Auxiliary Nursing course for meeting the nurse manpower requirements of hospitals.

(c) Nursing education be allotted definite Budget for expansion and development purpose equal to medical education. The Budget should include component of continuing education.

(d) More programmes of higher education in nursing i.e. Master's level need to be developed for preparing teachers for degree and post-graduate level.

(e) Speciality nursing courses need to be expanded and developed.

(f) Whole nursing education component should be under the control of nurses at centre and state level.

Nursing Legislation

(1) State Nursing Councils/Indian Nursing Councils need to be strengthened adequately with nursing staff budget. Nurse Registrars to be appointed in all the Nursing Councils. The State Nursing Councils Acts/Indian Nursing Council Act need to be amended to provide majority representation of nurses.

(2) **Nursing Service**

There is need to develop need-based norms for strengthening the Nursing service in the institutions through operational studies. This will further help in proper assessment of Nursing Manpower requirement.

Strengthening of Nursing Positions at the Centre and State Levels (Directorates)

(a) Nursing positions at centre and state Level Directorates should need strengthening in terms of placements, emoluments, involvement in planning etc.

(b) There is also need for creating more posts for nurses in the Directorate offices for nursing education, Nursing service and also for nurses to work in national health programme e.g. Tuberculosis, National Blindness, M.C.H., Family Welfare, Immunization, Non-communicable Disease, Mental Health, etc. In fact, nurse coordinates all health service, therefore involvement of professional nurse in National Programmes is highly desirable.

(c) There is need to have a National and State level Nursing Advisory Committee, to advise the Govt. on all matters of nursing education, nursing services, nursing Research.

A. Summary Statement of Number of Schools/Colleges Imparting Different Types of Nursing Training Courses as Per State Nursing Councils/Boards

Name of the State Nsg. Councils & Examining Boards.	*General Nursing*	*Male Nursing*	*Mid-wifery.*	*Auxil-iary Nsg.*	*College level Prog.*			*Remarks*
					B.Sc. Nsg.	*Post Basic B.Sc.*	*Master of Nursing*	
1.	2.	3.	4.	5.	6.	7.	8.	9.
Andhra Pradesh	27	5	20	18	3	1		Proposing to start M. Nursing
Assam	20	4	20	20	1	—		
Bihar	15	—	13	34		1		
Gujarat	13	—	9	31		1		Proposing Master Prog.
Haryana	5	—	3	8	—	—	—	
Arunachal Pradesh	3	—	1	8	—	—	—	
Kerala	50	—	37	13	3	—	—	Proposing to start a Master Nursing.
Maha Koshal (M.P.)	16	—	16	25	1	—	—	
Maharashtra	45	—		38	1	2	1	Basic B.Sc. course is run by SNDT.
Tamil Nadu (Vellore)	20	—	19		+2	+2	+1	Vellore C.M.C. +B.Sc., Master in Nsg. & Post-basic B.Sc.
Karnataka	22	—	21	23	1	1		
Orissa	5	—	5	17	—	1		Started recently (Not yet reported to I.N.C.)
Rajasthan	9	7	4	18	1			
Uttar Pradesh	18	—	13	47		1		
West Bengal	20	—	20	29	1	1		Just started not reported.
Mid-India Board	8	4	7	3	—	—	—	Non-Registering Body.
South India Board	19	4	18	9				Non-Registering Body.
A.F.M.S. Exam Board	8	—	—	—	1	—	—	

(B). Recognised Number of Training Schools/Colleges and Annual Outturn 1984

Year	Number of Schools				Number Qualified			
	G.N.M.	A.N.M./ F.H.W.	B.Sc.	M.N./ M.Sc.	G.N.M	A.N.M./ F.H.W.	B.Sc.	M.Sc. M.N.
1949 (Post-Bhore Committee Report.)	207		2		1227			
1954 Beginning Shetty Committee Report.	225	14	2		1827	53	29	
1959 Post-Shetty Committee Report & Beginning Mudaliar Committtee Report.	234	191	2	1	2563	955	32	
1964 Post-Mudaliar Committee Report.	229	273	8	1	3545	3283	58	2
1974	262	340	8*	2	5165	5645	117*	15
1984	326	+328	10*	4	8533	8937	305*	58

Source : Indian Nursing Council. Report of the year specified.
* Information incomplete as some colleges are not yet recognised, reported.

(C). Number of Nurses, Auxiliary Nurse Midwives Registered (1st to 6th Plan period) Five Year Plans.

Category	First Plan 1951-56*	Second Plan 1956-61*	Third Plan 1961-66*	Fourth Plan 1970-74*	Fifth Plan 1978-79*	Sixth Plan 1980-84*
Nurses	24,724	35,584	57,621	99,309	1,39,225	1 ,70,898
Auxiliary Nurse Midwives	393	3,387	15,988	39,798	66,158	89,952**

* Data given indicates registered Nurse/Auxiliary Nurse Midwives in 1956, 1961, 1966, 1974, 1979 and 1984.
** Incomplete as some states don't register A.N.Ms.