NURSE PRACTITIONER PROGRAMME

by

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With growing public demands for nursing service and the manifold variety of services needed to meet the nursing needs, society demands prompt action towards definitive preparation of a special kind of nurse. A nurse who will meet these needs and collaborate with other health personnel in promoting health program. How to produce such a nurse is a very difficult problem. There are too many demands for health care, too few people to give it, too little money to use and too little hope of recruiting and preparing community health nurses who can fulfill these needs.

The present health care system cannot deliver the needed health services to 550 million without the help of community health nurses. The uneven distribution of nursing personnel between the urban and rural population has made the situation worse in the rural area. Some may argue that the health care personnel exists in the villages also and that the villagers must be educated to use them. The villagers are not different from city dwellers—they know a good thing when they see it. So if they are not using something, it's becase it is neither helping them nor meeting their needs.

Even though during the last ten years the number of nursing schools in this country has increased from 100 to 253 and 5,000 nurses qualify every year, yet very little attempt has been made to prepare community health nurses. Of the 66,000 nurses in the country more than two-thirds are concentrated in the cities and large towns while 80% of India's 550 million people live in villages. Only 20% of the available care is provided to the villages.

The demand for nurses who are prepared to focus their energy on the health promotion aspect of care, that may ultimately lesson the need for hospitalization, has increased tremendously. The reason is quite apparent. Most of the diseases that claim the life in rural areas are still preventable. The commonest notified cause of death in Punjab in 1966 was still Tetanus—a preventable disease with proper vaccination and health education. Tuberculosis is very common, and of the five most common causes of death seen, all are either preventable or treatable.

From the reports of a shortage of nurses, especially of community health nurses, it is eminent that the supply of such nurses must be substantially increased, who will not only provide health services in the rural area but also provide encouragement and guidance to the auxiliary nursing personnel already working there.

The great problem before us is, how to prepare community health nurses and what level of education. Adding more auxiliary nurse midwife or preparing "degree nurse" who is not willing to live in the village will not meet the chaos in our health care system. Drastic changes must come and they must come through nursing education and nursing educational centers.

Medically advanced countries like the United States have found the answer to these questions in nurse practitioner program at postgraduate level. The primary function of this program is to provide qualified nurse practitioners to meet the diversified nursing needs of persons requiring health services in areas where medical service is not easily available. The colleges and universities offering baccalaureate degrees in nursing are now designing programs to prepare nurse practitioners for nursing positions in community health nursing services.

Unfortunately our present system of baccalaureate education in nursing, although moving slowly towards preparing community health nurses, presents a bewildering picture to nurses and public alike. The confusion stems from the fact that the objectives and functions for which they are prepared are not clearly defined. The problem of distinguishing among the two levels of baccalaureate degree in four-year and two-year programs effect not only the students who may be considering entering one, but also, the institutions who employ them. The picture is further confused by answers to the questions like how are they prepared and where do they fit into the organizational structure of health care facilities. Each one of these questions are answered differently by the using or preparing agency as well as each nurse.

As our graduate program in nursing leading to baccalaureate degree are increasing rapidly, and the nursing profession has accepted in principle the recommendation by the Nursing Education Committee of Delhi University in 1970 and 1972 that all diploma nursing program in medical collage hospitals be upgraded to the baccalauareate degree, there will be a considerable increase in the number of collegiate programs.

We are firmly convinced that this is the right time to take a long range view and introduce changes in nursing education which will help us prepare a nurse who is social conscious and will be motivated to take herself where the people need her most—in the home of a villager. We suggest that the upcoming colleges of nursing gear their educational problem to preparing nurse practitioners. The primary functioning of the proposed "Nurse Practitioner Program" at the baccalaureate level will be to provide qualified nurses who will meet the diversified needs of persons requiring health service in rural communities.

It is not possible to prepare every nursing student in the nurse practitioner program to function in all situations, but it is possible to develop a social conscience and a motivation to function where the people

need them most—in the home of a villager, in the clinics, in primary health centres and subcenters.

Recommendations for the proposed Nurse Practitioner Program :

1. The entrance requirements, curriculum, length of courses be the same as any basic baccalaureate degree program—which is four (4) years.
2. The education should be in an academic setting leading to a degree, preferably to a baccalaurete degree in nursing.
3. The disease centered model for comprehensive nursing care be relinquished for the comprehensive approach to nursing activity that focuses on prevention and health promotion aspect care.
4. The specialized skill in nursing should be gained in the community setting rather than in hospital setting.
5. At least six (6) months of final year of nursing education be focused in providing specialized skill in community health nursing in a rural setting.
6. The job opportunities for advanced education and finances, be the same as for any other degree program in nursing.

Conclusion :

Nursing is now at the point, both in its growth and its organisation of knowledge, to restructure its role around its primary goal—"*to help people attain, retain, and regain health*". We need a careful examination of the existing and the future types of nursing education programs to determine how they can shoulder the responsibility of adequately preparing nurses who will render care where most needed and allow her to advance professionally. We are looking towards the colleges of nursing to take up this challenge. There will always be uncertainties and problems but challenge is what survival is made of. The price of delay will be paid in the suffering of our villagers who need but do not receive adequate nursing care.

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		Present Baccalaureate Education in Nursing	*Proposed Nurse Practitioner Program*
1.	Entrance requirement	Pre-university or higher secondary	Same
2.	Duration	Four (4) years	Same
3.	Degree/diploma	B.Sc. N degree (Basic)	Same
4.	Curriculum	Natural, Social, Behavioral Sciences Humanities, as applied to nursing	Same
5.	Field of work	Provides services mainly in urban hospitals	Provide services mainly in rural setting
6.	Teaching approach	Disease centered model for comprehensive nursing care	Prevention and promotion of health care model for comprehensive nursing care
7.	Clinical laboratory for gaining skill	Hospital and community setting 90% 10%	Community and hospital setting 70% 30%
8.	Job opportunities	First level positions Nurse Administrator Nurse Teacher	Same
9.	Opportunity for Advanced Study	Masters in Nursing Ph. D. or Ed.D.	Same
10.	Finances	Scholarships ; self financing	Same