Health Personnel : Nurses and Para-Medical Manpower

Dr. (Mrs.) M. Dean, presented this paper at a seminar on 'National Medical Education Policy' in February this year. Mrs. Margaret Dean is the Principal, College of Nursing, P.G.I., Chandigarh.

THE recommendation (6) which reads, "There has to be a balanced development of graduates and specialists of medicine (of all systems) as also of other health personnel" was an item to be considered for deliberations in this seminar. This area was approached under the following main headings:—

1. Budget, staffing and clinical area for learning.
2. Effective education for the health manpower and services to the community.
3. Recommendations.

Budget, staffing and clinical area for learning:

The hospital has been viewed as an integral part of the health services and a "focal point" for health services by the Health Survey and Development Committee (popularly known as the Bhore Committee) as early as 1946, which reads as follows:—

> "The hospital is an integral part of each of these health centres, is to be regarded as "focal point" which is expected to play a dual role of providing medical relief to the area served by it, as well as, taking an active part in the preventive campaigns against communicable disease, e.g. work in connection with maternity and child welfare, tuberculosis etc. would be carried out into the homes of people from the hospital".[1]

If hospitals are expected to play the roles of centres for health services to the community, educational field for the health personnel and a centre for research, then the hospital need to be strengthened for fulfilling these roles. Teaching hospitals and institutes to have an ideal clinical area of learning for doctors, nurses and other personnel and to services to the community, need adequate budget for staffing and for adequately equipping the area of patient care. In the countries where patients pay for all the services, the need for equipments and staffing is studied, budgetted and maintained. The wards and units which do not have a balanced budget are evaluated and either reorganized or closed down. Of course, this is unheard of in our country, because the quality is diluted with the quantity of work to be achieved. Bhore Committee in 1946, recommended a ratio of 1 nurse to 5,000 population and later Central Council of Health also accepted the Indian Nursing Council's norm of 1 nurse for 3 beds. Though this ratio is inadequate as shown by various studies. These are yet to be reached in several medical college hospitals and Post-graduat Institutes, as reported by the Indian Nursing Council, 1976 figures.

The institution of medical education with various specialities require efficient and maximum supportive services which will lead to best care to the community. Effective learning and accurate observations can only be possible if the clinical area is conducive to learning. If the clinical area is disorganized and inadequately staffed, nothing functions well around the patient. This causes frustration in learning, and the performance at the bedside is incomplete and inefficient. This also creates anxiety in the minds of the workers, patients and family. Weak supportive services for medical education e.g. laboratory, nursing, central sterile supply, sanitation and central stores, create disorganization. For example, if the nurses are spending 4-5 hours a day packing trays for C.S.S.D. or washing and sterilizing equipments, procuring diet from dietetic department, following the sanitary personnel for cleaning floors every day and chasing the laundry for adequate lines, it is naturally done on the cost of attention to the patient who is a human being and requires tender loving care. Present staffing pattern is inadequate in the ward to keep up the standard of care to the patients and as such the standard of clinical area for education of personnel.

Effective education for the health manpower and services to the Community:

Medical, nursing and other personnel are complementary to each other. One cannot exist without the other in any health care area. But, nursing and other personnel have not kept up at the parallel advancement of medical education and technology. The quality and the quantity of nursing manpower has not kept the same pace due to paucity of funds for nursing education and services. Several medical colleges and post-graduate institutes have come up during the last 30 years. But, the Colleges of Nursing which are affiliated to the Universities

in our country remained a few in number since 1947, when the first B.Sc. degree programme was started in Delhi. The nursing students in most of the hospital schools of nursing are working 8-12 hours a day on night and day duties. They perform functions which should be performed by the Registered Nurses only. Fortunately, the community is not yet aware of the legal implications of such a practice. According to the study conducted in 1975 by the Co-ordinating Agency for Health Planning, the nurse-doctor ratio in the country is 1 : 2. This needs to be reversed for proper functioning of the health team. The coverage of nursing personnel for 24 hour services and 1 nurse for a 1,000 population can only be achieved if more nursing educational institutions could be established.

The first Nursing Education Conference organized by the T.N.A.I. in 1971 strongly recommended up-grading of hospital nursing courses to the University level by the end of 5th Five Year Plan which has not been accomplished though this was accepted by the Ministry of Health.

Secondly, the staff nurses, clinical supervisors and other workers in such clinical area should be prepared in the area of specilization same as medical specialization e.g. C.C.U. I.C.U., Neurology, Orthopaedic, Plastic Surgery and Psychiatry etc. The clinical supervisors and community health nursing supervisors should be prepared at the M.Sc. and Ph.D. levels and should not be involved in the upkeep and care of the ward stock and equipments. The role of the supervisors should be to keep up the quality of nursing care and services to the community. At present only three Universities offer M.Sc. Nursing degrees to approximately 20 nurses every year.

Wherever a Post-graduate course in particular medical speciality is instituted for doctors—a course for nurses and other workers should also be prepared and implemented simultaneously to prepare a team. This will inculcate team spirit. The Nursing Service Administration courses though started in 1948, and M.Sc. Nursing in 1959, have not been utilized for creating a department of nursing. This department has still remained subordinate to a medical person in our country. The majority of these medical administrators have had no exposure to management and administration courses. They are the heads of the departments of nursing and community nursing. The nurses cannot progress under such situation. Moreover, the top nursing structure is weak and ineffective in the hospitals as well as in the community areas. The posts such as continuing education co-ordinator, public health nurse administrator for rural areas, infection control nurse or nurse epidiomologist and nursing research co-ordinators are not existing in our country's medical college hospital and medical institutes. Nursing research personnel and funding for studies will evaluate the nursing care needs in the community.

Public health nursing though integrated in the nursing curriculum since 1947 has not been utilized for want of positions in the rural areas. Who supervises the A.N.M. or multi-purpose worker? It is not a nurse. Health teaching, prevention of diseases by immunization and better nutrition are taught to the community in the urban and rural areas by the public health nurses wherever posted. For example, in West Bengal, public health nurses are working at district and Primary Health Centres, assisting in community health services alongwith doctors, A.N.Ms. and other health workers. The sub-centres are manned by the A.N.M. or the multi-purpose workers and a trained midwife. This pattern as was envisaged by the Planning Commission for 5th Five Year Plan (1974-1979), if followed by other States would serve the community at their door step.

Recommendations:

1. Representatives from areas of specialization in nursing and others are recommended on the "health and medical education commission".
2. Regional Councils should have representations of nurse educator, nurse administrator and community health nurses.
3. Strengthening the community health area and hospital clinical area by adequate manpower and equipment, will promote better medical education and services to the community.
4. Health professionals should have specilization alongwith medical specialization to prepare teams of workers.
5. Medical education should include principles of management and administration at post-graduate level.

Bibliography:

1. Report of the Health Survey and Development Committee, Vol. II, Recommendations, New Delhi Government of India, 1946, p. 394.
2. Report of the Co-ordinating Agency for Health Planning, Nursing Survey in India, 1974, p. 7.
3. Report of the First Nursing Education Conference, Recommendations, Trained Nurses Association of India, 1971.