# EDUCATION FOR THE CHANGE IN ROLE OF NURSES IN INDIA

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NURSING Education in India is moving through a critical period. Today, nursing in India as in many other parts of the world, recognizes the need for a broader concept of nursing to include physical, mental and social aspects of patient care. There is gradual shift in curricular emphasis from a medical model to a health model which considers the client as a total person requiring a positive approach to health. However, this change in emphasis in curricular planning has not affected the practice of nursing in India. Adequate health care facilities are not available to most of our people.

One of the main reasons for the need of change in nursing education is to make the services of our nurses available to all citizens. It is reported that almost 5,000 nurses are being qualified every year in India. Yet we have not achieved our goal of meeting the health needs of our people. Of the 68,000 nurses in the country more than two-thirds are concentrated in the cities and large towns while 80% of our population are in the villages. In other worlds, only 20% of the total available care is provided to the people in villages.

A second reason for need of change in nursing education is that graduate nurses today are not adequately prepared to meet the health needs of our people in homes and villages. The major emphasis in training now is to provide care in the institutional setting, namely, the hospital where sick people are admitted. Preventive and health promotional care is limited in this setting. There is a tendency for nurses in hospitals to depend on and to follow the orders of medical personnel in providing care to patients. Independent judgement and decision-making are not often practiced by nurses in this setting and professional responsibility is limited. Our educational institutions must prepare nurses to be responsible for their actions, to be independent in diagnosing nursing needs of patients and in decision making. Women in our society have been traditionally submissive and less vocal, especially in the presence of men. This tradition has negatively affected our relationship with men doctors and we are afraid to express our opinions. In order to be self confident our nurses should be mature and must have a good general education before taking up nursing.

Innovation in education is done primarily through the curriculum planned for the students. There have been slow but steady changes in the curriculum of nursing education. However, most of the previous changes in curriculum have resulted primarily in the periodic addition or new courses in response to social or health needs of society, e.g., Family Planning courses as a result of increased popultaion. These changes have often been initiated by the Examining Boards of Indian Nursing Council and as often implemented without adequate planning by the institutions involved. As a result attempts to change curricula have been haphazard and have usually resulted in the failure of most innovations to endure.

A scientific approach to the study of the problems of change is necessary in order to understand the various phases of changes as well as attitudes and problems of the people involved in diagnosing and remedying the defects. Efforts should be made at different levels—beginning at the Indian Nursing Council to the State Nursing Councils and Examining Boards. Individual schools and the faculty in each school must be active participants in this effort. It is expected that even students should participate in the development of curriculum.

It is hoped that any attempt in future to change curriculum in nursing education would begin with a comprehensive strategy which takes into account all elements of that strategy, the

organization, personnel, administrative support and the innovation itself.

What should be the relationship of curriculum change in nursing to that of general education? With the present emphasis in India on the need to move nursing education into the university, there is also need for relating the two curriculum or to seeing one as a part of the other.

Nursing education must become aware of the changes and patterns of general education so that professional education can be built on the broad and firm foundation of general education which will develop competent professional nurses.

The educational pattern in our country is undergoing rapid changes. The proposal for the 10+2+3 system is an example. How does this affect nursing education? Nursing education for years has been outside the educational system of the country.

Hospitals are not educational institutions. Their primary goal is care of patients. The primary goal of nursing educational institution is education of the students. This of course ultimately aims at providing health care to clients. We need to reconsider the setting or the environment in which education is provided for nurses.

The world-wide trend to include the nursing profession in national system of education, the beginning of a university program in nursing, the cry of nursing students for student status, these have all contributed to innovation in nursing education to some extent. However, the innovation needs to be continued in order to meet the need of society as well as the students of nursing.

Aggarwal strongly recommends that we utilize the opportunities available to us under the system of 10+2+3 to prepare nurses to meet a felt social need. He also suggests that we join the main stream of general education and not shut ourselves in nursing colleges and schools which are completely allienated from the rest of the education system .

The present diploma schools, both private and government, could be affiliated to colleges. Arrangements should be made by the schools to get recognition by the university for their programs. The nursing students could attend some of the classes in the college along with other students. Nursing subjects can be taught either in the colleges or in the nursing school.

The new proposal for the job oriented or vocational education at the junior college level recommends 50% of practical and 50% of theoretical classes for such training. Further, there is need for the study of clinical experience provided to the students in the light of learning theories and application of them to the pattern of nursing care. How much practice, what type of practice and where to practice are some of the questions which need to be raised in relation to the clinical teaching and learning. Hospitals will be only one of the many learning areas among others such as schools and community. The proposed 50% theory and 50% practical need to be studied by experts in the field.

Innovation in education is possible only when we are aware of the various factors that affect nursing education. Irene Pagel in her study of the process of curriculum change identified two main factors that affect the nursing curriculum. One, the internal participants and the other external participants. Internal participants are the students, faculty, and administration etc. The external participants are the legislators, departments of education, State Boards of nursing accrediting agencies and the society itself.

World-wide education in general, and nursing education in particular, has been confronted with the problem of curriculum innovation. Its problem is to make education meaningful and relevant to its clients in a society which is constantly changing. Attempts at innovation have failed in many situations despite sincere dedicated efforts of participants. Nursing education has been no exception to this phenomenon.

There are at present three types of preparation in nursing at the basic level namely, Auxiliary, Certificate and Baccalaureate nursing. What difference and similarity should there be in their curriculum? Are each ones responsibilities and functions clearly defined? Are there overlapping of functions?

Professional nursing education is very expensive and no country can afford to provide professional nursing to all. Therefore there is need for some type of personnel to provide primary care to people who seek help.

These personnel will have technical know-how and their preparations could be of a shorter duration. Certificate and Auxiliary nurses may come in this category. We have in India three types of nursing personnel at the basic level. There should be only two categories. The diploma program may have to be phased out and in its place nurses with 2 year of vocational training may have to be prepared. Practical experience for these students can be provided in the community as well as in the hospital. They would also get experience working with the various social agencies in the community, thus knowing the community and its problems. The so-called sick nursing then becomes only a part of the total experience and not the major part as it is now.

As an experiment in curriculum innovation, the Board of Nursing Education of the Christian Medical Association, South India, has made an innovation in the certificate nursing curriculum. This is known as the "Two plus one" curriculum; according to this, the required theoretical classes for the nursing students are provided during the first two years of training and the third year is for internship in the hospital. It is hoped that this would make it possible for students to learn required theory before clinical practice. This is one of the principles of sound education. The students in their third year are available most of the times on the wards to provide nursing care to patients. Their clinical experience is not interrupted with classes during the day. Therefore, the quality of patient care is improved.

This experimental program is in its fifth year now. An evaluation of this program will reveal some of the relevant factors in this curriculum.

Another area to be reconsidered in the education of nurses is our philosophy. What we believe nursing is and what the role of a nurse is in the health team. The function of a nurse becomes what she is educated to do. There is a major shift in the traditional role of a nurse. It now includes now only custodial and technical care but also professional care. She will be expected to assume a supportive and counselling role and teaching patient and family to take care of themselves in order to prevent disease and maintain health.

In view of this changed role, education for nurses should be broader and inter-disciplinary in character and should be in an academic setting.

Our government has given priority to the development of villages in India. Therefore we as nurses must co-operate in meeting the health needs of millions in our villages. Are we, as nurse educators, aware of this great challenge?

To conclude the expected changes in nursing education in the future should be that the nursing curriculum be planned in accordance with the needs of our rapidly changing society. Emphasis must be given to preparation of nurses who will be able to meet the health needs of our millions in the villages. The concept of nursing will be changed from that of care of a patient in the hospital to that of total care of persons in the community. Let us all join together in our effort to bring health and happiness to our people of India through Nursing.

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