New Strategies for Nursing Manpower

Ms. PREM MEHRA

A Resolution approved by the Council of Trained Nurses Association of India is as follows :

"WHEREAS it has been brought to the notice of the Trained Nurses' Association of India that a number of Nursing Homes and Clinics tend to employ untrained staff which is detrimental to the well-being of the patients; and

WHEREAS more and more qualified and registered Nursing personnel are available in the country for employment;

BE IT RESOLVED to request the Central Council of Health to recommend to the Central and State Governments that all private Nursing Homes, Clinics and institutions should be asked to employ only fully trained and registered Nursing personnel in order to provide the best possible Nursing care to the patients and adequate teaching and supervision of untrained and auxiliary Nursing staff."*

Resolutions made must be realistic. If the hospitals and Nursing Homes employ untrained and semi-trained workers, dress them in Nurse's uniform and pretend to the patient and public that they have employed trained nurses, can we blame them? Where are the trained nurses to staff all the hospitals, Nursing Homes, dispensaries, community health centres, etc. when beds are increasing every day without corresponding increase in the trained nurses, practical nurses or nurses' aides ?

For nearly five lakhs of beds established in India there are only one lakh and sixty thousand nurses trained who are also registered as midwives. Majority of private hospitals are managed by students or ANMs with little fraction of trained nurses to supervise their work. Even the prestigious national institutes (medical) do not maintain a national recommendation of Nurse-patient ratio (1:3). How many teaching hospitals are proud to have this ratio ?

National Institute of Health and family Welfare in its technical Report No. 5, *Guide to Staffing Patterns for Hospitals* (1977), recommends 250 Staff Nurses and 81 nurses for administrative and teaching functions for 750 bedded teaching hospitals. In an existing example of 750 bedded teaching hospital with total of 506 nurses (421 Staff Nurses and 85 for administration and teaching) the breakdown of their deployment is as follows :

1. 20% nurses work in functional areas of OT, OPD, BB and specialised clinics.

2. 15% nurses work in administrative/teaching posts.

3. 30% nurses are taken away for leave reserve for round-the-clock duty (3 shifts) EL, Medical Leave, Maternity Leave/MTP Leave and Abortion Leave.

4. 20% nurses work in superspecialised areas (intensive units) with only 17.5% patients.

5. 15% nurses are left to work with 82.5% of 750 patients. In essence, 65 nurses out of 506 nurses remain to work with 618 patients (bulk of whom may be acutely ill besides another hundred extra than 750 sanctioned beds). Over and above, these 65 nurses work without assistance of any trained auxiliaries, practical nurses, house-keeping personnel or clerical staff. Hence these nurses work as multipurpose workers, have no time left for nursing care still receiving the wrath of public, medical colleagues and not even spared by the Tutors on their rounds. Remarks from most of them : "Nurses do not work, they are lazy, irresponsible and incompetent; the work they do can even be done by a relative or untrained person."

Well, that is an average image of a hospital Staff Nurse and the Nursing Administration, but why ?

Not very long ago a responsible TNAI leader uttered an ignorant statement : "There are enough nurses in India, if they do not go abroad, when they work in India they should not be lazy." My reply is that even if not a single nurse goes abroad and all become active we do not have enough nurses.

The spokesman for nurses to Planning Commission or Health Ministry should be knowledgeable and sensitive to the realities of chaos in every hospital, teaching or otherwise, where negligence is great. The reason being, having developed highly advanced medical technology for diagnosis of the disease without corresponding input on caring and health education components. Legally every hospital authority can be held responsible for this negligence.

If the nurses too must enter the twentyfirst century with self respect as a professional she must take her patients and public along, ensuring them safe hospitalisation, educative days while in the hospital. That will be only if their guardian angel (nurse) is allowed to be on patient's bedside and she has time to counsel the paticnts and relatives. Hence, instead of Resolution No. CL/84/8, the resolution should be : 'New Strategies to Augment the Nursing Manpower (for Hospitals and Community Health) on War Footing for Next 5 Years.'

I suggest few of these strategies to rope in the educated unemployed, provided we press for the *separate budget* for Nursing development and *not*

(Continued on page 124)

* Resolution No. CL/84/8 : 'Employment of Qualified Nurses only', passed by the TNAI Council at its meetings on October 12-13, 1984.

The author is Nursing Superintendent, PGI, Chandigarh.